

DIALOGUE:
EXPANDING
THE RESPONSE
TO HIV/AIDS,
A RESOURCE GUIDE



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P R E F A C E

Communication has been a major strategy of HIV/AIDS prevention programming with much of it focused on mass communication, IEC campaigns and development of materials for broad-based AIDS education. However, these approaches have some limitations, not only in effectively reaching those people most vulnerable to HIV infection, but more importantly, in impacting and producing a change in people's behavior.

To illustrate, many men, women and youth now have accurate knowledge of HIV/AIDS through mass media messages; however, this increased knowledge has not changed personal behavior such that people actually take precautions against the transmission of HIV. As a result, many people who might have been targeted by and included in HIV/AIDS prevention programs have remained at the periphery, because they believed such communications were not directly relevant to them and their sexual behavior.

There has always been a need to bring into AIDS prevention a communications strategy which is all-inclusive—a strategy in which no group can exclude itself or be ignored by HIV/AIDS interventions. The strategy would need to grow out of the people's own lives and experiences. It would be readily identified as appropriate to the specific cultural context and applied within a wide range of relationships.

This resource package identifies and describes a strategy that meets all of the foregoing criteria. It is the strategy of *dialogue*; an approach so appropriate, so commonplace and obvious, that it is amazing we HIV/AIDS experts have overlooked it and not incorporated it as a basic process, tool and/or AIDS prevention strategy.

As the reader will see quite early on in the document, almost every group that is vulnerable to and critical in the fight against HIV/AIDS can be brought into the process of dialogue, or be instrumental in furthering dialogue as a strategy within their particular spheres of action and influence. This applies equally to policymakers, commercial sex workers, parents, HIV positive persons, religious leaders or adolescents. This is a strategy whose time has come, particularly with increased attention to move AIDS prevention programming into the community and to encourage ownership at that level. With the trends toward declining donor assistance, enhancing private sector involvement and promoting local group participation through advocacy as well as implementation, dialogue as a strategy can impact and empower all people, including those at high risk and others already living with HIV/AIDS. Dialogue as a process can be a critical bridge that links all of the various actors in the drama of HIV/AIDS prevention.

At the XI International Conference on AIDS in Vancouver, I was a participant of the first known attempt to hold an open *Dialogue Between the Sexes* regarding HIV/AIDS prevention. There I witnessed first-hand the potential success this innovative, empowering process holds. Following the Vancouver Satellite Meeting, AIDSCAP decided to respond to numerous international requests that this resource package be developed, so that the dialogue strategy could be replicated and integrated into AIDS prevention programming. I am confident that the materials that follow will prove tremendously useful to those implementers, program designers and policymakers who must respond to the challenge of finding a new, expanded way to address the HIV/AIDS pandemic.

Anthony M. Schwarzwald
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The dialogue strategy presented in this Resource Guide was developed through the collaborative effort of several people both within and outside of Family Health International's AIDSCAP Project. Thanks go to Jane Rosengren of the AIDSCAP Women's Initiative (AWI) for her work on the dialogue strategy document. Appreciation is expressed for the contributions Mary Kay McGeown, formerly with AWI, made to the initial discussions on the resource package. We also are grateful to Janet Byron for her help in preparing the dialogue brochure for the Satellite Meeting held at the XIth International Conference on AIDS in Vancouver, Canada, July 1996.

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Grateful recognition goes to those participants who, in particular, provided insight for further development of the strategy and confirmed that dialogue was an approach that was "long overdue." These included: Malan Ahmed, Carmen Carrington, Debbie Dortzbach, Eka Esu-Williams, Theresa Exner, Joseph Fombi, Clint Gould, Robert Gringle, Lois Hue, Joyce Hunter, Ndunge Kitii, Oi-chu Lin, Susan Middlestadt, Regina Norman, Blanca Ortiz-Torres, Wendy Roseberry, Lorraine Sherr and Daniel Whelan.

Thanks also go to those organizations who were the first to implement the dialogue in the field. Their successful work has helped to pave the way for continued use of the strategy. These include: the Society for Women and AIDS in Africa, Nigeria NGO Consultative Group, All India Women's Conference, Indian Institute of Health Management Research, Bhoruka Public Welfare Trust and Women's Committee of the Tamil Nadu State AIDS Control Society.

Without the participation of the 90 men and women who attended the Vancouver Satellite Meeting, the Resource Guide could not have come to fruition. AWI is grateful for their willingness to stay the course for eight long hours in order to reach a new understanding of gender differences in communicating with regard to AIDS prevention. Their *Dialogue Between the Sexes* exposed the differences that exist and encouraged AIDSCAP to move forward toward empowering men and women for mutual protection against HIV/AIDS. To all of these people, and those who will attempt to apply this strategy, the writers of this document are indebted.

PART I

INTRODUCTION TO DIALOGUE

Prior to the emergence of the HIV/AIDS pandemic, people in most cultures were reluctant to talk openly about their sexual behavior. Human sexuality, however, is at the heart of HIV transmission. Identifying and promoting culturally acceptable ways to communicate about sex are critical to AIDS prevention strategies, and behavioral change communications is central to such efforts. Among the messages that characterize such communication is the urging of women to insist that their male sexual partners use condoms for mutual protection. As women of Asia, Africa and Latin America and the Caribbean consistently report an inability to “negotiate” use of the male condom with their partners, other approaches are indicated that can be integrated without conflict into the “real life” sexual experiences of men and women.

Real Life Scenarios

While sexual practices vary across cultures, there are some situations in which sexual aspects appear to be universal:

- sex more regularly takes place within consensual couple relationships than in casual encounters, e.g., through commercial sex;
- while some men have sex through commercial arrangements, many do not;
- most women and men live in situations where people other than their spouse or partners are important sources of information and may influence their decisions about sexual behavior, such as friends, family members, community leaders, church leaders or health professionals.

Communication is an important aspect in each of these real life scenarios. With AIDS already moving beyond the “core transmitter” groups into the general population, effective communicating within that wide range of common sexual arrangements is critical. This awareness provided the rationale and purpose for focus on “dialogue” as a valid strategy for HIV/AIDS prevention.

To address the needs identified in the quotations below, the AIDSCAP Women’s Initiative organized a one-day Satellite Meeting on July 6, 1996 in Vancouver, Canada, prior to the XI International Conference on AIDS. The meeting *Men, Women and AIDS: A Dialogue Between the Sexes* encouraged participants to identify barriers to dialogue and suggest ways to overcome the obstacles that prevent direct discussion about the responsibilities of both sexes in stemming the HIV/AIDS epidemic.

A near equal number of 90 men and women from 27 countries helped field test one approach to the proposed dialogue strategy, in this case a conference. Many participants responded enthusiastically, calling this initiative “long overdue.” Others suggested it was “the missing link” in motivating men, women, communities and policymakers to act with a common purpose in preventing the spread of HIV/AIDS. Illustrative comments included:

“In my culture it would be impossible for women to ‘negotiate’ with male partners, least of all around the issue of sex.”

Female, Hong Kong

“In talking to one another, a new social structure and social context were created.”

Female, USA

“The dialogue provides a level playing field for both men and women. It therefore has a place; it can enhance the positive role of men and this, in turn, empowers women in the family.”

**Male, Nigeria
Vancouver Satellite Meeting**

After the meeting, groups from around the world requested assistance in replicating the dialogue among policy-makers and communities as well as among couples. Out of that request evolved this document, *Dialogue: Expanding the Response to HIV/AIDS, A Resource Guide*.

WHAT IS DIALOGUE?

THE CONCEPT

In every culture people engage in some form of communication that can be described as dialogue. This is first defined as *talking about issues until a satisfactory level of understanding is achieved*. Especially in resource poor settings, such communication is perhaps the most common and cost-effective approach to HIV prevention.

“Open dialogue among community members [in one African country with a high HIV/AIDS prevalence rate] constitutes a powerful strategy that facilitates a focus on sexuality, condom use, gender, and AIDS as a step toward protective behavior against HIV infection.”

Penina Ochola, AIDSCAP Resident
Advisor, Tanzania
AIDSCAP Lessons Learned Forum,
October 1997

Dialogue is manifested in a variety of HIV/AIDS prevention efforts. However, it is not usually identified, organized or integrated as a central process or strategy. This way of communicating is perhaps so commonplace it is often overlooked entirely. Having no place in AIDS literature, and with a largely biomedical and technical approach to AIDS prevention, the body of research and programming necessary to give dialogue high visibility has not yet evolved. Nevertheless, dialogue remains the core of much human exchange within HIV/AIDS programs.

What, then, is dialogue? This resource guide defines it secondly as a process, tool or strategy, depending upon its use. As a process and tool it is designed to give men and women the gender awareness and skills needed to communicate openly and honestly about sex and other issues that affect sexual health at the interpersonal, community and policy levels. Used as a technical strategy, dialogue helps men and women share information, challenge established values, beliefs and practices and bring about changes in behavior, structures and the environment. Activities are developed utilizing this technical strategy with the overall AIDS prevention goal of reducing the risk of HIV infection in an effective and sustained manner.

Dialogue and Discussion

As a literary term dialogue is often used interchangeably with *discussion*. As a technical concept, however, there is a distinct difference in meaning. Discussion is used to examine a subject through discourse with the emphasis on the topic under consideration. By contrast, dialogue goes beyond the subject to a concern for people participating in a process, to a concern for “sharing their perceptions of a problem, offering and having their opinions and ideas examined, and having the opportunity to make decisions or recommendations.”¹ This difference between discussion and dialogue, appearing at first to be insignificant, is to the contrary very important within the framework of AIDS prevention. The details of HIV transmission have often been highlighted in health education campaigns; however, even though people discuss HIV/AIDS and high levels of knowledge are evident in most regions where the disease is found, the failure of information to change behavior substantially is equally documented, no matter how thoroughly HIV/AIDS is discussed. Dialogue as a strategy facilitates consideration of the implications of HIV/AIDS, decision making for mutual protection, and responsible action. Yet, despite this potential, dialogue has received only marginal attention, if any, in HIV/AIDS prevention, research and programs.

Negotiation and Peer Education

Negotiation and peer education can dramatically change this dilemma. Negotiation refers to an effort to obtain an agreement between partners to adopt safer protective sexual practices, while peer education fosters the sharing of information among associates to bring about this behavior. Dialogue as defined above would improve the likely success of negotiation and assure that peer education would be only the beginning of an exchange between equals. *It is viewed here as integral to both communication measures*. Therefore, in a broader sense, dialogue is proposed in this Resource Guide as a process of communicating that can strengthen other HIV/AIDS prevention strategies. As an independent strategy dialogue provides an approach for dealing with such diverse topics as gender roles, fidelity, power, resource needs, changes in social norms, policy and national programming. It is appropriate to diverse populations and situations and for varied settings. Incorporating dialogue within HIV/AIDS prevention implies, however, adopting a set of core values by

policymakers, program planners and implementers as well as sexual partners. These values are outlined in the next section.

CORE VALUES

“Where communication between men and women on sexual practices and concerns is not a cultural norm, this norm can be changed and evidence shows that it is being changed.”

**Janet Hayman, AIDSCAP
Resident Advisor, Kenya**

There is no “value-free world.” While none are absolute or definitive, some values represent an apparent universal understanding that transcends all cultures and contexts. These core values suggest a consensus that is shared and provide a basis upon which dialogue is built and can influence behavior. The ultimate goal is that these values be enhanced through the relationships that dialogue fosters. Among the set of core values that appear to have universal validity are the four which follow.

The equality of men and women

Equality can be defined as “of the same value” and “possessing the same privileges and/or rights.” A dialogue presupposes that men and women have a “sameness.” Although differing biologically and in some social aspects, both are entitled to just and equitable treatment. Both have a right to speak and to be listened to on matters that affect their lives. Where there is lack of belief that men and women deserve equal recognition and opportunity in society, the process of dialogue should move participants toward an understanding and acceptance of the value of equality from this gender perspective.

The value of human beings

Dialogue affirms the intrinsic self-worth of every human being. It supports the efforts of each individual in attaining his or her full potential. As a strategy it affirms the importance of the person over any technology that would diminish the significance of that value. For example, a high value is placed on children in some cultures, whereas, in other cultures some children (especially the female child) are sold into prostitution.

Respect, trust and understanding of others

Dialogue requires that a person is regarded with respect. Confidence and trust must be placed in others, who should be treated in a thoughtful and considerate manner rather than exploited. Dialogue challenges the tendency to value and respect the male more than the female and to defer more to the opinions and ideas of men than of women.

Power sharing between men and women

The male-female relationship can be characterized by dominance of one sex over another, or it can reflect a sharing of power. Both sexes should have areas of influence; however, oftentimes this influence is disproportionately conferred by men and women’s place in society. This is seen where women are treated as subordinates, with no control over any kind of resources. The authority accorded each person is based largely on gender roles and expectations which can be changed. The change toward empowerment of both sexes is enhanced through dialogue.

