



We Stop AIDS



Participatory AIDS Prevention and Support (PAPAS) A FACILITATOR'S GUIDE

Mayling Simpson-Hebert

We Stop AIDS

Participatory AIDS Prevention and Support (PAPAS)

Mayling Simpson-Hebert

Catholic Relief Services

East Africa Regional Office and Ethiopia Country Office

2007

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Contents

Welcome	ii
Acknowledgements	iii
PART 1	1
Purpose of <i>We Stop AIDS</i>	2
Overview of the guide	8
How to work with groups	12
Important points on good facilitation	18
Some background on HIV and AIDS for facilitators	22
For further information	26
PART 2	27
Activity 1: Community stories	28
Activity 2: Talking about HIV and AIDS	30
Activity 3: Who gets HIV and AIDS?	32
Activity 4: How HIV is spread	34
Activity 5: Blocking the spread of HIV	36
Activity 6: Local practices that spread HIV	38
Activity 7: Reducing stigma and discrimination	40
Activity 8: Helping people living with HIV and AIDS	42
Activity 9: Making an action plan	44
PART 3	47
Selecting, training and supervising facilitators	48
Guidelines on drawings and toolkits	53
Guidelines for artists	57
List of sample drawings for Activities 1 to 8	60

Welcome

We Stop AIDS is a participatory methodology that helps community groups to learn more about HIV and AIDS, their prevention, and the care and support of people living with HIV & AIDS, and to reduce stigma and discrimination. The main objective of *We Stop AIDS* is to bring about deeper community discourse about HIV and AIDS, which may lead to personal and community attitude and behavior changes.

This facilitator's guide helps you to become a *We Stop AIDS* 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.

Our experience over the past two years of field-testing this guide is that the participatory activities in this guide are effective discussion tools for communities and a very rewarding experience for facilitators. One facilitator said it was the best HIV & AIDS learning and behavior change tool he had seen so far for rural communities in Ethiopia. Many other facilitators have commented that this methodology is easy to use and enjoyable for participants. Community members, including illiterate women, said they could participate in every activity because of the methodology. "Everyone can understand the pictures and say something about them." they said. However, do not take our word for it – get training in how to use this guide and then test it out for yourself.

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 and maylingsh@yahoo.com) or (health@et.earo.crs.org).

Good luck!

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

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This guide was originally created to assist two partner organizations of Catholic Relief Services, namely the Ethiopian Catholic Church - Social and Development Coordinating Office (ECC-SDCO) of Adigrat, the Mekelle Branch Office and the Alem Tena Catholic Church, in their HIV & AIDS education programs.

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.

We Stop AIDS 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 *We Stop AIDS* 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.

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PART 1

INTRODUCTION TO *We Stop AIDS*

Purpose of *We Stop AIDS*

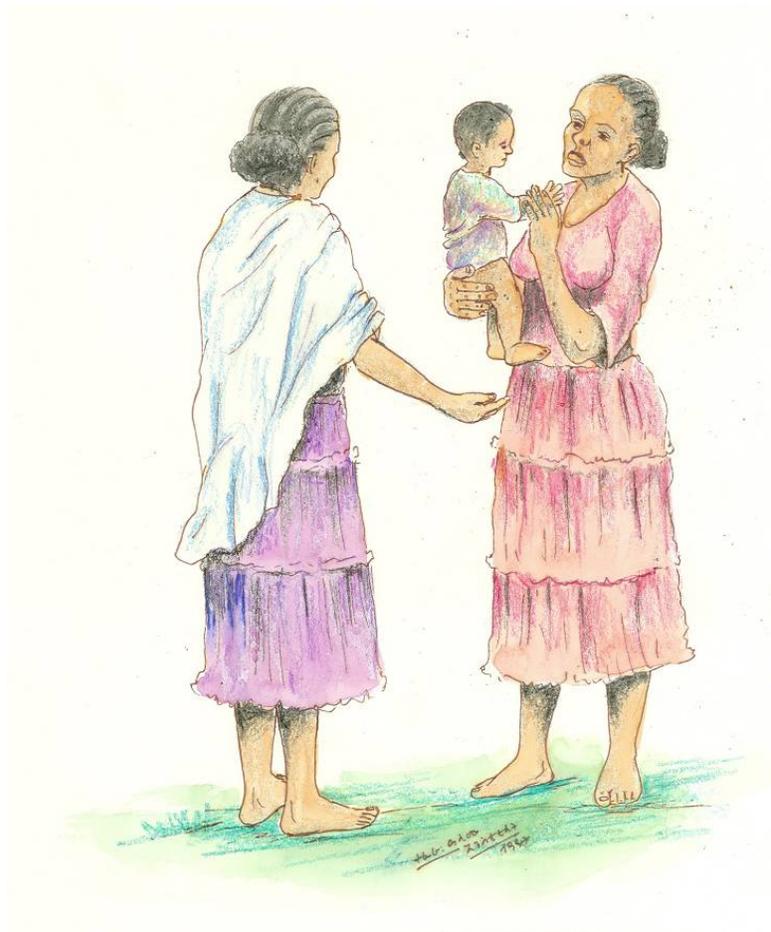
Overview of the guide

How to work with groups

Important points on good facilitation

Some background on HIV and AIDS for facilitators

For further information



Purpose of *We Stop AIDS*

What is *We Stop AIDS*?

We Stop AIDS is a participatory methodology to be used with community groups, including youth. It is a *transformational methodology* in that it is designed to bring about fundamental change in people's attitudes and behavior.

We Stop AIDS is designed to be used with community groups of about 24 people over a series of meetings, covering one or two activities per week or meeting. In total, the activities should not take more than eight to nine hours. The quality of *We Stop AIDS* rests with the skills of the facilitators. Facilitators need to be trained and need to know how to facilitate discussions to meet learning objectives.

What *We Stop AIDS* tries to achieve

The main objective of We Stop AIDS is to facilitate depth of discussion around HIV and AIDS.

We Stop AIDS tries to break the silence surrounding HIV and AIDS by using participatory activities. It is designed to help people living in a message-rich environment to organize that information in a more meaningful way for their lives. Rather than being passive recipients of messages, this guide is designed to help people internalize and personalize the HIV epidemic and think more deeply about their local traditions and culture that might require change. It should assist them to build empathy with those infected and affected by HIV leading to reduced stigma and discrimination and more care and support.

We Stop AIDS gives no direct messages. Learning happens through discussions and sharing of information among participants. By going through the activities, participants discover that there is already a great deal of knowledge in the community about HIV & AIDS and through a process of sharing this knowledge, each person learns more and the group feels empowered. Through carrying out the activities, people report that they:

- learn more correct information about how HIV is spread
- learn what they can do to help stop the spread in their own communities

- become sympathetic to those affected by HIV and AIDS and seek to end stigma and discrimination
- learn how to help people living with HIV and AIDS to live longer

Experience with *We Stop AIDS* has shown that community groups often become motivated to make an *action plan* to stop the spread of HIV and to support and care for people with AIDS.

It is important to remember that changing of in depth knowledge, attitudes and behaviors is a process. *We Stop AIDS* sews seeds to foster that process and to move it along more quickly. The box below summarizes changes that facilitators say they are observing in community groups that have experienced *We Stop AIDS*:

Changes observed from <i>We Stop AIDS</i>	
<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
Acceptance of social norms	→ Challenging social norms
No personal action	→ Personal action and behavior change
No community action	→ Community group action plan

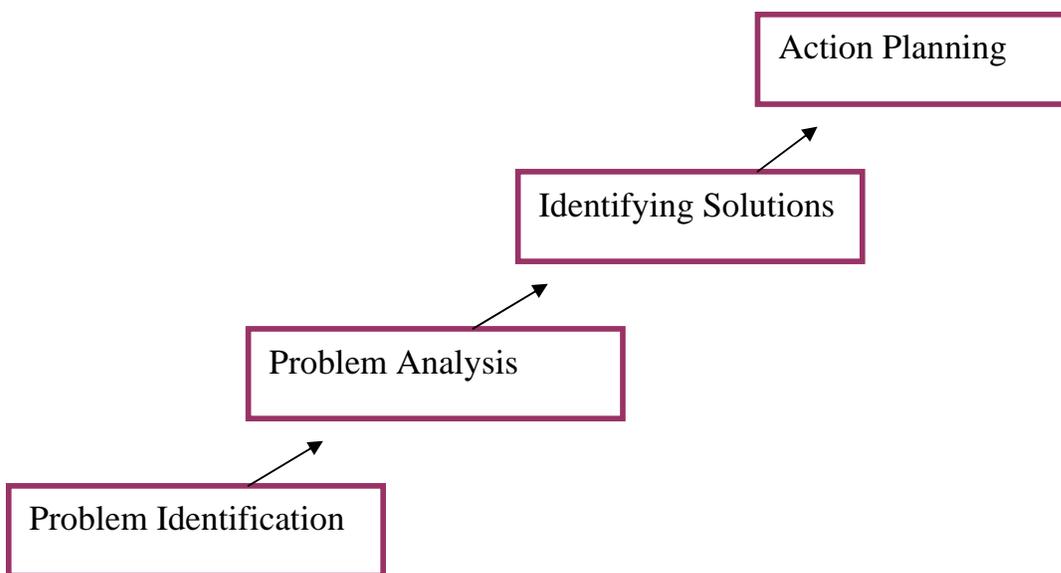
We Stop AIDS is based upon a basic behavior change methodology developed by Lyra Srinivasan of Columbia University called SARAR. This acronym stands for:

- 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. Thus, with **We Stop AIDS**, communities learn about HIV & AIDS and move toward making an action plan for prevention and support.

