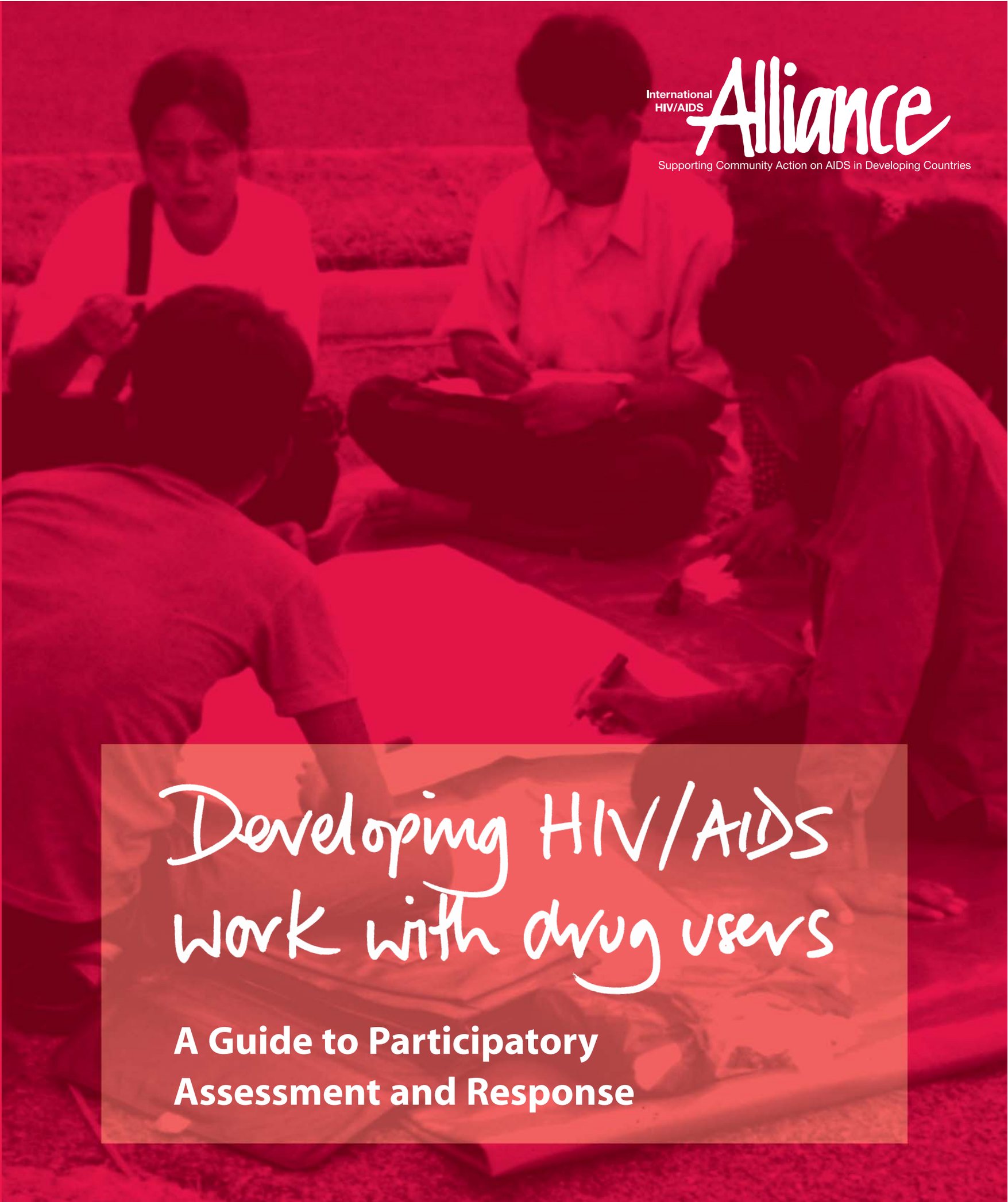

International HIV/AIDS Alliance

Supporting Community Action on AIDS in Developing Countries

Developing HIV/AIDS work with drug users

A Guide to Participatory Assessment and Response

About the Alliance

The International HIV/AIDS Alliance (the Alliance) is an international non-governmental organisation (NGO) that supports communities in developing countries to make a significant contribution to HIV/AIDS prevention, as well as care and support for those affected. Since its establishment in 1993, the Alliance has provided financial and technical support to NGOs and community-based organisations (CBOs) from more than 40 countries, through either linking organisations, country offices and other partner organisations. In addition, the Alliance promotes good practice in community responses to HIV/AIDS more broadly through evaluation, operations research, the development of training materials and tools, as well as policy and advocacy activities.

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Introduction to this guide

"All experienced partner NGOs commented that the tools and methods of the Participatory Assessment and Response approach offered by the International HIV/AIDS Alliance were highly innovative and allowed them to conduct more useful assessments than previous assessments based on different methodologies. Furthermore, it was acknowledged that the broad involvement of target groups and community stakeholders in the process of assessment allowed the NGOs to build much closer relations with vulnerable groups as well as to gain much more support from the authorities and community leaders."[1]

What is this guide about?

This guide describes how to design and carry out an assessment on HIV/AIDS and drug use based on a Participatory Assessment and Response (PAR) approach. The approach builds on the Alliance's work in adapting Participatory Rural Appraisal (PRA) methods for HIV/AIDS work. The guide offers a step-by-step description of how the approach can be used to develop HIV/AIDS work among drug users.

Assessment is an important part of any work that addresses problems related to drugs and HIV/AIDS. It is important to do an assessment in order to understand what these problems are and how best to respond to them. There are many ways to do an assessment. These can range from surveys of large groups of people to small group discussions and one-on-one interviews.

Because of the urgency of responding to the drugs and HIV/AIDS situation in many parts of the world, there is a growing interest in the Rapid Assessment and Response (RAR) approach that has been developed by the World Health Organisation (WHO, 1998).[2] The RAR approach uses a mix of assessment methods, carried out over a short period of time, to gather both qualitative and quantitative information that is then used in developing responses to the findings of the assessment.

The Alliance's work on Participatory Assessment and Response integrates the RAR and PRA approaches to emphasise the importance of participation of affected communities in responding to the HIV/AIDS problem among drug users. As in RAR, it recognises the importance of linking assessment activities with developing a response and the need to respond quickly to problems related to drugs and HIV/AIDS. However, it also emphasises the critical importance of the participatory nature of the assessment. This emphasis on participation draws heavily on experience from rural development work in many countries and its use of participatory processes and techniques to involve community members more fully in identifying rural development problems and responses to them. The next section on Background Information describes the Participatory Assessment and Response approach in detail. It describes the advantages and components of this approach as it is applied to problems related to drugs and HIV/AIDS. It will be helpful to read this background information before using the rest of this guide.

Why was this guide developed?

The worsening HIV/AIDS epidemic is one of the most serious problems facing countries in many parts of the world. In many areas, particularly in Asia and Eastern Europe, the epidemic is linked to the injecting of drugs. Patterns of drug use, as well as

1. *'Moving into Action: Participatory Assessment and Response – Documenting the Ukraine experience'*, Quarterly newsletter, Alliance Ukraine, September–October 2001.
2. 'Stimson, G V., Fitch, C., Rhodes, T. (1998) *The Rapid Assessment and Response Guide on Injecting Drug Use* (draft for field-testing), Geneva: World Health Organisation, Substance Abuse Department, www.who.int/subatsance_abuse/docs/idu_rar.pdf

aspects of drug policy, are also creating a range of other drug-related harms for both individuals and the communities in which they live.

To date, most of the Alliance's work has concentrated on the sexual health aspects of HIV/AIDS work. But the Alliance recognises the need to mobilise community action on the links between drugs and HIV/AIDS, and specifically to support work with drug users. This work must begin with an effective assessment. The Alliance has developed this guide in order to support more effective assessments of the drug-related HIV/AIDS epidemic and other drug-related harms.

How was this guide developed?

Following discussions at the 5th International Conference on AIDS in Asia and Pacific (ICAAP) in Kuala Lumpur in 1999, the Alliance recognised the need to mobilise community action on the links between drugs and HIV/AIDS in the Asia region. In response, the Alliance carried out a series of regional capacity-building activities, including the development of this guide.

The first activity was a regional workshop on "Expanding and Enhancing HIV/AIDS Prevention and Care Work with People who Inject Drugs in Asia", held in Chiangmai, Thailand, in September 2000. This workshop introduced the main concepts and issues relating to drug use and harm reduction to the Alliance's linking organisations in the Asia region, and explored the roles of NGO support organisations and harm reduction agencies in developing more effective responses to the drug-related HIV/AIDS epidemic.

One of the clear recommendations of this workshop was the need for more effective assessments of drug-related HIV/AIDS and other drug-related harms. A first draft of this guide was then developed by Alliance consultant Alan Greig and used as a learning resource in a skills-building workshop for Alliance partner organisations on "Participatory Assessments on HIV and Drug Use", held in Chiangrai, Thailand, in April–May 2001.

Following this workshop, the Alliance provided technical and financial assistance to support the implementation of participatory assessments in Cambodia, Mongolia, Kachin State (Myanmar), Philippines and northern Thailand. Parallel to this process, the Alliance also introduced the Participatory Assessment and Response approach in its programme in Ukraine and subsequently developed and disseminated the guide *Participatory Assessment and Response*, in Russian, drawing on the experience of non-governmental organisations (NGOs) and community-based organisations (CBOs) that carried out the assessments in Ukraine. In June 2002, the Alliance brought together the various organisations involved in these assessments in Asia and Ukraine to share their findings and lessons in

Community members using a tool, Chiangrai, 2001

a workshop on "Involving Drug Users in HIV Prevention and Care: Participatory Assessments, Project Design and Implementation", held in Chiangmai, Thailand. This guide was then revised on the basis of the experiences and lessons in participatory assessments shared at the workshop. A second draft of the guide was read by a review panel, and then finalised. Reports on all of the workshops listed above are available from the Alliance.

Who is this guide for?

This guide is intended to help organisations and groups carry out assessments of the drug-related HIV/AIDS epidemic and other drug-related harms, and begin a response to these harms. The examples in this guide are drawn from the work of NGOs and CBOs, but the guide can also be used by government agencies and private sector bodies.

The guide is aimed primarily at organisations and groups that have some experience of HIV/AIDS work but that have little or no experience of work with drug users. The guide does not provide basic information on HIV/AIDS, and assumes that organisations already have this information or can get it from other sources. But it does include a range of information on drugs, drug users and drug-related harms that will be useful for organisations who are relatively new to these issues. Such information, and the step-by-step guide to the Participatory Assessment and Response approach offered here, will also be useful to organisations that already have some experience of work with drug users on drugs issues but who want to learn new ways of understanding and dealing with these issues.

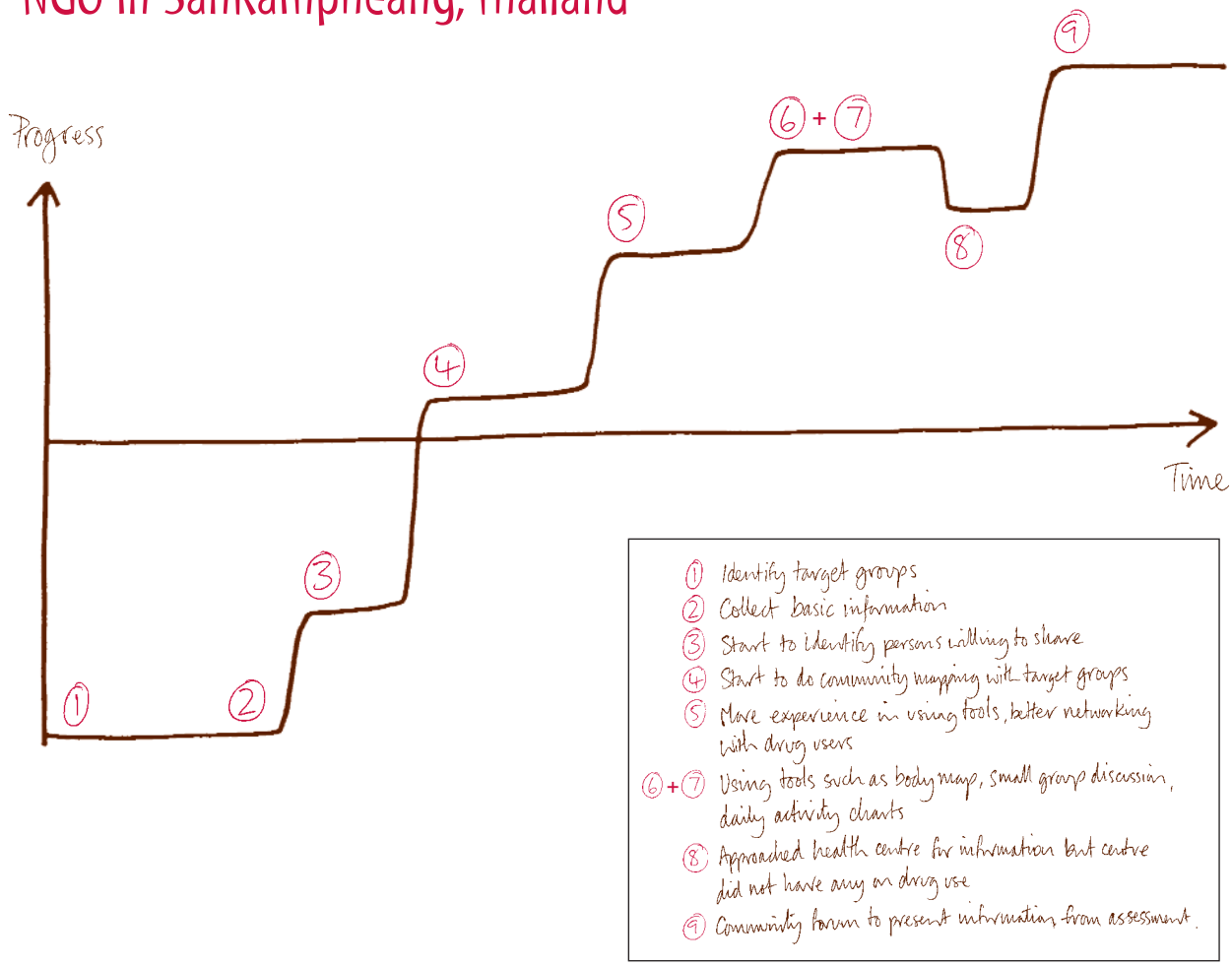
How can this guide be used?

This guide describes the steps involved in carrying out a participatory assessment on drugs and HIV/AIDS.

The guide breaks the assessment and response process down into ten steps. These ten steps provide an overview of a typical assessment process and the logical sequence of activities that it involves. Actual assessments may not be able to, or may not choose to, follow this sequence exactly because of local circumstances. The guide is intended to be merely a guide and not a prescription for how an assessment must be carried out. For this reason, the guide should be used flexibly. Some users of the guide may choose to follow all ten steps, while others may choose to use only some sections of the guide to assist them with particular aspects of the assessment that they are carrying out. An overview of the ten steps are shown on pages 19-20.

The illustration on page 8 shows a timeline depicting the actual steps taken by an NGO, Youth Love Community, in Sankampheang, Thailand, during a participatory assessment on HIV and drug use carried out in a peri-urban community.

Timeline of a participatory assessment undertaken by an NGO in SanKampheang, Thailand



Vertical scale shows progress of assessment in gathering information

In addition to describing the ten steps of the assessment and response process, the guide includes background information on drug use, harm reduction and participatory assessments. This information may be reproduced as handouts for, or used as the basis of training activities with, all those who may be involved in the assessment, especially members of the Advisory Group and assessment team.

The guide also includes three sets of instructional notes on:

- **Assessment topics** These notes provide details of topics that the assessment should collect information on;
- **Assessment tools** These notes describe a number of participatory assessment tools in detail, with suggestions for how each tool might be used;
- **Assessment skills** These notes briefly describe participatory communication skills required in carrying out a participatory assessment and training activities that can be used in training the assessment team.

Background information

Summary

This section provides some background information that will be useful to know before beginning a participatory assessment. This information can be used as the basis for training assessment team members (see Step 3) and reproduced in the form of handouts. It may be also be useful in briefings for Advisory Group members (see Step 2).

About drug use

One common definition of the word "drug" is any substance that in small amounts produces significant changes in the body, mind or both. Drug policies and laws usually focus on "psychoactive" drugs – drugs that affect a person's mood, perception and/or thought, producing changes in both mind and body.

Psychoactive drugs include a wide variety of substances, such as tobacco, coffee, alcohol, as well as opiates (opium, morphine, heroin, buprenorphine), stimulants (amphetamines, cocaine), depressants (barbiturates, benzodiazepines), hallucinogens (LSD, Ecstasy) and cannabis (marijuana, hashish).

There are several ways of using drugs. Drugs can be taken by:

- **Drinking** – for example, an opium tea can be prepared from opium poppies;
- **Swallowing** – many pharmaceutical drugs come in the form of tablets. Many kinds of opiates, amphetamines, barbiturates, benzodiazepines, and Ecstasy are taken in tablet form;
- **Sniffing/snorting** – some drugs also come in powdered form, which can be snorted up the nose. For example, powdered cocaine is often snorted;
- **Smoking** – some drugs are commonly smoked, such as cannabis, opium and crack cocaine;
- **Injecting** – many drugs can also be injected, either because they come in a liquid form or can be prepared as a liquid for injection. Heroin and other opiates, amphetamines and cocaine are examples of drugs that are commonly injected.

Throughout history, people have always used substances to change their mood, perception and/or thought. Societies have developed social rituals, cultural norms and, more recently, laws and policies to control people's use of these drugs. In all countries, there are laws that limit or prohibit the use of certain drugs.

Why do people use drugs?

People use drugs for a wide range of reasons. Most choose to do so for recreation. People also use drugs to alleviate pain, to help them in the work they are doing or to cope with feelings of depression. For some people, drug use is part of the culture they were born into and is an accepted way of life. A smaller number of people have drugs forced on them without their knowledge or consent.

At the Alliance's second Asia regional workshop on drugs and HIV/AIDS issues, (Chiangmai, 2002), participants brainstormed the reasons why they thought that people use drugs. These reasons included:

- Work
- Stigma
- Lifestyle
- Escaping from problems
- Relaxation
- Curiosity
- Enjoyment
- Loneliness

example

Reasons for drug use in a highland community in South-east Asia

Opium has traditionally been used in many highland communities in South-east Asia for many years. During a recent assessment carried out in one community, the participants identified a wide range of reasons for current use of drugs by different people in the community.

A key reason for the high rate of drug use stems from the widespread availability of drugs due to proximity to drug-producing areas.

For some people, increased levels of economic activities such as mining, logging, and trade following cessation of insurgent fighting in the area has increased their income, making it more possible to buy drugs. However, many workers involved in these economic activities also use drugs to help withstand the tiredness and cold they experience while working.

Many workers work in cold, damp conditions, including under water in the mines. Likewise, the workers in logging camps also use drugs to withstand fatigue. On the other hand, some young people use drugs because of unemployment, lack of education and peer pressure. Drug sellers are often themselves drug users. In conclusion, the people in the area use drugs for many reasons.

About drug users

Just as there are many kinds of drugs, there are many kinds of people who use drugs. It is important to remember that drug use is a behaviour not an identity. In HIV/AIDS work, the terms "drug user" and "injecting drug user" are very commonly used. But these terms only tell us about a person's behaviour; the fact that they use or inject drugs. These terms do not tell us anything necessarily about what kind of a person they are. See the example box for a description of the range of different people who use drugs in a highland community in South-east Asia.

People who use illegal drugs have at least one thing in common – they are breaking the law. People who inject illegal drugs also have other things in common; not only the nature of their drug-using behaviour, but also the fact that drug injecting is often more stigmatised than other ways of using drugs.

Because of this sense of a shared experience, it is quite common for groups of drug injectors to have a feeling of a common "culture" around their drug use. Such a culture can have a big influence on when, where, how and with whom people will inject drugs in a particular area or community, and thus a big influence on people's risks of HIV/AIDS.

example

Drug users in a highland area in South-east Asia

An assessment carried out in a highland area in South-east Asia showed that 75 per cent of the population in one border town use drugs. Most of them use drugs for recreation. About 40 per cent of the drug users are addicted, and half of them inject heroin and opium. Most drug users are wage workers, businessmen and government staff. They mainly use raw opium, heroin and amphetamines. Most of the drug users cook the raw opium and inhale the smoke (chasing the dragon). But many young people inject heroin and raw opium. Truck drivers and a few young people use amphetamines. Since there are many people who inhale raw opium, they are not looked down on for their habit. But heroin and opium injectors are not socially accepted.

Thus, when designing and carrying out an assessment on drug use and HIV/AIDS, it is essential to pay attention to:

- The many differences between people who use drugs in the assessment area;
- The existence of groups of drug users who share a sense of common experience, and what brings these groups together;
- How drug-using and drug-injecting "cultures" influence people's behaviours and their risks of HIV/AIDS.

Drug users and HIV/AIDS

Anyone who has unprotected sex, whether they use drugs or not, is at risk of getting HIV. In this sense, people who use drugs face the same sex-related risks of HIV/AIDS as people who do not, or who have never, used drugs.

However, people who use drugs may be at higher risk of HIV infection. This is because:

- Many forms of drug use are known to remove inhibitions, especially inhibitions about sex. This can mean that when people are taking drugs, they may be less likely to use condoms (or to use condoms properly) during sex. Although there is still a lack of research evidence to support this belief, the link is widely believed to be true.
- Public perceptions of drug users – especially injecting drug users – and the criminalisation of their activities, means that they often face high levels of stigma and discrimination, which may lead to increased vulnerability to HIV. Many drug users, and especially injecting drug users, also live in poverty, have poor access to health and welfare services and suffer ill-health and poor nutrition. All of these factors are known to increase vulnerability to HIV/AIDS. Certain drugs (for example, alcohol, cocaine and amphetamines) are known to damage the immune system, making users of these drugs potentially more susceptible to HIV infection if exposed.
- Drug use and sex work are sometimes linked. People may sell sex in order to earn enough money to pay for their drug use. Some sex workers use drugs "occupationally", to make their work less traumatic. "Pimps" sometimes provide sex workers with drugs in order to entice them into, or keep them in, sex work. Drugs and sex may be sold from the same locations.
- Drug injectors who share contaminated drug injection equipment (needle, syringe, cooker, cotton, water glass) are at high risk of getting HIV/AIDS, as well as other blood-borne diseases. This is because blood-to-blood contact is the most efficient means of transmitting HIV from one person to another. WHO estimates that 5–10 per cent of adult HIV infections globally are related to injecting drug use. The Joint United Nations Programme on HIV/AIDS (UNAIDS) also reports that in parts of Malaysia, Nepal, Myanmar and Thailand, "Upwards of 50% of injecting drug users have already acquired the (HIV) virus... [and that]... throughout the region, injecting drug use offers the epidemic huge scope for growth."[3]

Many other factors may affect the level of vulnerability of different kinds of drug users. Because of inequalities in power based on gender, age and ethnicity (to name only three), female users, younger drug users and users from ethnic minorities are often more vulnerable to HIV/AIDS.

Drugs and harm

There are many different kinds of harm associated with drugs. HIV/AIDS is clearly one of these harms, and in recent years is often the main reason for beginning an assessment. But HIV/AIDS may not be the biggest concern in the lives of people who use drugs, or for their families and communities. In order to talk to people about the links between drugs and HIV, it is important to discuss HIV/AIDS as one of a number of harms that are related to drugs.

There is a lot of misunderstanding and misinformation about the links between drugs and harm. Not all drug use is harmful. This is why it is essential to consider carefully how drug use may or may not be harmful.

One of the problems related to drug use that people are most often concerned about is drug dependency. The general public's image of the drug user is of the person who is dependent on drugs. But this is a false image. Not all people who use drugs are drug dependent; the majority use drugs occasionally and

[3] UNAIDS (2002) *AIDS Epidemic Update, December.*

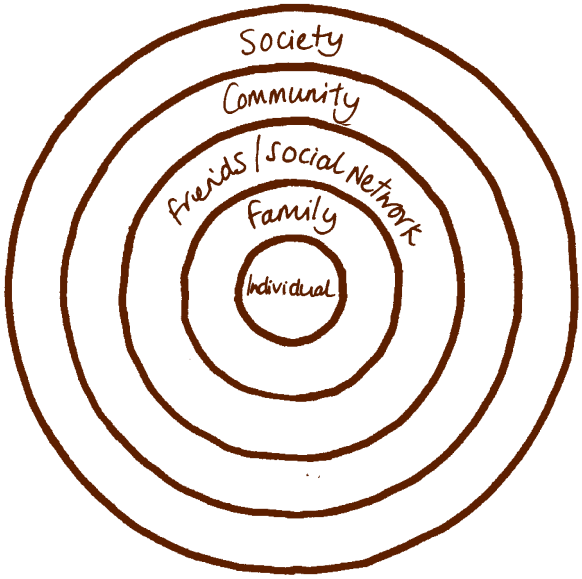
recreationally. Among those who use drugs regularly, and who become dependent on their drug "habit", there are many who integrate their drug "habit" into the rest of their lives. Not every habitual user is a street "junky". People from all social groups and classes may have a drug "habit". Many people hold down jobs, have families and raise children while being dependent on drugs. The reasons why some people become dependent on drugs, and why some of them experience problems with their dependency, are complicated and are discussed in terms of vulnerability in the next sub-section.

It is important for an assessment to look at different categories of problems and harms that are related to drugs. A useful way to think about these categories is in terms of:

- **Health harms** – including abscesses, wounds, overdose, blood-borne diseases (such as HIV/AIDS and hepatitis), skin infections, mental illness, sexually transmitted diseases (STDs);
- **Social harms** – including family problems, isolation, discrimination, human rights abuses;
- **Economic harms** – loss of employment, homelessness, poverty.

These harms are not caused just by the use of drugs. The illegal drug "economy" (including production, trafficking and selling of drugs) is often the cause of a number of social and economic harms. Drug laws, policies and policing can also lead to health, social and economic harms; for example, drug laws that limit the availability of clean needles and syringes contribute to the sharing of this injection equipment and so increase HIV transmission.

Levels of harm



Thus, in planning and implementing an assessment it is important to look at drug-related harms broadly. Drug-related harms include harms that are related to the:

- Use of drugs;
- Drug "economy";
- Drug laws, policies and policing.

It is also important to recognise that drug-related harms may be experienced at different levels. It is not only individual drug users who are affected by such harms. Their families and social networks (friends, colleagues, peers) are also affected. Drug-related harms also have an impact on the communities in which drug users live, or to which they belong, and wider society. An assessment of drug-related harm needs to consider all of these levels.

Harm and vulnerability

"Vulnerability" is a key concept in the Participatory Assessment and Response approach. The concept of "vulnerability" helps in understanding why some people, in some places and at some times are more likely than others to experience harms such as HIV/AIDS. This understanding is needed in order to identify the best ways to reduce drug-related harm.

A good way to use the concept of "vulnerability" in a participatory assessment is to look at the factors that increase people's vulnerability to drug-related harm. These are the factors that affect people's:

- **Exposure** to harm;
- **Choices** for preventing or dealing with harm;
- **Abilities** to prevent or deal with harm;
- **Desires** to prevent or deal with harm.

It is important for the assessment to look at the many factors that may affect people's vulnerability. A useful way to think about the range of these factors is to think in terms of the:

- **Drug** itself, including the type of drug and the way it is used (for example, injecting drugs increases the risk of getting HIV/AIDS, as well as other blood-borne diseases and injection-related problems such as abscesses);

Street child in Cambodia

- **Person** using the drug, including biological and psychological factors (for example, people who use drugs to deal with depression or histories of trauma may be more likely to use drugs unsafely and risk overdose or HIV infection);
- **Contexts** of that person's life, including their experience of poverty, un/employment, violence, racism, sexism or other forms of oppression; as the legal environment; policies and policing; availability and accessibility of services such as health and welfare; and cultural contexts (for example, people with fewer social and economic resources are often less able to get help for drug dependency).

At the same time as assessing such factors of vulnerability, it is also essential for an assessment to look at the ways in which people are already trying to reduce their vulnerability to drug-related harms. Assessing people's resiliency is as important as assessing their vulnerability. The topic cards at the end of the guide provide a framework for assessing these factors of vulnerability.

Reducing harm

Supply reduction and demand reduction are two of the most common approaches to reducing the harms of drugs.

Supply reduction measures include border controls, restrictive laws on drug sales, and drug seizures. Their aim is to reduce the supply of drugs (including production, transportation and distribution) and limit the availability of drugs to users. These measures are often costly but rarely successful. There is evidence that supply reduction strategies have contributed to users switching to injecting drugs because they are looking for more efficient ways of using them to get the same effects with less quantity. Injecting drugs, means an increased risk of HIV transmission.

Demand reduction measures aim to reduce the demand for and consumption of drugs through education campaigns, and treatment and rehabilitation programmes. These strategies work in some cases, but have a high failure rate because they usually overlook the complexity of drug use. Both supply and demand reduction approaches are not enough because they focus on drugs alone as the problem. But as we have seen, it is more important to look at the range of problems associated with drugs, rather than the drugs themselves, and to address the underlying factors that increase people's vulnerability to harms.

Harm reduction approaches focus on both the range of drug-related harms and the factors of vulnerability. The aim of harm reduction is to reduce the harms associated with drugs without necessarily reducing drug supply or demand in the short-term.

