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District and Community Multi-sectoral HIV/AIDS Response

Training Manuals for HIV/AIDS Committees at Local Government Authorities

FIELD TRAINING GUIDE

Introduction

Field Assignments as Part of the Training of CMACs and WACs

Training has been developed to build the capacity of CMAC and WAC members to enable them to take their roles and responsibilities in the fight against the spread of HIV/AIDS more effectively. It is tailored to the needs of the CMAC and WAC members as far as their functions are concerned.
The twelve days' training is divided into two parts with the first being the classroom training followed by fieldwork training. The classroom training is designed to provide the participants with theoretical knowledge, which they can put into practical use during the field training.

With the field training period general and specific objectives will be achieved

General Objectives:
To enable the CMACs (WACs) to apply knowledge and skills gained from different modules.

To enable the CMACs (WACs) to communicate effectively with different partners on issues related to HIV/AIDS in their respective councils/wards.

To enable the CMACs (WACs) to plan and work together with community/different stakeholders on various strategies addressing issues related to HIV/AIDS in their respective councils/wards.

Specific Objectives:

To expose the CMACs on different mechanisms of collecting, keeping, and interpret various information which can facilitate the effective planning, monitoring and evaluation of HIV/AIDS interventions

To explore (map out) different resources that can be used and enhance the community response on HIV/AIDS epidemic in their respective councils.

Duration of the field work
The field work will be conducted for six (6) days

Field location
Within the councils and/or wards

Conducting field training
During the field assignment participants of the training perform practical tasks individually, in pairs or in group. In total 9 different task are offered. In order to fulfil all 9 tasks in the given period of time a detailed planning is needed. It is not

necessary that all participants perform all tasks. It is possible to divide the group and share the tasks e.g. some do interviews with leaders, others with community groups.

However it is recommended to come together at the end of a day or the following day and to exchange experience.

Interview partners and communities have to be informed in time.

One of the trainers should assist and supervise the member of a CMAC (WAC) so that they plan and manage these assignments correctly and that they have the maximum possible benefit of the practical part of the training.

In part of the modules field assignment as practical part of the training were planned. The following table gives an overview of the different task and the respective modules.

Tasks to perform during the field assignment period and the respective modules

Module	Days needed	Task 1	Task 2
3. Social Cultural Concepts and Factors	1	3 L survey: a. Observation with a guide	3 L survey b. Guided group interview with members of the community
4. Team Building; Leadership and Partnership	1	guided individual interview with leaders	Guided group interview with partners
5. Resource Management	1	Resource and social mapping	
6. Participatory HIV/AIDS Planning 7. Participatory Monitoring and Evaluation	1	Develop a comprehensive mock plan including budget and indicators	
8. Proposal Assessment	1	Assessing proposals	Assessing reports
10. Communication and Facilitation	0,5	Facilitation and visualization of participatory meetings	

In the following book you will find:

a short characteristic of each of the 9 field assignments
A description of the tools to use
An example of practical application of the each tool

Look, Listen Learn form the Community

Time frame:
1 day

Purpose
Explore the existing social cultural, norms, values, taboos in a given community
Identify those norms, which can contribute to fighting HIV/AIDS, and those, which are harmful.

Methodology
3 L Survey: Look, Listen and Learn from the community.
There are two tasks to perform. The tools used are observation and interviewing
Observation of specific areas of interest with a guideline (health facility, video club, truck or bus stop, bars etc)
Guided discussion with community groups e.g.parents, religious leaders, bar owners

Assessment
Record of observation and interview
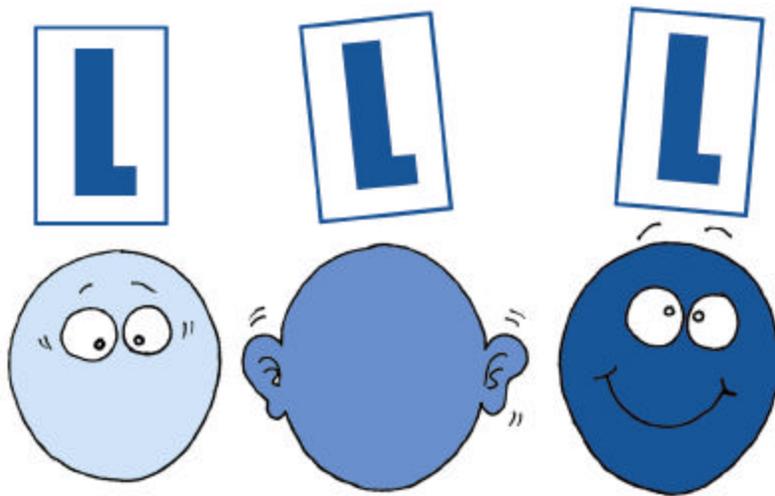
Description of the Task:

Observation with Guidelines on places playing a role in the spread of HIV/AIDS
 (e.g. bars, truck or bus stands, video clubs, disco)

Objective:
Explore places of high social interaction to understand their potential of spreading HIV/AIDS

Specific Activities
Define the place(s) you are interested in
Prepare an observation guide (what do you want to observe regarding the setting and the behaviour of people)
Define time and date for your observation
Observe based on your guide (in some situations you better have the guide in mind and fill afterwards because taking note would be impossible or disturbing e.g. inside a video club or bar)
Write a protocol immediately afterwards
Prepare your findings for a presentation to a larger group

Material needed
Notebook

This observation can also be done in pairs e.g. one male CMAC member and one female to get a gender specific perspective

Definition
Observing a given situation from the outside without hiding one's intention of observing and by using systematic observation guidelines.
The observer does not intervene or comment on the observations made.

Preparation
The observer has to develop a guideline first in which the points to be observed are determined. These guideline will be filled in during the actual observation or immediately afterwards.

Process
During the actual process the observer keeps himself in the background, observing and recording what is happening without interfering. Ideally it should be, as if the observer isn't physically present, to avoid any change in the usual set up or behaviour of the people.

Recording and Analysis
The recording takes place during the observation itself or if this is inappropriate afterwards. According to the guidelines the data will afterwards be summarized and analysed for example by tabulation.
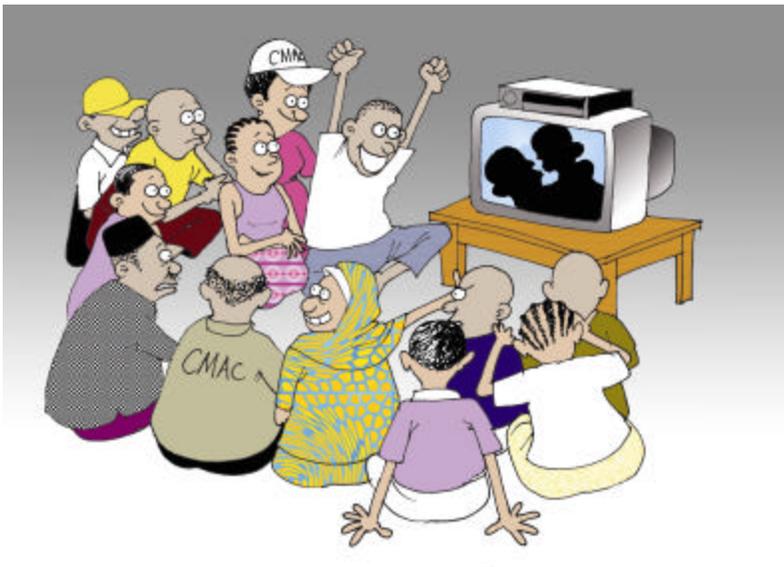
Strength and weakness
Using the guidelines allows focussed data collection.
If the presence of the observer does not influence the situation observed, the data recorded can give reliable. Achieving this ideal set up can be difficult, because a stranger might influences peoples behaviour.

Example:Observation guide: Video club

Name of the observer:
Date:
Time period (observation from   to) _____
_____
Description of the Setting:

_____
_____
_____
_____

Clients:

_____
_____
_____

Nr of people

Which age group

Sex of the clients: _____males,   _____females

Video-Film- title_____

Video- Film-content _____

Description of interaction between clients (if any):

_____
_____
_____
_____

Observations related to the area of interest (factors contributing to the spread of HIV/AIDS)

_____
_____
_____

Description of the Task:

Guided group interview with members of the community

Specific Activities
Define the groups you are interested in (e.g. elder women, men, religious leaders, barmaids etc)
Prepare a discussion guide (what are the questions to ask? What are the areas you would like to get peoples opinion on?)
Make appointments with participants
Prepare a convenient meeting place
Discuss based on your guide and take brief notes (if appropriate)
Write a protocol immediately afterwards
Prepare your findings for a presentation to a larger group

Material needed
Notebook
Convenient meeting place with enough chairs or other places to sit (or sitting mats)

CMAC members can also prepare and conduct in a small group of three. One guides the interview, one observes the participants and one takes note of what is said.

