Partners for Positive Action: Social Mobilization for HIV/AIDS Prevention, Care & Support

cedpa

Partners for Positive Action: Social Mobilization for HIV/AIDS Prevention, Care & Support

Ministry of Health, National Centre for AIDS & STD Control
Ministry of Women, Children, and Social Welfare

In collaboration with

Aama Milan Kendra
BP Memorial Health Fund
The Centre for Development and Population Activities
General Welfare Pratishthan
Junior Red Cross
Life-Saving and Life-Giving Society
Nepal Red Cross Society

cedpa
The Centre for Development and Population Activities

This publication was supported by the United States Agency for International Development under Cooperative Agreement # HRN-A-00-98-00009-00. The contents of this document do not necessarily reflect the views or policies of the U.S. Agency for International Development or The Centre for Development and Population Activities (CEDPA).

Abbreviations

AMK	Aama Milan Kendra
BCC/BCI	Behavior Change Communication/Behavior Change Intervention
CEDPA	The Centre for Development and Population Activities
CSM	Condom Social Marketing
DACC	District AIDS Coordination Committee
DDC	District Development Committees
DHS	Demographic Health Survey
FHI	Family Health International
FSW	Female Sex Workers
GIPA	Greater Involvement of People Living With or Affected by HIV/AIDS
GO	Government Office
GWP	General Welfare Pratishthan
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HMG	His Majesty's Government
IA	Intermediate and Arts (Advanced High School Equivalent)
IDU	Injecting Drug User
IEC	Information, Education, and Communication
INGO	International Non-Governmental Organization
JRC	Junior Red Cross
LGLS	Life-Giving and Life-Saving
MSM	Men Who Have Sex With Men

NCASC	National Center for AIDS and STD Control
NGO	Non-Governmental Organization
NRCS	Nepal Red Cross Society
ORS	Oral Rehydration Solution
PLWHA	Persons Living With or Affected by HIV/AIDS
SLC	School Leaving Certificate (High School Diploma Equivalent)
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
SW	Sex Worker
TB	Tuberculosis
UMN	United Mission to Nepal
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
VDC	Village Development Committees
WATCH	Women Acting Together for Change

Preface

According to United Nations and the World Health Organization measurements Nepal now has a "concentrated HIV/AIDS epidemic" meaning that the levels of HIV are high in certain population groups (prevalence is above five percent among pregnant women) and an increasingly large portion of the general population is at risk.

Efforts to address the issues are ongoing from many different sectors. His Majesty's Government of Nepal (HMG), donors, non-governmental organizations (NGOs), and international non-governmental organizations (INGOs) have undertaken numerous programs to reduce HIV/AIDS. A National HIV/AIDS strategy has been prepared, which emphasizes an expanded multi-sectoral approach to HIV/AIDS focusing particularly on prevention, care, and support to vulnerable groups. This strategy calls for a united, coordinated, and collaborative approach.

It is within this context that this training manual on social mobilization and HIV/AIDS was developed. The dramatic and widespread changes needed in behavior, policy, and resource allocation will require concerted efforts and action by many segments of society. Previous social mobilization efforts have set precedents particularly in poverty reduction, safer motherhood, and better environmental planning and this in turn has brought about major shifts in societal norms, policies, and laws.

Social mobilization can effectively contribute to addressing many dimensions of the HIV/AIDS epidemic, such as destigmatization and providing care and support for HIV positive people by creating an enabling environment where broad-based changes can occur.

This manual is designed to give government and non-government field and program managers an introductory framework and key skills for undertaking social mobilization at multiple levels to address the HIV/AIDS epidemic.

We believe that this training manual will be a very useful reference tool for all those individuals and organizations working in the field of HIV/AIDS and social mobilization. On behalf of His Majesty's Government, Ministry of Health, the National Center for AIDS and STD Control and the Ministry of Women, Children and Social Welfare, we would like to extend our gratitude to CEDPA/Nepal and USAID/Nepal for supporting us in the development of such a practical manual. Our thanks also go to the facilitation team and all the collaborating partners for their work in developing this manual.

Dr. Shyam Sunder Mishra
Acting Director
National Center for AIDS & STD Control
Ministry of Health

Mr. Pratap K. Pathak
Joint Secretary
Ministry of Women,
Children and Social Welfare

Acknowledgements

This manual is dedicated to all whose lives have been affected by HIV/AIDS and to those mobilizers for social change who seek to include the excluded, forge new partnerships, create imaginative solutions, and, above all, take action to address the HIV/AIDS epidemic in Nepal.

CEDPA/Nepal wishes to acknowledge Dr. Shyam Sunder Mishra, Acting Director of the National Center for AIDS & STD Control and Mr. Pratap K. Pathak, Joint Secretary of the Ministry of Women, Children and Social Welfare, for their support and leadership to develop and promote use of this manual. It will help empower local governments and engage communities in providing prevention, care, and support services.

CEDPA/Nepal is also grateful to the technical assistance team, comprising Ms. Anne Kaufman, Team Leader, Mr. Basu Dev Neupane, Training Specialist, Mr. Mahesh Sharma, HIV/AIDS Specialist, and Ms. Tshering Dolma, Project Support Coordinator, for their expertise and for using social mobilization as a tool to facilitate the participatory development of this manual.

This training manual is the result of an intensive collaborative effort by many individuals and organizations. Special thanks are due to the 13 individual working group members from eight agencies, who participated in the manual development process. Their diverse experience in mobilization and HIV/AIDS, their sense of commitment to the issue, their patience with the process has made this manual comprehensive. Thanks also go to the nine collaborating agencies: *General Welfare Pratishthan, Nepal Red Cross Society, Junior Red Cross, Lifesaving and Lifegiving Society (LALS), National Center for AIDS & STD Control, Ministry of Women, Children and Social Welfare, Richmond Fellowship, Aama Milan Kendra,* and *B. P. Memorial Health Foundation*. These organizations demonstrated their commitment to the process over a four-month period, by their willingness to host working group sessions and arrange meetings with staff and clients and support their staff members' participation in weekly meetings.

We greatly appreciate the time given by the field and program staff of *General Welfare Pratishthan, LALS, Nepal Red Cross Society,* and *Junior Red Cross* to share their frontline experiences in HIV/AIDS-related programming. In addition, we are particularly grateful to those individuals-people living with and affected by HIV/AIDS who agreed to meet with members of our facilitating team and share their experiences and perspectives on the need for action on HIV/AIDS.

Special thanks go to Ms. Srijana K.C. from *Aama Milan Kendra,* Mr. Saroj Nepal from *Nepal Red Cross Society,* and Mr. Purna Puri from *Junior Red Cross,* for ensuring the continuation of field test activities in adverse conditions and for their skills and interest in training, which ensured the quality of this manual. We would also like to recognize the contributions of the field test participants for their active participation in the six-day, the intensive field, test training, for their hard and focused work and their constructive suggestions.

Thanks are also due to Mr. Robert Kelly and other staff of CEDPA/Washington, who provided important comments, to PANOS Institute for allowing us to use their unpublished stories (in addition to the published stories in *Positive Life*), Ms. Usha Neupane, for her patience in typing the Nepali manuscript, and Khetsung Sangmo, who volunteered to assemble the field test version of the manual. In particular, CEDPA/Nepal wishes to thank Ms. Nancy Russell, Senior Advisor for Social Mobilization of CEDPA/Washington and Mr. Deepak Bajracharya, Deputy Director of Programs, CEDPA/Nepal for their vision of social mobilization, inspiration, and feedback on the manual draft.

CEDPA/Nepal is grateful to USAID/Nepal for their generous support in the development and printing of the manual.

Ms. Christa A. Skerry
Country Director (Former)
The Centre for Development and Population Activities (CEDPA/Nepal)

September 10, 2002, Kathmandu

Collaborating Agencies and Working Group Members

National Center for AIDS & STD Control, Ministry of Health

Mr. Khagendra Bhandari, Training Officer
Ms. Usha Bhatta, Counselor

Ministry of Women, Children, and Social Welfare

Mr. Shyam Kumar Shrestha, Section Officer
Aama Milan Kendra
Ms. Srijana K.C., Program Manager

B.P. Memorial Health Foundation

Mr. Yuvraj Timsina, Program Officer

The Centre for Development and Population Activities (CEDPA)

Mr. Deepak Bajracharya, Former Deputy Director of Programs

General Welfare Pratishthan

Ms. Binita Pant, Project Coordinator

Junior Red Cross

Mr. Bipul Neupane, IEC Officer
Mr. Purna Puri, Program Associate

Life-Saving and Life-Giving Society (LALS)

Mr. Dhirendra Lamsal, Program Officer

Nepal Red Cross Society

Mr. Babu Raja Bohara, Field Officer
Mr. Saroj Nepal, Training Officer

Richmond Fellowship

Ms. Sunita Malla, Research Coordinator

Facilitating Team

Ms. Tshering Dolma, Project Support Coordinator
Ms. Anne Kaufman, Team Leader
Mr. Basu Dev Neupane, Training Specialist
Mr. Mahesh Sharma, HIV/AIDS Specialist

Field Test Facilitators

Ms. Srijana K.C., Aama Milan Kendra
Mr. Saroj Nepal, Nepal Red Cross Society
Mr. Purna Puri, Junior Red Cross

Field Test Participants

Mr. Ishor Ghimire, Field Coordinator, JRC Bhaktapur
Mr. Krishna Gopal Lageju, DCM, JRC Bhaktapur
Mr. Bharat Shrestha, Social Mobilizer, JRC Bhaktapur
Ms. Apsara Karki, Program Manager, AMK
Ms. Najina Pokharel, Study Coordinator, AMK
Ms. Shanti Kunwar, IEC Officer, AMK
Ms. Kalyani Bista, Sector Supervisor, AMK
Ms. Seema Koirala, Program Officer, BP Memorial Health Foundation
Ms. Indira Shakya, Program Officer, BP Memorial Health Foundation
Mr. Supendra Basnet, Program/Training Officer, GWP (Nepalgunj)
Ms. Bharti Khadka, Field Coordinator, GWP (Hetauda)
Ms. Sushila Sharma, Outreach Educator, GWP (Birgunj)
Ms. Bobby Limbu, Supervisor, LALS
Mr. Surendra Bajracharya, Outreach Worker, LALS

Table of Contents

Partners for Positive Action: Social Mobilization for HIV/AIDS Prevention, Care & Support

Abbreviations iii
Acknowledgements vi
Overview I
Training Objective II

Social Mobilization for HIV/AIDS 1-1

Day One 1-3

Introduction to Social Mobilization and HIV/AIDS 1-3

Welcome, Introductions, and Visualizing Social Change 1-5
Overview of Training: Objectives, Sessions, Methods 1-8
Sharing Participant Experiences of Mobilization 1-12
Defining Social Mobilization 1-25
A Framework for Social Mobilization Planning 1-32
Principles of Team Facilitation 1-49
Closing the Day 1-53
Handouts 1-55
Some Facts about HIV/AIDS 1-56
HIV/AIDS in Nepal 1-57
Sudha 1-59
Bijay 1-61
Rajendra 1-66
Chandika 1-68

Day Two 2-71

Meeting the Needs of Your Community 2-71

Starting the Day 2-73
Outreach, Inclusion, and Participation 2-74
Identifying and Prioritizing HIV/AIDS Issues 2-92
Analyzing Prioritized HIV/AIDS Issues 2-108
Closing 2-121
Handouts 2-122
Women and HIV/AIDS 2-123
Community and Advocacy 2-125

Day Three **3-129**
Dissecting the Many Levels of Social Mobilization **3-129**
Starting the Day 3-131
Awakening to Personal Change 3-132
Information Gathering 3-134
Identifying Needed Changes 3-149
Closing the Day 3-164
Handouts 3-165
Mobility, Migration, and HIV/AIDS 3-166
Behavior Change Communication and Intervention (BCC/BCI) 3-168
Day Four **4-173**
Idea to Action **4-173**
Starting the Day 4-175
Rama's Story 4-179
Mobilizing People and Promoting Change at Multiple Levels 4-180
Developing Mobilization and Change Strategies to Address HIV/AIDS Issues at Multiple Levels 4-197
Developing Action Plans for Social Mobilization on HIV/AIDS Issues 4-211
Closing the Day 4-223
Handouts 4-225
Condom Day: Event Organizing and Coalition Building 4-226
Working Together Works 4-229
Day Five **5-231**
Building the Support Network **5-231**
Starting the Day 5-233
Building Bridges: Leadership and Team Building 5-234
Defining Coalition and Developing Coalition Mission Statements 5-244
Mapping Potential Coalition Partners 5-253
Assessing Coalition Capacity 5-261
Closing the Day 5-273
Handouts 5-274
Court in India Reverses Workplace Discrimination 5-275
The Link between HIV/AIDS and Human Rights 5-277
Day Six **6-279**
Assessing Results **6-279**
Starting the Day 6-281
Evaluating Social Mobilization Outcomes 6-282
Quiz Contest 6-299

Session Mapping 6-301
Closing the Training 6-306
Appendices I-307
Appendix I I-309
Overview of Training Manual Development Process I-309
Appendix II II-311
Send Us Your Feedback! II-311
Feedback Form II-312
Appendix III III-315
Bibliography and Resource Guide III-315
Organizations Working in HIV/AIDS III-320

Overview

HIV/AIDS is a disease without a cure. It is a devastating illness that kills millions of people every year. While the physical and psychological impact on individuals is devastating, the social consequences are also enormous. In the next ten years the world may see 40 million orphans as a result of parents dying from the disease. In Nepal, HIV/AIDS has reached the "concentrated epidemic" stage, and according to experts in the field, the country is extremely vulnerable to the rapid spread of the disease. The prevalence is difficult to measure and the actual numbers affected by the disease may never be known.

HIV/AIDS is a disease that can be prevented, but the numbers of those infected are increasing. In the past we have seen social marketing, and other individual behavior change interventions used to bring about significant changes on other health issues. However, the complexity of the disease, the need for widespread changes in individual behavior (for prevention of HIV/AIDS and for acceptance and support of those living with it) and the need to build political and social will (to bring about changes in policies, practices, and services) require coordinated, broad-based action. Social mobilization is an approach that acknowledges the need to build recognition of and response to the issue at multiple levels, galvanizing support from the community to policy levels. Social mobilization recognizes that **everyone** needs to change—not only, for example, vulnerable individuals.

Nepal has used social mobilization techniques, such as Condom Day, to gain community and political support. Social mobilization methods have been used to build political support for safe motherhood as well. Outside the area of reproductive health, social mobilization has been used as a major strategy in poverty alleviation programming. A common theme is the building of alliances—to build collective ownership of the issue and take collective action on it. This manual looks beyond any one intervention, and focuses on multiple approaches at multiple levels. It will help participants learn the value of working together, and develop skills in planning broad-based social mobilization efforts to address HIV/AIDS-related issues. If there is going to be any significant change related to HIV/AIDS, communities, service providers, businesses, planners, and policy makers are going to have to work together.

It is my hope that the users of this manual adapt it to their local context and use it to educate others about the value of mobilizing on multiple levels. By mobilizing alliances to bring awareness and move communities to action, no one is blamed for the problem. The focus is on the process of seeking solutions together.

Enjoy this manual and let your vision and creativity soar!

Ms. Nancy Russell,
Senior Advisor, Social Mobilization
CEDPA/Washington

Training Objective

The overall objective of this training is to develop basic skills of mid-level field and program managers in planning social mobilization efforts at multiple levels to address HIV/AIDS issues in Nepal.

A single workshop is not enough to fully address the complexities of social change. Thus this training should be considered an **introduction** to fundamentals of planning social mobilization on HIV/AIDS issues.

To ensure realistic expectations of users of this manual, we would like to clarify at the outset what the training is not. It is not a guide to organizing groups at the front-line, grassroots level, nor is it an informational course on the basics of HIV/AIDS.

Definition of Social Mobilization

The term social mobilization means different things to different people. The definition of social mobilization used in this manual is as follows—

> *Social mobilization is a dynamic process, which involves all relevant segments of society in dialogue and coordinated action to promote interrelated changes from the individual to the policy level. Social mobilization should make reasonable and appropriate use of local resources and promote capacity building of local communities.*

The training places particular emphasis on the need for **coordinated action at multiple levels**.

The Participants

The training is designed for a group of 15-20 participants. There should be at least two people from every organization represented in the training. Ideally participants should—

- Be mid-level program or field managers (including senior field supervisors)
- Have some experience of group, community, or social mobilization
- Have exposure to and a basic understanding of HIV/AIDS issues
- Have program planning experience
- Have an IA (Intermediate & Arts or completion of 12^{th} Grade) degree, or an SLC (School Leaving Certificate or completion of 10^{th} Grade) with considerable field or program experience

Institutions that are considering sending staff that have not had previous exposure to HIV/AIDS issues should first provide them with basic orientation on HIV/AIDS.[1]

The Facilitators

A team of at least two facilitators with experience in participatory training and adult learning should conduct this training. In addition, facilitators should have complementary backgrounds that include—

- Experience of group, community, or social mobilization
- Good grasp of HIV/AIDS issues
- Program planning experience

Training Approach

This training takes an experiential, participatory approach based on principles of adult learning. Several fundamental principles inform the design of this training—

- Promoting the understanding that HIV/AIDS is about people, through the use of real life stories
- Building upon participants' own experiences *(of group, community, or social mobilization, in program planning, working with HIV/AIDS, or related issues, and so on)*
- Having teams focus on one self-identified HIV/AIDS issue through all the steps in planning a social mobilization effort at multiple levels
- Developing team-building skills through extensive small team work
- Developing team leadership skills through rotating participant leadership of teams

This training relies heavily on small group or teamwork, in which participants are generating their own actual strategies and plans. This is an intense, working process, and facilitators should prepare participants for it. It may be helpful to remind them that the intensive teamwork mirrors certain aspects of social mobilization, which is really about working together as a group. In the Nepal context, this is considered a "workshop" approach rather than a training approach. It is important that facilitators make it clear to participants from the outset that most of the training sessions are really small group "working" sessions.

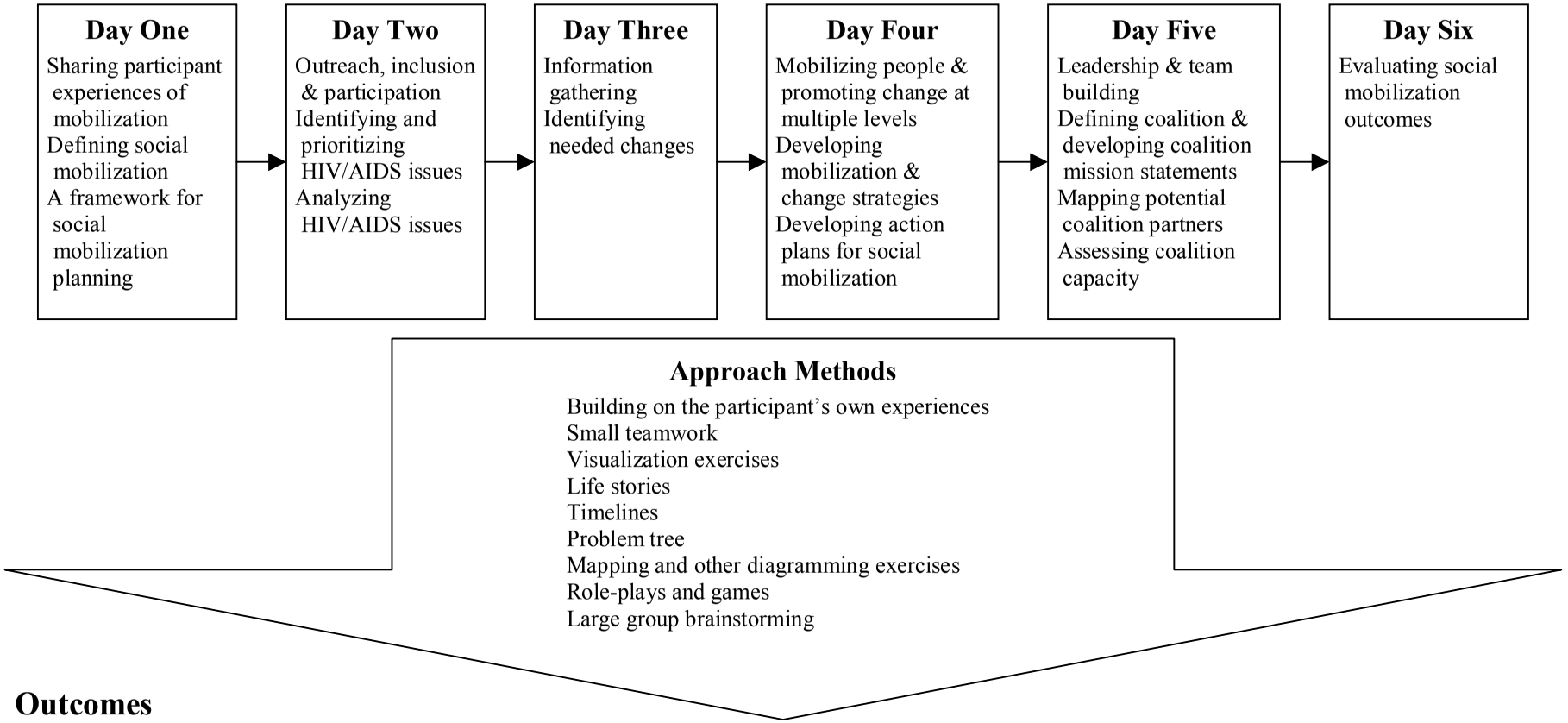
Training Framework

A chart, summarizing the contents of the training, the methods used, and the expected outcomes, appears on the next page. Facilitators may want to use this chart (as a handout or as several flip charts) to orient participants to the training on the first day. It can also be used on a daily basis to orient participants to the day's activities, and chart progress at the end of the day.

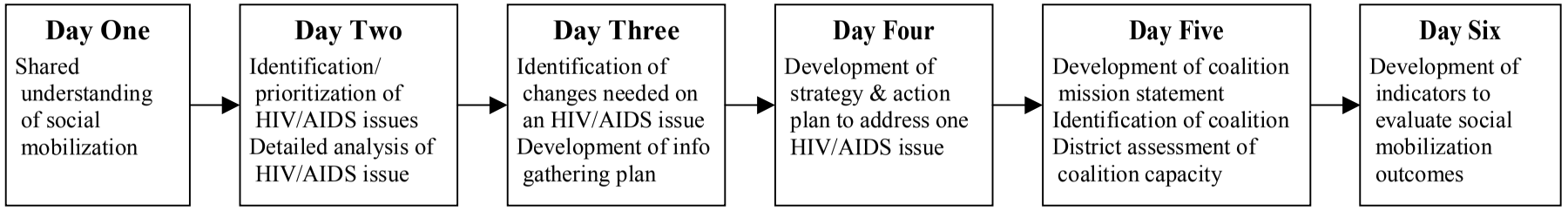
[1] The HIV/AIDS Training Manual developed by the United Mission to Nepal (UMN/Nepal) or CEDPA's *Family Planning Plus: HIV/AIDS Basics for NGO and Family Planning Program Managers* are good resources to reference for participatory approaches to basic HIV/AIDS orientation/training.

Training Framework

Contents



Outcomes



Training Duration and Timing

This training takes roughly six days. Each full day of training takes seven and a half hours, including six and a half hours of training activities, half an hour for tiffin/lunch, and two 15-minute tea breaks.

The last or sixth day of the training is shorter than the first five. The shorter day gives the facilitator flexibility; the opportunity to schedule a closing speaker or closing ceremony as appropriate to the local context; a cushion of extra time in the event sessions on previous days took longer than expected; the possibility of allowing participants (who may have traveled some distance to attend the training) to leave for home early.

Option: ***Breaking the training up.*** *Some institutions may prefer to break the training into two three-day workshops with a gap of a month or two in between. The training is designed to make this possible. The one-to-two month gap can be used for practical application of skills gained in the first workshop. At the end of the first three-day workshop, participants will be prepared to undertake outreach activities, gather information, and identify, prioritize, and analyze HIV/AIDS issues. This practical use of skills and focused field experience will in fact enhance the strategy development and action planning sessions that will take place in the second three-day workshop.*

Layout of the Manual

The manual is organized according to the training days.

Each training day is organized according to the sessions in the day.

Each session begins with a cover note page that identifies—

- Session title and duration
- Session objectives
- Materials needed
- Flip charts *(to be prepared in advance by facilitators)*
- Participant handouts *(to be photocopied in advance)*
- Team instruction cards *(to be photocopied, cut, and made into instruction card packets for each team)*
- Notes to the facilitator

Sequencing. All instructions, flip charts, participant handouts, team instruction cards, and notes to the facilitator pertaining to a specific activity appear sequentially in the session chapter. This is different from the way that many training manuals are organized, for example, handouts, are usually found at the end of a given session chapter.

The sequential ordering is meant to make it easy for the facilitator to follow and use the manual without flipping back and forth. (It may, however, interrupt the flow for those who are just reading through the manual as a resource.)

Each activity within the session is numbered.

Participant Handouts. There are three basic types of handout—

- Handouts that are needed for reference or as worksheets during the session itself
- Handouts that are distributed to participants at the end of a session for later reference after the training is over—to recall the steps in various parts of the social mobilization planning process, or worksheets for recording outcome
- Handouts that are distributed to participants at the end of the day as homework

Because handouts, particularly examples, can limit or influence participants' own work, it is important not to distribute handouts at the beginning of a session unless specifically instructed to do so.

Facilitators may decide that the contents of some handouts are more appropriate as flip charts, or that some of the flip charts would make good handouts, and should make such adjustments as necessary.

Homework. At the end of every day, participants will receive handouts to read as "homework." Handouts cover a range of HIV/AIDS-related topics: life stories of HIV positive people, discussion papers on issues such as the link between mobility, migration, and HIV/AIDS, or HIV/AIDS and human rights, and examples of social mobilization strategies including event organizing, behavior change communication, coalition building, and advocacy.

In some cases, homework handouts are directly related to the next day's work (such as the life stories of HIV positive people, which are homework on *Day One: Introduction to Social Mobilization and HIV/AIDS*, and serve as the basis for identifying HIV/AIDS issues on *Day Two: Meeting the Needs of Your Community*). For the most part however, homework handouts are meant to stimulate reflection on aspects of HIV/AIDS that participants may not have thought about, and to illustrate with concrete examples the diverse array of strategies that have been used to address HIV/AIDS issues at different levels.

Quotations/Proverbs. The introduction to most sessions begins with a Nepali proverb or other appropriate quote. Facilitators may use (or not use) these quotations as they deem appropriate: to begin the session, to get participants' attention, as a reflection piece.

Option: *Facilitators might choose to establish one corner of the room as a quotations or inspirational sayings corner, and put up several new sayings every day. Facilitators can select sayings from those provided in the manual, put up appropriate sayings of their own choosing, and/or ask participants to contribute quotations, proverbs, or inspirational sayings. The sayings can be used as reflection pieces to start the day, or to recall participants to the training from tea and lunch breaks.*

Preparing for Sessions

Major Tasks. Facilitator preparation for sessions should include the following—

- Reading through each session to make sure process/instructions are clear
- Dividing up preparation and facilitation responsibilities
- Gathering and/or preparing materials, including—
    - Making flip charts
    - Photocopying participant handouts
    - Photocopying team instruction cards, cutting them in half, and putting together into team instruction packets (one packet per team)
- Purchasing/assembling other needed materials
- Identifying team leaders for the session
- Orienting team leaders

Materials Needed. Here is a list of stationery that will be needed in bulk quantity during the training—

- Flip charts: 300-400 sheets
- Metacards: 100 each of four different colors
- Photocopies of participant handouts: 85-100 pages of handouts per participant *(depending on the number of optional handouts facilitators choose to distribute)*
- Masking tape: two to four rolls
- Colored markers: five each of four different colors

In addition to the above, there are many other materials needed for individual sessions (for example, poster board, ruler, scissors, and so on.) All required materials are specified on the session cover page.

Time Needed. Facilitators should budget about two hours of preparation for each day of the training. Because the training day is long and quite intense, we recommend that facilitators plan to take one to two full days before the training begins to prepare.

Support Staff. Alternatively, facilitators may find it helpful to have a support person available just prior to and during the training to help with logistical arrangements, photocopying, making flip charts, and purchasing necessary materials.

Depending on the background of the support staff person, s/he could also serve as a "recorder," for work generated by participants each day. In this way, work generated by participants on one day can then be photocopied and distributed to them the following day.

Opening the Day

Suggestions for opening each day include—

- Reviewing the focus and activities of the day before
- Reviewing the day's schedule and topics *(prepare a daily agenda in advance)*
- **Option:** *Handing out group work from the day before that was transcribed onto paper and photocopied*
- **Option:** *Pointing out the new sayings in the quotation corner*

Mood Monitoring and Energizers

As mentioned earlier, much of the teamwork is quite intensive, and facilitators should pay careful attention to the energy level of the group throughout the day. Facilitators should be ready with a variety of short (five minute) energizers to use between sessions or to break up long sessions as they see fit. Alternatively, one or two participants each day can serve as "mood monitors." Mood monitors can be responsible for leading the group in a song, dance, or exercise at least once during the day when they sense energy is lagging.

Closing the Day

At the end of every day, facilitators should—

- Thank participants for their hard work
- Distribute fact sheets and other handouts for participants
- Hand out any homework for participants
- Identify team leaders for the next day and ask them to stay 15-20 minutes late for orientation to their role and specific tasks

Identifying and Orienting Team Leaders. Much of the work in this training will be undertaken in small teams, facilitated by team leaders. Every participant will have the opportunity to be a team leader at least twice.

Because it is not possible to identify team leaders in advance of the training, no participants will serve as team leaders on the first day.

At the end of the first day of the training, facilitators will conduct a short general session on **Team Facilitation Skills.** This will be supplemented each day by briefing those individuals who will serve as team leaders, on their specific responsibilities. The briefing should include reviewing the objective of the team activity, the expected outcome, and the detailed team instruction cards with team leaders.

Team leader briefings can be held at the end of the day. (For example, participants who will be team leaders for the second day should be briefed at the end of the first day). Team leaders should be asked to stay 15-20 minutes late, after the training day has ended, for their briefing.

Other Optional Activities

There are many optional activities that could be included to complement the training activities as described in this manual. Here are a few suggestions—

- Hold a one to two hour sharing and exchange event in which participants bring in materials they have used or that their organization has developed related to HIV/AIDS, group, community or social mobilization, advocacy, and so on
- Show a video that is related to HIV/AIDS or social mobilization
- Take a trip to a local non-governmental organization (NGO) or other institution that is particularly active in HIV/AIDS or social-mobilization work
- Schedule short lectures by local speakers with practical experience in HIV/AIDS-related work, community or social mobilization, advocacy, and so on. Facilitators are advised to work with speakers to make sure their presentations are short and focused enough to be relevant to the training content

Adapting and Using the Manual

We expect that this manual and training will be used and adapted to fit the needs of different institutions, and different participants. Although details of each step in each activity are provided, we also expect that experienced trainers will want to vary materials and activities. Both in this section and in the body of the manual we have made suggestions for variations large and small, but there are many other possibilities than those mentioned.

Two alternative uses of the manual—

- Although the manual focuses on social mobilization on HIV/AIDS-related issues, the training could be adapted for social mobilization planning on any issue
- Because the training follows the process of planning a multi-level social mobilization effort from beginning to end, the core manual sessions could easily be used as a guide for social mobilization planning outside of a training setting

Feedback on the Manual

Because of the limited field testing, this edition of the manual should be considered the first incarnation of a living document. There are undoubtedly many shortcomings, and future versions will be greatly improved and enriched by users of diverse backgrounds, who have a critical eye and are willing to send us their input and feedback. Feedback forms are included at the end of the manual, along with the appropriate contact address to mail feedback to. We look forward to receiving your comments.

Social Mobilization for HIV/AIDS

"A crisis such as this demands all the resources the civilized world can muster. The implications of doing too little are onerous for the future of mankind."

—*ANONYMOUS*

Day One

Introduction to Social Mobilization and HIV/AIDS

Welcome, Introductions, and Visualizing Social Change 1-5
Overview of Training: Objectives, Sessions, Methods 1-8
Sharing Participant Experiences of Mobilization 1-12
Defining Social Mobilization 1-25
A Framework for Social Mobilization Planning 1-32
Principles of Team Facilitation 1-49
Closing the Day 1-53
Handouts 1-55
- Some Facts about HIV/AIDS 1-55
- HIV/AIDS in Nepal 1-57
- Sudha 1-59
- Bijay 1-61
- Rajendra 1-66
- Chandika 1-68

Day One Agenda: Sample

30-10:00	**Welcome, Introductions, and Visualizing Social Change**
10:00-10:20	**Overview of Training**
10:20-10:35	**TEA BREAK**
10:35-12:30	**Sharing Participant Experiences of Mobilization**
12:30-1:00	**LUNCH BREAK**
1:00-1:45	**Defining Social Mobilization**
1:45-3:00	**A Framework for Social Mobilization Planning**
3:00-3:15	**TEA BREAK**
3:15-4:30	**A Framework for Social Mobilization Planning** *(continued)*
4:30-4:50	**Principles of Team Facilitation**
4:50-5:00	**Closing the Day**

Welcome, Introductions, and Visualizing Social Change[2]

(30 minutes)

Exercise Objective

- In this exercise participants will share their visions for change on an HIV/AIDS-related issue

Materials

- Permanent markers (four colors, five each)
- 20 metacards (enough for each participant) of a single color
- 20 blank name cards (cut from metacards)
- Cut out of an oil lamp visual to post on the wall
- Real oil lamp, with oil and wick
- Matches

Notes to the Facilitator

The visualization exercise in this session serves as the "opening" for the training. It incorporates both facilitator and participant introductions.

Facilitators should be prepared to participate in the visualization exercise, and share their ideas for change on HIV/AIDS issues with participants.

[2] Adapted from Social Mobilization for Reproductive Health, CEDPA, Washington DC, 2000

1. Welcome

- Welcome participants to the training, and introduce facilitators and other staff.
- Explain that the training will begin with a somewhat unusual exercise, after which participants will be given an overview of the training.

2. Guided Visualization *(10 minutes)*

- Lower the lighting in the room.
- Ask participants to sit comfortably, relax their shoulders… hands… feet… and close their eyes…
- Then read out the visualization text below.

Imagine yourself in a candlelight vigil for all Nepali people who have died of HIV/AIDS. You are with hundreds of other people. This is a vigil that you have helped to organize. It is one of many similar activities going on all over the country. It is one event in a comprehensive mobilization process to bring about important changes in the way the problem of HIV/AIDS is being addressed in Nepal. You have worked hard with your friends and colleagues to plan and coordinate the nationwide movement because its purpose is something you believe in strongly.

People are chanting a common slogan together, carrying banners, and handing out leaflets to crowds watching from the side of the road. You feel very proud to be part of this vigil and are inspired by its positive and hopeful energy. The people around you begin to sing a song that was composed for the HIV/AIDS campaign. It moves through the crowd, and soon many people are singing.

Who are you? You are a social mobilizer. A catalyst for change. Because of your vision, commitment, creativity, and willingness to join hands with others, this HIV/AIDS campaign has become a reality. You are a light that shines the way for others.

Before you open your eyes, I am going to light an oil lamp, symbolizing this light, this vision, this commitment. Please reflect for a moment on how this light means something to you about social change, about how each person can work with others to make a difference. As has been said, it is better to light one candle than to curse the darkness. When you open your eyes, I will ask you to write a few words describing one issue related to HIV/AIDS that you feel passionate about changing.

The issue you describe does not have to be related to your work in any way—it may be something in your own personal experience, something you witnessed, or something you have read or heard about. It must be something you feel strongly about.

3. Individual Reflection *(5 minutes)*

- Place one metacard in front of each participant. Allow about five minutes for participants to reflect and write about what they hope to change, in the quiet moments after the guided meditation.

4. Sharing Issues for Change *(5-10 minutes)*

- Invite participants one by one to—
  - State his/her name, position, and organization
  - Read what his/her card says about the change she/he hopes to bring about
  - Tape his/her card near the cut out of an oil lamp on the wall
  - Return to his/her seat
- After all of the participants have shared their ideas for changes, facilitators should share theirs and tape their cards near the oil lamp.

5. Summing Up *(5 minutes)*

- Sum up by saying—

> There is a deep commitment to social change and high level of inspiration in this room. We are here in this training to share our commitment to the issue of HIV/AIDS and build upon our experiences in activism for social change, so that we can return to our agencies and communities with renewed motivation, support, and energy, and enhanced social mobilization skills. As Gandhi said, "You must be the change you wish to see in the world."

Overview of Training: Objectives, Sessions, Methods

(20 minutes)

Session Objective

By the end of this session participants will have—

- An overview of the training objective, approach, and outline of sessions

Flip Charts

- Training Objective
- Key Principles of Training Approach
- Overview of Training Sessions
- Day One Agenda

Handouts for Participants

- Overview of Training Sessions
- Training Objective and Key Principles of Training Approach

Notes to the Facilitator

Training Approach

In Nepal, the terms "training" and "workshop" are not interchangeable. This training relies heavily on small group work, in which participants are generating their own actual strategies and plans. In the Nepal context, this is considered a "workshop" approach rather than a training approach. Thus, training/workshop is the term used throughout the Nepali version of the manual.

It is important that facilitators make it clear to participants from the outset that most of the training sessions are really small group "working" sessions.

1. Training Objective (*5 minutes*)

- Present the training objective to participants, referring to the flip chart on the following page.
- So that participants have realistic expectations, it may also be important to clarify what the training is not—
  - It is not a hands-on training in grassroots level group formation and mobilization
  - It is not an informational course to increase basic knowledge about HIV/AIDS
- Emphasize that the training is designed to improve the skills of **mid-level field and program managers** in planning social mobilization on HIV/AIDS issues at multiple levels.
- The training design is based on the assumption that participants have had some experience in group and/or community mobilization, program planning experience, and some exposure to HIV/AIDS issues.

2. Key Features of Training Approach (*5 minutes*)

- Present the key features of the training approach, referring to the flip chart on the following page.
- Let participants know that there will be extensive "hands-on" teamwork to develop strategies and produce action plans. Participants may be better prepared if they think of the training as a series of "working sessions" rather than a traditional "training."
- Answer any questions participants may have.

3. Overview of Sessions (*5 minutes*)

- Hand out the workshop schedule and give a quick overview of sessions, referring to the flip chart and/or handout on page 1-11.
- *Alternatively, facilitators may want to present or hand out the **Training Framework** that appears in the **Introductory Notes to the Training Facilitator.***
- Answer any questions participants may have.

4. Day One Agenda (*5 minutes*)

- Go over the agenda for the first day, referring to the flip chart.

5. Other Announcements

- Make any housekeeping announcements about lodging, food, transportation, and so on.

(Flip chart and/or participant handout)

Training Objective

By the end of this session participants will have—

- Developed basic skills in planning social mobilization at multiple levels to address HIV/AIDS issues

(Flip chart and/or participant handout)

Key Principles of Training Approach

- Experiential, participatory approach based on principles of adult learning
- Personalizing participants' understanding that HIV/AIDS is about people and people's lives, through the use of real life stories and other sensitizing exercises
- Building upon participant's own experiences *(of group, community, or social mobilization, in program planning, working with HIV/AIDS or related issues, and so on)*
- Having teams focus on one self-identified HIV/AIDS issue through all the steps in planning a social mobilization effort at multiple levels
- Developing team-building skills through extensive small-team work
- Developing team leadership skills through rotating participant leadership of teams

(Flip chart and/or participant handout)

Social Mobilization on HIV/AIDS Issues

Overview of Training Sessions

Day One	Day Two	Day Three	Day Four	Day Five	Day Six
• Welcome, Introductions, Visualizing Social Change • Training Overview • Sharing Experiences of Mobilization • Defining Social Mobilization • Framework for Social Mobilization Planning • Closing Remarks for the Day	• Opening Remarks • Outreach, Inclusion & Participation • Identifying & Prioritizing HIV/AIDS Issues • Analyzing Prioritized HIV/AIDS Issues (part 1) • Closing Remarks for the Day	• Opening Remarks • Awakening to Personal Change • Analyzing Prioritized HIV/AIDS Issues (part 2) • Information Gathering • Identifying Needed Changes • Closing Remarks for the Day	• Opening Remarks • Life Story • Ways of Mobilizing People & Promoting Change • Developing Mobilization & Change Strategies • Developing Action Plans for Social Mobilization • Closing Remarks for the Day	• Opening Remarks • Building Bridges: Leadership & Team Building • Defining Coalition & Developing Coalition Mission Statements • Mapping Potential Coalition Partners • Assessing Coalition Capacity • Closing Remarks for the Day	• Opening Remarks • Evaluating Social Mobilization Outcome • Quiz Contest • Session Mapping • Closing the Training

Sharing Participant Experiences of Mobilization

(1 hour 55 minutes)

Session Objective

By the end of this session participants will have—

- Identified and analyzed examples of mobilization from their own experience

Material

- Flip (ten blank sheets)
- Permanent markers (four colors, five each)
- Masking tape
- Metacards of four different colors: yellow, green, white, pink (20 of each color)
- Metacards of a single color (30)
- Large red "*tikas*" or other symbols to stick onto flip charts (200)
- Three to four glue sticks (one for each team)

Flip Charts

- Session Objective
- Sharing Participant Experiences of Mobilization: Session Overview
- Participant Examples of Mobilization: Instructions for Individual Work
- Sample Participant Examples of Mobilization
- "Egg" Chart

Instruction Cards for Teamwork

- Changes Sought Analysis: Team Instruction Card (one only)
- Groups Mobilized Analysis: Team Instruction Card (one only)
- Actions Taken Analysis: Team Instruction Card (one only)

Notes to the Facilitator

- Understanding and Using the "Egg" Chart
- Types of Changes at Different Levels
- Types of Actions Taken

Notes to the Facilitator

Understanding and Using the "Egg" Chart

This training makes frequent use of what is called an "egg" chart to refer to the many different levels/layers of society. (Sample egg charts appear on the page 1-18 to 1-19 of this session). The "individual" appears at the center, and is surrounded by a series of concentric circles, each of which represents another (usually more encompassing) level/layer of society—

- **Individual**
- **Couple**
- **Family**
- **Peer**
- **Community**
- **Service Facility**
- **District**
- **National**

The many different levels/layers can also be thought of as the surrounding "environment." For example, the individual exists within the environment of the family, which exists within the environment of the community, which exists within the national environment, and so on. Each level/layer can and does influence the others.

1. Introduction to the Session *(10 minutes)*

"Like the waters of a river flowing past forever

opportunity comes and goes, waiting never."

—NEPALI PROVERB

- Go over the session objective, referring to the flip chart on the following page.
- Acknowledge that most participants have probably had some experience of "mobilizing people" or "mobilization," whether group mobilizing, community mobilizing, or the kind of "social mobilization" that the training will focus on.
- Before the group embarks on defining "social mobilization," facilitators would like to learn about and draw on participants' own experience.
- Go over the steps in the session, referring to the flip chart on the following page.

(Flip chart)

Session Objective

By the end of this session participants will have—

- Identified and analyzed examples of mobilization at different levels from their own experience

(Optional flip chart)

Sharing Participant Experiences of Mobilization

Session Overview

- Participants reflect individually on examples of "mobilization" from their own experience, and write down key aspects of the example on metacards
- Participants share examples with large group by posting on a wall matrix
- Large group divides into teams to analyze key aspects of participant examples

2. Generating Individual Examples *(40 minutes)*

Instructions *(10 minutes)*

- Give each participant a packet of four-colored metacards.
- Explain to participants that they will have 20 minutes to individually reflect on and describe an example of mobilization (group, community, or social mobilization as they understand it) from their own program experiences.
- Each participant will record the following information (in brief) on different colored metacards. *(Refer to flip chart on following page.)*
    - The **Issue** addressed by their mobilization example
    - The **Desired Change** sought or resulting from the effort
    - **Who (What Groups)** were mobilized to address the issue
    - **Actions Taken** to promote desired change
    - Organization's/individual's name/initials in upper right corner of each card
- Go over one of the examples of mobilization on the following page, emphasizing how brief and how specific participant examples should be.

Individual Work *(15 minutes)*

- Participants record their own examples on cards.
- While participants are writing their examples, facilitators make a matrix on the wall with column headings on colored metacards as follows.

Issue	Desired Change	Groups Mobilized	Actions Taken	Output

- As participants finish their individual work, have each person attach their cards in the appropriate column of the wall matrix. *(NOTE: With 15-20 participants, it may be easier to have two matrices, rather than one large one.)*

Example Review *(15 minutes)*

- Once all the examples are up, participants should circulate and read through the examples to themselves.
- If participants have questions about any of the examples, invite the person who generated the example to respond/explain.

(Flip chart)

Participant Examples of Mobilization

Instructions for Individual Work

Each participant reflects individually on his/her own experience to generate an example of "mobilization."

For each example, participants record the following onto metacards—

- The **Issue** addressed by their mobilization example
- The **Change** sought or resulting from the effort
- **Who (What Groups)** were mobilized to address the issue
- **Actions Taken** to promote desired change
- Record individual's/organization's name/initials in the upper right corner of each card

Sample Participant Example of Mobilization

Issue	Desired Change(s)	Groups Mobilized	Action Taken
Alcohol abuse	Fine for drunkards	• VDC members • Health personnel • Mothers' groups • Local clubs • NGOs • Teachers • Elected ward members • Women ward members • Students (8-10 class)	• Meetings • Discussions • Rally • Mass meeting
STI/HIV risk among female sex workers	• Aware of disease and how transmitted • Adopt safer sex practices • Seek STI treatment	• Sex workers • Pimps • Owners of restaurants and massage parlors • Peer educators • Outreach workers • Managers/officers of NGOs • Government organizations and INGOs • Donors	• Education on HIV/AIDS • IEC material distribution • Condom distribution • Meetings and interactions at different levels • Street drama • Panel group discussion

3. Team Analysis of Participant Examples *(35 minutes)*

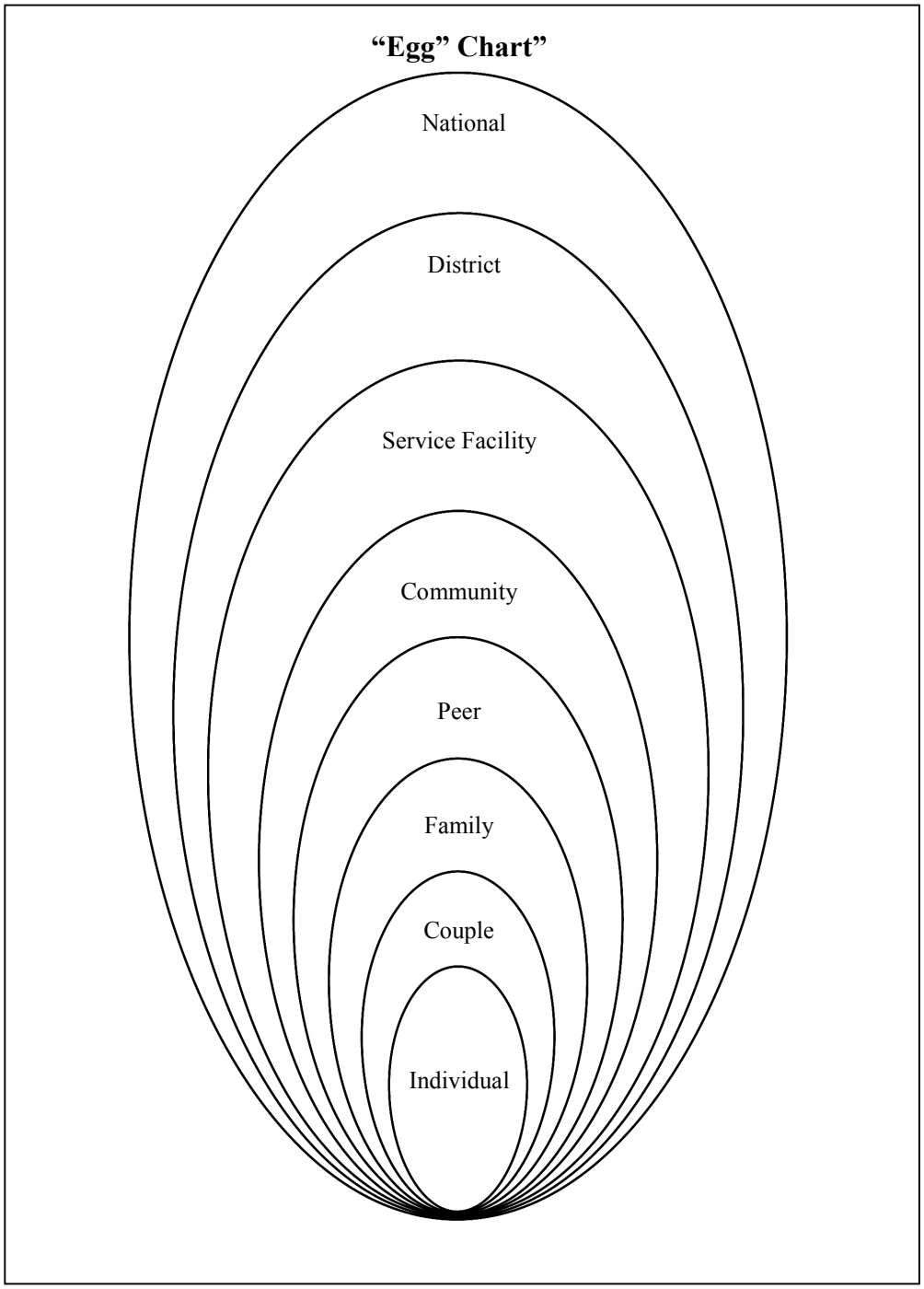
Introduction to Team Process *(10 minutes)*

- Divide participants into three teams.
- Refer back to the wall matrix, and explain that each team will analyze a different aspect of participants' examples.
    - **Desired Changes**
    - **Groups Mobilized**
    - **Actions Taken**
- Show the group the blank "egg" chart *(on the following page).* Explain that each successive circle can be thought of as a "level" of society—starting with the individual at the center, and progressing outward through different "levels" of society such as couple, family, peer, community, service facility, district, national, and so on. *(Facilitators may choose to use either the blank egg chart, or the one with labels.)*
- Explain that the egg chart is a useful tool for analyzing the levels at which various aspects of mobilization occur. Today teams will look at participant examples to see the various levels at which (1) changes were sought; (2) groups were mobilized; and (3) actions were taken.
- *(Take the example of changes sought, and demonstrate using tikas or by recording some other symbol with colored marker on the blank chart.)* If the change sought in one participant example is at the individual level, the team will place one large red *tika (or record some other small symbol with colored marker)* in the individual egg. If the changes sought in the next three participant examples are at the community level, the team will place three symbols *(tikas or written symbols)* in the community egg. In this way, clusters of red *tikas* will appear at the levels where many changes were sought. The same can be done with groups mobilized… and with actions taken… *(Demonstrate if necessary.)*
- Explain that teams will be given separate, detailed instruction cards outlining each step.
- Each team should have—
    - All cards from the wall matrix that their team is to analyze
    - Instruction cards (enough copies for each team member), detailing each step of the analysis process for teams
    - Fifty large red *tikas (alternatively, teams may write symbols using colored marker)*
    - Several sheets of flip chart paper
    - Colored markers

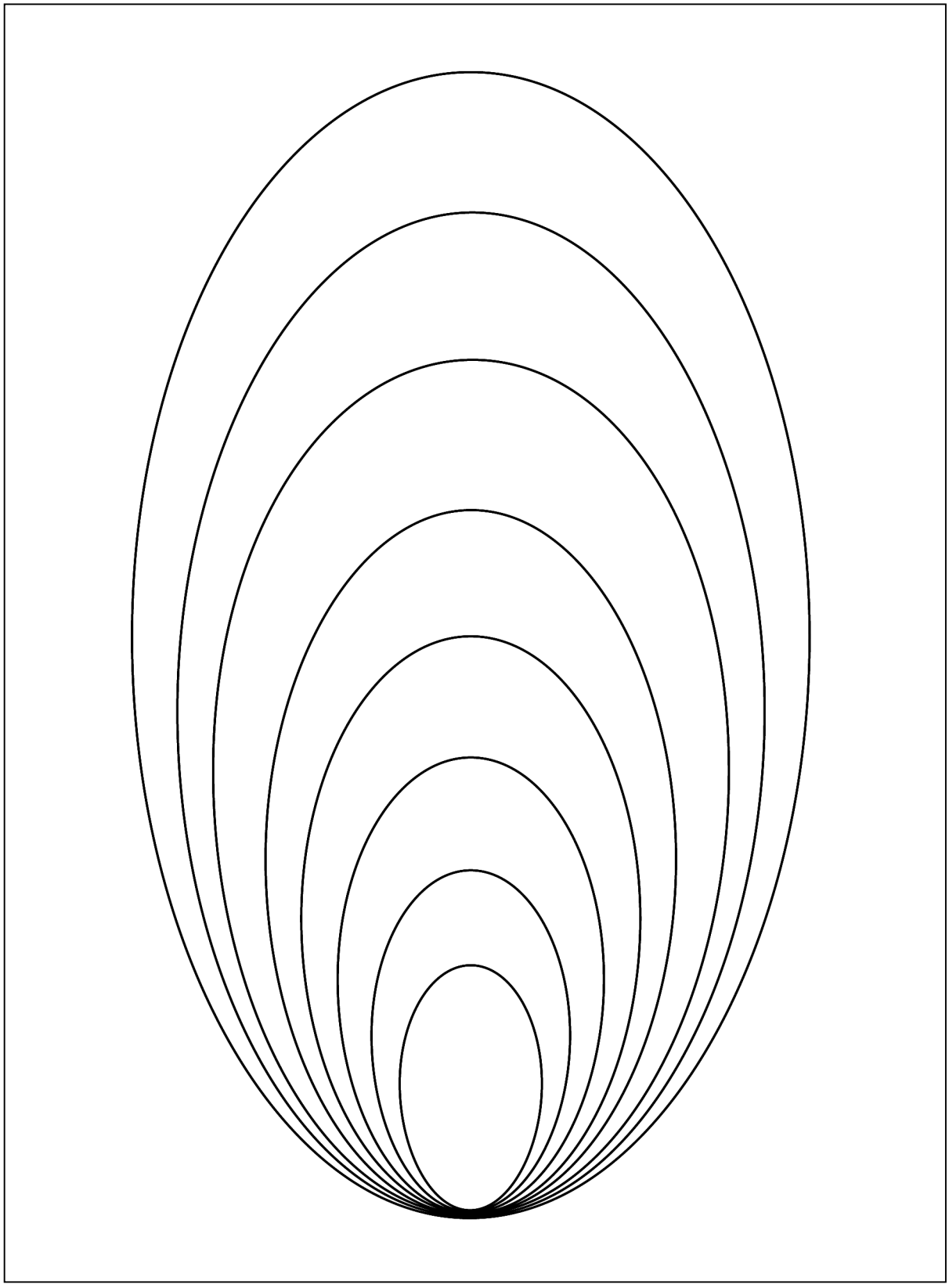
Team Analysis *(25 minutes)*

- See team instruction cards on page 1-20 to 1-22 of this section for outline of steps.
  - Facilitators rotate among teams to make sure the task is understood and teams are on track.

