

**LEADERSHIP FOR RESULTS**  
UNDP's Response to HIV/AIDS



# COMMUNITY CAPACITY ENHANCEMENT HANDBOOK

**The Answer Lies Within**





HIV/AIDS GROUP • BUREAU FOR DEVELOPMENT POLICY • 2005

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# Foreword

The Community Capacity Enhancement programme, known as CCE, addresses the underlying causes of HIV/AIDS, be they power relations, gender issues, stigma or discrimination. It also focuses on the issues of testing, treatment and care. Most community programmes dealing with HIV/AIDS rightly concentrate on awareness-raising and discussion. The CCE programme does this too. But it goes deeper, getting to the heart of why the epidemic is spreading and, through an interactive dialogue known as Community Conversations, enables community decision-making and action. The CCE programme is an integral part of UNDP's Leadership for Results Programme.

This manual is designed for CCE trainers who will train others in the Community Conversations methodology, in addition to practising it themselves.

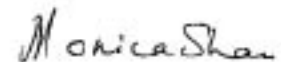
I would like to express my gratitude to Moustapha Gueye for bringing this methodology to UNDP. Moustapha began working on community capacity issues while at ENDA (Environment and Development Action), and it was there, in collaboration with colleagues, the Salvation Army, and HOPE Worldwide that the CCE methodology was developed and the first booklet produced in collaboration with the Joint United Nations Programme on HIV/AIDS (UNAIDS). Since then, the programme has evolved significantly. Moustapha has been a tireless advocate of Leadership for Results and has been the global leader and expert of the CCE programme.

I appreciate the dedication of Daouda Diouf and Thebisa Chaava who, as the CCE programme's senior experts and trainers, have helped guide the methodology and global programme implementation. I would also like to thank David Tiomkin for his contribution to programme design. Without his effort and meticulous follow-up, CCE would never have gone to scale.

The CCE resource network has made significant contributions to the programme and to this manual in particular, and I would like to thank each of you: Khaltoume Camara, Hung Ming Chan, Coumba Diop, Bogaletch Gebre, Daniel Gidabo, Virginie Kantoussan, Brian Lariche, Berhanu Legesse, Jabu Matsebula, Dolly Mphuthi, Maria Ndlovu, Zelda Nhlabatsi, Winnie Nyembe, Sophirum Ing, Tita Isaac, Vichea Ouk, and Margaret Wazakili.

The immense success of the programme would not have been possible were it not for the vision of UNDP's country offices, in particular resident representatives, deputy resident representatives, programme officers, and consultants who worked to ensure the success of the programme. These include UNDP offices in Botswana, Cambodia, Eritrea, Ethiopia, Ghana, Malaysia, Senegal, South Africa, Sudan and Swaziland.

This manual was produced by Moustapha Gueye, Thebisa Chaava, Daouda Diouf, and David Tiomkin.



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# 1. Introduction to Community Capacity Enhancement

## Enhancing Community Capacity

The emergence of the AIDS epidemic has simultaneously affected communities<sup>1</sup> at many levels: sickness and death is combined with deepening poverty and widespread orphaning. The challenge was initially perceived as a health problem requiring a public health approach. But health services, and communities for that matter, were ill prepared to deal with a problem that encompasses the complex issues of sex, terminal illness and death – all three raised to astonishing levels by HIV/AIDS. Innovative ways of working with communities to generate an effective and structured response had to be put in place.

### **HIV/AIDS results area:**

Developing the capacity of individuals and communities to respond to the epidemic and to understand how their interconnectedness and individual attitudes and practices influence its spread.

What became clear early on was the incredible understanding and response that came forth from communities once knowledge of the science and epidemiology of HIV/AIDS was shared. Communities immediately began to recognize for themselves the values and actions that would have to change if what they were hearing about this new disease was true. They reflected on how it spread and caused disease throughout the body and in other individuals. They identified which behaviours and sociocultural practices would need to change if the epidemic was to be controlled.

Such awareness came about through a process called ‘Community Conversations’. This series of facilitated dialogues stands in contrast to conventional approaches in which people are grouped together for awareness-raising lectures, often accompanied by the distribution of pamphlets or posters. Such approaches often leave communities with bleak, prescriptive messages that deny them the benefits of dialogue on how the community could be affected. Communities are oftentimes overwhelmed and feel a sense of hopelessness following such events. A common comment after awareness-raising campaigns on condom use is, “If we do what they say, we’ll never have any more children.”

In contrast, Community Conversations provide a platform for people to think through all the repercussions of a situation – the way their individual values and behaviours, and those of their family and neighbors, affect people’s lives. Community Conversations create a space for mutual learning and result in new perspectives. They help reshape relationships in line with transformed values. They are inclusive processes for enhancing the capacity of all

<sup>1</sup> Community is defined as a heterogeneous group of people living and/or working together sharing norms, values, and concerns, with common systems and structures for leadership, problem-solving and communication.

groups in the community including people living with HIV. They make use of transformative tools and processes that generate hope through the exploration of concerns, possibilities and opportunities for addressing the complex challenges of HIV and AIDS. They also create clarity on what needs to be done. All of this is accomplished within a methodological framework with specific steps.

Throughout this process, the dignity of individuals and families is preserved and enhanced in an environment that encourages compassion, acceptance and accountability. Stigmatization, coercion and violence are avoided. UNDP has identified a core set of human rights principles that guide our response. These include equity, equality, non-discrimination, human dignity, non-violence, participation, inclusion, accountability and responsibility. These principles are acted upon and promoted during Community Conversations.

If successfully facilitated, Community Conversations result in a series of decisions and agreements on ways to move a community forward. The development of skilled facilitators is therefore critical to successful implementation.

Community Conversations were adopted by UNDP as a result of their success in creating transformation at the community and institutional levels. The methodology, which emerged from the work of the Salvation Army (Zambia) and Enda Tiers Monde/Santé (Senegal) in the mid 1990s, has been enriched by the work on transformational leadership carried out by UNDP in 2001.

UNDP has implemented the Community Conversations approach in a number of countries with very different social, economic and political situations – those with high and low HIV prevalence rates, in highly urbanized as well as rural areas, in countries that are relatively high on the Human Development Index and others that are low. In all instances, this approach has brought about a fundamental shift in the way communities get work done – resulting in a series of actions and decisions that have arisen from communities themselves. It is an approach that can be used to deal with other human development challenges as well, including wealth generation, democratization and good governance.

### **Case Study**

#### **Addressing Cultural Sexual Practices**

During one Community Conversation in Southern Africa, the community discussed the practice of widow cleansing. The purpose of the custom is to 'cleanse' or purify a woman after the death of her husband to prepare her for remarriage. This cleansing is thought to take place when the widow has sex with the men of her late husband's family. The community identified this practice as one that could potentially increase the spread of HIV. Through a facilitated conversation, the members of the community were able to agree on an alternative method of cleansing that was non-sexual in nature.

## Linkages and Synergies

Community Conversations are the main methodology used in the Community Capacity Enhancement (CCE) programme. This programme, in turn, is an integral part of UNDP's Leadership for Results programme. Community Capacity Enhancement, along with programmes in Leadership Development, Arts and Media, and Development Planning and Implementation, are a set of initiatives that are mutually reinforcing. Each programme is linked to the others and unfolds in a systematic way over a three-year period. This programming link is not accidental. It is part of a strategy to take CCE to scale and multiply its effectiveness.

The Leadership Development Programme, for example, focuses on enhancing leadership potential at all levels of society to reverse the epidemic. The programme involves a six – to nine – month programme, integrating new tools, frameworks and models into leadership activities. Many of these same tools and frameworks have been integrated into the Community Conversations process. Furthermore, it is required that a substantial number of the CCE trainers go through the Leadership Development Programme. This will enhance common understanding, build strategic partnership and develop competencies.

“The socio-cultural exchanges that we have conducted in the Community Conversations have helped us to learn about female genital mutilation. We are now trying to teach people about the harmful practices that especially target women.”

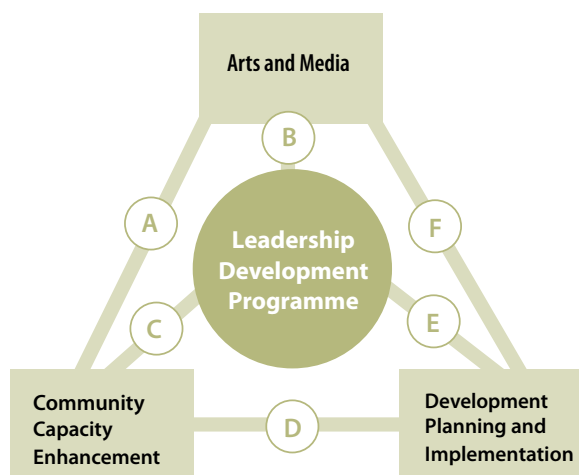
**Female Community Conversations participant,  
Hulegeba Kuke Peasants' Association, Alaba Woreda, Ethiopia**

Like other approaches aimed at stimulating and sustaining changes from within, Community Conversations require time, commitment, true partnerships and inclusion. Through this process, data are generated that represent the genuine concerns of individuals and the community, which should be reflected in national and decentralized development plans. Linking this data, and the community decisions that result from it, to these plans is critical to ensure that financial resources and infrastructure will be available and accessible to communities in a way that is institutionalized. Linking Community Conversations to these national processes does not mean that they will become bureaucratized. Rather, it is a way of ensuring that results emanating from the community can be acted upon in an effective way.

Similarly, linking Community Conversations to creative arts and media can facilitate community-to-community exchange and give wider public access to the results of this transformative process. Arts and media can be the vehicle for taking the voice of communities nationwide, which, in turn, will influence development practice, including the response to HIV/AIDS. In addition, the arts and media will generate new icons and stories, rooted in a vision of the future that people have created for themselves and their children.

The following diagram illustrates how the various components of the Leadership for Results Programme are linked to each other:

### Leadership for Results: A Set of Synergistic Initiatives



- A.**
  - CCE reaches finite numbers directly
  - Media can reach millions
  - Stories of community decisions and actions reflected in all media inspire change nationwide
- B.**
  - LDP reaches finite numbers directly
  - Media can reach millions
  - Media leaders participate in LDP
  - Stories of LDP regional projects and leaders reflected in all media inspire change nationwide
- C.**
  - CCE National Expert Team participate in LDP to enhance each initiative
- D–F.**
  - Integrate community conversations and voices in national and subnational strategic plans
  - National and subnational planners participate in LDP
  - Media reflect societal concerns that are integrated into national and subnational plans

## Partnerships

Community Conversations involve working with organizations already committed to prevention and care at national and decentralized levels. As a methodology that builds on existing partnerships and aims to strengthen the national response, it is critical to fully involve the National Aids Council, non-governmental organizations (NGOs), community-based organizations, donors and other UN agencies.