Interviewing in a bar

Definition

Group interviews bring together small numbers of people to discuss about defined topics. The task of the group interviewer - frequently called a `moderator' or `facilitator' - is not to conduct individual interviews simultaneously but to facilitate a comprehensive exchange of views in which all participants are able to `speak their minds' and respond to the ideas of others.

Preparation

The people to participate in a group interview are selected based on criteria like being mobile, being experts, being young etc. (e.g. women working in bars, long distance drivers, group health professionals, pupils).
The interview guide has to be prepared in advance

Process

Ideally between 5 and 12 people attend a group interview which lasts on average 1 to 1 1/2 hours. In a village context it is often difficult to restrict the number and to exclude people willing to participate.
The discussion should take place in a set up, in which every participant can feel comfortable.
In a guided group interview the interviewer poses the questions based on the guide developed in advance. However it is not necessary to exactly follow the order. Important is to keep a natural flow of ideas.
The interviewers´ role is to stimulate the discussion, to listen to what is being said, and to keep group dynamics under control.
They should not act as a teacher or evaluator. A group interview is not the right place to give health

The interviewer should work together with a second person observing the discussion.

Recording and analysis

The interviewer should try to keep as much information in mind as possible and record it afterwards to avoid disrupting the discussion process and giving the participants the feeling of being examined. If it does not have an impact on the process of the interview itself, the observer may take notes during the interview. If the interviewer writes a protocol immediately after the discussion, s/he usually still has the important points of discussion in mind. If this protocol and the notes of the observer are put together, quite an exact written document of the interview can be obtained.
The information obtained should be analysed according to guiding questions developed beforehand.

Example of a guide for a group interview with religious leaders (or village elders)

Introduce yourself, your role and your interest in inviting for this discussion. Explain that you need their assistance to better define risks and potentials regarding socio-cultural norms and HIV/AIDS. Explain that what ever is discussed is confidential and will not be published. Participants should also not run around and spread what they discussed to outsiders, so that everybody feels free to talk.

The following questions guide the discussion:
1. HIV/AIDS is a reality all over Tanzania and our place is not excluded. Do you agree with this statement?
2. What are norms of behaviour and norms of living together that <u>favour</u> the spread of the disease?

Brainstorm and do not allow negative comments to individual statements e.g. if somebody says "What you said is complete wrong". The facilitator makes clear that whatever is said is valuable. Insist that all opinions are welcomed. Encourage to give examples they had come across

3. What are the reasons behind that these norms still continue to guide our lives irrespective of negative impact?
   Encourage an open debate
4. What are social norms which <u>hinder</u> the spread of HIV/AIDS?
   Brainstorm and do not allow negative comments to individual statements. Whatever is said is of value. Encourage to give examples they had come across. Summarize all points.
5. Which factors contribute that these positive norms have an impact
   Encourage an open debate
5. What are options for change in our community we live with?
6. What are the opportunities to minimize the effect of negative norms and to enhance the impact of positive norms?

   Encourage an open debate. Summarize all points .Give your thanks for the active participation

Example of a guide for a group interview with parents

Rationale: Often parents feel irritated if their children tell them about sexual and reproductive health issues that have been discussed in school. Sometimes they feel so threatened that they complain to school authorities.
This is one of the reasons why teachers are reluctant to talk about sexual behaviour
 and reproduction.
Introduce yourself, your role and your interest in inviting for this discussion. Explain that you need their assistance to better define risks and potentials regarding HIV/AIDS education for pupils. Explain that what ever is discussed is confidential and will not be published. Participants should also not run around and spread what they discussed to outsiders, so that everybody feels free to talk.

Guiding questions:
1. HIV/AIDS is a reality / disaster all over Tanzania and our village or town is not excluded. Do you agree with this statement?
2. What are norms of behaviour and norms of living together that <u>favour</u> the spread of the disease in our village / town?
3. What age groups are more affected in our community?
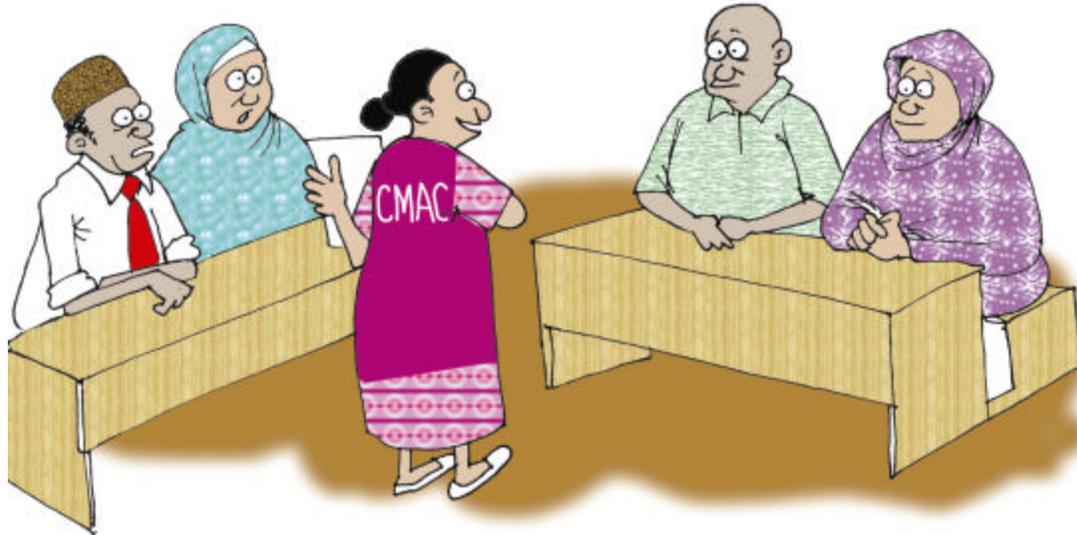
Brainstorm and do not allow negative comments to individual statements e.g. if somebody says "What you said is complete wrong". The facilitator makes clear that whatever is said is valuable. Insist that all opinions are welcomed. Encourage to give examples they had come across. Summarize all points

4. Do you think these norms also touch our children at home and in our schools?
5. What are the reasons behind that these norms still continue to guide our young boy's and girl's lives irrespective of negative impact?
6. What are social norms which <u>hinder</u> the spread of HIV/AIDS?

Brainstorm and do not allow negative comments to individual statements. Whatever is said is of value. Encourage to give examples they had come across. Summarize all points.

7. Which factors contribute that these positive norms have an impact?
8. What are options for change as parents in our community?
9. What are the opportunities to minimize the effect of negative norms and to enhance the impact of positive norms?
10. What measures could be taken now to our young girls and boys preventing them form getting infected with HIV/AIDS in our community? What are the steps for action for the next six month?

Encourage an open debate for all questions. Might be interested if you rank them Summarize all points. Give your thanks for the active participation

Examples of topics to discuss with different community groups

There are many community groups which merit to be interviewed in order to get their opinion and active involvement. The table below shows examples.

Topic	Participants
On sexual- education of youth	Parents (separated fathers, mothers), religious leaders, Male youth, female youth
On high risk behaviour areas	Bar owners, truck drivers, political authorities, health professionals
On traditional beliefs and behaviours	male and female circumcisers traditional healers elder people (male, female) decision makers
Contribution of religious leader to fight AIDS	Women, men, religious leaders, male and female youth, teachers
Role of primary schools in fighting AIDS	Parents (separated fathers, mothers), Teachers, headmasters Male youth, female youth
Quality of health services	Women, men, health staff, private providers, pharmacists
Workplace policies	Workplaces, workshops

Add other topics and other groups of participants
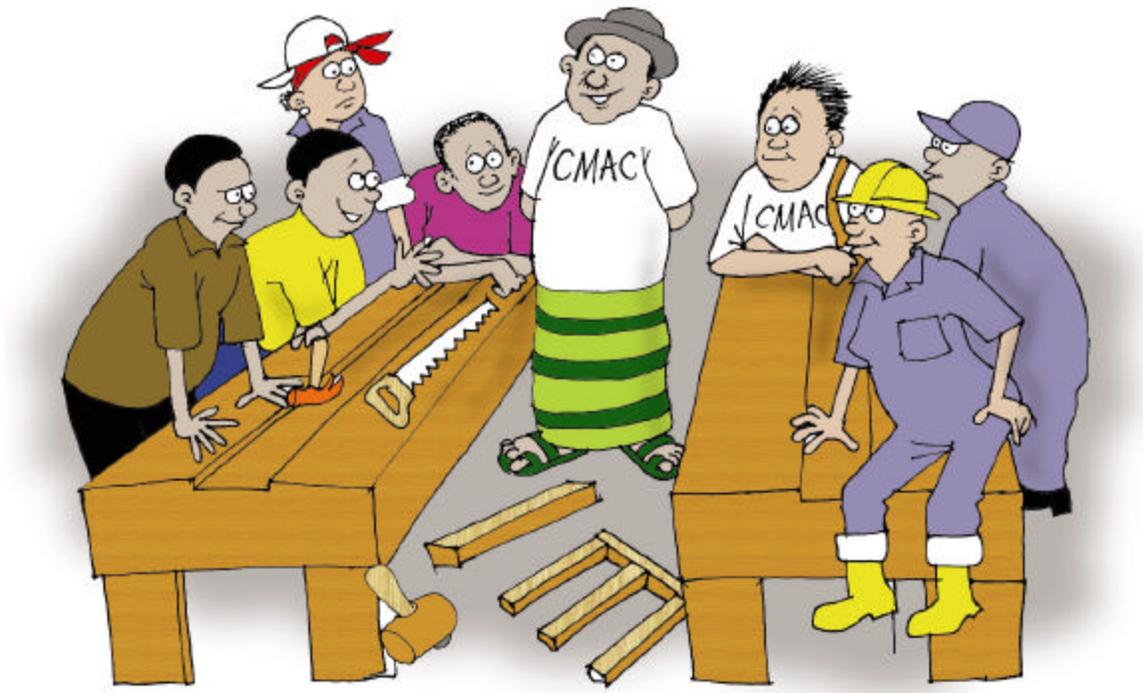
Team Building, Partnership and Leadership
Time frame: 1 day

Purpose
To apply the knowledge and skills in facilitating partnership specifically;
Identify potential or existing partners in the fight against HIV/AIDS in the council.
Examine various factors, which inhibit partnership growth between the Councils and other stakeholders.
List steps needed to be taken to promote partnership between council and other stakeholders.

