USAID FROM THE AMERICAN PEOPLE | SCALING UP FOR MOST-AT-RISK POPULATIONS

ORGANIZATIONAL PERFORMANCE SUM

Supporting the HIV Response: A Manual for Civil Society Organizations

Module 6 Mobilizing for Most-At-Risk Populations

June 2011

USAID FROM THE AMERICAN PEOPLE | SCALING UP FOR MOST-AT-RISK POPULATIONS

SUPPORTING THE HIV RESPONSE: A MANUAL FOR CIVIL SOCIETY ORGANIZATIONS

Module 6

Mobilizing for Most-At-Risk Populations

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Abbreviations

CSO	Civil Society Organization
FSW	Female sex workers
HIV	Human Immunodeficiency Virus
IEC	Information, Education, Communication
IDU	Injecting drug user
MARPs	Most At Risk Populations
MSM	Men who have sex with men
NAC	National AIDS Commission
NGO	Non-Government Organization
NHSAP	National HIV and AIDS Strategy and Action Plan
OP	Organizational performance
PLA	Person/people living with AIDS
PLHIV	Person/people living with HIV
SW	Sex worker
TC	Technical capacity
TG	Transgender persons
USAID	United States Agency for International Development
VCT	Voluntary testing and counselling

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Purpose of this Module

This *Module on Mobilizing for Most-At-Risk Populations* is a *how to* guide developed to supplement the four core "best practices" manuals prepared by the USAID Scaling Up for Most-at-Risk Populations (SUM) Program for CSOs working in the HIV response. The four core manuals are:

- *Supporting the HIV Response: A Manual for Civil Society Organizations Working with Men who have Sex with Men*

- *Supporting the HIV Response: A Manual for Civil Society Organizations Working with Female Sex Workers*

- *Supporting the HIV Response: A Manual for Civil Society Organizations Working with Transgender Persons*

- *Supporting the HIV Response: A Manual for Civil Society Organizations Working with Injecting Drug Users*

Version One of these four core manuals were produced in 2011. They each include sections on organizational performance and technical capacity.

A key challenge for *Version One* was *how much to include* and at the same time keep the core manuals to a reasonable length. The decision was made to focus the core manuals on essential best practices and supplement them with a series of *how to* modules. Modules currently available in Indonesian and English include:

- *Module 1 – CSO Start-Up*
- *Module 2 – CSO Strategic Planning*
- *Module 3 – CSO Human Resources Management*
- *Module 4 – CSO Program Planning*
- *Module 5 – CSO Policies and Procedures*
- *Module 6 – Mobilizing for MARPs*
- *Module 7 –Strategies for Effective MARPs-based Advocacy*

Version Two of the four core manuals will be produced in early 2012. Each of the core manuals will be refined and strengthened, benefiting from the results of the 2011 SUM Program expanded readiness assessments (ERAs) in several communities across the country, and from the results of the 2011 SUM Program CSO-specific organizational performance and technical capacity (OP/TC) assessments conducted with a number of CSOs in SUM Program targeted communities.

Also available from the USAID SUM Program are many "how to" organizational performance

and technical capacity manuals developed by its predecessor project – the USAID Aksi Stop AIDS (ASA) Project. Throughout the four core manuals these supplemental *how to* materials are referenced as key resources.

Over the coming years, the SUM Program will expand its list of "how to" manuals, technical briefs, and training materials based on needs identified by CSOs and other stakeholders.

The USAID SUM Program manuals and supplemental modules are aligned to the Government of Indonesia National AIDS Commission's *National Strategy and Action Plan 2010-2014*. A key priority action of the National Strategy is to strengthen the engagement of civil society in the HIV response.

The aim of this *Module on Mobilizing for Most-At-Risk Populations* is to enable CSO leadership, staff, and volunteers to better understand the experiences of most-at-risk populations and build effective relationships with MARPs networks, which will result in improved design and targeting of advocacy and service delivery.

1. Introduction

This module provides strategies for mobilizing most-at-risk populations (MARPs). It focuses on expanding the capacity of CSOs to identify where MARPs gather, assess and improve the relationship between the CSO and local MARPs networks, and engage them in the delivery of services and leadership in district-level HIV responses.

The strategies present in this module can be used in tandem with the International HIV/AIDS Alliance's *All Together Now* (see text box). Although the Alliance's toolkit does not focus on MARPs, it does provide useful advice and tools for mobilizing groups. This SUM module complements the toolkit by adding specific advice and tools for use with MARPs networks.