Interpretations of harm reduction

Hierarchy of options
Harm reduction strategies can be understood as providing drug users with a hierarchy of risk-reduction options, from the most effective in reducing personal risk to the less effective for circumstances that are not ideal. In descending order of effectiveness these could be:

- End all drug use;
- If this not possible, stop injecting;
- If this not possible, use clean equipment for each injection;
- If this is not possible, clean the equipment with a disinfectant such as bleach.

Menu of options
Harm reduction can also be understood as a set of practical strategies to:

- Increase the range of options to help drug users reduce their drug-related harm (including, but not confined to, HIV);
- Support drug users in choosing the options that are most relevant to their needs and circumstances;
- Provide services to drug users in a non-coercive and non-judgmental way, that respects their human rights, builds on their own capacities and promotes their sense of responsibility to make changes in their lives, and in those of their families and communities.

Harm reduction is a pragmatic way of working with drug users, based on public health and human rights. It focuses on providing a range of services that address drug-related harm and vulnerability to it in a non-coercive, non-judgmental and confidential way to encourage users into services. It also seeks to develop policies that reduce rather than increase harm and vulnerability in the lives of drug users, and their families and social networks.

In a paper that looks at the applicability of harm reduction in developing countries, Sujata Rana says: *"Harm reduction is not only one of the most effective public health measures available to control the epidemic of HIV among drug injectors in Asia, but just as importantly it addresses other adverse consequences of illicit drug use including Hepatitis B infection, Hepatitis C infection, drug overdose, infectious complications like skin abscesses, and for that matter, other social and economic consequences and complications of illicit drug use."*[4]

Harm reduction is a relatively new concept and has been interpreted and applied in different ways. Two of these ways of interpreting harm reduction – as a hierarchy of options and a menu of options – are shown in the box. But regardless of how it is interpreted, there are some common principles underlying all harm reduction work. These include:

- Do less harm – supply reduction may restrict some illegal drug use but it increases the likelihood of HIV epidemics among injecting drug users;
- Short-term pragmatic goals (such as HIV prevention) over long-term idealistic goals (overall reduction in drug use);
- Respect the human rights and dignity of all members of society, including drug users;
- Promote any positive change;
- Work with drug users on their immediate needs – be relevant to their concerns and respond holistically to them;
- Involve drug users in the planning and implementation of programmes designed to address drug use and HIV/AIDS among drug users.

The participatory assessment process described in this guide is based on this harm reduction approach. The aim of the process is to assess the situation of drug-related harm, especially HIV/AIDS, and how best to reduce such harm. It is important that members of the Advisory Group and the assessment team understand the basic principles of the harm reduction approach.

4. Sujata Rana (1996) *Harm Reduction in Asia*, Kathmandu, Nepal: Lifesaving and Lifegiving Society.

Street children drawing a body map in Cambodia

This understanding is particularly important because harm reduction remains controversial in many parts of the world. Many politicians and community leaders continue to misunderstand harm reduction, and wrongly believe that it encourages drug use or that it is about legalising drugs. Advisory Group and assessment team members need to understand harm reduction principles so that they can explain them to those stakeholders who may be resistant to the assessment being carried out in their community.

Participatory approaches to assessment

Harm reduction approaches emphasise the rights and abilities of drug users to reduce the harms in their lives, if they are given the resources and environment in which to do so. The Participatory Assessment and Response approach gives a similar emphasis to the rights and abilities of drug users, and the families and communities in which they live, to assess the harms in their lives and identify ways to reduce these harms.

A key element of the participatory approach involves shifting the focus from the "expert" collecting information about drug users to involving drug users in problem-solving around their own needs.

The main advantages of using a more participatory approach to assessment relate to:

- Improving the quality of both the assessment and the response by making sure that discussions and decisions reflect the range of views of drug users and other community stakeholders;
- Beginning a response by mobilising drug users and other community members to take the first steps in the response themselves;
- Establishing contact and building relationships with drug users – essential to the success of future service provision;
- Making service providers more responsive and relevant to the changing drug "scene" and the needs of users as felt by users themselves, which helps to attract users to services;
- Improving the sustainability of the response by mobilising commitment to addressing problems of drug-related harm;
- Increasing the confidence and capacity of drug users and other community stakeholders to take action by involving them in problem-solving discussions of how to reduce drug-related harm.

This guide describes different ways in which the participation of drug users in the assessment process can be improved. These include through participation in the Advisory Group (see Step 2) and the assessment team (see Step 3), as well as through the use of participatory "tools" in the assessment itself (see the next sub-section).

A discussion in an Akha community in Thailand

About participatory assessment tools

One of the main ways in which a participatory assessment tries to improve the participation of drug users is through the use of *participatory assessment tools*. An overview of these tools is given in Step 4 of the assessment, and each tool is described in the Tool Notes at the end of the guide.

These tools are usually applied in small group discussion settings (8 to 10 people). There are a number of advantages to using participatory tools in an assessment. The tools use drawing and other visual techniques to stimulate and facilitate discussion in order to learn more about people's concerns, needs and priorities. They can help people to overcome their fear of talking in groups.

A key point is that the participants in the group discussion are in control of the tool and do the drawing themselves; the role of the assessment team members is to facilitate the discussion and take notes. This enables the group participants to express and share their own views and needs with each other, and not just with the outside facilitator. This aspect is important in working with drug users, who are used to being stigmatised and not listened to, and who are usually wary of "outsiders" coming in to do research on them (fearing, for example, that information may be given to the police).

These visual tools are fun to use, and offer a non-threatening way of sharing people's perspectives and discussing sensitive issues. They provide a visual aid to, and record of, discussion of issues that can be complicated and sensitive. Participatory tools help to involve a number of people at once, stimulating discussion and highlighting differences and commonalities. Careful sequencing of tools help group members to analyse problems and discuss responses to them.

The use of participatory tools also requires open communication skills. These skills and exercises for improving them are described in the Skills Notes at the end of the guide.

Besides the tools themselves, this guide describes a process that helps to ensure the assessment is as participatory as possible. See the section "Step-by-Step Guide to Participatory Assessments" pages 19-20 for an overview of this process.

example

Participatory assessments as the beginning of a response

Participatory assessments are themselves the first step in a response.

- During a participatory assessment on drug use and HIV in northern Thailand, street-based children formed groups to discuss drug use and other issues they face living on the street. These groups continue to meet informally.

- As a result of their involvement in an assessment in a highland community in South-east Asia, the authorities in the area have become more open about the reality of drug use. They have recognised the limitations of the supply/demand reduction approach and are supporting the implementation of harm reduction projects by NGOs.

- In Cebu City, Philippines, the involvement of an official of the narcotics department as a member of the Advisory Group in an assessment carried out in one *barangay* district has led him to recognise that the previous approach of declaring a "war on drugs" and imprisoning users has not solved the problem. The department has now agreed to define a specific zone in the city where drug use will be tolerated. They have come to appreciate that harm reduction and demand reduction strategies can be complementary.

Working with the community

The idea of "community" is important in a participatory assessment. A community means a group of people who have a sense of a shared **identity** and/or a common **interest**. This can be about many things, such as: geography (a village community); occupation (a military community); religion (a Muslim community); sexuality (gay community); age (a youth community); or drug use (a community of drug injectors). A participatory assessment works with the idea of community in different ways:

- By improving the participation of drug users in the process of assessing problems and responses to them, a participatory assessment seeks to build a greater sense of community among drug users in order to mobilise common action on problems they share.
- A participatory assessment also seeks to work with drug users as members of the broader community within which they live and to identify the common interests that they share with other community members.
- A participatory assessment works with the understanding that drug-related harms affect communities as well as individuals, and that vulnerability to such harm is influenced as much by community circumstances as it is by personal characteristics. Thus, responses to drug-related harm must work at the community as well as at the individual level.

But working with the community is complicated. Within any one community, there will be inequalities in power between people (because of wealth, social status, age, gender, sexual identity, and/or race). Working with a community means recognising these inequalities and the conflicts they may produce, as well as working with the strengths and resources of the community.

Attitudes toward drug use and HIV/AIDS often cause conflict within a community. Drug users and people living with HIV/AIDS (especially HIV-positive drug users) often face stigma from others in the community and may be blamed for problems faced by the community. This marginalisation can make it difficult for drug users and people living with HIV/AIDS to have their interests and needs recognised by the wider community. In turn, this can make it difficult to reach a community agreement on how to respond to problems of HIV and drugs.

Working well with the community in a participatory assessment depends on:

- Working with key stakeholders to create support for both the assessment and response;
- Establishing trust with the various sections of the community by understanding their varying concerns;
- Finding common ground between people's differing opinions on controversial issues (such as drug use itself).

Assessment and response

The purpose of doing any situation or needs assessment is usually to gather information that can be used in designing a more effective response to the problems identified. This is also true of a Participatory Assessment and Response approach. But a Participatory Assessment and Response approach is different from other kinds of assessment in important ways, as the previous sections have noted, because of its emphasis on:

- Facilitating the active participation of drug users and other community members and stakeholders in the assessment process;
- Involving people in identifying not only problems and needs but also possible responses to these problems and needs;
- Using the assessment process as the first steps in the response.

By explicitly linking assessment and response, and by mobilising the commitment of people to address problems through their participation in identifying them, the participatory assessment itself can form the beginning of a response. The participatory assessments supported by the Alliance in 2001-2002 offer several examples of this (see page 26).
As Lourdes D. Jereza of the University of Southern Philippines Foundation, who was involved with a participatory assessment in Cebu City, says:
"The assessment becomes the intervention."

But the Alliance experience also makes clear that conducting a participatory community assessment raises expectations in the community that something will be done to address the issues discussed. It is thus important that there is commitment to funding projects following assessments. In one of the assessments supported by the Alliance, projects are now being carried out in only two of the five sites involved due to resource constraints. This has resulted in the communities in the remaining three sites feeling frustrated by the lack of action. This question of how to sustain the response after the assessment must be addressed in the early stages of planning the assessment with the Advisory Group and assessment team.

Step-by-step guide to participatory assessments

step 1

Planning the assessment

This section outlines the steps involved in the initial planning of a participatory assessment. It describes the possible scope of the assessment and the importance of defining objectives clearly. These decisions influence the selection of site(s) for the assessment, and a range of criteria for selecting assessment site(s) is discussed. The section also emphasises the importance of creating an indicative timeline and budget that can be used in fundraising and advocacy efforts for the assessment, as well as in recruiting members for the Advisory Group.

step 2

Setting up an Advisory Group

This section describes the nature and purpose of an Advisory Group in a participatory assessment. It identifies the range of roles that such a group can play and the profile of people who might be considered. The section also describes the ways in which an Advisory Group may work over the course of its life.

step 3

Forming and training an assessment team

This section discusses the process of forming and training the team who will carry out the assessment. This includes the functions and composition of the assessment team and the role of drug users on the team. The section also describes the basic skills of listening, questioning and facilitating group discussions which are crucial in a participatory assessment. It identifies some challenges and presents good practice points in using participatory tools. The section also discusses the importance of enabling team members to think about their attitudes towards drug use and drug users. The section ends with recommendations for building teamwork.

step 4

Designing the assessment

This section describes the key steps involved in designing the assessment. It lists five topics that the assessment needs to cover and links with the Topic Notes at the end of the guide. The topics form a problem-solving sequence which leads to the assessment process itself being the beginning of the response. Four types of sources of information are discussed: secondary sources, key informants, "gatekeepers" and community members. The section provides good-practice guidelines for carrying out interviews and focus groups. It introduces the participatory tools to be used, with links to the Tool Notes that describe each tool in detail and the Skill Notes that describe skills needed for the use of the tools. The processes for managing and analysing information that need to be designed before the assessment are also discussed.

step 5

Using secondary sources

This section describes a range of secondary sources that may be relevant to an assessment on drugs and HIV/AIDS. It explains the importance of using secondary sources as well as some of their limitations. Secondary sources are used at different times in the assessment process for different purposes.

step 6

Learning from key informants

This section defines the term "key informant", with examples of key informants for an assessment on drugs and HIV/AIDS. Interviews with key informants at the beginning of the assessment are important to create an overview of the issues and people involved. The section emphasises the importance of building relationships of trust with key informants. It discusses some of the issues involved in compensating key informants for their participation in the assessment.

step 7

Making contact and building trust

This section discusses some of the barriers that the assessment team may face in gaining access to drug users. The section makes recommendations on how best to overcome these barriers and reach out to drug users. The section also defines the term "gatekeeper" and offers some examples of how to work through them.

step 8

Conducting group discussions and interviews

This section discusses the processes involved in carrying out the assessment in the field. It describes a "snowballing" approach to identifying people to work with. It also provides guidelines on how to sequence the tools in order to involve participants in analysing their own needs so as to identify possible solutions. The ongoing tasks of recording and analysing information throughout the assessment are discussed, along with guidelines for taking good notes.

step 9

Analysing information

This section describes how to synthesise and analyse the information that has been gathered from the different sources. This is done by looking at the links of causes and effects between different topics of the assessment. The next task in analysis is to identify what the priority needs of drug users are to reduce drug-related harm, and especially HIV/AIDS. Strategies for responding to these needs can then be identified. There may be a need to prioritise among the identified strategies, and three criteria for setting priorities are introduced. The importance of checking this analysis through community consultation and feedback meetings is discussed.

step 10

Next steps – developing a response

This section looks at the steps involved in moving towards developing the response. Reporting on the assessment is an important step towards further engaging key stakeholders in a discussion of drug-related harms and how best to reduce them. The section looks briefly at action planning. While a detailed description of action planning is beyond the scope of this guide, this section describes how information collected using various tools in the assessment can be used to determine specific details of activities. It also discusses how the Advisory Group and the lead agency can play a role in action planning and how the assessment findings can contribute to evaluations of the projects that are developed.

step 1 Planning the assessment

Summary

This section outlines the steps involved in the initial planning of a participatory assessment. It describes the typical role played by a lead agency in planning the assessment and response.

The section looks at the planning decisions the lead agency faces. It describes the possible scope of the assessment and the importance of defining its objectives clearly. A number of possible objectives for carrying out an assessment are presented.

The decisions on the scope and objectives will influence the selection of the site(s) for the assessment. The section presents a range of criteria that could be used in selecting assessment site(s). It also emphasises the importance of creating an indicative timeline and budget that can be used in fundraising, advocacy efforts to get permissions for the assessment, as well as in recruitment of members for the Advisory Group.

At the very beginning of the assessment, there will usually be one organisation that is taking the lead in planning the assessment. This guide refers to such an organisation as the "lead agency".

Setting objectives for the assessment

Setting clear objectives for the assessment is important. One reason for this is to clarify the scope of the assessment. The scope of the assessment will depend on answers to the following questions:

Which drugs to look at? Will the assessment focus on all psychoactive substances (legal and illegal, including alcohol) or concentrate only on illegal psychoactive drugs?

Which drug-related harms to look at? Will the assessment focus just on HIV/AIDS, health issues more generally or a broader set of drug-related harms (health, social and economic)?

What should the geographical scope be? Will the assessment be carried out in a particular locality or in more than one site in a city, province or country? In addition to the lead agency, the Advisory Group and the assessment team may all be involved in setting objectives for the assessment. This is a useful process to go through for the people involved in the assessment because it forces them to think about the different reasons for doing the assessment and their relative importance.

These reasons may include:

- Documenting the drugs and HIV/AIDS situation to raise awareness of the problems of, and possible responses to, drug-related harm;
- Gathering information on drug use, HIV/AIDS and other drug-related harms in order to start or improve harm reduction services, and change policy;
- Mobilising key stakeholders to support harm reduction programmes and policy change;
- Mobilising drug users, family members and their social networks to take action, individually and collectively, to reduce their drug-related harm;
- Gathering baseline information that can be used in the evaluation of harm reduction services.

example

Objectives of the participatory assessment in Mongolia

In the participatory assessment carried out in Mongolia, the lead agency and assessment team established the following objectives:

- To collect information for the development of appropriate interventions to reduce vulnerability to HIV and other health consequences among drug users.
- To raise the profile of the potential risk of HIV due to drug use in Mongolia.
- To identify and involve local communities and partners in identifying problems and developing solutions to address HIV and drug use.
- To create evidence-based documentation for advocacy to policymakers, national and local authorities and the international donor community.
- To train government and local partners on participatory assessment methodologies.

Choosing the site(s) for the assessment

The lead agency will probably make some decisions about the site(s) where the assessment will be carried out based on the objectives of the assessment. At this early planning stage, it is important to decide on the site(s) for the assessment in order to determine the composition of the Advisory Group (see Step 2) and the resources required. However, once the Advisory Group meets it may decide to change site(s) on the basis of its members' experience and expertise.

The following criteria can be used to choose the specific sites for the assessment:

- Seriousness of the current situation of drug use, HIV/AIDS, hepatitis C, tuberculosis;
- Potential vulnerability to drug use and HIV/AIDS;
- Access to drug users;
- Access to other stakeholders;
- Potential partners for action;
- Level of openness of the community;
- Past interventions and results of past interventions;
- International context, such as trafficking routes;
- Social and demographic profile of site populations;
- Local traditions and conditions;
- Resources available, including human resources (recognising that there may be a need to mobilise more resources if they are insufficient).

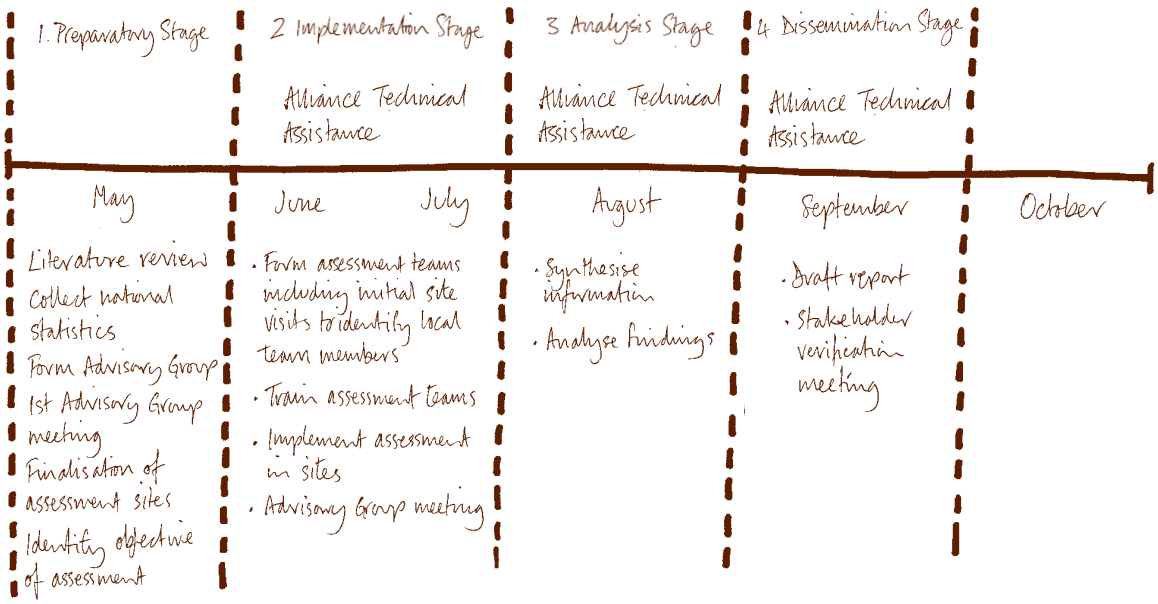
These criteria may not all have equal importance and it may be necessary to give more "weight" to certain criteria over others. The matrix scoring tool (see Tool 10) can be used to apply these criteria in making a decision between potential sites for the assessment. In order to discuss these criteria, it may be necessary to refer to secondary sources of information, although this is described as Step 4 in the assessment.

If the assessment is to be carried out in multiple sites in different cities or provinces, local assessment teams may need to be recruited for each locality (see Step 3).

Creating a timeline and budget

Having decided on the objectives and site(s) for the assessment, the lead agency may find it useful to develop a rough timeline and budget for the activities that the process will involve. At this stage, it will not be possible to develop a detailed timeline and budget; this can be done when the assessment process is designed in detail. But it is useful to develop an approximate timeline and budget that can be used both in fundraising for the assessment (if needed) and in discussing the process with potential members of the Advisory Group (see Step 2).

Initial planned timeline of the participatory assessment in Mongolia, 2001



step 2 Setting up an Advisory Group

Summary

This section describes the nature and purpose of an Advisory Group in a participatory assessment. It identifies five major reasons for forming an Advisory Group and the range of roles that such a group can play. The section also offers suggestions on who should be invited to join an Advisory Group and some criteria for making decisions about the composition of the group. The section also describes the ways in which an Advisory Group may work over the course of its life. It ends with a case study example of the work of an Advisory Group in a participatory assessment supported by the Alliance in General Santos City, the Philippines.

What is an Advisory Group?

An Advisory Group is a group of people who come together, usually from different organisations and sectors, to provide advice and support to the assessment. The Advisory Group usually exists for as long as the assessment lasts, although it may turn into a Project Advisory Group if a project is developed as a result of the assessment.

Why form an Advisory Group?

There are several reasons to form an Advisory Group. These include to:

Get support from key officials and community and political leaders for the assessment Carrying out assessment activities with drug users will often be controversial. Community and political leaders sometimes prefer to deny problems of drug use. The priority for law enforcement officials is usually to arrest drug users rather than learn about their needs and problems. Involving such stakeholders in an Advisory Group is a good way to get their support. Through their involvement, such stakeholders often come to understand better the importance of harm reduction work. Advisory Group members can also meet with other stakeholder groups to persuade them of the importance of the assessment and, if necessary, get their permission for the assessment.

Get funding for the assessment Advisory Group members may also be recruited because they can help in fundraising for the assessment. In this respect, it may be useful to invite people with connections to the business and donor community.

Get technical advice on designing and carrying out the assessment Advisory Group members may also play an important role in providing technical advice. Such advice can be very helpful in making key decisions about the objectives, scope and sites for the assessment.

Group members may also help in the gathering of information from secondary sources and in the analysis of findings of the assessment. It can be very helpful to have representatives of local drug users on the Advisory Group (see Step 3 for more discussion on involving drug users in the assessment process). It can also help to have people on the Advisory Group with expertise in the areas of drug problems, HIV/AIDS social science research and community assessment and community organising.

Help in sharing the results of the assessment with other people Advisory Group members can also help in sharing the progress and findings of the assessment with critical audiences; for example, their peers and colleagues. It can be useful to have media representatives on the Advisory Group to ensure that the assessment is given appropriate and widespread publicity.

Get political, financial and technical support for harm reduction projects and policies At the end of the assessment, the Advisory Group has an important role to play in ensuring the political, financial and technical support necessary to translate the recommendations from the assessment into project development and/or policy change. To play this role, the Advisory Group must include the key stakeholders with an influence over possible policy change or harm reduction project development.

Who should be on an Advisory Group?

As noted above, the membership of the Advisory Group will mostly be determined by the roles and responsibilities given to the group. The Advisory Group needs to contain the skills, experience and influence required to carry out its roles and responsibilities.

The size of the group will depend on local circumstances. It is more important to have a balanced representation of people from appropriate sectors and constituencies than a specific number of people. The gender and racial/ethnic balance of the group is important to ensure that the needs and interests of traditionally marginalised groups (such as women, racial/ethnic minorities) are reflected in the assessment.

In addition, the selection of Advisory Group members should take into account the:

- Mix of individuals in the group, to help to ensure that the group can work well together without being dominated by particular people;
- Commitment of individuals, to help to ensure that the Advisory Group can work together for the duration of the assessment;
- Relationship with individuals, by recruiting people with whom the lead agency already has a relationship (because they have worked with them in the past or have been recommended by someone whom the agency trusts) and who agree with harm reduction principles.

How to work with an Advisory Group

The lead agency of the assessment usually convenes the first meeting of the Advisory Group. The purpose of this first meeting is mainly to provide an orientation to group members.

example

Membership

Possible Advisory Group members include:

- Health officer;
- Law enforcement (police, customs) representative;
- Narcotics expert;
- "Clients" – ex/drug users and family members;
- Local government representative;
- Religious leader;
- Media person;
- Other NGO workers;
- Sociologist.

This first meeting usually focuses on:

- Discussing the reasons for the assessment;
- Sharing an overview of the current situation on drugs and HIV/AIDS;
- Discussing the outline of the assessment and the support it will need;
- Agreeing on roles and the ways in which the group will work;
- Clarifying the time commitment required;
- Identifying group members' needs for further information;
- Specifying tasks to be completed before the next meeting;
- Setting the time and place for the next meeting.

Most Advisory Group members will be giving their time to assist the assessment, so it is important to be careful and clear about what is expected of group members. The Advisory Group will meet throughout the course of the assessment as frequently as has been agreed. It is essential that regular and open communication is maintained between the Advisory Group, the lead agency and the assessment team.

At the end of the assessment, the Advisory Group will usually meet to:

- Share the findings of the assessment and come to an agreement on the problems that have been identified and possible responses to them;
- Agree on how to report on the findings of the assessment in order to mobilise community, political and financial support for these responses;
- Agree on next steps in promoting policy change and/or project development in relation to the findings of the assessment.

example

Setting up an Advisory Group in General Santos City, the Philippines

SHED Foundation is an NGO based in the port of General Santos City in Mindanao, southern Philippines. It carries out HIV/AIDS prevention work, including condom distribution, peer outreach and focus group discussions, with sex workers, deep-sea fishermen and shopping mall workers. In 2001, SHED became increasingly concerned by reported drug use – including injecting – within the community they work with and decided to conduct a participatory assessment on HIV and drug use.

Advisory Group membership

Their first step was to form an Advisory Group. They recruited 15 individuals, including representatives from the police, social work department, city health office, religious sector, pharmacy, local rehabilitation centre and city and local *barangay* officials. One member of the Advisory Group was a local drug user. Membership of the Advisory Group was decided on the basis that the group should include:

- A wide range of key stakeholders;
- People who are well known in the community;
- Individuals who are supportive of harm reduction principles;
- People who are respected in their specific area or field;
- Individuals who have time and commitment to dedicate to the project.

At the beginning

The Advisory Group met before the start of the assessment so that SHED could explain its purpose and process. The group played a key role in enabling the assessment to begin. For example, the police representative issued ID cards to each of the assessment team members, which the city official then arranged to be signed by the mayor, showing his support for the project and reducing the risk of arrest by the police. The *barangay* officials helped to identify key places for the assessment team to visit and key people for them to speak to in relation to HIV and drugs. They also played an important role in establishing credibility for the project and in securing the trust of community members.

During the assessment

The Advisory Group continued to meet during the assessment to monitor progress and offer advice and support to the assessment team. They also supported the community consultation meeting that SHED organised to share the initial findings from the assessment and gain input from community members. During this meeting, members of the group played a critical role in advocating for harm reduction approaches, in turn influencing the opinion of others in the community. For example, the religious representative on the advisory group – a local nun – advocated publicly for the distribution of condoms and clean needles, saying that it was essential to address the reality that people in General Santos are having unsafe sex, injecting drugs and sharing needles. Similarly, the police representative on the advisory group spoke out against the "war on drugs" approach in the Philippines, admitting that persistent arrests of drug users was not the solution.

Lessons

Dr Domingo Nom, Director of SHED Foundation, believes that the Advisory Group in General Santos was crucial in getting community support for the assessment and for the harm reduction work with drug users that has followed. As he says:

"Now there is a group of credible people in the community who, little by little, can change the opinions of others. The Advisory Group members are key advocates who support the project and who also have a great deal of credibility in their own professional area."

The local fishing company, one of the main employers in the city, has run a one-day seminar on HIV/AIDS and harm reduction for all staff, following the involvement of one of their senior staff in the Advisory Group. The community response to the initial assessment conducted in General Santos has been so positive that SHED Foundation has been approached by another *barangay* official who has offered to fund a similar assessment in his area.

step 3 Forming and training an assessment team

Summary

This section discusses the process of forming and training the team who will carry out the assessment. This includes discussion of the functions and composition of the assessment team and the role of drug users on the team. Some of the lessons learned about involving drug users in the assessment team in Alliance-supported assessments are described.

The section also looks at four aspects of training assessment team members, linking them to the Skill Notes at the end of the guide. It describes the basic skills of listening, questioning and facilitating group discussions that team members will need. It identifies some of the challenges in using participatory tools, and lists a set of recommendations for good practice. The section also discusses the importance of enabling team members to think about and share their attitudes toward drug use and drug users, and how these may affect their work. It also emphasises the need to talk about the power issues that may come up in carrying out an assessment with people who are often highly stigmatised. The section ends with recommendations on how the assessment team can be helped to work together, and presents a case study example of the process and outcomes of involving drug users on the assessment team in an assessment supported by Alliance Ukraine in Ivano-Frankivsk, Ukraine.

Who should be on the assessment team?

The assessment team is the group of people responsible for planning and carrying out all of the activities of the assessment (Steps 3 to 10). If the assessment is being carried out in multiple sites in a country or province, it will often be appropriate to form an assessment team for each site, working under the direction of a central team or the lead agency.

The selection of the assessment team is a crucial step in the assessment. It is essential that the team includes members who:

- Reflect the diversity and characteristics of the community (in terms of race/ethnicity, gender, age, economic class);
- Belong to, or are familiar with, local communities and can speak local languages;
- Belong to, or have credibility with, local drug-using populations;
- Are skilled and experienced in participatory assessment methods (or have the potential to be trained in such methods);
- Are supportive of harm reduction approaches;
- All demonstrate respect for drug users and other marginalised groups in local communities;
- All have the ability to work as a team for the duration of the assessment.