## Working with Civil Society and Community-based Organizations

The Community Conversations methodology goes much further than simply involving civil society organizations, community-based organizations and other partners. Rather, it enhances the managerial and leadership competencies of these organizations and furthers their organizational development. Moreover, it grounds these organizations, which will be implementing the CCE programme, in community-level action.

There are guidelines for choosing the organizations with whom you will work – guidelines that are based on core human rights principles. The choice of community-based and civil society organizations should involve three criteria. First, they should be organizations that have worked with and have shown sensitivity to communities. Secondly, they should be organizations that are gender sensitive and have worked on issues related to women and girls. Finally, they do not need to have worked on HIV/AIDS issues before. But they do need to have worked on issues relating to the epidemic's underlying causes.

There are three key components that make CCE such a successful programme:

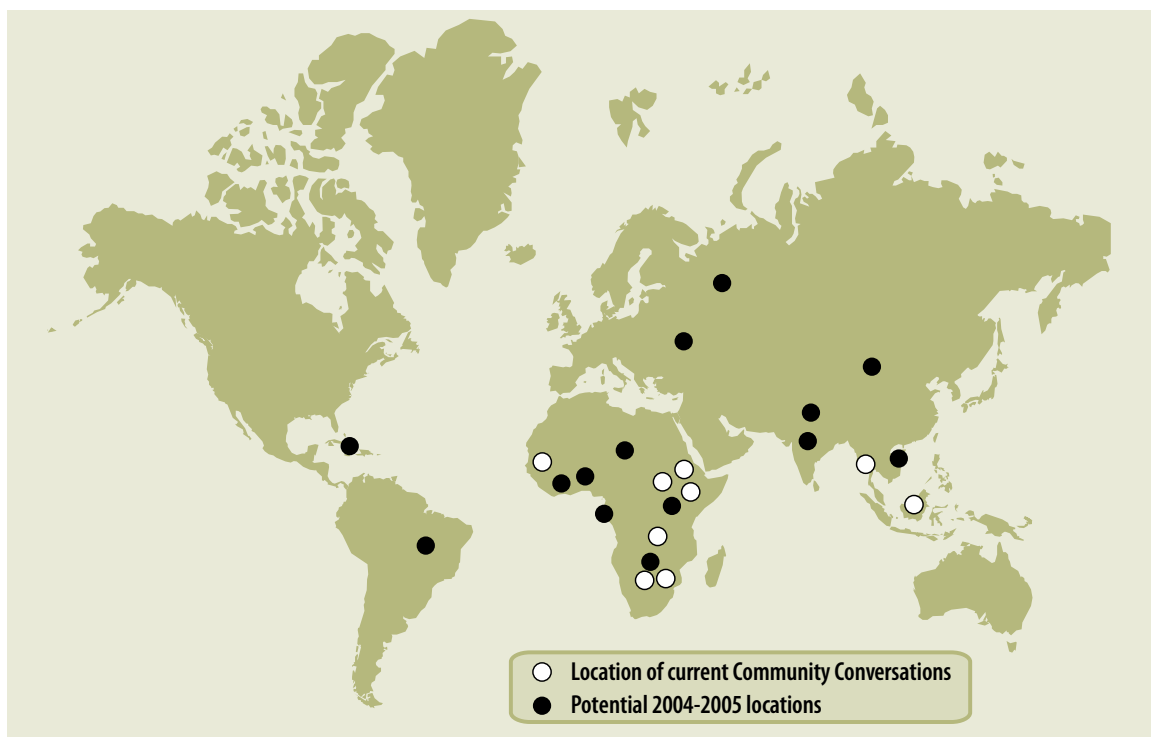
- Its unique methodology
- The quality, dedication, mindset and values of trainers and facilitators
- The values of the community-based and civil society organizations that implement the programme

## Guiding Human Rights Principles

### We value...

human dignity, equality and equity, non-discrimination, participation and inclusion, responsibility and accountability, non-violence

Map of Worldwide Community Conversation



## Conceptual Framework

The enhancement of community capacity through Community Conversations is a methodology based on the recognition that communities have the capacity to prevent the spread of HIV, care for those affected, change harmful attitudes and behaviours and sustain hope in the midst of the epidemic. Local responses, often neglected in global and national HIV/AIDS plans, need to be based on the reality of existing social dynamics and concerns of local communities. They should be drawn from ‘spaces’ of trust, where listening takes place and mutual respect generated, and where interaction with a community stimulates changes from within.

A team of trained facilitators from inside or outside the community (but grounded in local reality) propel the Community Conversations process. Through facilitated interaction, these dialogues shift power relations, strengthen ownership and responsibility for change, and mobilize local capacity and resources. These resources may include material goods, social systems, time, social capital, skills, knowledge, values, tradition, etc. (Elizabeth Reid). These conversations can touch the soul of a community, catalyzing transformation from the inside out.

The methodology translates the principle of participation into development practice by creating opportunities for people to understand, discuss, decide and act on issues affecting their lives. By bringing together men and women of different generations, it allows different perspectives to be heard and taken into account when decisions are made. It integrates the principles of diversity, respect of differences and non-discrimination into the tools and practices used to address issues critical to HIV/AIDS. These include issues related to stigma, discrimination and the violation of the rights and dignity of people living with HIV, along with issues related to voluntary counselling and testing, prevention of parent-to-child transmission, and access to treatment, including antiretroviral therapy.

Community Conversations provide an opportunity for local authorities to listen to and understand a community’s concerns and decisions in order to integrate them into national planning and implementation processes. In this way, they help bridge the gap between local governments and their constituents and contribute to democratization and good governance.

Community Conversations also offer an opportunity for NGOs, community-based organizations and faith based organizations to work more effectively by reinforcing social networks and coalitions. Transferring capacity to these organizations contributes to strong, skilled and well functioning community-based networks needed to reflect community voices at various levels and to support community responses to HIV/AIDS.

The methodology also reinforces community capacity to generate and transfer knowledge at country, regional, and international levels. Once begun, this process of transfer becomes self-propagating, from community to community, as well as among an ever-growing pool of skilled implementers and facilitators.

## Objectives of the Programme

The main objective of the Community Capacity Enhancement programme is to generate a response to HIV/AIDS that integrates individual and collective concerns, values and beliefs and that addresses attitudes and behaviours embedded in social systems and structures.

Specifically it aims to:

- Generate a deep understanding of the complex nature of the epidemic within individuals and communities, and to create the social cohesion necessary to create an environment for political, legal and ethical change.
- Support the development of self-esteem, self-confidence, tolerance, trust, accountability, introspection and self-management.
- Examine social contracts among various groups in the community – for example, between women and men, people living with HIV and those who have not been tested, the young and the old, the rich and poor – and to address girls' vulnerability.
- Build a pool of resource persons with transformative leadership abilities and facilitation skills in Community Conversations to scale up the community response to HIV and related development issues.
- Bring the voices of people into the national response, and integrate community concerns and decisions into national and decentralized plans with the aim of linking resources to individual and collective needs.
- Strengthen the capacity of NGOs and community-based organizations to develop appropriate strategies for a response that places communities and individuals at the centre.

## Expected Outcomes

- Increased number of community initiatives for prevention, home-based care, change in harmful traditional practices, reduction of stigma and discrimination, support for orphans, and voluntary counselling and testing.
- Women, men, girls, boys, local authorities, people living with HIV and others are increasingly involved in decision-making processes affecting their lives.
- Decision-making processes affecting the lives of these various groups increasingly reflect the concerns of communities through a process of active communication.
- Increased number of NGOs and community-based organizations using Community Conversations to stimulate and scale up social change and to address other issues, such as governance, health, the environment, agricultural and peace-building.
- Increased number of community decisions brought into the public domain by artists and media professionals.

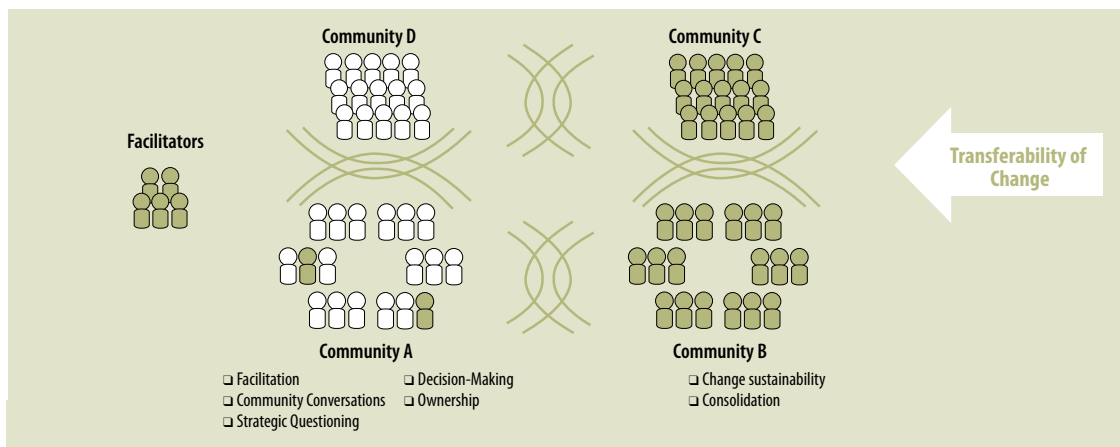
## Guiding Principles

The following ways of working are fundamental to the methodology:

- Sensitivity to local, family and community experiences – working by invitation and commitment, not imposition
- Facilitation rather than intervention of ‘experts’
- Gender sensitivity and a focus on the participation and inclusion of women and girls
- Mutual learning (facilitators with community, community with facilitators, community with community, among community members, organization to organization)
- A grounding in universal human rights principles
- Participatory approaches with space for listening, inclusion, agreement and expressions of concerns.
- Team formation at organizational and community levels for implementation
- Respect for differences, mutual trust
- Belief that communities have the capacity to identify needed changes, ‘own’ these changes and transfer change to other communities
- Facilitation of Community Conversations as spaces for interaction, change and transfer
- Working in partnership with NGOs and community-based organizations
- Willingness of facilitators to engage in a process of self-development