Perhaps the most useful contribution that dialogue will make in any culture is to move participants to develop or affirm those attitudes that lead to sharing of the above and other values that are beneficial to both men and women. Where a community is not supportive of equality, respect, trust or power sharing, the dialogue can be used to move people toward a change in attitudes and values so that they are sensitive to the kinds of behavior that protect them from HIV/AIDS. **Part II** and **Part III** of the Resource Guide indicate how the dialogue can be appropriately used in achieving that end.

GENDER

The ability to apply these core values is based on an understanding of gender and its effects on all relationships – from sexual interactions to family and community relationships. Gender awareness is intrinsic to the success of dialogue and should inform every step of the process. Likewise, dialogue reinforces gender awareness and makes it possible for men and women to share values, ideas, problems and actions.

Many people are not familiar with the concept of gender or they confuse “sex” with “gender.” While sex denotes biological differences, gender has to do with the differing

attributes attached to being “male” and “female.” Gender roles are ascribed by social and cultural context through the socialization process. Most often, females are assigned by society to a position subordinate to males. This becomes a disadvantage to women with respect to the distribution of power with implications that increase the vulnerability of women to HIV/AIDS. The focus on women and men from a gender perspective, therefore, is intended to address this imbalance of power and to initiate actions that contribute holistically to the full potential of both sexes. AIDSCAP promotes dialogue as a technical strategy that seeks to change behavior by raising consciousness of the impact of gender on male and female communications related to HIV/AIDS prevention.

CORE VALUES,
GENDER AND DIALOGUE:
FACILITATING EMPOWERMENT

Through dialogue men and women are empowered to:

- increase knowledge that demystifies HIV/AIDS;
- freely express feelings;
- strengthen commitment to protective relationships;
- promote acceptance of equal responsibility among couples and within families and communities for responding effectively to HIV/AIDS.

THE RESOURCE GUIDE

The materials presented in this document provide information and guidance to organizations and individuals who wish to explore or use dialogue as a strategy in HIV/AIDS prevention programming. This is not the first guide to discuss methods for improved communications in AIDS, health promotion and development. However, it is the first documented effort to develop and integrate *dialogue* as a specific technical strategy and integral component of HIV/AIDS prevention. The Guide prudently builds upon other materials, some of which appear in the list of references. The unique contribution of this resource package is that it attempts to reach a new and diverse audience, introducing gender as a concept that is integral to effective dialogue. Finally, it provides guidelines for planning, implementing, monitoring and evaluating the strategy.

The Resource Guide is intended for use by a wide range of people for a variety of purposes. HIV/AIDS, health care, reproductive health and development professionals will find this guide useful in working within program and clinical research settings. Individuals working with grassroots, community-based, empowerment and other types of groups should find it useful in opening up and furthering communication, particularly in sensitive areas such as sexuality and changing norms, as well as developing viable programs that impact upon distribution of resources. Finally, the Resource Guide is intended to help facilitators who work with individual couples and families, whose behavior change is critical to sustained risk reduction needed for combating HIV/AIDS.

The remaining four parts of the Guide outline steps for organizing the dialogue, conducting the strategy, selecting and mobilizing the resources necessary for executing dialogue and monitoring and evaluating the effort. Among the instruments supplied are a generic check list for planning the dialogue as a program activity and a sample evaluation form to be used where a dialogue has been initiated in the context of a conference. The Guide is intended to be flexible depending on the context, culture and target group.

PART II

ORGANIZING FOR DIALOGUE

DEVELOPING THE DIALOGUE STRATEGY

Wherever people raise their concerns about HIV/AIDS, its prevention and the need for a change in sexual behavior dialogue potentially begins. Since in most couple, family, and community situations this will be a spontaneous interpersonal exchange, professional facilitators may play little or no role in its initiation or conclusions. A single formal exchange between men and women may meet all the requirements suggested by the conceptualization of the dialogue set out in **Part I**. Dialogue could be implemented either as an informal process within a small group or as an organized strategy within a larger group. Furthermore, dialogue can be used in a very formal way between two or more different populations or within one specific target group. In this instance, an implementing agency will play a dominant role in facilitating the dialogue strategy. Much of what follows assumes the more formal use of the strategy.

Implementation may not always depend on a trained facilitator. Later in this document, activities are suggested that can be used in a variety of group situations. These can be adopted and applied to guide the dialogue among peers quite naturally. In the present stage of development, however, good facilitation is regarded as central to the success of the strategy. A carefully planned comprehensive framework for executing the process is needed for sustainability. **Part II** of the Resource Guide supplies this framework and begins with a focus on the context and structure framework in which the dialogue strategy can be introduced and implemented. It then focuses on critical facilitation procedures and the role of the facilitator. Potential targets are identified and broad goals and objectives for working with groups are proposed.

CONTEXT

The context in which the dialogue takes place will influence not only what people say, but how they say it. The context also influences the behaviors of the groups and communities engaged in the process. The physical con-

text and structures as well as the constellation of attitudes, relations and behaviors all constitute an environment in which AIDS is spread and people change. Such factors include the following:

- community norms;
- traditional mechanisms of dialogue, e.g., counsels of elders, family reunions, couple counseling sessions, etc.;
- religious beliefs and practices;
- institutional structures, including government bureaucracies;
- the media and other methods of disseminating knowledge, technology and skills;
- general economic conditions that would include poverty levels and income distribution;
- political events;
- legal issues;
- national attitudes towards AIDS prevention.²

Formal integration of dialogue into programming should be the responsibility of an organization or agency. The implementing body would ensure that the environmental conditions described above are conducive for furthering the dialogue between the sexes. Most settings that encourage group interaction provide such an environment. These include clinical and community-based AIDS agencies, family planning clinics, reproductive health centers, women's groups, youth clubs, and other situations where the general population as well as persons practicing high-risk behavior are found, such as at bars and truck stops.

This range of settings may not have been previously considered by AIDS prevention specialists as contexts appropriate for promoting dialogue. Yet the following illustrations show how adaptable the strategy can be in such a setting. The medical training institution, for example, provides a venue for training doctors to be more empathetic to patients through the understanding and use of dialogue. Or physicians may equip their interns and other health care personnel to use dialogue to communicate more effectively while providing care. In contexts in which

issues of sexuality, reproductive health and gender-specific services are being offered, dialogue can be promoted among participants at grassroots and community levels as well as within clinic settings. Dialogue enables people to raise matters that formerly could not be broached with policymakers, for example, because communication was traditionally conducted hierarchically, if not dictatorially, from the top downward.

In addition to the environmental context, the agency must pay attention to the structural and organizational aspects necessary for successful dialogue. These include supportive leadership, a positive attitude toward the dialogue strategy, programming that facilitates innovation and diversity in activities and the allocation of adequate resources for implementation. Agencies attempting to facilitate dialogue should look carefully at all aspects of the local and regional context: what are the status and trends of the epidemic, and how are responses evolving or changing? They should then make provisions for this information to be incorporated into the dialogue strategy. Finally, all aspects of the context are part of a larger system; therefore, it is necessary to create a system to sustain the dialogue, otherwise it remains just “talk.”

FACILITATION PROCEDURES

A large organization may decide to develop and incorporate dialogue as a strategy throughout its own programs. Or it could indicate another to be the lead organization to introduce and coordinate the effort. The choice should depend upon the context and needs of the target group. Organizations adopting this strategy should be involved in, or familiar with, HIV/AIDS prevention activities, already at work in the particular setting and have contacts with the target group(s) needing to dialogue. They should also be able to work well with other agencies that have different agendas. Furthermore, activities that reflect an understanding of gender and its significance to stemming the HIV/AIDS epidemic should be in place in such organizations.

The lead organization should take responsibility for several procedures in executing the dialogue.

Broad start-up activities

The organization needs to:

- decide the scope of the dialogue — whether it will be

an exchange among individuals, a workshop, a conference, research, etc.;

- thoroughly understand the concepts and activities proposed in this Resource Guide;
- tailor the selected aspects to suit the social, cultural, economic and political context in which the dialogue is to be utilized;
- identify the target population within which the dialogue will be implemented;
- establish a team to consider all issues and phases of execution;
- choose a major theme of focus to be applied throughout the use of the dialogue, e.g., sexual health, policy, empowerment, etc.;
- carefully select facilitators with skills to conduct the dialogue among target groups where appropriate;
- as needed, select reporters to work together with the facilitator;
- where necessary, provide training for the facilitator(s) and reporter(s).

Selection and preparation of participants

The organization needs to:

- see to the appropriate selection of participants;
- ensure a gender balance as far as possible;
- make groups as heterogeneous as possible for diversity of view points, e.g., professions, qualifications, areas of specialization, HIV status, etc.;
- obtain commitment of participants at the outset to apply the lessons learned and act on the recommendations derived from the dialogue;
- prepare materials specific to the target group and scope of activity;
- send the documents, guides, instruments or other materials in advance, for a common base of knowledge among the participants, as appropriate;
- make reading the information an integral part of the process.

Execution of the dialogue

When all of the preliminary steps proposed above have been undertaken, the organization is ready to execute the dialogue. Having decided on the nature of the activity (whether it is to be a small group, workshop, conference, etc.), arrangements will need to be made for varying numbers of participants. The amount of time to be allocated, the assignment of facilitators and reporters, monitoring and evaluation of the activity and bringing the dialogue to a close should also be planned for in advance.

Size of gathering

With a large number of participants (e.g., more than 25 people) it is necessary to:

- subdivide the group into smaller groups;
- assign a facilitator for each group;
- identify a lead facilitator to coordinate the dialogue sessions, including support to subgroup facilitators.

Timing

- assign two or more facilitators to alternate in facilitating the group as warranted by the size and duration of the sessions;
- assign each facilitator a specific group and period(s);
- allow sufficient time for in-depth discussion(s);
- consider organizing a dialogue meeting in conjunction with another large event, i.e., an AIDS conference.

Monitoring

The lead facilitator provides overall stimulation. He/she can monitor the session(s) by:

- moving among the group to ensure quality dialogue in each subgroup;
- intervening as needed to keep the process moving;
- bringing all facilitators together for review at midpoint to determine whether:
 - the groups are proceeding along the same lines;
 - a group is unable to move forward and find out what should be done to ensure that it does, and
 - thought processes were helped by facilitation;
- rotating facilitators to keep the process fresh and interesting for both participants and facilitators.

Conclusion of the dialogue

- select one person to do a “wrap up;”
- outline recommendations/lessons learned;
- identify issues that require further exploration;
- indicate follow-up actions, if any.

The implementing agency should check off all of these procedures to ensure every aspect of preparation for the dialogue is adequately planned for.

THE FACILITATOR(S)

The *facilitator(s)* can be, among others, an individual member of the group, a peer, a health care or AIDS specialist or a team of consultants. Thus, the implementing agency should carefully select facilitators ensuring that

they are appropriate for the issues to be discussed and the target groups. While it may be most convenient to identify persons who are close to the target population, it is important in some situations to look beyond to an outsider with little or no exposure to the particular setting and target group(s). This may reduce bias that could impede the dialogue.

Before attempting dialogue with other people, the facilitator must be comfortable with his or her own sexuality and related issues such as multiple partners, STDs, homosexuality and condom use. The facilitators must be sensitive to and feel comfortable with other people and value their input.

The experience and satisfaction of participants in a formal dialogue may be highly affected by the skills of the facilitator. One participant at the Vancouver Satellite Meeting described her experience in these terms:

“The group had a domineering facilitator that attempted to draw the conclusions, rather than draw them out. Her opinions rather than that of the group were pushed to the detriment of the group. She was at odds with men, to the extent that tension was created where the males did not capitulate. Approach was that of giving solutions rather than letting the group find its own. Did not respect the views of the participants. Held the group back because of her poor facilitation, i.e., that it went back and forth, as other members attempted to find a way to be heard.”

To prevent such a disaster, the organizing agency should determine beforehand the selection criteria appropriate to the facilitation situation. These could include requiring that the individual:

- have professional experience in facilitating;
- understand and accept the dialogue as a legitimate technical strategy;
- know what is intended by the dialogue;
- accept the objectives of the group;
- is capable of listening;
- is willing to be direct (or indirect) in guiding the group, depending upon the requirement for a successful outcome.

Training

The implementing agency should decide whether the facilitator(s) requires training to build capacity for dialogue within the target population. That training can be of short or long duration, formal or informal, such as with the situational test or role play discussed below. It should provide the facilitator with the necessary skills for executing a planned activity. It can be provided through a workshop of one or more days prior to the activity, or an individual can take an appropriate university-level course. The training should provide facilitators with detailed instructions on the dialogue model, and thus should include the roles and responsibilities of the facilitator and a chronological breakdown of planned activities to anticipate and prepare for the response of participants.