SARAR Participatory Planning Steps

In the planning process, community groups go through the following steps.
 The first two steps are the *learning stage*.
 The last two are where they take over *responsibility and ownership* of the plan.



The reason why the SARAR methodology was selected for creating **We Stop AIDS** is because the learning activities take place in groups and are highly participatory. By using drawings and problem-solving activities,

everyone can feel free to speak and participate. This methodology helps break the silence around HIV & AIDS and encourages discussion, debate and deep thinking.

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. **We Stop AIDS** is now used in Uganda as part of the CRS educational prevention program.

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. Participants who have gone through **We Stop AIDS** together are more likely to change together and reinforce new behavior among each other over time.

We Stop AIDS and empowerment

This methodology has been used with thousands of people in Ethiopia since 2005 and the response has been very positive. Community groups who have been through the activities in ***We Stop AIDS*** go on to make action plans for bringing about change. Experience has shown that participants are more likely to go for voluntary counseling and testing, to sign up to be a home-based care volunteer, helping those suffering from AIDS, and that they have reduced feelings of stigma and discrimination.

The participatory methods used in ***We Stop AIDS*** help to make people feel more confident about themselves and their ability to take action against the spread of the disease and to help those affected and infected. Feelings of empowerment are necessary for behavior change. These personal development principles are well illustrated by the following quotations from people who have participated in ***We Stop AIDS*** activities:

- *“We are learning to talk openly about HIV & AIDS and we couldn’t do this before. We are learning that we need to help taking care of patients and to stop stigmatizing them.”*
- *“We are talking to our children and to our neighbors. We teach them what we learn and we invite them to come to our sessions. Our children and neighbors accept our ideas; they are interested. The children compare what they are learning at school with what we (their parents) are learning through ***We Stop AIDS***.”*
- *“We are starting to care about our own health. We notice that when we talk to our neighbors, they want to test their HIV status. We now want to institute mandatory testing before marriage in our community – even if a rich man wants to marry our daughters, we will no longer just give them away like that. We now require the man to be tested. We now insist that our husbands get tested. We say ‘no’ to sex until they are tested.”*
- The owner of a beer house with rooms to rent said that she now warns her male customers about HIV and AIDS. *“They have their girlfriends here. I warn them that they should be tested and protect themselves. I never would have done that before, but after ***We Stop AIDS***, I have to share what I have learned.”*

- *We like this way of learning because we can understand easily using the drawings. “Even if we are illiterate, we can participate in the discussion.”*
- *“We have learned that silence about HIV and AIDS is bad, and **We Stop AIDS** is good in reducing stigma and discrimination. We are starting to shake hands and to eat with people who are infected, which we never did before.”*
- *“We are learning and we like the discussion and the drawings because they help us learn. We are not fed information but we learn it through discussion. This is better and we like it.”*
- *“We knew some of this information before, but **We Stop AIDS** is different because it makes us proactive. We go out and initiate discussions with people and want to teach them what we have learned. We discuss what we have learned with rural people when they come to town. We can see that attitudes and behavior are changing.”*
- *Facilitators report that participants often start to identify actions after only two or three activities. “They talk about what they are going to do after each activity. It is really amazing.”*

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 *We Stop AIDS* 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 community group. *We Stop AIDS* has nine activities. The first eight 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 9 is designed to help participants make an action plan for making changes in their community, as well as their personal lives.

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 sample drawings needed for each activity.

The Activities

We Stop AIDS has nine activities. The first eight are learning activities and the ninth is action planning. These activities are numbered in a sequence that we think is ideal for learning about HIV and AIDS.

All eight activities take time, about eight hours in total. It is theoretically possible to complete all eight in one day, but usually community members cannot be away from work and home for a whole day and doing all activities in one day would be very tiring. Therefore, you may wish to think about working with a community group over a longer period of time, carrying out one or two activities each time you meet until you have completed all. Going more slowly over time also has the advantage of allowing each participant to think deeply for a few days about what they have learned from one or two activities at a time. Most of us change our ideas slowly and therefore taking breaks between activities allows for personal growth.

Here are the activities:

<i>We Stop AIDS</i> Activities and Time		
<u>Activity Name</u>	<u>Tool</u>	<u>Time</u>
1. Community stories	Drama	1 hour
2. Talking about HIV and AIDS	3-pile sorting	45 minutes
3. Who gets HIV and AIDS	2-pile sorting	45 minutes
4. How HIV is spread	3-pile sorting	1 hour
5. Blocking the spread of HIV	Placing barriers	45 minutes
6. Local practices that spread HIV	3-pile sorting	45 minutes
7. Reducing stigma & discrimination	Role play	45 minutes
8. Helping people living with HIV and AIDS	3-pile sorting	45 minutes
9. Making an Action Plan	Pocket chart	1.5 hours
Total time for 9 activities:		8 hours

At the end of the eight activities, the group may wish to make an action plan.

Training

We Stop AIDS 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

We Stop AIDS uses drawings to stimulate discussion. *We Stop AIDS*, like SARAR, is designed for use in any group, *but especially for people who are totally illiterate as well as in cultures where women are shy to speak in meetings*. By using drawings to represent typical situations or conditions in a community, all people, whether literate or not, will be incited to discuss the concepts they represent. People can identify with them and *see themselves* in these drawings and thereby relate to what changes they need to make in their lives and in their culture.

The drawings illustrating this guide were developed for two different cultures of Ethiopia. Both the style of drawings and the subject matter in the drawings are specific to Ethiopian cultures and to the cultural factors in Ethiopia that contribute to the spread of HIV and AIDS.

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 *We Stop AIDS* training workshop, we usually recommend bringing in a local sketch artist to make the 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 Ethiopia, forced child marriage of girls to older men and widow inheritance both directly and indirectly contribute to the spread of HIV. Such factors, and the drawings of them that we include here as examples, would likely have to be removed for another culture.

In the original development of *We Stop AIDS*, 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. Communities 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 community and use as you implement the activities.



The activities are intended to be carried out in groups of about 24 people at a time. The program could apply *We Stop AIDS* to every existing organization within a community and probably get good coverage in that way. Several community groups could be running at the same time in order to get good community coverage.

Selecting the groups to work with should be part of your overall HIV & AIDS education and behavior change strategy. In many HIV & AIDS programs, the objective is to bring about a shift in the behavior of the community as a whole, sometimes called a “normative shift” or a “cultural shift.” Before starting, you should decide how many people, or what percent of the total population, should go through *We Stop AIDS* activities in order to bring about that shift.

There is a lot of discussion among HIV & AIDS educators and policy makers about whether and how to reach children below the age of 15. *We Stop AIDS* was designed for youth and adults ages 15 and older. 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 *We Stop AIDS* 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 *We Stop AIDS* 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 *We Stop AIDS*

If the participants do not know you already, introduce yourself and explain that you will be doing eight participatory activities together around HIV and AIDS. Explain that the whole package of activities is called *We Stop AIDS* because what they will learn from doing these activities will help them to stop the spread of HIV and AIDS in their community.

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.

The first activity, **Community Stories**, is fun and a good way to create the right atmosphere.

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

We Stop AIDS 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 *We Stop AIDS*.

Mixing the subgroups

In nearly every *We Stop AIDS* 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

We Stop AIDS 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 warms the group to participation. Activity 2 helps participants realize that they need to break the silence on HIV and AIDS. Activity 3 makes participants become conscious that everyone is at risk, personalizing the epidemic for them, and it begins to break down stigma and discrimination. Activities 4 and 5 show participants through which actions HIV is spread, and through which not. These activities also teach them how to block the spread of the disease. Activity 6 helps participants examine their own cultural practices that may contribute to the spread of the disease. Activity 7 builds sympathy and understanding for those infected and affected by HIV & AIDS and helps reduce stigma and discrimination. Now, with stigma and discrimination vanishing, Activity 8 helps participants understand what assistance those infected need to lead healthy lives and it inspires them to become voluntary care-givers. We have found that this is a good logical order, in that it builds both knowledge and empathy 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.