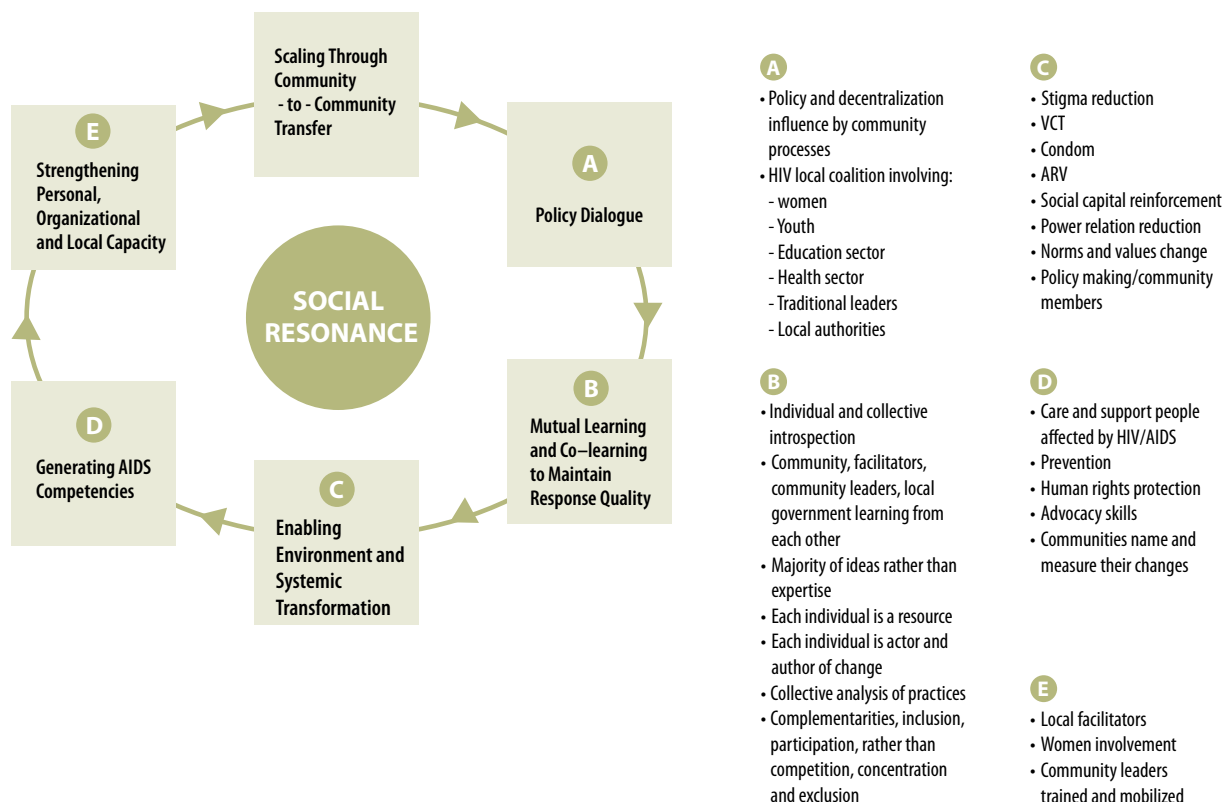
## Multilevel Resonance of Community Conversations

Below is an illustration of how Community Conversations resonate and transfer change from community to community.<sup>2</sup>



<sup>2</sup>Adapted from Strengthening Community Responses to HIV/AIDS in West and Central Africa, 2001, by The Salvation Army, Enda Tiers monde/Sante, HOPE worldwide, and UNAIDS, 2001.

Community Conversations resonate at various levels of society as they promote policy dialogue, mutual learning, an enabling environment, competencies in the area of HIV/AIDS, and the scaling-up of change processes. In addition, they strengthen leadership capacities at personal, organizational and local levels.



## 2. Key Concepts, Competencies and Tools

### Key Concepts

- Burning issues
- Non-burning issues
- Care and support
- Co-learning
- Community
- Community capacity
- Community concern
- Community conversation
- Community perspective
- Documentation
- Emotional intelligence
- Hope
- Mutual learning
- Mutual trust
- Prevention
- Process facilitation
- Reflection
- Respect
- Social capital
- Social contracts
- Social resonance
- Sociocultural dynamics

### Key Competencies

- Analysis of community perspectives
- Analysis of community maps
- Use of 'thick' descriptions
- Documentation
- Community process facilitation
- Use of creative and empowering language
- Active listening
- Reflection and introspection
- Respect for differences
- Storytelling
- Strategic questioning
- Tolerance
- Teamwork
- Antiretroviral treatment support and referral

### Key Tools

- Community and facilitator walls
- Community documentation
- Community maps
- Daily journal
- Five friends of planning
- Historical timeline
- Language, metaphors, change
- Methodological framework
- On-site support protocols
- Participatory group exercises on stock-taking, team-building, change and language, power relations and envisioning the future
- Reflection guide
- Story beginnings
- Strategic questioning
- Transect walk
- Integral framework

# 3. Developing Competencies of Trainers

## Day One

### INTRODUCING PARTICIPANTS

Introductions are important in that they allow participants and facilitators to get to know and trust one another. They also start the process of building a relationship of mutual respect. This is the first building block to creating an enabling environment for mutual and co-learning processes among facilitators and participants as well as among participants themselves.

#### Objectives

- To allow participants to introduce and be introduced in a manner that is interactive, participatory and empowering
- To generate a safe space for sharing experiences where each participant feels valued
- To allow participants to talk about themselves, their concerns and their communities in an empowering way and build relationships with each other

#### Methodology

1. The facilitator asks participants to get into pairs; participants from different communities or organizations should compose each pair. Each participants will share the following information about him/herself:
  - Name
  - Community of origin
  - Favourite hobbies
  - Strengths (the things you most like about yourself)
  - The name or nickname by which you wish to be called during the workshop
  - What you think your contribution to this workshop will be
2. After sharing, each person presents his or her partner, using the information collected during the discussion in pairs.

**3.** The facilitator then asks the participants to form groups of six (three pairs merge into one group) and have a discussion using the following questions, which should be written on a flipchart:

- What are the strengths of your community (the things you like about your community)?
- What are the important challenges facing your community?

**4.** Participants exchange points of view and one group member, acting as a recorder, presents the results of the discussions.

The responses are written down and kept as a document of community strengths and challenges. The facilitator summarizes the session by finding out from participants how they felt about the activity. It is important to find out what participants learn from the process of introduction and how this can help with community work. The summary of the facilitator should capture the value of the introduction and its power to make people relax and feel valued. All participants are introduced because they are all important to the process and have a contribution to make.

This tool is introduced in Relationship Building and then used throughout the CCE-CC process

Relationship Building     Identification of Concerns     Exploration of Concerns     Decision Making     Action     Reflection & Review

Duration: 1 hour

## WORKSHOP RULES

Every community is guided by values, rules and regulations. These rules and regulations are better adhered to when they are generated through dialogue and agreement by community members themselves. Community agreements also manifest as rules that are sometimes unwritten but that all concerned are required to follow.

The group of participants in the workshop will form a community and will therefore need a set of rules to guide their interactions as well as create a suitable learning environment.

### Objectives

- To allow participants to formulate rules and agreements about attitudes and behaviours that will guide their interaction during the workshop
- To have all participants responsible for the success of the workshop and agree on their accountability regarding rules they will set

### Methodology

Discuss with participants the importance of mutual respect and having agreements about ways of acting/behaving during the workshop.

Explain that the rules will be depicted in picture form; give an example (for example, a cigarette with an 'x' through it shows that smoking is not allowed in a particular area).

1. Divide the participants into groups of 4 to 5 people.
2. Give each group pieces of paper and markers for drawing.
3. Each group presents their agreed upon rule-picture in the plenary session and explains its meaning.
4. Check whether any other group has a similar drawing, and decide with participants which one best expresses the desired rule.
5. Reach consensus on each proposed rule and paste the pictures on the wall.
6. Have participants select a 'minister of justice' (who will be responsible for reminding participants when rules are not being followed) as well as a timekeeper. These positions can be rotated daily if you like.
7. The session ends with the facilitator highlighting the importance of agreement and respect for common codes of conduct in order to live harmoniously together.

This tool is introduced in Relationship Building and then used throughout the CCE-CC process

Relationship Building    Identification of Concerns    Exploration of Concerns    Decision Making    Action    Reflection & Review

Duration: 45 minutes

## DAILY JOURNAL

Documentation means capturing events, processes and outcomes in a way that they can be revisited. It is a form of record-keeping. In Community Conversations, it is necessary that the community process is captured as it happens. This should be carried out by actors in the process and should be as close to verbatim as possible. During each Community Conversation, the facilitators write on a wall the perspectives that the community shared in response to the issue or concern being addressed. It is important to use the exact words people use to encourage ownership of the process and outcomes. A community using its own means of keeping records in documenting the conversations further strengthens this sense of ownership. Documentation provides the basis for effective reviews and mapping of the way forward in the decision-making phase.

The facilitators are also involved in the learning process, based on their own reflections and feedback from interaction with the community. Facilitators should be encouraged to document their change alongside that of the community.

### Objectives

- To gain an understanding of the importance of documentation as part of community capacity-building
- To discuss different methods of documentation for both facilitators and communities
- To develop a working definition of documentation and agree on what forms of documentation will be used throughout the Community Conversations

### Methodology

1. The facilitator leads the discussion using the following questions in small group discussions:
  - What is documentation?
  - What should be documented?
  - Where should documentation happen?
  - Who should do the documenting? And who is the documentation for?
  - What are useful tools in the documentation process (for example, journals, mapping, historical timelines, stories)?
  - When should documentation happen?
2. Ask the group to present in plenary
  - A working definition of documentation
  - Contents of personal journals
  - The value of documentation
  - Tools for documenting Community Conversations
3. The facilitator summarizes the presentations with an emphasis on the need to capture both processes and outcomes and the need to involve communities and all actors in the change process. Capacity for documentation is present in communities and should be strengthened.

This tool is introduced in Relationship Building and then used throughout the CCE-CC process

Relationship Building    Identification of Concerns    Exploration of Concerns    Decision Making    Action    Reflection & Review

## TAKING STOCK OF CURRENT APPROACHES

HIV has been with us now for two and a half decades. Many of us have responded to it in different ways, based on our understanding of the epidemic and the way we interact with others. We know from our own perspective that some of these responses were positive, others were not, and some could have been improved. Reflecting on the things we did that were successful in preventing the spread of HIV and lessening its impact, and the things that were not, is called stocktaking. We need to reflect on why certain approaches succeeded and why others failed. Knowing this will give us strength and courage to do more of the things that work and change the things that are not working in response to HIV/AIDS at the individual, institutional and community levels. It is important to note that the way we do things is just as important as what we do.

