



REPUBLIC OF UGANDA



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**Community and youth mobilisation for HIV prevention
among young people in Uganda**



MINISTRY OF GENDER LABOUR AND SOCIAL DEVELOPMENT

FOREWORD

This Guide aims at equipping users with competencies to build the capacity of communities and young people to work together to address SRH (including HIV) needs of young people in Uganda. It provides tools and processes for mobilizing young people and communities at various stages and planning activities for HIV prevention.

Uganda as a country has a large population of young people (over 57%). These young people are endowed with great potential and need to be protected from HIV infection so that they stay happy, safe and healthy.

I extend my sincere appreciation to all partners from within and outside Uganda who made valuable contributions and participated in the development of this Guide.

I am especially grateful to CORE Initiative for spearheading the development effort and USAID for providing financial assistance. I would also like to appreciate Civil Society Organizations that pre-tested the Guide and the line ministries (particularly Health and Education & Sports) that provided technical support.

I urge program implementers involved in HIV prevention work with young people at various levels to utilize this guide in pursuit of quality service delivery for our young people.

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Minister of Gender, Labour and Social Development

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KEY TERMS

We have used the term '**sexual and reproductive health**' in preference to simply HIV prevention because communities and young people view their sexual lives more broadly than just HIV. They are concerned about unplanned pregnancy, fertility, sexuality and their sexual lives, not HIV in isolation. Also, the immediate cause of all SRH problems is unsafe sexual activity and common root causes of this include knowledge, values and skills, gender and cultural norms and factors such as poverty and law.

In this guide, the term '**young person**' refers broadly to anyone within the 8-24 age range. Definitions of what a society considers a child, an adolescent or a young adult vary from culture to culture. A married girl of 14 years may be considered an adult. However, all young people need appropriate sexuality education and SRH services until they have acquired the knowledge and skills to make safe and healthy choices.

We understand the term '**community mobilisation**' as a capacity building process through which individuals, groups or organisations assess, plan, carry out and evaluate activities on a participatory and sustained basis to improve their health and other needs, either on their own initiative or stimulated by others¹.

We use the term 'community mobilisation' to cover the mobilisation of:

- A population living in a geographical area such as a village; and/or
- A group or several groups with common needs and interests such as young people themselves or young people and adults who impact on their SRH.

Community mobilisation tries to make sure that people most affected by SRH issues, including those living with HIV, play an active and influential role in shaping an effective response to it. It means that community members take responsibility for addressing these problems themselves, with the support of others where necessary. Although community mobilisation may involve external support or resources at some point, this is not always necessary. Communities make decisions together and take responsibility for the outcomes of their actions together.

Other key terms used in this guide are defined in Annex 3.

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immuno-deficiency Virus
MGLSD	Ministry of Gender Labour and Social Development
NGO	Non-governmental organisation
STI	Sexually transmitted infection

¹ This definition was initially conceived in Bolivia, 1989, during a Save the Children US, community mobilisation workshop, and was later refined for the Save the Children guide "How to Mobilize Communities for Health and Social Change" (Howard-Grabman and Snetro, 2003).

1. INTRODUCTION TO THE GUIDE

1.1 Chapter overview

This chapter presents the aim of the guide and explains who the guide is for, why it was developed, and how it should be used. The three key terms used throughout the guide – ‘sexual and reproductive health’, ‘young person’, and ‘community mobilisation’ - are discussed. Finally, the chapter describes the contents of the guide.

1.2 What is the aim of this guide?

This guide aims to equip users with the knowledge, attitudes and skills to build the capacity of communities and young people to work together to address the sexual and reproductive health (SRH), including HIV, needs of young people. The guide will help you to work in participatory ways with young people, and the adults who influence their lives, at all stages of the community mobilisation process to:

- Identify sexual and reproductive health issues young people face
- Agree on changes that they would like to achieve
- Plan and implement activities to address these changes
- Monitor and evaluate progress
- Plan to share this information with other stakeholders.

This guide covers basic ideas on community mobilization, youth participation and participatory tools with some examples from Africa. We recommend resources for further information and tools in Annex 2.

1.3 Who is this guide for?

This guide is written for anyone who wants to mobilise communities and work with young people as partners in supporting happy, healthy and safe sexual lives. Users could include youth groups, or any other organizations or individuals working with young people and adults on sexual and reproductive health, including HIV and AIDS.

1.4 Why was the guide developed?

The guide was developed following a training workshop on community mobilization for young people on sexual and reproductive health and HIV prevention with grantees from the CORE Initiative Project, Uganda. The Alliance distributed the Alliance Guides ‘Tools Together Now’ and ‘All Together Now’ together with ‘Choices: A Guide to Young People’ and ‘Sexuality and Life-Skills: Participatory Activities on SRH with Young People’ to provide information on SRH. Participants requested a shorter guide for young people, to include basic facts about SRH, HIV and AIDS and a selection of tools and examples in a sequence that they could use to mobilise young people and communities and plan activities for HIV prevention. This guide is the result.

1.5 How to use the guide

This guide is intended for use as:

- **Reference material** on HIV prevention, SRH, young people, community mobilisation, facilitation skills, and Participatory Learning and Action tools

- **A guide for mobilising young people and communities**, taking you through the process of how to mobilise young people to address their SRH needs
- **A source of participatory tools** for assessment, designing objectives, action planning, monitoring and evaluation with communities and young people
- **A source of additional resources** on sexual and reproductive health, and HIV and AIDS for young people, including participatory learning activities.

You can use it to design training courses; to plan community mobilisation and participatory learning and action with young people and those who influence them; and to explain the benefits of community mobilisation and youth participation to others. You can use the guide in conjunction with the resources listed in Annex 2. These will give you more ideas for participatory tools and in depth information on SRH and HIV.

1.6 The content of the guide

Chapter 1: An introduction to the guide - introduces the guide and its uses.

Chapter 2: An introduction to SRH and young people - provides an overview of what we mean by sexual and reproductive health for young people, why it is important, and factors that influence it.

Chapter 3: Community mobilisation for SRH - introduces the process of community mobilisation, looking at each stage in turn.

Chapter 4: Working with young people for SRH - specifically covers the importance of young people's participation; how to work with young people in genuine partnership; ways to encourage participation, and safety issues.

Chapter 5: Community mobilisation skills - covers the roles of community mobilisers, and the behaviours, attitudes and skills they need to encourage participation and achieve results.

Chapters 6 – 12 provide a series of tools and tips to help young people and communities to work together to identify, prioritise, and understand SRH issues, and then design, plan, implement, monitor and evaluate interventions and achieve scale.

Chapter 6: Tools for starting together – focuses on the beginning of the process to mobilise young people and communities to address the SRH of young people.

Chapter 7: Tools for assessing together – looks at how to decide what SRH issues need addressing, how to analyse causes and consequences of problems, and how to map resources in preparation for action.

Chapter 8: Tools for planning together – covers the design of activities and planning to address SRH issues.

Chapter 9: Tools for acting together – looks at networking with stakeholders, finding resources, and overcoming challenges.

Chapter 10: Tools for monitoring and evaluating together – focuses on assessing progress and the impact of activities on SRH.

Chapter 11: Tools for scaling-up together – considers how to improve and spread the success of work on SRH with young people.

Annex 1: Resources on SRH, young people, and community mobilisation – contains a list of resources on community mobilization and SRH and HIV with young people.

The Alliance publications ‘Tools Together Now’ and MGLSD publication on ‘Community Mapping’ provide excellent resources for participatory processes and tools. ‘Feel! Think! Act! A Guide to Interactive Drama’ provides guidance on the use of drama, story-telling and other performance methods for mobilizing communities. These Alliance materials are available on www.aidsalliance.org and we recommend that you get acquainted with them for more ideas on community mobilization with young people.

Annex 2: Glossary of Terms – provides definitions of terms commonly used in this guide.

2. AN INTRODUCTION TO SRH, HIV PREVENTION AND YOUNG PEOPLE

2.1 Chapter overview

This chapter covers what sexual and reproductive health is, why it is important for young people and what factors influence it. Key learning points include:

- Sexual and reproductive health concerns everyone
- Effective support and intervention for young people before they become sexually active and during adolescence has beneficial and lasting effects
- Adolescence is the beginning of a young person's journey into sexual and reproductive development and life. Young people may find this an exciting, worrying, and/or difficult time
- Good sexual health involves feeling good in relation to our sexual lives in body, mind, and spirit, as well as in the context of the social environment in which we live
- Sexual and reproductive health problems arise when young people do not have control over their sexual activities or the consequences of unsafe sexual activity. This may happen because they lack the knowledge, self-esteem and skills to make safe decisions; unhelpful social, cultural and gender norms or structural factors such as poverty or stigmatizing laws.

2.2 Sexual and reproductive health concerns everyone

Sexual and reproductive health is a personal issue that links to wider family, community and policy issues. We are sexual beings from birth to death and sexuality concerns us all, young or old, male or female. The impact of sexuality and sexual and reproductive health increases greatly at adolescence when we start to change from being children to growing towards adulthood. Hormonal changes in the body are taking place and we begin to experience powerful sexual feelings which cause arousal and excitement. We may be able to think of nothing else. These feelings are a natural part of growing up, but what we do with them is important.

The growing awareness of our sexuality has a major effect on our feelings, thoughts and behaviour, making us feel excited, stressed, frightened, and happy at different times. All societies try to socialize and guide their young people to manage the changing time safely in a way that fits their culture. Some parts of our culture may be helpful and others harmful.

What is sexual health?

Sexual health is a personal sense of sexual well being as well as the absence of disease, infections or illness associated with sexual behaviour. It includes issues of self-esteem, self-expression, caring for others and cultural values. Young people enjoy sexual health when they feel good in body, mind, and spirit and are comfortable within their society about the way they are experiencing sexuality in their lives. Sexuality influences thoughts, feelings, interactions and actions among human beings, and motivates people to find love, contact, warmth and intimacy. It can be expressed in many different ways and is closely linked to the environment one finds oneself in. The environment can hinder or enhance sexual expressions.

Good sexual health for young people includes being confident and able to:

- Make decisions about our own bodies and how we will express their sexuality without anyone forcing or pressurising us

- Say “no” to sex until we are in a loving relationship and are happy to say “yes”
- If we do have sex, protect ourselves from unwanted pregnancy and diseases that are transmitted during sexual intercourse
- Enjoy pleasure from our sexuality without harming others
- Enjoy our sexuality free from shame, guilt and fear
- Visit the health centre if we have a problem.

What is sexuality?

The World Health Organisation provides the following definition²:

Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors

What is reproductive health?

The WHO defines reproductive health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity in all matters relating to the reproductive system and to its functions and processes. This definition suggests that people with adequate reproductive health have a satisfying and safe sexual life, can have children and make a choice as to whether, when and how they would like to have them.

What is HIV prevention³?

HIV is found in many body fluids including blood, semen, vaginal fluids and breast milk. HIV is transmitted through:

- Unprotected penetrative (vaginal or anal) and oral sex with an infected person
- Blood transfusion with contaminated blood
- By using contaminated syringes, needles or other sharp instruments
- From an infected mother to her child during pregnancy, childbirth and breastfeeding.

No sexual act is 100% safe. Safer sex involves taking precautions that decrease the potential of transmitting or acquiring STIs, including HIV, through sex. You can limit the risk of getting HIV through sex by:

- Abstaining from sex
- Remaining faithful in a relationship with an uninfected equally faithful partner with no other risk behaviour
- Practising only non-penetrative sex
- Using male or female condoms correctly each time you have sex
- Delaying the age you begin to have sexual relations
- Reducing the number of sexual partners you have
- Getting tested and treated for sexually transmitted infections (STIs).

You can prevent the other ways of HIV transmission by:

- Avoiding injecting drugs, or if you choose to inject drugs, always use new and disposable needles and syringes
- Ensuring that any blood or blood products that you might need are tested for HIV and that blood safety standards are implemented.

² See: <http://www.who.int/reproductive-health/gender/sexualhealth.html#2>

³ Material derived from ‘Fast facts about HIV prevention’ by UNAIDS.

Decisions or events relating to sexual behaviour and activity happening between the ages of 8–24 can be a major factor in the direction of a young person's life. For example:

- A 13-year-old girl who is sexually active, whether because of marriage, child sexual abuse or curiosity, is more likely to drop out of school and face sexual and reproductive health, social and psychological problems
- Women aged 15-19 have up to three times the maternal death rate as those aged 20-24
- A boy who starts sex early is likely to have more sexual partners and therefore be at higher risk of HIV infection by the time he marries
- Young people often do not have access to comprehensive and accurate information and opportunities to develop the attitudes and skills that will equip them to delay sexual debut, express their sexuality safely, or make healthy and equal sexual relationships.

The provision of appropriate and effective support, information and guidance to help young people make personal choices can make a lasting and positive difference to their lives. They also need access to skills-based sexuality and life-skills education; comprehensive services including contraception, condoms, counselling, HIV testing, counselling and treatment, STI diagnosis and treatment; care after sexual violence and legal services.

2.3 Which factors determine our sexual and reproductive health?

Many sexual health problems arise because young people - both girls and boys - do not have full control over what happens to them sexually and its consequences. They do not have the necessary knowledge, confidence, skills, social support and enabling environment to enable them to appreciate their sexuality in a voluntary, healthy, happy and safe way. The behaviour of the adults around them has a major influence on their choices – they may be forced or coerced into sexual activity by one or more people who are more powerful than they are. Sexual violence poses a threat to young people, particularly girls but also boys, both in settled situations and in times of insecurity: this includes sexual abuse and rape, sexual threats, exploitation, humiliation, assaults, incest, domestic violence, and being made to work in prostitution.

Our behaviour is how we act and react in different situations in life. This can have good or bad effects on our own wellbeing and the wellbeing of others. Understanding why we and those around us behave as we do is a key question for everyone involved in the community mobilisation process. We need to examine and understand the factors that influence our own behaviour before we can help others to do so.

Our behaviour as individuals has an important effect on our health but our ability to make healthy decisions is also influenced by cultural, social and economic factors which we may have limited control over. If we understand these factors, we can work to strengthen those that help us to practice healthy behaviour and enjoy wellbeing and change those which make it difficult.

Understanding our behaviour and what influences it is the first step towards sexual and reproductive health. In the community mobilisation process, we use participatory activities with groups and communities to assess this and plan activities to influence all the factors. See **Chapter 7 – Tools for assessing together**. This requires different kinds of actions which empower individuals and groups and build an environment which makes it possible and even easy to adopt healthy behaviours.

For example, in relation to sexual and reproductive health:

- If we behave in a caring and respectful way towards those of us living with HIV we can reduce stigma and discrimination and improve wellbeing for all
- If we have sex without knowing our HIV status and without using a condom, we put others and ourselves at risk of contracting HIV.

2.4 A framework on factors that influence individual and group behaviour

This framework helps us to understand why we behave as we do and to develop activities to make it easier to adopt healthy behaviours. The five groups of factors are all important in influencing our individual behaviour and that of groups and the wider community. The five factors are:

1. Our knowledge and thinking
2. Our feelings and values
3. Our practical skills and actions
4. Our relationships with others
5. Our situation in society and the social, cultural and economic environment.



2.4.1 Our knowledge and thinking

"What do we know?" For some of us, information alone is enough for us to practice healthy behaviour, because the other factors are in place.

Examples of using knowledge:

- Julius hears about HIV on a radio programme and makes it a rule to use condoms whenever he has sex.
- People practice safer sex after talking about it with their friends and learning about ways to protect themselves from unwanted pregnancy and infections.

"What do we need to know?" There are lots of things that we need to know about ourselves in order to have good sexual and reproductive health. Some examples:

- How our bodies work
- That STIs including HIV are real and can affect us badly in many ways. Treatment can cure some STIs and if not, help people to stay healthy for a longer time
- How we can catch STIs and what we can do to protect ourselves
- The methods that we can use to avoid unwanted pregnancy.

However, many of us need more than information to adopt safe and healthy behaviour and enjoy social, emotional and physical sexual and reproductive health.

2.4.2 Our feelings and values

"What do we feel? What do we value?" We rarely make decisions on the basis of facts alone. For example, when people have sex, health is only one concern among many. The need for pleasure, closeness, power, or personal identity may be more important than physical health needs. Some of these feelings can help us maintain good sexual and reproductive health, others can hinder this.

Feelings that could help us to maintain safe sexual and reproductive health might include:

- A feeling of personal vulnerability to STIs and HIV
- A strong emotional commitment to a healthy behaviour; for example, abstinence, staying with one partner or practicing safer sex
- A concern to protect our partners, young people or others we love
- A feeling of power over the planning of pregnancies
- A belief that safer sex is exciting.

The feelings that influence our decisions may make us feel bad, for example fear or anger, or good, for example, based on love or hope for reward.

Moving towards good things may motivate us to change more than running away from bad things. Education that makes us very afraid (e.g. scaring people about HIV and AIDS) can make us deny that the problem has anything to do with us, or make us become too frightened to take action. Our fear makes us stigmatise those of us living with HIV. If we feel fear, we must know what we have to do to reduce the fear and feel able to do it.

2.4.3 Our practical skills and actions

"What skills do we have? What can we do?" We need to develop skills and confidence in practicing a new behaviour.

Examples of our skills and actions:

- Talking with a partner about safer sex
- Using condoms
- Refusing unwanted sex
- Experimenting with new practices.

It is easier to use our skills and feel confident if others support our new behaviour – for example our family, peers and partners.

2.4.4 Our relationships with others

"Who supports us? What support do we get from others?" If we decide that we want to make changes in our own behaviour or influence others and our environment, we will need support from our partners, friends, peer group, family, organisations and community. Our personal relationships and interactions are affected by our age, sex, status, power and how we are expected to behave in our culture. We need to share responsibility with others to achieve a widespread and lasting change in behaviours, attitudes and social beliefs. This may mean challenging some deep-seated cultural and gender values and power structures, and strengthening others. Although this may be difficult and take time, we need to engage with it to improve our health and well-being.

The level of trust, confidence, and capacity of individuals and small groups to get involved in activities and build mutually supportive networks that hold communities together is called social capital. The higher the amount of social capital, the more effectively and harmoniously people can work together. This has a positive impact on health.

We can build social capacity and increase social capital through community mobilisation, working in participatory ways with groups of young people and those who influence them to understand and improve their lives. Social capacity-building creates a sense of responsibility for general welfare and collective competence to address needs and it supports group action.

Examples of relationship factors:

- A group of young people with HIV support each other and find ways to improve their lives. They take collective action to make condoms and anti-retroviral drugs available in the community and teach other young people how to avoid HIV.
- A group of teenage fathers meet to explore the issue of sexual violence using interactive activities. They agree as a group to stop all sex with underage young people and beating their wives. They counsel each other, give feedback on their successes and failures to the group, act as role models to other men, and put on a community drama to change beliefs. They also take action if anyone abuses a young person or beats his wife.

2.4.5 Our situation in society and the social, cultural and economic environment

"What powers and resources do we have? Do we have the power and resources to make necessary changes?" Forces in our environment may shape our behaviour more than our individual knowledge, feelings, and skills. We can explore these factors using participatory activities and look for ways to deal with them.

Examples of situational factors:

- Some of us have risky sex for goods or money because our family or we cannot meet our financial needs.
- Our community does not have the resources to provide services and carry out other

activities that we need to achieve sexual and reproductive health.

- We are influenced by our personal and shared values, cultural and moral systems, including our religion.
- Laws tell us what we can and cannot do. For example, if homosexuality is a crime, we can only practice it secretly.
- Our political systems can prevent us from getting what we need to improve our sexual and reproductive health.

Awareness of these forces can help people to act outside them in some ways, but changes in the social, economic and policy environment are usually important, for example income generation or policy change. People need to live in an environment where safer behaviour is made easy, acceptable, and even routine, and where they have the power to make informed choices about sexual behaviour. They also need to have access to the necessary supplies and services such as high quality family planning and STI/HIV services. We need to be able to form effective partnerships with people with resources and power.

See Chapters 7 and 8 for some tools to help understand the factors that influence our behaviour and how these affect our health.

3. COMMUNITY MOBILISATION FOR SRH

3.1 Chapter overview

This chapter covers:

- What is community mobilisation?
- What is community?
- Why use community mobilisation to address SRH with young people?
- The community mobilisation process.
- The challenges of community mobilisation.

Key learning points:

- Community mobilisation is both a ‘means’ to achieving health, and a good thing to do in its own right because it builds social capital.
- Everyone in the community should be involved in mobilisation to address the SRH of young people.
- Community mobilisation is a continuous capacity building process, rather than a single event.
- The process of community mobilisation involves the community understanding ‘where we are now?’, ‘where do we want to be?’, ‘how will we get there?’, ‘what resources do we need?’, ‘what is our plan?’, ‘how we will know what we have achieved?’ and ‘how do we scale-up our activities?’

3.2 What is a community?

A community is a group of people who feel that they have something in common. For example, a community might be people who live in the same village or area; people who work together; or a group of people who share interests or circumstances. A community is not just a geographical place. People can also belong to more than one community at the same time. For example, a health worker may identify him/herself as part of the local community where she lives and part of the wider ‘health community’ in the region and may also belong to a religious ‘community’.

New communities form when people find themselves in new circumstances. For example, people living with HIV and AIDS might begin to see themselves as a community as they identify shared problems, needs, and challenges.

Understanding communities involves understanding how people identify themselves, not how others identify them. Understanding communities also involves understanding their different needs and resources, for example, around HIV, sexual and reproductive health and how the different sectors of the community overlap and interrelate.