(Flip chart and/or participant handout)



“Egg” Chart



(Instruction card)

Team Analysis of Participant Examples

Changes Sought: Team Instructions

Analyzing Levels of Changes Sought *(25 minutes)*

- Team reviews all participant examples to identify the various levels at which changes were sought. Levels might include—
  - **Individual**
  - **Couple**
  - **Family**
  - **Peer**
  - **Community**
  - **Service Facility**
  - **District**
  - **National**
- Using an egg chart, team makes a visual map of the levels at which changes were sought, by placing a large red *tika* or other written symbol at the level where the change was sought in each participant example. There will be clusters of *tikas* or symbols at the levels where many changes were sought.
- Team posts chart on wall for review by full group.

(Instruction card)

Team Analysis of Participant Examples

Groups Mobilized: Team Instructions

Analyzing Levels of Groups Mobilized *(25 minutes)*

- Team reviews all participant examples to identify the various levels at which groups were mobilized. Levels might include—
  - **Individual**
  - **Couple**
  - **Family**
  - **Peer**
  - **Community**
  - **Service Facility**
  - **District**
  - **National**
- Using an egg chart, team makes a visual map of the levels at which groups were mobilized, by placing a large red *tika* or other written symbol at the levels of the groups mobilized in each participant example. There will be clusters of *tikas* or symbols at the levels where many groups were mobilized.
- Team posts chart on wall for review by full group.
- Team records each specific group from the participant examples at the appropriate level on an egg chart.

(Instruction card)

Team Analysis of Participant Examples

Actions Taken: Team Instructions

Analyzing Levels of Actions Undertaken *(25 minutes)*

- Team reviews all participant examples to identify the various levels at which actions were taken. Levels might include—
  - **Individual**
  - **Couple**
  - **Family**
  - **Peer**
  - **Community**
  - **Service Facility**
  - **District**
  - **National**
- Using an egg chart, team makes a visual map of the levels at which actions were undertaken, by placing a large red "*tika*" or other written symbol at the level where the action was undertaken in each participant example. There will be clusters of *tikas* or symbols at the levels where many actions were undertaken.
- Team posts chart on wall for review by full group.

4. Review of Charts *(10-15 minutes)*

- Facilitator gives group 5-10 minutes to view each other's charts.
- During the viewing period facilitators also review team charts to—
    - Identify the levels at which changes sought, groups mobilized, and actions taken were clustered
    - Identify gaps in levels *(that is, levels at which few or no changes were sought, groups were mobilized, or actions were taken)*
- Identify any immediately visible patterns in the types of changes sought, the types of groups mobilized, and the types of actions taken. *(Refer to* **Notes to the Facilitator** *for more discussion of types of changes and types of actions.)*
- **Option:** *If time permits, teams can briefly present their charts to the large group.*

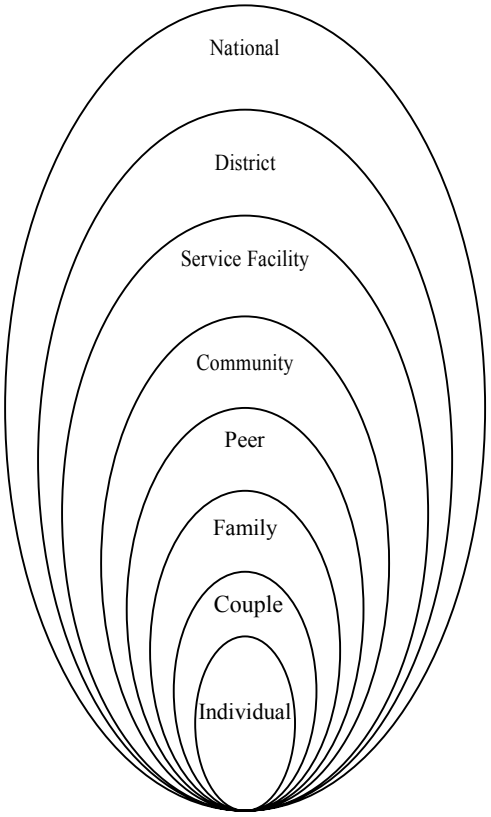
5. Group Discussion and Wrap-up *(15-20 minutes)*

Facilitator leads discussion on and/or summarizes the results of teamwork—

- Are there commonalities between different team's charts in terms of "levels" of activity? *(That is, did most of the changes sought, groups mobilized, and actions taken cluster at certain levels of the "egg" chart?)*
- Are there commonalities between different teams' charts in terms of gaps in levels of activity*? (That is, were certain levels of the "egg" chart conspicuously empty in terms of the changes sought, groups mobilized, and actions taken?)*
- Looking at the **Changes Sought** chart, are there any immediately visible patterns in the types of changes sought?
- Looking at the **Groups Mobilized** chart, are there any immediately visible patterns in the types of groups mobilized?
- Looking at the **Actions Taken** chart, are there any immediately visible patterns in the types of actions taken?

Notes to the Facilitator

Types of Change at Different Levels



- Knowledge
- Attitude
- Practices
- Policy Formulation
- Policy Change
- Policy Implementation

- Knowledge
- Attitude
- Behavior
- Practices

Types of Actions Taken

Types of actions taken might include—

- Organizing semi-formal interest groups
- Mobilizing different groups of people for action
- Awareness raising
- Advocacy activities
- Mass actions *(rallies, etc.)*
- Event organizing
- Specific interventions (distribution of a particular product like safe delivery kits or condoms, creation of volunteer services, creation of loan funds, etc.)

Defining Social Mobilization

(45 minutes)

Session Objectives

By the end of this session participants will have—

- Identified key characteristics of social mobilization
- A shared definition of social mobilization

Materials

- Flip chart paper (20 blank sheets)
- Permanent markers (four colors, five each)
- Metacards (30 of one color)
- Masking tape

Flip Charts

- Session Objectives
- Defining Social Mobilization: Session Overview
- A Definition of Social Mobilization
- Defining Social Mobilization on HIV/AIDS Issues

Handouts for Participants

- A Definition of Social Mobilization
- Defining Social Mobilization on HIV/AIDS issues

Notes to the Facilitator

- Key Characteristics of Social Mobilization: A Sample List
- Key Differences between Community and Social Mobilization

1. Introduction *(5 minutes)*

"Spit once, and it evaporates

but a thousand times, a river makes"

—NEPALI PROVERB

- Remind participants that in the previous session they shared experiences and examples of various kinds of mobilization, including group mobilization and community mobilization.
- Explain to participants that this session will focus on defining social mobilization. Social mobilization shares many characteristics with both group and community mobilization, but is broader in scope. Social mobilization has become a very commonly used term in development work, but it means different things to different people. It is important that the group have a common understanding of how social mobilization is defined in this training.
- Go over the session objectives and session overview on the following page.

(Flip chart)

Defining Social Mobilization

Session Objectives

By the end of this session participants will have—

- Identified key characteristics of social mobilization
- A shared definition of social mobilization

(Flip chart)

Defining Social Mobilization

Session Overview

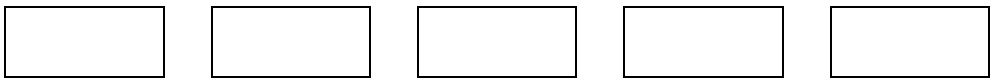
- Participants identify key characteristics of social mobilization.
- Facilitators share definition of social mobilization used in the manual, and a proposed definition of social mobilization on HIV/AIDS issues.
- Group identifies commonalities between characteristics generated by participants and training manual definition.

2. Group Brainstorming *(20 minutes)*

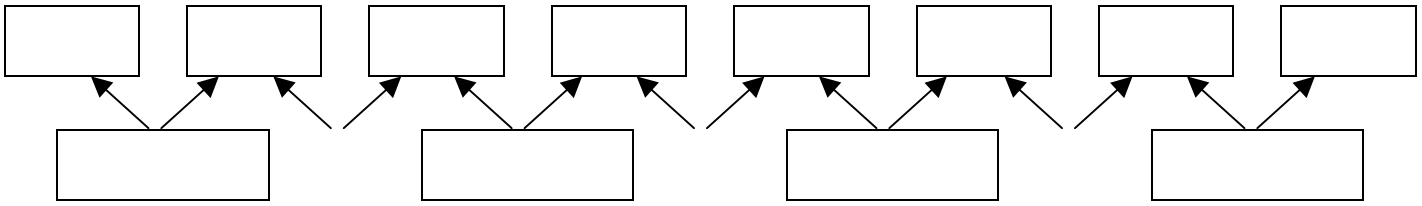
- First, find out if participants are familiar with the term "social mobilization."
- Ask participants to take five minutes to reflect on the term and write down key characteristics they associate with it. Key characteristics may be single words or short phrases of no more than three to four words. *(Refer to* **Notes to the Facilitator** *on the following page for a sample list of key characteristics.)*
- After five minutes of reflection, go around the room and ask each participant to share one characteristic in turn.
- As each participant states his/her characteristic, one facilitator records each in brief on a separate metacard and tapes the metacard onto the wall, grouping similar ideas together.
- After each participant has had the chance to contribute one characteristic, go around the room a second time. Ask participants to share additional characteristics that haven't yet been raised, but not to repeat those that have already been mentioned. Record any additional characteristics on metacards, and tape to the wall.
- Continue in this way until all participants have identified a characteristic and it has been recorded and taped to the wall.
- Ask if there are any key characteristics particular to **Social Mobilization on HIV/AIDS** issues that should be added?
- Facilitator adds key characteristics if any major concepts are missing *(for example, the idea of multi-level change and action, or the need to involve those most affected by HIV/AIDS.)*

Option: Making Social Mobilization "Trees" *(30 minutes)*

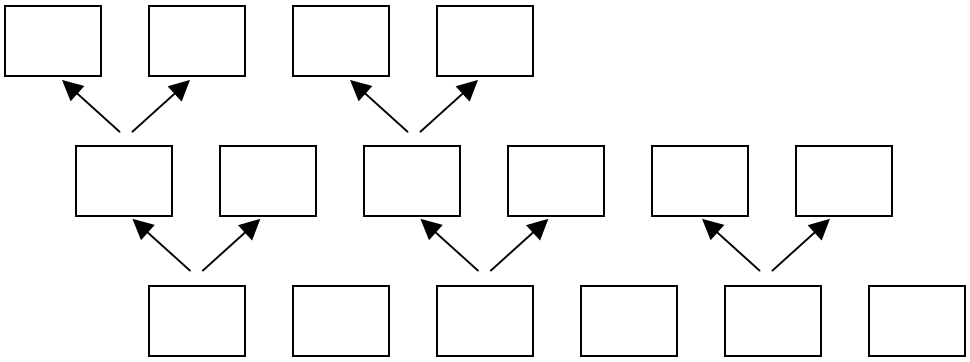
- Facilitators can use this alternative brainstorming process if they prefer (and if time permits).
- Have participants pair-up. Explain that they will be brainstorming key characteristics of social mobilization. The brainstorming process will be done in several rounds.
- **Round One.** Ask pairs to take five minutes to reflect on the term "social mobilization," and write down four to five keywords or characteristics they associate with it.
- It may be helpful for pairs to write their key words in four to five boxes or circles at the bottom of a page in their notebook. *(Demonstrate on flip chart if necessary.)*



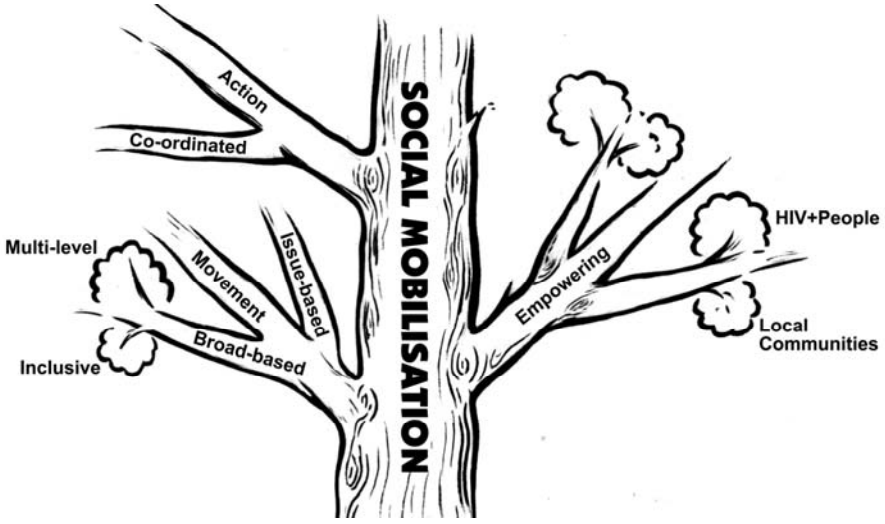
- **Round Two.** Ask pairs to take three minutes to reflect on each key characteristic in turn, and write down two **more** key words they associate with each characteristic. *(Demonstrate on flip chart if necessary.)*



- **Round Three.** Ask pairs to take another three minutes to reflect on each of the round two key words in turn, and write down two **more** key words for each one. *(Demonstrate on flip chart if necessary.)*



- Have pairs transfer their diagrams to flip chart. They can use the same diagramming format as above, or transform the diagram into a "tree"—with social mobilization as the trunk, the first round of key words as major branches, the second round as smaller branches, and the third as flowers or leaves. *(Demonstrate on flip chart if necessary.)*



- Ask if there are any key characteristics particular to **Social Mobilization on HIV/AIDS Issues** that should be added?
- Have pairs post their diagrams or social mobilization trees, and group circulate to review.
- In discussion, highlight words/concepts that appear most frequently.

Notes to the Facilitator

Key Characteristics of Social Mobilization: A Sample List

- Movement
- Multi-level
- Community involvement (local people, local organizations): Dhami/Jhakri
- Broad-based (involving all segments)
- Collective effort
- Using community/local resources
- Coordinated
- Capacity building
- Action
- Empowering
- Dialogue
- Issue-based
- Promoting change
- Raising awareness
- Creating a supportive environment (for change)
- Inclusive

Additional Characteristics of Social Mobilization on HIV/AIDS Issues

- Involving people most affected by HIV/AIDS
- Promoting acceptance of people with HIV/AIDS
- Promoting respect for people with HIV/AIDS

Key Differences between Community and Social Mobilization in Comparison with Community Mobilization, Social Mobilization

- Is broader in scope
- Involves more than one community
- Involves people at all levels of society, from the individual to the national
- Seeks to promote changes at multiple levels, from the individual to the national

3. Exploring the Definition of Social Mobilization Used in This Manual *(20 minutes)*

- Present the definition of social mobilization used in this training manual, which appears in the chart on the following page.
- Ask one participant to read the definition aloud to the group. Then ask the group if anyone has any questions regarding meaning.
- Ask participants to review the metacard list of key words/characteristics generated by the group *(or the social mobilization trees, if this method was used)*, and to identify which key characteristics also appear in/relate to the definition used in this manual. Tape the common characteristics to one side of the wall *(or circle them on participants' posted social mobilization tree).*
- Ask participants to identify differences between social mobilization and the kind of group mobilization and community mobilization described in their examples in the previous session. *(Refer to* **Notes to the Facilitator** *on the preceding page for some of the key differences).*
- Sum up by pointing out how many of the participant generated characteristics are incorporated in the definition used in this training. Emphasize that one of the major differences between community mobilization and social mobilization is the scope and breadth of the effort.
- Share the proposed working definition of social mobilization on HIV/AIDS issues with participants. Point out that it highlights the need to involve those most affected by or vulnerable to HIV/AIDS.
- Facilitators give participants the handout **Definition of Social Mobilization.**

(Flip charts and participant handout)

A Definition of Social Mobilization

Social mobilization is a dynamic process, which involves all relevant segments of society in dialogue and coordinated action to promote interrelated changes from the individual to the policy level. Social mobilization should make reasonable and appropriate use of local resources and promote capacity building of the local community.

(Flip charts and participant handout)

Defining Social Mobilization on HIV/AIDS Issues

Social mobilization is a dynamic process, which involves all relevant segments of society, including people living with or affected by HIV/AIDS, in dialogue and coordinated action to promote interrelated changes on HIV/AIDS issues from the individual to the policy level.

Social mobilization on HIV/AIDS issues should make reasonable and appropriate use of local resources, and promote capacity building of people living with or affected by HIV/AIDS, other concerned groups, and local communities.

A Framework for Social Mobilization Planning

(2 hours 45 minutes, including tea break)

Session Objectives

By the end of this session participants will have—

- Identified key steps in planning and undertaking social mobilization campaigns
- Diagrammed the relationships between key steps

Materials

- Flip chart (10-15 blank sheets)
- Permanent markers (four colors, five each)
- Masking tape
- 100 metacards of a single color (for mobilization time-lines)
- Three to four metacard packets of **Steps in Social Mobilization** (one packet for each team)
- 40 metacards in a second, contrasting color (for adding steps to social mobilization packets while diagramming)

Flip Charts

- Session Objectives
- Framework for Social Mobilization Planning: Session Overview
- Exploration of Participant Examples: Team Divisions

Instruction Cards for Teamwork

- Exploration of Participant Examples: Team Instruction Cards 1-3
- Diagramming Steps in Social Mobilization: Team Instruction Cards 1-2

Handouts for Participants

- Sample Mobilization Time-line
- Sample Diagrams of Steps in Social Mobilization, 1-3

Notes to the Facilitator

- Session Approach and Session Preparation

Notes to the Facilitator

Session Approach

This session aims to relate participants' own experiences of mobilization (whether group mobilization, community mobilization, or social mobilization) to the framework used in this training for planning (and undertaking) larger-scale social mobilization efforts.

Session Preparation

Facilitators should be aware that preparation for **Exploring Participant Examples of Mobilization** (selection of participant examples, and making team divisions) will have to take place during the training day. It can be done during tea or lunch breaks, or by one facilitator during session work.

Exploring Participant Examples of Mobilization

Facilitators should select three to four examples generated in the session **Sharing Participant Experiences of Mobilization** for more detailed exploration by teams of participants. Follow these steps to select appropriate examples—

Selection of Examples *(5-10 minutes, during lunch break)*

1. Review all participant examples of mobilization on metacards, generated in the session **Sharing Participant Experiences of Mobilization**.

2. It is likely that most participant examples will be of limited scope—that is group or community mobilization—rather than the wide reach of social mobilization as defined in this manual. However, select the three to four that more closely match the definition of social mobilization used in this training. The examples selected should have one or more of the key characteristics listed below. Keep in mind that it is also quite likely that appropriate examples of mobilization will focus on issues other than HIV/AIDS. This is fine, as long as the selections are good examples of mobilization.

   Selection criteria

   - Focuses on a social change issue
   - Involves mobilization of diverse groups
   - Involves mobilization of groups at more than one level of society
   - Involves mobilization of more than one community

3. Below are two examples of participant experiences of mobilization that have been used in this type of detailed team exploration exercise.

Notes to the Facilitator, continued

Issue	Desired Change(s)	Groups Mobilized	Actions Taken
Alcohol abuse	Fine for drunkards	• VDC members • Health personnel • Mothers' groups • Local clubs • NGOs • Teachers • Elected ward members • Women ward members • Students (8-10 class)	• Meetings • Discussions • Rally/Mass meeting
STI/HIV risk among female sex workers	• Awareness of disease and how transmitted • Adopt safer sex practices • Seek STI treatment	• Sex workers • Pimps • Owners of restaurants and massage parlors • Peer educators • Outreach workers • Managers/officers of NGOs • Government organizations and NGOs • Donors	• Education on HIV/AIDS • IEC material distribution • Condom distribution • Meetings and interactions at different levels • Street drama • Panel group discussion

Team Divisions *(5-10 minutes, during lunch break)*

4. After selecting several appropriate examples, plan how to divide the large group into three to four teams of about five participants each. Each team will be assigned only one example to explore in detail. The participant who originally provided the example will be the "key informant" for his/her team. Therefore, each key informant must be assigned to the team examining his/her example.

5. Give a name to each team based on the example assigned to the team *(e.g. "Alcohol Abuse")* Make a flip chart assigning participants to teams *(refer to sample on the sixth page of this section*).

6. Plan to have a tea break after the time-line exercise is complete. Participants can review each other's time-lines during the break.

Diagramming Steps in Social Mobilization

Preparing Metacard Packets (20 minutes)

1. Prepare three to four (depending upon the number of small teams) metacard packets of **Steps in Social Mobilization.** Use the same color metacards for each packet.

2. Put each of the following steps onto a separate metacard—

Gathering Information

Building Support

- Outreach to/involvement of concerned individuals, groups, organizations
- Identifying key partners (individuals, groups, organizations) for action
- Forming alliances for action

Defining the Issue

- Identifying issues
- Prioritizing issues
- Defining the priority issue

Identifying Needed Changes at Various Levels

Developing a Social Mobilization Strategy

Developing a Social Mobilization Action Plan

Mobilizing Resources (human, technical, material, space)

Monitoring and Evaluating Process

Monitoring and Evaluating Outcomes

Facilitating the Diagramming Process

- For ideas on different possibilities, facilitators should review the participant handouts **Sample Diagrams of Steps in Social Mobilization** at the end of this session. Keep in mind that these are only three of many possibilities.
- Encourage participants to be creative! There is no one "correct" diagram.
- In order not to limit/influence teams, do not hand out sample diagrams to participants until after they have finished a draft of their own diagrams.

1. Introduction to the Session *(5 minutes)*

"He who cannot dance,

blames the crooked ground."

—NEPALI PROVERB

- Go over the session objectives, referring to the flip chart on the following page.
- Remind participants that in a previous session they shared experiences and examples of various kinds of mobilization, including group mobilization and community mobilization.
- Explain to participants that this session will focus on exploring a framework for planning and undertaking social mobilization. Because social mobilization shares many characteristics with group and community mobilization, the participant examples can be used as the basis for identifying many of the basic steps in planning and undertaking social mobilization.

2. Session Overview *(10 minutes)*

- Tell the group that facilitators have selected three to four of the examples generated by group members to be explored in more detail in teams.
- Briefly go over the steps in the session, referring to the flip charts on the following page.

(Flip chart)

A Framework for Social Mobilization Planning

Session Objectives

By the end of this session participants will have—

- Identified key steps in planning and undertaking social mobilization campaigns
- Diagrammed the relationships between key steps

(Flip chart)

A Framework for Social Mobilization Planning

Session Overview

- Participants divide into three or four teams of about five people each.
- Each team is assigned one example to explore in detail.
- The person whose example is being explored is the team's "key informant."
- The key informant "tells the story" of the mobilization effort from beginning to end, giving a chronological account of **WHO** did **WHAT** in the mobilization effort.
- Teams record each action/step on metacards to make a simple time-line.
- Teams post timelines on wall. Timelines will be reviewed by group during tea break.
- Facilitators share steps in the framework for planning and undertaking social mobilization used in this training.
- Participants regroup into teams to create diagrams showing the relationships between major steps in planning and undertaking social mobilization.

(Flip chart)

Exploration of Participant Examples

Team Divisions (sample)

Team Name (e.g. Alcohol Abuse)	**Team Name** (e.g. Promoting Girls Education)	**Team Name** (e.g. Reducing STI/HIV Risk)
List names of team members	List names of team members	List names of team members

3. Team Explorations of Participant Examples *(1 hour)*

Dividing into Teams *(10 minutes)*

- Identify the participant examples that will be explored by teams. (Post the metacard examples from the earlier session on the wall for easy reference.)
- Divide participants into the three or four teams already determined by facilitators, referring to the flip chart showing team divisions. (Sample on previous page.)
- Explain that teams will be given separate, detailed instruction cards outlining each step.
- Give each team—
    - Metacards relating to their example from the wall matrix
    - A packet of three instruction cards, detailing each step of the exploration process for teams
    - 25 metacards (to record steps/actions taken in the mobilization example)
    - Colored markers

Teamwork *(50 minutes)*

- See team instruction cards on the following pages.
- Facilitators rotate among teams to make sure task is understood and teams are on track.
- Hand out the **Sample Mobilization Time-Line** to each team when the team is ready for *Step 3*. Do not hand the sample out to participants before teams have developed their own time-lines, as the sample may limit or influence what teams produce.

(Instruction card)

Team Exploration of Participant Examples

Step 1: Team Instructions

"Telling the Story" *(25 minutes)*

- Choose one team member to take detailed notes (and later, to record steps/actions onto metacards).
- Ask the team's "key informant" (the person who originally generated the example) to "tell the story" of the mobilization effort from beginning to end, so that team can develop a chronology of **who** did **what.**
- Ask these types of probing questions—
  - How did the issue first come up?
  - Who first raised the issue?
  - What happened next?
  - Who was involved?
  - What groups became involved in the effort?
  - Why and how did they become involved?
  - What actions did groups take?
  - What happened next? .... *and so on*
- Team records each step/action on a separate metacard, identifying **who** did **what.**

(Instruction card)

Team Exploration of Participant Examples

Step 2: Team Instructions

Making a Time-line *(15 minutes)*

- Team puts the metacards showing actions/steps taken in chronological order.
- Team, including key informant, reviews each step in the time-line to see if any steps are missing or unclear, and makes adjustments as necessary.

(Instruction card)

Team Exploration of Participant Examples

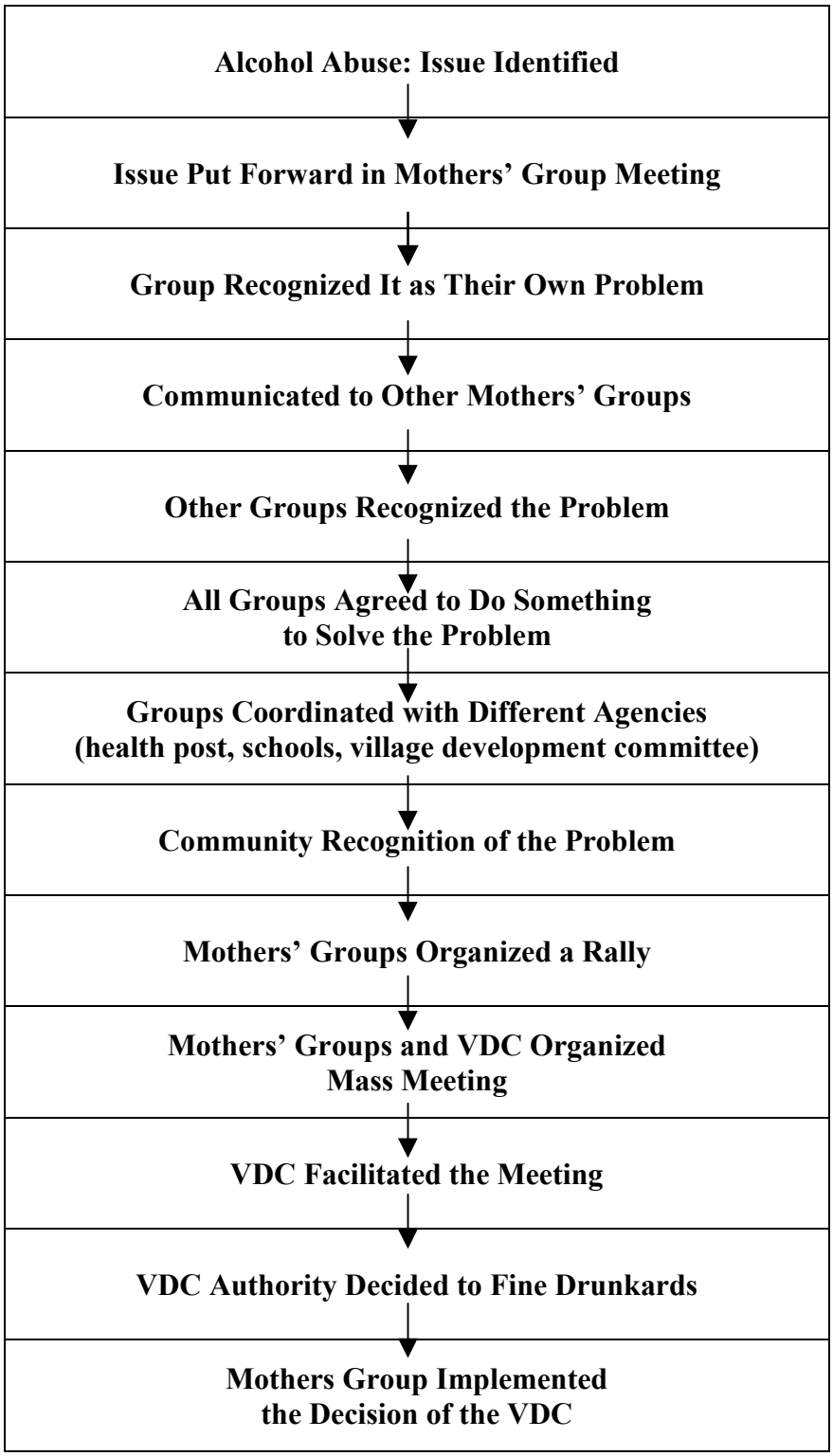
Step 3: Team Instructions

Time-Line Review *(10 minutes)*

- Ask facilitator for the **Sample Mobilization Time-Line** handouts.
- Using the sample as a model, team reviews its own work and makes any changes or additions deemed important.

Sample Mobilization Time-Line

(Participant handout based on an example from Aama Milan Kendra)



4. Posting and Review of Mobilization Time-Lines

(During 15 minutes tea break)

- Each team posts its time-line on the wall.
- Participants review each other's time-lines.
- Facilitators review teamwork to identify steps in the time-lines that relate to steps used in this manual's planning framework. Mark these cards with a symbol of own choosing.
- **Option:** *If time permits, teams can briefly present their time-lines to the large group.*

5. Wrap-Up and Presentation of Steps in Social Mobilization Planning Framework *(20 minutes)*

- Facilitator sums up by pointing out that team time-lines contain many/most of the steps included in the social mobilization-planning framework used in this training.
- Facilitator specifically identifies steps in team time-lines that relate to steps in the planning framework used in this training, pointing out time-line steps that relate to—

Gathering Information

Building Support
- Outreach to/involvement of concerned individuals, groups, organizations
- Identifying key partners (individuals, groups, organizations) for action
- Forming alliances for action

Defining the Issue
- Identifying issues
- Prioritizing issues
- Defining the priority issue

Identifying Needed Changes at Various Levels

Developing a Social Mobilization Strategy

Developing a Social Mobilization Action Plan

Mobilizing Resources (human, technical, material, space)

Monitoring and Evaluating Process

Monitoring and Evaluating Outcomes

- As the facilitator identifies steps in time-lines that relate to a particular step in the social mobilization planning framework, s/he should post the metacard with that social mobilization step on the wall. Do not post the steps in any particular order.
- Eventually there will be a metacard list of most steps in the social mobilization planning framework on the wall.

- Certain steps in the planning framework may not appear in the time-lines. (e.g. "developing a strategy," "monitoring and evaluating process," "monitoring and evaluating outcomes")
- Identify and post any steps that did not appear in the time-lines at the end.

6. Diagramming Steps in Social Mobilization Planning *(45 minutes)*

Introduction *(5-10 minutes)*

- Remind participants that social mobilization can happen in many ways—
  - **Spontaneously**, unfolding over time in an organic way
  - As a **planned** effort
- Refer back to the metacard list of steps in social mobilization planning and implementation posted on the wall. Tell participants that the steps used in this training are **suggested** steps for making **planned** efforts more **effective** and **coordinated.**
- Explain to participants that they will return to their teams to make a diagram showing how the various social mobilization steps relate to each other.
- Explain that teams will be given separate, detailed instruction cards outlining each step of the process.
- Give each team—
  - A packet of metacards with social mobilization steps
  - A packet of two instruction cards, detailing each step of the diagramming process for teams
  - A few sheets of blank flip chart paper
  - A few blank metacards (in a contrasting color to the metacards packet of social mobilization steps)
  - Colored markers

Teamwork *(35 minutes)*

- See team instruction cards on the following pages.
- Facilitators rotate among teams to make sure task is understood and teams are on track.

(Instruction card)

Diagramming Steps in Social Mobilization

Step 1: Team Instructions

Expanding the List *(10 minutes)*

- Choose one team member to take notes.
- Review the metacard list of steps in planning social mobilization.
- Team members reflect on their own experiences of mobilization to identify any steps they want to add to the steps in their metacard packet.
- Write any new steps on contrasting color metacards.
- It may be easier for team members to identify missing steps later after they have done a rough sequencing. It is fine to add steps then too.

(Instruction card)

Diagramming Steps in Social Mobilization

Step 2: Team Instructions

Creating a Diagram *(25 minutes)*

- Teams use the metacards to create a diagram showing the relationship between the steps, and sequencing as appropriate.
- Team members should keep in mind that social mobilization is not necessarily a linear process: some steps may occur simultaneously, some are ongoing or must be repeated over and over again.
- Be creative!

7. Posting and Review of Teamwork *(15 minutes)*

- Each team posts its diagram on the wall.
- Participants review each other's diagrams.
- Facilitators review diagrams to make sure all steps included.
- **Option:** *If time permits, teams can briefly present their diagrams to the large group.*

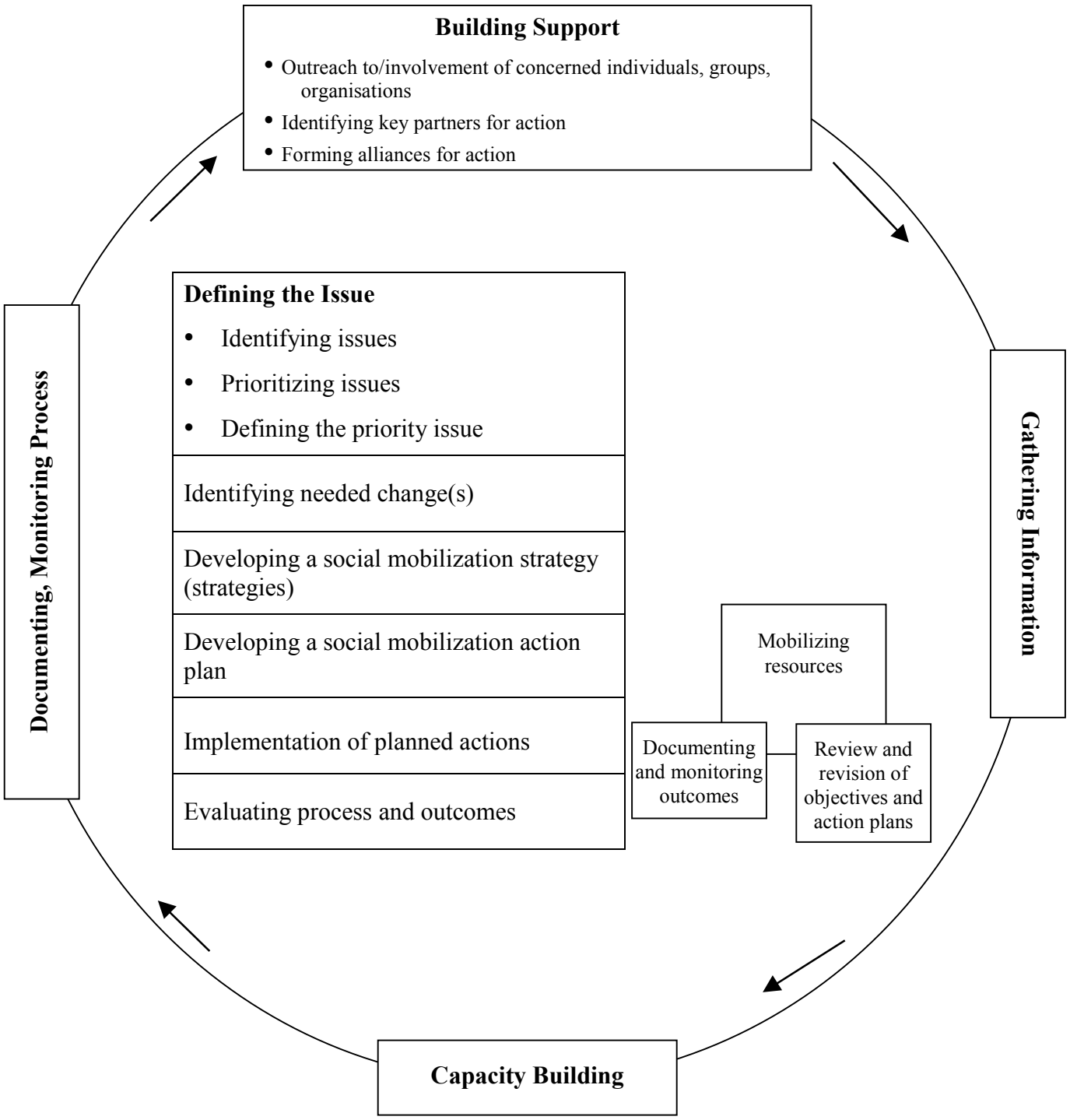
8. Wrap-up *(10 minutes)*

- Participants ask clarifying questions.
- Facilitator comments on commonalities and differences between diagrams.
- Facilitator reminds group that social mobilization is an interactive, dynamic process, not necessarily a linear one.
- Facilitator gives **Diagramming Steps in Social Mobilization** handouts to participants.

(Participant handouts)

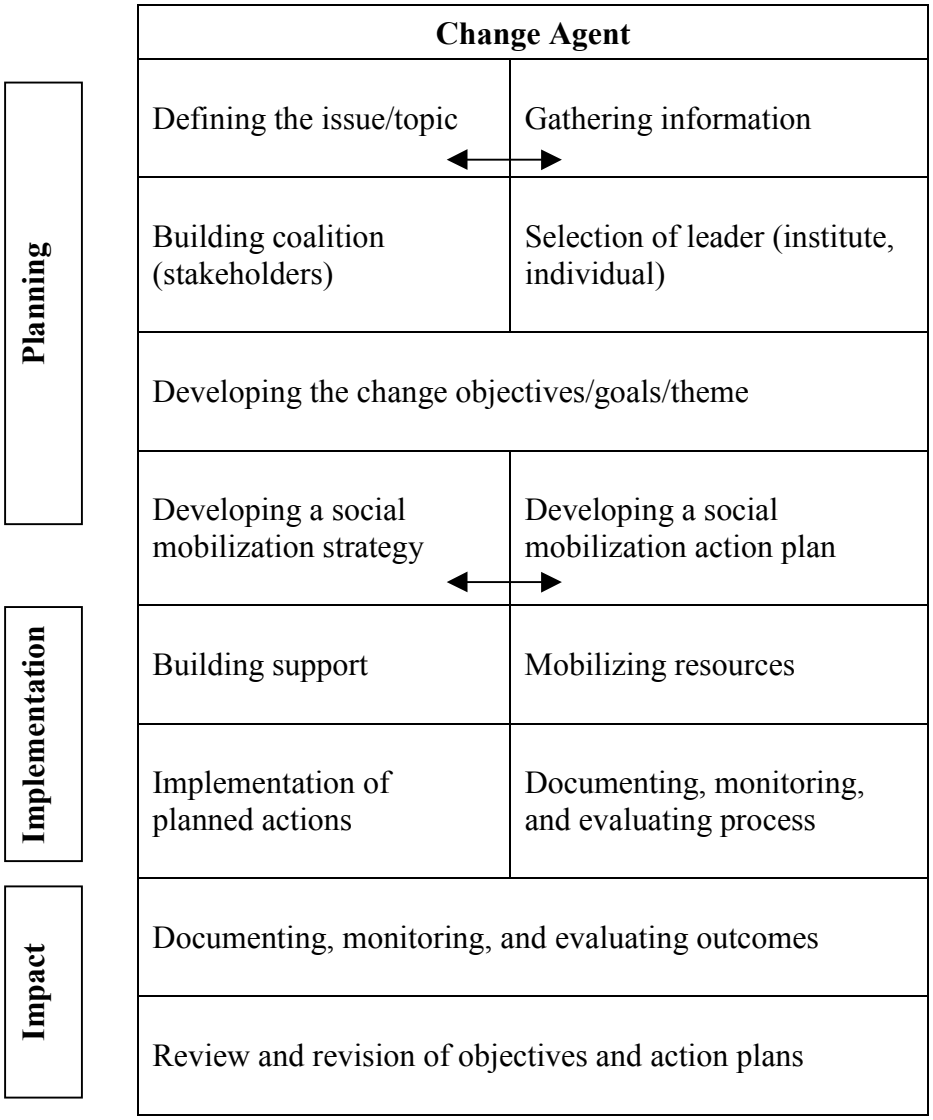
Sample Diagrams of Steps in Social Mobilization

(1 of 3)



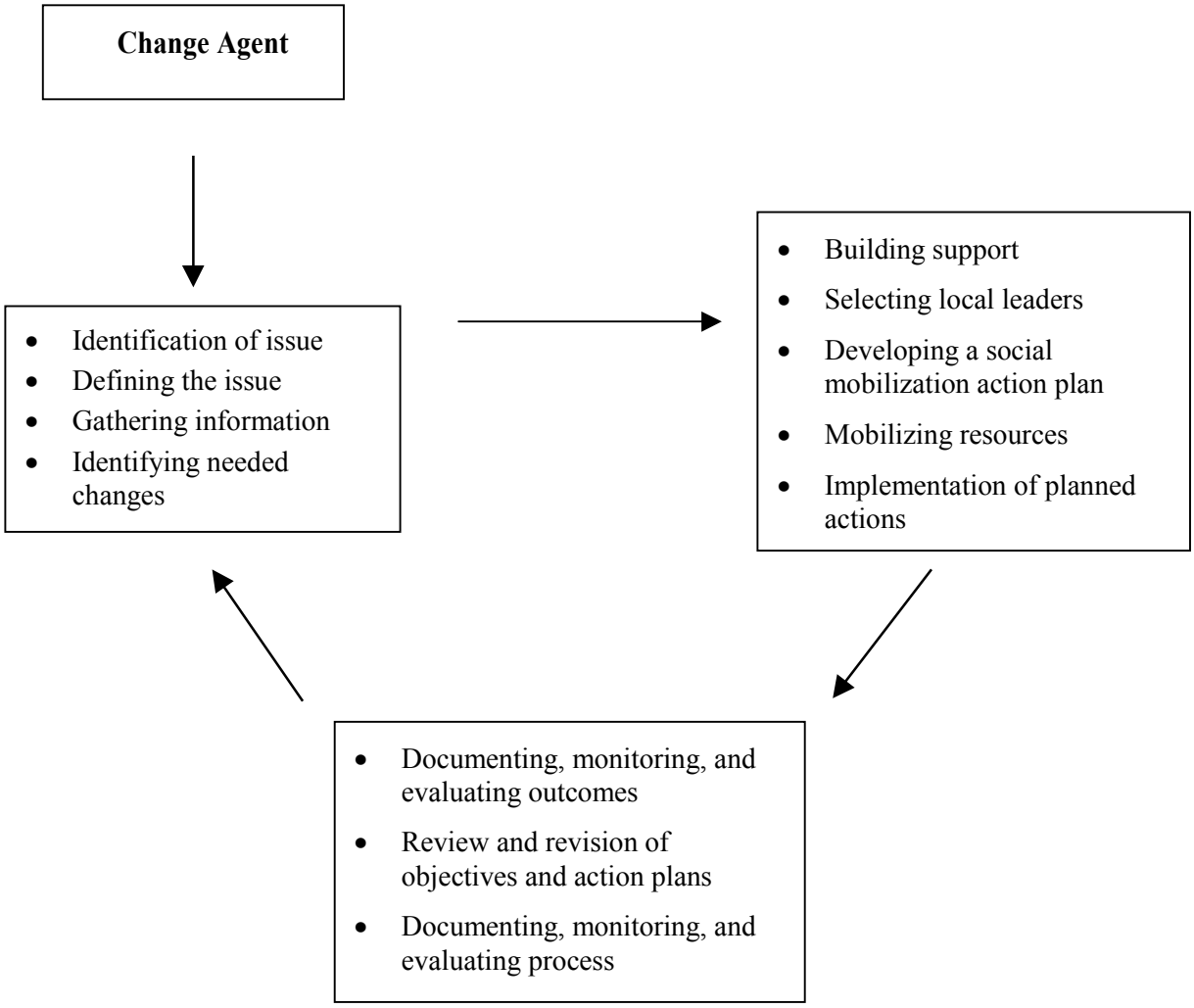
Sample Diagrams of Steps in Social Mobilization

(2 of 3)



Sample Diagrams of Steps in Social Mobilization

(3 of 3)



Principles of Team Facilitation

(15 minutes)

Exercise Objective

- By the end of this exercise, participants will have developed a common understanding of principles for good team facilitation.

Material

- Flip chart (four to five blank sheets)
- Colored markers
- Tea strainer or flour sieve

Participant Handout

- Principles of Team Leadership and Facilitation

1. Introduction *(5 minutes)*

- Remind participants that teamwork is an essential part of social mobilization.
- Because of this, the training process itself will be used as an opportunity to further develop participants' team building and team leadership skills.
- Much of the work in the training will be undertaken in small teams. (On the first day, there were several team exercises: **Analyzing Participant Examples of Mobilization, Developing Mobilization Time-lines, Diagramming Steps in Social Mobilization Planning**.)
- From tomorrow (*Day Two: Meeting the Needs of Your Community*) onwards, participants will take turns being "team leaders." Team leaders will be responsible for facilitating team processes, discussion, and tasks. Every participant should have the opportunity to be a team leader at least twice.
- At the end of every day, facilitators will identify the team leaders for the following day. Team leaders will stay 15-20 minutes late to be briefed on the team tasks they are to facilitate the next day.
- It's important for participants to have a shared understanding of the key principles of good team facilitation. So, we'd like to take a few minutes to identify some of these principles with the group.

2. Brainstorming *(5 minutes)*

- Ask participants to close their eyes for a minute and think of the **best** team leader they've ever worked with. What were the qualities that made that individual such a good team leader?
- Go around the room and have each participant name one quality or characteristic of that person's leadership. Write each characteristic on a piece of flip chart paper headed **Principles of Team Leadership and Facilitation**.
- After each participant has had the chance to contribute one characteristic, go around the room a second time. Ask participants to share **additional** characteristics that haven't yet been raised, but not to repeat those that have already been mentioned. Record any additional characteristics on the flip chart.
- Facilitators can add any missing characteristics from the list of **Principles of Team Leadership and Facilitation**.

3. Separating the Wheat from the Chaff *(5 minutes)*

- Take out the tea strainer or flour sieve (whichever one has been brought to the training), and show it to the participants.
- Tell them its time to "separate the wheat from the chaff" (the important points from the unnecessary ones).