### Objectives

- To have participants reflect on their ways of working and interacting with team-mates
- To help participants identify strengths and weaknesses in their ways of working and successes/achievements and challenges at the individual and community levels

### Methodology

1. Write the following questions on the flipchart:
  - What have you done yourselves about the problem of HIV/AIDS?
  - What have you done well and why (individually and as an organization)?
  - What haven't you done well and why (individually and as an organization)?
2. What are your usual ways of working with the community in relation to HIV/AIDS?
3. Explain to participants the objectives of the session. Then divide participants into community groups. Each group should choose a moderator, timekeeper and recorder/presenter.
4. Group work will begin with individual reflection on the question, followed by discussion and sharing.
5. Participants should first reflect on their personal responses to HIV/AIDS and share their reflections. Then they should reflect on their responses and discuss them.
6. Sharing, not consensus in the group, should be the focus. All contributions are written down. Remind participants that the discussion should be grounded in the reality of their experience. For each identified strength or weakness, participants should explain 'why'.
7. Participants will freely choose how they want to present in plenary; however, there will be two flipcharts, one for individual responses and the other for organizational or institutional responses.

This tool is introduced in Relationship Building and then used throughout the CCE-CC process

Relationship Building    Identification of Concerns    Exploration of Concerns    Decision Making    Action    Reflection & Review

Duration: 1.5 hours

## SOCIO-CULTURAL DYNAMICS AND HIV/AIDS

It has been said that HIV/AIDS is intricately woven into the fabric of our society. Its spread is often fuelled by the way we live and relate to one another as individuals, as well as the way we relate within our families and in communities. It 'rides on the back' of our sociocultural practices, relationships, values, beliefs, norms, and gender and power relations. It rests on misunderstandings and false beliefs about the epidemic. In order to enable sustainable social change – to reverse the spread of HIV and lessen its impact on individuals and communities – it is essential to address the epidemic's underlying causes. President Moseveni of Uganda referred to the sociocultural factors fuelling the epidemic as 'dry grass'. Just as dry grass burns widely and quickly when lit by even the smallest spark, so can certain sociocultural factors predispose communities to the quick spread of the epidemic. There are also factors within our cultures that mitigate the spread of HIV and reduce the suffering associated with it. President Moseveni referred to this as 'green grass'. It is valuable to identify how sociocultural beliefs and practices affect the way communities respond to the epidemic.

### Objectives

- To allow participants to reflect on the sociocultural situation related to HIV/AIDS and link it to the epidemic's trends in their country
- To identify individual, relational and social factors that promote the spread of the epidemic in the communities represented by participants
- To enable participants to identify false beliefs and misconceptions about HIV and take them into account when developing strategic responses

### Methodology

1. Brainstorm in plenary on the meanings of the words social, culture and dynamic and agree on a working definition of sociocultural beliefs and practices.
2. Break the participants in small groups to discuss the following questions:
  - How would you describe the nature of the AIDS epidemic in your community/country?
    - Magnitude
    - Seriousness
    - Age group most affected
    - How mainly transmitted
  - List three key elements and give reasons for selecting them.
  - What are the underlying factors in the explosion of the epidemic in your community/country?

3. In their groups, have participants reflect upon the following story and address the questions it brings up:

A wise African person was asked to reflect on the underlying causes behind the explosion of HIV/AIDS in his country. He went to all the communities in the country and listened to what people had to say. Finally he identified the following factors:

- The subordinate status of women
  - The myth that 'the man is a bull'
  - Excessive drinking
  - Social hypocrisy
  - Blaming and looking down upon people living with HIV
  - The fact that only a small proportion of infected people know their HIV status
- Why do you think that he identified these factors as underlying causes?  
– Are you in agreement with each of these factors?  
– What other factors would you add?

4. The groups report back their findings in a plenary session.

5. The facilitator summarizes the discussions, re-emphasizing the point that responses to the epidemic should actually address HIV's underlying causes and not simply repeat prescribed strategies.

This tool is introduced in Relationship Building and then used throughout the CCE-CC process

Relationship Building    Identification of Concerns    Exploration of Concerns    Decision Making    Action    Reflection & Review

Duration: 1.5 hours

## BASIC FACTS ABOUT HIV/AIDS

Since the beginning of the epidemic, many communities have been the focus of anti-AIDS campaigns and have recently been offered voluntary counseling, testing and antiretroviral therapy. However, there remain a number of misunderstandings, false beliefs and misconceptions about HIV/AIDS – how it spreads, how it can be prevented, how it can be treated and what treatment options exist in the absence of a cure. Some of the misunderstandings are shown in the myths that have been constructed about HIV/AIDS. For example:

- Having sexual intercourse with a virgin is a cure for HIV/AIDS
- All children born to an HIV-positive mother are infected with HIV
- Antiretroviral therapy is a cure for AIDS
- AIDS is a form of witchcraft affecting only Africans

It is important that facilitators are up to date on information regarding HIV/AIDS and treatment and are able to motivate communities to access services for voluntary counselling and testing, the prevention of parent-to-child transmission, home-based care and antiretroviral therapy.

### Objectives

- To deepen understanding of the epidemic
- To have an understanding of basic treatment and counselling options that are available in the country or region

### Methodology

1. In the evening preceding the next session participants should meet with their family, friends or neighbours to find out their perceptions on HIV/AIDS transmission, prevention, care and treatment. Participants should reflect on the discussions. They should, based on their discussions, identify and list examples of current myths, false beliefs and misconceptions in their community.

This tool is introduced in Relationship Building and then used throughout the CCE-CC process

- Relationship Building     Identification of Concerns     Exploration of Concerns     Decision Making     Action     Reflection & Review

## **BASIC FACTS ABOUT HIV/AIDS**

- HIV is a virus that destroys the body's immune system
- HIV can be passed from one person to another
- HIV transmission can be prevented
- There is no cure for HIV infection, but treatments exist to help people live healthily with HIV for many years
- We all have rights and responsibilities concerning HIV and AIDS

### **How HIV is transmitted:**

- Unprotected sexual contact
- Exposure to infected blood, including through syringes
- Transmission from a mother with HIV infection to her child

### **HIV cannot be transmitted in any of the following ways:**

- Shaking hands, hugging or kissing
- Coughing or sneezing
- Using a public phone
- Visiting a hospital
- Opening a door
- Sharing food, eating or drinking utensils
- Using drinking fountains
- Using toilets or showers
- Using public swimming pools
- Getting a mosquito or other insect bite
- Working, socializing or living side-by-side with those who are HIV-positive

Source: Living in a World with HIV and AIDS, UNAIDS, 2004

## Day Two

### REFLECTION

Each community conversation begins with time for reflection. Reflection is not the same as recapping, sharing experiences or describing an event. It is a process of looking within ourselves and critically questioning and listening for answers from within (introspection). The process helps one get in touch with one's own inner feelings and values. It is necessary to identify the underlying values in one's behaviour in order to align these values with the objectives of the change process. HIV/AIDS prevention, care and support have as much to do with behaviour as with underlying values. A process of reflection creates space for identification of these values and helps in planning the desirable response.

#### Objectives

- To understand the difference between reflection and experience-sharing or event recapping
- To identify the use of reflection as a tool in the process of self and communal change

#### Methodology

1. Ensure that the sitting arrangement is non-threatening, calm and comfortable.
2. The facilitator sets the tone for the process and encourages individuals to be alone even in company.
3. The facilitator asks people to reflect on some of the responses to the epidemic. Some of the following questions can be asked to set the tone for the reflection:
  - Why I do what I do?
  - What do I value in my relationships?
  - What motivates me?
  - What drives my behaviour in my work on HIV/AIDS?
  - Which of my attitudes/behaviours reduce or increase the epidemic?
4. Ask everyone to silently reflect on the questions. After ten minutes of silence ask individuals who feel safe to share their thoughts and feelings.
5. The sharing is optional and even silence is respected as a form of sharing. Clearly distinguish this practice from simply recapping events – something that does not clarify the underlying values of a phenomenon.

This tool is introduced in Relationship Building and then used throughout the CCE-CC process

Relationship Building    Identification of Concerns    Exploration of Concerns    Decision Making    Action    Reflection & Review

Duration: 20 minutes

## ANTIRETROVIRAL THERAPY

This session is a continuation of the Day One activity on Basic Facts About HIV/AIDS.

### Objectives

- To deepen understanding of the epidemic
- To have an understanding of basic treatment and counselling options that are available in the country or region

### Methodology

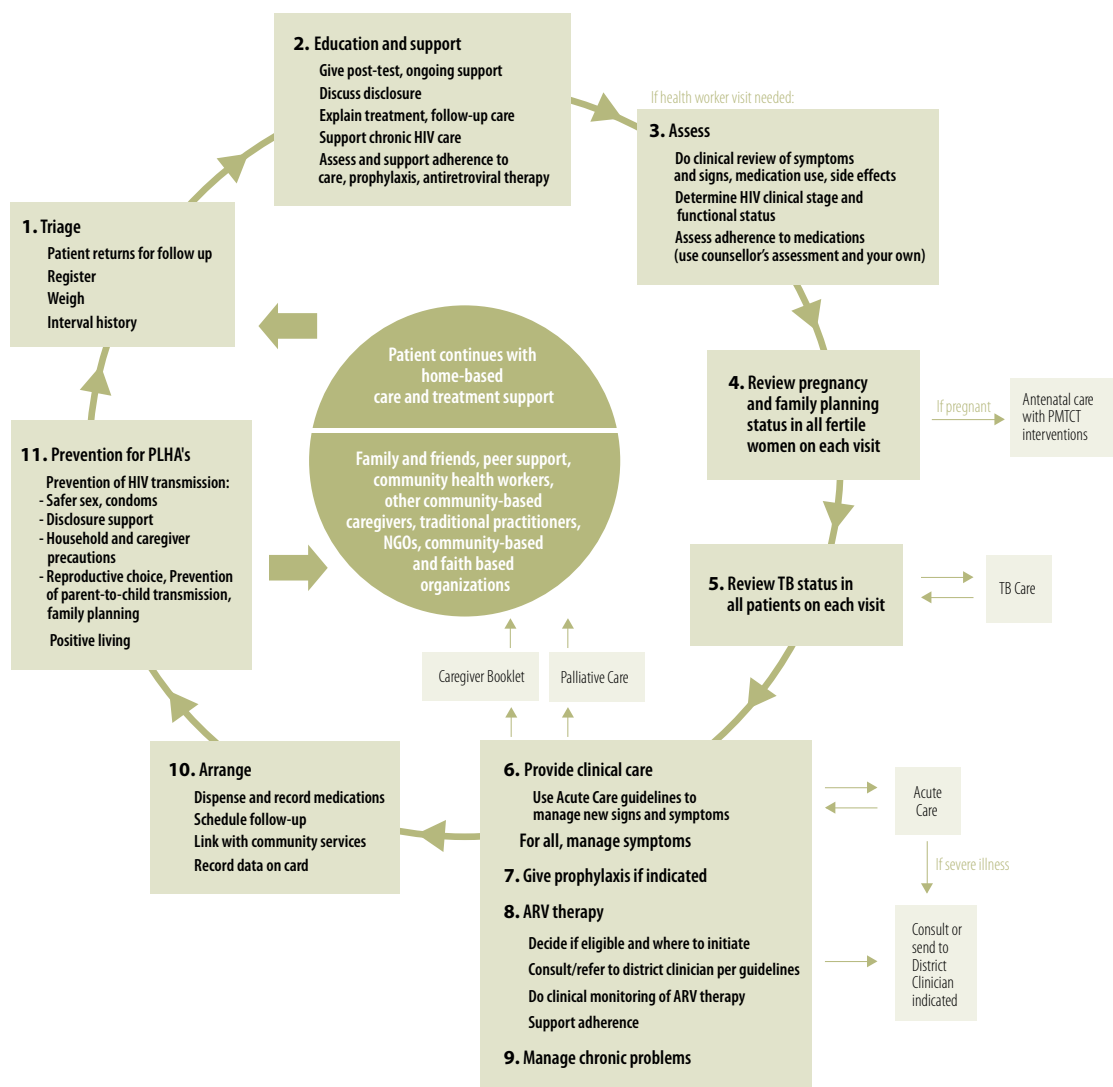
1. Ask participants, in groups of five or six, to share their findings on myths and misconceptions and to list the myths under the following headings:
  - Prevention
  - Care and support
  - Treatment
2. Distribute the WHO flipchart on Integrated Management of Adolescent and Adult Illness, Chronic HIV Care with Antiretroviral (ARV) Therapy. Ask the groups to read through the flipcharts and identify facts that clarify myths and misconceptions.
3. Each group should prepare a poster presentation on the identified myths and should provide information clarifying the myths.
4. All posters are displayed in a gallery and participants take turns visiting each poster using a roundtable approach.
5. The trainer summarizes information on basic facts about the virus, modes of transmission, course of the disease, prevention, care and antiretroviral therapy. The participants are encouraged to study the flipcharts and use them as tools to identify misunderstandings and give feedback to communities during conversations.

