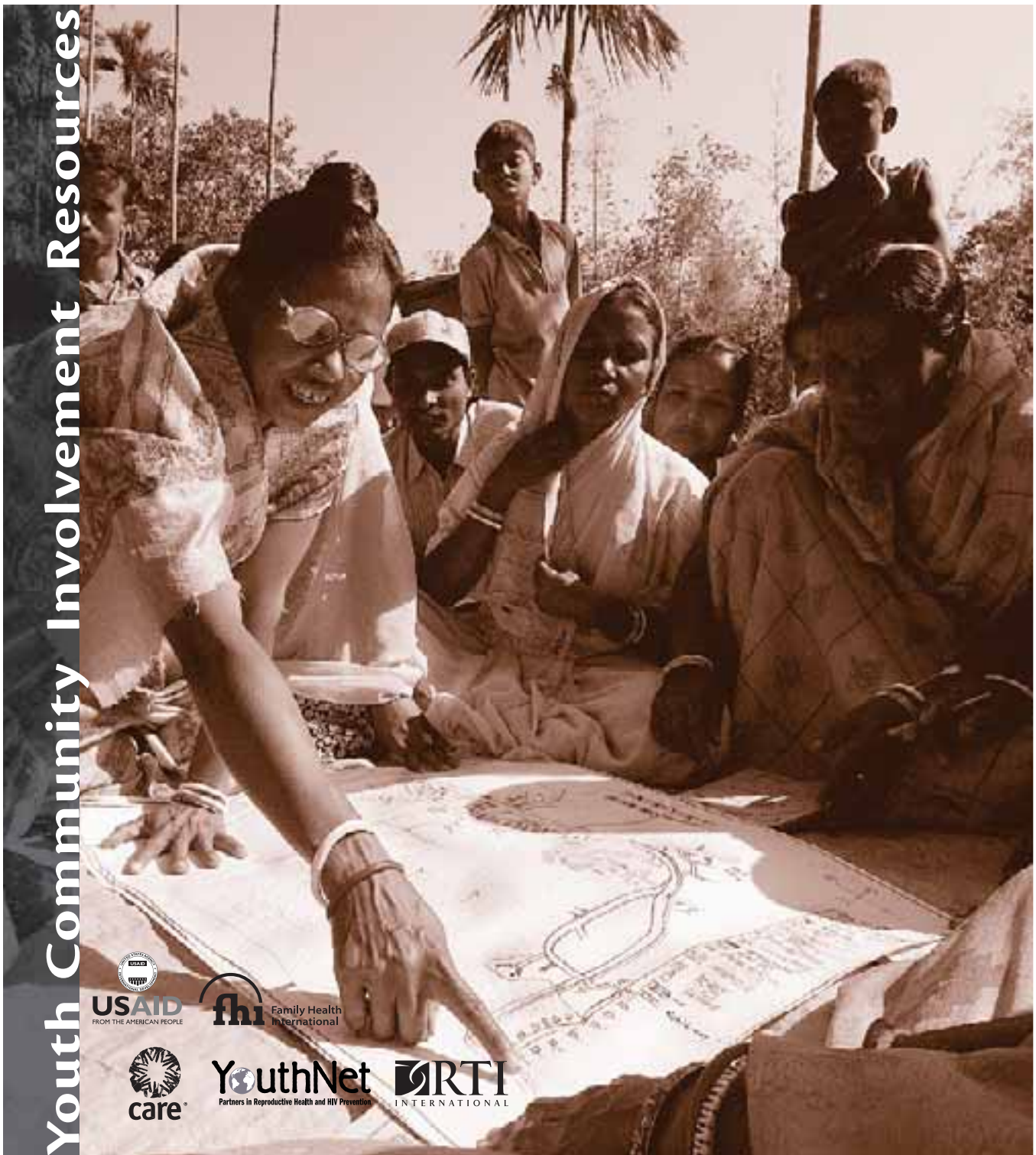


Engaging Communities in Youth Reproductive Health and HIV Projects

A Guide to Participatory Assessments

Youth Community Involvement Resources



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**Engaging Communities in Youth
Reproductive Health and HIV Projects**
A Guide to Participatory Assessments

ACKNOWLEDGEMENTS

This guide was written by Rose Zambezi and Juan Jacobo Hernandez. Rose Zambezi, formerly of CARE USA/YouthNet, is an expert in youth reproductive health and HIV prevention with a focus on participatory approaches for working with youth. She co-authored *Listening to Young Voices: Facilitating Participatory Appraisals on Reproductive Health of Adolescents*, and holds a MA in Population Studies and an MPH in International Health. Juan Jacobo Hernandez is an expert in sexual and reproductive health, community program development, and facilitation who works as a consultant. Hernandez developed many of the tools in this guide.

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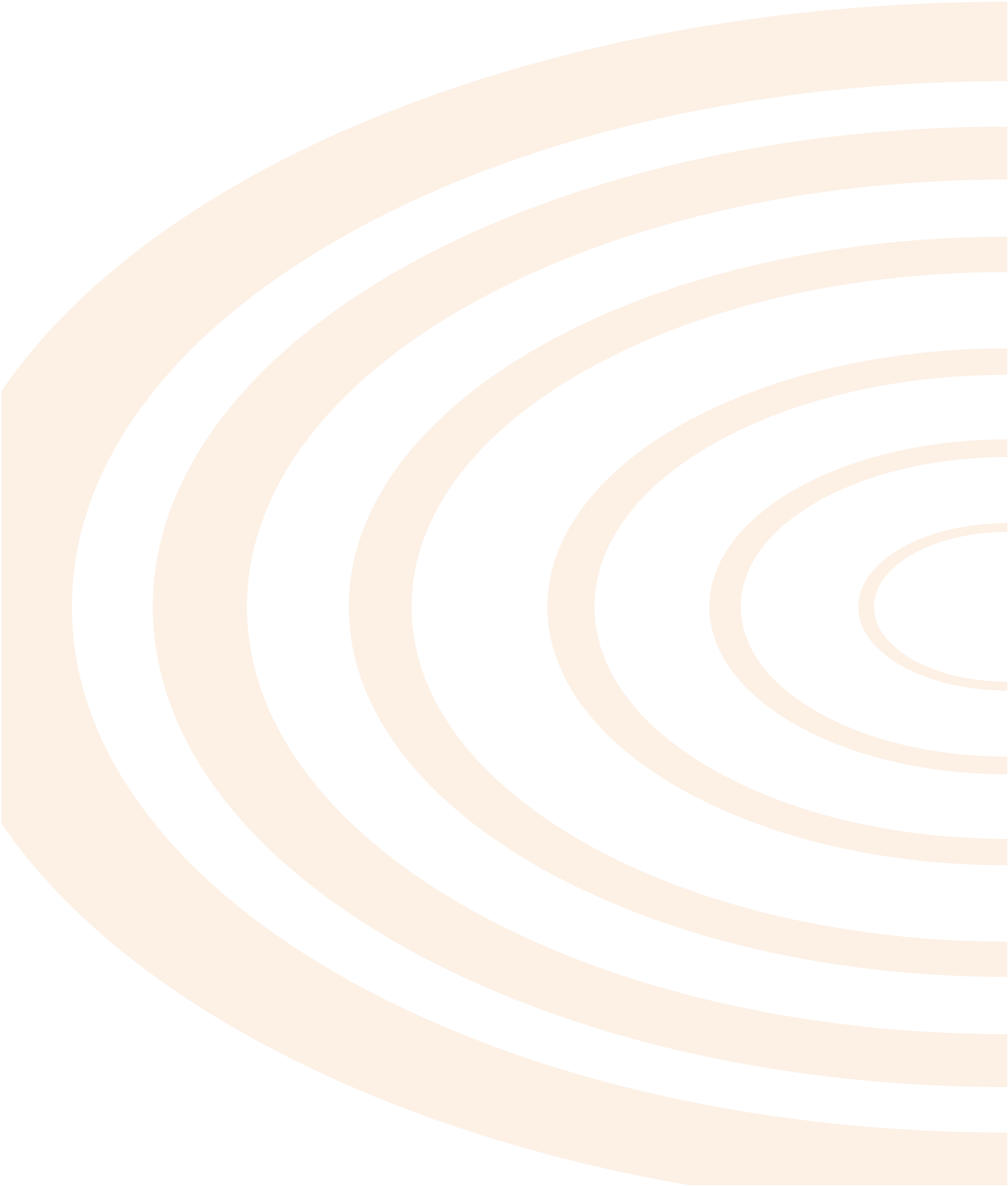
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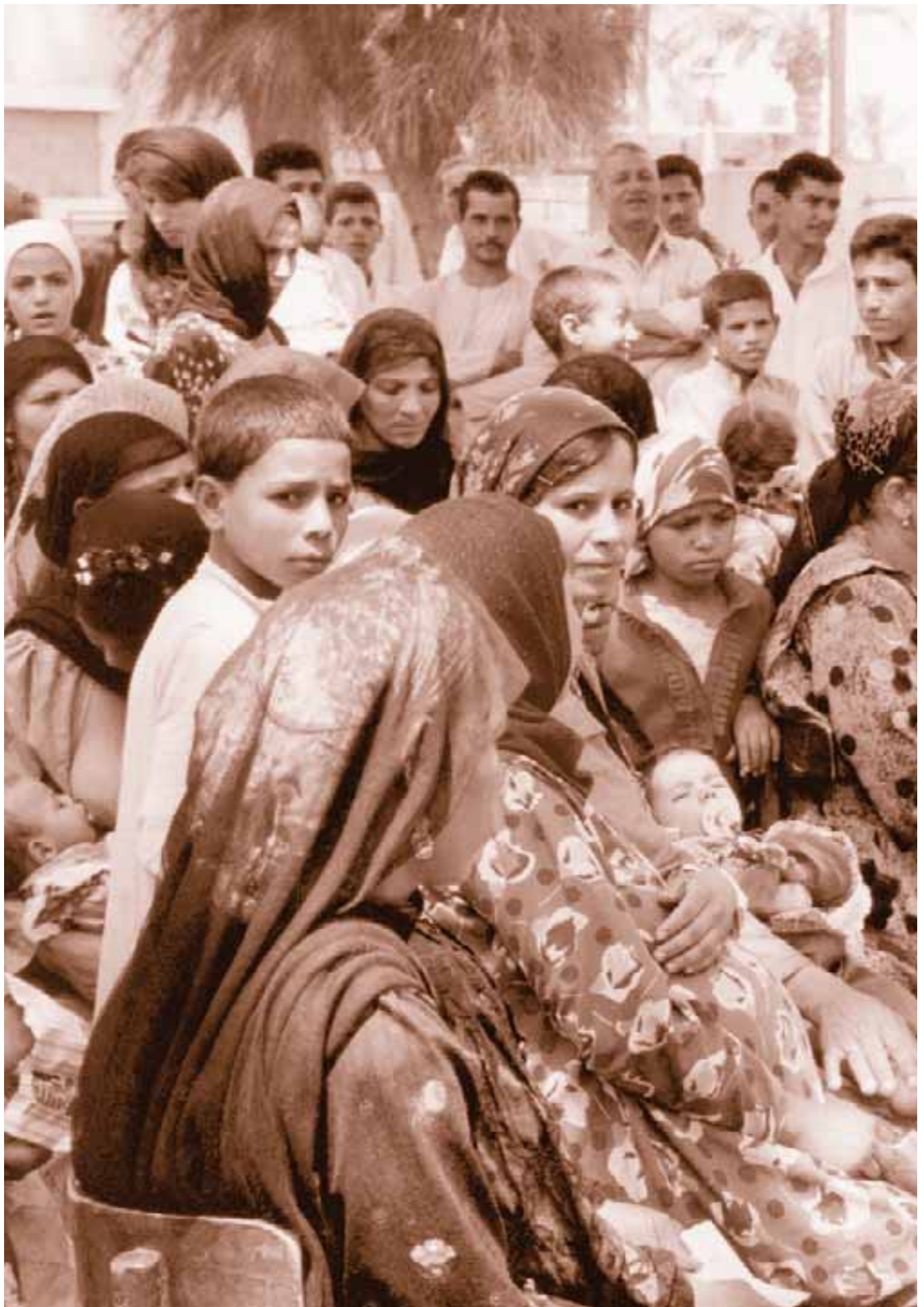
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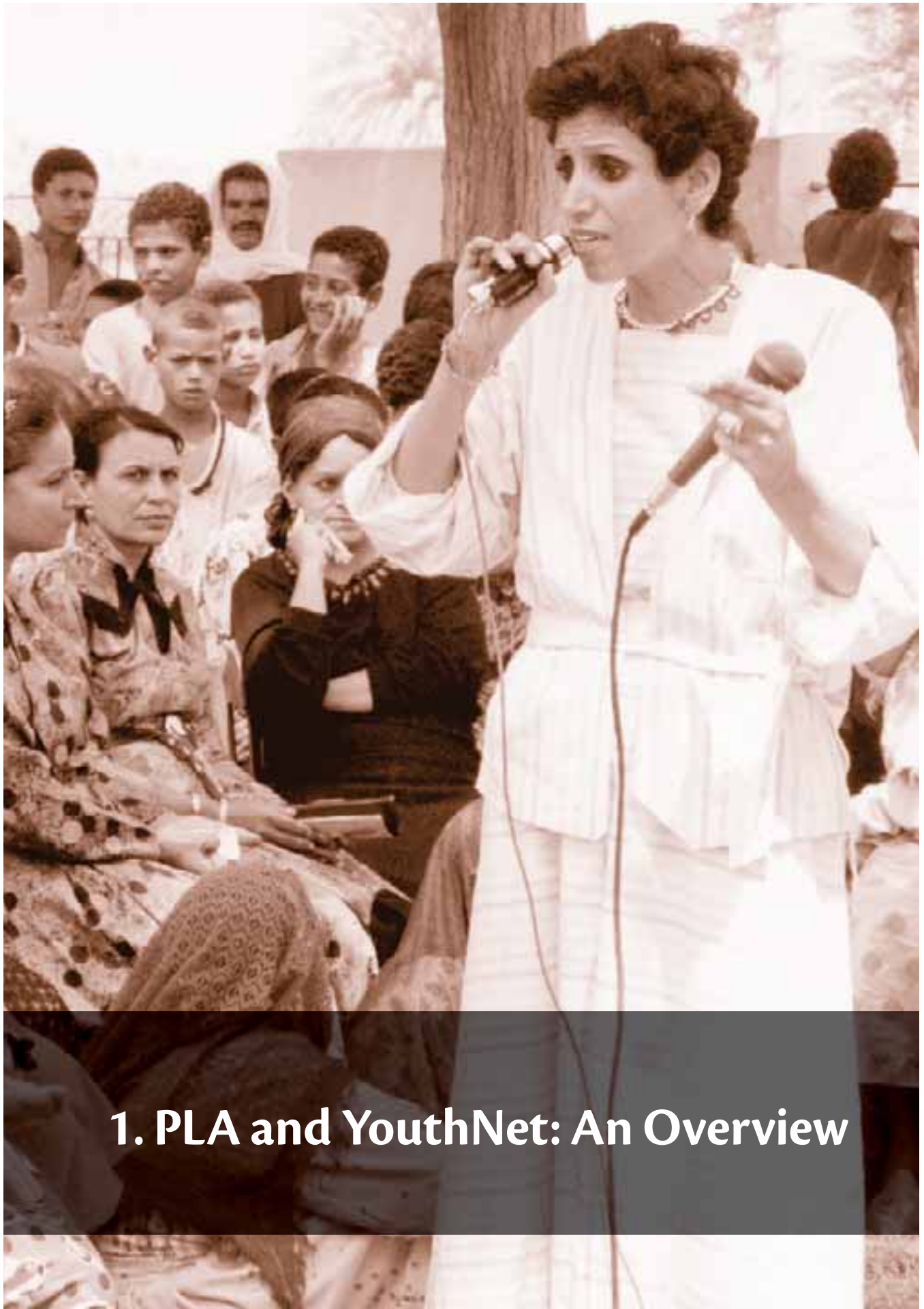
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ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
FHI	Family Health International
HIV	Human Immunodeficiency Virus
NGO	Non-Governmental Organization
PLA	Participatory Learning and Action
RH	Reproductive Health
STI	Sexually Transmitted Infection
USAID	United States Agency for International Development
YRH	Youth Reproductive Health





1. PLA and YouthNet: An Overview



1. PLA AND YOUTHNET: AN OVERVIEW

1.1 Introduction

Globally, young people are disproportionately affected by unplanned pregnancies, sexually transmitted infections (STIs) including HIV, and other serious reproductive health problems. Youth reproductive health (YRH) and HIV/AIDS programs can provide youth with the information, support, and services they need to maintain their sexual and reproductive health. The importance of involving young people in the design, implementation, and evaluation of youth reproductive health and HIV/AIDS programs is recognized by the World Health Organization and other agencies. Youth participation increases the impact of YRH and HIV/AIDS programs through ensuring greater relevance to the problems and issues faced by young people and increasing sustainability of interventions. In addition, a growing body of evidence suggests that youth participation in YRH and HIV/AIDS programs helps young people to develop confidence, change attitudes, and establish more meaningful relationships with adults.

Young people's sexuality, sexual behavior, and reproductive health are greatly influenced by the expectations, norms, and practices of peers, parents, and other adults in the communities where they live. Institutions and informal groups such as religious organizations, schools, and local authorities influence the roles and responsibilities of young people and their access to reproductive health and HIV/AIDS services. Involving members of the wider community, as well as young people themselves, in YRH and HIV/AIDS programs is essential in order to build an enabling environment for young people to improve their well-being and reproductive health.

A participatory assessment process is a valuable starting point for involving all community members, including young people, in YRH and HIV/AIDS program development. YRH and HIV/AIDS program workers need skills in facilitating participatory assessments, especially when youth involvement is a key component. Supporting facilitators to 'learn by doing' is an effective strategy to build skills in using participatory learning and action (PLA) approaches and tools during participatory assessment and throughout the project cycle. This guide aims to

provide easy-to-follow guidelines for carrying out a participatory assessment with young and adult community members, and to outline how these tools and methods can be applied throughout the project cycle.

1.2 YouthNet experience with participatory approaches to assessment

YouthNet is a global program committed to improving the reproductive health (RH) and HIV prevention behaviors of young people aged between 10 and 24 years. YouthNet works to improve and strengthen youth programs, services, and policy, conduct research, and disseminate and promote information, tools, and evidence-based approaches that address RH and HIV prevention for youth at national, regional, and international levels. The program is funded by the United States Agency for International Development (USAID) through a five-year cooperative agreement awarded in October 2001 to Family Health International (FHI), in partnership with CARE USA and RTI International.