It may be appropriate to include representatives from key stakeholder groups as members of the assessment team (such as local government officials, health staff, community leaders, the police). The role of these members of the team is usually to carry out assessment activities within their own sectors in order to obtain the perspectives of these stakeholders groups on the problems of drugs and HIV/AIDS. These team members would not usually be involved in doing assessment activities with drug users directly, unless they had experience and skills in this kind of outreach work.

example

Involving drug users in the assessment team

Which drug users to involve

- Those who understand the programme/problem;
- Those who show a willingness to work/be involved;
- Those who have the right attitude to respect, will not discriminate against peers and will maintain confidentiality;
- Those who have a lot of access to the community;
- Those who are friendly and not dominating;
- Those who are not in crisis.

Why involve drug users?

- They are part of the community of interest;
- They know the issues from the inside;
- They can identify the important and key informants;
- They are able to access drug users, dealers and stakeholders more easily;
- They know the myths, rituals, beliefs and language of drug users;
- They understand the feelings of other drug users;
- They have the experience of having been or being a drug user.
- Their involvement can lead to longer-term interventions;
- They are able to prioritise their needs and be personally empowered.

How to involve drug users meaningfully on the assessment team

- Give them responsibility;
- Enhance skills through training on assessment, report writing and communication;
- Support or develop mechanisms to handle relapses and other crises;
- Treat them with the right attitude/trust;
- Give them feedback.

Involving drug users in the assessment team

Efforts should be made to recruit active or ex-drug users as members of the team. Their knowledge and networks can be of great benefit to the assessment. Participants at the Alliance's third regional workshop on drug use and HIV/AIDS in Asia discussed several important questions about the involvement of drug users on the assessment team, and produced the flipcharts above.

Involving people who use drugs in the assessment team can greatly increase the quality of the assessment. Drug users know the issues from the "inside", know other drug users in the community and their problems, and have existing relationships with other key stakeholders, such as local drug dealers, runners and so on. For Sergiy Kostin of "The Way Home", an NGO based in Odessa, Ukraine, "Drug users are the eyes, ears and hands of the project." They have a better understanding of the real issues and provide a more accurate picture of

drug use in the community, including the drug of choice, who is using it and so on. This can lead to the development of more appropriate and effective strategies and increased impact on the problems of drug-related harm.

In recruiting people who currently use, or previously have used, drugs to join the assessment team it is important to:

- Identify people whose own opinions and social networks will not bias the work of the assessment;
- Identify people with the capacity or potential to participate fully in the team;
- Discuss how issues of confidentiality may be affected by their working as part of the team.

The case study example at the end of this section describes the experience of involving drug users as part of the assessment team in a participatory assessment carried out in Ukraine.

Lessons learned on involving drug users in the assessment team

1. It is essential that the role of drug users be clearly defined. It is not enough for drug users to be given positions on the assessment team simply because they are drug users.
Drug users' involvement in the team needs to be genuine and meaningful, not simply tokenistic. Genuine involvement requires a commitment to investing time and resources in building the skills and confidence of drug users to ensure that they can carry out their roles and responsibilities effectively.

2. NGOs need to think very carefully about which people using drugs are appropriate to work on the assessment team.
This will vary from individual to individual, and it may be easier for NGOs already working in this field, who have established relationships with drug users in their communities, to be able to identify appropriate people.

3. NGOs need to consider the involvement of people who have previously used drugs.
Again, whether or not this is appropriate will depend on the individuals involved. Advantages of involving ex-drug users can include: having experience of the issues, including what types of strategies do and don't work; they may lead more stable lives than those people who are currently using drugs; and they can provide a role model for drug users involved in the project. However, there may also be difficulties. For example, "The Way Home", found that it was actually a disadvantage to involve someone who had used drugs in facilitating the discussions with current drug users because of his "superior" and moralistic attitude toward those who were still using.

4. Drug users should be compensated for their involvement in the assessment team.
Drug users may have their own reasons and interests for wanting to be involved in the assessment team. For many, they may see this as an opportunity to earn some money, as well as to use their skills and experience and to help other drug users. It is important to pay people appropriately for the work that they do on the assessment team, whether they use drugs or not. Some people fear that paying drug

example

Involving drug users

Involving drug users in the assessment process can mobilise and empower them to take action to address issues that are identified during the assessment.

In Odessa, Ukraine, 12 drug users who participated in the assessment process formed the first self-help organisation for drug users called "Open Space" in the city. They approached "The Way Home", the local NGO who had conducted the initial assessment, and asked them for computer training. They then contacted an organisation in the Netherlands to seek funding and technical assistance, and were as a result able to register officially as an NGO.

They have developed good relations with the city authorities and reduced the stigma in the local community by cleaning the city parks of syringes, needles and rubbish. This generated a great deal of interest from the media and positive publicity for the organisation. As a result of their involvement, three people in the group have stopped using drugs.

users may simply increase their drug use. But this assumes that drug users have no control over their use, and this is not always the case.

5. The lead agency and other members of the assessment team need to plan carefully in order to be able to support drug users who are working on the assessment team.
Those who have stabilised or stopped their drug use may risk relapsing into old patterns of drug use when they become involved in assessment activities with drug users in the community. Regular supervision is important in order to identify potential signs of relapse and offer advice and support to prevent or deal with such relapse.

6. A number of legal and logistical implications related to involving drug users need to be considered.
There may be legal implications for the lead organisation or other members of the assessment team if one of the team members is arrested for their drug use. Involving drug users on the team may improve the credibility of the process with local drug users, but may damage the credibility with other stakeholders. In this situation, it is essential toexplain to stakeholders the reasons for involving drug users on the team. Involving drug users on the assessment team may also have implications for how the assessment is scheduled. The assessment may need to be longer to fit in with other issues going on in the lives of the drug users involved. The risk of relapse (discussed above) also implies the risk of drug users dropping out of the team.

Training the assessment team in basic skills

It is essential to provide adequate training to all assessment team members. The experience of Alliance-supported participatory assessments suggests that such training should:

- Be skill based and experiential, with opportunities to practice skills in real-life situations;
- Encourage team members to think about their own attitudes and values;
- Help team members work together as a team.

The lead agency, with the support of the Advisory Group, will need to decide how to train the assessment team and who should provide this training. Just as it is can be important to involve drug users in the assessment team, it can also be important to involve drug users and/or ex-drug users in the training of the assessment team. The possibilities for this will depend on local circumstances.

The example on page 31 shows a training schedule used to train the assessment team members for the participatory assessment in Mongolia.

example

Schedule for the training workshop for assessment team members in Mongolia

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8
Welcome Introductions Workshop expectations Planning assessment objectives and timeline Review of sites and team assignments	Attitudes to drug use Issues related to drug use	Overview of situation of HIV and drug use in Mongolia • Literature review • Secondary data Identifying gatekeepers, key informants and assessment participants	Participatory assessment skills (listening, questioning, facilitating group discussions) Sequencing of tools	Information management Analysis of information Verification of information	Fieldwork feedback	Practice fieldwork	Fieldwork feedback
Basic HIV Basic concepts of participatory assessments	Responses to drug use (supply/ demand/harm reduction)	Participatory assessment tools	Working as a team Site planning	Preparation for practice fieldwork		Practice fieldwork	Review of workshop Final site planning for actual fieldwork Workshop evaluation
				Practice fieldwork			

There are some basic skills that all assessment team members will need in order to carry out the participatory assessment. Training of the assessment team must cover the following basic skills:

Active listening This means more than just listening. It means helping people feel that they are being heard and understood. Active listening encourages the participation of people in an assessment and a more open communication of experiences, thoughts and feelings.

Effective questioning This is essential to assessment work. Effective questioning skills are needed to gather detailed information about issues in order to develop a better understanding of how to address them. Effective questioning also increases people's participation in group discussions and encourages their involvement in problem solving.

Facilitating group discussions This skill is needed to increase the participation of people in group discussions and to ensure that a range of community perspectives and interests are included. Good facilitation skills help to improve the quality of group discussion and problem solving during an assessment and can build consensus and encourage community "ownership" of responses.

Taking good notes This is a critical element of the participatory assessment. The outcomes of the process depend, in part, on how well information is recorded during the assessment. See the Skill Notes at the end of the guide for more detail on these skills and tips on how to train assessment team members in these and the other skills.

Facilitating a group discussion on drug use with youth in Battambang, Cambodia

Training the assessment team to use participatory tools

A participatory assessment makes use of a range of participatory tools. An overview of these tools is given in Step 4 on designing the assessment. In addition to training assessment team members in basic assessment skills, it will also be essential to train team members in the use of these participatory tools.

Although these tools are simple and usually fun, using them may not always be easy because:

- Some people may feel that they are not "good" at drawing;
- Some people may feel that such tools are "childish";
- Assessment team members may believe that their role in the assessment is to extract information from the community in order to design a project for them, rather than facilitating a participatory process of community discussion and problem-solving.

Training in the use of participatory tools should address these difficulties. Such training should emphasise the following good practices in using participatory tools:

- Give clear instructions about the use of the tool. It is sometimes useful to provide an example;
- Let the group draw the tools on their own and facilitate discussion on key issues related to the assessment;
- Encourage group members to share responsibility for creating the drawing – for example, by asking them to share the pen;
- Remind people that the quality of the drawing is less important than the discussion;
- Think of some key questions to help members of the group to discuss issues related to the assessment;
- Make the tools unthreatening by using local materials and encourage people to work in their own ways;
- Encourage group members to make their drawings large so that they can fit in as much detail as possible.

See the Skill Notes at the end of the guide for tips on how to train assessment team members in the use of participatory tools. See the Tool Notes at the end of this guide for a discussion of each tool in detail.

example

At the Alliance's third regional workshop on drug use and HIV/AIDS in Asia, participants did an exercise to look at their own attitudes towards drug users. The flipcharts (shown below) reflect the wide range of feelings towards drugs and drug users among the participants, all of whom had carried out assessments in their countries.

Drug users are ...

- Human beings
- Our relatives
- Us
- Mostly young people
- Problematic
- Poor
- Vulnerable people

People use drugs because of ...

- Work
- Stigma
- Lifestyle
- Escaping from problems
- Relaxation
- Curiosity
- Enjoyment
- Loneliness

Drug users need ...

- Care and support
- Employment
- To understand overdose
- Knowledge, skills and materials
- Love, care and concern
- Money
- Drugs
- Clean needles and syringes
- Listening to

Training the assessment team to work with drug users

There are particular issues about working with drug users that will be important to discuss when training the assessment team.

The issue of drugs often arouses strong reactions from people. Like everyone else, assessment team members will have their own attitudes and feelings about drugs and drug users. Some may have personal or family experience of drug use. It is important that assessment team members get an opportunity during their training to think about and discuss their own attitudes, values and experiences, and how these may affect their assessment work.

There are also issues of power involved in carrying out an assessment with drug users. A participatory assessment will usually involve working in and with communities who lack political power, economic resources and social status. Within such communities, drug users usually face additional stigma and discrimination, living with the fear of arrest and often lacking access to the health and social welfare services that may be available to the rest of the community.

Assessment team members will often have greater economic resources and social status than the drug users with whom they will be working. It is important that assessment team members think about the power imbalances between them and drug users during the assessment and how to minimise them. Assessment team member must believe in the power of knowledge and action that lies with drug users and approach them in a manner which reflects this attitude without being patronising and directive. Inequalities between assessment team members and the community can be reduced by carefully designing the assessment (see Step 4) and by building trust with drug users at the beginning of the assessment (see Step 7).

Training the assessment team to work together

Another important topic to discuss when training the assessment team is how best to work together as a team. The training of the assessment team is a valuable opportunity to build relationships between team members and to strengthen their sense of teamwork.

This is important in any assessment work, but especially so in assessments looking at drug use and HIV/AIDS. This is because such assessments are dealing with drug users who are usually highly stigmatised members of the community and who are often facing a range of seemingly overwhelming problems. Assessment team members may themselves come to feel overwhelmed and feel that the problems are so great that nothing can be done. During the assessment, team members may also be reminded of problems that they have experienced or are experiencing in their own lives.

For these reasons, it is really important that assessment team members are able to support each other in dealing with these feelings if and when they come up. Building relationships between team members and strengthening their sense of working together as a team enables them to support each other in this way.

There are many ways to help assessment team members to work together as a team. During the training, these could include:

- Giving team members the opportunity to get to know each other better by encouraging people to share their own interests in and motivations for this work;
- Allowing time for social and fun activities during the training to allow people to get to know each other in different ways;
- Agreeing on the roles and responsibilities of each team member;
- Making clear how team members will work together during the assessment (for example, on issues such as tasks, timelines, confidentiality);
- Making clear how team members can ask for support and what support is available (for example, counselling for team members if they are reminded of past traumas).

example

Involving drug users in the assessment team in Ivano-Frankivsk, Ukraine

Solidarnist is an NGO in Ivano-Frankivsk, Ukraine. For the past six years, it has been working with people living with HIV, many of whom are injecting drug users (mostly using home-made opiates), through its drop-in centre and community outreach. Solidarnist is clear that the careful selection and training of its assessment team was crucial to the ultimate impact of their assessment.

Team selection and training

The Solidarnist assessment team had eight members. These included four people who identified themselves as injecting drug users (one of whom was HIV positive), one person who had previously injected drugs, a doctor, a social worker and a staff person from Solidarnist. The doctor, social worker and NGO representative attended an initial workshop on Participatory Assessment and Response facilitated by Alliance Ukraine. This six-day workshop addressed the principles of the Participatory Assessment and Response approach and provided an opportunity to try out some of the participatory assessment tools and to strengthen some key assessment skills. A key aspect of the training was experiential learning, including practice fieldwork on using participatory tools. As intended, these representatives then replicated the training over a further three days with the other members of the assessment team.

Advantages of involving drug users

Solidarnist was able to recruit drug users to the assessment team easily because of its strong relationships with clients through the drop-in centre and outreach work. Staff identified a number of advantages of involving drug users.

Such involvement helps to provide a more accurate picture of drug use in the community; drug users know the issues about drugs "from the inside" and are in the best position to identify real needs and practical solutions. Andriy Mykytyn, Director of Solidarnist, commented after the assessment:

"I didn't expect them to be so enthusiastic and interested... taahey just went ahead and did it. They were telling us all about the situation in the city, many things that I had no idea about before. They just wanted to share their experience and knowledge because no one usually asks them what they think, and they saw that they could really play a useful role in the project."

Involving drug users provides access to other drug users: drug users in this area are a close-knit community and can easily identify other people using drugs and where they meet, thus giving the assessment a broader reach.

Such involvement helps in establishing trust with other drug users: drug users are more likely to trust other drug users as they may suspect the motivations of some "professionals", particularly in communities where police harassment is common.

Involving drug users can motivate them to begin to change their behaviour, and thus help such people to reduce the harm of their own drug use through building their self-confidence and self-respect, and exposing them to health-education and harm-reduction messages. As a result of their involvement, two of the drug users on the assessment team switched to taking their drugs orally, while the other two reduced their drug use to once per day.

Involvement encourages "ownership" of the issues and potential responses to them among social networks of drug users. This increases the feasibility and sustainability of any project that is developed as a result of the assessment.

Lessons

It is essential to recognise that drug users are key partners in the assessment and that, as in any partnership, they also need to gain something from their involvement. NGOs should be clear about what they can offer drug users. For example, Solidarnist provided health education and some primary health care (such as treatment of sores).

step 4 Designing the assessment

Summary

This section describes the key steps involved in designing the assessment. It lists five topics that the assessment will need to cover, and links with the Topic Notes at the end of the guide that describe each topic in more detail and that offer guidance on which tools to use for specific issues and topics. The section notes the problem-solving sequence in which these topics should be discussed and how this sequence can contribute to the assessment process being the beginning of the response. Four types of sources of information are defined and discussed: secondary sources, key informants, gatekeepers and community members.

The section also discusses the different methods that an assessment can use to gather information. It briefly offers good practice guidelines for conducting interviews and focus groups. It then provides an overview of the participatory tools described in this guide, linking this to the Tool Notes that describe each tool in detail and the Skill Notes that describe skills needed for the use of the tools. The section ends with a discussion of processes for managing and analysing information that need to be designed before the assessment begins.

Deciding which topics to assess

Based on the objectives of the assessment and discussions with the Advisory Group, the assessment team can decide which topics to focus on during the assessment. These topics can be grouped into the following five categories:

- Social, economic, political, legal context;
- Situation of drug use and drug users:
- Problems and harms related to drug use;
- Current responses to these problems/harms;
- Suggested action priorities.

Gathering and discussing information on each of these topic areas will enable the assessment to achieve its aim of determining factors of vulnerability and identifying responses to problems of drug-related harm, especially HIV/AIDS. Topic Notes at the end of the guide list issues to be discussed within each of these categories, and suggest tools to use in addressing these issues. These topic categories follow a problem-solving sequence, moving from a description of contexts and situations to an analysis of problems and an identification of responses. By involving drug users in discussing topics using this sequence, the assessment process itself becomes the beginning of the response.

When designing the assessment, it is important to plan for:

- Taking the same groups of people through discussion of this sequence of topics, remembering that this may take more than one session and a number of tools;
- Getting different people's and groups' perspectives on the same topics, remembering that this requires meeting with a range of people.

Having chosen the topics for the assessment, the assessment team should draw up an initial list of broad questions under each of the topics. It is useful to think in terms of two types of questions:

- **Descriptive** – questions that help in describing a situation (What? Where? When? How much? How often?);
- **Analytical** – questions that help in understanding a situation (Why? Why not? How to change?).

Thinking of broad descriptive and analytical questions at the design stage helps the assessment team to decide on the best sources of information and the best tools to use in discussing these questions.

However, in choosing topics and listing questions it is essential to remember the need to remain flexible. Once the assessment has begun, other topics and other questions may emerge. The plan is intended to help the assessment team begin the assessment, recognising that any plan may need to change as the team probes deeper.

example

Planning flexibly

NGOs should develop a plan for the assessment, including key places to visit during the assessment, key stakeholders to involve, timeline, etc. However, this plan should also include some flexibility to respond to issues that may emerge during the assessment.

For example, The Way Home, in Ukraine, changed their assessment plan because, during the course of the assessment, they realised that the places and people that they had originally identified as key were actually not the most appropriate. They had initially thought that the local treatment centre would be an important stakeholder in the process, but during the assessment they found that the Plague Institute was actually more willing to share real information. They thus started to work closely with them.

Identifying sources of information

The next step in designing the assessment process is to identity the sources of information that will be used in relation to the topics, issues and questions identified and to make an initial plan for getting access to these sources. Sources include:

Secondary sources Secondary sources include routinely collected information (such as government statistics) and documentary sources of information (such as newspaper stories). See Step 5 for a discussion of the different types of secondary sources. At the design stage, it is useful to draw up a preliminary list of sources and to make a plan for how to get access to these sources.

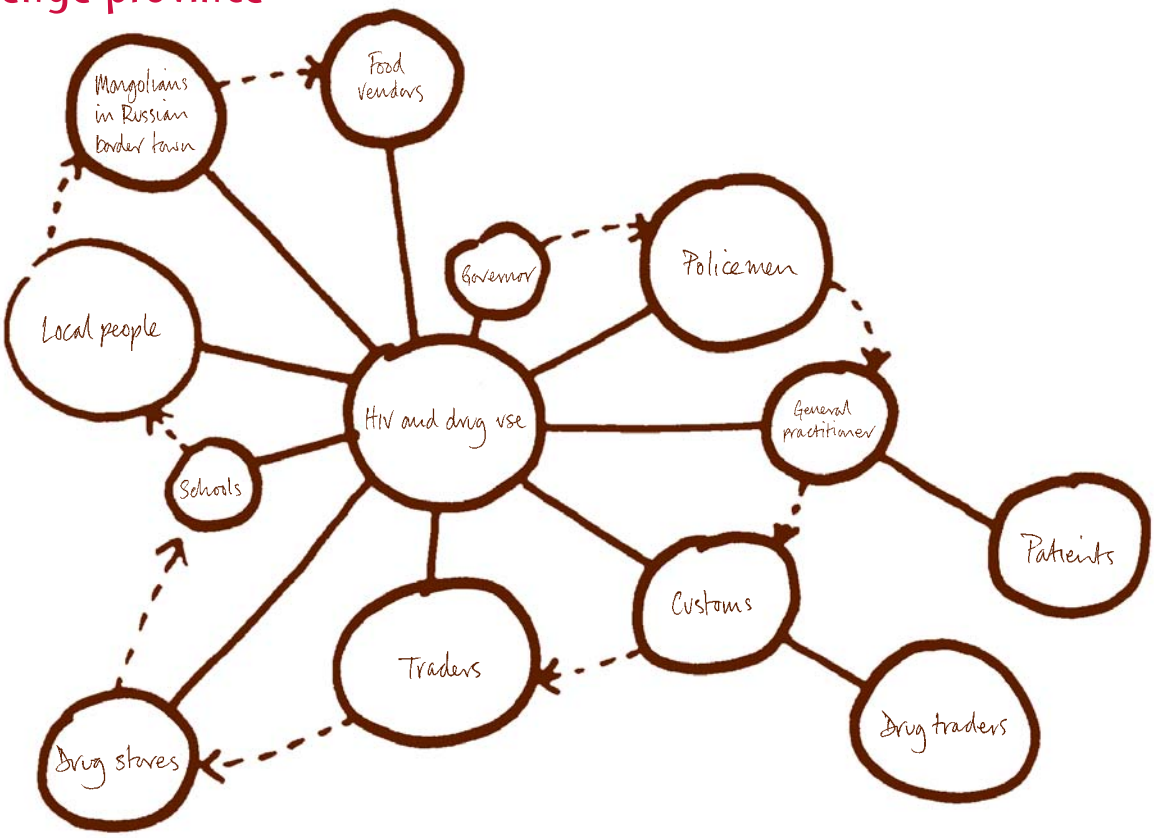
Key informants Key informants are people with particular knowledge of and experience with the issues and people on which the assessment is focusing. See Step 6 for a discussion of the different types of key informants. At the design stage, it is useful to draw up a preliminary list of key informants and make a plan for contacting them.

Gatekeepers Gatekeepers are people who have some kind of control or influence over access to the community that the assessment is working with. See Step 7 for a discussion of the different types of gatekeepers. At the design stage, it is useful to draw up a preliminary list of gatekeepers and to make a plan for how to approach them.

Community members These are the drug users, their family members and their social networks with whom the assessment team wants to discuss the problems of drug-related harm, especially HIV/AIDS. See Step 7 for a discussion on how to make contact and build trust with the community members of the assessment.

The assessment team in the participatory assessment carried out in Mongolia used a Venn diagram (see example on page 38) to identify key informants, gatekeepers and community members who could provide information on HIV and drug use in a community and the order in which they should be approached.

Venn diagram used by the assessment team in Mongolia to identify key informants and gatekeepers for the assessment in Selenge province



The dotted line shows how one group of people may provide information on the next group and the order in which the assessment team should arrange interviews and group discussions

Deciding what methods to use in the assessment

The next decision in designing the assessment is to decide on the methods that the assessment team will use with the different sources of information. The most common assessment methods used are interviews and focus groups.

Interviews are planned discussions, often among two or three people, which follow a fixed set of pre-defined questions (structured), a loose question guide (semi-structured) or the interests of the interviewer and interviewee (unstructured). Structured interviews are useful for looking in depth at a particular topic or issue and getting answers to specific questions. Semi-structured or unstructured interviews are useful for exploring people's own experiences and understandings of drug-related harm and how to reduce it.

Assessment team members carrying out interviews need:

- Good communication and interpersonal skills;
- The ability to ask effective questions and use probes and prompts where necessary;
- A plan of the kinds of topics and questions that the team wishes to explore – such a plan can be more or less structured.

Interviews may require:

- A location that is neutral, comfortable and free of interruption;
- A means of recording the discussion (in the form of a note-taker or cassette tape recorder – both methods have advantages and disadvantages).

Interviews can be affected by:

- Interviewer bias – the interests, experience and expectations of the interviewer can affect an interview;
- Interviewee bias – the people being interviewed may give answers that they think the interviewer wants to hear rather than their own opinions.

A good way to discuss sensitive topics without asking people to reveal too much about their personal lives is to ask questions about "typical" persons in the community. For example, in an assessment carried out in northern Thailand, young people were asked to describe a typical drug user. They then provided information on the age, gender and background of a typical drug user and their drug-using patterns.

A **focus group** is a number of individuals who are interviewed collectively because they have had a common experience or come from a similar background. These characteristics provide both a focus for discussion and help people express individual and shared experiences and beliefs. Focus groups are good for producing a lot of information quickly about beliefs, attitudes and behaviours.

A focus group usually requires a:

- Location that is neutral, comfortable and free of interruption;
- Guide to discussion issues or topic areas;
- Flipchart paper and markers;
- Key informants to help recruit participants.

A focus group also needs a:

- **Facilitator** who takes part in the focus group and encourages participants to share their ideas and experiences in relation to the topics;
- **Note-taker** who observes and records significant verbal and non-verbal details of the group. A tape recorder may also be used to tape the discussions.

These roles will usually be played by members of the assessment team.

The key disadvantages of focus groups are:

- There is less control than in an interview;
- The data cannot tell you about the frequency of beliefs and behaviours;
- The group may be dominated by one or two participants who can influence the views of others.

In a participatory assessment, a range of participatory tools are used in interviews and focus groups to encourage the participation of drug users in discussions.

The tools use drawing and other visual techniques to stimulate and facilitate discussion in order to learn more about people's concerns, needs and priorities. An overview of these tools is given in the box "Tools at a glance". The box "Which tools do what?" shows how some of the tools can be used.

Tools at a glance

Mapping – shows people and places within a geographical area.

Body mapping – shows different parts or areas of the body.

Trend diagram – is a graph to show changes over time in a behaviour or aspect of interest.

Lifeline – shows events and experiences in the lives of people, places or institutions over their lifetime.

Daily activity chart (or 24-hour clock) – shows how people spend their time over the course of a day.

Venn diagram – uses circles to describe the relationship between, and relative significance of, people, places and institutions.

But why? diagram – is a logical tool to look at the reasons for a situation, problem or behaviour.

Cause/effect flow chart – is similar to But why? diagram but looks at the causes as well as the effects of a problem.

Ranking – places things in order of importance.

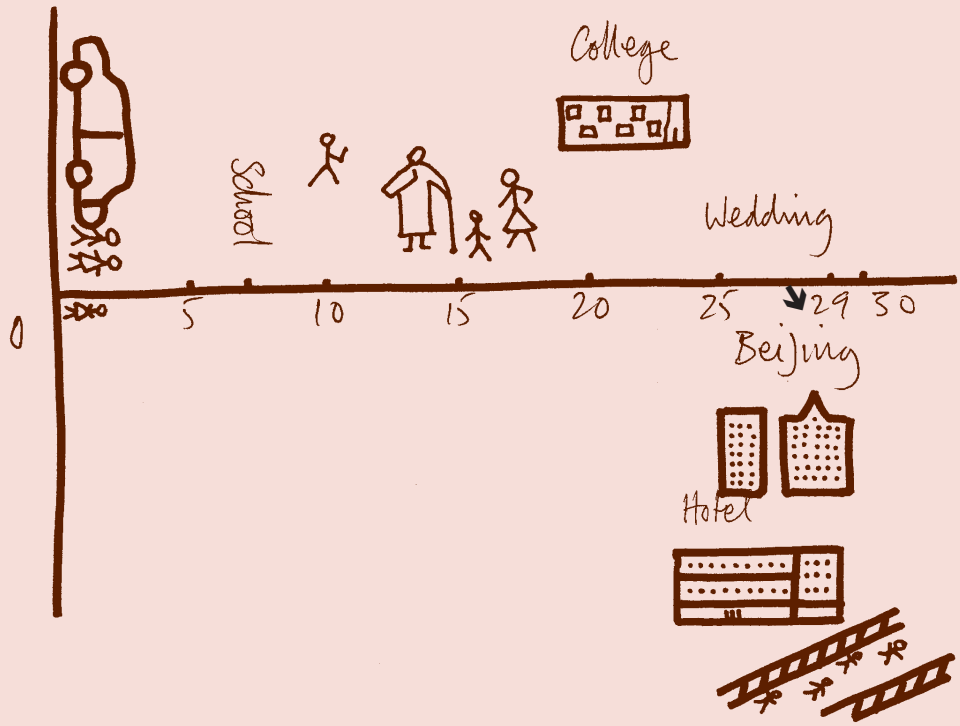
Matrix scoring – a grid with multiple columns and rows for comparing and prioritising among a set of options.

Assessment grid – a two-by-two grid to make decisions about different options according to two criteria.

Evaluation wheel – a pie chart showing what proportions of the various aspects of something have been done or can be done.

example

Example of a tool used in the assessment in Mongolia: Lifeline showing key events in the life of a sex worker



The Topic Notes offer some guidance to selecting tools to address particular topics, issues and questions in the assessment. The Tool Notes also at the end of the guide discuss each tool in detail, and how it could be used in an assessment. See Step 7 for a more detailed discussion of using the tools in the group discussions and some lessons learned.

Deciding how information will be managed

Making a plan for managing the large amount of information that a participatory assessment usually produces is an important part of designing the assessment. The purpose of managing information is to be able to:

- Quickly locate a diverse range of materials and information;
- Review the key findings and methods used to collect these.