Keeping a record of activity outputs

It can be very useful to preserve a record of the outputs of the different activities, especially when it comes to action planning. A co-facilitator can keep

notes on the action points suggested by the group as they proceed through the activities.

Action Planning with a Community Group

Many community groups wish to make action plans after completing *We Stop AIDS* activities.

The last activity of this guide, **Activity 9: Making an Action Plan**, provides some guidance to facilitators on how to help the community make an action plan. However, the action plan is optional. *We Stop AIDS* strives toward change at the level of the individual, and this will be achieved without a community action plan. The community action plan becomes important when groups want to stop harmful traditional practices that feed the epidemic that are deeply ingrained in the culture, such as female circumcision and bride-sharing. Action planning can also result in groups promoting voluntary counseling and testing (VCT) or recruiting home-based care volunteers.

Important points on good facilitation

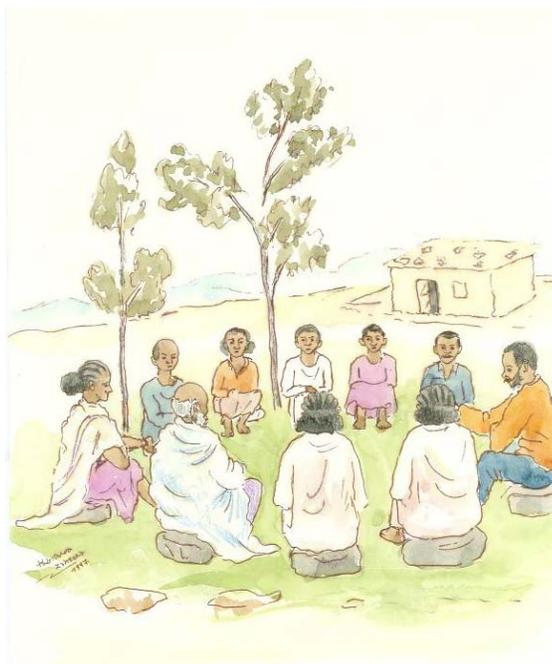
The facilitator's role

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 community leaders, approach them formally and privately before the activities begin, explain the process and try to get their support for the special way *We Stop AIDS* 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:¹

- 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 sex²; 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

¹ 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.

² Transactional sex is the exchange of gifts or money for sex.

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

We Stop AIDS gives no direct messages, but rather the activities encourage participants to think deeply and reach a personal conclusion through discussion. Activity 5: “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 5 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 5 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 *We Stop AIDS*, you can contact Mayling Simpson-Hebert, CRS Regional Technical Advisor on Health and HIV & AIDS (msimpson@earo.crs.org and maylingsh@yahoo.com) or CRS/Ethiopia (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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PART 2

THE ACTIVITIES

Activity 1: Community stories

Activity 2: Talking about HIV and AIDS

Activity 3: Who gets HIV and AIDS

Activity 4: How HIV is spread

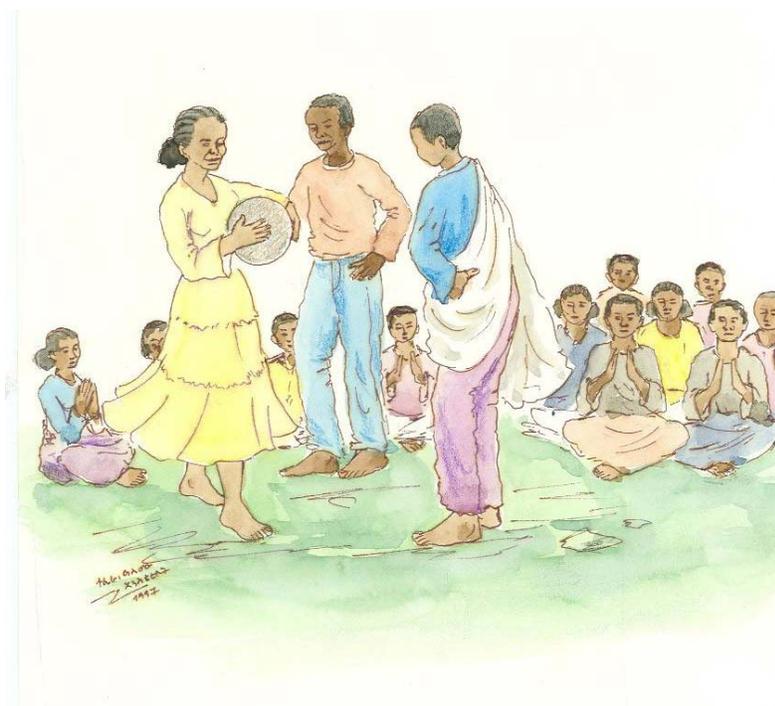
Activity 5: Blocking the spread of HIV

Activity 6: Local practices that spread HIV

Activity 7: Reducing stigma and discrimination

Activity 8: Helping people living with HIV and AIDS

Activity 9: Making an action plan



Activity 1: COMMUNITY STORIES

Tool: drama or unserialized posters

Purpose:

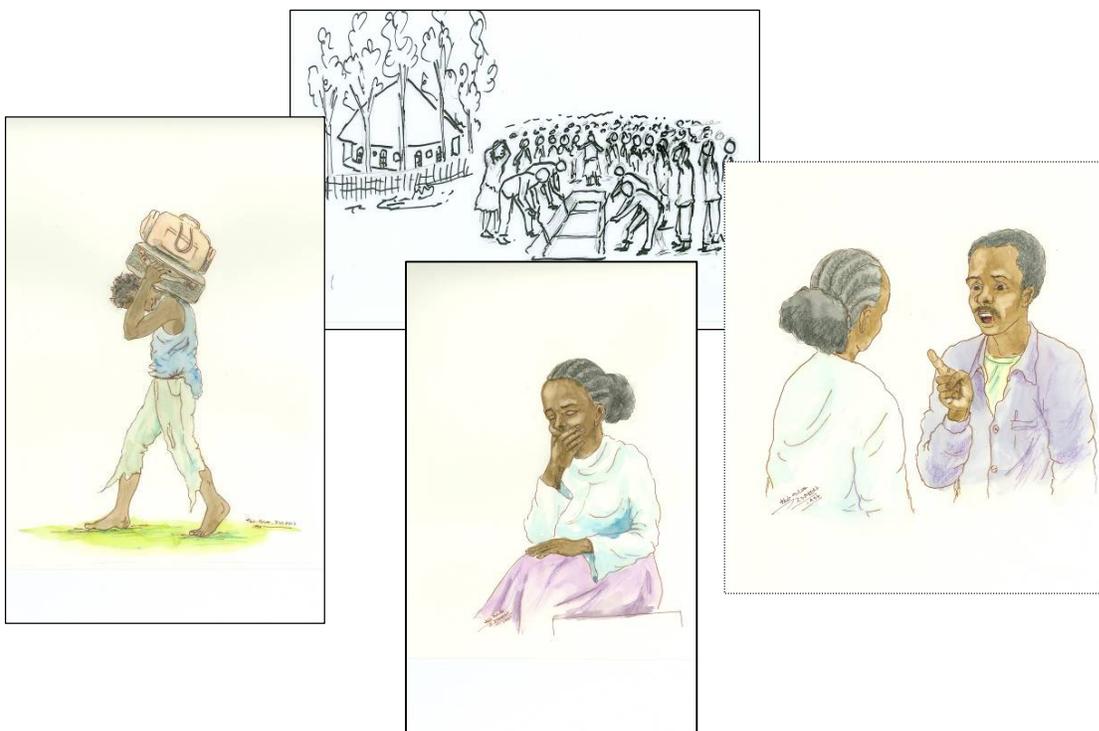
To help participants:

- Begin talking about HIV and AIDS through an enjoyable activity
- Bring out community attitudes toward HIV and AIDS
- Bring out how HIV and AIDS impacts their community
- Develop a sense that “we are all in this together”

Time: 1 hour

Materials:

- For drama, no materials are necessary. Participants may gather their own props, if desired.
- For unserialized posters, see list of sample drawings, page 57.



Examples of *unserialized posters*

What to do:

- Introduce yourself to the group (if they don't know you) and explain that you will take them through eight learning activities about HIV and AIDS. Each activity takes an hour or less to complete. Arrange with them how often and when you will meet over the coming days or weeks.