- Take each brainstormed characteristic and, while shaking the strainer (or sieve), ask participants to judge whether it is a valid principle of team leadership and facilitation or not.
- Circle those characteristics that participants agree are important.
- When the exercise is over, give participants the handout *(on the following page)* **Principles of Team Leadership and Facilitation**.

(Participant handout)

Principles of Team Leadership and Facilitation

- Be a good listener
- Take a facilitative/participatory approach
- Encourage and make an effort to get everyone's participation
- Respect everyone's opinion
- Have a clear understanding of the objective of the task, and each step
- Give team clear explanation of the objective and clear instructions
- Keep the group focused on the steps and the process
- Bring the group back to the task if team members get side-tracked
- Keep track of time, and keep to the time-table as much as possible
- Don't be too directive

Team leaders are also participants—they should share their ideas like any other team member, but be careful not to **impose** them on the team.

Closing the Day

(10 minutes)

Handouts for Participants

- HIV/AIDS Overview
- Four Life Stories
  - "I could not forgive him…" (Sudha's Story)
  - "I want to be a good person…" (Bijay's Story)
  - "His father has AIDS…" (Rajendra's Story)
  - "They won't drink water I've touched…" (Chandika's Story)

Instruction Cards for Teamwork *(from Day Two)*

- Identifying Issues: Team Instruction Cards 1-3

1. Handouts

- Distribute handouts listed above to participants.
  - All participants receive **HIV/AIDS Overview**
- Divide participants into four groups by having them count off one, two, three, and four. Give only one life story to each participant as follows.
  - **Group 1 Members: Sudha's Story**
  - **Group 2 Members: Bijay's Story**
  - **Group 3 members: Rajendra's Story**
  - **Group 4 Members: Chandika's Story**
- **Option:** *facilitators may use life stories/individual case studies of their own choosing that they feel represent a range of HIV/AIDS issues.*

2. Homework

- Participants should read the handouts before coming to the training on the next day.
- It's particularly important for participants to read the life story they've been assigned carefully, since several hours of work on *Day Two: Meeting the Needs of Your Community* will be based on that story.

3. Early Birds

- Announce the names of the two to four persons (depending upon number of participants) who should come in 15-20 minutes early on the second day to receive orientation as observers for the first session.

4. Orienting Team Leaders for the Next Day

- Announce the names of the three to four team leaders for the **Identifying and Prioritizing HIV/AIDS Issues** session on *Day Two: Meeting the Needs of Your Community*.
- Give each team leader a packet of team instruction cards. Review the following with them and answer questions they may have—
    - Role as team leader *(that is, to give clear instructions, facilitate the process of team discussion, keep team on track in terms of time and focus)*
    - Purpose of the team exercise
    - Expected outcome of the exercise
    - Each step of the process
- Have team leaders read through the instruction cards carefully to make sure they understand each step of the process.
- Remind team leaders that they are also **participants** in the team discussion.

Handouts

- **Some Facts about HIV/AIDS**
- **HIV/AIDS in Nepal**
- **Sudha**
- **Bijay**
- **Rajendra**
- **Chandika**

Some Facts about HIV/AIDS

Did you know that—

- There is a long time lag, five to ten years or more, between the initial infection with HIV and the onset of clinical symptoms of AIDS. Most HIV positive people feel quite normal, and are unaware that they are infected with HIV. Thus the disease spreads silently but rapidly.
- There is no vaccine against HIV and no effective cure. HIV infection eventually develops into AIDS, and death is inevitable.
- Of those infected with HIV, 80-90 percent are young (between 14-29 years of age), and at the peak of their productive and reproductive lives. They generally have young children, who are still dependent on them for sustenance, education, social support, and moral guidance. They also have elderly dependants who will be left to fend for themselves while trying to raise a generation of orphaned grandchildren.
- Heterosexual sex accounts for 75 percent of total HIV transmission. Sexual behavior depends upon various individual, cultural, and socio-economic factors. Because sex is a very personal and usually private behavior, HIV is an extremely difficult infectious disease to control.
- Ignorance and fear of HIV/AIDS destabilizes society, bringing fear, rejection, blame, and stigma into families, communities, workplaces, schools, and places of worship.
- Ignorance and fear of HIV/AIDS threaten basic human rights such as medical confidentiality, security of employment, the right to education, and the rights to privacy and human dignity.
- HIV exacerbates existing health problems. Take, for example, tuberculosis (TB), which is a highly infectious disease. Even a healthy person may have TB bacteria inside the body without showing any symptoms. When immunity **decreases** because of HIV infection, TB bacilli can infect the individual very easily. The co-infection of HIV and TB makes an individual's health condition considerably more complicated.

HIV/AIDS in Nepal

- HIV was first detected in Nepal in 1988.
- The current estimate of people living with HIV/AIDS is 38,000.[3]
- The number of **reported** cases as of February 2002 was 2,197. Since this figure is based on **voluntary** reporting at the National Center for AIDS and STD Control, it is by no means a complete representation of the HIV situation in the country. This figure does not include data from surveillance sites or sero-prevalence findings of sub-groups like migrants, female sex workers, injecting drug users, and so on. Most agencies agree that this is grossly underestimated.
- About 80 percent of infection in Nepal is among the youth between the ages of 14 and 29.
- The primary mode of transmission in Nepal is through heterosexual sex.

Cumulative HIV Infection By Sub-Group And Sex (Feb 2002)

Sub-group	Male	Female	Total
Clients of Sex Workers/STI Clients	1,323	34	1,357
Sex Workers	Unknown	427	427
Injecting drug users (IDUs)	247	1	248
Housewives	—	138	138
Perinatal transmission[4]	13	10	23
Blood transfusion	3	1	4
Total	**1,586**	**611**	**2,197**

Source: National Center for AIDS and STD Control (NCASC)

[3] The HIV/AIDS/STD Situation and The National Response in Nepal, NCASC/UNAIDS, January 2002.
[4] Perinatal transmission refers to transmission of HIV from a pregnant or breast-feeding mother to her child.

Different sub-groups are reported to have different prevalence rates of HIV/AIDS infection.[5]

Sub-Group	HIV %
• IDUs (nationwide)	40%
• IDUs (Kathmandu)	49%
• Sex workers (Kathmandu)	17.3%
• Sex workers (along Terai highway)	4%
• STI patients	4%
• Truck drivers	2%
• Blood donors	0.28-0.48%
• Pregnant mothers attending Antenatal Clinics	0.2%

Source: NCASC/UNAIDS, 2000

[5] Prevalence refers to the rate of existing infection in a particular group at a given point in time.

Sudha

" I could not forgive him, I will not forgive him."[1]

Age: 22 years

When others look at my life, everyone says that I am very lucky.[6] But what do they know? Well, granted of course, that when someone is looking from the outside, it looks that way. Good family, houses, cars, servants. People see that and they say I'm lucky. But who knows what I am going through, my fate?

My own family is very well off. Both my parents have jobs. I have one younger brother and he is in the States. I received love and encouragement growing up, and my parents especially encouraged me to study hard. They did not discriminate between my brother and me.

I had an arranged marriage, but the decision was completely in my hands. *My parents did not force me in any way.* Talks about my marriage began. He was an engineer. He was the only son and the family was very good too. Actually my father liked him very much. The boy's family liked me, too. But at that time I was doing my B.Sc. second year (college) course; I did not want to get married right away. The boy's family waited and after my B.Sc. exam, I got married. His family is very understanding and supportive. I considered myself very lucky. He was very understanding as well and encouraged me to study further. So I joined M.Sc. at Tribhuvan University. He himself would drop me off or otherwise, the driver would. Both my in-laws were very encouraging.

During my M.Sc. 2nd year, I got pregnant and it became a little difficult to study, but my husband helped me a lot. He studied my notes and explained many things to me. Thanks to him and the family's help, I did quite well in my exams. That year, 1995, I thought was the luckiest year of my life. My baby was born, I passed my M.Sc. exams and my husband received a scholarship to do his Masters in Thailand. I was so happy for him. I could not go with him because my baby was so small. He was only a few months old. Later, I got a chance to go and visit my husband.

When he was away, I became a completely devoted mother. My mother-in-law was a great help too. My in-laws were especially happy, as my baby is the only grandson. They took great care of him. It made me realize what great pains our parents took to raise us.

My son is very close to my mother-in-law. When he was around two, I went to Thailand. Since I had planned to stay for three months, I left him with her. If my husband found a job there, then I planned to bring him later. The first two months went smoothly. After that my husband got sick. So sick he had to be hospitalized. The blood test showed he had HIV. *And that was it!*

[1] Story reprinted from Positive Life with permission from Panos/South Asia.

I was mad at him. I wanted a divorce right away. When I was departing for Thailand, everyone teased me, saying, "it's going to be your second honeymoon." But it became a death sentence. I knew I was already exposed to the virus. But my blood report there turned out to be negative. Of course, given my husband's illness, I couldn't leave him. Besides, we were in a foreign country. After all, I have a woman's heart.

When my husband recovered, he desperately tried to explain. Apparently, he had sexual contact only with a single person, his classmate. And that's how he got it, he said. But I don't believe that crap. Who knows? He might have slept with a dozen women. What fault was it of mine? He should have at least thought of me. We have a son. After that, my marital life was doomed. *I could not forgive him, I will not forgive him.*

I have not told anyone in my family. Since returning to Kathmandu, my blood test showed that I too was positive. I had at least a little hope that if I had not been infected, my baby's future would be secure. My husband is very secretive. I don't think he has told anybody. He's such a hypocrite! Doesn't let me talk either, but I have told my friend (she is a doctor) and my brother, who got severely depressed. However, he has been a tremendous support. My friend is also a great help. I have not told anyone else in the family. But it has been very difficult for me. I'm afraid I'll blurt it out one day. But why get everyone else all worked up? I feel as though nobody understands me. My son is very close to his grandparents. I feel that even after my death, it won't be so difficult for him, so I'm trying not to become too attached to him, to care too much for him. At the same time, I am scared that he too will be infected.

Usually, my days and nights were spent crying. Everyone tells me to have a daughter but what can I tell them? My parents complain that since my visit to Thailand, I have become spoiled and do not take care of my child at all. What am I supposed to tell them? I hardly talk to my husband—I mean communicate, only outside, when in society. And it doesn't even make sense to separate. It'll become a circus! *And I can never forgive him. I really can't.* I do not want to die.

My son has just started nursery school. I will probably never see him going off to college. I used to have such vivid fantasies—my baby growing up, bringing home a daughter-in-law. But these days, I no longer know what is going on with me. Sometimes I get so angry! I think I am having a depression and I need counseling. But where can I go? And I am afraid someone might find out. If my family finds out, everyone will be devastated. My brother has advised me to tell everyone slowly, but how can I do that? I now feel so sensitive that I only want to cry. I gather and hold on to my son's toys and cry. But now, I think it's time that I start doing social work to keep myself occupied. Surely there must be others like me out there, probably in worse situations. I think I should try to help them so that I can help myself.

Bijay

" I want to be a good person for the rest of my life.[7]"

Age: 22 years

My name is Bijay. I was born in a normal middle class family in Swayambhu. I attended school up to class four in Kathmandu and then went to Mussorie in India. There was never any problem about food or clothes in our home. Everything was fine. I was doing very well.

As to how or why one gets into drugs… you do not succumb to drugs right away, no, not quite so quickly and easily. What happens in the beginning, you see… well, you are about 16 or 17 years old and your behavior, *attitude* has been steadily worsening. At home, you begin to lie; you skip school; you cheat; you steal; you generally begin to act dishonestly. You also associate with a certain kind of people, the disreputable kind, that is.

Then, a desire begins to develop. What is this thing called drugs? You wish to experience it. You want to try it. What could happen, you wonder? This is the initial stage. You see those senior to you taking drugs, those who are your peers doing it and you feel a little funny… like, well, "Hey, that person whom I knew takes drugs." So you also take drugs, and you sort of feel like a hero, you know. That is how you begin to get into drugs. In the beginning, it is a lot of fun and you spend your days feeling great. Afterwards, you think you are taking drugs when in fact, the drugs are taking over you.

When I was in Class Seven, I stated using cigarettes, dope, booze, and so on. Later, a cough medicine called Phensedyl became the rage in Kathmandu. But it was quickly banned. It was immediately replaced by Tidigesic. I stared using it, and very quickly, I was ready to try anything.

When we begin to take drugs regularly, we begin to project a macho arrogance. This is life, and as a *Man*, we assert, we should be willing to taste everything life offers. I don't think I am the only one who felt that way. At a certain age, almost everyone feels this way, those into drugs anyway. Given my attitude, I even took brown sugar. Altogether, I spent seven years on drugs. Only then, did I seek treatment. After that, I left drugs completely.

There are those, of course, that have taken drugs before and warn you, "Hey, don't take drugs." But they don't really mean it. They sound superficial. Because their real feeling is, "Oh, I hope he starts taking drugs too and becomes a member of our group, too." Such is their actual intent. Those who take drugs feel inferior when they are among those who don't. So you see, even as these boys pretend to warn you about drugs, they never actually prevent you from doing it.

In the beginning, you are at an experimental stage. There is that peer pressure. We don't have to spend money, they provide the drugs for free. But later, when we have become addicted, well, then… even if you have money, it can be difficult to get drugs.

[7] Story reprinted from Positive Life with permission from Panos/South Asia.

Even though I lived in the school's hostel in Mussorie, away from my home in Kathmandu, my family suspected all was not well with me. They would tell me, "We hear all these rumors about you, you know…." But of course I would deny that I was doing anything wrong, even though I was. I would come up with all sorts of clever answers, so my family was never really convinced that I was taking drugs.

When I was doing my Plus Two,[8] I was expelled from school. I had a fight with my school principal during the time of exams, so he threw me out. After all, I had been doing drugs since seventh or eighth class, and now I had been thrown out of school… what was there to do?

I was at that age when I could barely tell the difference between right and wrong. I was only interested in having fun, bullying weak kids, and being a nuisance.

Once I was out of school, I continued to associate with a disreputable crowd. In school, too, I had rowdy friends. But I must confess that once I was no longer in school, I felt free of the school's strict rules and regulations, as if a great weight had been lifted off my back. There was no one to look over my shoulder, no one to control me. Besides, drugs were very cheap. So after I was expelled from school, I hung around in India for a month before coming to Kathmandu.

Of course, it was very difficult for me to tell my family that I had been expelled. So I kept quiet about it. But a letter arrived from my school informing the family, so everyone found out. After that, I simply stopped going to school. I was deeply into drugs and I said to myself, "Why study?" I just wanted to enjoy life. But such an attitude only made it worse for me. Inevitably, I became a full-blown addict.

I got hooked on tidigesic. When I had lots of money, I had my personal syringe and used it exclusively. But you see, among us addicts, certain situations exist. Sometimes we become sick.[9] Sometimes we don't have money, and when we can't feed our habit, we become obsessed with how to get money to get our fix. We are ready to lie and cheat, because we are sick. And suddenly a person appears, one who wants to shoot tidigesic. Naturally, you tell him that you don't have money. "I do!" Well, you are sick. You know that you shouldn't share needles. You also know that you will get AIDS if you do. But at that moment, you are desperate. You can't even crawl. You can't even think. You could die! At such agonizing moments, we share needles because we must—even though we are aware that we could get infected with AIDS.

In my circle, we took drugs for pleasure and enjoyment. Of course there are others who do it because they have some problems, such as say, depression and frustration. It's like this, you see, he is educated, but he doesn't have any work—at office or home. His only job is to roam around freely and hang around. He has lots of free time and he is not busy. Well, when you don't keep yourself busy, then you get distracted with all sorts of things. As they say, "An idle mind is the devil's workshop." If you're leading this kind of an irresponsible life and begin keeping company with drug users, well, then you are in big trouble.

[8] Plus Two is the two years after high school.
[9] "Sick" for Nepali addicts means suffering withdrawal symptoms.

As for the family, well, not all families know about or have resources to support a person who is into drugs. If we talk about our society's attitude towards the addicts, we know that it is not very sympathetic.

Because I was a drug addict, I had great difficulty managing money during my school years. Whenever I would come home on holidays, all my pocket money would be spent on drugs. Every time I went back to school, my suitcase would be full of clothes. Upon my return, I would barely have the clothes on my back. I even sold blankets and rugs that were meant for my personal use in school. I often lied and stole money at home. I did terrible things. But my only concern daily would be how to get enough money to buy my drugs. The moment I got out of bed in the morning, I would start lying. In this manner, I had some good times, and when I could not get my drugs, some bad times. Anyway, my life had its ups and downs.

There were moments when I used to think, "Am I going to spend the rest of my life doing drugs?" These kinds of questions would haunt me occasionally and I would be terrified. Meanwhile, my schoolmates were getting ahead in life. I would feel strange when I ran into them. Some of them were now doing their BA and MA studies. I would look at myself in comparison and feel inferior. So I came to the conclusion that I couldn't go on with life. I was sick of it. I had this feeling from deep inside that I would do nothing in life unless I gave up drugs.

So I confessed to my family. I told them I did in fact do all those horrible things that they had been hearing about. I said I had resolved to give up drugs and that I knew of a place where I could receive treatment. I asked them to forgive me for my mistakes and for making them suffer.

I admitted myself into *Freedom Center*. I learned many things there, especially the importance of life. I realized that I was not facing the authentic realities of life when I was doing drugs. There is a proverb, you know, something about putting on a great show of luxury outside but having next-to-nothing at home. You see, I didn't earn a single paisa; yet I required five or six hundred rupees daily for my drug habit. When I thought about these things, I was full of remorse.

I stayed at the *Center* for eleven months. Three months into my stay, I developed some physical problems. I had stopped taking drugs during this time and I was feeling healthy and energetic. But then I started becoming thin. I noticed blisters in my throat. The man in charge advised me to go to Patan hospital for a checkup. My blood was tested and HIV was suspected.

When I was told I was HIV positive, I could not believe it. I almost collapsed. I thought my life was now over, I was finished! I was overwhelmed by memories of my past activities. I realized I had made a terrible mistake by doing drugs. It seemed as though I was falling from the top of a cliff… and then, well, I began counseling.

For the first week or two, it was very difficult, but later, slowly, I began to feel normal. I slowly understood the tremendous importance of life. "What was I going to do in the future," I asked myself. I saw that I still had many things left to do. Once again, I adopted a very negative attitude. I was now HIV positive, but why only me? Since I had this disease, I was constantly thinking that I should spend the rest of my days enjoying myself and doing drugs. I toyed with this feeling that if I shared needles, then my friends too would become infected. I presume that everyone entertains such fantasies when they discover that they are now HIV positive, don't you think? Of course there must be some that think differently. Later I discovered, of course, that I

was not the only one who had HIV, and that there were many others like me. I had to get HIV to appreciate life. I cried a while too.

What I want to say now is… let me think… well, yes, this disease can be contracted by anyone. The prevailing attitude is that this disease will only strike those who are drug addicts and commercial sex workers. This is not true. I wonder if you have heard this story. It occurred in Pokhara.[10] The sister-in-law fell sick and required blood transfusion. Her brother-in-law gave blood. It turned out he had AIDS. His sister-in-law also contracted AIDS. So you see, you can get infected from those whom you trust most. Many husbands are infecting their wives and this is one reason why AIDS is spreading rapidly in Nepal.

It is very difficult for us addicts in Nepali society. It is not very supportive if you mention AIDS. As for my situation, I no longer take drugs. I am of the opinion that I should now do something constructive. But the trouble is that the society's perception doesn't change. They were fearful of me when I took drugs and they will remain fearful even though I no longer take drugs.

Let me ask you something. I used to take drugs. But now I don't, and I want to spend the rest of my life as a clean and honest individual. I am rehabilitated. So I come to you looking for work. But I tell you that I used to be a drug addict and that I have AIDS, but I no longer take drugs. Tell me, will you employ me? Think very carefully. Will you really give me a job? Unfortunately, you are branded forever when you have become an addict or have AIDS. Should I blame you personally for this? Should I point my finger at our society? Or should I blame the drug addict? It's very difficult, isn't it? But that is indeed the brutal reality of the situation.

I have not had many sexual relations. I had relations with two or three girlfriends when I was in school in India. When I came back to Kathmandu, I visited prostitutes three or four times. I used condoms. This happened about five or six years ago. And in those days, I had never even heard of HIV/AIDS. It wasn't published very much either. Since I was more into drugs than prostitutes, I suspect I got HIV because of drugs instead of sex. One or two of those in my circle have also contracted AIDS.

My mother is the only person in my family who knows I have HIV. I told her myself, even though it was a very difficult thing to do. She cried a lot. Nowadays, she never mentions this subject. What she is really feeling, I do not know. Outwardly, her behavior is very normal. My family too is very nice to me. I have brothers who are studying abroad.

I have been HIV positive for two years. Once I was infected with this illness, I also contracted tuberculosis. I was cured after taking medicine for eight months. I have no problems now. You must remain strong, you know.

In my life, I never had ambitions to become a doctor or anything. I was willing to drift and see what happened. From a very young age, I was only interested in playing and relaxing. Until about class six, I was quite good in studies. I even achieved first and second positions. But from around class seven, I started to ask, "What's the use of studying?" I am now paying for those mistakes.

[10] Pokhara is a scenic town 200 kms west of Kathmandu popular with tourists.

I have not had any sex relations since learning of my HIV condition. Of course, it is human nature to want to have sex. Perhaps it is even a necessity, but whenever the sexual urge comes upon me, I ask myself if the sexual act will fulfill me for the rest of my life. The first time, okay, I will use a condom. But later, will I be as careful when it becomes a necessity? I reflect upon these issues and decide not to do it. If the sexual feeling becomes intolerable, then you masturbate and the desire is over. I also try to control my urge to masturbate. After all, how often can you indulge in it?

Marriage is out of question. How can I? If I meet another girl who is also HIV positive, then we could get married, but to marry a normal girl is impossible. I want to spend the rest of my days as a good person. I want my own people, friends, and family, as well as the society at large to say that even though he had been a bad person once, he did good work later. When people hear of my death, I don't want anyone to say, "Oh, he was such a horrible person!" Instead, I want them to be sympathetic and say "Oh, poor fellow. He did good, taught a lot of others about HIV/AIDS."

So I wish to live an exemplary life. I think I am leading one now. If I try to think of any other memorable moments in my life, there aren't any. If anything in my life is memorable, it is just this—getting HIV.

Rajendra

"They told my little brother, his father has AIDS…[11]*"*

Age: 15 years

My name is Rajendra Kumar. I go to a government-run school in my village. I am studying as the teachers tell me to. If we don't understand something, the teachers hit us. We study English, Nepali, Math, Population, and Sanskrit in school. I like Math best of all. After I finish school I plan to get a job. I think I'll be a teacher or an office worker.

But it's hard for me because my family's financial situation is very poor. There's no way to earn money. My father is dead. He died of a disease called AIDS. He died one and a half years ago. He had lived in Mumbai for a long time.

He left us way back when we were small kids, only two or three years old. My oldest brother is also in India. I'm the middle son. My older brother has been gone for a year—he went to India to earn money after my father died. He went to earn money, but he hasn't sent us any. My brother hasn't sent any money, he says that his boss hasn't paid him. His boss says that his business is "down," that he has bills of twenty-five, twenty-six lakhs to pay, so he can't pay his wages.

I have a little brother too. He's eight years old now, and studying in first grade. My younger sister, who is 13, is in fourth grade. When my father was living in Mumbai, he used to come home only once every four or five years. He'd stay only as long as his boss let him—sometimes a year, sometimes six months.

I was born in Mumbai, but then my mother and I came back here to live. I went back to Mumbai once when I was very ill. But I haven't been back since then. Who feels good about leaving their own homeland to go to someone else's country? We don't even know very many people there. My mother and I came back here, but my father didn't. My mother went back and forth occasionally.

My father died here at home. He got the disease there in Mumbai. When my mother learned my father was sick, she went to India. She took him to the hospital and had his blood tested. The doctor told my father to return home to the fresh air of his own country, to take his leave of this life in his own country. He died five-six months after coming home.

After he came home from Mumbai, he was still up and about for 15-16 days. But his back hurt a lot, and he was always lying down. Then he was no longer able to walk around. He died a few months later.

My father told me not to give my mother any trouble, to make myself into something in the future. We spent a lot of money on my father's care. We spent 50-55 thousand of my father's earnings, and went into debt for another 30-35 thousand. We're still in debt for that.

[11] Unpublished interview, Panos South Asia, Kathmandu, Nepal

It's hard for us without my father. We don't have any money. My brother's boss hasn't paid him either. He wrote us in a letter that he'd come home when he got paid. My friends at school don't give me a hard time. But they tease my little brother, saying, "His father died of AIDS, we can't play with him." They surrounded him once and threw stones at him. My brother told me about it afterwards. So I told the teacher, and he gave those boys a beating.

When it was time to cremate my father, nobody would touch his body. Everyone knew about AIDS, everyone was already aware of it. My mother still cries about all the suffering. We comfort her and tell her not to cry.

I'm a member of a youth development group. There used to be 50 members, but now there are only 25-26 people. We go around teaching others about the things we learned in a training given by an NGO. Like, in homes where someone has AIDS, we tell them not to be discouraged in their work, remind them to take care of themselves, to be strong. We're supposed to teach the things we've learned to our other friends as well. In our village three-four people have died of AIDS in the last year.

My father was 48 when he died. He used to send us clothes from Mumbai. He really loved us. I still think about him a lot. He died at around four o'clock in the afternoon. After he died, the neighbors gathered around. They didn't take his body for cremation that night, because the cremation grounds are far away. They took him the next morning. The night he died, all the neighbors mourned because a friend of theirs had died.

I think we wouldn't have had to suffer so much if my father hadn't died. We have photos of him. I look at the pictures when I think of him sometimes. I don't even have the money to pay for school, for school registration, and fees. If my father were alive, he would have taken care of my education so easily. Right now my mother is struggling to keep us in school. She's going through so much trouble, trying to look after the fields as well.

Chandika

"In the village they won't drink water I've touched, saying I have AIDS…[12]*"*

Age: 38 years

I got up early this morning to cut the wheat. This one's Daddy died when he was eight months old (pointing to her son playing in the field). It's been five years since he died. I have five sons and three daughters. My eldest son is all grown up, but I don't know how old he is. Some of my children are married; some are not. Some are in school, others are just at home. How can I educate them? How can I pay to register them at school? Nobody has any earnings.

How much can my son bring in? He earns a little, but its not even enough to pay for our food. If he had money I'm sure he'd say, "Here, this is for you, Ama (mother)." Everyone says my husband died from some kind of new disease. He used to live in Mumbai. He lived there a long time. He brought this Mumbai sickness here, and took diseases from here to Mumbai. And then, after he brought this Mumbai sickness back here, he died here. He used to get terrible fevers. Day and night he'd have a fever. He had to urinate all the time, didn't have an appetite, his stomach felt hard. He was never well.

Once he came back home after 15 years in Mumbai, another time after seven years. He never even took me to Mumbai once. He had another wife in Mumbai, and a son and a daughter with her. Now his son and daughter are here. His second wife died too. She lost her mind after her husband died. But they say she didn't have the "new" disease.

Because of my mother and father-in-law, I never asked my husband to take me to Mumbai. I had to look after my in-laws, look after my children. My husband came home from time to time. I don't know whether he worked in an office in Mumbai or some other place.

When my husband fell ill, my eldest son went to get him. He'd phoned from there. This was six years ago. My son was 20-25 years old at that time. My husband died when he was 40. He came back in the month of August, and died in December.

A doctor in Mumbai told him that he had some kind of illness, that he should eat nutritious food, take plenty of rest, otherwise he'd die. He didn't tell us what kind of illness he had. When my son went to get his father in Mumbai, he realized what the disease was. He asked the doctor, and the doctor told him that his father only had so long to live.

Before he died he had a terrible bout of dysentery. I don't remember him ever having dysentery before that. He died at home, and then the grieving began. At that time, my husband was the only earner. My son was still in school. My husband had gotten some treatment in Mumbai, and some here. I even spent the 3,000-4,000 rupees that I'd been saving for an emergency. My father-in-law had some income, but my husband really didn't. Actually, my father-in-law used to live in Mumbai too.

[12] Unpublished interview, Panos South Asia, Kathmandu, Nepal

These days, I get fevers too. I have stomachaches at least once a month, sometimes every week. It's been a month since my throat has dried up; it hurts to talk. I just went recently to the village for medicine. They gave me 100 rupees worth of medicine. The doctor doesn't say what's wrong, he just gives tonic and pills.

After my husband died, it was really hard to run the house on a daily basis. I had to work in the fields, look after my kids, gather fodder for the animals, and take the animals to pasture. If my husband had been alive, he would have helped out.

If my husband had told me what kind of illness he had, I wouldn't have had such problems. There are so many problems. My children tell me that I have the same "new" illness that my husband had.

My youngest son is only five years old. The village folks say I have AIDS. They won't even drink water that I've touched. They say I've got the same disease as my husband. I wonder what it would have been like if my husband were alive.

My husband's second wife went crazy and died, we don't even know how or where. My eldest son and his wife are good to me. There are probably others in the village with AIDS, but I don't get out much, so I don't know.

My three daughters ran off and got married. My second son studies in grade six. My other sons refuse to go to school. They do help me out at home and in the fields.

I don't know anything about AIDS. I know you get a fever. Last year they came to the village to teach us about AIDS. It's nothing, it won't spread, and you mustn't discriminate against people who are sick with it. When my husband came home ill, he never told us what we should and shouldn't do. He had a continuous fever. There are eight of us at home now. Our land can't support us. We have to buy rice in the bazaar. I'm old now. I'm probably 40 years old. I worry about my kids. When I die, what will their future be?

Day Two

Meeting the Needs of Your Community

Starting the Day 2-73
Outreach, Inclusion, and Participation 2-74
Identifying and Prioritizing HIV/AIDS Issues 2-92
Analyzing Prioritized HIV/AIDS Issues 2-108
Closing 2-121
Handouts 2-122
- Women and HIV/AIDS 2-122
- Community and Advocacy 2-125

Day Two Agenda: Sample

9:30-9:35	**Starting the Day – Day Two: Meeting the Needs of Your Community**
9:35-10-45	**Outreach, Inclusion, and Participation**
10:45-11:00	**TEA BREAK**
11:00-11:50	**Outreach, Inclusion, and Participation** *(continued)*
11:50-12:40	**Identifying and Prioritizing HIV/AIDS Issues**
12:40-1:10	**LUNCH BREAK**
1:10-3:05	**Identifying and Prioritizing HIV/AIDS Issues** *(continued)*
3:05-3:20	**Analyzing Prioritized HIV/AIDS Issues** *(part 1)*
3:20-3:35	**TEA BREAK**
3:35-5:05	**Analyzing Prioritized HIV/AIDS Issues** *(part 1, continued)*
5:05-5:15	**Closing the Day**

Starting the Day

Notes to the Facilitator

- Observer Orientation and Instructions

Handouts for Observers

- Observing the Team Role-Play: Guiding Questions for Community
  - Team Observer(s)
- Observing the Team Role-Play: Guiding Questions for NGO/GO
  - Team Observer(s)

1. Orienting Observers *(15-20 minutes prior to the start of the training day)*

- Use the Observer Instruction card in **Notes to the Facilitator** to orient and instruct observers.
- Give each observer his/her handout to review—
  - **Observing the Team Role-Play: Guiding Questions for Community Team Observer/s**
  - **Observing the Team Role-Play: Guiding Questions for NGO/GO Team Observer(s)**
- Have observers read through the guiding questions carefully to make sure they understand each step of the process.

2. Opening the Training Day *(5-10 minutes)*

- Review major focus/activities of the previous day.
- Review the day's agenda *(refer to flip chart agenda, sample on following page).*
- Point out new sayings in the quotation corner.

Outreach, Inclusion, and Participation

(2 hours)

Session Objectives

By the end of this session participants will have—

- Developed an understanding of the GIPA (Greater Involvement of People Living With or Affected by HIV/AIDS) concept
- Identified groups that may need special outreach and inclusion efforts
- Identified facilitating factors, barriers, and special considerations in outreach, inclusion, and participation for various groups

Materials

- Flip chart paper (ten blank sheets)
- Permanent markers (four colors, five each)
- Masking tape
- Sixteen identity cards for Outreach, Inclusion, and Participation Role-Play *(see* **Notes to the Facilitator** *for instructions)*

Flip Charts

- Session Objectives
- Greater Involvement of People with AIDS (GIPA): Key Features

Handouts for Participants

- Observing the Team Role-play: Guiding Questions for Community Team Observer(s)
- Observing the Team Role-play: Guiding Questions for NGO/GO Team Observer(s)
- Greater Involvement of People with AIDS (GIPA): Key Features

Notes to the Facilitator

- Outreach, Inclusion, Participation Role-Play (Objectives, Overview & Preparation)
- Observers: Observer Instruction Card, 1 only *(for facilitator to orient observers)*
- Community Team: Instruction Cards 1-2 *(for facilitator to orient team)*
- NGO Outreach Team: Instruction Cards 1-2 *(for facilitator to orient team)*
- Groups that May Need Special Attention and Support: Brainstorming Exercise

Notes to the Facilitator

Outreach, Inclusion, and Participation: Team Role-Play

Objectives

The objectives of this team role-play are to promote participant reflection on—

- Ways of undertaking outreach to and promoting participation of different individuals, groups, and communities during the early stages of social mobilization
- Special outreach and inclusion needs of various groups, including people living with or affected by HIV/AIDS

Overview of Process

Participants will be divided into two teams—a community team and an NGO/GO team—and observers. The number of observers and number of participants on each team will depend on the total number of participants in the training. Ranges for each are given below—

- Community team: five to eight people
- NGO/GO team: five to eight people
- Observers: two to four people

Teams will not be given information about each other. In some cases, individuals within a team have "hidden" aspects of their identities related to how HIV/AIDS affects their lives. This may influence how they interact with their team members.

Facilitators will orient each team separately to their team tasks and to their individual identities within the team.

The **Community Team** tasks are to—

- First, as individuals, identify their own personal priorities and needs, depending upon their individual circumstances
- Identify a community priority
- Develop a plan to address that priority
- Begin to implement the plan

The **NGO/GO Team** is focused on eliminating social discrimination related to HIV/AIDS. The team tasks are to—

- First, as individuals, identify their own personal priorities and needs, depending upon their individual circumstances
- Plan an outreach strategy to engage the community in working on social discrimination
- Approach, interact with, and engage the community

The instructions to teams are **deliberately limited** to allow teams to pursue their tasks, as they understand them.

Role-Play Preparation

Making Identity Cards. Make individual identity cards on slips of paper as outlined below. Hidden aspects of individual identities should be written in brackets.

Community Team

- A shop owner
- A ward representative
- A non-literate day laborer
- An elderly person
- A teacher (who is HIV positive)
- The wife of a migrant laborer (whose husband has AIDS)
- A tea shop owner (who is also a sex worker)
- The 19 year-old son of a local businessman (youth is an injecting drug user)

NGO/GO Team

- Chairperson of a national network to eliminate social discrimination on HIV/AIDS (daughter died of HIV/AIDS)
- Director of a district-based NGO focusing broadly on community development
- District program manager of a national NGO with district branches, focusing on reproductive health (suspects that he is HIV positive but is afraid to get tested)
- Field supervisor for a local NGO focusing on reproductive health
- Field supervisor for a local NGO working with women and children
- Outreach worker for a local NGO working with youth (is HIV positive)
- Outreach worker for a local NGO working with sex workers
- Outreach worker for a local branch of a Kathmandu-based NGO working with injecting drug users

Assigning Teams/Roles

- Divide participants into two teams of mixed gender and professional backgrounds.
- Decide ahead of time which participants should take on each specific role.
- It is not essential to assign people the roles that they will feel most comfortable with. In fact, it is useful (and fun) to assign people roles that are quite different from their real identities. So feel free to assign female identities to men and male identities to women, outreach worker identities to managers and the chairperson role to a field supervisor.
- Fold the identity slip over so the identity can not be seen, and write the name of the participant assigned that identity on the outside.

Orienting Observers

- Observers should be oriented to their tasks before the start of the training day (*Day Two: Meeting the Needs of Your Community*). Facilitators should identify them at the end of the first day, and ask them to come in half an hour early for orientation on the next day.
- Instructions for orienting observers and observer handouts appear on the following pages.

Notes to the Facilitator

Outreach, Inclusion, and Participation: Team Role-Play

Orientation ***(15 minutes prior to the start of the training day)***

1. Inform the observers that they will be observing two teams in a role-play (1) a community team, and (2) an NGO/GO team.

2. Assign one to two observers to each team.

3. Explain to observers that there will be three phases to the team role-play process: (1) A reflection and planning phase; (2) An interaction phase; (3) A large group discussion. They are to watch their assigned teams closely during the reflection and planning phase, and the interaction phase.

4. Explain that their role is to observe and evaluate various aspects of how people within teams and between teams are interacting. These aspects include outreach, inclusion, participation, leadership, conflict, and decision making.

5. Give observers their question guides and explain that they contain a list of specific questions to guide their observations.

6. Have observers quickly read through the questions and answer any concerns or questions they have.

(Observer handout)

Observing the Team Role-Play

Guiding Questions for Community Observer(s)

Reflection and Planning Period

- Did all members of the community participate actively in the planning phase? If not, why not?
- Who was more active? Who was less active?
- Why do you think they were less active?
- Did any leadership emerge in the community?
- Was the leader male or female?
- What was the role of the leader?
- Did the leadership reach out to all members of the community? If not, why not?
- How were decisions made about community priorities?
- What conflicts arose? How were they resolved?

Interaction Period

- Did all members of the community participate actively in the interaction with the NGO/GO team? If not, why not?
- How did various community members respond to the efforts of the NGO/GO team to engage them?
- Were the priorities of the community members and the NGO/GO team clear? Were they the same?
- How could the interaction have been improved?
- How could the mutual priorities/needs of the two teams have been met?

(Observer handout)

Observing the Team Role-Play

Guiding Questions for NGO/GO Team Observer(s)

Reflection and Planning Period

- Did all members of the community participate actively in the planning phase? If not, why not?
- Who was more active? Who was less active?
- Why do you think they were less active?
- Did any leadership emerge in the team?
- Was the leader male or female?
- What was the role of the leader?
- Did the leadership reach out to all members of the team? If not, why not?
- How were decisions made about developing a community outreach strategy?
- What conflicts arose? How were they resolved?

Interaction Period

- Did all members of the NGO/GO team participate actively in the interaction with the community? If not, why not?
- How did various team members try to engage community members?
- Did they reach out to all members of the community? If not, why not?
- Were they successful in engaging the community? Why or why not?
- Were the priorities of the community members and the NGO/GO team clear? Were they the same?
- How could outreach to the community have been improved?
- How could the mutual priorities/needs of the two teams have been met?

1. Introduction and Overview of the Session *(5 minutes)*

"It's the bride and groom's own wedding, but they're not allowed to see it."

—NEPALI PROVERB

- Go over the session objectives, referring to the flip chart on the following page.
- Explain to participants that they are first going to undertake a role-play in which they explore ways of getting individuals, groups, communities, and INGO/NGOs to work together.
- Participants will be assigned teams, and people will be assigned individual roles within the teams.
- In addition to the two teams, several persons (depending on the number of participants in the training) will be assigned the role of observers.
- Teams will not be given information about each other, and in some cases, individuals within a team may not have complete information about each other.
- Teams and observers will receive separate orientations.

2. Team Divisions *(5 minutes)*

- Divide the group into two teams of six to eight each as instructed in the **Notes to the Facilitator** on the preceding pages.
- Identify the observers and remind them which team they are assigned to observe. Ask the observers to sit together as a group while teams receive their separate instructions.

(Flip chart)

Outreach, Inclusion, and Participation

Session Objectives

By the end of this session participants will have—

- Developed an understanding of the GIPA (Greater Involvement of People Living With or Affected by HIV/AIDS) concept
- Identified groups that may need special outreach and inclusion efforts
- Identified facilitating factors, barriers, and special considerations in outreach, inclusion, and participation for various groups

(Flip chart)

Community Team Task

The community team's tasks are to—

- Reflect for three to five minutes on their **own** priorities and needs as individuals
- Identify a community priority and develop a plan to address that community priority

(Flip chart)

NGO/GO Team Task

The community team's tasks are to—

- Reflect for three to five minutes on their **own** priorities and needs as individuals
- Develop an initial outreach strategy for approaching the community, and engaging them in the group's work to eliminate discrimination related to HIV/AIDS

3. Team Orientation *(10 minutes)*

- Each team should go to a separate part of the training space (a separate room if possible) so they cannot overhear each other.
- One facilitator goes with each team to provide orientation to the team's task.
- For example, on the flip chart on the previous page, and as outlined in detail in the **Notes to the Facilitator** *(team instruction cards)* on the following pages.

4. Team Reflection and Planning *(15 minutes)*

- Teams undertake their planning tasks in their separate spaces.
- Observers observe their respective teams following the guidelines given them.
- Facilitators rotate among teams to make sure that the tasks/process are understood.

Notes to the Facilitator

Outreach, Inclusion, and Participation Team Role-Play: Community Team

Step 1: Team Instructions

NOTE: Unlike other team instruction cards, these are to be used by **facilitators** in orienting the community team. Team members should **not** see the card (because of hidden identities).

Orientation and Introductions *(10 minutes)*

1. Inform the team that they are members of a community, and they will be assigned roles written on slips of paper. Some information about who they are is known to other community members; some information is hidden from others.

2. Hand out one identity paper to each individual. Tell team members to look at their own paper, but not to show it to other community members. Tell them if their identities have a "hidden" aspect, it is indicated in brackets. Tell them that the identities are assigned randomly. The identity given has nothing to do with the individual personally. The identities are—

    - A shop owner
    - A ward representative
    - A non-literate day laborer
    - An elderly person
    - A teacher *(who is HIV positive)*
    - The wife of a migrant laborer *(who has AIDS)*
    - A tea shop owner *(who is also a sex worker)*
    - The 19 year old son of a local businessman *(youth is an injecting drug user)*

3. Ask each community member to introduce him/herself, but **not** to disclose the hidden part of his/her identity at this point. They may disclose later if they feel it is appropriate to the interaction.

4. Tell the team that there will be three phases to the process: (1) A reflection and planning phase; (2) An interaction phase; (3) A large group discussion.

5. If the team has no questions, go on to the next step.

Outreach, Inclusion, and Participation Team Role-Play: Community Team

Step 2: Team Instructions

Reflection and Planning *(15 minutes)*

1. Inform the team that they have 15 minutes for reflection and planning.

2. First, ask the team to reflect for three to five minutes on their **own** priorities and needs as individuals.

3. After team takes three to five minutes for individual reflection, tell them they are to spend the remaining 10-12 minutes of the planning period to **identify a community priority and develop a plan to address that community priority.** Remind team members that their personal priorities and needs may influence their interactions with the rest of the community.

4. Tell the team you will now leave them to identify a community priority and develop a plan to address it. They may do so in whatever way they choose. They will have about 20 minutes or so after the planning phase to begin to carry out their community plan.

5. Invite the community observer(s) to now begin observing.

Notes to the Facilitator

Outreach, Inclusion, and Participation Team Role-Play: NGO/GO Team

Step 1: Team Instructions

NOTE: Unlike other team instruction cards, these are to be used by **facilitators** in orienting the NGO/GO team. Team members should **not** see the card (because of hidden identities).

Orientation and Introductions *(10 minutes)*

1. Inform the team that they are core members of a loose group of organizations that are considering ways to address social discrimination related to HIV/AIDS at the district level. They are each from a **different** NGO or GO, and they will be assigned specific identities written on slips of paper. Some information about who they are is known to other coalition members, some information is hidden from others.

2. Hand out one slip of paper to each person. Tell members to look at their own card, but not to show it to others. Tell them if their identities have a "hidden" aspect it is indicated in brackets. Tell them that the identities are assigned randomly. The identities given have nothing to do with the individual person. The identities are—

    - Chairperson of a national network to eliminate social discrimination on HIV/AIDS *(daughter died of HIV/AIDS)*
    - Director of a district-based NGO focusing broadly on community development
    - District program manager of a national NGO with district branches, focusing on reproductive health *(suspects that he is HIV positive but is afraid to get tested)*
    - Field supervisor for a local NGO focusing on reproductive health
    - Field supervisor for a local NGO working with women and children
    - Outreach worker for a local NGO working with youth (is HIV positive)
    - Outreach worker for a local NGO working with sex workers
    - Outreach worker for a local branch of a Kathmandu-based NGO working with IDUs

3. Ask each team member to introduce him/herself, but not to disclose the hidden part of his/her identity at this point. They may disclose later if they feel it is appropriate to the interaction.

4. Tell the team that there will be three phases to the process: (1) A reflection and planning phase; (2) An interaction phase; (3) A large group discussion.

5. If the team has no questions, go on to the next step.

Notes to the Facilitator

Outreach, Inclusion, and Participation Team Role-Play: NGO/GO Team

Step 2: Team Instructions

Reflection and Planning *(15 minutes)*

1. Inform the team that they have 15 minutes for reflection and planning.

2. First, ask the team to reflect for three to five minutes on their own priorities and needs as individuals. Remind participants that their personal priorities/needs may influence their interactions with their team members.

3. After team takes three to five minutes for individual reflection, tell them they are to spend the remaining 10-12 minutes of the planning period to **develop an initial outreach strategy for approaching the community, and engaging them in the group's work to eliminate discrimination related to HIV/AIDS.**

4. Once the team has developed an outreach plan, team members should divide up tasks.

5. Tell the team you will now leave them to develop their plan. They may do so in whatever way they choose. They will have about 20 minutes after the planning phase to interact with the community.

6. Invite the NGO/GO observer(s) to begin observing.

5. Group Interaction *(20 minutes)*

- Inform the teams that it is now time for the interaction phase of the role-play.
- Ask the teams to come together and interact in ways they believe will allow them to pursue their priorities according to their assigned roles.

6. Large Group Discussion *(30 minutes)*

- Ask the community team, the NGO/GO team and the observers to sit together in their groups.
- Lead a discussion focusing on the questions below. Where appropriate, ask the community team to share their experiences first, the NGO/GO team second, and the observers third.
- While one facilitator leads the discussion, the other can record **facilitating factors** and **barriers** to outreach, inclusion, and participation on two pieces of flip chart with the headings—
    - Factors facilitating outreach, inclusion, and participation
    - Barriers to outreach, inclusion, and participation

General *(3-5 minutes)*

- How did participants feel about the entire process?
- What did they enjoy about it?
- What was difficult about it?

Reflection and Planning Period *(5-7 minutes)*

- What was the level of participation in the teams?
- Were any of the people less active in the planning process? Who?
- Why were they less active?
- Did gender have a role to play in participation?
- Did any leadership emerge in the team?
- Was the leader male or female?
- What was the leadership style?
- Did the leadership reach out to all members of the team?
- If not, why not?
- How were decisions made about team priorities and plans?

- What conflicts arose? How were they resolved?

Interaction Period *(5-7 minutes)*

- Did all members of the community participate actively in the interaction with the NGO/GO team? If not, why not? Did gender have a role to play?
- Did all members of the NGO/GO team participate actively in the interaction with the community? If not, why not? Did gender have a role to play?
- How did various team members try to engage community members?
- Did they reach out to all members of the community? If not, why not?
- How did various community members respond to the efforts of the NGO/GO team to engage them?
- How could outreach to the community have been improved?
- Were the priorities of the community members and the NGO/GO team clear? Were they the same?
- How could the mutual priorities/needs of the two teams have been met?

Hidden Identities *(8-10 minutes)*

- Did any of the hidden identities become known? How? With what effect?
- If none of the hidden identities were disclosed, have those individuals stand up and identify themselves.
- Ask the group **why** they think the hidden aspect of peoples' identities remained hidden?
- Ask those individuals how the hidden aspect of their identities affected their feelings and behavior in the team.
- Could the needs and priorities of these individuals have been more fully considered in any of the team processes? How?

Overall *(5-7 minutes)*

- Did participants learn anything from the role-play?
- Did they learn anything about outreach and inclusion?
- Did they learn anything about participation?
- Did the role-play relate to reality? Why or why not?

7. Greater Involvement of People Living with AIDS (GIPA) *(15 minutes)*

- It is very important to highlight the concept of GIPA, which may be new for participants, particularly those who have not had experience working on HIV/AIDS issues.
- Write the phrase **involving people living with or affected by HIV/AIDS** on a blank piece of flip chart paper. Ask participants what they think the key features of such involvement might be. Write participant responses onto flip chart paper.
- After participants have brainstormed their answers, post on the wall the flip chart headed **Greater Involvement of People Living with AIDS (GIPA): Key Features**.
- Ask one participant to read out the key features to the group.
- Explain that the term **"PLWHA"** refers to "People Living With or Affected by HIV/AIDS," and includes people who are HIV positive, their family members, and other close associates who may **not** be infected themselves, but whose lives are deeply affected by the disease.
- Note common characteristics in the list generated by the participants and the characteristics on the flip chart.
- Explain that GIPA is key to promoting—
    - Basic human rights of PLWHA
    - Their involvement in any movement to address HIV/AIDS issues

Note: Although we use the abbreviation 'PLWHA' in this manual, when speaking, the full phrase "people or persons living with HIV/AIDS" should be used. Referring to persons as abbreviations is dehumanizing and can contribute to stigmatization.

(Flip chart and participant handout)

Greater Involvement of People With AIDS (GIPA)

Key Features

Key aspects of GIPA include—

- Developing ways of supporting HIV positive persons and their family members to—
  - Articulate and communicate their concerns
  - Organize (formally or informally)
  - Build capacity and leadership of individuals and groups
  - Address self-identified needs
- Promoting involvement of persons living with or affected by HIV/AIDS (PLWHA) in all aspects and stages of programs and processes to address HIV/AIDS issues.
- Working to eliminate social stigma, discrimination, and ostracism of PLWHA and their family members.

8. Groups that May Need Special Attention and Support *(15 minutes)*

- Ask the group to reflect for a few minutes on what groups of people, that are affected or potentially affected by the HIV/AIDS epidemic, might need special attention and support, including extra efforts at outreach and inclusion. Have individuals jot down their ideas on a piece of paper.
- After a few minutes of reflection, ask for volunteers to share their ideas one at a time, and record them on the flip chart. *(Refer to the* **Notes to the Facilitator** *on the following page for ideas.)*
- After the group has come up with ideas, stress that it is important to keep in mind that **everyone** is potentially affected by HIV/AIDS. Emphasize the importance of finding ways of including those who are most affected or at risk of being affected without **blaming** or **stigmatizing** particular groups.