Making a plan for managing the information must also take account of the need for confidentiality. Information that the assessment gathers on drug use and drug users may be of interest to law enforcement agencies. Drug users may fear that the information they give to the assessment team will be used against them.

Which tools do what?

To map places, bodies and relationships:

- Use community mapping, body mapping, Venn diagrams.

To assess change:

- Use trend diagrams, seasonality diagrams, timelines.

To analyse problems:

- Use cause/effect flow charts, But why? diagrams.

To compare and prioritise:

- Use matrix scoring, ranking, assessment grid.

It is essential to collect specific information on how drugs are used in the community, who uses them, where and why in order to help to design innovative responses. At the same time, it is essential that this information is not used against drug users and others who have provided it. Thus, the assessment team should avoid using people's names and consider developing a system for coding people, places, groups and organisations in order to protect them from legal action. It is also important that information is stored in a locked and secure place.

A good information management system for a participatory assessment usually involves:

Interview/group discussion records Detailed documentation of the discussions and key findings from each of the interviews and group discussions is very important. Key issues should be discussed and agreed by the team shortly after the interview or discussion and written up as soon as possible using a specified format. An example format is shown in the Sample session recording format box. Each session record could be coded to enable easier reference.

Daily logs It can also be useful for each member of the assessment team to keep a daily log recording their assessment activities, their thoughts and reactions, and further questions produced by these activities.

Filing system The assessment team needs to create a filing system for storing and organising information from the assessment. The most common arrangement for such a system would be to organise files according to the sites or information sources.

example

Sample session recording format

Code/ref: _____

1. Date: _____
2. Time/duration of meeting: From _____ To _____
3. Place of meeting: _____
4. Team members and roles: _____
5. Type of group: _____
6. Number of participants: Male _____ Female _____
7. Tools used: _____
8. Process (how session was conducted):

9. Major findings (HIV and drug use situation, problems and priority needs, solutions):

10. Quotations:

11. Key notes (observations and difficulties):

Deciding how information will be analysed

One of the key aspects of the Participatory Assessment and Response approach is that it involves communities in analysing their own situation in group discussions. The community thus begins the process of analysis during the assessment rather than waiting to be carried out by outsiders after all the information is gathered. However, in order to obtain a comprehensive view of the situation in a community, it is necessary for the assessment team to schedule its own activities for synthesising and analysing the information being produced by the assessment. Based on experience, these activities will typically include:

- Regular team meetings and a workshop on completion of fieldwork to share the information collected and compile the overall picture, emerging themes and remaining questions;
- Periodic feedback to the Advisory Group for their input;
- Drafting a report of initial findings and recommendations after the fieldwork is complete;
- Holding community consultation meetings to verify findings and mobilise support for recommendations;
- Producing a final report of the assessment;
- Making a dissemination plan for the final report.

step 5 Using secondary sources

Summary

This section describes a range of secondary sources that may relevant to an assessment on drugs and HIV/AIDS issues. It explains why it is important to use secondary sources, as well as some of the limitations of these sources. The section also discusses the use of secondary sources at different times in the assessment process, and the role that such sources can play at different stages of an assessment.

What types of secondary sources are there?

Secondary information is information obtained not from the assessment team's interviews or group discussions with the affected communities and stakeholders but indirectly from written or other media.

It is useful to divide these secondary sources into two categories, namely:

- Routinely collected data and statistics, such as government statistics on unemployment and poverty levels, clinic and treatment centre records, needle exchange figures, and so on;
- Documentary sources, such as newspapers and published reports of NGOs, government, international organisations, community organisations and outreach workers on drug use and drug users.

Why use secondary sources?

Using secondary sources enables the assessment team to:

- Build an initial picture of the profile of a site;
- Cross-check and compare information from the assessment process with other sources of information;
- Use information that they would not otherwise have the resources to collect;
- Compile information which will help in understanding problems.

But it is important to be aware of some of the limitations of secondary sources when thinking about why to use them and which to use. These include:

- Documentary sources may not always be accurate;
- Statistics must always be interpreted carefully, as they can be biased or inaccurate.

When to use secondary sources

It is helpful to use secondary sources at the beginning of a participatory assessment in order to understand the context in which the assessment is being conducted and to identify themes and key questions, determine assessment sites and help in identifying key informants. It is also useful to refer to secondary sources at later stages to help in cross-checking findings from the assessment.

It is important to make specific efforts to search out information that is not readily available to avoid leaving out anything significant.

step 6 Learning from key informants

Summary

This section defines the term "key informant" and offers some examples of typical key informants for an assessment on drugs and HIV/AIDS issues. It emphasises that identifying key informants is a continual process throughout the assessment. It also stresses the importance of beginning the assessment with some interviews with key informants in order to gain an overview of the issues and the people involved, as this will be helpful in planning and implementing the next steps of the assessment process. This section makes recommendations on how best to work with key informants. It emphasises the importance of building relationships of trust with them, especially with those who come from within drug-using populations and other marginalised communities. It discusses some of the issues involved in compensating key informants for their participation in the assessment. The section points out some of the limitations of key informants as a source of information for the assessment, and stresses the importance of using a range of key informants and cross-checking the information they provide.

Who are key informants?

Key informants are people with particular knowledge of drug use and drug users' issues. Depending on local circumstances, there may be many different kinds of key informants. Typical key informants in a participatory assessment could include: health officials, drug rehabilitation staff, pharmacists, local journalists, local police and bar or nightclub owners.

At the beginning of the assessment, it will usually be possible to identify some obvious key informants with whom it will be important to make contact. As the assessment continues, other key informants will probably be identified, either by recommendation or through focus groups and interviews.

Before selecting a key informant, the assessment team should be aware of the key informant's background and possible reasons for taking part in the assessment. Sometimes those individuals who quickly offer themselves as key informants are marginal members of the population, or have a particular interest in taking part in the assessment or simply wish to make money.

example

Key informants

Organisations that carried out participatory assessments in Ukraine in 2001-2002 identified *babushkas* (older women) as important key informants. They often gather in public squares during the day and evenings and so are usually well informed about what is going on in the community. They can also act as important channels of communication to the community.

As Andriy Klepikov, an Alliance Ukraine staff member notes:
"The most important people are the babushkas*; they often shape public opinion and once their trust is gained they can help to spread relevant information."*

How best to work with key informants

Working with key informants early on in the assessment is important because they can help the assessment team to understand the context and to identify key issues and questions. In addition, key informants have a critical role to play in providing information on the topics of the assessment and in making contact and building trust with drug users and other community members (see Step 7).

The assessment team should clearly explain to the key informants what assistance is needed from them. It may be necessary to build a relationship with certain key informants before they trust the team members enough. This is most likely to be the case when trying to learn from those within local networks of drug users; for example, drug sellers. The ways to build such relationships will depend on local conditions, but the issue of providing incentives to compensate key informants may well arise. Opinions often differ on this issue.

In this situation, the following issues need to be considered:

- The costs of compensating key informants, both for this assessment and subsequent work;
- The obligation to compensate people appropriately for the time and expertise they give to the assessment;
- The effectiveness of the assessment if key informants do not participate because they are not compensated.

The most common method for working with key informants will be the one-on-one interview. It may also be possible to get several key informants together for a group discussion using some of the participatory tools.

As with secondary sources, it is important to be aware of the limitations of key informants. The assessment team should try to understand how the perspective of particular key informants may be biased. It is also useful to identify and learn from a number of key informants in order to crosscheck findings and conclusions.

step 7 Making contact and building trust

Summary

This section discusses some of the barriers that the assessment team may face in trying to gain access to drug users. These include barriers related to the characteristics of the communities in which drug users live or the settings in which drug users are to be found. There may also be barriers related to he characteristics of drug users themselves, as well as to the characteristics of the assessment team. The section makes recommendations on how best to overcome these barriers and discusses in more detail how to reach out to drug users. The section also defines the term "gatekeeper" and offers some examples of gatekeepers in an assessment on drug use and HIV/AIDS, and how best to work through them. Lessons that have been learned about how to build trust with drug users are then discussed.

Barriers in gaining access to drug users

Some of the barriers that may make access to drug users difficult include:

Characteristics of communities in which drug users live Access may be difficult for a number of reasons, including geography, the political situation, the legal situation and lack of permission from community leaders. Poor and under-served communities and their leaders may be suspicious of outside organisations offering help in the form of an assessment because of broken promises in the past. An assessment sometimes takes place at the same time as police and military operations. This can make it difficult to gain access to vulnerable or persecuted groups.

Characteristics of settings in which drug users are to be found Some of the settings where drug users are to be found include drug dealing venues, "shooting galleries" where users meet to inject drugs, and particular institutions such as needle exchanges, drug treatment centres and prisons. Some of these settings may be dangerous for "outsiders" to work in, and in the case of institutions, the assessment team will need to get the permission of relevant gatekeepers before they can access the users within them.

Characteristics of drug users Users of illegal drugs are likely to be wary of contact with assessment team members because of their fear that such contact will lead to problems with the police. But some drug users may be harder still to make contact with because of the additional stigma that they experience. In most situations, it will be more difficult to gain access to female drug users, younger drug users, users from ethnic or sexual minorities, users of more stigmatised drugs (such as heroin, as opposed to marijuana) and drug injectors.

Characteristics of the assessment team Links between the assessment team and the government or the police may hinder access to drug users because of the drug users' fear of arrest. Similarly, the ethnicity, class or status, language spoken and dress code of the team members will effect the ability of the team members to make contact with hidden groups of drug users.

Gaining access to drug users

The strategies that the assessment team can use to overcome these and other barriers will depend on local circumstances and resources. But they are likely to include:

- Map the places and times where drug users are and identify entry points through which to approach them;
- Work with gatekeepers who can provide access to drug users (see below for more on this);
- Be comfortable working in local dialects and use local terms;
- Have a non-judgmental attitude – this is essential to building trust with drug users because they are so often stigmatised by the rest of the community;
- Have something to offer – for example, supplies (needles, swabs, condoms), referrals to services, or incentives such as money, food and travel vouchers;
- Be neutral and do not take sides in conflicts.

In the participatory assessments supported by the Alliance, drug users were usually very willing to talk once some trust had been created. This is partly because drug users in most societies get so few opportunities to talk about their needs and have people willing to listen to them.

Outreach to drug users

Getting access to drug users will involve outreach work. In many situations, outreach work can be difficult. The following guidelines for outreach work are adapted from a training module on field-level activities for prevention of HIV transmission among drug users, developed by UNAIDS.

Before you begin...

- Familiarise yourself with the area;
- Know where you can go and where you cannot;
- Get necessary permissions from local officials;
- Provide outreach training for assessment team members;
- Tell someone where you will be working and what time you expect to be back;
- Decide on safety and security procedures, such as carrying ID cards, letters of introduction and/or emergency contact numbers;
- Prepare outreach "kits" of information and useful materials (needles, syringes, condoms, swabs and so on).

example

Reaching out to drug users

"Anti-AIDS", a harm reduction agency in Lugansk, Ukraine, described how they reached out to work with drug users during their assessment:

"Our first session started in a café, and then we moved to a special training room. Being prepared and organised to work with drug users wherever they were to be found was important to the assessment."

During outreach...

- Work in pairs;
- Try not to attract too much attention;
- Be relaxed and open to talking about whatever issues come up – don't just talk about HIV/AIDS or drug use;
- Do not interfere with police business;
- Do not accept gifts from the people you are interviewing;
- Do not make promises.

Remember...

- Be careful – the drug scene can be violent;
- Be clear – explain who you work for;
- Disassociate yourself from law enforcement agencies;
- Be alert, to avoid trouble before it happens;
- Develop a pattern, to ensure that you have a fixed day and time that you go to a certain area.

Working through gatekeepers

Gatekeepers control access to certain individuals, groups, places and information. They may not have a direct interest in this group but will control the access to it. Some general examples of gatekeepers include village leaders, local gangs or government officials.

In an assessment on drugs and HIV/AIDS, gatekeepers who control or influence access to drug users, their families and members of their social networks may include local police, staff at relevant institutions, drug sellers, and "pimps".

Gatekeepers are normally easy to identify and contact. Once contacted, they may need convincing that the assessment is a worthwhile activity –

generally and for them in particular. This may require careful negotiation or payment of some kind. When working through an institutional gatekeeper, it is important to remember to work with all the necessary levels within the institution – see the example box.

example

Gatekeepers

Working with drug users often involves building relationships with key gatekeepers first; for example, local drug sellers and police.

In Phnom Penh, Cambodia, the assessment team carrying out a participatory assessment in 2001–2002 first had to build relationships with local gang leaders in order to access the street children whom they wanted to involve in the assessment.

It is important to work with the police at all levels, from senior-ranking officers to police on the street, to try to establish support for the assessment and the development of harm reduction strategies in the community.

In an assessment in a highland community in South-east Asia, the assessment team had informed a senior police representative about the assessment, but this message had not filtered down to the officers on the ground. As a result, the team lost credibility when the police tried to arrest drug users immediately after the assessment, even though the events were not linked.

Gatekeepers often have a vested interest and any access that they grant may be controlled in some way. Assessment team members may only be taken to areas where drug use is publicly evident, or they will be accompanied by the gatekeeper. This can affect the responses given by people to the assessment.

Building trust with drug users

Building a relationship of trust with drug users is critically important. As noted already, drug users are likely to be wary of "outsiders", and especially wary of "researchers" who say they are trying to help. It is essential that the assessment team works to create a relationship of respect and trust with drug users and their families and social networks. Only through this will they be able to involve drug users in identifying and addressing their own problems. To do this, team members will need to challenge their society's stereotypes of drug users as being "bad" or "weak".

In thinking about the need to build this relationship of trust, it is helpful for assessment team members to remember the following lessons:

It takes time to build up a relationship of trust.
Often members of the assessment team will need to make several visits before they can begin to discuss the issue of drug use. This will affect how quickly the assessment can be completed.

There needs to be a commitment to building a relationship.
Drug users must feel that the assessment team members are interested in them as people and not only as part of a problem. Often this means discussing a range problems that drug users are concerned about, such as police violence. However, in such cases it is essential also that assessment team members are clear about the help they can and cannot provide.

Follow through on agreements and commitments made.
Nothing damages a relationship of trust more than broken agreements and promises. This will have impact not just on the assessment process but also on any project that might be developed or future work by other organisations.

Create a relaxed atmosphere by providing incentives.
Incentives such as food, vitamins, needles and condoms can also help to build relationships. For example, one group in northern Thailand working with young people invited them to a picnic and took a guitar along to help create a fun and relaxed environment in which to talk openly about their drug use.

Work when and where it suits drug users.
Building relationship with drug users means following their schedules and meeting them when and where is best for them; for example, in the street, dormitories or discos.

Night-time group discussions with youth in Cambodia

Maintain appropriate confidentiality.
Any information, including photos, that could be used to implicate an individual or identify an undisclosed location of drug use should be kept in a secure place, such as a lockable filing cabinet. It is essential that such information is not shared with people and agencies who are not directly involved in the assessment process. Drug users are unlikely to take part in the assessment if they suspect that the information they are sharing may be used against them. It is essential to explain the policy on confidentiality of information to everyone who is taking part in the assessment.

Get informed consent from people.
A participatory assessment is conducted on the basis of informed consent. This means that people should be sufficiently informed about the assessment to be able to make a decision about whether or not to participate. It is not a good idea to lie about the aims of the assessment. The team should always seek to explain what the assessment is about and outline the benefits and disadvantages for the individual and the community.

Be respectful and ethical.
Talking to people about their personal histories (such as past experiences of trauma) may help in understanding people's vulnerability but may also be painful to the people concerned. Assessment team members should think about the ethics of asking people about their personal histories, how they can reduce the risks of re-traumatising people, and what they can offer to help people deal with critical incidents such as sexual abuse and violence.

step 8 Conducting group discussions and interviews

Summary

This section discusses the processes involved in carrying out the assessment in the field. It describes a "snowballing" approach that can be used in order to ensure that the assessment team works with an adequate sample of people. The section makes recommendations on how best to arrange group discussions and interviews. It also discusses some guidelines for how best to use the participatory tools in the group discussions, focusing on how to sequence the use of the tools. The ongoing tasks of recording and analysing information are discussed, and guidelines for taking good notes during group discussions and interviews are listed. This section also describes the role that follow-up interviews can play in both cross-checking information and looking more deeply into issues and problems.

Sampling and snowballing

When designing the assessment (see Step 4), the assessment team will have made preliminary decisions about the sample of people it will try to work with during the process. This decision will have included both the number of people to work with and the range of key informants, gatekeepers and community members.

The assessment team may need to revise these initial decisions on the basis of the further information they get from secondary sources, key informants and gatekeepers. By the time this stage of the assessment is reached, the team should have an idea of how many group discussions they need to organise with whom in order to work with a sufficient sample of people to produce useful assessment findings. There are two aspects of a sufficient sample, namely:

- It has a sufficient number of people in order that the team can draw adequate conclusions about the whole group from this smaller group;
- It is representative of the whole group in terms of some key characteristics (such as gender, age, class/status, race/ethnicity, types of drugs used, methods of drug use and experience of drug-related harm).

Although it is virtually impossible to get a complete understanding of a situation, the assessment team should attempt to get as comprehensive a picture as possible. The team should concentrate on cross-checking information from various sources and tools to be used throughout the process in order to verify issues raised.

The easiest way to know whether a sufficient sample has been reached is to "snowball until saturation". At the end of every group discussion, the assessment team should ask the question: "Who should we talk to next?" When no new groups are mentioned and no new information is offered, saturation point has been reached.

Arranging group discussions

Arranging group discussions with drug users will often not be easy. The assessment team has a number of options, including:

- Working with informal peer leaders among drug users and asking them to convene meetings of the drug users they know at convenient times and places;
- Identifying existing social networks of drug users (through talking with key informants and gatekeepers) and meeting with them at convenient times and places;

A group discussion in Poipet, Cambodia

- Arranging meetings with drug users at existing sites where they already gather, such as at needle exchanges and drug treatment centres.

In addition to these particular strategies for arranging group discussions with drug users, the assessment team should pay attention to the following lessons when arranging any group discussion (with drug users, their families, and their social networks, as well as other community stakeholders):

The assessment team should try to work at times and in places that are convenient for people. Group discussions will be easier if they are held in a quiet place. Special arrangements may be required in order to enable the participation of some community members, such as childcare for women with children.

Group discussions will be more participatory if the participants in the groups share similar characteristics (especially in terms of gender but also age, socio-economic status, marital status and ethnicity). Organising groups according to such characteristics may not be easy. There may be cultural restrictions; for example, on women meeting with outsiders alone, or young people meeting with adults from outside the community. Thus it is important to work with key stakeholders to explain the need to carry outthe assessment in this way and to get their permission for doing so.

The need for groups to be of similar characteristics or "mixed" will also vary. The more sensitive the topic, the more important it will be to work in groups of similar characteristics. But it may be helpful to work in mixed groups at the beginning and the end of the assessment, when it is important for people to come together to define problems and to share ideas for solving problems.

Depending on the topics being discussed and the tools chosen to use, the assessment team may have to meet with the same group more than once. Depending on the people involved, and how the first meeting went, it may be easier more difficult to get people back for a further meeting.

example

Organising groups

In Mykolaiv, Ukraine, the Alliance-supported assessment was carried out with sex workers, some of whom injected drugs and some of whom did not. Junitus, the NGO leading the assessment, found that:

"Sex workers who are not using drugs, even those who have injecting drug users as relatives or friends, have quite negative attitudes towards sex workers who inject drugs. We knew this before we started the assessment, and paid attention to this issue when organising group discussions. But during the assessment, we found that there was also a hierarchy within street sex workers who inject drugs: more experienced sex workers had negative attitudes towards the newcomers. This had a big influence on the discussion process. For this reason, we had to regroup the sex workers and carry out further separate group discussions."

Using participatory tools in group discussions

In a Participatory Assessment and Response approach, the assessment is the first step in the response itself. Its methods and tools help people to participate in identifying problems and in developing responses to these problems. This emphasis on problem-solving with people, rather than designing interventions for people, helps to build commitment and capacity at the community level to responding to problems of drugs and HIV. It may also lead people to take action on their own, independently of external agencies.

The assessment topics follow a problem-solving sequence, from describing contexts and situations to analysing problems and identifying ways to respond to them. The assessment team can use the range of participatory tools to take people through this sequence. Each team will decide on its own sequence of activities in relation to its unique circumstances. But there are some general principles to follow in thinking about the sequence for topics and tools.

In terms of **topics**, it is usually a good idea to start with more general topics and then move to more specific issues, and to start with less sensitive topics before moving on to more sensitive issues. Less sensitive questions can act as starting points to more in-depth questioning. But the assessment team should try to judge when to progress to more sensitive and personal subjects depending on the relationship of trust that they have been building up with the group or person.

In terms of **tools**, it makes sense to progress from more descriptive to more analytical tools. This is a logical problem-solving sequence.

As already noted, it may be necessary to follow a sequence of topics and tools with the same group over more than one meeting. It will also be important to use the same tool with different groups and individuals in order to learn from the comparison. This helps to draw out the different perspectives on the same situation. Throughout the process, the team should try to progress from issues and problems to discussion of action and how to respond.

Lessons learned on the use of tools in group discussions

Flexibility is very important when using participatory tools.
While it is useful for the assessment team to have a plan in mind before conducting an interview or group discussion, it is important that such a plan is not too rigid. If the participants in the interview or group discussion are not comfortable or interested in a particular tool or the questions asked, then the team members need to change the tool and questions.

Tools can be used in different ways and different questions can be asked at various stages of the assessment.
At the beginning, descriptive and non-threatening questions can be asked about people's lives and the environment in which they live. The issues raised can then serve as the starting point for discussion of related issues, while continually building relationship and trust between the assessment team and the assessment participants. Eventually, more probing tools and questions about more sensitive issues can be asked in order to deepen the assessment.

The same tool can be used with different groups and individuals in order to compare and cross-check information.
This helps to draw out the different perspectives on the same situation. For example, different groups of drug users (by age, gender, type of drug used) can be asked to draw a map of places of drug use and places of HIV risk, and then these maps can be compared in order to learn about people's different perceptions and experiences of risk.

Recording and analysing information

At the beginning of the assessment process, the assessment team should have developed a system for recording and managing the information. The challenge for the team will be to make good use of this information management system while it is conducting fieldwork. The team can make good use of its system by:

example

Being flexible

Participatory tools can facilitate people's participation by stimulating discussion, but are not an end in themselves. They require careful and skilled facilitation.

They also need to be used flexibly and adapted to the specific needs of different groups. For example, Friends, an NGO working with street children in Cambodia, and one of the NGOs working with young people in northern Thailand, noted that the tools that involved drawing – for example, body mapping and community mapping – were very popular. However, the young people did not want to participate in some of the more analytical tools, such as problem trees or matrix ranking.

On the other hand, one of the discussion groups in Ukraine involving a group of older men were reluctant to participate in any of the activities that involved drawing, saying that they were childish.

Recording participatory group discussions carefully – there are different options for recording participatory group discussions. Sometimes it may be better for the assessment team members to leave the group to use a participatory tool on its own. When the group has finished, the group facilitator and note-taker can rejoin the group and then notes can be taken of the points made in discussing the tool and of any conclusions or recommendations. At other times, it may be better for the assessment team members to stay with the group and facilitate and record their discussion as it happens.

Whichever option is used, the accuracy of the notes taken should be checked with the group at the end of the discussion. Key information from these notes should be recorded in a session-recording format as soon as possible after the group discussion. See Step 4 for an example of a format used for recording group discussions.

De-briefing the tool – it is also vital to check with the group the meanings of any diagrams or drawings that they have produced, and then make copies of these. These copies will also serve as a record of the group.

Reviewing and expanding notes immediately after field work – the assessment team members should try to meet at the end of every day during fieldwork to compare notes and highlight areas of agreement, disagreement and possible improvement.

Although there is no right or wrong way of taking notes, good practice involves:

- Adding the time and date when the interview or group discussion took place;
- Summarising the background to the interview or group discussion. This can include descriptions of where it took place, the characteristics of people taking part in the interview or group discussion, and their roles;
- Indicating where people left or entered the setting or when significant events occurred;
- Using easy-to-remember abbreviations or symbols to speed up note-taking;
- Using headings and sub-headings to divide the notes into smaller sections;
- Leaving spaces on each page to add further details as necessary;

- Highlighting any impressions or thoughts. The note-taker should be careful to separate out his or her own perceptions and thoughts so that they are not mistaken for actual behaviour or discussion;
- Highlighting main points, and how often and by whom they are made;
- Recording interesting or surprising quotes;
- Protecting confidentiality – details such as people's names and addresses should not be necessary. Codes, that indicate to team members which informants or locations are being referred to can be used to protect confidentiality.

As previously noted, one of the key aspects of the Participatory Assessment and Response approach is that the nature of the participatory tools, and the way that they are used, promote continuing analysis of information as it is being shared during group discussions. The problem-solving nature of the assessment process means that analysis is ongoing and does not have to wait until all the information has been gathered.

The team will also meet regularly during the period when group discussions are being conducted to review the picture that is emerging from the discussions, combined with information from secondary sources and key informants. This ongoing analysis by the assessment team is intended to identify whether they are getting a comprehensive picture of the situation, its problems and possible responses. If the picture is not yet comprehensive, the team needs to keep working with more groups (or go back to the same groups).

example

Participatory analysis

In its overview report of assessments carried out in Ukraine, Alliance Ukraine emphasises that:

"An important aspect of the participatory assessment process is the involvement of NGO staff and community members in the analysis of findings. They find the analysis extremely challenging but very exciting and rewarding, and are becoming witnesses of the projects being delivered in front of their eyes. Most of the research and situation assessments they dealt with in the past involved them only at the stage of raw data collection. The analysis was done elsewhere and usually presented in extremely generalised and abstract ways ... [N]o concrete and needs-sensitive interventions could be developed from those kinds of analyses."

Conducting follow-up in-depth interviews

At the point when the assessment team thinks that it has a comprehensive picture, it is often helpful to carry out some follow-up interviews with individuals drawn from the community. These one-on-one interviews are an opportunity to both cross-check the information gathered from the group discussions and to look more deeply into particular aspects of the picture that have emerged from the group discussions. These are usually structured interviews and can also make use of the same participatory tools used in group discussions.

step 9 Analysing information

Summary

Step 8 discussed ways of analysing information as it is being gathered during group discussions and interviews. Once the group discussions and interviews are completed, the next step for the assessment team is to make sense of all the information that has been gathered from the range of sources used in the assessment. This section describes this process of analysis in more detail.

The process begins with pulling together (synthesising) all of the information gathered during the assessment. With this comprehensive picture, the assessment team can then begin to analyse the information in terms of the links between the findings of the assessment. This analysis involves looking for links of causes and effects in order to break down problems and identify ways to address them. Problem trees are introduced as a way to synthesise and systematically organise this information.

The next task in analysis is to identify what the priority needs of drug users are in order to reduce drug-related harm, and especially HIV/AIDS. The needs can be organised according to social, economic and health needs. Strategies for responding to these needs can then be identified, drawing on findings of the assessment as well as national and international best practices. There may be a need to prioritise among the identified strategies, and three criteria for setting priorities are introduced. The importance of checking back on this analysis of needs and strategies for action through community consultation and feedback meetings is also discussed in this section.

Synthesis and analysis

Synthesis means pulling together all the information gathered from the assessment. The synthesis will help identify the themes emerging from the assessment, common issues and different perspectives on both problems and responses to them.

With this synthesis, the assessment team can begin a more thorough analysis of the comprehensive picture gained from the information it has gathered from various sources. This section introduces a series of analytical steps that the assessment team should carry out in order to select the most appropriate strategies to respond to HIV and drug use problems in the community where the assessment was carried out. These analytical steps are:

- Understanding problems;
- Identifying needs;
- Reviewing current responses;
- Prioritising needs;
- Selecting strategies;
- Gathering feedback.

This section also suggests simple tools and tables which may be useful to pull together the large amount of information collected during the assessment.

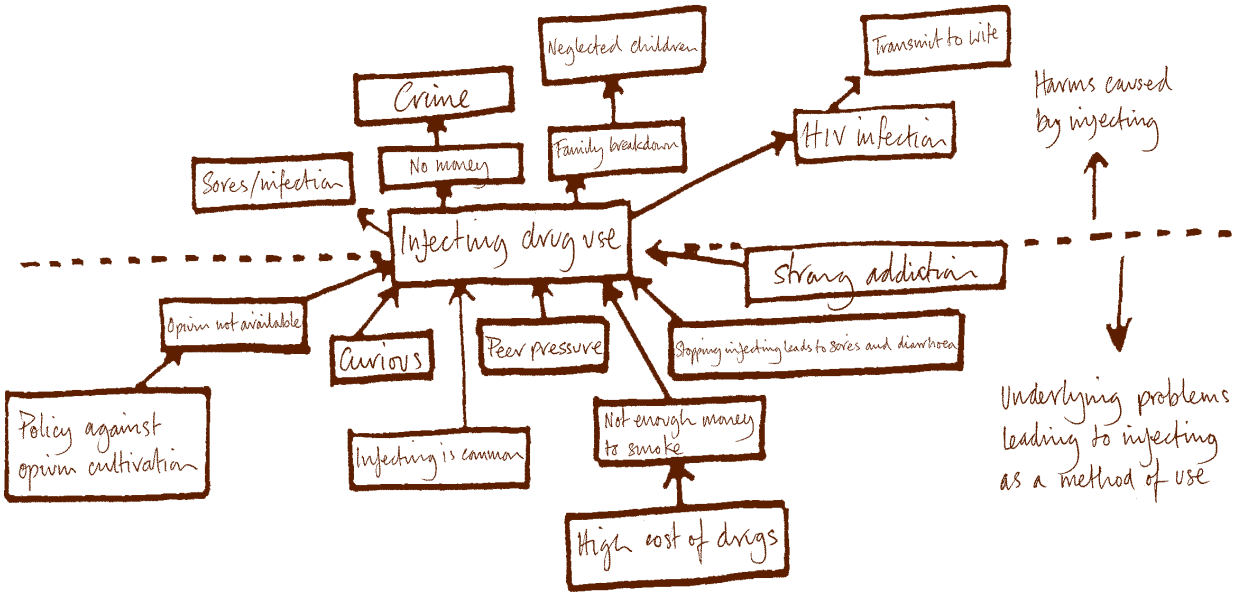
Although the above analytical steps follow a logical order of analysis, the assessment team may need to repeat different steps at different points in the analysis as a more comprehensive picture of the problems faced in a community begins to unfold.