When working in SRH, it is important to ask who the different groups within a community are, and what their roles and influences may be with regard to SRH. When working in SRH with young people, social mapping tools (see page 55) are very useful to identify different ‘communities’ of young people and those who influence them in their wider community. Social mapping can also be used to identify risky areas for young people in terms of their sexual health. (See also the MGLSD Community Mapping Guide mentioned above).

3.3 What is community mobilisation?

Community mobilisation is a capacity building process through which individuals, groups or organisations assess, plan, carry out and evaluate activities on a participatory and sustained basis to improve their health and other needs, on their own initiative or stimulated by others⁴. Community members and others use a series of participatory activities to examine causes of vulnerability in young people, identify and locate the most vulnerable, identify resources available to meet their needs and gaps, develop a plan to meet their needs and create a sense of ownership, commitment, and support for the plan in the community.

Community mobilisation tries to make sure that people most affected by SRH issues, including those living with HIV, play an active and influential role in shaping an effective response to it. It means that community members take responsibility for addressing these problems themselves, with the support of others where necessary. Although community mobilisation may involve external support or resources at some point, this is not always necessary. Communities make decisions together and take responsibility for the outcomes of their actions together.

Community mobilisation involves three types of social capital⁵:

- **Bonding** between people who are similar and have a shared common purpose; for example, a group of young people who are living on the street
- **Bridging** involves ties between people who are different from each other across the community; for example, a village development group made up of leaders, service providers and vulnerable young people
- **Linking** involves ties to those with more power and resources, in or outside the community, for example, local authorities, organisations, or donors.

An example of community mobilisation for SRH in Uganda

From the onset, Parents Concern for Young People (PCYP) a community-based organisation in Kabarole District, Western Uganda, has seen the importance of community involvement and ownership in any activity. Each of their AT-BAY (Adolescents and Teens Brigade for Abstaining Youth) Clubs belongs to their community and PCYP has used this foundation to carry out community-based activities. Due to this strong community ownership, AT-BAY Club activities have had a greater impact on young people. Community social gatherings have served as an important platform for bringing youth together with their parents and community leaders (political, cultural and religious) to raise awareness and speak out on the importance of delaying first sexual encounter as an HIV prevention measure among all young people between 10-19 years. The involvement of all stakeholders has ensured that activities aimed at supporting young people are sustainable and community owned. There has been greater energy and eagerness to protect young people and increase programming for prevention of new HIV infections.

⁴ As noted above, this definition is adapted from the work of Save the Children.

⁵ See also, 'Community mapping to strengthen programming for orphans and other vulnerable children' Uganda. Ministry of Gender, Labour and Social Development. 2008.

3.4 Why involve young people and everyone in the community to address SRH?

The different problems related to sexual and reproductive health call for engaging the whole community. People in a community have very different levels of power and often have different views and aims regarding a particular issue. Different groups within a community have an impact on SRH and HIV, different needs, and therefore require different strategies to address them.

The most vulnerable to SRH are often those most excluded from having a say in issues regarding their health. It is therefore very important that community facilitators seek to find out who is the most vulnerable, and include them in the process.

Community facilitators need to work with different age, gender and other groups in the community to enable them to analyse their own situations and desires for change. They can then bring them together to share their views and to work together to develop a joint community plan, which addresses the needs of all. If this is not possible, groups may need to work separately and advocate for change

3.5 Gender

Gender dynamics have a big influence on our behaviour and our SRH. Gender roles, values, and practices affect our choices and decisions on sexual activity.

Sex describes the biological and genetic differences between men and women. Only females have the organs and hormones to enable them to menstruate, get pregnant, deliver children, and breastfeed.

Gender describes the differences in the way that males and females are expected to behave at different times of their lives – their work, their dress, the way they speak and behave, their relationships with other males and females and their status. These differences are created by society, not nature. They are part of our culture and over time we can change them.

Gender roles describe what males and females are expected to do. For example, boys are expected to herd cattle and girls to tend gardens, cook, and mind children. **Gender values** are what our culture considers correct and good for males and females. **Gender stereotyping** means that men and women are always supposed to behave in a certain way. This limits what they can expect to do in their lives.

Gender issues dictate that men and women are treated differently in a way that gives one group an advantage over the other or puts both groups at risk, for example, of SRH problems. For example, if gender roles and stereotypes suggest that males cannot be expected to deny their sexual feelings, that females should submit to men's decisions in sexual matters and that real sex should be 'skin to skin', both males and females are put at risk of HIV and other SRH problems.

Community mobilisation can help us to analyse our gender systems and how they influence our behaviour and SRH. Then we can seek ways to strengthen the good parts and stop or change things that make us vulnerable. It is good to work with separate groups of males and females to assess the situation and then bring them together to share their ideas and look at what they would like to change. For example, peer educators facilitate participatory activities with separate groups of boys and girls on the effect of gender on behaviour and SRH. After sharing their ideas the participants practice communication and relationship skills and agree on what changes and skills they need to improve things.

Gender is so important that we have to keep it in our minds throughout the mobilisation process and ensure that males and females are represented, given the opportunity to talk freely about their needs and lives and take part in decision-making.

3.6 Disability

Young people with disabilities are among the most vulnerable to risk of SRH-HIV problems. Blind or deaf young people or those with learning difficulties are at risk of abuse by able-bodied people because they may be less able to recognise danger and defend themselves. They are often stigmatised which causes low self-esteem, and they may be poorer and more in need than others. Their opportunities for a good marriage and a happy sexual life may be limited and this may result in them having to accept more risky relationships.

We need to ensure that we include young people with disabilities in the community mobilisation process so that their voices are heard and they contribute to plans to improve their lives. This may require making special arrangements to meet them, encouraging young people to support their participation, and using appropriate participatory activities.

3.7 Why community mobilisation for SRH?

Community mobilisation, if we do it well, can help us to improve SRH, for example, by designing accessible and relevant services or promoting social change to support safer sexual behaviour. Community mobilisation can also build the capacity and social capital of communities so that they can continue to work together to improve their lives in many other ways and generally create a more positive environment. Some of the main benefits of community mobilisation include:

Good community mobilisation can help us to achieve better health because it can:	Good community mobilisation can benefit us in other ways, for example:
<ul style="list-style-type: none"> • Allow for a respectful and inclusive approach to HIV prevention • Help us to identify the various stakeholders - service providers, donor organizations, religious leaders and resources in the community • Help us identify entry points into the community • Enable us to explain the benefits of our work to the community • Help us to identify and reach the most vulnerable people and areas. • Identify with the community and involve them in analysing needs • Help us to identify problems, their causes and barriers to solving them together • Help us identify beliefs and practices and how they may affect health for community members • Build trust between stakeholders 	<ul style="list-style-type: none"> • It is our right to be involved in decisions about our lives and be healthy • It can help to develop and promote policies that support good SRH • Community mobilisation can build a strong civil society that has an important role to play in a country's development, alongside government and the private sector. When the three work cooperatively towards a development goal, this is called 'good governance' • It can lead to the empowerment of vulnerable people and the fairer distribution of knowledge and resources. E.g. young people are more able to control their sexual lives • Communities gain new skills, knowledge, leadership and resources which they can use to address other problems

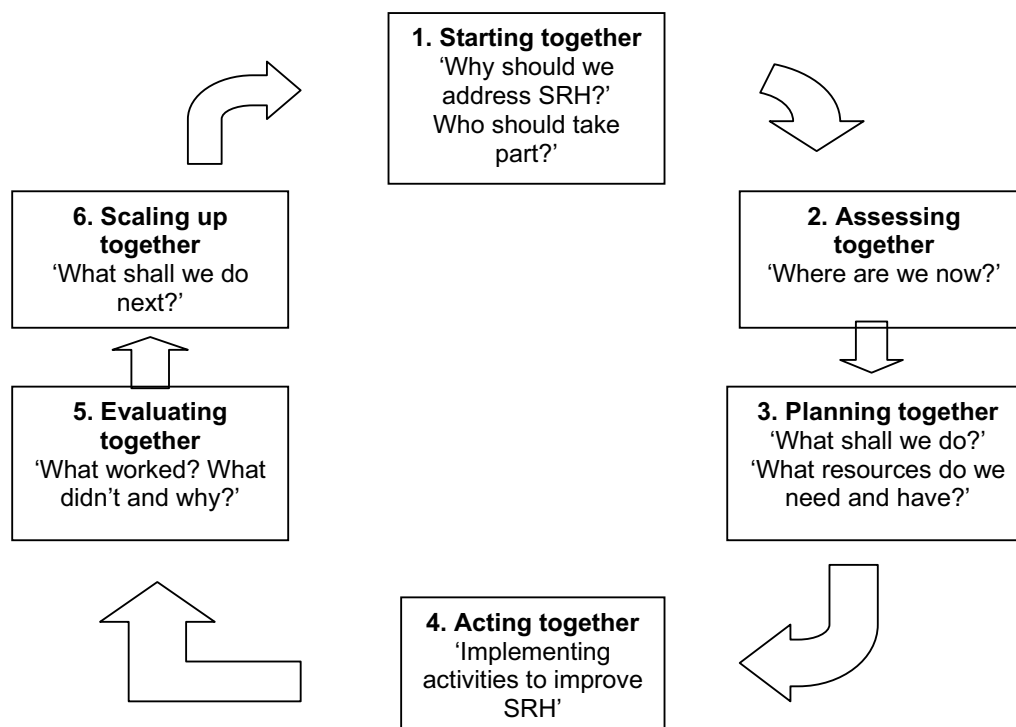
Good community mobilisation can help us to achieve better health because it can:	Good community mobilisation can benefit us in other ways, for example:
<ul style="list-style-type: none"> • Help us to be more effective in what we do • Help in designing strategies for more appropriate and focused work with young people • Enhance better communication • Help identify differences and resistances to change • Help in data collection to improve planning, monitoring and evaluation • Enable us to identify appropriate tools for use with a particular community • Build positive peer pressure for safer sexual behaviour and social support for vulnerable people • Increase demand for good services because people are more aware of their needs • Mobilise additional resources from inside and outside the community • Reach more people if community members contribute to services and activities • Allow for greater community ownership, involvement, and sustainability. 	<ul style="list-style-type: none"> • Communities and groups develop more trust and co-operation to work well together to improve their lives. This can lead to effective collective action and changes in harmful beliefs and practices.

3.8 The community mobilisation process

Community mobilisation is a process that involves community members and vulnerable groups at every stage. The process needs a team of leaders/supervisors and a team of facilitators who will guide and facilitate a process of assessing the SRH situation in their community together, planning to address it, identifying what resources they have to address it, implementing activities to improve SRH for young people and evaluating the effectiveness of those activities. It then may involve reviewing activities and deciding what to do next⁶.

The leaders may be NGO staff and community leaders who plan and prepare the mobilisation activities, identify and train facilitators, provide supervision and technical support to facilitators during implementation and synthesize and compile field reports. It is best if the facilitation teams include members of the community and vulnerable young people together with NGO or government staff. They will mobilise community leaders, work with them to identify participants for activities, facilitate the participatory activities, and document the learning from them.

⁶ This process is an adaptation of that developed by Save the Children US in their 'How to Mobilize Guide' and 'STEPS, A Community Mobilization Handbook for HIV/AIDS Prevention, Care and Mitigation'



3.8.1 Starting together

'Why should we address SRH?' 'Who should take part?' Starting together means deciding with the community including young people where we should start mobilising, as well as with whom, when and how. It introduces the community to us and us to the community. It involves getting the commitment of the community to the process and beginning to learn about the SRH situation. We find out about how the community is responding to SRH. We start to see if, and how, young people, governmental, non-governmental or community-based organisations might help to mobilise the community.

The overall aim of starting together is to build trust with the community. It is perhaps the most critical stage of the community mobilisation process, as how we start often sets the tone for how we will continue.

Starting together means:

- Deciding where and with whom we start mobilising
- Deciding the best time to start mobilising
- Ensuring that all those who wish to participate are able to do so
- Building up a picture of the SRH situation in the community
- Identifying what to mobilise for – SRH, including HIV prevention, care and support, treatment or impact mitigation (or a combination of these)
- Agreeing roles and responsibilities
- Building trusting partnerships with the community.

Chapter 6 describes activities to help starting together with the community. (See also the MGLSD 'Community Mapping' Field Guide.)

3.8.2 Assessing together

'Where are we now?' When we assess together we build the capacity of young people and the community to carry out a detailed exploration of their SRH issues. The assessment focuses on broad areas of concern identified during Stage 1. We use a series of participatory tools to enable community members to identify and analyse issues, share knowledge and ideas, enhance their knowledge of the situation, and begin to identify the way forward. The knowledge, skills, and understanding we develop by assessing together helps mobilise young people and the community to response to SRH.

Assessing together means:

- Providing the necessary training and support to enable the facilitation teams to carry out a participatory assessment with the community's most affected groups
- Finding out together what are the specific SRH issues and which young people are most vulnerable to them
- Analysing the underlying causes of vulnerability and risky sexual behaviour
- Beginning to mobilise the community for action on SRH for young people.

Chapter 7 shows you activities to help assess together with the community.

3.8.3 Planning together

'What shall we do?' *'What resources do we need and have?'* Planning together means deciding how young people and the community will respond together to address the different problems and issues identified during the assessment. Together, we review the current situation by analysing the assessment findings. We then prioritise the most urgent problems and needs. We choose strategies and activities to address these issues depending on their feasibility, impact, and sustainability.

Planning together also involves deciding how these strategies will be put into action. We need to agree the practical details of who will do what and when. We also need to decide how we will monitor progress towards our shared vision of the future.

Planning together helps the community to answer the following key questions:

- What shall we do about the SRH situation?
- How shall we do it – what strategies will help address SRH for young people in our community?
- Where shall we do it?
- Who will do it?
- When will we do it?
- How will we measure our progress towards achieving our objectives?

Chapter 8 shows you activities to help plan together with the community.

3.8.4 Acting together

Acting together means implementing activities to improve SRH, including:

- Doing what the community planned with their active participation
- Solving difficulties in carrying out activities
- Coordinating our activities with other stakeholders
- Staying motivated and managing our expectations
- Monitoring, developing, and adapting our plans.

Chapter 9 gives you examples of activities to act together.

3.8.5 Evaluating together

'What worked? What did not and why?' Monitoring and evaluating together helps us to assess the progress we are making towards our aims and objectives. It enables us to answer important questions, such as:

- How well are we doing?
- How far are we from meeting the aims and objectives we have set ourselves?
- Are we doing the right things?
- What difference are we making?
- What do we need to change about what we are doing or how we are doing it?

We talk about monitoring and evaluating together and we may ask some of the same questions, using the same tools for both.

Monitoring is a routine process that we often use over the period of the programme. We may collect numbers of people reached and use qualitative methods such as focus group discussions to get feedback from young people. We use the results to monitor how well we are doing our activities, who and how many people we are reaching, to what extent our activities are helping people and how they can be improved. We use this information to adjust and improve our plans and activities on a regular basis. This monitoring information can also feed into our evaluation.

Evaluation is a more in-depth assessment of what we have done, what we have achieved, and what impact we have made on SRH. We usually begin a new programme with a baseline survey, including assessment of previous interventions. The 'assessing together' stage of community mobilisation is a good way to collect information for the baseline survey. When we plan together, we decide on objectives and indicators that we can use to measure change and if necessary collect some more data. We may then repeat our baseline survey after one, two, or three years to learn about the results of the programme activities. We can also use some participatory tools to discover what community members and young people think are the most significant changes. Evaluation helps us to see if bigger changes are needed in our plans and activities, or whether we need to scale up.

Chapter 10 shows you activities to help evaluate together with the community.

3.8.6 Scaling up together

'What shall we do next?' Scaling up together means doing more and/or better activities in order to increase our impact on SRH. We can scale up together in several ways. We may work with larger numbers of vulnerable groups or communities; for example, starting together in new locations or with new communities. We may add new activities to address needs within a community that complement those we carried out in our original mobilisation process. We may also add in new types of activities, such as advocacy, networking, or resource mobilisation.

It is important to plan scale-up carefully and to be realistic about what we can achieve. Scaling up often involves learning new skills and working with other people and organisations. It means that we evaluate our experience, capacity, and resources, and decide how to expand our activities, while maintaining the quality and effectiveness of what we do.

Chapter 11 shows you activities to help scale-up together with the community.

3.9 Working in different contexts

In order to address the SRH of young people adequately, we need to work in all of the different contexts that affect SRH. A community response will not be successful unless members fully consider the causes, effects, and possible responses to SRH at the following levels of influence:

- Individual
- Partners in a regular or short sexual relationship
- Group
- Household
- Community
- District or region
- Services and supplies
- Economics, laws, and policies.

The table below illustrates that our work with groups and the wider community needs to influence more than the individual girl or boy who is at risk.

Level of influence	Example of influence on sexual behaviour
Individual	What we enjoy sexually and who we find attractive
Partners in a regular or short sexual relationship	Agreeing together on how to have safer sex
Group	Group agreement to delay sexual debut
Household	Poor families marry their girls to reduce household expenses and take boys out of school to earn a living
Community	Culture values high sexual performance which pressures young people to practice sex

Level of influence	Example of influence on sexual behaviour
District and region	Few job opportunities for young people, who may have sexual relationships with older people to make progress
Services and supplies	Health staff are emigrating to richer countries; few trained providers in rural areas
Economics, laws, and policies	Customary law allows rapists to pay a fine and escape punishment which might deter them

3.9.1 Individual (or partners/groups of similar individuals)

Communities are made up of individuals, and not all individuals within a community experience their SRH in the same way. For example, young people with disabilities will have different vulnerabilities to HIV infection than those with no disability. We need to understand how knowledge, attitudes, and behaviour affect SRH and our ability to manage our sexual lives. To address SRH effectively, it is therefore essential to look at how individuals, couples or groups of specific individuals, (such as young soldiers or girls in child-headed households), are affected differently by SRH. We need to design activities to suit the particular needs of individuals and groups within a community, and build the capacity of both the individuals and groups so that they can work collectively for change.

3.9.2 Households

Many decisions that affect our SRH are influenced by the household in which we live. For example, the sexual and reproductive health decision-making in a household with a teenage wife and older husband will affect their SRH. Unmarried young people will be influenced by their parents or carers, who may encourage them to abstain from sex or use condoms. They might also encourage them to find a rich sponsor to help the family or abuse them. Child-headed households are at high risk of abuse and exploitation. Therefore, we need to identify different types of households, include parents and care givers in the mobilisation, and talk about household situations with young people and their effect on SRH. Parents and caregivers can provide great support to young people if they are sensitised and provided with basic information.

3.9.3 Community

Individuals and groups of individuals and households with similar situations and interests or living in the same geographical area make up the wider community. The way these groups interact, the resources they share, their economic situations, values and traditions, and attitudes towards SRH can all make a difference to our health. By looking at this wider community context, we can consider common underlying issues such as stigma and discrimination, gender and cultural norms. Community mobilisation activities for specific groups can then begin to address these wider community issues.

Communities are located in a wider district, regional, and national environment that has an impact on SRH. For example, a farming environment with unpredictable rainfall will have seasonal poverty that influences migration and SRH.

3.9.4 Services and supplies

Most communities already have some basic resources, services, and supplies that support SRH. Many of these are provided by households themselves or community members, for

example, traditional healers or birth attendants. There may also be government and NGO services. In assessing together, groups can assess the quality, quantity, and accessibility of all these resources and services and look for ways to fill any gaps to meet everyone's needs.

3.9.5 Economics, laws and policies

The way in which communities and services are able to respond to SRH is governed by a wider context of local, national, and even international economics, laws, policies, and procedures. In order for communities to address SRH effectively, they need to consider questions, such as: which national or local laws, policies, and procedures help communities to develop effective SRH responses? Which hinder communities? Which are being implemented and which are not? How does the wider economic situation influence young people's choices for earning a living? Communities can then think about which policies, laws, and procedures they can help to change. This may not be an easy process, but by working together, they can sometimes bring about significant change. In this guide, you will find guidance on specific issues that need to be considered in these different contexts for each stage of community mobilisation.

3.10 Challenges to community mobilisation and how we can address them

There are challenges in engaging communities as partners, some caused by our own behaviour and attitudes. For example, young people may not trust NGOs because they have often been exploited or let down by NGO projects. They do not see any benefit in participating in project activities.

“They say ‘When you come here you always want information – you don’t give anything back. You are exploiting us and wasting our time’ ” (Ugandan young person to NGO leader)

The table below lists some common challenges and ways of addressing them.

Level of influence	Example of influence on sexual behaviour
Lack of trust in programme/outsiders	<ul style="list-style-type: none"> Do some trust-building activities. Be clear and honest about the potential benefits of the programme and the time and resources expected from the community. Identify helpful entry points to the community and the project – religious groups, health centres, schools, and youth groups.
The poorest, most vulnerable young people and households do not have time to participate in the mobilisation activities because they are too busy trying to survive.	<ul style="list-style-type: none"> Include payment for accommodation at meetings and/or food or goods in the budget. Organise meetings at seasons and times and in venues convenient to the community and young people.
Populations are very mobile so it may be difficult to have a continuous and sustained process of working together.	<ul style="list-style-type: none"> Discuss this problem with the populations concerned and together find ways to solve it. For example, there may be some people who are not so mobile or people who travel around a circuit that would make it possible to have project drop in sites in key places.