This tool is introduced in Relationship Building and then used throughout the CCE-CC process

- Relationship Building     Identification of Concerns     Exploration of Concerns     Decision Making     Action     Reflection & Review

Duration: 4 hours

## Sequence of care after positive HIV test



Source:  
 Chronic HIV Care with ARV Therapy – Integrated Management of Adolescent and Adult Illness:  
 Interim Guidelines for First-Level Facility Health Workers, WHO, 2004

## THE COMMUNITY CHANGE PROCESS

The Community Capacity Enhancement programme is a facilitated change process based on theories and experience of how individuals and communities change their values, attitudes and practices. This methodological framework outlines the steps in Community Conversations and links the change process to facilitation skills and tools. It recognizes that change and transformation are often complex and require a supportive facilitation process. Facilitation makes the process of change smoother and more robust. It also minimizes the chances of repeating old practices and values – repetition that often accompanies non-facilitated processes. A facilitator requires an understanding of how change occurs and how to support the change process using a framework of skills and tools.

The fears and concerns surrounding HIV/AIDS require deep reflection and transformation of values, attitudes and practices at individuals and community levels. The CCE programme's methodological framework charts the process and skills required of facilitators to help communities identify the underlying causes and impact of HIV/AIDS. It also develops tools to help communities find locally relevant means to address these causes.

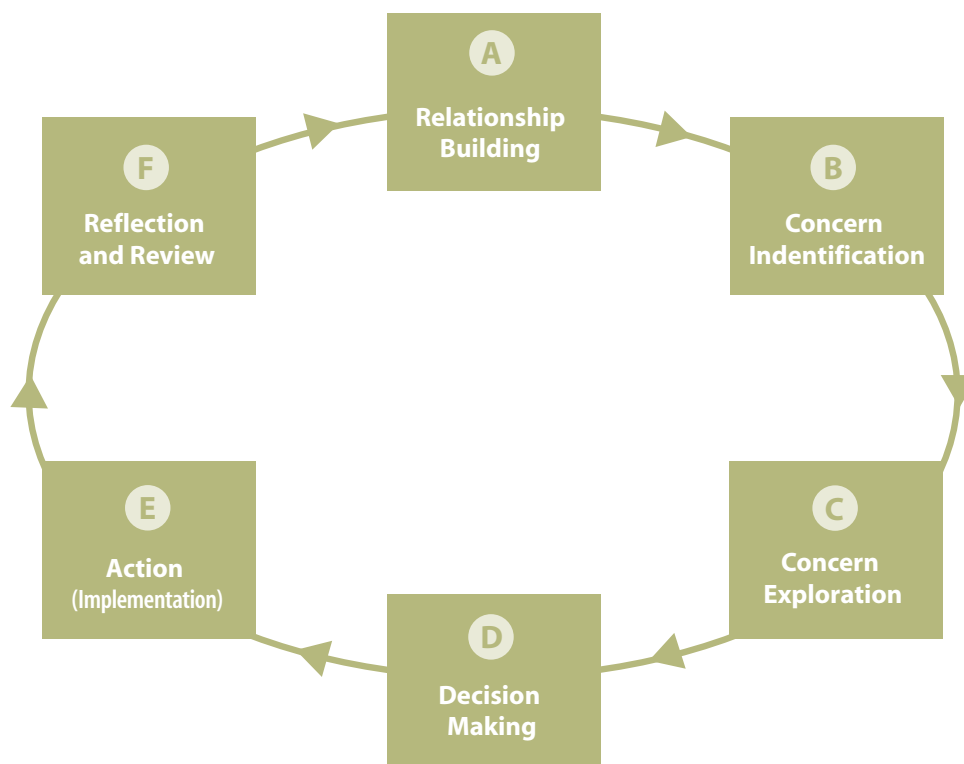
### Objectives

- ❑ To explain the steps of the Community Conversations methodology
- ❑ To align skills and tools to the steps in the methodology
- ❑ To help participants understand that this approach is based on transformation theories and processes, including those of community problem-solving and counselling
- ❑ To demonstrate the interconnectedness of all the steps in the framework in their contribution to a holistic transformational process

### Methodology

1. Introduce the subject by finding out what participants know about how change happens in communities. List the various propositions and acknowledge that change often involves movement from point A to point B. This shift can be internal (values and beliefs) or external (actions and behaviours).
2. Draw the diagram of the methodological framework and explain that Community Capacity Enhancement works within a framework and with steps for the following:
  - ❑ Addressing community concerns together with the community
  - ❑ Learning together
  - ❑ Moving together towards community change goals
3. Walk through the steps in the facilitated community change process as shown in the diagram and the notes below.
4. Explain that, during the workshop, skills and tools will be identified for each step in the process.
5. The process is based on the beliefs and values of counselling: that people experiencing challenges have the capacity to address their challenges. Thus, communities have the capacity to make their own decisions, and the role of a facilitator is to create an environment in which these capacities are unleashed.

## Methodological Framework



### The Stages in Enhancing Community Capacity

#### A Relationship-Building

Among the most important factors in building relationships are respect for and acknowledgement of community experiences, norms, values and perspectives. This is usually the first point of entry in a community and the way to begin engaging in a change process. The HIV/AIDS issues that communities address through Community Conversations are sensitive. The community may not feel safe discussing these issues with people they do not trust. They may feel that the information will be used against them. Community members may not feel safe sharing their HIV status with a facilitator if they feel their confidence may be betrayed. A facilitator works to gain the confidence of the community and establish the expectations of the process. Once established, a relationship of trust should be nurtured throughout the process of capacity enhancement. The relationship should be strong enough to allow for challenges from both sides. This requires time and the skilful use of tools.

## B Identification of Community Concerns

Community concerns are general issues that disturb the community. From these concerns, community members extract more specific needs. It is important that we identify and explore community concerns as distinct from needs. Looking at concerns generates many possibilities for action since the concerns usually reflect how a problem is experienced from within. This also helps to identify underlying causes that may lie in norms, values and attitudes and not only in the visible needs. Encouraged by strategic questioning and active listening, communities are able to identify their own concerns and needs. The facilitator should not define concerns on behalf of the community or impose his or her own views.

What are preconceived as the community's concerns may not turn out to be so, and thus pre-designed solutions may not work. Building a good relationship with the community creates trust and confidence and encourages people to share their real concerns and not what they think the facilitator wants to hear. Clearly identifying and mapping concerns is an essential part of the facilitated community change process and is key to eliciting authentic community responses. Examples of community concerns may include challenges about the vulnerability of girls and women to HIV infection due to cultural norms or the sharing of information about one's HIV status with family members. The identification of such concerns is not immediately followed by prioritization of concerns as in some other methodologies. In Community Conversations, concerns are verified and validated through a process of exploration before prioritization in the decision-making phase.

## C Exploration of Concerns

Having identified and mapped community concerns, the facilitator helps the community to explore their concerns. The other phrases that could be used to express exploration are: 'to examine bit by bit', to 'dig deeper' or 'going into new territory'. Through exploration, one examines the magnitude of the concern and its underlying factors. Exploration should bring out the interconnectedness of concerns and other factors. It should unravel the different manifestations of the same issues at individual, collective and organizational levels. For example, the concern of HIV transmission and rape may be related to the housing of female workers in the community as well as poor law enforcement regarding rape. Exploring issues leads to linkages. It identifies who else may be affected and creates possibilities for partnerships in addressing the situation. This scenario may call for the involvement of the local police, employers or health service providers.

Before moving on to decision-making, community members need to see for themselves that the concerns identified are related to the factors revealed in exploration. Analysis of community perspectives is critical in giving feedback to communities and it helps in reaching agreement on concerns and underlying causes.

## D Decision-Making and Commitment to Action

Communities have the capacity to make their own decisions based on identified concerns and the findings of their exploration. They can envision the future and make decisions and commitments that are necessary to address the challenges of HIV/AIDS. These are not limited to but may include decisions such as "the community should have access to voluntary counselling and testing and all HIV-positive people should have access to antiretroviral therapy and home-based care." A simple plan of how the action points will unfold can be drawn by clearly listing who is going to take action on what issue, where the action will take place and by when. Resources, including social capital, are also listed against specific action points. The design of planned community actions needs to involve as many community members as possible.

Such a process strengthens community ownership and the sustainability of planned actions. Community decisions and individual commitments are also checked against the human rights framework and its values of equity, equality, non-discrimination, human dignity, non-violence, participation, inclusion, accountability and responsibility. The facilitator assists the community in reflecting on the implications of the proposed actions on individual and collective life. The facilitator looks at the effect on power relations and the actions' potential to generate conflict.