For drama:

- Introduce the activity “Community Stories” by telling the participants that you would like them to make up short dramas about HIV and AIDS.
- Give the group the task using the following words:
“Each group will make up a story about HIV in your community. Give names to the people and indicate where the story is taking place, but don't mention real people's names. Your story should have a beginning, middle and an ending.”
- Tell them they have about 20 minutes to make up a 5-minute drama.
- Divide the large group into smaller groups of 5 to 8 people, and separate the groups so that they cannot hear each other as they compose their stories.
- After 20 minutes, have each group perform its drama.

For unserialized posters:

- Ask the participants to form groups of 5-8 persons. Give each group a set of unserialized posters.
- Give the group the task using these words:
“Each group will make up a story about HIV in your community. After you have made up your story, select 4 drawings that will help you tell your story. Give names to the people and indicate where the story is taking place. Your story should have a beginning, middle and an ending.”

Discussion:

- Have each group present their drama or story. Posters can be displayed on a wall or floor for future reference.
- After all dramas or stories have been presented, ask the participants to name the negative impacts of HIV and AIDS on the community that we learned from these.

Optional: If time permits, ask the group what they liked and didn't like about this activity and what they learned from it. You may do this for every activity that follows, if there is time.

Activity 2: TALKING ABOUT HIV AND AIDS

Tool: 3-pile sorting

Purpose:

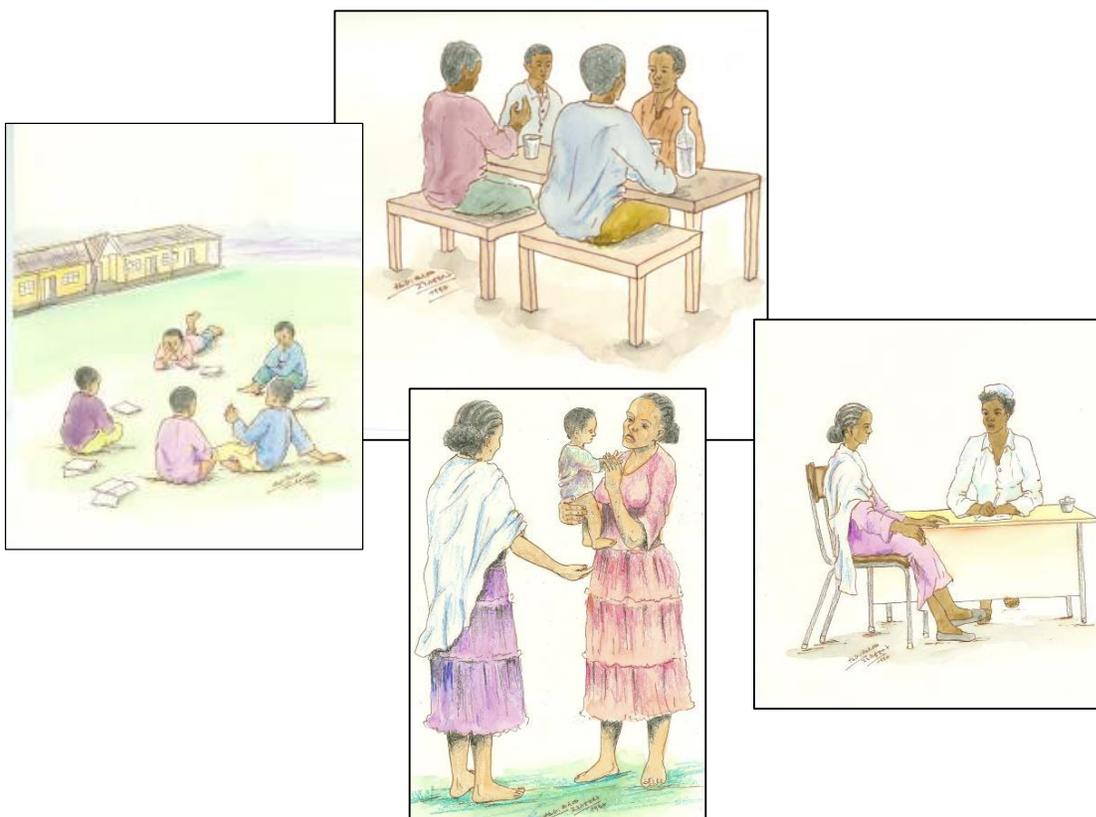
To help participants:

- Recognize who will and will not talk about HIV and AIDS in the community
- Address the importance of talking openly about HIV and AIDS
- Address overcoming community silence

Time: 45 minutes

Materials:

- Drawings of different kinds of people in the community talking to each other
- Tape



What to do:

- Introduce the activity: “Talking about HIV and AIDS.”
 - Tell the group that you have drawings of different people in the community talking to each other. Show some of the drawings.
 - Ask them to sort these drawings into three piles: people who “talk freely” about HIV and AIDS, people who “sometimes talk” and people who “do not talk.”
- Divide the large group into smaller groups of 5-8 people. (Be sure groups are changed each time so that the same people are not always working together.)
- Give each group a set of drawings.
- When the groups are ready, ask each group, one at a time, to present their results. *It is not necessary for all three groups to agree on every drawing. However, when a drawing appears in two different places, have each group explain why they put it there.*

Discussion:

- Ask the large group to describe how the three different groups talk to each other when the subject of HIV and AIDS comes up: *what words they use to describe the disease* and what they say.
- Lead a discussion on how we can get more people to talk about HIV and AIDS. Some questions you could ask are:
 - Why don't people in this community talk about HIV and AIDS?
 - What could be the consequences of silence about HIV and AIDS?
 - What could we do to encourage more discussion among peers and among married couples?
 - Are there different words used by different people in the community that stop them from communicating with each other?

Activity 3: WHO GETS HIV AND AIDS?

Tool: 2-pile sorting

Purpose:

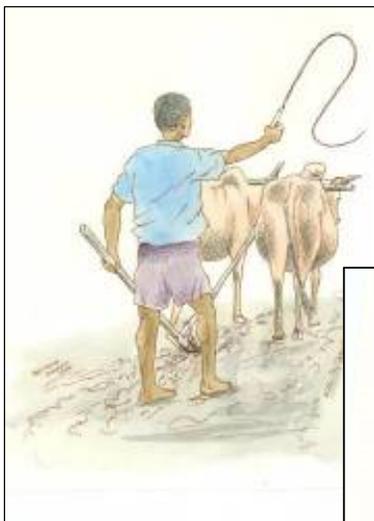
To help participants:

- 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?”
 - 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 each person can get infected or why he/she 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.) *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 4: HOW HIV IS SPREAD

Tool: 3-pile sorting

Purpose:

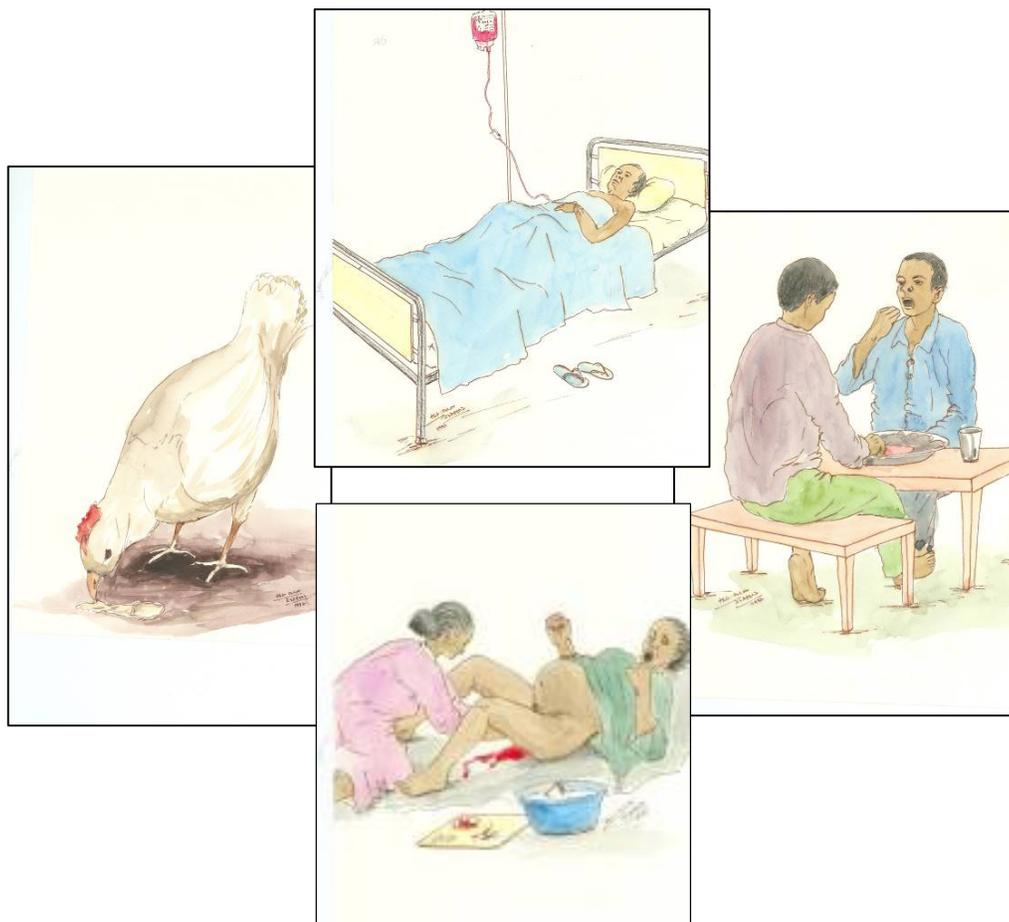
To help participants:

- 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
- Tape



What to do:

- Introduce the activity: “How HIV is spread.”
 - 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 5: BLOCKING THE SPREAD OF HIV

Tool: placing barriers

Purpose:

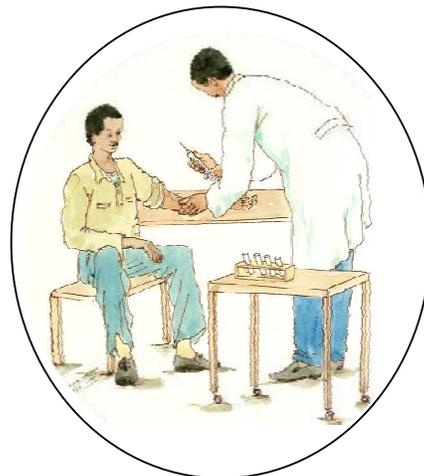
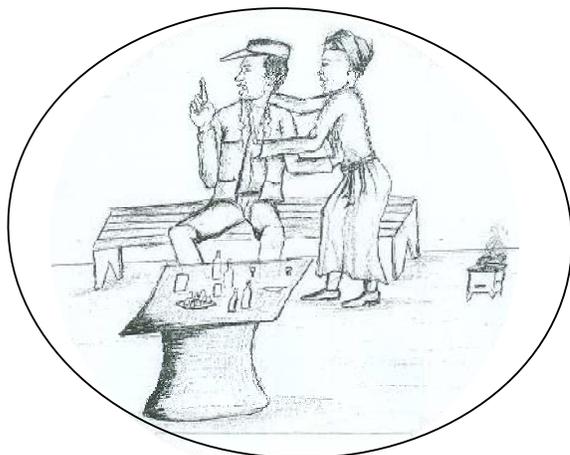
To help participants:

- 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 4



What to do:

- Refer back to the drawings representing ways of getting infected displayed from Activity 4.
- Introduce the activity “Blocking the Spread of HIV.”
 - 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 6: LOCAL PRACTICES THAT SPREAD HIV

Tool: 3-pile sorting

Purpose:

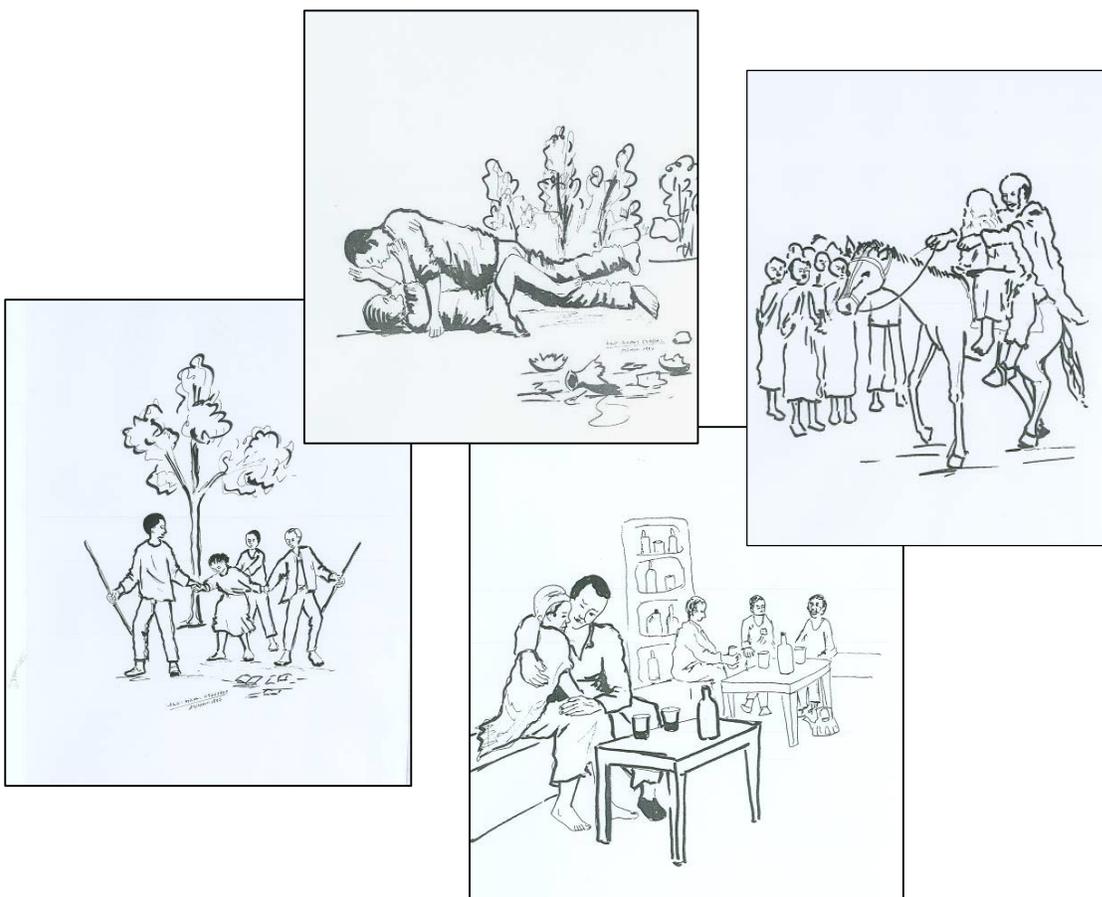
To help participants:

- Look more deeply into local practices in their own society which contribute to the spread of HIV
- Come up with ideas on how to stop these practices

Time: 45 minutes

Materials:

- Drawings depicting various practices that may contribute to the spread of HIV as well as several neutral pictures.



What to do:

- Introduce the activity: “Local Practices that Spread HIV.”
 - Say to them: “You have already figured out the main ways HIV is spread and main ways to block these routes. We need now to think about this *more deeply in relation to our own community practices and traditions*.”
 - In this activity we need to identify what local practices help to spread the HIV virus.
 - From the set of pictures, sort the pictures into three piles: those that help to spread HIV, those that do not, and “not sure.”
 - If there is no drawing available to represent your idea, then write it on a small piece of paper using one to four words or draw a picture.”
- Divide the participants into small groups of about 5 to 8 people.
- Give each group a set of drawings.
- When the groups are ready, ask each group to report on the practices that spread HIV, displaying the pictures they have selected. You can ask the second and third groups to simply add to the presentation of the first group, rather than report again the same practices.

Discussion

- After all groups have reported, try to eliminate the “not sure” pile by discussing whether this practice can help spread HIV or not.
- Ask: “Why do people continue these harmful traditional practices?” Discuss each practice one by one.
- Lead a discussion on what might be done to end each of the harmful local practices that help spread HIV.

Note: This activity should help participants to identify the most vulnerable groups, those who are forced into certain behaviors either because of their social status (such as low status of women and girls), because of poverty and lack of any other means of survival (such as landless widows and unmarried mothers), or because of pressure to conform to practices (such as female circumcision or alcohol use among men).