Level of influence	Example of influence on sexual behaviour
<p>The most common and priority expressed need is for income generating activities. Many young people develop sexual relationships or are married early to make ends meet and progress. If the programme is not able to respond to this need, people may doubt whether they really have any power to change things and become de-motivated.</p>	<ul style="list-style-type: none"> • Respect young people's and the community's analysis of the causes of vulnerability, and help them to deepen and broaden the analysis and find possible solutions. • Work with them seriously to find ways of increasing income. For example, link up with other organisations, redistribute available resources more equitably, use assessment data to influence policy and seek government and donor funding.
<p>Donor demands and restrictions may prevent us from responding in a comprehensive way to young people's expressed needs.</p>	<ul style="list-style-type: none"> • Do your activities well and give young people correct information. Use evidence to put across your point of view. Encourage young people to think for themselves and make their own decisions.
<p>Talking about sexual issues is culturally taboo. Issues of young person-adult sexual relationships whether married, transactional or abusive is sensitive and often require challenging the most powerful people in the community – older men.</p>	<ul style="list-style-type: none"> • Create dialogue with key groups and stakeholders using participatory tools • Use participatory learning activities to overcome taboos like talking about sexuality and SRH • Recognize and respect cultural diversity and work with different groups to understand and address it
<p>There are limited funds for outreach and community activities and the vulnerable population is very large.</p>	<ul style="list-style-type: none"> • Try to mobilise community resources. Identify activities that you can do without outside resources. For example, use role-play and stories, or local materials to make diagrams, rather than flipchart and markers.
<p>Low levels of collaboration and co-ordination amongst SRH-HIV organisations and other service providers because of resource constraints, competition, and different donor demands.</p>	<ul style="list-style-type: none"> • Try to co-operate rather than compete with other programmes. • Use evidence to encourage people to provide good practice services and find ways to fill gaps left by donor limitations. • Be truthful to young people about donor limitations and provide the information and referrals they need.

4. WORKING WITH YOUNG PEOPLE FOR SRH

4.1 Chapter overview

This chapter covers:

- Why young peoples' participation in community mobilisation for SRH is vital.
- How to involve young people in SRH.
- How to work safely with young people.
- How to work safely on sexuality.

Key learning points:

- The participation of young people is not just a good thing; it is their fundamental human right to be involved in decisions that affect their lives.
- Young people should be involved at every stage of the community mobilisation process.
- Young people should not be involved in a token way, but in a way that is meaningful to them.
- When working with young people, issues of child safety need to be fully considered.
- Culturally sensitive issues, such as sexuality, need to be talked about in discussions about SRH. The health needs of young people need to be met in a sensitive way whatever their sexuality.

4.2 Why is young people's participation important?

The United Nations Convention on the Rights of the Child states that children and young people⁷ have the right to participate in matters that affect their lives. As such, it is not just a good thing for young people to participate - it is their right. Help the young people you are working with to understand this right and encourage and support them to exercise it.

United Nations Convention on the Rights of the Child

The Convention has been ratified by Uganda. Article 12.1 gives young people the right to express their views in relation to matters that affect them and to have account taken of these views:

States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

- Young people are part of the communities that we work with, and projects involving them will benefit the community as a whole.

⁷ The UNCRC covers children and young adults under the age of 18.

- Participation recognises young people's knowledge and abilities, and builds on these.
- Participation develops young people's skills and confidence.
- Only young people themselves can describe their situation and how they feel. Participation cannot only ensure that activities respond to young people's needs, but can also help to improve their psychosocial well-being and build their resilience.
- Participation helps young people to learn about co-operation and social responsibility. It builds their social capacity and capital. Building the social capacity of young people through a participatory mobilisation process will increase their social capital through bonding together, bridging with other groups, and linking with organisations with resources and power.
- Participation enables young people to get support from their peers.
- Evidence shows that projects that involve young people are more likely to be successful.
- Young people's participation can promote community responsibility for child welfare issues and increase awareness about young people's abilities and rights.
- Adults learn how to listen to young people and to give them more respect
- Young people sustain programmes.

4.3 How to ensure meaningful participation of young people in community mobilisation for SRH?

Young people should be actively and influentially involved in analysing and addressing their own SRH issues, working with others as needed. Here are some practical tips for helping them to do so.

Practical considerations include:

- Be realistic about how much time young people have to participate. Make sure young people understand what their involvement will mean
- Discuss with young people and carers the most convenient times and places to meet with girls, boys and young people with different types of vulnerability. Find out what support they will need to participate, for example, food
- Find out what young people think and what is important to them rather than imposing your own agenda on them. Get their ideas on how to work together and the design of activities that will affect them.

To ensure that the voices of the most vulnerable, weakest, youngest, and least skilled young people are heard:

- Learn to listen to young people, take time to get to know them and gain their trust
- Facilitate activities with young people that build self-esteem, reduce self-stigmatisation, and promote rights
- Protect the confidentiality of young people, especially those with HIV, those who are sexually active, and those who are stigmatised in some way. Do not ask young people to talk about their personal experiences in a group. Ask them to talk about 'people like us'

- Facilitate separate meetings for different groups of young people so that they can express their views. Work in pairs to make it easier to participate
- Remember to include children with disabilities.

Select participatory tools that young people find easy to use, interesting, and enjoyable:

- Use sex and age appropriate fun activities and games to involve young people
- Produce pictorial guides with summary local language text which peer educators and young people can easily understand
- Provide skills-based training for community facilitators and peer educators to develop their skills in facilitating learning activities in the local language. Use songs and stories in the local language to remember key messages and teach them to other young people. Reinforce through radio
- Design learning activities that young people with disabilities can enjoy. For example, deaf young people might enjoy drawing or making diagrams whilst blind young people could create stories or engage in role-plays. Make sure that those with physical disabilities can access the venue and use simple pictures and stories to work with young people with learning disabilities. Try making clay models with younger children or those with disabilities
- Pair up able-bodied and disabled young people as buddies who support each other.

When young people and adults are working together:

- Build young people's confidence and skills to contribute to older adult discussions
- Identify a representative to share the group's views with community leaders or use methods like drawings or drama that make it easier for the group to share their ideas
- Facilitate the feed-back meetings carefully so that young people are not intimidated or undermined by older people
- Bring together young people and adults to learn from each other and demonstrate that young people are a resource for the family and community.

To ensure that young people have support during and after the community mobilisation process:

- Sensitise community leaders and committees about the value of young people's participation and encourage them to involve them in a meaningful way. Work with adults in the community as partners in supporting young people's SRH
- Where possible ensure that young people are part of a supportive peer group such as a club
- Facilitate activities with community groups to understand the causes and consequences of stigma and discrimination and to challenge it
- Share findings about young people's needs and priorities with the community without mentioning names or putting them at risk
- Ensure that you have some support people available if someone gets upset or reveals a traumatic situation during a meeting. This might be a counsellor or an adult identified by the group who they would like to help them.

ACTIVITY

Aim: To look at the influence of power on relationships between younger and older people

Young people have less power than adults do and in many cultures, they are expected to be 'seen but not heard'. They are minors in law and often not involved in making decisions that affect them. Whether we are peer educators, drama group members working with young people younger than ourselves, or adults working with young people, we need to respect the ability of younger people to take responsibility and solve their own problems as they mature. We should only contribute our knowledge and guidance when appropriate. We should also understand that younger people have full human rights; they are not objects that we can control or force to do things for us.

Why do this activity?

This activity looks at relationships between people of different ages, especially younger people and older people. It helps us recognise the need for respectful relationships, rather than approaching younger people in a controlling, critical, or patronising way. This is an essential attitude for facilitators who work with younger people.

How to do it

1. Explain that in this activity we are going to look at the influence of age on the way people interact with each other and the effect that this has.

2. Describe the following situation:

A family of siblings is living together after their parents both died. They have no other family to look after them. Joyce is 16 years old, Ben is 12, and Sarah is eight. They are struggling to make ends meet and to get on well with each other. A social worker called Lillian is helping them to find a strategy to cope with this situation.

3. Divide into four groups. Ask each group to prepare and act a role-play showing interactions between Joyce, Lillian and the other young people. Ask people to get into the shoes of the player and respond as they would. Each group should show one of the following types of interaction:

- Joyce or Lillian treating the young people like young adults
- Joyce or Lillian treating the young people as if they are inferior
- Joyce or Lillian acting in a nurturing way towards the young people
- Joyce or Lillian acting in a critical way towards the young people

4. After each role-play, discuss these questions in plenary:

- What did you see happening?
- How are Joyce and Lillian behaving?
- How do the young people behave in response?

Ask the players:

- How did it feel to act as Joyce or Lillian? How did it feel to be the young people?

- Why do you think each of the characters is behaving that way?

Ask the group:

- Can you describe or act out how the interaction could go better?

5. After all the role plays, ask:

- What did we learn from the role-plays?
- How can we use this learning at home and in our drama work?

6. Debrief. Explain that our behaviour towards younger people affects the way they respond in group work. If we behave in a bossy and critical way and tell them what to do, they may either become dependent on us and stop thinking for themselves, or rebel and refuse to listen to our ideas.

If, on the other hand, we treat younger people as adults by asking questions to draw out their own ideas and experience, we can expect more adult behaviour from them. They will do their own thinking, solve their own problems and make their own decisions, rather than depending on us. We can help by teaching young people knowledge, virtues, and skills as they grow up, according to their age and ability. They are between childhood and adulthood and need guidance and protection as they grow up.

While you are conducting this activity, remember the following dos and don'ts:

DO!

- Respect that younger people have ideas, experience, and ability.
- Listen to their concerns with respect and take them seriously.
- Accept that they have a right to participate in decisions that affect their lives.
- Help them to think, decide, plan, and act with the support of others where necessary.
- Help them to trust their own ideas and ability and challenge them to think more deeply.
- Encourage them to take responsibility.
- Be tolerant, patient, and supportive.

DO NOT!

- See yourself as the expert, the only person with ideas and experience.
- Try to solve problems and make decisions for younger people without asking them for their opinions.
- Impose your own ideas and solutions on younger people.
- Criticise, condemn, or make fun of their ideas.
- Make them dependent on your advice.
- Talk - talk - talk – talk - talk - talk!

4.4 When is young people's participation not meaningful?

Young people's participation may not be meaningful when it is characterised by⁸:

- **Manipulation.** Young people do not understand the project and its aims. An example of this would be pre-school young people carrying political placards about the impact of social policies on young people
- **Participation for material incentives.** Young people do not agree with the aims but need the money or goods offered by the project. An example would be young people taking part simply because they want the T-shirt which is given to participants
- **Decoration.** Adults ask young people simply to sing or dance at an event related to a particular cause, wearing T-shirts proclaiming this cause, and do not explain the cause to the young people or involve them in the decisions or the organisation of the event
- **Tokenism.** Young people are apparently given a voice, but in fact have little or no choice about the subject or the style of communicating it, and little or no opportunity to formulate their own opinions. An example is the token use of young people on conference panels, where they are effectively the voice of adult messages.

4.5 How do we work safely with young people?

- In accordance with the United Nations Convention on the Rights of the Child, ensure that all work with children and young people is **in their best interests and does them no harm**. This means that whatever activity young people are involved in, or when decisions have to be made about young people's participation, organisations must ask themselves 'What is in the best interests of the child or young person?' and 'Will this activity work towards that?'. Young people's safety and interests must come above those of other stakeholders.
- Always let your organisation know where, when, and with which group of young people you are going to be working.
- Consider protection issues in deciding the time and location of the activity. For example, avoid situations where young people go home alone after dark or isolated venues.
- Inform parents, adult carers, or any authorities responsible for the young people with whom you are intending to work of your plans.
- Find out if other NGOs are working with the young people you intend to work with. Share your intentions with each other so that your activities will not clash, but complement each other.
- Ideally, work in pairs, or if not, ensure the presence of a parent or carer, especially if working with individual young people or small groups.
- Establish boundaries, good practice, and issues around confidentiality before working with young people.
- Unless you are experienced in this work, avoid working with young people who have been affected by alcohol or drugs. Seek expert advice and arrange to meet them another time.
- When using more active games and activities, be aware of physical safety issues. Check the area you will be working in for physical hazards.

⁸ Adapted from: Hart, R. (1997) 'Children's Participation' UNICEF and Earthscan

- Consider how you will respond if young people disclose or raise issues of inequity, exploitation, or abuse.
- Remember that just as it is a child's right to participate, it is also their right not to participate if they do not wish to.

4.6 How do we work safely with young people on sexuality issues?

Few societies talk openly and in detail about sexuality. We keep this part of life secret to protect ourselves from gossip, harassment, harm, or punishment. Below we suggest some ways that we can create a safe, friendly space to explore sexual matters through discussion and drama openly and without fear:

- Set clear guiding rules and expectations around confidentiality and listening
- Be aware of your own feelings about the topics you are going to cover. This will help you feel more confident during the exercise. Try out the exercises yourself. Do not do any exercise that you could not engage in yourself
- Participants are more likely to trust you if you can share your feelings openly – and by doing this, you also lead by example
- Use prayers and songs to relax people and create togetherness
- Help participants to look after each other, for example by everyone having a buddy
- Organise groups in a way that makes people feel safe, for example as peer groups divided by age and sex
- Take care how sensitive issues are depicted and talked about
- Do not rush! Always remember to leave enough time for participants to share their feelings and to help the group create an atmosphere where participants know they will be listened to
- Offer participants time out if they need to take a break
- Know where people can go for help if they need it.

An example of guiding rules from Uganda. We will:

- Listen carefully to each other
- Respect each other's views but feel free to disagree and question each other's ideas
- Help each other with problems
- Keep the discussion confidential – we will keep each other's secrets
- Not allow teasing, bullying or bad language
- All participate in activities and discussions
- Not force each other to talk about personal things, we will talk about 'people like us'
- Not have to do activities that we do not feel happy with, we'll just say 'pass'
- Not use our work together as a reason for trying to have sex with someone
- Give feedback on what we do and do not like as we go through the day and at the end of the day
- Work together towards a common goal in groups and plenary
- Have fun, use energisers and be lively
- Be creative, think in new ways
- After acting in role plays, take ourselves out of the role and go back to ourselves. After this, no one should talk about us as if we are still in that role.

4.7 Our principles with regard to SRH with young people

- **Young people most affected by the problem are the key to solving the problem.** Given this, young people are placed at the centre of the programme and are actively engaged in describing the problem and its causes and consequences, finding solutions, and taking action. In the case of young people, they participate at the level of their understanding and ability, supported by caring young and older adults.
- **Active engagement is empowering** and builds social capital and collective action and support. This in itself reduces the size of the problem and builds support for those who have/are experiencing the problem.
- **A capacity-building process of community mobilisation** to assess, solve problems, take action, and reflect on results is essential to address the complex factors and underlying causes of vulnerability to SRH and other problems. This also builds a sense of involvement and ownership.
- **Interventions are evidence-informed** rather than based on ideology.
- **The co-ordination of different stakeholders** at community, services and policy level and their link-up is essential to address the different components of programmes to prevent HIV infection and support those who are infected.
- **Working in the best interests of the child** - Working with children and young people on sexual issues raises many protection and ethical issues and we have to take great care not to harm young people in our efforts to address the problem. For example, some young people may have been abused or be living in an abusive situation; talking together about SRH may distress them and cause more harm if it is not handled carefully. It is essential to set up ways of helping children and young people in this situation at the start of the programme.

5. COMMUNITY MOBILISATION SKILLS

5.1 Chapter overview

This chapter covers the skills necessary to facilitate community and youth mobilisation for SRH. It includes the roles of community mobilisers/facilitators and practical exercises to train them:

Key learning points:

- How to use the action learning model
- Developing the right attitudes and behaviours
- Communication skills
- Ways to encourage participation
- Using groups effectively
- Using games
- Working with feelings
- How to handle difficult situations
- Techniques for achieving results
- Managing time
- How to select activities for the group and the topic.

5.2 The role of the community mobilisation team

The process of mobilising individuals, groups and communities is lead by stakeholders from the community, including young people and/or community-based organisations (CBOs). They play the following roles:

- Bring people together at each stage of the process; motivate them to get involved and develop a shared identity and awareness of needs and problems they have in common
- Build trust and an atmosphere of mutual respect that will help community members work together effectively
- Encourage participation by actively addressing issues that prevent people, particularly vulnerable young people, from participating fully in the community mobilisation process; for example, creating a safe space where people feel comfortable to meet together and talk freely, or helping negotiate with people who control access to young people or other groups so that they enable them to participate
- They may train facilitation teams or facilitate discussion and decision-making themselves using the appropriate Participatory Learning and Action tools and techniques in order to support community members to discuss issues and make decisions. The team has an important role in asking questions that help challenge assumptions and encourage discussion in a sensitive and non-threatening way
- Help things to run smoothly and supporting community members in solving problems as they come up; for example, helping to resolve conflict between community members.

It is always best to work together in a team with communities. Try to have at least three people in the team and take it in turns to facilitate and take notes. Always agree in advance how you will support each other and debrief after each session or at the end of every day.

5.3 Facilitation skills

A facilitator guides the participatory activities and enables people to participate and achieve results. The facilitator needs to adopt the right attitudes and behaviours and acquire certain skills to facilitate group work and enable full participation and interaction. The facilitator's role is to:

- **Build participation** and help the group to function well as a group
- Help the group to work effectively to **achieve its expected results**.

Some of the ways to ensure good participation and achieve desired results include:

Encourage group participation	Achieve results
<ul style="list-style-type: none"> • See yourself as an equal with the group • Respect everyone • Call participants by name • Show interest in the participants • Get everyone involved • Listening skills – eye contact • Do not be biased • Encourage people to ask questions • Ask open-ended and probing questions • Use groups effectively • Be aware how people are feeling 	<ul style="list-style-type: none"> • Have clear objectives and questions • Stay focused • Probe to understand more • Give participants tasks • Know your subject • Prepare well before the sessions • Choose activities that are relevant to the specific focus and purpose of each session • Analyse the results of discussions • Report back on group work • Manage time • Be creative

ACTIVITY Group facilitation practice

Why use it? This activity allows everyone to have a turn at using facilitation skills with a group for ten minutes on a new topic and to receive feedback.

How to do it?

1. Divide into groups of 6-8 people.
2. Assign a topic. For example, discuss 'the ways that young people like us learn about sex'.
3. Ask each group to select a facilitator. Shout 'Play' to start the discussion.
4. After ten minutes, shout 'stop' and ask each group to give feedback.
5. The facilitator gives feedback first. Then the participants using these questions:

- What did you think went well?
- What was difficult?
- What key lessons did you learn?
- What are your suggestions for improvement?

Ask the young people to give feedback in a non-critical way. This can be done by focusing on the actions, rather than the person themselves. For example encourage them to say:

“When I/you did _____, I noticed that _____”

For example, *“When you looked disapproving when I talked about selling sex, I felt embarrassed and didn’t want to talk again.”*

5.4 Techniques for building participation

The facilitator’s attitudes and behaviour are central to encouraging young people’s participation. These include:

- **Be friendly and relaxed.** Be yourself. We all have our own styles of facilitation and people will know if we are acting in a way that is not true. Do not be too formal - talk in a conversational tone. Create an open atmosphere in which participants feel free to talk
- **Use body language** to encourage everyone to speak. Look directly at people, use your hands to encourage people to talk, walk close to invite responses, praise and smile
- **Be positive, energetic, enthusiastic, focused, and interested.** You need to be awake, alert, and energized - your own energy can affect participants' energy
- **Be WITH people.** We all have to find ways to manage our sexual lives safely and happily. Any of us might have HIV or other SRH problems. When we are doing this work, we need to think in a ‘we together’ way, not an ‘us and them’ way. This means we should forget our status – whether we are a manager or a volunteer, young or old, male or female, living with HIV or not, we should respect everyone’s personal power as human beings.

Ensuring that everyone feels they can participate is a very important role of the facilitator. The following techniques can be used to help this:

- **Observe - and equalize participation.** Look around and ask yourself key questions. Who is participating? Who is left out? Who is not here, who should be here? What is preventing them being here?
- **Involve shy people, younger people, and women.** Make room for their voices. Look at them and invite them to speak. Make sure they are listened to and their views are taken seriously.
- **Give tasks or roles to people.** For example, energy level monitor, timekeeper etc.
- **Get contributions from different sectors of the group.** Move around the group, stop at points and face different sectors, and ask people in that sector to contribute.
- **Keep the big talkers from dominating the discussion.** For example, you could say, *“Thanks for your point, but maybe we could hear from others.”*

- **Be tactful.** Do not dismiss ideas you do not agree with. Say, for example, “*Thank you, what do others think?*” In addition, be careful not to show with your body language that you do not like the idea.
- The facilitator should **check on participants’ interest and energy levels** from time to time and take action as needed, for example, have a break, do an energiser, or change activity.
- **Keep the process moving.** Do not let it get bogged down. For example, know when to do a drama, and when to stop the drama and switch to discussion. And know when to take a break!



5.5 Communication skills

Facilitators use a number of important communication skills that help us in all our interactions in life. In this chapter, we are going to learn about each skill and do some activities to practice these skills.

‘Active listening’ 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 with their eyes and ears to how things are said by paying attention to a speaker's body language and tone of voice
- Listens with their heart to understand and empathise with how the person is feeling
- Listens with their brain to analyse and interpret the words and their meaning
- Asks questions to show a desire to understand
- Summarises and rephrases the discussions to check the understanding of what has been said, and asks for feedback.

Activity: Good/bad listening in pairs

Why use it? To learn active listening skills.

Time required: 1 hour

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 practice '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.

5.6 Asking good questions

Effective questioning skills are essential to both encourage participation, and to ensure that the objectives of the group work are met. There are a number of ways to ask questions to help people to talk freely and in depth about a topic. There are also a number of different types of questions:

- **Open** questions encourage people to give their ideas. E.g. What do you think about waiting until you are older to have sex?
- **Closed** questions give a specific factual short answer. E.g. Would you like to wait until you get older before having sex?
- **Probing (follow up)** questions aim to deepen the discussion and bring out more ideas. E.g. Could you tell me more about why you think it is not practical to delay having sex? Could you give me an example of what she might say if you are not ready to have sex with her?