Understanding problems

The analysis begins with understanding the problems related to HIV and drug use. To do this, the assessment team should make the links between the findings on the first three assessment topics.

- Social, economic, political, legal context;
- Situation of drug use and drug users;
- Problems and harms related to drug use.

A problem tree of causes and effects of injecting drug use in a highland community in South-east Asia



In analysing the information collected in these topics, the team should look for links of causes and effects in order to break down problems and identify factors of vulnerability and ways to address them.

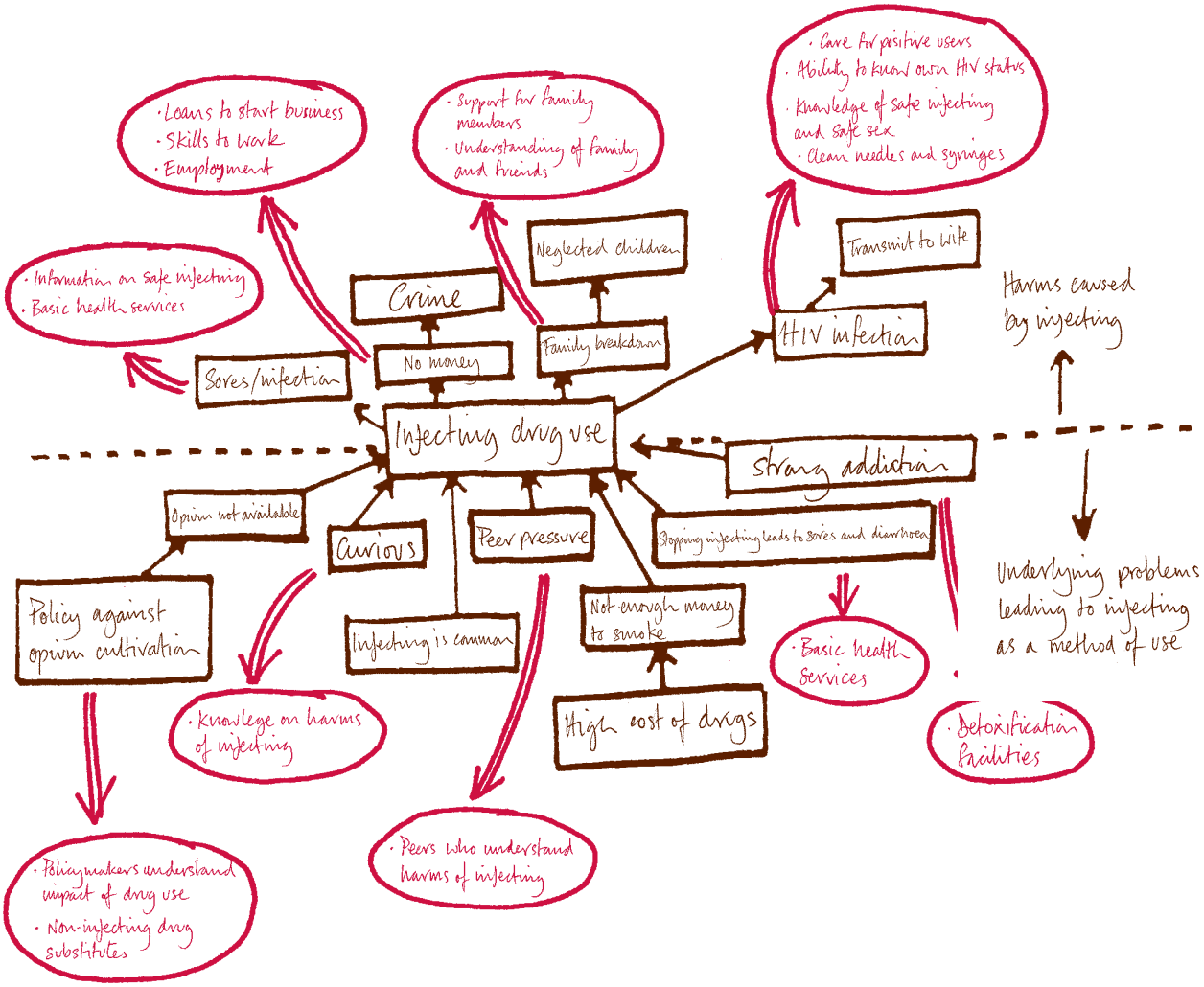
The information collected using cause/effect flow charts (Tool 8) is particularly useful in analysing the basic problems that need to be addressed to reduce drug-related harm. These cause-effect links can be synthesised by the assessment team into "problem trees". Problem trees are constructed in the same way as cause-effect flow charts. Different problems can be placed in the central box and made the focus of analysis. In the example shown, the assessment team which conducted an assessment in a highland community in South-east Asia used the problem tree to explore the causes and effects of injecting drug use, focusing on injecting as a method of use, as it was interested in distinguishing drug injecting from other forms of drug use such as smoking and oral use. The assessment team can also draw a problem tree with HIV/AIDS in the central box to focus on the problem of HIV/AIDS.

Identifying needs

Having synthesised and analysed the problems, it is important to identify what the needs are in order to reduce drug-related harm, and especially HIV/AIDS. This question will have been asked throughout the assessment and the synthesis should bring together the range of community answers to this question.

The problem tree mentioned above can also be used to analyse needs. This can be done by taking each of the problems stated in the problem tree and discussing what the needs of drug users are in relation to each problem. In the example problem tree described above, the effects of injecting drug use (top half of diagram) show the harms that are caused by injecting drug use and thus point to the needs of injecting drug users to address these harms. It will be important to address these needs in order to respond to the immediate felt needs of drug users. The causes of injecting drug use (bottom half of diagram) show why drug users inject drugs (as opposed to other forms of use) and thus indicate the issues that need to be addressed to prevent or discourage users from switching to injecting as a mode of use. It will be important to address these needs in order to reduce HIV/AIDS, as injecting is a key mode of transmission of the virus.

A problem tree of causes and effects of injecting drug use in a highland community in South-east Asia showing corresponding needs that should be addressed



Whilst synthesising and analysing needs in order to reduce drug-related harm, it is useful to remember that there are needs at different levels – individual, family, social network, community and society – as described in the section on Background Information on pages 9-18. The needs at these various levels may differ and be in conflict with each other. For example, individual drug users may feel the need for clean needles and syringes but the larger community may feel that it is more important to reduce crime in the neighbourhood. It is important for the assessment team to consider how to manage these differences in order to avoid conflict in the community.

It is also useful to remember the concept of vulnerability and the range of factors that affect people's exposure to harm, and choices, abilities and desires to prevent harm. To capture this, it is important to consider social and economic needs, in addition to health needs, in reducing drug-related harm. In an assessment among street children in Chiangmai, the assessment team of the Volunteer Children's Development Group (VCDG), the NGO which carried out the assessment, synthesised the social, economic, health and other needs of street children using a table as shown in the example box on page 58.

example

Synthesising social, economic, health and other needs

Social needs	Economic needs	Health needs	Other needs
• Acceptance by society • Finish school • Care from family • Want community to give them a chance • Not be linked with drug trafficking • Good job • Welfare support	• Be eligible for social funds • Lower price of drugs • Girls want jobs as beer promotion girls	• Education on HIV and drug use • More appropriate media and materials on HIV • Counselling on sex and drugs • HIV testing • Condom distribution • Drug detoxification	• Support from different organisations • Peer activities • Sports equipment • Not be framed and arrested by police • Health centre for youth

From an assessment by the Volunteer Children's Development Group among street children in Chiangmai

Reviewing current responses

Having gained an understanding of the needs, the assessment team should review what interventions are already being undertaken to respond to the situation (the fourth assessment topic). In doing this, the assessment team should remember that responses may be undertaken not only by the local authorities and NGOs but also by communities, families and drug users themselves. In the assessment carried out in a highland community in South-east Asia, the assessment team used a table to synthesise current responses at the different assessment sites (see below).

example

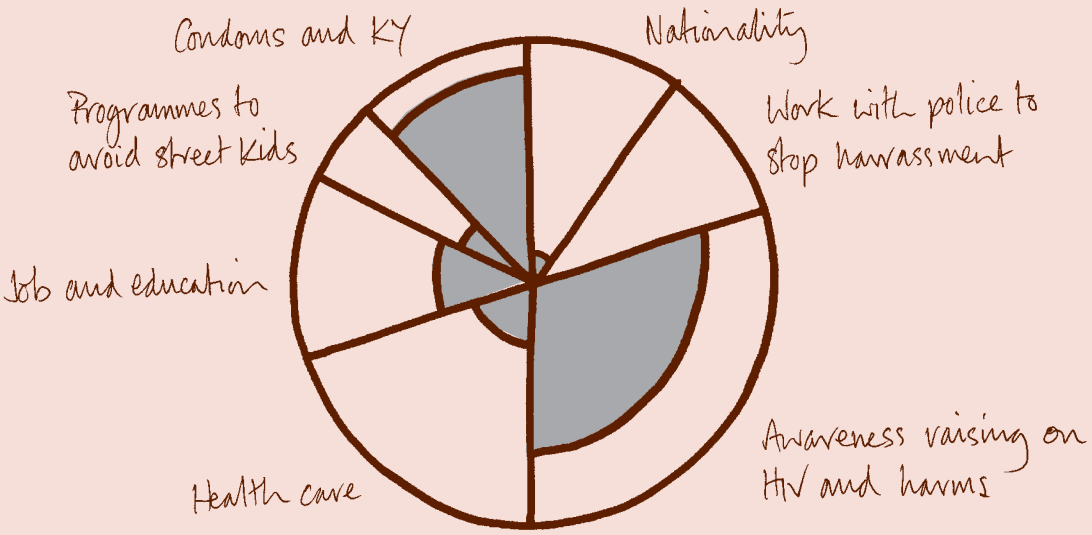
Synthesising current responses at various levels

	Site 1	Site 2	Site 3	Site 4	Site 5
Drug user	Some drug users try to stop drug use by going into the jungle and isolating themselves for a while		Some drug users try to stop injecting drug use by substituting with opium and alcohol without much success		One drug user reported trying to stop by himself
Family		Some families send their children to detox centres in the provincial capital	Some families sent their children to the detox centre in the district capital but this has been closed	Some families send their children to the detox centre run by a Christian organisation in the capital city	
Community and NGOs			A detox centre run by a local organisation has since been closed		Some international NGOs have distributed some Information Education Communication (IEC) materials
Local authorities	Used to run a detox but closed due to lack of finances. Now arrest and send to military camp	Arrest and send to military camp	Arrest and send to jail	Detox centre closed due to lack of finances. Now arrest and send to jail	Arrest and send to jail

From an assessment in a highland community in South-east Asia

example

Using an evaluation wheel to prioritise needs



From an assessment by Volunteer Children's Development Group among street children in Chiangmai, Thailand

Prioritising needs

With an idea of what is already being done, the assessment team can eliminate some of the identified needs as these will have been addressed by the current responses of other stakeholders. However, it is likely that the remaining list of needs will still be long and the assessment team should prioritise them by reviewing each of them in relation to the following criteria:

- How important is this need?
- What are the opportunities and constraints for addressing this need?

The team can use ranking (Tool 9), matrix scoring (Tool 10) or evaluation wheel (Tool 12) to compare the needs according to these criteria.

In the example from Chiangmai, the assessment team from the Volunteer Children's Development Group used an evaluation wheel to prioritise needs. The size of the section represented the importance of the need. By shading the portion of the need that was already being addressed through current responses of other stakeholders, the team could visualise the unmet needs. Using this tool, the assessment team could see that although awareness-raising on HIV and other harms was a substantial need, many other programmes were already addressing this. The evaluation wheel showed that the largest unmet needs related to police harassment and lack of nationality papers among street children. However, considering its own abilities to respond to these needs, the organisation found that it would find it difficult to tackle these issues on its own. The remaining substantial unmet needs related to improving opportunities for work and education, and provision of health care. The organisation decided that it would try to establish a project to meet these needs.

Selecting strategies

The next step in analysis is to look at strategies for addressing the priority needs. By synthesising the information gathered from the assessment on "Suggested action priorities" (see Assessment Topic Notes) and by analysing their list of priority needs to address drug-related harm and HIV/AIDS, the assessment team can begin to list possible strategies for change.

Possible strategies include programmes and policies at the national and local levels. It will be important for the team to draw on innovative local ideas as well as national and international examples of good practice. The forthcoming Alliance booklet to support HIV/STI prevention work with injecting drug users, part of the Alliance Key Population Series, provides examples of good practice projects on harm reduction. Other publications are also given in the section on Further Resources.

Possible strategies for an integrated response to drugs and HIV/AIDS

- **Changing the legal and policy environment** involves advocacy to change laws and policies to be more supportive to harm reduction.
- **Expanding and improving drug education** involves providing clear, non-judgemental information (not just "say no" messages) on drugs to vulnerable communities such as youth.
- **Expanding and improving drug treatment** involves providing effective drug detoxification and rehabilitation services, such as establishment of methadone substitution programmes and therapeutic communities.
- **Promoting and enabling clean injecting** involves providing outreach education on safe injecting practices and provision of clean equipment such as needles and syringes.
- **Offering counselling, HIV testing and care services to drug users** involves providing confidential voluntary counselling and testing services and caring for those found to be positive.
- **Providing primary health care (including sexual health services) to drug users** involves providing basic health care such as cleaning of abscesses and promotion of safe sex and provision of condoms.
- **Supporting drug users to organise themselves** involves providing moral and management support to drug users to form organisations that can run their own advocacy and harm reduction projects.
- **Addressing the other welfare needs of drug users** involves providing services or referrals to meet needs such as housing, employment and legal representation.

The assessment team can then review the possible range of strategies in relation to the one or more of the following criteria:

- What impact will these strategies have on the needs of drug users?
- How feasible are these strategies, given potential resources and constraints? Feasibility relates to the capacity of the organisation to implement the strategy as well as the acceptability of the strategy by the community.
- How sustainable are these strategies? Sustainability relates to financial, political and community support as well as retention of project staff.

This can be done using matrix scoring (Tool 10) or assessment grid (Tool 11), as in the example from Mongolia on page 61.

Having analysed possible strategies on the basis of their impact, feasibility and sustainability, the team can then consider who will be responsible for implementing strategies, and the resources and capacities that already exist and that need to be strengthened. This discussion will lay the groundwork for more detailed planning of individual programmes and policy initiatives.

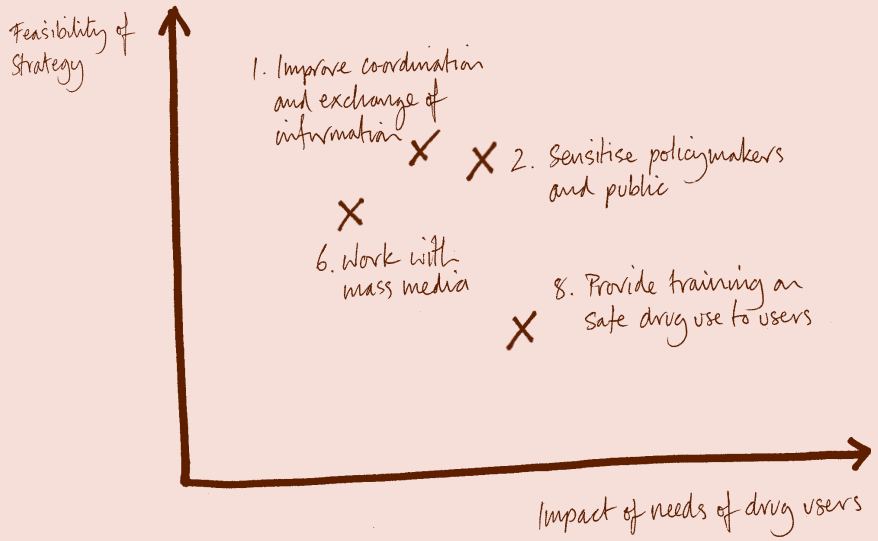
example

Selecting priority strategies

In Mongolia, the assessment team in Selenge Province drew up a list of strategies at the national and local level to respond to needs identified in the assessment. The list of strategies at the national level included:

1. Improve co-ordination and information exchange among organisations working with drug users.
2. Sensitise policymakers and public to needs of drug users.
3. Advocate for and build capacities of NGOs on harm reduction.
4. Develop harm reduction based drug education programmes in secondary schools (Ministry of Education).
5. Provide training on harm reduction for governmental departments such as Customs and the Board of Inspection on Drugs (Ministry of Law, Ministry of Defence, Customs).
6. Provide clear information on harm reduction and drugs to mass media.
7. Create support service centres for drug users (NGOs in collaboration with state agencies and church).
8. Provide training on safe injecting to drug users (NGOs).

The assessment team selected the four most important strategies and assessed their feasibility and impact using an assessment grid, as shown below.



From the grid, the team decided that the lead organisation should focus on building the capacity of organisations to work on harm reduction and on sensitising policymakers and the public on the needs of drug users. Although they recognised that providing training on safe drug use to users would have a high impact, they were aware that it would be difficult to gain access to drug users. Further, as the assessment showed that the level of drug use in Mongolia appears still to be low, the lead organisation decided to work with NGOs already providing HIV/AIDS education to communities most vulnerable to drug use, such as street children, youth, migrants and sex workers. These organisations would be supported to incorporate components that address HIV transmission through unsafe injecting practices into their existing HIV/AIDS education programmes rather than to develop new harm reduction projects.

Gathering feedback

When designing the participatory assessment (see Step 4), the assessment team will have scheduled meetings with the Advisory Group and the community in order to share its analysis of the findings and get feedback. Consultations should be held with drug users, their families and social networks, as well as other community stakeholders (local leaders, law enforcement officials, service providers and so on). Such consultations are an important way of checking back on the analysis, as well as mobilising support for and getting further input into the recommended actions. This can be particularly important when dealing with sensitive issues such as injecting drug use. Community consultations can also highlight gaps and inaccuracies in the assessment findings and identify ways to address these.

step 10 Next steps – developing a response

Summary

This section looks at the steps involved in moving from the assessment to developing the response. It describes the important role that reporting on the assessment can play in developing the response by engaging a range of stakeholders in discussion of drug-related harms and how best to reduce them. It is important to target different stakeholders with different types of reports. The process of sharing is often an invaluable opportunity to mobilise support for the recommendations for action in the report.

The section also looks briefly at action planning to begin to realise the recommendations of the assessment. It discusses the roles that the Advisory Group and the lead organisation may play in planning action on the recommendations of the assessment. While a detailed description of action planning is beyond the scope of this guide, this section notes how information collected using various tools in the assessment can be used to determine specific details of activities.

The section discusses the need to mobilise political and financial support strategically. It also touches on the contribution that the assessment process can make to later evaluations of projects that are developed to respond to the problems identified in the assessment.

Reporting on the assessment

Reporting on the assessment should be seen not only as a way to complete the assessment process but also as an important means of mobilising support for the response that the assessment process has begun. The emphasis of the Participatory Assessment and Response approach is not only on identifying problems and needs but on involving communities in considering how best to respond to these problems and needs.

The final report of the assessment, and the ways in which it is shared with people, can also continue this problem-solving process by engaging people in discussion of drug-related harms and how best to reduce them. The assessment team (and any Advisory Group members who may be assisting with the reporting) should consider the needs of different audiences in terms of the amount of information required and the ways in which they will best receive it. It may be appropriate to prepare different kinds of report for different audiences, including:

- Full, written reports for policymakers;
- Press releases and report summaries for media;
- Audio/video reports for community groups.

It is also important to think about how, when and where it is best to share the assessment reports for different audiences. It may be appropriate release the reports during a special community event in order to get maximum publicity.

Being thoughtful about the process of sharing the assessment report is critical because the process of sharing is often an invaluable opportunity to mobilise support and commitment for the recommendations made in the report.

The Alliance toolkit, *Documenting and Communicating HIV/AIDS Work*,[6] provides tips on improving reporting and writing skills.

6. International HIV/AIDS Alliance (2001) *Documenting and Communicating HIV/AIDS work: A Toolkit to Support NGOs/CBOs.*

Action planning

Depending on local circumstances, the process of reporting on the assessment may also become a process of planning action on the findings and recommendations from the assessment. It is likely that the assessment team will have come to the end of its work by this point. For this reason, at this stage it is important for the Advisory Group to consider its role and whether it can move on to become an Action or Project Advisory Group to help the lead organisation and others develop a plan for action. In order to do this, the Advisory Group may need to expand or change its membership to include stakeholders relevant to the recommendations for action made in the report.

Action planning may take several forms such as:

- Designing a project, including writing a project proposal to a donor for funding;
- Redesigning existing harm reduction projects to incorporate findings of the assessments;
- Planning work with service providers to improve services and/or extend them to drug users.

Action planning should draw on the information collected during the assessment to determine specific details of activities. Information called from different tools used in the assessment can provide details on different aspects of action planning. For example:

- Mapping can provide information on where needle and syringe exchange outlets are best located;
- Body mapping can provide information on where drug users are injecting so as to determine the messages to be included in safe injecting information, education and communication (IEC) materials and education sessions;
- Venn diagrams on services can provide information on which health care centres offer friendly services to drug users, so that harm reduction programmes can be confident in referring future clients – and, correspondingly, which health care centre personnel need additional training to work with drug users;
- But why? diagrams on reasons for drug use and lifelines can provide information for developing example case studies to be used in training counsellors to work with drug users and their families;
- Daily activity charts can provide information on when and for how long services need to be provided in a day in order to be accessible to drug users;
- More general information, such as the profile of drug users, the types of drugs used by different users and their level of HIV knowledge, can provide information on who to target within a community and with what messages.

A detailed description of project design and proposal-writing processes are beyond the scope of this guide. The Further Resources section refers to other manuals on designing harm reduction programmes, such as the *Manual for Reducing Drug Related Harm in Asia*.[7]

7. Crofts, N. (ed.) (1999) *A Manual for Reducing Drug Related Harm in Asia*, Australia: The Centre for Harm Reduction, Burnet Centre for Medical Research and Asian Harm Reduction Network.

example

Using information collected from participatory assessments

The following examples show how findings of participatory assessments in Ukraine provided specific information for action planning.

- The participatory assessments carried out by some NGOs showed that there were several myths about HIV among the drug-using community. For example, drug users believed that a mixture of opiates and ephredine-based drugs kills HIV. Specific information on countering community myths was integrated into IEC messages and materials that were developed by the NGOs.
- An NGO that was already providing harm reduction services moved its points of needle and syringe distribution to make them more convenient and accessible to drug users.
- Some NGOs began to link their programmes to vocational training and employment placement services because they had gained a better understanding of the social needs and priorities of drug users through the participatory assessments.
- The participatory assessments showed that younger drug users are more vulnerable to HIV because of their lack of access to information due to the more hidden nature of their drug use. Some NGOs began to target younger drug users in the projects they developed following the participatory assessments.
- A number of NGOs supported the formation of drug user organisations and clubs to continue the process of strengthening the participation of drug users in developing responses to their own needs; a process that was initiated during the participatory assessments.

Mobilising support

In order to implement selected strategies and carry out recommendations of the assessment, it will be necessary to mobilise support for them. This involves both political, community and financial support.

As noted above, the process of reporting on the assessment can be an important step in mobilising support for action on the findings of the assessment. It is important to ensure that political support will be forthcoming from local and national leaders in the future. This will require ongoing strategic advocacy. To mobilise political support, organisations can also draw on international studies and evidence which have proven the effectiveness of the harm reduction approach. The Alliance toolkit, *Advocacy in Action*,[8] provides guidance to NGOs on developing advocacy strategies for HIV/AIDS projects.

Mobilising financial resources will be a crucial requirement for many proposed strategies. To do this, it will be important to carry out research on donor agencies which support harm reduction approaches. This information may be available from regional and international harm reduction networks such as the Asian Harm Reduction Network and the International Harm Reduction Association. Mobilising resources also requires a strategic approach. The information collected from

8. International HIV/AIDS Alliance (2002) *Advocacy in Action: A Toolkit to Support NGOs and CBOs Responding to HIV/AIDS.*

the assessment can prove useful for forming a strategy to approach potential donors. The Alliance toolkit, *Raising Funds and Mobilising Resources for HIV/AIDS Work*,[9] describes the process and steps involved in strategic resource mobilisation.

Participatory assessments and evaluation

The action planning process is not only a good opportunity to agree on the objectives and strategies for action but also on how progress toward these objectives and implementation of these strategies will be evaluated. The findings from the assessment offer a rich source of information from which to establish baselines.

It is important to monitor and evaluate projects on addressing HIV/AIDS vulnerability among drug users carefully in order to be able to convince stakeholders of the relevance and impact of such work. Regular monitoring and evaluation is also important to ensure that the project continues to respond to changing needs, which evolve very rapidly due to the dynamic nature of the drug-using environment.

The participatory process using the tools described in this guide may also be used for ongoing participatory monitoring and evaluation activities during the project period to collect information on the progress of the project and to obtain further feedback during project implementation. The design of a monitoring and evaluation system is beyond the scope of this guide. The Further Resources section at the end refers to publications on participatory monitoring and evaluation.

example

Using participatory approaches in monitoring and evaluation

In a highland community in South-east Asia, one year after beginning a harm reduction project that was designed after a participatory assessment, the NGO implementing the project carried out a participatory review using similar processes described in this guide. Focus groups and one-to-one interviews were carried out with drug users who had been reached through the project, as well as their families and community leaders. Participatory tools such as the trend diagram, evaluation wheel and ranking were used to assess the impact of different components of the project and the extent to which the project was reaching its targets and objectives. The information from this process was used to review and redesign the project to make sure that it remained relevant to the needs of the community.

9. International HIV/AIDS Alliance (2002) *Raising Funds and Mobilising Resources for HIV/AIDS Work: A Toolkit to Support NGOs/CBOs.*

topics Introduction

What are the assessment topics?

The assessment topics are grouped in the following five categories:

- **Social, economic, political, legal context**
- **Situation of drug use and drug users**
- **Problems and harms related to drug use**
- **Current responses to these problems/harms**
- **Suggested action priorities**

How are the notes organised?

For each topic, there are notes on the issues to consider. Where appropriate, these issues are grouped into categories. Following this, there are brief notes on how various participatory tools can be used to discuss different issues related to the topic.