Activity 7: REDUCING STIGMA AND DISCRIMINATION

Tool: role play

Purpose:

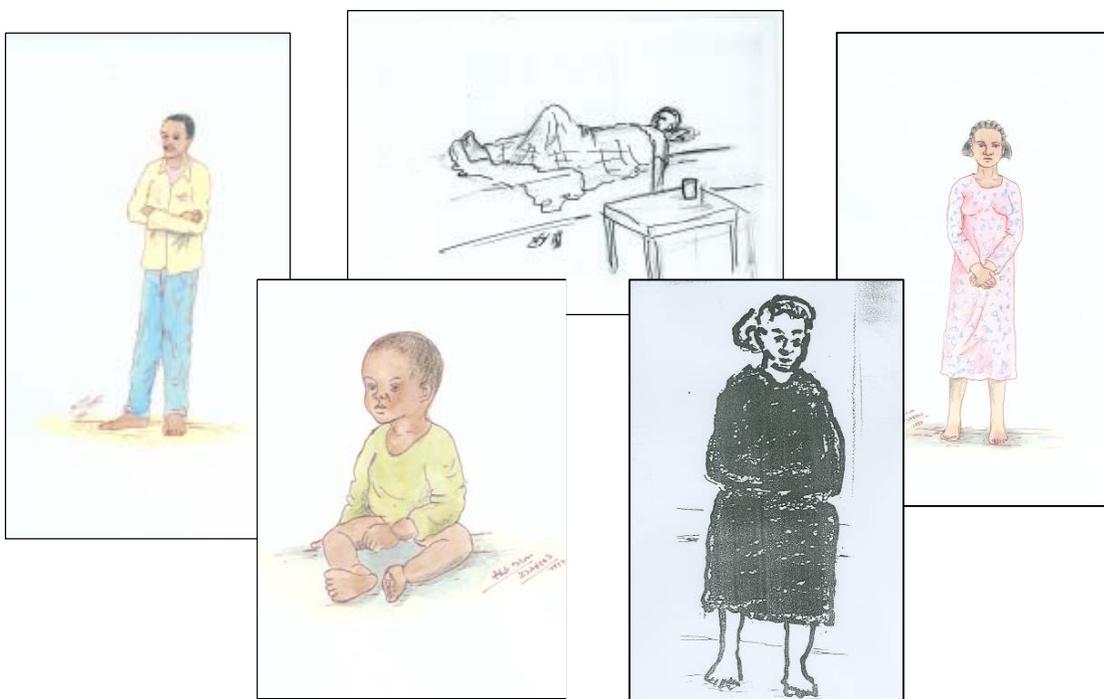
To help participants:

- 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.”
 - 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 8: HELPING PEOPLE LIVING WITH HIV AND AIDS

Tool: 3-pile sorting

Purpose:

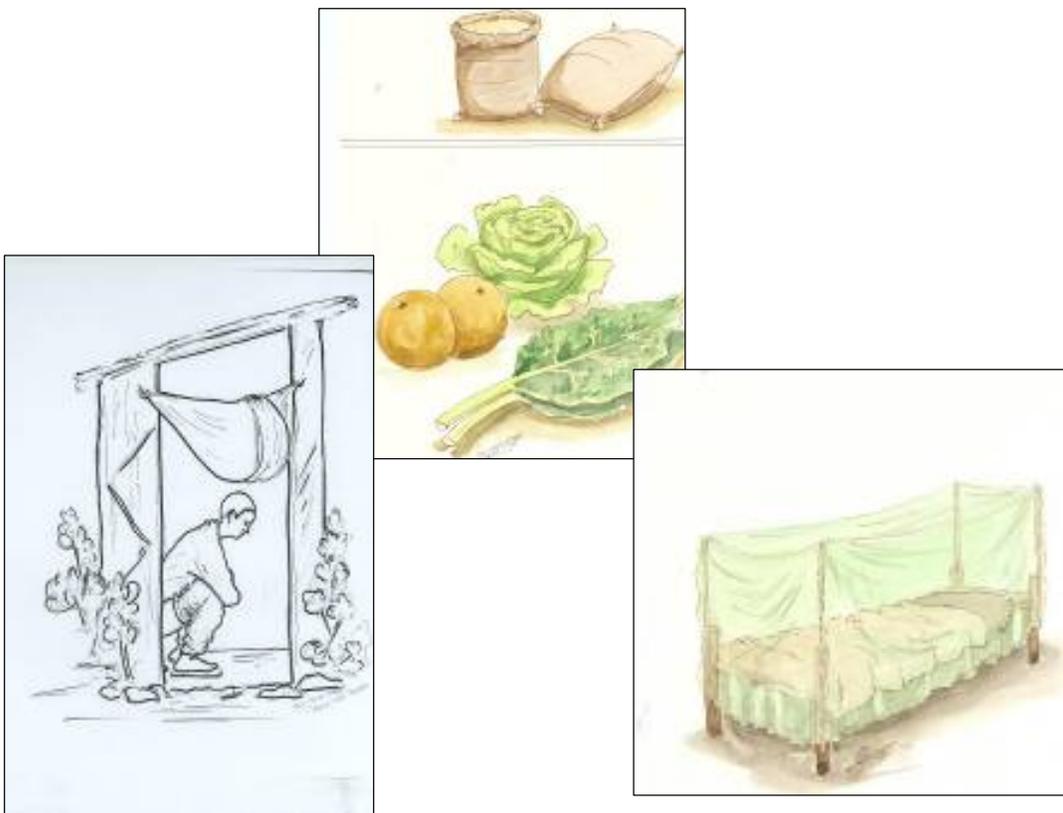
To help participants:

- Clarify what would help people living with HIV and AIDS to live healthier and longer
- Discourage treatments which are harmful
- Volunteer to assist those living with HIV and AIDS

Time: 45 minutes

Materials:

- Drawings of different ways of helping people with HIV and AIDS to live longer and of harmful practices that do not help these people.



What to do:

- Introduce the activity: “Helping People Living with HIV and AIDS.”
 - Tell the group that you have a set of drawings representing different ways that may help HIV and AIDS patients to live longer. Show a couple of drawings.
 - Ask them to sort these treatments into three piles: “helps,” “not sure” and “does not help.”
 - They can add their own drawings or write a word or two on a piece of paper.
- Divide participants into smaller groups of 5 to 8 people.
- Give each group a set of drawings.
- When the groups are ready, have each group present their findings. Ask them to explain in detail how the action represented in each drawing helps or doesn't help a person living with HIV and AIDS.
- After the first group reports, the next groups can simply say whether their work was different and explain why.

Discussion

- Lead a discussion of the treatments that help and how the community can help HIV and AIDS patients to achieve these.
- Discuss the “not sure” pile and see if these can be moved to “helps” or “does not help.”
- Have the group decide on what should be done about treatments that do not help or are harmful.
- Ask participants what the community could do to help HIV and AIDS patients.
- Inform participants of local agencies that are seeking volunteer caregivers.

Activity 9: MAKING AN ACTION PLAN

Tool: pocket chart

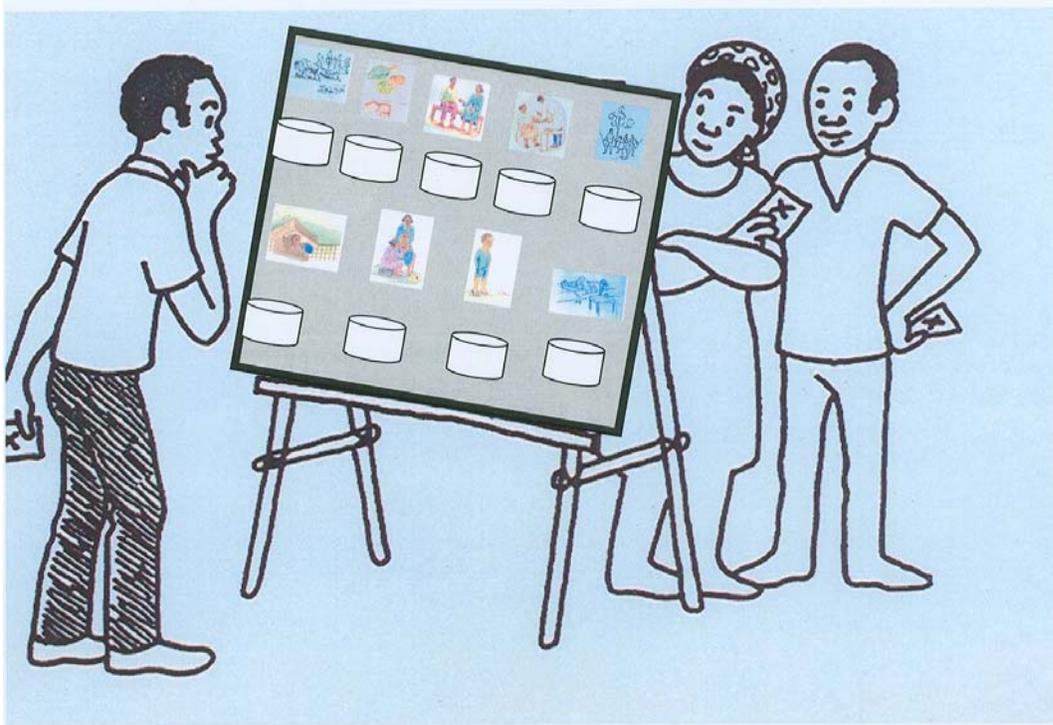
Purpose:

- To make a local action plan to help prevent the spread of HIV, to support orphans and people living with HIV and AIDS and to reduce stigma and discrimination

Time: 1 to 1.5 hours

Materials:

- All drawings and outputs from all sessions
- A pocket chart or jars or envelopes
- Pictures representing ideas for action
- Voting tokens



What to do:

- The first thing to do in making an action plan is to review the outputs of the eight activities. During each session, a cofacilitator or someone else has been recording the findings of the group and the discussion. During those reporting sessions and discussions, generally many good ideas for action are offered by members of the group.
- If someone in the group, such as a cofacilitator, was keeping a record of these ideas for action, read out the ideas expressed by the group over the eight sessions, as a review.
- Divide the large group into smaller *discussion groups* of 5 to 8 people.
- Ask these groups to suggest up to five ideas they think their community group could apply to:
 - help prevent the spread of HIV
 - support orphans and people living with HIV and AIDS
 - end harmful practices that spread HIV
 - end stigma and discrimination
- Tell the groups to select drawings from earlier activities that represent their ideas. Have each group report their ideas.
- Facilitate a discussion on how the group will go about implementing their action plan.