What is the worst thing that could happen?



What makes it difficult for people like you to delay sex until you are older?



Mary thinks that sexual feelings are too strong. What do others think?



- **Clarifying** (re-phrasing in your own words what was said) questions check whether you have understood and mirror back to speaker. E.g. So you feel that saying “no” to sex would make you feel less of a man – is that right?
- **Re-directing** (to others in the group) questions get others involved in the discussion and encourage other views. E.g. Yusuf feels that men can also delay sex until they marry – what do others think?

Activity – Questioning on sensitive subjects

Why use it? This activity helps people to:

- Consider what topics and issues might be sensitive in group work
- Develop questions and strategies to help young people to talk about sensitive topics safely.

How to use it?

This activity requires roughly 2 hours.

1. Ask participants to think which sensitive issues may come up in group work on SRH.
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 talk about and ask questions about this topic?
 - What would be good questions to ask?
5. Now ask each group to practice these questions in role-plays.
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 group work with communities.

5.7 Using groups and games to increase participation

5.7.1 Why use small groups?

People find it easier to talk in a small group, to participate actively and share ideas. In SRH work, it is often good to divide into separate sex and age groups. Members of the groups feel freer to talk to people of their own age and sex who have similar problems and needs. The different groups then come together to share what they wish of their discussion and learning, though drama or other acceptable techniques.

5.7.2 Different types of groups

- **Buzz groups.** Buzz groups are made up of 2-3 people sitting together. This is a good way of getting everyone to participate. For example, pairs interview each other and the third person watches and gives feedback.
- **Groups of 4-8 members.** This size of group allows for many ideas and is a good size for making up a story or a diagram. The bigger the group, the less chance for participation and the longer it will take to feedback and discuss everyone's ideas.
- **The whole group.** Many people find it difficult to talk in the whole group so it is best to work in small groups and come together to share ideas. We bring the whole group together to start an activity, do an energiser, show role-plays or diagrams, or give feedback.

5.7.3 Using games

Games can be used for a number of purposes:

- **Warm-ups or ice-breakers.** These are games help people to relax and feel free to participate actively. They help participants overcome any feelings of shyness or nervousness
- **Wake-ups or energisers.** These are games re-energise participants when they are feeling sleepy or energies are low, for example, after sitting for a long time
- **Tension relievers.** These games can bring a light, fun mood back after a heavy or tense session
- **Community builders.** These games help participants to get to know each other and to build a spirit of unity or teamwork within the whole group
- **Learning games.** These games help us to learn because we experience an activity, reflect on it, learn from it, and then apply it to our lives.

5.8 Working with feelings

Some of the participatory activities in this guide involve working with feelings. Participants are asked to express the feelings behind their attitudes. Some of these activities bring out strong feelings - you need to be ready to deal with the emotions raised. As a facilitator, it is important to create a safe, non-threatening space where young people can show and discuss feelings and fears openly.

Tips on working with feelings include:

- Set clear ground rules and expectations around confidentiality and listening.

- Be aware of your own feelings about the topics you are going to cover. This will help you feel more confident during the exercise. Try out the activities yourself.
- Participants are more likely to trust you if you can share your own feelings openly – and by doing this, you lead by example. For example, say that you feel embarrassed to talk about sexuality but we all need to do it for good SRH.
- Allow enough time for participants to share their feelings and help create an atmosphere where participants know they will be listened to.
- If participants cry, tell them that it is okay. Go sit next to them, touch them, offer them water, or suggest a 'time out'. Make them feel that we are all in this together.
- Remember that no feeling is wrong, but some participants may find it difficult to accept certain feelings and we have to take responsibility for how we act on our feelings.
- Feelings are a powerful tool. Use them with the group to develop drama and role-plays, to build on stories, and as examples for the future.
- After an emotional session you may want to take a break or do a song to help people come out of the strong emotion and pick up their spirits
- Be aware that some participants may have had bad experiences in sexuality or be HIV-positive or worried about their status. Many participants will be untested so some of the activities may raise emotional responses.
- Remember – Do not do any activities with which you are not comfortable. You may wish to work with another, more experienced facilitator who can help you in managing the more challenging activities.

5.9 How to handle difficult situations

- **Discussion goes off track.** When discussion goes off topic, bring it back by repeating the last question. Or praise the point and relate it to another topic, e.g. *"That's an important point. When we move to the next topic, we will make use of it. Let's finish with the first problem before we deal with that issue."* 'Park' the point in your notebook or on the blackboard/flip chart for further discussion.
- **People are too general.** Participants often make general responses – e.g. *"It's because of our culture."* Ask them to be more specific e.g. *"What is it about our culture?"*
- **Participants begin to argue.** Disagreement is often helpful. It only becomes a problem when it turns into a fight and people stop trying to understand each other and repeat their points. Get the points of disagreement clear. Then ask others - *"Do you understand each person's point of view?"* To end the argument, say, *"We will need to include both of these points of view in our discussions. Now let's move on to another topic."*
- **A participant is drunk and disruptive.** Involve the group in handling the situation. Talk together about what should be done and get their help in solving the problem. Every community has a way of dealing with this kind of problem.
- **A participant says that the role-play is about someone in the community.** Listen carefully to what is said and rephrase it briefly so that everyone understands, rather than confronting it. Remind everyone that the role-play is not showing specific individuals in the community – issues in the play are real, but the characters are fictitious. Stay out of arguments with the person who is making this comment.
- **A participant begins to cry.** Tell the person that it is okay to cry, acknowledge the touching nature of the topic, and show your concern, for example, by touching them appropriately. Ask what you and the group can do to help them. If they have a close

friend in the group, they might want that person to comfort and talk with them away from the group for a while. Continue to talk about the issue if appropriate.

- **A participant tells the group that he or she is living with HIV.** Some people in the group move away to avoid the person and make stigmatising comments. Thank the person for telling the group about his or her status. You could say, *"We are lucky that our friend has had the courage and responsibility to take an HIV test and share his/her status with us. If we all behaved as s/he has, we would have made more progress in responding to the HIV epidemic. I wonder how many of us know our HIV status? Mr/Ms ..., is there anything you would like to share with us to help us all to protect ourselves and others and to respect and not stigmatise those of us living with HIV?"*
- **People say that a programme that you are working with is causing harm to the community and they want nothing to do with it.** They are aggressive. Sit with them and ask them to tell you more about the programme. Say, *"What is troubling you about this programme? What do you think are the bad effects of it and why? Then maybe we can spend some time talking about what can be done to improve the programme."* You could then use drama activities to explore the problem and find ways to solve it.
- **The participants say very judgmental and stigmatising things.** For example, they are judgemental about a girl character in the drama, suggesting that she should be beaten to solve the problem. Explain that you would like to explore some other options for solving the problem situation because causing pain and fear is against people's rights and not very effective in changing behaviour. If you have not done so, 'hot seat' the characters so that participants can understand more clearly why everyone behaved as they did, empathise with them and see what else needs to change before the problem is solved. Invite volunteers to come and play the role of the girl to get into her shoes and see what might help her to change.



Activity – Saboteur!

What is it? Saboteur is a tool to train people in some of the appropriate attitudes and behaviours required to facilitate participatory activities. It also helps facilitators to learn how to handle difficult participants.

How to use it?

1. Ask participants to 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 his or her role, and then ask everyone 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 participatory learning and action session, without disempowering or excluding them altogether?

5.10 Techniques for achieving results

As facilitators, we may be good at helping the group to participate and to enjoy themselves, but we also need to ensure that the group achieves its objectives. Otherwise, they may become frustrated and the purpose of using interactive activities to improve sexual and reproductive health will not happen. In this section, we learn some techniques to keep the group on track and achieve results.

5.10.1 The action learning cycle

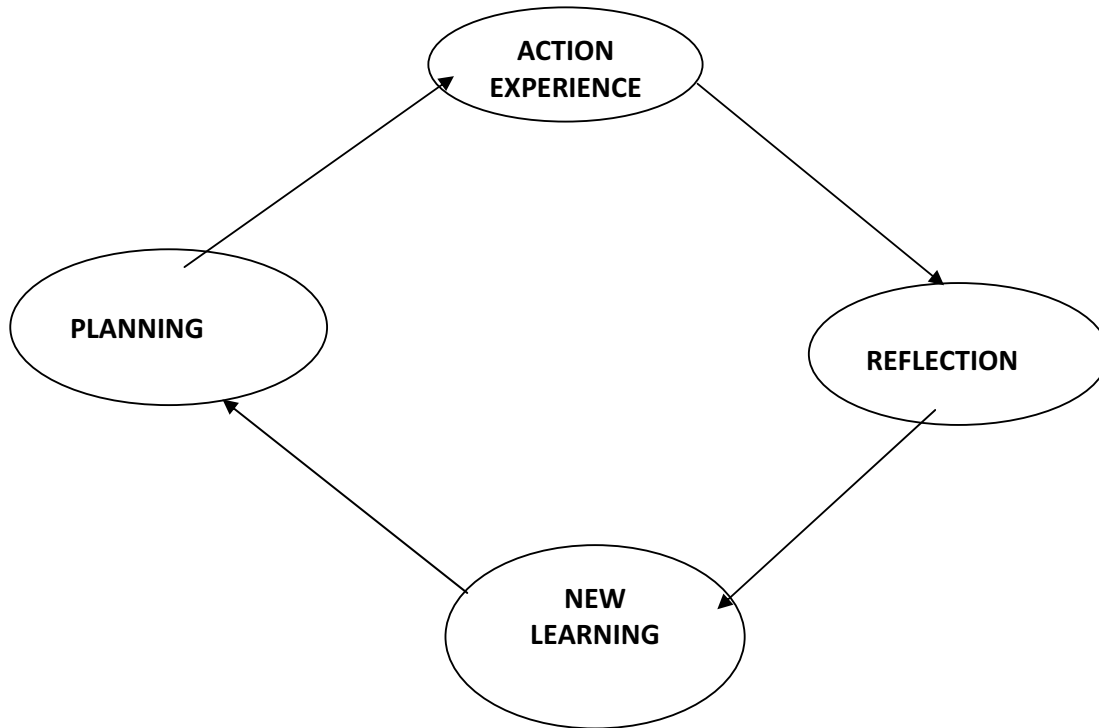
One of the best ways to facilitate new learning and action is the action learning cycle. This model enables the active participation of people whilst also ensuring that the objectives of community mobilisation – new learning and action on SRH – are met.

Key points in the action learning cycle

- The action learning cycle is a practical and powerful source of learning and development.
- It explores the meaning of our experiences more deeply and takes into account that actions, experience, and feelings are very important sources of learning and knowledge.
- The cycle aims to change behaviour, practice, attitudes, and perceptions in a positive way.

- Taking action is based on increased awareness and new learning and we take responsibility for our lives.
- The effective use of open and strategic questions at every stage of the cycle is key to the power of the model.
- We have to do the action learning model in a balanced way. If we become stuck at one step we need to go back to the previous step. We need to give each step equal importance.

Steps in the action learning cycle



Action: Participants experience something that allows them to reflect on what it means to them. This could be a discussion, role-play, drawing, game, or any other participatory exercise. The facilitator then asks the participants:

- What did we do?
- What happened?
- Who was involved?

Reflection: The facilitator then asks participants to reflect on the experience by using some of the questions below. Again, we can do this through group work and participatory exercises.

- What helped?
- What hindered?
- What went well/not so well?

New learning: Through debriefing and plenary, the facilitator can then draw out the key learning points:

- What new things have we learnt?
- What is surprising?
- What has strengthened our existing ideas?

Planning: From these new learning points, you can encourage participants to make plans to put this learning into action:

- What should we let go?
- What do we need to do differently?
- What should we do more?

5.10.2 Using a problem-solving process

Using a problem-solving process can encourage an experiential learning process to take place. Participants or the facilitator present a situation to experience, which they feel motivated enough to reflect on, learn from and act on. Participants can present these problems or issues in many ways; for example as stories, drama, pictures etc. Facilitators then ask participants the following sequence of questions, either over a long session or through a series of sessions:

- What is the core problem? What aspect of it do we want to solve? How does the problem affect different groups in the community?
- What are the causes of the problem? What are the root causes?
- What solutions have we tried already? What went well and badly with these? Can we improve them or do we need new solutions?
- Will the solutions work? What might get in the way?
- What resources do we and others have available to take action?
- What can we agree on and commit ourselves to do?

We ask these questions as we move through the steps of the community mobilisation process in Chapters 6-11.

5.10.3 Using participatory tools

Participatory tools such as drawing, making diagrams, doing role-plays, telling stories, and playing games with a purpose help people to participate and go through the active learning cycle. Anyone can use participatory tools. They are flexible and adaptable and we can use them to assess the situation, identify resources and problems, analyse their causes and consequences, find ways to address issues, make plans, act on those plans, evaluate actions and re-plan for further action.

There are many different types of tools that we can use for different purposes. All the tools involve group activities followed by discussion.

Examples of tools and how we can use them for different purposes:

Interactive drama and role-playing

We can use drama as an advocacy tool to sensitise and mobilise the whole community on issues of SRH and young people. Drama can bring the taboo issues out into the open. This can help community members to think privately about their own roles and responsibilities without being personally accused or offended.

Role-playing is improvised or spontaneous drama in which participants take on roles and act out a specific situation. Participants imagine that they are part of a real-life situation, and work out their responses to the situation as it develops. There is no script; the actors make up the dialogue and action as they go along. They try out new roles, play out problem situations, or try out different ways of solving a problem. Role-playing is followed by discussion. This helps participants to get a deeper understanding of the situation, the roles and feelings involved, and the problems and how to solve them.

Diagramming and drawing tools

These involve participants drawing or making diagrams of situations and issues that concern them. We can use them to identify problems, e.g. *“Draw a picture of good and bad situations to do with the sexual lives of people like us”*; analyse causes of good or bad aspects of sexuality, make a ‘But why?’ diagram to show the different reasons for good or bad SRH. See examples of diagrams in chapters 7 – 11. It is good to make diagrams on the ground using materials like chalk, sticks, and leaves. Such diagrams are not expensive and do not undermine low literate young people. We need to reassure young people that drawings do not have to be ‘professional’; they are just a way of showing or analyzing situations.

5.10.4 Tips for achieving results

- Help the group to **be creative** by using activities that encourage this.
- **Start with a clear focus.** What is it that participants want to discuss? Help them to make the topic very clear so that everyone can contribute effectively. Identify a single issue and a clear focus within the issue.
- Begin with a **good open-ended question** to get everyone talking.
- **One solution at a time.** Focus activities such as drama-making and discussion on one solution at a time. Continue until this solution is tested to work or is shown to be unfeasible.
- **Focus – focus – focus!** Keep restating the focus or purpose of the exercise, especially when the discussion is getting bogged down. Explain, “We are looking for a practical solution to Problem X” – to keep everyone on track.
- Use **follow-up probing questions** – to help dig deeper into an issue or solution.
- **Draw out information.** It is important to have all the facts and opinions in the open. This makes it easier to come to a decision.
- **Add new information or ideas.** Participants may need some new information or a new way of looking at things to see more clearly and deeply. The facilitators or people with particular knowledge can share this information through talking, stories, pictures, or handouts.

- **Help people to agree.** Put out alternatives which have been proposed by different participants and ask people to choose – “Do we do A or B?”

It is important that facilitators do not stop free discussion by judging or imposing their own values on the group. On the other hand, it is the facilitator's job to challenge people to think more deeply and to try thinking of things in a new way. Otherwise, there is a danger that groups will reinforce negative and harmful attitudes, for example, that girls deserve to be raped or dry sex is the only good sex. This balance between enabling people to talk freely and bringing in new ways of looking at things requires skill.

5.10.5 Share the results of small group work

At the end of a small group activity, groups usually share their results or learning in a bigger group. In interactive work, groups often share through drama techniques such as role-play or other participatory learning and action tools such as mapping. As few community workers have access to flipchart, members of the facilitators' team can record key ideas in a notebook to use in later activities.

We can make sharing results more interesting in the following ways:

- **Creative report.** Groups give their report in the form of a role-play, picture or song
- **Round robin reporting.** Each group presents only one new point at a time going round the circle until all the points are finished. If time is short, groups can give the most important point
- **One group - one topic.** Each group reports on a different topic or question
- **Only one question.** Groups report on only one of the questions discussed - the key question
- **Collective report.** Group reporters combine their reports
- **Common format.** About 15 minutes before the end of the small group discussion, each group prepares a report using the same format.

Example format:

The main reasons why the girl and boy had sex were: 1.....2.....3.....

The dangers they face are

The best way they could protect themselves is

- **Report back in paired groups.** Sometimes it is more helpful to have two small groups meet to share what they have learned. The smaller numbers allow for a more intensive discussion.

5.10.6 Organise ideas and analyse results

The facilitator provides a structure for people to organise and analyse their thinking through key questions, visual tools like the causes and consequences or solutions tree, pictures to sort into categories or charts (e.g. see below). This helps to draw out the important points,

summarise where the discussion has reached, find topics for deeper discussion or move on to the next step in the process.

Example of using a chart to organise and analyse results:

Problem	Causes	Effects	Coping strategy	Possible solutions
Early and forced marriages	Poverty of family - need a dowry Girls lack status and power to refuse Culture accepts it	Early forced sex Pregnancy and complications during labour HIV from older husband Unhappy girl with no education or paid work	Educate families and couple about SRH and law Try to prevent the marriage Report to legal bodies Do an HIV test and use condoms to prevent pregnancy and HIV	Mobilise community to stop early marriages Engage all stakeholders in changing norms and practices Help families to increase their income and share resources fairly.

5.10.7 Plan for action

- **Connect the activity with people's lives.** Ask, "What does this activity and discussion mean for us? What are we going to do in real life tomorrow?" People might decide to take an action personally or the group might agree to take some joint action.
- The group then needs to make an **action plan**, asking the questions: Who? What? When? Where? With what resources? Help get agreement on a clear decision - who is to do what and when? Check that people know what they have promised to do and feel responsible for completing the task.
- **Summarise at intervals** to help people understand the flow and results of discussion. At the end, summarise the most important points that came out of the session. Work with participants to name key issues and learning points.

5.10.8 Managing time

One of the most important skills for a facilitator is timing and pacing, i.e. knowing when to slow down and when to speed up. Here are some tips for managing time:

- **Be well prepared and organised.** Have everything ready, the space organised and any materials there before participants arrive for the session
- **Set time limits** for each activity beforehand as a rough guide, but be flexible. Allow enough time for processing what you have learned from the activities, otherwise people will do the activities quickly but not spend enough time thinking deeply and learning from them
- **Assign a timekeeper** to keep the group on time; that is to announce at intervals the time used up or the time remaining
- **Encourage people to keep their contributions to the point** and set a good example
- **Look at the topics and decide together which ones are most important.** Focus on those and leave out the least important topics if necessary.

5.10.9 Evaluate throughout the mobilisation process

- Evaluate together how the mobilisation process is meeting its objectives after each session and/or each day as an ongoing activity. Look at what went well, what was difficult and what was learnt.
- Plan together for the next session or following day, including what are the key questions to discuss, with whom, and what tools will be used.
- Ask, *“What shall we do differently as a result of our experience today?”*

5.11 Planning participatory activities

In order for your participatory activities to run well, you need to spend time planning and preparing for them. The questions below provide a checklist of what needs to be planned:

- What are the objectives of the session? Are they clear and understood by everyone?
- Which tools might we use? Which best match the objectives? Do they run in a logical sequence that guides participants through the action learning cycle?
- Who to do the session with? Should we break participants into different groups according to age and gender or background?
- Where to do the session? What is the most comfortable and safe place to do the session?
- When to do the session? What is the best time for participants?
- What materials and resources do we need?
- What is the timetable and budget for the session?
- What are the roles and responsibilities of any other team members?
- What will we do in difficult situations?
- What are the ethical issues to consider? How do we ensure that activities are in the best interests of the young person and do no harm?

5.11.1 Choosing a participatory tool

We need to ask ourselves:

- Will it use participants' experience and help them participate actively?
- Is the tool clear enough so that participants will feel comfortable doing it?
- Is the tool good for:
 - The objective of the session and the topic being discussed? Choose an activity that suits the objective and topic of the session: are you sharing experiences, thinking about a problem more deeply, making a play? Is the topic sensitive or likely to cause argument?
 - The type of participants (age, gender, experience, etc.)
 - The number of participants - for large numbers divide into small groups
 - Timing - length of session, timing within whole process, time of day
 - Space and resources available?
 - Does the tool fit with other activities that we use in our sessions?

Use new activities to build skills and keep the sessions interesting. Get feedback from participants on each tool and encourage them to design their own tools to help them discuss a problem. Select tools that young people of different ages enjoy and can all use. For example, younger young people often enjoy making pictures and cartoons, playing with clay dolls, telling stories, role-playing, games, and singing. Older young people might also like to draw and write about problems or experiences to put in an anonymous box; make up songs, write agony aunt letters, do stop-start drama or involve sport to solve problems.

Involve young people with disabilities and their friends in designing tools for different types of disability. For example, deaf young people might enjoy drawing or making diagrams whilst blind young people could create stories or engage in role-plays. Make sure that those with physical disabilities can access the venue and use simple pictures and stories to work with children with learning disabilities. Try making clay models with younger children or those with disabilities.