Methodology
Interviews with various individuals
Group interview with partners, stakeholders

During this field assignment participants fulfil 2 tasks
individual interviews with different leaders
group discussion with different partners (NGOs, CBOs, FBOs, private sector, CSOs, communities, PLHAs associations, youth groups, women groups, etc.)

Assessment
Observations, and protocols of interviews

Description of the Task

Individual interviews with leaders

Objective
To liase with community leaders, decision makers or key-informants by interviewing them regarding a well defined issue in fighting HIV/AIDS

Specific Activities
Define people to interview (who will be your interviewee?)
Make appointments (leave enough room to take notes between two appointments)
Develop a guide with questions
Interview following your guide and take brief notes
Write a summary report of the interview immediately afterwards

Material needed
Notebook

This interviews can also be done in pairs e.g. one male CMAC member and one female to get a gender specific perspective. If the leader accepts it can also be done by a group of three. If you are two or three you should clarify your roles in advance. One should lead but also include the other(s).

Interviewing a District Executive Director (DED)

Description of the Tool: Guideline Individual Interview

Definition
A guideline interview is an interview based on prepared topics however conducted in a sufficiently informal manner that the informant can introduce subjects, or aspects of subjects, not anticipated by the interviewer.

Preparation
The interview structure has to be defined, e.g. the topics of importance have to be formulated. Usually open questions are used to allow the interviewee to introduce his point of view.

Process
The interviews should be held in a relaxed atmosphere and they should not last longer than one hour, because it becomes difficult for the interviewee to concentrate on a subject after an hour's time.

Recording and analysis
If the interviewee agrees and the interviewer has the feeling that writing down important information during the interview does not influence the course of the interview, the main points discussed may be recorded. But most of the information obtained should be recorded after the actual interview, because writing down long explanations during an interview will always interrupt the process of the interview.
Also unexpected information should be noted.

Strength and weaknesses
The strength of a guided interview lies in the fact that it can provide pertinent information in a short period of time. The questions prepared in advance make sure that important aspects are not omitted. On the other hand it is flexible enough to react to unforeseen ideas.
The data from different interviews are not easily comparable like in an interview by questionnaire.

Example of a Guide for the Individual interviews

Below you find a few sample questions, you need to structure a proper short and precise questionnaire for the individual interview

Introduce yourself, your role and your interest n inviting for the interview. Explain that you need her/his assistance to better define risks and potentials regarding socio-cultural norms and HIV/AIDS related to stigmatisation and discrimination.
Explain that what ever is discussed is confidential and will not be published. He should feel free to talk and answer.

1. What kind of community activities you have participated in your village/town?
   ………………………………………………………………………………………………
   ……………………………………………………………………………………

2. What do you know about HIV/ AIDS in your community, is it a reality in our society we live with?
   ………………………………………………………………………………………………
   ………………………………………………………………………………………….

3. Do you know anybody who is infected with HIV/AIDS or died of AIDS in your community? Yes/No

4. How did you or community feel about this person?
   ………………………………………………………………………………………………
   ………………………………………………………………………………………………

5. Stigmatisation and discrimination is one of the major problems in our society, what is the extent of these problems in your village or town?
   ………………………………………………………………………………………………………
   ………………………………………………………………………………………………

6. What are the main contributing factors to these problems in your village / town?
   ………………………………………………………………………………………………
   ………………………………………………………………………………………………
   ………………………………………………………………………………………………
   ………………………………………………………………………………………………
   ………………………………………………………………………………………………

7. What could be done to minimize the problems from happening in our society?
   ………………………………………………………………………………………………
   ………………………………………………………………………………………………
   ………………………………………………………………………………………………

Example of an interview guide for a political leader

Introduction
We are members of the CMAC in _____ and we are trying to explore the Reality and the Opportunities in fighting HIV/AIDS here in _____
May I introduce to you my

Starter
President William Mkapa said:
…"We must, therefore, fight the HIV/AIDS pandemic with everything we have got…." Everyone must ask what they have done to make a positive contribution in fighting the pandemic and if they could do more."

How would you comment on this statement as far as your zone of influence (village, ward, district) is concerned?

Possible Questions (the selection and order depends on your special interest and on the answers given)
- ?? Who are the partners fighting HIV/AIDS in your area that have the biggest effect?
  Why?
- ?? Who are the partners which could play a bigger role in future?
- ?? Which are the factor which hinder an active fight.
- ?? Which are the factors which favour fighting HIV/AIDS effectively
- ?? How would you describe a positive vision of development regarding HIV/AIDS 10 years from now?
- ?? What should happen that you reach there?
- ?? What can you as a leader contribute to make this vision became a reality?

Death from AIDS has become an everyday reality !

Description of the Task

Guided group discussion with partners

Objective:
To get peoples perspective of partnership in fighting HIV/AIDS
e.g. NGOs, CBOs, FBOs, private sector, CSOs, communities, PLHAs
associations, youth groups, women groups, etc.

Specific Activities
Define the target group that you are interested in
Define the area of interest for your discussion
Define a meeting place for a group (best 6-10 people)
Make appointments with the participants
Prepare the meeting place
Facilitate the meeting and if possible take note of some key words
Write a report immediately after the interview

Comment: You should whenever possible work together with an observer who
assist you in taking note and who might help you in case the discussion runs out
of track.

Material needed
Notebook
Convenient meeting place with enough chairs or other places to sit (mats)

If you have the possibilities to offer a cup of tea the atmosphere might even
become more relaxed and informal.

The instrument to use is the same as for members of the community, see page XXX

Participatory Mapping

Time frame:
1 day

Purpose
CMACs member explore the potential of mapping activities as a tool for participatory action planning

Methodology
Two Participatory Rapid Assessment Tools are used:
Resource map
Social map

During this field assignment participants fulfil 2 tasks:
They establish with an urban or rural community
A resource map
A social map

The tasks can be fulfilled with members of the same or of different communities.

Assessment
The maps and the respective comments for interpretation

The maps can also be combined in one: A Resource-Social Map

Description of the Task:

Resource Mapping and Social Mapping

Objective
CMAC members are familiar with the tool resource map and understand the potential of the tool for HIV/AIDS planning

Specific Activities
Define the community to work with
Make sure that community members are invited by the community leader
Prepare meeting room or meeting space and material for visualisation
Facilitate the exercise
Write a summary report of the meeting including a copy or photograph of the map

Material needed
Visualization material (Flipchart- or Manila-paper)
Notebook
Camera (if available)

Community members drawing a map on the ground

Description of the Tool: Combined Resource and Social Map

Definition

A Combined resource and social map is a visual representation of an area showing the available resources and social settings. Some of the resources that can be shown on a resources map are: Land, buildings, water sources, recreational areas, socio-economic infrastructure such as roads, clinics, colleges, schools, etc while the social map shows the arrangement and composition of households, public buildings, commercial areas, services areas within a given area of the community.

The purpose of a *combined resource and social map* is
- To empower the community to reflect on, analyse and better understand their conditions.
- to understand different perceptions among community members about their environment.
- to point out community's priority needs that require community intervention and possibly external assistance.
- To discuss social stratification, inequalities, social problems and coping strategies in a particular community.
- to identify vulnerable members of the community who may find difficulties in accessing social services.
- to identify available human resources and constraints.

The mapping exercise:
- Is a good way to get people express themselves
- Gives people confidence in their abilities.
- Can be used to identify areas that have common characteristics.
- Can serve as a baseline tool for future monitoring and evaluation.