### **E Action (Implementation)**

Action is the implementation of decisions made and prioritized by communities. Implementation of community decisions and plans requires support from various levels of society as well as access to resources and services. The roles that individual community members play in implementation are outlined and agreed upon during the decision-making process. This eases implementation and allows for periodic checks on progress. Facilitators continue to support the community during this phase. They also conduct support visits to implementation sites.

Timely implementation of decisions should reflect the urgency needed in addressing the epidemic for communities. Decisions addressing sociocultural practices may be more challenging to implement and may need support from policy makers and other stakeholders. The facilitator acts as a link to other systems, keeping the community informed of available resources that may be helpful. This may include making community plans available to service providers and ensuring that they 'buy into' the process. Community actions may have direct implications for health services related to HIV/AIDS care, treatment and support. Communities may demand access to services that are not currently available in their locality and this may require new action from service providers.

### **F Reflection and Review**

Reflection and review is a way of looking back at what has transpired – shifts in practices that achieved the objectives of the decision-making process. The community answers critical questions about what has changed in its values, attitudes and practices. In addition, the community provides the indicators they are using to validate the changes. Reflection and review should be participatory, respecting the capacity of communities to identify changes needed and the indicators of such change.

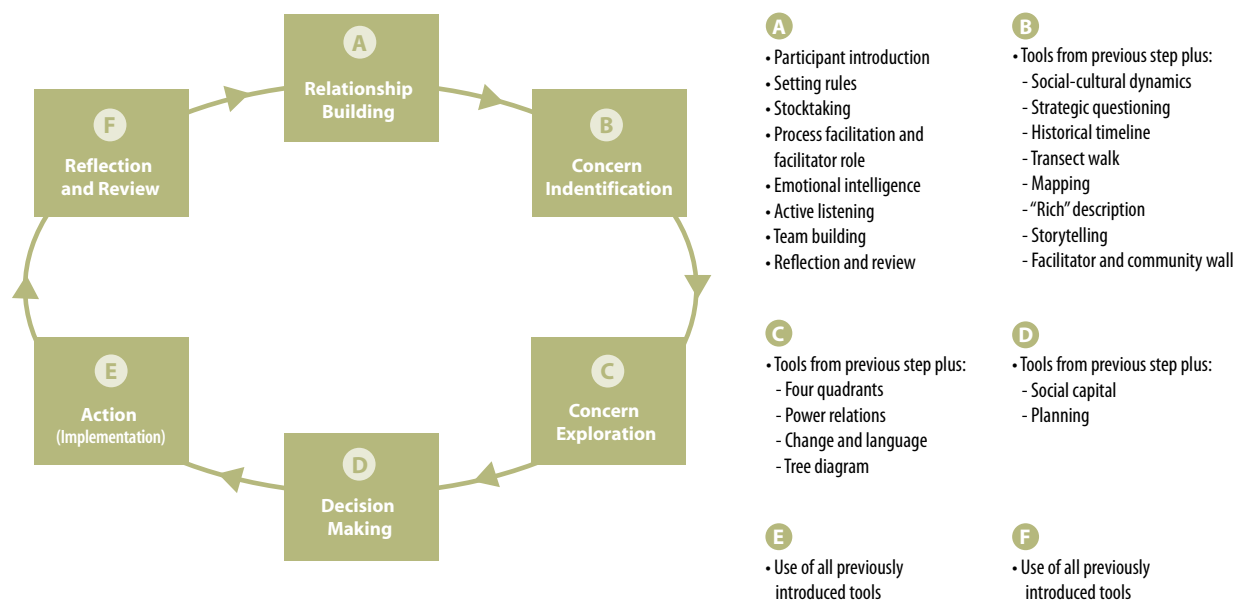
The process captures community feelings, attitudes and values. It is about recapping events and processes and sharing experiences. Reflection is personal as well as collective. It is a link between phases of the change process as well as a distinct stage in enhancing community capacity. The results of this process should address what has been achieved, how it can be sustained and how it can be improved. Questions on what is missing and what else should be done to achieve the goals from the decision-making process should also be answered.

## Competencies and Tools Within the Methodological Framework

Each of the six steps in the Community Capacity Enhancement process has specific tools and skills associated with it. These are usually the stages in which these tools or skills should be introduced. This does not mean that the tools should not be used in other stages. On the contrary – once introduced, tools should be reused throughout the CCE process.

Duration: 1 hour

### Methodological Framework



## PROCESS FACILITATION

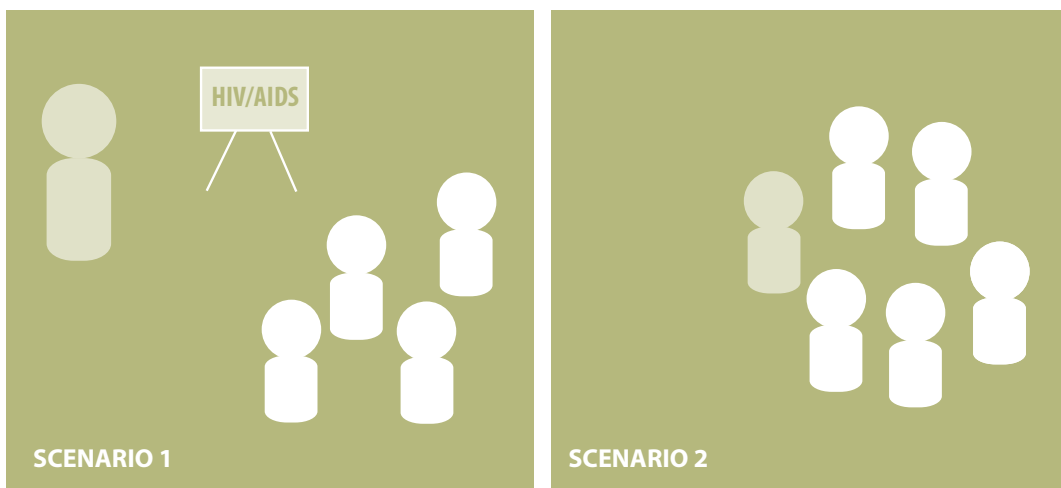
To facilitate means to make easier. Process facilitation means to accompany communities in their process of change. It requires an understanding of sociocultural, individual and collective forces at work in a particular community. The facilitator guides the process using a set of skills and tools and taps the existing capacities of the community in its search for a response to challenging situations. Facilitation makes the response quicker, easier and proactive by creating space for communities to reflect, envision and plan their responses. It strengthens the capacity of communities to identify implement, maintain and sustain desired changes.

### Objectives

- ❑ To allow participants to reflect on the implications of the approaches they have been using in their work with their communities
- ❑ To help participants understand the role of process facilitation in enhancing and unleashing community capacity
- ❑ To help participants distinguish the roles of a community from the role of a facilitator in the process of enhancing community capacity

### Methodology

1. Present scenario 1 and scenario 2 on flipcharts as shown in the illustration below.<sup>3</sup>



<sup>3</sup> Adapted from Strengthening Community Responses to HIV/AIDS in West and Central Africa, by the Salvation Army, Enda Tiers monde/Sante, HOPE worldwide and UNAIDS, 2001.

2. Break into smaller groups for group work. Using the illustration on the flipcharts, ask participants the following questions:

- Which picture shows the way you normally work in or relate to the community?
- What is happening in scenario 1? In scenario 2?
- How would you describe the relationships among people in scenarios 1 and 2?
- What feelings do you think people have in scenarios 1 and 2?
- What word or phrase would you use to describe what is happening in scenarios 1 and 2?

The trainer sums up the activity based on the notes below. He or she should indicate that in Community Conversations, scenario 2 is the preferred approach because of its ability to address power relations and because it values all speakers.

### Notes on the Role of the Facilitator

Coordinating the activity by:

- Ensuring that the activity is clear, understood and accepted by everyone
- Serving the group during the implementation of the activity
- Choosing a systematic procedure by which to carry out the activity
- Raising important questions
- Encouraging the group by whatever means
- Respecting what can and cannot be done

Guiding the process by:

- Ensuring clear understanding and reaching consensus about the process
- When necessary, separating process from content
- Creating space to express feelings and perceptions without judgement or discussion
- Allowing time for gaining ideas, making objective evaluations and making decisions

Mobilizing participation by:

- Encouraging total participation, expression of all points of view and mutual learning
- Asking all groups for contributions
- Demonstrating the behaviour accepted by the group
- Respecting and protecting the feelings of group members by one's own example
- Discouraging ridicule, blame, negligence and personal belittling

This tool is introduced in Relationship Building and then used throughout the CCE-CC process

Relationship Building    Identification of Concerns    Exploration of Concerns    Decision Making    Action    Reflection & Review

Duration: 1 hour

## Day Three

### INTEGRAL FRAMEWORK: MAPPING THE CURRENT REALITY

The four-quadrant framework, adapted from the work of Ken Wilber, is an analytical tool that can be used to explore the relationship between intentions and values, on the one hand, and actions on the other hand. It does so at both the individual and collective levels. It is possible to gain a deeper, more profound understanding of the epidemic by identifying, analysing and reviewing the causes and origins of actions. By placing current responses to HIV/AIDS in their respective quadrants, we can reflect on how holistic our response has been to date. This framework is necessary because it fosters a deeper understanding of the interrelationship among intentions, values and actions. After situating the different aspects of the response in quadrants, it may become clear that the first quadrant (that of values on an individual level) might look empty relative to the others. This shows that there is a general lack of self-reflection and a need to start addressing individual values and beliefs before rushing to act. In this way, blaming others for certain actions can be prevented. Self-questioning as a way of challenging ourselves implies that more sustainable actions can be taken, and that this high level of authenticity starts at an individual level with the self.

#### Objectives

- To identify and explore underlying causes of the epidemic in relation to their individual or collective origins
- To show how causes and actions are linked, using the four quadrants
- To analyse the interactions among the various elements in order to create a deeper understanding of the link between individual and collective values and behaviours

#### Methodology

1. Explain the objectives and main idea of the integral framework.
2. Ask participants to break into groups of four or five, reflect on and discuss the following questions and report back in plenary:
  - What fuels the spread of HIV in your community? (Consider especially values and attitudes on an individual and collective level.)
  - Plot the various factors affecting the epidemic on the integral framework.
  - What changes are needed to halt the epidemic and how could community capacity be facilitated in this respect?
  - Plot the needed changes on the framework using a different colour.
3. The facilitator asks strategic questions on the meaning of the plotting and clarifies the linkages of the plots using the notes and quadrants below.