YouthNet provides technical assistance and implements programs in countries where governments, USAID Missions, and other organizations express interest and need. The project conducts research to identify and evaluate evidence-based approaches and generate cutting-edge knowledge in youth reproductive health and HIV, and it disseminates and promotes state-of-the-art findings, materials, tools, and curricula. YouthNet also implements innovative programs and policies that enhance youth participation and leadership.

YouthNet has developed and field-tested tools and approaches for enabling youth participation in project assessment in Tanzania, Namibia, and Ethiopia. In each case, young people were key members of the participatory assessment process, collecting and analyzing information and presenting their findings and recommendations to their peers and other stakeholders. YouthNet adapted the approach described in this guide to the situation and program objectives in each country.

YouthNet experience in Ethiopia: YouthNet in Ethiopia and the IMPACT project of FHI mobilized large numbers of young people throughout the country to participate in a YRH and HIV/AIDS assessment and contribute to recommendations for action on YRH and HIV/AIDS. Fifty-one young people were trained to

facilitate a participatory assessment involving more than 1000 young people and adults. This facilitation team then conducted four regional consultations with young people to verify the findings. A three-day National Youth Consultation presented the main assessment findings to stakeholders, in order to obtain approval for the draft National Youth Charter and three-year Plan of Action for YRH and HIV/AIDS, and also to mobilize young people to form a national youth network.

YouthNet experience in Namibia: YouthNet in Namibia trained 59 youth leaders from faith-based organizations and youth centers to carry out a participatory assessment of YRH involving more than 600 young people (aged 8 to 16) and 84 adults. The youth analyzed the assessment data and presented recommendations to community members and faith leaders. As a result, YouthNet/Namibia worked with 20 collaborating churches to develop a training curriculum for young people informed by the assessment findings, and trained church leaders in the use of the curriculum.

YouthNet experience in Tanzania: YouthNet in Tanzania carried out a large-scale participatory assessment of YRH and HIV/AIDS among faith-based communities in the Iringa region in Tanzania. Forty-eight young people and adults were trained and supported to facilitate the assessment. Around 1,100 young people and adults participated in assessment activities in six districts. The project led to the expansion or initiation of work by faith groups on issues identified during the assessments, with YouthNet providing workshops to build capacity among the groups to design and implement youth projects.

'The methods used were easy and clear, and since we were made to discuss our own problems, it is a very good approach.... The methods used have contributed a lot to open up discussion and stimulate everybody to participate.'

'I am amazed! I was part of this process and ...now after seeing the introduction and the materials produced, I feel really proud of having helped.'

—Youth participants, YouthNet/Ethiopia participatory assessment

1.3 How to use this guide

This simple guide aims to share and build upon YouthNet's experience in applying PLA approaches to assessment, as well as providing an overview of how these tools and approaches might be adapted to additional stages of the project cycle (implementation, monitoring, evaluation). The guide is intended for use at the community level by people with little or no experience using PLA tools and approaches, such as staff and volunteers at NGOs, community-based organizations, government agencies, faith-based organizations, and others involved in community development and health promotion.

This guide aims to support its users to lead a participatory process that will enable facilitators and participants to 'learn by doing.' The guide provides easy-to-follow guidelines for carrying out a participatory assessment with young and adult community members, outlining how these tools and methods can be applied throughout the project cycle for assessments, program design, implementation, and monitoring and evaluation. Guidelines are provided to help field workers and community-based staff to train and support an assessment team. The assessment team is likely to include young people, as well as adult stakeholders as appropriate.

Section 1 provides an overview of the participatory assessment process, participatory learning and action (PLA), and YouthNet. It explains concepts and terms, and outlines the important principles of good practice. It summarizes the YouthNet experience that forms the basis for this guide and explains how the guide should be used. **Section 2** provides guidelines for carrying out a participatory assessment and an outline for training the assessment team. It explores how the tools and approaches described in this guide can be adapted for different stages of the project cycle and describes the benefits of doing so. The section ends by suggesting strategies for scale-up. **Section 3** contains the PLA Toolkit. This includes descriptions of 11 tools that YouthNet has used in participatory assessments. The tools are presented within a simple training structure that explains why each tool is used, materials and time needed, instructions for facilitating the tool, and questions to use in guiding discussion among participants. **The Annexes** contain details of training modules and other resources for carrying out a participatory assessment, and list additional PLA-related resources.

Remember: this guide is not a set of lesson plans! It is a tool to support young and adult community members to share feelings and experiences, explore issues, identify solutions, and make plans for action. Users of the guide must be prepared to learn *from* and *with* young people and the adults in the community. The user must adapt and adjust the tools and methods to suit different situations, needs, and objectives according to the different circumstances of young people and different country and cultural contexts. Keep the principles of PLA in mind, be flexible, and use your own best judgment!

1.4 About Participatory Learning and Action (PLA)

Participatory Learning and Action (PLA) is a growing family of approaches and methods that enable community members, including young people, to analyze, share, and develop their knowledge, needs, and opportunities. It also helps community members to address their priority needs and concerns by planning, implementing, and evaluating activities.

Common terms for similar approaches and methodologies include participatory rural appraisal (PRA), rapid rural appraisal (RRA), and participatory action research (PAR). In the past, use of these methods has sometimes focused on appraisal and research. The term participatory learning and action emphasizes the full participation of people at every step — assessment, planning, implementing, monitoring, and evaluating.

Three important principles underscore PLA approaches:

Listening and learning: Participants (and facilitators) are open to learning from each other, overcoming biases, allowing the learning process to happen in its own time, and to listening rather than lecturing.

Facilitating: PLA enables young and adult community members to take over the process of learning, sharing, and analyzing. The facilitator shows community members and young people how to use the tools, so that their own concerns and capacities emerge to the fullest extent possible.

Partnership and sharing: Information and ideas generated during a PLA process is shared among the people who contributed to them and also with other stakeholders and partners who can help make a difference.

Participation

People participate by getting involved in, developing, and taking ownership of a process. Participation is meaningful when people share in decision-making, helping to shape the process. For example, people participate in facilitating an assessment, analyzing the information, planning what to do to address identified problems, doing the activities, and monitoring the activities' effectiveness.

It is important to think about **who** participates. It is often easier for some people to participate than others. For example, men may be more able to participate than women. Older people may find it easier to participate than younger people. Facilitators can use PLA tools to help overcome barriers to participation.

PLA tools

PLA tools are methods for facilitating discussions, usually in groups. PLA tools typically involve participants working together to produce drawings or diagrams or to do activities, such as performing a role-play. Some tools involve participants doing individual activities, before sharing the results with the group.

Using PLA tools that produce drawings and diagrams helps a group to discuss and analyze a subject freely. The discussion focuses on the picture, which helps people participate without feeling threatened. Making the picture encourages all group members to relax and get involved in the discussion. Talking about the picture helps people decide how much personal information they want to provide — participants can talk about the person in the drawing, rather than about themselves.

The PLA tools described in this guide are designed to:

- Stimulate group discussion and explore different views
- Enable young and adult community members to participate in decision-making, including people who are often excluded from decision-making
- Help learning from and with young people, focusing on local knowledge, practices, and experiences
- Provide reliable quantitative and qualitative information

- › Build understanding and trust
- › Begin mobilizing communities around YRH issues
- › Enable young people and other community members to participate actively in decision-making

Good facilitation skills are important to use PLA tools effectively.

A good facilitator:

- › Shows respect for people, including young people
- › Believes in people's capacities, including the capacities of young people
- › Listens attentively and respects other people's opinions
- › Is ready and willing to learn
- › Is confident
- › Is creative
- › Is flexible and able to adapt tools and approaches to different situations
- › Is sensitive to participants' feelings and understands group dynamics
- › Is able to help participants organize and analyze information

1.5 Good practice

Non-judgmental attitudes and behaviors

A participatory assessment of YRH and HIV/AIDS issues involves frank and open discussion of sensitive subjects relating to sex, sexuality, and gender. It is important to encourage people to talk and demonstrate that their views and knowledge are valued. Critical or judgmental attitudes among facilitators about young people's behavior will prevent the meaningful participation of some young people. Demonstrating respect for young people and for their choices and decisions will encourage young people to participate actively. Before using this guide, facilitators should reflect on their own attitudes, values, language, and behavior towards young people, and consider how these are likely to affect the participation of young people.

Avoid raising expectations

The objectives and likely results of the participatory process need to be explained clearly. Some situations are likely to raise expectations. For example, young people may hope for help with all the important problems they raise during a discussion. Expectations should be addressed openly and honestly, and promises that may not be kept should be avoided. High and unrealistic expectations will lead to disappointment, and, likely, loss of interest in the participatory process.

Capacity building

The facilitation of the participatory process should aim to transfer skills and knowledge to community members, including young people, including skills in facilitation of tools, analysis of information, and problem-solving. Building capacity contributes to the empowerment of communities and community members, and assists communities in addressing and resolving problems within the community. Building problem-solving skills among young people and adults counters expectations of assistance from outsiders.

Informed consent

It is important to provide community members, including young people, with clear information about the assessment in order to enable them to give informed consent about their participation. For example, young and adult community members need to know about the objectives of the assessment and the activity, what the activity will involve, and how long it will take. Clearly inform young and adult community members whether or not they will receive any compensation for participating before asking for their consent.

Confidentiality

A participatory assessment of YRH and HIV/AIDS issues involves discussion of sensitive subjects. Facilitators must respect the confidentiality of individual participants at all times. Participants and facilitators should agree before group discussions or individual interviews as to how information will be shared after the session. For example, there may be agreement that names will not be used in reports.

It is essential that community members, including young people, do not suffer as a result of disclosing personal information during the assessment. For example, it is possible that deeply sensitive information disclosed during a group discussion may be repeated to other community members after the session, causing problems for the individuals concerned.

Participants should not be encouraged to disclose information that they are not comfortable with. Personal disclosure can be avoided by focusing discussions on 'typical people' rather than on the individual participants. For example, rather than asking participants to discuss their own sexual health problems, the facilitator can ask participants to discuss the sexual health problems of 'people like you' or 'people your age.'

1.6 Standards and safeguards for involving young people

This guide describes tools and approaches for facilitating the involvement of young people. It is important to put safeguards in place to protect the well-being of children and young people participating in the assessment and program development and implementation.

- Permission must be obtained from parents or guardians regarding the participation of children and young people. Children and young people must also agree to participate. Consent from parents, guardians, and children and young people must be given on the basis of clear information about the purpose of the assessment, the activities to be done, and any possible consequences of participation
- Discussions about sex, sexuality, and reproductive health may raise difficult issues for children and young people and may lead participants to disclose situations of abuse or to ask for help. It is also important that young people do not disclose personal information that will trigger problems for them, such as stigma or abuse from other people. Assessment teams need to be prepared for these possibilities and agree how to respond. Some of the measures that should be taken include:
 - Set limits in advance regarding what is necessary to discuss and what is not.

- Identify referral services and support networks in advance, in order to support young people or other community members who disclose abuse, crimes, or who have an urgent need for help. For example, referral services may include police, qualified social workers, psychologists, refuges, and community-based organizations that can provide long-term follow up support.
- If appropriate referral services do not exist, adapt the exercises to avoid exposing young people to possible harm.
- › Avoid stigma or gossip relating to the participation of children and young people by informing the wider community about the purpose of the activities. Ensure that children and young people are not encouraged to disclose personal information that may cause them problems such as stigma or abuse from the community afterwards.

1.7 Benefits of employing PLA approaches in YRH and HIV/AIDS programs

There are many possible benefits to using PLA approaches in YRH and HIV/AIDS programs, including:

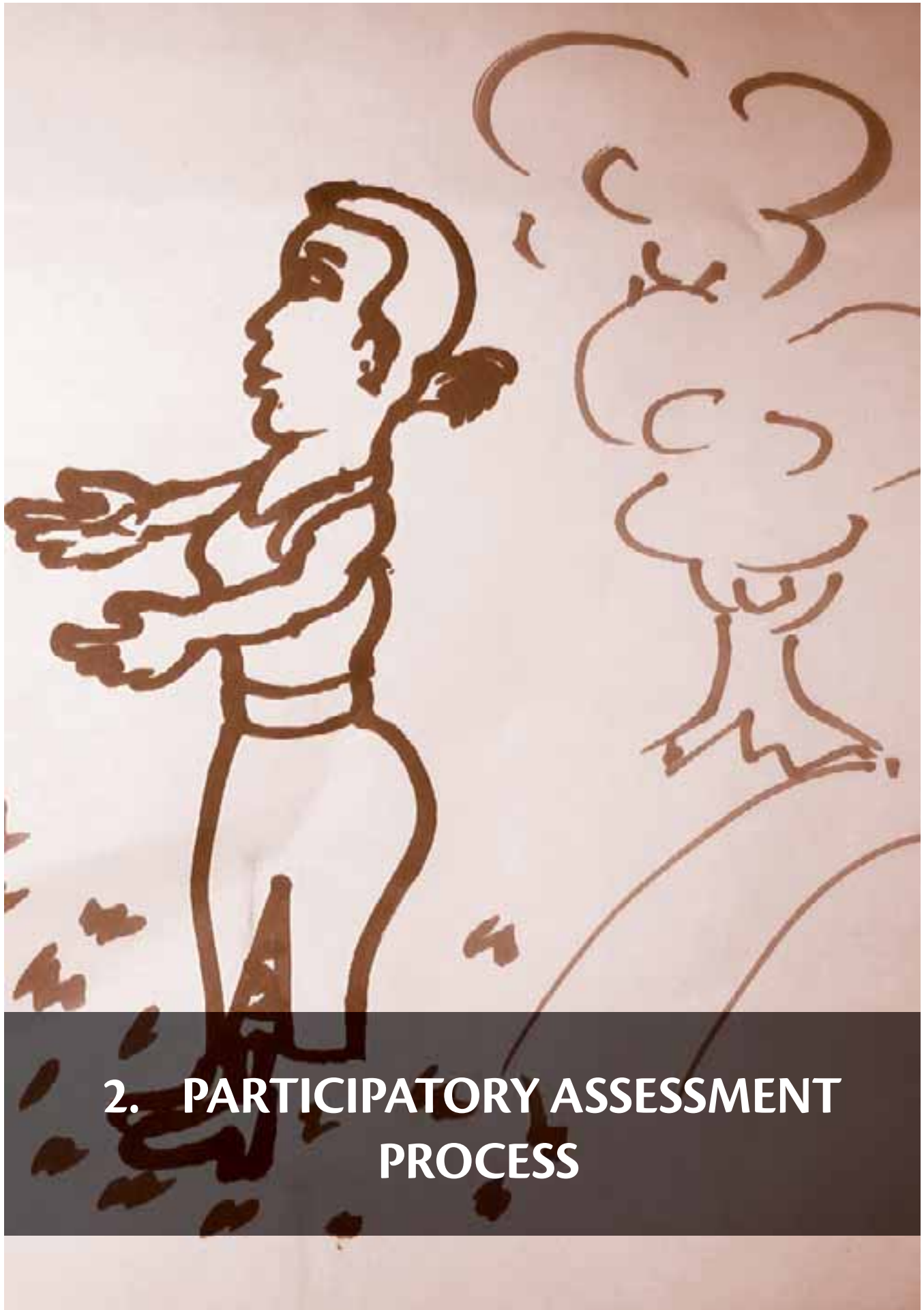
- › Community members, including young people, develop capacity in working together for their own benefit
- › Increased understanding and trust between different stakeholders, such as young people, adults, health service providers, community, and religious leaders
- › Increased ability among young and adult stakeholders to solve problems and address conflicts together
- › Increased interest among young and adult stakeholders in YRH and HIV/AIDS
- › Increased awareness of key issues affecting young people's reproductive health among all stakeholders
- › Program design and approaches are more responsive to the needs, concerns, and priorities of young people

- › Increased ownership of YRH and HIV/AIDS programs by young people and stakeholders involved in their communities
- › Program activities and impacts are more likely to continue after project funding or other outside support comes to an end

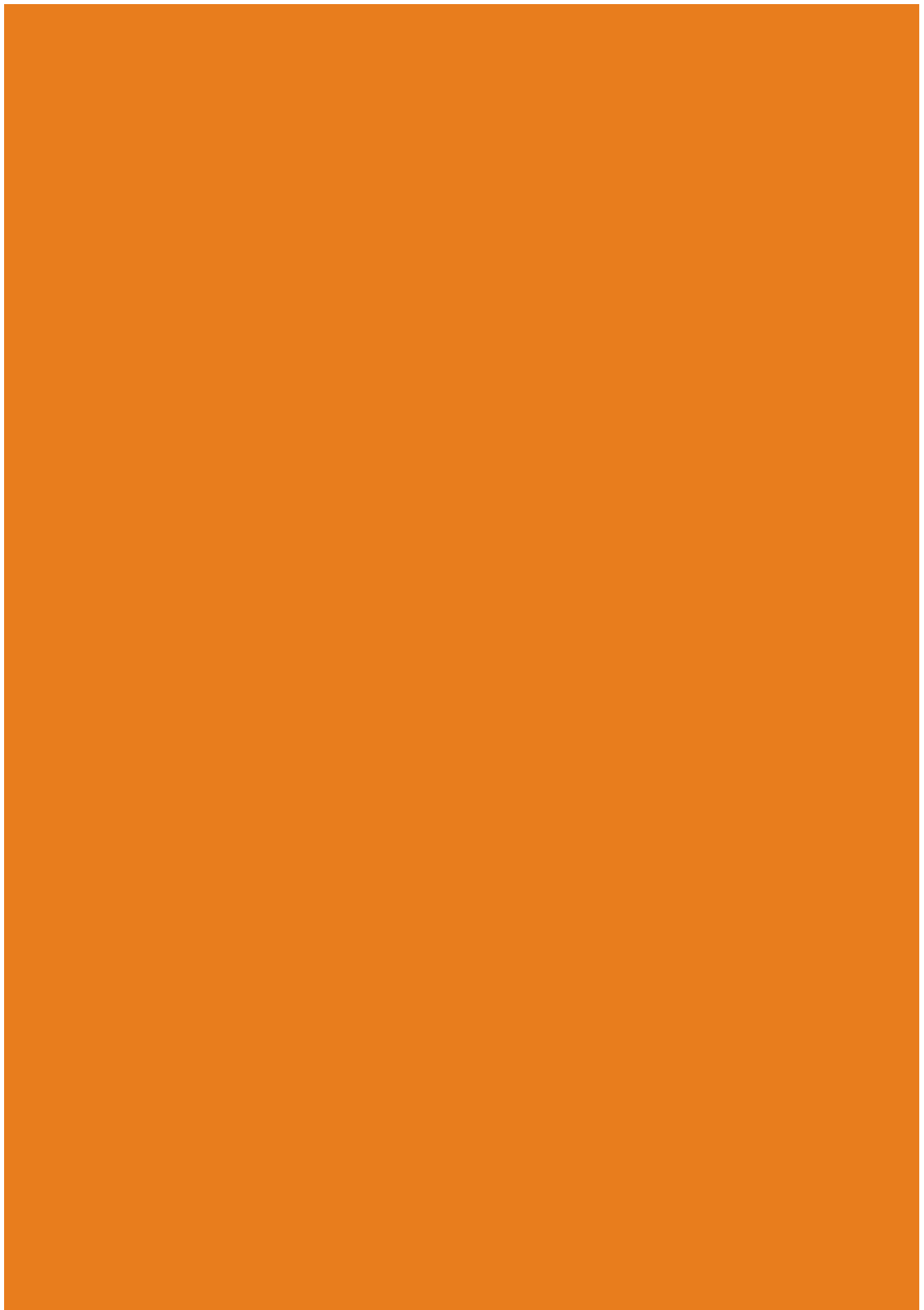
PLA has the potential to build capacity, trust, and relationships among community members, including young people, over a period of time. Involvement in the process can empower young and adult community members, increasing their ability to take control of their lives and participate in decision-making. As with adults, young people who are informed and empowered are able to improve their reproductive and sexual health as well as other aspects of their well-being. Appropriate indicators of empowerment must be developed in order to identify whether empowerment is taking place. Signs that community members, including young people, are becoming empowered include:

- › An ability to understand and discuss complex problems related to their sexuality
- › An ability to analyze information that they have collected
- › An ability to make informed decisions to improve their sexual lives
- › An ability to play an active role in responding to problems that they have
- › An ability to influence, mobilize, or organize key youth and adult stakeholders to respond appropriately to their needs and problems
- › An increase in confidence and self-esteem
- › An ability to access existing HIV/AIDS and reproductive health-related services, or to advocate for the introduction of services





2. PARTICIPATORY ASSESSMENT PROCESS



2. PARTICIPATORY ASSESSMENT PROCESS

2.1 Overview of the participatory assessment process

The participatory assessment process can be divided into the following steps:

- › Preparing for the assessment — see Section 2.2
- › Training the assessment team — see Section 2.3
- › Carrying out the assessment using PLA tools — see Section 2.4
- › Documenting and analyzing the findings — see Section 2.5
- › Verifying and sharing the findings — see Section 2.6

Involve the assessment team in as many of the preparation activities as possible as part of the training. For example, the final day of a training workshop can be used for joint planning and preparation for the participatory assessment.