Preparation

It is important to liase in time with the leaders of the communities which you selected for this assignment. The community members are invited by the community leader and they should be informed that this meeting will take some time (2-3 hours). It is important to respect the routine activities of the community members and to plan date and time accordingly (e.g. during planting or harvesting period villagers might not be available)

Prepare meeting room or meeting space and material for visualisation. Either you have a flipchart- or Manila-paper and marker pens and a convenient meeting hall for group work or you arrange open air and use for visualization "naturally available resources" like sticks, stones, leafs etc.

Steps for developing a map which reflects on resources important in fighting HIV/AIDS

1. Explain the purpose of drawing the resource and social map.
2. Divide the community in separate groups of men, women and youth.
3. Encourage the groups to select amongst themselves people who know their area well and can facilitate the drawing of the combined resource and social map.
4. Encourage the groups to find materials that they can use to draw the map.
5. Invite the participants to brainstorm on features that they would like to include on their map.
6. Begin the process of drawing the map on the ground. The resources identified on the map should be distinguished by various symbols and materials (names identifying the various resources can be put on small pieces of papers and placed within the map).
7. Let each group draw on to flip chart or manila paper their map.
8. The facilitator prompts the community to indicate beside each household certain issues of interest. (The facilitator usually has a checklist, such as the one given below, reflecting his or her interests but the community should be encouraged to include issues they feel are of interest to them)

A community group
drawing a resource map
on Manila paper

9. Invite the community to discuss and agree on any other issues that they would like to include in their map, for example:
   - Household with special skills.
   - Female headed household.
   - Child headed household

ℝ Household with orphans.

ℝ Household in which community leader live, etc.

Discussion around the map should focus on:

ℝ Opportunities and constraints arising from the presence or absence of resources within the area and suggestions on how to overcome these.

ℝ Past efforts by the community to improve and/or develop resources within their area.

Recording and analysis

The map which is drawn on paper or the ground is the essential record. In addition notes are taken of comments and explanations given by the community in different groups.

Remember to include a key on the maps. It is also good to let the people who have drawn the map 'sign it' i.e. list their names on the side of the map.

Remember to indicate the date and name of community. (E.g. village name)

Presentation
of the map

Strength and weaknesses

The resource & social map is a good way to get people express themselves and show different perceptions (male vs. female, young vs. old etc). It can be used to identify areas that have common characteristics. It can serve as a baseline tool for future monitoring and evaluation. It is a rather time consuming process and should only be used if it leads to action planning and cooperation. Otherwise community members might feel misused to provide information for others without any tangible outcome for the community.

Example of Resource & Social Mapping in Mwanza District

The TANESA Project has developed an easily replicable "mapping" intervention to assist communities in identifying and addressing risk situations for HIV/STD infection and sexual violence. The intervention is low cost because it only requires input from professional staff in the initial stages. Development and agricultural extension workers train one woman/girl and one man/boy from each ward in their district (the wards usually comprise about five villages that together represent 25 communities). These newly-trained volunteers in turn train one woman and one man from each village. The ward counsellor and executive officers actively promote community involvement throughout the process.

During the intervention, separate groups of men, women and youth are asked to draw maps of their communities and to indicate the places where they feel they are at risk or may practise risky sexual behaviour. For instance, men might mention bars, guesthouses, hotels and traditional dances. Women and girls may mention other places, such as where they collect water and firewood (because they are vulnerable to rape there) and schools (because girls are abused by male teachers).

After completing the maps, the participants discuss the problems men and women face in avoiding the identified risk situations and behaviours. These might include, for example, drinking habits and alcoholism, exchanging sex for gifts and money, lack of condoms, insufficient community sanctions against sexual abuse and violence, a lack of parental guidance for youth or fathers' participation in educating (rather than just punishing) their children. They also discuss ways to change these situations. The groups then present their problems to one another and explain their proposed solutions.

Together they can prioritise the possible solutions and discuss these with community leaders so that the community at large takes action. Examples of solutions proposed in Tanzania have included:
- ?? encourage men to avoid or lessen their visits to drinking places
- ?? avoid having multiple sexual partners
- ?? begin more income generating activities so that women are not so dependent on men for income
- ?? ensure that condoms are available and educate people how to use them
- ?? make rape punishable
- ?? establish community rules that help protect people
- ?? stop women from collecting firewood and water after dark (though this may restrict women's freedom of movement, it can also contribute to gender equality if men must help them collect wood and water)
- ?? forbid children and youth from entering bars and guesthouses
- ?? restrict youth who are petty vendors from selling after 4:00 p.m.
- ?? prohibit local beer sales until 07:30 p.m.

Depending on local resources, ward counsellors may give the volunteers some incentives, such as certificates identifying them as community mobilizers. The volunteers may also be asked to participate in local radio programmes to promote the intervention and/or be invited to a district level celebration in which they present the progress of their communities to one another. Community drama groups can dramatize the process as a way of disseminating results to villages.

A multi-sectoral team that includes representatives of the district council, agricultural extension, community development, health and planning departments can do the follow up. Through this approach, TANESA has covered nearly 1000 communities and 380,000 people at a cost of US$ 3000. They found that:
- ?? some men realize that they underestimate the need for behaviour change;
- ?? women are often ready for change, but need a platform to express their fears and ideas

?? exchange between men and women is essential to develop action; when this occurs, women often take the lead;

?? youth should be enabled to express their own solutions;

?? communities are able to develop culturally acceptable and gender sensitive solutions to create a supportive environment for behavioural change;

?? community care initiatives for people living with HIV/AIDS and their families may arise out of the developed prevention activities.

Sexual Health Exchange, 1999, no 2
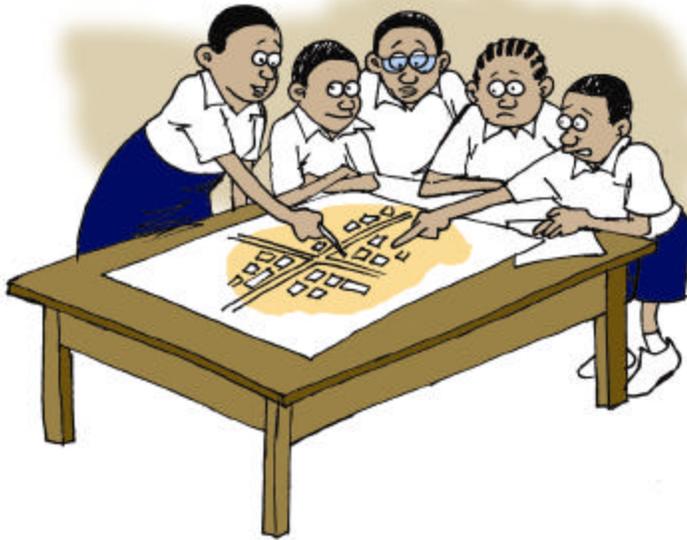
Youth drawing a map

Description of the Tool : Chapati Diagram

Definition
A Chapati Diagram (also called Venn diagram) shows social groups (governmental, nongovernmental, religious, private) their importance and relationships in fighting HIV/AIDS. It might help the CMAC (or WAC) to identify important partners and also adversaries in planning and implementing HIV/AIDS related activities. A Chapati diagram can be drawn with the members of the community but also with representatives of community groups or organisations.

Preparation
It is important to liase in time with the leaders of the communities which you selected for this assignment. The community members are invited by the community leader and they should be informed that this meeting will take some time (2 hours). It is important to respect the routine activities of the community members and to plan date and time accordingly (e.g. during planting or harvesting period villagers might not be available)
Prepare meeting room and material for visualisation.

Process
Steps for developing a social map
1. Explain the purpose of drawing a Chapati Diagram
2. Encourage the community to select amongst themselves people who know the different groups and organisations well and can facilitate the drawing of the chapati diagram
3. Provide the participants with flip chart or manila papers
4. The community should first brainstorm on all groups or organisations relevant in the fight against HIV/AIDS (youth groups, sports club, faith based groups, business community etc).
5. The facilitator prompts the community to describe for each group listed their role and activities in fighting AIDS.
6. The Chapati diagram represents each group by a circle (a chapati): For the CMACs it is important to visualize the degree of collaboration which is possible with each group. Therefore the CMAC itself is put in the middle and the other groups are arranged around the CMAC. The size of the chapati symbolizes the importance in fighting HIV/AIDS (not what the groups should or could do, but what they actually do) and the distance from the CMAC symbolize the relationship. The different chapatis can be linked with arrows or lines. These might be used to symbolise the flow of information or the type of relationship (hostile, cooperative) by using different colours or styles.
7. A chapati Diagram could also be used to show the relationship of groups and institutions to people living with HIV/AIDS. In this case PLAH form the centre of the graph

Recording and analysis

The diagram which is drawn on paper or the ground is the essential record. In addition notes are taken of comments and explanations given by the community. Remember to include a key on the chapati diagram. It is also good to let the people who have drawn the diagram sign it with their names. Remember to indicate the date and name of community. (E.g. village name)

Strength and weaknesses

The chapati diagram Is a good way to get people express their perception and experiences regarding about social relationships and about possible alliances for fighting HIV/AIDS. It can also show different perceptions according to the participants of the exercise(e.g. male, female, religious, non-religious etc)