This tool is introduced in Relationship Building and then used throughout the CCE-CC process

Relationship Building     Identification of Concerns     Exploration of Concerns     Decision Making     Action     Reflection & Review

## The Integral Framework<sup>4</sup>

	Subjective, Interior	Objective, Exterior
Individual	1. Intention, Commitment, Values <i>"I value..."</i>	2. Behavioural <i>"My actions embody..."</i>
Collective	3. Cultures, Norms, Values <i>"We value..."</i>	4. System, Structures, Laws, Plans <i>"In our actions we strive towards..."</i>

Action

**Quadrant 1** is the individual/internal aspect of change. This is related to the interior reality of individuals. It is the area of cognitive, psychological and spiritual development. In this quadrant, leaders attend to the inner development of people, recognizing that no substantive change is possible without a prior change in consciousness.

**Quadrant 2** has to do with the individual/external aspects of change. This is the domain of technical and interpersonal skills as well as the science (physiology/neurology/psychology) of performance. This quadrant gets a great deal of attention, especially from coaches and world-class athletes. It is where leaders pay attention to developing people's skills and supporting the physical and psychological ingredients that spark motivation and peak performance.

**Quadrant 3** deals with the collective/internal aspects of change. This is the domain of culture. It is the interior, often hidden, territory of our shared assumptions and images that direct what happens when we come together. This is the domain of myth, story, unwritten rules and beliefs. It reminds leaders to pay attention to the deeper meanings of symbols, purpose, vision and values – not so much as written, framed statements, but as the subtle messages encoded in our day-to-day interactions.

**Quadrant 4** has to do with the collective/external aspects of change, the social/technical/organization system. It is the quadrant of organizational design, technology workflow, policies and procedures. This quadrant reminds leaders that system design determines performance and that if we want to get the system to perform at a substantively higher level, we must design for it.

Each of these quadrants is related to the others. Development of one quadrant is inextricably bound up with all the others. Just a few examples:

- Individual consciousness affects physiology and vice versa.
- Culture stimulates or hampers individual development and vice versa.
- Organizational structure shapes culture (and vice versa), which defines the opportunities people have for self-expression and growth.
- Consciousness shapes and guides the design of the system and vice versa.

Each quadrant affects all the others. Each is powerful. Ignoring any one of them can lead to haphazard results in our attempts at change.

<sup>4</sup> Adapted from the work of Ken Wilber.

## SOCIAL CAPITAL ANALYSIS

Social capital refers to the internal social and cultural coherence of society, the norms and values that govern interactions among people and the institutions in which people and their norms are embedded. Social capital is the glue that holds individuals, communities and societies together.

“In the face of a phenomenon so intricately linked into the fabric of a society and as personally and professionally threatening as the HIV epidemic, it may be that only programs which penetrate the soul of a community, organization or nations will be effective” (Campbell, 1997). Central to this is the belief that community norms, values and practices shape group and individual behaviours. The kind and the extent of linkages and relationships within a community are critical determinants of the spread and impact of the epidemic. These will include:

- ❑ The role of respect, trust and networks that span socio-economic differences and differences of gender, race, class and other factors in the strengthening of community and governance
- ❑ How people’s ways of knowing themselves as part of cultures and collectives can be strengthened and can be reconstituted after the desolation of the epidemic
- ❑ The dense and synergistic patterns of relationships that knit people together in societies

### Objectives

- ❑ To enable participants to identify the social capital in their communities
- ❑ To help participants understand how to strengthen the capacity of communities and nations to mobilize, survive and rebuild in an age of HIV

### Methodology

1. Break participants into groups of 4 or 5 to reflect, discuss and present their discussion on the following issues:
  - ❑ How does social capital manifest itself within your society? Give examples.
  - ❑ How is it linked to behaviour change?
  - ❑ How is social capital formation linked to HIV prevention, care, impact mitigation and treatment?
  - ❑ Translate the concept of social capital in your local language.
2. Bring participants back into plenary and have groups provide feedback.

This tool is introduced in Relationship Building and then used throughout the CCE-CC process

Relationship Building    Identification of Concerns    Exploration of Concerns    Decision Making    Action    Reflection & Review

Duration: 1 hour

## STRATEGIC QUESTIONING

Strategic questioning is an enabling way of soliciting information and perspectives that opens up several options for answers. Strategic questioning can help the community reflect on issues that affect them and deepen their understanding of concerns and options for transformation. Strategic questioning is a tool and a principal skill throughout the facilitated change process, but especially so in the identification and exploration of community concerns. A strategic question can be distinguished by its ability to:

- Be dynamic, create movement
- Be a question that cannot be ignored, requires thinking before answering
- Provoke without causing offence
- Create options and present several possibilities for answering
- Go deeper into matters
- Exclude the word ‘why’ and its accompanying value judgements and tendency to put people on the defensive
- Not elicit simple ‘yes’ or ‘no’ answers
- Reinforce and give value to speakers
- Help touch the untouchable and tickle taboos

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### Objectives

- To develop competencies in constructing strategic questions
  - To help participants appreciate the relevance of strategic questioning in stimulating community conversations and action
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### Methodology

1. List the following characteristics of strategic questioning on a flipchart and brainstorm with participants regarding their relevance to the change process.

- Be dynamic, create movement
- Be a question that cannot be ignored, requires thinking before answering
- Provoke without causing offence
- Create options and present several possibilities for answering
- Go deeper into matters
- Exclude the word ‘why’ and its accompanying value judgements and tendency to put people on the defensive
- Not elicit simple ‘yes’ or ‘no’ answers
- Reinforce and give value to speakers
- Help touch the untouchable and tickle taboos

2. The facilitator explains how strategic questioning is used alongside other tools to:
  - Help communities reflect on issues
  - Bring to light and deepen understanding of community concerns
  - Generate conversations about sensitive issues without making participants feel defensive.
3. Take participants through the following scenario about strategic questioning:

The chief of a village found out he was HIV-positive. He was in despair and so ashamed that he wanted to die, but he finally accepted the situation. Then his behaviour changed positively and he started talking about antiretroviral therapy. He decided not to disclose what happened to him. Recently, because of his responsibilities as head of the village, he decided to address the issue of HIV with his people in order to mobilize them to protect themselves and create a spirit of solidarity between families and people living with HIV. He called the village elders and asked them to help him formulate questions that could help his community reflect on and discuss the issue of HIV/AIDS and its underlying causes.

4. Ask the participants to assume that they are the elders of the village requested to help the village chief formulate strategic questions for a community conversation on HIV/AIDS. Formulate one strategic question for each of the following issues:
  - General concerns in the area
  - Health concerns in the area
  - Concerns about HIV/AIDS
  - Factors fuelling the spread of HIV/AIDS in the village
  - Community attitudes and interactions with people living with HIV
  - Possible decisions and actions to address low participation in services that promote voluntary counselling and testing, prevention of parent-to-child-transmission and antiretroviral therapy

This tool is introduced in Relationship Building and then used throughout the CCE-CC process

Relationship Building     Identification of Concerns     Exploration of Concerns     Decision Making     Action     Reflection & Review

Duration: 1 hour

## HISTORICAL TIMELINE

Societies are inspired by major events, challenges, tragedies and crises they have overcome. Social change also has a profound effect. Communities mobilize themselves in order to face difficult ordeals – large harvests or droughts, or the management of an epidemic. Experiences are gained and lessons learned from these events – experiences that are often used as points of reference. The ability to ask oneself questions, the tolerance of that which is different, the preservation of minority and vulnerable group's rights, relations based on reciprocation, willingness or unwillingness to change – all these should be part of community and individual plans. The reflection on history and the steps we take as a result of this reflection allow us to base our future actions on hypotheses and presumptions. Such reflection is an exercise in transformation that stresses the creative resources of communities, and allows an understanding of societies' values, rules and principal concerns.

A historical timeline allows for a relationship based on confidence among facilitators and community members. It strengthens social capital and social networks.

### Objectives

- Allow participants to explore the meaning of significant events in their lives and the lives of their community members
- Describe the tool of a historical timeline (sharing significant events in a community's life) as a way to build a relationship among facilitators and the community
- Allow participants to practise using the tool together

### Methodology

1. Introduce the tool of a historical timeline (sharing significant events in the community's life) as a way to build a relationship among facilitators and the community.
2. Ask participants/community members to think back in the life of their community (for the past 20 years, for example). On a sheet of paper, ask them to write the significant events that have affected the community, with approximate dates in which the events occurred.
3. The members can present the timeline. A discussion period can be facilitated with questions such as:
  - What made you list these events?
  - What impact did these events have in the life of the community?
  - What changes occurred in the community as a result of a specific event?
  - What were the feelings of community members around certain events?
4. Ask participants to reflect on how they see the historical timeline as a helpful tool for building relationships and for identifying and exploring concerns.

This tool is introduced in Relationship Building and then used throughout the CCE-CC process

Relationship Building     Identification of Concerns     Exploration of Concerns     Decision Making     Action     Reflection & Review

Duration: 1 hour

## ACTIVE LISTENING

Active listening is a communication skill in which the listener in a conversation follows closely what is being said and gives feedback to the speaker using verbal and non-verbal expressions. Active listening takes place when at speaker realizes that she/he is being listened to. Active listening liberates the speaker and unleashes creativity. Unlike selective or discriminatory listening, active listening is an approach to social change that strengthens the capacity of individuals, opens up a host of new ideas and activates the knowledge and resources of each individual. It favours sharing and the acceptance of new and diverse perspectives and mutual learning. It also limits exclusion.

Often people listen selectively to what they agree with or are comfortable with. However, in active listening, the listener has to keep an open mind and recall what is being said, irrespective of whether s/he agrees or not. In a change process, facilitators and community members need to listen to one another in a way that encourages discussion and generates new alternatives. In a group process, active listening allows for a demonstration of the fact that group members respect each other's opinions. It can help weaken relationships based on power and guard against discrimination of those who are perceived as without power or of a lower social status. It recognizes the contributions of vulnerable groups, including people living with HIV, women and youth. Elements of active listening include:.

- Maintaining eye contact and following the speaker with your eyes
- Not showing signs of disagreement or being frustrated with the speaker's opinion
- Observing and acknowledging non-verbal expressions
- Paraphrasing to confirm that you understood what has been said

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### Objectives

- Allow participants to develop their active listening capacity
  - Allow participants to listen and accept perspectives that are different from their own
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### Methodology

1. Bring participants into groups of five or six people.
2. Write five 'controversial issues' on the flipchart. Examples of controversial issues:
  - Talking about HIV and condom use in churches should be encouraged
  - Parents should talk with their children about sex and HIV/AIDS
  - People living with HIV should be allowed to marry and have children
3. Ask participants in groups to reflect individually and, only after that, write down their responses and perspectives.
4. Ask participants to read their responses and share their perspectives with other group members.
5. After everyone has expressed their perspectives, ask each group member to remember what they heard from others.