Sample timeframe for a participatory assessment

This sample timeframe for a participatory assessment is based on YouthNet's experience in Namibia and Tanzania. Adapt these timings as necessary.

- › Training workshop for facilitators in participatory approaches, field-testing tools, and planning the field work (6 days)
- › Field work doing participatory assessment (10 to 18 days)
- › Workshop to document and analyze information (3 to 4 days)
- › Preparation of dissemination of preliminary assessment findings (1 day)
- › Dissemination of preliminary findings with key stakeholders (half-day)
- › Preparation of final report of findings and recommendations (2 weeks)

2.2 Preparing for the assessment

The assessment team

The first step in preparing for a participatory assessment is to form the assessment team. The number of people in the assessment team depends on the size of the assessment to be conducted, the time available to carry out the field work,

and the number of sessions each team member will carry out. YouthNet trained teams of between 50 and 60 young people and adults to reach between 700 and 1,100 participants in each of the three YouthNet program countries.

The assessment team is formed with young people working in partnership with adults. Young people often work best when placed in a position to explore reproductive health issues with other young people during the assessment. Training young people to carry out the assessment will help build the capacity of a core group of young people who can lead youth participation in later stages of the project cycle. Including adults in the team will build adult understanding of the issues faced by young people.

Remember to ensure a gender balance in the team. In general, mixed-sex teams of facilitators work well in the field. This enables teams to divide into single-sex groups when this is appropriate to the subjects being discussed.

Roles and responsibilities

The assessment team is divided into smaller groups of three people to carry out the field work. During preparation of the fieldwork, team members need to discuss and prepare for the different roles they will be playing during the participatory assessment. Team members may rotate among the three roles if they feel comfortable doing so:

- › *The facilitator:* The person who facilitates the discussion. This person needs to be confident in managing group discussions, facilitating the use of PLA tools, and asking probing questions. He or she leads the group in introducing themselves to the community and in explaining the purpose of the participatory assessment.
- › *The note-taker:* The person who records the discussion, writing what the participants say and do. He or she also collects and labels the drawings and diagrams produced during group discussions.
- › *The observer:* The person who observes the process. He or she provides support to both the facilitator and the note-taker, helps to solve and problems, and gives feedback on the process to his or her teammates.

Team contract

Preparing a 'team contract' helps assessment team members think about the sorts of behaviors and attitudes that are important while they are carrying out the assessment. Team members agree how they will behave towards one another and with community members. The contract helps team members to be clear about what is expected of them. It provides a framework for reflecting on their own behavior and providing feedback to other team members.

Example of a Team Contract

We agree to:

- › Be punctual
- › Listen actively to what people say
- › Show respect for community members and for each other
- › Avoid prejudice against any individual or group
- › Try our best and work hard
- › Work together and help one another
- › Meet our responsibilities and carry out our roles effectively

Setting objectives

Set clear objectives for the participatory assessment, stating what you intend to achieve. The objectives should state:

- › What you want to learn about during the assessment
- › How you will use the findings from the assessment
- › Other benefits that you expect from the assessment process, such as improved capacity among the assessment team or increased awareness among key stakeholders

Examples of objectives

- › To learn about the knowledge, attitudes, and behaviors of young people relating to reproductive health
- › To learn about social relationships and networks
- › To identify existing reproductive health services and barriers to young people accessing these services
- › To increase awareness of key stakeholders to issues affecting youth reproductive health
- › To produce recommendations to help the design of youth reproductive health interventions

List of topics and issues

Once the objectives are agreed upon, prepare a list of topics and issues to be explored during the assessment. A brainstorming session with the assessment team will generate lots of ideas. Group the ideas into broad topics, to generate a list that is easy to remember. If the list is still very long, it may be necessary to revisit the objectives in order to prioritize the topics to be discussed. It is important that all the team members share an understanding of what topics are to be explored. Fully brief any participants who cannot attend this session.

The list of topics helps you to:

- › Remember all the issues that you want to explore during the assessment
- › Monitor the progress of the appraisal and identify any gaps in the information you are collecting
- › Organize the information that you collect

Remember

The list of topics is a guide during the participatory assessment. It can be revised or adapted as necessary while the assessment is going on. This flexibility enables you to be responsive to the situation in the community.

Select sites for the assessment

Often, the implementing organization identifies the area or areas where the participatory assessment will take place. With the assessment team, specific sites are then selected. It is important to select sites where it will be possible to do follow-up activities with the communities. Be realistic about the number of sites that the assessment team can cover, and the time it will take the teams to collect detailed and useful information in each site.

Some sites will be closer and easier to reach than others. Make sure that transport and travel time is included in the planning. Collect available information about each site, to help the assessment teams prepare. Consider if there are important differences in the area — for example, differences in religion, common occupations, or economic status. Decide which sites will ensure that such differences are represented in the assessment.

Help the assessment teams to contact the community in each site before you arrive. Inform community leaders about the purpose and duration of the participatory assessment. Explain the process and the importance of participation by community members. Plan with community members what is the best time to carry out the assessment activities.

Letter of introduction

In many communities, people are wary of outsiders and may be reluctant to discuss sensitive subjects relating to sex and sexuality. It is helpful to obtain a letter of introduction that briefly informs authorities, key stakeholders, and community members about the general activities you want to carry out in the area. This letter can be very useful to reduce mistrust and fear and help the assessment team get started in the community.

Make an action plan for each site

Careful planning of fieldwork will help the assessment run smoothly. Prepare an assessment plan for each site, covering the following points:

- › Logistical arrangements, including transport, refreshments, etc.
- › Flexible timetable of activities
- › Number of activities planned for each site

- › Different participants to be involved (for example, sex, age, etc.)
- › Arrangements for daily meetings of the assessment team members at the site
- › Arrangements for technical support visits (for example, from PLA trainers or program staff)
- › Arrangements for communicating with support staff, such as phone numbers and funds for phone calls
- › How the activities will be documented
- › How the results of the activities will be shared with the community

Agree what to do about difficult issues that come up during the assessment activities. For example, what should the assessment team in a site do if they meet young people who urgently need help? Help the teams to identify what referral services are available, and discuss when it is appropriate to make referrals. Discuss the sorts of demands to which the assessment team will be unable to respond.

Plan technical support visits in the field at the same time as the assessment team makes the assessment plans for each site. Give all teams a list of contact numbers to call in case of difficulty. Make a list of sites, dates, names of team members, and contact numbers at the sites. Give copies of this information to every team member.

Prepare materials

Many PLA tools can be created with locally available materials, such as empty cardboard cartons, old magazines, stones, sticks, flowers, leaves, sand, bottle tops, and so on. Community members often find it easier to use materials with which they are familiar. Diagrams made with local materials can be adjusted during discussion if the participants decide to make changes. It is helpful to have additional materials available, if needed. Remind team members to make a copy of the diagram at the end of the discussion. Participants may also want to make a copy to keep for themselves. The assessment team will need notebooks and pens to record discussions.

List of useful materials

- › Large sheets of paper (flip chart paper)
- › Marker pens, in different colors
- › Masking tape
- › Rubber bands, or string
- › Colored chalk
- › Seeds or beans
- › Plain paper
- › Scissors
- › Pencils
- › Erasers
- › Glue sticks
- › Small notebooks
- › Pens
- › Plastic bags

2.3 Training the assessment team

Structured training is essential to enable the assessment team to carry out the assessment effectively. The training should cover:

- › Facts, issues, and concepts relating to sex, sexuality, gender, reproductive health, and HIV/AIDS
- › PLA tools
- › Facilitation skills
- › Planning for the participatory assessment

The training will help develop the facilitation skills of the assessment team.**Important attitudes and skills include:**

- › Maintaining non-judgmental attitudes about the behavior of young people
- › Listening carefully to the concerns of young people, and helping to build their trust
- › Accepting what young people say, and avoiding displays of surprise or embarrassment
- › Talking openly and frankly about sex and sexuality

If possible, involve someone with experience in facilitating PLA processes in providing the training. An example schedule for a training workshop follows. The training workshop is divided into four modules:

1. *Setting the stage.* This module reviews expectations and objectives and agrees ground rules for the training. See Annex 1 for detailed session plans.
2. *Putting our facts together.* This module explores issues, feelings, and facts relating to sex, sexuality, gender, YRH, and HIV/AIDS. See Annex 2 for detailed session plans.
3. *Let's find out.* This module introduces PLA tools. The PLA Toolkit is in Section 3.
4. *Practicing what we have learned.* This module is an opportunity for participants to review and practice the tools and methods they have learned. See Annex 3 for details.

Allow plenty of time at the end of the workshop to complete planning and preparation for the assessment with the assessment team, ensuring that the issues described in Section 2.2 are covered.

Sample schedule for training a participatory assessment team.

(Outline schedule of training the assessment team for a participatory assessment of faith leaders' and young people's knowledge, attitudes, and practices relating to youth reproductive health and HIV prevention in Tanzania. YouthNet program, Njombe, 1–6 May 2004.)

	Saturday, 1 May	Sunday, 2 May	Monday, 3 May	Tuesday, 3 May	Wednesday, 4 May	Thursday, 6 May
8.30	Registration	Religious Services	Review of Day 2	Review of Day 3	Review of Day 4	Review of Day 5
9.00	Module 1: Setting the stage Welcome Introductions Expectations/ Objectives Ground rules		My community Why do problems happen? (1)	Module 4: Practicing what we learned Designing our own facilitation guidelines	Preparing for fieldwork	Planning the assessment
10.30	BREAK	BREAK	BREAK	BREAK	BREAK	BREAK
11.00	Module 2: Putting our facts together › Tanzania HIV/AIDS timeline › Objective facts around HIV/AIDS	Review of Day 1 Sessions on sexual and reproductive health	Why do problems happen? (2)	› Review of PLA tools › Planning our PLA sessions › Open questions, probing questions	Field work, practicing tools (Packed lunches provided)	Planning our assessment
13.00	LUNCH	LUNCH	LUNCH	LUNCH		LUNCH
14.00	Exploring the impact of HIV/AIDS	Module 3: Let's find out My universe My family	Who can help? Futurama	Holding focus group discussions and in-depth interviews		Planning (continued)
15.30	BREAK	BREAK	BREAK	BREAK		BREAK
16.00	Exploring the impact of HIV/AIDS (continued)	Module 3 (continued)	Futurama (continued)	Focus groups and in-depth interviews (continued)	Sharing our fieldwork experiences	Planning (continued)
17.00	Daily evaluation	Daily evaluation	Daily evaluation	Daily evaluation	Daily evaluation	Final evaluation of training

Note that the timing allocated to each activity will depend on the training context. This example is of a residential training.

2.4 Carrying out the participatory assessment

Overview of assessment activities

The participatory assessment consists of three different activities:

- › PLA sessions with young people, using a series of PLA tools
- › Focus group discussions with adults (for example, community members, influential adults, or key stakeholders such as health service-providers, often also using PLA tools)
- › In-depth, one-to-one interviews with key young people or adults

Different activities will focus on different issues, depending on the participants. PLA sessions with young people often last between one and two hours. Encourage the assessment team to select and use PLA tools flexibly, according to the subjects that they want to explore. Divide up larger groups as necessary, depending on the tools used. Some tools work best with single-sex groups. Focus group discussions and in-depth interviews are usually held with selected individuals and groups of people whose knowledge, opinions, and attitudes on key issues — along with information from young people themselves — can guide the development of relevant and effective YRH and HIV/AIDS programs. In-depth interviews provide a detailed personal perspective about an issue. In-depth interviews are also useful when it is logistically difficult to gather a peer group together. For example, it may be difficult to gather a group of senior doctors in one place for a group discussion. Focus group discussions provide the opportunity for participants to share and analyze information as a group. It is helpful to prepare separate checklists of issues and topics for use with key adults and young people during focus group discussions and in-depth interviews.

Guidelines for organizing a focus group discussion

Focus group discussions work best with around eight participants. The minimum size is six people and the maximum size is 12. This group size enables everybody to participate. Focus group discussions usually last between 90 minutes and two hours.

People will participate in a group discussion more easily if they share important characteristics. Discussions with groups of adults will work best if participants have similar education, authority, or political position, enabling them to talk openly amongst themselves.

Hold group discussions in a place where the participants feel comfortable and where they can talk openly. Consider how the location may influence the discussion. For example, participants may not feel able to talk openly about the attitudes of service providers towards young people if the discussion is held in the local health center!

The note-taker should sit where they can easily see and hear all the participants. Tape-recorders can help record discussions, if participants are comfortable with this. If tape-recorders are used, the note-taker is responsible for operating the tape-recorder. Transcribe (write out) the tape after the discussion. Make sure that all participants understand who the note-taker is, what information they are writing down, and how it will be used.

Coordinating assessment activities

Follow the plan but be flexible!

Careful preparation and clear objectives are central to the success of a participatory assessment. Provide each of the assessment teams with a copy of the objectives. Ask them to review them regularly and to consider whether their activities and the information that they are collecting are helping them to meet the objectives.

Be prepared to adjust the site action plan in response to sudden changes, such as late arrival of participants, lack of a meeting space, shortage of materials, the unexpected absence of a team member, and so on. Keeping the objectives in mind will help the assessment team decide how to respond to changes and challenges.

Be punctual

Keeping time as strictly as possible is important for the success of the assessment. There are many activities to do in a short time. Being on time helps the team carry out the planned activities, and shows respect for people participating in the activities. Being on time avoids conflict with community members, and within the team.

Daily team meetings

Hold daily team meetings in each site. The purpose of these meetings is to:

- › Solve any practical problems
- › Review and adjust the plan as necessary
- › Agree how to respond to any difficult issues that have come up — for example, a young person who has asked for help with a serious problem
- › Review the information that has been collected
- › Discuss themes and differences
- › Identify issues that need to be explored in more detail

Share assessment information with the community

The assessment team shares the information they have collected with the community at the end of the fieldwork in each site. This feedback provides an important opportunity to:

- › Involve more people in the assessment, increasing community interest and understanding of the process
- › Builds trust with and among community members by sharing information
- › Verify (check) information with young people and adults who did not participate in the group discussions and interviews
- › Increase community awareness and understanding of local issues relating to youth reproductive health

Sharing assessment information with communities

Young people who participated in the assessment can present the information to the wider community. Involving young people in presenting the information will increase their ownership over the process. It also helps demonstrate the capacity of young people to the wider community. Members of the assessment team and adult participants from the community can also be involved.

Assessment information can be shared in open community meetings, in meetings with invited groups, or through a combination of both. Include people whose support and interest are important to youth reproductive health. (For example, health service providers, community leaders, government officials, community-based organizations, and religious leaders.)

Record the comments and additional information provided by the community members and stakeholders.

2.5 Documenting and analyzing the information

During the assessment

Good documentation of the participatory assessment is very important. It provides a record of the information collected during the assessment. It forms the basis for analyzing the information, drawing conclusions, and making recommendations about what to do next.

At the end of each group discussion or interview:

- Make copies of any drawings or diagrams, if necessary. (For example, if participants want to keep the originals, or if the drawing is on local materials that cannot be kept.)
- Label all the notes, drawings, and diagrams with the date, time, location, session title, and facilitators' names and a description of participants (for example, "school girls aged 12 to 15.") The note-taker is responsible for carefully storing these materials.
- Write up the discussion or interview immediately, or as soon as possible, while the discussion is still fresh in the minds of the assessment team and it is easy to fill in any gaps in the notes. Writing up the discussion will help the

assessment team review the information they have collected and feedback at the daily meeting. See Annex 4 for a format for documenting group discussions and in-depth interviews.

- › Keep notes of the daily meetings at each site. This provides important information about the assessment process. The assessment team may also find it useful to keep 'field notebooks' to record ideas, names, and comments.

Remember to record the discussion!

Remind the assessment team to record the discussion in as much detail as possible. This is a very important part of documentation. Making copies of drawings and diagrams is a smaller part of documentation.

At the end of the assessment

At the end of the assessment, bring all the teams together for a documentation and analysis workshop. The suggested length of this workshop is three to four days. Ask the team members to bring all assessment documentation to the workshop (for example, documented group discussions, note-takers notes, drawings and diagrams, notes of daily meetings, etc.)

