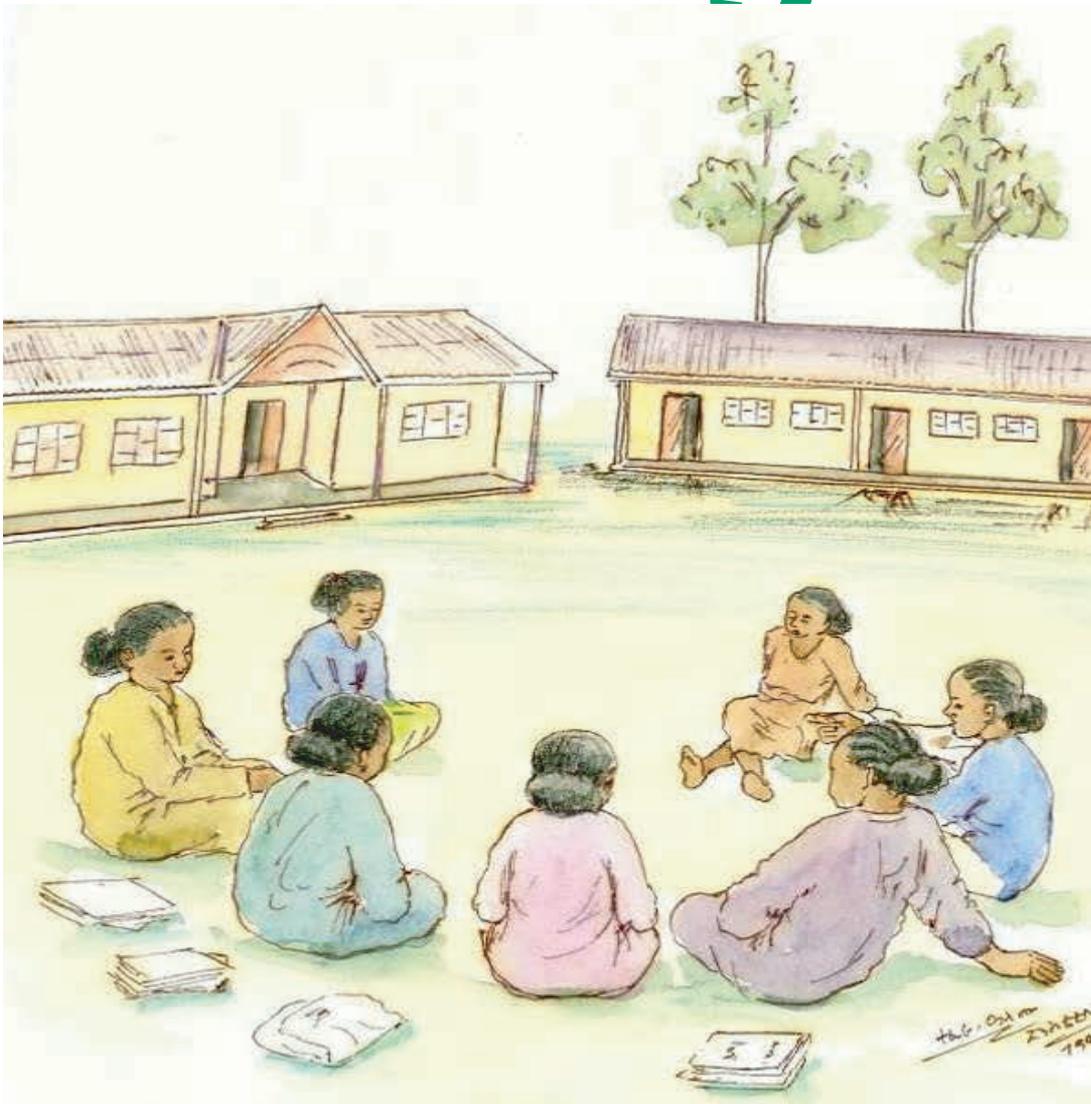




# *In Charge!*



## **Action Learning on HIV/AIDS for Youth A FACILITATOR'S GUIDE**

Mayling Simpson-Hebert

# *In Charge!*

## **Action Learning on HIV and AIDS for Youth**

**Mayling Simpson-Hebert**

Catholic Relief Services

East Africa Regional Office and Ethiopia Country Office

2007

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## Welcome

*In Charge!* is a participatory methodology that helps youth to learn about HIV & AIDS and their prevention, and reducing stigma and discrimination. It empowers them to take better decisions in their lives and avoid unwanted, unplanned and unwise sex.

This facilitator's guide helps you to become an *In Charge!* facilitator. You will not need to do a lot of additional background reading, but you will need training in the methodology on which this guide is based.

As we are continuing to improve this guide, we would very much like to hear your experience in using it. Send your comments to Mayling Simpson ([msimpson@earo.crs.org](mailto:msimpson@earo.crs.org) and [maylingsh@yahoo.com](mailto:maylingsh@yahoo.com)) or CRS Ethiopia ([health@et.earo.crs.org](mailto:health@et.earo.crs.org)).

Good luck!

David Orth-Moore  
Country Representative  
Ethiopia Country Office  
Catholic Relief Services

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The names of people who were intensively involved in developing this guide are listed below. Without them, this guide would not exist; therefore we are grateful for their many contributions.

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Anne-Marie Vlieghe-Naessens did a superb job of copy editing and designing the cover page.

*In Charge!* is based on the SARAR methodology. (SARAR stands for Self-esteem, Associative Strength, Resourcefulness, Action Planning, and Responsibility). Many people over the years have contributed to the development of this methodology, starting with Lyra Srinivasan who originated it. While *In Charge!* has new unique activities related to HIV&AIDS, it draws upon the techniques of SARAR.

This guide has been modeled upon a World Health Organization manual: Sawyer, R, Simpson-Hebert, M. and Wood, S. **PHAST Step-by-step Guide: a participatory approach for the control of diarrheal disease.** Geneva, World Health Organization (unpublished document WHO/EOS/98.3). PHAST stands for Participatory Hygiene and Sanitation Transformation and it is also based upon the SARAR methodology. We have extracted many ideas and whole sentences and paragraphs pertaining to facilitation methods and making drawings and toolkits from the PHAST manual.

Funding for developing this methodology and this guide came from Catholic Relief Services' private funds.

# PART 1

## INTRODUCTION TO *In Charge!*

Purpose of *In Charge!*

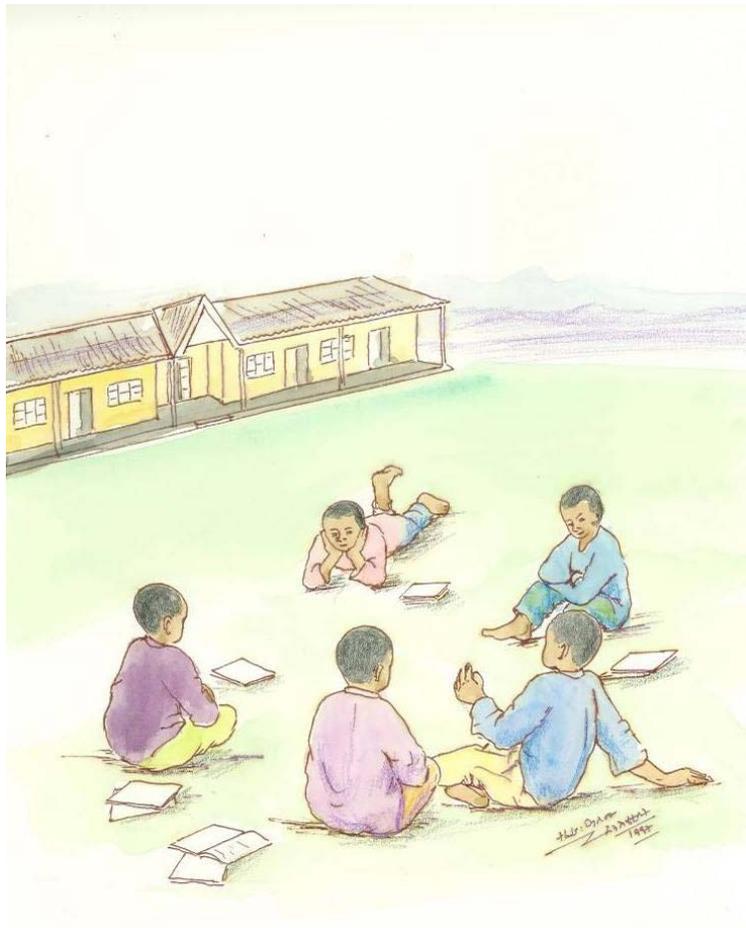
Overview of the guide

How to work with groups

Important points on good facilitation

Some background on HIV and AIDS for facilitators

For further information



# Purpose of In Charge!

## What is *In Charge!*?

*In Charge!* is a participatory learning methodology to be used with high school students and other youths. The target group is ages 15-24. ***The goal of “In Charge!” is to help youth take charge of their lives to reduce risk of HIV infection.***

*In Charge!* is a short life-skills curriculum. Ideally it should be followed up with other longer life-skills curricula, since behavior change and maturity, to set and follow one's life goals, takes time. *In Charge!* gets this process started and reaches hundreds or thousands of youths quickly with key HIV-protection skills.

*In Charge!* has been designed to be used in a classroom with about 24 students in one school day, for 4 to 5 hours. Ideally, all the students in one school will go through *In Charge!* in the same week, and then the program will move to the next school. Another possibility is that *In Charge!* becomes part of the normal school curriculum on HIV & AIDS and is administered according to the school schedule. However, *In Charge!* may be used out of school, such as in Anti-AIDS Clubs, over a period of days or weeks, when meeting one hour at a time.

*In Charge!* does not ask the school classroom group to make a group or individual action plan (due to the shortage of time), but when implemented in an Anti-AIDS Club, the club may wish to make an action plan to take out to their community.

The quality of *In Charge!* rests with the skills of the facilitators. Facilitators need to be trained and need to know how to facilitate discussions to meet learning objectives.

## Why use *In Charge!*?

Have you ever tried to discuss HIV and AIDS with young people and they remain silent? Do they tell you they know everything already? Do you suspect, however, that they are still engaging in risky behavior? Would you like to find a way to get the youth to discuss these delicate topics freely and bring them into the open? Are you searching for a shorter life-skills type of learning module that can reach thousands of youths per year?