It is a rather time consuming process, which should not be rushed through and it should only be used if it leads to action planning and cooperation. Otherwise community member s might feel misused to provide information for others without any tangible outcome for the community. It has to be handled with care, because existing conflicts between different interest groups might be spelled out.
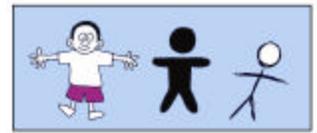
Example Chapati diagram on stakeholders in a ward in Tanzania
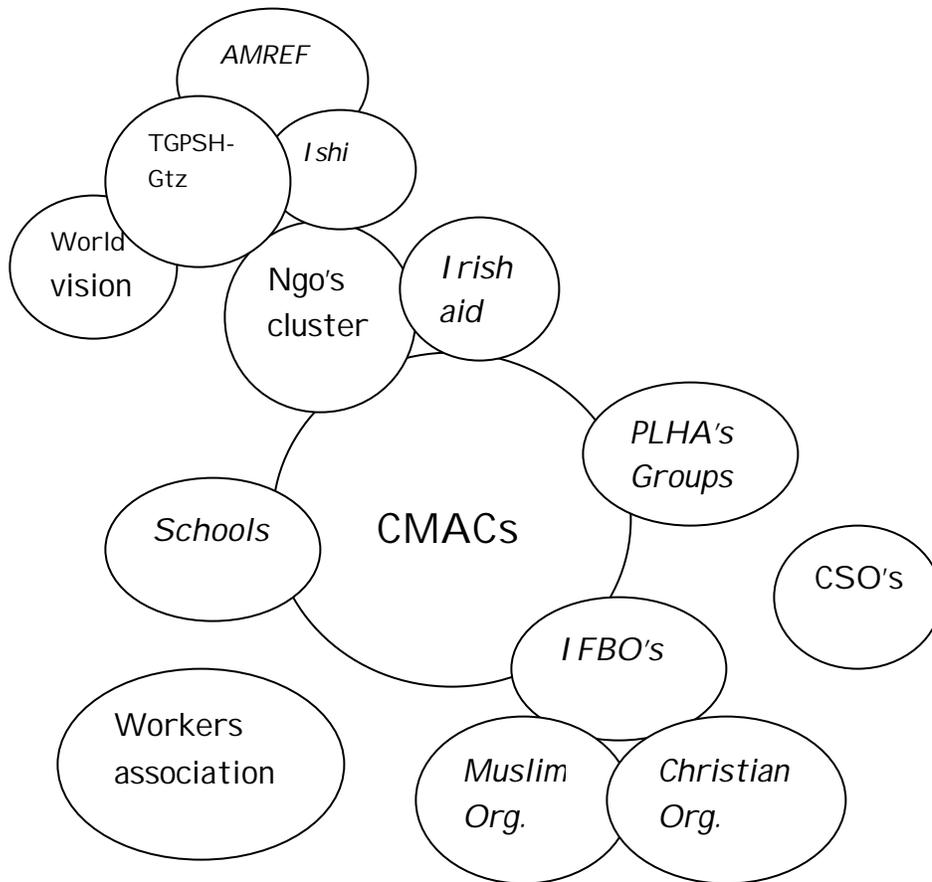
Chapati diagram depicting the Community members views at the ward level on the institutions dealing with HIV/AIDS activities in relationship with CMACs at the district level

Participatory Planning and Monitoring

Time frame: 1 day

Purpose:
Objectives:
1. To know how to fill correctly the matrix of resource requirements as an important step in participatory p lanning and monitoring
2. To know how to prepare a plan and budget matrix for a given project and a given period of time
3. to know how to formulate Indicators

Methodology
- ?? Analysis of project documents or project plans
- ?? Developing a plan of action matrix
- ?? Filling in resource matrix
- ?? Development of a mock budget
- ?? Defining of indicators for monitoring and evaluation

During this field assignment participants fulfil **3 tasks**
1. Identification of activities and resources
2. Preparation of a mock plan and budget matrix
3. Identification of Indicators and tools for monitoring

Assessment
- ?? the mock plan and budget matrix developed
- ?? the indicators and tools for monitoring applied

Identification of activities and resources

Specific Activities

??   Prepare the necessary documents (project plan, project report etc) and forms to fill in

??   Arrange a meeting with 5-6 participants

??   Agree on the project and the activities to work on

??   Discuss one activity after the other and fill in different types of resources needed to perform the activity.

??   Check if you really have mentioned all resources needed to perform the activities

Material needed

HIV/ADS intervention plans or documents on already existing programmes
Forms
Notebook

Description of the tool: Matrix of activities and resources

Definition
The matrix of activities and resource requirements is a table which contains rows for the different planned activities and columns for different types of resources (physical resources, human resources, expertise, money)
The number of rows and columns depends on the number of activities and on the types of resources needed to perform the activities (e.g. physical resources might be split to buildings, means of transport drugs, technical equipment)

Preparation
In order to successfully fill in the matrix all relevant documents regarding the project should be prepared. Especially helpful is a log frame containing the overall objective the results to be achieved (or specific objectives) and all the activities which are planned (planning matrix). It is helpful to prepare for visualisation e.g. a blackboard, soft board or flipchart.

Process
The matrix is filled in a participatory manner. The group clarifies first what is meant by each activity and than brainstorms on all resources needed to perform the activity.

Recording and analysis
The filled-in matrix is the record.

Strength and weaknesses
A participatory work of knowledgeable people on resource requirements makes sure that available resources are well inventoried and no opportunities are missed out. The danger is that trying to accommodate all ideas leads to an unrealistic and too ambitious plan. The facilitator of this exercise has to bring back people to the reality in the given community. A rule of the thumb is that a realistic inventory draws to **80% on already available resources** !!!.

Example of a activity and resource matrix for VCT in a hospital
The matrix indicates resources which are already available and resources which are needed in addition

Remember:
Determining resources means translating all activities required to support the intervention into human resources, materials, money. To do this you should anticipate all activities in your mind and imagine what is needed.

The table below shows for some activities regarding introduction of VCT what resources are needed.

Table 1 Resource matrix for project: VCT in the district hospital

Activities	Human resource	Physical infrastructure	Equipment /Material	Supplies /Drugs	Travel /Transport	Funds
1.activity: *Train lab technicians and counsellors*	Trainers from NACP	Nursing college	Overhead projector	Training handbook	Travel costs for trainers	Training allowances
2.activity Create a counselling area	Hospital administrator Cleaners	Room (available through rearrangement)	Chairs small table Shelf for info-material	Infosal on STIs, HIV/AIDS Sex-educatio nr	no	For furniture
3.activity Equip the lab	Lab technician	Existing Lab	fridge register	Test kits	no	For register
4.activity Sensitise the community	CMACS CDO School directors	No special need	No special need	Leaflet on VCT	no	no
5.activity etc.	Ect.	Ect.	Ect.	Ect.	Ect.	Ect.

CDO= Community Development Officer

Preparation of a mock plan and budget matrix

Objective: To know how to prepare a plan and budget matrix for a given project and a given period of time

Specific Activities
1. Prepare the necessary documents (project plan, project report etc) and budget forms to fill in
2. Arrange a meeting with 5-6 participants (CMACs members)
3. Agree on the project and the activities for which you want to write a plan and budget matrix
4. choose one or two goals from the National Multi Sectoral Strategic Framework
5. Discuss one activity after the other and fill the respective plan and budget matrix
6. Check if your budget is sufficient to perform the activity and realistic

Material needed
HIV/ADS intervention plans or documents on already existing programmes
National HIV/AIDS Policy
National Multi Sectoral Strategic Framework
Budget forms / payments circulars / official financial regulations on procurement procedures
Notebook

Description of the Tool: Mock plan and budget matrix

Definition

There are different formats of planning matrix that are being used by different organisations and councils. The matrix for the mock plan is a table which contains columns with the following headings Problem, long term objectives, short term objectives (or results), priority areas (as defined in the NMSF), and area of interventions. See example below in table number 1a.

In a second type of a planning matrix the columns used are: Intervention, Objectives, Indicators, Period/Timeframe, Responsibility, Required resources and Source of funds. See table 2a below.

The matrix for the mock budget is a table which contains columns that indicate Intervention, Activities, Detailed cost, Unit cost, Total unit cost, When, by Whom, Source of fund for each activity. The number of rows and columns depends on the number of activities expected to be conducted. See the example on table number 1b and 2b

Preparation

In order to successfully fill in the matrix for the mock plan and budget all relevant documents regarding the project should be prepared. If possible pricelists for different commodities and payment scales for expertise needed should be available (or somebody who is familiar with actual prices). The activities must be identified and prioritised.

It is helpful to prepare for visualisation e.g. a blackboard, soft board or flipchart.

Process

The plan and budget matrix are filled in a participatory manner. The group clarifies first what is meant by each activity and than brainstorms on all resources needed to perform the activity. After agreement the matrix is filled.

Recording and analysis

The filled-in matrix is the record.