The purpose of this workshop is to:

- › Bring all the information from the different sites together and make sure all discussions are documented, and new discoveries recorded
- › Analyze the information, producing the 'findings' or results of the assessment
- › Agree on recommendations for action on youth reproductive health

Analyzing information

Analysis of the information is the process of organizing the information and identifying the important themes and issues that it shows.

The assessment team made a list of topics and issues to explore during the assessment. Use this list to help organize the information from the assessment. A quick way to organize large amounts of information is to write the different

topics and issues on different cards and place these around the walls of the workshop. Use different colors for different types of information. Ask the assessment team to identify information from their assessment activities that fits with the different topics and issues, and write this on cards. Place the cards in the appropriate place on the wall.

Once the information has been sorted, the assessment team completes the analysis by discussing the findings in detail. Use “guide questions” help the assessment team complete the analysis for each topic. For example:

- › What are the key themes or issues that were found? What are the most common problems? Who is affected by these? Why?
- › What are the most serious problems? Who is affected by these? Why?
- › What are the reasons and consequences for each problem?
- › What is the same and what is different among the views or experiences of different people (for example, girls, boys, teachers, or parents)?

Divide the assessment team into smaller groups and ask each group to summarize different sections of the findings. Present these summaries to the large group and ask for feedback. Record the summaries, including feedback from the large group.

Making recommendations

Use the findings from the assessment to make plans and recommendations for action. List the problems identified during the assessment and discuss how they can be addressed. If the assessment identified many problems, it may be necessary to prioritize the problems to be addressed. Include problems that are easier to solve as well as more difficult problems. Encourage the assessment team to identify actions that they can take themselves, as well as actions needed by other people.

Some problems will require the involvement of several stakeholders and may require resources. Remember that plans cannot be made for stakeholders who are not present. However, activities can be suggested or recommended to them.

Use (or adapt) the table below to develop recommendations and plan activities.

	Problem 1	Problem 2	Problem 3	Problem 4
What activities will help to solve the problem?				
Who will do the activities?				
Who else needs to be involved?				
What resources do we need? Where can we get them?				
When will we do the activities?				
How will we know if what we are doing is working?				

2.6 Verifying and sharing the findings

Arrange a dissemination session with stakeholders in youth reproductive health and HIV/AIDS. The purpose of this session is to:

- › Verify assessment findings with key stakeholders
- › Develop understanding among key stakeholders of participatory process
- › Review draft recommendations with key stakeholders
- › Advocate about youth reproductive health issues

Verifying findings means checking if the findings accurately describe the situation and issues in the community. Verify findings by checking with stakeholders, including people who participated in the analysis. If people disagree with the findings, find out why. Additional information from these stakeholders can be included in the findings.

Support the assessment team to prepare a presentation of assessment findings and recommendations (see Annex 5 for session plan). Examples of key stakeholders include: community members from assessment sites, youth organizations, service providers, NGOs, government agencies, donors, churches, and faith-based organizations. A sample program for a half-day dissemination meeting with key stakeholders is in Annex 6.

Preparing a report of the assessment findings and recommendations is the final step in dissemination of results. Distributing this report widely among stakeholders, including partners, donors, NGOs, and government agencies, is another opportunity to develop interest and secure support and resources to respond to the issues identified in the assessment. Consider translating the report into local languages in order to enable greater circulation and understanding.

2.7 Integrating participatory approaches throughout the project cycle

This guide details PLA tools and techniques that YouthNet has successfully used to facilitate assessments with, and by, young people. Many of the tools and approaches described in this guide can be adapted and applied at every stage of the project cycle: assessment, program design, implementation, and

monitoring and evaluation. For example, the participatory assessment process enables young people to lead the process of analyzing information and making recommendations about future action.

Similar approaches can be used to enable community members, including young people, to participate in program design and planning. For example, tools such as problem ranking (Section 3 No. 5) and future visioning (Section 3 No. 9) can be adapted for use with young and adult community members to prioritize problems that should be addressed and to agree on objectives defining what the project will achieve.

Involving young and adult community members in identifying appropriate strategies to meet the agreed objectives will enable community buy-in to the project activities. Youth and adult participation in selecting strategies will also build understanding in the community about the human, technical, and financial resources available to the project and may encourage mobilization of community resources. Tools such as the problem tree (Section 3 No. 7) can be used to identify possible strategies to address the priority problems (some strategies will have been identified during the assessment). Possible strategies can then be ranked according to how easy or difficult they would be to accomplish, the resources they require, how much impact they are likely to have, and how sustainable they are likely to be.

Involving young and adult community members in coordinating and implementing activities helps build ownership and confidence among community members. Simple planning tools, such as a timeline, are useful to enable participation in planning. A planning timeline can be adapted from tools using timelines and lifelines in this guide (Annex 2; Module 2, Activities 1 and 3). It shows what activities will happen during the life of a project and who will do what. A planning timeline is also a useful visual tool to help young and adult community members monitor project implementation.

Many of the assessment tools described in this guide can be adapted for use during project activities. Peer group discussions using PLA tools are a common strategy to address issues relating to YRH and HIV knowledge and skills. For

example, A Picture of My Body (Section 3 No. 3) can be adapted to enable young people to learn about their bodies, about sexual health problems, and how these can be avoided, addressing gaps in knowledge identified during the assessment.

Supporting different peer groups in the community to share their learning from these discussions can help address wider issues in the community by helping young and adult community members understand the perspectives of different people. For example, building understanding within the community about how gender norms increase the vulnerability of young people may contribute to a more supportive environment for YRH and HIV prevention.

PLA tools can also be adapted to enable young and adult community members to participate in monitoring and evaluation. For example, tools used during the assessment can be repeated after a period of time in order to see what any change has taken place. Young and adult community members can also be involved in setting indicators. Indicators selected by community members will reflect changes that are important to them, and can be used alongside indicators required by other stakeholders such as governments and donors. Tools such as Futurama (Section 3 No. 9) can be adapted to set indicators. For example, participants imagine the future when the project objectives have been met, and ask themselves, “What will tell us we are making progress towards this future?” The answers to this question will provide possible indicators. Support community members to select indicators from among these that are simple and easy to measure.

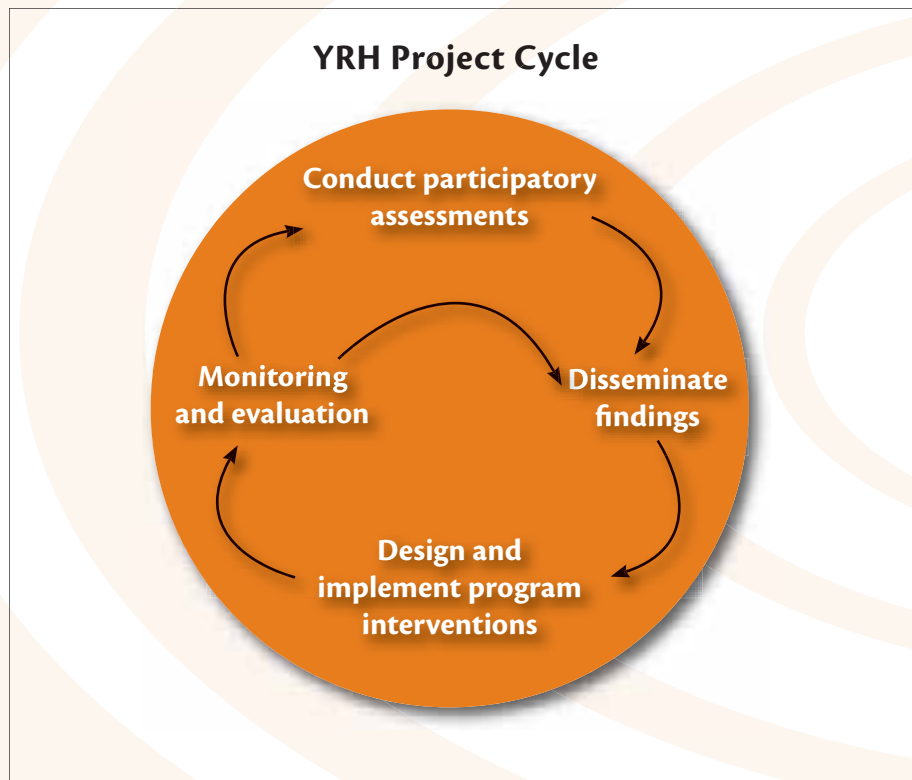
If community members are not involved in setting indicators, PLA tools such as Futurama (Section 3 No. 9) or Timeline (Annex 2, Module 2, Activity 1) can also be adapted for use during evaluation to identify changes that have happened that are significant to young and adult community members. For example, community members can draw or describe the current situation and the situation at the start of the project. Comparison of these two pictures will help to highlight important changes.

Involving young and adult community members in monitoring and evaluation also means involving them in collecting and analyzing the information. Ensure that community members involved in collecting information know why it is being collected and how it will be used. Involve young and adult community

members in analyzing information by including them in evaluation teams and by describing evaluation findings at community meetings and adapting the process of analysis, verification, and dissemination from the assessment process.

Using PLA tools and approaches at every stage of the YRH and HIV/AIDS project cycle helps make sure that programs are responsive to the real needs of young people, and helps build a sense of ownership among young people and the wider community. This increases the effectiveness and sustainability of individual programs. It also enables long-term and wide-reaching change by empowering young and adult community members with increased capacity, problem-solving ability, and decision-making power.

The diagram below summarizes the benefits of integrating participatory approaches into each stage of the project cycle.



Benefits of Integrating Participatory Approaches Throughout the YRH Project Cycle

Participatory assessment process can help:

- › Increase capacity among young people and other local stakeholders
- › Build interest and ownership of the program among the community
- › Resource mobilization by community
- › Develop community action plans
- › Change attitudes relating to YRH among young people and adults in the community
- › Increase understanding and consensus building between adults and young people
- › Develop programs informed by youth and the wider community
- › Build support and buy-in for future YRH programming
- › Youth are partners in development

Disseminating findings can help:

- › Check findings with the wider community and stakeholders
- › Influence policy and decision-makers
- › Influence and inform government and non-government agencies to mobilize them for action

Participatory monitoring and evaluation can help:

- › Provide feedback to communities and other stakeholders about progress
- › Provide information about which YRH strategies are effective
- › Empower youth and adult community members to solve their own problems

Participatory project design and implementation can help:

- › Increase responsiveness of YRH program design
- › Increase impact of YRH program
- › Encourage community-based organizations to initiate or modify interventions on the basis of the assessment findings
- › Increase youth and community control over decision-making

2.8 Strategies for scaling up participatory approaches and processes

Scaling up YRH and HIV/AIDS programs is a priority for many donors and policy-makers, given the scale of need in many countries. Participatory processes are intensive, requiring skilled facilitators and time. There are no easy shortcuts. It is important to plan strategies for scaling up participatory YRH and HIV/AIDS programs carefully, taking into account the need to maintain quality. Coordination of activities becomes increasingly important as programs go to scale.

Practical strategies for scaling up participatory youth reproductive health programs include:

Cascade approach to training

Train a group of ‘master’ facilitators as trainers in PLA tools and approaches. These trainers train other facilitators of the PLA tools and approaches. It is essential that the ‘master’ facilitators have practical experience and skills in facilitating PLA tools as part of a participatory process. Remember that follow-up support is required after any training, and plan for this from the beginning.

Working with local partners

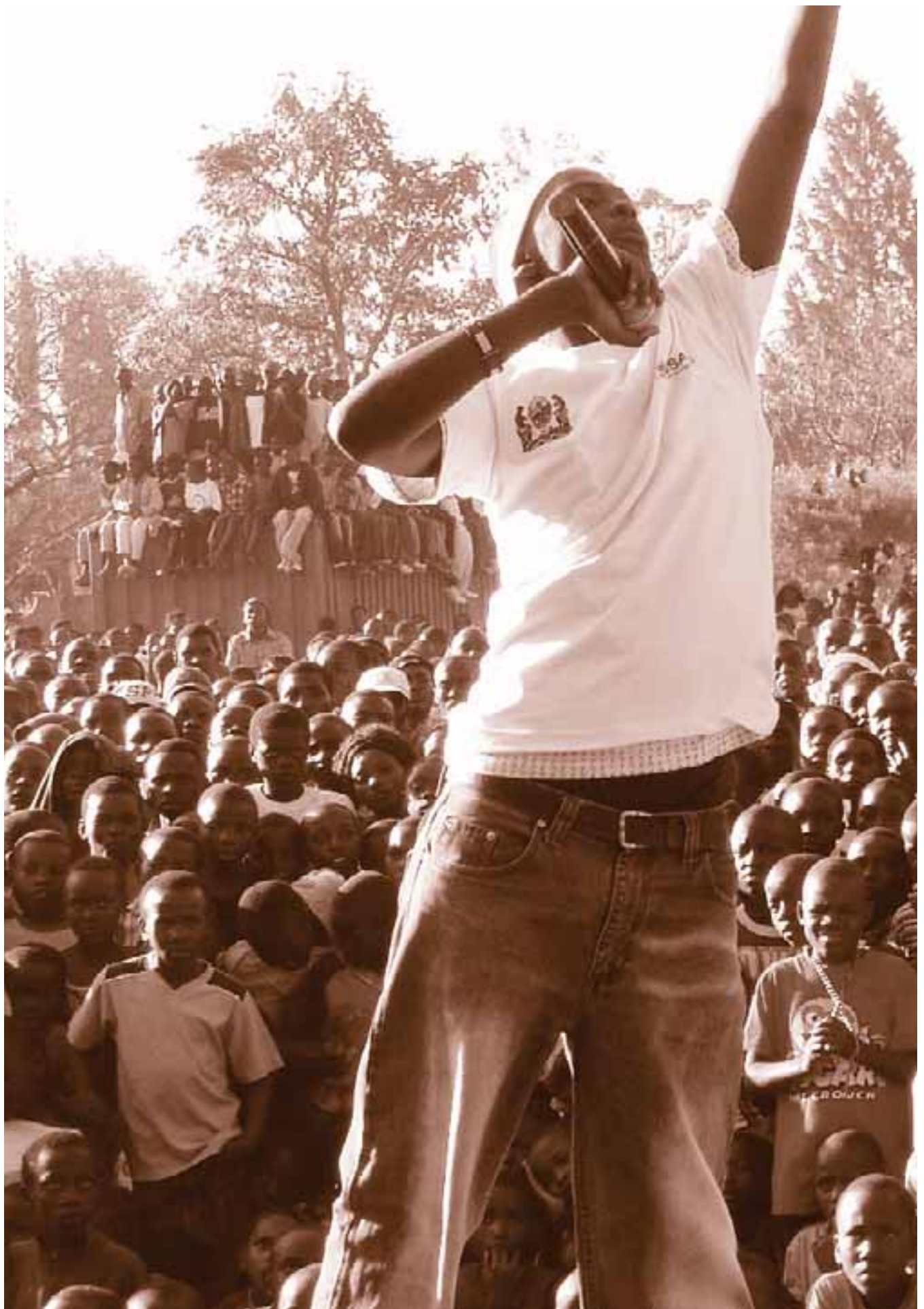
Identify local partners, such as local NGOs or community-based organizations, which are interested in strengthening participation in their YRH programs and projects. Provide training and ongoing capacity-building support to enable local partners to integrate participatory approaches into all aspects of their programs. Support networking, coordination, and sharing of experiences between local partners.

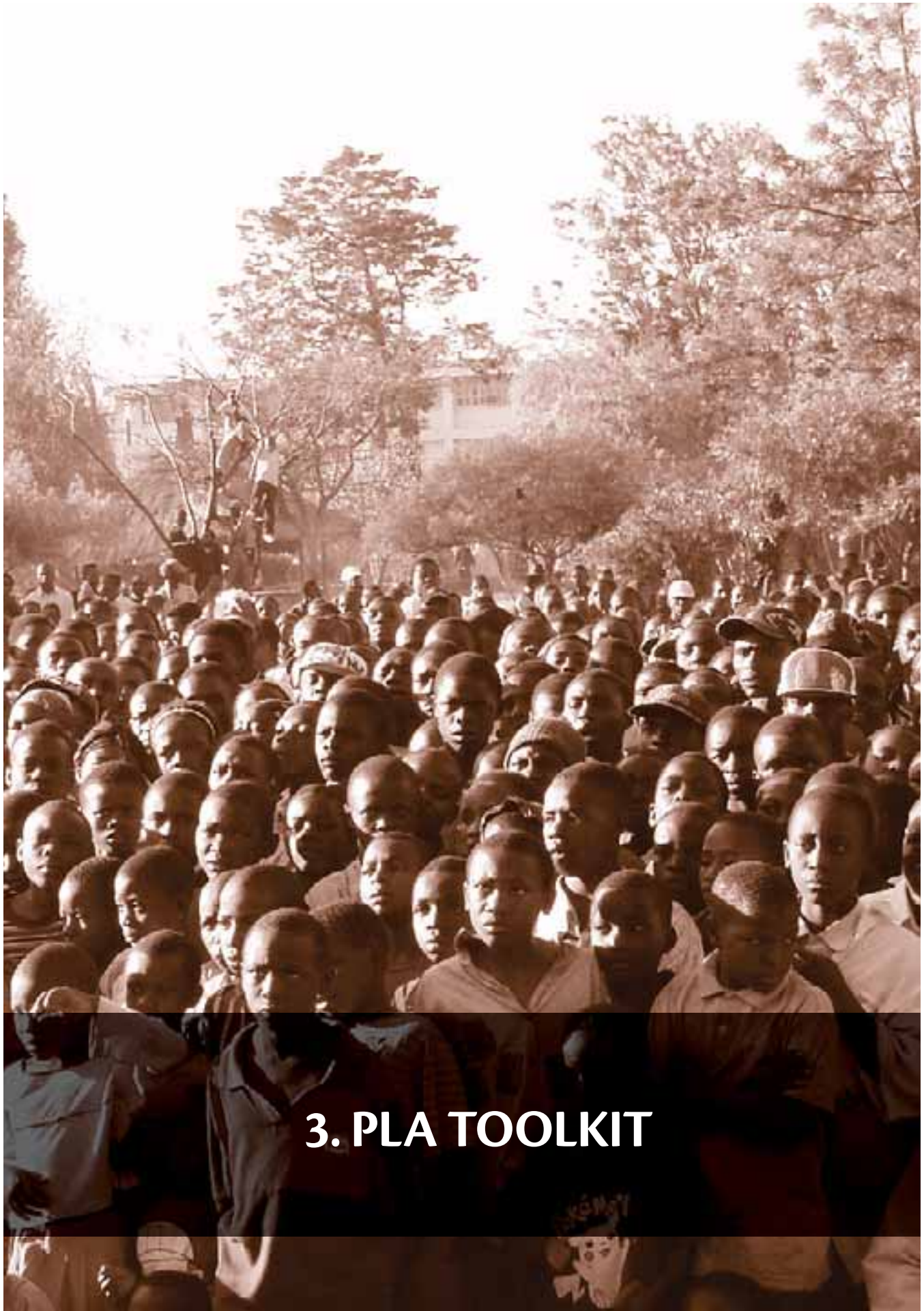
Networking and coordination

Develop networks and coordination mechanisms between different projects and programs using participatory approaches in YRH. Share information about assessment findings, priorities for action, lessons learned, effective strategies, and achievements. Share resources — such as skilled facilitators — where possible. Work together to influence policy makers and planners.