If these desires are yours, then you should use ***In Charge!*** This methodology has been used with thousands of Ethiopian youths both in and out of schools since 2005 and the response of teachers and students has been very positive. Here are some quotes from what young people have said about ***In Charge!***:

*“I like ***In Charge!*** very much because it is participatory and invites everyone to talk.”*

*“I was not considering sugar daddies as part of a problem previously. But now I am aware of it.”*

A teacher said:

*“Before ***In Charge!*** we talked a lot about HIV and AIDS, but when the students left the room, the discussion was over. Now our students tell their parents about what they have learned and the students come back to school the next day with questions from their parents. This never happened before. It means that the discussion continues and the students begin understanding on a deeper level that this disease is real and could affect their lives. ***In Charge!*** is the best learning method for HIV and AIDS that we have had so far.”*

## **What *In Charge!* tries to achieve**

***In Charge!*** helps to break the silence surrounding HIV and AIDS by using participatory methods. In talking about it, youth:

- learn more correct information about how HIV is spread;
- learn what they can do to avoid infection, including the importance of *Abstinence* and *Being faithful* to one's partner;
- become sympathetic to those affected by HIV & AIDS and seek to end stigma and discrimination;
- become empowered to avoid unwanted, unplanned or unwise sex.

***In Charge!*** is a behavior change methodology. It is intended to move youths from one state of mind or behavior to another. It seeks to bring about the following changes:

### Changes expected from *In Charge!*

<u>From:</u>	→	<u>To:</u>
No talking about HIV and AIDS	→	Talking about HIV and AIDS
Low or wrong knowledge	→	Higher or more correct knowledge
Low understanding	→	Higher understanding
Depersonalized understanding	→	Personalized understanding
Stigma and discrimination	→	Giving care and support to affected people
No personal action	→	Personal action and behavior change

***In Charge!*** is based upon a basic behavior change participatory methodology developed by Lyra Srinivasan of Columbia University called SARAR. This acronym stands for:

- Self-esteem
- Associative strength
- Resourcefulness
- Action planning
- Responsibility

The SARAR methodology strives to bring about all of the above attributes in individuals and community groups. Through group work using this methodology, the *self-esteem* of individuals and the group is raised. People realize that individually each person knows something and together they know a lot. By sharing and pooling their knowledge, they have *associative strength*. With this strength, they realize they can change their circumstances. The methodology also encourages the group to be *resourceful* to find solutions to their problems. Then it encourages *action planning* to bring about change. At the end, because they have created the action plan themselves, they feel a sense of *responsibility* for carrying it out.

The reason why the SARAR methodology was selected for creating ***In Charge!*** is because the learning activities take place in groups and are highly participatory. People are more likely to make decisions about behavior change in

groups rather than individually. Groups of youth who have gone through ***In Charge!*** together are more likely to change together and reinforce new behaviors among each other over time.

***In Charge!*** gives no direct messages to youth. Learning happens through discussions and sharing of information among participants. ***The success of “In Charge!” as a behavior change tool rests with the skills of the facilitators.*** Facilitators need to be trained and need to know how to facilitate discussions to meet learning objectives.

***SARAR*** is a cross-cultural methodology. This means that the activities and drawings that accompany them can be adapted for use in any other society.

## What are participatory methods?

Participatory methods are techniques and activities that encourage the participation of all individuals in a group process, no matter what their age, sex, social class or educational background is. They are especially useful for encouraging the participation of women and girls, who in some cultures are reluctant to speak in front of a group. Participatory methods are designed to build self-esteem and a sense of responsibility for one's decisions. They try to make the process of learning and decision-making easy and fun. Participants learn from each other and develop respect for each other's knowledge and skills. The facilitator simply facilitates participation but does not act as a teacher. In the process of doing an activity, participants learn together and from each other.

## Why use participatory methods?

Participatory methods have succeeded where other strategies have failed. They are based on principles of adult education and have been field-tested extensively.

Field experience has shown that participatory methods can lead to a far more rewarding experience for community workers. Having tried participatory techniques and found the experience worthwhile, community workers usually do not want to return to their earlier methods.

Participatory methods require group work and behavior change more easily takes place in groups. When groups decide to change, individuals feel reinforced by the group in their decisions to make a change. Participatory methods facilitate group change as well as individual change.

## ***In Charge!* and youth empowerment**

*In Charge!* seeks to empower youth through confidence building. When youth thoroughly understand how HIV is spread and how to protect themselves, when they can empathize with those suffering from AIDS or being orphaned by AIDS, and when they can visualize a risky situation and know how to get out of it, then their confidence is raised and they feel empowered.

# Overview of the guide

## Who this guide is for

This guide is designed to be a reference for the training of facilitators and for further use and study by *In Charge!* facilitators. It provides information on how to be a good facilitator and how to facilitate each activity.

## How the guide is organized

Part 1 of this guide is the introduction to the methodology. It explains what you need to know about the methodology and how to work with groups and be a good facilitator.

Part 2 describes the activities you carry out with a group. *In Charge!* has five activities. The first four activities are designed to help participants learn about HIV and AIDS, reduce feelings of stigma and discrimination and understand the needs of those affected and infected. Activity 5 is designed to empower youth to make wise behavioral choices for the future.

Each activity has:

- a “tool”, which is a participatory method
- a purpose
- a recommended amount of time
- materials needed
- instructions on how to facilitate the activity and hold a discussion.

Most of the activities require the use of drawings to help facilitate discussion.

Part 3 contains guidelines for program managers and trainers of facilitators. It also contains useful information for working with an artist and there are instructions for the artist as well. At the very end is a list of example drawings needed for each activity.

## The Activities

*In Charge!* has five activities. These activities are placed in a sequence that we think is ideal for learning about HIV and AIDS.

All five exercises take time, from three and a half to four hours in total. Here are the activities:

<i>In Charge! Activities and Time</i>		
<u>Activity Name</u>	<u>Tool</u>	<u>Time</u>
1 Who gets HIV and AIDS?	2-pile sorting	45 minutes
2 How HIV is spread	3-pile sorting	1 hour
3 Blocking the spread of HIV	Placing barriers	45 minutes
4 Reducing stigma & discrimination	Role play	45 minutes
5 What can a girl or boy do?	Mekdim's window	45 min-1 hour
<b>Total time for 5 activities:</b>		<b>4 to 5 hours</b>

## Training

*In Charge!* requires a trained and skilled facilitator. However, it is not difficult to become trained in the methodology. Training would usually last about five days. This guide provides descriptions of how to facilitate the exercises and gives examples of typical drawings that go with each activity. Part 3 contains further information about training of facilitators.

## The drawings and toolkit

*In Charge!* uses drawings to stimulate discussion. By using drawings to represent typical situations or conditions in a community, youths will be incited to discuss the concepts they represent. They can identify with them and will *see themselves* in these drawings and thereby relate to what changes they need to make in their lives and in their culture.

Both the style of drawings and the subject matter in the drawings are specific to Ethiopian cultures. You may need to change drawings or add drawings to reflect the culture of your local area.

*When using this guide in a new culture, it is likely that all drawings will need to be changed to reflect local conditions and local factors.* For that reason, in a training workshop, we usually recommend bringing in a local sketch artist to make new drawings that will be needed. Some drawings that we have recommended in this guide may have to be removed altogether, because they do not relate to the local cultural practices, and other completely new ones may need to be added. For example, injectable drug use and male homosexual behavior are not important factors in the spread of HIV in Ethiopia, but they may be hugely important in another culture.

In the original development of *In Charge!* the drawings were in color. However, we have learned through experience that colored drawings take longer to make and are expensive to replicate. They can only be easily replicated if you scan them into a computer and you have a color printer. Therefore, over time, we have moved toward having drawings with only black and white sketches. We have included examples of both in this guide. Some facilitators individually take the time to color their black and white photocopies of drawings and then laminate them so they will last longer. Participants generally prefer colored drawings, so try to use colored drawings when possible.



We also strive to keep drawings as simple and “culture-free” as possible so that they may be used across cultures. Some drawings, however, cannot ever be culture-free and must be re-drawn to reflect local conditions, such as housing styles, clothing and hair styles.

The collection of these drawings, organized by activity and organized in a pocket case or in large envelopes is called a “toolkit.” These are the “tools” that you will take to the school or club and use as you implement the activities.

# How to work with groups

## Preparing before you start

Before you begin working with a school group or youth club you must:

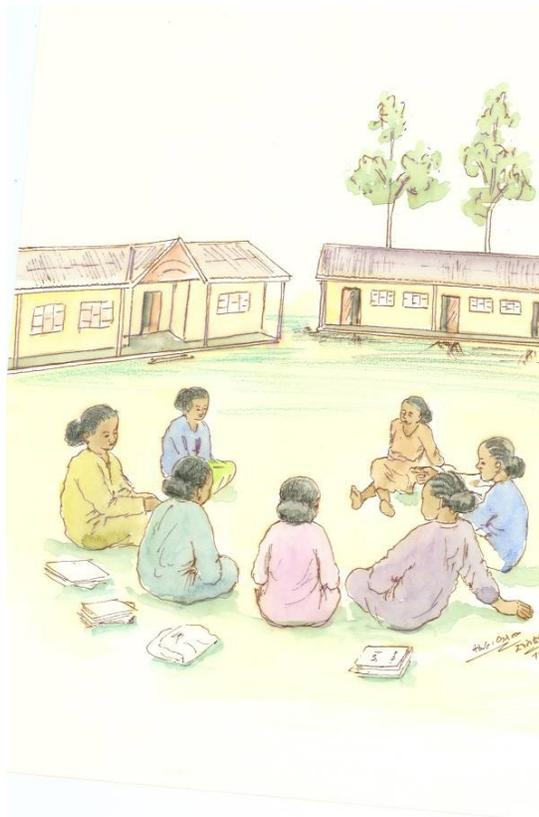
- Read through the entire guide carefully
- Make sure that you understand the purpose of each activity
- Find an artist who can make drawings that look like your local culture. The complete list of sample drawings needed for each activity is at the end of this guide
- Practise the activities with your friends and colleagues until you feel comfortable
- Make sure you have two or three complete sets of drawings for each activity, or a set for every 5-8 people
- Make sure you have all other materials, such as masking tape, markers, scissors and plain paper

## Who *In Charge!* is for

*In Charge!* activities are designed to be used with school classrooms, youth groups, youth anti-AIDS clubs. The target group is youths, aged 15-24. Activities can be carried out with same or mixed ages. For other groups, such as women's clubs and other community groups, it is best to use a similar but more extensive guide called *We Stop AIDS*.

The activities are intended to be carried out in groups of about 24 people at a time.

There is a lot of discussion in the world of HIV and AIDS educators and policy makers about whether and how to reach children below the age of 15.



*In Charge!* was designed for young people aged 15-24. However many studies have shown that children as young as 11 are sexually active and even younger children have had sexual experiences, perhaps unwanted or unwillingly. The beauty of *In Charge!* is that it is not very sexually explicit. The drawings are gentle and intended to draw out the knowledge and experience of the group. Therefore, we believe that *In Charge!* can be used even with younger children. They will respond to the drawings and activities at their own level of understanding and experience.