In lieu of training, however, selection of facilitators might be based on a “situation” test, particularly where the potential facilitators are already equipped with professional skills to guide the group. In this instance one participant in Vancouver proposed the following as a selection process:

“The person could be challenged to demonstrate how he or she would handle a group. This would be critiqued to see how well she or he had done. This information would be fed back to the person for improvement. He or she would be selected, based on how well the test was passed.”

In addition to the situation test, experienced facilitators might be asked to do a role play relevant to what might occur during the dialogue, and those who demonstrate the most appropriate skills for the target group would be chosen for the specific group the agency is attempting to reach.

The trained facilitator should:

- set ground rules;
- be knowledgeable about HIV/AIDS;
- be well prepared on the goals and structure of the planned dialogue;
- use language that is understandable and appropriate;
- be able to discuss issues of sexuality in a way that the target group respects;
- be able to transmit the needed skills to initiate and conduct dialogue to direct service delivery workers;
- inform participants of expectations, and then leave them to explore their ideas and issues.

Preparations

Before a facilitator meets his/her group and initiates the dialogue, there are some preparations that must be made. These include:

- understanding the characteristics of the target group with whom he/she is to work;
- determining the target group to be engaged in the dialogue;
- identifying the specific needs for the use of this strategy;
- selecting the materials and choosing a methodology, e.g., brainstorming and drawing up the facilitation guidelines that would be used in the session(s).

The implementing agency, along with the facilitator, should examine the extent to which the facilitator(s) are ready to select the target group and carry out a dialogue, the results of which should be sustainable.

TARGET GROUPS

After the basic dialogue strategy has been determined by the agency, the target group can be selected. The facilitator then studies the group and identifies the procedures that best apply to it. The target group should be consulted on its objectives and the design of a dialogue that would best meet its needs. Its role in implementation will be dictated by the social, cultural, political and economic context within which the dialogue is executed.

The assessment made of the target group's understanding and readiness for a dialogue can be carried out in a variety of ways, including:

- **review of literature** — search for literature related to the issues, problems and concerns of the target group;
- **key informant interviews** — talk to key individuals who can provide insight regarding dialogue and factors that might inhibit its use;
- **brainstorming** — hold a meeting of individuals to explore dialogue issues in the target group;
- **listening tours** — visit venue of the target population activity and observe dialogue patterns;

- **focus groups** — convene individuals from the target group for a discussion to collect information on social norms and dialogue.

Possible questions for the focus group may include: Which HIV/AIDS topics are difficult to talk about with the opposite sex? Why are they difficult to talk about? Is it necessary to talk about these with the opposite sex? What would you fear in such a dialogue? What other issues related to sexual health should be explored? When, where and with whom?

TARGET GROUPS	OBJECTIVES
Young people, children	Develop habits of dialogue at an early age
Men and women, couples	Learn a process of communication for mutual protection
Commercial sex workers, clients	Develop mechanisms and policies to protect human rights and health
Parents	Encourage dialogue with children about better decisionmaking
Ministry of Health officials	Emphasize the need for dialogue with communities, advocates and NGOs developing HIV prevention programs
Managers in the workplace	Convene people in the workplace to dialogue with management on AIDS issues and agree on common agendas
Gays and lesbians	Networking between the two communities for improved services and support
Organizations of HIV positive persons	Input into prevention programming; collaborate with the community to end discrimination
Program directors	Reassess programs, examining them for their gender components
Policymakers, parliamentarians	Create policies that encourage strengthening of communities
Health care providers	Establish methods for improving communication with clients
Consumers	Share concerns with the private sector about services, resources and AIDS prevention products, such as male and female condoms, HIV test kits, etc.
Educators, students	Work with students to highlight the importance of AIDS prevention (to promote services, behavior change, self-esteem)
Religious leaders, faith communities, traditional healers	Encourage men and women congregants to discuss strategies to protect themselves and their families
Prisoners	Focus on their sexual health both within and after confinement and provide information for sustaining protective sexual behavior
Military/security personnel	Provide information for avoidance of risk and their collaboration in protecting others such as commercial sex workers

Depending on the themes to be explored, several categories of target groups can be brought together. For example, policymakers might dialogue with health care providers, women's advocates with community leaders, parents with children, etc. The size of the dialogue group can vary depending on the setting and target group. It could vary from small gatherings of five people to larger groups of 50 or more. The target group can be assembled in the form of a workshop, focus group, council, community gathering, planning team, etc. The setting will influence the size of the group as well as the objectives pursued.

In assessing the needs of the target population, the facilitator should examine the diversity of various groups and how it affects their intentions. There may be differences within a "homogenous" as well as a "heterogeneous" target group. For example, religious leaders who want to work with men and their wives in the congregation should consider the socio-economic differences between couples. Likewise, teachers initiating dialogue among students should be aware of their differing performance levels and degrees of leadership in the school. The gay community should be aware of differences between homosexual men and lesbians. The design of any dialogue should balance factors that inhibit its progress; for example, significantly differing economic and social status, age, interests, issues and gender.

Defining the Objective

The overall objective should be defined by the needs of the target population, which should be involved in the process. The objective may be broad or specific depending on the issues to be addressed. For instance, teachers may use dialogue with students to demystify sexuality. In this case, most of the information exchanged should address the students questions directly, including the use of condoms or abstinence. Or policymakers might use dialogue with the media to create policies to strengthen interpersonal as well as mass communication strategies. The distinct objectives outlined should be based on what is considered important within the respective group and community.

SUSTAINABILITY

When planning for dialogue, the agency and facilitator should assess how it will be sustained at various levels and throughout the process. Thought also must be given to selecting and incorporating mechanisms for sustainability. These may take the form of assigned responsibilities; meetings over a determined period of time; planned follow-up on decisions made; revision of policies to reflect changed understanding of issues; allocation of resources to implement decisions; and a formal monitoring and evaluation strategy.

The use of the dialogue strategy beyond improved interpersonal relationships can also result in other sustainable programmatic outcomes, including:

- alliances created among organizations that have a common agenda for action;
- policies established for protective behavior through institutional capacity building, e.g. availability and distribution of the female condom through family planning services;
- sex education for adolescents provided within and outside of school that includes HIV/AIDS information;
- identification of resource needs and appropriate allocation within the community to meet the needs of HIV positive persons and other groups at risk.

RESOURCES

Because dialogue may be perceived as "talk" it should not be assumed that it entails no cost. In addition to a qualified facilitator, it also requires adequate funding, facilities and usually the development of materials. Depending upon the nature of the implementation these costs may be minor or substantial.

Materials should be designed to help focus the dialogue on particular issues. Several aides intended as stimulants to the exchange are presented in **Part III**. The facilitator should always keep in mind *that the central activity is learning how to talk in order to understand and be understood*. Thus, the components may include printed information about HIV/AIDS for example. Preferably such materials should include videos, films, posters, flip charts and other items designed to illicit a response from the target group.

PART III

CONDUCTING THE DIALOGUE

When a consensus among the agency planners, facilitators and target group has been reached on the specific themes, issues and objectives through the procedures outlined in the previous section, the dialogue strategy can be implemented.

It has been more than a year since the Vancouver Conference. During this period, a number of experimental or pilot initiatives utilizing the dialogue strategy were launched and successfully executed in Asia, Africa and Latin America and the Caribbean. These provide several models for implementing a dialogue which are suggested below. These models are suggestive only, and not intended to be exhaustive of all possibilities. As indicated earlier, each target group will determine its own dialogue strategy to meet local needs. The models do however, provide a range of options for initiating a program in which the dialogue strategy fits appropriately.

IMPLEMENTATION MODELS

The several paradigms indicated below are the result of the implementation of the dialogue developed through discussions between an organization and members of a target group. In future dialogues, HIV positive persons should be included in each of the categories listed whenever possible.

I. **Type:** Satellite meeting at an international AIDS conference

Target: Interdisciplinary professionals and policy-makers — international AIDS organization, donor, NGO, United Nations system, government ministry, local implementing agency, university, women's advocacy group, etc.

Lead Organization: AIDSCAP Women's Initiative

In the Satellite Meeting at the XIth International Conference on AIDS, 90 persons of nearly equal numbers of men and women from 27 countries participated in *Men, Women and AIDS: A Dialogue Between the Sexes*. The outcome showed that the two sexes can focus together on a specific theme such as *sexuality*. At the same time, the dialogue might focus on a broad theme such as the development of HIV/AIDS policy or programs as they relate to the concerns of an individual, community or nation. Recommendations emerged from the exchange which could guide participants in future actions to be taken, such as replication of the dialogue strategy in their particular work. The Vancouver Satellite Meeting in **Appendix One** shows content that reflects both narrow and broad themes — this example might be adopted or modified as required by a specific target group.

II. **Type:** International conference

Target: Branches of an international women's AIDS network

Lead Organization: The Society for Women and AIDS in Africa (SWAA), VIth International Conference, Botswana, December 1996

Nearly 300 women and about 20 men representing SWAA branches from 22 countries were introduced to the dialogue strategy around the theme of *Communications at the Grass-roots Level*. The aim was to introduce the concept of dialogue to the national leaders of SWAA branches who could thereafter approach men and women at the local level, helping to sensitize them, from a gender perspective, to the impact of HIV/AIDS.

The dialogue strategy which was an item on the week's program was allocated four hours. Each participant was provided with a *draft* copy of the Resource Guide three days prior to the session. The lead facilitator started the dialogue by referring to parts of the Guide that were relevant to an understanding of the concept and the values outlined. Activities that would be feasible in a grassroots setting were identified; these included role playing to

highlight the situations that contributed to risk and the need for behavioral change. The lead facilitator also focused on the selection of target groups and the role of a facilitator as well as the need for monitoring and evaluation of the process.

To simulate a dialogue between the sexes, the vast audience was asked to constitute itself into small groups of not more than 14. This was accomplished by having every other woman take on the role of a man to imitate her perception of how a man responds to a woman. All of these women and “men” then were asked to face the person sitting across from them. This arrangement was fast and simple with nearly 20 small groups formed within a space of 15 minutes.

Each group was permitted to identify the issue presumed to be most critical to men and women working at the grass-roots level— whether adolescent sexual behavior, the refusal of men to use the male condom, the traditional patriarchal customs toward women that increase their vulnerability to STDs/HIV, or the behavior of men who continue to have multiple sexual partners. After a period of approximately two hours of dialogue, the conference participants were reassembled in the closing plenary. This provided for an assessment of the event. It also allowed for an examination of the potential of SWAA branches to replicate the dialogue strategy among community members at the grassroots level who would not have the benefit of a professional facilitator, and might not be literate, although they could be knowledgeable about HIV/AIDS and the need to take preventive action against the epidemic. The session concluded with an agreement to replicate the dialogue strategy by the SWAA branches in its work at the local level and with national leaders.

III. Type: National conference

Target: Women’s advocates, national leaders in AIDS prevention, health and women’s programs

Lead Organization: All India Women’s Conference (AIWC)

Dialogue was at the center of a national conference entitled *HIV/AIDS Issues in India: Breaking Barriers through Dialogue* held in New Delhi, India, May 1997. A planning team consisting of the lead organization, the funding agency and other locally-based international bodies such

as UNAIDS prepared for the dialogue over a period of four months. In the week leading up to the meeting, two days were allocated to detailed final planning by AIWC with the lead facilitator and her team of two men and two women co-facilitators. This team was introduced to the dialogue by the AIDSCAP Women’s Initiative resource person who engaged them in a day-long program of training in relevant skills and techniques. This included discussion of the conceptual framework of the dialogue, group dynamics and skills, as well as simulation exercises.

The conference attracted about 90 participants, one-third of whom were men. It was officially inaugurated by high-ranking government and NGO officials from New Delhi and other major cities. The dialogue strategy adopted at the conference focused, as in Vancouver, on issues related to sexual behavior between men and women and actions required to enhance a favorable policy and program response to the epidemic at the national level.

The participants were divided into four groups each with two facilitators and one recorder. The dialogue, which proceeded over a period of two days in six consecutive sessions, focused on the following populations, situations and concepts thought by the planning team to be vital to AIDS prevention in India: women and men in dialogue on sexuality issues; women talking to women and men talking to men — examining how to bridge the gap; identification of actions for normative change and coalition building in the community; and creation of an empowering environment by decision makers through the removal of barriers and power sharing.

The second day opened with a plenary session to review the previous day’s four sessions and to give participants the opportunity to react to the experience of the dialogue. Two final group sessions were devoted to developing and reporting back the strategies recommended for approaching the population and situations examined during day one. The dialogue conference was closed by a government minister and several dignitaries. The assessment of the conference, undertaken through the completion of an evaluation form, indicated that the dialogue had provided information on AIDS, allowed “strangers” to discuss sexuality issues in a public gathering for the first time and resulted in many recommendations for action. The conference led to greater acceptance of AIDS as an epidemic in the country at the highest levels and concrete prevention measures.