Monitor and evaluate the benefits of participatory approaches

Use a combination of qualitative and quantitative monitoring and evaluation approaches to provide reliable information about the impact of participatory YRH programs. Ensure that the programs are well-documented. Demonstrating the achievements of participatory YRH programs will help mobilize increased resources to support the scale-up of programs.





3. PLA TOOLKIT



3. PLA TOOLKIT

This section contains a set of simple PLA tools — a ‘toolkit’ — for use in YRH and HIV/AIDS programs. Guidelines for using the tools are deliberately brief, to encourage their adaptation and flexible use. Be creative!

YouthNet programs used the first nine tools in this toolkit to facilitate participatory group discussions with young people. Tool 10 (Typical Girl and Typical Boy) and Tool 11 (Causes and Consequences of Sexual Health Problems) were used during focus group discussions with key adults and young people.

As explained in Section 2.3, Module 3 of the assessment team training (Let’s Find Out) involves learning how to use the tools. The assessment team should practice each tool during the training, to enable them to learn to use them effectively, developing the necessary facilitation skills. Practice can take place at the training site, by dividing the participants into small groups. Each small group demonstrates a tool to the larger group, and then receives feedback on how to improve facilitation.

After practicing each tool during the training, ask participants to summarize the steps to facilitating use of the tool. This will help prepare them for using the tools in the field. Participants should also note the questions asked to stimulate discussion. This will provide them with a useful list of potential questions that they can draw from when they are facilitating the tools themselves. It is also very helpful to arrange field practice of the tools during the training. See Annex 3 for details.

1. MY UNIVERSE

WHY USE IT?

This tool helps participants to:

- › Identify the important people in their lives and to think about the relationships they have with them
- › Think about how gender (being a boy or being a girl) affects issues of sexuality, reproductive health, and HIV/STI prevention
- › Think about how the sexual and reproductive health of different people is related to other aspects of life, such as where they live, what they do, work, study, relationships with other people, etc.

MATERIALS NEEDED

Local materials or flip chart paper, colored paper cut in different sizes of shapes, marker pens, glue

TIME NEEDED

Between 90 minutes and two hours

HOW TO DO IT

- › Explain that this is an individual exercise and that everyone is going to produce a map of his or her personal universe.
- › Ask participants to close their eyes and think for a minute about the important people in their lives (for example, family, friends, neighbors, teachers, pastors, etc.).
- › Distribute the materials and ask each participant to make his or her universe, showing all the important people in their lives.
- › Explain:
 - Each participant places his or herself at the center of the universe.

- Give each person in the universe a shape and size (the most important people have the largest sizes).
- Think about how close each person is and how easy they are to talk to. Place the people who are closest to you, and easiest to talk to, close to you on the diagram.
- › Ask participants to think about the things and issues that are important in their lives, such as food and shelter, family, school, money, love, sex, and sexuality. Explain that some issues are difficult to talk about (for example, sex).
- › Ask participants to think about how easy or difficult it is to talk about sex and sexuality with the people in their universe. Use the guide questions below to help participants reflect on this.
- › Ask participants to explain their universe to the group.

GUIDE QUESTIONS

- › How easy or difficult is it for you to talk about sex and sexuality?
- › Which of the people in your universe can you talk to about sex and sexuality? Why?
- › What helps you to trust these people?
- › Which of the people in your universe can't you talk to about sex and sexuality? Why?
- › What topics related to sex and sexuality are easier to discuss? Why?
- › What topics related to sex and sexuality are difficult or impossible to discuss? Why?
- › Is it the same or different if you are a boy or a girl? Why?

2. MY FAMILY

WHY USE IT?

This tool helps participants to:

- › Identify responses within the family to different sexual and reproductive health problems of family members
- › Identify how the family can help individual members have good sexual and reproductive health
- › Identify how the family can contribute to poor sexual and reproductive health of individual members
- › Explore the impact on individuals and the family when different family members have sexual and reproductive health problems
- › Explore how the family affects the sexual and reproductive health of its members

MATERIALS NEEDED

Local materials or flip chart paper, marker pens, masking tape

TIME NEEDED

Between 60 and 90 minutes

HOW TO DO IT

- › Ask the participants to spend one minute thinking about their families, about their family members, and the relationships between them.
- › Divide the participants into small groups.
- › Ask each group to imagine an 'ideal family' that might live in a community like theirs. Ask each group to draw a picture of the family they imagine, including children and young people.

- › Ask participants to use the guide questions below to identify factors that help individual family members in their 'ideal family' have good reproductive health. Identify factors that contribute to poor reproductive health of individual family members. Write these factors on the portraits.
- › Place the family portraits around the room for participants to view and discuss.
- › Facilitate a discussion about the portraits with the large group.

GUIDE QUESTIONS

- › Is it easy or difficult to discuss issues related to sex and sexuality within the family? Why? Why not?
- › What does a young family member do when she or he has a sexual or reproductive health problem?
- › Does the family respond in the same way if it is a young man or if it is a young woman?
- › Who in the family teaches girls about menstruation, reproduction, sexuality and pregnancy?
- › Who in the family teaches boys about reproduction, sexuality and pregnancy?
- › What does the family do when a daughter gets pregnant before marriage?
- › What does the family do when a son gets a girl pregnant before marriage? What does the girl's family do? What about the neighbors?
- › What happens when a family member has HIV or AIDS? Socially, economically, and emotionally?

3. A PICTURE OF MY BODY

WHY USE IT?

This tool helps participants to:

- › Discuss issues related to their bodies and their sexuality
- › Think about how they feel about their bodies and about the words that describe the sexual parts of their bodies
- › Explore how knowledge of their bodies and sexuality affects their sexual health and how they see themselves

MATERIALS NEEDED

Local materials or flip chart paper, masking tape, marker pens

TIME NEEDED

Between 90 minutes and two hours

HOW TO DO IT

- › Divide the participants into small groups of boys and girls. If possible, divide groups into older and younger boys and older and younger girls.
- › If possible, have one mixed group of boys and girls, if participants are comfortable with this.
- › Ask each group of participants to draw the body of a man and the body of a woman. Encourage the participants to show the internal sexual and reproductive organs as well as the sexual organs on the outside of the bodies.
- › Ask the participants to think of the 'proper' or 'scientific' words for the sexual and reproductive organs and for all the sexual activities that they know. Write these words on flip chart paper. Under each word, ask the participants to write down all the popular or slang words that they know.
- › Facilitate a discussion using the guide questions below.

GUIDE QUESTIONS

- › How did you feel doing the exercise? All-girl groups? All-boy groups? Mixed group?
- › Where and how do young people learn about sex and sexuality?
- › How do young people who are not in school learn about sex and sexuality?
- › How are the words we use important when we talk about issues and problems relating to sex and sexuality?
- › How important is it to know about the sexual and reproductive organs?
- › What kinds of problems or illnesses relating to the sexual and reproductive organs do you know?
- › How do you think a boy would feel if he finds out he has an STI? How would a girl feel?
- › How would a young girl feel if she finds out she is pregnant?
- › Where can boys and girls with sexual health problems go for treatment or help?
- › What kinds of services do you think young people need to be provided in these places?

4. MAPPING MY COMMUNITY

WHY USE IT?

This tool helps participants to reflect on community-related factors that affect sexual and reproductive health and HIV/STI prevention by:

- › Exploring what places are important to their development, health, education, and happiness
- › Identifying where they can go and where they cannot go
- › Identifying risks related to different places and how to avoid them

MATERIALS NEEDED

Local materials or flip chart paper, masking tape, marker pens

TIME NEEDED

Between 90 minutes and 2 hours

HOW TO DO IT

- › Divide the group into small mixed groups of boys and girls.
- › Ask each group to draw a map of their community, showing the different places that are important to them.
- › Discuss the maps with the participants, using the guide questions below.

GUIDE QUESTIONS

- › What are the main ways that community members earn money? Where do these different activities take place?
- › Who lives in this community? For example, what different religions and ethnic backgrounds do people have? What languages do people speak?
- › Where do young people meet? What do they do when they meet? What times of day do they meet?

- › Is it the same for boys and girls? Who spends more time outside the house and why?
- › Where do boyfriends and girlfriends meet? What kinds of sexual practices do they do? For example, hugging? Masturbation? Oral sex? Vaginal sex? Anal sex? Using condoms or not using condoms?
- › What are the common sexual and reproductive health problems that people face? Who is more vulnerable to these problems — boys or girls? Young people or old people? Why?
- › Which places might lead to sexual and reproductive health problems? Why?
- › Where are sexual and reproductive health services provided?
- › If a boy or girl has a sexual health problem, where can they go for help?

5. IDENTIFYING AND RANKING PROBLEMS

WHY USE IT?

This tool helps participants to:

- › Explore problems relating to sex, sexuality, and sexual and reproductive health
- › Prioritize problems according to their frequency and seriousness

MATERIALS NEEDED

Local materials or flip chart paper, cards or smaller papers in two different colors, masking tape, marker pens

TIME NEEDED

90 minutes

HOW TO DO IT

- › Divide the group into small groups of three people.
- › Ask each group to brainstorm sexual and reproductive health problems identified during previous discussions.
- › In the large group, list all the problems.
- › Divide the participants into groups of boys and groups of girls. Ask them to add problems that they think are missing.
- › Give each group two sets of cards of different colors.
- › Ask each group to write each problem on two cards, of different colors.
- › Ask the group to discuss which of the problems are most frequent. Place one set of problem cards (one color) in order of frequency.
- › Ask the group to discuss which of the problems are most serious. Place the other set of problem cards (the other color) in order of seriousness.

- › Discuss what the cards show, using the guide questions below.

GUIDE QUESTIONS

- › Why do you think some sexual and reproductive health problems are more frequent than others?
- › What are the reasons that some problems are very frequent in the community?
- › Why do you think some sexual or reproductive health problems are more serious than others?
- › What are the reasons that some sexual and reproductive health problems are very serious in the community?
- › What are the differences in the views of men and women, or girls and boys, about the frequency of different sexual and reproductive health problems?
- › What are the differences in the views of men and women, or girls and boys, about the seriousness of different sexual and reproductive health problems?

6. WHY DO PROBLEMS HAPPEN?

WHY USE IT?

This tool helps participants to:

- › Explore the reasons that people have unsafe sex
- › Identify strategies to avoid unsafe sex

MATERIALS NEEDED

Local materials or flip chart paper, masking tape, marker pens

TIME NEEDED

2 hours

HOW TO DO IT

- › Brainstorm sexual practices that are very risky. (This means sexual practices that lead to sexual health problems such as HIV infection or unwanted pregnancy.)
- › Ask participants to explain why these practices are risky — what problems can result?
- › Ask the participants to think about specific situations when these high-risk sexual practices happen. For example, who does them? Where do they take place? How do they happen?
- › Divide the participants into single-sex groups. If possible, divide into groups of similar ages too.
- › Explain that the activity is to draw a cartoon, starting at the end of the story. There are 5 pictures in the cartoon. The participants start by drawing Picture 5, which shows the moment when the unsafe sex is taking place.
- › Next, participants draw Picture 4, which shows what happens just before the unsafe sex takes place.

- › Next, participants draw Picture 3, which shows the situation that leads to Picture 4, and so on.
- › Ask the participants to think about the choices that the young people have in each picture. Write these choices at the top of the picture.
- › Ask the participants to think about what leads to the situation shown in each picture. Write this under each picture.
- › Discuss what the cartoons show, using the guide questions below.

GUIDE QUESTIONS

- › What are the most important high-risk sexual practices that you know of?
- › Why are they so risky?
- › What leads a young person with information about avoiding unwanted pregnancy, or HIV/STI infection, to do high-risk sexual practices?
- › How do you think the young people in your cartoons feel before having unsafe sex? What goes through his or her mind? What are the emotions, or the physical feelings that he or she has?
- › If you were in his or her situation, what could you do realistically?

7. PROBLEM TREE

WHY USE IT?

This tool helps participants to:

- › Explore the causes and effects of sexual and reproductive health problems

MATERIALS NEEDED

- › Problem cards (see below)
- › Local materials or flip chart paper, masking tape, marker pens

TIME NEEDED

90 minutes

HOW TO DO IT

- › Prepare a set of cards in advance. Each card describes a sexual or reproductive health problem experienced by young people identified during the previous discussions.
- › Divide participants into small groups of boys and girls.
- › Ask each group to make a large drawing of a tree. Ask them to include the trunk, roots, and branches.
- › Give each group a problem card. Each group writes the problem on the card at the center of a flip chart paper.
- › Ask each group to identify the main causes of the problem. Ask them to write each cause on one of the large roots of the tree.
- › Where possible, identify causes for each of these causes. Show these on small roots coming off the larger roots of the tree.
- › Ask each group to identify the consequences of the problem. Write these on the branches of the tree.

- › Where possible, identify the consequences of the consequences. Show these as smaller branches coming off the larger branches of the tree.
- › Discuss the diagram, using the guide questions below.

GUIDE QUESTIONS

- › What are the main causes of the problems? Can they be addressed? How? Who needs to be involved?
- › What are the underlying causes of the problems? Can they be addressed? How? Who needs to be involved?
- › What community resources and abilities can be used to address the causes?
- › Are the chains of causes and consequences the same for boys and for girls? Are they the same for educated young people as for young people who have not been to school?
- › How can the chain of consequences be broken? Who needs to act?

8. WHO CAN HELP ME?

WHY USE IT?

This tool helps participants to:

- › Identify important sources of information and support relating to YRH in the area
- › Identify sexual and reproductive health service providers in the area
- › Discuss accessibility to different information sources and service providers
- › Discuss the quality of different services

MATERIALS NEEDED

Local materials or flip chart paper, marker pens, colored card cut-outs, glue

TIME NEEDED

1 hour

HOW TO DO IT

- › Divide participants into small groups of people from the same community or area.
- › Ask participants to think of a typical young person with a sexual health problem, and brainstorm the services, organizations, and people that this person can turn to information, help, or support.
- › Write each service, organization, or person on a colored card. The more important the service, organization, or person the larger the card. On each card, write the type of help the service, organization, or person provides.
- › Services, organizations, and people that are nearby are placed close to the problem on the diagram. Services, organizations, and people that are distant are placed far away from the problem on the diagram.

- › Ask participants the different costs involved in visiting different services, organizations, or people for help or information. Show these costs on the cards.
- › Ask participants to discuss the quality of the information, advice, or services provided. Show the quality of each information, advice, and services on the cards.
- › Ask participants to discuss the friendliness and attitudes of the service providers, organization staff, or individual people. Show the friendliness and attitudes on the cards.
- › Discuss what the diagrams show, using the guide.

GUIDE QUESTIONS

- › What makes some services or information better than others?
- › What makes some services, organizations, or people easier to access than others?
- › Who can access services easily? Who finds it difficult to access services?
- › What services, organizations, or people are most useful for which YRH problems? Why?
- › What sorts of attitudes should service providers have towards young people?

9. FUTURAMA!

WHY USE IT?

This tool helps participants to:

- › Imagine an ideal world without the problems they have identified so far
- › Identify interventions that would assist progress towards this ideal world
- › Identify which of these interventions are feasible
- › Contribute to recommendations for future action

MATERIALS NEEDED

Local materials, flip chart paper, pens

TIME NEEDED

90 minutes

HOW TO DO IT

- › Ask participants to brainstorm and summarize the problems that have been identified during earlier discussions. List these problems on flip chart.
- › Divide the participants into small groups. Ask each group to imagine a world where these problems do not exist. Write or draw a description of this world.
- › Ask each group to think about interventions that would help solve problems and reach the ideal world.
- › Ask each group to feedback on their ideas. Use the guide questions below to facilitate a discussion about the suggested interventions.
- › Agree which interventions are high priority and feasible.

GUIDE QUESTIONS

- › What interventions address the most serious problems?

- › How effective would the different interventions be? How do we know?
- › Who needs to be involved in the interventions?
- › What materials or resources are needed for the interventions?
- › Which interventions would be most difficult to do? Why?
- › Which interventions would be easiest to do? Why?

PLA tools for interviewing adults

These tools are useful for facilitating focus group discussions with adult stakeholders. Each tool takes between 90 minutes and 2 hours. If possible, hold two discussions with each group of adults. This will allow enough time for all the issues to be covered. If this is not possible, try to extend the discussion to around two and a half hours. Group discussions with adult participants are likely to require some assistance from adult facilitators, at least until adults get used to young people taking a leading role in YRH and HIV/AIDS programming.

10. TYPICAL GIRL AND TYPICAL BOY

WHY USE IT?

This tool helps participants to:

- › Identify and discuss issues relating to young people, gender, and sexual health
- › Explore communication between young people and adults about sex and sexuality
- › Explore availability of sexual health services for young people

MATERIALS NEEDED

Local materials, or flip chart paper, marker pens

TIME NEEDED

Between 90 minutes and 2 hours

HOW TO DO IT

- › Divide the participants into two groups.
- › Ask one group to draw a picture of a typical girl and one group to draw a picture of a typical boy.
- › Ask each group to use the guide questions below to discuss their concerns, knowledge, experiences, and strategies relating to young people and sexual health.
- › Ask each group to note down the key points of their discussion.
- › Ask each group to share the findings of their discussion with the large group.

GUIDE QUESTIONS

- › How does the girl or boy in the picture feel when her or his body starts to change?

- › Where does she or he get information about these changes? Who does she or he talk to about these changes?
- › How do children and young people talk about their sexuality?
- › As an adult, how do you feel about these physical changes (whether or not the child is related to you)? Do they worry you?
- › What kind of guidance do you feel that a girl or boy needs during this stage of their life?
- › What role do parents, close relatives, or friends have in educating children about their sexuality?
- › What role do organizations (such as schools, churches, community centers, or governments) have in educating children about their sexuality?
- › Who helps or guides the girl or boy at this time? How is this done in your community?
- › What kinds of problems related to their sexuality do young people face?
- › When a girl or boy has a problem relating to her or his sexuality, what does she or he do? Who does she or he go to?
- › What sexual health services are available for young people? Who provides them? What is their quality?
- › What discipline or punishment happens when young people break sexual 'rules' in your community? How common is this?
- › What do adults know about sexual practices among children and young people? How do they feel? What do they think? How do they react?
- › Who do young people have sex with? Other young people? Older people? How common is this? In what ways does it happen? Is it the same for girls and for boys?
- › What do young people know about problems relating to sex, such as unwanted pregnancy, HIV, and STIs?