## Introduce yourself and *In Charge!*

If the participants do not know you already, introduce yourself and explain that you will be doing five participatory activities together around HIV and AIDS. Explain that the whole package of activities is called *In Charge!* because what they will learn from doing these activities will help them be in charge of their lives.

## Create the right atmosphere

Participatory sessions work best when people are happy and relaxed. This is why we try to begin each session with a fun activity, something to make people laugh. You need to maintain an atmosphere of relaxation throughout the sessions. Most cultures have traditional games and songs that can be used to build group spirit. Feel free to add games and songs to your group meetings.

It can also be important to arrange the room or outdoor space where you will be working with groups. The space should not be too small or crowded, nor should chairs be lined up like a classroom. The space should be clean, comfortable and relaxed to encourage discussion with all participants.

## Controlling group size

*In Charge!* works best in small groups. It is best not to exceed 24 people in the total group size. For most activities, your group will be subdivided into smaller groups of 5 to 8 people. With 24 participants, you will subdivide them into three groups of 8 people each. When a small group exceeds 8 participants, then some people are left out of the discussion. Also, if more than three subgroups need to report on their discussion, the length of the session becomes too long and too complicated.

Having said that, we know from experience that group size sometimes grows during the activities. Sometimes people walk into the group in the middle of an ongoing activity. What should you do?

If only very few people join the group late, invite them to participate. However, if a large group of people arrives late, and adding them makes your group size unmanageable, then you could suggest offering these activities to them separately at a future date. It is not wise to turn away people in such a way that they feel unwelcome or rejected. *It is best to find some way to include them, now or later.* What we want is for as many people as possible to experience *In Charge!*.

## Mixing the subgroups

In nearly every *In Charge!* activity, you will need to divide the larger group of up to 24 people into two or three smaller subgroups. The most important part of learning takes place in these small subgroup discussions. *It is very important to keep changing the people in the subgroups with each new activity.* This allows the maximum mixing of ideas among participants and builds group spirit and loyalty.

## How subgroups should report

In most of the activities, you will ask subgroups to report, one at a time. They can stick their drawings on a wall with masking tape, or they can display them on the floor where all participants can see them. You can assist them by having small pieces of masking tape ready, or ensuring that drawings are laid out in a logical order so that other participants can understand what they are looking at.

Have the first subgroup report thoroughly, *explaining in detail*, why they placed a drawing in a particular pile or place. With the next two subgroups, you can ask them, one at a time, if they have any differences from the group that just reported.

If there are no differences, then they do not need to report the same information a second time. *If they do have differences, then ask the group to point out where the differences are.* If there are few differences, ask them to report on those. If there are many differences, ask them to report out completely. Then go to the third group and do the same.

After all groups have reported out, then facilitate a discussion on the differences. Allow the large group to discuss thoroughly and they may reach an agreement. However, if they do not reach an agreement, do not force them to do so. It is the discussion and deep thinking that is important. Participants may hotly debate an issue. Be sure to keep the discussion focused on one issue or one drawing at a time.

## Consensus is not required

*In Charge!* activities are open-ended. This means that there is no one correct answer or result. Decisions made by the group reflect what is right for the group. Don't try to push the group into the answer that you feel is correct. Also, you need not push two or three subgroups to agree 100% on the outcome of each activity. *What is important is that the subgroups talked and thought deeply about the subject.*

That said, we do realize that there is a scientific body of information about HIV and AIDS that we agree is correct, and there are many myths and misconceptions. The facilitator needs to try and help participants reach agreement on key points, such as how HIV is spread and prevented and how it is not spread. Usually participants will come to the correct conclusions. If they do not, you may step in with some questions, such as asking them to explain their logic for a statement that you know is incorrect. If all else fails, you can give them some correct information. After a long and exhausting discussion or hot debate, they will be more eager to hear what you have to say. Another good alternative is to allow the participants to leave feeling unsure and encourage them to ask others, including health workers, and to report back their findings at the next meeting. This latter method is what most facilitators have come to prefer.

## Should I follow the activities in order?

Experience has shown that it is best to follow the activities in the order shown. Activity 1 helps participants realize that everyone is at risk, personalizing the epidemic for them, and it begins to break down stigma and discrimination. Activities 2 and 3 help participants understand which actions contribute to spreading HIV and which not, and teach them how to block the spread of the disease. Activity 4 builds sympathy and understanding for those infected and affected by HIV & AIDS and helps reduce stigma and discrimination. Activity 5 is intended to help participants envisage what could draw them into unwanted,

unplanned or unwise sex and to discuss how they might avoid it in the future. This is the most empowering activity of ***In Charge!*** and the most important for helping youth become in charge of their lives. We have found that this is a good logical order, in that it builds both knowledge and empowerment gradually.

## **Moving from one activity to the next**

When moving from one activity to the next, if there has been a long time-break of a day or more between activities, begin by reviewing what activities the group has already completed. You can ask a participant to review the conclusions of the group from previous activities. Then you can introduce the next activity.

# Important points on good facilitation

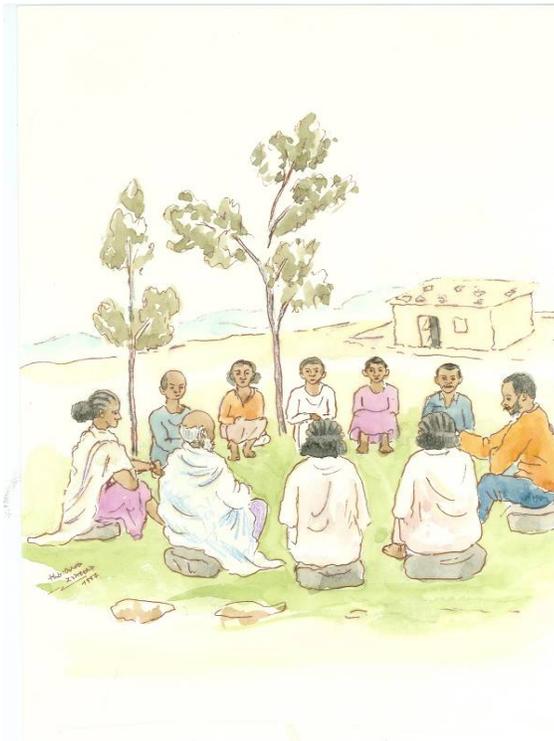
## The facilitator's role

*The most important point to remember about being a facilitator is that you are not a teacher!*

SARAR is based on a philosophy that everybody knows something, but nobody knows everything. For example, as a facilitator you might know a body of correct information about HIV and AIDS, but you do not know local beliefs and practices that help spread AIDS in a particular community. Your participants may not know all the correct scientific information about HIV and AIDS, but they will know some or most of the local practices that can spread HIV, such as sexual practices, birthing practices or circumcision and traditional healer practices. The idea is to get everyone to share their information so that at the end of the five activities, everyone has better knowledge and understanding than before. Thus it would not be appropriate for you to lecture information or to correct the group.

Your role is to help or “facilitate” a discussion. Using the activities in the guide, you can help groups to:

- Identify issues of importance to them
- Express their problems
- Analyze their problems
- Identify their own possible solutions
- Select appropriate options
- Develop a plan to implement the solutions they identify and agree on
- Evaluate the outcome of the plan



So you must *not*:

- Direct the group in its answers or analysis
- Give information (let the group find it for itself)
- Advise or suggest what the group should do
- Make assumptions about what is the right response to an activity
- Correct the group

The only exception is when the group clearly asks for specific information.

*If there is no one else in the room who can provide correct scientific information, then you may do so when the group asks for it.*

Using participatory methods does not reduce the role of the facilitator, but rather redefines it. What you do is encourage community involvement and leadership.

*You try to create an environment in which the group can discover information for itself.* In so doing, participants will build the confidence and self-esteem necessary to analyze problems and work out solutions.

The only appropriate solution is the one that participants come up with! As an outsider, you cannot understand their situation in the way that they do, no matter how dedicated, interested or concerned you are. For this reason, the group's input is more important than what *you* think or feel.

As a final note: never underestimate the untapped potential of the participants in the group, and always provide them with the opportunity to surprise themselves, and probably you too.

## All participants are equal

The activities in this guide have been developed so that the participation of each group member is considered equally important. Similarly, you must be seen to be on the same level as the participants. *So you should not present yourself as an authority figure.* By both sharing and receiving information, you and the group will remain equal. Obviously, good listening skills are essential.

It is best, therefore, not to stand too much in front of the group. You may stand to give an instruction, but while participants are reporting, it may be best to sit with the rest of the participants.

## Know when to stop an activity

In this guide we suggest a period of time for each activity. An activity should not go on too long so as to become boring, nor should it be too short and thereby lose its purpose. Groups should carry out their activities quickly, report quickly, and then the facilitator should lead a concise discussion.

A good facilitator knows when to end an activity: when its objective has been reached. Sometimes a participant will draw a final conclusion and speak it out – like a revelation! That is the perfect time to end the activity, with a participant being the last person to speak.

## General instructions for all activities

1. Have all materials for each activity ready before starting. For most groups and most activities you will need 3 sets of drawings.
2. Make sure the drawings are large enough and clear enough to be seen by all participants.
3. Try to limit your group size to 24 participants.
4. Make sure people can talk to each other easily; use a circle where possible.
5. At the beginning of each session, ask a group member to review what the group has done so far and any decisions that have been taken for action.
6. Time given for each activity is an estimate.
7. Try to encourage the active participation of each person.
8. Be clear in giving the task. Do not talk or explain too much. Just use the words printed in the manual.
9. Direct subgroups where they should sit to do a task so that they do not interfere with each other.
10. Subgroup work should not be too long, usually 10-20 minutes is enough time.
11. Be careful not to find fault or make critical comments when you respond to people.
12. Stay with the other participants when a group is reporting. Do not stand in the front of the room like a teacher.
13. At the end of each session, congratulate the group and explain briefly what will be covered in the next session.

## How to cope with dominant personalities

The SARAR methodology is specifically designed to stimulate full group participation and to make it difficult for strong personalities to dominate. However, the group process may not be able to proceed because one individual wants to control the group's thinking or wants to lecture the "right" information.

If this happens, you can:

- Take this person aside and explain that participatory activities are a different way of learning and that lecturing and being dominant are not appropriate.
- Give this person a separate task, such as keeping a record of group discussions, to keep him/her busy and allow the group to carry on.

If the dominating persons are teachers, school directors, or Anti-AIDS club leaders, approach them formally and privately before the activities begin, explain the process and try to get their support for the special way *In Charge!* is done.