IV. Type: Workshop

Target: Women's advocates, leaders of women's groups and heads of NGOs

Lead Organizations: Nigeria NGO Consultative Group (CON Group); Women's umbrella organizations and groups; the Tamil Nadu State AIDS Control Society (TNSACS) of India

The dialogue strategy is well adapted to workshops and focus group discussions. These allow for the enrichment and collaboration of groups in the promotion of effective HIV prevention.

Immediately following its introduction at Vancouver, the dialogue strategy as a concept was presented to an eight-member NGO Consultative Group in Lagos. To determine the feasibility of using it with various target audiences, a series of focus groups discussions were organized by each of the NGOs. The workshop was held at Lagos in March 1997. Among the workshop target groups were adolescents, truck drivers, mobile-health workers, church groups, male and female public health educator students, sailors and dock workers, market women, parents and their children and commercial sex workers and their clients. The workshop brought together leaders of the CON Group to present lessons learned from the dialogue focus group discussions. They were led by a male facilitator, and the group deliberations were recorded by the country office program director.

The group chose as major themes the following: sexual practices between men and women; commitment in relationships; equal responsibility with regards to HIV/AIDS prevention; behavior change communication; abstinence; condom use; and human rights/political issues. In considering these themes the workshop assumed that the dialogue strategy helps program sustainability when it is incorporated into program policies leading to change in attitudes and behavior.

The dialogue in Nigeria was conducted over two days, mainly in plenary sessions. The group first developed its definition of "dialogue" as understood and applied in their local context. The workshop then considered concepts of core values and gender. This was followed

by a presentation of the lessons learned by each of the eight NGOs. At the conclusion of the first day, two special guests recapped the day's activities for the workshop participants.

In the first session of the second day, the key lessons learned in each thematic category were noted and supported by examples from the participating NGOs. These encompassed capacity building, mobilization, innovation, program design and implementation and sustainability. The final session of the day attempted to identify those areas of AIDS prevention that could be integrated in using the dialogue. The Consultative Group also considered which other target groups such as NGO project team members and selected members would most benefit from use of the dialogue. Themes that might be most beneficial included: condom use and sexual health; public dialogue on rape and violence against women; and legal and social rights with regard to the family.

Three additional dialogue workshops were organized around other themes related to HIV/AIDS prevention. The first was a two-day program entitled *Role Responsibility in the Prevention of Reproductive Infections, STDs and HIV/AIDS* held during an all women's workshop in Chennai (formerly Madras), India in February 1997. One of four major themes of the workshop was the use of dialogue and partner relationships and the empowerment of women. Second, in Calcutta, India (April 1997) the Bhoruka Public Welfare Trust held a two-day workshop to introduce "dialogue" as a means of sensitizing staff members to their own sexuality and understanding its impact in relating to the clientele of the AIDS implementing agency. Finally, in Kenya, an assessment of the dialogue process between mothers and daughters was undertaken as a preliminary step in planning an intervention for strengthening intergenerational communications. **Appendix Two** outlines a number of themes that may be developed for dialogue through workshops or focus group discussions for same sex groups or mixed groups of young people.

V. Type: Research

Target: Truck drivers and their spouses

Lead Organization: Indian Institute of Health Management Research (IIHMR), Jaipur, India

The dialogue strategy was tested through a pilot operations research project designed by the IIHMR on sexual health and information needs for the prevention of HIV. Truck drivers and their spouses were chosen as the study subjects. This was the first research project reported that focused on wives as the sexual partners of this “high risk” category.

A KAPB (knowledge, attitudes, practice and beliefs) survey focusing on the target population within the family and community setting was conducted by the research team. To determine the criteria for selection of the sample of truck drivers and their wives, the team first analyzed data on the demographic and social characteristics of individuals and families, couple relationships, levels of knowledge about STD/AIDS, sexual behavior and modes of communication between the spouses.

The dialogue strategy was facilitated by researchers trained to guide and record the process. Among couples the dialogue was executed in five rounds (sessions) that lasted one and a half to two hours. The initial round occurred between the same sex, i.e., women talking to women and men talking to men; the second was also a same-sex dialogue. The third round took place with a mixed group, i.e., women and men together. The fourth session was held again between the same sex, and the final round was a mixed sex dialogue. These sessions occurred with an interval of three to four days within the respective rural or urban communities in which the truck drivers and their families lived. At the conclusion of the five rounds, an exit interview was conducted by the research facilitators with a select group of couples representing about one-fourth of the total sample of 415 persons. The results of this study were presented at an international AIDS conference held in June 1997 in Australia. A report on the study is being prepared for wide dissemination, and a major donor has awarded the IIHMR a grant to continue the dialogue strategy intervention for a period of two years.

The following intervention models are hypothetical uses of the dialogue strategy which can be implemented across a variety of cultures and contexts.

I. Type: Interpersonal

Target: Couples

Lead Organization: Family health centers, research organizations, churches

Separate men and women to discuss issues of sexuality, power, everyday life and relationships. Convene the two groups to reconsider the issues. Explore exercises for communicating as suggested by the group. For example, ask men and women to change roles (role playing). Ask men to provide women’s views, and vice versa. Pose the questions: How can communication be improved? What would the role of dialogue be in achieving that goal?

II. Type: Community-based activity

Target: Families

Lead Organization: Community leadership councils, religious leaders, counselors, traditional healers

Community and religious settings are ideal for targeting families. Dialogue could be encouraged through heads of families or entire families, depending on the context. Topics for consideration might include abstinence, family care and support, HIV positive individuals and talking to adolescents. The potential for follow-up in religious settings is promising because church-goers regularly attend services.

III. Type: Education— in and out of school

Target: Youth

Lead Organization: YM/WCA, schools, sports teams

Youth can be targeted through local youth initiatives. Drama can be a useful tool for fostering dialogue among adolescents. Youth can be asked to comment on an existing drama or to create their own.

IMPLEMENTING THE DIALOGUE

The models listed above show that the dialogue strategy can be introduced and implemented through a wide range of activities. The implementing agency should choose the model that best facilitates the goals of the target group. Regardless of the activities chosen, a key element to success is the facilitator who must possess the knowledge and skills discussed earlier under the section on *Facilitation Procedures* and *The Facilitator*. Among the things that he/she must do are the following:

FACILITATOR “MUST DOS”

- conduct the dialogue session(s);
- encourage all participants to take part in the discussion;
- encourage participants to go beyond one-word answers, to explore issues fully while at the same time moving the conversation forward;
- focus on relevant gender issues and encourage responses that deal with gender differences and similarities;
- help the group to keep focused;
- facilitate arrival at a consensus;
- summarize the exchange for closure;
- guide the group to the next issue.

While the facilitator synthesizes and guides the group's thinking he/she must also inspire and empower the group to move beyond the ideas he/she introduces to their own concerns and issues. He/she must be able to do the things outlined in the box below:

ENABLING RESPONSE

- create a nonthreatening environment for discussion;
- be patient, nonjudgmental and a good listener;
- be permissive yet keep focused on the topic;
- praise and demonstrate acceptance of varying ideas;
- ensure that only the participants are present, and their responses are kept confidential.

Among the challenges faced by each facilitator is the establishment of ground rules which must be observed with necessary discipline to avoid pitfalls or problems. The ground rules are principles that can guide the dialogue process to fruitful attitude change as well as plans for concrete action. Examples of such rules are found in the box below.

RULES

- communication that creates a sense of security for those involved;
- exchange that is non-threatening;
- conversation that allows for differing points of view and is full and open, mutually respectful and honest;
- exploration of differing beliefs, values and positions, with willingness to change;
- equal weight to every participant's opinions;
- mutual trust and respect for conflicting opinions.

The facilitator should obtain consensus on the rules governing the dialogue before it begins. The participants may wish to come up with ideas on how the dialogue should be appropriately governed in a local context.

Rules are especially necessary when sensitive issues such as sexual intercourse (still a taboo subject in many cultures), homosexuality, partner notification and/or extra-marital sex are considered. The facilitator must consider the rules needed in order for a dialogue to take place and also ensure that gender-sensitive topics are addressed.

If participants have never talked about such issues in groups before, it is best to organize same-sex groups, at least in the beginning. Once participants feel comfortable with the subject matter, “mixed” groups (including both men and women or girls and boys) can be convened for participants to explain their views and exchange experiences. Large groups tend to function best if broken into smaller groups of six to 12 people.

Pitfalls

Establishing and adhering to ground rules within the dialogue also will help in avoiding the many problems that can arise if an inappropriate situation occurs. Several of these are identified below:

PITFALLS

- facilitator acts as more of a “timekeeper” than a mover of the event;
- facilitator allows the group exchange to wander off the subject and fails to bring the focus back to the central themes;
- the dialogue turns into a lecture by the facilitator;
- an insecure facilitator is unable to guide the group;
- an individual is allowed to monopolize the group;
- participants are not given time to get to know each other—they need sufficient time to permit a free exchange on sensitive subjects;
- facilitator is overly dependent on the Resource Guide or other materials, thus showing lack of confidence and an inability to be spontaneous;
- dialogue activity is too highly structured or tailored the way the planners want it to play out, rather than letting it flowing naturally.

The pitfalls listed above may not be applicable in all dialogue situations. However, the planners and facilitator(s) should anticipate that these situations could arise and, therefore, prepare to prevent them altogether.

FACILITATING ACTIVITIES

There are a number of activities to help the facilitator introduce or keep the dialogue going. These, as well as the necessary materials, need to be selected in advance in order to make use of such an activity an integral part of the dialogue. Among these are: role playing; drama; use of picture codes; and drawing exercises. In each situation the objective for adoption of any activity needs to be clearly set out and acceptable to the target group.

Situation Analysis

The dialogue permits participants to assess circumstances from a personal point of view. Each person engaged in the exchange may undertake self analysis but this requires an environment in which one can comfortably express feelings and potentially adopt differing points of view. Where the atmosphere allows participants to be critical of “risk behaviors” in themselves and others, topics that previously may have been taboo can be discussed without inhibition. In many instances people cannot verbalize those aspects of risk that are deeply entrenched and sanctioned within the culture. Analysis of such may require tangible examples rather than verbal or printed materials. One very suitable approach that allows for situation analysis and much learning is role playing. Because it is possible for people to examine familiar situations through this activity, the facilitator might use role playing quite early in conducting a dialogue session.

Role Playing

Objective: To get participants to consider real life situations by exploring possible options for responding to the epidemic using the dialogue strategy.

In using role plays, people pretend they are in a certain situation and act out how they think persons under such circumstances would behave. Role playing can be executed by anyone, including the facilitator. Participants may need guidance first.

If members of the group are reluctant to get involved in role playing based on a case that has been introduced by the facilitator, the group may wish to develop a scenario derived from its own experience or one that is more appropriate to the issues being addressed within their own context. It may also decide to write this up as an original case which can then be used in role playing. Some groups have found it easier to act out the parts with which they have some familiarity.

Scenario 1

John and Jane are married. They each went separately to seek HIV counseling and testing. During the pre-test counseling they were both asked if they had discussed the possibility of using condoms with their spouse. What happens next? How do John and Jane respond in order to talk to each about the need for mutual protection?

Scenario 2

Lucie and Luc have been married for a few years and have two children. Lucie knows that Luc has multiple sex partners. Each time she tries to discuss Luc's risky behavior with him and the possible impact on their family, Luc stops her by saying: "Mind your business!" Last month after attending a seminar on AIDS prevention, Lucie decided to refuse sex with her husband until they could hold a "serious discussion" about his behavior. Luc became furious and complained to both his and Lucie's family. The two families will hold a meeting this Sunday at the couple's house. They will very likely tell Lucie that as a wife she doesn't have the right to refuse sex with her husband. What happens at the family meeting?

Scenario 3

A girl and boy have been involved for a few months. They have not had sex. He would like to but she is uncertain, saying that she needs to wait until she is sure. What will happen when the boy begins to insist on sex? How can the two come to some agreement on their sexual relationship?

Scenario 4

A meeting was held between officials of a major AIDS donor organization and leaders of the International Agency for Women (IAW). The IAW representatives pointed out that since the beginning of the HIV/AIDS epidemic, women around the world have emphasized the urgent need for prevention methods in addition to the male condom. Although they had the results of research to make their case, the IAW leaders left the meeting feeling they had failed to persuade the health professionals and donors, some of whom were women. These officials maintained that informing women about other options would be confusing and weaken their resolve to have their partners use male condoms. No further meeting was scheduled. What action should come next?