Strength and weaknesses

A participatory work of knowledgeable people on objectives, activities and resource requirements makes sure that available resources are well inventoried and no opportunities are missed out. The danger is that trying to accommodate all ideas leads to an unrealistic and too ambitious plan. The facilitator of this exercise has to bring back people to the reality in the given community.

Different Examples of developing plans and budgets taken from different councils

There are different formats used in different contexts. Therefore we only provide some examples taken from real plans. It is up to the group to choose the appropriate examples

Example number 1a: HIV/AIDS plan extracted from the Council Comprehensive Health Plan (modified)
This example shows how a problem
High number of newly infected people
and the overall objective on solving the problem and all sub-objectives can be presented.
It shows as well how this plan reflects the goals of the National Multi-Sectoral Strategic framework

Example number 1b: Budget extracted from the Council Comprehensive Health Plan
This example shows how a budget for sensitising the community on mother to child transmission could look like

Example number 2a: HIV/AIDS plan extracted from the District Plan
This example shows how to fill the detailed planning matrix for three interventions
1. To identify and build capacity for controlling HIV/AIDS infection at the ward level
2. To serve orphans and AIDS patients at their homes
3. To build capacity in handling marriage responsibility and counselling of Priests, Sheikhs and religious leaders responsible for this task

The matrix used is the following:

Intervention	Objective	Indicators	Period	Responsibility	Resources required	Source of funding

Example number 2b: One year budget for HIV/AIDS activities extracted from the District Plan
This example shows how to do a one year budget for 3 interventions, namely

1. To identify and build capacity on HIV/AIDS controlling activities in 20 wards
2. To provide care and support services to 100 orphans and AIDS patients at their homes
3. To Build Capacity in handling marriage responsibility and counselling skills of Priests, Sheikhs and religious leaders responsible for this task

The matrix used is the following

Intervention	Requirements	Unit cost	Quantity	Duration	Total cost Tsh	Source of funding

Example number 1a: HIV/AIDS plan extracted from the Council Comprehensive Health Plan (modified)

Problem	Long term objective	Short term objectives (results to be achieved)	Priority area from National multi-sectoral strategic framework	Areas of Intervention
High number of newly infected people (incidence)	Reduce incidence of HIV from 4% to 2% by the year 2006	To asses the magnitude of HIV/AIDS in the District	Goal #1 - overall impact	HIV/AIDS & STI
		Volunteer or counselling and HIV testing	Goal #6 - prevention	HIV/AIDS & STI
		Mapping situation analysis	Goal #1,2,3,4	HIV/AIDS & STI
		To promote behaviour that prevent the transmission of HIV/AIDS/STI among school youth	Goal #6,7	HIV/AIDS & STI
		To promote behaviour that prevent the transmission of STI	Goal #6,7	HIV/AIDS & STI
		Introduce HBC to the community	Goal #6,7	HIV/AIDS & STI

Example number 1b: the budget extracted from the Council Comprehensive Health Plan

INTERVENTION	ACTIVITIES		DETAILED COST	UNIT COST	TOTAL UNIT COST	WHEN	BY WHOM	SOURCE OF FUND	ALLOWANCE	FUEL
HIV/AIDS/STI	To sensitise community on HIV transmission from mother to child in five wards for one day		Lunch allowance 25 members x 1 day x 5 ward	1,000	125,000	JAN - JUNE 2004	DMO	BASKET	125,000	
			3 Facilitators x 1 day x 5 days x 5 ward	10,000	150,000					
			Stationeries			JAN - MARCH 2004				
			3 Flip charts	10,000	30,000					
			2 boxes Maker pen	6,000	12,000					
			3 Masking tape	1,000	3,000					
			150 Exercise books	250	37,500					
			150 Bic @ 100	100	1,500					
			Fuel 20 litre x 5 Ward @ 800	800	80,000					80,000
		SUB TOTAL			439,000				125,000	
	To sensitise/train community by use of theatre arts Youth groups		20 people x 3days x 3000	3,000	180,000				180,000	
			Meals 20 people x 2000	2,000	120,000					
			3 People x 3 days x 10,000	10,000	90,000	JAN - MARCH 2004	DACC	BASKET	90,000	
			Stationeries							
			20 Exercise books @ 250	250	5,000					
			Fuel 10 Litres x 3days x 800	800	24,000					24,000
		SUB TOTAL			419,000				270,000	

Example number 2a: HIV/AIDS plan extracted from the District Plan

s/n	Intervention	Objective	Indicators	Period	Responsibility	Resources required	Source of funding
1	2	3	4	5	6	7	8
1.	To identify and build capacity for controlling HIV/AIDS infection at the ward level	To ensure the establishment of the required ward committees To reduce prevalence of HIV (seropositivity)	The number of ward committees established and trained	July 2004 to December 2004	CMACS (DACC)	Hall Transport Funds	District council TACAIDS
2.	To serve orphans and AIDS patients at their homes	To eradicate segregation of the affected To provide social services to the affected To train and provide services to orphans	The number of affected served The number of orphans served	July 2004 to December 2004	CMACS (DACC)	Technical staff Transport Funds	District council TACAIDS TAWG SHIDEFA
3.	To develop capacity in handling marriage responsibility and counselling of Priests, Sheikhs and religious leaders responsible for this task	To equip with knowledge on HIV/AIDS transmission and counselling/ screening skills	The number of Priests, Sheikhs and religious leader participate in	July 2004 to December 2004	CMACS (DACC	Hall Transport Funds	District council TACAIDS

Example number 2b: budget (one year) for HIV/AIDS activities extracted from the district plan

s/n	Intervention	Requirements	Unit cost	Quantity	Duration	Total cost Tsh	Source of funding
1	2	3	4	5	6	7	8
1.	To identify and build capacity on HIV/AIDS controlling activities to 20 wards in order to come up with comprehensive Ward HIV/AIDS plan	Hall	2,000	20 halls	3 days	120,000	District Council
		Participants Allowances	5,000	360	3 days	5,400,000	District council
		Bites (tea breaks)	1,000	360	3 days	360,000	
		Facilitators Allowances	10,000	19	3 days	570,000	TACAIDS
		Stationeries Pen	100	360	-	36,000	NGO 1
		Writing pads	750	360	-	270,000	
		Flip charts	5,000	40	-	200,000	NGO 2
		Marker pens	3,000	40 boxes	-	120,000	
		Photocopy reams	5,000	40 reams	-	200,000	NGO 3
		Transport Fuel	15,000	20 wards	2 days	600,000	
		Sub total				**7,756,000**	
2.	To provide care and support services to 100 orphans and AIDS patients at their homes	**Food** Starch (maize/rice etc)	500	2,000	-	1,000,000	District council
		Beans	600	1,000	-	600,000	
		Fat (meat, chicken	1,200	500 Lts	-	600,000	TACAIDS
		Clothing	5,000	100 orphans	-	500,000	NGO 1
		Soap	500	300 bars	-	150,000	
		Medical supplies	10,000	50 patients	-	500,000	Community
		Transport	1,000	480 Lts.	6 days	480,000	
							NGO 2
		Sub total				**3,830,000**	

s/n	Intervention	Requirements	Unit cost	Quantity	Duration	Total cost Tsh	Source of funding
3.	To build capacity in handling marriage responsibility and counselling skills of Priests, Sheikhs and religious leaders responsible for this task	**Participants (45)** Allowances Bites (tea breaks) **Facilitators** Allowances **Stationeries** Pen Writing pads Flip charts Marker pens Photocopy reams **Transport** Fuel	10,000 1,000 10,000 100 750 5,000 3,000 5,000 15,000	45 45 3 45 45 2 2 boxes 2 reams 40 Lts.	2 days 2 days 2 days - - - - - 2 days	900,000 90,000 60,000 4,500 37,750 10,000 6,000 10,000 30,000	District council TACAIDS NGO 1 NGO 2 NGO 3
		Sub total				**1,118,250**	
		Grand total				**12, 704,250**	

Indicators for monitoring and evaluation

Indicators are prescriptions for measurement. By indicators we define in advance what we are going to measure after a certain period of time to find out if we achieved the intended results. It is important to define in advance not at the end of a programme!

Indicators should be SMART.