# Some background on HIV and AIDS for facilitators

## What are HIV and AIDS?

HIV is an acronym that stands for Human Immunodeficiency Virus, and AIDS stands for Acquired Immune Disorder Syndrome. “HIV” is the name of the virus. “AIDS” is the name of the group of diseases that result from a failed immune system, caused by this virus.

With a new HIV infection, a person will have influenza-type symptoms for a few days and then feel better. During a latent period with no symptoms, which can last a few months or years, the virus replicates in the body. This is called “HIV-positive.”

After normally two or more years, the infected person’s immune system begins to fail. He or she can easily become infected with colds, diarrhea, skin infections, tuberculosis (TB), and other diseases. This is called “AIDS.” Eventually the person can die from repeated bouts of these diseases and is becoming increasingly thin and malnourished, unless he or she receives treatment in the form of “anti-retroviral therapy,” drugs that reduce the virus in the blood and enable the person to live normally.

## How does one get infected with HIV?

HIV is a virus that enters a healthy person through:

- sexual intercourse
- a blood transfusion when the blood of the donor is contaminated with HIV
- childbirth and breastfeeding when the mother is infected with HIV
- medical instruments or medical procedures when medical persons or traditional healers come into contact with blood from an infected person

*Around 80% of all new HIV infections are spread by sexual intercourse.* This is why most HIV prevention programs emphasize abstaining from sex and reducing the number of sexual partners in one’s lifetime.

Although HIV is spread through body fluids such as blood and semen, there is no evidence that HIV is spread by kissing or by tears or urine.

Sexually transmitted infections (STIs) that create open sores considerably increase the chances of both partners getting infected. This is why many HIV prevention programs also emphasize using condoms and getting treated for any STIs.

## How does one protect oneself from HIV infection?

The best known protections from infection are called “A” for Abstinence, “B” for “Be Faithful” and “C” for Condom.

*Abstinence* means not having sexual intercourse.

*Be Faithful* means having sexual intercourse only with one’s partner and no one else. Being faithful means that both partners are consistently faithful to each other.

A *condom* is a rubberized thin sheath that goes over the penis of a man, forming a barrier between him and his sexual partner. The virus, which is in the semen and female sexual fluids, cannot pass through this sheath. Condoms are 80-90% effective when used consistently and correctly.

There are other protections also.

- Before a blood transfusion, a person receiving the blood should be assured that this blood has been tested for the virus and is virus-free.
- Pregnant women who are HIV-positive can take drugs to ensure that their babies will not be infected at birth.
- There are also “Universal Precautions” that medical personnel are trained in, to ensure that the virus will not be passed from one patient to another or from HIV-positive persons to the health personnel.

## Some root causes of HIV and AIDS

Countries and groups or cultures within countries have different prevalence of HIV infection. Scientists believe the reason they have different prevalence is because societies have different cultural behaviors that either help spread the virus or help prevent its spread. HIV is a virus that spreads through human behavior such as sexual intercourse and blood contact, rather than through food, water, or air, as most other viruses. Understanding and altering such key human behavior is the key to halting its spread. For example, if you live in a society where sexual intercourse outside of marriage (or with a permanent partner) is

socially unacceptable, and where fidelity in marriage is expected, then the HIV virus would be unable to easily travel from person to person. However, if you live in a society where a person may have many different sexual partners in a lifetime and people also have concurrent sexual partners, then the virus will spread faster. Some societies have customs such as widow inheritance, where the widow of a man who has died can be inherited by his brother, or forced and arranged early marriage of girls to older men, whereby a young girl can more likely have intercourse in marriage with an older man who has had relations with other women in his lifetime. In some societies wealthier older men will give gifts to poorer younger women or girls in exchange for sex, thus exposing the girls to higher risk because such men may have multiple partners or have been exposed to HIV at an earlier time. Also some societies have ritual cutting, scarring and circumcision practices that are carried out on groups of children or adults without cleaning the cutting instruments between persons cut, and can thereby transfer the virus through blood. Other causes have been connected to hospital and clinic practices where precautions have not been taken to test blood before transfusions or to clean equipment thoroughly.

In some African countries, people who live in urban areas, who work in offices, who are wealthier and better educated are more likely to be HIV-positive. Other high risk groups are female sex workers, and lorry (truck) drivers. It is something about their lifestyle (behavior) that puts them at higher risk. Research is increasingly indicating that middle-age men may be the key group that is spreading the disease. Because of gender inequality and cultural definitions of what it means to be a real man, these men seek multiple sex partners, become infected, and then in turn infect their own wives. As you can see, the picture is quite complicated, involving both wealth and poverty, gender, rural or urban residence, professions and lifestyles, and no doubt many other factors.

However, of all root causes, sexual practices are the leading cause of the spread of the virus. This is why modern HIV prevention programs are focusing on abstinence and fidelity, or “Be Faithful” behavior.

## **Abstinence and Be Faithful**

**Abstinence** programs encourage unmarried individuals to abstain from sexual activity as the best way to protect themselves from sexual exposure to HIV and other sexually transmitted infections. These programs promote the following<sup>1</sup>:

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<sup>1</sup> This was taken directly from [Guidance To US Government In-Country Staff and Implementing Partners Applying the ABC Approach To Preventing Sexually-Transmitted HIV Infections Within PEPFAR](#), Office of the U.S. Global AIDS Coordinator, January 2005.

- Abstaining from sexual intercourse as the most effective and only certain way to avoid sexual HIV infection
- The decision of unmarried individuals to delay sexual debut until marriage
- Skill development for practicing abstinence
- The adoption of social and community norms that support delaying sex until marriage and that denounce cross-generational sex; transactional sex<sup>2</sup>; and rape, incest, and other forced sexual activity

***A Fresh Start***

Having experienced sex does not mean that abstinence is no longer an option. A return to abstinence or “secondary virginity” can be appealing especially for those who would like to make a fresh start, particularly single young adults. Skill-building, as well as a clean bill of health (through VCT and a visit to an STI clinic) can pave the way to safety as well as effective pre-marital counselling.

**“Be Faithful”** programs encourage individuals to practise fidelity in marriage and other sexual relationships as a critical way to reduce HIV exposure. The fewer sexual partners a person has during his/her lifetime, the lower the risk of contracting or spreading HIV or another sexually transmitted infection is. **“Be Faithful”** programs promote the following:

- The elimination of casual sexual partnerships
- The importance of mutual faithfulness with an uninfected partner in reducing the transmission of HIV among individuals in long-term sexual partnerships
- HIV counseling and testing with their partner for those couples that do not know their HIV status
- Skill development for sustaining marital fidelity
- The endorsement of social and community norms supportive of refraining from sex outside of marriage, partner reduction, and marital fidelity, by using strategies that respect and respond to local cultural customs and norms
- The adoption of social and community norms that denounce cross-generational sex; transactional sex; and rape, incest, and other forced sexual activity

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<sup>2</sup> Transactional sex is the exchange of gifts or money for sex.

## How to draw out the important issues of Abstinence and Be Faithful

*In Charge!* gives no direct messages, but rather the activities encourage participants to think deeply and reach a personal conclusion through discussion. Activity 3: “Blocking the spread of HIV ” offers the opportunity to have a thorough discussion of how Abstinence (“A”) and Being Faithful (“B”) to one’s partner can protect a person from getting infected with HIV. Activity 3 is designed to encourage participants to have a thorough discussion around these two key behaviors. It is up to you, the facilitator, to focus and encourage such a discussion.

Normally some participants will bring up the issue of condoms. There is a drawing of a box of condoms in the toolkit for Activity 3 which may or may not be used, according to the wishes of your organization. Either way, be assured that the issue will arise. Allow a discussion of condoms to take place and let the participants discuss the advantages and disadvantages of abstinence, being faithful and use of condoms to prevent HIV transmission.

***Remember, you will need to use your skills as a facilitator to focus these discussions around abstinence and being faithful.***

## For further information

For further information on training in *In Charge!* you can contact Mayling Simpson-Hebert, CRS Regional Technical Advisor on Health and HIV & AIDS ([msimpson@earo.crs.org](mailto:msimpson@earo.crs.org) and [maylingsh@yahoo.com](mailto:maylingsh@yahoo.com)) or CRS/Ethiopia ([health@et.earo.crs.org](mailto:health@et.earo.crs.org)).

This guide was developed by the Ethiopia Country Office of Catholic Relief Services and its partners with guidance from the CRS East Africa Regional Office.

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Telephone: + 251 (0) 11 278 8800

## PART 2

# THE ACTIVITIES

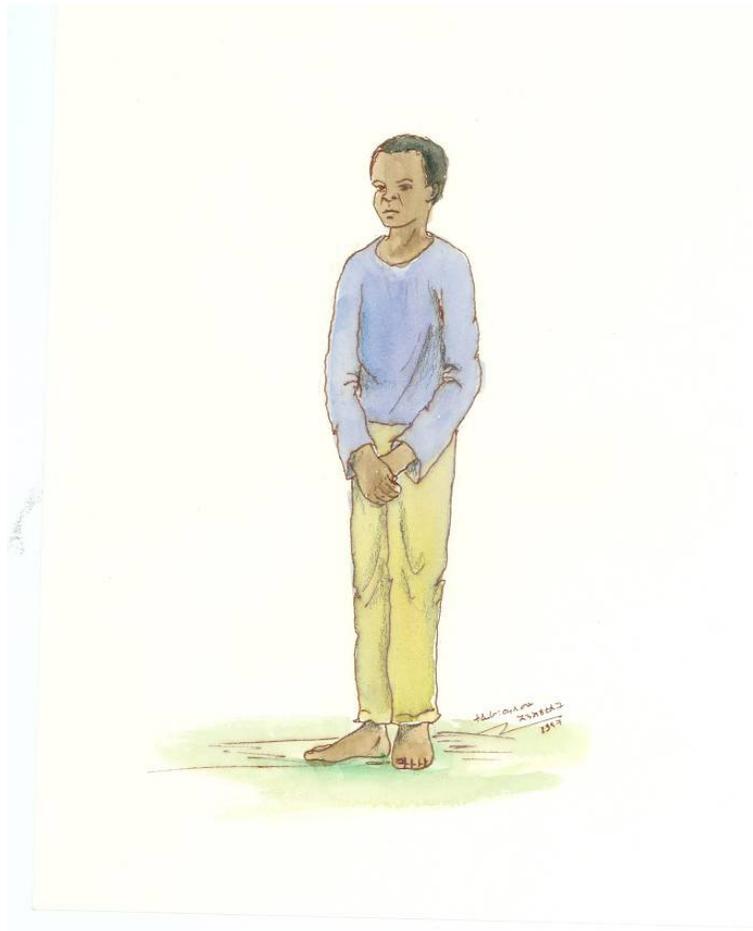
Activity 1: Who gets HIV and AIDS?