Notes to the Facilitator

Groups that May Need Special Attention and Support

Brainstorming Exercise

- Facilitators will note that there are no handouts accompanying the exercise. This is intentional. A handout listing "Key Affected Groups," "Risk Groups," or even "Groups Needing Special Attention and Support" may send a message that HIV/AIDS is **their** problem, when in fact it is **our** problem. Such a list may contribute to isolation and stigmatization of specific groups of people. Therefore, this exercise should be limited to brainstorming only.
- Types of responses that may come up during brainstorming include—
  - People living with or affected by HIV/AIDS (PLWHA)
  - Family members of people living with HIV/AIDS, including—
    - Dependent spouses
    - Dependent parents
    - Dependent children
  - Elderly people whose primary support person has died of HIV/AIDS
  - Children whose primary support person has died of HIV/AIDS
  - Spouses whose primary support person has died of HIV/AIDS
  - Children who have been orphaned by HIV/AIDS
  - People with multiple sex partners, and their spouses or other partners
  - Migrant laborers, and their spouses or other partners
  - Truckers, and their spouses or other partners
  - Injecting drug users (IDUs), and their spouses or other partners
  - Sex workers, and their spouses or other partners
  - Clients of sex workers, and their spouses or other partners

Identifying and Prioritizing HIV/AIDS Issues

(2 hours, 45 minutes)

Session Objectives

By the end of this session participants will have—

- Identified a range of HIV/AIDS issues
- Prioritized HIV/AIDS issues as a team

Materials

- Flip chart paper (ten blank sheets)
- Permanent markers (four colors, five each)
- Masking tape
- 100 metacards of one color
- 25 metacards of a different color
- 60 colored *tikas* or other symbols of facilitator's choosing (20 each of three distinct colors, sizes, and/or shapes)

Flip Charts

- Session Objectives
- Overview of Issue Identification Process
- Prioritizing HIV/AIDS Issues: Overview of Process

Instruction Cards for Teamwork

- Identifying Issues: Team Instruction Cards 1-3
- Identifying Gender Concerns: Pair of Instruction Cards

Handouts for Participants

- Issues in HIV/AIDS: A Sampling of Ideas
- Identifying and Prioritizing Issues as Team: Outline of Steps
- Identifying and Prioritizing Issues as Team: Outcome Worksheet

Notes to the Facilitator

- Notes on Teamwork and Team Leaders
- Gender Concerns in Issue Identification: A Sampling of Ideas

Notes to the Facilitator

Notes on Teamwork and Team Leaders

As mentioned in the introduction, this training relies heavily on small teamwork. Beginning today (*Day Two*) and running through *Day Five*, teams will select one HIV/AIDS issue to focus on while working through all of the steps in planning a social mobilization effort at multiple levels. This is an intense, working process, and facilitators should prepare participants for it. It may be helpful to remind them that the intensive teamwork mirrors certain aspects of social mobilization, which is really about working together as a group. Hopefully participants will develop better team-building skills through the extensive small teamwork.

Another key objective of the training approach is the development of participants' team leadership skills through rotating participant leadership of teams. From this session onward, participant team leaders will facilitate team discussions and work processes. Facilitators may find that participants initially resist this process, and press the facilitators to orient and brief teams on their tasks, and support teams throughout the working process. It is important to build the confidence of both participants and the team leaders, in their ability to work together to effectively complete team tasks. It may help to let participants know that other facilitators who have used this manual felt that participant team leaders did a better job of explaining tasks and guiding teams through the working process than facilitators themselves would have.

1. Introduction to the Session *(5-10 minutes)*

"You won't burn your face just by saying the word 'fire'."

—NEPALI PROVERB

- Ask participants how they felt about the life stories of people with HIV/AIDS that they read for homework the night before.
- Explain to participants that this session will focus on identifying and prioritizing major HIV/AIDS issues, based on those life stories.
- Emphasize that the point of the session is **not** to develop an "ultimate" list of HIV/AIDS issues, but rather to identify and begin working with real-life HIV/AIDS issues that participants themselves identify.
- Go over the session objectives referring to the flip chart on the following page.
- Go over the steps in the issue identification, categorization and gender consideration process referring to the flip chart on the following page.

(Flip chart)

Identifying and Prioritizing HIV/AIDS Issues: Session Objectives

By the end of this session participants will have—

- Identified a range of HIV/AIDS issues
- Prioritized HIV/AIDS issues as a team

(Flip chart)

Overview of HIV/AIDS Issue Identification Process

Brainstorming Issues

1. Participants divide into teams according to the life stories they read for homework.
2. Teams identify issues related to HIV/AIDS from the stories.
3. Teams share their list of HIV/AIDS issues/problems with larger group.

Grouping Issues

4. Facilitators and participants group issues/problems together in categories.

Gender Considerations

- Participants pair off in same sex pairs.
- For each issue, pairs consider these questions.
  - Does the issue affect either men or women **more**?
  - Does the issue affect men or women **differently**?
  - Do either men or women have a **greater** role in the issue?
  - Do men and women have **different** roles in the issue?
- Pairs identify issues where gender appears to be a major factor.

2. Identifying Issues *(1 hour, 15 minutes)*

Introduction to Team Task and Dividing into Teams *(5-10 minutes)*

- Explain to participants that they will divide into teams of people who have all read the same life story for homework.
- The primary task of teams will be to discuss the life story and identify **key issues related to HIV/AIDS.**
- What do we mean by "issue"? An issue is bigger than the problem of one particular individual. For the purposes of this exercise, issues can be understood as problems in the person's life that relate to larger social patterns or problems.
- Divide participants into teams according to the life story they read for homework.
  - **Sudha's Story**
  - **Bijay's Story**
  - **Rajendra's Story**
  - **Chandika's Story**

- Explain that teams will be given separate, detailed instruction cards for each step, and that one member of each team has been assigned and briefed on their role as team leader. Identify the team leaders.
- Each team leader should have—
    - 20 metacards for recording issues
    - A packet of three instruction cards, detailing each step of the issue identification process for teams
    - Colored markers

Teamwork *(30 minutes)*

- See team instruction cards on the following pages.
- Facilitators rotate among teams, to make sure the task is understood and teams are on track.
- **Option:** *Grouping like issues together into categories takes place twice in this session: during Step 3: Team Instructions (on the following page), and again while merging teams' lists of issues in plenary (pg 2-96) To save time, facilitators may have teams skip Step 3.*

(Instruction cards)

Identifying HIV/AIDS Issues

Step 1: Team Instructions

Reviewing the Story *(5 minutes)*

- Each team member takes a few minutes to quietly skim through the life story s/he read for homework the night before.
- After reviewing the story, each team member should take a few minutes to jot down what s/he feels are the major issues related to HIV/AIDS in the person's life story.

Identifying HIV/AIDS Issues

Step 2: Team Instructions

Brainstorming Issues *(15 minutes)*

- Choose one team member to take notes and record issues onto metacards.
- Ask each team member to share one issue in turn.
- As each team member states his/her issue, record the issue on a separate metacard (for easy re-grouping later).
- After each team member has contributed one issue, ask members to share **additional** issues that haven't yet been raised, but not to repeat issues that have already been raised. Record any additional issues on metacards.
- Continue in this way until all issues have been identified and recorded on metacards.

Identifying HIV/AIDS Issues

Step 3: Team Instructions

Grouping Issues *(10 minutes)*

- Lay out all the metacards for review.
- Reflect on the issues and group-related issues together.
- For some groups of related issues, the team may decide to add a metacard that summarizes the issue grouping.
- Post the metacard list of issues on the wall.

Review of Issues *(10 minutes)*

- Participants and facilitators review the metacard lists in preparation for the next step, which will be to merge lists and issue groupings.

Merging Lists and Groupings *(15 minutes)*

- Facilitators comment on the number of issues that were identified by more than one team. While pointing these out, quickly eliminate duplicates. *(5 minutes)*
- With the help and suggestions of participants, facilitators merge issue-groupings or decide on better categories. *(5-10 minutes)*
- Facilitators can refer to the participant handout **Issues in HIV/AIDS: A Sampling of Ideas**, for ideas about issues and grouping issues together.

Expanding the List *(10 minutes)*

- Ask participants if there are any **major** issues missing, which should be added to any of the category groupings. These may be issues that participants have encountered in their work or other experience, which may not have emerged from the life stories used in this session.
- **Option:** *After participants have added major issues, facilitators can also ask if there are any major categories of issues that should be added.*

(Participant handout)

Issues in HIV/AIDS: A Sampling of Ideas *(page 1 of 2)*

Drug Abuse

- Sharing injecting equipment
- Lack of awareness regarding HIV/AIDS
- Criminalization of drug use/users
- Drug and alcohol abuse contributes to HIV/AIDS risk
- Despite knowing about risks of being HIV positive, not taking preventive measures

Social Discrimination

- Social discrimination against HIV positive
- Lack of family/community acceptance/support for HIV positive who divulge status
- Denial of HIV/AIDS-related problems at community and district levels

Lack of Services

- Lack of services for People Living with HIV/AIDS (PLWHA) and those affected by HIV/AIDS
- Lack of access to HIV blood test facilities and services

Migration for Work

- Poverty forces people to migrate for work
- Migrants have unprotected sex with multiple sex partners when away from home
- Infected migrants returning home infect spouses/partners

Unsafe Sex

- Lack of condom use
- Lack of female condom availability
- Embarrassment/shame to purchase condoms
- Reduced social and family controls on youth away from home
- Casual/unplanned sex
- Lack of spousal communication about sexual matters and HIV/AIDS
- Lack of financial resources leading to high-risk behavior for economic survival

Exploitation of Women

- Low status of women in Nepali society
- Trafficking of girls and women
- Rape
- Criminalization of sex work/sex workers
- Poverty forcing people into commercial sex
- Housewives at risk of HIV/AIDS from husbands
- Sexual abuse kept hidden in community
- Women's lack of decision making power

(Participant handout)

Issues in HIV/AIDS: A Sampling of Ideas *(page 2 of 2)*

Legal Issues

- Criminalization of sex work
- Lack of clarity about legality of needle exchange
- Lack of enforcement of laws barring discrimination against HIV positive persons seeking medical treatment

Impact on Health System

- Shortage of hospital beds and medical services due to overwhelming needs of AIDS patients
- Health expenses increase
- Inadequate screening leads to contaminated blood and blood products

Breakdown of Family Structure

- Family left without wage earner(s)
- Elderly left without support
- Children orphaned by HIV/AIDS
- Increase in child abuse and exploitation

3. Identifying Gender Concerns *(45 minutes)*

Introduction *(5 minutes)*

- Tell participants they are going to break into same sex pairs to identify gender concerns related to selected HIV/AIDS issues.
- Give an example of a gender concern. *(Select one example from the* **Notes to the Facilitator** *on the following page.)*
- Explain that pairs will be given separate, detailed instruction cards outlining the process.
- Divide group into same-sex pairs, men with men and women with women.
- Hand out pair instruction cards, a couple of pieces of blank flip chart paper, and colored markers.

Pair Work *(20 minutes)*

- See pair instruction cards on the following page.
- Facilitators rotate among pairs to make sure the task is understood and teams are on track.

Notes to the Facilitator

Gender Concerns in Issue Identification: A Sampling of Ideas

Migration for Labor

Men and women may be affected differently.

- In most communities, there is greater social pressure on males to leave home to earn money.
- Men are more likely to be migrant laborers than women.
- Men are likely to engage in high-risk sexual behavior when away from home, and at higher risk of infection.
- Spouses of male migrants are at risk of infection unknowingly.
- In husband's absence, wives and girl children are at greater risk of sexual exploitation in the family and the community.

Lack of Availability of Female Condom

Women are most affected by this.

- The female condom is the **one** method that females themselves have control over which also reduces risk of HIV infection.

Lack of Spousal Communication about Sexual Matters and HIV/AIDS

While either spouse may be put at risk due to lack of spousal communication about sexual matters, women are at greater risk.

- In general, men are more likely to have multiple sexual partners than women, thus more women are at greater risk of unknowingly contracting HIV from their husbands than vice versa.
- A woman is considered "loose" if she tries to talk with her husband about sexual matters.
- Women may be subjected to violence if they insist on condom use.
- Women have little control over whether, when, how to have sex.

(Instruction card)

Identifying Gender Concerns

Pair Instructions *(20 minutes)*

- Each pair reviews the metacard list of HIV/AIDS issues with these questions in mind.
  - Does the issue affect men or women more?
  - Does the issue affect men or women more differently?
  - Do men or women have a greater role in the issue?
  - Do men and women have different roles in the issue?
- Identify two to three issues where gender appears to be a major factor.
- List those two to three issues on the flip chart, and write a brief description of the gender concern.
- Put a large **M** or **F** in the upper right hand corner of the chart, depending upon the sex of the pair.
- Post the gender concerns chart on the wall when finished.

Review of Gender Concerns Charts *(10 minutes)*

- Participants review each other's charts.
- Facilitators review charts and note—
  - Commonalties of concerns
  - Similarities/differences between gender concerns identified by male pairs and those identified by female pairs

Wrap Up *(10 minutes)*

- Facilitator leads discussion and/or sums up by focusing on—
  - Commonalties of concerns
  - Similarities/differences between gender concerns identified by male pairs and those identified by female pairs

4. Prioritizing Issues *(40 minutes)*

Introduction and Overview *(10 minutes)*

- Explain to participants that they will be prioritizing and voting on the identified issues.
- Give an overview of the prioritization process, referring to flip chart on the following page.
- Emphasize that participants should think not only about their **own** program priorities when selecting priority issues, but consider the problem of HIV/AIDS overall in the context of Nepal. Note that when considering the overall picture, their priorities may be quite different than if they were only to think in terms of their own programs.
- Ask participants to imagine they are a loose group of organizations that have come together to explore ways of working co-operatively on HIV/AIDS issues.

(Optional flip chart)

Prioritizing HIV/AIDS Issues

Process Overview

Prioritizing

- Participants reflect individually on issues, and select the top three priority issues.
- Participants should consider the problem of HIV/AIDS overall in the context of Nepal, not only their own program priorities. Participants should consider the—
  - Urgency of the issue/problem
  - Numbers of people affected
  - Importance of the issue/problem relative to other issues

Voting

- Participants will receive three *tikas (or other symbols)*, each of a different size/shape/color, for voting—
  - Top priority gets a _____ *tika (or other symbol)*
  - Second priority gets a ____ *tika (or other symbol)*
  - Third priority gets a _____ *tika (or other symbol)*
- *Tikas* are assigned values according to their priority level—
  - Top priority gets 3 points
  - Second priority gets 2 points
  - Third priority gets 1 point
- *Tikas* will be tallied according to values, and the three to four issues with the greatest combined values will be considered the top three to four priority issues.
- The three to four top prioritized issues will be used for the rest of the training as the focus of small teamwork.

Reflection and Voting *(15 minutes)*

- Give participants a few minutes to reflect on the issues and select their priorities.
- Ask participants to come, one by one, to the board and identify the three priority issues by sticking the appropriate *tika* on the metacard itself.

Tallying Votes and Identifying Priorities *(10 minutes)*

- Add up the votes for each issue based on *tikas* received and the values assigned to *tikas*. Record the total on the issue card.
- Place the three to four issues that received the most votes to one side.

Wrap Up *(5 minutes)*

- Go over the priority issues with the group.
- Ask if the group is surprised by the priorities that emerged.
- Make note of whether any of the priority issues had been identified as having gender concerns.
- Inform group that the three to four prioritized issues will be used for the rest of the training as the focus of small teamwork.
- Facilitator gives this handout to participants.

Identifying and Prioritizing Issues: Outline of Steps

- Explain to participants that the handout is for their reference after the training is over, to help them recall the process.

(Participant handout)

Identifying and Prioritizing Issues in a Team

Outline of Steps

1. Brainstorming Issues

- Group members reflect on their own programs and communities they work with to identify HIV/AIDS-related issues/problems.
- Group members share HIV/AIDS issues/problems with group.

2. Categorizing/Grouping Issues

- Group categorizes and groups related issues together.

3. Gender Considerations

- For each issue/issue grouping, consider these questions—
  - Does the issue affect either men or women **more**?
  - Does the issue affect men or women more **differently**?
  - Do either men or women have a **greater** role in the issue?
  - Do men and women have **different** roles in the issue?
- Identify issues where gender appears to be a major factor and write a brief description of the gender concern.

4. Prioritizing Issues

- Group members reflect individually on issues and issue groupings and select the top three priority issues. They should consider the problem of HIV/AIDS overall in the context of Nepal, not only their own program priorities. Points for prioritizing include—
  - Urgency of the issue/problem
  - Numbers of people affected
  - Importance of the issue/problem relative to other issues
- Each group member votes for the top three priority issues. Votes are given values according to priority levels.
  - Top priority = 3 points
  - Second priority = 2 points
  - Third priority = 1 point
- Votes are tallied according to values, and the three to four issues with the greatest combined values can be considered the top three to four priority issues.

Analyzing Prioritized HIV/AIDS Issues

Cause and Effect Mapping

(2 hours, 45 minutes)

Session Objectives

By the end of this session participants will have—

- Identified and diagrammed causes and effects of an HIV/AIDS-related issue at multiple levels
- Identified and described gender aspects of key causes and effects

Materials

- Flip chart (20 blank sheets)
- Permanent markers (four colors, five each)
- Masking tape
- Metacards with prioritized HIV/AIDS issues generated by participants in previous session

Flip Charts

- Session Objectives
- Overview of Cause and Effect Analysis and the Mapping Process
- Sample "Blank" Problem Tree

Instruction Cards for Teamwork

- Cause and Effect Analysis and Mapping: Team Instruction Cards 1-5

Handouts for Participants

- Sample Problem Tree Cause and Effect Map
- Sample Issue Statement
- Issue Analysis: Cause and Effect Mapping: Outline of Steps
- Issue Analysis: Outcome Worksheet

Notes to the Facilitator

- Briefing Team Leaders
- Breaking up the Session

Notes to the Facilitator

Identifying and Briefing Team Leaders

Because HIV/AIDS issues were only just identified and prioritized in the previous session, and issue teams will be formed only in this session, it will not have been possible for facilitators to have identified and briefed team leaders ahead of time.

After the formation of issue teams, facilitators should select team leaders (or ask for volunteers). Then, plan to take a short tea break (about 15-20 minutes into the session) during which facilitators can orient team leaders to their roles and the specific tasks to be undertaken in this session.

Breaking up the Session

Because of the length of the session, it will need to be spread over the afternoon of *Day Two* and the morning of *Day Three*. Depending on how fast teams move through their tasks, facilitators can end the second day after participants finish *Step 3*.

1. Introduction to the Session *(5 minutes)*

"A full belly says, 'Let's eat on the other side of the hill,' but an empty one says, 'First let me have my fill'."

—*NEPALI PROVERB*

- Go over the session objectives, referring to the flip chart on the following page.
- Review the HIV/AIDS issues that were prioritized in the last session.
- Explain to participants that they will be dividing into three to four teams (depending on the number of participants). Each team will examine one of the priority issues, and map out causes and effects related to the issue.

2. Selecting Issue Teams *(5 minutes)*

- Post the metacards with three to four prioritized issues in different places in the room.
- Ask participants to stand next to the issue they feel most informed about, experienced in, or committed to.
- If there are too many participants interested in working on an issue, ask if anyone is willing to switch to another issue.
- Do not **pressure** participants to switch issues. It is much better to have more than one team working on the same issue, than to have people working on issues they do not feel informed about.

3. Overview of Cause and Effect Analysis and Mapping Process *(5-10 minutes)*

- Give the large group of participants an overview of the process they will use to analyze and map causes and effects of their prioritized issue.
- Refer to the flip chart on the following page showing major steps in the process.
- Explain that the session will be spread over the afternoon of *Day Two* and the morning of *Day Three*.

- Explain that teams will be given separate, detailed instruction cards for each step, and that one member of each team will be assigned and briefed on their role as team leader. Choose the team leaders or ask for volunteers.

4. Brief Team Leaders *(10-15 minutes during tea break)*

- Take a short break and brief team leaders on tasks and specific activities by going over the team instruction cards with them step by step.

(Flip chart)

Issue Analysis: Session Objectives

By the end of this session participants will have—

- Identified and diagrammed causes and effects of an HIV/AIDS-related issue at multiple levels
- Identified and described gender aspects of key causes and effects

(Flip chart)

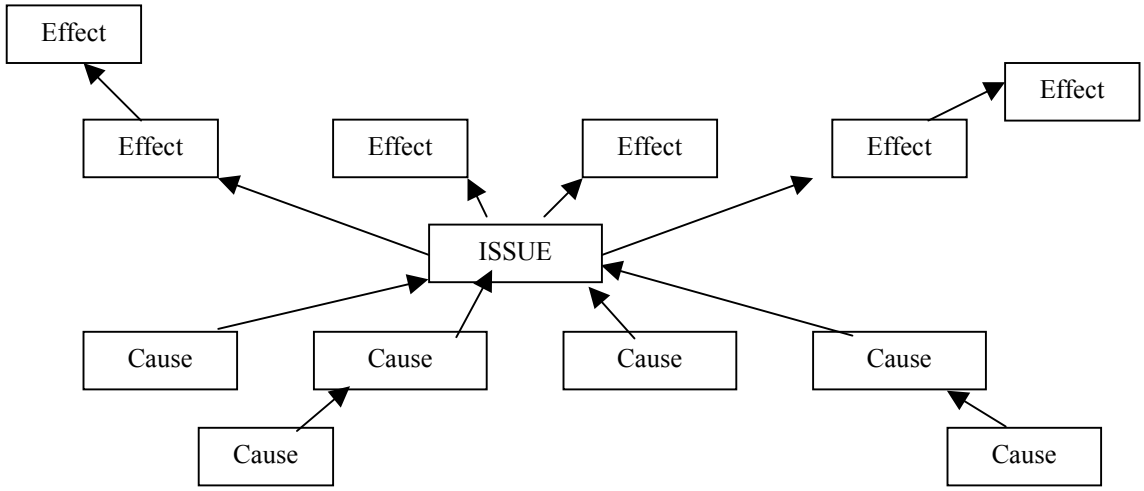
Overview of Cause and Effect Analysis and Mapping Process

Each team will discuss its prioritized issue and—

1. Develop a brief problem/issue statement
2. Identify and map out CAUSES and EFFECTS of the problem
3. Identify gender considerations in both causes and effects
4. Revisit original issue statement to modify if needed
5. Review, synthesize, and select five to six key points to present to the large group
6. Choose one team member to present map to the large group

(Flip chart)

Problem Tree: Cause and Effect Mapping



5. Cause and Effect Analysis and Mapping *(1 hour, 45 minutes)*

- Have large group break into issue teams and sit together for discussion.
- Each team leader should have—
  - A packet of five instruction cards, detailing each step of the cause and effect analysis and mapping process for teams
  - Several pieces of flip chart paper
  - Colored markers
  - Team instruction cards appear on the following pages

Teamwork

- See team instruction cards on the following pages.
- Facilitators rotate among teams to make sure the task is understood and teams are on track. *(Facilitators can refer to the participant handouts* **Sample Issue Statement** and the **Sample Problem Tree Chart** *for more detail on expected outcomes of this exercise.)*
- Facilitators should keep track of how fast teams are moving, in order to decide where to end the day—probably after teams finish *Step 3*.
- Before teams begin *Step 4*, give participants the handouts of the **Sample Issue Statement** and the **Sample Problem Tree Chart.** Do **not** hand the samples out to participants before teams have developed their own issue statements and problem tree charts, as the samples may limit or influence what teams produce.

(Instruction card)

Cause and Effect Mapping

Step 1: Team Instructions

Develop a Brief Problem/Issue Statement *(15 minutes)*

Some points might include—

- Who is affected
- How they are affected
- The link to HIV/AIDS (if not obvious)
- Why it is a major issue in HIV/AIDS/scope of the problem

Write the issue statement in the center of the flip chart page your team will make its problem tree chart on.

Teams will have a chance to refine and change the issue statement later, after completing the analysis and mapping process.

(Instruction card)

Cause and Effect Mapping

Step 2: Team Instructions

Identify and Map Out Causes and Effects of the Problem/Issue *(30 minutes)*

- Identify causes and effects of the problem for the levels listed below, choosing one level from each grouping.

Group 1	Group 2	Group 3
Individual	Community	District
Couple	Service Facility	National
Peer		
Family		

- To identify causes of the problem, consider the questions *(15 minutes)* —
  - What are the major causes contributing to the problem at the _____ level?
  - What factors contribute to those major causes?
- To identify effects of the problem, consider the questions *(15 minutes)* —
  - What are the major effects caused by the problem at the _____ level?
  - What other problems do those effects cause in turn?
- Write **CAUSES** of the problem **below** the issue statement, and **EFFECTS** of the problem **above** it.
- **Options:** *To identify different levels teams may: (1) color code different levels using different colored marker pens, (2) use different shapes or symbols (e.g. circles for individual level, triangles for community level, squares for district level and so on).*

(Instruction card)

Cause and Effect Mapping

Step 3: Team Instructions

Gender Considerations *(20 minutes)*

After mapping out the causes and effects, consider these questions for three to five key causes or effects.

Causes: Do men or women have a **greater** role in the cause?
Do men and women have **different** roles in the cause?

Effects: Are men or women affected **more**?
Are men and women affected **differently**?

If gender appears to be a major factor in any of the causes or effects, circle the cause or effect in red to indicate if men are more involved/affected, and in green if women are more involved/affected.

Create a separate gender-considerations chart listing the causes and/or effects in which gender was identified as a significant factor. Briefly describe the gender concern.

(Instruction card)

Cause and Effect Mapping

Step 4: Team Instructions

Problem Tree Review and Revisiting Issue Statement *(20 minutes)*

- Ask facilitator for the handouts: **Sample Problem Tree Chart** and **Sample Issue Statement.**
- Using the sample **Problem Tree** as a model, team should review its own work and make any changes or additions deemed important.

Using the sample **Issue Statement** as a model, team members should revisit their own problem/issue statement to see if it needs modification based on the analysis process. Teams may want to add a couple of major contributing factors to the issue statement. If it does, keep the original issue statement, and write a new statement using different colored marker.

(Instruction card)

Cause and Effect Mapping

Step 5: Team Instructions

Synthesize and Summarize *(20 minutes)*

- As a team, select five to six key points to present to the large group. These points could focus on—
  - Unexpected causes/effects
  - Gender issues
  - Levels at which causes and/or effects seemed most prominent
  - How the analysis process prompted changes in the issue statement
- Teams choose one team member to present their problem tree (cause and effect map) to the large group.

(Participant handout)

Sample Issue Statement

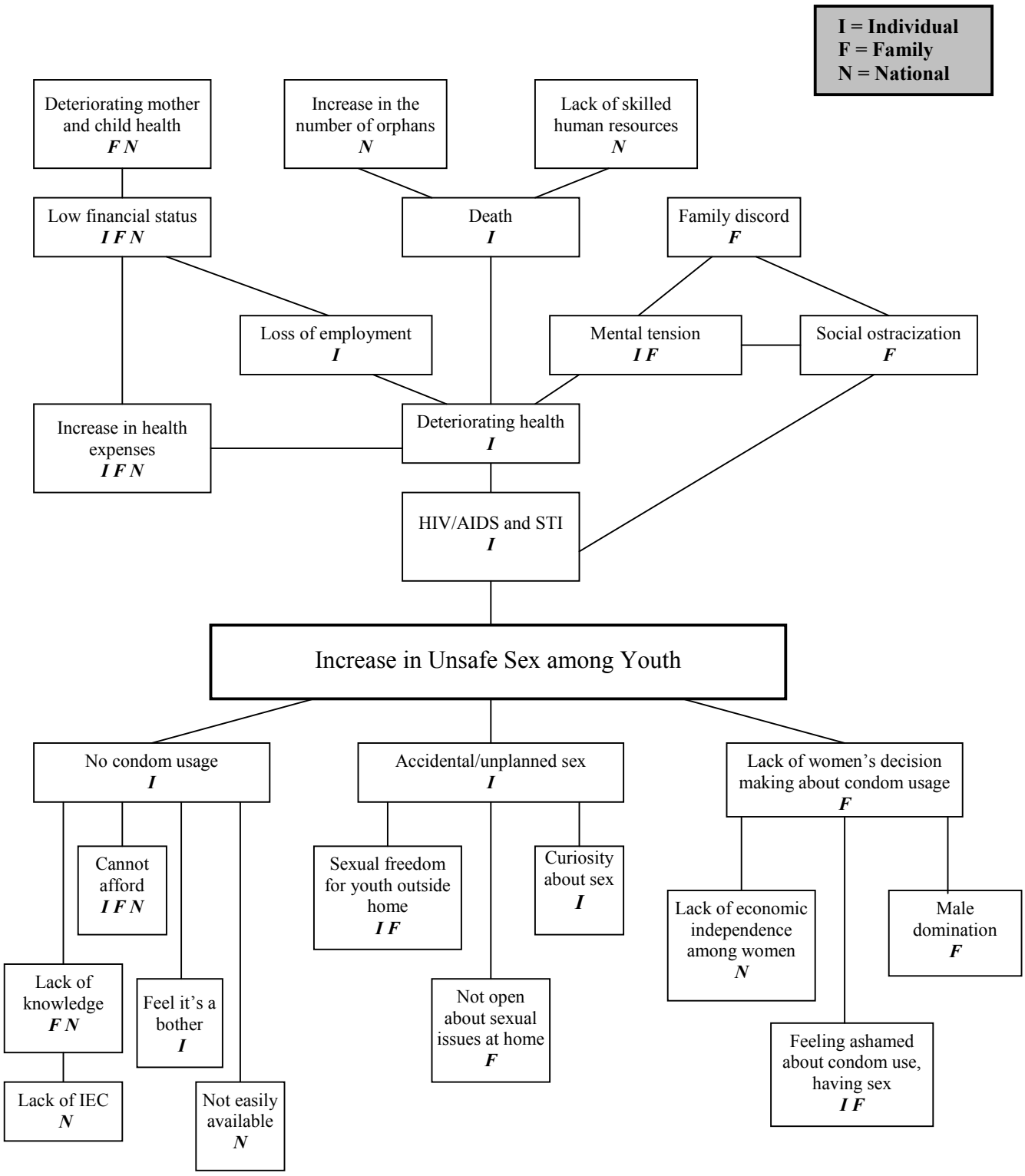
Unsafe Sex among Youth

Youth between the ages of 14-29 make up 80 percent of all reported HIV/AIDS cases in Nepal. Contributing factors include: lack of social acceptance of sex before/outside marriage, curiosity and the desire to experiment, lack of access to information and services related to sex and sexuality, increased mobility of youth, and fewer family and social controls on youth living away from home.

(Participant handout)

Sample Problem Tree Cause and Effect Map

Unsafe Sex among Youth: Cause and Effects



6. Team Presentations of Cause and Effect Maps to Large Group *(20 minutes)*

- Each team presents its synthesis and summary of cause and effect map and gender concerns chart to the large group.

7. Wrap Up *(10 minutes)*

- Facilitator sums up by pointing out major commonalties and/or differences between team maps, focusing on—
  - Gender issues
  - Levels at which causes and/or effects seemed most prominent
  - How the analysis process prompted changes in the issue statement
- Remind participants that this was a shortened version of cause and effect analysis. In reality the process would take much more time and involve many more people, including key stakeholders. It would involve gathering information from many different sources, and identifying causes and effects of the problem at **all** levels not just two or three.
- Facilitator gives these handouts to participants—
  - **Issue Analysis: Outline of Steps**
  - **Issue Analysis: Outcome Worksheet**
- Remind participants that these handouts are for their reference after the training is over. Explain that the **Issue Analysis: Outcome Worksheet** may also be useful for participants to record the main points of their team's problem tree analysis (if they would like to have a summary of teamwork for future reference).

(Participant handout)

Issue Analysis: Cause and Effect Mapping

Outline of Steps

1. **Develop a Brief Problem/Issue Statement**

   Some points might include—

   - Who is affected
   - How they are affected
   - The link to HIV/AIDS (if not obvious)
   - Why it is a major issue in HIV/AIDS/scope of the problem

2. **Identifying and Mapping Causes and Effects of the Problem/Issue**

   - Use the problem tree model
   - Consider and identify causes and effects at various levels including (but not limited to)—
     - **Individual**
     - **Couple**
     - **Family**
     - **Peer**
     - **Community**
     - **Service Facility**
     - **District**
     - **National**

3. **Gender Considerations**

   While mapping out causes and effects, consider these questions for each cause and effect—

   Causes: Do men or women have a **greater** role in the cause?
   Do men and women have **different** roles in the cause?

   Effects: Are men or women affected **more**?
   Are men and women affected **differently**?

   Identify any causes or effects for which gender appears to be a major factor. Create a separate gender-considerations chart, listing those causes and effects, and briefly describing each gender concern.

4. **Map Review and Revisiting Issue Statement**

   After completing cause and effect mapping, revisit problem/issue statement to see if it needs modification based on the analysis process.

(Participant handout)

Issue Analysis: Outcome Worksheet

Issue Statement

Major Causes	Levels

Major Effects	Levels

Gender Considerations

Closing

(5 minutes)

Handouts for Participants

- Women and HIV/AIDS
- Community Advocacy

Instruction Cards for Teamwork

- Information Mapping: Team Instruction Cards 1-5
- Identifying Changes: Team Instruction Cards 1-5

1. Handouts/Homework

- Distribute handouts listed above to participants.
- Ask participants to read the handouts before coming to the training, since they may contain ideas that are helpful for the next day's work

2. Orienting Team Leaders for the Next Day

- Announce the names of the six to eight persons (depending upon the number of issue teams) who should stay late for orientation to their roles as team leaders on *Day Three*.
  - Three to four team leaders for the **Information Gathering Session**
  - Three to four team leaders for **Identifying Needed Changes Session**
- Each facilitator takes one group and orients them.
- Give each team leader a packet of team instruction cards. Review the following with them and answer questions they may have—
  - Role as team leader (that is, to give clear instructions, facilitate the process of team discussion, keep team on track in terms of time and focus)
  - Purpose of the team exercise
  - Expected outcome of the exercise
  - Each step of the process
- Have team leaders read through the instruction cards carefully to make sure they understand each step of the process.
- Remind team leaders that they are also **participants** in the team discussion.
- Remind the groups of the continued discussion on **Analyzing Prioritized Issues** the next day.

Handouts

- **Women and HIV/AIDS**
- **Community and Advocacy**

Women and HIV/AIDS[13]

- As in many other countries, women's low social and economic status in Nepal, combined with greater biological susceptibility to HIV, put women at greater risk of infection than men.
- Due to the structure of women's reproductive organs, the risk of HIV transmission to women is ten times higher than to men.
- Women's ability to control sexual interactions with their husbands or partners is limited because of their low status, and because of the power that men have over women's sexuality.
- Women's financial dependence on men increases their vulnerability to HIV by limiting their ability to negotiate the use of a condom, discuss fidelity with their husbands or partners, or leave risky relationships. In one study of low-income women in India, women reported that the financial consequences of leaving a risky relationship far outweighed the health risks of remaining in the relationship.[14]
- As in many other countries, the "culture of silence" that characterizes women's sexuality in Nepal limits women's access to information on sex and sexual health, which in turn limits their ability to protect themselves from HIV.
- According to the 2001 Nepal Demographic and Health Survey, only one out of two women had heard of AIDS compared with nearly three out of four men. Only about 20 percent of the women surveyed, compared with 50 percent of men, knew that condoms were a way to protect themselves from HIV/AIDS. And although more than 90 percent of the women had heard of condoms, only 50 percent said they could obtain a condom if they wanted to, and only slightly more than ten percent had ever used one.[15]
- Nepali women are less likely than men to seek early treatment of sexually transmitted infections (STIs) owing to restrictions on mobility, lack of free time, preferences given to male members of the family needing medical care, and stigma associated with STIs. Lack of early treatment increases the chances of HIV infection.
- Male violence against women in daily life is one of the most extreme and also one of the most common manifestations of the unequal balance of power between men and women. One study of worldwide populations showed anywhere from ten to more than 50 percent of women reporting physical abuse by a partner. One third to one half of these women also reported sexual coercion.[16]

[13] Sources: How Men's Power Over Women Fuels the HIV Epidemic, Geeta Rao Gupta, International Center for Research on Women, email communication to Gender-AIDS; Nepal Demographic and Health Survey 2001, Family Health Division, Ministry of Health, Kathmandu

[14] How Men's Power Over Women Fuels the HIV Epidemic, Geeta Rao Gupta

[15] Nepal Demographic and Health Survey 2001, Family Health Division, Ministry of Health, Kathmandu

[16] How Men's Power Over Women Fuels the HIV Epidemic, Geeta Rao Gupta

- In Nepal, as in other countries, many women cannot even request their husbands to use a condom without having her own character questioned or being subjected to violence. The Nepal Demographic and Health Survey 2001 showed that only 14 percent of women had ever spoken with their husbands about HIV/AIDS prevention.[17]
- The one form of protection against HIV/AIDS that women themselves may have greater control over, is the female condom. This is not yet publicly available in Nepal. An acceptability study is currently *(April 2002)* being conducted in selected communities by The Centre for Development and Population Activities (CEDPA), in collaboration with the Female Health Company, the National Center for AIDS and STD Control (NCASC), and Aama Milan Kendra.
- Trafficking of girls and women is another extreme form of violence against women that places them at increased risk of HIV infection. In Nepal it is estimated that 5,000-7,000 girls are trafficked to Indian brothels every year.[18]There are no estimates of trafficking of women within Nepal, although it too is a practice with a long history.
- Poverty is pushing increasing numbers of girls and women to work outside the home to support their families. Many of these women, lacking education and employment choices, work as domestic workers within Nepal or abroad, in completely unregulated and exploitative working conditions. Many are subject to violence, sexual abuse, and rape, again increasing their vulnerability to HIV.
- In Nepal, violence and stigma further disproportionately impact women, due to traditional beliefs and practices that blame women for the death of their husbands (even though the husband was infected by another source unrelated to his wife). These women are viewed as "unlucky" to their families, and may be shunned or thrown out of the family.
- As the primary care providers in families, the extra burden of looking after other infected family members falls upon women. If a woman herself is infected, it is unlikely that she would receive the care she needs.
- Nepali society, like many others, accepts men having multiple sexual relationships and extra marital sex, in spite of the clear risks posed to their spouse and children—and of course to themselves.
- An HIV positive woman who is pregnant is doubly disadvantaged, since she must look after both herself and her unborn child.

[17] Nepal Demographic and Health Survey 2001, Family Health Division, Ministry of Health, Kathmandu
[18] Situation Analysis of Trafficking in Women, WOREC, 2000

Community and Advocacy

An Experience from the His Majesties Government (HMG)/United Nations Development Programme (UNDP)[19]

Background. From 1997 to 2001, the National Center for AIDS and STD Control (NCASC) and the United Nations Development Program (UNDP) implemented a Participatory Planning and Management of HIV/AIDS program in nine districts of Nepal. The program aimed to minimize the socio-economic impact of HIV/AIDS on individuals, families, and communities by initiating community-based interventions.

The program was implemented through the District Development Committees (DDCs) of the nine districts. Other partners included NGOs, private sector agencies, Village Development Committees (VDCs), and training institutions.

A major tenet of the program was that linkage with local governance was essential to address the socio-economic consequences of the epidemic. Having the DDC as an implementing partner at the district level enabled the program to establish HIV/AIDS as a development issue and not just a health concern. To promote ownership of the program and ensure effective responses, it was essential to build capacity of local self-governing bodies at the district and village levels, to both understand and deal with HIV/AIDS as a development issue.

The program had four strategic elements—

Providing Leadership: HIV/AIDS and STIs are social problems that need strong, credible advocacy, and action from leaders at all levels. Therefore, capacity building efforts focused on creating leadership at the local, district, and central levels.

Empowering Communities: The program helped to empower vulnerable sections of the community by providing access to information, creating an enabling environment for behavior change, and providing access to condoms and STI treatment.

Multi-Sectoral Response: As a social problem, HIV/AIDS affects all aspects of life, and the epidemic cannot be controlled without participation by all sectors. The program focused on generating multi-sectoral responses to the problem.

Addressing Socio-Economic Issues: The wider economic consequences of HIV/AIDS are potentially huge as the epidemic grows. Potential consequences of a full-blown epidemic include overburdening an already weak health system, further impoverishment of already poor families because of the death of families' primary wage earners, exploitation of orphaned children because of lack of adequate support and protection, and so on. A clear understanding of the magnitude of the problem by leaders and communities is necessary right from the early stages of the epidemic.

[19] Adapted from Annual Report of "Participatory Planning and Management of HIV/AIDS" HMG/UNDP 1998, 1999 and unpublished report of 2000.

Community Advocacy Major Activities

One major focus of the program was community advocacy—that is, persuading the leadership at the community and district levels of the need for local action to combat HIV/AIDS. Activities included—

- Sensitizing community leaders to various causes and consequences of HIV/AIDS.
- Activating the District AIDS Coordination Committees (DACC). DACCs are statutory bodies created by the government in all districts to coordinate and facilitate district level HIV/AIDS activities. But most DACCs had remained largely inactive. Under the program, DACCs in the nine districts began functioning as coordinating bodies at the district level, as well as advisory bodies to the DDCs.
- Involving local NGOs in awareness raising and local level activities. NGOs helped create local pressure on VDCs and DDCs to allocate resources for HIV/AIDS work.
- Conducting planning workshops for VDC and DDC representatives focused on incorporating HIV/AIDS issues in their planning cycles.
- Lobbying and persuading DDCs to issue instructions to VDCs to include HIV/AIDS issues as an essential element of local planning.
- Joint review, coordinated and organized by DDCs, of VDC activities and achievements to recognize VDCs for their efforts, and provide a forum in which VDC members could learn from each other's experiences.

Community Advocacy in Morang District

After orientation and lobbying by the District AIDS Liaison Officer (a staff person of the Participatory Planning and Management Program), Morang District Development Committee (DDC) members realized they must address the issue of HIV/AIDS in their district. Rather than confine activities to the district headquarters where the DDC was based, members approached Village Development Committees (VDCs) for consultation and cooperation.

Initially, VDCs were reluctant to become involved, but some VDCs agreed to hold orientation meetings for their members. Following the orientation sessions, most of the VDCs recognized the need for focused action to address HIV/AIDS issues in their communities. Three issues were of particular concern to VDCs in Morang: sex work along the East-West highway that cuts through Morang, cross-border use of brothels in India (Morang district borders India), and growth in the injecting drug user (IDU) population due to urbanization.

Following one of the VDC orientations, five VDCs held a joint two-day planning meeting, attended by the chairperson, the secretary, and a woman representative from each VDC. In addition to exploring the problems and identifying ways of addressing them, the VDCs identified potential sources of financial support for activities including the VDC Self-Reliant Fund, DDC funds, and INGOs active in the district.

As a result of the planning meeting, Pathari VDC, which straddles the highway, decided to establish an information and counseling center. Three neighboring VDCs bore the cost of the center jointly. They stocked the center with informational materials from the government. The VDCs identified a local person who was willing to serve as a semi-volunteer counselor, and arranged training by the United Mission to Nepal (UMN). They also identified a locally active INGO that was willing to provide minimal remuneration to the counselor for a three year period. The center continues to be used by local people seeking information and referral, but it faces a number of challenges, key among them the problem of sustaining local support for the volunteer (both in terms of ongoing professional support, and remuneration).

This example of community advocacy shows how local leaders can be **influenced** to formulate and implement new **local policies** on HIV/AIDS-related issues. Although in this case, a specific program stimulated the advocacy effort, community members and community-based organizations can undertake similar measures to influence local leaders and develop local policies to address HIV/AIDS in their communities.

Key Results of Local Advocacy

- In addition to increasing awareness of the general public about HIV/AIDS, the program helped build the capacity of key partners, DDCs, and VDCs, through human resource development and establishing systems for local level HIV/AIDS planning.
- Local leadership is available on HIV/AIDS issues, and local governing bodies assumed ownership of HIV/AIDS planning. An HIV/AIDS focus has been mainstreamed into the district planning cycle. For example, HIV/AIDS activities appear now in district planning documents, and District Strategies for HIV/AIDS were developed in all nine program districts.
- Local governing bodies mobilized significant resources for HIV/AIDS. An evaluation of the program in 1999 showed that VDCs and DDCs raised 27 percent of resources themselves in program districts used by the program.
- At the end of the program (2001), 52 percent of 526 VDCs across nine districts had their own HIV/AIDS activities, and most of the VDCs had village-level HIV/AIDS plans. Some VDCs had set up village level information and counseling centers.

Day Three

Dissecting the Many Levels of Social Mobilization

Starting the Day 3-131
Awakening to Personal Change 3-132
Information Gathering 3-134
Identifying Needed Changes 3-149
Closing the Day 3-164
Handouts 3-165
- Mobility, Migration, and HIV/AIDS 3-165
- Behavior Change Communication and Intervention (BCC/BCI) 3-168

Day Three Agenda: Sample

9:30-9:35	**Starting the Day- Day Three: Dissecting the Many Levels of Social Mobilization**
9:35-9:50	**Awakening to Personal Change**
9:50-10:50	**Analyzing Prioritized Issues** *(discussion continued from Day Two)*
10:50-11:05	**TEA BREAK**
11:05-1:15	**Information Gathering**
1:15-1:45	**LUNCH BREAK**
1:45-3:00	**Identifying Needed Changes**
3:00-3:15	**TEA BREAK**
3:15-5:00	**Identifying Needed Changes** *(continued)*
5:00-5:05	**Closing the Day**

Starting the Day

Opening the Training Day *(5-10 minutes)*

- Review major focus/activities of the previous day.
- Review the day's agenda *(refer to flip chart agenda, sample on following page).*
- Point out new sayings in the quotation corner.

Awakening to Personal Change

(15 minutes)

Exercise Objective

- In this exercise participants focus on personal change brought about by their social and community work.

Meditation

- Have participants sit comfortably, relax their shoulders… hands… feet… close their eyes.
- Read the sensory meditation below.
- **Option:** *Have a participant read the meditation to the group* (see the following page).

(Meditation text)

Close your eyes and relax… Start breathing consciously and deeply, but comfortably… Concentrate your mind on the breathing… You are breathing in and breathing out continuously… Feel that you are in control of your breathing… Breathing in and breathing out are not possible without your permission…

Slowly shift your concentration to your **eyes**… Feel that whatever you are looking at is pleasing… Concentrate for a while and try to look only at the good things of this world…

Now shift your focus to your **ears**, and feel that whatever you are listening to is a beautiful sound, a good message… Try to listen to all the good news from around the world…

Shift your mind again, this time to your **nose**, and try to smell the sweet scents of this world… Concentrate for some time…

Now again shift your concentration to your **skin**. Try to touch only pleasant things… Concentrate for some time…

Lastly, move your concentration to your **tongue**, and try to taste only sweet things… Take a moment to concentrate…

So far, you have concentrated your mind on the five physical senses. All five senses need to be activated for the smooth functioning of your body and mind. But you also need to be aware of your sixth senses, to help bring change to your own life… The sixth senses are your inner emotions… anger… fear… happiness… satisfaction… and so on.

Now try to focus on your feelings, in relation to what you have experienced just a moment ago while activating your five physical senses…

(Pause for reflection)

On the first day, we asked you to reflect on the change you felt committed to bringing on the issue of HIV/AIDS… Now, we'd like to recognize that social mobilization and community work are interactive and personal processes… Not only are we helping to bring about changes in the circumstances of other people, but change also comes to us… Please take a moment to reflect on how your work with people has changed you…

(Pause for reflection)

It is not necessary to share your thoughts on personal change with the group, but if anyone would like to, please do so.

Information Gathering

(2 hours, 10 minutes)

Session Objectives

By the end of this session participants will have identified—

- **Types** of information to gather at different levels on a particular HIV/AIDS issue
- **Sources** of information at different levels
- **Methods** for gathering information

Materials

- Flip chart (20 blank sheets)
- Permanent markers (four colors, five each)
- Masking tape

Flip Charts

- Session Objectives
- Overview of Information Gathering Session
- Issue Teams' Problem Tree Charts *(developed in previous session)*

Instruction Cards for Teamwork

- Information Gathering: Team Instruction Cards 1-5

Handouts for Participants

- Information Gathering: Worksheet
- Sample Information Gathering Chart
- Gender and Ethical Considerations in Information Gathering: A Sampling of Ideas
- Information Gathering: Outline of Steps

1. Introduction to the Session *(5 minutes)*

"There are two ways to learn: study and experience."

—NEPALI PROVERB

- Go over the session objectives, referring to the flip chart on the following page.
- Tell the group that in the previous two sessions, they went through abbreviated processes for identifying, prioritizing, defining, and analyzing issues. However, in any **real** planning process for social mobilization, gathering information on needs, issues, existing responses, and possible responses would be a major effort right from the start of the campaign. As participants saw when they diagrammed steps in the social mobilization process on *Day One: Introduction to Social Mobilization and HIV/AIDS*, information gathering of one sort or another is usually an ongoing activity throughout any social mobilization effort.
- Explain to participants that they will be working in the same three or four issue teams from the previous session, to map out **types, sources,** and **methods** of information gathering at different levels related to their issue.
- Remind participants that it is important to find ways of involving the people that are most affected by the problem in identifying information needs and gathering information.

2. Overview of Session Process *(10 minutes)*

- Give the large group of participants an overview of the process they will use to map out **types, sources,** and **methods** of information gathering at different levels. *(Refer to the flip chart on the following page showing major steps in the process.)*
- Explain that teams will be given separate, detailed instruction cards for each step, and that one member of each team has been assigned and briefed on their role as team leaders. Identify the team leaders.

(Flip chart)

Information Gathering

Session Objectives

By the end of this session participants will have identified—

- **Types** of information to gather at different levels on a particular HIV/AIDS issue
- **Sources** of information at different levels
- **Methods** for gathering information

(Flip chart)

Overview of Information Gathering Session

Each team will discuss its prioritized issue and—

- Identify **types** of information to gather at different levels
- Identify **sources** of information at different levels
- Identify **methods** for gathering information at different levels
- Identify gender considerations in types and sources of information, and methods for gathering information
- Identify ethical considerations in types and sources of information, and methods for gathering information
- Choose one team member to present information chart to the large group

3. Identifying Information Gathering Needs: Teamwork *(1 hour 30 minutes)*

- Have large group break into issue teams and sit together for discussion.
- Each team leader should have—
  - Problem team charts for their issue, developed the day before
  - A packet of five instruction cards, detailing each step of the information gathering process for teams
  - Several sheets of flip chart paper
  - Enough copies of the **Information Gathering: Worksheet** for each team member

Teamwork

- See team instruction cards on the following pages.
- Facilitators rotate among teams to make sure the task is understood and teams are on track.
- After teams complete *Step 4*, give this handout to participants as a reference for reviewing their own maps—
  - **Sample Information Gathering Chart**
- Do **not** hand the sample out to participants before teams have developed their own charts, as the sample may limit or influence what teams produce.

(Instruction card)

Information Gathering

Step 1: Team Instructions

Identify Types of Information to Gather at Different Levels *(20 minutes)*

- Reflect on team's specific issue to identify the **type** of information needed to effectively define the issue and develop appropriate responses. Be specific and include examples.
- Create a flip chart showing **types** of information to gather at different levels. It may be helpful to use the **Information Gathering: Worksheet** as a sample.
- Teams should make sure their charts include information to be gathered at least three of the levels listed below, choosing one level from each grouping.