A SMART Indicator means:

S = **Specific** (measure the achievement of the result not something else, e.g.)
M= **Measurable** (be measurable with the means available in the district, e.g. HIV status of the whole population is not measurable neither ethically nor technically)
A= **Attainable** (be realistic considering the real life situation e.g.100% condom use for all extramarital contacts will never be attainable)
R= **Reliable** (reliability refers to the fact that you measure the truth, e.g. Asking people about number of extramarital affairs is likely not to produce reliable information)
T = **Timely** (an Indicator should measure for a defined period of time

Remember the tools for collecting data for selected indicators:
supervision checklist report, observation checklist, plan of action, national minimum standards, Health Management Information System (HMIS) reports, National sentinel surveillance system reports, and activity progress report, FGD protocol etc

Indicators are prescriptions for measurement
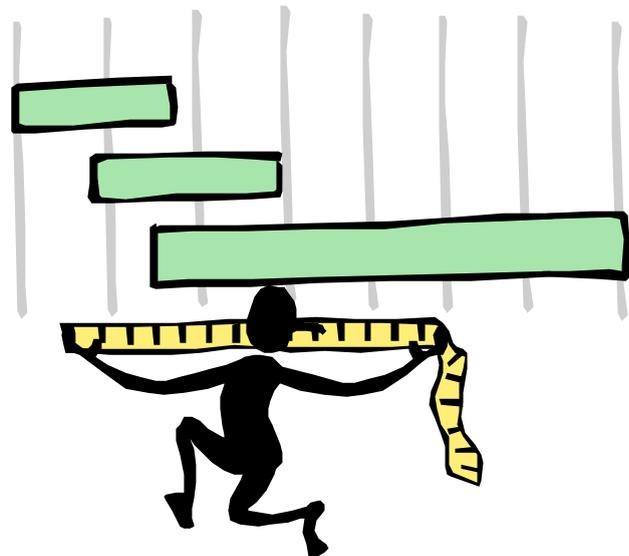
Examples of Indicators applicable for an HIV/AIDS Programme in a district

Remember the levels that should be monitored:
Inputs: Resources, staff, funds, facilities, supplies, trainers etc.
Process: Level of implementation of the activity, achievement and constraints.
Outputs: condom availability, trained staff, quality of services (e.g., STI, VCT care)
knowledge of HIV transmission.
Outcome: short-term and intermediate effect: behaviour change, attitude change,
change in HIV/AIDS/STI prevalence, increase in social support etc. –some times these are
difficult to measure by routine methods.
Instead of Outcome you can also use the term impact

Examples of input indicators:
Number of test kits provided for a given area per year
Percentage of council funds spent on HIV/AIDS in a given period (e.g. financial year
2005/2006)

Examples of process indicators:
Number of seminars on HIV/AIDS to be conducted in a certain period of time.
Number of trainings on HIV/AIDS to be conducted in a certain period of time.
Number of meetings on HIV/AIDS to be conducted in a certain period of time.

Examples of output indicators:
Percentage of health care facilities with the capacity to deliver appropriate care to PLHAs at
a defined moment in time (e.g. end 2006)
Number of peer educators trained per primary school at a defined moment in time
Number of PLWA under ARV therapy at a defined moment in time

Examples of Impact Indicators
Percentage of sexually active population infected with the HIV
Percentage of orphans who completed primary education

Note: Impact (e.g. Impact on peoples health, education, economy etc) is often not
measurable on the level of a single project

Assessment of Proposals and Reports

Time frame: half day

Purpose:
The CMAC members are able to check and assess proposals for HIV/AIDS programms/projects in their respective area

Methodology
Study of documents

During this field assignment participants fulfil 2 tasks
Assessment of proposals

Assessment
Comments written on the proposal

*If the CMACs Team cannot find Proposals in their local council then TACAIDS to provide 2 NGO's proposal submitted to them for funding. The participants will have to read and comment about the proposals in relation to their training given during class room sessions.

Description of the Task:

Assessment of HIV/AIDS Proposals

Objective: To asses HIV/AIDS Proposals based on standard requirements for a good proposal

Specific Activities
Identify two Project Proposals on HIV/AIDS Interventions in your locality.
Read the content of the Project Proposals and comment on the following:
Project Title
Executive Summary
Goals and Objectives of the Project Proposals
Methodology/Strategies for Implementing the Projects
Budget Proposals
In your opinion do both proposals represent good or bad proposals and why?

Material needed
Proposals submitted to the Council
Notebook
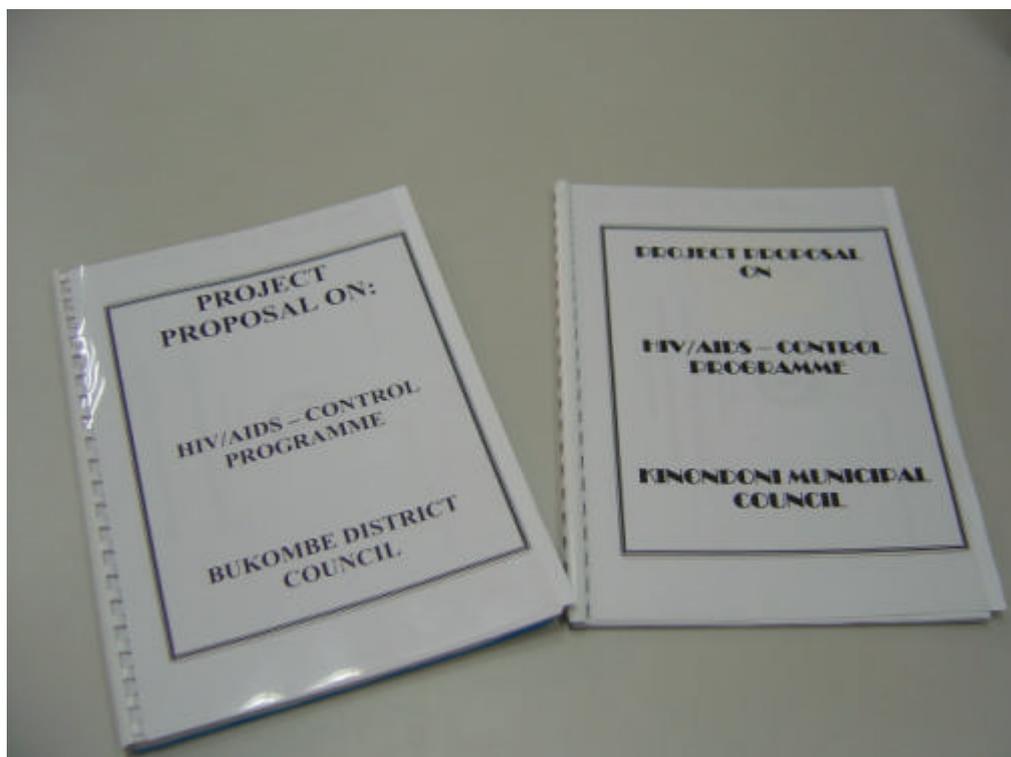
Tool: Checklist for assessment of good proposals

N	Component	Description	Yes	No	Comments / Remarks
1	**Title**	Short and clear (a*rea of interest or problem to be solved / implementation*)			
2	**Table of contents**	all items and page numbers			
3	**Executive Summary**	essential components in brief (*justification, project area, strategies, expected outcome*)			
4	**Terms of references (TOR) / Statement of the problem**	Should be comprehensive (*presentation of known / suspected facts and its justification based on severity, analysis, and its effects*).			
	Goals and objectives	Overall goal (*long term – expected to be achieved*) Objectives (*Specific, Measurable, Attainable, Realistic, Time bound – SMART*)			
7	**Strategies/methodologies**	What methods are used to realize the objectives?			
8	**Implementation /action plan**	Multi – Sectoral (*indicated strategies, activities, sectors involved, resources and their sources*)			
9	**Monitoring and evaluation mechanism**	in accordance with implementation plan (*Timeframe, budget and quality; who to monitor and evaluate?*)			
10	**Timeframe**	duration of the project			
11	**Self generated proposal Response proposal**	dissemination of information should be included stakeholders should be informed, and be part and parcel of the project			
11	**Proposed Budget and its justification**	mention each activity of the project with justification			
12	**Appendices /list of references**	attached at the end (*e.g. NMSF, NHP, Annual reports, presentations etc*)			

Description of the Task:

Assessment of HIV/AIDS Reports

Objective: To asses HIV/AIDS Reports based on standard requirements for a good report

Specific Activities
Identify Report on HIV/AIDS projects or programs or activities in your locality.
Read the content of the Report and check which of the following chapters are contained
- Title.
- Table of contents.
- Acknowledgement(s).
- Executive summary.
- Introduction.
- The "body" or major issues.
- Summary and conclusion.
- Recommendations.
- List of references (where applicable).

In your opinion is the report acceptable or not acceptable and why?

Material needed
Reports submitted to the Council
Notebook

Tool: Report Assessment Checklist

A good report contains at least the following items, preferably in the chronological order as follows:

Nr.	Comment	Description	Yes	No	Remarks
1	**Title**	heading of the report (*short, clear, unambiguous, consistent with the contents*)			
2	**Table of Contents**	list of the major items presented in topics and sub-topics and the page(s) in which these appear are shown, also foreword, acknowledgement, appendices etc.			
3	**Acknowledgement(s)**	words of appreciation to those who made accomplishment of projects and activities possible			
4	**Executive summary**	Concise and short, nor a copy of the core part of the report gives the background, context and reasons, contains major findings / issues, methodologies used, problems encountered and recommendations for the way forward, appears at the beginning of the report just after the acknowledgements			
5	**The body of a report**	contains all major issues: approach, methods, results achieved and problems encountered, lessons learnt			
6	*Conclusion*	complete and concise paragraphs, conclusions must be related to results and problems so that the reader can follow why this is concluded			
7	**Recommendations / Way forward**	should be done to make things better in future, brief and clear.			
8	*Appendices*	attachments like illustrations, supporting materials, documents and evidence			
9	**List of references (where applicable)**	List of all documents which was referred during the process of preparing the report			

Communication and Facilitation

Time frame:
Half a day

Purpose
Is for the CMACs to apply the knowledge and skills received during class room training sessions.