What to do when the action plan is too big:

When the action plan is too large, and the group agrees that they cannot do all of it well, it is time to prioritize. If the group has generated ten big ideas for action, maybe they should begin working with five and then continue on the other five later.

One method for prioritization is for each participant to vote on the top five activities. Those activities with the most votes will become the priority activities.

- The facilitator should lead a discussion whereby the group members discuss how many actions they actually want to do. If they want to reduce the number of actions, they can vote using a pocket chart or similar voting device. (See below on how to make a pocket chart).

- Give each participant five (5) tokens and tell them to put a token in the pockets below the five ideas that they think should be done.
- Voting should be done in secret. Place the pocket chart (or voting jars or envelopes – see below) in a place where people can *vote privately*, one by one.
- After the voting is complete, have a participant count the number of votes for each picture. Call out the number of votes and write the number largely on a piece of paper and place it near the picture for all to see.
- Discuss the results of the voting and try to reach a consensus on the action plan.
- **Achieving commitment:** Ask participants to put their names beside the activity they want to do. In this way, by asking for commitment, the number of items in the action plan might decrease. Also, in this way the group can form its committees to work on different parts of the action plan.

Note: How to make a pocket chart or similar voting device

- A pocket chart is simply a way to carry out voting in secret.
- You can make a pocket chart by taping envelopes onto a large square of cloth. Above each envelope, you can put a drawing representing the idea for action that the participants have decided upon. Participants will drop tokens into the envelopes representing the action they are voting for.
- Another way is to use jars or cans, each with a drawing to represent the action idea, and let the participants drop tokens into the jars for the actions they are voting for.

Part 3

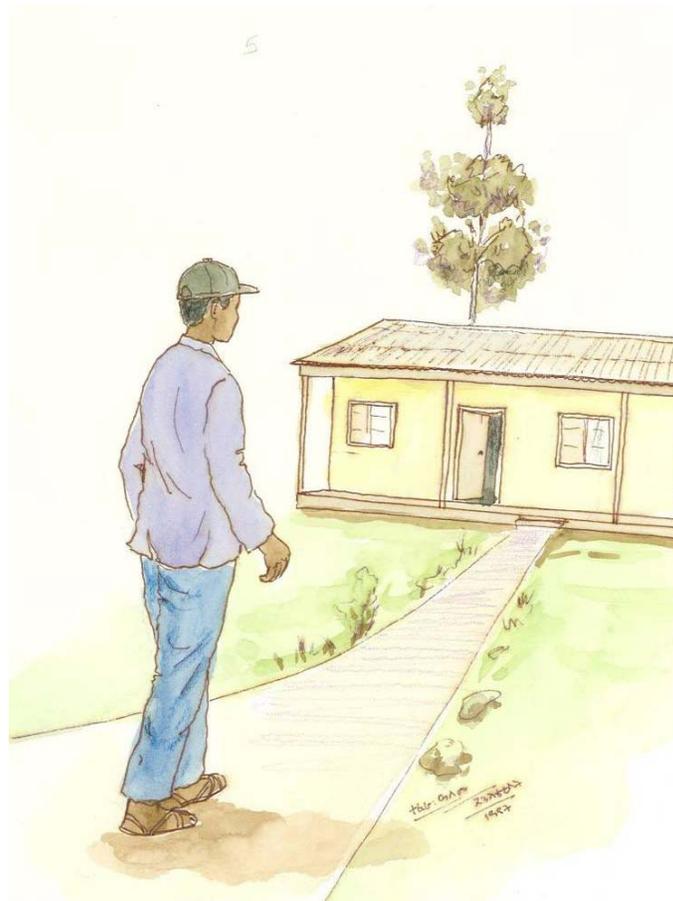
GUIDELINES FOR PROGRAM MANAGERS AND TRAINERS

Selecting, training and supervising facilitators

Guidelines on drawings and toolkits

Guidelines for artists

Lists of sample drawings for Activities 1 to 8



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 *We Stop AIDS*, 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 *We Stop AIDS*. 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 *We Stop AIDS* 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 *We Stop AIDS* 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 four to 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 *We Stop AIDS* 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 **We Stop AIDS**. 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.

We Stop Aids Facilitators' Quality Improvement Checklist (Peer, Supervisor)

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

Date:	Partner:	Facilitator:
Location:		
Number of Females:	Number of Males:	Total Number of Participants:
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 <i>We Stop Aids</i> ?		
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?		
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?		
	Total responses		
	Score: (total responses "Yes" / 10) X 100		%

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.

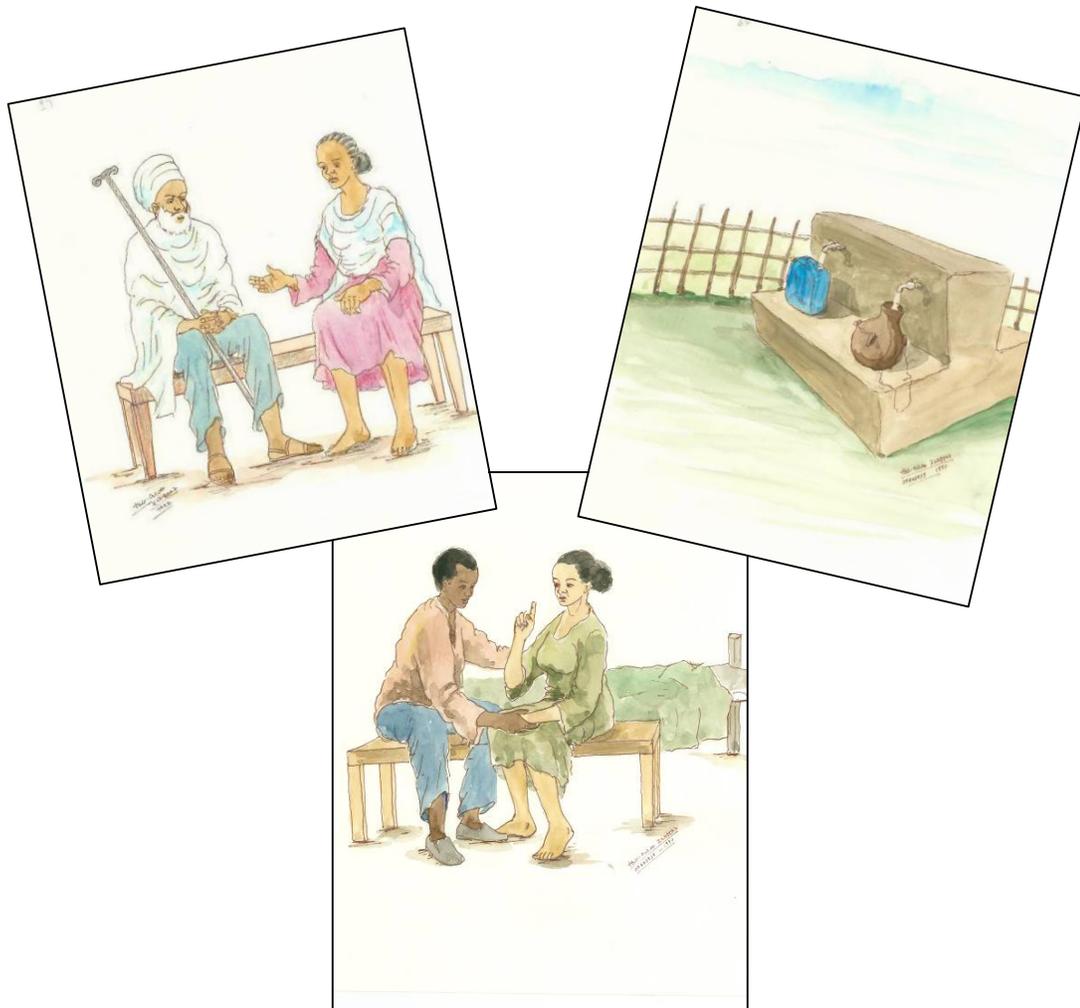
That is why it is often good to have your cofacilitator or other peer do an evaluation for you and give you feedback. This can be done in a friendly way, and then you can evaluate your cofacilitator. Sometimes evaluations can seem threatening and critical, but in the case of SARAR methods, you should 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 pre-tested 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 pre-tested 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.