Activity 2: How HIV is spread

Activity 3: Blocking the spread of HIV

Activity 4: Reducing stigma and discrimination

Activity 5: What can a girl or boy do?



# Activity 1: WHO GETS HIV AND AIDS?

## Tool: 2-pile sorting

### **Purpose:**

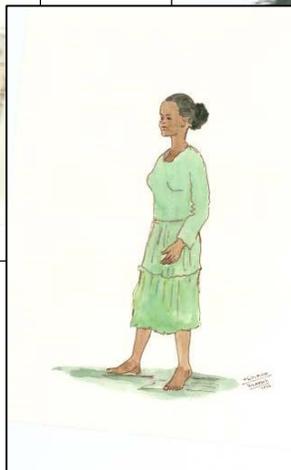
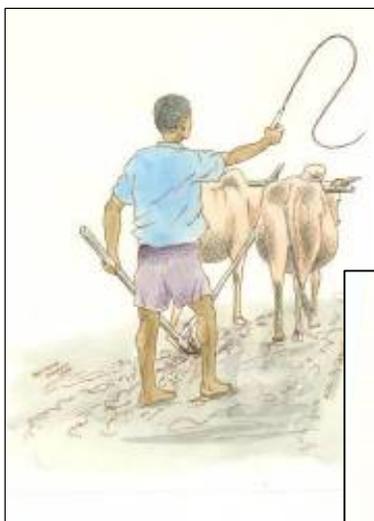
To help participants:

- Realize that nearly anyone can get infected by HIV
- Understand how different people in the community can get infected
- Realize that there are different levels of risk, according to lifestyle
- Reduce feelings of stigma and discrimination

**Time:** 45 minutes

### **Materials:**

- Drawings representing different kinds of people in the community
- Tape



## What to do:

- Introduce the activity “Who gets HIV and AIDS?”, and explain the task:
  - Tell the group that you have drawings representing different kinds of people in the community, such as a nurse, a truck driver, a farmer and others. Show a few pictures.
  - Ask participants to sort these drawings into two different piles: “people who can get infected,” and “people who cannot get infected.”
- Divide the larger group into smaller groups of 5-8 people. Give each group a set of drawings.
- When the groups are ready, ask the different groups to share their results and to explain how a person can get infected or cannot get infected. (Each group after the first one can simply add their pictures to those of the first group and point out any differences from the first group). *The different groups do not have to come to consensus.*

## Discussion

- **Lead a discussion of the results.** (If the groups already discussed the points below when they reported, you do not need to ask all of the questions below.)
- Pay particular attention to the pile representing “those who cannot get infected”, if the group makes such a pile.
  - Ask the group to explain why such people are not at risk.
  - Discuss one drawing at a time. After discussion, the group might decide to move some of these to the “can get infected” pile. However, let the group decide for itself.
- Ask the group (if they have not already reported this):
  - How do different groups or individuals get infected by HIV?
  - What behavior causes them to get infected?
  - Are some individuals or groups of people at more risk than others? If yes, why?

**Optional:** To close the discussion, ask the group what they learned from this activity and what they liked or didn't like about it.

## Activity 2: HOW HIV IS SPREAD

### Tool: 3-pile sorting

#### **Purpose:**

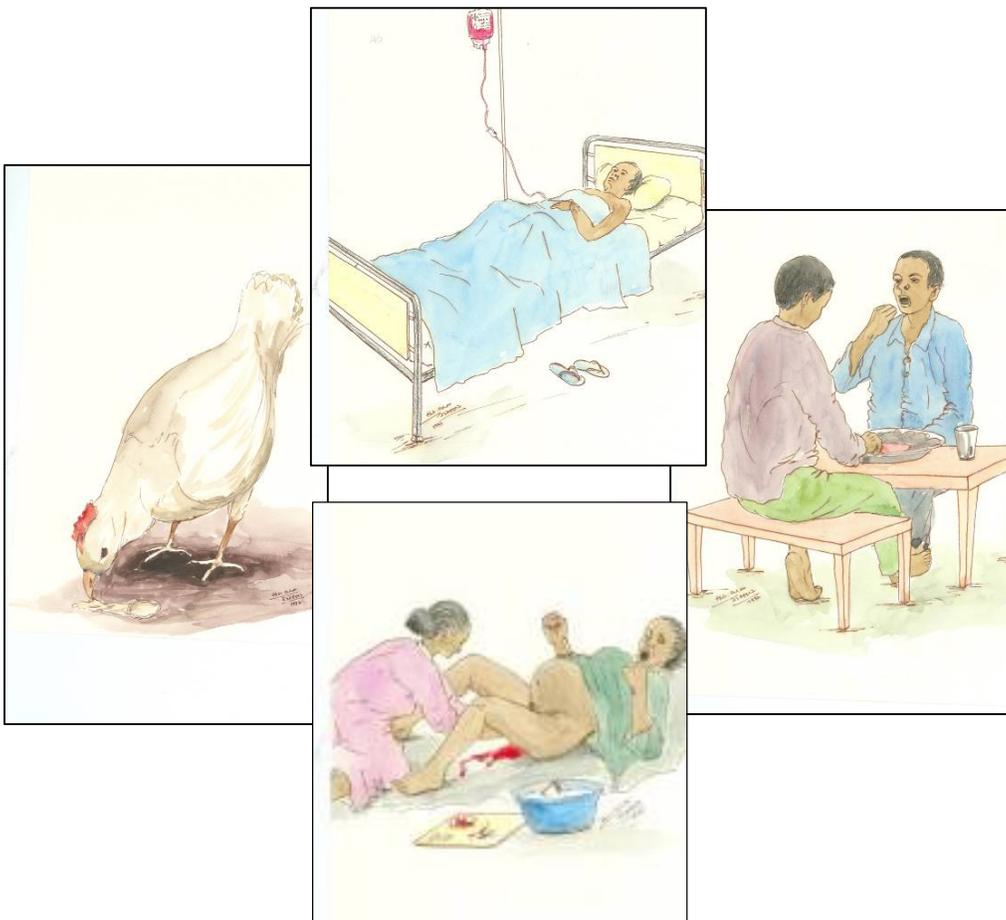
To help participants:

- To learn that HIV is spread through body fluids
- To dispel wrong beliefs about how HIV is spread
- To think about all the different ways people can get HIV

**Time:** 1 hour

#### **Materials:**

- Drawings representing different ways through which people can and cannot get infected with HIV/AIDS
- Tape



## What to do:

- Introduce the activity: “How HIV is spread” and explain the task:
  - Tell the participants that you will give them a set of drawings representing different ways people think HIV can be spread.
  - Ask them to divide the pictures into three piles: “can spread HIV,” “cannot spread HIV” and “not sure.”
  - Tell participants that they can suggest additional ways that HIV can be spread and write these on small pieces of paper or make a rough drawing, if there is no existing drawing to represent their idea.
- Divide the large group into smaller groups of 5 to 8 people.
- Give each group a set of drawings.
- When the groups are ready, ask them one by one to present their findings to the larger group. Ask them to explain their logic of why they put pictures into the three piles. This should begin a lively discussion and debate.

### Discussion

- If the group’s knowledge of transmission is perfect, then there will not be discussion but rather just reaffirmation that they do understand how infection occurs.
- However, if there are participants who have erroneous beliefs or missing knowledge, participants should begin to share their knowledge with each other. *The facilitator should not lecture on transmission nor allow anyone else to lecture. Allow a full and rich discussion until the three groups more or less reach an agreement.*
- **Ask the group:** Why is the virus transmitted in some ways and not in other ways?  
Which transmission way(s) do you think is(are) common in your community? Why?
- **Ask the group:** For people living with HIV, what can they do not to infect other people and to avoid re-infection?
- After discussion, if one or more drawings are still in the wrong place from a scientific perspective, they should be left there for participants to think about. Participants should be encouraged to ask health workers or others in the community for more information.
- *At the end of this activity, if participants have erroneous beliefs and misconceptions, the facilitator can provide some scientifically correct information.*

## Activity 3: BLOCKING THE SPREAD OF HIV

**Tool:** placing barriers

### Purpose:

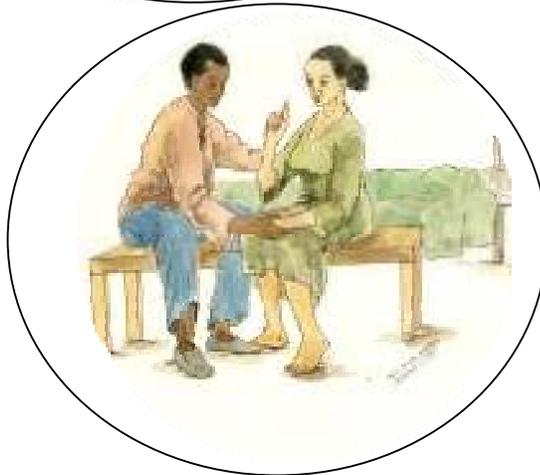
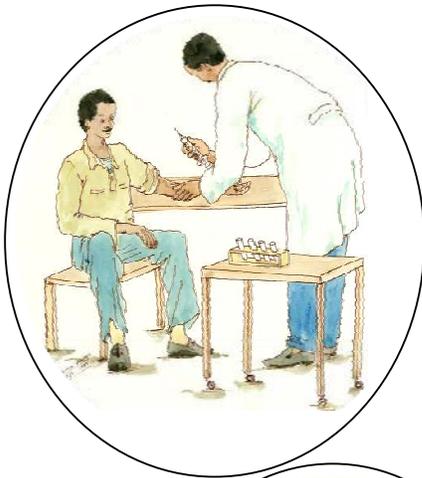
To help participants:

- Have a solid knowledge of how to stop the spread of HIV
- Understand the high importance of Abstinence and Be Faithful behavior in protecting themselves from infection

**Time:** 45 minutes

### Materials:

- Drawings of different ways to block the spread of HIV. These should be smaller and cut in ovals
- Drawings from Activity 2



## What to do:

- Refer back to the drawings representing ways of getting infected displayed from Activity 2.
- Introduce the activity “Blocking the Spread of HIV,” and explain the task:
  - Tell the participants that for each infection route, they need to come up with one or more ways to block this route.
  - Ask them to place one or more drawing on each infection route to block it.
- Give each group a set of drawings (cut into small oval shapes) that represent different ways of blocking the spread of HIV.
- The same groups from the previous activity can work together again.
- Have one subgroup present their results to the larger group. After the first presentation, ask if the other subgroups have any differences. If so, let them present the differences.
- Lead a discussion of the results presented. Do not lecture on the “right answer.” The group should struggle, through discussion, to come up with appropriate barriers to infection.