2. What is Community Mobilization?

A UNAIDS briefing paper[1] on community mobilization describes *community* in its broadest possible terms: "a community is a group of people who have something in common and will act together in their common interest."

Individuals are said to be members of a range of communities that can be defined by the places they live, their religion, the people they work or study with and communities act together when they identify a shared concern in which they need to mobilize to create shared benefit.

The International HIV/AIDS Alliance (henceforth 'the Alliance') describes community mobilization as an approach in which communities themselves lead and determine the nature of their response to a shared concern and where members within that community taking responsibility and are active and influential in shaping plans and taking action. The Alliance's model of community mobilization emphasizes collective planning and action and communication and education in which community members keep each other informed and share their knowledge and skills.
Two factors at the core of successful community mobilization are:

1 UNAIDS Best Practice Collection (2007). Community mobilization and AIDS. UNAIDS Technical Update. Page 3. Go to: http://data.unaids.org/Publications/IRC-pub03/commmob-tu_en.pdf

- The more active and involved an entire community is in carrying out activities the more dynamic and sustainable the activities will be.

- CSOs and other organizations facilitating community mobilization are skilful in participatory methodology.

However, the strategies for mobilising MARPs for HIV health differ considerably from other social issues in which community mobilization is used and these differences need careful consideration.

Surabaya – Local Stories
Women Involved in Sex Work

A group of four women in sex work are talking in the reception area of a brothel in Surabaya as they wait for their next customers. "We help each other often," one of the women says. "We share condoms and lube" even interrupting each other during sex with a customer to borrow condoms from one another. "We're very open with each other because we see each other in very unusual situations." "This is not about pleasure seeking," another woman says. It's about making money by getting men to orgasm as quickly as possible with the least amount of effort. Big penises are not preferable (they use their entire arm to describe big penises and everyone laughs). Small penises mean less pain and the capacity to see more customers and make more money (they use a little finger to describe small penises and again everyone laughs). They describe deferred pain to their backs from overuse of the vagina in sexual intercourse and they describe massaging each other after work to help alleviate the pain. They describe government workers who provide health checks but no one who is concerned about their general welfare and economic circumstances. "We have to help ourselves," they explain and they go on to describe their hopes for their futures. "We do not have a lot of education and so we have small dreams," one woman explains. They dream of saving enough money to set up a local beauty salon or corner store and of putting their children through school back in their home villages.

3. MARP Networks

The term 'community' remains contentious when applied to MARPs with many critics highlighting the ways in which MARPs are not communities of people in the standard sense.

Nevertheless, community mobilization as a technique for empowering MARPs for HIV health can be effective because MARPs *do* gather and form social networks which they use for support and solidarity and which therefore can be resources for collective action.

MARPs networks form because the individuals within them share similar experiences related to their gender identity, sexual preferences, the commercial sex they engage in and/or because they inject drugs. These individuals find that they share experiences in common and many of these experiences are unacceptable in the broader society. The story of women in sex work (see adjacent textbox) is a good example of the sorts of issues which affected women in sex work and which are generally unacceptable topics of conversation in most other settings outside a brothel.

Because of this restraint, MARPs networks often develop a shared language to describe their experiences: words, phrases, signs and signals that indicate their membership in the network, their understanding of the issues affecting them and which signal their membership of the group to each other. They may develop a shared 'culture' that includes a set of agreements about how they speak, dress, behave and support each other. They may have shared ways of seeing the world and people in their world. These codes and viewpoints vary from group-to-group and from place-to-place.

Individuals in MARP groups experience rejection and judgment from the society around them because of the behaviors that put them at risk of HIV and because of fear and misunderstanding about HIV in the general society. This rejection can reinforce their shared connections with each other.

An important distinction in mobilizing MARPs as opposed to mobilizing other groups for HIV health is that most individuals from MARPs groups will not rely upon their families, local communities and friends outside the network for support. For example, many female sex workers do not disclose their commercial sex work to family and friends and they work actively to keep their families and friends unaware of their work in the sex industry. Many transgender people are rejected by their families and are unable to rely on them for care and support while many people with HIV in these networks experience discrimination because of their HIV status.

Malang – A Local Story
Gay, other MSM and Waria Take Care of Their Own

In 1992, the first MSM in Malang died from HIV-related complications. At that time, the bodies of those who died from HIV were turned away from public cemeteries and were often rejected by families who refused to accept the bodies or prepare them for burial. A body unclaimed would be held in storage until five cadavers of this type had been gathered and they would then be buried in a collective, anonymous grave.