Methodology
Facilitation of a meeting

During this field assignment participants fulfil 1 task
The CMACs will organize meeting with identified participants. The facilitator among CMACs member will address the meeting using different facilitation skills.

Assessment
Short protocol of the meeting

Description of the Task:

Facilitation and visualization of a meeting

Objective: CMAC members are able to facilitate a participatory meeting and to assure visualization of main ideas

Specific Activities
Decide on a topic for the meeting
Prepare the topic and guiding questions
Define the invitees and invite orally or in writing
Organize meeting place and material for visualization
Facilitate the meeting
Visualize (or ask somebody else to visualize) major points of discussion
Write a summary report of the meeting

Material needed
Visualization material (Flipchart, manila paper, soft board or chalkboard
Felt-pens, chalk)
notebook
proper meeting place with chairs in a semicircle or circle

Description of the Tool: Participatory Facilitation and Visualization in meetings and conferences

Each individual possesses experiences and knowledge, which can be released in a group process and contribute to collective knowledge that is useful for action. Therefore participatory meetings are excellent tools to merge the experience and knowledge of participants to the benefit of all.

Definition

Facilitation is the steering of group processes relying on participants knowledge and experience.

To facilitate means "to make it easy" or "to smooth progress". The Facilitators role thus is to smooth the progress of discussion and exchange of ideas.

Visualization is creating a common external memory through writing down (symbolizing, drawing) main ideas and concepts so that all participants refer to the same record.

Participatory Facilitation and Visualization combines both. It can be creatively employed in social mobilization by bringing together people from different organizations (government, NGOs, civil society organizations, religious groups, private sector)

Preparation

A participatory meeting requires a proper sitting arrangement, best a demi-circle or circle in which all participants can keep eye contact with each other and listen actively. Therefore it is worth to invest in a proper preparation of the site. A lecture theatre or a class room (with benches in consecutive lines) are not appropriate except if there is a possibility of rearrangement (the fotograph shows a re-arranged class room in a primary school)

Make sure that material for visualization is available in sufficient quantity and in reach of the participants so that everybody wanting to right down has the opportunity to do so.

Invite participants in time indicating the purpose, place and duration so that all people who could contribute essential aspects are available.

Process

The facilitator is the one who makes it easy, not the one who speaks most of the time and pushes trough his own ideas. The best facilitator is the one who is neutral vis a vis the topic under discussion so that he does not get involved himself.

After greeting and after introduction of the participants the facilitators explains the purpose of the meeting and the topics for discussion. Then he helps by making sure that all who want to contribute get a fair chance, encouraging shy participants and friendly stopping talkative participants (see tips below)

For continuous visualization it is best to ask for a volunteer who takes note of key points. The facilitator from time to time makes sure - by asking all participants- that the visualized words really summarize the main points.

Before closing the meeting the facilitator gives a summary of the main points discussed and asks the participants if he has not omitted aspects.

Recording and analysis

After the meeting one of the participants or the facilitators writes a short record based on the visualized key words.

Strength and weaknesses

If the right people sit together an pool their brains Participatory Facilitation and Visualization is a very fruitful instrument to produce a valuable result within a short period of time.

A group process and the product of a group work never can be better than the group, which means it is important to bring together the right people (those who really can contribute to the topic under discussion) and in a suitable number (not less then 5 not more than 15).

The risk is that many point are discussed but no consensus is reached and not tangible result is produced (just talking).

In a participatory meeting everybody is free to talk and to write

Example: CMAC's to meet WAC

It is important to base District HIV/AIDS planning on the realities in the different wards. Some wards might be especially important as far as HIV transmission is concerned because they have areas of high mobility. A meeting with members of the multi-sectoral ward AIDS committee provides a good opportunity to get relevant information.

Topics for discussion with WAC
What are the pre-disposing factors to HIV/STI's transmission in your ward?
What action have you taken to address the issues?
How better could the identified factors be addressed?
How can you mobilize resources to solve the mentioned identified problems?
What kind of support would you need from the district level

Preparation and Material needed
Make sure that the members of the WAC are informed in advance.
If the opportunities to visualize ideas are limited because there are no flipchart stands, no softboards available make sure that you take with you some large pieces of paper (brown or white does not matter) and a marker pen. You could also meet in a classroom and use the chalkboard under condition that benches are rearranged to form a demi-circle.

Example : CMAC's to meet Representatives of NGO active in HIV/AIDS

It is important to include in District HIV/AIDS planning all partners active in fighting HIV/AIDS in the district. A meeting with representatives of NGOs working in different areas of HIV/AIDS control – prevention, care, impact mitigation- is important to harmonize efforts and to develop realistic plans.

Topics for discussion with NGOs
What is your organisation doing in fighting HIV/AIDS?
What are success, opportunities and threads regarding your work?
How better could the identified factors be addressed?
Where do you see a potential for harmonizing efforts among NGOs or between NGO and the government structures?
How do you mobilize resources and how do you plan to mobilize in the future?
What kind of support would you need from the CMAC ?

Preparation and Material needed
Make sure that you have a complete list of NGOs so that you do not miss to invite active partners.
Inform the members the NGOs in time.
There should be no difficulty to prepare a convenient meeting place in the district headquarter.
Start in explaining the role of CMACS so that you avoid misunderstandings from the very beginning (you are neither there to distribute funds nor to control activities).make participants understand that you work together for a common goal.

Tips for the facilitator: Dealing with specific individuals

The expert
Often in groups there will be "experts". This can mean someone who is considered either by themselves or others to have a lot of knowledge on the topic in discussion.

Although "experts" can offer a lot of useful information, they should not be allowed to take over and they may prevent other group members from speaking. Opening statements should emphasise that all participants have knowledge on the subject, and that you want to hear everyone's opinions.

Sometimes, participants will have a special status in the community that you were not aware of. They might be the wife of an important person, be more affluent than other group members, or have any number of other qualities that prevent or restrict conversation from others. If you identify such a person you should try to limit attention to this fact, although the group members will be aware of it.

Dominant talkers
These are participants who want to answer all the questions for the group. They often answer questions immediately and prevent others from speaking.

Again, the introductory comments should emphasise the need for *all* participants' comments, and the initial discussion on this aspect should keep the potential problem alive in people's minds. Dominant talkers are identified, if possible, during the reception time and are seated next to the moderator. This is done so body language can be used! This means turning slightly away from the dominant talker and looking other group members in the eye. Should a dominant talker continue, then more drastic measures need to be taken!
• Look slightly bored while avoiding eye contact, but be tactful.
• Thank the dominant talker for his or her comment, and ask for other comments from the group.

Shy respondents
There will always be shy people in a group. Try to identify these people in the reception time and seat them opposite the moderator to enable maximum eye contact.
If this does not help, try *gently* to address them by name. *Be very careful* with this technique as it could embarrass them and prevent them from speaking again!

People who can't stop talking

These people talk on and on about a topic. They cease to provide good information, and will prevent others from speaking. As you only have about one hour for the discussion on several topics, it is essential that you keep these people under control. Deal with these people by stopping eye contact after 20 to 30 seconds. The observer and other team members, if present, should do the same. Look bored, look at other participants, but do not look at the participant of concern.

As soon as the participant pauses, be ready to fire the next question at another participant, or repeat the same question, if necessary, to other members of the group.

Tips for the facilitator : Facilitation Skills

Non-verbal

• Maintain eye contact with everyone in the group as you speak. Don't appear to favour certain people in the group.

• Move around the room without distracting the group. Avoid pacing or addressing the group from a place where you can't be easily seen.

• React to what people say by nodding, smiling, or other actions that show you are listening.

• Stand in front of the group, don't sit—particularly at the beginning of the session. It's important to appear relaxed and at the same time be direct and confident.

A facilitator with a good sense of humour makes working together easy

verbal

• Ask questions that encourage responses. Open-ended questions help: "What do you
think about...," "Why...," "How...," "What if...," etc. If a participant responds with
a simple "Yes" or "No," ask "Why do you say that?"

• Ask the other participants if they agree with a statement someone makes.

• Be aware of your tone of voice, and speak slowly and clearly.

• Be sure the participants talk more than you do.

• Don't answer all questions yourself. Participants can answer each other's questions.
Say, "Does anyone have an answer to that question?"

• Paraphrase by repeating statements in your own words. You can check your understanding and reinforce statements.

• Summarize the discussion. Be sure everyone understands it and keep it going in the direction you want. See if there are disagreements and draw conclusions.

• Reinforce statements by sharing a relevant personal experience. You might say, "That
reminds me of something that happened last year...."

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