### Discussion

- Try to reach a consensus on the barriers to the spread of HIV. If you cannot reach consensus, leave the discussion unresolved and perhaps return to it later.
- ***This is an activity where the facilitator should encourage a discussion of Abstinence and Be Faithful.*** Some questions you might ask to stimulate discussion are listed below. However, if any of these ideas have already been discussed, don't repeat the topic.
- Inform participants where they can get voluntary counseling and testing for HIV.

## Some possible questions to stimulate a discussion of protective behavior:

### Abstinence

- What is abstinence? Is it difficult to practise abstinence?
- What might hinder someone from practising abstinence?
- What helps someone to remain abstinent?
- What are the benefits of abstinence?

### Be Faithful

- What does it mean to “be faithful?”
- What might hinder someone from remaining faithful to his or her partner?
- What might help someone to remain faithful to his or her partner?
- What are the benefits of being faithful?
- What do your religion, your culture and your peers say about abstinence and faithfulness?

## Activity 4: REDUCING STIGMA AND DISCRIMINATION

Tool: role play

### Purpose:

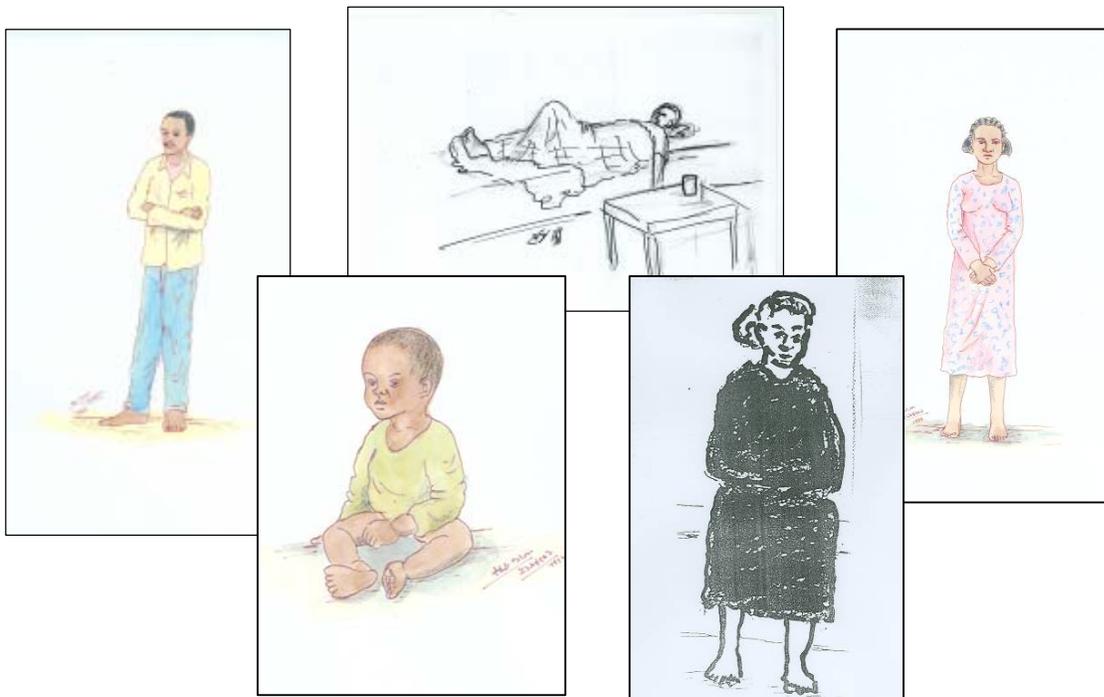
To help participants:

- Become aware of how stigma and discrimination are expressed in everyday life
- Become aware of the harmfulness of stigma and discrimination
- Make a list of ideas on reducing stigma and discrimination in their community
- Build an attitude shift toward greater care and support of those infected and affected by HIV and AIDS

**Time:** 45 minutes

### Materials:

- Drawings of five people who usually suffer from stigma and discrimination: an AIDS widow, an AIDS orphan, an HIV-positive man, an HIV-positive woman and a sick person.



## What to do:

- Introduce the activity: “Reducing stigma and discrimination” and give the task.
  - Tell the participants that you have drawings of five people who often suffer from stigma and discrimination: an HIV-positive woman, an HIV-positive man, a person sick from AIDS, a widow whose husband died of AIDS, and an orphan whose parents died of AIDS.
  - Tell them that this activity will be a *role play* of each of these people.
- Divide the larger group into five small groups.
  - Give each group one drawing of a person whose life is affected by HIV/AIDS.
  - Ask the group to discuss what this person is *feeling and how he/she is suffering from stigma and discrimination*.
  - Ask them to select a *representative* to be that person in front of the larger group.
- Invite a representative from each group to stand and pretend they are that person, one at a time. Tell them that they have about five minutes to perform each role play. (**Note:** It is best to have the orphan as the final presentation.)
  - Pretending to be that person, he or she should speak out what they are experiencing and feeling from stigma and discrimination.
- Tell the larger group that they can ask questions to the presenter.

## Discussion

- After all five persons have finished their role plays, lead a discussion on stigma and discrimination.
- Below are some questions you could ask. Don't ask a question if the topic has already been discussed earlier.
  - Do people such as those presented in the role play exist in your community?
  - Can you share with us some real stories you have faced or heard? Don't mention real names.
  - Why do you think stigma and discrimination exist?
  - What can we do to reduce stigma and discrimination?

## Activity 5: WHAT CAN A GIRL OR BOY DO?

**Tool:** Mekdim's windows

### Purpose:

To help participants:

- Feel more empowered to resist unwanted or unplanned sex
- Envisage how unwanted or unplanned sex can come about
- Envisage how to negotiate oneself out of a difficult situation that could lead to unwanted sex
- Become aware of what bad behavior it is to pressure the opposite sex, and their peers, into having sex
- Discuss again the importance of abstinence and being faithful

**Time:** 45 minutes to 1 hour

### Materials:

- Four drawings representing the four most common pressures for sex that are put on unmarried schoolgirls and schoolboys.
- “Windows” made of heavy paper with closing shutters.



## What to do:

- This activity is carried out in one group. Put the four windows with the shutters closed on the wall. (Make sure there is one picture behind each window facing correctly.)
- Introduce the activity “What can a girl or boy do?” and explain the following:
  - “There are four windows in Mekdim’s house. We are going to open these windows one at a time. Tell us what you see when we open the windows.”
- Ask a participant to come forward and open the shutters of any one window. Ask the participant to explain what he/she sees happening in the window. Let the participant sit down.

## Discussion

For each window, ask the group the following questions:

- Does this happen here in this community?
  - How does this situation come about?
  - Can this situation lead to HIV infection? If so, how?
  - What should the girl or boy do in this situation? How can they avoid having sex? What should they say or do?
  - What about their values and goals in life? What does their religion say about this?
- 
- Repeat the above for each window, one window at a time. (Spend about 10 minutes on each window.)
  - For the rape and sugar-daddy pictures, ask if this happens to boys also.
  - Allow the discussion to go into other situations that participants know about and have to deal with.
  - ***This activity is another opportunity to discuss Abstinence and Be Faithful.*** So after all four windows have been discussed, ask the participants to explain how A & B might apply to these situations, if this discussion has not already occurred.

**Note:** This is a dynamic activity requiring good facilitation skills.

## How to close *In Charge!*

- Stand in a circle and lead the participants to say the following:  
*“Now we know....how we can get...HIV....and how to protect ourselves...and now...we are In Charge.... of our lives.”*
- Clap. You are done! Congratulate the group on a job well done.

## PART 3

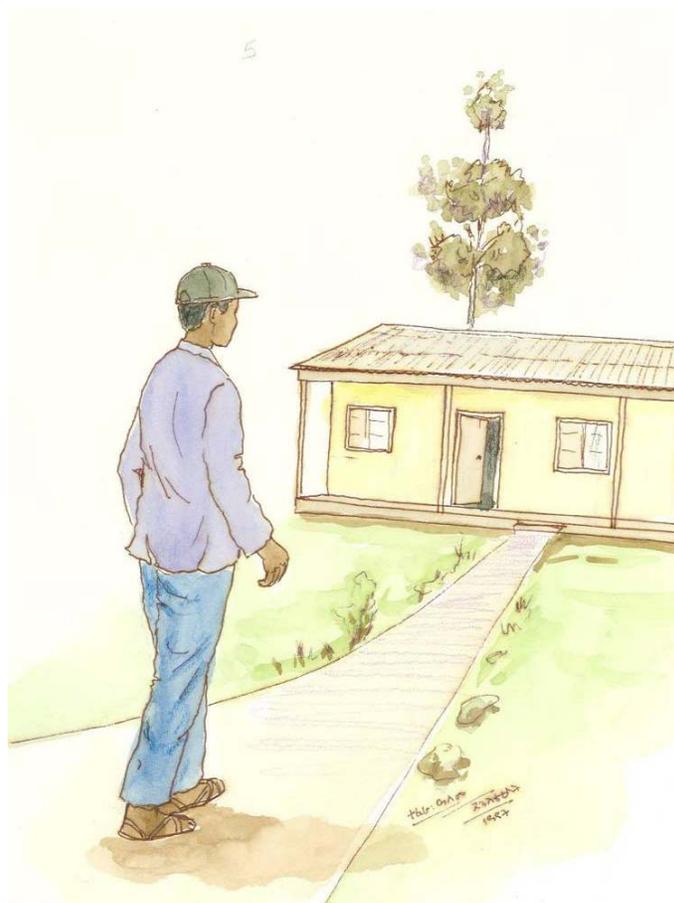
# GUIDELINES FOR PROGRAM MANAGERS AND TRAINERS

Selecting, training and supervising facilitators

Guidelines on drawings and toolkits

Guidelines for artists

Lists of sample drawings for Activities 1 to 5



# Selecting, training and supervising facilitators

## Selecting facilitators

Selecting the right people to be facilitators is one of the keys to success in any participatory methodology. For *In Charge!*, experience has shown that people with the following characteristics have the best chance of being good facilitators:

### Suggested Facilitator Selection Criteria

- Is a high school graduate or above
- Understands HIV & AIDS and can pass a simple exam on the topic
- Has good speaking and leadership skills
- Likes being in front of a group, but knows when to sit down so that others can speak
- Has an interest in and an understanding of participatory learning

Facilitators should be selected after training, not before. It is nearly impossible to know if someone will be a good facilitator before being trained. Therefore, the candidates should first be able to pass a simple exam on HIV & AIDS, and then be trained in *In Charge!*. Then after observing how well the trainees facilitate, they can be selected.

## Unpaid community volunteers as facilitators

Some projects have been faced with the question: *Should we use community volunteers (unpaid) as facilitators?* Some projects want to use volunteers because they feel it is the best way to get *In Charge!* into wide use. However, experience has also shown that facilitation is a high skill, not everyone can do it, and facilitation requires a lot of training and supervision.