Gay and other MSM in Malang often took responsibility for the bodies of gay, MSM and Waria who had died of HIV. They washed and prepared the bodies for burial and negotiated with local officials to arrange burial. Andy, a leader at the MSM civil society organization, IGAMA, explains, "I remember that time. We would carry the bodies of our friends through the streets to a cemetery where the body was to be buried and people would stare; they would recoil from us."

Individuals in MARPs networks can experience difficulties with the police and perceived or real discrimination from health service providers, religious leaders, local residents and shop keepers. The illegal nature of the activities which put MARPs at risk of HIV act as barriers to health seeking as does the perceived or real discrimination of society.

4. Understanding the Experience of MARPs

Having a knowledge and empathy for the experiences of MARPs is important to building trust between your organization and MARPs networks. Knowledge of these experiences, languages and points of view can be an important part of signalling empathy and concern within these networks. Signalling your understanding by using the language and behaviors of the network can mean you are more likely to be accepted and trusted by individuals within these groups.

Here is a brief description of some of the life experiences that bring particular MARPs together and which can shape their points of view and the languages they adopt between each other:

- **Injecting drug users** in one district, city or neighbourhood, IDUs may congregate in the same places, buy drugs from the same drug dealers and procure injecting equipment at the same pharmacies, clinics or hospitals. They often experience similar issues and problems, including poverty, arrest and incarceration, difficulties with police or local residents and business owners. They may face similar difficulties with drug-related illnesses. They may choose to live together or may meet together; they may 'join forces' to find ways to get the money they need to sustain them and to buy drugs.

> ***Injecting Drug Users in Surabaya***
>
> IDUs move around Surabaya when purchasing and using drugs to avoid surveillance and arrest by police and this, according to *Orbit*, a civil society organization led by IDUs, makes it very difficult to support them.
>
> This situation makes it difficult to provide HIV testing and counselling to IDUs. "We often have to provide pre-test counselling in a park or on a street corner, and then meet the person at a later date to accompany them to an HIV clinic to draw blood. Then we find them at an even later date to take them back to get their results."
>
> In the meantime, the IDU may be arrested and detained, or may leave the areas they usually frequent for other reasons. This means many IDU never compete the cycle of HIV counselling and testing, and often do not receive their results, or they do but the entire process takes months to complete.
>
> Accessing drug treatment to stop using heroin or getting clean needles and syringes from government sites is also difficult because of legal impediments. "In some cases," one Orbit volunteer explains, "the police watch clinics providing treatment and clean needles." They detain IDUs who access these services and who are 'persons of interest' and so "IDUs in the area won't go to these services."

- **Female sex workers** often work on the same streets, in the same brothels and bars and share similar experiences with clients, pimps and police that can bring them together. Because of their close proximity and the similarity in their day-to-day experiences they may help and support each other through difficult situations. They may also be engaged in sex work for similar reasons – to support families and children or to meet life goals such as raising the money to start a small business or pay for an education. They are often required to attend hospitals and clinics for health checks and they may form a sense of belonging together because of these similarities.

- **Men who have sex with men** meet other men for social and sexual contact so they form social and sexual relationships that draw them together at particular places such as parks, streets, bars and clubs. Desire may bring them together but their networks might also be consolidated because they experience harassment, because they meet at the same places for social and sexual contact, or because they face similar problems when attempting to 'hide' their sexual preferences from family, employers and friends.

- **Transgender people** are often drawn together by their shared identity issues as well as the discrimination and harassment they can face from society. Maintenance of their gender transformation including gender reassignment, hormone therapy and side effects of hormones can bring them together. Many transgender people engage in sex work because options for other employment are so few or because this is the only way to pay for gender reassignment surgery or the costs of hormone therapy. They come together to share the experiences they have in common and share what they know with each other.

All Together Now is a toolkit on how to mobilize communities for HIV prevention, care, support, and treatment. It takes communities through a process of starting together; assessing and planning together; acting together; monitoring, evaluating and reflecting together; and scaling up together

It was developed by the International HIV/AIDS Alliance and consists of two separate documents. The first is a narrative description of the process of community mobilization for HIV and it is available at:

- http://www.aidsalliance.org/includes/Publication/All_Together_Now_2009.pdf

The second document is a resource toolkit with a range of tools for use in the field and it is available at:

- http://www.aidsalliance.org/includes/Publication/Tools_Together_Now_2009.pdf

5. Introducing *All Together Now* – A Manual for Community Mobilization in HIV

This section refers you to the resources available in the manual '*All Together Now – Community Mobilization for HIV/AIDS*, a manual developed by the International HIV/AIDS Alliance. Note though that *All Together Now* is <u>not</u> a manual for working with MARPs per se and so advice provided in the manual and examples in the manual relate to the importance of families and institutions in local communities that MARPs would not normally trust or access. This SUM module attempts to provide you with specific advice on working with MARPs on HIV to complement the Alliance manual.