When using tools, we can use natural material such as leaves, flowers, sticks, and stones instead of flipcharts and pens, which are costly. Often people feel more at home using the materials found around them and literacy is not necessary. Chalk and walls are often more readily available than flipcharts and pens.

These activities are suggestions – with participatory learning and action we can adapt and try out new activities to suit our purpose. See Annex 2: Resources for sexual and reproductive health with young people for many more examples of tools that you can adapt.

5.11.2 Tips for using tools

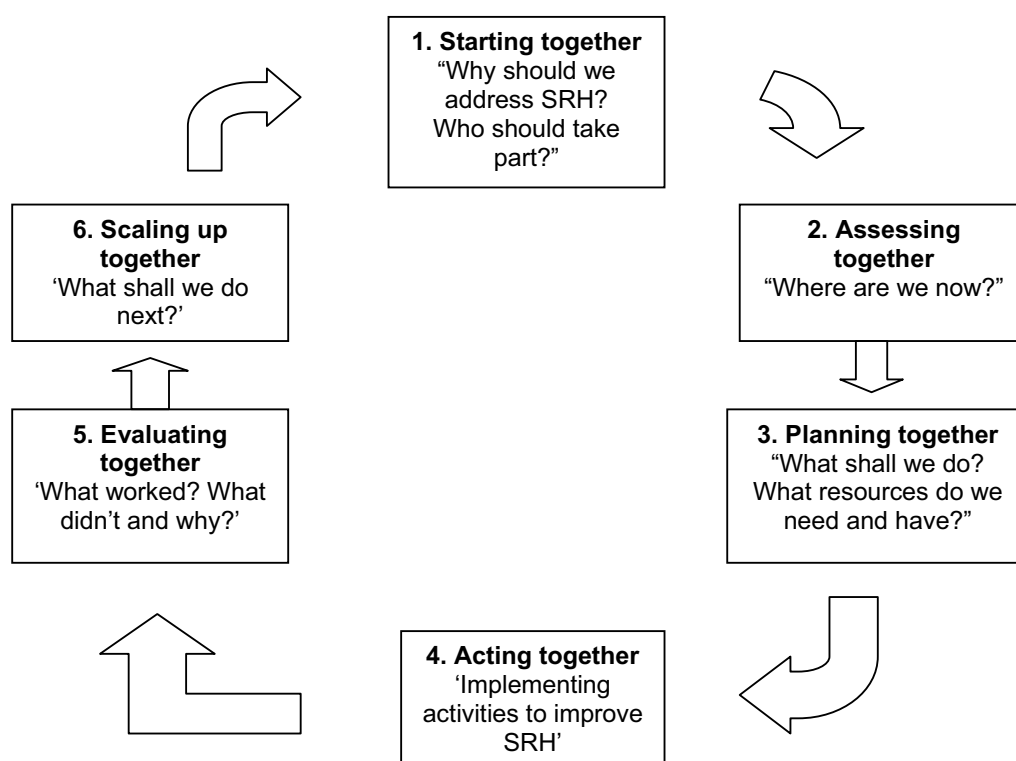
- Introduce the tool and its purpose - how you think it can help the group to discuss the issue and find answers.
- Use tools that people are comfortable to use.
- Explain clearly how to use tool.
- Let the group get on with using the tool themselves...only assist if necessary.
- Help everyone to participate.
- Ask probing questions to deepen discussion.
- Remember - the tool is only a technique to help people to talk, analyse, get answers to questions; it is not the product itself.
- Encourage people to talk about 'people like us' and not feel they have to disclose their personal experiences if they don't want to.
- When people have finished, ask questions that encourage further discussion.
- Ask people to give you feedback on using the tool and suggestions on how to improve it or a different tool that they might find more helpful.

6. TOOLS FOR STARTING TOGETHER

6.1 Chapter overview

Chapters 6 to 11 suggest participatory activities you can use for each stage of the community mobilisation process. They are only suggestions and we encourage you to use them flexibly. More tools for each stage can be found in Annex 2.

Each chapter suggests tools for a stage of the community mobilisation process.



This Chapter addresses the questions “*Why should we address SRH? How will we get started?*” It describes the process and some tools for bringing the community stakeholders together to agree on the need to mobilise for SRH with young people and make a plan to begin the process. It is important for building trust between the community stakeholders, including young people and others, creating ownership and commitment and finding practical ways to ensure that the most vulnerable people are actively involved in a safe way.

This guide is not able to describe all the tools listed below in detail but we recommend that you obtain the Toolkits recommended in Annex 2 to identify the suggested tools for each step of the mobilisation process.

Key questions	Tools we could use
Why is it important to mobilise for the SRH of young people?	Focus Group Discussions with community stakeholders, including young people, on SRH to understand community concerns and perspectives Contribute factual information about HIV and AIDS in discussions as appropriate Mobilise young people to perform drama to show SRH issues affecting them
Where and with whom will we start mobilizing?	Social and community mapping Stakeholder analysis
When is the best time to start mobilizing?	Seasonal calendar and daily or weekly routine diagram
What is the SRH situation in the community?	Drawings or role-play of good and bad aspects of SRH for young people Shields and arrows Anonymous question and comments box Anonymous participatory survey
What are the causes of vulnerability? Who are the most vulnerable young people?	Causes and consequences tree Brainstorm and ranking
What are we going to mobilise for?	Shields and arrows

6.2 Starting together. Tool 1: Trust game

What is it? This is an exercise to help 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 SRH work
- What it feels like to give people sensitive information about themselves.

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 that they would not want anyone else to know. Ask them to draw, make a shape, or write this down on a small piece of paper, then 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 in turn how it feels to have someone else's secret in his or her 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 SRH?
- What kind of things might people share with us that should be kept confidential?
- What rules should we have about confidentiality during sessions?

6.3 Starting together. Tool 2: Social or community mapping

What is it? A social or community map is a map showing important places in a community – for example, churches or temples, markets, health centres, schools, bars, places where people meet etc. Some possible uses include:

- Identifying different 'communities' of young people in our project sites
- Mapping places where young people may be at risk of HIV

Why use it? Community mapping is useful to:

- Provide a non-threatening way to start a discussion about sensitive subjects including sex, HIV and AIDS, drug use etc
- Identify which places (and people) are important in the community, and why
- Identify which places or people have an impact on HIV
- 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, Large groups can be divided into peer groups or separate groups of males and females to make separate maps in order to compare different views of the community, or when talking about subjects which may be more comfortable in single sex groups.

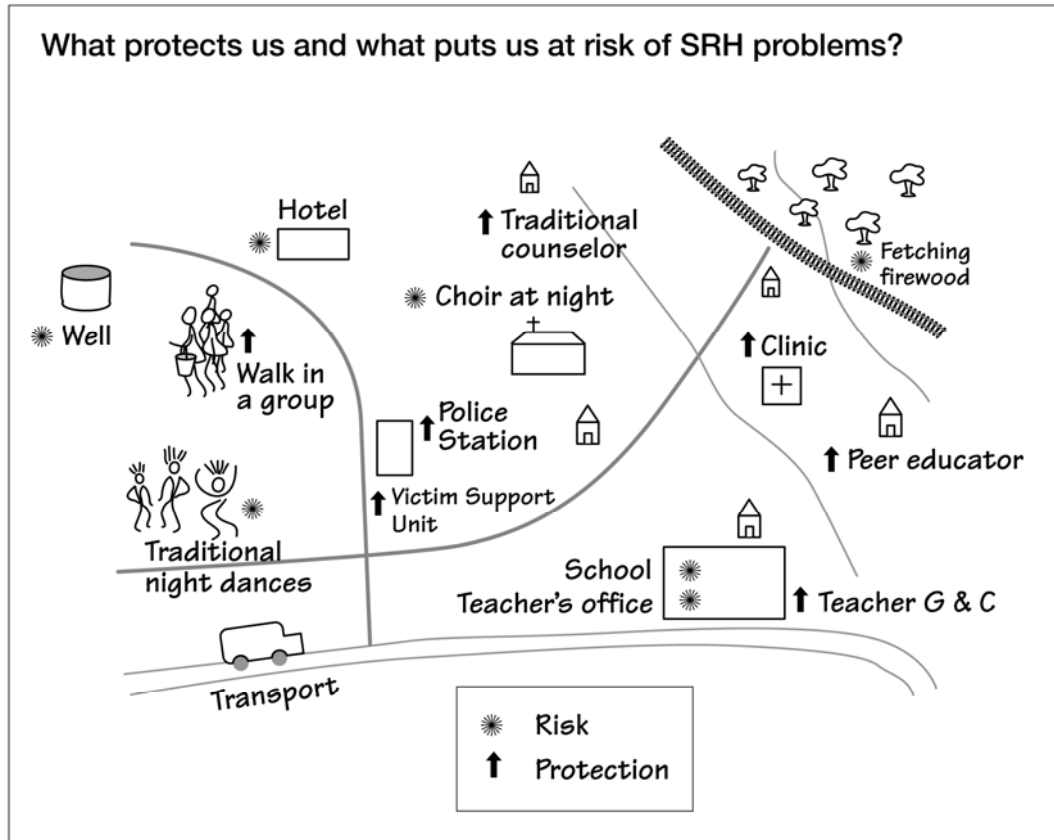
How to use it?

1. Discuss what sorts of places to show on the map.

2. Ask participants to draw a map showing for example, all the places they think young people may be at risk of HIV or the different groups of young people in their project sites.

3. Discuss what is shown on the map.

Below is an example of a mapping exercise done to identify risky places where abuse could take place. This map highlighted the safer places as well as places young people can go for help like the local clinic or the Family Protection Unit of the Police Station. Once the community mapping was complete it was very clear that abuse was an urgent issue that the community and young people needed to explore more.



Facilitator's notes

- Mapping can be done on the ground or a wall with chalk, on paper or using local materials such as sticks, stones etc to symbolise different areas.
- Different participants may draw very different maps of the same area, and that is OK – it reflects their different views of the community and of the topic.
- Community maps can show how things looked in the past and/or how people would like a place to look in the future.
- Engaging young people in the mapping is empowering if it is followed up with sessions to practice avoidance and assertiveness skills; and working with potential abusers, families, and community protectors for change.

6.4 Starting together. Tool 3: Shields and arrows

What is it? This is group exercise to document and build understanding of SRH issues.

Why use it? Shields and arrows can help all members of the community to understand:

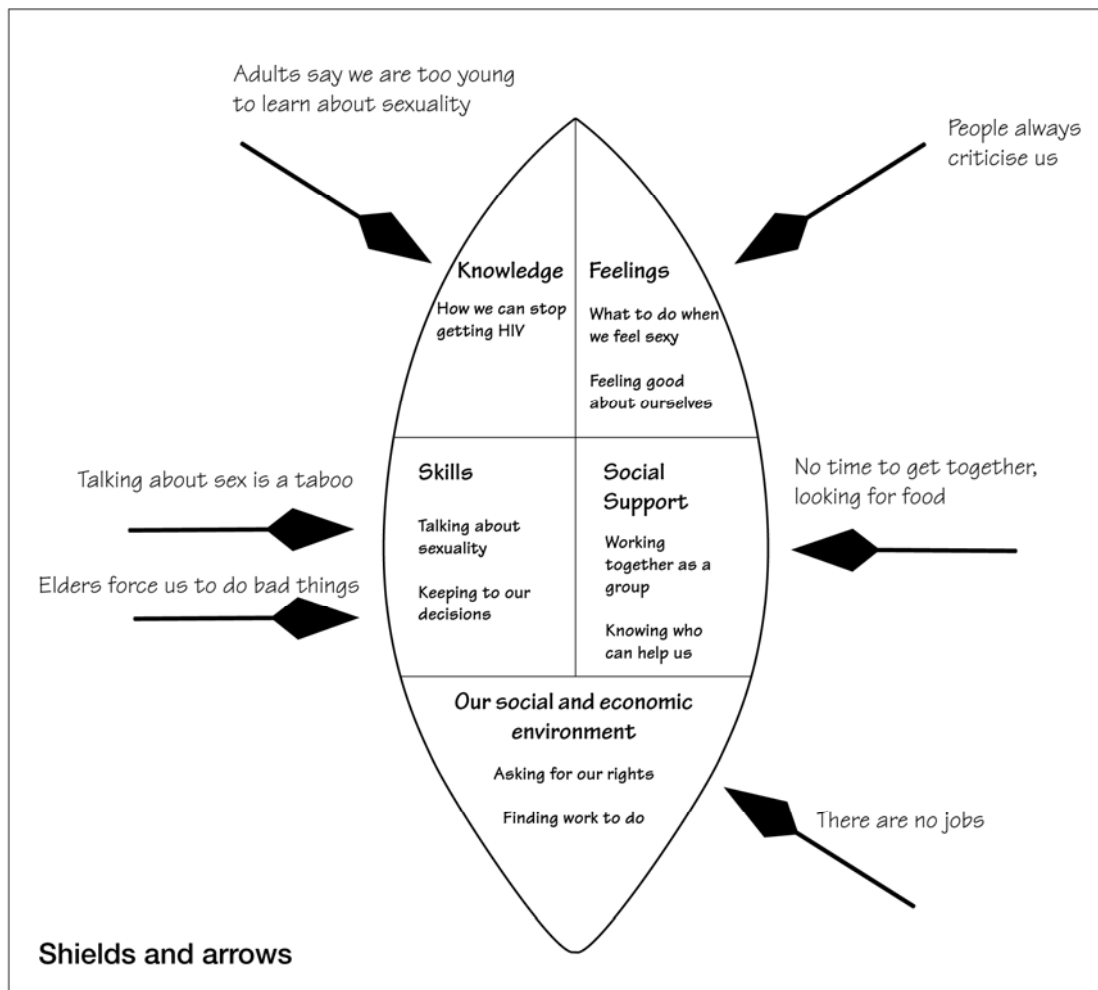
- How their own sexual and reproductive health is influenced by their own behaviour

- How their own behaviour may affect the behaviour and the health of others
- How others may affect their own sexual and reproductive health
- The most important factors influencing their behaviour

How to use it?

This tool requires roughly 1 ½ hours.

1. Brief participants on what SRH is, and the five factors which influence our behaviour –our knowledge and thinking; our feelings and values; our practical skills and actions; our relationships with others; our situation in society and the social, cultural and economic environment - see section 2.4.
2. Tell participant the objectives of the activity and ask people to go into same sex and age groups of 4-6 people.
3. Ask each group to make an image of a large shield on the ground with available objects, on the floor or blackboard with chalk or on a piece of paper. Ask them to divide the shield into five areas: our knowledge and thinking, our feelings, our practical skills and actions; our relationships with others and our situation and environment (see illustration below for examples).



4. Within each area, ask them to draw or write all the things that help people like them to have good sexual and reproductive health behaviours.

5. When they have done this, ask them to draw arrows going towards the different areas of the shield that represent all of the things which may result in behaviour that is bad for people's sexual and reproductive health.

6. Ask groups to present their shields to the whole group.

7. Ask:

- How is our sexual and reproductive health influenced by our behaviour?
- What are the different things that influence our behaviour that help us to have good SRH?
- What are the things that influence our behaviour that hinder our SRH?
- Are there some things which people like us do, which help others to adopt good SRH behaviours?
- Are there some things which people like us do, which may lead others to adopt behaviours that are bad for their SRH?
- What are the most important factors that influence our behaviour?
- How can we build upon the things that help us, and address the things that do not?

Facilitators' notes

- Talk about 'people like us' rather than 'you' as this can be a very personal subject and people may not feel like talking about themselves personally
- Reinforce the positive things people mention.

6.5 Starting together. Tool 4: Who are the most vulnerable young people?

What is it? This tool takes people back to the shield and arrows diagram for a further analysis focussing on those young people who are most vulnerable.

Why use it? This tool can help identify:

- Those most vulnerable to poor SRH in the community.
- Strategies for including the most vulnerable in the community mobilisation process.

How to use it?

This tool requires roughly 1 hour.

1. Ask participants to look at their Shields and Arrows diagrams again. Ask them to identify all of the things which make someone vulnerable to poor SRH and HIV e.g. they do not have a say in their own SRH, they lack access to SRH services, they have little support from family etc.

2. Now, ask them to think of types of people in the community who particularly have these vulnerabilities e.g. the poorest households, young girls, older males with money, married couples, orphans, young people out of work etc.

3. Draw each type of person and ask participants to identify their main vulnerabilities.

4. Now, ask them to identify who are the most vulnerable and who are the least vulnerable to poor SRH in the community.

5. Ask participants:

- Who is the most vulnerable?
- What are the barriers for them participating?
- How can we include them in the community mobilisation process?

Facilitator's notes

Strategies for including the most vulnerable might include:

- Having meetings at times and places that best suit the most vulnerable participants.
- Having peer group meetings e.g. all young girls together, all people living with HIV together etc.
- Providing food and refreshments for participants.
- Identifying who has control over whether these people can participate or not, and getting their approval for the person to take part.

6.6 Starting together. Tool 5: Resource mapping

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.

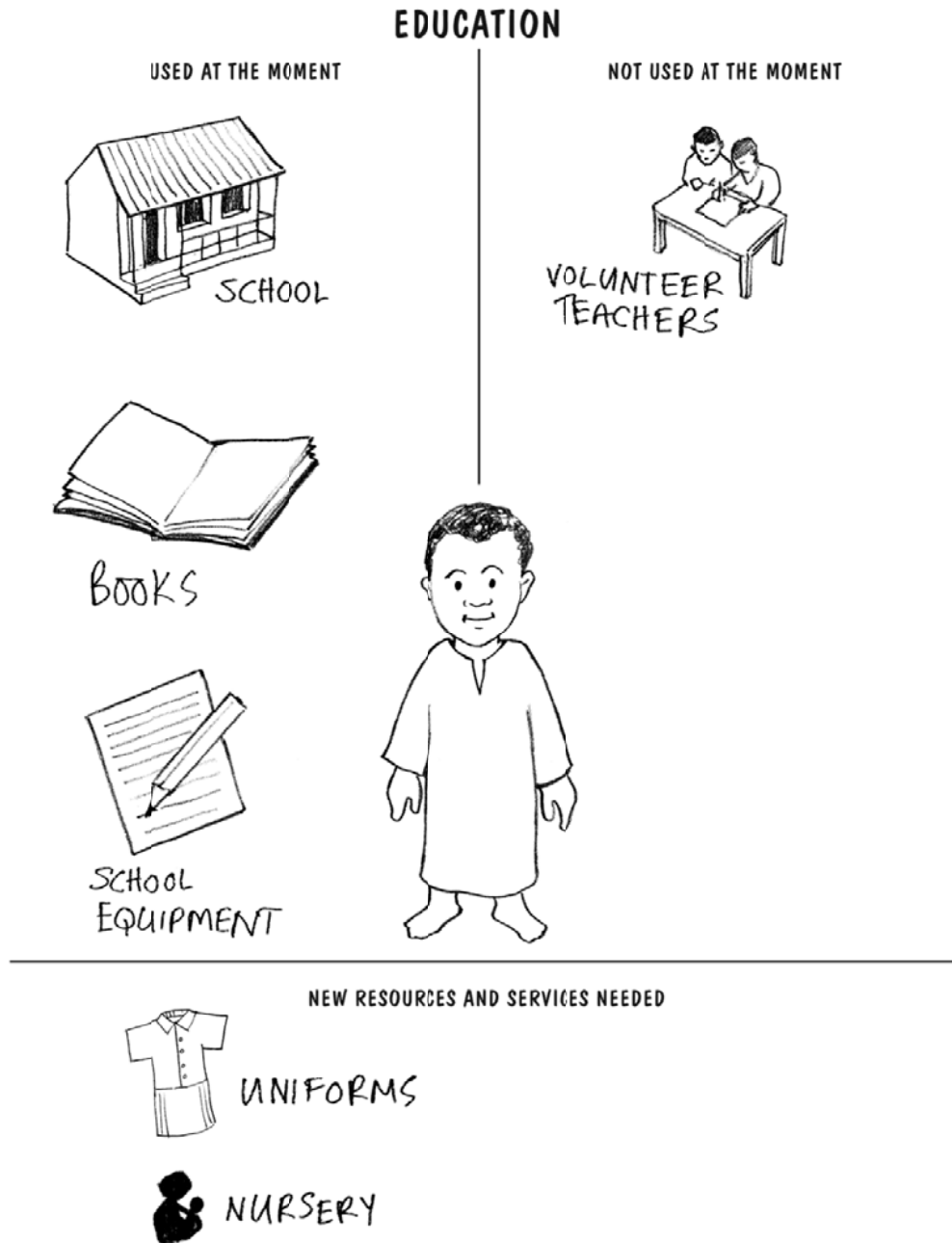
Why use it? Resource maps are useful to:

- Identify what resources and services are available to different people, and who uses them. For example, what resources and services are available to girls and young women? Which are available to boys and young men? Can all young people 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 for young people.

How to use it?

1. Divide into groups of different types of young people and older people. Each group of young people will do the mapping for people like themselves. For example, care givers might look at orphans and vulnerable young people and teachers might look at children in school.

2. Draw a person in the centre of the map representing the young people you are discussing. For example, a child, representing orphaned and vulnerable young people.



3. Agree what resources and services to show on the map related to SRH. Try to include government, NGO and traditional providers as well as young people themselves and families.

4. On the left side of the person, show the resources and services that the person uses now.

5. 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. Discuss why they do not use them.

6. For each resource, discuss the good points and weaknesses of that service.
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.
9. Use the example matrix below to help summarise the information.