[Adapted from "Facing the Challenges of HIV/AIDS/STDS"]

Case Studies

Case studies also allow the group to undertake a situation analysis, but this may take place around a table where men and women are addressing a common issue. This approach was used with great effect in Vancouver among health professionals. Where a target group may be uncomfortable with reading and discussing materials, the case material may lead to the desired dialogue between the sexes. Therefore, the facilitator must know at what level the particular target group is, and whether a more appropriate activity such as role playing rather than case material would stimulate the desired exchange. **Appendix Three** contains five case studies that might serve effectively as either starting points for role playing or case material.

Videotaping

When the implementing agency has the resources, a facilitator may choose to videotape a dialogue and play it back to the group members for analysis. The situation, objectives and themes chosen for the videotaped dialogue must be clear enough so that the subsequent examination leads to conclusions that are useful for attitude, behavior or other types of change desired by the target group.

Picture Codes

Objective: To encourage discussion on topics related to AIDS prevention through the use of images.

Picture codes force people to think about a situation. A picture code is not the same as a poster; posters give information, raise awareness or propose solutions to problems, while picture codes illustrate problems without captions. In the case of AIDS prevention dialogue, picture codes could be, for example, the image of a man giving a young girl money, or a woman finding a condom in the pocket of her husband's pants.

To utilize the picture codes in a dialogue session the facilitator might apply the following steps:

Steps:

- convene a group of five to ten people;
- show a picture code — remember, it must be large enough for all the group to see easily; put it on the wall, nail it to a tree or lay it on the ground;
- give the group a few minutes to look at the picture and think about it;
- formulate discussion questions according to the picture code being used, the specific topic under discussion and what is most relevant to the group;
- guide the group through a series of questions, with enough time for discussion between each question;
- summarize what has been learned, seeking to obtain a consensus; attempt to get commitment by the group to take the concrete action suggested by analysis.

[Adapted from "Facing the Challenges of HIV/AIDS/STDs"]

Drawing Exercises

Objective: To allow the individual to depict a situation of concern first on paper, and in effect privately, before engaging another person or the group in his or her perception of a situation requiring change or action.

When the facilitator chooses to incorporate drawing exercises, the choice may be to use this activity to launch the dialogue, move it forward or close it out, depending on the facilitator's assessment of what the group needs and at what point this approach would be most useful.

The facilitator must be prepared to counter the reactions of some adults that drawing is "childish" or meaningless. In addition, some people are often hesitant to draw at first as they feel they are not good artists. If the facilitator can make it clear to participants that it is not an art competition, drawing exercises can lead to fruitful sharing.

In the study of truck drivers and their spouses in India, the research facilitators found that women who believed that their husbands had other partners were able to draw situations that showed the negative impact of such practice, including the possibility of STD/HIV infection. The pictures drawn at the first same-sex dialogue exhibited much more conflict within the relationship than those drawn following the mixed sessions. The facilitator must be well prepared to integrate the results of the drawing exercises with other information arising out of the dialogue.

Finally, some people may be shy about expressing themselves verbally, and drawing exercises will help by giving them the opportunity to use this method to reflect on his/her situation and thus better share in the dialogue. When the facilitator chooses to use the drawing exercise, the following procedures might prove useful:

- break up a large gathering into smaller groups of five or six people;
- give each individual ten to fifteen minutes to draw a picture of some aspect of a past or recent encounter with someone with whom they have a significant relationship and with whom issues related to sexual behavior or some other topic were difficult to talk about;
- when the exercise is finished, each person should introduce him/herself to the others in the small group (if this was not done earlier) and briefly describe his/her picture;
- the facilitator then should ask each participant the following question: "Explain the dialogue that takes place in the relationship represented by your picture?"

[Adapted from "Training for Transformation" 4]

The drawing exercise may arouse unpredictable reactions from participants, more so than the other ways proposed to analyze situations that were described earlier. Thus, the facilitator must carefully consider all aspects of the drawing exercise before it is introduced as a group activity.

Expressive Activities

As with role playing, which promotes analytical thinking about a specific situation, other forms of group activity may aim to facilitate an emotional response. These expressive forms may include drama, storytelling and singing. Each should emphasize certain themes to follow in the subsequent dialogue. Drama is commonly used to start a dialogue among youth and in such situations as public dialogue.

Drama

Objective: To stimulate dialogue on HIV/AIDS prevention topics using traditional and modern methods of communication.

Drama can be used in a number of ways to communicate relevant messages or raise issues for dialogue. It can engage people's interest by involving local culture and relevant situations for problem solving.

Drama should present information in a non-didactic way and create a social climate for change in attitudes and behavior. The facilitator may make a drama interactive by inviting the audience to "play" its various roles. Afterward engage in a dialogue on the matters highlighted by the play. Facilitators should ensure that the information given is accurate. This will require that he/she is already informed about the content of the drama before it is performed. Finally, the audience could be invited to suggest changes in the play's outcome. The facilitator in this case would draw up a set of questions about the content of the play that would encourage reflection on alternative endings. Videos mentioned earlier can be used in the same way.

[Adapted from "Facing the Challenges of HIV/AIDS/STDs" ³]

Fish Bowl

The dialogue strategy assumes that men and women may hear, perceive and talk about the same subject in quite different ways. One exercise that tests this assumption in a dramatic way is called a "fish bowl." The Vancouver Satellite Meeting used this approach with great effect to enable men and women to consider the question of power and its unbalanced distribution between the sexes.

Objective: To offer participants an opportunity for frank dialogue and an appreciation for diversity of viewpoints on HIV/AIDS prevention from a gender perspective.

The fish bowl is a creative effort to encourage those deeply involved or concerned with an issue to speak and then to hear others reflect on the same subject, both with openness and without fear of criticism or censor.

Using a fish bowl exercise, participants will have an opportunity to actually observe the sharing of opinions. This is how it works:

One-third of the group takes on a specific role, such as women, policymakers, leaders, adolescents or commercial sex workers and then forms a fish bowl by sitting in the center of the larger group to be listened to and observed. The smaller group will discuss such questions as:

- What actions can people take to help their communities, families and themselves deal with the impact of AIDS and prevent its spread?
- What obstacles keep us from taking these actions?
- How would dialogue help or hinder these actions?
- How do gender differences affect these actions?

Questions can be developed to reflect the particular context of the group. The aim is to generate a discussion that will touch on obstacles as well as opportunities for dealing with HIV/AIDS effectively.

After 15 minutes or more, each person in the fish bowl selects a person who was not included to join others at the center to form the second fish bowl. Those in the new circle discuss the same questions addressed by the first group.

After a similar period, as before, each person from the original fish bowl is asked to form a group with the person they chose from the second fish bowl, plus a third individual who joins the two to discuss the similarities and conflicting ideas that emerge between the two groups or fish bowls. The whole group can then be brought together to examine the results of the exercise.

The Vancouver Satellite Meeting showed that when the first fish bowl is made up exclusively of the same sex with the opposite sex listening in, the revelations of differences were startling. Men confessed to “...not having before understood the way women saw things about sharing of power.” Nor had women fully appreciated the differing outlook men held on the subject. For example, while some men felt it was their right to dictate the terms in the sexual union, other men were surprised to learn that women were unwilling to accept that viewpoint and forcefully demanded their “rights” and determination to bring change to the “status of women.” The fish bowl also provided an opportunity for compromise and a start towards conciliation and was an important means for sharing information as well as changing attitudes.

INFORMATION

Dialogue can be an important strategy for sharing information beyond interpersonal and sexual issues toward the development of appropriate policies and programs. The facilitator may, therefore, regard the media, Internet and other sources of information as means of stimulating dialogue based on informed opinion. In addition to interpersonal peer education strategies, mass media is increasingly used to promote behavior change communication. National AIDS prevention campaigns frequently draw on politicians as key speakers, and thus draw the attention of the press and television networks. Through this “high profiling” of AIDS, public attention is widely increased and the level of discussion is heightened within the political arena. Journalists have used their medium to highlight stories and thus create public dialogue, for example, on issues of new drugs and the availability or lack of availability among populations in need.

The facilitator may draw upon a range of sources in promoting a dialogue between populations as varied as health care providers and policymakers, religious leaders and their congregations or opponents, for example. Preferably, a target group will indicate what information it needs and draw this from its members by virtue of their specific areas of expertise. Whatever dialogue strategy is used, information sharing should be a goal, an opportunity that the facilitator should use for changing attitudes and behaviors.

Listening

Dialogue is highly dependent upon an individual's ability and willingness to listen to what others say. Listening does not occur automatically, but it is a skill that can be developed. It was suggested at the beginning of the Resource Guide that in order to dialogue, certain values need to be held, such as equity, respect and power sharing. It is assumed in the Guide that people cannot listen easily to the opposite sex when such values are rejected. Listening is defined here as giving others the chance to voice their opinions and paying attention to what they are saying. Because this is so important, and can be a major obstacle to the success of the dialogue as a process or strategy, considerably more attention is allocated to this element than to the preceding activities. The concept of listening has been broken into four separate sections, each with separate objectives.

Section 1

Objective: To show participants that listening is a skill that can be strengthened as a way to improve dialogue.

Many people focus on their own ideas and, therefore, fail to listen attentively to others. In addition, when people disagree with each other, listening becomes even more difficult. The first exercise below provides a way to determine if a person is truly listening to others. As an exercise it works best if members of the group know each other fairly well.

Procedure:

- Each person is asked to find a partner with whom he/she disagrees on a specific subject, or the two might also explore controversial topics provided by the facilitator, such as sex education in the schools, condom use and alcohol abuse. They are then asked to discuss this subject. After each person has spoken, the other must summarize to the speaker's satisfaction what has just been said, before they give their own response or point of view.
- After the exercise, the facilitator should ask the group members what difficulties they experienced in listening and list these.
- The facilitator also should ask the group what they can do to improve communication in order to achieve a true dialogue.

Section 2

Objective: To describe barriers to effective listening.

Good listening skills lay the foundation for mutual understanding and acceptance of other points of view and decisions for action. The following information on barriers to listening can be provided to a group after a listening exercise.

Here is a list of poor listening habits:

• **“On-Off” Listening**

Most individuals think about four times faster than the average person can speak. Thus, listeners have spare time during which they may think about their own personal affairs and concerns or what their response is going to be instead of listening, relating and summarizing what the speaker has to say. One can overcome this by paying attention to more than just the words and also by watching non-verbal signs such as gestures and hesitation in speech.

• **“Red Flag” Listening**

To some individuals, certain words evoke an automatic negative reaction. When one hears such words, he/she gets upset and stops listening. The first step in overcoming this barrier is to find out which words are personal red flags and try to listen attentively when red flag issues are raised.

• **“Open Ears - Closed Mind” Listening**

Sometimes one decides rather quickly that either the subject or the speaker is boring and/or what is said makes no sense. Often he/she jumps to the conclusion that what the speaker has to say can be predicted, thus the conclusion is reached that there is no reason to listen further because nothing new will be said. The way to overcome this barrier is to give full attention to what is being said at the moment rather than anticipating the outcome of a conversation. One may be surprised with the results of a conversation when judgment is avoided.

• **“Too Deep for Me” Listening**

When one is listening to ideas that are too complex and complicated, one should force oneself to follow the discussion and make a real effort to understand it. He/she might find if an effort is made to understand what the person is saying they may actually find the speaker interesting and even understand them. Often if one persons

does not understand what is being said, others do not either. By listening one may be able to help the entire group by asking for clarification.

• **“Don’t Rock the Boat” Listening**

People do not like to have their favorite ideas, prejudices and points of view overturned, and many do not like to have their opinions and judgments challenged. So, when a speaker contradicts what an individual believes or says something that contradicts what one believes, he/she may unconsciously stop listening or even become defensive and plan a counterattack. The key to effective listening in this instance is to keep one’s mind open to differing points of view. The task is to first listen rather than immediately disagree or become defensive.

Thus, dialogue about listening might focus on these two important questions:

- When have I erected these and other barriers to listening?
- When have I seen them erected among a group?

Section 3

Objective: To consider the values of listening and learn techniques for improved listening.

Listening is a skill that can be taught to participants who need to think about the reasons for listening and how it can be improved.

The following three topics can be presented to groups for consideration

Discussion topics

Topic 1: Objectives of listening

- We want people to talk freely and frankly.
- We want them to cover matters and problems that are important to them.
- We want them to gain greater insight and understanding of their problems as they talk them out.
- We want them to try to see the causes and effects of their problems.
- We want to assess out what can be done about problems by drawing up plans of action.