Are you ready?

In order to assess your readiness to engage in mobilizing MARPs and to determine the stage of mobilizing you and your MARPs networks are at we recommend you do the Quickstart assessment on page 2 of *All Together Now*. Go to: http://www.aidsalliance.org/includes/Publication/All_Together_Now_2009.pdf

6. Identifying the Places MARPs Gather

This section introduces the process of *mapping*. Mapping involves drawing on paper the places that MARPs gather in your district. You do this by seeking advice from your staff, volunteers and sometimes from people outside your organization.

If your organization has not done so previously, then developing a 'map' of the places that MARPs gather is an important step toward understanding how MARPs use and interact with the spaces and institutions around them. An annual mapping exercise can help your organization stay up-to-date with the changing places where MARPs congregate. Mapping can assist you to design and target appropriate services to reach MARPs in your local area.

Mapping has been used to understand the geographic picture of MARPs activity, to estimate the size of a particular MARP network and to design targeted and effective services. For more information and advice on mapping go to page 42 of *All Together Now* where Tools 2-16 provide detailed advice and instruments you can use to undertake community mapping. Go to: http://www.aidsalliance.org/includes/Publication/Tools_Together_Now_2009.pdf

We propose three steps for your mapping process:

Step 1 – Host a mapping workshop
Step 2 – Facilitate the workshop
Step 3 – Produce a report on the mapping exercise and distribute it to your partners

Step 1 – Host a Mapping Workshop

Goal: To produce a 'map' of the places that MARPs are gathering, attending services and engaging in the places and institutions in your district.

Initiate the following:

1) Call a meeting to develop a 'map' of MARPs activity in your district

Telephone and/or meet with local government, local INGOs and local civil society organizations to see whether any population size estimations or mapping has been completed previously and get copies of these reports, read them and use them to begin thinking about the places that MARPs gather in your district.

2) Invite your staff and volunteers

You may also want to invite external people such as members of MARPs networks, local government, clinic and hospital staff, other government sectors and other civil society organizations. Police and correctional centre leaders may also be invited although this choice needs to be made very carefully so as not to de-stabilize the trust you have with your MARPs networks.

Step 2 – Facilitate the Meeting Agenda and Participatory Process

Start by placing a large piece of paper on the wall in the meeting room before the meeting begins and have markers available of different colors to use during the meeting.
Welcome everyone to the workshop. Ask the participants to introduce themselves – ask for their names, where they are from and their interest in participating in this meeting.

Introduce the topic of *mapping* and explain the goal of the workshop.

Ask a set of questions and engage participants in drawing the responses up on the piece of paper you placed on the wall. Here are some starting questions:

- Where are our MARPs networks meeting for social contact and for engaging in business together? Map these places up on the wall.

- Where are our MARPs networks going for health and welfare services? Map responses.

- Are MARPs in these networks being arrested and incarcerated? Map responses.

Note that MSM, TG people and female sex workers may be arrested for carrying condoms, as well as for drug use and distribution.

In addition to these key questions, you should ask further questions such as:

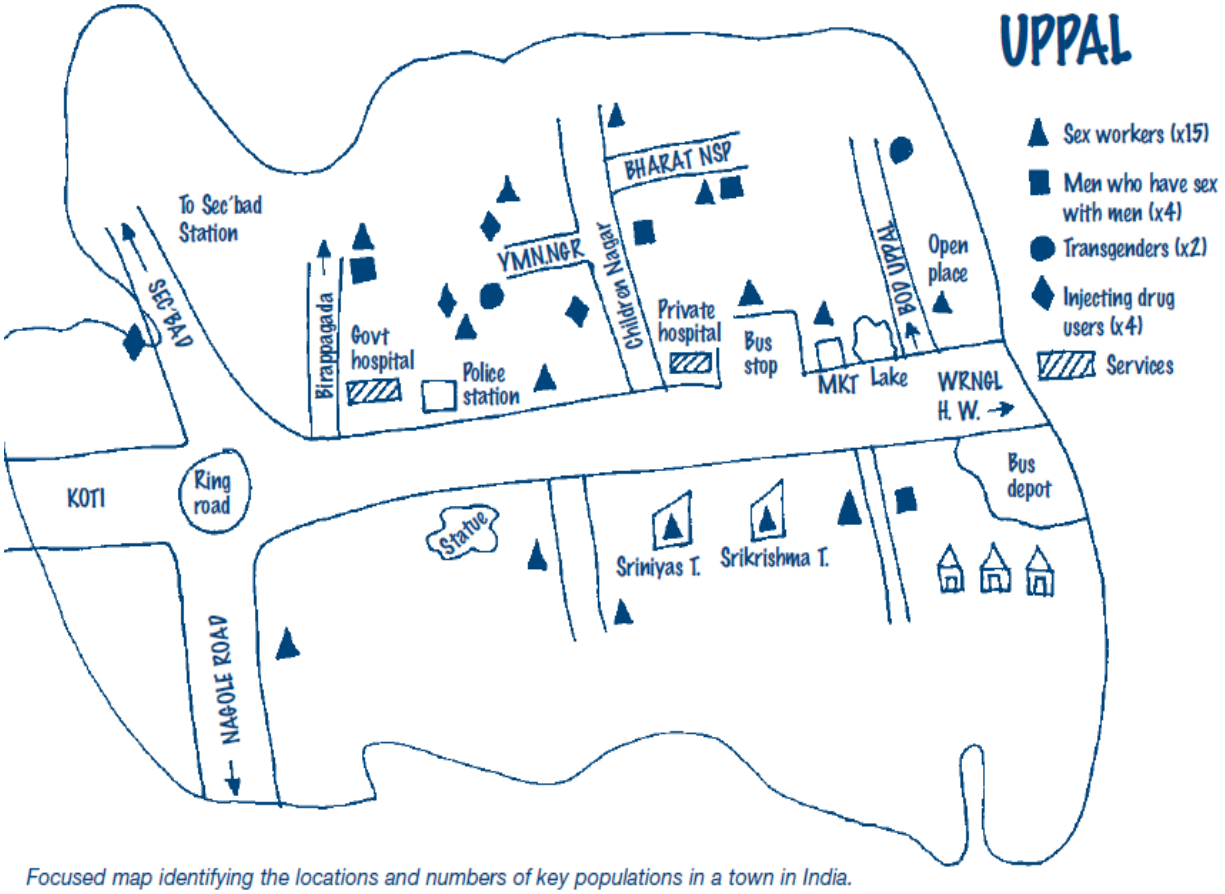
- Are these places accessible to us?
- Are there risks in providing services at these places?
- Could we deliver services there?
- What processes should we follow (e.g. permissions required)?
- Who would we need to talk to?
- Who else could help us?

On the following page is an example of a mapping exercise undertaken for all MARPs in a particular district in India. It is the sort of map that you should consider developing during your workshop.

Step 3 – Write and Distribute a Report on the Findings of your Mapping Meeting

The next step is to write a short report on the findings of your mapping meeting and distribute it to your partners. Solicit and incorporate any feedback that your partners provide you. Then use the report to develop a plan for the provision of services to the MARP you are serving.

This simple mapping exercise allows you to systematically plan your advocacy and service activities with local stakeholders including the MARPs networks themselves, owners of premises, health authorities and sometimes police. The meeting process can help you to develop partnerships with a range of stakeholders.



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

7. Design and Target your Advocacy and Service Delivery – Apply the Learning from your Mapping Exercise

With the map in hand you can drive or walk through these areas to add to your understanding of the sites and the populations meeting at these places. You can initiate discussions with MARPs there, determine who is attending regularly, and scan for security threats or other obstacles.

Step 1 – Discuss with Your Team the Next Steps to Take

We recommend that you meet with your team to discuss the next steps you need to take after your mapping exercise. You can now use the knowledge you've gained in developing the map to design and target your actions effectively from here.

Some actions to consider:

1. Determine the priority places that MARPs meet and how you could deliver outreach to these sites

    - You can now target your services to the places that MARPs are meeting.
    - You can now liaise with officials who are undertaking surveillance or providing services at these sites on a regular basis.

2. Recruit MARPs at these sites as volunteers, as service providers and as new leaders in the HIV health response

    - You can identify individual MARP who are interested and motivated to participate in designing and delivering services.
    - You can now assess the skills of MARP champions and deliver training to groups of MARP to build their knowledge of HIV and their skills in service delivery, advocacy and leadership.
    - Refer to the Volunteer Management in the USAID SUM Program *Implementation Manuals* (see section about, Purpose of this Module) for advice on recruiting, training and supporting MARP volunteers in your organization.