11. CAUSES AND CONSEQUENCES OF SEXUAL HEALTH PROBLEMS EXPERIENCED BY YOUNG PEOPLE

WHY USE IT?

This tool helps participants to:

- › Explore the problems identified in the previous discussion (typical girl and typical boy) in more detail
- › Prioritize the problems
- › Identify and explore the causes and consequences of the problems

MATERIALS NEEDED

Local materials or flip chart paper, marker pens

TIME NEEDED

Between 90 minutes and 2 hours

HOW TO DO IT

- › Ask participants to brainstorm and list the problems identified in the previous discussion (typical girl and typical boy).
- › Ask participants to put the problems in order of frequency.
- › Ask participants to put the problems in order to seriousness.
- › Divide the participants into two groups. Ask one group to select the two most frequent problems. Ask the other group to select the two most serious problems.
- › Ask the participants to write each problem at the center of a piece of flip chart paper.
- › Ask the participants to discuss and identify the causes of each problem, and write these underneath the problem.

- › Ask the participants to discuss and identify the consequences of each problem and write these above the problem.
- › Ask each group to give feedback to the larger group, and discuss the findings.

GUIDE QUESTIONS

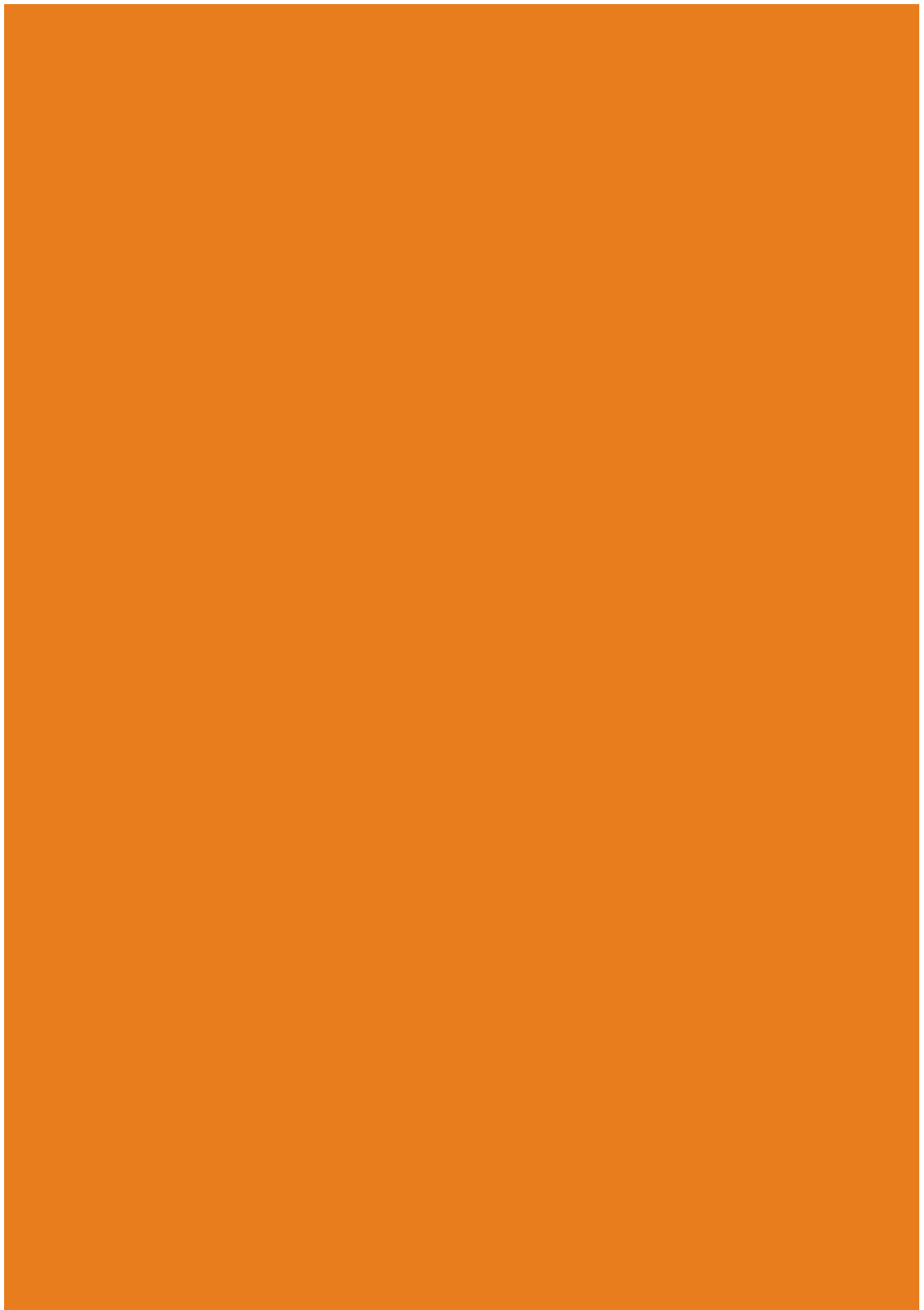
- › What are the most serious problems?
- › What are the most frequent problems?
- › Who is most affected by these problems? Why?
- › What is being done to address the causes and consequences of the problems at the moment? Why? Why not?
- › What can be done to address the causes of the most serious problems?
- › What can be done to address the causes of the most frequent problems?







4. Annexes



4. ANNEXES

ANNEX 1: TRAINING THE ASSESSMENT TEAM — MODULE 1

Setting the stage

The first step in training facilitators for the participatory assessment is to develop a friendly supportive environment for participants to work together. The following activities will help participants:

- › To relax and get to know each other
- › To share their expectations and fears about the training
- › To understand the objectives of the training
- › To agree 'ground rules' to help the training run smoothly

There are three short activities in Module 1. The total time required is approximately 90 minutes.

If customary, open the training with a short prayer. Invite a program representative, or a key local stakeholder, to formally open the training. Welcome the participants and introduce the facilitation team.

Present a brief overview of the training schedule. Explain that this is a guide and may be adjusted during the training. Present a more detailed schedule at the start of each day.

ACTIVITY 1. GETTING TO KNOW EACH OTHER

WHY DO IT?

This activity uses 'ice-breakers' and 'energizers' (games) to introduce the trainers and participants to one another. The ice-breakers help to build a friendly and relaxed atmosphere, providing a good start to the training.

MATERIALS NEEDED

Cut up pictures for postcard puzzles, prepared in advance

TIME NEEDED

30–40 minutes, so participants have a chance to relax

HOW TO DO IT

Below is a sequence of four 'ice-breakers' that will help do this. If you like, you can substitute your own instead.

Fruit salad

Conduct a 'fruit salad' warming up game. Ask participants to decide what kind of fruit they are (have them choose from 3-4 options). Ask participants who were 'bananas', 'apples' and 'oranges' etc., to form small groups and start brief conversations to introduce themselves.

Postcard puzzles

Cut up several picture postcards or magazine pictures into different shapes and distribute them to the participants. Ask the participants to look for the missing parts of the picture and re-form the picture. The picture groups then introduce themselves.

Life boats

Ask the participants to imagine that they are traveling by sea on a big ship. There is a storm and the ship is sinking! They must run and get on a life-boat, but each boat can only hold four people. All four people must be unknown to each other. The people on the boat then introduce themselves.

Name circle

This is a closing exercise for introductions. Ask all participants to form a big circle. Ask one participant to say his or her name and the names of the people on each side of him or her as quickly and clearly as possible. Continue around the circle until every participant has had a turn.

ACTIVITY 2. OBJECTIVES, EXPECTATIONS, AND FEARS

WHY DO IT?

In this activity, we share the objectives of the training with the participants. The participants share their expectations and fears, and we explain if any expectations will not be met. We can use the expectations that everybody agrees on as a way to evaluate the training. This activity is also a good opportunity to share the skills and experiences that the different participants bring to the training.

MATERIALS NEEDED

Small paper or cards, masking tape, marker pens, three prepared signs saying, 'What I offer to the training', 'My expectations' and 'My concerns'. Prepare a flip chart showing the training objectives.

TIME NEEDED

25–30 minutes

HOW TO DO IT

Step one: Discussing expectations and concerns

- Give each participant a card and ask them to draw or write down what he or she offers to the other participants in the training (for example, a skill, a talent, or particular experience).
- Ask the participants to form pairs and discuss what they offer, what they expect, and what they have fears or concerns about.
- After two or three minutes, ask the participants to form small groups of four and discuss the same information. Give each group three cards and markers. Ask them to write down what they collectively offer the training on one card. On the other cards, they write down two expectations and two fears.
- Post the cards on the large signs labeled 'What I offer', 'My expectations', and 'My concerns.'
- Review the signs with the large group. Ask if their expectations and concerns are represented. Add any expectations or concerns that are missing.

- › Group similar expectations and concerns together, if possible.

Step two: Present training objectives

- › Display the flip chart showing the training objectives.
- › Read it aloud and ask the participants if there are similarities between the objectives and their expectations.
- › Encourage participants to say how they feel about the expectations that will not be addressed during the training.
- › Discuss the training objectives, making sure that the participants fully understand the purpose of the training.

TIPS FOR FACILITATORS

If participants are not comfortable reading and writing, ask each group to remember and report back the group's gifts, expectations, and concerns, instead of writing. (The group will need to appoint some one with a good memory to do this.)

ACTIVITY 3. GROUND RULES

WHY DO IT?

We set ground rules to enable participants to share control over the process of the training, including use of time, and the working atmosphere. Setting ground rules helps participants agree how they want to work together and guides the behavior of participants and trainers during the training.

MATERIALS NEEDED

Colored cards, markers, paper, flip chart paper, masking tape. If colored paper is not available, use old magazines with colored pages. Or agree symbols on plain paper for 'Agree', 'Disagree', or 'Don't know'.

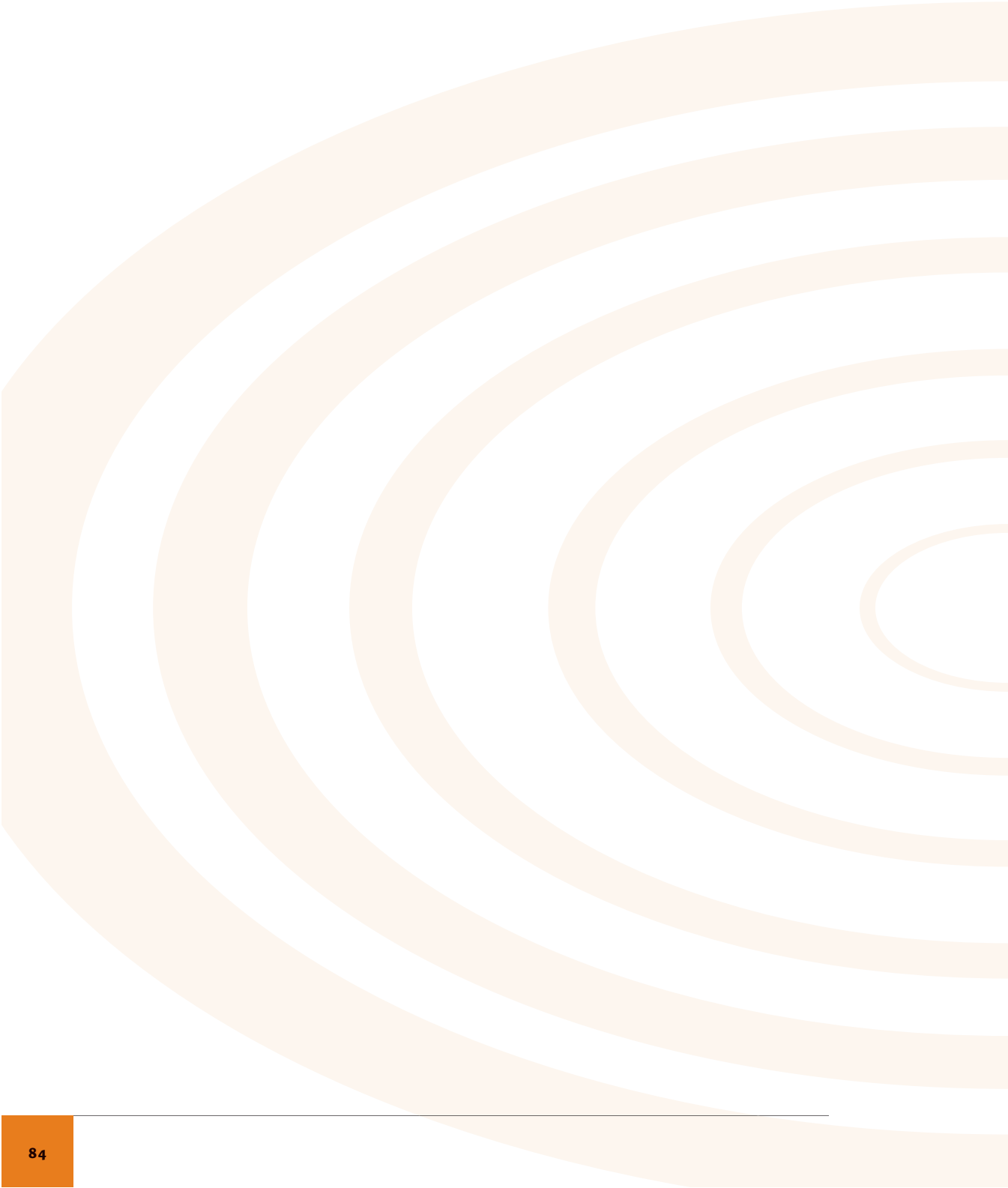
TIME NEEDED

15–20 minutes

HOW TO DO IT

- Divide the participants into small groups (a quick energizer can help to do this). Distribute markers and paper.
- Ask participants to discuss how they want to work together during the training, in order to support one another and meet the training objectives. Ask them to think of five 'Yes' rules and five 'No' rules. A 'Yes' rule is a rule that starts 'We will...' A 'No rule' is a rule that starts 'We will not...' Ask each group to draw or write their rules on the paper.
- Ask one of the groups to present their 'Yes' and 'No' rules and post them on the wall.
- Ask another group to add their ideas, without repeating the rules already on the wall.
- Continue until all groups have added their ideas.
- Discuss briefly in the large group and ask participants to agree which rules should stay and which rules should go.

- › Provide each participant with colored cards to use during the workshop, to help ensure that the rules are followed.
 - A green card shows approval, or encourages good work among group members.
 - A yellow card means that the issue raised by a participant is important but not relevant and should be discussed later.
 - A red card shows disapproval or that a rule has been broken.
 - A blue card shows time is up.



ANNEX 2: TRAINING THE ASSESSMENT TEAM — MODULE 2

Putting Our Facts Together

In this module, we review facts about HIV/AIDS and the HIV/AIDS epidemic in the country and the region. We explore concepts relating to sex, sexuality and gender, and issues and feelings about HIV/AIDS. The last activity in this training module is a session to provide factual information about YRH.

ACTIVITY 1. TIMELINE OF THE HIV/AIDS EPIDEMIC

WHY DO IT?

This activity provides participants with an overview of the HIV/AIDS epidemic in the country and internationally. It is an opportunity for participants to share what they know and clarify any misunderstandings. It helps participants place personal experience into the wider context of the HIV/AIDS epidemic.

MATERIALS NEEDED

Prepared 'landmark cards' showing key events of the HIV/AIDS epidemic in the country and internationally, glue sticks, colored cards or post-it notes, flip chart paper, masking tape, marker pens

TIME NEEDED

One hour

HOW TO DO IT

- › Trainers prepare 'landmark cards' showing important events in the epidemic in the country and worldwide. Make one set of cards for each group of participants. For example, if the participants will work in four groups, make four sets of landmark cards.
- › Divide the participants into small groups and give each group a set of landmark cards.
- › Ask each group to draw a timeline of the HIV/AIDS epidemic in their country. The line starts in 1979 and finishes in the current year.
- › Ask each group to place the landmark cards along the timeline. Ask participants to add other relevant information. For example, when did they personally hear about HIV/AIDS? When did they first meet a person living with HIV/AIDS? When was the first time they attended a prevention activity? When was the first time they used a condom?
- › Place the timelines along the wall and invite participants to view them.

- › With the large group, state the correct year when the landmark events happened. Discuss other information in the timelines. Answer any questions about the epidemic.

ACTIVITY 2. FACTS ABOUT HIV/AIDS

WHY DO IT?

This activity reviews the knowledge of participants about HIV/AIDS. It is an opportunity to make sure that all participants have a good understanding of basic facts about HIV/AIDS and to correct any misunderstandings.

MATERIALS NEEDED

A prepared question sheet about HIV/AIDS (see Annex 7 — add questions to the handout to make it relevant to the country or areas where you are working), a prepared answer sheet about HIV/AIDS (see Annex 8 — optional), pens

TIME NEEDED

60 minutes

HOW TO DO IT

- › Give each participant the question sheet about the HIV/AIDS (see Annex 7).
- › Ask each participant to answer the questions on the sheet. Help any participants who have difficulty reading the sheet.
- › After participants have answered the questions, provide each participant with the correct answer sheet (see Annex 8). Ask participants to compare their answers with the correct answers. (This is an optional step. If preferred, go straight to the small group discussion below.)
- › Divide the participants into small groups. Ask participants to discuss how they felt and how they responded to each question in the small groups.
- › In the large group, discuss questions and concerns among participants. Explain correct answers to the questions, as necessary.

ACTIVITY 3. EXPLORING THE IMPACT OF HIV/AIDS

WHY DO IT?

This tool helps participants to:

- › Explore how HIV infection impacts on the life of a person
- › Discuss emotions and responses of HIV positive people and the community around them

MATERIALS NEEDED

Local materials or flip chart paper, marker pens, masking tape

TIME NEEDED

2 hours

HOW TO DO IT

- › Divide the participants into three groups.
- › Ask one group to draw a picture of a young man, one group to draw a picture of a young woman, and one group to draw a picture of a child. Ask each group to give the person in their picture a name.
- › Ask each group to draw a line from left to right across the middle of a piece of flip chart paper. This is the 'lifeline' of the person in the picture, showing their life from the present time into the future.
- › Ask each group to show important events in the life of the person along the top of the line. For example, attending school, starting work, getting married, etc.
- › Ask each group to discuss how the person feels at these events. How do other people, such as family members, neighbors, friends, and community members, feel or react? Show these feelings on the lifeline.