An example of resource mapping from Uganda:

Stakeholder	What they do to help young people in SRH/HIV	Limitations/hindering factors	What they could do more
Parents/Guardians	Give advice, counselling and guidance Information on health and hygiene	Too much criticism and punishment Poverty Do not create time to pay attention to young people Too many young people or orphans Generation gap	Spend more time and attention on young people – and what is happening to them Invite other stakeholders to come in Learn life skills and gain SRH knowledge
Teachers	Provide academic information on SRH Set rules and boundaries Act as positive role models Report to parents on child behaviour	No help on feelings, behaviour, how to stay safe Rules are not enough Negative role models Emphasis on passing exams 90 pupils/students per class Stealing	Improve relationships with young people Counselling and guidance How to solve problems Develop helping relationships
Peers	Share visions, information, behaviour Positive peer influence Peer support Emotional, materials e.g. IEC	Negative peer influence Do not have accurate information Boys watch football and violence	Learn more about SRH etc Positive life skills Do more positive things Peer education Groups for action

7. TOOLS FOR ASSESSING TOGETHER

7.1 Chapter overview

In this chapter, we describe tools for assessing together with the community. They build on the questions that we asked in 'starting together' and examine issues in more depth with different key groups.

Key questions	Tools
What are the good and bad aspects of sexual live for different groups of young people in our community? What behaviours cause these problems?	Anonymous participatory survey Drawing good and bad aspects of growing up and sexual life Anonymous box for good and bad things, questions, stories and ideas Agony aunt letters
What are the different factors that influence our behaviour?	Role-play and hot seating
What are the consequences of the problems?	Causes and consequences tree
What are we doing to address the problems? What are the gaps in types of services, quality, and coverage?	Resource mapping. Circles diagram Strengths and weaknesses sunburst diagram

7.2 Assessing together. Tool 1: Causes and consequences tree⁹

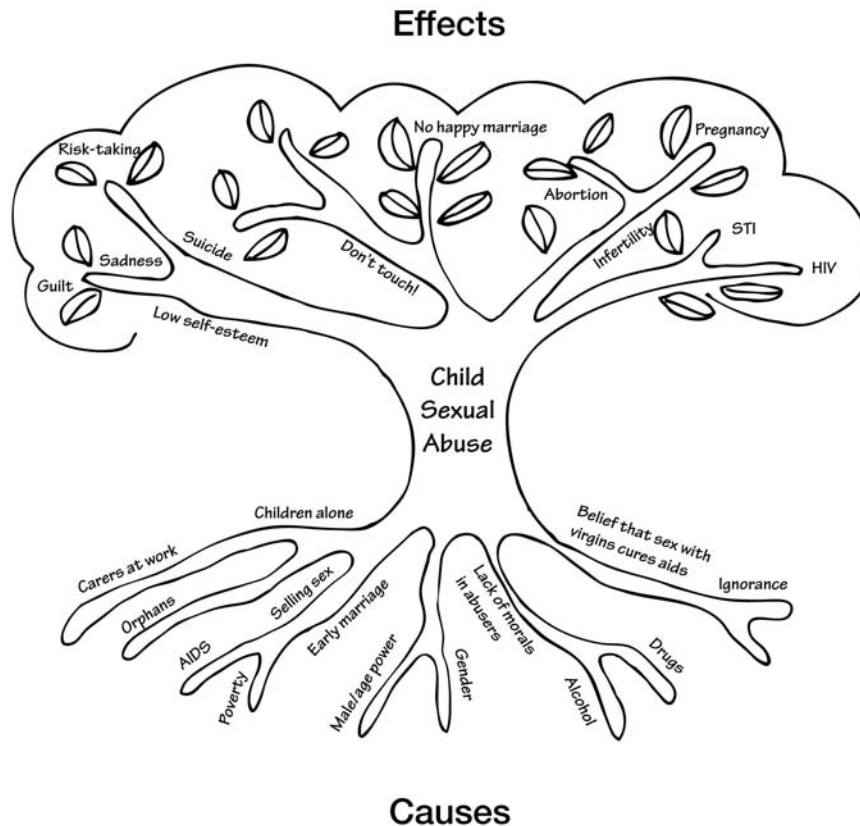
What is it? This tool uses the drawing of a tree to analyse the causes and consequences of a problem by putting the causes on the roots of the tree and effects on the leaves.

Why use it? To find out what the immediate and underlying causes and effects of the problem are. It helps us to analyse problems in more depth, to rank the seriousness of the effects, to understand the immediate and underlying causes of problems, and to prioritise and address them. Some possible uses include:

- We could follow the causes and effects tree with an objective and solution tree to plan for action--a tool to look at what we can do now, soon, later; what we can do ourselves and what we need outside resources for; what is the most important cause and what action can address more than one cause
- In the example overleaf (from Zimbabwe), an understanding of the serious consequences of abuse motivated people to take action to stop abuse and minimise harm. An understanding of the causes of abuse helped people to look for ways to reduce these causes at different levels.

⁹ Sometimes also known as a 'problem tree'.

Example from Zimbabwe:



How to use it?

1. Draw a tree and write the name of the problem on the trunk, for example, child sexual abuse.
2. Ask participants to identify the effects – and record them as leaves or fruit on the branches of the tree.
3. Identify the causes – and record them on the roots of the tree. After immediate causes, probe for root causes.
4. Rank the most serious effects and the priority causes.
5. Follow this tool by turning it into an objectives and solution tree.

7.3 Assessing together. Tool 2: Hot seating¹⁰

What is it? The group presents a role-play of a problem situation. Then the actors remain in character and members of the audience ask them questions to understand why each actor behaved in the way that they did.

¹⁰ See 'Feel, Think! Act! Interactive drama activities for SRH with young people' for more information on the use of drama techniques. Hot-seating page 111.

Why use it? Hot seating is a technique used to explore the underlying reasons behind our behaviour. The aim is to understand the characters, rather than making assumptions or judging them.

How to use it?

1. Divide into groups of four and ask participants to each identify a situation where the characters' behaviour puts them at risk of SRH problems. Ask them to develop a short drama to show the behaviour of the characters and how it leads to risk. The actors should really think about who they are and why they find themselves in this situation.
2. The first group performs their drama. At the end, the actors sit in front and remain in character.
3. Ask the audience to explain the story briefly to show they have understood. Ask them whether the situation is realistic and might happen to people like them
4. The audience asks the characters open ended, non-judgmental, and probing questions in order to understand why the character behaved as they did.
5. Discuss:
 - What have we learned about the causes of our behaviour? Which of the five factors have most influence?
 - What could the characters do differently to protect their SRH? What could others do?

7.4 Assessing together. Tool 3: Anonymous box

Participants are invited to use pieces of paper to write down their questions, stories, issues or concerns about SRH-HIV and young people. The writing could be about good things or problems.

Participants should not write their name on any of the pieces of paper. When they have finished writing, the pieces of paper should be posted into a closed box. This means that all the contributions are anonymous.

This 'anonymous box' tool allows participants to raise sensitive problems that they would find difficult to speak about in the open.

For example, in schools, teachers have learned that a number of girls and some boy pupils have been sexually abused, mostly by people close to them, including teachers. This has resulted in school policies and actions to make the school a safer environment.

7.5 Assessing together. Tool 4: Participatory anonymous survey¹¹

This is a useful way to find out about peoples behaviours regarding sensitive SRH issues in a confidential way. Give participants small pieces of paper and pens. Ask participants questions for them to agree or disagree with, such as: I always use condoms every time I have sex – agree or disagree?

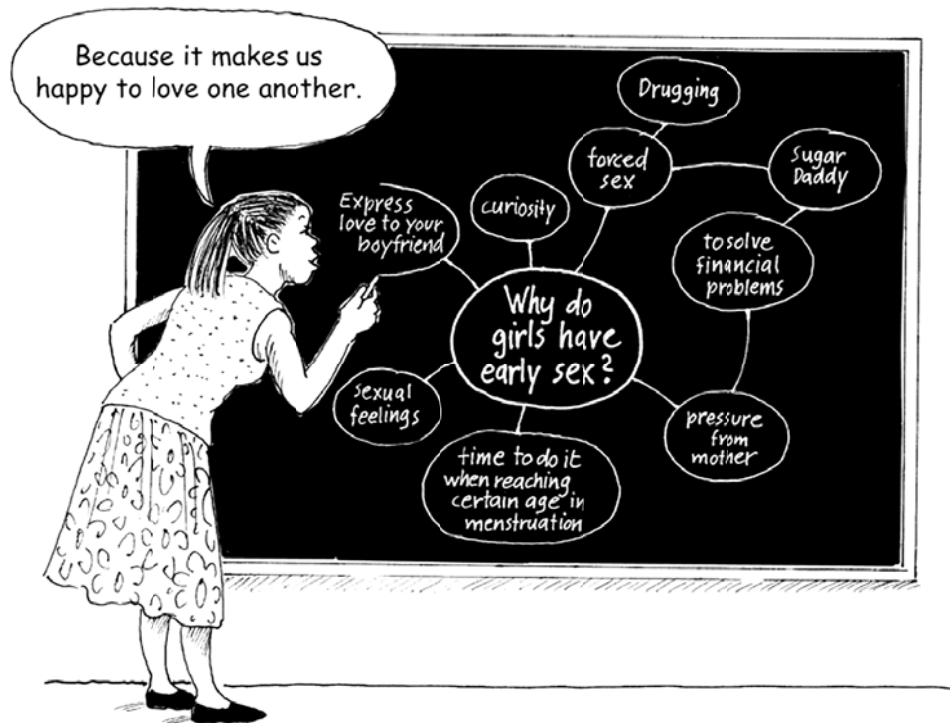
For each statement, ask participants if they agree or disagree with statement. If they agree with the statement they should put a tick (✓) on their piece of paper, fold it up so no one else

¹¹ See 'Feel! Think! Act!' Page 107

can see it. If they disagree, they should put a cross (X) and again fold it up so no one else can see it. Then tell participants to put all their pieces of paper in a box or hat. When you have collected all the 'votes' you can open and count them. Then tell participants how many people agreed with the statement and how many disagreed. Repeat the process for the next question.

7.6 Assessing together. Tool 5: 'But why?' diagram

What is it? This tool involves creating a 'but why?' diagram – by drawing a problem relating to SRH in the centre, repeating the question 'but why?', and drawing the answers in circles around the problem.



Why use it? To explore the underlying causes of problems relating to SRH.

How to use it?

1. Explain the purpose of the tool to participants.
2. Ask the group to identify four issues or problems relating to SRH and young people.
3. Divide the participants into four groups. Ask each group to choose a different one of the issues to work on.
4. Ask each group to draw a 'but why?' diagram. Ask them to start by drawing or writing their issue in a circle in the middle of a space on the floor, blackboard, or sheet of flipchart paper.
5. Ask each group to:
 - Discuss 'But why does this happen?' Then write each of the immediate answers in separate circles around the problem.

- Look at the first of the immediate answers and again discuss *'But why does this happen?'* Then write each of the answers in separate circles around the immediate answer.
6. Ask each group to repeat the activity for each of the other immediate answers and to keep asking *'But why does this happen?'* until they can think of no more answers.
 7. Bring all of the participants back together. Ask each group to share their diagram. Support the participants to develop a list of the most common reasons for problems relating to SRH and to discuss why they are the most common.
 8. At the end, fill in an Activity Record Sheet (see section 10.2). In particular, note any decisions made by the group and identify any next steps.

Facilitator's notes

- Be aware that this tool can be quite complicated. Support the participants to use it by giving them clear, step-by-step instructions and explaining how the end result shows the different 'levels' of reasons for the main problem. It may help to put arrows on the lines that link the circles – with them all pointing inwards to show how they contribute to the central problem.
- Encourage the participants to allow plenty of space for this tool – so that the diagram can spread out as much as is needed.

7.7 Assessing together. Tool 6: Gender boxes

What is it? This tool involves drawing 'gender boxes' on the ground and jumping in and out of the boxes to highlight qualities that are – or are not - associated with being a good woman or a good man.

Why use it? To learn more about the pressures on young people and community members to 'act like a woman' or 'act like a man' according to widespread views about gender roles.

How to use it?

1. Explain the purpose of the tool to participants.
2. Ask the participants to identify what, in the view of their community, are the 10 most important characteristics or qualities of an 'ideal' young woman and 'ideal' young man.
3. Draw two large squares on the ground, a small distance apart. Explain that these are 'gender boxes' – one for women, one for men.
4. Ask for a male volunteer. Ask him to stand in the gender box for men and to act out the 10 characteristics or qualities that were identified for an 'ideal' man.
5. Ask for a female volunteer. Repeat the process for the women's box.
6. Explain that, so far, the activity has focused on 'ideal' women and men – who fit comfortably into their 'gender box.'
7. Now, encourage the participants to suggest characteristics or qualities that real life women and men have that are not 'ideal' for their gender. Ask the participants to shout out the characteristics or qualities. Ask the two volunteers to jump out of their 'gender box' and to act out the characteristics and qualities.

8. Encourage the participants to discuss what they have learned from seeing the volunteers jumping in and out of their 'gender boxes'. Ask them questions such as:

- *What are the benefits to young women and young men of staying in their 'gender box' and behaving how they are supposed to?*
- *What are the costs or risks to women and men of staying in their 'gender box', especially in terms of SRH and HIV?*
- *What might it feel like to be out of a 'gender box'?*
- *What support do women and men need to step out of or stay in their 'gender boxes'?*

9. At the end, fill in an Activity Record Sheet (see section 10.2). In particular, note any decisions made by the group and identify next steps.

Facilitator's notes

- You can also use this tool with same sex groups of males and females. The groups can start by doing a 'gender box' for their own gender, before then doing one for the other gender. This is a good way to open up discussion about how women and men see each other's situation.
- This tool can also be used with groups of older people and younger people. This helps to explore how traditional and modern expectations affect 'gender boxes'.

Using participatory tools to explore sensitive issues

Although most participatory tools are used in groups, we can use the tools with individual young people in a private way to find out what is happening to them and their risks. This is particularly important in relation to sexual abuse of young people.

YOCIC, an organisation in Zimbabwe, helps vulnerable young people to create private books called Hero Books. They use two or more tools for different questions. This has enabled young people to express themselves, disclose abuse, and identify the abuser in a safe place. Often when young people are abused, they become despondent and feel hopeless and worthless. Hero books help young people to realise their worth, increase their self-esteem, have hope for the future, and build resilience and the ability to deal more effectively with the abuse. We can use this confidence-building tool for prevention and support with all young people on a range of topics.

The Hero Book is a very confidential book and it is up to the young people themselves whether they share it with people. This allows the young person to be very open about their life and still have control over who can be involved.

The two tools below are used for a more personal approach that would allow us to learn more about abuse from young people and therefore support them better. We tell the story of Tatenda (not her real name) to illustrate how they work in practice.

7.8 Assessing together. Tool 7: Circles diagram

What is it? Young people draw a picture of themselves and then add all the people in their lives around them, using distance and size of circles to show how close and important these

people are to them. They can then discuss their drawing with their helper. This tool is also used in groups to find out, for example, where young people get their information on sexuality.

Why use it? This tool allows young people to define who is important to them.

How to use it?

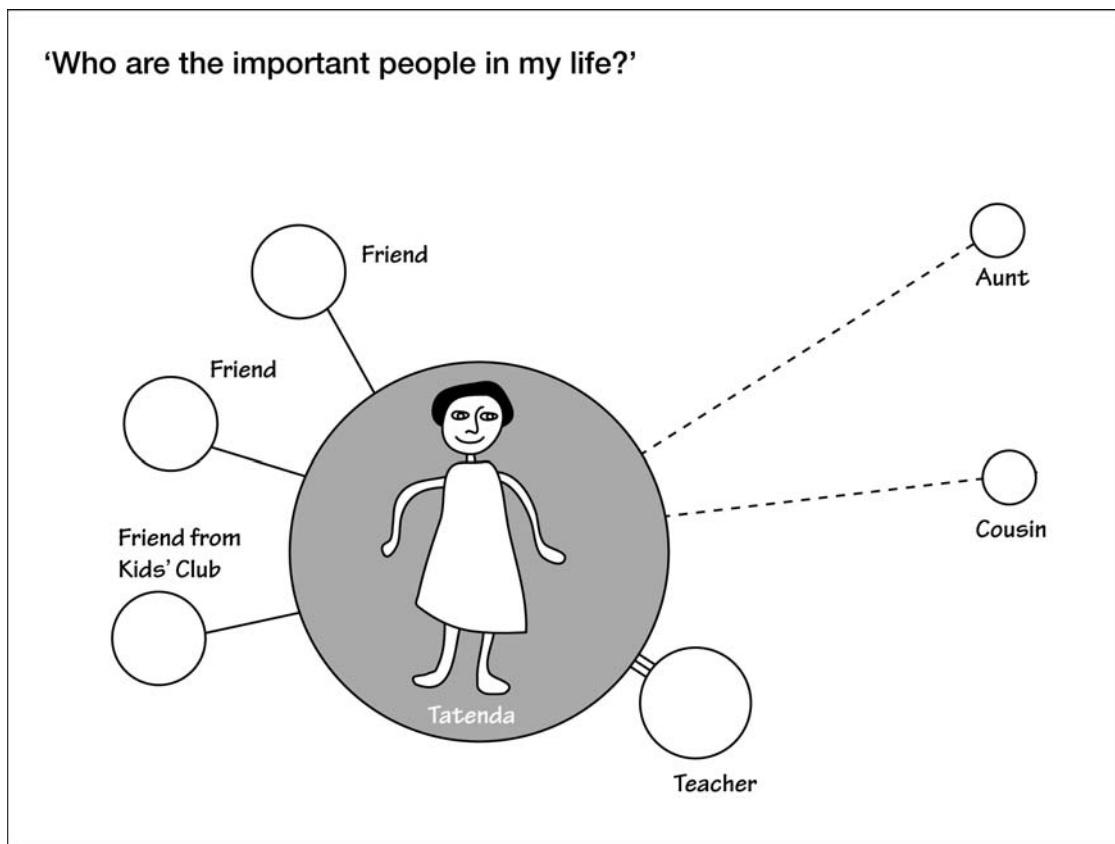
1. Ask young people, either in their own books or in small groups to draw a picture of themselves as a circle in the middle.

2. Ask them to think about all the people in their lives, which ones are close to them, and which ones are far away.

3. They then draw different lengths and thicknesses of lines outwards from the circle with circles of different sizes, representing the different people in their lives. The thickness and length of the lines and circles indicate the closeness of the people in their lives:

- The closer the circle to the young person, the closer the relationship with that person
- The larger the circle, the more important that person is.

4. If people are working in groups on a non-sensitive issue, bring the groups together to share their circles and discuss what they have learned. If young people are working individually on personal issues, sit with each person one by one to talk over the picture and see what the young person needs.



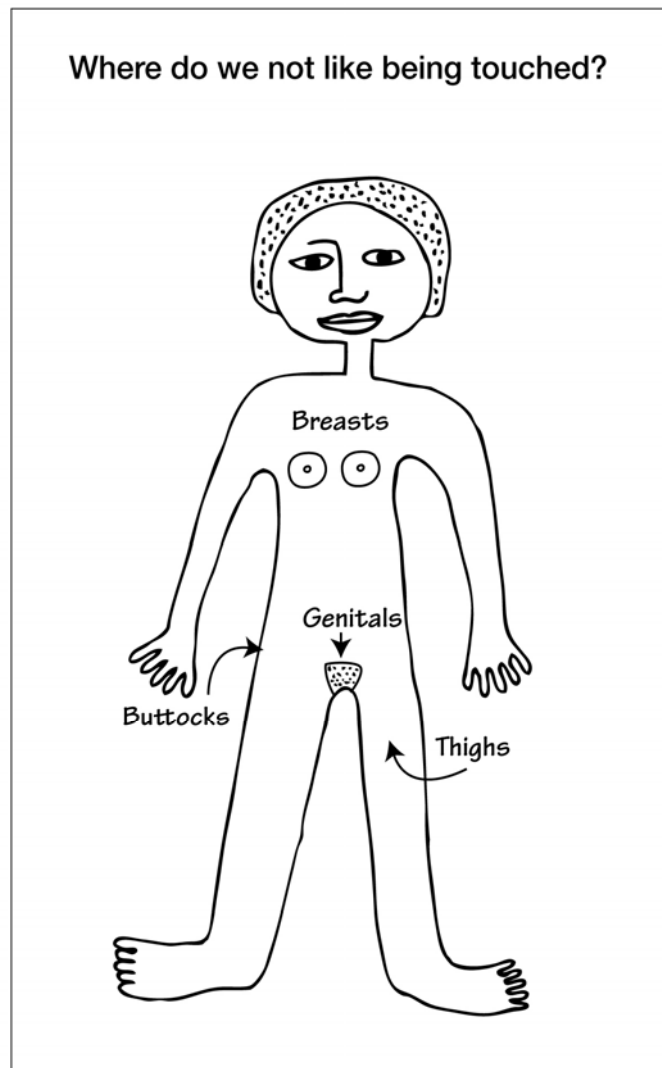
Case study from Zimbabwe: Tatenda's story (part 1)

Tatenda's diagram was very different to other young people. Her family was placed very far away from her and a few friends from the club were also featured but also not close to her. The closest person to her was her teacher. She later shared her diagram with a Kids Club leader and this is what we learnt. Tatenda had very few close friends. She did not relate well with the extended family she lived with. The furthest circles from her and drawn with dotted lines, were those of her cousin and aunt. She said that her aunt did not like her and her cousin hurt her. This made her afraid to form any other solid friendship. Tatenda refused to speak more about how her cousin hurt her, even with probing questions. Tatenda was encouraged to speak to a trustworthy person such as a club patron at any time.

The next Kids Club session focused on body mapping (see below).