3. Determine the priority of clinics and hospitals where MARPs are attending

    - You can now liaise with key practitioners at clinics and hospitals where MARPs are accessing services. Our advice is to start with the easiest sites and identify key practitioners who are supportive of MARPs.
    - You can develop formal and informal agreements to deliver services at these sites.

4. Determine the local police, rehabilitation centres and correctional facilities where MARPs are engaged

    - You can now liaise with these sectors and facilities.

- You can work with officials at these sites to seek agreement to provide services there. Again, our advice is to start with the easiest sites and identify authorities who are supportive of MARPs.
- You can advocate for policy and legislative change to improve the situation for MARP.

HINTS for Accessing Entry Points to Health and Other Service Systems

- Identify service sites and key practitioners or authorities (such as police or correctional staff) who have already demonstrated a commitment to working with MARPs, and start working first with these sites and contacts.
- Utilize your contacts in local government police, health and corrections to facilitate access to local sites across the district.
- Use already supportive contacts to identify other sites and practitioners that you could approach.
- Use these already supportive contacts as advocates with new sites and new contacts. For example, you may have found a supportive doctor who can facilitate your access to other clinics and hospitals. You may have found a supportive police officer who can facilitate your access to other police stations and teams.

Refer to the USAID SUM Program *Implementation Manual, Section Two*, for information on designing appropriate health interventions for MARPs.

Step 2 – Identify Entry Points to District-level Services and Systems and Involve MARPs in Liaising with these Sites

The series of tables that follow aim to assist you to identify the key learning you've gained from your mapping exercise and to take the next steps in identifying and liaising with key contacts at these sites. The tables prompt you to decide and describe:

- The priority sites that MARPs gather where you will provide services and identify MARPs champions

- The priority clinics and hospitals that MARPs utilise that you will prioritize for services as well as key practitioners you'll work with

- The priority police stations, rehabilitation and correctional facilities where MARPs are and the authorities there that you'll work with.

8. Strategies to Assess and Improve your Relationship with MARPs Networks

This section focuses on helping your organization assess its current success at engaging and involving MARPs as well as assisting you to measure and improve the relationship you have MARPs over time.

A set of three questions are provided for your organization team to consider, and then a questionnaire template is provided for you to question individual MARP directly about the nature of your relationship with them.

TABLE: Targeting the Priority Sites Where MARPs Gather

The table below prompts you to list the priority sites you have identified through mapping, then visit them and identify MARPs champions.

Targeting the places that MARPs gather	No.	Priority Sites where MARPs gather	No.	MARPs Champions at these sites
	1		1	
			2	
	2		1	
			2	
	3		1	
			2	
	4		1	
			2	
	5		1	
			2	
	6		1	
			2	
	7		1	
			2	
	8		1	
			2	

TABLE: Targeting the Clinics and Hospitals where MARPs Access Services

The table below prompts you to list the priority clinics and sites from your mapping, then visit these sites and identify MARPS champions.

Targeting clinics and hospitals where MARPs access services	**No.**	**Priority Clinic and Hospital** (list priority sites that you identified)	**No.**	**MARPs Champions at these sites** (list practitioners who are open to and supportive of MARPs)
	1		1	
			2	
	2		1	
			2	
	3		1	
			2	
	4		1	
			2	
	5		1	
			2	
	6		1	
			2	
	7		1	
			2	
	8		1	
			2	

TABLE: Targeting the Police, Rehab and Correctional Facilities where MARPs are

The table below prompts you to list the priority police, rehab and correctional facilities from your mapping, then attend these sites and identify MARPs champions.

Targeting clinics and hospitals where MARPs access services	**No.**	**Priority Clinic and Hospital** (list priority sites that you identified)	**No.**	**MARPs Champions at these sites** (list practitioners who are open to and supportive of MARPs)
	1		1	
			2	
	2		1	
			2	
	3		1	
			2	
	4		1	
			2	
	5		1	
			2	
	6		1	
			2	
	7		1	
			2	
	8		1	
			2	

8.1 Involving MARPs in your Services

Current thinking about best practice in HIV services to MARPs is that involving them in designing, delivering and evaluating services helps to ensure positive relationships with them, and also ensures that the services are useful and are what MARPs need and can help to build the sort of supportive environment that encourages health seeking behaviors.

When MARPs are provided services from their peers they feel that the organization is part of their own network and therefore can be trusted. When MARPs are engaged in designing and evaluating your services they can help to ensure that the services provided effectively meet their needs.

Here are three simple questions that you and your team(s) can ask yourselves together about MARPs involvement in your organization. These questions will not be used to assess or evaluate you. They are offered here as an organizational assessment and improvement tool. They aim to help you determine how successful you currently are and what else you could do to achieve active MARPs involvement. Use your answers to these questions to determine what else you need to do to increase the involvement of MARPs in your services.