Topic 2: DOs and DON'Ts of Listening

DOs:	DON'Ts:
Show interest	Argue
Be understanding of the other person	Interrupt
Express empathy	Pass judgment too quickly or in advance
Single out the problem, if there is one	Give advice (unless it is requested by the other)
Listen for causes of the problem	Jump to conclusions
Help the speaker associate the problem with the cause	Let the speaker’s emotions directly affect your own
Encourage the speaker to develop competence and motivation to solve his/her own problems	
Cultivate the ability to be silent when silence is needed	

Topic 3: Further talking and listening can be encouraged by:

- Restating
- Deeper reflecting
- Summarizing
- Decisionmaking
- Clarifying

[Adapted from “Training for Transformation” 4]

Among the things a facilitator “must do” is to ensure that adequate time is taken with groups to point out the relationship between attentive listening and subsequent success in dialogue, especially around questions related to HIV/AIDS that may be raised by women and men. The facilitator can introduce some techniques that force group members to focus specifically on skills building that improves listening and communication. The final section suggests ways that this can be done.

Section 4

Effective Communication Techniques

Objective: To show how it is possible to face a person(s) with whom one has a difference without further antagonizing them or withdrawing from the dialogue; to practice making nonjudgmental statements, using a structure which can open rather than close a dialogue.

An “I” statement is an appropriate way of clearly expressing one’s point of view on a situation. It includes an expression of what effect a situation is having and how one would like to see it changed. The best “I” statements are free of specific demands and blame. They give room for discussion and leave the next move to the other person.

“I” statements should be clear, that is, to the point and free of blame and judgment. One should beware of “you” statements which place blame on someone else, hold them responsible, demand change or threaten them.

The “you” statements are judgmental and cause the listener to feel defensive. These statements can be rephrased as “I” statements so as to open up rather than close a dialogue between the participants. The “I” statements are free of accusation and state the hopes and feelings related to a situation rather than set out demands.

“I” Statement Formula

The action: Make it as specific and nonjudgmental as possible, e.g., “When you come home at night...”

My response: Say “I feel...” rather than “I think...” and keep it to one’s own feelings. For instance, “I feel hurt/sad/happy/disappointed/ignored ...”

Reason: An explanation can be added here if it is helpful but one must make sure it is still nonjudgmental, e.g., “... because I like to spend time with you.”

Suggestion: A statement of the change one would like is always in order. It is okay to say what one wants, but not to demand it of the other person, such as “What I’d like is for us to discuss this” or “What I’d like is to make arrangements that we can both keep,” rather than “You must stop being so lazy!”

“I” STATEMENTS	“YOU” STATEMENTS
<p>“When I come home I feel disappointed if the food is not ready and the house is not swept. I would like us to discuss how we can arrange things better so that this would be possible.”</p>	<p>“You are so lazy. You never keep the house clean. You are always late with my food and the children are always crying. I don’t know why I married you. You must start to work harder from now on!”</p>
<p>“When you come home at night after the bar, I feel disappointed, because I would like to see more of you, and I would like some money for food for the children. I would like us to discuss how we can better arrange things together.”</p>	<p>“You are always so drunk when you crash into the house at night. And you never give me any money to buy any food. I don’t know why I ever married you. You must stop going to that bar from now on!”</p>

Suggested Activities

The facilitator might guide the group through some or all of the following for improving capacity to listen.

- Introduce the idea of “I” statements to the participants, including clear and clean “I” statements that have worked.
- With the participants working in pairs, ask them to prepare one “I” statement each, relating to a current or recurring difficulty which they are facing in their lives. Partners can help each other to make their statements clear and clean.
- Ask for a few examples from the participants, giving people an opportunity to comment on them and to offer suggestions as to how they might be improved.
- Ask all participants to commit themselves to making one “I” statement to somebody before the next session.

[Adapted from “Stepping Stones”⁵]

PART IV MONITORING AND EVALUATION

Dialogue as a process can be sustained in most societies without outside resources. For this reason, it can empower communities, families and individuals to play an important role in the prevention of HIV/AIDS. However, dialogue as a strategy will, as earlier proposed, require some resources, particularly for monitoring, evaluating and revising policies and programs as indicated by the assessment.

MONITORING

Systematic monitoring and reporting of the dialogue process will inform future efforts and help to sustain the use of dialogue in the target group. Before the dialogue is introduced, the facilitator along with group members should set up criteria for measuring success. These should include such questions as these: What worked? What didn't work? How can the implementation of the dialogue be improved? Was the facilitation mechanism appropriate? Will this dialogue help, for example, to improve condom use? With a specific objective in mind, monitoring may show if, for example, the dialogue increased condom use and strengthened the negotiation process between the sexes.

Conducting regular assessments with participants is one effective way to monitor the dialogue. Questionnaires can be distributed to individuals or groups involved, prior to the project. Informal discussions with the group may serve the same purpose. If a questionnaire is used, in general it should aim to find out the target group's views on the role the strategy plays in their lives, and how it could possibly impact efforts to protect themselves and their communities from HIV/AIDS.

The organizers and the facilitator(s) also should carefully examine the facilitation process at specific points to make sure that participants are being guided appropriately and effectively.

Continuous documentation and reporting on dialogue activities as they occur will be valuable to subsequent evaluation of the outcome of the strategy, recognizing trends of behavioral and attitudinal change, identifying community needs and planning future actions against HIV/AIDS.

Reporters should be provided with detailed instructions on recording the sessions. A sample of a guideline for reporters of dialogue sessions is contained in **Appendix Four**. Where an individual is identified and assigned to a group, he/she should do the following:

Responsibilities of the reporter

- Understand the goals and structure of the dialogue beforehand;
- Write out the deliberations intelligently, legibly and clearly;
- Organize information chronologically;
- Identify participants as male, female, young or old or use other categories as relevant;
- Keep identities and information confidential, as appropriate.

Evaluation follow-up by the implementing agency can take place immediately after the close of an activity, whether a workshop, research, conference or other type of project, or within a previously specified time period. The follow-up will focus on learning whether the target group has been able to use the dialogue strategy to realize its objective of effective communication in the wide range of situations related to HIV/AIDS prevention.

EVALUATION

Evaluation is crucial to the further development of dialogue and should be an integral component of any project that formally introduces the strategy. The objective of evaluating process and outcomes of the dialogue is to determine if it can make a difference and to assess the factors related to its effectiveness. Evaluation is highly developed and utilized in all AIDS implementation efforts. Therefore, the implementing agency should determine what is to be evaluated and for what purpose, who is to do it and how it will be carried out.

Some suggestions for conducting an assessment are the following:

EVALUATION

- periodic, cross-sectional, quantitative KAPB surveys that include questions related to female/male behaviors, perceptions and other topics
- collection of data on intervention activities such as the number of men and women involved in the dialogue, materials distributed and/or short surveys on completed activities;
- periodic group discussions and in-depth interviews on attitudes related to HIV/AIDS and other subjects relevant to the particular target group;
- process and outcome evaluation of changes in personal and community behavior associated with the dialogue.

During the design phase of the dialogue, the implementing agency should pose a number of evaluation questions which can later be used to confirm the effect of the effort. The agency should also determine the process in advance and outline the benchmarks of progress.

When framing questions, evaluation information which will ultimately help in identifying some key indicators for measuring success should be collected. While the specificity and degree of scientific rigor to be applied in evaluating the dialogue strategy will be determined by the specific goal set by the agency, it is recommended that the agency evaluate every such activity. Earlier it was proposed that the dialogue strategy be monitored and carefully documented. In the design phase, some evaluation questions also can be asked of the results.

A few examples of evaluation questions that can be asked of the results might be the following:

EVALUATION QUESTIONS

- What outcomes are expected from the dialogue in this specific context?
- How does it effect the way men and women relate on issues of sexuality and AIDS prevention?
- Does it change their behavior? In what specific ways?
- Does it alter their perceptions of their sexual behavior and health-related responsibilities?
- Does dialogue empower men and women to behave differently?
- What actions derived from the dialogue decrease HIV/STD risk taking, i.e., increased condom use and increased knowledge about HIV/AIDS.

Monitoring and evaluation of the dialogue should be reviewed on an ongoing basis. Both qualitative and quantitative data should be collected. The report should be written and the information shared with relevant organizations, groups and individuals.

PART V AFTER THE DIALOGUE

In order for the dialogue strategy to be incorporated into HIV/AIDS prevention programs as a viable response to the epidemic, it must be shown to be effective in a variety of situations. That this is a possibility has been demonstrated by the model interventions described at the beginning of PART III (pg. ...). There is a danger that the dialogue strategy will simply be an exchange between people that “clears the air” but does not lead to concrete actions that make a difference in AIDS prevention. This can be avoided, however, if at the outset all plans not only state the objective for the exchange, but also set specific goals to be realized by use of the dialogue strategy.

The implementing agency should expect the participants to show a change in values, attitudes and behaviors. For example, health care providers should be able to approach their patients with greater respect and a willingness to listen. Couples should be able to learn from each other about the feelings and fears that make negotiation and protective sexual behaviors impossible without dialogue. Community leaders should be accepting of the need for changes in norms and behaviors and address respective members through public dialogue that would bring on such change. If the dialogue can deliver such results, its credibility as an AIDS prevention strategy will be greatly enhanced.

Follow-up should be planned and materials developed for local use such as this Resource Guide for the period after the dialogue. Facilitators also should be continuously trained. While research is needed to establish that the dialogue strategy makes a significant contribution to AIDS prevention, very useful work can be done now to show the impact of dialogue on target groups and the situations which initially led to the introduction of the strategy. HIV/AIDS implementing agencies also might organize workshops, conferences or seminars to pursue a selected series of relevant themes.

In conclusion, dialogue as an HIV/AIDS prevention strategy is an innovative, empowering approach that can be adopted to a variety of circumstances and environments. It is applicable at the grass-roots level as well as the national or international level, and can be successful whether it involves only two participants or a large group of people. The dialogue’s critical requirements are that it remains relevant to the needs and perspectives of men and women and aims to benefit both equitably.

Finally, it is emphasized again, that every target group should determine the context, content, objectives and outcomes to which the dialogue strategy will be applied. This ownership is necessary to ensure that when the epidemic is the challenge, the dialogue will be a welcomed tool — if not to complete the fight against HIV/AIDS, then surely to further the effort.

DIALOGUE CHECKLIST

This checklist will be helpful to ensure that all the necessary steps have been taken to conduct the dialogue strategy.

DEFINING THE STRATEGY

- Identify lead organization(s)
- Identify target population(s)
- Consider ways to sustain dialogue

IMPLEMENTATION

- Outline facilitation procedures
- Choose facilitators
- Assess needs of the target group
- Determine program activities
- Implement dialogue
- Monitor and evaluate progress
- Analyze findings and refine strategy
- Send written reports as relevant

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APPENDICES

- One Facilitator Guidelines and Guidelines for Rapporteurs
- Two Themes for the Dialogue Strategy Used Among Adolescents and Young Persons of the Same Sex or Mixed Groups
- Three Pre-Session Questionnaire and Case Studies
- Four Sample Evaluation Form

APPENDIX ONE

SATELLITE MEETING TO THE XITH
INTERNATIONAL CONFERENCE ON AIDS
VANCOUVER, CANADA

MEN, WOMEN, AND AIDS PREVENTION:
A DIALOGUE BETWEEN THE SEXES

FACILITATOR GUIDELINES

Goal of the Satellite

The goal of the satellite meeting is to facilitate a dialogue that alters perceived norms that impact AIDS prevention.

Methodology

The meeting will employ a participatory approach. Each session is designed to provide maximum opportunity for dialogue and exchange of ideas among the participants. There are no right or wrong answers; participants will spend the day exploring different points of view and new models for AIDS prevention.

The participants will be divided into gender, regional, and professionally diverse groups of ten prior to the satellite. When participants enter the meeting room, they will be assigned to a table. The facilitator will facilitate the three sessions during the day with these same ten participants. Throughout the day, we hope to engage the participants in an active dialogue about issues of mutual interest regarding prevention and protection.

The Role of the Facilitator

For each table, the facilitator will be responsible for guiding the ten participants through each session. Rapporteurs have been assigned. It will be important for the facilitator to attend the pre-satellite session at 7:30 to meet with the rapporteurs and other facilitators. This pre-satellite session will ensure similar understanding of the day's procedures. It will be important that the facilitator summarize (or have a participant summarize) the critical points for documentation. The facilitator also will want to assure that all participants have an opportunity to contribute.

SETTING THE ENVIRONMENT

30 minutes (9:00-9:30)

Setting the working environment is critical for the successful functioning of the group. The participants need to feel “safe” in their environment and understand where the group is going. Completion of this activity (“setting the environment”) will be important for the effectiveness of the group.

The participants will all be seated at their respective tables. They will have already completed the pre-questionnaire and participated in the half-hour introduction which includes: a brief introduction; a speech by Ms. Museveni, the First Lady of Uganda; a video and comments on the video by a woman and man; and an explanation of the goal, objectives and process for the day by the lead facilitator (LF).