Group 1	Group 2	Group 3
Individual	Community	District
Couple	Service Facility	National
Peer		
Family		

Gender Considerations: Identify two to three examples of how different roles and/or needs of men and women might influence **type** of information to gather.

Information Gathering

Step 2: Team Instructions

Identify Sources of Information at Different Levels *(20 minutes)*

- Identify **sources** of information for the types of information identified at different levels. Be specific and include examples.
- Create a flip chart showing **sources** of information to gather at different levels. This chart should correspond to the **types** of information chart. It may be helpful to use the **Information Gathering: Worksheet** as a sample.
- Teams should make sure their charts include information to be gathered at least three of the levels listed below, choosing one level from each grouping.

Group 1	Group 2	Group 3
Individual	Community	District
Couple	Service Facility	National
Peer		
Family		

Gender Considerations: Identify two to three examples of how different roles and/or needs of men and women might influence **sources** of information.

(Instruction card)

Information Gathering

Step 3: Team Instructions

Identify Methods of Information Gathering *(20 minutes)*

- Identify **methods** of information gathering. These should be closely linked to both the sources and types of information identified in the previous steps. Be specific!
- Create a flip chart showing information gathering **methods** at different levels. This chart should correspond to both the **sources** and **types** of information charts.
- Teams should make sure their charts include information to be gathered at least three of the levels listed below, choosing one level from each grouping.

Group 1	Group 2	Group 3
Individual	Community	District
Couple	Service Facility	National
Peer		
Family		

Gender Considerations: Identify two to three examples of how different roles and/or needs of men and women might influence **methods** of gathering information.

Information Gathering

Step 4: Team Instructions

Identify Ethical Considerations in Information Gathering *(15 minutes)*

- Consider the sensitive nature of HIV/AIDS and related issues, and review the types and sources of information, and the methods of information gathering that the team has identified.
- Identify any ethical considerations to keep in mind while gathering information.
- Give two to three examples of how these ethical considerations might influence the types and sources of information, and the method of gathering information.

(Instruction card)

Information Gathering

Step 5: Team Instructions

Chart Review *(15 minutes)*

- Ask facilitators for this handout, **Sample Information Gathering Chart.**
- Using the sample information gathering chart as a reference, team should review its own charts and make any changes or additions deemed important.

Information Gathering: Worksheet

(page 1)

	Sources of Information	Types of Information	Methods of Info Gathering
National			
Gender concerns			
District			
Gender concerns			
Community			
Gender concerns			

Information Gathering: Worksheet

(page 2)

	Sources of Information	Types of Information	Methods of Info Gathering
Service Facility			
Gender concerns			
Family			
Gender concerns			
Couple			
Gender concerns			

Information Gathering: Worksheet

(page 3)

	Sources of Information	Types of Information	Methods of Info Gathering
Peer			
Gender concerns			
Individual			
Gender concerns			
Other			
Gender concerns			

(Participant handout)

Sample Information Gathering Chart

Issue: Unsafe Sexual Practices Among Youth			
	Type of Info	**Source of Info**	**Method of Info Gathering**

National	• Education policy on sex education—
	  - In schools
	  - For out of school youth
	• Existing sex education curricula for school and teachers
	• Existing sex education for out of school youth
	• Health policy on sex education for youth
	• Knowledge/attitudes of policy makers towards sexual practices among youth and safer sex education
	• Safe sex promotion policy and practices
		• Education Ministry
		• Health Ministry
		• Policy makers at various Ministries (male and female)
		• High profile national figures (political, business, sports, media, male and female)
		• Ministries of Education; Health; Labor; Communication; Women, Children, and Social Welfare
		• Social marketing companies (Nepal CRS etc.)
		• Research institutions
		• Media (TV, Radio)
			• Gathering reports
			• Interviewing key policy makers

District	• Effectiveness of current sex education curricula • Distribution, availability, cost of condoms • Knowledge/attitudes of district officials towards sexual practices among youth and safer sex education	• District Education Office • District Health Office • District Education and Health Offices (male and female staff)	• Interviews with key informants • Observation of monitoring trips • District office records • Interviews with key informants • Focus group discussions

Issue: Unsafe Sexual Practices Among Youth *(continued)*			
	Type of Info	**Source of Info**	**Method of Info Gathering**
Service Facility	• Distribution, availability, cost of condoms • Health service provider knowledge, attitudes towards sexual practices among youth • Health service provider behavior/practices when serving youth clients	• Health posts, sub-health posts, private clinics, pharmacies • Service providers (male and female)	• Service facility records • Focus group discussions • Observation • Mystery client experiences
Community	• Social norm on age of marriage • Norm on sex outside marriage • Social attitudes towards condom use • Knowledge/attitudes/practices of different groups towards youth sexuality	• Health service providers (male and female) • Teachers (male and female) • Community leaders (male and female) • Political leaders (male and female) • Business leaders (male and female) • Members of different ethnic/caste groups (male and female)	• Focus group discussions • Community mapping of condom availability and use
Family	• Social norm on age of marriage • Norm on sex outside marriage • Knowledge/attitudes/practices of adults towards youth sexuality • Knowledge/attitudes/practices of adults towards safer sex education for youth	• Parents and other "gate-keeping" adult family members (adult siblings and their spouses, grandparents, male and female)	• Interviews with key informants • Focus group discussions

Peer/ Individual	• Knowledge/attitudes/sexual practices of peer groups *(knowledge of sexual/repro health; average age of first sexual contact; use of condom, types of sexual partners, places for sex)*
	• Knowledge/attitudes/practices regarding exchange of info on sex and sexuality
		• In school youth (male and female)
		• Out of school youth (male and female)
		• Married and unmarried youth (male and female)
		• Youth clubs
			• Focus group discussions
			• Community mapping of—
			  • Condom sources
			  • Meeting places

4. Posting and Review of Teamwork *(15 minutes)*

- Each team posts its information charts on the wall.
- Participants review each other's charts.
- Facilitators review the charts to make sure they are specific enough. *(Refer to the participant handout* **Sample Information Gathering Chart** *on the previous page for more detail.)*
- **Option:** *If time permits, teams can briefly present their charts to the large group.*

5. Wrap-up *(10 minutes)*

- Participants ask clarifying questions.
- Facilitator sums up by—
    - Pointing out whether the information included is specific and detailed enough to guide in making an information-gathering plan
    - Commenting on the range of gender and ethical considerations participants raised and adding any that s/he deems important *(refer to the participant handout,* **Gender and Ethical Considerations in Information Gathering***, on the following page for ideas)*
- Facilitator gives these handouts to participants—
    - **Gender and Ethical Considerations in Information Gathering: A Sampling of Ideas**
    - **Information Gathering, Outline of Steps**
- Remind participants that the handouts are for their reference after the training is over, to help them recall the process.

(Participant handout)

Gender and Ethical Considerations in Information Gathering

A Sampling of Ideas

Gender Considerations

- Data should be desegregated by sex.
- Hold single sex focus discussion groups.
- Have same-sex discussion facilitators/interviewers.
- Keep in mind that male perceptions of female sexuality will differ from female understandings of female sexuality; and that female perceptions of male sexuality will differ from male understandings of their own sexuality.
- Pay attention to different social norms regarding sex outside marriage and multiple sex partners for men and for women.
- Because of family/social restrictions on female sexuality, be careful not to mix daughters-in-law and mothers-in-law in the same group.

Ethical Considerations

- Always provide participants in info gathering with clear information about the purpose and use of the information being gathered.
- Participants should give their **informed consent** before participating in interviews and discussions. They should understand that—
    - Their participation in discussions and interviews should be entirely voluntary
    - They may choose **not** to answer any questions, and may stop participating in discussions or interviews at any time
- Participants have the right to **privacy** and **confidentiality**. This is particularly important given the sensitive nature of discussion about sexual practices, and HIV/AIDS, and the risk of stigmatization resulting from unethical disclosure of information.
- Be aware that there is often a power distance between the person gathering information and the person giving it, and look for ways to reduce that distance so that informants feel they can comfortably stop the process if they want to.
- One way to reduce power distance is to have participants involved in deciding **what** information to gather and **how** to gather it.

(Participant handout)

Information Gathering

Outline of Steps

Discuss your issue and—

1. Identify **types** of information to gather at different levels, such as—
    - **Individual**
    - **Couple**
    - **Family**
    - **Peer**
    - **Community**
    - **Service Facility**
    - **District**
    - **National**
2. Identify **sources** of information for the type of information you want to gather at different levels
3. Identify **methods** for gathering the type of information at you have identified at different levels
4. Identify **gender considerations** in types and sources of information, and methods for gathering information. Consider how different roles and/or needs of men and women might influence types and sources of information, and methods for gathering it
5. Identify **ethical considerations** in types and sources of information, and methods for gathering information

Identifying Needed Changes

(3 hours)

Session Objectives

By the end of this session participants will have identified—

- Types of changes that could occur at different levels
- Ultimate desired changes for particular HIV/AIDS issues
- Supporting changes at different levels to bring about the ultimate desired changes

Materials

- Flip chart (20 blank sheets)
- Permanent markers (four colors, five each)
- Masking tape

Flip Charts

- Session Objectives
- Overview of Change Identification Process
- Issue Teams' Problem Tree Charts *(developed in a previous session)*
- Types of Changes at Different Levels
- Sample Change Identification Chart

Instruction Cards for Teamwork

- Identifying Changes: Team Instruction Cards 1-5

Handouts for Participants

- Types of Changes at Different Levels
- Sample Change Identification Chart
- Change Identification: Outline of Steps
- Change Identification: Outcome Worksheet

Notes to the Facilitator

- Definitions of Key Terms
- Preparation of Charts
- Gender Considerations

Notes to the Facilitator

Preparation of Charts

The sample change identification chart **Ultimate Desired Change** on the following pages is quite large and complex, and will need to be written on more than one piece of flip chart paper.

Definition of Key Terms

There are some terms used in this session that facilitators and participants may not be familiar with. It is important that both understand the terms clearly, because they will be used as the basis for developing social mobilization strategies and action plans.

Ultimate Desired Change refers to the specific, ultimate, or end change teams would like to bring about on their issue. It can be considered the ultimate change "outcome" or "goal." It might take several years to achieve the ultimate desired change. The ultimate desired change should be stated in terms of a **visible** change—in behavior, practices, policy, or policy implementation (depending on the level of the change).

Supporting Changes refer to the multiple changes that must take place at different levels and at different points in time to bring about the ultimate desired change. Supporting changes too are change "outcomes," and could be considered change "objectives." Like the ultimate desired change, supporting changes should also be stated in terms of **visible** change—in behavior, practices, policy, or policy implementation (depending on the level of the change).

Intermediate Changes refer to the multiple changes that must take place at different levels and at different points in time to bring about the supporting changes. Intermediate changes are also change "outcomes," and might be considered "sub-objectives." Unlike the ultimate desired change and the supporting changes, intermediate changes might well refer to changes in knowledge and attitudes—the stages that precede the more visible changes in behavior, practices, policy, and policy implementation.

1. Introduction to the Session *(5 minutes)*

"You must be the change you wish to see in the world."

—MAHATMA GANDHI

- Go over the session objectives, referring to the flip chart on the following page.
- Remind participants that in previous sessions, they identified, prioritized, defined, and analyzed HIV/AIDS issues. In this session, they will focus on identifying needed changes, based on their analysis of a particular issue.
- Explain to participants that they will be working in the same three to four issue teams from the previous session, to identify the **ultimate desired change** on their issue, and various **supporting** and **intermediate** changes needed to achieve the ultimate desired change.

2. Overview of Change Identification Process

- Give the large group of participants an overview of the process they will use to identify the **ultimate desired change** on their issue, and various **support** and **intermediate changes**.
- Explain that teams will be given separate, detailed instruction cards for each step, and that one member of each team has been assigned and briefed on their role as team leader. Identify the team leaders.
- Refer to the flip chart on the following page showing major steps in the process.
- Go over the meanings of the terms; **ultimate desired change**, **supporting changes** and **intermediate changes** if needed. *(Refer to the* **Notes to the Facilitator** *on the previous page.)* Explain that this will become clearer during the process of teamwork.

(Flip chart)

Identifying Needed Changes

Session Objectives

By the end of this session participants will have identified—

- Types of changes that could occur at different levels
- Ultimate desired changes for particular HIV/AIDS issues
- Supporting changes at different levels to bring about the ultimate desired changes

(Flip chart)

Overview of Change Identification Process

Teamwork

Each team will discuss its prioritized issue and—

1. Identify the ultimate desired change on the issue
2. Identify supporting changes needed at different levels to bring about the ultimate desired change
3. State each change in terms of changes in—
    - Individual or group action or behavior
    - Group, community, social practices
    - Social or institutional policy or policy implementation
4. Identify intermediate changes needed to bring about the supporting changes
5. Create a change chart
6. Identify gender issues related to changes

3. Types of Change at Different Levels *(15 minutes)*

- Remind participants that in the examples of mobilization they shared on the first day of training they identified "changes sought." These examples contained various types of changes at various levels. *(List a couple of types of changes that figured in participant examples, such as changes in individual behavior, changes in community policy, or whatever types of changes were most prominent in participants' own examples.)*
- Explain to participants that it will be helpful to review the kinds of changes that might occur at different levels.
- Facilitator posts the chart showing different types of changes at different levels *(refer to the flip chart on the following page).*
- Begin with the individual, couple, family, and peer levels, and ask one participant to read out the types of changes that might be promoted and occur at these levels *(knowledge, attitudes, behavior, practices).*
- Ask the group to give examples from their own work of—
    - **Knowledge change**
    - **Attitude change**
    - **Individual behavior change**
    - **Group practice change**

(By group we mean people who share some kind of common bond or characteristic. Examples of groups include peers, youth, families, people working in the same profession, communities, and so on.)

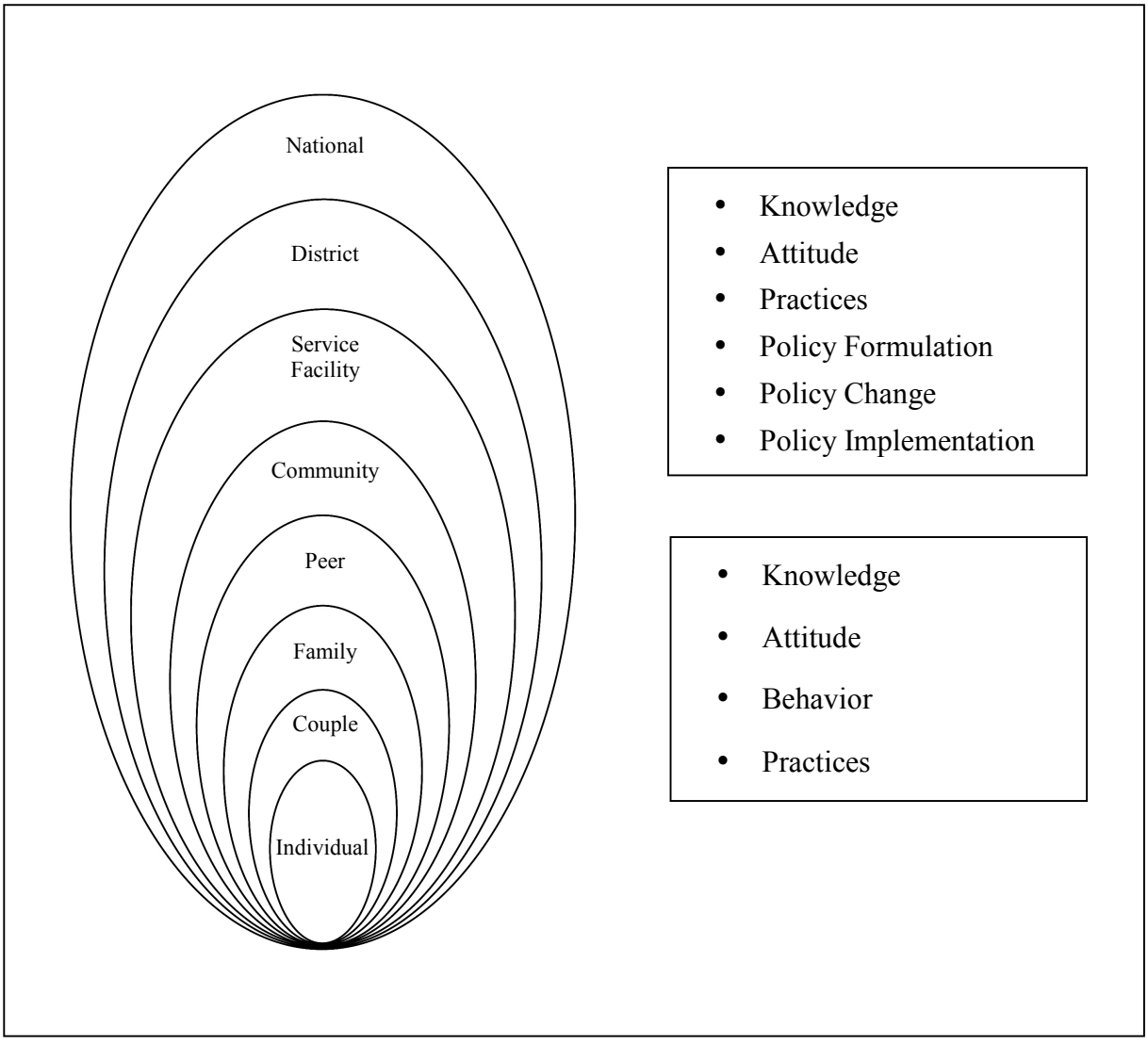
- Next ask another participant to read out the types of changes that might be promoted and occur at the community, service facility, district, and national levels *(knowledge, attitudes, practices, policy formulation, policy change, policy implementation).*
- Ask the group to give examples from their own work of—
    - Knowledge, attitude, or behavior change at the service facility level
    - Policy formulation or policy change at the community level
    - Policy formulation or policy change at the district or national level
    - A change in policy **implementation** at the community, district, or national level

      (Policies may exist, but never be implemented, or be implemented improperly or inconsistently. Can the group think of any policies that are not implemented, or are implemented improperly or inconsistently?)
- Ask participants to identify which types of changes are readily **visible**. (Responses should include: changes in individual behavior, group practices, and policy implementation.)

- Ask participants to identify which types of changes are less visible. (Responses should include changes in knowledge and attitudes. Sometimes policy changes are also less visible, particularly when the policy is not implemented!)
- Give participants the handout **Types of Change at Different Levels**.

(Flip chart and participant handout)

Types of Change at Different Levels



4. Change Identification *(2 hours)*

Introduction *(15 minutes)*

- Before participants break into teams, go over with them the sample change charts on flip chart paper from the unsafe sex among youth example. *(Refer to the following pages.)*
- First go over the ultimate desired change, and supporting changes. Point out that the changes are stated quite specifically and in terms of visible changes in behavior, action, practice, policy, or policy implementation.
- Then review the chart showing the intermediate changes. Point out that these may refer to less visible changes such as changes in knowledge and attitude.
- Ask participants if they have any questions. Answer questions and then turn the sample charts over so they are not visible and will not influence teamwork. Tell participants that they will have the chance to review these again in detail **after** they have completed their teamwork.

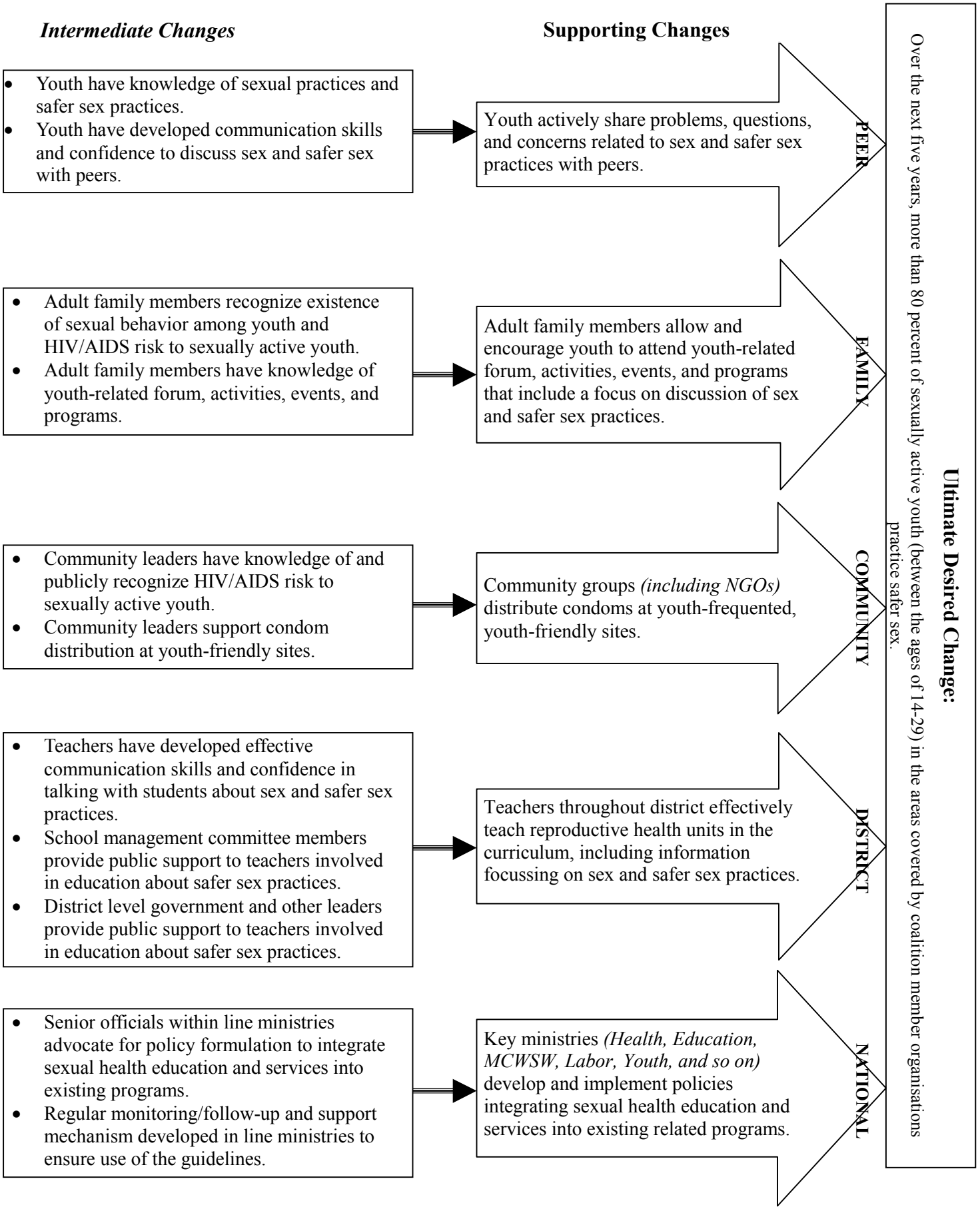
Team Divisions *(5 minutes)*

- Have large group break into issue teams and sit together for discussion.
- Each team leader should have—
  - Team's **Problem Tree** chart from earlier session
  - A packet of five instruction cards, detailing each step of the change identification mapping process for teams
  - Several sheets of flip chart paper
  - Colored markers

Teamwork *(1 hour, 40 minutes)*

- See team instruction cards on pages 3-139 to 3-141 of this section.
- Facilitators rotate among teams to provide support to team facilitator and make sure that teams are on track.
- After teams complete *Step 3*, facilitators distribute sample change charts **Ultimate Desired Change** to participants.
- Do **not** hand the sample out to participants before teams have developed their own change charts, as the sample may limit or influence what teams produce.

(Flip chart and participant handout)



(Instruction card)

Change Identification

Step 1: Team Instructions

Identifying Ultimate desired change *(20 minutes)*

- Reflect on team's specific issue to identify the **ultimate desired change** team would like to see to address the issue.
- Be specific about **what** the change is, the **level** (e.g. individual, couple, family, peer, community, service facility, district or national) at which it should occur, **who** or **what** needs to change, and the **timeframe** for the change.
- Depending on the level, state the change in terms of—
  - Individual or group action or behavior
  - Group, community, social, or institutional practices
  - Social or institutional policy or policy implementation

(Instruction card)

Change Identification

Step 2: Team Instructions

Identifying Supporting Changes at Different Levels *(30 minutes)*

- Review team's problem tree chart from previous session. Considering the causes on the problem tree, identify three to five key **interrelated** changes at different levels that will **significantly** contribute to bringing about the ultimate desired change. Identify changes, at least one level from each of the following groupings—

Group 1	**Group 2**	**Group 3**
Individual	Community	District
Couple	Service Facility	National
Peer		
Family		

- Be specific about **what** the change is, the **level** (e.g. individual, couple, family, peer, community, district, and national) at which it should occur, **who** or **what** needs to change, and the **time frame** for the change.
- Depending on the level, state the change in terms of—
  - Individual or group **action or behavior**
  - Group, community, social, or institutional **practices**
  - Social or institutional **policy** or **policy implementation**

(Instruction card)

Change Identification

Step 3: Team Instructions

Identifying Intermediate Changes *(30 minutes)*

- For the three to five **supporting** changes identified in the previous step, identify one to two **intermediate** changes that will help bring about each change. *(For example, before we can expect a change in individual behavior or group practices, there may need to be intermediate changes in individual or group knowledge and attitudes, OR specific interventions to create needed services, OR changes in policies to create a supportive environment.)*
- These may be less visible changes, such as changes in individual or group knowledge or attitudes.
- Be specific about **what** the change is, the **level** (e.g. individual, couple, family, peer, community, district, or national) at which it should occur, and **who** or **what** needs to change.

(Instruction card)

Change Identification

Step 4: Team Instructions

Creating a Change Chart *(20 minutes)*

- Ask facilitator for handouts of the **Sample Change Charts.**
- Using the sample as a model, create a change chart that clearly shows the levels at which the ultimate desired change; the supporting changes; and the intermediate changes need to occur.

(Instruction card)

Change Identification

Step 5: Team Instructions

Gender Considerations *(20 minutes)*

- After creating team's change chart, consider these questions for each change—
  - Will men or women be affected **more** by the change?
  - Will men and women be affected **differently** by the change?
  - Will men or women have a **greater** role in making the change?
  - Will men and women have **different** roles in making the change?
- If gender appears to be a major factor in any of the changes, put an **M** or an **F** (as appropriate) next to that change on the change chart.
- Create a separate gender-considerations chart listing each change in which gender was identified as a significant factor. Briefly describe each gender concern.

5. Posting and Review of Teamwork *(10-15 minutes)*

- Each team posts its change charts on the wall.
- Participants review each other's charts.
- Facilitators review charts to make sure they are specific enough, and to evaluate—
  - Whether or not supporting changes will promote the ultimate desired changes
  - Whether ultimate desired changes, and supporting changes are specific enough and appropriately stated in terms of action, behavior, practices, policy, and/or policy implementation
  - Whether or not intermediate changes will promote the supporting changes
  - Gender considerations
- **Option:** *If time permits, teams can briefly present their charts to the large group.*

6. Wrap Up *(15-20 minutes)*

- Participants ask clarifying questions about each other's charts.
- Facilitator leads discussion and/or sums up by focusing on—
  - Whether or not supporting changes will promote the ultimate desired changes
  - Whether ultimate desired changes, and supporting changes are specific enough and appropriately stated in terms of action, behavior, practices, policy, and/or policy implementation
  - Whether or not intermediate changes will promote the supporting changes
  - Gender considerations
- Facilitator can add to the gender considerations that participants identified. *(Refer to the participant handout* **Gender Considerations** *on the following page for ideas.)*
- Facilitator gives these handouts to participants—
  - **Change Identification: Outline of Steps**
  - **Change Identification: Outcome Worksheet**
  - **Gender Considerations**

(Participant handout)

Change Identification: Gender Considerations

A Sampling of Ideas

Below are some examples of gender concerns related to the changes identified in the **Sample Change Charts** for the **Unsafe Sex Among Youth** issue—

- Girls and boys, men and women may have different levels of availability for services, education, and group activities
- Girls' and women's availability may be particularly limited due to heavier female workload, and social constraints on female mobility
- Girls and women are likely to have less access to information and services related to sexual health and safer sex than boys and men
- Males and females may have different information and service needs (in terms of informational materials, safer sex products, and so on)
- Need to address issues of male dominance over women in terms of both sexual communication and sexual activity
- At the peer level, would need to have separate, same-sex activities and/or groups for males and females
- At the family level, social taboos related to female sexuality are likely to create barriers to female participation in youth forums where safer sex is being discussed
- At the district level, for both teacher and student comfort in sex education classes, should have single sex groups taught by teachers of the same sex
- Need to consider the special needs of girls who are married early and won't have access either to youth forums or to in-school education

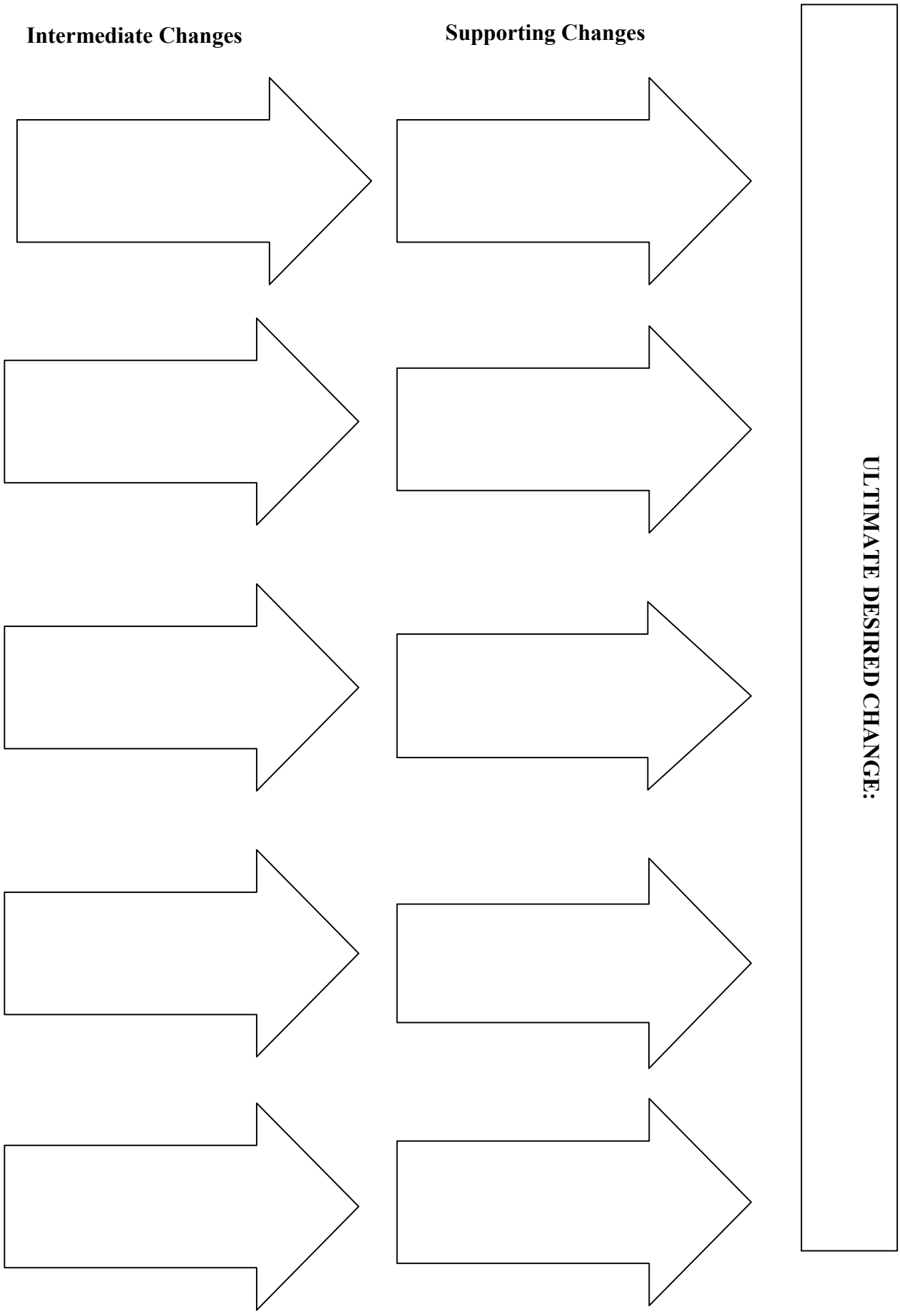
(Participant handout)

Change Identification

Outline of Steps

Discuss your issue and—

1. Identify the **ultimate desired change** on the issue
2. Identify **supporting changes** needed at different levels, such as—
   - **Individual**
   - **Couple**
   - **Family**
   - **Peer**
   - **Community**
   - **Service Facility**
   - **District**
   - **National**
3. Depending on the level, state each change in terms of changes in—
   - Individual or group **action** or **behavior**
   - Group, community, social, or institutional **practices**
   - Social or institutional **policy** or **policy implementation**
4. Identify **intermediate changes** to promote supporting changes
5. Create a **change chart**
6. Identify **gender issues** related to changes. Consider these questions—
   - Will men or women be affected **more** by the change?
   - Will men and women be affected **differently** by the change?
   - Will men or women have a **greater** role in making the change?
   - Will men and women have **different** roles in making the change?


Intermediate Changes
Supporting Changes
ULTIMATE DESIRED CHANGE:

Closing the Day

(5 minutes)

Handouts for Participants

- Mobility, Migration, and HIV/AIDS
- Behavior Change Communication and Intervention (BCC/BCI)

Instruction Cards for Teamwork

- Social Mobilization Strategy Development: Team Instruction Cards 1-8
- Developing a Social Mobilization Action Plan: Team Instruction Cards 1-6

1. Handouts/Homework

- Distribute handouts listed above to participants.
- Ask participants to read the handouts before coming to the training on the next day, since they may contain ideas that are helpful for the next day's work.

2. Orienting Team Leaders for the Next Day

- Announce the names of the six to eight persons (depending upon the number of issue teams) who should stay late for orientation to their roles as team leaders on *Day Four*.
    - Three to four team leaders for the **Developing Strategies** session
    - Three to four team leaders for the **Developing Action Plans** session
- Each facilitator takes one group and orients them.
- Give each team leader a packet of team instruction cards. Review the following with them and answer questions they may have.
    - Role as team leader (that is, to give clear instructions, facilitate the process of team discussion, keep team on track in terms of time and focus)
    - Purpose of the team exercise
    - Expected outcome of the exercise
    - Each step of the process
- Have team leaders read through the instruction cards carefully to make sure they understand each step of the process.
- Remind team leaders that they are also **participants** in the team discussion.

Handouts

- **Mobility, Migration, and HIV/AIDS**
- **Behavior Change Communication and Intervention (BCC/BCI)**

Mobility, Migration, and HIV/AIDS

- Migration for work, which has a long history in Nepal, has been on the increase over the last decade, due to rapid population growth, increasing pressure on the land, and the Maoist insurgency, which has spread to most rural areas of Nepal.
- One source estimates that each year around 800,000 Nepali nationals migrate to India for work, and some two million Indians, including truck drivers, farm workers, and other manual laborers enter Nepal.[20]
- Another source estimates that the number of Nepali individuals working in the Gulf region rose from about 40,000 in 1997 to over 100,000 by the end of 1999.[21]
- The majority of Nepali migrants are in low paid manual jobs, such as household helpers, guards, restaurant workers, transport workers, construction workers, and the like.
- In addition to voluntary migration for labor, it is estimated that every year, 5,000 to 7,000 Nepali girls and women are trafficked either internally or abroad for forced sex work.[22]
- Seasonal migration for work is common all over Nepal, but is a particularly well-established
- Practice in the far-western part of Nepal.
- One study found a 10 percent HIV prevalence rate among migrants in the far-western district of Doti.[23]

Risk Behavior and Risk Factors

- Whatever the variations in individual backgrounds and circumstances, most migrants share this in common: they are far away from their homes, families, communities, and traditional support systems for long periods of time.
- Many share risk behaviors as well, the most common being having unprotected sex, and having multiple sex partners. For men this may mean visiting sex workers, taking second "wives," and/or having homosexual contacts. Although women migrants also may have multiple sex partners voluntarily, many fall prey to forced sex and other forms of sexual exploitation.
- For men, alcohol consumption, availability of disposable cash, and peer pressure to visit brothels, are additional factors contributing to high-risk behavior.

[20] Aids in Nepal, Jill Hannum, AMFAR, 1997
[21] Foreign Migration and the Remittance Economy of Nepal. David Seddon et al, University of East Anglia, Norwich, July 2000
[22] Situation Analysis of Trafficking in Women, WOREC, 2000
[23] Sero-Prevalence Among Selected Migrant Populations in Doti, (unpublished report), JICA, 2000

- Few migrant workers seek early treatment of sexually transmitted infections (STIs), which increases the risk of contracting HIV. Lack of service seeking may be due to myths and misconceptions about STI treatment, social taboos concerning sex-related infections, limited access to health services at the workplace, and restricted interaction in the local community because of language and cultural differences.
- Spouses and partners of migrant workers are also at risk because of unprotected sex when workers return home.

Vulnerability

- When migrants leave their homes, they also leave behind their family members, particularly women, children, and old people. Many of those left behind are forced to earn a living in the absence of the primary wage earner. Women and children are vulnerable to various forms of exploitation and abuse, sometimes turning to or being forced into the sex trade.
- After HIV diagnosis even those who are able to work are sent back home "to die." This, too, means premature loss of earnings for the HIV infected person and their families.
- There is little, if any, institutional protection for migrant workers. The rights of migrants to health, security, and proper wages are not adequately protected by the Nepal government, the host countries, or the employment agencies that act as intermediaries.

Behavior Change Communication and Intervention (BCC/BCI)[24]

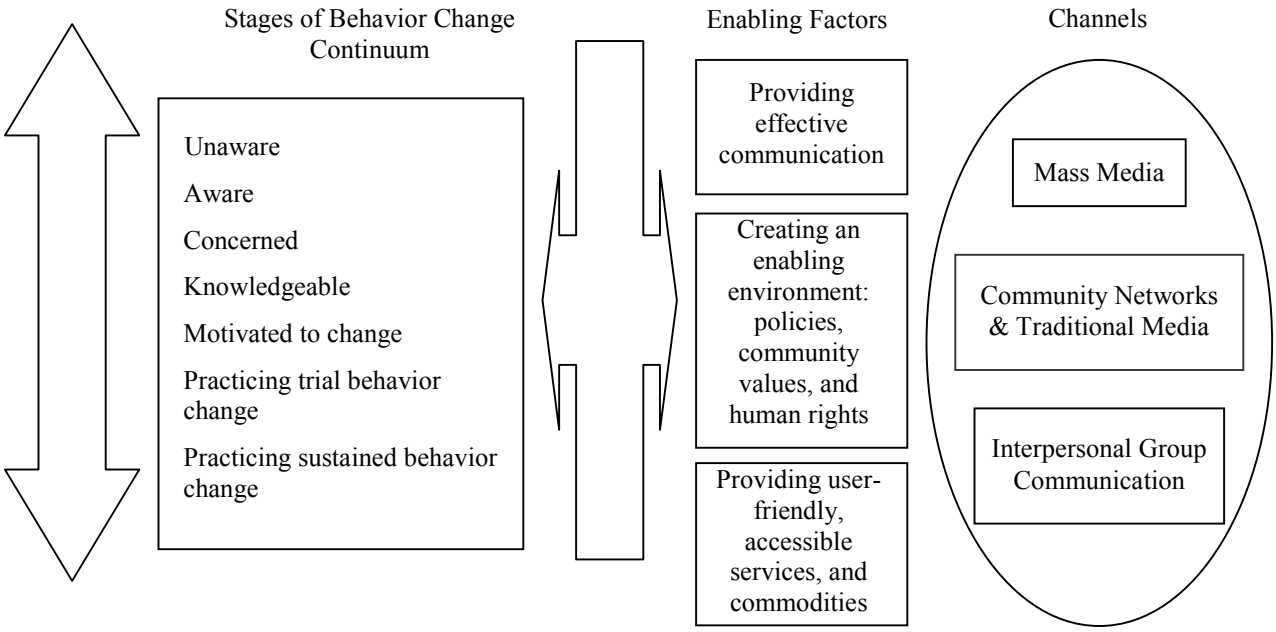
Changing individual and community behavior is key to HIV/AIDS prevention. Combined with other programmatic interventions, behavior change communication (BCC) and behavior change intervention (BCI) strategies can lead to decreased risk behaviors (such as reducing number of partners, delaying first sexual contact, practicing non-penetrative sex).

Behavior Change Goals. Some fundamental behavior change goals in HIV/AIDS programming are to—

- Increase consistent condom use
- Reduce high-risk sexual behaviors (such as decreasing the numbers of sexual partners, postponing sexual activity, using condoms correctly and consistently)
- Promote harm reduction behaviors of injecting drug users (IDUs) (such as using clean needles, seeking treatment of abscesses)
- Increase healthcare-seeking behavior for STIs
- Expand support for norms and policies that encourage HIV and STI prevention
- Develop positive attitudes towards and decrease stigma and discrimination against people living with and affected by HIV/AIDS (PLWHA)

Steps in Behavior Change. Individual behavior change is a complex process involving multiple stages of decision making. These stages are, in turn, influenced by many factors, such as availability of and access to accurate and timely information, social values and practices, supportive or non-supportive attitudes of peers and family members, and availability of and access to services that support positive behavior change. There are many models for the behavior change process; one model is depicted here.

[24] Sources:
(1) HIV/AIDS Prevention and Control Program: Implementing AIDS Prevention and Care Project (IMPACT), Family Health International (FHI) Nepal, 2000 (unpublished);
(2) Behavior Surveillance Survey, Round 1 and 2, FHI/New Era, 1999 and 2000;
(3) http://www.fhi.org/en/entr/asia/nepalofc.html
(4) FJI/HQ's Behavior Change Communication for HIV and AIDS: A Strange Approach. 2002



Behavior Change Programming. Most HIV/AIDS prevention programs have a behavior change component. Family Health International (FHI), a U.S.-based INGO, has been a leader in BCC/BCI programming for HIV/AIDS in Nepal since 1993. Recognizing that female sex workers (FSWs) and their clients along highways to and from India were most vulnerable to HIV/AIDS, FHI has supported interventions along Nepal's main highways. More recently, efforts have expanded to reach other vulnerable groups, including IDUs, migrant workers, and men who have sex with men (MSM). FHI now works in 24 districts with more than 15 partner institutions in Nepal, including the National Center for AIDS & STD Control (NCASC) and local NGOs. In addition to BCI for specific groups, STI services, condom social marketing, epidemiological surveillance, voluntary counseling and testing (VCT), and care and support are complementary components to HIV/AIDS prevention and care. The key elements of BCC/BCI programs implemented by FHI and its partner organizations are—

- Capacity building and human resource development of partners to plan and implement targeted STI/HIV/AIDS prevention education activities for high-risk population groups
- Community assessment and in-depth audience research for more effective project implementation
- Targeted and participatory BCI to reduce high-risk behavior with primary target populations in the project area
- Awareness raising among the general population and advocacy among stakeholders and policymakers to create a supportive environment for individual and community behavior change. This includes meetings, orientation for and coordination with district and local decision makers (VDCs, DDCs, and District AIDS Coordinating Committees or DACCs)
- Collaboration with local agencies, STI services, and condom social marketing (CSM) retailers, as well as agencies across the border in India.

Behavior Change Intervention on the East-West Highway

General Welfare Pratishthan (GWP), Trinetra Community Development Centre, Women Acting Together for Change (WATCH), AMDA, CARE, and Save the Children - US are FHI partners involved in behavior change programming along the East-West highway. The primary program focus is female sex workers (FSWs) and their clients. Sex workers are empowered and encouraged to use condoms consistently, and to seek early treatment of STIs. Their clients, mainly truckers, are also educated and motivated to use condoms and reduce their number of sexual partners. Specific elements in program implementation include—

- **Community Assessment and Situation Analysis:** This is used to identify areas where sex workers are normally found, estimate the numbers of sex workers and clients and identify needed interventions. Intervention is broadly shaped around three target groups: *Primary Target Group* (sex workers and their clients), *Secondary Target Groups* (men, women, and adolescents with multiple sex partners), and *Supportive Group* (local decision makers, government/NGO officials, business leaders, and health workers). Mapping of the community helps show sites where sex is sold, where condoms and treatment can be accessed, and where target audience segments gather. In-depth target audience analysis with participatory research methods provides information on knowledge (including their level of awareness of HIV/AIDS and STI transmission and prevention), attitudes (including their gender expectations, perceived risk, self-efficacy, focus of control and reported behavior), reasons they continue to put themselves at risk (barriers), and the value and concerns likely to motivate them to change their behavior (motivators).

- **Outreach:** Mobility and social exclusion make it difficult to interact with and support sex workers to adopt safer sex practices. Outreach educators stationed at appropriate and strategic locations make one-on-one contact with sex workers and their clients, mainly transport workers. During such visits they build rapport and support peer communications (described below). Conveniently located drop-in-centers provide an informal meeting and sharing forum, as well as counseling, condom distribution, and STI treatment referral services.

- **Peer Communication:** As one of the most effective BCI, peer communication is identified to work within particular target groups (such as sex worker, or their clients). Peer communicators are members of the target group, so that trust is strictly maintained. Peer communicators make regular contact with their peers and provide support and encouragement for safer sexual behavior, including condom use and reducing the number of sex partners. Both peer communicators and the outreach educators that support them, provide counseling, which is crucial in motivating individuals to adopt safer sexual behavior.

- **STI Treatment Services:** Through the outreach and peer communication networks, people are aware of STI symptoms, recognize they might have a STI, know treatment is available, and n*ow, services are brought to the target groups to reduce the knowledge-to-practice gap.*
- **Awareness-Raising:** Awareness-raising includes events and IEC. IEC materials (basic information about HIV/AIDS, condom promotion messages, messages promoting positive attitudes towards HIV positive people, and so on) are distributed to outreach educators, peer educators, members of target groups, and the general public. These may be existing-materials developed by other organizations (for example, the NCASC) as well as materials developed specifically for this program. Key activities include awareness raising and advocacy through billboards, orientation, street drama, IEC distribution, and events such as Condom Day and World AIDS Day.
- **Mass Media Communications:** These are used to promote condoms for sexual health for the general population through radio, TV, print, and billboards with standard messages along the highway. They raise awareness about HIV/AIDS prevention and sensitize the general population about condoms and HIV/AIDS.
- **Condom Social Marketing:** Community based condom social marketing has been established in over 1,000 outlets at the field level, making condoms more accessible to FSWs and their clients. CSM is coordinated with the BCI partners to improve reach to target groups.
- **Advocacy:** Local advocacy, collaboration, and networking, with the key stakeholders, is critical to develop an enabling environment for behavior change. Coordinating meetings are held with local decision making bodies (DDCs, DACCs, and VDCs) and NGOs to promote collaboration and the creation of a supportive environment both for program implementation, and for target groups to access locally available services. The private sector can also play a positive role.

Results

Over the past six years of programming, HIV risk behaviors has significantly declined along the highways where FHI and its partners have been working.

- Knowledge levels about HIV/AIDS prevention in the eastern Terai increased between 1998 and 2001 among transport workers from 89 percent to 99 percent and male laborers 83 percent to 96 percent.
- Sex workers in the eastern Terai reporting condom use with their last client rose from 35 percent in 1994 to 86 percent in 2000.
- Consistent condom use reported by sex workers in the eastern Terai, however, has only reached about 50 percent, indicating that knowledge and occasional practice are steps in adopting safer sex practices (changing behavior to protect themselves form HIV/AIDS/STI).
- Condom sales exceeded 44 million, nationwide, from 1997-2002.

- The results of a recent HIV/STI prevalence survey indicated that HIV prevalence is still low in the populations surveyed in FHI's project area: 3.9 percent among sex workers and 1.5 percent among truckers.
- Local authorities, police, and elected representatives are supportive of the program. In addition, attitudes towards sex workers have improved. Police arrests of sex workers are less common in some program districts.
- Over 15,000 people received STI services. The numbers of sex workers and clients seeking treatment of STIs has increased as result of over 4,500 referrals made by BCI projects, access to mobile clinical services, and reduction in discrimination faced by healthcare services.
- Networks of sex workers are beginning to form because the women feel they can better negotiate for 100 percent (consistent) condom use as a group, rather than as individuals.

Behavior Change Intervention and Social Mobilization

Although most behavior change frameworks do not make explicit reference to social mobilization, there are many ways to link behavior change communication and intervention to social mobilization efforts. Here are several questions to guide you in thinking about how BCC/BCI and social mobilization might interrelate and be mutually reinforcing—

- What are the issues that can be addressed through BCI? How can social mobilization be reinforced, strengthened, or complemented by BCI? Can you describe an example of where BCI could benefit social mobilization?
- For the example above, consider the "egg" chart and identify different levels at which changes were sought, groups were mobilized, and different strategies/activities undertaken. What kinds of behavior changes would you promote for each?
- How might the primary target groups be additionally empowered to take a leading role in social mobilization on issues affecting them?
- What district or national level changes that might further promote/support the individual behavior changes sought in the case example?
- What additional groups (at the community, district, and national levels) might be mobilized to promote/support individual changes sought?
- What additional strategies/activities might be effective in promoting supportive changes at the district or national levels?

Day Four

Idea to Action

Starting the Day 4-175
Rama's Story 4-179
Mobilizing People and Promoting Change at Multiple Levels 4-180
Developing Mobilization and Change Strategies to Address HIV/AIDS Issues at Multiple Levels 4-197
Developing Action Plans for Social Mobilization on HIV/AIDS Issues 4-211
Closing the Day 4-223
Handouts 4-225
- Condom Day: Event Organizing and Coalition Building 4-225
- Working Together Works 4-229

Day Four Agenda: Sample

9:30-9:35	**Starting the Day - Day Four: Idea to Action**
9:35-9:50	**Rama's Story**
9:50-10:40	**Ways of Mobilizing People and Promoting Change**
10:40-10:55	**TEA BREAK**
10:55-11:35	**Ways of Mobilizing People and Promoting Change** (*continued*)
11:35-1:05	**Developing Mobilization and Change Strategies**
1:05-1:35	**LUNCH BREAK**
1:35-2:50	**Developing Mobilization and Change Strategies**
2:50-3:00	**TEA BREAK**
3:00-5:10	**Developing Action Plans for Social Mobilization**
5:10-5:15	**Closing the Day**

Starting the Day

Opening the Training Day *(5-10 minutes)*

- Review major focus/activities of the previous day.
- Review the day's agenda *(refer to flip chart agenda, sample on following page).*
- Point out new sayings in the quotation corner.

"I was thrown out of a home into the streets, but who is going to take me away from the streets into a home?"[25]

Rama

Age: 29 years

I do not recall my parents at all. I was told that my mother died soon after my birth and my father when I was about four years old. My home is a village somewhere in the hills, but where exactly, I have no idea. Apparently someone in the village looked after me for the next two or three years, but really, who wants to take care of someone else's child? Then, I understand that the person who had been looking after me brought me to Kathmandu and left me in a family's home. I was supposed to work in that household. I do have a faint recollection of being brought to Kathmandu by someone.