Issues to consider

Socio-economic

- Characteristics of the population (by gender, age, race/ethnicity, languages spoken, social/class status, religion)
- Levels of poverty
- Basic development indicators (such as food security, water and sanitation, shelter)
- Economic activity
- Mobility/migration patterns
- Basic infrastructure (transport, communications)
- Education (availability, literacy levels, levels of schooling)
- Health (common diseases, services available)
- Violence and conflict (interpersonal, communal)
- Religious practices
- Recreational activities
- Cultural norms, practices and institutions
- History of community
- Priority community concerns (e.g. health, welfare, development)

Political

- Political and administrative structures
- Decision-making processes in relation to drugs and HIV/AIDS issues
- Relationships between government and non-governmental organisations
- Advocacy opportunities to change policies

Legal

- Laws and policies on drugs and drug users
- Laws and policies on HIV/AIDS
- Laws and policies affecting vulnerable groups (e.g. sex workers)

Possible tools to use

- **Secondary sources** of reports and statistics
- **Interviews** with key informants (government staff, community leaders, policymakers, researchers, journalists, law enforcement officials, lawyers, service providers)
- **Focus groups** with selected members of the above groups
- **Mapping** of places, organisations and resources (of social, economic and political life)
- **Trend diagrams** on social and economic trends, as well as legal, policy and political trends
- **Venn diagram** to explore the role of institutions in policy- and decision-making
- **Daily activity charts** to explore social and economic roles and responsibilities of people in the community
- **Community lifeline** to discuss the history of drug policy and drug law enforcement in the community/society
- **But why? diagram** to look at the reasons behind particular laws and policies
- **Cause/effect flow charts** to explore the causes and effects of specific social or economic problems
- **Matrix scoring** to discuss the reasons for keeping or changing laws and policies
- **Assessment grid** to explore the feasibility and likely impact of social and economic improvement strategies on drug-related harm, in particular drug-related HIV/AIDS

2: Drug use and drug users

Issues to consider

Drug economy

- Trends in drug production (local, national, international)
- Local patterns of drug trafficking and sales (types of drugs, quantity/volume, price, purity levels, places where drugs are sold)
- Activities to limit production and trafficking (type, agencies involved, effectiveness)

Drug use

- Local patterns of drug use (types of drugs, quantities used, methods of drug use, places where drugs are used, levels of injecting)
- Activities to limit demand for and use of drugs
- Community attitudes towards drug use
- Community concerns about drugs and HIV/AIDS
- Social norms about gender and sexuality

Drug users

- Characteristics of people using drugs (by gender, age, race/ethnicity, social/class status, family background, education level, employment/occupation, religion)
- Patterns of mobility
- Personal histories (life course, experiences of trauma)
- Concerns and priorities
- Knowledge and attitudes to HIV/AIDS
- Knowledge and attitudes to other drug-related harms
- Factors of vulnerability and resiliency
- Drug users, their families and social networks (characteristics of families and social networks, drug users' relationships with their families and social networks)
- Stigma and discrimination faced by drug users and their families
- Drug users and criminal justice system (rates of arrest, imprisonment)

Possible tools to use

- **Secondary sources** (e.g. statistics on drug seizures and arrests, research on drug users, information from the media on community attitudes toward drug users)
- **Interviews** with key informants (police, customs officials, drug treatment/education services, medical staff, community leaders, community members, journalists, service providers, drug users and their families)
- **Focus groups** with members of the above groups
- **Mapping** (local, national) of sites of drug production and consumption, and routes of trafficking
- **Trend diagrams** on production, trafficking and consumption of drugs
- **But why? diagram** to explore reasons for drug use
- **Ranking** of different drugs and modes of drug use in terms of relative harm, as well as of people's concerns about drug-related harm in relation to other priority problems faced by the community
- **Matrix scoring** the use of different drugs to understand the reasons for use; to discuss how to prioritise community concerns according to agreed criteria
- **Cause/effect flow chart** to discuss the causes and effects of community norms
- **Assessment grid** to compare different strategies for reducing the supply of and demand for drugs
- **Evaluation wheel** to explore how much work needs to be done to address each of the concerns of the community

3: Problems and harms related to drugs

Issues to consider

HIV/AIDS

- Rates in community
- Rates among drug users
- Drug users – knowledge, attitudes and risk behaviours (including on sexual transmission of HIV)
- Drug users access to and use of HIV/AIDS prevention services
- HIV-positive drug users (concerns, priorities, issues, access to care/treatment services)
- Factors of vulnerability (to risk of infection and impacts of infection)

Other health harms

- Dependency/addiction
- Overdose
- Injection-related medical problems
- Mental health problems
- Hepatitis B, C
- Sexually transmitted diseases

Social harms

- Social harms faced by drug users such as human rights abuses against drug users and family members, arrest and imprisonment, stigma and discrimination, family problems, drug-related crime, drug-related violence, drug-related homelessness
- Factors affecting individual and community vulnerability to harm

Economic harms

- Economic harms faced by drug users such as poverty, homelessness, unemployment, corruption
- Factors affecting individual and community vulnerability to harm

3: Problems and harms related to drugs

Possible tools to use

- **Secondary sources** of health and criminal justice statistics, government reports, research
- **Interviews** with key informants (community leaders, medical staff, police, prison staff, drug treatment services, drug users and their families/social networks)
- **Focus groups** with community leaders and members, drug users and families/social networks
- **Mapping** of locations and distribution of risk behaviours and experiences of harm
- **Trend diagram** of different risk behaviours
- **Daily activity charts** to discuss variations in risk behaviours throughout a day
- **Cause/effect flow chart** to explore the reasons for and consequences of risk behaviours and different causes and effects of particular harms
- **Ranking** different harms in terms of severity and frequency; ranking factors of vulnerability in terms of their significance
- **Matrix scoring** to prioritise harms according to agreed criteria

4: Current responses

Issues to consider

- Impact of current laws and policies on drug-related harm, especially HIV/AIDS
- Priorities for government response to drug-related harms
- Availability and coverage of relevant services (such as needle exchange, HIV prevention, HIV care and treatment, sexual health, primary health care, drug education, drug treatment, legal advice, welfare support, vocational training)
- Accessibility of different services and factors affecting accessibility
- Quality of services
- Community responses to problems of drug-related harm, especially HIV/AIDS
- Opportunities and constraints to improving and expanding current responses

4: Current responses

Possible tools to use

- **Secondary sources** of service records
- **Interviews** with key informants (government staff, service providers, NGO networks, community leaders, service users, community members)
- **Focus groups** with service providers and service users
- **Mapping** of services and availability of supplies, focusing on location and coverage
- **Venn diagram** on the relative significance and accessibility of different services/supplies to drug users
- **Community lifelines** to look at the histories of service provision for drug-related harm
- **But why? diagram** to discuss the reasons for the lack of availability and/or access of a particular service (e.g. needle exchange)
- **Cause/effect flow chart** to explore the reasons for and consequences of a lack of a particular service
- **Ranking** services/supplies
- **Matrix scoring** to compare the access that different types of people have to various kinds of services

5: Action priorities

Issues to consider

- The gap between problems/needs and current responses to them
- Changes that are needed in policies and laws
- Changes that are needed in social-economic circumstances
- Changes that are needed in social norms and community attitudes
- Changes that are needed in service provision (availability, accessibility, quality)
- Changes that are needed in drug users' knowledge, attitudes and behaviours
- Strategies identified during the assessment that will produce these changes and will improve and expand the response to drug-related harms – identified by gatekeepers, key informants, community members and stakeholders
- Strategies prioritised in terms of potential for impact, feasibility and sustainability
- Strategies that will build on existing resources and resiliencies within communities of drug users, and their families and social networks
- Strategies that are needed in order to meet drug users' immediate needs
- Roles and responsibilities in implementing strategies for change

5: Action priorities

Possible tools to use

- **Venn diagram** to assess the relative roles and responsibilities of different individuals, groups and institutions
- **But why? diagram** to discuss the reasons for particular constraints on needed changes
- **Matrix ranking** to prioritise desired changes according to a range of criteria
- **Evaluation wheel** to identify the biggest gaps between problems/needs and current responses to them
- **Assessment grid** to compare different strategies for reducing specific drug-related harms

Notes

tools

Introduction

What are the tools?

The participatory tools in this guide are a set of drawing and visual techniques that can be used in group settings to stimulate discussion.

Why use the tools?

The tools are useful because:

- They can help people to overcome their fear of talking in groups
- Participants in the group discussion are in control and do the drawing themselves. This enables the participants to share their own views with each other, and not just with the outside facilitator
- They are fun to use, and offer a non-threatening way of sharing people's ideas and discussing sensitive issues
- They provide a visual aid for, and record of, discussion of issues that can be complicated and sensitive
- They help to involve a number of people at once, stimulating discussion and highlighting differences and commonalities
- Careful sequencing of tools can help group members to analyse problems and discuss responses to them

How to use the tools?

When using participatory tools, the assessment team should:

✔ Give clear instructions – it is sometimes useful to provide an example
✔ Let the group draw the tool themselves and facilitate discussion on key issues
✔ Encourage group members to share responsibility for the drawing
✔ Remind people that the quality of the drawing is less important than the discussion
✔ Think of some key questions to guide the discussions
✔ Use local materials and encourage people to work in their own way
✔ Encourage the group to make the drawings large to fit in as much detail as possible

Some lessons learned

Flexibility is very important when using participatory tools.
If the participants are not comfortable with a tool or the questions being asked, then the team members need to change the tool and questions.

Tools can be used in different ways and different questions can be asked at various stages of the assessment.
At the beginning, descriptive and non-threatening questions can be asked. The issues raised can then serve as the starting point for discussion of related issues, while continually building trust between the assessment team and the participants. Later, tools and questions about more sensitive issues can be asked to deepen the assessment.

The same tool can be used with different groups and individuals.
This helps to draw out different perspectives on the same situation. For example, different groups of drug users (by age, gender) can be asked to draw a map of places of drug use and HIV risk, and these maps can be compared to learn about people's different perceptions and experiences of risk.

tools

1: Mapping

What is it?

Mapping shows where people, places and events are within a geographical area.

Why use it?

Mapping is useful to:

- ✔ Provide a **non-threatening** way to begin discussions about drugs, drug-related harm, HIV risk and sexual health
- ✔ Identify places and times of **risk**
- ✔ Identify existing **services** and resources (and gaps)
- ✔ Be a **starting** point for planning and using further assessment tools

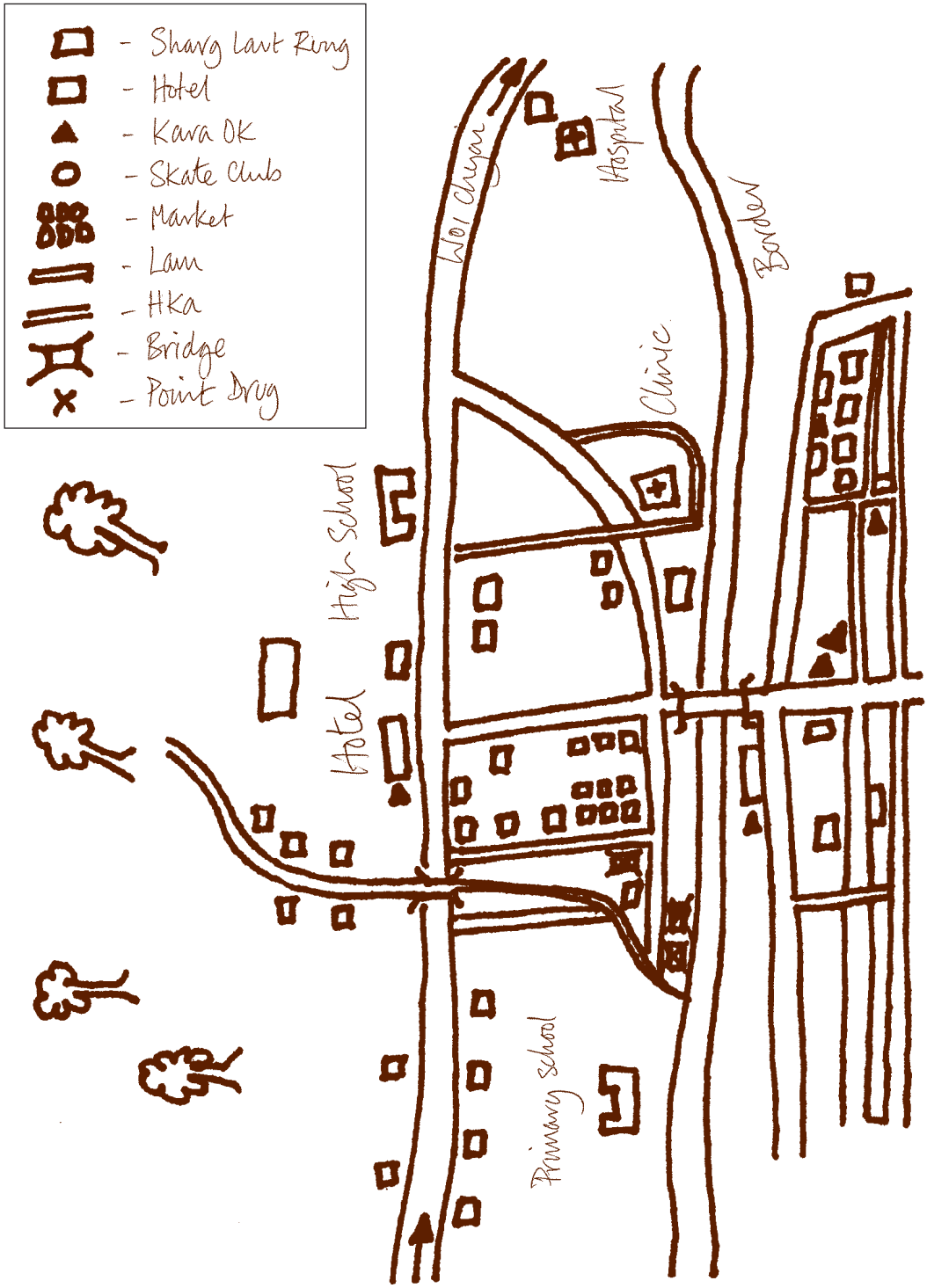
How to use it?

1. Think about what topic and issues you want to discuss and then which aspects and features of the community it will be useful to map. In the example, places where drug users can be found have been marked on the map.
2. Find a place to create the map, such as an open piece of ground or a large piece of paper.
3. Draw a large-enough map to be able to include all the details.
4. Use drawings, symbols and materials to show the different features of the community (places, people, events).
5. If necessary, add a written explanation to let other people know what these drawings, symbols and materials mean.
6. Use the map to begin a discussion of the appropriate assessment topics and questions.
7. If the map has been drawn on the ground, make sure that it is copied onto paper.

Notes

Mapping shows what people consider important or significant in their towns or villages. As a map is drawn, questions can be asked about the map and the features, places and aspects of community life being marked. Participants in the assessment may draw very different maps of the same area, reflecting the variety of views of their community and of the topic discussed.

Site Mapping: Key places for drug use



Taken from an assessment in a highland community in South-east Asia

tools

2: Body mapping

What is it?

Body mapping is a "map" of the body on which can be marked body parts and/or reproductive areas, "pleasure" or "danger" zones, areas where people inject, types of drug-related harm, and so on.

Why use it?

Mapping is useful to:

- ✔ Provide a **non-threatening** way to start sensitive discussions about drugs, drug-related harm, HIV risk and sexual health
- ✔ Explore **views** that people have of their bodies

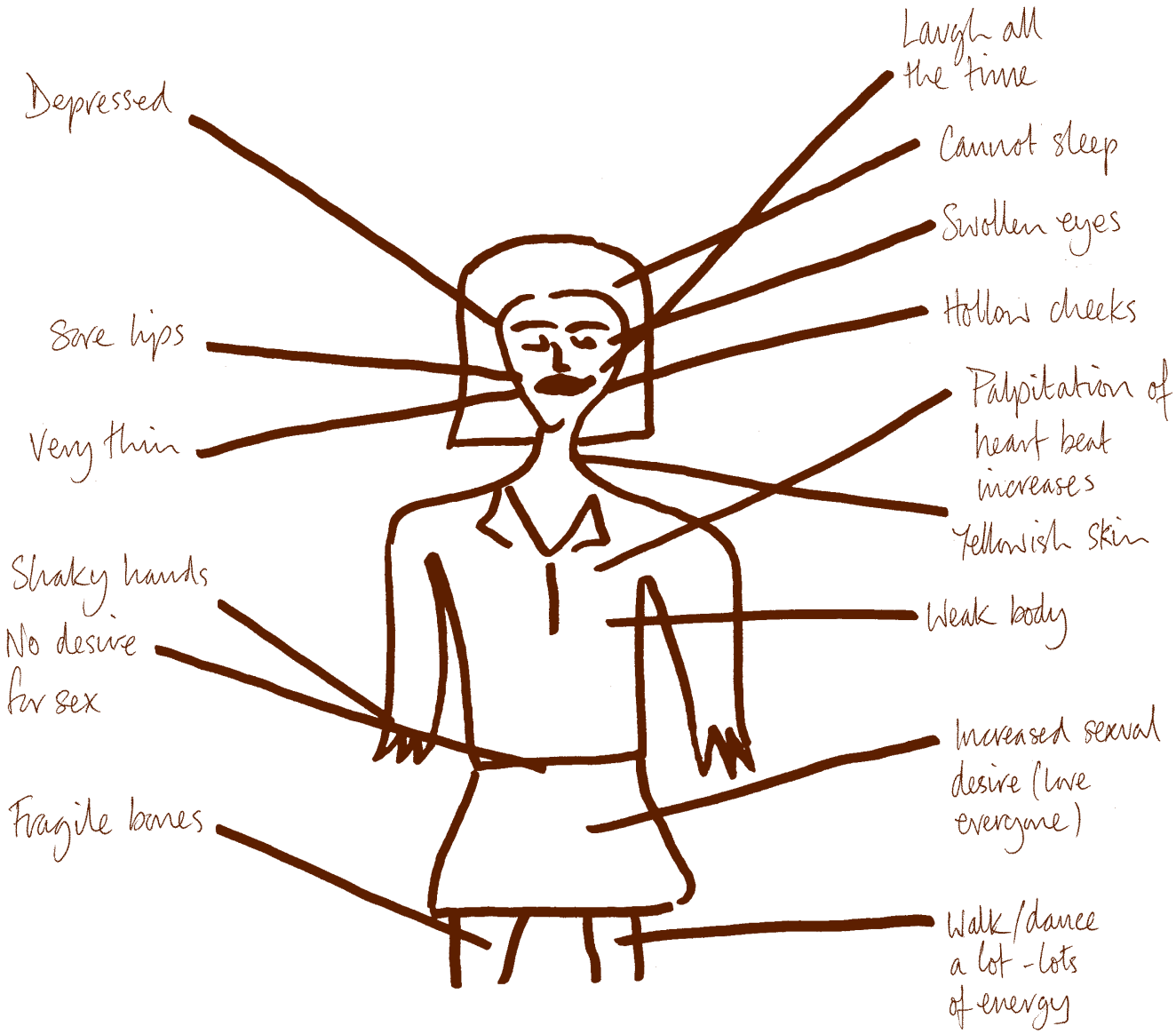
How to use it?

1. Draw an outline of the human body on the ground or on a large piece of paper. A good way to do this is to ask someone to lie on the ground (or paper) and draw the outline around their body.
2. Decide on the features that you want to mark on the body map. In the example, the different effects of drugs have been marked on the parts of the body where they have their effect.
3. Use drawings, symbols and materials to show these different features.
4. If necessary, add a written explanation of what these drawings, symbols and materials mean.
5. Use the body map to start a discussion about the topic and issues. In the example, the body map was used to identify illnesses associated with drug use.
6. If the map has been drawn on the ground, make sure that it is copied onto paper.

Notes

Body maps can be used to share local knowledge about safer drug use – in particular, safer injecting techniques – among assessment participants. Body maps are useful for looking at different people's views of the same topic or issue. For example, you can compare the body map produced by a group of male drug users with the map produced by a group of female drug users to see if there are any gender differences in the way that people understand or experience the issue.

Body mapping: The effects of drugs on a body



Taken from an assessment by We Are Your Friend Group among youth in Chiangmai, Thailand

tools

3: Venn diagram

What is it?

A Venn diagram uses circles to describe the relationship between, and relative significance of, people, places, institutions and/or ideas.

Why use it?

Venn diagrams are useful to:

- ✔ Compare **aspects** of different institutions and services (for example, their relative importance and accessibility)
- ✔ Explore the **relationships** between people, institutions and services, and the effects of these relationships on vulnerability

How to use it?

1. Decide on the people, places, institutions and/or ideas that you want to discuss and the aspects of these that interest you. In the example, the group wanted to discuss the different kinds of services that are available to injecting drug users.
2. Agree what should be at the centre of the diagram (for example "Injecting Drug User").
3. Agree on what the different aspects of the diagram will mean:
   - Size of circle can mean importance or physical size
   - Distance of circle from centre can mean actual physical distance or accessibility or frequency of contact
   - Thickness of lines can mean frequency of contact or importance of relationship

   In the example, the size of circle is used to show the importance of the service for injecting drug users and the distance from centre is used to show frequency of contact.
4. Create the diagram by drawing and positioning circles for all of the people, places, institutions and/or ideas to be discussed in relation to each other.
5. Discuss these relationships and what they mean for the assessment of drug-related harm and vulnerability.

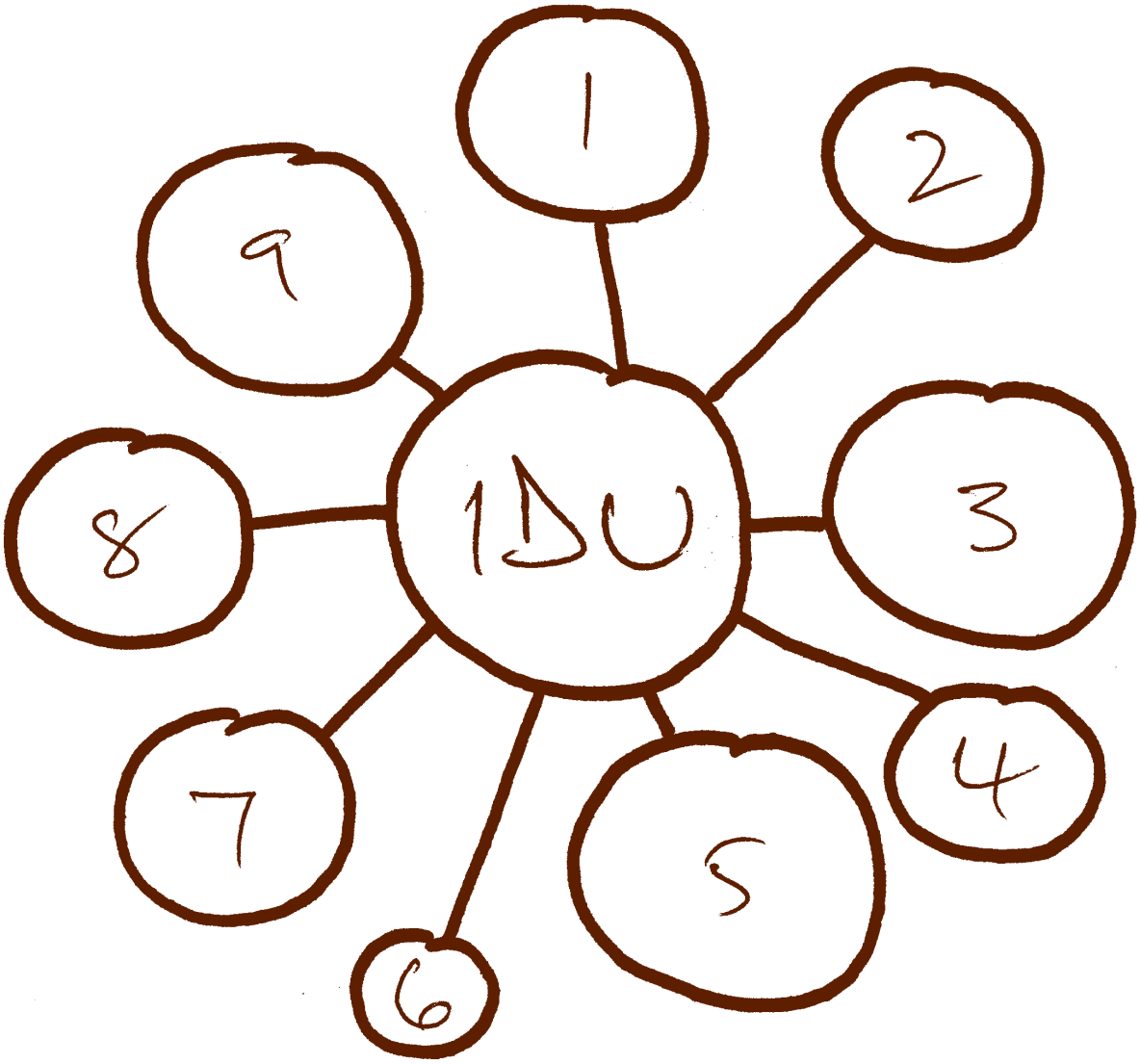
Notes

Venn diagrams will be helpful in assessing **services** and **supplies,** in terms of availability, accessibility and different aspects of quality. Venn diagrams can be used with different groups (different types of drug users, different service providers) to compare their views on these aspects of services and supplies.

3: Venn diagram

Venn diagram: Key institutions for injecting drug users

(size of circles signify the importance for IDU; distance signifies the frequency of contact)



1 Health care institutions
2 Anonymous counselling services
3 Zhitomir Foundation
4 Red Cross
5 Syringe exchange unit
6 Centre of social services for youth
7 Church
8 Drug treatment service
9 AIDS centre

Taken from an assessment by Zhitomir Foundation in Ukraine

tools

4:Trend diagram

What is it?

Trend diagrams show changes over time – or "trends" – in issues or topics in the assessment.

Why use it?

Trend diagrams are useful for:

- ✔ Discussing how things have **changed** in relation to time and each other
- ✔ Discussing **why** things have changed
- ✔ Looking at people's **differing** views of how and why things have changed
- ✔ Identifying **emerging** concerns or hopes for the future

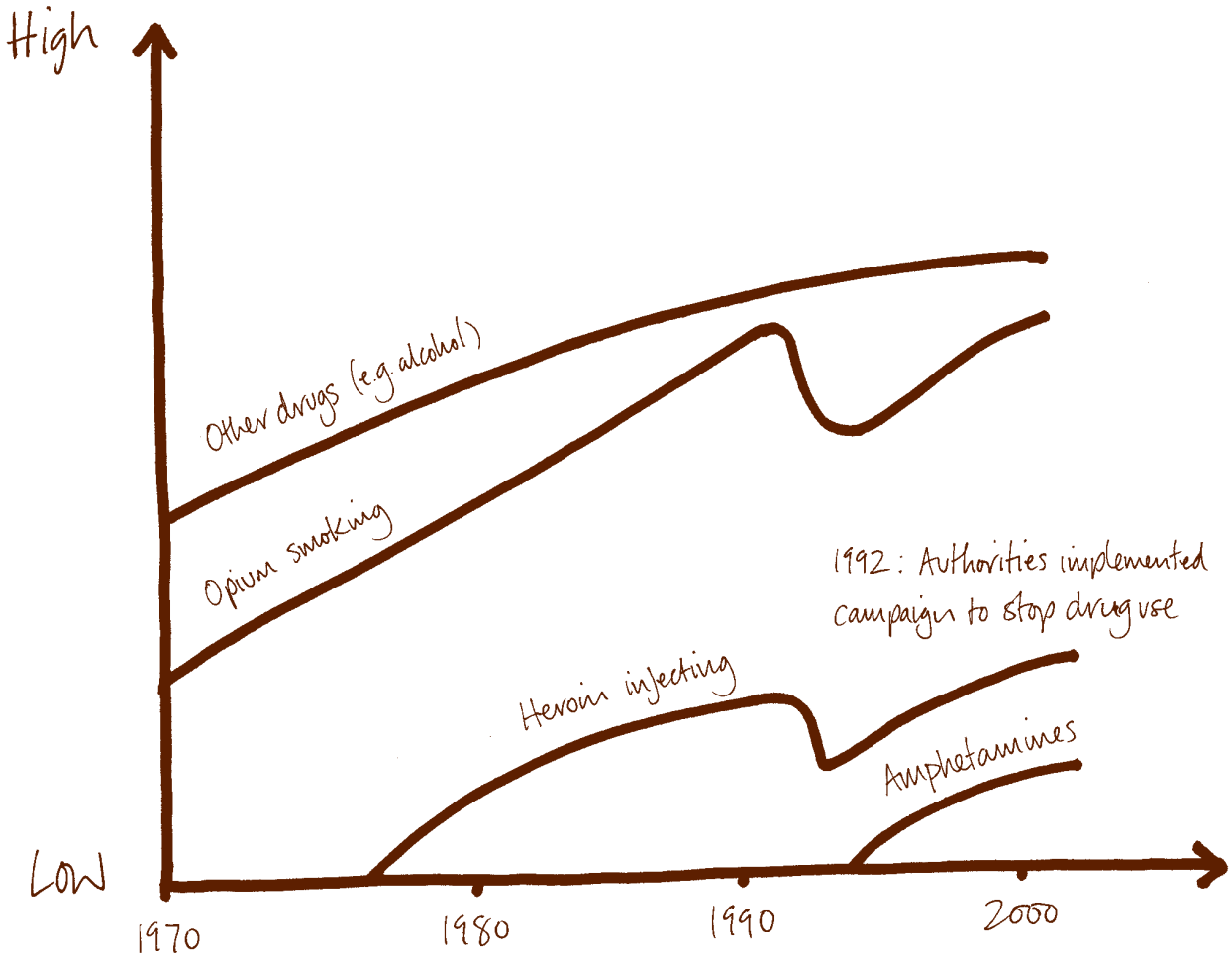
How to use it?

1. Decide which trends to discuss. In the example, the assessment team was interested in the trend in level of various drugs used over the last 30 years.
2. Decide on the time-scale for the diagram (in months, years, decades, etc.). Draw this time-scale as a horizontal line at the bottom of the paper.
3. Decide on the scale of the trend and draw this scale as a vertical line at the left-hand end of the time-scale. The nature of the scale depends on the nature of the trend. For example, the trend in drug consumption would need a low-to-high scale. The trend in attitudes toward drug use would need a negative-to-positive scale. In the example, the trend-scale is a scale from low to high.
4. Plot the trend on the diagram. Steps 4 and 5 can be repeated for several trends that can be plotted on the same diagram.
5. Discuss the nature and reasons for each trend, and the possible relationships between different trends.

Notes

Trend diagrams are useful for assessing drug-related harm and changes in drug production, trafficking and consumption, in relation to changes in the social and economic situation or the legal and policy situation. Trend diagrams can get confusing if there are too many different trends (with different scales) on the same diagram. It is better to plot no more than two or three trends on each diagram. Trend diagrams rely on people's own views and memories.
The assessment team can use information from existing sources to help people discuss and plot trends.

Trend diagram: Types of drugs used in the last 30 years



Taken from group work at training for assessment team members in a highland community in South-east Asia

tools

5: Lifeline

What is it?

Lifelines show events and experiences in the lives of people, places or institutions over their lifetime.

Why use it?

Lifelines are useful to:

- ✔ Help people make **sense** of their own and other people's experience
- ✔ Place events in **historical** context
- ✔ Develop a **case study** of a person, place or institution
- ✔ Understand how social/cultural norms and events affect **vulnerability** to drug-related harm, including HIV/AIDS
- ✔ Discuss people's **views** on the positive and negative aspects of social/cultural practices

How to use it?