- › Now ask each group to imagine that the person in the picture is HIV positive. Ask each group to discuss what events happen in the person's life if they are HIV positive, and show these underneath the lifeline.
- › Ask each group to discuss how the person feels at these events. How do other people, such as family members, neighbors, friends and community members, feel or react? Show these feelings on the lifeline.
- › Share the pictures and lifelines with the large group. Facilitate a discussion using the guide questions below.

GUIDE QUESTIONS

- › How did being HIV positive affect the lives of the people in the pictures? What was the same or different from an HIV negative person?
- › How did the person feel about the impact of HIV on his or her life?
- › What were the feelings and reactions of other people, such as family members, neighbors, friends, and community members?
- › How did these reactions affect the HIV positive person?
- › What support helps an HIV positive person? How can the impact of HIV on a person's life be reduced?
- › How does a person find out that they are HIV positive? What prevents people from finding out their HIV status? What support do people need to find out their HIV status?
- › Where can young people find information and support if they are concerned about their HIV status or HIV-related problems? What helps young people discuss their concerns?

ACTIVITY 4. FACTS ABOUT YOUTH REPRODUCTIVE HEALTH

WHY DO IT?

This activity reviews the knowledge of participants about YRH. It is an opportunity to make sure that all participants have a good understanding of basic facts about sexual health, including contraception and STIs, and to correct any misunderstandings.

MATERIALS NEEDED

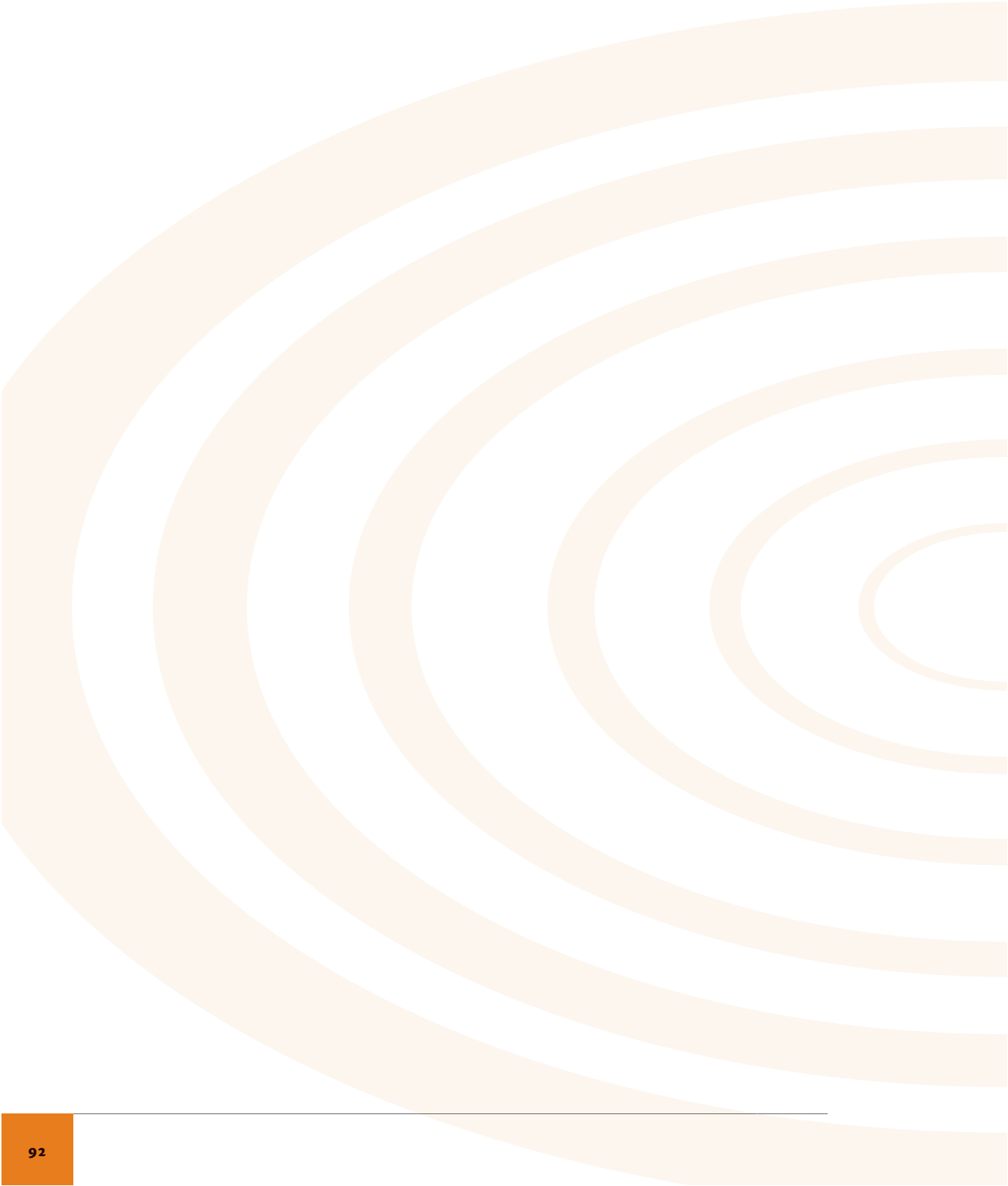
A prepared question sheet about YRH (see Annex 9 — add questions to the handout to make it relevant to the country or areas where you are working), a prepared answer sheet about YRH (see Annex 10 — optional), pens

TIME NEEDED

1 hour

HOW TO DO IT

- › Give each participant the question sheet about YRH (see Annex 9)
- › Ask each participant to answer the questions on the sheet. Help any participants who have difficulty reading the sheet.
- › After participants have answered the questions, provide each participant with the correct answer sheet (see Annex 10). Ask participants to compare their answers with the correct answers. (This is an optional step. If preferred, go straight to the small group discussion below.)
- › Divide the participants into small groups. Ask participants to discuss how they felt and how they responded to each question in the small groups.
- › In the large group, discuss questions and concerns among participants. Explain correct answers to the questions as necessary.



ANNEX 3: TRAINING THE ASSESSMENT TEAM — MODULE 3

Practicing what we learned

Module 3 prepares participants to use PLA tools during the participatory assessment, by practicing how to plan and carry out fieldwork with communities.

Explain that the participants are now going to practice planning and carrying out participatory assessment activities with communities. Start by reviewing key skills and tools before using the tools in the field. This review takes about one training day. Preparing, doing, and giving feedback on fieldwork take a second full day of training.

Review of key skills and tools

Attitudes of a good facilitator. Remind participants of the importance of the approach of the facilitator. Facilitate a discussion about the attitudes and skills of a good facilitator. Agree on a list of characteristics that the participants think are important.

For example, a good facilitator:

- › Shows respect for people, including young people
- › Believes in people's capacities, including the capacities of young people
- › Is patient, listens attentively, and respects other people's opinions
- › Is ready and willing to learn
- › Is confident
- › Is creative
- › Is flexible and able to adapt tools and approaches to different situations
- › Is sensitive to participants' feelings and understands group dynamics
- › Is able to help participants to organize and analyze information

Write your own...!

Planning PLA sessions: Briefly review the tools that were practiced in Module 4. Explain to the participants that each of the tools they have practiced so far in the workshop can be used to facilitate a group discussion during the assessment.

Explain that it is important to use the tools flexibly and to adapt them to different situations. Asking the participants to write their own notes on how to use the tools will assist them in building ownership of the tools and encourage a flexible approach. The form below provides a sample format for planning PLA sessions. Encourage participants to use their own words and language.

TOOL NAME:

WHY USE IT?

MATERIALS NEEDED

TIME NEEDED

HOW TO DO IT

GUIDE QUESTIONS

Open questions, probing questions: Remind participants of the Question Bank (see notes on training the assessment team at the start of Section 3), from which they can draw from when planning their sessions. Ask participants to think about the types of questions that have been used during the training so far. Brainstorm examples of useful questions. These are questions that encourage people to talk. For example, questions which begin with:

What...?

Who...?

Why...?

Where...?

How...?

When...?

How much/How many...?

Tell me about...?

Review how facilitators can use questions to get a discussion started, and to follow up on things people say. Highlight the role of the facilitator in helping people to talk and share their opinions. Remind participants that the facilitator does not 'lead' people to a particular view, nor 'put words in their mouths'.

Analyzing differences: Ask participants to think about the discussions about gender that they have had during the training so far. Remind participants of how the discussions revealed that girls and boys are affected by problems differently, and face different challenges. Other people, such as parents and teachers, also respond differently to girls and boys differently.

Ask participants to suggest other important differences between people. For example:

- › Gender
- › Age
- › Ethnicity
- › Marital status
- › Religion
- › Economic status
- › Education
- › Location
- › Occupation

Encourage participants to use open and probing questions to identify important differences between people in each community and to explore how these differences influence people's lives. For example, how do these differences influence:

- › The types of problems people face?
- › The options people have to solve problems?
- › The ways in which other people respond to them?

Organizing a group discussion: Facilitate a discussion with participants about how to organize a focus group discussion. Share the guidelines for organizing a group discussion with participants (see Section 2.4). Discuss which key adults and young people might participate in the focus group discussions. Review and practice the PLA tools for facilitating focus group discussions with adults.

In-depth interviews: Explain to participants that in-depth interviews provide the opportunity to discuss issues in a lot of detail with individual people. In-depth interviews provide important information to support the information collected through group discussions.

Provide the participants with a checklist of issues to be covered during in-depth interviews. Divide participants into pairs to practice in-depth interviews. Ask participants to feedback on the interview practice and facilitate a discussion to develop guidelines about facilitating in-depth interviews.

Fieldwork: practicing the PLA tools with local communities

Participants build their confidence and facilitation skills by practicing and testing PLA tools with local communities during the training. Explain that the purpose of this session is to practice using PLA tools. Ask the participants to select topics to research that do not relate to HIV/AIDS, young people, or sexual and reproductive health. (They can research, for example, the educational system, main market trends, population mobilization, leisure and fun activities, etc.)

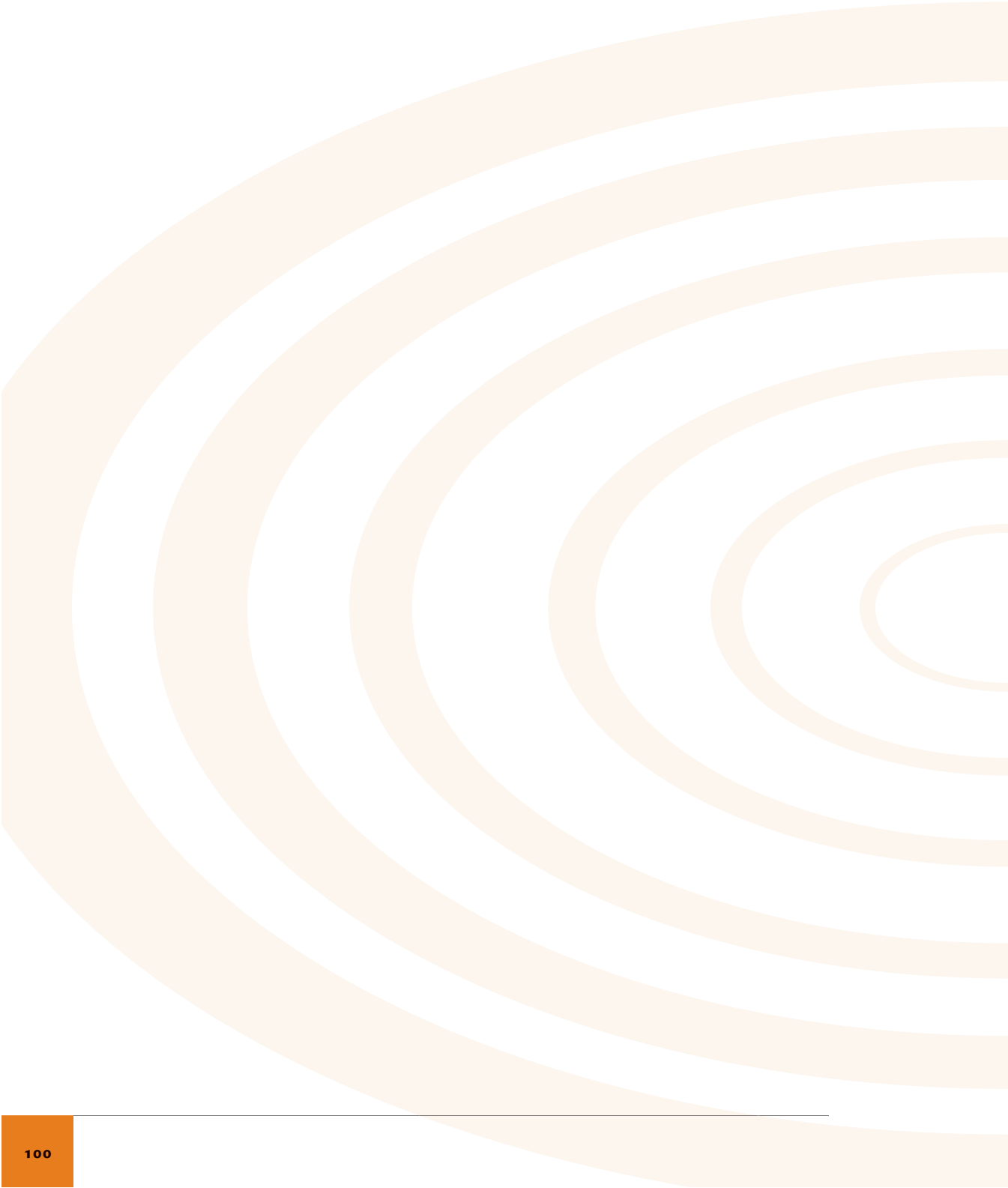
Divide the participants into small groups and ask each group to prepare two or three tools. Explain that they need to go out and practice facilitating three PLA tools with people in the local communities. Ask each team to organize their fieldwork, planning which sites they will visit, how many people they expect to reach, how long it will take them to use the tool, and preparing the materials they will need. It is often necessary to prepare fieldwork by arranging transport and introductions to local communities. Avoid raising expectations in the communities by explaining that the fieldwork is part of a training exercise.

After the fieldwork, bring all the participants back together to discuss their experiences. Encourage participants to talk openly about what worked well and what worked less well. Support them to share ideas and identify how they can

overcome the challenges they met. Address any concerns or weaknesses. Feedback on success stories and difficulties will help the assessment team improve their skills and gain confidence.

ANNEX 4: SAMPLE FORMAT FOR SESSION REPORT

Facilitation team:
Location, date, and time of session
Number, sex, and approximate ages of participants
Brief description of participants (e.g., What work do they do? Are they in school?)
Tools or activities used?
Main issues or topics covered?
<p>What did the participants say during the discussion?</p> <p>For example, think about:</p> <ul style="list-style-type: none"> ➤ What problems did participants identify? What are the reasons for these problems? What are the effects of these problems? ➤ What solutions to problems did participants identify? ➤ What important sources of support did participants identify? ➤ Did all participants agree? If not, what were the different opinions or ideas?
Notes about facilitation or participation. (For example, what worked well? What worked less well? What is important to remember for next time?)
Other notes



ANNEX 5: PREPARING A PRESENTATION OF FINDINGS

WHY DO IT?

This activity helps young people plan how to share information from a participatory assessment. It helps identify clear, interesting, and fun ways to present the information that will get the attention of the audience.

At the end of the session, young people will have prepared a presentation of their findings, conclusions, and recommendations from the participatory assessment. These presentations can be used to disseminate findings to different stakeholders.

TIME NEEDED

Up to 3 hours

HOW TO DO IT

- › Divide the participants into four small groups
- › Distribute the following tasks among the groups;
 - 1. Presentation of the assessment process.** How did the process start? What did we do? Where did we go? How did we work?
 - 2. Presentation of the tools used during the assessment.** Select two or three tools. Explain how they worked and what kind of information you got from using the tools.
 - 3. Presentation of main findings of the assessment.** What was the most important information gathered during the assessment? What information was new? What did we know already? How did our understanding change? What were the different views of different people?
 - 4. Presentation of conclusions, lessons learned, and recommendations.** What do we think should happen next?
- › Encourage each small group to prepare the presentation in the way they feel most comfortable. Possible ways to make the presentation include:

- Poster presentation
- Flip chart with bullet points summarizing information
- Dialogues between group members
- Role-playing
- Photos
- Drawings
- Dancing
- Singing
- Groups may use a combination of formats to make their presentation
- › Each group presents to the large group for feedback and comments.

ANNEX 6: EXAMPLE OF PROGRAM SCHEDULE FOR DISSEMINATION OF FINDINGS

Dissemination of Preliminary Findings: Sample Program Schedule¹

This sample program combines formal and participatory approaches to present information about the assessment process and findings.

- 9.00 a.m. Opening and keynote speaker
- 9.10 a.m. Introduction to the dissemination of preliminary findings
- 9.15 a.m. Overview of the dissemination program and methods to be used
- 9.25 a.m. 'Table carousel'. Young people and adults in the assessment present their work and results.

Setting up a table carousel

Divide the assessment team into smaller teams. Have the different teams sit at different tables. Each team presents a different part of the work. At the sound of a bell each team moves to a different table and makes their presentation again to the audience members waiting there. Alternatively, the teams stay in once place, and the audience members move from table to table at the sound of a bell. Allow enough time at each table before sounding the bell.

1 Participatory Assessment of Sexual and Reproductive Health and HIV Prevention Needs Among Young People (16–24) in Selected Sites in Njombe, Tanzania, 2004.