It was a small family—husband, wife, and a baby boy. He was in the police force; she stayed home. My job was to look after the baby, and since I myself was very young, they didn't make me work too much. I usually just played with the child. After about a year, I stared to help in the kitchen, make tea, and so on.

My employer was a good person. She liked me, fed and clothed me well. I suppose it was because I was poor and an orphan. As for the man of the house, the Sahab,[26] well, he used to get drunk and rowdy. It seems to me that that is all these police people do. The family even sent me to school. I have studied until class four. I can read and make out what the local papers write.

After five years in Kathmandu, the Sahab was transferred to Birgunj. We all went with him. Since the baby boy had grown up, he was placed in a boarding school in Kathmandu. In Birgunj, my mistress started to teach in a school and she made me responsible for all the housework. I could no longer attend school. But I was treated very well.

Occasionally, the Sahab would arrive home in the afternoon. He would tell me to go buy a small bottle of liquor and cook some food. Soon, he stared teasing and joking around with me. He even said he would marry me. He began a sexual relationship with me. I seldom left the house because I was very afraid of the people there. They all looked very Indian and fearsome. I was very innocent of the ways of the real world.

I was perhaps 14 or 15 when the Sahab started to fool around with me, so what was I to do? And he had threatened me, saying, "If you tell your mistress, I'll throw you in jail." I had no one to call my own or from whom I could seek help.

I became pregnant. My mistress, of course, found out. She suspected I had been seeing some boy and she beat me. Oh God, I cried a lot. How could I accuse her own husband? Even though she

[25] Story reprinted from Positive Life with permission from Panos/South Asia.
[26] Sahab, also Sahib, is a male figure of authority: a husband, employer, master of the house.

was a woman, she found fault in me as a woman. I'm sure she knew I wasn't that kind of a girl, but naturally, she was not going to blame her own husband.

They took me to a lady doctor they knew in Birgunj who examined me and performed an operation. After ten days, even though I was bleeding all over, they threw me out. Only later did I learn that the doctor had aborted my baby. They gave me three or four hundred rupees and told me to go to Kathmandu, as if I had friends and family there! I was almost a child then, but if I had been older and wiser, like I am now, I certainly wouldn't have gone away so meekly.

In Kathmandu, I found a job washing dishes in a teashop. Soon after, I met a traffic policeman. He used to come and have tea. He was very nice to me and said he would marry me. He gave me sindoor-potey[27] and took me to live in his room. I stayed with him for a whole year. Then I found out that he was a married man, had a wife and two children somewhere in Bhairawa.[28] He left me, taking with him all the belongings. There I was, again, a woman all alone and no idea what to do. How was I to earn my living? I had almost no education, and unless someone recommended me, no one would hire me as servant. So where was I going to live? One man destroyed me because he was my master, the other because he was my husband. I lost all hope.

I made a few friends, and soon, I was selling my body. I found out I could make good money, even as much as 2,000 rupees when business was brisk. Of course, there were some that not only didn't want to pay, but also tried to beat you up afterwards. Countless customers are members of the police and army, but unfortunately, they are very reluctant to pay. The moment you start fighting with the police, they throw you in jail.

Last year, a new head of the police department was appointed, and things became more difficult for us. There were more police raids, and in one of them, some of my friends were arrested, so I left Kathmandu for Hetauda, where the business was even better! The women get together and open shops along the highway and conduct their business. It was a good setup for me too. Unfortunately, my luck ran out.

Some two months later, some people from something called an NGO, showed up. They talked with us for a long time and taught us a lot, especially that we must make our customers use condoms. But men just don't want to use them, you see. If we insist, we won't be able to continue our business. Meanwhile, our blood had been tested and we were soon told that some of the blood had some germ in it and that it caused an illness called AIDS. They told us to stop our business. If we did, what else could we do? You tell me.

I was thrown out of a home into the streets, but who is going to take me away from the streets and into a home? If I too had parents like yours who look after you, I would also stay home peacefully. But who will take care of me? If you will, I will come with you, otherwise, I must continue my work. If I had the disease, I would be bed-ridden, right? As long as my body functions, I have to earn and save. For who will look after people like us when we become old? Society calls us "whores," "prostitutes," "streetwalkers," and other names but is it really our fault? It's fine for your politicians to sell the nation and ride in cars, but we can't sell our bodies

[27] To offer "sindoor-potey" to a woman is to propose marriage.
[28] Bhairawa is a city six hours drive southwest of Kathmandu.

to make a living? We have only sold our bodies, but the politicians are selling off the entire nation!

And how did I benefit by working in a police officer's home? It wasn't my fault, was it? He lied and cheated and ruined a young girl's life. All this because the politicians don't care, that's why. But when it's time for elections and they need our votes, they pay respects to our sort too.

What have the educated and the respectable people done for us anyway? Especially those doctors who do not even want to touch us. When we go to hospitals, they take all kinds of blood tests and tell us all sorts of things. Once I got so angry, I simply left. After all, he is only making more money. He says don't do this, don't do that, but he has never had to sleep on the streets on an empty stomach. Look, people like you will never be able to understand us. All those NGO people show up, but nowadays I don't even bother to talk to them. If there is indeed a "germ" in my blood, then I suppose I will die. But then, I don't have anyone who will weep over my death.

Rama's Story

(15 minutes)

Materials

- 20-30 metacards

Handout for Participants

- Rama's Story

1. Reading the Story *(10 minutes)*

- Explain to participants that you would like to begin the day with another life story. This is another first person account from the PANOS Institute's collection "**Positive Life."**
- Ask participants to sit comfortably and close their eyes as they listen.
- Read Rama's Story ("I was thrown out of a home into the streets…"). It is important to read with feeling, as though you are telling your own life story.
- **Option:** *Have a participant read the story to the group.*

2. Participant Responses *(5 minutes)*

- Hand out one metacard to each participant and ask him or her to write down their dominant feeling after hearing the story.
- Have participants (and facilitators too!) post their metacards on the wall as they finish.
- Sum up by saying that the stories of real people's lives can stir up many emotions. One positive way to **use** those emotions is to let them stir us to action.

Mobilizing People and Promoting Change at Multiple Levels

(1 hour, 30 minutes)

Session Objectives

By the end of this session participants will have identified a variety of ways to—

- Promote change at different levels
- Mobilize people at different levels

Materials

- Flip chart (10-15 blank sheets)
- Permanent markers (four colors, five each)
- Masking tape

Flip Charts

- Session Objectives
- Egg Chart
- Types of Changes at Different Levels
- Issue Team's Change Charts (developed in the session on the previous day)

Handouts for Participants

- Promoting Change at Different Levels: A Sampling of Ideas
- Groups to Mobilize: A Sampling of Ideas
- Mobilizing People at Different Levels: A Sampling of Ideas
- Mobilizing People and Promoting Change: Definition of Selected Terms
- Definitions of Selected HIV/AIDS Terms

Notes to the Facilitator

- Session Approach
- Display of Materials and Charts
- Mobilizing People and Promoting Change: More Details on the Definition of Selected Terms

Notes to the Facilitator

Session Approach

Promoting Change and Mobilizing People. In this session participants are asked to consider ways of promoting change and ways of mobilizing people somewhat separately. In reality, promoting change and mobilizing people are deeply interrelated, particularly in social mobilization efforts. Facilitators, therefore, should not be concerned with keeping the categories separate if participants find it easier to consider them together.

Introduction of New Information/Concepts. If training participants have little or no experience working on HIV/AIDS issues, facilitators may need to introduce some new ideas and information that are key to social mobilization on HIV/AIDS issues. These include services that are specific to HIV/AIDS such as—

- Voluntary counseling and testing (VCT)
- Ongoing psychological and social support and counseling for HIV positive persons
- Community and family based home care and support for people living with HIV/AIDS (PLWHA)
- Hospice care and support for PLWHA
- Early treatment of sexually transmitted infections (STI)
- Needle exchange and bleach distribution for injecting drug users (IDUs)
- Education, counseling, and support for HIV positive mothers and expectant mothers

Facilitators can find more information on these in the **Notes to the Facilitator** at the end of this session.

Display of Materials and Flip Charts

- Post the following on the walls in places easily visible and accessible for facilitator reference—
  - **"Egg" Chart**
  - **Types of Changes Chart** *(presented in the session on the previous day)*
  - **Issue Team's Change Charts** *(developed in the session on the previous day)*
- For easy access during brainstorming, prepare ahead of time blank sheets of flip paper chart with the headings—
  - **Changing Behavior And Practices**
  - **Changing Policy**
  - **Mobilizing People**
  - **Other**

1. Introduction to the Session *(5 minutes)*

"It is better to sing than to cry."

—NEPALI PROVERB

- Go over the session objectives, referring to the flip chart on the following page.
- Refer back to the definition of social mobilization used in this training, and remind participants that two key aspects of social mobilization are—
  - **Promoting Change** at different levels
  - **Mobilizing People** for action at different levels
- Referring to the "**Egg" Chart**, remind participants of the many levels at which change can be promoted and occur, and the many levels at which people can be mobilized.
- Explain to participants that in this session, they will identify various ways of promoting change and mobilizing people at different levels.
- Inform participants that the session will use a combination of individual reflection and large group brainstorming.

(Flip chart)

Mobilizing People and Promoting Change at Multiple Levels

Session Objectives

By the end of this session participants will have identified a variety of ways to—

- Promote change at different levels
- Mobilize people at different levels

2. Identifying Ways of Promoting Change at Different Levels *(45 minutes)*

Review of Types of Changes at Different Levels *(5-10 minutes)*

- Remind participants that yesterday they worked on identifying **types** of changes that might occur at different levels. *(Refer to the* **Types of Change at Different Levels** *chart presented during yesterday's session, and issue teams' specific* **Change Charts.)**

Brainstorming Ways of Promoting Change *(20 minutes)*

- Ask participants to take a moment to individually reflect on different ways that different types of changes might be promoted. Participants should think about their own experiences in promoting various types of changes at different levels. Ask participants who have had experience working on HIV/AIDS issues to think specifically about their work in bringing about change related to HIV/AIDS. Each individual should write the ways s/he identifies on a piece of paper.
- While participants are reflecting, post four blank sheets of flip chart paper on the wall with these headings—
    - **Changing Behavior and Practices**
    - **Changing Policy**
    - **Mobilizing People**
    - **Other**
- After five minutes of reflection, go around the room and ask each participant to share one way of promoting change.
- As each participant shares a way of promoting change, one facilitator writes the idea onto the flip chart paper with the appropriate heading. *(Refer to the participant handout* **Promoting Change at Multiple Levels** *on the seventh and eighth page of this section, for ideas.)*
- It is likely that participants will also identify some strategies that this manual includes in the category of "mobilizing people." This is fine, since there is overlap and inter-relationship between the two categories. Facilitators list those ideas on the blank flip chart paper headed **Mobilizing People.** *(Refer to the participant handout* **Ways of Mobilizing People at Different Levels** *on the twelfth page of this section, for ideas that belong here.)*
- If the group has difficulty brainstorming, it may be helpful to have them relate **ways** of promoting change to **types** of changes at different levels, by asking the questions that appear on the following page, **Are there any Other Ways to Promote Changes in…**
- The list does not need to be exhaustive. However, if, after group brainstorming, any key strategies are missing, facilitators can add them. If participants have little experience working on HIV/AIDS issues, it will be particularly important to **highlight ways of promoting change that specifically relate to HIV/AIDS.**

Are there any other ways to promote changes in these classifications—

Individuals

- *Knowledge* (about HIV/AIDS)?
- *Attitudes* (about HIV/AIDS-related issues/practices)?
- *Behavior* (related to HIV/AIDS)?

Couples

- *Knowledge* (about HIV/AIDS)?
- *Attitudes* (about HIV/AIDS-related issues/practices)?
- *Behavior or practices* (related to HIV/AIDS)?

Peer

- *Knowledge* (about HIV/AIDS)?
- *Attitudes* (about HIV/AIDS-related issues/practices)?
- *Behavior or practices* (related to HIV/AIDS)?

Family

- *Knowledge* (about HIV/AIDS)?
- *Attitudes* (about HIV/AIDS-related issues/practices)?
- *Practices* (related to HIV/AIDS)?

Community

- *Knowledge* (about HIV/AIDS)?
- *Attitudes or policy* (about HIV/AIDS-related issues/practices)?
- *Practices* (related to HIV/AIDS)?

Service Provider

- *Knowledge* (about HIV/AIDS)?
- *Attitudes* (about HIV/AIDS-related issues/practices)?
- *Behavior or practices* (related to HIV/AIDS)?

Service Facility

- Policy?
- Policy implementation?

District

- Policy?
- Policy implementation?

National

- Policy?
- Policy implementation?

(Participant handout)

Promoting Change at Multiple Levels

A Sampling of Ideas

(page 1 of 2)

Ways of Promoting Changes in Knowledge, Attitudes, Behavior, and Practices

- Mass awareness raising—
  - Event organizing (e.g. Condom Day, World AIDS Day, etc.)
  - IEC materials development/distribution
  - Mass media campaigns (print, radio, TV spots, or serials)
  - Street drama
  - Songs
  - Murals
  - Issue-focused contests/competitions (posters, debates, essays/poetry/creative writing, music)
- HIV/AIDS-related curricula in schools, training institutions, businesses, etc.
- Peer education *(e.g. on safer sex practices, harm reduction practices, developing condom negotiation skills, promoting service seeking behavior)*
- Social marketing of services and products
- Counseling
- Developing support/self-help groups
- Leadership development
- Capacity building

Examples of Targeted Interventions to Promote and Support Changes in Behavior/Practices Related to HIV/AIDS

- Condom distribution at target group-friendly sites
- Provision of other HIV/AIDS-related services using approaches and at sites that are target group-friendly. Examples include—
  - VCT
  - Ongoing psychological and social support and counseling for HIV positive persons
  - Community and family based home care and support for PLWHA
  - Hospice care and support for PLWHA
  - Early treatment of STIs
  - Needle exchange and bleach distribution for IDUs
  - Education, counseling, and support for HIV positive mothers and expectant mothers
  - Establishing community-level loan funds to support HIV/AIDS-related needs

(Participant handout)

Promoting Change at Multiple Levels

A Sampling of Ideas

(page 2 of 2)

Ways of Promoting Changes in Policy and Policy Implementation

- Face-to-face advocacy (one-on-one or group meetings) with relevant leaders (community, political, government, religious, business)
- Developing and distributing fact sheets based on research
- Public opinion polling
- Drafting policies or legislation
- Public hearings and public audits
- Media campaigns
- Signature campaigns/petitions
- Letter writing campaigns
- Rallies and other public events
- Lobbying
- Boycotts

3. Identifying Ways of Mobilizing People at Different Levels *(35 minutes)*

Identifying Potential Groups to Mobilize at Different Levels *(15 minutes)*

- Ask participants to individually reflect for a moment on different groups of people that might be mobilized for action on HIV/AIDS issues. Remind the group of the many different levels at which people can be mobilized (peer, family, community, service facility, district, and national).
- Ask participants to jot down ideas of different groups that it may be important to mobilize at different levels. They should think back to the session on *Day Two: Meeting the Needs of Your Community* of the training which focused on **Greater Involvement of People Living with or Affected by HIV/AIDS (GIPA)**. Also consider who some of the other key stakeholders in addressing HIV/AIDS issues might be.
- After a few minutes of reflection, go around the room and ask each participant to share one group in turn.
- As each participant identifies a group, one facilitator writes it down on a sheet of flip chart headed **Groups to Mobilize.** *(Refer to the participant handout on the following page for idea).*
- The list does not need to be exhaustive. However, if participants have not included some of the key groups of people directly affected by HIV/AIDS, then the facilitator should add some of these groups.

(Participant handout)

Groups to Mobilize On HIV/AIDS Issues

A Sampling of Ideas

Individuals and Groups

- People Living With or Affected by HIV/AIDS *(PLWHA)*
- Family members of PLWHA *(including women, children, and elderly)*
- Members of high-risk and other vulnerable groups
- Self-help/support groups of HIV positive people
- Health Service Providers *(both inside and outside the formal healthcare system)*
- Healthcare Planners/Policy Makers
- Youth Groups
- Women's Groups
- Parent's Groups
- Teacher's Groups
- Various user and/or interest groups *(such as savings and credit, water user, forestry groups, small farmer groups, and so on)*
- Community Leaders
- Political Leaders *(local, district, and national)*
- Government Officials *(local, district, and national)*
- Business Leaders
- Religious Leaders

Organizations and Institutions

- Healthcare Institutions
- Community-Based Organizations
- NGOs
- Schools and other Educational Institutions
- Media
- Human Rights Organizations
- Legal Rights Organizations
- Government Institutions *(health and non-health)*
- Industry, businesses, and other workplaces
- Professional Associations
- Political Associations
- Labor Organizations
- Religious Associations
- Business Associations *(e.g., FNCCI, garment, carpet, and handicraft associations)*

Identifying Ways of Mobilizing People at Different Levels *(20 minutes)*

- Explain to the group that they will now focus on identifying **ways** of mobilizing people at different levels.
- Ask participants to individually reflect for a moment on different ways of mobilizing people (that is, bringing them together for action) at different levels. Refer back to the list of **Groups to Mobilize** just generated.
- It is likely that some ideas will have already been raised by the group, and recorded onto the flip chart paper headed **Mobilizing People**. If so, review the list generated so far.
- After a few minutes of reflection, go around the room and ask each participant to share one strategy for mobilizing people in turn.
- As each participant shares a new idea, one facilitator adds it to the flip chart list on the wall.
- Be sure to ask participants for their ideas about involving and mobilizing members of key affected or vulnerable groups. Remind participants that often there are no organized self-help or support groups, and such persons may be reluctant to participate in activities that identify them in any way due to the risk of stigmatization and discrimination. How can social mobilization planners and organizers seek to involve these groups without pressuring them and while being sensitive to their special needs?
- After participants have identified as many ways of mobilizing people at different levels as they can, facilitators can add any that may be missing from the list on the next page.

(Participant handout)

Ways of Mobilizing People at Different Levels

A Sampling of Ideas

Greater Involvement of PLWHA (GIPA)

Group Formation and Mobilization *(different kinds of support groups, self-help groups, such as PLWHA groups, high-risk groups, peer groups, youth groups, parents groups, women's groups, and so on)*

Group Capacity Building

Community Mobilizing

Leadership Development

Voluntarism

Event Organizing *(for example, Condom Day, World AIDS Day, youth congresses, PLWHA congresses, rallies, fairs, and so on)*

Networking

Coalition Building

4. Wrap-up *(5-10 minutes)*

- Wrap up by commenting on the many ways of promoting change and mobilizing people that the group came up with.
- If some members of the group request further clarification of terms, facilitators may pass out the optional handout with selected definitions on it. Otherwise, facilitators should give participants the following handouts—
    - **Promoting Change at Different Levels: A Sampling of Ideas**
    - **Groups to Mobilize: A Sampling of Ideas**
    - **Mobilizing People at Different Levels: A Sampling of Ideas**

(Optional participant handout)

Mobilizing People and Promoting Change

Definition of Selected Terms

Community Mobilizing

Community mobilizing is organizing a community (or communities) to raise a common voice and take collective, coordinated action to achieve a shared purpose. It involves community members, community groups, local leaders, and local institutions.

Behavior Change Communication

Behavior change communication (BCC) refers to communication processes that seek to change individual behavior (and/or promote positive health practices) by raising awareness and increasing knowledge. In conjunction with other interventions, BCC can also be important in supporting the individual's intention to change behavior, and maintaining the changed behavior.

Behavior Change Intervention

Behavior change intervention (BCI) encompasses BCC and adds complementary targeted interventions to overcome structural and/or environmental barriers to sustained behavior change. Examples of such barriers include lack of availability and inaccessibility of specific services and/or products (e.g. easy availability of STI treatment for members of target groups, clean needle exchange for injecting drug users, and so on).

Advocacy and Policy Advocacy

Advocacy, in its broadest sense, simply means to argue persuasively for a particular idea. It can be undertaken at any level from the individual to the policy. Policy advocacy seeks to promote changes in institutional and social policy and/or policy implementation, by influencing decision makers. Formal and informal policies and practices exist at all levels of society from the local and community level to the national and international levels.

Social Marketing

Social marketing seeks to promote and/or sell products, ideas, or services that are considered to have positive social value, by increasing demand for and distribution of the products and services. Like commercial marketing, social marketing relies on mass appeal. Unlike commercial marketing, social marketing is not undertaken strictly for profit.

(Optional participant handout)

Definitions of Selected HIV/AIDS Terms

Persons Living With or Affected by HIV/AIDS (PLWHA) refers to people who are HIV positive and also their family members who may **not** be infected themselves, but whose lives **are** deeply affected by the disease.

Injecting Drug User (IDU) refers to persons who are addicted to injecting harmful drugs using a needle or syringe.

Sex Worker (SW) refers to persons who have sex with clients in exchange for money or other types of support.

Voluntary Counseling and Testing (VCT) refers to HIV testing, accompanied by counseling services provided both prior to the test and after results are received.

Education, Counseling, and Support for HIV Positive Mothers and Expectant Mothers refers to education about the risk of mother-to-child transmission (MTCT), and ways of minimizing risk during delivery and post-delivery. It includes infant feeding options, counseling, and support.

Sexually Transmitted Infection (STI) refers to infections transmitted by sexual activity. STIs include syphilis, gonorrhea, and HIV/AIDS.

Harm Reduction refers to a series of interventions designed to minimize risk of getting and transmitting HIV/AIDS among IDUs. It includes clean needle exchange and bleach distribution for current injecting drug users, counseling, detoxification, and treatment.

Hospice Care and Support refers to center-based care, treatment, and support services for persons in the final stages on HIV infection or AIDS. These centers may be residential or day centers.

Notes to the Facilitator

Mobilizing People and Promoting Change

More Details on the Definitions of Selected Terms

Community Mobilizing

Community mobilizing is organizing a community (or communities) to raise a common voice and take collective, coordinated action to achieve a shared purpose. It involves community members, community groups, local leaders, and local institutions.

To promote collective ownership and sustainability of the process of mobilization and its outcomes, community mobilizing should involve—

- Meaningful participation of diverse groups including PLWHA, members of target groups, women, elderly, children, and members of socially excluded groups
- Capacity building of stakeholders
- Resource sharing

Behavior Change Communication

Behavior change communication (BCC) refers to communication processes that seek to change individual behavior (and/or promote positive health behavior) by raising awareness and increasing knowledge. In conjunction with other interventions, BCC can also be important in supporting the individual's intention to change behavior, and maintaining the changed behavior.

Mass awareness-raising and social marketing campaigns have traditionally been considered part of BCC. Increasingly, individualized, two-way communication methods—that engage the individual in dialogue about his/her needs, circumstances, and desires—are recognized as key in helping people adopt and maintain new behavior.

BCC methods include IEC, counseling, peer outreach, and education. Many of these services can be provided through self-help and other kinds of support groups.

BCC on HIV/AIDS in Nepal has focused on condom use, reducing number of sexual partners, seeking early treatment of STIs, and so on.

Advocacy and Policy Advocacy

Advocacy, in its broadest sense, simply means to argue persuasively for a particular idea. It can be undertaken at any level from the individual to the policy. Policy advocacy seeks to promote changes in institutional and social policy and/or practices (i.e. implementation of policy) by influencing decision makers. Formal and informal policies and practices exist at all levels of society from the local and community level to the national and international levels.

Advocacy and Policy Advocacy in Nepal. Examples of recent policy advocacy efforts undertaken in Nepal include—

1. Changing community policy and practice on production and sale of alcohol, abuse of alcohol
2. Getting VDCs and DDCs to allocate resources for provision of health services, including HIV/AIDS
3. Dam-affected communities in Pyuthan and Arghakhanchi successfully advocating with government and Butwal Power company for job quotas, Rs. 1 million annual allocation of dam funds for community development, electricity supply at national rate, operation of a trade school for locals
4. Changing laws on property rights for women
5. Promoting greater participation/increased access of persons from "Dalit"[29] communities in education, political process, and government

HIV/AIDS-Related Policy Advocacy. Examples of HIV/AIDS policy advocacy from around the world include—

1. Ending discriminatory practices against PLWHA in hospitals
2. Changing laws restricting needle exchange
3. Decriminalizing sex work
4. Changing laws to ensure the rights of PLWHA to access anti-retroviral drugs

Social Marketing

Social marketing seeks to promote and/or sell products, ideas, or services that are considered to have positive social value, by increasing demand for and distribution of the products and services. Like commercial marketing, social marketing relies on mass appeal; unlike commercial marketing, social marketing is not undertaken strictly for profit.

Social Marketing in Nepal. There are many examples of social marketing in Nepal to promote such diverse products as oral rehydration solution (ORS), clean home delivery kit, biogas, and condoms.

[29] The word dalit literally means "a person immersed in a swamp." Traditionally, Dalits have been treated as "Untouchables." The people belonging to this community often are illiterate, exploited, marginalized, living in absolute poverty, and are subject to caste discrimination.

Developing Mobilization and Change Strategies to Address HIV/AIDS Issues at Multiple Levels

(2 hours, 45 minutes)

Session Objectives

By the end of this session participants will have—

- Determined whether social mobilization is an appropriate and/or necessary strategy to promote a specific change on a particular HIV/AIDS issue
- Identified mobilization and change strategies to promote the specific change at multiple levels

Materials

- Flip chart (20-30 blank sheets)
- Permanent markers (four colors, five each)
- Masking tape

Flip Charts

- Session Objectives
- Overview of Strategy Development Process
- Change Charts for Each Issue Team *(developed in the previous session)*

Instruction Cards for Teamwork

- Social Mobilization Strategy Development: Team Instruction Cards 1-7

Handouts for Participants

- Determining whether Social Mobilization Is an Appropriate and Necessary Strategy: Some Questions to Consider
- Social Mobilization Strategy Development: Outline of Steps
- Social Mobilization Strategy Development: Outcome Worksheets 1-2

Notes to the Facilitator

- What Do We Mean by Strategy?
- Notes on Team Process

Notes to the Facilitator

What Do We Mean By Strategy?

In this session, teams will be developing strategies to achieve the needed changes they have identified on their issue. Since the term "strategy" is used quite differently (and often quite specifically) by different organizations to suit their objectives and needs, it is difficult to settle on a definition that is either not misleading or limiting. We believe the team steps outlined in the session are sufficient to guide participants through a simple strategy development process, and have thus chosen **not** to provide a set definition

If participants seek more clarification about the term, one simple way of understanding strategy is to think of it as the "how," or the approach, to achieve a particular goal. A very simple example follows—

- Hari's goal is to go to Janakpur. He has a choice of several strategies: to fly, go by bus, or walk. He chooses to fly. There a number of activities he must engage in to carry out his strategy: choose an airline, book the ticket, buy the ticket, go to the airport, and fly to Janakpur.

Notes on Team Process

Regrouping. To ensure that each team focuses on a different level of change during this session, teams will need to come together as a large group briefly after completing *Step 1* (about 15-20 minutes after teamwork has gotten underway.) Specific instructions for this appear on page 4-202.

Option: *Breaking Up the Team Process*. *There are seven team instruction cards in this session. This may seem overwhelming to participants if given all at once. If facilitator feels it is necessary, s/he can hand out only the first three to five cards and then take a break, insert an energizer, or recall the teams for a plenary sharing session.*

Overlap Between Key Affected Groups, Target Groups for Change, and **Groups to Mobilize**. In different steps of the team process, teams will be identifying key affected or vulnerable groups (*Team Step 2*) target groups for change (*Team Step 4*), and groups to mobilize (*Team Step 6*). Keep in mind (and remind participants) that while there will undoubtedly be some overlap, the lists should not be exactly the same. There are likely many groups that need to change in addition to the most affected or vulnerable groups. It is also possible that some vulnerable groups may not, in fact, need to change at all. In addition, there are likely many groups that can be mobilized to help effect change, besides the target groups for change and most affected or vulnerable groups.

1. Introduction to the Session *(5 minutes)*

"Happiness comes to those who plan ahead, suffering to those who don't."

—NEPALI PROVERB

- Go over the session objectives, referring to the flip chart on the following page.
- Explain to participants that they will continue working in the same issue teams as the previous session. They will focus on identifying appropriate mobilization and change strategies to promote one of the specific changes needed on their particular HIV/AIDS issue.

2. Overview of Strategy Development Process *(5 minutes)*

- Give the large group of participants an overview of the process they will use to develop mobilization and change strategies. *(Refer to flip chart* **Overview of Strategy Development Process** *on the following page.)*
- Explain that teams will be given separate, detailed instruction cards for each step, and that one member of each team has been assigned and briefed on their role as team leader. Identify the team leaders.

3. Determining whether Social Mobilization Is an Appropriate and/or Necessary Strategy *(10 minutes)*

- Explain to participants that before developing social mobilization strategies to promote specific changes, it is first important to consider whether, in fact, social mobilization itself is appropriate or required to achieve the change. Not all changes require social mobilization.
- Go over the **Questions to Consider** with participants *(refer to the flip chart on the Fourth Page of this section).*
- Give participants the handout with **Questions to Consider**, and tell them they should use this as a guide when choosing change(s) to develop strategies for in this session.

(Flip chart)

Developing Mobilization and Change Strategies

To Address HIV/AIDS Issues

Session Objectives

By the end of this session participants will have—

- Determined whether social mobilization is an appropriate and/or necessary strategy to promote a specific change on a particular HIV/AIDS issue
- Identified mobilization and change strategies to promote the specific change at multiple levels

(Flip chart)

Overview of Strategy Development Process

Each team will discuss the changes identified for its prioritized issue and—

- Select a change to focus on
- Identify **key affected or vulnerable groups**
- Identify appropriate **strategies for outreach to and involvement of key affected groups**
- Identify **target groups for change**
- Identify appropriate **strategies to promote change**
- Identify **groups to mobilize** at multiple levels to promote the change
- Identify appropriate **strategies for mobilizing people** at different levels

(Flip chart and participant handout)

Determining Whether Social Mobilization is an Appropriate and Necessary Strategy

Some Questions to Consider

Nature/Scope of the Issue/Problem

Does the issue/problem—

- Affect more than one community? (Community can be defined in many ways—geographic, religious, ethnic, caste, professional, and so on.)
- Involve social taboos, stigma, discrimination, and oppression?

Type/Scope of Change Needed

Does addressing the issue/problem require—

- Widespread social and/or institutional change?
- Changes at multiple levels of society (individual, family, community, district, national, and so on)?

Type/Scope of Actions Needed to Bring About Change

- Does addressing the issue/problem require group action or pressure at multiple levels?
- Are there other ways (besides social mobilization) to achieve the changes? If yes, what?

4. Strategy Development *(1 hour, 55 minutes)*

Team Divisions *(5 minutes)*

- Have large group break into issue teams and sit together for discussion.
- Each team leader should have—
  - Team's change chart from earlier session
  - A packet of seven instruction cards, detailing each step of the strategy development process for teams
  - Colored markers
  - Several sheets of flip chart paper
- Inform teams that they will need to regroup after *Step 1* in order to finalize their selection of changes.

Teamwork *(1 hour, 50 minutes including regrouping outlined below)*

- See team instruction cards on the following pages.
- Facilitators rotate among teams to provide support to team leader and make sure that teams are on track.
- **Option:** *Breaking up the Team Process. There are seven team instruction cards in this session. This may seem overwhelming to participants. If facilitator feels it is necessary, s/he can hand out only the first four cards and then take a break, insert an energizer or recall the teams for a plenary sharing session. Then hand out the other three cards.*

Regrouping Teams after *Step 1 (15 minutes)*

- To ensure that each team focuses on a **different** level of change during this session, teams will need to come together as a large group briefly after completing *Step 1* (about 15-20 minutes after teamwork has gotten underway).
- Once teams have regrouped, facilitators should find out which teams have selected changes at—
  - Individual, couple, peer, or family levels
  - Community or service facility levels
  - District or national levels
- Have each team volunteer to focus on only **one** of the two changes identified during team *Step 1*. If possible, each team should focus on a different level of change. Facilitators should make sure that each of the groupings listed above are represented in team selections.
- After final selections have been made, participants should again return to their teams to complete *Steps 2-7* in strategy development.

(Instruction card)

Strategy Development

Step 1: Team Instructions

Selecting a Change to Focus On *(15 minutes)*

- Choose one team member to take notes/record information onto the flip chart.
- Team members should consider each supporting change on the team's **Change Chart** and preliminarily select two changes to focus on, one from each of these groupings of levels.

Group 1:	**Group 2:**
Individual	Service Facility
Couple	District
Peer	National
Family	
Community	

Criteria for Selecting Changes. Each selected change should be—

- High priority in achieving the ultimate desired change
- Appropriate for social mobilization
- For guidance in assessing whether social mobilization is an appropriate strategy to promote a particular change, consider the questions on the handout: **Determining Whether Social Mobilization is an Appropriate/Necessary Strategy**
- If the team determines that social mobilization is **not** necessary/appropriate to achieve a particular change(s), then select another/others
- Once the team has made a preliminary selection of two changes, team members should briefly return to the full training group to make a final selection.

(Instruction card)

Strategy Development

Step 2: Team Instructions

Identifying Key Affected or Vulnerable Groups *(10 minutes)*

- For the particular change (and intermediate changes) the team is developing a strategy, consider this question—
  - Who (what groups) are the people most affected by or vulnerable to the problem, and most affected by the change?
- List the key affected or vulnerable groups on a flip chart headed **Key Affected or Vulnerable Groups.**

(Instruction card)

Strategy Development

Step 3: Team Instructions

Identifying Key Outreach/Involvement Strategies *(15 minutes)*

- Consider the key affected or vulnerable groups identified by the team and address the question—
  - What are the most appropriate ways to undertake outreach to and involve these groups?
- Select the most appropriate ways and list on a flip chart headed **Key Outreach/Involvement Strategies.**

(Instruction card)

Strategy Development

Step 4: Team Instructions

Identifying Target Groups for Change *(10 minutes)*

- For the particular change (and intermediate changes) the team is developing a strategy, consider these questions—
  - Who (what groups, institutions, and/or organizations) must change?
  - At what levels of society are those different groups, organizations, or institutions?
- Think creatively, beyond the usual or most obvious groups.
- Keep in mind that while there will likely be some overlap, the target groups for change will not be exactly the same as the key affected or vulnerable groups (identified in *Step 2*). There are likely **many** groups that need to make changes in addition to the most affected or vulnerable groups. It is also possible that some vulnerable groups may not, in fact, need to change at all.
- List the key target groups, institutions, or organizations and their levels on a flip chart headed **Target Groups for Change.**

(Instruction card)

Strategy Development

Step 5: Team Instructions

Identifying Key Change Strategies *(15 minutes)*

- Consider the key target groups for change identified by the team and address the question—
  - What are the most appropriate ways to promote change among those groups, institutions, and/or organizations?
- Select the most appropriate ways, and list on a flip chart headed **Key Strategies for Promoting Change.**
- Review the participant handout **Promoting Change at Different Levels: A Sampling of Ideas** from the previous session, for more ideas.

(Instruction card)

Strategy Development

Step 6: Team Instructions

Identifying Key Groups to Mobilize *(10 minutes)*

- Considering the change(s) the team is trying to promote, address the questions—
  - What groups, organizations or institutions should be mobilized for action to promote the specific change(s)?
  - At what levels of society are those different groups, organizations, or institutions?
- Keep in mind that while there may be some overlap, the key groups to mobilize, target groups for change (identified in *Step 4*), and key affected or vulnerable groups (identified in *Step 2*), will not be exactly the same. There are likely **many** groups that can be mobilized to help effect change, in addition to the target groups for change and most affected or vulnerable groups.
- Think creatively, beyond the usual or most obvious groups.
- Identify the key groups to mobilize and list on a flip chart headed **Key Groups to Mobilize.**
- Review the participant handout **Groups to Mobilize: A Sampling of Ideas** from the previous session, for more ideas.

(Instruction card)

Strategy Development

Step 7: Team Instructions

Identifying Strategies for Mobilizing Key Groups *(15 minutes)*

- Consider the key groups to mobilize identified by the team, and address the question—
  - What are the most appropriate ways to mobilize these key groups?
- Select the most appropriate ways, and list on a flip chart headed **Strategies for Mobilizing Key Groups.**
- Review the participant handout **Mobilizing People at Different Levels: A Sampling of Ideas** for more ideas.

5. Tea Break and Review *(15 minutes)*

- Take a tea break and encourage participants to review each other's strategy development charts.
- Facilitators should also review each team's charts to identify—
  - Whether there is overlap between a team's **key affected groups, target groups for change,** and **groups to mobilize.** (There probably will be, but they should not be exactly the same. For example, many groups other than the key affected groups will probably need to make changes, and to be mobilized.)
  - Whether teams have identified **target groups for change** at multiple levels, even though the change being sought is at one particular level
  - Whether teams have identified **groups to mobilize** at multiple levels, even though the change being sought is at one particular level
- **Option:** *If time permits, teams can briefly present their charts to the large group.*

6. Wrap-up *(15 minutes)*

- Ask for comments on the strategy development process *(What was useful? What was difficult?)*
- Facilitator can highlight—
  - Overlap between affected groups, target groups for change, and groups to mobilize
  - The importance of identifying target groups for change at multiple levels, even though the change being sought is at one particular level
  - The importance of identifying groups to mobilize at multiple levels, even though the change being sought is at one particular level
- Facilitator gives these handouts to participants—
  - **Social Mobilization Strategy Development: Outline of Steps**
  - **Social Mobilization Strategy Development: Outcomes Worksheets**

(Participant handout)

Social Mobilization Strategy Development

Outline of Steps

1. **Select a change** to focus social mobilization efforts.
2. Identify **key affected or vulnerable groups.**
3. Identify appropriate **strategies for outreach/involvement** of key affected groups.
4. Identify **target groups for change** at multiple levels.
5. Identify appropriate **strategies to promote change** among those target groups.
6. Identify **groups to mobilize** at multiple levels to promote change(s).
7. Identify appropriate **strategies for mobilizing people** at different levels.

(Participant handout)

Social Mobilization Strategy Development

Outcomes Worksheet

(page 1 of 2)

ULTIMATE DESIRED CHANGE		
Level	**Supporting Changes**	
Level	**Intermediate Changes Needed**	
Level	**Key Affected/Vulnerable Groups**	**Outreach/Involvement Strategies**

(Participant handout)

Social Mobilization Strategy Development

Outcomes Worksheet

(page 2 of 2)

Level	Target Groups for Change	Change Strategies

Level	Key Groups to Mobilize	Mobilizing Strategies

Developing Action Plans for Social Mobilization on HIV/AIDS Issues

(1 hour, 55 minutes)

Session Objective

By the end of this session participants will have—

- Developed an action plan to promote change at multiple levels of a particular HIV/AIDS issue

Materials

- Flip chart (30 blank sheets)
- Permanent markers (four colors, five each)
- Masking tape

Flip Charts

- Session Objectives
- Overview of Action Plan Development Process
- Change Charts for Each Issue Team *(developed in a previous session)*
- Strategy Development Charts for Each Issue Team *(developed in the previous session)*

Instruction Cards for Teamwork

- Developing a Social Mobilization Action Plan: Team Instruction Cards 1-5

Handouts for Participants

- Developing a Social Mobilization Action Plan: Outline of Steps
- Developing a Social Mobilization Action Plan: Outcome Worksheets 1-4

1. Introduction to the Session *(5 minutes)*

"He says he's got business in one town, but pack on his back, he's wandering off towards another."

—NEPALI PROVERB

- Go over the session objectives. *(Refer to the flip chart on the following page.)*
- Explain to participants that they will continue working in the same issue teams as the previous sessions. They will focus on developing an action plan for social mobilization to promote a specific change needed on their particular HIV/AIDS issue.

2. Overview of Social Mobilization Action Planning Process *(5 minutes)*

- Give the large group of participants an overview of the process they will use to develop a social mobilization action plan. *(Refer to the flip chart* **Overview of Action Planning Process** *on the following page.)*
- Explain that teams will be given separate, detailed instruction cards for each step, and that one member of each team has been assigned and briefed on their role as team leader. Identify the team leaders.

(Flip chart)

Developing Action Plans for Social Mobilization on HIV/AIDS Issues

Session Objective

By the end of this session participants will have—

- Developed an action plan to promote change at multiple levels on a particular HIV/AIDS issue

(Flip chart)

Overview of Action Planning Process

Each team will consider the outreach, mobilization, and change strategies developed to promote specific changes on its issue, and—

- Select change goals and objectives
- Set mobilization objectives
- Prioritize/sequence objectives
- Plan activities to achieve objectives
- Identify resources available at multiple levels

3. Action Planning: Teamwork *(1 hour, 15 minutes)*

- Have large group break into issue teams and sit together for discussion.
- Each team leader should have—
  - Team's change chart from an earlier session
  - Team's strategy development chart from previous session
  - A packet of five instruction cards, detailing each step of the action planning process for teams
  - Colored markers
  - Several sheets of flip chart paper

Teamwork

- See team instruction cards on the following pages.
- Facilitators rotate among teams to provide support to team leader and make sure that teams are on track.

(Instruction card)

Developing a Social Mobilization Action Plan

Step 1: Team Instructions

Selecting Change Goal and Objectives *(15 minutes)*

- Team members need to establish a change goal. They should decide whether the ultimate desired change (broader in scope) on their issue, or the supporting change (more limited in scope) focused on in the strategy development session is the most appropriate change goal for their social mobilization effort.
- Teams can derive their change objectives from the supporting change focused on in the strategy development session (if team did not choose it as their goal) and any intermediate changes identified during the change identification process.
- If the team feels it is necessary, now is the time to add more intermediate change objectives to guide the action planning process.
- Remember your change objectives should be stated (or re-stated) so they are—
  - Specific
  - Measurable
  - Appropriate (to the issue and the context)
  - Realistic (achievable)
  - Time bound
- List the change goal and change objectives on a flip chart headed **Goals and Objectives.**

(Instruction card)

Developing a Social Mobilization Action Plan

Step 2: Team Instructions

Setting Mobilization Objectives *(15 minutes)*

- Team members need to establish mobilization objectives that will help them achieve their change goal and objectives.
- Teams should refer back to their **Strategy Development Charts** to develop two to four mobilization objectives based on the **Key Affected Groups and Outreach Strategies**, and **Key Groups to Mobilize and Mobilizing Strategies** identified in the chart.
- Remember to state objectives so they are—
  - Specific
  - Measurable
  - Appropriate (to the issue and the context)
  - Realistic (achievable)
  - Time bound
- List the mobilization objectives on a flip chart headed **Mobilization Objectives**.

(Instruction card)

Developing a Social Mobilization Action Plan

Step 3: Team Instructions

Prioritizing/Sequencing Change and Mobilization Objectives *(15 minutes)*

- Prioritize and sequence the change and mobilization objectives for action according to—
  - Logical order/sequence
  - Urgency/importance relative to other objectives
  - Achievability (initial objectives should be achievable so people are encouraged by success, rather than discouraged by failure)
  - Manageability (context, available resources, etc.)
- Number the objectives to make the sequence clear.

(Instruction card)

Developing a Social Mobilization Action Plan

Step 4: Team Instructions

Planning Activities to Achieve Objectives *(15 minutes)*

- Have the team divide into pairs.
- One pair should consider a **change** objective and the other pair a **mobilization** objective.
- Each pair identifies appropriate activities to achieve their objective. Activities should take place at **multiple levels** and be based on—
    - The outreach, mobilization, and change strategies identified during the strategy development process (refer back to the team's ***Strategy Development Chart*** developed in the previous session); and,
    - The framework for social mobilization planning (refer back to the **Sample Diagrams of Steps in Social Mobilization Planning** handed out on *Day One: Introduction to Social Mobilization and HIV/AIDS.*)
- List the objective, activities, and level of activities on a flip chart headed **Change Objectives and Activities** or **Mobilization Objectives and Activities** (as appropriate.)

Objective:			
Activity	**Resource Available**	**Source of Resource**	**Level**

(Instruction card)

Developing a Social Mobilization Action Plan

Step 5: Team Instructions

Resource Mobilization at Multiple Levels *(15 minutes)*

- Each pair selects a set of three to four related activities that take place at different levels.
- Pairs consider these questions to identify resources available at different levels to accomplish the activities—
  - What human, technical, space, or material resources are available **within the team's own organization(s)** to accomplish the activities?
  - What human, technical, space or material resources are **available from potential partner organizations** to accomplish the activities? Where are they available from?
  - What human, technical, space or material resources are available at the **community level** to accomplish the activities? Where are they available from?
  - What human, technical, space or material resources are available at the **district level** to accomplish the activities? Where are they available from?
  - Record the information in the appropriate places on a flip chart headed **Resource Mobilization**. Include the following categories/columns on the chart.

Objective:			
Activity	**Resource Available**	**Source of Resource**	**Level**

4. Post and Review *(15 minutes)*

- Take a break and encourage participants to review each other's action plan charts.
- Facilitators should also review each team's charts to identify whether—
  - Objectives are specific and measurable
  - Activities are planned at multiple levels for both the change objective and the mobilization objective
  - Team identified a variety of resources to mobilize at different levels
- **Option:** *Facilitators can put the above criteria onto a flip chart and ask participants to review other team's charts with those criteria in mind.*
- **Option:** *If time permits, teams can briefly present their charts to the large group.*

5. Wrap-up *(15 minutes)*

- Ask for comments on the action planning process *(What was useful? What was difficult?)*
- Facilitator can highlight—
  - If more specificity is needed for objectives
  - Charts in which particularly diverse activities are planned at multiple levels
  - Charts in which a diverse variety of resources were identified for mobilization at different levels
- Facilitator should remind participants that in a real action plan two other major pieces of information would be included: individuals/organizations responsible for activities, and time frames for activities.
- Facilitator gives these handouts to participants—
  - **Developing a Social Mobilization Action Plan: Outline of Steps**
  - **Developing a Social Mobilization Action Plan: Outcome Worksheets 1-4**

(Participant handout)

Developing a Social Mobilization Action Plan

Outline of Steps

1. Develop change goal and objectives.
2. Develop **mobilization objectives.**
3. **Prioritize/sequence** objectives.
4. **Plan activities** at multiple levels to achieve each objective.
5. Identify **potential implementing groups/organizations.**
6. **Define time frames** for activities.
7. **Identify resources** available at different levels for each activity.

(Participant handout)

Developing a Social Mobilization Action Plan

Outcome Worksheet # 1

(1 of 4 Worksheets)

Change Goal	
Change Objectives	**Sequence #**
Mobilization Objectives	

(Participant handout)

Developing a Social Mobilization Action Plan

Outcome Worksheet # 2

(2 of 4 worksheets)

Change Objective

Level	Activity	Potential Implementing Groups/Organizations	Duration of Time Needed

(Participant handout)

Developing a Social Mobilization Action Plan

Outcome Worksheet # 3

(3 of 4 worksheets)

Mobilization Objective

Level	Activity	Potential Implementing Groups/Organizations	Duration of Time Needed

(Participant handout)

Developing a Social Mobilization Action Plan

Outcome Worksheet # 4

(4 of 4 worksheets)

Resource Mobilization Objective

Activity	Resource Available	Source of Resource	Level

Closing the Day

(5 minutes)

Handouts for Participants

- Condom Day: Organizing Events and Building Coalitions
- Working Together Works: New Human Rights Law Adopted in the Philippines

Instruction Cards for Teamwork

- Defining Coalition Roles in Social Mobilization: Team instruction Cards 1-2
- Mapping Coalition Partners: Team Instruction Cards 1-4
- Assessing Coalition Capacity: Team Instruction Cards 1-6

1. Handouts/Homework

- Distribute handouts listed above to participants.
- Ask participants to read the handouts before coming to the training on the next day, since they may contain ideas that are helpful for the next day's work that will focus on coalition-building.

2. Early Birds

- Announce the names of the two or three persons (depending upon the number of participants) who should come in 30 minutes early on *Day Five* to receive orientation as observers for the **Bridge Building** session.

3. Orienting Team Leaders for the Next Day

- Announce the names of the six to eight persons (depending upon the number of issue teams) who should stay late for orientation to their roles as team leaders on *Day Five*—
  - Three or four team leaders for the **Developing Coalition Mission Statements** and **Mapping Potential Coalition Partners** Sessions
  - Three or four team leaders for the **Assessing Coalition Capacity** Session
- Each facilitator takes one group and orients them
- Give each team leader a packet of team instruction cards. Review the following with them and answer questions they may have—

- Role as team leader (that is, to give clear instructions, facilitate the process of team discussion, keep team on track in terms of time and focus)
- Purpose of the team exercise
- Expected outcome of the exercise
- Each step of the process

- Have team leaders read through the instruction cards carefully to make sure they understand each step of the process.
- Remind team leaders that they are also **participants** in the team discussion.

Handouts

- **Condom Day: Event Organizing and Coalition Building**
- **Working Together Works**

Condom Day: Event Organizing and Coalition Building[30]

The History of Condom Day. The first Condom Day was initiated in 1995 by the Nepal Red Cross Society (NRCS), with technical assistance from The Centre for Development and Population Activities (CEDPA). The organizers wanted to "raise the level of dialogue" about condom use in general and promote condom use both as a family planning and an HIV prevention method or dual protection. The aim of Condom Day was to spark a low-cost, nationwide initiative that combined education and entertainment to promote preventive behaviors and encourage action-oriented community initiatives.

The event required bringing together both family planning and HIV/AIDS organizations that up until that point, operated largely independent of each other. The first year, 28 organizations participated in organizing events in 33 districts. The Condom Day coalition was the first of its kind organized to address reproductive health issues in Nepal. Its launch coincided with the national campaign to promote condom use through social marketing, coordinated by the USAID-funded AIDSCAP program. The open, collaborative environment created in the first year encouraged other organizations to participate. By 2001, the seventh year of the event, more than 70 governmental and non-government organizations had joined. Celebrations had expanded to all 75 districts, and moved beyond the district headquarters to the VDC level, reaching an estimated 450,000 people at 150 sites with dual messages about the importance of using condoms for birth spacing and for prevention of transmission of STI/HIV/AIDS. Some districts even celebrated a "Condom Week."

Celebrating Condom Day. Condom Day is timed to take place between the festivals of Dasain and Tihar, the time of year when many migrant workers make their annual trip home. Each year the event is organized with a different message, such as "Responsible Fatherhood," "Responsible Communities," and "Let's Talk About Condoms" (condom negotiation), among others. Because the event is organized through extensive local networks of Condom Day coalition members, the way it is celebrated is distinct in different corners of the country.