After the introduction and prior to beginning of Session One, each facilitator will want to do the following:

(note: ' = Minutes)

- 15' Have all the participants at the table introduce themselves (in 60 seconds or less) including something about themselves and why they are at the satellite, their objectives for attending the satellite and what they hope to get out of the meeting.
- 10' Synthesize the groups individual objectives and note how these fit within the goal. Briefly review the process of the day as discussed by the LF and how each session builds on the next.
- 2' Have the participants review the general ground rules presented by LF. Ask the participants if there are any additional ground rules they wish to adopt. Ground rules will be provided to facilitators on the day of the meeting. The group may wish to put these on a flip-chart so that every one can refer to them as necessary.

- 1' Ask the participants if everyone is clear, so far, and comfortable with the environment and where the group is going.

Ask if everyone received and has completed the pre-questionnaire. Explain that this is intended to stimulate thinking about dialogue and dialogue issues. (At this time, these questionnaires should be collected by facilitators at their respective tables).

SESSION ONE:
“WHEN WAS THE LAST
TIME WE TALKED ABOUT SEX”
90 minutes (9:30-11:00)

1’ Review the objectives of Session One:

- to identify the obstacles to dialogue about HIV/AIDS;
- to identify factors necessary to improve dialogue between men and women, between service providers and patients, between people in diverse situations and contexts about HIV/AIDS.

3’ Briefly discuss the process for the next one and one half hours of this session. Explain that the process involves discussion of one of the five case studies provided (these are real life scenarios) focusing on issues of dialogue. Remind the participants that this session focuses on personal perceptions regarding dialogue between men and women, men and men and women and women.

The facilitator will use the case study worksheet to lead the discussions. The facilitator will ensure that ultimately the participants will respond to the case study worksheet in their packet.

3’ Suggest that it may facilitate the groups’ dialogue if each group can reach a common understanding of Dialogue. The participants may refer to the “Group Dialogues.” Request that the participants take a moment to reflect on their perception of dialogue between the sexes regarding HIV and AIDS. Give the participants a minute or two to discuss definitions and come to a common understanding of what “dialogue” means to them.

3’ Introduce the case study to the participants and give them a few minutes to read and reflect quietly on the case scenario that has been assigned to the group.

30’ Discussion

The discussion might be started with an open-ended question appropriate to the scenario.

The case can be used flexibly. Let the group move beyond the case to discuss their realities regarding dialogue and HIV/AIDS when they are ready. It may be necessary to help move the group beyond the “details” of the case, if participants get hung up on particulars. This can be achieved by posing an open-ended question or inviting them to explore issues related to their own experience (note: people may not feel comfortable divulging their personal issues, but this could be related to dialogue between men and women in their country or in general).

40’ Help the participants to begin to concretize the discussion (this includes both the case and beyond) by answering the questions on the worksheet. You may or may not want to refer to it question by question, since each will fill it in after the discussion. Attempt to do the following:

- Summarize factors of the problem (of the case) and the causes of the problem;
- rank the causes of the problem in order of importance;
- outline what might facilitate a solution.

10’ Wrap-up of the session; ask each person to fill out the case scenario question worksheet.

SESSION TWO:
“THE POWERBROKERS”

120 Minutes (11:15AM - 1:15)

- 2’ Take a few minutes to review the objectives of the sessions. Be sure to relate this back to the overall goal of the satellite meeting and link them to Session One.

The objectives of Session Two are:

- to analyze how power in general and power between the sexes may play a critical role in increasing or decreasing the spread of HIV/AIDS;
- to develop an understanding of the dynamics of power between men and women.

- 3’ Describe generally the process of the Session, how the participants will arrive at the expected output: over the course of the next 2 hours, each group will develop a list which contains categories of power and will work to describe how the existing power structure could be changed in order to assist in reducing the spread of HIV/AIDS.

Session Two is divided into Sections A and B. Section A should take no more than 45 minutes. Section B should take 70-75 minutes.

Section A
(Total: 45 minutes)

The purpose of Section A is to better understand the factors that contribute to infection with HIV and to determine which of these factors appear to be under the individual’s control, and which factors appear to be affected by powers beyond the control of the individual. In addition, the different types of power that affect men and women and their ability to protect themselves from, and mitigate the impact of, HIV/AIDS will be defined.

- 10’ Ask the group to imagine two men, one who is unlikely to ever become infected with HIV, and another who, either because of his behavior or his circumstances, is likely to become infected. Give the group a chance to fully consider the differences between these two men and their circumstances, and then ask them to list how the qualities and environment of each man differs. (Note: Focus on both personal risk that the man takes, as well as the outside factors which might encourage or necessitate

risk-taking; both the personal and outside factors should be considered in the context of “power.”) As each quality is listed, ask the group to place these qualities on a scale on the flip-chart, with one end of the scale representing qualities for which the man has total control, and the other extreme being qualities which are predominantly outside the man’s control.

- 10’ Repeat this exercise by imaging two women that are at relatively low and high risk.

- 15’ Discuss the qualities of the men and women described and how they appear to differ. Discuss if factors influencing men and women appear to be more driven by outside power or personal decisions.

- 10’ The facilitator will attempt to group the qualities from the above activity into the following categories of power. The categories may include, but are not limited to:

- Professional
- Political
- Interpersonal
- Religious/Cultural
- Resource Allocation

The final list should not be more than ten categories. The group will choose one category of power for discussion in Section B.

Section B

(Total: 1 hour, 10 minutes)

The purpose of Section B is to assess how power is used by men and women, to describe a balance of power which would most likely reduce the number of HIV infections and to describe what should change in actual power patterns to reach the balance.

- 5' Ask the group to select one category of power from Section A that they would like to discuss (i.e., professional power).
- 15' Divide the group into men and women—women at one end of the table and men at the other. Women will begin discussing power from the category selected. The facilitator will write the category of power on the flip-chart and will identify examples raised by the women regarding how power is used from their own perspective. The facilitator will assist the women in writing the three most relevant examples of the use and abuse of power in this category.

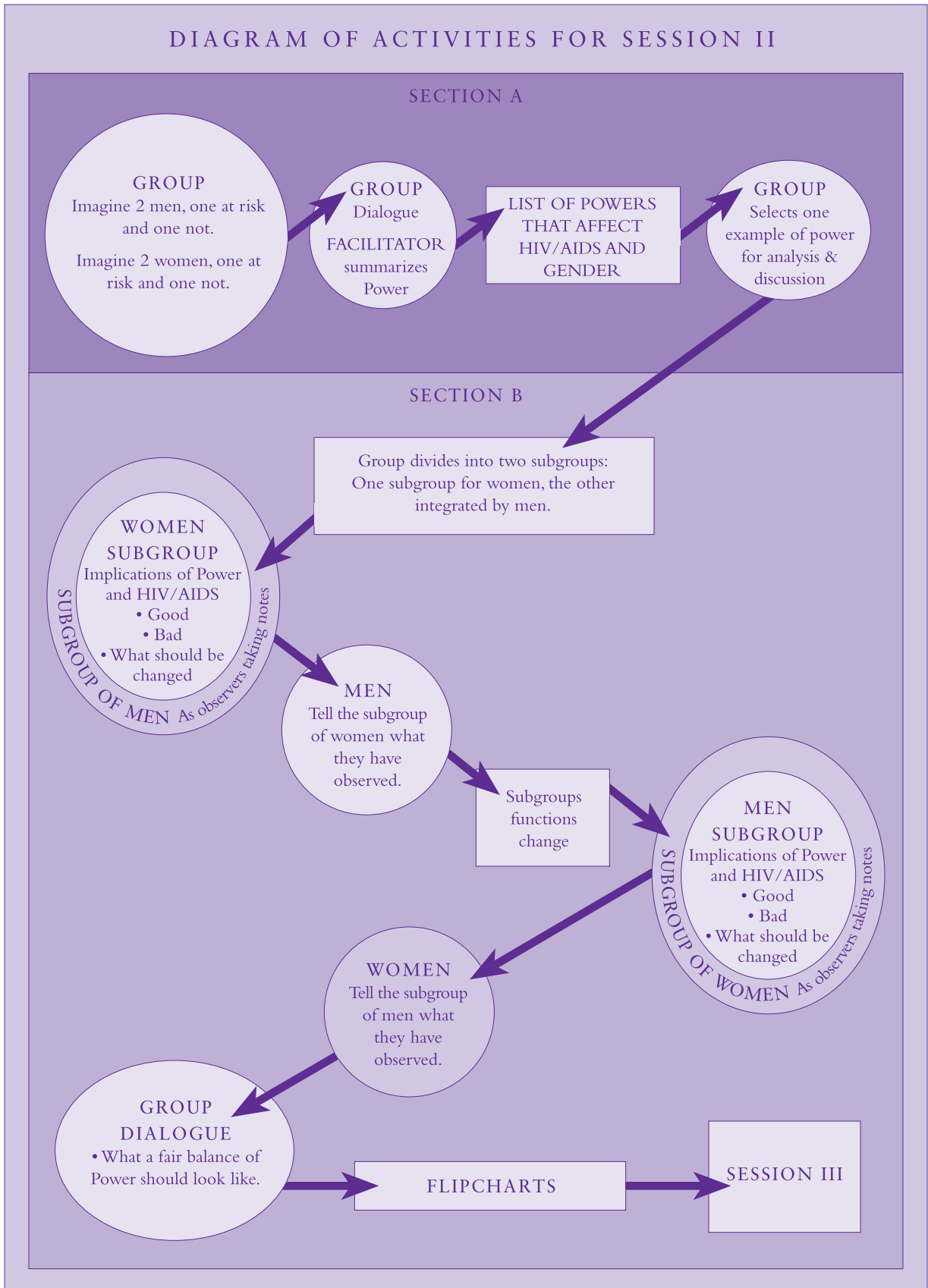
During the dialogue among women, the men will be observing, taking notes and following the conversation, but not interrupting.

- 5' When the women are finished, the men will have an opportunity to comment on what they observed. What surprised the men about the women's perspective and examples? What did they observe about the women's conversation?
- 15' Next, proceed with the women being observers and taking notes and the men discussing the same category of power from their perspective.
- 5' Once this discussion is complete, the women will have the opportunity to talk about what they observed among the men and how it differed from their expectations.

- 10' Open the dialogue with the entire group with an emphasis on how men and women perceive and use power differently and how they perceive each other's use of power. Bring the group to describe what they think a fair balance of the power would look like. Write the group's description on the flip-chart.
- 7' Discuss how dialogue might have influenced the outcomes, positively or negatively?

The descriptions obtained in the flip-charts from Session Two, will be the base for discussions in Session Three.

DIAGRAM OF ACTIVITIES FOR SESSION II



SESSION THREE:
“TOWARD A NEW PREVENTION PARADIGM”

TOPICS FOR CONSIDERATION

1. Rethinking Policies, Programs and Practices to Protect Men and Women

This topic refers to policies and programs that are related to decreasing men and women’s risk of HIV infection. Participants will reflect on existent policies—whether they be policies of the prevention community such as “targeting” or cultural practices such as laws that prohibit women from inheriting land, or programs in the workplace that ignore the particular vulnerability of women. Consider how these impact men and women differently. In particular, there should be some discussion of how present policies and programs either are or are not effective due to the real practices of men’s and women’s lives. *What types of policies and programs should be instituted/changed to protect men and women from HIV infection? How can dialogue be incorporated in each of these or what forms should it take?*

2. Research on Heterosexual Couples

Although work is needed on dialogue in both homosexual and heterosexual partner relationships, the satellite meeting concentrates on that between the sexes. Research is needed on couples in both committed and casual relationships. The ineffectiveness of examining the variables involved in assessing only one of the two people in a relationship has been noted by many researchers. Therefore, assessing the factors that comprise couples; and their ability to maintain consistent HIV risk-reduction would be useful for future intervention efforts. Dialogue is one such factor. *Participants are asked to consider the type of research that needs to be conducted to understand and strengthen dialogue with couples.* Research questions might include:

- What is needed for people to take responsibility for their actions?
- What strategies work to get men and women talking?
- What are the consequences of enhancing intimate communication between partners?
- How do couples make decisions about protecting themselves from HIV infection?
- How do social network members influence whether couples engage in risky behavior?

3. Ways to Sustain Dialogue: Lessons Across Cultures

The issue of sustaining dialogue between men and women is a challenge across cultures and sectors. While some cultures pose no barriers, others support taboos and constraints that prevent men and women from talking about sexual issues, in particular. While dialogue is used in and by some sectors/professions, it is considered dispensable in others. *What opportunities exist for cultures and sectors to share lessons about sustained dialogue?* Examples include exchange programs, cross-sectoral meetings with dialogue as the basis, etc. The crux of this discussion is that cultural/social norms are often related to dialogue between men and women and can impact the way in which men and women interact. Moreover, to understand the role that dialogue plays in HIV risk behavior, there is a need for a shift from focus on the individual to the network and to the broader social contexts.