1. Discuss which "life" will be put on the lifeline: a person, a place or an institution. In the example, the group chose to look at the "life" of a 24-year-old drug user.
2. Draw a horizontal line along the bottom of a piece of paper and mark it off in years, or decades, from the beginning of the "life" to now.
3. Mark all the significant events and experiences on the lifeline at the appropriate age.
4. Discuss why these are significant in terms of the topics and questions of the assessment.

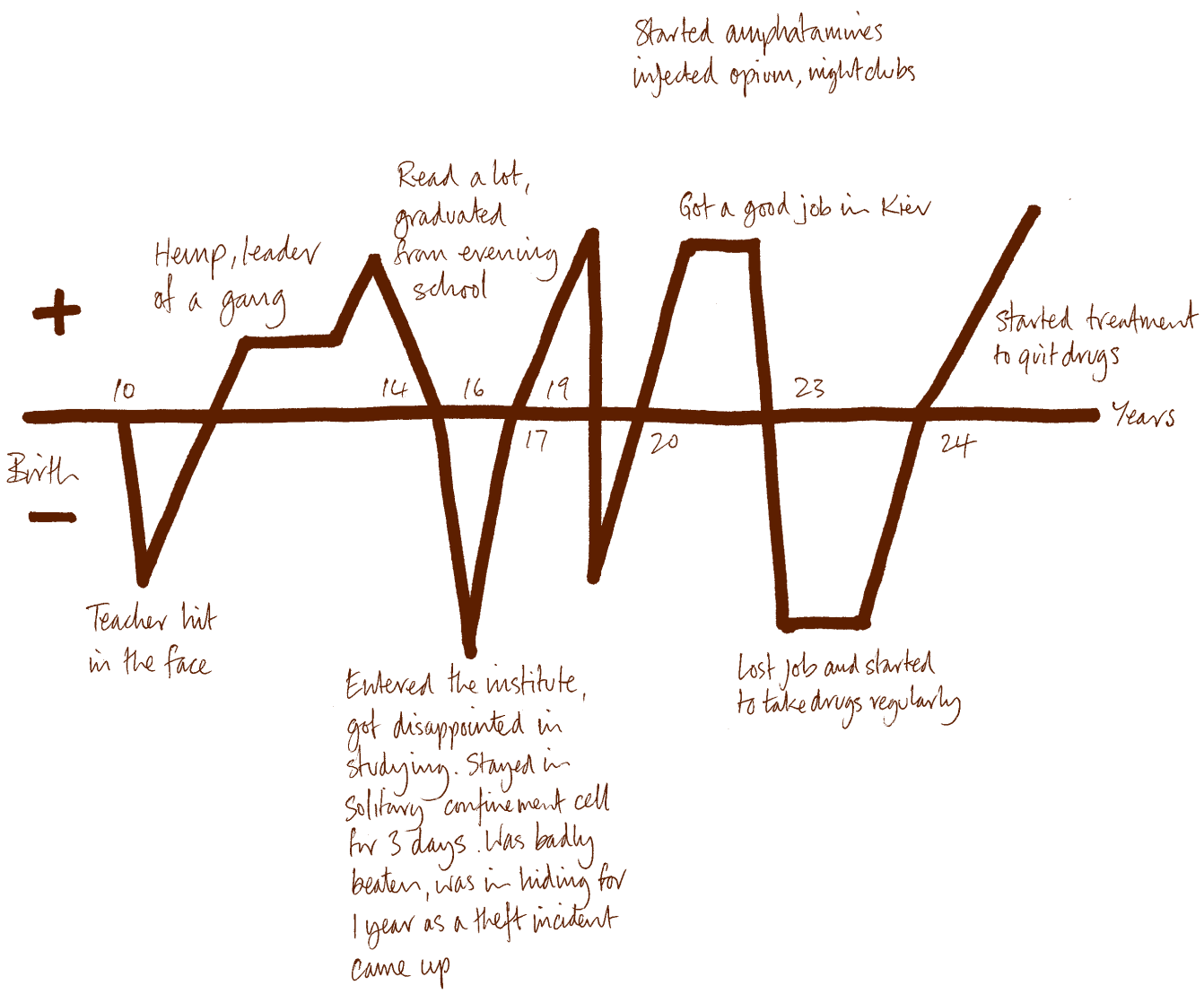
Notes

An interesting variation is to add a positive/negative scale to the left-hand end of the lifeline, as in the example. Events and experiences that are felt to be positive can then be marked at the appropriate age/time above the lifeline, while events and experiences that are felt to be negative can then be marked at the appropriate age/time below the lifeline.

Lifelines have many uses in a participatory assessment. They can be used to look at:

- **Community** histories of drug use and drug-related harms
- **Institutional** histories of particular services and what factors have influenced their development
- **Personal** histories of drug use and drug-related harm. People may be understandably unwilling to share details of their own personal histories and lifelines may be more appropriate in follow-up one-to-one interviews to explore specific issues in more detail.

Lifeline: Key events in the life of a 24-year-old male drug user



Taken from the report on participatory assessment of Cherkassy charity foundation Insight

tools

6: Daily activity chart

What is it?

Daily activity charts – or 24-hour clocks – show how people spend their time over the course of a day.

Why use it?

Daily activity charts are a useful tool to:

- ✔ Compare how different people **spend** their time – for example, by showing how gender, marital status or social class can affect how people spend their work and leisure time (including drug use)
- ✔ Discuss what this means in terms of people's different **roles** and **responsibilities** and the factors that influence these
- ✔ Identify when and where **activities** happen that put people at risk of HIV infection
- ✔ **Plan** project activities by helping to identify the best time to work with particular groups

How to use it?

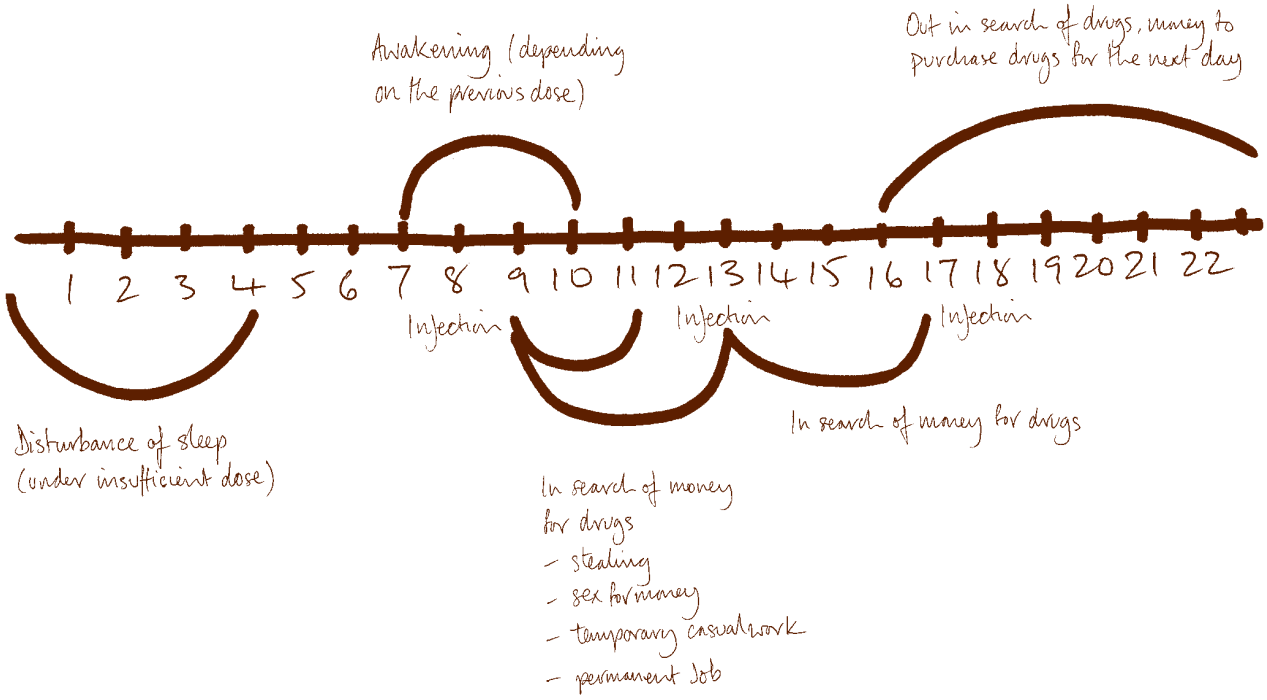
1. Decide whether to create a circular clock or a line chart to represent time. Also decide whether to show the time in hours or as parts of the day (e.g. morning, afternoon, evening). In the example, the day is shown in hours along a line.
2. Discuss whose daily activities to chart – either an actual person or a "typical" person. In the example, the group participants have drawn a daily activity chart for a "typical" injecting drug user in their area.
3. Write or draw activities over the course of a typical day on the chart.
4. Discuss the differences between charts for different types of people.
5. Discuss the charts in terms of the questions and topics of the assessment.

Notes

Doing daily activity charts with some drug users may lead to discomfort around disclosing details of drug buying (and selling) and drug using. When these activities are illegal, people will understandably be unwilling to talk about them. Once again, it may be possible to discuss the daily activity charts for "typical" drug users (by age, gender, class and so on) in order to avoid people having to talk about their own activities.

6: Daily activity chart

Daily activity chart: A day in a life of a drug user



Taken from the report on participatory assessment of Zhytomir regional charity foundation on fighting socially threatening diseases and AIDS

tools

7: But why? diagram

What is it?

But why? diagrams are a brainstorming tool to look at the reasons for a situation, problem or behaviour.

Why use it?

But why? diagrams are useful for:

- ✔ **Breaking** "big" problems down in to smaller problems
- ✔ **Probing** deeper in to the underlying causes of a problem
- ✔ Encouraging group brainstorming and **problem-solving**

How to use it?

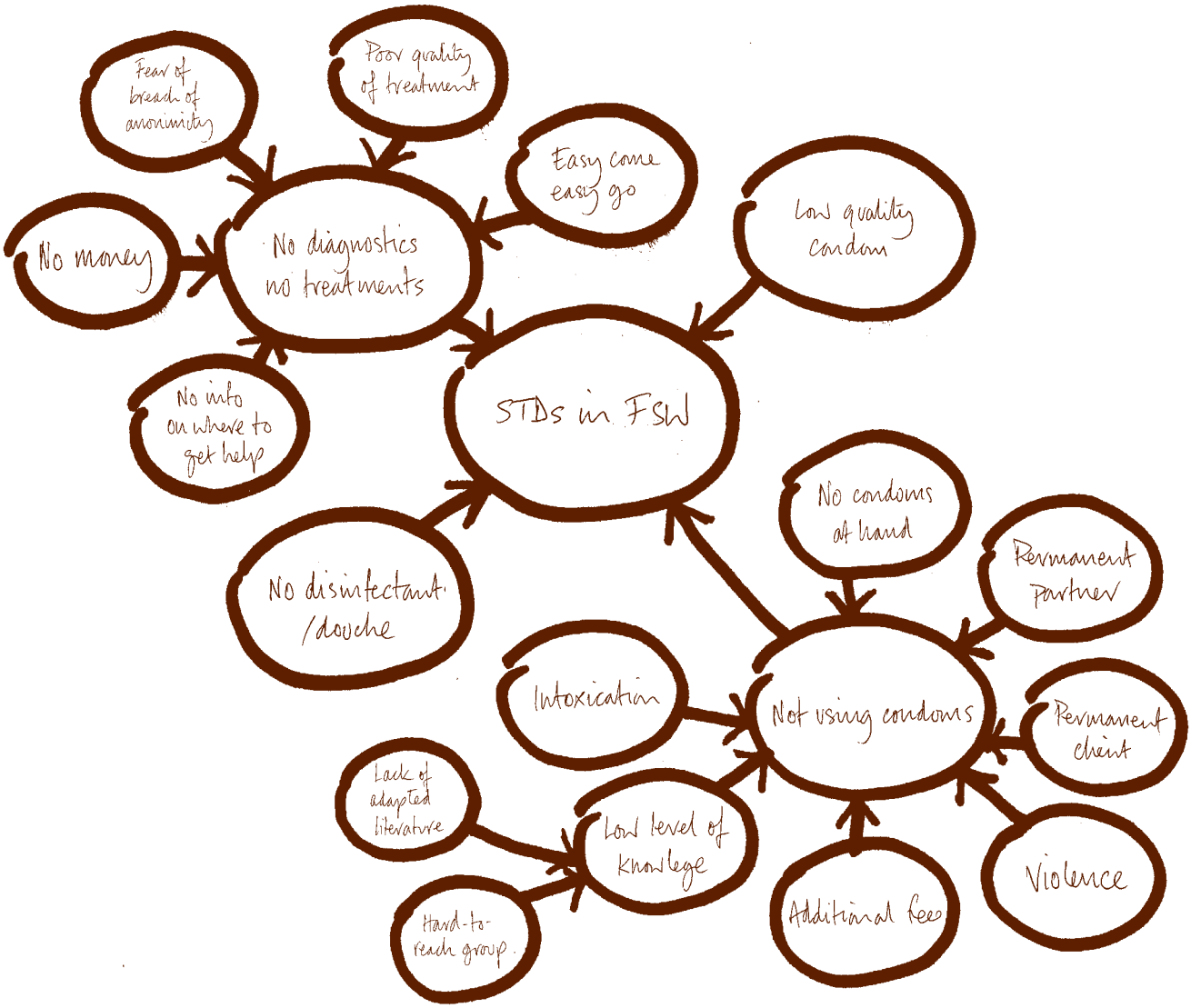
1. Write the problem to be discussed in the middle of large sheet of paper. In the example, the group have expressed the problem as a question.
2. Ask the question "But why?" and write each of the immediate answers to this question in their own circle around the central problem/question, drawing a line between each of these circles and the central circle. In the example, there are four immediate answers to the question "Why do female sex workers get STDs?"
3. Look at one of these immediate answers, ask the question "But why?" and write each of the further answers to this question in their own circle around the immediate answer circle, drawing lines to link the further answers with the immediate answer. Repeat this step for each of the immediate answers to the central problem.
4. Continue until no more answers can be thought of.
5. Discuss the diagram in terms of the topics and questions the assessment is looking at.

Notes

But Why? diagrams can be a quick way to discuss quite complicated issues. However, they can be confusing both to do and to look at unless care is taken to use large pieces of paper and allow space for the diagram to spread as needed. It is also essential to remember the direction of cause and not get confused about what is causing what. It can help to put arrows on the lines that are linking the answer circles, but these arrows should all point inwards toward the central problem to show the proper direction of causes.

7: But why? diagram

But why? diagram: Why do female sex workers get sexually transmitted diseases (STDs)?



Taken from group work at Alliance Ukraine training for NGOs on participatory assessments

tools

8: Cause/effect flow chart

What is it?

Cause/effect flow charts are similar to But why? diagrams but look not only at the causes of a problem but also at the effects of a problem.

Why use it?

Cause/effect flow charts are useful for:

- ✔ Understanding the **underlying** causes of a problem
- ✔ Identifying **strategies** that can address the underlying causes of a problem
- ✔ Mobilising **concern** about a problem by raising awareness of its effects
- ✔ Relating different findings from the assessment to each other by exploring the **relationships** of cause and effect between problems

How to use it?

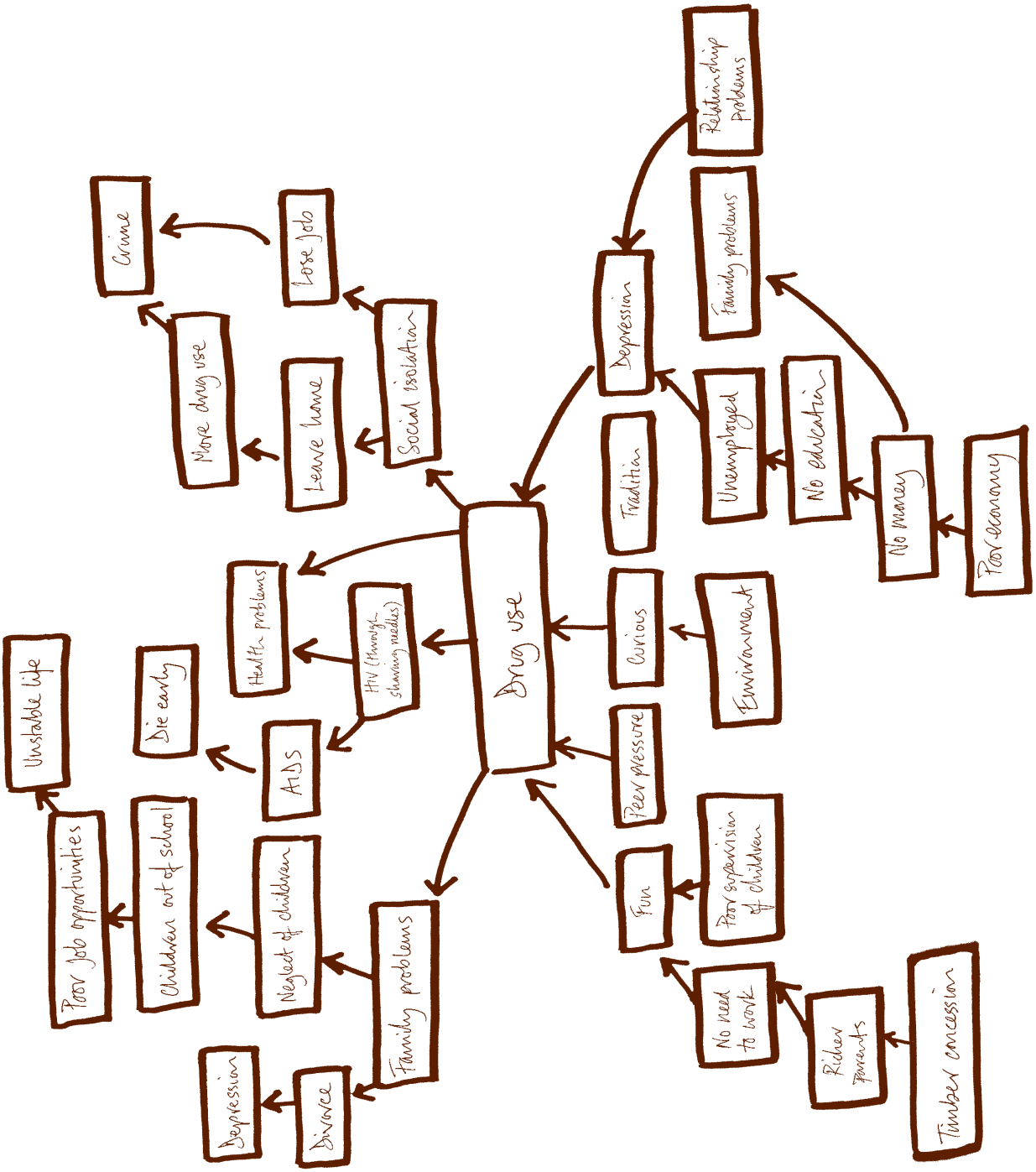
1. Decide on the problem to be analysed and write it in the middle of a large piece of paper. In the example, the assessment team explored the reasons and impact of drug use.
2. Discuss the immediate causes of this problem. Write each cause out on a piece of card and place it below the central problem. In the example, there are five immediate causes.
3. For each immediate cause, identify its causes and write these out on separate pieces of card and place these below the immediate cause. Continue until all the causes have been identified.
4. Discuss the immediate effects of this problem. Write each effect out on a piece of card and place it above the central problem. In the example, there are four immediate effects.
5. For each immediate effect, identify its effects and write these out on separate pieces of card and place these above the immediate effect. Continue until all the effects have been identified.
6. Link all the cards with arrowed lines to show the direction of cause and effect.

Notes

Using cards is helpful because it allows new causes and effects to be added or other ones to be moved, following further discussion of "what comes first".
In discussing the meaning of the chart it is important to check the logic of the causes and effects, and check the assumptions that are being used to describe something as a cause or as an effect.

8: Cause/effect flow chart

Cause/effect flow chart: What are the causes and effects of drug use



Taken from group work at Alliance training for assessment team members in a highland community in South-east Asia

tools 9: Ranking

What is it?

Ranking is a simple tool for placing things in order of their importance in relation to the topic or question being discussed.

Why use it?

Ranking is useful to:

- ✔ Discuss **priorities** (for example, in terms of problems or responses)
- ✔ Discuss the different **criteria** for setting priorities
- ✔ Look at people's different views on the **significance** of issues, problems or responses

How to use it?

1. Discuss what aspect of an issue or problem needs to be ranked in order of priority. In the example, the group have chosen to rank vulnerable groups in their order of priority for the NGO to work with.
2. Make a list of the items to be ranked. In the example, the group made a list of four vulnerable groups. Write each item out on separate pieces of card. Make a list of criteria to use in ranking these items in order of priority. In the example, four criteria are used.
3. Agree on the first criteria for ranking these items. In the example, the first criteria is the level of HIV vulnerability. Place the cards in a horizontal line according to their rank in relation to this criteria. Make a copy of the ranking. In the example, the cards have been placed in a horizontal line, and "IDUs" are ranked highest.
4. Agree on a second criteria. In the example, this was the level of accessibility to the vulnerable group. Place the cards in a horizontal line according to their rank in relation to this criteria. Make a copy of the ranking. In the example, "IDUs" are again ranked highest.
5. Continue for each of the criteria to be used.
6. Compare the written copies of the rankings and discuss their meaning in relation to the topics and questions being assessed.

Notes

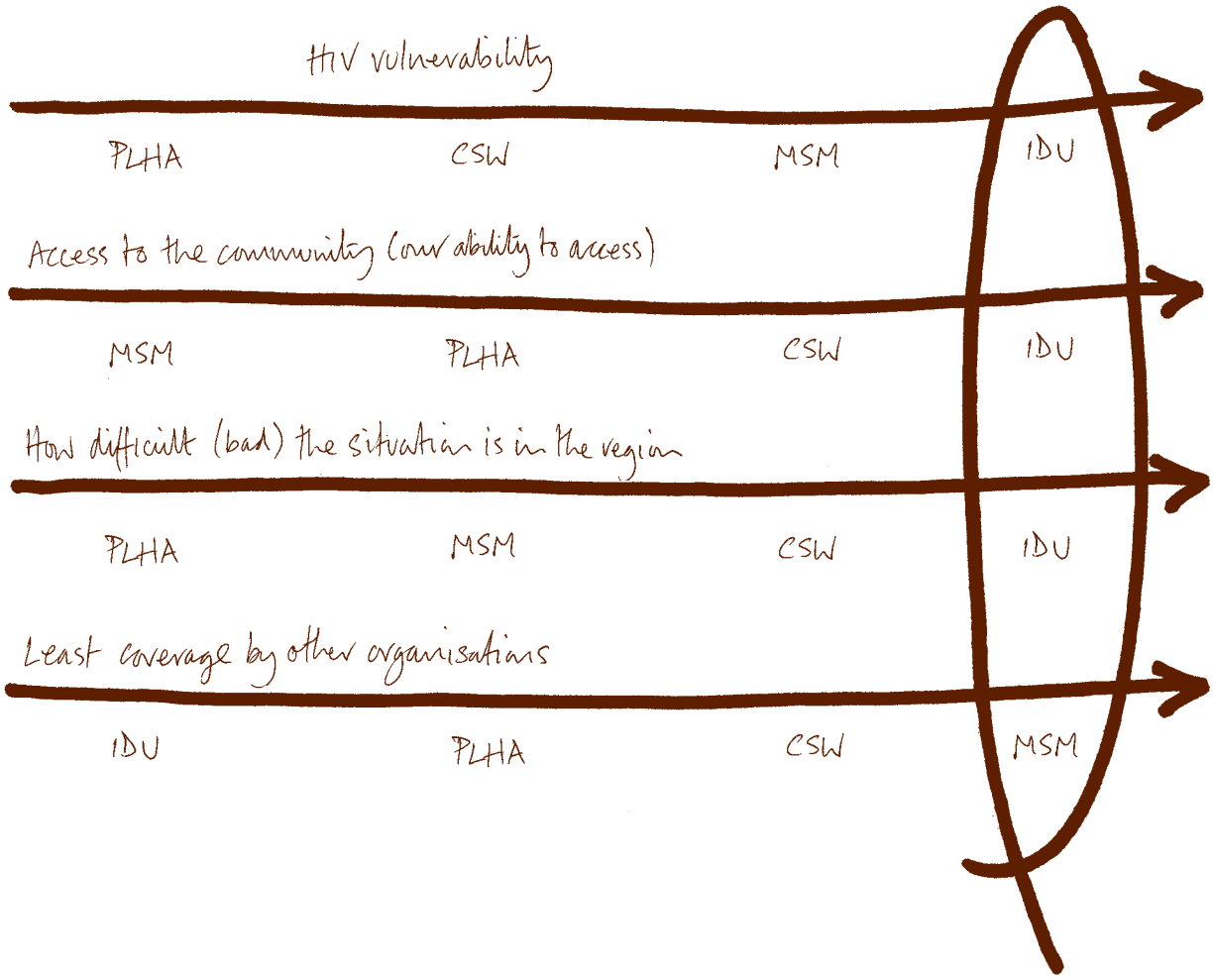
Ranking is a quick and simple way to start thinking about priorities. Using cards allows for lots of discussion and encourages people to be flexible and change the ranking as and when appropriate.

Ranking is a good tool to use in situations where it is useful to reduce a large number of options or choices to a more manageable set that can be discussed in more detail.

Ranking: An organisation selecting a vulnerable group to work with

Options: IDU, commercial sex workers (CSW), men who have sex with men (MSM), people living with HIV/AIDS (PLHA)

Priority criteria for the organisation: HIV vulnerability; organisation's ability to access the group; how problematic the situation is; least coverage by other organisations. As a result, IDU were selected as the group meeting the criteria best.



Taken from group work at the Alliance workshop for NGOs on participatory assessments

tools

10: Matrix scoring

What is it?

Matrix scoring is a tool for comparing and prioritising among a set of options or choices. It is a more sophisticated tool than ranking.

Why use it?

Matrix scoring is useful to:

- ✔ **Prioritise** problems in relation to agreed criteria
- ✔ Help groups of people come to an agreement on **options** or choices by making people state their reasons for choosing them
- ✔ Make **decisions** on options or choices
- ✔ **Evaluate** services and identifying which services need to be improved in what ways
- ✔ Select **strategies** according to agreed criteria

How to use it?

1. List the set of options or choices. Create a grid, and list the options in the top row of the grid, leaving the left-hand column blank. In the example, the NGO has used matrix scoring to identify the services that it needs to improve and has listed five different kinds of services in the matrix.
2. Agree and list a number of criteria by which to judge or score these options in order to make a decision or choice about them. These criteria should be listed vertically down the left-hand column of the matrix. In the example, three criteria for judging the NGO's services are listed.
3. Complete the matrix by scoring each option in terms of each criteria. The usual scoring scale is 1–5. In the example, the NGO gives a high score of "5" for its syringe exchange service on all of the criteria, meaning that it does not need to improve this service because it meets all of the criteria well.
4. Total the scores for each option to assess the relative priority of each option. In the example, "Consultations by a drug treatment specialist" is the service with the lowest total score. This means that this is the service that is most in need of improvement.
5. Discuss these priorities in relation to the topics and questions of the assessment.

Notes

Matrix scoring assumes that all the criteria are equally important in deciding between the options/choices. But this may not be the case. In order to reflect their different importance, each criteria can be "weighted" with a number by which the score will be multiplied – the more important the criteria, the bigger the "weighting" number. This is known as Weighted Matrix Scoring.

Matrix scoring: Identification of gaps in services provided by an NGO

	Syringe exchange	Condom distribution	Distribution of disinfectants	IEC development	Consultations by drug treatment specialist
Meeting the demand	5	4	1	1	2
Quality of services	5	3	2	4	1
Timing	5	2	4	5	0
Total	15	9	7	10	3

Taken from Alliance Ukraine workshop in Donetsk, 2001

tools

11: Assessment grid

What is it?

Assessment grids can be used to make decisions about different options or choices according to two agreed criteria.

Why use it?

Assessment grids are useful to:

✔ Show the **comparison** between the different options or choices available. They may be **easier** to use than matrix scoring (but they only include two criteria in the decision-making).

How to use it?