- On Condom Day, "Dhaaley Dai" (Condom Man), a 10-foot inflated condom holding a protective shield (developed under the AIDSCAP program), has been the high-profile Condom Day mascot around the country, helping to create a positive image for condoms.
- In one area in the Far West, the Tharu community revived traditional dances and added inflated condoms to their costumes.
- Traditional theatre groups incorporated appropriate messages into their dramas; one such drama portrayed the battle between AIDS and the protective condom.
- Men and women entered the *Condom King* and *Queen* contests.
- Some communities have held bicycle races, with condoms decorating the handlebars.
- Others have organized football matches between Condom and AIDS teams.

[30] Source: Center for Development and Population Activities (CEDPA), various reports.

- National poster competitions on the benefits of condoms have yielded remarkably professional looking posters prepared by youth.
- Song contests have encouraged participation by women's groups.
- National and local newspapers have printed articles about HIV/AIDS and Condom Day events.
- Condom Day provided the occasion for the creation of the first radio talk show featuring listener call-in questions.

In 1995 there were many who said this type of activity would never work, especially during times of religious festivals. The communities have shown that they were ready for this approach. It is fun, builds community, delivers a serious message, and people feel like they are part of the solution.

Problems and Challenges that the organizers of Condom Day have faced include—

- Difficulty convincing institutions about the appropriateness (culturally) of the activity
- Acceptance at the district and community levels
- Devolving ownership from the central to the district and community levels
- Maintaining coalition and community interest in only one issue
- Involving the media, particularly television and radio
- Documenting and evaluating the impact of the event
- Expanding leadership for the event beyond Nepal Red Cross Society
- Building on Condom Day partnerships without diluting the focus of Condom Day

Successes of Condom Day include the following—

- Prior to Condom Day, condoms were not a topic of public discussion, and were not a subject the mass media was interested in reporting. Condom Day provided an opportunity to openly discuss condoms using a combined educational and entertainment approach. Government leadership in Condom Day lent authority to the event, thus encouraging the media, including radio and TV, to present information on condoms, STIs, and AIDS.
- The combination of education and entertainment has been effective in desensitizing what would otherwise be a taboo subject, particularly in conservative, rural communities. Community involvement has ensured that events and activities are culturally and linguistically appropriate, helped to reach undeserved areas and populations, and promoted a sense of local ownership.
- The coalition-for-events model has provided a unique opportunity to pool resources and energy, reduce duplication, promote complementary actions among the government, NGO, and private sectors, and reach wide audiences with standard messages. Through the large networks that reach from the central level to remote, rural areas, the coalition has been able to facilitate community initiatives and tap local

resources and creativity. Thus the event helps to create an enabling environment for action and change at multiple levels.

- The coalition has been successful in promoting multi-sectoral participation in the event (the pharmacists association, transport entrepreneurs, cultural groups, factory owners, political groups, and so on).
- The event requires minimum cash inputs, so it is easily replicable at the local level without any external funding.
- Condom Day has provided a coalition/events model for a number of other national campaigns including Safe Motherhood and the National Reading Campaign.
- Condom Day has been institutionalized in many districts, with the District Development Committee Chairperson and the VDC Chairperson taking primary responsibility for planning at the district and village levels respectively.
- Condom Day has been incorporated at the central level in the National Reproductive Health/Family Planning, IEC Strategy for Nepal (1997-2001).

If you would like more information on how you, your organization, and your community can become involved in Condom Day next year, please contact—

Umesh Dhakal, Director

Nepal Red Cross Society
P.O. Box 217, Kathmandu
Phone: 279425, 270650
Email: reward@nrcs.enet.com.np

Working Together Works[31]

New Human Rights Law Adopted in the Philippines

Community organizations in the Philippines worked together with other stakeholders to successfully persuade the Congress to pass a law that protects the rights of persons living with HIV/AIDS.

The new law, which was adopted in February 1998, says that—

> *The State shall extend to every person suspected or known to be infected with HIV full protection of his/her human right and civil liberties. Toward this end, compulsory HIV testing shall be considered unlawful; the right to privacy of individuals with HIV shall be guaranteed; and discrimination, in all its forms and subtleties, against people with or suspected to have HIV/AIDS shall be considered inimical to individual and national interest.*

The law commits resources to a national multi-sectoral response to the epidemic and promotes HIV/AIDS education in schools, the workplace, and the community. The law also recognizes the "potential role of affected individuals in propagating vital information and educational messages on HIV/AIDS."

The Campaign

The campaign to get the new law adopted, which took about five years, was spearheaded by the Senate Committee on Health and Demography, with support from the Philippine National AIDS Council, a high-level multi-sectoral council, as well as community-based NGOs, including the organization of Filipinos with HIV/AIDS and AIDS service organizations. Support for the proposed bill was received from NGOs throughout the country, particularly in the major cities.

The community was involved in the following activities—

- The establishment of an NGO working group to critique the bill. The group's findings were presented at Philippine National AIDS Council meeting and Senate Committee hearings on the bill
- Mobilization to ensure NGOs attended the Senate Committee hearings
- Sensitization workshops in different parts of the country
- A national consultation of NGOs and community-based organizations to discuss the bill and to prepare letters to Senate to hasten passage of the bill
- Lobbying by some local groups with their representatives in the Lower House to push for passage of the bill

[31] Article reprinted from *Stories from the Frontlines*.

When the bill was first drafted (about 1993), there were other legislative measures before the Congress that were diametrically opposed to the bill and that were more popular among legislators. These measures included compulsory testing, maintaining records on persons living with HIV/AIDS (complete with mug shots), and quarantine for person living with HIV/AIDS. Consequently, the campaign to get the new law passed was preceded by a long, drawn-out campaign to educate the legislators about appropriate responses to HIV/AIDS.

In the end, by making some acceptable trades-off, proponents of the bill were able to get the backing of conservative legislators. The Catholic Bishops Conference also lent its support.

In the Philippines, the media has a significant impact on policy makers. Coverage of the HIV/AIDS situation and the response to the epidemic-both success and failures -helped to keep the bill on the agenda of the Congress.

Aftermath

The new law is being implemented in stages; NGOs are continuing the pressure to ensure that it is implemented fully and without inordinate delays.

The new law has pushed the government and other stakeholders to give priority to HIV/AIDS. It has also provided a clear framework for the national response to HIV/AIDS in the Philippines.

Lessons Learned

- It is possible to enact a law that protects the rights of persons living with HIV/AIDS even in a conservative country like the Philippines
- Working together works. Although some compromises may have to be made, support can be obtained from even the more conservative sectors of society

Contributors

Dr. Victor Mari Ortega, Country Program Advisor
UNAIDS, Philippines
Email: mari.ortega@undp.org
Tel: 63 2 892-0611 FAX: 63 2 840-0732

(Previously Senior Consultant, Senate Committee on Health and Demography, Philippines)

Ms. Bai Bagasao, Program Development Officer
UNAIDS, Geneva, Switzerland.
Email: bagasaob@unaids.org
Tel: 41 22 791-4654 FAX: 41 22 791-4162

(Note: Bai's contribution is based on the work she did in the Philippines prior to joining UNAIDS)

Day Five

Building the Support Network

Starting the Day 5-233
Building Bridges: Leadership and Team Building 5-234
Defining Coalition and Developing Coalition Mission Statements 5-244
Mapping Potential Coalition Partners 5-253
Assessing Coalition Capacity 5-261
Closing the Day 5-273
Handouts 5-274
- Court in India Reverses Workplace Discrimination 5-274
- The Link between HIV/AIDS and Human Rights 5-277

Day Five Agenda: Sample

9:30-9:35	**Starting the Day - Day Five: Building the Support Network**
9:35-10:35	**Building Bridges: Leadership and Team**
10:35-10:50	**TEA BREAK**
10:50-1:05	**Defining Coalition and Developing a Coalition Mission Statement**
1:05-1:35	**LUNCH BREAK** *(and review of coalition mission statements)*
1:35-1:50	**Defining Coalition and Developing a Coalition Mission Statement** *(continued)*
1:50-3:10	**Mapping Coalition Partners**
3:10-3:25	**TEA BREAK** *(and review of coalition maps)*
3:25-3:40	**Mapping Coalition Partners** *(continued)*
3:40-5:10	**Assessing Coalition Capacity**
5:10-5:15	**Closing the Day**

Starting the Day

Notes to the Facilitator

- Bridge Building: Observer Instructions

Handouts for Participants

- Observing Bridge Building Teams: Guiding Questions

1. Orienting Observers for Bridge Building *(15-20 minutes prior to the start of the training day)*

- Use the Observer Instruction card in **Notes to the Facilitator** to orient and instruct observers.
- Give each observer his/her handout to review—
  - Observing Bridge Building Teams: Guiding Questions
- Have observers read through the guiding questions carefully to make sure they understand each step of the process.

2. Opening the Training Day *(5-10 minutes)*

- Review major focus/activities of the previous day.
- Review the day's agenda *(refer to flip chart agenda, sample on following page).*
- Point out new sayings in the quotation corner.

Building Bridges: Leadership and Team Building

(1 hour)

Session Objectives

By the end of this session participants will have identified barriers and factors contributing to effective—

- Team leadership
- Team building and team process

Materials

- Flip chart (five to seven blank sheets)
- Permanent markers (four colors, five each)
- Masking tape
- Building Bridges: Team Materials Packets (two to three, depending on number of participants)
  - four half-sheets of poster board
  - four feet of masking tape
  - Rs. 100 (in Rs. 10 notes)
  - A pair of scissors
  - One ruler
  - Two to three colored marker pens
- Box of candies (or other suitable prize that can be distributed to all participants)
- Two copies of this "Social Mobilization and HIV/AIDS Training Manual"

Flip Charts

- Session Objectives
- Building Bridges: Rules of the Game

Handouts for Participants

- Observing Bridge Building Teams: Guiding Questions for Observers
- Building Bridges: Rules of the Game
- Group Discussion: Facilitating Factors and Barriers

Notes to the Facilitator

- Building Bridges: Leadership and Team Building Game (Objectives, Preparation, Orienting Observers)
- Bridge Building: Observer Instructions

Notes to the Facilitator

Building Bridges: Leadership and Team Building Game

Objectives

The immediate objective of this game is to build the longest bridge that can support the weight requirements, using the fewest resources (materials, money). (Specifications are outlined in detail on page 5-237of this section). The less obvious, but more important objective is to promote participant reflection on leadership responsibilities and team building processes.

Preparation

Making Materials Packets

Put together a packet of construction materials to give each team. Each team's materials packet should include—

- Four half-sheets of poster board
- Four feet of masking tape
- Rs. 100 (in Rs. 10 notes)
- A pair of scissors
- A ruler
- Two to three colored marker pens

Additional Materials

In addition, have extra masking tape and extra pieces of poster board, already pre-cut in half-sheets, available for teams to "buy" during the game.

Assigning Teams and Observers

- Divide participants into two to three teams (depending on the number of participants) of mixed gender and professional backgrounds. Each team should have four to six people.
- Identify two to three observers, one for each team.

Orienting Observers

- Observers should be oriented to their tasks before the start of the training day (*Day Five*). Facilitators should identify them at the end of *Day Four*, and ask them to come in half an hour early for orientation on the next day.
- Instructions for orienting observers and observer handouts appear on the following pages.

Notes to the Facilitator

Bridge Building: Leadership and Team Building Game

Observer Instructions

Orientation *(15 minutes prior to the start of the training day)*

- Inform the observers that they will each observe one team undertake planning and construction of a bridge.
- Explain to observers that there will be two phases to the game: (1) a planning phase; and, (2) a construction phase. They are to watch their assigned teams closely during the planning and construction phases.
- Explain that their role is to observe and evaluate several aspects of team interaction: leadership, team building, team participation, conflict, and decision making.
- Give observers their question guides and explain that they contain a list of specific questions to guide their observations.
- Have observers quickly read through the questions and answer any concerns or questions they have.

(Observer handout)

Observing Bridge Building Teams

Guiding Questions for Observers

Leadership

- Did any leadership emerge in the team?
- Was the leader male or female?
- What was the role of the leader?
- Was the role of the leader different during the planning and construction phases? If yes, how?
- Did the leadership reach out to and include all members of the team? If not, why not?
- What was the response of team members to the leader(s)?
- How were team decisions made?
- Did any conflicts arise? If yes, how were they managed?
- How could the leadership have been improved?

Team Process and Participation

- How were roles divided up among team members?
- Did all members of the team participate actively in the planning phase?
- Who was more active? Who was less active?
- Why do you think they were less active?
- Did all members of the team participate actively in the construction phase? If not, why not?
- Did all team members participate in decision making? If not, why not?
- Was gender a factor in the level/type of participation overall?
- How motivated was the team? What factors contributed to high/low motivation?
- How well did the team work together? What factors contributed to team co-operation (or lack of co-operation)?
- How could team process have been improved?

1. Introduction and Overview of Rules of the Game *(10 minutes)*

- Explain to group that they will break into teams to play a bridge-building game.
- While the immediate objective of the game is to build a winning bridge that meets certain requirements, the game will also provide an opportunity to experience and reflect on various aspects of leadership and team building processes.
- Introduce the observers (who were briefed on their roles prior to the start of the day's training session).
- Divide the group into two to three teams of four to six each (depending on the number of training participants).
- Show participants each item in the packet of materials their teams will be given to build their bridges—
    - Four half-sheets of poster board
    - Four feet of masking tape
    - A pair of scissors
    - A ruler
    - Two to three colored marker pens
    - Rs. 10 x 10 (Rs. 100) to purchase additional materials as needed
- Go over the rules of the game, referring to the flip chart on the following page.
- Ask for and answer participant questions.

(Flip chart)

Bridge Building: Leadership and Team Building

Session Objectives

By the end of this session participants will have identified barriers and factors contributing to effective—

- Team leadership
- Team building and team process

(Flip chart and/or participant handout)

Building Bridges: Rules of The Game

Timing

- There are two phases to the game: the **planning** phase and the **construction** phase. Each team has 15 minutes to plan the building of their bridge and ten minutes to construct it. Time limits will be strictly observed.

Planning

- During the planning stage, there are no written plans allowed. All planning must take place through discussion only.
- Team members may handle the materials during planning, but they may **not** cut, tape, fold, or begin construction in any other way.
- Teams may purchase additional materials **only** during the planning phase.

Bridge Specifications

- The bridge must—
  - Cover a span of at least four feet
  - Be able to support the weight of two social mobilization-training manuals
  - Be built on the floor without using any additional support other than materials provided
  - Be free-standing and not taped to the floor

Additional Materials

- Teams may purchase additional materials as needed, but only during the planning phase—
  - Rs. 20 for each additional piece of poster board
  - Rs. 10 for each additional foot of masking tape

Winner

- Team that builds the longest bridge that can support the weight requirements, using the fewest resources (material and money) wins.
- Winning team receives a prize.

2. Planning Phase *(15 minutes)*

- Give each team a packet of materials, handouts with rules of the game, and tell them to take 15 minutes to plan their bridges.
- Remind them that they may purchase materials only during the planning phase.
- Observers observe their respective teams following the guidelines given them.
- Facilitators rotate among teams to make sure that the tasks/process are understood.
- Give teams a warning five minutes before the end of the 15-minute period.
- Strictly observe the timing.

3. Building Phase *(10 minutes)*

- Tell teams to build their bridges.
- Give teams warnings three to four minutes before the end of the 10-minute period.
- Strictly observe the timing and ask teams to stop construction at the end of 10 minutes.

4. Selecting the Winner *(5 minutes)*

- To select a winner, facilitators evaluate each team's effort by—
    - Measuring the span of the bridge (must span at least four feet)
    - Checking to see if the bridge supports the weight of two social mobilization manuals
    - Making sure that the bridge is free-standing and not taped to the floor
    - Assessing which team used the fewest resources (i.e. which team used the least materials given in the initial packet? which team purchased the fewest extra material?)
- Applaud each team's effort, announce the winner, and award the prize to the winning team.

5. Group Discussion *(20 minutes)*

- Ask the observers and each team to sit together in their groups.
- Lead a discussion focusing on the questions below. Where appropriate, ask the observers to share their observations first and team members second.
- While one facilitator leads the discussion, the other can take notes of facilitating factors and barriers to effective leadership and team process and participation on separate pieces of a flip chart (prepare these before the session) with the headings—

- Factors facilitating effective leadership
- Barriers to effective leadership
- Factors facilitating effective team building and participation
- Barriers to effective team building and participation

General *(5 minutes)*

- What was it like to build the bridge?
- What did you enjoy about it?
- What was difficult about it?
- What worked well?
- What could have gone better?

Leadership *(5-7 minutes)*

- Did any leadership emerge in the team?
- Was the leader male or female?
- What was the role of the leader?
- Was the role of the leader different during the planning and construction phases? If yes, how?
- Did the leadership reach out to and include all members of the team? If not, why not?
- What was the response of team members to the leader(s)?
- How were team decisions made?
- Did any conflicts arise? If yes, how were they managed?
- How could the leadership have been improved?

Team Process and Participation *(5-7 minutes)*

- How were roles divided up among team members?
- Did all members of the team participate actively in the planning phase?
- Who was more or less active? Why do you think they were less active?
- Did all members of the team participate actively in the construction phase? If not, why not?
- Did all team members participate in decision making? If not, why not?
- Was gender a factor in the level/type of participation overall?
- How motivated was the team? What factors contributed to high/low motivation?

- How well did the team, work together? What factors contributed to the team's co-operation (or lack of it)?
- How could team process have been improved?

Wrap Up *(5 minutes)*

- Facilitator wraps up by reminding participants that social mobilization is a team process on a grand scale, emphasizing the importance of motivation, co-operation, participation, and facilitative leadership in promoting team building and effective team processes.

Defining Coalition and Developing Coalition Mission Statements

(2 hours, 30 minutes)

Session Objectives

By the end of this session participants will have—

- Developed a shared understanding of the meaning of **coalition**
- Identified a variety of possible coalition roles in social mobilization
- Developed a coalition mission statement

Materials

- Flip chart (five to seven blank sheets)
- Permanent markers (four colors, five each)
- Masking tape
- 30 metacards

Flip Charts

- Defining Coalition Roles in Social Mobilization: Team Instruction Cards 1-2

Instruction Cards for Teamwork

- Session Objectives
- Coalition: A Definition
- Coalition for Social Mobilization on HIV/AIDS Issues: A Working Definition
- Key Features of Successful Coalitions

Handout for Participants

- Coalition: A Definition
- Coalition for Social Mobilization on HIV/AIDS Issues: A Working Definition
- Key Features of Successful Coalitions
- Advantages of a Coalition in Social Mobilization

Notes to the Facilitator

- Potential Roles of a Coalition in Social Mobilization
- Coalition Mission Statements: Some Samples

1. Introduction to the Session *(10 minutes)*

"You can't clap with just one hand."

—NEPALI PROVERB

- Inform participants that the rest of the day will be an introduction to coalitions and coalition building.
- Go over the session objectives, referring to the flip chart on the following page.
- Ask participants if they have had experience working in coalitions? If so, what coalitions have they worked on?

2. Defining Coalition *(20 minutes)*

General Definition of Coalition *(5 minutes)*

- Ask one participant to read out the definition of coalition from the flip chart *(refer to the following page).*
- Ask for and address any participant questions, concerns, or suggestions.

Definition of Coalition for Social Mobilization on HIV/AIDS Issues *(10 minutes)*

- Ask another participant to read out the definition of coalition for social mobilization on HIV/AIDS issues *(refer to the following page).*
- Explain that while coalitions have **primarily** organizational membership, in the case of HIV/AIDS it may important to have **selected** individual members, particularly since many vulnerable and/or affected groups (such as family members of PLWHA or sex workers) do not have organizational representation.
- Ask for and address any participant questions, concerns, or suggestions.

NOTE: *Participants may be more familiar with the term "network" and are more likely to have participated in a network than a "coalition." While the terms are often used interchangeably, in this training, a coalition is understood as an* ***action-oriented*** *group of organizations that has come together* ***to accomplish a specific goal****. Networks are often "looser" groups of organizations with more generalized purposes, such as information sharing.*

Key Features of Successful Coalitions *(5-10 minutes)*

- Ask another participant to read out the key features of successful coalitions *(refer to the following page).*
- Ask for and address any participant questions, concerns, or suggestions.

(Flip chart)

Defining Coalition and Coalition Roles

Session Objectives

By the end of this session participants will have—

- Developed a shared understanding of the meaning of **coalition**
- Identified possible coalition roles in social mobilization on HIV/AIDS issues
- Developed a coalition mission statement

(Flip charts and participant handouts)

Coalition: A Definition

A coalition is an action-oriented group of organizations working together in a coordinated way toward a common goal.

From CEDPA's *Social Mobilization for Reproductive Health Training* Manual

(Flip charts and participant handouts)

Coalition for Social Mobilization on HIV/AIDS Issues

A Working Definition

A coalition for social mobilization on HIV/AIDS would be an action-oriented group of organizations representing and working with diverse stakeholders. The coalition would work together to achieve specific interrelated changes at multiple levels on a particular HIV/AIDS issue. Such a coalition might include selected individual members (for example: high-profile leaders or members of a group that has no organizational representation, such as family members of persons living with HIV/AIDS).

(Flip charts and participant handouts)

Key Features of Successful Coalitions

- Issue-based
- Action-oriented
- Focused on change
- Clear mission/purpose
- Effective leadership at multiple levels
- Membership highly committed to coalition's mission/purpose
- Membership actively participates in coalition undertakings
- Coalition responsibilities divided among member organizations/persons to take advantage of diverse resources and to avoid burdening any one organization/person

3. Identifying Advantages of Coalitions in Social Mobilization *(20 minutes)*

- Ask participants to reflect for a moment on the specific issues they worked on in teams and the results of their strategy development and action planning on those issues. What would the advantages be of having a **coalition** of organizations working on their specific social mobilization effort?
- Have participants reflect for a few minutes and write down the major advantages on a piece of paper.
- After five minutes of reflection, go around the room and ask each participant to share one advantage in turn.
- One facilitator records each point in brief on a flip chart.
- Continue in this way until all participant-identified advantages have been listed on the flip chart.
- Facilitators can add any key advantages that are missing. *(Refer to the participant handout on the following page.)*

4. Identifying Roles for Coalitions in Social Mobilization *(20 minutes)*

- Ask participants to pair up with one other member of their issue team.
- Pairs should once again reflect on the results of their social mobilization strategy development and action planning on their specific issue and consider the potential role or roles a coalition might play in the social mobilization effort they outlined.

- Remind participants to be **realistic** about the possible role(s) of the coalition, particularly given the fact that member organizations have existing priorities, ongoing programs, and limited resources. Coalition work must not become so heavy that it overtakes other activities of individual organizations.
- Have pairs discuss for five minutes and write down each potential role on a separate metacard.
- After five minutes of reflection, go around the room and ask each pair to share one potential role in turn and post the metacard on the wall.
- Continue in this way until all the potential roles identified by pairs have been posted.

Facilitators can add any potential roles that are missing. *(Refer to the* **Notes to the Facilitator** *on the following pages.)*

(Participant handout)

Advantages of Coalitions in Social Mobilization

- No single organization has the reach, experience, skills, capacity, or resources to carry out social mobilization on a wide scale at all levels
- Broad geographic coverage
- Can access and utilize expertise of many organizations (in working with different groups, at different levels, using different strategies)
- Resource sharing
- Cost effectiveness
- Promotes coordination and reduces duplication
- Can mobilize large numbers of people relatively quickly
- Gives a higher profile to issue
- Having many organizations united gives greater credibility to effort
- Group of organizations can create pressure for change more effectively than a single organization
- Coalition members decide priorities, agenda, approach (in contrast to other coordinating mechanisms in which implementing organizations may have little input)

Notes to the Facilitator

Potential Roles of a Coalition in Social Mobilization

A Sampling of Ideas

A coalition can take on a variety of roles in social mobilization. The scope of the coalition's mission and work will depend on the issue, the extent of the social mobilization effort, and the member organizations (their own priorities, strengths, and constraints). Below is a sampling of potential coalition roles that might be taken on individually or in combination—

- Planning a multi-level social mobilization effort
- Taking on one piece of the multi-level effort (while individual member organizations carry out various aspects of the social mobilization effort in a coordinated manner, the coalition may choose to focus **collectively** at only one level or on one aspect of the issue)
- National-level advocacy on the issue
- Information, referral, and linkages for organizations working on the issue
- Resource mobilization at multiple levels
- Mobilizing people, groups, organizations for specific large-scale events
- Coordinating activities of the social mobilization effort at multiple levels

Coalition Mission Statements

Some Samples (fictional)

SYAHAR is a coalition of 25 non-governmental organizations working together to develop community care and support for HIV positive persons and their families. SYAHAR provides advocacy support and technical assistance to community-based organizations in planning outreach efforts for HIV positive persons, developing community awareness campaigns, and establishing home-based volunteer care and support services.

SANGAM is a national coalition of 150 non-governmental and governmental organizations working on a variety of HIV/AIDS, human rights, and legal rights issues. SANGAM has come together to work for the elimination of discrimination against HIV positive persons at all levels of society. As a first step, SANGAM, through its member organizations in all 75 districts of Nepal, is mobilizing people and organizations from the grassroots to the national level to help PLWHA organize and build self-help/support and advocacy groups.

5. Defining Coalition Roles in Social Mobilization on Specific HIV/AIDS Issues *(1 hour, 20 minutes)*

Introduction *(5 minutes)*

- Tell participants they will again break into their issue teams. Teams will work on explicitly defining the role of a coalition in relation to the social mobilization strategies and action plans they have developed to address their issue.
- Explain that teams will be given separate, detailed instruction cards for each step, and that one member of each team has been assigned and briefed on their role as leader. Identify the team leaders.
- Have large group break into issue teams and sit together for discussion.
- Each team leader should have—
    - Team's **Change Chart** from an earlier session
    - Team's **Strategy Development** chart from previous session
    - Team's **Action Plan** charts from previous session
    - A packet of two instruction cards, detailing each step of the process for teams
    - Colored markers
    - Several sheets of flip chart paper

Teamwork *(30 minutes)*

- See team instruction cards on the following pages.
- Facilitators rotate among teams to make sure the task is understood.

Post and Review *(15 minutes)*

- Teams post their coalition statements of purpose.
- Take a (tea) break and have teams and facilitators review the statements for **clarity.**
- **Option:** *If time permits, teams can briefly present their charts to the large group.*

Discussion and Wrap-up *(15 minutes)*

- Teams have an opportunity to question and critique each other's statements.
- Facilitators can refer to the sample coalition mission statements in the **Notes to the Facilitator** on the previous pages for ideas, and share the samples with participants as needed.
- Teams can make adjustments in their own statements based on peer and facilitator comments.

(Instruction card)

Defining Coalition Roles in Social Mobilization

Step 1: Team Instructions

Defining the Scope of the Coalition *(15 minutes)*

- Teams select one member to record on a flip chart.
- Considering the brainstormed lists of **Coalition Advantages** and **Potential Coalition Roles in Social Mobilization**, and their team's **Strategy Development** and **Action Plan** charts from the previous day, teams determine the level and scope of their coalition—
  - *Is it a national level or a district level coalition?*
  - *What role will the coalition play in the social mobilization effort? (e.g. a planning role? a coordinating role? a pressure group role? and so on)*
  - *Will the coalition take a collective, active part in **all** aspects of the social mobilization effort, or focus on one or two particular aspects? Which aspects?*
- Teams should have a rationale for their choices.

(Instruction card)

Defining Coalition Roles in Social Mobilization

Step 2: Team Instructions

Defining Coalition Mission/Purpose *(15 minutes)*

- Teams write up a short (three to five sentences) mission statement on a flip chart that explains—
  - **Who** the coalition is (this should summarize who the coalition represents, types of organizations in the coalition, level of the coalition as defined in *Step 1*)
  - **What Issue** the coalition focuses on (the issue focused on in teamwork)
  - **What** the coalition seeks to accomplish (this is related both to the changes sought through social mobilization **and** the specific role of the coalition as defined in *Step 1*)
  - **How** the coalition seeks to accomplish its purpose (this is related to the scope of coalition **and** the specific role of the coalition as defined in *Step 1*)

Mapping Potential Coalition Partners

(1 hour, 35 minutes)

Session Objective

By the end of this session participants will have—

- Identified potential partners for coalition to address a specific HIV/AIDS issue at multiple levels

Materials

- Flip Chart (10-15 blank sheets)
- Permanent markers (four colors, five each)
- Masking tape

Flip Charts

- Session Objective
- Mapping Potential Coalition Partners: Session Overview

Instruction Cards for Teamwork

- Mapping Coalition Partners: Team Instruction Cards 1-4

Handouts for Participants

- Potential Coalition Partners: A Sampling of Ideas
- Identifying Potential Coalition Partners: Outline of Steps

1. Introduction and Overview of Session *(10 minutes)*

"A divided clan can be easily robbed."

—NEPALI PROVERB

- Explain to participants that they will be staying in their issue teams to map out potential partners for a multi-level coalition to promote change on their issue.
- Go over the session objective, referring to the flip chart on the following page.
- Give an overview of the process *(refer to the flip chart on the following page).*
- **Option:** *It may be important to spend a few minutes discussing what is meant by "mapping" (or diagramming) potential coalition partners. Try to draw on participants' own experiences. For example, if participants have had experience using participatory tools, they may be familiar with the "Venn diagram" or the "Chapati diagram." With these methods participants can not only display* ***who*** *the potential partners are, but can show different features of the partners, or different aspects of the relationships between partners. (For example, a chapati diagram can show which partners may be more important by using a larger symbol for those organizations; which partners are easier to engage, by putting the symbols for those organizations close to the center of the diagram.)*
- Explain that teams will be given separate, detailed instruction cards for each step, and that one member of each team has been assigned and briefed on their role as leader. Identify the team leaders.
- Have large group break into issue teams and sit together for discussion.
- Each team leader should have—
    - A packet of four instruction cards, detailing each step of the process for teams
    - Colored markers
    - Several sheets of a flip chart

2. Teamwork *(55 minutes)*

- See team instruction cards on the following pages.
- Facilitators rotate among teams to make sure the task is understood.
- After teams complete *Step 1*, facilitators distribute the participant handout.

Potential Coalition Partners: A Sampling of Ideas

- Do **not** hand the sample out to participants before teams have developed their own lists of potential partners, as the sample may limit or influence what teams produce.

(Flip chart)

Mapping Potential Coalition Partners

Session Objective

By the end of this session participants will have—

- Identified potential partners for coalition to address a specific HIV/AIDS issue at multiple levels

(Flip chart)

Mapping Potential Coalition Partners

Overview of Team Process

- Team members make a list of potential coalition partners for their issue.
- The list should include groups and organizations working at all levels of social mobilization—
  - **Individual**
  - **Peer**
  - **Couple**
  - **Family**
  - **Community**
  - **Service Facility**
  - **District**
  - **National**
- Decide on a mapping or diagramming format.
- The mapping format must clearly identify which organizations operate at which levels (using different shapes, colors, etc.).
- Identify "core" coalition partners.

(Instruction card)

Mapping Coalition Partners

Step 1: Team Instructions

Listing Potential Coalition Partners *(15 minutes)*

- Team identifies one person to take notes and record information onto a flip chart.
- Team members reflect on their issue, the specific change they want to bring about, and brainstorm a list of potential coalition partners.
- Be specific and be creative! It may be appropriate to include some groups, organizations, and institutions that are not directly working with HIV/AIDS.
- Categorize the list according to which level of social mobilization each organization works at/represents—
  - **Individual**
  - **Couple**
  - **Family**
  - **Peer**
  - **Community**
  - **Service Facility**
  - **District**
  - **National**

(Instruction card)

Mapping Coalition Partners

Step 2: Team Instructions

List Review *(10 minutes)*

- Ask facilitator for the handout **Potential Coalition Partners: A Sampling of Ideas**.
- Team compares brainstormed list of potential coalition partners with the handout list of potential partners to see if there are any appropriate groups, organizations, or institutions to add.
- Make additions as needed and appropriate.

(Instruction card)

Mapping Coalition Partners

Step 3: Team Instructions

Creating a Map of Potential Partners *(15 minutes)*

- Decide on a mapping or diagramming format. (Teams may use a format of their own creation or may adapt participatory tools such as the Venn or Chapati diagram.)
- The mapping format must clearly identify which organizations operate at which levels. (Suggestions for doing this include color-coding for different levels, different shapes for different levels, and so on.)
- Locate all of the potential coalition partners on the map.

(Instruction card)

Mapping Coalition Partners

Step 4: Team Instructions

Identifying "Core" Coalition Partners *(15 minutes)*

- Identify five to eight "core" coalition partners. Core coalition partners are those that the team feels are most likely to be committed to the issue and take active part in a coalition. They would be approached in the initial stages of coalition building. Highlight core coalition partners (with a symbol or color) on the map.
- Teams must have a clear rationale for selecting core partners and be able to explain the rationale to the large group.
- If team has time, identify a second round of five to eight partners that would be appropriate for the first expansion of the coalition. Highlight (with a different symbol or color) on the map.

(Participant handout)

Potential Coalition Partners

A Sampling of Ideas

Should your list of potential coalition partners include representatives, groups, organizations, and institutions from any of these categories?

- People Living With or Affected by HIV/AIDS (PLWHA)
- Members Of Vulnerable and/or High-Risk Groups
- Self-Help Groups/Support Groups
- Women's Groups
- Parents and/or Family Groups
- Community-Based Organizations
- Youth Groups/Youth Clubs
- Schools and Educational Institutions
- NGOs
- Various User and/or Interest Groups (credit groups, small farmers' groups, irrigation groups, forestry groups, and so on)
- Religious Organizations
- Industry, Businesses, and other Workplaces
- Labor Organizations
- Government Organizations
- Traditional Healers
- Healthcare Providers
- Healthcare Planners/Policy Makers
- Professional Associations (health and other)
- Local, District, and National Government Authorities
- Media
- Legal Rights Groups
- Human Rights Groups
- Political Leaders/Organizations
- International Organizations

3. Post and Review *(15 minutes)*

- Teams post their coalition maps.
- Take a tea break, while teams and facilitators review the maps.
- Facilitators can take special note of—
    - Diversity/similarity of teams' map formats
    - Commonalities between organizations/types of organizations appearing on the different teams' maps
    - Any particularly creative inclusions on maps
- **Option:** *If time permits, teams can briefly present their maps to the large group.*

4. Discussion and Wrap-up *(15 minutes)*

- Teams have an opportunity to question and critique each other's maps.
- Teams can make adjustments in their maps based on peer and facilitator comments.
- Facilitators sum up by commenting on—
    - Diversity/similarity of team's map formats
    - Commonalities between organizations/types of organizations appearing on different teams' maps
    - Any particularly creative inclusions on maps
- Give this handout to participants: **Identifying Potential Coalition Partners: Outline of Steps.**

(Participant handout)

Identifying Potential Coalition Partners

Outline of Steps

Consider the issue your coalition will focus on, and—

- Make a list of all potential coalition partners on that issue
- Be specific and be creative! It may be appropriate to include some groups, organizations and institutions that are not directly working with HIV/AIDS
- The list should include groups and organizations working at all levels of social mobilization—
  - **Individual**
  - **Peer**
  - **Couple**
  - **Family**
  - **Community**
  - **Service Facility**
  - **District**
  - **National**
- Categorize the list according to which level of social mobilization each organization works at/represents
- Refer to the handout **Potential Coalition Partners: A Sampling of Ideas,** for suggestions on types of groups, organizations, and institutions to include
- Identify "core" coalition partners, based on which groups and organizations would most likely have a strong commitment to the issue and take active part in a coalition

Assessing Coalition Capacity

(1 hour, 30 minutes)

Session Objectives

By the end of this session participants will have—

- Assessed strengths/capacity of core coalition members to undertake social mobilization on their specific issue
- Identified gaps/resource needs in their coalition
- Identified potential coalition partners that might fill those gaps

Materials

- Flip chart (30 blank sheets)
- Permanent markers (four colors, five each)
- Masking tape

Flip Charts

- Session Objectives

Instruction Cards for Teamwork

- Assessing Coalition Capacity: Team Instruction Cards 1-6

Handouts for Participants

- Assessing Coalition Capacity: Outline of Steps
- Assessing Coalition Capacity: Outcome Worksheet 1-3

1. Introduction and Overview of Session *(5-10 minutes)*

"A single stick is easily broken;

a handful together isn't."

—NEPALI PROVERB

- Explain to participants that they will be returning to their issue teams for further work on coalition building. They are to imagine themselves as the core group of a newly formed coalition for social mobilization on their issue.
- Refer to the flip chart on the following page and explain that they will undertake a member skills inventory to—
    - Assess strengths/capacity of core members to undertake social mobilization on their specific issue
    - Identify gaps/needs in coalition capacity
    - Identify potential coalition partners to fill gaps
- Explain that teams will be given separate, detailed instruction cards for each step, and that one member of each team has been assigned and briefed on their role as leader. Identify the team leaders.
- Have large group break into issue teams and sit together for discussion.
- Each team leader should have—
    - A packet of six instruction cards, detailing each step of the process for teams
    - Colored markers
    - Several sheets of flip chart paper

2. Teamwork *(1 hour)*

- See team instruction cards on the following pages.
- Facilitators rotate among teams to make sure the task is understood.

(Flip chart)

Assessing Coalition Capacity

Session Objectives

By the end of this session participants will have—

- Assessed strengths/capacity of core coalition members to undertake social mobilization on their specific issue
- Identified gaps/resource needs in coalition capacity
- Identified potential coalition partners to fill gaps

(Instruction card)

Assessing Coalition Capacity: Identifying Resources and Needs

Step 1: Team Instructions

Assessing Experience/Strengths/Capacity of Core Coalition Members on Specific Issue or Related HIV/AIDS Issues *(10 minutes)*

- Select one team member to record information onto handouts and/or a flip chart.
- Write coalition's issue at the top of a blank sheet of flip chart paper.
- Team members reflect on their own program or organization's experience in working on the particular issue or related HIV/AIDS issues.
- List those organizations (in the team) that have had **significant** experience working on the issue or related HIV/AIDS issues**.**
- If an organization does not have experience working on the coalition's specific issue, but **does** have experience in a related issue, identify the related issue in brackets, next to the name of the organization.

(Instruction card)

Assessing Coalition Capacity: Identifying Resources and Needs

Step 2: Team Instructions

Assessing Experience/Strengths/Capacity of Core Coalition Members in Strategies to Mobilize People *(10 minutes)*

- Write the heading **Strategies to Mobilize People** at the top of a sheet of a flip chart, and draw a line down the center of the sheet to create two columns.
- Team members review the **Strategy Development** charts developed by the team in the previous day's strategy development session to identify key **outreach** strategies and key strategies to **mobilize people** on their issue. List those strategies in the left-hand column of the flip chart.
- Team members reflect on their own program/organizational experience in relation to each outreach or mobilization strategy listed on the flip chart. Each team member should identify one to three strategies in which his/her program/organization has **significant** experience and capacity.
- For each organization (in the team) that has had significant experience in a specific strategy, record the organization's name next to that strategy in the right-hand column of the flip chart paper.
- If no team/coalition members have significant experience using specific strategies, leave the lines next to those strategies blank.

(Instruction card)

Assessing Coalition Capacity: Identifying Resources and Needs

Step 3: Team Instructions

Assessing Experience/Strengths/Capacity of Core Coalition Members in Strategies to Promote Change *(10 minutes)*

- Write the heading **Strategies to Promote Change** at the top of a sheet of flip chart paper, and draw a line down the center of the sheet to create two columns.
- Team members review the **Strategy Development** charts developed by the team in the previous day's strategy development session to identify key strategies to promote change on their issue. List those strategies in the left-hand column of the flip chart.
- Team members reflect on their own program/organizational experience in relation to each **change** strategy listed on the flip chart. Each team member should identify one to three strategies in which his/her program/organization has significant experience and capacity.
- For each organization (in the team) that has had **significant** experience in a specific strategy, record the organization's name next to that strategy in the right-hand column of the flip chart paper.
- If no team/coalition members have significant experience using specific strategies, leave the lines next to those strategies blank.

(Instruction card)

Assessing Coalition Capacity: Identifying Resources and Needs

Step 4: Team Instructions

Assessing Experience/Strengths/Capacity of Core Coalition Members in Working with Specific Groups of People *(10 minutes)*

- Write the heading **Key Groups to Work With** at the top of a sheet of flip chart paper, and draw a line down the center of the sheet to create two columns.
- Team members review the **Strategy Development** charts developed by the team in the previous day's strategy development session to identify key affected groups, key groups for change, and key groups to mobilize on their issue. List those key groups in the left-hand column of the flip chart.
- Team members reflect on their own program/organizational experience in relation to each key group listed on the flip chart. Each member should identify two to five groups with which his/her program/organization has **significant** experience working.
- For each organization (in the team) that has had significant experience working with a specific group, record the organization's name next to that group in the right-hand column of the flip chart paper.
- If no team/coalition members have significant experience working with particular groups, leave the lines next to those groups blank.

(Instruction card)

Assessing Coalition Capacity: Identifying Resources and Needs

Step 5: Team Instructions

Assessing Experience/Strengths/Capacity of Core Coalition Members Working at Various Levels *(10 minutes)*

- Write the heading **Key Levels to Work** at the top of a sheet of flip chart paper, and draw a line down the center of the sheet to create two columns.
- Team members review the **Action Planning** charts developed by the team in the previous day's action planning session to identify key levels of activity on their issue (e.g. individual, couple, family, peer, community, service facility, district, national). List those key levels in the left-hand column of the flip chart.
- Team members reflect on their own program/organizational experience in relation to each key level of activity listed on the flip chart. Each team member should identify two to three levels at which his/her program/organization has **significant** experience and capacity.
- For each organization (in the team) that has had significant experience working at a particular level, record the organization's name next to that level in the right-hand column of the flip chart paper.
- If no team/coalition members have significant experience working at a particular level, leave the lines next to those levels blank.

(Instruction card)

Assessing Coalition Capacity: Identifying Resources and Needs

Step 6: Team Instructions

Identifying Major Gaps in Coalition Member Experience/Strength/Capacity *(10 minutes)*

- Team members review each flip chart page of their team's **Coalition Capacity Profile**.
- On each page, look for clusters of team experience. These can be considered the areas of significant experience/capacity. Put a green circle around each item of significant experience/capacity.
- On each page, look for gaps (blank spaces) in experience/capacity. Identify the most significant gaps. Put a red circle around each gap in experience/capacity.

3. Post and Review *(10 minutes)*

- Teams post their **Coalition Capacity Profiles**.
- Take a break, while teams and facilitators review the profiles.
- Facilitators can take special note of—
  - Commonalities in different teams' areas of strength/capacity
  - Commonalities in gaps
- **Option:** *If time permits, teams can briefly present their maps to the large group.*

4. Discussion and Wrap-up *(10 minutes)*

- Ask different teams whether they think the significant gaps they identified would be adequately filled by any of the potential coalition partners they identified in the previous session? If not, what types of organizations might fill those gaps?
- Facilitators sum up by commenting on—
  - Range of experience among training participants
  - Commonalities in different teams' areas of strength/capacity
  - Commonalities in gaps
- Facilitators should remind participants that this coalition capacity assessment related only to **program** experience/capacity/strengths. A real coalition would have many other resource needs such as meeting space, communication (phone, fax, email), photocopying, and so on. Member organizations should be inventoried to identify which organizations can contribute to supplying these types of resources also.
- Facilitators give participants these handouts—
  - **Assessing Coalition Capacity: Outline of Steps**
  - **Assessing Coalition Capacity: Outcomes Worksheets 1-3**

(Participant handout)

Assessing Coalition Capacity

Outline of Steps

- Review **Strategy Development** charts and **Action Plans** to identify—
  - Issue
  - Key outreach and mobilizing strategies
  - Key strategies to promote change
  - Key groups to work with
  - Key levels of activity
- List in the appropriate places on the **Assessing Coalition Capacity Worksheet.**
- Have coalition members identify their own areas of significant experience/capacity in relation to the specific issue, strategies, groups, and levels of activity. Record in the appropriate places on the **Assessing Coalition Capacity Worksheet.**
- Identify gaps in experience and capacity and highlight on the worksheet.
- Identify potential partner organizations to fill gaps.

Assessing Coalition Capacity

Outcome Worksheet # 1 *(1 of 3)*

Issue	Coalition Members With Experience on Issue
Key Outreach and Mobilizing Strategies	**Coalition Members with Experience in Key Outreach and Mobilizing Strategies**

Assessing Coalition Capacity

Outcome Worksheet # 2 *(2 of 3)*

Key Strategies to Promote Change	Coalition Members with Experience in Key Strategies to Promote Change

Assessing Coalition Capacity

Outcome Worksheet # 3 *(3 of 3)*

Key Groups to Work With	Coalition Members with Experience Working with Key Groups

Key Level of Activity	Coalition Members with Experience Working at Key Levels

Closing the Day

(5-10 minutes)

Handouts for Participants

- Court In India Reverses Workplace Discrimination
- The Link between HIV/AIDS and Human Rights

Instruction Cards for Teamwork

- Developing Outcome Indicators: Team Instruction Cards 1-3

1. Handouts/Homework

- Distribute handouts listed above to participants.
- Ask participants to read the handouts before coming to the training on the next day.

2. Orienting Team Leaders for the Next Day

- Announce the names of the three to four persons (depending upon the number of issue teams) who should stay late for orientation to their roles as team leaders for the session on Evaluating Social Mobilization Outcome on *Day Six: Assessing Results*.
- Give each team leader a packet of team instruction cards. Review the following with them and answer questions they may have—
    - Role as team leader (that is, to give clear instructions, facilitate the process of team discussion, keep team on track in terms of time and focus)
    - Purpose of the team exercise
    - Expected outcome of the exercise
    - Each step of the process
- Have team leaders read through the instruction cards carefully to make sure they understand each step of the process.
- Remind team leaders that they are also **participants** in the team discussion.

Handouts

- **Court in India Reverses Workplace Discrimination**
- **The Link between HIV/AIDS and Human Rights**

Court in India Reverses Workplace Discrimination[32]

A court in India has ruled in favor of a person living with HIV/AIDS who was discriminated against in his workplace.

Ravi (not his real name) has been working for over ten years as a casual laborer in a public sector corporation controlled by the government of India. According to the policy and practice of the corporation, casual workers were placed on a waiting list and were eventually absorbed as permanent workers if they were medically fit. Ravi was given a gamut of tests (including lung function, eyes, urine, and HIV). No medical problems were found except that Ravi was revealed to be HIV positive. Significantly, the doctor who administered the tests, who was a leading physician experienced in HIV cases, certified that although Ravi had tested HIV positive he was fit for duty.

Nevertheless, for no other reason than the fact that Ravi was HIV positive, his name was removed from the waiting list.

When the HIV/AIDS unit of the Lawyer's Collective looked into the matter, if discovered that the corporation had issued written circulars making it mandatory for prospective and current employees to undergo an HIV test. (The Lawyer's Collective is a group of lawyers in India fighting for the rights of the disadvantaged in society.) The circulars stated that if employees were found to be HIV positive, they would not be hired and could even be sacked.

On Ravi's behalf, the Lawyer's Collective filed a writ petition in the Bombay High Court challenging the written circulars of the corporation on the grounds that they violated his fundamental rights under the Constitution of India. The petition also challenged the removal of Ravi from the waiting list.

Decision of the Court

The court agreed with the petitioner and rejected all of the employer's arguments. The court directed that Ravi be reinstated on the waiting list; that he undergo another round of medical tests (because three years had elapsed since the first tests); that he be given work in the meantime; and that he be taken into regular employment, if the tests showed he was fit. Finally, it awarded Ravi the amount of 40,000 Rupees as compensation for the period of his non-employment with the corporation.

In its judgment, the court—

- Said that the right to livelihood was guaranteed to all persons and could be overridden only by a procedure established by law that was just, fair, and reasonable; and
- That person with an ailment who are capable of performing normal job functions and who do not pose any threat to the interests of other persons at the workplace during their normal activities cannot be denied employment or be discontinued from employment.

Many people believe that the positive decision in this case was due in large part to the fact that the presiding judges were sensitive to the issues. It is quite possible that another set of judges would have rendered a decision that was quite different.

[32] Article reprinted from Stories from the Frontlines.

Confidentiality

The writ petition that was filed initially disclosed the real names of both Ravi and the corporation. Subsequently the Lawyers Collective was able to convince the court to remove from the records anything that might reveal Ravi's identity by substituting pseudonyms for both parties in the dispute. They also obtained an order preventing the publication of any mater leading to the disclosure of Ravi's identity.

Lessons Learned

- It is possible to use the courts to advance the rights of persons living with HIV/AIDS.
- It is sometimes possible to go to court to fight for one's rights without having one's HIV status revealed publicly.
- The judiciary needs to be educated about HIV/AIDS.
- The facts: Another set of judges might have decided the case quite differently highlights the need for specific legislation to protect the rights of persons living with HIV/AIDS.

Contributors

Anand Grover, Director,
HIV/AIDS Unit, Lawyers Collective, India

Mandeep Dhaliwal, Project Coordinator
HIV/AIDS Unit,
Lawyers Collective, India
Email: aidscaw@bom5.vsnl.net.in
Tel: 91 22 267 6213/9 FAX: 91 22 270 2563

The Link between HIV/AIDS and Human Rights[33]

HIV/AIDS is both a health issue and a human rights issue. In fact, there are close links between human rights and health. They both share the common objective of promoting and protecting the right and well being of people.

In the context of the HIV/AIDS pandemic, the promotion and protection of human rights is necessary to achieve the public health goals of—

- Reducing vulnerability to HIV infection
- Lessening the adverse impact of HIV/AIDS on those affected
- Empowering individuals and communities to respond to HIV/AIDS

Care and prevention programs that contain coercive or punitive measures result in reduced participation and increased alienation of persons living with HIV/AIDS and people at risk. People will not seek counseling, testing, treatment, and support if this means facing discrimination, lack of confidentiality, or other negative consequences. Coercive measures drive away the people most in need of services.

The incidence and spread of HIV/AIDS is disproportionately high among groups that already suffer from a lack of human rights protection and from discrimination, and among groups marginalized by their social, legal, or economic status. Lack of human rights protection disempowers these groups. However, when human rights are protected, fewer people become infected with HIV and the friends and families of those who are infected can better cope with the disease.

Protecting human rights helps to reduce societal vulnerability to HIV/AIDS.

[33] Article reprinted from Stories from the Frontlines.

Day Six

Assessing Results

Starting the Day 6-281
Evaluating Social Mobilization Outcomes 6-282
Quiz Contest 6-299
Session Mapping 6-301
Closing the Training 6-306

Day Six Agenda: Sample

9:30-9:35	**Starting the Day - Day Six: Assessing Results**
9:35-10:25	**Evaluating Social Mobilization Outcome**
10:25-10:40	**TEA BREAK**
10:40-12:35	**Evaluating Social Mobilization Outcome** (*continued*)
12:35-1:05	**Quiz Contest**
1:05-1:35	**LUNCH BREAK**
1:35-2:20	**Session Mapping**
2:20-2:35	**Closing the Training**
2:35	**TEA**

Starting the Day

Opening the Training Day *(5-10 minutes)*

- Review major focus/activities of the previous day.
- Review the day's agenda *(refer to flip chart agenda, sample on following page).*
- Point out new sayings in the quotation corner.