7.9 Assessing together. Tool 8: Body mapping

Young people were asked to draw a picture of a body and then identify parts they are not comfortable being touched – these were the breasts, genitals, buttocks and thighs. After this, young people spoke individually to different leaders about the parts they had drawn and their reasons for drawing these parts. This allowed for confidentiality and trust during the exercise.



Case study from Zimbabwe: Tatenda's story (part 2)

Tatenda said that she did not feel comfortable because it hurt when she was touched on these places. She then revealed that it hurt when her cousin penetrated her vagina and squeezed her breasts. From this exercise we learnt that Tatenda had been sexually abused over a period of a year and that her aunt knew of this abuse and did not report it as her nephew was involved. We also learned that there was very little family support for Tatenda and she was deeply traumatized. Immediate support was needed for the child in this case.

Case study from Zimbabwe: Tatenda's story (part 3)

The case study shows that use of the circle diagram and body mapping tools helped Tatenda to safely reveal that she was sexually abused. She had control over what she revealed and at what point she could reveal it and talk about what she had gone through. She had the choice to keep her diagrams confidential. The diagrams indicated to her care giver that she was going through a difficult time. The care giver was able to ask probing questions related to the diagrams:

- *How is it that you have placed some people so far from you?*
- *How do you feel about these people that you have placed far away?*
- *Are there other people you would like to include in your diagram at some point?*
- *You have drawn some body parts that should not be touched, why do you think these parts should not be touched?*
- *Have you been touched in such a way?*

Using these tools sensitively, the care giver was able to piece together what had happened and take action. The carer, together with YOCIC staff, approached the child's care-giver before making a report to the police. During the court process, Tatenda began working on her Hero Book to build her confidence and through pictures express what she was going through and her dreams, hopes and aspirations. The book had prompts such as: *"In twenty years time I would like to be..."*

8. TOOLS FOR PLANNING TOGETHER

8.1 Chapter overview

This chapter focuses on the questions: Where do we want to be? How will we get there?

Key questions	Tools
What changes would we like to see in the short-term? In the long-term? What is our vision for the future? What should we build on and/or strengthen? What should we stop or change? What are our aims and objectives?	Play-replay drama Desired changes diagram Visioning tool Keep, change, stop Objectives and solution tree
What can we do to achieve our vision? What are we doing already and how can we build on this? What other solutions can we find? What are the advantages and disadvantages of each solution?	Margolis wheel Impact diagram Stop-start drama Problem letters Realistic and practical matrix
What actions will we take now, soon or later?	Action planning

8.2 Planning together. Tool 1: Objectives and solutions 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 SRH and specifically HIV issues for young people - what will bring about that solution; and what effects that solution will have. It is usually used to identify solutions to problems which have been identified using causes and consequences trees.

Why use it? Using the solution tree helps to:

- Provide a visual and non-threatening way to identify solutions relating to SRH and specifically HIV
- Identify what will bring that solution about
- Identify what effects that solution will have on the problem.

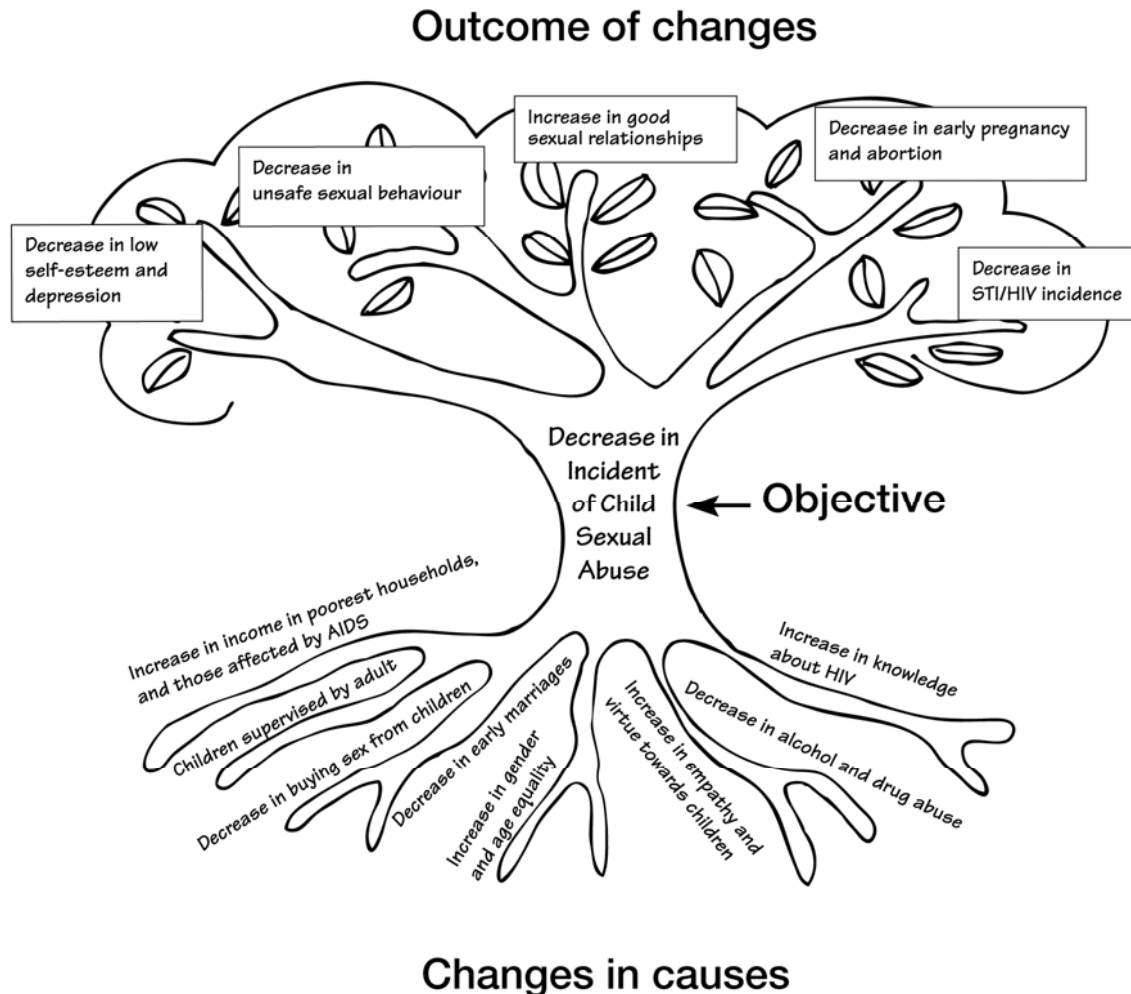
This tool helps people to understand that it is necessary to know the root causes of problems in order to solve them.

How to use it?

1. Explain the purpose of the tool to participants

2. It is easiest to first make a causes and consequences tree for an issue (see section 7.2), and then turn it into a solution/objective tree by turning the negative statements of the causes and consequences 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. And 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'. We can continue down the roots until the 'root' solutions/objectives to creating 'low levels of STIs' have been identified. We can now look at the positive effects 'low levels of STIs' will have by, again, turning negative statements into positive ones.



8.3 Planning together. Tool 2: Stop-start drama

What is it? This tool is a short improvised role-play performed by participants, combined with discussion to analyse each role-play. A facilitator shapes and leads the whole process.

Why use it? The tool aims to understand issues, solve problems or practice skills. Young people enjoy using this tool; it does not require any writing and is good for understanding issues of communication, relationships and power.

How to do it?

1. Divide into groups and ask each group to make a short drama to show a problem and the steps leading up to the problem. For example, how things might go wrong in a new relationship or marriage.
2. Show the first drama and ask: *"What do you think? Does this show the real problem? What is missing?"*
3. Ask those who made good suggestions to act them out in a new role-play. Give the actors enough time to develop the scene before stopping it.
4. Ask questions at the end of each scene to:
 - Analyse the problem
 - Pull out solutions
 - Assess the feasibility and consequences of each solution tried
 - Reach agreement on action.
5. You can direct some of the questions at the actors: *"How are you feeling right now? Why did you decide to go with her?"*
6. Keep restating the focus to ensure that the group is on track: *"We are trying to find ways to stop child sexual abuse in our community"*
7. Connect play-acting with real life situations and the experiences of participants: *"We have shown changes in community attitudes to sexual abuse in our drama, but what does it mean to you as an individual? What are you going to do in real life?"*

8.4 Planning together. Tool 3: Agony aunt letters

What is it? Participants write a letter about a problem situation or act it and ask 'Auntie Mary' to help them solve the problem. An 'agony aunt' (or uncle) is a person who replies to problem letters sent to magazines, newspapers and radio programmes. The person usually has good experience and knowledge and can provide sound, practical advice. This raises the issue in a context-specific but non-threatening way and participants discuss ways to help the person with the problem, with the facilitator contributing information as needed.

Why use it? Using Agony aunt letters helps to:

- Provide a non-threatening way to talk about typical, real life problems related to HIV and AIDS, without focusing on a particular individual person
- 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 and ask them to go into groups of 4 to six people.

2. Ask each group to imagine that someone like them has a problem to do with SRH and that they are going to ask for help with this problem. They then write a letter telling the 'agony aunt about the problem'. (Note: if working with young people who cannot write, one participant could act out telling the agony aunt about the problem, or the group could prepare the letter beforehand).

3. Give participants 4-6 questions to help them 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 are the causes of the problem?*
- *What options does this person have?*
- *What would be bad advice?*
- *What is the best advice an agony aunt could give?*

4. When the activity is complete, ask each group to share their problem and the advice from the agony aunt. Discuss the advice given and what needs to change in young people and the community to reduce these problems and make them easier to cope with.

5. Ask where young people go for help with such problems and what more support and help they would like to see.

6. Ask what actions they and the community could take to provide this support.

Example of problem letter

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 any boys are in Titus' position?*
- *Do you think his friends are telling the truth about their sexual experiences?*
 - *If they are not telling the truth, why are they telling Titus such things?*
 - *If they are telling the truth, what dangers do they risk?*
- *What should Titus do?*

8.5 Planning together. Tool 4: Keep, change, stop

What is it? This tool involves placing three signs in different areas of a space and having volunteers acting out traditional practices that the group wants to 'keep', 'change' or 'stop.'

Why use it? To identify aspects of gender, culture and customs relating to SRH and particularly HIV that are important for a community to keep, change or stop in order to support sexual and reproductive health.



How to use it?

1. Explain the purpose of the tool to participants.
2. Ask the participants to list some traditional practices and customs in relation to sexual life in their community. Examples might include bride price, initiation teaching at puberty, early marriage, polygamy and female genital mutilation/cutting etc.
3. Divide the participants into same sex and age groups four groups. Ask each group to discuss the traditional practices that have been listed by answering:
 - *What are the benefits (positives) of the practices to young people, older people, families and the community?*
 - *What are the costs (negatives) of the practices to the same groups of people?*
 - *How different are the benefits and costs for women and men?*
 - *How different are the benefits and costs for younger and older people?*

4. Bring all of the participants back together. Ask each group to share the key points from their discussions. Summarise all of the benefits and costs that were identified across the groups.
5. Mark three places in the space where you are working with words or symbols saying 'keep', 'change' and 'stop'.
6. Return to the list of traditional practices and customs and ask for a volunteer to represent each one.
7. Read out the first traditional practice and ask the participants to discuss whether they want to 'keep', 'change' or 'stop' it. Ask the relevant volunteer to go and stand under the appropriate sign.
8. Repeat the process for the other traditional practices and customs.
9. Point out the traditional practices and customs that have been placed under the 'change' and 'stop' signs. Discuss what would help or prevent the community from 'changing' or 'stopping' them.
10. At the end, fill in an Activity Record Sheet (see section 10.2). In particular, note any decisions made by the group and identify next steps.

Facilitator's notes

Participants are likely to have strong views about these topics. Be prepared to continue the discussions into future sessions rather than trying to deal with things too quickly or in not enough depth.

8.6 Planning together. Tool 5: 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 aims, new activities, services and resources.

Why use it? Using vision diagramming helps to:

- Imagine a positive future – a vision – where the SRH, situation for young people 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.

How to use it?

1. Encourage participants to close their eyes and imagine a future where all their SRH needs are being met.
2. In groups ask participants 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?

3. Ask the participants to share their pictures with each other in small groups.
4. 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?*

5. 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.

Facilitator's 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.

How will we get there? A list of potential SRH activities to consider

The list below shows examples of activities that you can implement at different levels to address the factors that influence sexual behaviour and health.

Individual/group

- Participatory skills-based learning sessions on SRH for young people in and out of school.
- Activities on SRH bringing young people and care givers together.

Community level

- Interventions aimed at addressing the causes of early sexual debut, multiple sexual partners and unprotected sex.
- Participatory activities with care givers and key stakeholders on what young people need to enjoy good SRH and safer behaviour and stakeholder roles and responsibilities in meeting them.
- Training for care givers and those who influence young people on issues identified in the assessment.
- Advocacy by young peer groups for change in harmful norms, practices and policies
- Interventions to protect young people from abuse such as not moving alone after dark, swift response to violence and abuse and engaging with legal bodies.
- Local drama and radio programmes to change harmful norms and practices.
- Economic strengthening interventions to reduce the need for transactional sex.

Work with public sector and NGO/community-based organisation providers to increase accessibility of services

- Help to meet gaps in availability, accessibility and quality of services:
 - Counselling on safe behaviour
 - Active learning sessions on SRH and safe behaviours

- HIV Counselling and Testing, condoms and ART
- STI diagnosis and treatment
- Pregnancy testing, antenatal care, PMTCT, contraception
- Protection from violence and abuse and support for abused young people.
- Train providers or teachers in SRH issues for young people, for example, challenging stigma, or addressing sexual abuse and exploitation.
- Set up referral networks to enable young people and care givers to utilise resources and monitor quality.
- Teach young people about their rights and visit providers to help them to provide quality services for young people.
- Establish peer outreach services.

Policy and advocacy

- Hold workshops to share policy and rights documents related to SRH and young people. Assess implementation locally and design an advocacy plan to promote supportive rights and policies.
- Locate spaces where young people can advocate for their rights and good practice. Build the capacity and confidence of young people to advocate effectively.
- Make video or radio programmes with young people to broadcast or show at meetings with decision-makers at local and national level.

Once some solutions or suggestions have been identified, we need to discuss them further, decide what our objectives are, and agree which are the feasible strategies for meeting the objectives. The following tools can assist us in this.

8.7 Planning together. Tool 6: Writing aims and objectives

What is it? The tool helps to write aims and objectives for a project.

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 because 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:

- **Specific**—an objective should say exactly what will be achieved, with who, how, when and where.
- **Measurable**—so you are able to tell exactly when the objective is achieved.
- **Achievable**—it must be realistic given the circumstances you are working in and time you have available.
- **Relevant**—it must relate to the problem being addressed.
- **Time-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.

8.8 Planning together. Tool 7: Realistic and practical 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 to a problem.

Why use it? Using the matrix helps to:

- Compare how realistic and practical different activities are
- Discuss ways to make it easier to carry out each activity
- Identify any activities that are not practical enough to carry out
- Select which activities to use according to how realistic and practical they are.

How to use it?

1. Explain that this tool helps us to decide how realistic, practical and do-able our suggested activities are.

2. Select a problem and possible activities 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 below.

4. Explain that for an activity to be do-able, your organization or community must have the human, physical and financial resources to carry out the activity; or you must be able to access resources from outside (i.e. **do-able for us**). Also, the groups that you plan to work with must accept the activities and play their part in making them do-able (i.e. **acceptable to others**)

		Can we do it?		
Will community members and key stakeholders accept it?	External	High	Medium	Low
	Internal			
	High	Peer educators facilitate sexuality and life-skills activities.	Provide psychosocial support to abused children.	Collaborate with IGA organisations.
	Medium	Mobilise communities to stop early marriages and buying sex from children.	Work with FBO to sensitise elders on harm caused by abuse and need for virtues.	
	Low		Implement laws on child sexual abuse through police and courts.	Provide PEP, emergency contraception and antibiotics to abused children.

5. Take one activity or strategy at a time. Decide whether the do-ability for you, with or without outside help, is: high, medium or low. Now decide whether the acceptability for outsiders is: high, medium or low. Write the activity in the corresponding box in the matrix. For example:

- Activities which are highly do-able and acceptable will go in the top left-hand box
- Activities that are not very do-able or acceptable 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 you need to change it. Look at the whole matrix and discuss:

- Do we need to change or improve any activities that are in the 'low' part of the matrix?
- Do we need to remove any activities 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.

8.9 Planning together. Tool 8: Action planning

What is it? This is a simple matrix to plan who will do what, by when, and with what resources.

Why use it? It is especially useful for planning with communities and groups of individuals. The matrix helps to document our intentions and improve the quality of our plans.

How to use it?

1. Draw an action planning matrix (see below).

Action plan				
Priorities (What to work on)	Actions (How to do the work)	Time (When to do the work)	People (Who will do the work)	Resources (human, physical, environmental)
1.				
2.				
3.				

2. Ask participants to list their priority problems in the left hand column and the activities that they have decided on to address each problem in the next column of the matrix.

3. For each activity, ask participants who should carry it out. Should they do it alone? With others? Or by other people or organisations? Write the names of each person or organisation in the appropriate column.

4. Now ask participants when each activity should start. Should they do it straight away (now)? soon (within six months)? Or later (within one year)? When they have decided broadly when it will be done by, ask them to write a specific date in the appropriate column.

5. Now ask participants to consider what resources will be required to implement each activity successfully. These could be human (for example, trained peer outreach workers); physical (for example, bicycles or shelters), financial or environmental resources. Write these resources in the last column.

6. 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.

7. Ask participants to look at the action plan as a whole. Does it make sense? Is anything missing? Is it realistic?

Facilitator's 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 consulted fully before plans are finalised!

9. TOOLS FOR ACTING TOGETHER

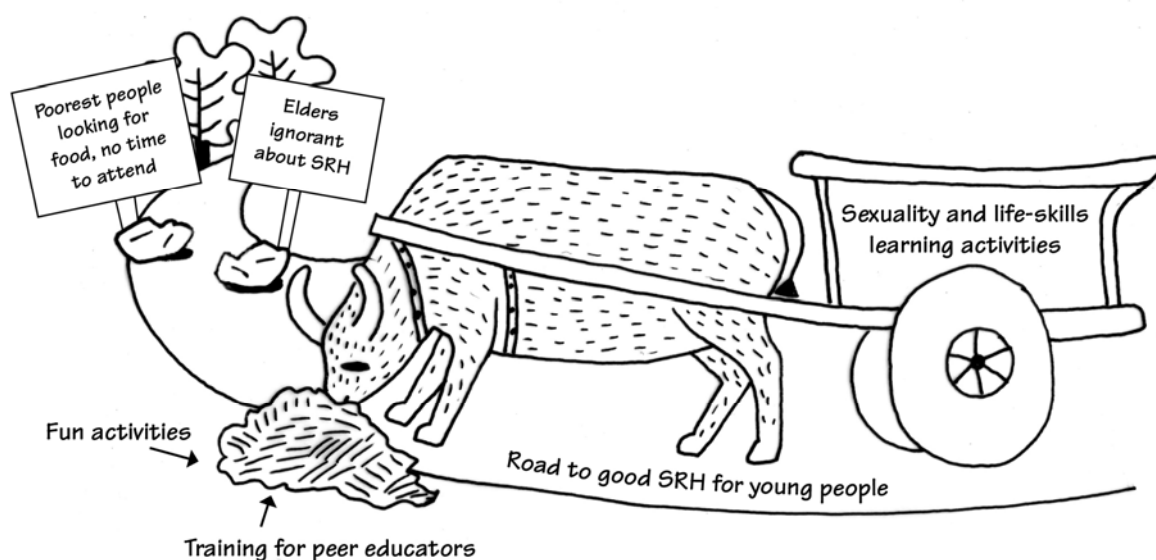
9.1 Chapter overview

Acting together means implementing SRH and HIV activities.

Key questions	Tools
Are we doing what young people and the community planned with their active participation?	Output matrix
Are we building the skills and capacity of young people and community members	
What is going well and what is difficult?	Ox and rocks
How can we solve the difficulties?	Margolis wheel
What relationships are we building with stakeholders and how are we co-ordinating with them?	Circles diagram
How are we monitoring our activities, what are we learning and using from this?	Activity chart
What are we doing to stay motivated?	

9.2 Acting together. Tool 1: Ox and rocks

What is it? A local image of an ox and cart and rocks on the road is used to visualize the factors helping and hindering progress.



Why do it? To engage young people and community members in analysing the resources that are helping them to reach a goal and the obstacles that are hindering it.

How to do it?

1. Ask participants to agree on an important goal for the project. Find a local object to symbolize the goal.
2. Find an object such as a box or make a picture to represent the ox and cart. Place it some way from, and facing the goal. Explain that this symbolises the young people and community working towards the goal.
3. Ask participants to call out and find objects to represent all the resources that are helping them to reach this goal. Place them around the ox as the food which gives them energy and power.
4. Ask participants to find objects, for example, stones and place them on the path in front of the ox. Explain that these rocks represent obstacles in the way of progress; the larger the rock, the more serious the problem.
5. Ask the group to realistically assess the situation and analyse each obstacle one by one and in relation to each other. For example, which resources can they use to overcome the obstacles? What steps can they take to strengthen the helpers and reduce the obstacles to reaching their goals?

Participants can use the next tool, the Margolis wheel to look for solutions to the obstacles.

9.3 Acting together. Tool 2: Margolis wheel

What is it? A Margolis wheel involves participants consulting one another to find as many solutions to problems as possible.