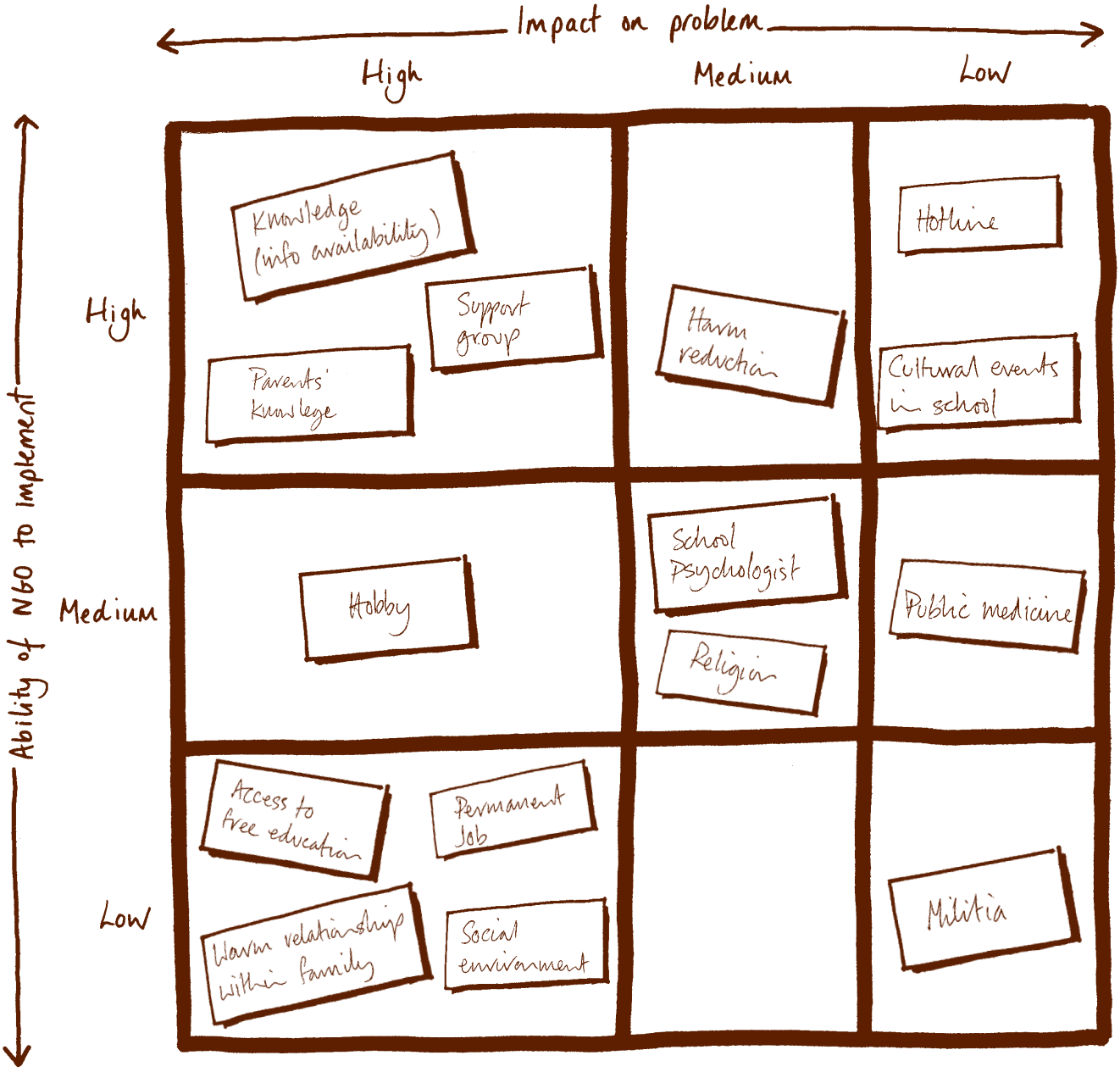
1 Discuss the set of options/choices to be discussed and write each one out on a separate piece of card. In the example, the grid considers strategies for addressing harms caused by drug use and assesses them in relation to the ability of the NGO to implement the strategy and the impact of the strategy on the problem.
2 Draw a three-column, three-row grid.
3 Discuss the three-point scale that will be used for the criteria – the tool is easier when the scale is the same for both criteria (for example, high, medium and low).
4 Write the scale at the top of the three columns and left-hand side of the rows (high = first column/row, medium = second column/row, etc.)
5 Discuss the two criteria that will be used – write the first along the top of the grid (horizontal axis) and the second along the left-hand side of the grid (vertical axis).
6 Taking each card in turn, discuss whether it is high/medium/low in relation to each of the criteria and place it in the appropriate box of the grid. For example, a hotline is easy for an NGO to implement but has little impact on the problem. On the other hand, developing a warm relationship within a family can have a higher impact on reducing harms caused by drug use, but is more difficult for the NGO to influence.
7 Discuss these priorities in relation to the topics and questions of the assessment.

Notes

The scale of high/medium/low is only used as an example. The actual scales used will depend on the criteria being employed. Some people can have difficulty in placing cards in the right box of the grid. In this situation, it is helpful to think about horizontal and vertical placements separately and then bring the two together to find the right box in the grid. There are many uses for assessment grids in a PAR, as they are a valuable tool to promote participatory decision-making, especially in relation to problem-solving discussions of potential strategies.

Assessment grid: Assessing strategies for addressing harm

One of the organisation's objectives: prevention of drug use. To identify the most effective strategies, the group members discussed the factors influencing risky behaviour. The factors were placed in a table according to two criteria: efficiency and the organisation's ability to influence the factors.



Taken from an Alliance Ukraine workshop on participatory assessments in Kiev, 2001

tools

12: Evaluation wheel

What is it?

Evaluation wheels show proportions or ratios visually and enable discussion of how much something has been done, or can be done.

Why use it?

Evaluation wheels are useful in:

- ✔ Identifying **gaps** in relation to needs being met/not met
- ✔ Representing **progress** made towards objectives
- ✔ **Comparing** the actual (behaviour, knowledge, etc.) with the potential (behaviour, knowledge, etc.)

How to use it?

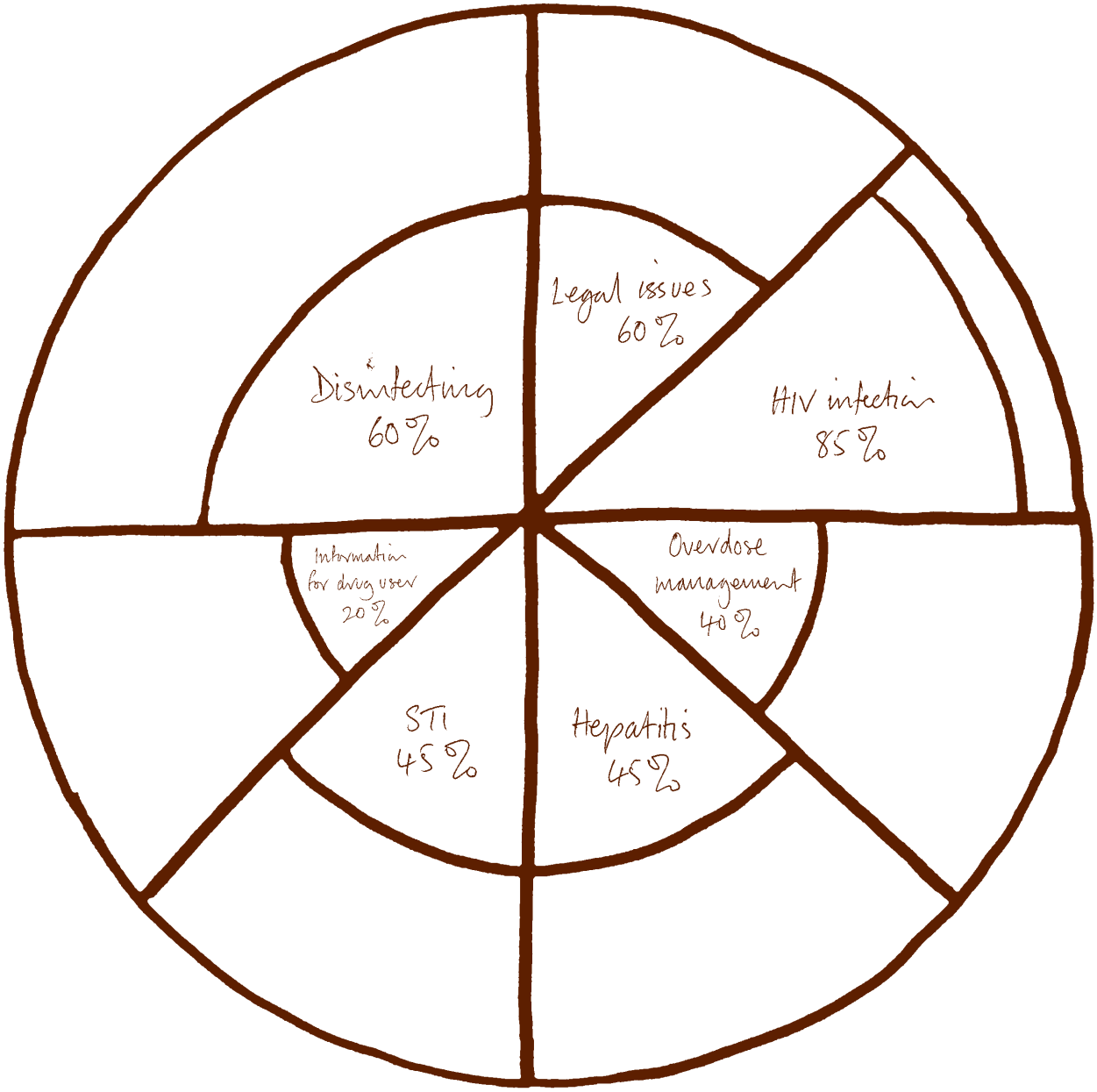
1. Discuss the set of items or issues to be evaluated. In the example, the NGO has used the tool to evaluate the extent to which drug users' needs for information on different topics and issues is being met by current IEC materials.
2. Draw a large circle and divide it into segments according to the number of items/issues to be evaluated (in the example, there is one segment for each topic/issue on which drug users need information). Mark beside each segment the thing it is representing.
3. Taking each segment in turn, discuss how much this item/issue has been achieved or can be done. In the example, the NGO has looked at how much this topic/issue is covered by existing IEC materials.
4. Shade in the segment to show the proportion achieved/achievable (the unshaded area in each segment shows the gap that remains). In the example, the segment on "HIV information" is shaded most (85%), showing that this topic is well covered by existing IEC materials.
5. Complete the shading of all the segments and then discuss in relation to the topics and questions of the assessment.

Notes

Evaluation wheels rely on people's views and feelings, not official statistics or research data. These kinds of existing information can be fed into the discussion of an evaluation wheel but their main purpose is to encourage people to share what they think and feel. As with many of the participatory tools in this guide, evaluation wheels are a useful way of revealing the differences in people's perspectives and in exploring the reasons for these differences.

12: Evaluation wheel

Evaluation wheel: Evaluation of the extent to which the needs of injecting drug users for information in IEC materials are met



Taken from assessment by Zhitomir Foundation in Ukraine

Notes

skills

Introduction

Which skills are important?

There are some skills that all assessment team members will need to carry out a participatory assessment. Training of the assessment team must cover the following skills:

- **Active listening**
- **Effective questioning**
- **Facilitating group discussions**
- **Using participatory tools**
- **Taking good notes**

How to build these skills

The experience of Alliance-supported participatory assessments suggests that skills training should:

- Be skill-based and experiential, with opportunities to practice skills in real life situations;
- Encourage team members to think about their own attitudes and values;
- Help team members work together as a team.

What do the notes include?

These skill notes include:

- A brief introduction to the components of the skill;
- Some short training exercises that could be used in a workshop to train assessment team members in that skill.

The notes do not include training exercises for the skill of taking notes. For some tips on how to take good notes, please refer to Step 8.

skills

1: Active listening

What is active listening?

Active listening means more than just listening. It means helping people feel that they are being heard as well as understood. Active listening encourages a more open communication of experiences, thoughts and feelings. In active listening, the person listening:

- ✔ Uses body language to show interest and understanding. In most cultures, this will include nodding the head and turning the body to face the person speaking;
- ✔ Uses facial expressions to show interest and reflect what is being said. It may include looking directly at the person speaking. In some cultures, such direct eye contact may not be appropriate until some trust has been established;
- ✔ Listens to **how** things are said by paying attention to the speaker's body language;
- ✔ Asks questions to show a desire to understand;
- ✔ Summarises and rephrases the discussions to check an understanding of what has been said and asks for feedback.

Exercise 1

Back-to-back/Front-to-front

Active listening means listening with the eyes as well as the ears. This exercise reinforces this message by helping people to experience the difference between listening to someone with your back turned to them and listening to someone who is facing you.

1. Break the group up into pairs. Ask the two people in each pair to sit back-to-back.
2. Ask one member of the pair to speak (about any subject) for three to four minutes while their partner listens. Swap the roles.
3. De-brief by asking what it was like to listen to someone when you could not see him or her. Ask what it was like to be listened to by someone whom you could not see.
4. Go back in to the pairs, but this time ask the two people to sit facing each other. Repeat the exercise, with one person speaking and the other listening, and then swap the roles.
5. De-brief by asking the group what the differences were between listening to each other back-to-back and listening to each other face-to-face. Ask the group what these differences mean in terms of active listening and what it involves.

Exercise 2

Bad/good listening in pairs

This exercise makes the contrast between "bad" listening techniques and "good" listening techniques. It reinforces learning of the key points of active listening.

1. Give a brief presentation on the key points of active listening. Break into pairs. In each pair, ask one person to play the speaker and one person to play the listener.
2. Explain that the speaker is going to talk for three to four minutes (on any topic) and that the listener is to demonstrate "bad" listening techniques – in other words, the opposite of the points made in the presentation.
3. When this is done, de-brief by asking the speaker what it felt like to be with a "bad" listener. Ask the speakers what the "bad" listeners were doing or not doing.
4. Go back into the pairs and swap the roles. This time, instruct the listener to practice "good" listening techniques. When the speaker has finished, de-brief by asking the speaker what it felt like to be with a "good" listener. Ask the speakers what the "good" listeners were doing or not doing. From this discussion, draw out the key points about active listening.

Exercise 3

Listening circles

It is important that everybody gets to practice active listening skills and experiences different styles of listeners in order to bring out its key points. This exercise is a fun way to do this.

1. Divide the group in half. Ask one half to form a circle of people facing outwards and ask the second half to form an outer circle of people facing inwards, so that each person in the inner circle is facing a person in the outer circle.
2. Tell the people in the inner circle that they are the listeners. It is their task to demonstrate active listening skills with their partner in the outer circle.
3. Ask the people in the outer circle to talk for two to three minutes to their listener in the inner circle. When the time is up, ask the outer circle to move one person to the right, so that each speaker is speaking to a new listener. Repeat two or three more times.
4. De-brief by asking the speakers to compare the different listeners they had had and to identify what makes a good active listener. Ask the listeners what it was like to try to listen to different speakers, and in what situations it was easier or harder to listen well. From this discussion, draw out the key points about active listening.

skills

2: Effective questioning

What is effective questioning?

Effective questioning is essential to assessment work. Effective questioning skills are needed to gather detailed information about problems and issues in order to develop a better understanding of how to address them. Effective questioning also increases people's participation in group discussions and encourages their problem-solving. In effective questioning, the person asking the questions:

- ✔ Asks open-ended questions, for example using the six key questions (Why? What? When? Where? Who? and How?);
- ✔ Asks probing questions by following people's answers with further questions that look deeper into the issue;
- ✔ Asks clarifying questions by re-wording a previous question;
- ✔ Asks questions about personal points of view by asking about how people feel and not just about what they know.

Exercise 1

"Open and closed"

Asking open-ended questions, that cannot be answered simply with a "yes" or "no" is an important skill because it opens up discussion and helps in gathering more information. This exercise practices this skill.

1. Prepare a brief (one paragraph) case history of a typical local drug user, describing his/her life circumstances and drug use. Divide the group into groups of six people.
2. Explain that in each group of six there will be two teams (A and B) of three people: in each team, there will be a "local drug user", the questioner and an observer. Give the "drug users" in each team a copy of the case history to read, asking them not to show it to their team members.
3. Explain that in the A teams in each group, the questioner is only allowed to ask closed-ended questions and the role of the observer is to check that they do this. In the B teams in each group, the questioner is only allowed to ask open-ended questions and the role of the observer is the same.
4. Explain that the questioners have five minutes to find out as much information as they can about the "drug user" in their team.
5. At the end of the time, ask the questioners in the A teams to tell the rest of their group about what they learned about the drug user, and then ask the questioners on the B teams to do the same. Compare the difference between the information gathered from asking closed and from asking open-ended questions and discuss.

Exercise 2

Probing deeper

This exercise practices the skill of probing deeper into an issue by asking follow-up questions. Assessment team members will begin an interview or group discussion

with a set of questions, but it is essential that team members are able to respond flexibly to the answers that they are given and can use other questions to probe deeper.

1 Give a short presentation on the five "W" questions (What, Where, When, Who and Why) and their importance as open-ended questions (see Exercise 1).
2 Break into pairs. Ask one member of the pair to think of a story or incident that their partner does not know about. Explain that their partner is going to ask them questions about it. Their task is to answer these questions as briefly as possible.
3 Instruct their partner (the questioner) to try to use each of the "W" questions at least twice to find out about this story or incident.
4 After five minutes, end the questioning and de-brief what it was like to try to probe deeper. Then swap roles and repeat the exercise.

Exercise 3 Re-wording questions

Being able to re-word questions in order to help someone understand what you are asking them is a useful skill.

1 Prepare a list of five complicated questions that might be asked in an assessment on HIV/AIDS and drug use.
2 Ask each person in the group to think of two or three simpler ways to ask each of these questions.
3 Get people in two groups of three to compare their re-worded questions.
4 De-brief by discussing what is involved in re-wording or re-phrasing questions and why it is important.

Exercise 4 Sensitive subjects

Being able to ask good questions about sensitive subjects is an important skill for an assessment on HIV/AIDS and drug use.

1 Ask each person to think about what they consider to be "sensitive subjects" in an assessment.
2 Make a list of these sensitive subjects and look for groupings of similar subjects. Identify three or four groupings of subjects and ask people to break into smaller groups to look at one of these groupings each.
3 Ask each smaller group to discuss their sensitive subject: what might make it hard to ask questions about it and what would be good questions to ask. Then ask each smaller group to practice these questions in mini role-plays.
4 Bring the groups back together to discuss what was learned about asking questions about sensitive subjects.

skills

3: Facilitating group discussions

What does facilitating group discussions involve?

Group discussions need to be facilitated in order to increase the participation of people and ensure that a range of community perspectives and interests are included. Good facilitation skills help to improve the quality of group discussion and problem-solving during an assessment and can build consensus and encourage community "ownership" of responses to problems. When facilitating group discussions during a participatory assessment, the facilitator:

- ✔ Asks each person in the group, including assessment team members, to introduce themselves and presents the purpose and nature of the assessment;
- ✔ Ensures that everyone is comfortable and can see and hear each other;
- ✔ Agrees with the group on the aims of the discussion and how much time is available;
- ✔ Agrees on "ground rules" with the group, including the need to respect opinions and confidentiality;
- ✔ Agrees with the group how the discussion will be recorded and what will happen to this record at the end of the meeting;
- ✔ Helps the group to stay focused on the agreed aims;
- ✔ Enables all group members to contribute to the discussion by paying attention to who is dominating discussions and who is not contributing (remember that people have different reasons for being quiet – they may be thinking deeply!);
- ✔ Summarises the main points of the discussion and any action points that have been agreed;
- ✔ Thanks the group for their contributions and, if appropriate, agrees a time and place for a further meeting.

Exercise 1

Presenter/facilitator

Assessment team members may be more used to giving information to groups of people rather than facilitating their discussion. This exercise looks at the important differences in being a facilitator as compared to a presenter.

1. Divide people into two groups. Ask the first group to brainstorm answers to complete the sentence "A good presenter is able to ...". Ask the second group to brainstorm answers to complete the sentence "A good facilitator is able to ...".
2. Come back together to compare the two lists. De-brief by listing the skills of a good facilitator.

Exercise 2

Group roles

People in groups often take on different roles within a group; for example, the silent role, the leader role, the joker role, the interrupter, the distracter and so on. A good facilitator is aware of the roles that people are playing and is able to work with them to ensure that the objectives for the discussion are met.

3: Facilitating group discussions

1 Brainstorm a list of the roles that people can take on during a group discussion.
2 Discuss the reasons why people take on different roles in group situations. Discuss the significance of factors such as age, gender, social/economic status and ethnicity in influencing the roles that people take on. Discuss the skills that a facilitator needs to be able to work with people when they are taking on these different roles.
3 Write each of these roles out on a separate piece of card to use in the next exercise.

Exercise 3

Silent role-play

One of the ways in which a good facilitator stays aware of the roles that people are playing in a group is to pay attention to people's "body language". This exercise practices this awareness.

1 Ask for a volunteer to play the facilitator. Distribute the role cards to other people in the group, asking people with a role not to tell anyone else what it is. Ask each person with a role to think of how to play this role without speaking; by just using his/her body language. Explain that when the role-play begins, they should play their role silently.
2 Ask the facilitator to take up their position in the group and then start the silent role play. The task of the facilitator is to guess who is playing which role.
3 De-brief by discussing the most important clues for each of the roles in people's body language. Discuss the ways in which a good facilitator can stay aware of people's body language and the ways in which a facilitator can help people to shift their role in order to facilitate the group discussion.

Exercise 4

Role-play

1 Using the same roles, but with a different facilitator, now run the role-play with words. Ask the facilitator to lead a discussion about an aspect of the HIV/AIDS and drugs situation and ask the people role-playing the group members to decide who they are (for example, drug users, community members, service providers and so on).
2 Switch facilitators during the role-play to give people a chance to practice.
3 De-brief by asking for feedback to the facilitators on good points and points for improvement.
4 End with a summary of key points about being a good facilitator.

skills

4: Using participatory tools

What does using paticipatory tools involve?

When using participatory tools, the assessment team should:

- ✔ Give clear instructions about the use of the tool. It is useful to provide an example;
- ✔ Let the group draw the tool on their own and facilitate discussion on key issues;
- ✔ Encourage group members to share responsibility for creating the drawing – for example, by asking them to share the pen;
- ✔ Remind people that the quality of the drawing is less important than the quality of the discussion that the drawing stimulates;
- ✔ Think of some key questions to help members of the group to discuss key issues related to the assessment;
- ✔ Make the tools unthreatening by using local materials and encouraging people to work in their own ways;
- ✔ Encourage group members to make their drawings large so that they can fit in as much detail as possible.

Using participatory tools may not always be easy because:

- ✔ Some people may feel uncomfortable because they feel that they are not "good" at drawing;
- ✔ Some people may feel that such tools are "childish" and be unwilling to use them;
- ✔ Assessment team members may believe that their role is to extract information in order to design a project, rather than facilitating a participatory process of community discussion and problem-solving.

Training in the use of participatory tools should address these difficulties.

Exercise 1

Matching tools with questions

This exercise gives people practice in selecting tools in order to answer specific questions and topics.

1. Prepare three broad questions for each of the topic areas. Divide into five smaller groups, asking each group to work on one of the topic areas.
2. Ask each smaller group to identify the tools they could use to discuss each of their three questions.
3. De-brief by discussing the best uses of different tools.

4: Using participatory tools

Exercise 2

Sequencing tools

Using the tools in a sequence can help the discussion probe deeper and can help the group to analyse problems and identify solutions. This exercise gives people practice in sequencing tools.

1. Divide the group into five smaller groups, assigning each smaller group to work on one of the following populations: drug users, family members of drug users, community members, service providers and community leaders.
2. Ask each smaller group to plan a sequence of tools that they could use with their population that would take them through some key questions in each of the topic areas.
3. Ask each small group to present their sequence to the larger group and get feedback on it.
4. De-brief by discussing the importance of sequencing tools well and some principles for sequencing (see Step 7 for more on this).

Exercise 3

Field practice

There is no substitute for field practice to improve people's skills in using the participatory tools. Before the training, arrange with local service providers and community groups so that assessment team members who are being trained in the tools can visit them to practice for a few hours during the workshop.

1. Break the group up into smaller groups. Explain that each group is going to practice the use of some of the participatory tools in a real community to find out as much as they can about the local situation on HIV/AIDS and drug use.
2. For logistical reasons, it will probably be easier if each small group is given a specific population to work with – these could include service providers, community leaders, community members, drug users in drug treatment, drug users in the community (if it will be easy to find and work with them), young people, gatekeepers and so on. Ensure that all the logistical arrangements are in place beforehand so that the groups can get to work quickly and do not have to waste time trying to locate the people they are supposed to be working with. Ask the groups to prepare for the fieldwork by deciding key topics to discuss, tools to use, roles of each group member and organising materials needed. Allow enough time for the groups to go out into the community and practice the use of the tools – at least half a day.
3. After the fieldwork is completed, bring the groups back together to de-brief. Ask each small group to present back on their fieldwork, both in terms of the process they followed and the content of what they found out. As part of this presentation, ask each small group to identify the lessons they have learned about the use of participatory tools. Complete the exercise by summarising these lessons.

Further resources

Burrows, D. (2000) *Starting and Managing Needles and Syringe Programs: A Guide for Centre and Eastern Europe and the Newly Independent States of the Former Soviet Union*, International Harm Reduction Development, HIT, Liverpool, United Kingdom. **www.soros.org/harm-reduction/titlepage.htm**

Crofts, N. ed. (2003) *Manual for Reducing Drug Related Harm in Asia,* Asian Harm Reduction Network and The Centre for Harm Reduction, Burnet Centre for Medical Research, Australia. **www.ahrn.net** (revised and updated edition)

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International Harm Reduction Development (IHRD), Open Society Institute (2001) *Drugs, AIDS and Harm Reduction, How to Slow the HIV Epidemic in Eastern Europe and the Former Soviet Union,* New York.

International HIV/AIDS Alliance (2002) *Advocacy in Action: A Toolkit to Support NGOs and CBOs Responding to HIV/AIDS.* **www.aidsalliance.org**

International HIV/AIDS Alliance (2002) *Involving Drug Users in HIV Prevention and Care: Participatory Assessments, Project Design and Implementation*, Workshop Report, June, Chiangmai. **www.aidsalliance.org**

International HIV/AIDS Alliance (2002) *Raising Funds and Mobilising Resources for HIV/AIDS Work: A Toolkit to Support NGOs/CBOs.* **www.aidsalliance.org**

International HIV/AIDS Alliance (2001) *A Facilitators' Guide to Participatory Workshops with NGOs/CBOs Responding to HIV/AIDS.* **www.aidsalliance.org**

International HIV/AIDS Alliance (2001) *Documenting and Communicating HIV/AIDS Work: A Toolkit to Support NGOs/CBOs.* **www.aidsalliance.org**

International HIV/AIDS Alliance (2001) *Participatory Assessments on HIV and Drug Use,* Workshop Report, May, Chiang Mai.

International HIV/AIDS Alliance (2000) *Expanding and Enhancing HIV/AIDS Prevention and Care Work with People who Inject Drugs in Asia,* Workshop Report, September, Chiang Mai.

International HIV/AIDS Alliance, Ukraine (2001) *Participatory Assessment and Response*, Kyiv, Ukraine. **www.aidsalliance.kiev.ua**

Mith Samlanh-Friends (2002) *Drug use and HIV Vulnerability. An Appraisal of the Links between Drug Use and HIV Transmission Among Young People in Cambodia*, Phnom Penh, Cambodia. **www.streetfriends.org**

National AIDS Foundation (2001) *HIV and Drug Use Participatory Situation Assessment Report,* Ulaan Baatar, Mongolia. **www.naf.org.mn/documentation**

Preston, A. (1999) *The Safer Injecting Handbook*, HIT, Liverpool, United Kingdom. **www.saferinjecting.org/publications/saferinjhbk/handbookindex.html**

Reid, G. and Costigan, G. (2002) *Revisiting 'The Hidden Epidemic': A Situation Assessment of Drug Use in Asia in the Context of HIV/AIDS,* The Centre for Harm Reduction, Macfarlane Burnet Institute for Medical Research and Public Health, Australia. **www.chr.asn.au/projects/hideneprev.html**

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Stimson, G. V., Fitch, C. and Rhodes, T. (2002) *Sex-RAR Guide*, *The Rapid Assessment and Response Guide on Psychoactive Use and Sexual Risk Behaviour,* World Health Organisation, Geneva. **www.who.int**

Stimson, G. V., Fitch, C. and Rhodes, T. (1998) *The Rapid Assessment and Response Guide on Injecting Drug Use* (draft for field-testing), World Health Organisation, Substance Abuse Department, Geneva. **www.who.int/substance_abuse/docs/idu_rar.pdf**

websites

Drugs and HIV/AIDS information

AIDS Foundation East-West
www.afew.org
Centres for Disease Control and Prevention
www.cdc.gov/idu
Drugtext
www.drugtext.org
Drug Policy Alliance
www.drugpolicy.org
European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)
www.emcdda.org
European NGO Council on Drugs and Development
www.encod.org/
International HIV/AIDS Alliance, Ukraine
www.aidsalliance.kiev.ua
International HIV/AIDS Alliance
www.aidsalliance.org
UNAIDS – links to best practice guides
www.unaids.org
UNDCP
www.unodc.org/odccp/index.html

Harm reduction

Central and Eastern European Harm Reduction Network
www.ceehrn.lt
Centre for Harm Reduction
www.chr.asn.au
International Harm Reduction Development Program
www.soros.org/harm-reduction/frame_publications.htm
Harm Reduction Coalition
www.harmreduction.org
International Harm Reduction Association
www.ihra.net
HIT
www.hit.org.uk

Harm reduction in Asia/Pacific

Asian Harm Reduction Network
www.ahrn.net
SHARAN
www.sharan.net

Information on participatory assessments

Eldis Participation Resource Guide
www.eldis.org/participation
Institute of Development Studies, Participation Group
www.ids.ac.uk/ids/particip/index.html
International Institute for Environment and Development (IIED)
www.iied.org
Participatory learning and action (PLA) notes
www.iied.org/sarl/pla_notes/index
Rapid Assessment and Response Archives
www.rararchives.org

Notes

International HIV/AIDS Alliance

Supporting Community Action on AIDS in Developing Countries

To order Alliance publications, e-mail **publications@aidsalliance.org** or write to:

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