You must be willing to train and supervise volunteers at the same level you would do for paid facilitators, otherwise, the quality of the facilitation will decline and perhaps even give the project a bad reputation.

Experience has shown that volunteer facilitators soon discover that facilitation is hard work. Eventually, some or most volunteer facilitators want to be paid or

they drop out. Without paying them, the drop out rate will be high. Perhaps volunteer facilitators could be given some kind of gift or incentive and it is always a good idea to openly and frequently express your appreciation for their hard work!

## Training

A second key to success is good training. Training for *In Charge!* should take a minimum of five days. However, if you can train longer and allow the participants to gain more confidence, it will result in less supervision later on.

Here are some important points to remember when planning a training course.

### Important Training Points

- Train in one language. Do not group trainees with different languages into one training course.
- Don't rush the training. Take five days or even longer if necessary. An investment in sufficient training time pays off in needing less supervision later.
- Be a well-organized trainer and set a good example to your trainees.
- Take your trainees through *In Charge!* first. Let them experience it before you train them how to facilitate it.
- Train exactly as you want it done – model good facilitation.
- Leave plenty of time for trainees to practise facilitation.
- Let trainees practise with real community or school groups, observe them and give them feedback.
- Remember that training someone to be a facilitator is different from training someone to be a trainer of others and to run a course.
- Be sure to take at least two days for pre-workshop planning. In these two days you will plan how you will train, make a training schedule and check to be sure that you have all drawings and other materials needed for training.

## Supervising

A third key to success is good supervision, especially in the period directly following training. The primary role of the supervisor is to be a mentor of new trainees, helping them to gain confidence and correcting errors they may be making in facilitation.

*The supervisor must be well trained and have a good understanding of **In Charge!**. That way the supervisor can easily pick up mistakes made by the facilitator and can give feedback to the facilitator in a helpful way.*

Here are some important points on supervision:

### **Important Supervision Points**

- Directly after training, supervise the new trainee very often until you are satisfied with his or her performance.
- After that, supervise the new facilitator once every three months for the first year.
- Keep a record of every supervision visit and the feedback you gave the facilitator.
- Don't keep new facilitators who don't improve. Not everyone can be a facilitator!

Next is a sample evaluation form for supervision with a list of items to look for.

## In Charge! Facilitators' Quality Improvement Checklist (Peer, Supervisor)

**Instruction: Complete one of these forms for each activity you observe.**

Date:	Partner:	Facilitator:
Location:	School or Club Name:	Class Grade Level:
Number of Girls:	Number of Boys:	Total Number of Children:
Age Range:	Activity Observed:	Duration of the activity: _____ Hours _____ Minutes

#	Facilitator's skills to be observed	Yes	No
1	Did the facilitator introduce him/herself and In Charge!		
2	Did the facilitator arrange the participants in the room for easy discussion?		
3	Did the facilitator introduce the HIV/AIDS topic in a friendly way?		
4	Did the facilitator give clear instructions for the task or activity?		
7	Did the facilitator handle the materials appropriately?		
5	Did the facilitator ensure participation of all children?		
6	Did the facilitator guide the discussion towards its purpose?		
9	Did the facilitator use the activity's questions to stimulate the discussions?		
8	Did the facilitator encourage the group to reach its own conclusion?		
10	Did the facilitator conclude the session appropriately?		
	<b>Total responses</b>		
	<b>Score: (total responses "Yes" / 10) X 100</b>		<b>%</b>

Write your other observations on the back of this form. Remember to give positive feedback to the facilitator the same day.

Signed Supervisor: \_\_\_\_\_ Signed Facilitator: \_\_\_\_\_

It is very important to give clear feedback to new facilitators. Here are some important points on reporting feedback:

## Important Points for Supervisors on Reporting Feedback

- Write a narrative report to the facilitator immediately after observing him or her.
- List the positive points of facilitation.
- List the areas that need improvement (mistakes you observed).
- Write suggestions for improvement.
- Discuss all with the new facilitator immediately.
- Both the supervisor and the facilitator should sign the report and both should have a copy.

## Self or peer evaluation

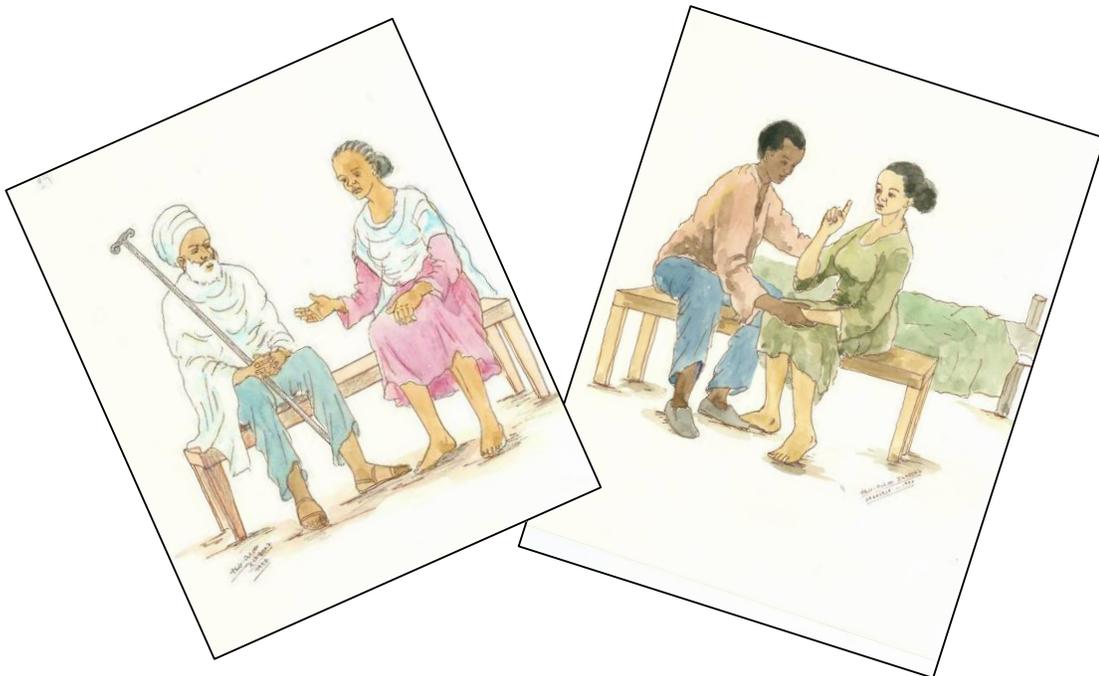
If you are evaluating yourself, this checklist will help you focus on what is important. However, it is often difficult to be objective about oneself, and also, sometimes we don't even know that we are not doing something in the right way. Perhaps an instruction you gave seemed clear to you, but it may not have been clear to others.

That is why it is often good to have your cofacilitator or other peer do an evaluation for you and give you feedback. This can be done in a friendly way, and then you can evaluate your cofacilitator. Sometimes evaluations can seem threatening and critical, but in the case of SARAR methods, you should see your evaluation as helping you to become a better and better facilitator. The better you are, the more the participants will appreciate your skills and what you have helped them to accomplish. And you will have higher and higher job satisfaction knowing that you are helping to empower others!

# Guidelines on drawings and toolkits

## Why drawings are important

The drawings suggested for each activity in this guide are essential parts of the learning process. They stimulate discussion and empower illiterate people to speak out in group sessions. For that reason, *you should take the time to carefully plan the development of your drawings with an artist.* The collection of all drawings, divided and stored according to each activity is called a “toolkit.” The toolkit may also contain materials for a pocket chart, such as cloth, envelopes and voting tokens.



The ideal toolkit consists of drawings made by *local artists* to reflect the *local culture* and conditions. Most of the instructions that follow refer to this type of toolkit.

## Prototype toolkits

Prototype toolkits are drawings that give you a general idea of the types of pictures that are required. This guide is illustrated with drawings from the Ethiopia prototype toolkit – the one we started with reflects the culture of northern Ethiopia. Some of these drawings have already been modified to suit other cultures of Ethiopia. It is much easier to make a prototype toolkit with drawings in black and white. At little extra expense these can be redrawn to reflect the local culture.

*A prototype toolkit is a good investment at the national level. It gives local organizations a starting point for their specific toolkits without having to start from scratch.*

## Cost of a toolkit

The cost of a toolkit will include artist fees, travel costs for the artist, art materials, photocopying of many sets of drawings, and special folders with pockets for storing the drawings. If drawings are to be colored and laminated by facilitators, this will involve more cost. It is best to estimate these costs and make a budget.

Some artists charge per drawing, while others are willing to be paid by the day. *It is best to find an artist who will agree to work for daily wages.* That way, sketches can be modified or even thrown away and redrawn (which often happens) more easily without discussions about how much to pay for each one, even the discarded ones. Overall, it makes for a better relationship between the project and the artist.

## Finding an artist

Try to find an artist who lives in or close to the community or ethnic group you will be working with. This will produce the best results and also save time and money since the artist will need to visit the community more than once to make the drawings.

## Explaining the task to an artist

Some artists may believe they are going to make a flipchart, a wall poster or other traditional educational materials having a specific message. As a result, he or she may want to spend a great deal of time drawing in detail and coloring the

pictures. Don't let this happen. *Tell the artist that the first drawings should be as simple as possible.*

First, you will need to explain the SARAR methodology to the artist. Explain that a participatory approach is one that does not focus on transferring a particular message. Rather the objective is for the picture to stimulate discussion. We want participants to share their experiences, ideas, feelings and beliefs. Explain that the drawings will be used to help group members think for themselves. Give a brief outline of the activities and show sample drawings from this guide.

Explain to the artist that the first drawings he or she makes should be simple line drawings. Take the artist to the community where you plan to work and let the artist see how life there differs from the drawings in the prototype toolkit. During the visit, encourage the artist to make sketches of buildings, vegetation, and the way people dress. After your visit, sit with the artist and discuss all the drawings that will need to be made new or modified. Make a list of these drawings for the artist. After they are drawn, these drawings will need to be pretested on community members before being used.

*Be sure you include the artist in a facilitator training workshop.* In that way the artist can understand more about the methodology and can make additional drawings suggested by facilitators who are being trained. The artist can go with the trainees to a community and see how the methodology is applied. At that time, trainees will also suggest more modifications. This is an ongoing process until the adapted toolkit is complete.

## **Supervise the artist's work**

It is best to regularly review pencil sketches before drawings are completed. Making changes to a completed drawing can be difficult or even impossible, wasting time and money.

## **Pretest the drawings**

Drawings should be pretested with community members. Take the drawings to the community and ask community members what they see. Do they think the drawings look like their area? Drawings should be modified based on the feedback received.