Hint – The Questions

Ask an external facilitator to help ask and answer these questions in a team meeting. If you choose, the SUM Program consultant delivering your SUM Package of Support can facilitate this process.

Questions about MARPs Involvement

- Does your organization currently involve MARPs in designing, delivering and evaluating your services? Yes/No
    - How could you improve in this area? What would you need to do?
- Does your organization currently provide education to MARPs to develop their skills to participate in the district-level response to HIV? Yes/No
    - How could you improve in this area? What would you need to do?
- Does your organization employ MARPs as volunteers, as paid staff and/or as managers in its MARPs focused programs and services? Yes/No
    - How could you improve in this area? What would you need to do?
- Does your organization recruit MARPs to participate in your governance structures? For example, on boards and committees? Yes/No
    - How could you improve in this area? What would need to happen in the external environment to help this? What would you need to do?

Your answers to these questions should result in further action by your organization to increase the involvement of MARPs in your work.

8.2 Measuring and Improving the Quality of the Relationships your Organization has with MARPs

The nature of the relationship your organization has with particular MARPs group(s) is important to the effectiveness of your health interventions to them. Part of your organization's work is to develop *strategies to develop and cultivate relationships with MARPs* and also to measure the *type and quality of the relationships you have with MARPs*.

The following questionnaire can help you assess your organizational relationship with MARPs.[2]

Eight categories for questioning help to measure perceptions about your relationship with MARPs.

1) **Responsiveness**: Measures how open your organization is to issues affecting MARPs and how quickly you respond to these issues.
2) **Integrity**: Measures how fair and just the organization is to MARPs – this is a trust measurement.
3) **Dependability**: Measures perceptions of reliability – also a trust measurement.
4) **Competence**: Measures perceptions of how skilled and capable the organization is – also a trust measurement.
5) **Commitment**: Measures perceptions of the faithfulness of your organization - how loyal and dedicated the organization is to MARPs.
6) **Satisfaction**: Measures how satisfied MARPs are with the relationship with your organization.
7) **Empathy**: Measures perceptions of how understanding and accepting your organization is.
8) **Effectiveness**: Measures perceptions of how helpful the services your organization is to MARPs.

Administering the Questionnaire

Two methods are provided for asking these questions about relationships between your organization and MARPs:

2 Taken from Grunig, James E. Department of Communications. University of Maryland. *Qualitative Methods for Assessing Relationships between Organizations and Publics.* 2002

- **Qualitative Questions:** On the left hand side of the sample instrument below are *qualitative* questions. These questions should be asked face-to-face with respondents and they prompt for a verbal answer from them that seeks to get as much detail about their perceptions of and experiences with your organization as possible.

- **Quantitative Questions:** On the right hand side of the instrument below are *quantitative* questions. These questions prompt for a rating that then provides a score on the particular category.

You may wish to use either method or both. A rating can be helpful because you can measure again at a later date to see if your relationships have improved. However, the literacy level of the MARPs group you're working with needs to be a consideration. Verbal answers can be helpful because you gain valuable and detailed insight in to the perceptions and experiences of your respondents. However, some MARPs may be reluctant to participate or there may be other barriers to easy participation. Choose the approach that best suits you and the MARPs group you serve. A couple of things to keep in mind include:

- Develop a plan for administering the process with your staff
- In terms of recruitment, you may choose to target leaders of MARPs groups in your area or you may randomly approach individuals during your outreach and field work, inviting them to complete the questionnaire and/or participate in the focus group

Hint – Confidentiality helps get Honest Answers

Respondents will be concerned that criticism could affect the quality of the service you provide them in future. Take steps to ensure confidentiality and reassure respondents that their responses will be kept confidential.

A key step is to organize administering the questionnaire so that no one in your organization knows who responded to it. Tell respondents that you have protected their confidentiality by not asking for their names.

If you use the quantitative approach in the field, ensure respondents can seal their questionnaires in an envelope and that the envelope is not opened by the person who administered the questionnaire.

Qualitative Questioning

If you choose qualitative questioning we recommend the following:

- Invite individual MARP to attend a focus group – you may need to provide transport, financial help and you may also want to consider providing food and beverages during the focus group.
- If possible, use an external facilitator not attached to your organization to run the focus group. No staff or volunteers should be present during the focus group.
- Record and transcribe the focus group (again, ensure that confidentiality is maintained in this process by omitting names or identifying details).
- Use the transcript of the focus group to determine ways that you might improve your relationship with MARPs groups in your district.