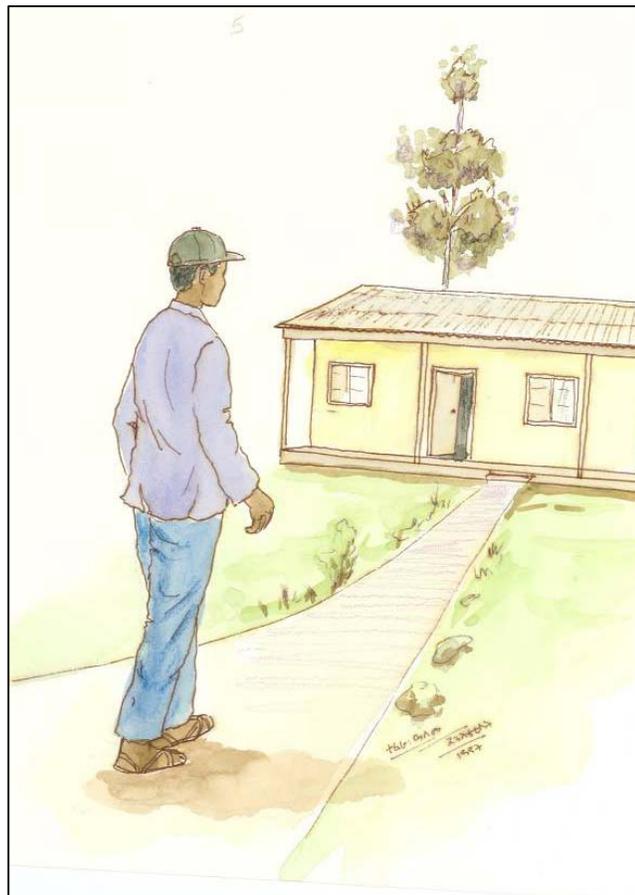
The trainer will give you the list of suggested drawings for each activity, found at the back of this manual. In advance of the training workshop, draw those pictures that you feel comfortable drawing.

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, *We Stop AIDS* 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 on the next page. The upper drawings are from Uganda, a couple in bed and a priest. The lower drawings are the same concepts from Ethiopia.

Uganda



Ethiopia



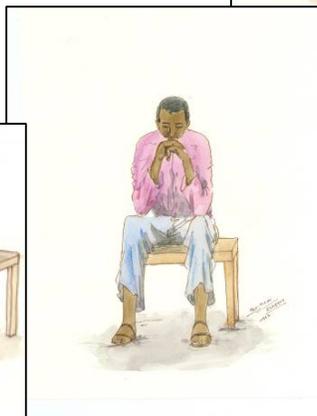
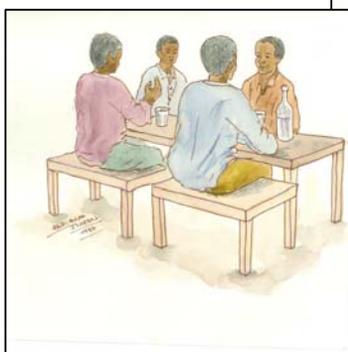
List of sample drawings for Activities 1 to 8

Activity 1: Community Stories

Size: A4

Examples of drawings:

- Two women talking together, one holding a baby
- A man and a woman talking to each other
- A celebration
- A meeting
- A man walking towards an office building
- Two people in discussion with a person who is sitting at a desk
- A man or woman sitting and thinking deeply about something
- A person carrying a large number of suitcases, boxes or bundles
- A group of men socializing
- A group of women socializing
- A group of children playing
- A child alone, watching other children play
- An adult lying in bed, sick
- A woman talking to a nurse
- A disagreement between a man and woman
- A small group of people running
- A woman crying
- A small group of people laughing



Activity 2: Talking about HIV and AIDS

Size: A4

Examples of drawings:

- Two women talking together, one holding a baby
- A man and a woman talking together
- Two men talking together
- A group of men socializing
- A group of women socializing
- A man talking to a nurse
- A woman talking to a nurse
- A group of boys talking together at school
- A group of girls talking together at school
- A priest or mullah talking with a man
- A priest or mullah talking with a woman

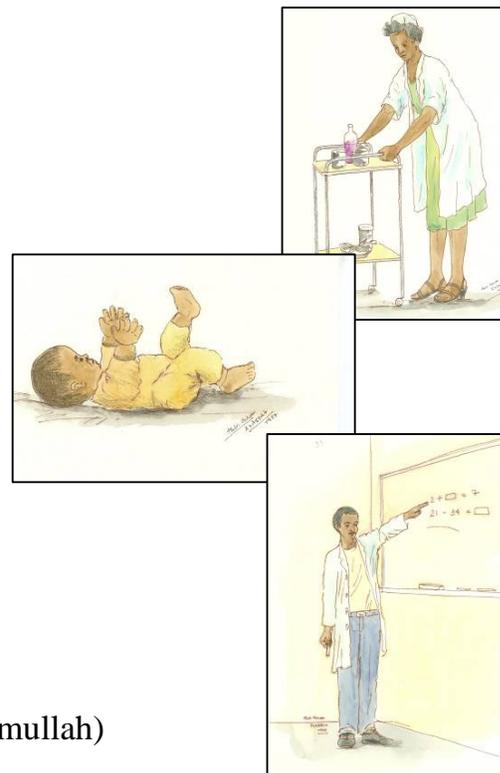


Activity 3: Who gets HIV and AIDS?

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 4: 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

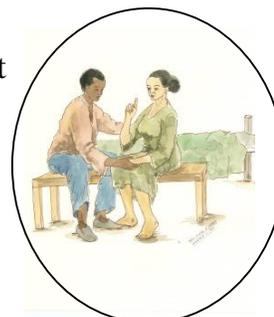


Activity 5: Blocking the spread of HIV

Size: ¼ 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

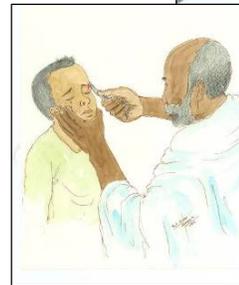


Activity 6: Local practices that spread HIV

Size: A4

Examples of drawings:

- Widow prostitution (woman sitting in a beer house, beer bottles on the walls, men drinking at small tables)
- Marriage of unequals (young girl and older man in wedding clothes)
- Abduction (young girl being captured by a gang of boys)
- Forced marriage (girl in a wedding dress crying)
- Wife inheritance (widow being married to a man)
- Rape (young girl fighting while a man rapes her)
- Polygamy (a man together with four wives)
- Cutting, scarring
- Female genital mutilation
- Male circumcision
- Milk teeth extraction
- Tattooing
- Uvulectomy
- Alcohol use
- *Other drawings appropriate to the local area*



Activity 7: 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 8: Helping those living with HIV

Size: A4

Examples of drawings

- A pile of fresh vegetables and fruits and a sack of grain
- A toilet
- Hand washing facility
- Clean water supply
- A mosquito net over a bed
- Medicines
- A person talking with a health worker
- A person discarding a cigarette
- Giving a person a hug
- Helping a person to make a will
- Helping a person to wash their clothes
- Cleaning materials such as soap, disinfectant, sponge, mop
- *Other drawings on traditional treatments for HIV and AIDS in the local area*



*We Stop AIDS is a participatory methodology that facilitates depth of discussion around HIV and AIDS and stimulates community groups and individuals to take action against the epidemic. The title **We Stop AIDS** reflects this spirit and desire that all of us have to stop this epidemic through our actions.*

We Stop AIDS tries to break the silence surrounding HIV and AIDS by using participatory activities. It is designed to help people living in a message-rich environment to organize that information in a more meaningful way for their lives. Rather than being passive recipients of messages, this guide is designed to help people internalize and personalize the HIV epidemic and think more deeply about their local traditions and culture that might require change. It should assist them to build empathy with those infected and affected by HIV, leading to reduced stigma and discrimination and more care and support.



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