Evaluating Social Mobilization Outcomes

(2 hours, 45 minutes)

Session Objectives

By the end of this session participants will have—

- Developed mobilization outcome indicators
- Developed change outcome indicators

Materials

- Flip (20-25 blank sheets)
- Permanent markers (four colors, five each)
- Masking tape

Flip Charts

- Session Objectives
- Mobilization Outcomes: Selected Aspects to Consider
- Indicators for Social Mobilization: Key Features

Instruction Cards for Teamwork

- Developing Outcome Indicators: Team Instruction Cards 1-3

Handouts for Participants

- Mobilization Outcome Indicators: A Sampling of Ideas
- Evaluating Outcomes: Planning Worksheet

Notes to the Facilitator

- Change Outcomes, Mobilization Outcomes, and Outcome Indicators

Notes to the Facilitator

Change Outcomes, Mobilization Outcomes, and Outcome Indicators

Change Outcomes: Refer to the changes needed at various levels on the specific HIV/AIDS issue (which are being promoted through social mobilization). Because participants went through an explicit process to identify the changes needed on their issue on *Day Three: Dissecting the Many Levels of Social Mobilization* and most of their work since then has been framed around promoting those changes, they are not likely to have any difficulty understanding what is meant by change outcomes.

Mobilization Outcomes: The concept of mobilization outcomes may be harder for participants to grasp. Although there has been significant time spent on identifying ways of mobilizing people and groups in the training, there has been little focus on mobilization outcomes (except for one step in the action planning session on *Day Four: Idea to Action*). But, social mobilization has more than change on a particular issue as its end goal. Meaningful inclusion and active participation of concerned individuals and groups, particularly those that have traditionally been excluded, in solutions to their own problems are equally important goals. In this training, outcomes related to these goals are referred to as mobilization outcomes.

There are many important dimensions of social mobilization to consider in developing mobilization outcomes, including—

- **Participation** (in planning, carrying out, and evaluating social mobilization efforts at multiple levels)
- **Leadership** (development of effective, diverse leadership at multiple levels)
- **Coalition Building** (at multiple levels)
- **Voluntarism**
- **Organizing Unrepresented Groups**
- **Capacity Building**

It is particularly important to consider these in relation to affected groups, vulnerable groups, high-risk groups, and other groups that are traditionally excluded.

For examples of mobilization outcomes and indicators, facilitators should carefully read through the participant handouts **Mobilization Outcome Indicators: A Sampling of Ideas** on from the pages 6-287 to 6-289 of this section.

Outcome Indicators: An **outcome indicator** answers the question, "What has this social mobilization campaign accomplished?" A **mobilization** outcome indicator answers the question, "What has this campaign accomplished in terms of people's ability to mobilize?" A **change** outcome indicator answers the question, "What has this campaign accomplished in terms of promoting needed changes on the specific HIV/AIDS issue?"

1. Introduction *(10 minutes)*

"To judge the person, listen to what s/he says. But to judge gold, you must melt it down."

—NEPALI PROVERB

- Explain to participants that, like any program effort, social mobilization must be thoroughly **documented**, **monitored,** and **evaluated**—in order to learn from the process, improve the process in the future, and measure results of the process.
- Inform them that it is not within the scope of this training to explore in depth **all** aspects of documenting, monitoring, and evaluating social mobilization efforts. (That would be an entire training in itself!) The training assumes participants already have some knowledge and experience in documenting, monitoring, and evaluating different kinds of programs.
- Explain that this session will focus on one aspect of evaluating social mobilization that is, developing indicators to evaluate outcomes. Participants will develop indicators for two dimensions of social mobilization that have been emphasized in this training: indicators for evaluating mobilization outcomes and indicators for evaluating change outcomes. *(Refer to the flip chart on the following page showing session objectives.)*
- **Change Outcomes** refer to the changes, needed at various levels on the specific HIV/AIDS issue, which are being promoted through social mobilization.

Mobilization Outcome

- As participants know, social mobilization has more than change on a particular issue as its end goal. Meaningful inclusion and active participation of concerned individuals and groups, particularly those that have traditionally been excluded, in solutions to their own problems are equally important goals. In this training outcomes related to these goals are referred to as **mobilization** outcomes.
- Go over some of the aspects of mobilization that are important to consider when thinking about mobilization outcomes. *(Refer to the chart on the following page.)* Ask if participants wish to add to the list.
- Stress that it is particularly important to consider these aspects in relation to affected groups, vulnerable groups, high-risk groups, and other groups that are traditionally excluded.

- It may be helpful to give participants a few examples of mobilization outcomes from the participant handouts on pages 6-287 to 6-289 of this section.

(Flip chart)

Evaluating Social Mobilization Outcomes

Session Objectives

By the end of this session participants will have—

- Developed mobilization outcome indicators
- Developed change outcome indicators

(Flip chart)

Mobilization Outcomes

Selected Aspects to Consider

There are many important dimensions of social mobilization to consider in developing mobilization outcomes, including—

- **Participation** (in planning, carrying out, and evaluating social mobilization efforts at multiple levels)
- **Leadership** (development of effective, diverse leadership at multiple levels)
- **Coalition Building** (at multiple levels)
- **Voluntarism**
- **Organizing Unrepresented Groups**
- **Capacity Building**

It is particularly important to consider these in relation to affected groups, vulnerable groups, high-risk groups, and other groups that are traditionally excluded.

2. Visualizing Social Mobilization Outcomes *(35 minutes)*

Reviewing Change Charts *(5 minutes)*

- Post teams' **Change Charts** from previous session in visible places on the wall.
- Tell participants that before developing indicators, they will have about 15 minutes to visualize and write a brief narrative describing the changes they hope to see on the issue their team worked so hard on over the last several days.

- But before taking participants through the visualization exercise, have them quickly review their teams' change charts, which should be posted on the walls in visible places.

Guided Visualization *(10 minutes)*

- Once seated again, ask participants to close their eyes for a moment and think about their particular HIV/AIDS issue, and their team's plan to address the issue through social mobilization. Lead participants through the guided visualization below.

> "… Think about the specific HIV/AIDS issue your team sought to address…
>
> … Think about the changes your team planned to bring about…
>
> … Imagine that it is two years, three years, and maybe even five years down the road…
>
> … Imagine that you are revisiting one of the areas and some of the people, groups, and institutions involved in the social mobilization effort…
>
> … What changes do you see in people's ability to mobilize?…
>
> … What specific changes do you see in participation?…
>
> … in leadership?…
>
> … in people's and groups' ability to work collaboratively?…"
>
> *(Pause for a minute)*
>
> "… What specific changes do you see related to your particular HIV/AIDS issue…
>
> … in institutional policy or practices?…
>
> … in family or community practices?…
>
> … in individual behavior or actions?…"
>
> *(Pause for a minute)*
>
> "… Take several minutes to really **see** these changes…"

- Allow participants to reflect for several minutes with their eyes closed.

Writing a Narrative Description of Visualized Changes *(15 minutes)*

- Ask participants to open their eyes and write a paragraph or two, concisely, but vividly describing the changes they visualized. They should write at least half a page, but not more than one full page.

Highlighting Mobilization and Change Outcomes *(5 minutes)*

- Ask participants to quickly read through their descriptions and **underline** the **key mobilization outcomes.** *(These may be related to participation, leadership, coalitions, collaborative work, organizing unrepresented groups, voluntarism, and so on.)*
- Ask participants to quickly read through their own descriptions and **circle** the **key change outcomes.** *(Related to changes at different levels on their particular HIV/AIDS issue.)*

3. Defining Indicators *(10 minutes)*

- Explain to participants that in a moment they will break into their issue teams to develop indicators for mobilization and change outcomes.
- First, however, review the meaning of "indicator" with the full group, by presenting and going over the **Indicators for Social Mobilization: Key Features** chart. *(Refer to the following page.*)
- Ask participants if they would like to add any key features.
- Remind participants of how important (and difficult) it is to make sure the indicator is really appropriate to measure the outcome.
- Cite the example of a family planning program in Benares that was trying to promote increased condom use as a family planning method. One of the program's indicators of change was increase in the number of condoms sold and distributed. After some time, the program did indeed see a significant increase in condom sales and distribution. Benares, as participants undoubtedly know, is a center for the Indian silk industry. On further exploration it was learned that weavers were purchasing condoms **not** as a family planning method, but for the condom's high quality lubricant, which they used to grease their looms and speed up the weaving process!
- It may be helpful to give participants a few examples of mobilization outcome indicators from the participant handouts from the 6-287 to 6-289 of this section.

(Flip charts)

Indicators for Social Mobilization

Key Features

An **indicator** is a pointer that measures changes in a condition or situation. It can be a measurement, a number, a fact, an opinion, or a perception that points to the change over time. Indicators are closely linked to goals and objectives.

An **outcome indicator** answers the question, "What has this social mobilization campaign accomplished?" A **mobilization** outcome indicator answers the question, "What has this campaign accomplished in terms of people's ability to mobilize?" A **change** outcome indicator answers the question, "What has this campaign accomplished in terms of promoting needed changes on the specific HIV/AIDS issue?"

Good indicators must be—

- **Relevant** and **specific** to the goal(s), objective(s), and/or desired outcomes
- **Verifiable** (visible, observable, or measurable in some way)

Key aspects of mobilization to measure change in include—

- Participation
- Leadership
- Coalition Building
- Voluntarism
- Capacity Building

Key types of changes on a particular issue to measure include—

- Changes in social or institutional policy and practices
- Changes in group or community values, norms, and practices
- Changes in individual knowledge, attitude, and behavior

4. Developing Indicators: Teamwork *(1 hour)*

Introduction *(5 minutes)*

- Explain that participants will now return to their issue teams for the last time, to develop indicators for mobilization and change outcomes.
- Teams will be given separate, detailed instruction cards for each step, and one member of each team has been assigned and briefed on their role as leader. Identify the team leaders.
- Have large group break into issue teams and sit together for discussion.
- Participants should take their change visualization narratives with them.
- Each team leader should have—
    - **Change Chart, Strategy Development,** and **Action Plan** charts developed for his/her issue in previous sessions
    - A packet of three instruction cards, detailing each step of the process for teams
    - Colored markers
    - Several sheets of flip chart paper

Teamwork *(45 minutes -1 hour)*

- See team instruction cards on the following pages.
- Facilitators, rotate among teams to make sure the task is understood.

(Instruction card)

Developing Outcome Indicators

Step 1: Team Instructions

Listing Visualized Changes *(15-20 minutes)*

- Select one team member to record information onto a flip chart.
- Make two headings on separate pieces of flip chart paper: one headed **Mobilization Outcomes;** the other headed **Change Outcomes**.
- Have one team member read his/her narrative describing changes to the team. After s/he finishes reading, list the key mobilization outcomes (underlined in the narrative) in the **Mobilization Outcomes** column and the key change outcomes (circled in the narrative) in the **Change Outcomes** column.
- Each team member reads their narratives out, and lists the changes in the appropriate columns of the flip chart.

(Instruction card)

Developing Outcome Indicators

Step 2: Team Instructions

Selecting Outcomes for which to Develop Indicators *(15-20 minutes)*

- Review the list of visualized changes to select two mobilization outcomes and two change outcomes for which to develop indicators. Consider the following in making selections.
  - If possible, select outcomes that occur at levels in each of the following groupings—

Group 1	Group 2	Group 3
Individual	Community	District
Couple	Service Facility	National
Peer		
Family		

  - Select at least one to two outcomes that focus on affected groups, vulnerable groups, high-risk groups, or other groups that are traditionally excluded or overlooked

(Instruction card)

Developing Outcome Indicators

Step 3: Team Instructions

Developing Indicators *(15-20 minutes)*

- Develop at least two indicators for each mobilization outcome and two indicators for each change outcome.
- Ask these questions about each outcome—
  - What will tell you if the desired outcome has been achieved?
  - What will tell you to what degree the desired outcome has been achieved?
- It may save time to have the team break into pairs and have one pair develop indicators for mobilization outcomes and one for change outcomes.
- Check to be sure the indicators are—
  - **Relevant** and **specific** to the mobilization or change outcome
  - **Verifiable** (visible, observable, or measurable in some way)

5. Post and Review *(15 minutes)*

- Teams post their **Mobilization Indicators** and **Change Indicators** Charts.
- Take a tea break, while participants and facilitators review team charts.
- Facilitators should take special note of whether indicators—
  - Are **relevant** and **specific** to the specific outcome
  - Are **verifiable** (visible, observable, or measurable)
  - Include focus on affected groups, vulnerable groups, high-risk groups, and other groups that are traditionally excluded or overlooked
- **Option:** *If time permits, teams can briefly present their charts to the large group.*

6. Group Discussion *(25 minutes)*

Mobilization Indicators *(15 minutes)*

- Consider the mobilization indicators first. Ask participants for comments, questions, and suggestions on indicators developed by different teams, and allow teams to respond.
- Facilitators point out ways indicators might be improved, particularly in relation to—
  - Relevance and specificity
  - Verifiability
  - Focus on affected groups, vulnerable groups, high-risk groups, and other groups that are traditionally excluded or overlooked
- If needed for clarification, facilitators can give several more examples of mobilization outcome indicators from the participant handout **Mobilization Outcome Indicators** on the following page.

Change Indicators *(10 minutes)*

- Ask participants for comments, questions, and suggestions on the change outcome indicators developed by different teams, and allow teams to respond.
- Facilitators point out ways indicators might be improved, particularly in relation to—
  - Relevance and specificity
  - Verifiability
  - Focus on affected groups, vulnerable groups, high-risk groups, and other groups that are traditionally excluded or overlooked

(Participant handout)

Mobilization Outcome Indicators

A Sampling of Ideas

(page 1 of 3)

Participation

Sample Desired Outcome: Diverse groups actively participate in social mobilization planning and action at various levels.

Sample Indicators—

- Number of formal/informal groups participating in planning social mobilization actions *(at the community level, at the district level, at the national level)*
- Number of formal/informal groups participating in social mobilization actions *(at the community level, at the district level, at the national level)*
- Types/diversity of groups participating in social mobilization planning and actions *(at the community level, at the district level, at the national level)*
- Number and types of actions undertaken by each group
- Male/female ratio of participants in social mobilization planning and/or actions *(at the community level, at the district level, at the national level)*
- Number and types of self-help/support groups representing affected, vulnerable, or high-risk persons participating in social mobilization planning and actions *(at the community level, at the district level, at the national level)*
- Number of individuals from affected, vulnerable, or high-risk groups participating in social mobilization planning and/or actions *(at the community level, at the district level, at the national level)*

(Participant handout)

Mobilization Outcome Indicators

A Sampling of Ideas

(page 2 of 3)

Leadership

Sample Desired Outcome: Movement has effective, diverse leadership at various levels.

Sample Indicators—

- Number of individuals from affected, vulnerable, or high-risk groups that are recognized leaders in the social mobilization effort *(at the community level, at the district level, at the national level)*
- Number of individuals from affected, vulnerable, or high-risk groups that actively participate in planning and decision making in the social mobilization effort *(at the community level, at the district level, at the national level)*
- Male/female ratio of recognized leadership of the social mobilization effort *(at the community level, at the district level, at the national level)*
- Number of meetings held between leaders, members, and constituents to get input on decisions *(at the community level, at the district level, at the national level)*
- Number of members and constituents participating in planning and decision making who reported their concerns, suggestions, or influenced decision making and planning *(at the community level, at the district level, at the national level)*

(Participant handout)

Mobilization Outcome Indicators

A Sampling of Ideas

(page 3 of 3)

Coalition Building

Sample Desired Outcome: Coalition with diverse membership established and active in social mobilization at various levels.

Sample Indicators—

- Number of groups/organizations that are coalition members *(at the community level, at the district level, at the national level)*
- Types/diversity of groups/organizations that are coalition members *(at the community level, at the district level, at the national level)*
- Number /types of coalition members actively participating in planning *(at the community level, at the district level, at the national level)*
- Number/types of coalition members participating in coalition actions *(at the community level, at the district level, at the national level)*
- Number/types of actions undertaken by coalition members collectively *(at the community level, at the district level, at the national level)*
- Male/female ratio of group/organizational representation in coalition *(at the community level, at the district level, at the national level)*
- Number of affected, vulnerable, or high-risk persons representing organizations in the coalition *(at the community level, at the district level, at the national level)*

7. Wrap-up *(10 minutes)*

- Facilitators should remind participants that this session focused only on **one** aspect of evaluation: developing specific outcome indicators. As participants know from their own experience, the evaluation process is far more involved than this, and includes—
    - Identifying **who** should conduct the evaluation (internal/external)
    - Identifying sources of information
    - Identifying/developing evaluation tools
    - Collecting evaluation information
    - Synthesizing and analyzing the information
- Tell participants they will receive a worksheet that will remind them of key steps in the evaluation planning process.
- Facilitators give participants these handouts—
    - **Mobilization Outcome Indicators: A Sampling of Ideas**
    - **Evaluating Outcomes: Planning Worksheet**

(Participant handout)

Evaluating Outcomes: Planning Worksheet

(1 of 2 pages)

Mobilization Outcomes	Indicators	Sources of Information	Info Gathering Process

Evaluating Outcomes: Planning Worksheet

(2 of 2 pages)

Change Outcomes	Indicators	Sources of Information	Info Gathering Process

Quiz Contest

(30 minutes)

Objective

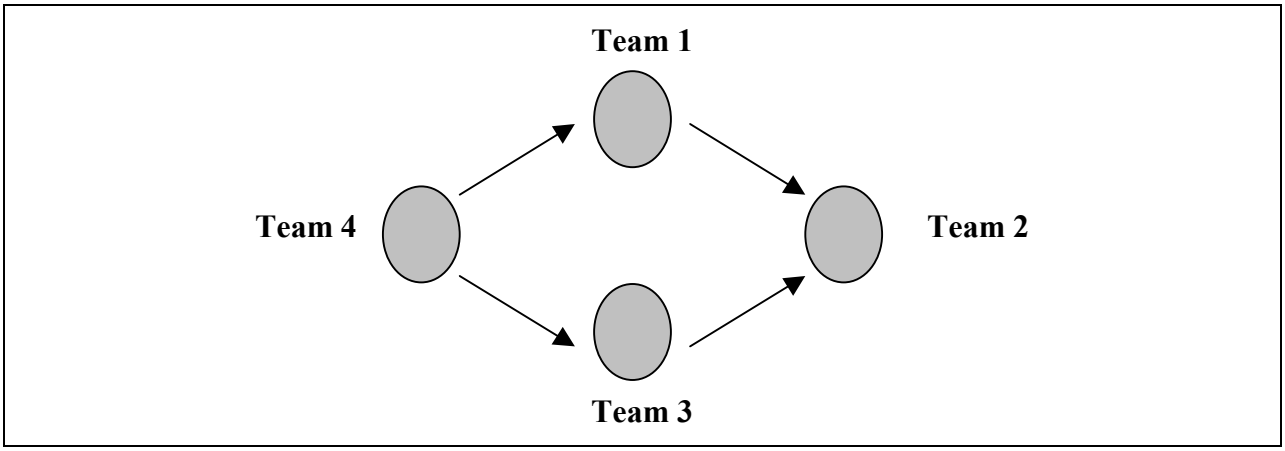
- Participants will have demonstrated their understanding of training content through the types of questions they develop, and the answers they give.

Materials

- Flip chart (two to three blank sheets)
- Permanent markers (four colors, five each)
- Masking tape
- Prize for the winning team (preferably something that can be shared with the large group)

1. Introduction and Rules of the Game *(5 minutes)*

- Explain to participants that they will now return to their issue teams for the last time, to take part in a quiz contest. The winning team will receive a prize.
- Each team will develop five main questions and two alternate questions (in case another team asks one of the main questions first!) to ask the next team. Questions must focus on **key** aspects of social mobilization for **HIV/AIDS.** *(Participants may need to be reminded not to leave out the HIV/AIDS focus!)*
- One facilitator acts as the quizmaster, the other as the timekeeper and scorekeeper. It is very important to keep strictly to the timings.
- Teams will follow this order of questions.



Round One *(5-6 minutes)*

Questions, Answers, and Points Awarded

- *Team 1* asks the **first** question of *Team 2*.
- If *Team 2* answers correctly within 30 seconds, then it is awarded 5 points. If *Team 2* is unable to answer the question within 30 seconds, then *Team 3* may try.
- If *Team 3* answers correctly within 15 seconds, then it is awarded 5 points. If *Team 3* is unable to answer the question within 15 seconds, then *Team 4* may try.
- If *Team 4* answers correctly within 10 seconds, then it is awarded 5 points. If *Team 4* is unable to answer the question within 10 seconds, then *Team 1* may answer its own question.
- If *Team 1* is able to answer its own question within 5 seconds, it is awarded 5 points. If they fail to answer within 5 seconds, they will receive a score of minus 5.
- As soon as *Team 1's* first question has been answered, then it is *Team 2*'s turn to ask their first question, following the same pattern as above.
- This same pattern is followed until all the team's **first** questions have been answered.

Rounds Two through Five *(10 minutes)*

- After all team's **firs**t questions have been answered, then *Team 1* will ask its **second** question of *Team 2*. The same pattern outlined above for round one will be repeated for rounds two, three, four, and five.

Round Six *(5 minutes)*

- After all team's questions have been answered, then it is the facilitator's turn to ask two questions of each group. Questions should focus on **key** aspects of social mobilization for HIV/AIDS. Facilitators might consider asking questions on topics that were confusing to participants, or generated lots of discussion in the training.
- Facilitator questions are not passed on to the next group. Teams will have 30 seconds to respond to the facilitator's questions.

Computing Scores *(5 minutes)*

- Add up the scores and announce the winner.
- Award the winning team their prize. Announce that they have shown an increase in ***knowledge*** about social mobilization on HIV/AIDS issues. Now it is time for **all** the teams to go out and put their knowledge into social mobilization ***practice***! (The winning team may want to share their prize with all participants.)

Session Mapping

Participant Evaluation of Training Sessions

(30-45 minutes)

Objectives

By the end of this session participants will have—

- Created personal "maps" of the high and low points of the training, session-by-session

Materials

- Flip chart (15-20 blank sheets)
- Permanent markers (four colors, five each)
- A selection of colorful *tikas*, small bits of colored paper, flower petals, leaves, for participants to use in mapping high and low points of the training
- Masking tape

Flip Charts

- Sample Session Map

Handouts for Participants

- List of Session Topics

1. Introduction and Overview *(5 minutes)*

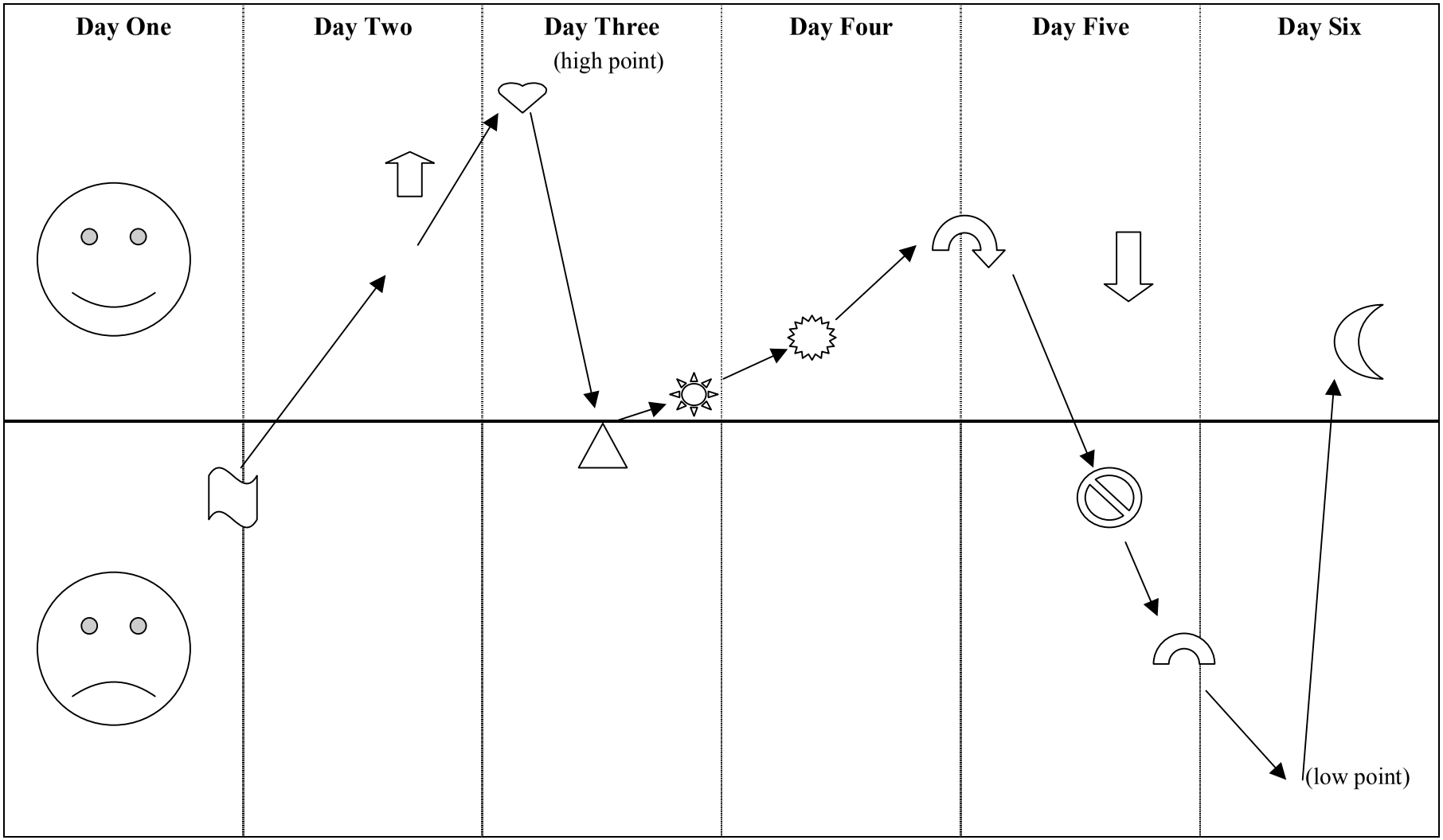
- Explain to participants that they will now have a chance to evaluate the training, session-by- session, by making a time-line "map" of the high and low points of the training from their personal perspective.
- Show participants the pre-prepared session map *(refer to flip chart on the following page).* Show where *Day One* and *Day Six* are located. Show the high points, low points, and explain that all the points in between represent sessions.
- Point out the *tikas*, other colorful materials, and colored markers that are available to them to make their own maps, and tell them they will be given a list of session topics to refresh their memories.
- Hand each participant a blank sheet of flip chart paper and a marker and have them draw a horizontal line across the middle of the page lengthwise, a "happy" face above the line, and a "sad" face below the line.
- Also, have participants divide the page into approximately equal "days."

2. Mapping High and Low Points *(10 minutes)*

- Ask participants to close their eyes and reflect on the training overall. After a minute or two of reflection, ask participants to reflect on the question: *What was the **high** point (or most positive time, event) of the training?* (This does not have to be directly related to a particular session—whatever comes to the participant's mind.)
- Ask participants to place a *tika* or other symbol in the appropriate place on the time-line to represent that high point. *(For example, if the high point was on Day Two of the training, then place a symbol at the top of the page in the space for Day Two.)*
- Then have participants write a one to two word label describing the high point next to the symbol and a few words/sentences explaining **why** it was a high point.
- Next have participants reflect on the question: *What was the **low** point (or most negative time, event) of the training?* (This also does not have to be directly related to a particular session—whatever comes to the participant's mind.)
- Have participants place a *tika* or other symbol in the appropriate place on the time-line to represent that low point. Then have them write a one to two word label describing the low point next to the symbol, and a few words or a sentence explaining **why** it was a low point.

(Flip chart)

Sample Session Map



3. Mapping Sessions *(20-30 minutes)*

- Hand out the list of session topics on the following page.
- Ask participants to review the list of session topics and reflect on each one.
- After reviewing the list, participants should then place symbols in sequential order for each session on their maps—above the line for those they felt positively about, below the line for those they felt negatively about. *(How high or low will depend upon how positively or negatively they felt about a particular session.)*
- Have participants write the name of the session next to its symbol, and a few words or a sentence explaining **why** it was a high or a low point.
- Emphasize that there could be many reasons **why.** *Did it have to do with the* ***content*** *of the session? Its* ***relevance*** *or* ***irrelevanc****e? The* ***method*** *used in the session? The* ***length*** *of the session? The way the session was* ***facilitated****? The level of* ***participation*** *in the session? The fact that the session was at the beginning or end of the day?* These are just a few ideas and participants should not feel limited by them.
- Participants can make a line connecting sessions in the order they occurred.
- After participants finish mapping sessions, they can add symbols and comments for any other aspects of the training they wish to evaluate: *handouts and additional reading materials, facilitation, having participants serve as team leaders, clarity of team instruction cards, training facilities and other logistical arrangements, and so on.* These are just a few ideas and participants should not feel limited by them.
- Remind participants to be creative and have fun expressing their feelings about the training through this exercise!

(Participant's handout)

List of Session Topics

Day One

- Visualizing Social Change *(meditation)*
- Sharing Participant Experiences of Mobilization (*group discussion*)
- Defining Social Mobilization (*group brainstorming*, *teamwork*)
- A Framework for Social Mobilization Planning *(time-lines and diagrams)*

Day Two

- Outreach, Inclusion, and Participation *(team role-play)*
- Identifying and Prioritizing HIV/AIDS Issues *(using life stories)*
- Analyzing HIV/AIDS Issues *(teamwork)*

Day Three

- Awakening to Personal Change *(meditation)*
- Information Mapping *(teamwork)*
- Identifying Needed Changes *(teamwork)*

Day Four

- Ways of Mobilizing People and Promoting Change *(group brainstorming)*
- Developing Mobilization and Change Strategies *(teamwork)*
- Developing Action Plans for Social Mobilization on HIV/AIDS Issues *(teamwork)*

Day Five

- Building Bridges: Leadership and Team Building *(game)*
- Defining Coalition and Developing Coalition Mission Statements (*teamwork*)
- Mapping Potential Coalition Partners (*teamwork*)
- Assessing Coalition Capacity (*teamwork*)

Day Six

- Evaluating Social Mobilization Outcome (*teamwork*)
- Quiz Contest (*game*)
- Session Mapping (participant evaluation of training)

Closing the Training

(15 minutes)

- Tell participants that the training is now coming to an end.
- Let them know how much their hard work is appreciated.
- Tell them also how much you (the facilitators) learned from going through this process with them. Hopefully they too have gained new skills and made new relationships that will help them meet the many challenges of HIV/AIDS in their communities and in Nepal overall.
- At different points during the training, participants had the chance to become acquainted, through life stories, with various Nepali men and women whose lives have been profoundly affected by HIV/AIDS. HIV/AIDS is, above all, about people, people who could be our neighbors, ordinary people who find themselves in extraordinarily difficult circumstances.
- We'd like to end with the words of ***Paisan Tanud***, a Thai woman who is living with AIDS; may her personal strength and her hopes inspire all of us to work together with commitment to meet the challenges that HIV/AIDS presents. *(Read out the quote below.)*

"AIDS has given me a new perspective on life, love, friendship, and caring…

I am proud to know the people who love and care for me, and in turn, HIV has helped me to better love and care for them…

On the other hand, it is unfortunate that, while many people understand how HIV is transmitted, they still do not understand how to treat other human beings respectfully…

People living with HIV/AIDS in my country are still persecuted and misunderstood…

Negative attitudes toward people living with HIV/AIDS and stereotypes about who can and cannot contract HIV are pervasive… We should work to undo them…

One of my wishes is for us to **learn** from AIDS, to make this world a better place, where we learn to **affirm**, not insult, **every person's dignity.**"[34]

[34] Stories of People Living with HIV/AIDS, Positive Partners Against HIV in Asia-Pacific, 2001

Appendices

Appendices

Appendix I

Overview of Training Manual Development Process I-309

Appendix II

Send Us Your Feedback! II-311

Feedback Form II-312

Appendix III

Bibliography and Resource Guide III-315

Organizations Working in HIV/AIDS III-320

Appendix I

Overview of Training Manual Development Process

This manual was developed through an intensive collaborative process involving ten organizations—

- National Center for AIDS & STD Control, Ministry of Health
- Ministry of Women, Children, and Social Welfare
- Aama Milan Kendra
- B.P. Memorial Health Foundation
- Centre for Development and Population Activities (CEDPA/Nepal)
- General Welfare Pratishthan
- Junior Red Cross
- Lifesaving and Lifegiving Society (LALS)
- Nepal Red Cross Society
- Richmond Fellowship

CEDPA/Nepal supported the development and production process with financial assistance from the United States Agency for International Development (USAID/Nepal).

A core facilitating team consisting of four part-time persons, a team leader, an HIV/AIDS specialist, a training specialist, and a project support coordinator designed and coordinated the working session process and based on that process, developed and wrote the Nepali and English versions of the manual.

The core facilitating team, in consultation with CEDPA and the other organizations, convened a working group consisting of representatives from two government institutions, seven Nepali NGOs, and CEDPA. Working group members had varying, complementary backgrounds in HIV/AIDS and/or community and social mobilization. The working group was far more than "in name only," and required significant commitment from both the members and their organizations. Members attended a series of ten working sessions—five half-day sessions and five full-day sessions—over a four-month period from December 2001 to March 2002.

CEDPA's existing *Social Mobilization for Reproductive Health Training* manual was used as the basis for development of this manual. The primary aim of working group sessions was to generate Nepal-specific and HIV/AIDS-specific content, using many of the methods and processes proposed for the training. Working group members generated most of the examples included in this manual during simulated training exercises.

Although the working group process was time-consuming, it was, in the end, enriching. In addition to providing the basic content, it also provided a forum for individuals from different organizations who might have otherwise not come together, to share their diverse experiences—working on HIV/AIDS issues and with various types of mobilization. By the end, the group members emerged with a common understanding of social mobilization and new ideas about how it might be applied to addressing HIV/AIDS issues.

Originally we had hoped to field test the training in three sites—the Terai, a hill site, and Kathmandu. Unfortunately, the political situation in Nepal, particularly the days-at-a-time bandhs, intervened and training was field-tested only in Kathmandu. Because of this, this edition of the manual should be considered the first incarnation of a living document. There are undoubtedly many shortcomings and future versions will be greatly improved and enriched by users of diverse backgrounds who have a critical eye and are willing to send us their input and feedback. Feedback forms are included at the end of the manual.

Appendix II

Send Us Your Feedback!

Because of limited field-testing, this edition of the manual should be considered the first incarnation of a living document. There are undoubtedly many shortcomings and future versions will be greatly improved and enriched by users who are willing to send us their input and feedback.

We welcome suggestions on any aspect of the manual and in any form. However, for those who prefer, we have also included feedback forms: one to evaluate the manual overall, and one to evaluate specific sessions.

Feedback forms can be mailed to—

Dr. Shyam Sundar Mishra
Acting Director
National Center for AIDS and STD Control (NCASC)
Ministry of Health
Teku, Kathmandu

Tel: 261653, 258219, Fax; 261406
Email: ncasc@ntc.net.np

or

Mr. Pratap Pathak
Joint Secretary
Ministry of Women, Children and Social Welfare
Singha Durbar, Kathmandu

or

Dr. Cynthia Green
Director of Monitoring and Evaluation
Centre for Development and Population Activities
1400 16th Street, NW, Suite 100
Washington, DC 20036

Email: cgreen@cedpa.org

We look forward to receiving your comments.

Partners for Positive Action: Social Mobilization for HIV/AIDS Prevention, Care & Support

Feedback Form

(page 1 of 3)

Name/Organization/Contact #:

Area of Evaluation	Rating Scale (Disaster … Grand Success!)	Explanation/Suggestions for Improvement
Training Goal (Appropriateness for participants, relevance to their work, etc.)	**1 2 3 4 5**	
Overall Training Content (Relevance to training goal, sufficient to achieve training goal, etc.)	**1 2 3 4 5**	
Session Flow/ Continuity (Links, relationships between sessions, etc.)	**1 2 3 4 5**	
Layout/Format (User-friendliness, etc.)	**1 2 3 4 5**	

Partners for Positive Action

Name/Organization/Contact #:

Area of Evaluation	Rating Scale Disaster Grand Success!	Explanation/Suggestions for Improvement
Methodology (Enough variation of methodology, etc.)	**1 2 3 4 5**	
Following One Issue through the Planning Process (Was this an appropriate and effective approach, given the training goal and the participant's level?)	**1 2 3 4 5**	
Other	**1 2 3 4 5**	

Partners for Positive Action

(page 3 of 3)

Name/Organization/Contact #:

Area of Evaluation	Rating Scale (Disaster … Grand Success!)	Explanation/Suggestions for Improvement
Process (Steps in process, clarity of instructions, etc.)	**1 2 3 4 5**	
Method (Appropriateness for content, appropriateness for participants, ease/difficulty for facilitator, etc.)	**1 2 3 4 5**	
Content (Relevance to social mobilization on HIV/AIDS, relevance to session topic, appropriateness for participants, etc.)	**1 2 3 4 5**	
Participation (Level of participant interest, involvement, etc.)	**1 2 3 4 5**	
Participant Materials (relevance to session topic, appropriateness for participants, sufficient for topic and participants)	**1 2 3 4 5**	
Time (sufficiency for session overall, for specific session components/ steps)	**1 2 3 4 5**	
Other	**1 2 3 4 5**	

Appendix III

Bibliography and Resource Guide

HIV/AIDS-Related

Ankrah, Maxine E. and Attika, Sera A., *Dialogue: Expanding the Response to HIV/AIDS, A Resource Guide*, (Washington, DC: Family Health International/AIDSCAP, 1997).

Berer, Marge with Ray, Sunanda, *Women and HIV,* (Pandora Press: London, 1993).

Bhattarai, Madhur, MD, *Wait a Minute! AIDS Is Your Problem Too* (Nepali language), (Kathmandu, 2002).

Centre for Development and Population Activities (CEDPA/Nepal), *Talking Together: Integrating STD/AIDS in a Reproductive Health Context* (English and Nepali), (Kathmandu, 1997).

Center for Harm Reduction, Macfarlane Burnett Center for Medical Research and Asian Harm Reduction Network, *Manual for Reducing Drug Related Harm in Asia*, (1999).

ESCAP, *Approaches to Community-Based HIV/AIDS Prevention in the ESCAP Region*, (United Nations, 1998).

Family Health International, *A Dialogue Between the Sexes*, (Washington, DC*,* 1999).

Family Health International and New Era, *Behavior Surveillance Survey, Round 1 and Round 2, (*Kathmandu).

Family Health International, *HIV/AIDS Prevention and Control Program: Implementing AIDS Prevention and Care Project (IMPACT)* (unpublished report), (Kathmandu, 2000).

Family Health International, *Making Prevention Work: Global Lessons from AIDSCAP,* (FHI: Washington, DC, 1997).

Granich, Reuben, M.D, M.P.H., and Mermin, Jonathan, M.D, M.P.H, *HIV Health and Your Community*, (Stanford University Press: Palo Alto, 1993).

Gupta, Geeta Rao, International Center for Research on Women, *How Men's Power Over Women Fuels the HIV Epidemic,* (ICRW: Washington,DC)

Hamand, Jeremy, *IPPF HIV/AIDS Advocacy Guide,* (International Planned Parenthood Federation: London, 2001).

Hannum, Jill, American Foundation for AIDS Research (AMFAR), *AIDS in Nepal,* (New York, 1997).

His Majesty's Government of Nepal and United Nations Development Program, *Participatory Planning and Management of HIV/AIDS,* (unpublished report, 1998, 1999, and 2000).

International Council of AIDS Service Organizations (ICASO), *HIV/AIDS and Human Rights: Stories From the Frontlines, (*ICASO, June 1999)

International Rescue Committee, *Protecting the Future, A Guide to Incorporating HIV Prevention and Care Interventions in Refugee Settings,* (New York, 2001).

Jayasurya, D.C. (Editor), *Ethics, Law and HIV/AIDS,* UNDP Regional Project on HIV and Development, (New Delhi, 1995).

JICA, *Sero-Prevalence Among Selected Migrant Populations in Doti* (unpublished report), (Kathmandu, 2000).

Joint United Nations Programme on HIV/AIDS, *Gender and HIV/AIDS: Taking Stock of Research and Programs*, UNAIDS Best Practice Collection, (United Nations)

Joint United Nations Programme on HIV/AIDS, *Guide to Strategic Planning Process for a National Response to HIV/AIDS*, (United Nations).

Joint United Nations Programme on HIV/AIDS and Panos Institute, *Young Men and HIV: Culture, Poverty and Sexual Risk,* (Geneva, 2001).

Panos Institute, South Asia, *Positive Life* (English and Nepali), (Kathmandu, 1999).

Parnell, Bruce W. and Benton, Kim W., *Facilitating Sustainable Behavior Change, A Guidebook for Designing HIV Programs,* MacFarlane Burnett Center for Medical Research, (Victoria, Australia, 1999)

People Living with HIV/AIDS, *Positive Partners Against HIV in Asia-Pacific, Stories of People Living with HIV/AIDS*, (Victoria, 2001).

Regional Conference of Parliamentarians on Health of Vulnerable Populations, *Parliamentarians Call for Action*, (Kathmandu, 1997).

Sakriya Unit, United Mission to Nepal, *HIV/AIDS Training Manual*, (Kathmandu).

Save the Children/USA, USAID, and AIDSCAP, *Instructional Guide for Training in HIV/AIDS Prevention (Nepali language),* (Washington, DC).

Save the Children/US, WICOM, LALS and B.P. Memorial Health Foundation, *Training Manual on HIV/AIDS Peer Education*, (Kathmandu, 1998).

The World Bank, *Confronting AIDS: Public Priorities in a Global Epidemic,* (The World Bank, 1997).

United Nations Development Program, *A Development Challenge: AIDS in South Asia and South West Asia, HIV and Development Project* (New Delhi, 1999).

Additional Training Resources

Aubel, Judi, Gill, Kirin, and Vostrejs, Meredith, *Monitoring and Documentation for Learning,* Maternal and Neonatal Health Program, (unpublished,2001).

The Centre for Development and Population Activities, *Advocacy: Building Skills for NGO Leaders,* (Washington, DC, 1999).

The Centre for Development and Population Activities (CEDPA/Nepal), *Choose a Future, Issues and Options for Adolescent Boys* (English and Nepali), (Kathmandu,1998).

The Centre for Development and Population Activities (CEDPA/Nepal), *Choose a Future, Issues and Options for Adolescent Girls* (English and Nepali), (Kathmandu,1996).

The Centre for Development and Population Activities, *Gender and Development, CEDPA Training Manual Series, Volume III*, (Washington, DC, 1996).

The Centre for Development and Population Activities, *Gender, Reproductive Health, and Advocacy, A Trainer's Manual*, (Washington, DC, 2000).

The Centre for Development and Population Activities, *Social Mobilization for Reproductive Health: A Training Manual*, (Washington, DC, 2000).

The Centre for Development and Population Activities, *Strategic Planning: An Inquiry Approach,* (Washington, DC, 1999).

The Centre for Development and Population Activities, *Supervision, CEDPA Training Manual Series, Volume IV*, (Washington, DC, 1996).

The Centre for Development and Population Activities, *Training Trainers for Development, CEDPA Training Manual Series, Volume I*, (Washington, DC, 1995).

NGO Networks for Health: The White Ribbon Alliance for Safe Motherhood, *Awareness, Mobilizing and Action for Safe Motherhood: A Field Guide*, (Washington, DC, 2000).

Sharma, Ritu, Support for Analysis and Research in Africa and Academy for Educational Development, *An Introduction to Advocacy, Training Guide*, (Washington, DC).

Social Mobilization Learning Center, South Asia Poverty Alleviation Program (SAPAP), and UNDP/UNOPS, *Social Mobilization Manual* (Nepali language), (Pokhara, Nepal, 2001)

The Futures Group International, *Networking for Policy Change: An Advocacy Training Manual,* The POLICY Project, (Washington, DC, 1999).

USAID, Centre for Development and Population Activities, Center for Communication Programs, Johns Hopkins University, *Enabling Gender Sensitive RH Communication: Trainer's Manual,* (unpublished).

Others

Aubel, Judi, Ph. D., MPH, *Communication for Empowerment.*

Family Health Division, Ministry of Health*, Nepal Demographic and Health Survey 2001*, (Kathmandu, 2002).

Ministry of Women, Children and Social Welfare, *A Compendium of Anti-Trafficking Publications and IEC Materials* (English and Nepali), (Kathmandu, 2001).

Seddon, David, *Foreign Migration and the Remittance Economy of Nepal*, (University of East Anglia: Norwich, 2000).

Werner, David and Sanders, David, *Questioning the Solution: The Politics of Primary Health Care and Child Survival,* (1997).

WOREC, *Situation Analysis of Trafficking in Women*, (Kathmandu, 2000).

Internet Resources

Discussion Groups

Gender and AIDS Network

gender-aids@hivnet.ch

HIV and Human Rights Network

HIVLine-L-On@HIVLine.com

HIV and Law Network

HIV-Law-Approval@web-depot.com

Human Rights Forum

human-rights@hivnet.ch

PLWHA Network

plwha-net@hivnet.ch

South East Asian AIDS Network

sea-aids@hivnet.ch

Treatment Access Forum

treatment-access@hivnet.ch

Organizational Websites

www.aidalliance.org

www.cdc.gov

www.cpc.unc.edu/measure

www.europa.eu.org

www.fhi.org

www.hdnet.org

www.icaso.org

www.iean.org

www.naco.nic.in

www.unaids.org

www.youandaids.org

Organizations Working in HIV/AIDS

Action Aid Nepal
Lazimpat
Phone: 436477
Mr. Ram Dayal Yadav

Advocacy and rights-based program for PLWHA

ADRA/Nepal
Banepa
Phone: 011-61635, 011-61292
Chandeshwori Tamrakar

Awareness and youth-focused activities on HIV/AIDS

AIDS-INFO-DOCU/Switzerland
Baneswor
patnep@mos.com.np
Dr. Pushpa Bhatt

Care and support, STD treatment, counseling

B. P. Memorial Health Foundation (BPMHF)
Budhanagar, Baneswore
Phone: 494076, 485861
Khumananda Subedi

Behavior change focused on adolescents and youth

Bhanu Uddesiya Bikas Sewa Sansthan
Phone: 071-23538
Chandrika P. Yadav

Care and support

Blue Diamond Society
Mr. Sunil B. Pant

Men having sex with men (MSM), research

Canadian Cooperation Office (CCO)
Lazimpat
Phone: 415193
Ms. Sujata Newar Pradhan

Adolescents and youth

CARE Nepal
puru@carenepal.org
Mr. Purushottam Acharya

Research, awareness, capacity building

The Centre for Development and Population Activities (CEDPA)
Gairidhara
Phone: 417071, 427739
Mr. Dinesh Dhungel

Research, capacity building, social mobilization

Community Health Development
pamdr@ccsl.com.np
Ms. Geeta Rai

Care and support

CRDS/Nepal
crdsnepal@yahoo.com
Mr. Hari P. Awasthi

Vulnerable and high-risk behavior

Family Planning Association of Nepal (FPAN)

Pulchowk
Phone: 523709
Mr. Subash Shrestha

Family planning, condom promotion, and counseling

Family Health International (FHI-Nepal)
Gairidhara
Phone: 427540, 439595
Ms. Asha Basnyat

Behavioral change intervention (IDUs, sex workers), research

General Welfare Pratisthan (GWP)
Gyaneswar, Charkhaal Chowk
Mr. Mahesh Bhattarai, Mr. Banmali Subedi

Behavioral change intervention

GNP+/AMS
Phone: 525188
Mr. Rajiv Kafle

Adolescents and youth

Help Group
Biratnagar
Phone: 428195 (Kathmandu contact)
Ms. Bishnu Sharma

Harm reduction, care and support, awareness

INF, AIDS Case Department
Pokhara
aids@inf.org.np
Mr. Bishnu Rai

Care and support

JHU/PCS
Sanepa
Ms. Savita Acharya

Media capacity and training on reproductive health and HIV

Karuna Bhawan
sabs@info.com.np
Sr. Deepa

Care and support, rehabilitation

Life-Giving and Life-Saving (LALS)
lals@info.com.np
Mr. Dhirendra Lamsal

Vulnerable and high-risk behavior

Mental Hospital (Govt. Hospital)
Lagankhel, Lalitpur
Dr. D. M. Shrestha

Drug addict issues, Methadone therapy

Multi-Purpose Development Service Institute
Phone: 071-23538
Ms. Chandrika P. Yadav

Epidemiology, surveillance, and research

National Center for AIDS and STC Control (NCASC)
Ministry of Health, Teku
Phone: 261653
Dr. Shyam Sundar Mishra

Policy development, surveillance, and research

Nepal Institute of Development Studies
Phone: 421511
Mr. Ganesh B. Gurung

Research in mobility and migration

Nepal Red Cross Society (NRCS)
Kalimati
Phone: 277565
Mr. Indra Adhikari

Youth-focused capacity and awareness program

New Era
Kathmandu
Mr. Jagat Basnet

Research

NGO Networking
ngonetwork@enet.com.np
Mr. Sher Bahadur Bhandari

Advocacy

NODAN Club
nodanclub@hotmail.com
Mr. Raman Bhattarai

Care and support

Organization for Psychological Research & Counseling
Phone: 549875
Mr. Padma P. Ghimire

Care and support

Resource Center For Primary Health Care (RECPHEC)
maheshs@mail.com.np
recphec@infoclub.com.np
Mr. Mahesh Sharma

Advocacy, research, HIV/AIDS IEC clearinghouse, documentation

REGHED
Mr. Gautam Shakya

Research and Consultancy Agency

Richmond Fellowship Nepal
Sanepa
Mr. Sunita Singh Malla

Research, rehabilitation of women IDUs and FSWs

Save the Children (SCF-UK)
Jawalakhel
Phone: 535161
Mr. Komal Sharma

Awareness and capacity building on HIV/AIDS

Save the Children (SCF-US)
Maharajgunj
Phone: 412598
Ms. Tara Chettry

Care and support

SEDA/Nepal
Pokhara
seda@stdhiv.enet.wlink.com.np
Mr. Rajendra Adhikari

Vulnerable and high-risk behavior

St. Xavier Social Service
sxssc@wlink.com.np
Mr. Bill Robins

Counseling, care and support

Asia Foundation, Nepal
Mr. Pankaj Bhattarai, Mr. Krishna Lamsal

Care and support

UMN HIV/AIDS, (Sakriya Unit)
Thapathali
Phone: 251570
Mr. Bishnu Ghimire Dr. John Dickinson

Counseling training, capacity building