Quantitative Questioning

If you chose quantitative questioning we recommend the following:

- Develop a written questionnaire based on the instrument below.
- Develop a confidential system for respondents to complete it.
- Develop a system for administering the questionnaire and analyzing the results.
- Engage your staff in administering the process.
- Analyze the results of the questionnaires and determine ways that you might improve your relationship with MARPs groups in your district.

Questionnaire on Assessing your Organizational Relationship with MARPs

Leadership

	Qualitative Question	Category	Quantitative Question and Scale
1	To what extent do you believe that the organization is attentive to what MARPs say? <u>Follow up questions</u>: Why? Can you provide any examples of when the organization has taken your interests into account in its decisions and behavior or when it has failed to take those interests in to account? How could the organization improve its responsiveness to you and your group?	**Responsive**	To what extent do you believe that the organization is attending to what [MARP group] say? 1 2 3 4 5 6 Not at all Somewhat A lot
2	Would you describe anything that the organization has done to treat you and your group fairly and justly or unfairly and unjustly? <u>Follow up questions</u>: How could the organization improve its reliability and integrity for you and your group?	**Integrity**	How much integrity does the organization have? 1 2 3 4 5 6 Not at all Somewhat A lot
3	Would you describe things that the organization has done that indicate it can be relied upon to keep its promises, or that it does not keep its promises?	**Dependability**	How dependable is the organization? 1 2 3 4 5 6 Not at all Somewhat A lot

	Follow up Questions How could the organization improve its dependability for you and your group?		
4	How confident are you that the organization has the ability to accomplish what it says it will do? Can you give me examples or why you feel that way? Follow up Questions How could the organization improve its competence at providing services for you and your group?	**Competence**	How confident are you that the organization has the ability to accomplish what it says it will do? 1 2 3 4 5 6 Not at all Somewhat A lot
5	Can you provide me any examples that suggest the organization wants to maintain a long-term commitment to a relationship with [MARPs group] or does not want to maintain such a relationship? Follow up Questions How could the organization improve its long-term commitment to you and your group?	**Commitment**	How confident are you that the organization wants to maintain a long term relationship with you and your group? 1 2 3 4 5 6 Not at all Somewhat A lot
6	How satisfied are you with the relationship that the organization has had with you and your group? Please explain why you are satisfied or not. Follow up Questions	**Satisfaction**	How satisfied are you with the relationship you have with the organisation? 1 2 3 4 5 6 Not at all Somewhat A lot

	What could the organization do to increase the satisfaction you feel with the services it provides?		
7	Do you feel that the organization is concerned about the welfare of you and your group even if it gets nothing in return? Why do you think so? What has it done? <u>Follow up Questions</u> How could the organization demonstrate more concern about the welfare of you and your group?	**Empathy**	Do you feel that the organization is concerned about the welfare of you and your group even if it gets nothing in return? 1 2 3 4 5 6 Not at all Somewhat A lot
8	Do you feel that the organization gives or offers something helpful to you and your group? Can you provide any examples that show why you reached this conclusion? <u>Follow up Questions</u> How could the organisation improve its practice effectiveness to you and your group?	**Effectiveness**	Do you feel that the organization gives or offers something helpful to you and your group? 1 2 3 4 5 6 Not at all Unsure A lot

TOTAL out of 48

Planning to Improve the Relationship you have with MARPs

Now that you've completed this process you're ready to determine how to improve your relationship with MARPs networks. The table on the following page allows you to discuss and describe the decisions about improvement that you'll make.

TABLE: Improvements in the Relationship We have with MARPs

The table below prompts you to list the key improvements you'll make in each category to improve your relationship with MARPs.

Improving our relationship with MARPs	**No.**	**Categories**	**No.**	**List two actions you'll take to improve**	**By when?**	**Who will lead?**
	1	Responsiveness	1			
			2			
	2	Integrity	1			
			2			
	3	Dependability	1			
			2			
	4	Competence	1			
			2			
	5	Commitment	1			
			2			
	6	Satisfaction	1			
			2			
	7	Empathy	1			
			2			
	8	Effectiveness	1			
			2			

Next Steps

You can now take steps to act on the information you've gained about Entry Points into the health, correctional and welfare systems. You've also prioritized the places that MARPs gather and identified potential MARP champions at these sites.

Next, you need to know how to recruit MARPs volunteers, train them and support them in their advocacy and service delivery efforts in the district. The USAID SUM Program *Implementation Manuals* include a section on recruiting MARPs volunteers.

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