Contents of Table Carousel	
Team 1	Participatory assessment overview: <ul style="list-style-type: none"> › Introductions, sponsoring organizations › Why boys and girls ages 8–12? › Why PLA methods? › Training of facilitators workshops › Fieldwork: participatory assessment with young people, objectives › Data analysis and documentation of participatory assessment findings
Team 2	Tools used in the assessment — Setting the Stage: Expectations, Ground Rules, My Universe
Team 3	Tools used in the assessment — Putting our Facts Together: Community Map, My Body, Words and Sex
Team 4	Tools used in the assessment — Why do Problems Happen?, Problem Ranking, Who can Help Me?
Team 5	Summary of focus group discussions and in-depth interviews
Team 6	Main findings Part 1
Team 7	Main findings Part 2

- 11.00 a.m. **Coffee/tea break**
- 11.20 a.m. **PowerPoint presentation of preliminary findings**
- 11.40 a.m. **Questions and answers**
- 12.15 p.m. **Certificate ceremony and closure**

ANNEX 7: HANDOUT 1: FACTS ABOUT HIV/AIDS — QUESTION SHEET

1.	Mosquitoes can transmit HIV.	I agree I disagree I am not sure
2.	You can catch HIV by drinking from a glass that has been used by a person with HIV/AIDS.	I agree I disagree I am not sure
3.	All sex without a condom can lead to HIV transmission.	I agree I disagree I am not sure
4.	The first HIV/AIDS cases in <i>[insert country]</i> were reported in 1979.	I agree I disagree I am not sure
5.	HIV/AIDS mainly affects the most productive people in <i>[insert country]</i> .	I agree I disagree I am not sure
6.	Using two condoms when having sex provides better protection against HIV infection.	I agree I disagree I am not sure
7.	According to government statistics in <i>[insert country]</i> , there have been <i>[insert number]</i> cases of AIDS in the country.	I agree I disagree I am not sure
8.	You can catch HIV infection from deep kissing.	I agree I disagree I am not sure
9.	In <i>[insert country]</i> , more women than men are affected by HIV/AIDS.	I agree I disagree I am not sure
10.	It is much easier to get infected by HIV if you have a sexually transmitted infection.	I agree I disagree I am not sure
11.	Having sex with a young man or young woman is a good way to avoid HIV infection.	I agree I disagree I am not sure

12.	Every day, 6000 young men and women ages 15 to 24 get infected by HIV worldwide.	I agree I disagree I am not sure
13.	Anal sex without a condom is safe if there is no ejaculation.	I agree I disagree I am not sure
14.	HIV is transmitted in semen, vaginal fluids, blood, and saliva.	I agree I disagree I am not sure
15.	There is no risk of HIV infection from working with a person living with HIV/AIDS.	I agree I disagree I am not sure
16.	There is no risk of HIV infection if you are faithful to one partner.	I agree I disagree I am not sure
17.	Correct and regular use of condoms greatly reduces the risk of HIV infection and other sexually transmitted infections.	I agree I disagree I am not sure

ANNEX 8: HANDOUT 2: FACTS ABOUT HIV/AIDS — ANSWER SHEET

1.	<p>Mosquitoes cannot transmit HIV.</p> <p>There are only four ways by which HIV is transmitted. These are:</p> <ol style="list-style-type: none"> 1. Unprotected sexual intercourse with a person who is infected with HIV 2. Infected blood transfusion 3. From an HIV positive mother to her child 4. Sharing contaminated injecting or cutting equipment, such as needles or razors
2.	<p>You cannot catch HIV from sharing utensils such as plates, glasses, cups, spoons, knives, etc. HIV does not remain infectious outside the body.</p>
3.	<p>Sex without a condom with a person with HIV can lead to HIV transmission through contact with body fluids, such as blood, semen, or vaginal fluids. Many people do not know if they are HIV positive or not.</p>
4.	<p><i>[Insert correct information about the first HIV cases diagnosed in the country where you are working]</i></p>
5.	<p><i>[Insert correct information about which groups of people (age, sex, etc.) who are most affected by HIV the country where you are working]</i></p>
6.	<p>Using two condoms at once can increase the risk of the condoms breaking. It is safest to use one condom at a time, and to follow the instructions on the packet carefully. Using one condom every time you have sex will provide the best protection.</p>
7.	<p><i>[Insert correct information the number of recorded AIDS cases in the country where you are working]</i></p>
8.	<p>Theoretically, contact with blood during deep kissing is possible. However, no case of HIV/AIDS transmission through any kind of kissing has ever been reported. Closed mouth or “social” kissing is not a risk for transmission of HIV.</p>

9.	<i>[Insert correct information about whether men or women are more affected by HIV/AIDS in the country where you are working]</i>
10.	It is much easier to get infected by HIV if a sexually transmitted infection is present. Sexually transmitted infections cause cuts and openings in the skin, even if you cannot see them.
11.	It is not true that sex with a young man or young woman is safe. Statistics show that there are an increasing number of infections among young people. A person of any age can have HIV.
12.	At the end of 2005, an estimated 40.3 million people were living with HIV/AIDS. The majority of them are women. Over half of all new infections worldwide are among young people aged 15–24 years. Every day, an estimated 6,000 young people become infected with HIV/AIDS — one every 14 seconds.
13.	HIV can be transmitted in body fluids before ejaculation, during anal or vaginal sex.
14.	HIV is transmitted through semen, vaginal fluids, and blood. It can also be transmitted through breastmilk to a breastfeeding baby. HIV is not transmitted through saliva.
15.	HIV is not transmitted through normal work or social activities. HIV transmission requires contact with blood or sexual fluids.
16.	Mutual faithfulness, where both people know that they are HIV negative and only have sex with each other, avoids the risk of HIV infection. Abstaining from sex with another person avoids the risk of HIV infection from sex.
17.	Condoms used correctly, and regularly, protect against HIV, STIs, and pregnancy. It is important to use a condom every time you have sex, and to follow the instructions on the packet.

ANNEX 9: HANDOUT 3: FACTS ABOUT YOUTH REPRODUCTIVE HEALTH — QUESTION SHEET

1.	Young men are at a higher risk of contracting STIs and HIV than young women.	I agree I disagree I am not sure
2.	It is the man's responsibility to use contraceptives.	I agree I disagree I am not sure
3.	According to government statistics in <i>[insert country]</i> , <i>[insert percentage number]</i> of women under 20 give birth each year.	I agree I disagree I am not sure
4.	Teenage women are less likely to die during pregnancy and childbirth than women in their twenties.	I agree I disagree I am not sure
5.	Sometimes if you have an STI and don't treat it, it will go away.	I agree I disagree I am not sure
6.	A woman is most likely to get pregnant if she has unprotected sex straight after her period ends.	I agree I disagree I am not sure
7.	Emergency contraception is a pill that can be taken after you have unprotected sex in order to prevent pregnancy.	I agree I disagree I am not sure
8.	In <i>[insert country]</i> pills, condoms, IUDs, injectables (Depo-provera and Noristerat), and implants (Norplant) are widely available.	I agree I disagree I am not sure
9.	Contraceptive pills, injectables, IUDs, and implants protect against the transmission of STIs and HIV.	I agree I disagree I am not sure
10.	Pregnancy can be effectively prevented by using "traditional" methods such withdrawal.	I agree I disagree I am not sure

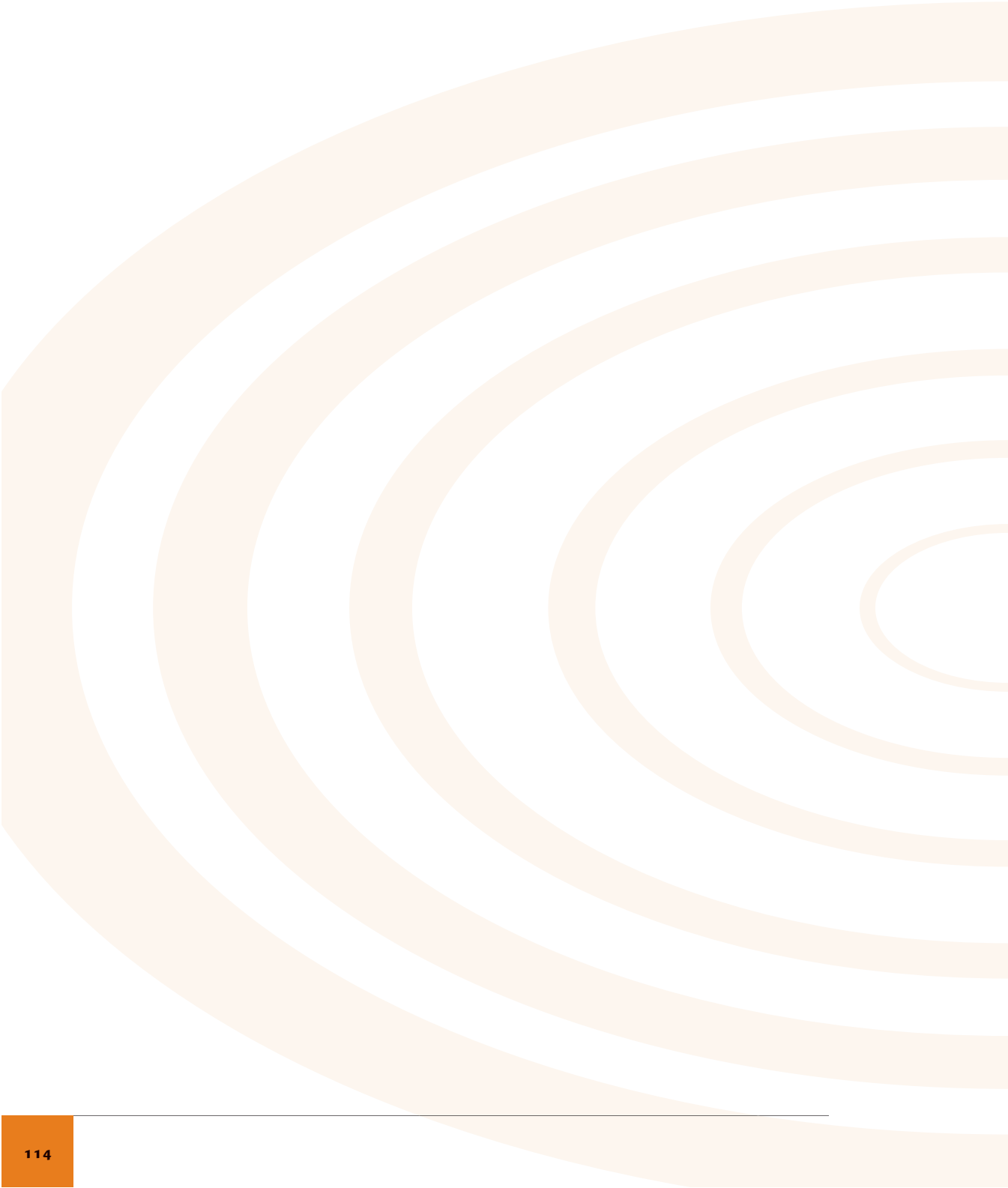
11.	According to government statistics in <i>[insert country]</i> , there have been <i>[insert number]</i> cases of STIs in the country.	I agree I disagree I am not sure
12.	Having sex with multiple people increases your risk of getting STIs.	I agree I disagree I am not sure
13.	In <i>[insert country]</i> , <i>[insert name of STI]</i> is the most common STI among young adults.	I agree I disagree I am not sure
14.	Using contraceptives can cause infertility and sterility.	I agree I disagree I am not sure
15.	Forgetting to take a contraceptive pill increases the chance of pregnancy.	I agree I disagree I am not sure
16.	It is difficult to get pregnant after having an abortion.	I agree I disagree I am not sure
17.	Sexual education leads to increased sexual activity among youth.	I agree I disagree I am not sure

ANNEX 10: HANDOUT 4: FACTS ABOUT YOUTH REPRODUCTIVE HEALTH — ANSWER SHEET

1.	<p>In fact, young women are at a higher risk of contracting STIs than young men. Women's bodies make it easier for them to contract STIs and HIV. Often women do not show signs and symptoms of STIs and so do not seek treatment.</p> <p>In addition, women may find it difficult to refuse sex or to insist on using condoms to protect against STIs and HIV.</p>
2.	<p>Women and men both need to protect themselves from STIs, HIV, and unintended pregnancy by using contraception and condoms. Discussing how to avoid infections and unintended pregnancy before sex helps both women and men protect themselves.</p>
3.	<p><i>[Insert correct information about the number of women under 20 who give birth each year in the country where you are working]</i></p>
4.	<p>The risk of death during pregnancy and childbirth is much higher for young women (under age 16) than for older women (age 20–34). A young girl's pelvis is not fully developed. This can result in obstructed or prolonged labor which may lead to complications such as hemorrhage, infection, and even death.</p>
5.	<p>STIs must always be treated. It is possible to have an STI without showing symptoms. When not treated STIs can lead to chronic disease, infertility, and even death in both women and men.</p> <p>Some STIs are caused by bacteria or parasites (e.g., chlamydia, gonorrhea, syphilis, and trichomoniasis). These STIs can be cured with modern medicine. Some STIs are caused by viruses (e.g., HIV, herpes, human papilloma virus (HPV), and hepatitis B). STIs that are caused by viruses cannot be cured, but treatment helps people to manage the infection.</p>
6.	<p>A woman is most likely to become pregnant if she has unprotected sex between day 8 and day 19 of her menstrual cycle (day 1 of her cycle is the first day of her period). This is when the egg is released from the woman's ovary.</p>

7.	<p>Emergency contraception refers to the use of contraceptive pills to prevent pregnancy after unprotected sex. It can be used up to 72 hours (five days) after unprotected sex and at any time during a woman’s menstrual cycle and more than once during a cycle if necessary. It is essential that the correct dosage is taken.</p> <p>Emergency contraception is not an appropriate method for long-term use.</p>
8.	<p><i>[Insert correct information about the availability of different forms of contraception in the country where you are working]</i></p>
9.	<p>Abstinence — no oral, anal, or vaginal sex — provides the only complete protection against STIs and HIV. Condoms are the only contraceptive method that protect against STIs, HIV, and pregnancy. While pills, injectables, and implants do protect against pregnancy, they do not protect against STIs and HIV.</p>
10.	<p>Traditional contraceptive methods can prevent pregnancy, however they require couples to be knowledgeable about their bodies and to use self-control. Withdrawal, when practiced correctly, prevents pregnancy 73% of the time. In comparison, male condoms are 86% to 97% effective in preventing pregnancy, depending on whether use is typical or ideal. Unlike traditional methods, condoms also protect against HIV and STIs. Used consistently, condoms reduce HIV incidence by at least 80% and perhaps as much as 97%.</p>
11.	<p><i>[Insert correct information about numbers of reported STI cases in the country where you are working]</i></p>
12.	<p>Having sex with multiple sexual partners or with a partner who has multiple partners increases the risk for STIs. Using a condom every time you have sex is the best protection against STIs.</p>
13.	<p><i>[Insert correct information about the most commonly reported STI in the country where you are working]</i></p>
14.	<p>Contraceptives do not cause infertility or sterility. With injectables (such as Depoprovera and Noristerat) there is a delay in return to fertility once the method is stopped. These delays can last between 6–12 months after the last injection.</p>
15.	<p>Missed pills, regardless of what time of the month, may result in pregnancy. To protect against pregnancy the pill must be taken daily because the effect of the pill wears off quickly once it is stopped. If a pill is missed a backup method (such as a condom) should be used for a week.</p>

- | | |
|-----|--|
| 16. | After a young woman has an abortion, she can become pregnant again as soon as she has unprotected sex. It is important to begin using contraception right away. If the abortion had complications she might possibly suffer long term effects from the complications, including infertility. |
| 17. | Receiving sexual education does not lead to an increase in sexual activity. Research has shown that young people who participate in sex education courses do not initiate sexual activity earlier. In addition, once they begin having sex, they are more likely to use contraceptives and protect themselves from STIs and HIV. |



ANNEX 11: GLOSSARY

Community mobilization is a process in which a community identifies a shared need and takes action to address the need. The community has ownership of its activities and takes responsibility for the outcomes.

Project cycle is the project process from assessment to completion and evaluation.

1. Assessment of the situation and problems.
2. Design project strategies and activities in order to address the problems identified in the assessment.
3. Implement the project activities.
4. Monitoring and evaluation. (Monitoring should take place throughout the project, in order to make sure that the project is being implemented effectively, and that it is making progress towards its objectives. Evaluation of project impact takes place at key points – often halfway through the life of the project and after the project is finished. Evaluation findings are used to inform assessments for new projects.)

Ranking means putting things in order according to agreed criteria. For example, illnesses can be ranked according to frequency, or according to severity. Writing the items to be ranked on different cards is a useful way of enabling a group of people to rank them quickly.

Stakeholders are people, groups, or organizations with an interest in a project. Stakeholders include people who expect to benefit from a project, and people who may be negatively affected. Stakeholders also include people, groups, or organizations involved in implementing the project, such as NGOs, government agencies, or services and donor agencies. Key stakeholders are people who can significantly influence the success of a project, or whose involvement is very important to the success of the project.

Sustainability is the extent to which the project activities and impacts are likely to continue after the end of the project. Sustainability is likely to be affected by community ownership of the project, and the existence of local capacity and resources to sustain or develop the project activities.

ANNEX 12: ADDITIONAL PLA RESOURCES

YouthNet Resources

- › Attawell, K. *Going to Scale in Ethiopia: Mobilizing Youth Participation in a National HIV/AIDS Program. A Lessons Learned Case Study*. Washington: DC, The Synergy Project, 2004. <http://www.synergyaids.com/documents/GoingToScaleInEthiopia.pdf>
- › Family Health International. *Participatory Assessment of Reproductive Health/HIV Prevention Needs of Young People in Namibia, 2003: Final Report*. Arlington, VA: YouthNet/Family Health International, 2005.
- › Family Health International. *Youth Participation Guide: Assessment, Planning, and Implementation*. Arlington, VA: YouthNet/Family Health International, 2005.
- › Hubbard G, Masterson, J. *Participatory Learning and Action: A Powerful Approach with Youth*. Arlington, VA: YouthNet/Family Health International, 2005. <http://www.fhi.org/en/Youth/YouthNet/Publications/YNbriefs.htm>
- › Ruland, CD. *Participatory Learning and Action*. Arlington, VA: YouthNet/Family Health International, 2003. <http://www.fhi.org/en/Youth/YouthNet/Publications/YouthLens+English.htm>

Other Resources

- › International HIV/AIDS Alliance. *100 Ways to Energise Groups: Games to use in workshops, meetings and the community*. London: International HIV/AIDS Alliance, 2002. www.aidsalliance.org.
- › International HIV/AIDS Alliance. *A Facilitator's Guide to Participatory Workshops with NGOs/CBOs Responding to HIV/AIDS*. London: International HIV/AIDS Alliance, 2001. www.aidsalliance.org.
- › International HIV/AIDS Alliance. *All Together Now! – Community Mobilisation for HIV/AIDS*. London: International HIV/AIDS Alliance, 2005. www.aidsalliance.org.
- › Shah MK, Kambou SD, Monahan B. *Embracing Participation in Development: Wisdom from the Field*. Washington, DC: CARE International, 1999.

- › Shah MK, Zambezi R, Simasiku M. *Listening to Young Voices: Facilitating Participatory Appraisals on Reproductive Health with Adolescents*. Washington, DC: FOCUS on Young Adults, CARE International in Zambia, 1999.
- › Pretty JN, Gujit I, Thompson J, Scoones I. *Participatory Learning and Action: A Trainer's Guide*. London: IIED Participatory Methodology Series, 1995.
- › Tools Together Now! – 100 Participatory Learning and Action tools for HIV/AIDS Community Mobilisation, International HIV/AIDS Alliance, www.aidsalliance.org.





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