## Lamination

It is best to laminate all drawings for use with community groups. This will result in the drawings lasting months or even years. Regular paper photocopies may only last one or two sessions before they become dirty or torn. To do this:

- Make a master set of drawings (keep safe)
- Photocopy the number of sets needed
- Color the photocopies
- Laminate the colored sets
- Use these with communities

## Organizing and storing toolkits

A fully complete toolkit may have 50 or more drawings. Some drawings can be used for two or more activities; others will be specific to one activity only. It is absolutely necessary to have good organization of these materials. *These drawings represent a great deal of time and money and should be carefully stored.*

***Master copies of all drawings should be in black and white (or color) and should be stored in a locked cabinet.*** Photocopies of master drawings will be used to form the toolkits for the facilitators working in communities. (Avoid making photocopies of photocopies, as the quality degrades quickly.)

Each facilitator should have his or her own toolkit. A folder with divided pockets is ideal for storing and organizing drawings. The drawings should be divided into their specific activities. If the same drawing is used for two activities, then make two photocopies and insert the drawing into the pocket for each activity.

*When you are ready to implement an activity, you don't want to be searching for drawings.* Have three complete sets ready in the file pocket labeled for that activity.

It is also very useful to have drawings scanned and stored on compact disks. The drawings should be organized into “folders” according to each activity so that they can be easily located and printed out as needed.

# Guidelines for artists

## General instructions

Drawings must match the community and ethnic group where they will be used. People, houses, and behavioral situations must look like the community's own. Therefore, visit the community or group you will be making drawings for.

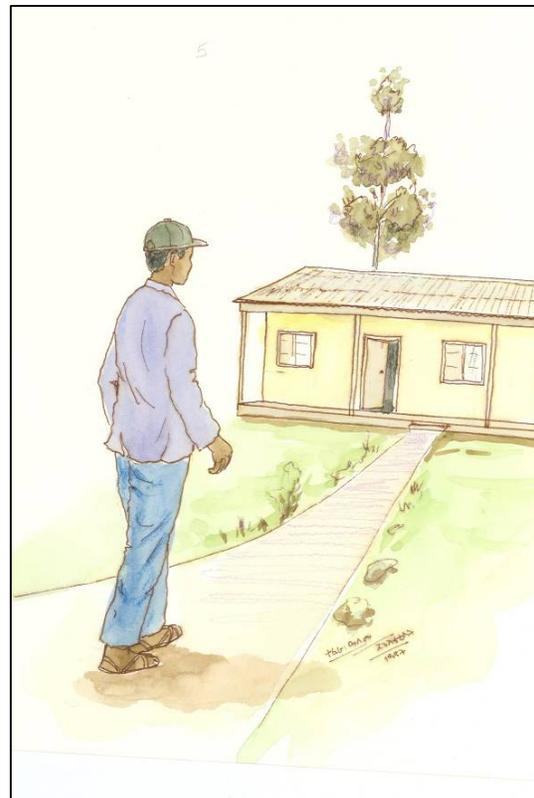
The trainer will give you the list of suggested drawings for each activity, found at the back of this manual. In advance of the training workshop, draw those pictures that you feel comfortable drawing.

Attend a training workshop and do some of your drawings during that workshop. Participants and trainers will give you feedback on the drawings – what is working well and what needs to be changed.

Keep drawings simple. Do not put too much detail or background. Simple outlines work best. Too much detail can lead to confusion of what the picture is about. You do not need to have perfect drawings. Quick, clear sketches in solid lines of recognizable scenes are preferable.

Drawings are not intended to give any message. Rather they are intended to reflect a situation or condition that people can discuss. The drawings could have different meanings for different people.

Take for example the picture on the right. Some people might think this man is going to a clinic. Others might imagine he is going to a government office, while yet another might assume he is approaching his home. This is intentional. It means people can use the drawing to create different stories or discuss different topics, or that the drawing can be used for more than one activity. If the drawing had a sign over the building, like “clinic” then it could be used only for an activity where a clinic drawing is needed.



Discuss how “open-ended” your drawing should be with the trainer.

Get involved in pre-testing your drawings on community members.

## Specific instructions

Do your first drawings in black and white and keep them as a master set.

Make drawings large enough that they can be seen from a distance.

Make drawings on A4 paper.

Make photocopies of your black and white drawings before coloring them.

Do a master set in color, laminate these and keep them safe. The project can scan these into a computer and more color sets can be printed, if the project has these facilities.

Teach trainees how to water-color their black and white drawings.

## Adapting drawings to local cultures and contexts

This manual is illustrated primarily with drawings from Ethiopia. However, *In Charge!* is being adapted to other countries and cultures. Below are some illustrations of the same concept in two different cultures.

Look at the two sets of drawings below. The upper drawings are from Uganda, a couple in bed and a priest. The lower drawings are the same concepts from Ethiopia.

### *Uganda*



### *Ethiopia*



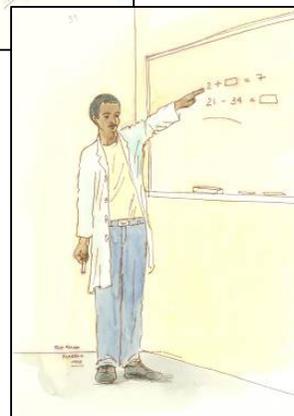
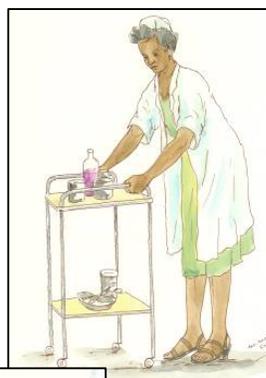
# List of sample drawings for Activities 1 to 5

## Activity 1: Who gets HIV and AIDS?

Size: A4

### Examples of drawings:

- An infant
- A child
- A teenage girl
- A teenage boy
- An adult woman holding a baby
- An adult man
- A truck driver
- A commercial sex worker
- A schoolteacher
- A farmer
- A nurse
- A religious leader (priest or mullah)
- A woman in a wheelchair

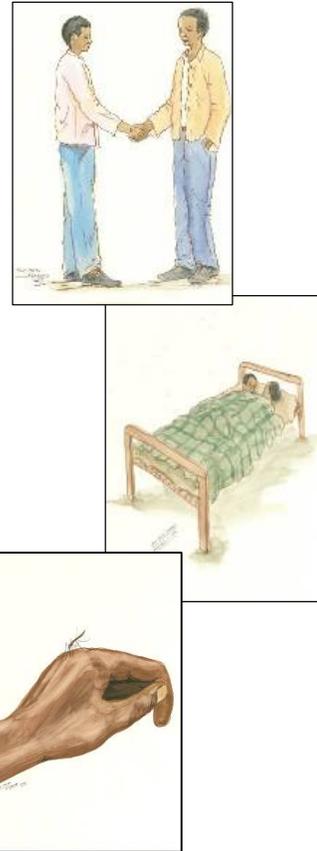


## Activity 2: How HIV is spread

Size: A4

### Examples of drawings:

- A girl being circumcised
- Sharp objects such as a syringe, a razor blade and a knife
- A person receiving a blood transfusion
- A couple kissing
- A couple in bed together lying side by side
- Two people shaking hands
- A person drinking from a cup
- A woman giving birth
- Two people talking to each other
- Two people eating together at the same table
- A chicken eating a condom
- A mosquito biting a hand

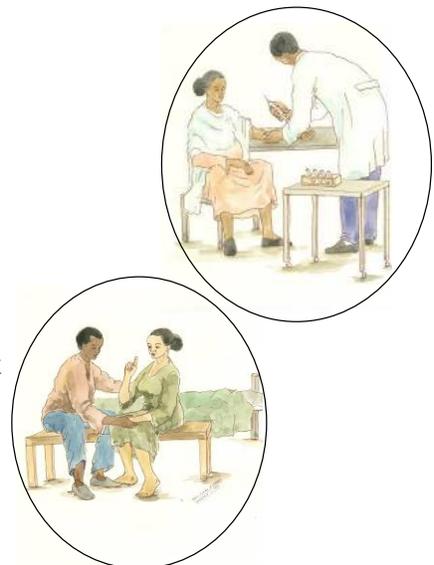


## Activity 3: Blocking the spread of HIV

Size: ¼ of A4, cut in ovals

### Examples of drawings:

- A young woman saying “no” to a man
- A box of condoms (optional)
- A man ignoring a sex worker
- A man getting a blood test
- A pregnant woman getting a blood test
- Drugs for treatment of HIV
- A plastic medical glove
- A pot boiling medical instruments

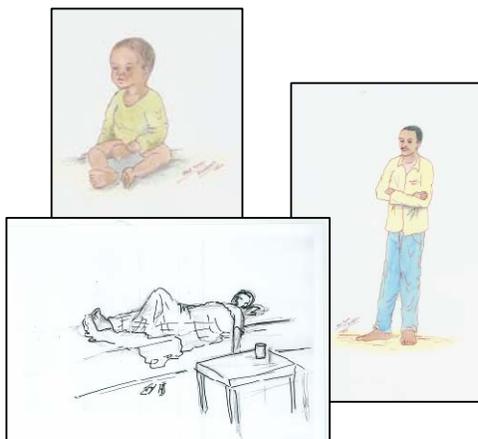


## Activity 4: Reducing stigma and discrimination

**Size: A4**

### Examples of drawings:

- an AIDS widow
- an AIDS orphan
- an HIV-positive man
- an HIV-positive woman
- a sick person



## Activity 5: What can a boy or girl do?

**Size: A3**

### Examples of drawings:

- A man offering a gift to a young girl
- A rape scene (high school girl)
- A group of boys pressuring another boy to talk to a girl
- A group of boys and girls chewing chat, smoking sheshi or drinking alcohol

**Note:** (These drawings may not be appropriate for your area. Have drawings made of the most common situations found in your area.)





***In Charge!** is a participatory methodology that facilitates depth of discussion around HIV and AIDS and encourages youths to take precautions to protect themselves from HIV infection. The title **In Charge!** reflects this aim of youths taking charge of their own lives.*

**In Charge!**, with its five activities, is designed to be used in a classroom for one day and, ideally, to be implemented to cover an entire school in one to two weeks. It can be used with other groups of youths, such as anti-AIDS clubs. It requires a trained and experienced facilitator who first trains teachers in the methodology and then the teachers serve as cofacilitators.

School-age youth are often exposed to messages about HIV and AIDS but sometimes behavior change does not seem urgent or relevant to their lives. **In Charge!** brings the threat of HIV infection closer to their everyday realities and helps them to internalize and personalize the impact and consequences of the HIV epidemic. It helps them think more deeply about their local traditions and culture that might require change. It assists them to build empathy with those infected and affected by HIV, leading to reduced stigma and discrimination.



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