4. Resource Distribution Between and Among Men and Women

Resource distribution is a significant factor in reducing risk, especially among men and women who must trade sex for survival. What are “resources” in a given context as they relate to men and women and their risk of infection? What is the dynamic (dialogue) that occurs around sharing resources? *How can strategies to improve dialogue effect resources and distribution to create a less risky situation for both men and women? What can the prevention community do to ensure that men and women are gaining equal access to resources for prevention? How can dialogue be a facet of such response?*

5. Communicating Responsibility and Ethical Behavior Through Dialogue

There is the need for men and women to embrace an approach that removes claims of irresponsibility or unethical behavior of one sex toward the other. Can responsibility and ethical behavior be communicated to men and women? What does “responsibility” mean in different contexts and at different times? Is responsibility fundamental to preventing the spread of HIV in the future—especially in places where the health care system will not be able to cope with the disease? Is ethics a consideration in strategies that address AIDS prevention in women and in men? Is there disparity in the way this is applied to differing sexes?

Have ethics been a part of training in HIV/AIDS prevention? As the epidemic changes, this may be an area for serious consideration as the prevention community is challenged to reconsider its approaches, dialogue on issues, and consider ethics in a new way.

GUIDELINES FOR RAPORTEURS

“MEN, WOMEN, AND AIDS PREVENTION: A DIALOGUE BETWEEN THE SEXES”

July 6, 1996, Sutton Place Hotel, Vancouver

Thank you for agreeing to be a rapporteur for the satellite meeting “Men, Women, and AIDS Prevention: A Dialogue Between the Sexes.” In order to ensure the most effective report of the content of this highly interactive meeting, you are asked to follow these guidelines for taking notes.

1. Review the attached materials for the satellite meeting which include: the agenda, facilitator’s guidelines, and supporting work papers. These materials are intended to provide you with an overview of the meeting and the type of discussions that will take place.
2. Plan to arrive at the Sutton Place Hotel’s meeting room at 7:30 to meet with the facilitator of the group to which you will be assigned. A continental breakfast will be provided.
3. During each session, please:
 - a) clearly label notes with the title of the session, your name, and the name of the facilitator;
 - b) record the name and affiliation of each person in the your assigned group. If the group is joined by a latecomer, please note this;
 - c) take notes on the content of each session. Because the format will be highly interactive, most of the notes will arise from the discussion between participants. When possible, please identify the source of a salient idea as this might be useful for follow-up in the future;
 - d) collect forms filled out during the day by participants as a supplement to meeting notes;
 - e) at the end of Session Three, prepare the overhead which includes the tip recommendation in your group.

Note 1: Each rapporteur will be provided with a notepad and pen. While tape-recorders will be provided at each of the tables, rapporteurs are asked to take very detailed notes. There is no plan to transcribe the tapes verbatim after the session—but rather they will be used to check specific references. Ensure that you have a sufficient number of tapes.

Note 2: Flip-charts will be provided and may be used as a way of facilitating and organizing ideas. To assure that no information is lost, the rapporteurs are asked to continue taking notes on the notepad while a different person records on the flip-chart. At the end, the flip-chart material can be used as a supplement to what is written in the rapporteur’s notes.

4. Immediately after the days events, rapporteurs should:
 - a) meet with facilitators to discuss the notes and to clarify any questions regarding the content of a particular session;
 - b) ask facilitators to review the summaries and incorporate their comments before forwarding them to the relevant agency.

APPENDIX TWO

THEMES FOR THE DIALOGUE STRATEGY USED AMONG ADOLESCENTS AND YOUNG PERSON OF SAME OR MIXED GROUPS

Module 1: *Self-Awareness/Self-Esteem*

- a. Becoming aware of my positive qualities (understanding what self-esteem is)
- b. Thinking about the future
- c. Defining my own sense of self (being male in this society)
(Building my own self-esteem but not at the expense of others, especially girls)

Module 2: *Gender Awareness*

- a. Gender expectation “Act Like a Man and Look Like a Man”
- b. Who suffers?
- c. The scripts that run our lives
- d. The media and me!

Module 3: *Values Identification*

- a. What are values (societal/family/personal)
- b. Understanding my own values (values clarification exercises)
- c. How my values affect my behavior

Module 4: *Feelings: Where Are They and What Do I Do?*

- a. Feelings and those values
- b. What feelings do I have?
- c. Where are they—the iceberg!
- d. The ABCs of emotions
- e. Managing feelings and assertiveness skills

Module 5: *Interpersonal Relationships and Communication*

- a. Friendships (what do I want in a friend?/choosing good friends)
- b. Listening skills (understanding how important good communication is in all our relationships/and identifying and practicing good listening skills)
- c. Communication with our parents/family members
- d. Communication with our peers (including peer pressure, the positive and negatives of it/setting my own limits based on my values)
- e. Friendships with the opposite sex (understanding and communicating with girls)
- f. Dating

Module 6: *Our Families*

- a. Gender roles in the family (exploring different gender roles in the family and how participants feel about them and how they limit what each person can do,—i.e., pressure to be not seen as feminine, but wanting to cook, enjoying time with children, enjoying and playing a greater role in the family, performing domestic work, etc.)
- b. Exploring a world without women (to explore the strengths, achievements and roles of women)
- c. The roles I play in a family (roles and responsibilities and impact I have as a son, brother, future husband and father)
- d. Domestic violence, including sexual violence (men’s role in prevention)

Module 7: *The Community*

- a. Exploring the community (exploring and understanding resources/networks to tap)
- b. My role in the community (participation, responsibilities, and the impact of my actions)
- c. Women’s role in the community and political participation

Module 8: *Reproduction*

- a. Conception: How a baby is created?
- b. Consequences of teenage pregnancy
- c. Preventing unwanted pregnancy (abstinence and other types of contraception, including how to use a condom)

Module 9: *Marriage, Partnership, and Parenthood*

- a. Choosing a marriage partner (what is an ideal wife?)
- b. Communication and mutual respect between a husband and a wife
- c. Roles of the husband and wife in the family
- d. Family decision-making
- e. Planning a family (deciding with your wife whether to have children and why, when, and how many to have)
- f. The value of a son, the value of a daughter
- g. The joys of fatherhood

Module 10: *Health*

- a. Health and the consequences of violence
- b. Sport and recreation for better health
- c. Avoiding STDs and AIDS
- d. Harmful health practices (drugs, alcohol, cigarettes)
- e. Good health practices for ourselves and our families
- f. Social tension and mental health (including stress management)

Module 11: *Legal Rights*

- a. Human rights for men and women (women have rights too, not just “duties”)
- b. Equal rights under the law? Why or why not? (property rights, inheritance, etc.)
- c. What is sexual harassment and rape
- d. Female Genital Mutilation, health and human rights

Source: Adopted from modules first developed by CEDPA

APPENDIX THREE

“MEN, WOMEN AND AIDS PREVENTION: A DIALOGUE BETWEEN THE SEXES”

PRE-SESSION QUESTIONNAIRE

(July 6, 1996)

Sex: Female Male

****** For the purpose of this meeting, in the following question, “sexual issues” refers to sexual issues as they relate to sexually transmitted diseases and HIV/AIDS. Answer the questions in terms of your country.

1) How would you characterize dialogue between men and women about sexual issues? _____

2) Have you ever used dialogue to improve HIV/AIDS prevention efforts? _____

a) What did you do? _____

b) What was the outcome? _____

3) How would you assess dialogue as a strategy in AIDS prevention (check one):

Very important Of little importance Important No opinion

4) What do you think would improve dialogue between men and women about sexual issues? (Say what men should do differently, and what women should do differently). _____

5) In your country, describe how issues of power affect how men and women engage in dialogue.

6) How does the way in which men and women talk about issues related to AIDS prevention affect national and community programs and policies?

7) What do you hope to gain today that will contribute to improving dialogue between men and women?

MEN, WOMEN, AND AIDS PREVENTION: A DIALOGUE BETWEEN THE SEXES

SESSION I: “WHEN WAS THE LAST TIME WE TALKED ABOUT SEX?”

CASE STUDIES

Each facilitator will be assigned at the meeting one of the following case studies to discuss with his/her group.

- A. John and Jane are married. They each went separately to seek HIV counseling and testing. During the pre-test counseling they were both asked if they had discussed the possibility of using a condom with their spouse. John said: “If I ever ask my wife to use a condom, she would suspect that I have been (or have started) having extramarital affairs.” Jane said: “If I ever ask my husband to use a condom, he would be very upset; he would hit me and accuse me of infidelity.” To the question from the counselor if they have tried to talk about it, they both say “NEVER.”
- B. Fifteen months ago, after attending an AIDS prevention campaign, Aminata decided to take an HIV test. The test was negative and she was very happy. However, she could not share this good news with her fiancé, because she feared being accused of having been or being promiscuous. Later she becomes pregnant. During her first prenatal visit, she tested positive for HIV. Despite the insistence from her obstetrician to involve her husband, she’s still afraid to confront him.
- C. “After my wife’s death, I went to the same clinic where we had been getting tested and told the director that my wife had died of AIDS. Judging from her response I must have looked pretty confused when she stated more than asked, “You didn’t know?” This was when I learned that due to confidentiality laws, the staff had known and never told me about my wife’s HIV. According to their records, which were only released after her death, my wife had been informed she was HIV positive in 1987. I had been negative then, and in 1989. Less than a month after my wife passed away, I was diagnosed as being HIV positive.”
- D. Lucie and Luc have been married for a few years and they have two children. Lucie knows that Luc has multiple sex partners. Every time she tries to discuss with Luc his risky behavior and its possible impact on their family, Luc stops her by saying: “mind your own business.” Last month after attending a seminar on AIDS prevention she decided to refuse sex with Luc unless they seriously discuss Luc’s behavior. Luc became furious and went to complain to his family and Lucie’s family. The two families will hold a meeting this Sunday at the couple’s house. They will very likely tell Lucie that as a wife she doesn’t have the right to refuse sex with her husband.
- E. A meeting was held between officials of a major AIDS donor organization and leaders of the International Agency for Women. The women noted that since the beginning of the HIV/AIDS epidemic, women around the world have pointed out the urgent need for prevention methods for them beyond the male condom. Despite their bringing to the session research results to make their case, the leaders left the meeting feeling they had failed to persuade the health professionals and donors. The health professionals and donors maintained that informing women about other options would be confusing for women and would weaken women’s resolve to have their partners use condoms. No further meeting was scheduled.

APPENDIX FOUR

AIWC/FHI/AIDSCAP/USAID/UNAIDS

HIV/AIDS IN INDIA
BREAKING BARRIERS THROUGH DIALOGUE

GOAL: Enhanced dialogue to address the HIV/AIDS epidemic in India.

OBJECTIVE OF THE CONFERENCE: Improve understanding of the epidemic from a gender perspective; identify specific barriers to dialogue; and advance strategies to sustain dialogue between the sexes at all levels.

EVALUATION FORM

Dear Participants,

This has been the first national conference organized by FHI/AIDSCAP that has placed dialogue as the central strategy in considering HIV/AIDS prevention. A concern is to help create an enabling environment for addressing the epidemic. Your responses will assist us in adequately assessing the conference.

1. On a scale of 1 to 5, 1 being the lowest and 5 the highest, how would you rate the productivity of your group, overall, in terms of:
 - a) issues of HIV/AIDS highlighted _____
 - b) understanding the concept of dialogue _____
 - c) use of dialogue by your group _____
 - d) use of dialogue about sexuality _____
 - e) recommendations on how to use dialogue in AIDS prevention _____
 - f) concrete recommendations of strategies to stop HIV/AIDS _____

2. Please rate the *choice of areas* on which to dialogue during the first day of the conference; using the scale of 1 to 5 for appropriateness:
 - a) woman to man dialogue _____
 - b) woman to woman; man to man _____
 - c) community level _____
 - d) decision makers _____

3. On what other areas would it have been more beneficial to dialogue? (explain) _____

4. Overall, what aspects of the conference were most beneficial to you? _____

5. Do you intend to adapt the dialogue strategy in any future efforts in:

(a) AIDS prevention (explain) _____

(b) Other (explain) _____

6. Please rate the organization of the dialogue through this conference in terms of 1 to 5, with 1 being the least and 5 being the most *sufficient*:

a) time spent on each area _____

b) information provided by facilitators _____

c) information available through the group _____

d) guidance through facilitation _____

e) group preparation, overall, for holding a dialogue _____

7. In creating a better environment (within your circles) for AIDS prevention, how would you rate the conference overall for use in your future efforts: 1 to 5 in terms of *usefulness* _____.

8. Are you: Female Male?

Please give this form to Dr. E. Maxine Ankrah or to Mr. Gladson at the end of this session. Thank you very much for your explanation.