Why use it? Once initial activities have taken place to identify problems, such as community mapping, causes and consequences trees or ox and rocks, the Margolis wheel provides a useful tool to find solutions to the problems. 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
- 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.

How to use it?

1. Identify problems and ask each participant to take one problem. For example: *“How can we motivate peer educators to stay with the project?”*
2. Ask participants to sit or stand in two concentric circles with the outer circle facing the inner circle. Everyone should have a partner.
3. Explain that the aim is to generate many ideas quickly through responses from different participants. The inner circle seats ‘the advisers’, who provide solutions; the outer circle ‘clients’ explain their problem to the advisers.
4. When you say *“start”*, the people in the outer circle explain their problem to their advisor, who has three minutes to think of as many solutions as possible.



5. Clap after 3 minutes and ask the outer circle to rotate one place to the left, creating new pairs. The problem-solving interaction is repeated for three minutes. The circle rotates three or four times and then the advisors and clients change seats so that everyone has a chance to seek advice and give advice.

6. It is important to record solutions and follow this activity with a discussion to analyse, agree on and plan practical actions.

Facilitator's notes

- The inside circle stays still while the outside circle moves around.
- You can ask people how they felt in the different roles to highlight different feelings of power when being an advisor and for example a young person seeking advice.
- This exercise often brings people to the conclusion that, given support, they can often come up with their own solutions.
- Doing this activity with young people can empower them in the role of advisor.

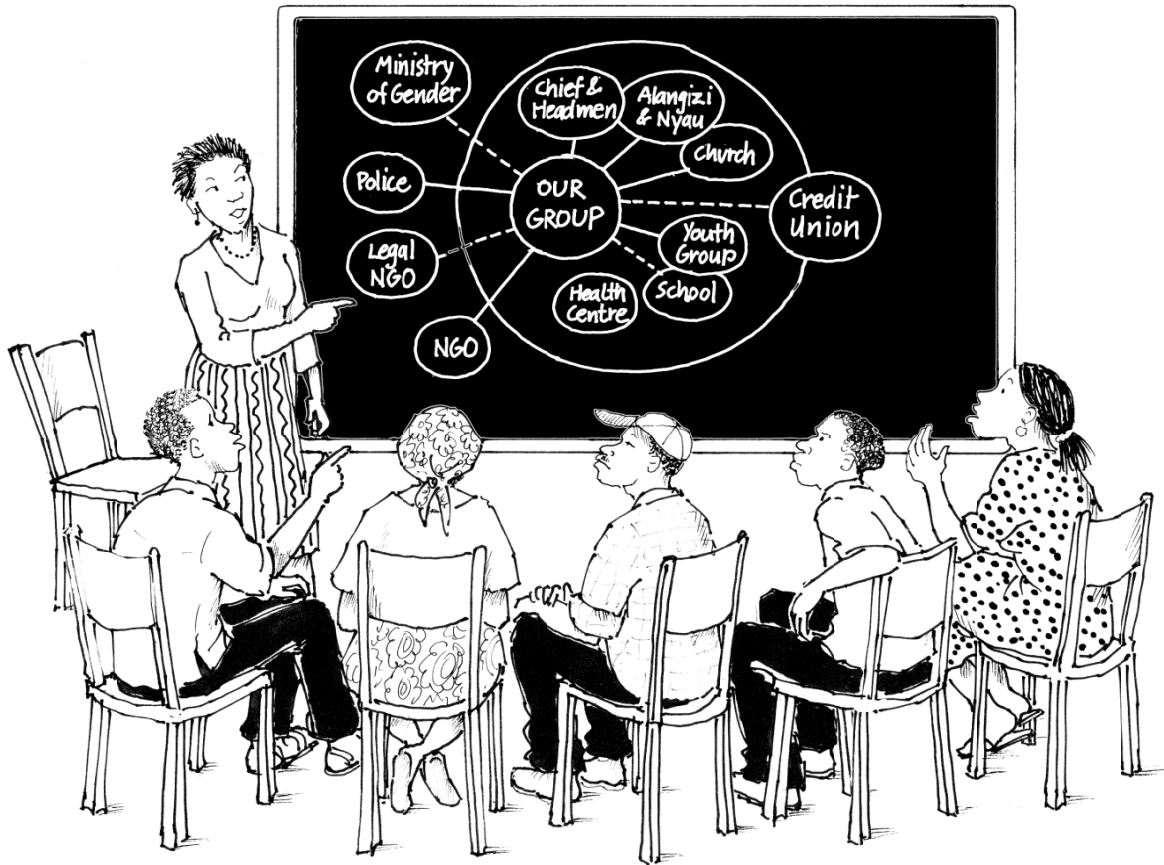
9.4 Acting together. Tool 3: Circles diagram

What is it? This involves drawing a circles diagram to support discussions about relationships with 'allies' for work on SRH and young people.

Why use it? To identify the allies and relationships that can help a group in its work on SRH and young people.

How to use it?

1. Explain the purpose of the tool to participants.
2. Introduce the idea of an 'ally' – a friend or supporter. Ask the participants to give examples from their own lives of people, groups or institutions that have been their 'allies'. Identify the qualities of a good 'ally'.
3. Show an example of a circles diagram (see below). Explain how the:
 - **Size of circle** shows how important an ally is. For example, the bigger the circle, the more important the ally
 - **Length of line** shows the strength of the relationship with the ally. For example, the shorter the line, the closer the relationship with the ally
 - **Type of line** shows the status of the relationship with the ally. For example, a solid line shows a current relationship, while a dotted line shows a potential one.



4. Draw a circle in the middle of a space on the ground, blackboard or large sheet of paper. Tell the group that this represents their work on SRH and young people.
5. Ask the participants to list the current and potential allies that could help them with their work on SRH and young people.

6. For each of the allies listed, ask the participants to:

- Decide how strong their relationship is with the ally. Then draw the ally at a short, medium or long distance from the central circle
- Decide how important the ally is. Then draw a small or large circle around the ally
- Decide how strong or weak their relationship is with the ally. Then draw a solid or dotted line between the central circle and the ally.

7. Review the completed circles diagram. Based on what it shows, ask the group to make a plan to develop its relationships with its most important allies for work on SRH-HIV and young people.

8. At the end, fill in an Activity Record Sheet (see section 10.2). In particular, note any decisions made by the group and identify next steps.

Facilitator's notes

- Emphasise that being imaginative about allies, and finding the right ones, is vital to work on gender and sexuality.
- Be aware that this tool can be complex to understand 'in theory'. Support the participants by presenting an example of a 'circles diagram' at the start and going through the process step by step.

10. TOOLS FOR MONITORING AND EVALUATING TOGETHER

10.1 Chapter overview¹²

This chapter provides us with ideas of how to help young people and communities answer:

- How well are our activities going and how can we improve them?
- How will we know what we have achieved and why some interventions have worked and others have not?

Key questions	Tools
Have we achieved our aims and objectives?	Mapping
What difference are we making?	Service statistics
Are we reaching the most vulnerable young people? What proportion of them are we reaching?	Feedback from community
What are the strengths and weaknesses of our interventions? How can we improve them?	Evaluation wheel
Are we doing the right things?	Desired change diagram
What do we need to change about what we are doing or how we are doing it?	Significant change tool
How can we use our monitoring and evaluation information to motivate, improve, and expand the project?	Output/outcome matrix

Encouraging participatory monitoring and evaluation

Young people and other community members are usually busy. Collecting information for monitoring and evaluation may not seem like a priority compared to doing the planned activities. The following ideas can help motivate community members to monitor and evaluate:

- Facilitate community members to identify the benefits of monitoring and evaluation
- Facilitate community members to identify their own indicators for monitoring and evaluation. Find out what indicates success to them and what matters to them
- Make sure that young people and community members are fully involved in all aspects of monitoring and evaluation, not just in collecting information
- Keep monitoring and evaluation simple and easy
- Use all the information that is collected. Do not collect information that will not be used
- Share the results of monitoring and evaluation regularly and often so people can see the progress they are making.

¹² For a more detailed description of monitoring and evaluating together, see page 106 of 'All Together Now!'

10.2 Monitoring and evaluating together. Tool 1: Activity sheet

What is it? This tool is a simple record sheet (see below) to be filled in after every activity. This helps facilitators, participants and supervisors to monitor number of people reached, the quality of the sessions and how they could be improved, what the outcomes are and next steps.

18 Example: Activity record sheet

Activity record sheet: Group meeting on gender and sexuality

1. Details of group meeting

Date of meeting _____ Location of meeting _____

Number of participants _____

Type of participants (e.g. men/women, younger/older people) _____

2. Tools used and issues covered during the meeting

Tools used during the meeting _____

Issues covered during the meeting _____

3. Areas of agreement and disagreement among the group

Areas of agreement among the group

Areas of disagreement among the group

4. Decisions made by the group

5. Next steps for the facilitator (e.g. issues to cover in the next meeting)

Why use it? This tool is motivating to everyone who uses it because they can see what progress they are making and understand how to improve their work and project.

How to use it?

1. The facilitator and participants fill in the form after every session.
2. The facilitator, supervisor, young people and community have regular meetings to summarise and analyse the forms and discuss their progress and challenges and find ways to improve their activities.

10.3 Monitoring and evaluating together. Tool 2: 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 of young and older people 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 overleaf).

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).















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 ten with ten being 'completely achieved' and zero being 'not achieved at all'.

7. Discuss what is shown on the chart and discuss:

- Are there services or activities that were planned, but have not taken place?
- What is the most positive change?
- What is the most negative change?

Output matrix showing older women's views on planned outputs of an HIV/AIDS project.
Reference: Adapted from *Safely through the Night*, CAFOD, 1998

	Questions					
	 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?
Activities						
 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

Facilitator's notes

- The outputs/outcomes matrix may show how much participants know about a project or community initiative. If participants know less about the activities than expected, explore the reasons for this
- When this tool is used to develop a community-level analysis, it is important to make sure that different views are well-represented, especially young people as people are likely to have different experiences of activities
- Ask probing questions about the less successful aspects of activities. For example, 'What was planned and not done?', 'What was expected and not done?', 'How could the activities be improved?' Discussing negative views as well as positive views will help show how to improve the activities. Discuss ideas for new activities
- Participants may worry that their views will be used to change project activities without their approval. Address these concerns

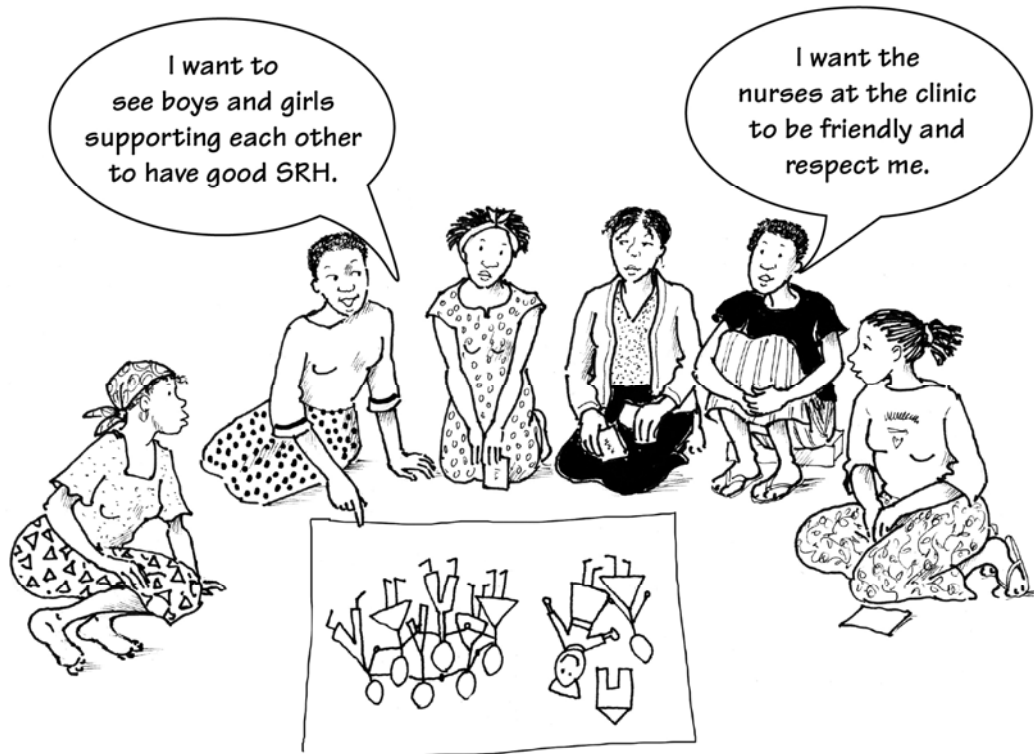
10.4 Monitoring and evaluating together. Tool 3: Desired change diagram

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

- Provide a baseline (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, if the project aims to improve health services, are people in the community also hoping for improvement in health services?
- Start identifying strategies for change.



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.

Facilitator's 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 to show how relevant the 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.

10.5 Monitoring and evaluating together. Tool 4: Most significant 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.

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 young people and other primary stakeholders to evaluate the impact of the activity
- All project stakeholders to monitor progress on a quarterly basis.

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 participants say that a significant change for them was *“the community”*

works closer together now”, then ‘the community works closer together’ can be a new project goal.

6. Share most significant change stories with different people involved with the project.

Facilitator’s 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?

11. TOOLS FOR SCALING UP TOGETHER

11.1 Chapter overview

Scaling up together means doing more activities in order to increase our impact on SRH-HIV with young people. We can scale up together in several ways. We may work with more vulnerable groups or communities; for example, starting together in new locations or with new communities. We may add new activities to address needs within a community that complement those we carried out in our original mobilisation process. We may also add in new types of activities, such as advocacy, networking or resource mobilisation.

Key questions	Tools
How can we reach and involve more vulnerable young people?	Mapping
How shall we increase our range of activities to create a comprehensive programme?	Intervention visioning
How can we ensure a continuum of prevention, care, and support activities for SRH-HIV with young people?	
How can we share lessons and skills across the community and between communities?	Mapping communication channels and methods
How can we influence other NGO and government agencies, policy, and decision-makers?	Circles diagram
How can we increase our sustainability by building links with outside resources?	

11.2 Scaling up together. Tool 1: Circles diagram

See section 9.4 for details of this tool.

In groups draw a circles diagram with a circle for your project in the centre. Draw other circles around it to represent other individuals, groups or organisations you feel it would be beneficial to share this information with. In small groups discuss how you would reach these other individuals, groups or organisations and with which pieces of information.

ANNEX 1: RESOURCES ON SRH, YOUNG PEOPLE, AND COMMUNITY MOBILISATION

You can download all International HIV/AIDS Alliance publications free of charge from www.aidsalliance.org/publications. You may also be able to order or call in for hard copies from Alliance country organisations.

SRH, gender and Youth

Materials available from the International HIV/AIDS Alliance

- Our future: sexuality and life-skills education for young people. Grades 4-5, Grades 6-7, Grades 8-9 (2006)
- Preparing to teach sexuality and life-skills. An awareness training manual for teachers and community workers. (2008)
- Our future: teaching sexuality and life-skills. A guide for teachers using the 'Our Future' pupils' books. (2008)
- Sexuality and life-skills: participatory activities on sexual and reproductive health with young people. (2008)
- Feel! Think! Act! A guide to interactive drama for sexual and reproductive health with young people. (2008)
- Trainers' manual – community engagement for ARV treatment: Participatory tools and activities for civil society organisations working with people living with HIV. (2006)
- Keep the best, change the rest. Participatory tools for working with communities on gender and sexuality. (2007)

Materials from other sources

- Choices: a guide for young people. Gill Gordon (2007). Macmillan Education, Oxford, UK. Available from TALC, www.talcuk.org.
- Stepping stones: a training package on HIV/ AIDS, communication and relationship skills. Alice Welbourn (1995). Available from TALC, www.talcuk.org
- Strategies for hope. Teaching about HIV and AIDS. Maren Bodenstein, Gisela Winkler (2005). Macmillan Education, Oxford, UK.
- Gendering prevention practices: a practical guide to working with gender in sexual safety and HIV/AIDS awareness education. Jill Lewis (2003). Nikk Publications www.nikk.uio.no

Community mobilisation

Materials from the Alliance

- 100 ways to energise groups: games to use in workshops, and meetings with the community. A collection of fun activities to help mobilise communities.

- A facilitator's guide to participatory workshops with NGOs/CBOs responding to HIV/AIDS. Shows you how to plan and manage workshops with the community.
- All together now! Community mobilisation for HIV/AIDS (2006) – provides a step by step guide to community mobilisation for HIV and AIDS
- Tools Together Now! 100 participatory tools to mobilise communities for HIV/AIDS. (2006). This publication accompanies All Together Now! and provides a selection of 100 participatory learning and action tools for HIV/AIDS programmes.

Materials from other sources

- Community mapping to strengthen programming for orphans and other vulnerable children. A field guide. Uganda Ministry of Gender, Labour and Social Development August 2008.
- Young, empowered and healthy. Guide for mobilising communities to act against 'Something for something love'. Uganda AIDS Commission.
- How to mobilize communities for health and social change. Howard-Grabman and Snetro (2003). Save the Children.

Orphans and other vulnerable young people

Materials available from the Alliance

- Building blocks: Africa-wide briefing notes. Resources for communities working with orphans and vulnerable young people. (2003). A set of briefing notes providing issues and principles for guiding strategy to strengthen support for orphans and vulnerable young people
- Building blocks in practice. Participatory tools to improve the development of care and support for orphans and vulnerable young people. (2004). This resource was designed to help communities assess the situations and needs of their young people and the available resources, and to identify what action they can take using the participatory learning in action process
- Orphans and other vulnerable children toolkit version 4.0. (2008) Website (www.ovcsupport.net and CD-ROM). This guide is an electronic library of over 700 resources covering over 70 areas of programming for orphans and vulnerable children.
- A parrot on your shoulder – A guide for people starting to work with orphans and vulnerable young people. (2005). This activity guide is aimed at facilitators and trainers who are starting to work with children on SRH and HIV/AIDS. The guide provides 30 activities for engaging children in group work, and includes ice-breakers, energisers, role play, drama and more.
- Understanding and challenging stigma: Toolkit for action. (2007)

Monitoring and evaluation

- Participatory monitoring and evaluation of community and faith-based programs. A step-by-step guide for people who want to make HIV and AIDS services more effective in their community. Still at field-testing stage, produced by the CORE Initiative, and available at: www.coreinitiative.org/Resources/Publications/PME_manual/

ANNEX 2: GLOSSARY OF TERMS

The terms 'sexual and reproductive health', 'young people', and 'community mobilisation' were defined and discussed at the beginning of this guide. Other key terms used in the guide include:

Advocacy – the process of persuading influential or powerful people to make changes in policies, laws and practices. Advocacy can be used to change existing policies and laws and to make new ones. It can also be used to make sure policies really are put into practice.

Aim – the broad, long-term goal set for a piece of work or project.

Assessment – the process of identifying and understanding issues or problems.

Anti-retroviral treatment – antiretroviral treatment is treatment for HIV infections. It involves using drugs that interfere with the way the HIV virus reproduces in the body. ARVs reduce the amount of virus in a person's body, and lower the ability of HIV to damage the immune system. ARVs must be taken for life.

Capacity-building – the process of enabling people, groups or organisations to build their knowledge, skills and resources in order to undertake activities more effectively.

Community – a group of people who feel that they have something in common. This can include formal and informal organisations and groups. People can belong to more than one community at the same time.

Community mobilisation – is a capacity-building process through which individuals, groups or organisations plan, carry out and evaluate activities on a participatory and sustained basis to improve their health and other needs, either on their own initiative or stimulated by others.

Community mobilise – a person whose role it is to facilitate a community to mobilise. They are usually a member of the community or a peer of a particular community group.

Evaluation – an assessment of what a project or organisation has achieved over a period of time, which helps those involved to see if changes are needed in plans and activities.

Facilitator – a person who will co-ordinate, rather than lead, an activity, encouraging the participation of others.

Gate-keeper – a person who controls access to certain individuals, groups of people, places or information.

Indicators – objective ways of measuring (indicating) that progress is being achieved. Activity indicators will tell us that we are doing the activities that we planned. Change indicators will tell us that we are making progress towards our objectives and having an impact on HIV/AIDS issues.

Monitoring – the systematic and continuous collecting and analysing of information about the progress of a piece of work or project over time.

Objectives – statements about the specific, measurable, time-bound goals a project hopes to achieve by the end of its life. A project achieves its aim by meeting its objectives.

Participation –there are many different types of participation. In this guide, participation refers to a process in which people are able to take an active and influential part in shaping the decisions which affect their lives.

Participatory Learning & Action –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.

Peer education –a process by which community members are trained to promote learning and facilitate discussion with their peers on particular issues.

Reproductive health -The WHO defines reproductive health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity in all matters relating to the reproductive system and to its functions and processes.

Resource mobilisation – this is the process of ensuring the availability of resources required to do the work that is planned. This includes a range of resources; primarily money, but also technical assistance, human resources, material goods and free services.

Sexual health -is a personal sense of sexual well being as well as the absence of disease, infections or illness associated with sexual behaviour.

Sexuality – as defined by the World Health Organisation, ‘Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors’.

Stakeholder –a person, group or organisation with an interest (a stake) in a project or initiative. A primary stakeholder is a person or an organisation who the community mobilisation process primarily aims to benefit (e.g. a young person in a youth prevention process). A secondary stakeholder is a person who may not benefit directly but will be affected or involved in some way (e.g. a teacher in a youth prevention process).

Strategy –a long-term plan of action designed to achieve a particular goal.

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