6. Pay attention to whether people retain only what they agree with, or if they also remember what they do not agree with.
7. Ask those who want to clarify their perspectives and ideas to do so and allow others to contribute.
8. The group is encouraged to reach common perspectives and consensus if possible or to recognize that there is no consensus and that diversity is a reality of their group.
9. Ask participants to give a detailed description of how to show respect for and take into account everyone's perspective during conversations.
10. Ask each group to identify three key elements of active listening and respect for diverse perspectives.
11. The facilitator summarizes by sharing the key elements in plenary. She/he clarifies that active listening includes not interrupting the person who is sharing his or her perspective and ensuring that each viewpoint is respected and considered as part of the group's reality, even if everybody does not agree with it.

This tool is introduced in Relationship Building and then used throughout the CCE-CC process

Relationship Building     Identification of Concerns     Exploration of Concerns     Decision Making     Action     Reflection & Review

Duration: 1 hour

## Day Four

### TRANSECT WALK

The 'transect walk' is a tool that allows community members to explore and thereby rediscover familiar surroundings. This activity allows people to focus attention on community realities that are usually overlooked or taken for granted, leading them on a process of self-reflection and collective exploration. Participants are requested to look out for community resources, strengths, weaknesses, and for a possible 'entry point' for action on HIV/AIDS.

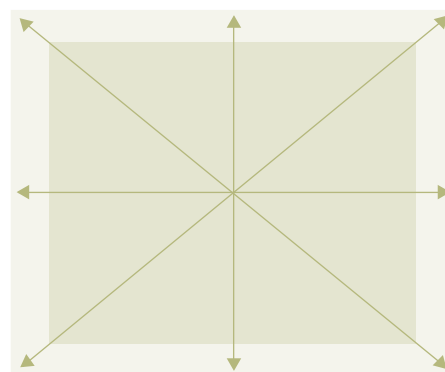
#### Objectives

- Introduce the transect walk as a tool to build relationships, identify concerns and help facilitators and community members better understand their communities and their issues
- Relate it to the mapping exercise that follows

#### Methodology

1. Ensure that a specific community area is determined for the walk.
2. Organize participants into groups of six to eight and have them walk through the community in various patterns. (The size of the group may change based on the size of the area being covered.)
3. Ensure that participants do the walk in silence.
4. Mention that the transect walk should be done more than once with the community.
5. Inform participants that the walk should be done by looking at and observing the community environment. Participants should look for<sup>5</sup>:
  - Community gathering points
  - Community activities on HIV/AIDS prevention, care, support and treatment
  - Community strengths and resources ('green grass')
  - Situations, behaviours and factors that may make the community vulnerable to HIV ('dry grass')

#### Plan for the Transect Walk



This tool is introduced in Relationship Building and then used throughout the CCE-CC process

- Relationship Building
- Identification of Concerns
- Exploration of Concerns
- Decision Making
- Action
- Reflection & Review

Duration: 1 hour

<sup>5</sup> Adapted from *Strengthening Community Responses to HIV/AIDS in West and Central Africa*, by the Salvation Army, Enda Tiers monde/Sante, HOPE worldwide, and UNAIDS, 2001.

## MAPPING

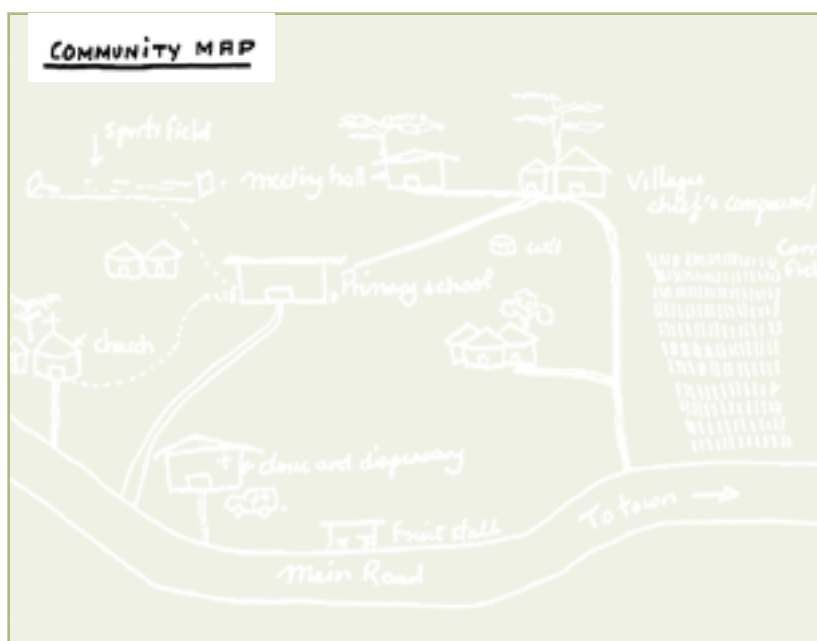
Following the transect walk, mapping can be used to visualize community strengths and concerns. Visual representations of familiar surroundings allow people (including those who are illiterate) to increase awareness of their current activities in relation to HIV. In addition, representations deepen their understanding of the current reality. The transect walk and mapping is also a way of documenting the current community reality, and can be used again at a later point to illustrate and measure changes that have taken place.

### Objectives

- Describe the tool of mapping as a way to identify community concerns
- Allow participants to practise mapping their own areas
- Use strategic questions to draw out community concerns using the map
- Emphasize that mapping is a tool that can be used throughout the process (for example, to identify and explore community concerns and to make decisions)

### Methodology

1. Introduce mapping as a way to help facilitators and community members identify their concerns, including concerns related to HIV/AIDS.



2. Explain how mapping is done. Participants decide on an area where they live for the mapping exercise. All participants should contribute to the drawing of their community map (including details such as roads, schools, businesses, homes, etc.). They can use the map below as a guide.<sup>6</sup>
3. Maps should be presented and explained.
4. The facilitator can use strategic questions to draw out community concerns using the map. Strategic questions include:
  - What is happening in your community in the areas of health and development?
  - Where do they happen?
  - What are the areas of concern in your community about HIV/AIDS?
  - How and where is HIV/AIDS being spread in your area?

This tool is introduced in Relationship Building and then used throughout the CCE-CC process

Relationship Building     Identification of Concerns     Exploration of Concerns     Decision Making     Action     Reflection & Review

Duration: 1.5 hours

<sup>6</sup> Adapted from *Strengthening Community Responses to HIV/AIDS in West and Central Africa*, by the Salvation Army, Enda Tiers monde/Sante, HOPE worldwide, and UNAIDS, 2001.

## POWER RELATIONS

Our actions and inaction are influenced by power dynamics in our everyday environment. Power relations exist between a facilitator and participants, between a facilitator and the community, between men and women, and within families and communities. Power relations affect the way we interact and respond to HIV/AIDS. Understanding power relations will enable us to be proactive in recognizing and minimizing their negative impact on our facilitation. It will make us better at preventing HIV/AIDS and lessening its impact.

### Objectives

- To make participants aware of certain attitudes that convey dominance or submission and that are expressed both verbally and non-verbally
- To allow participants to be aware of the impact and consequences of positions in individual relations

### Methodology

1. Make sure that there are enough chairs for all participants, and get participants into groups of two, facing one another.
2. Choose one person who will dominate and the other who will be dominated, and ask participants to choose an issue they want to discuss.
3. Ask the dominant individual to start talking while they are both seated on their chairs. Ask the person dominated to sit on the floor while their partner continues to talk.
4. Then ask the dominated person to go back to his or her chair. Ask the dominated person to sit on the chair and the dominant individual to sit on the floor. Ask the one dominating the conversation from the floor to keep talking.
5. Then ask that they change the situation, with the person on the chair to begin speaking as the dominant partner.
6. Ask participants to get into groups of six to eight to share their feelings, resentment, reflections and ideas on this experience.
7. In plenary, ask the groups to share their feelings.
8. The facilitator can make a brief presentation on different types of power that are in play in individual relationships (for example, relationships between men and women, parents and children, facilitator and participants, the educated and the non-educated, etc.).

This tool is introduced in Relationship Building and then used throughout the CCE-CC process

Relationship Building     Identification of Concerns     Exploration of Concerns     Decision Making     Action     Reflection & Review

Duration: 1 hour

## CHANGE AND LANGUAGE

Language and the images they invoke influence behaviour and attitudes. Word choice positions us in relation to the people we are communicating with. This can create rifts or can bring people together; it can reinforce hierarchy or consolidate alliances; it can discourage or encourage; it can convince or leave people indifferent. A facilitator's choice of words should be guided by intent and ethical considerations. It is expected that facilitators will enhance the capacity of others and be conscious in the use of language since their choice of words reflects their attitudes and perspectives.

### Objectives

- To enable participants to become sensitive to their language and how they communicate within the context of HIV/AIDS
- To promote the use of language that respects the dignity and rights of all concerned, facilitates inclusion, avoids stigma and discrimination and contributes to social change

### Methodology

1. The facilitator makes a brief presentation on the importance of language in the response to the HIV/AIDS epidemic.
2. Divide participants into groups of five or six.
3. Distribute the following exercise, which should be photocopied for all participants in advance. Ask the participants, in their groups, to do the exercise.
4. Post group work on the wall, followed by a plenary discussion led by the facilitator.

#### LANGUAGE EXERCISE

Following is a list of words that those who are involved in a capacity enhancement process should avoid using in their communication about HIV/AIDS:

Control	.....	An HIV+ or an infected person
Target group	.....	Promiscuous person
Victim	.....	Drugs
Them	.....	Struggle
Beneficiary	.....	People who are taking these drugs

- In your opinion, why should these words be avoided, what metaphors are implicit in these words?
- Identify other words that fall under this category.
- Make a list of words and matching metaphors that reflect the values and principles of a Capacity Enhancement Approach

This tool is introduced in Relationship Building and then used throughout the CCE-CC process

- Relationship Building
- Identification of Concerns
- Exploration of Concerns
- Decision Making
- Action
- Reflection & Review

Duration: 1 hour

## CHANGE AND PERCEPTION

In a working relationship, the manner in which we describe people often reflects how we exercise our power. It also influences how the people we describe are perceived and how we perceive them. People often describe others in a manner that seems objective, when in reality it is judgemental. This type of description is an exercise of power over another person. It influences the manner in which the person is perceived and how the person perceives him/herself. In a capacity enhancement approach, interactions between people have to be affirming and have to acknowledge their inherent capacity. Facilitators should be sensitive in their descriptions and, by so doing, coach community members in the use of empowering descriptions.

### Objectives

- To create awareness among participants regarding the power of perceptions and descriptions in the change process
- To allow participants to practise the use of positive descriptions in community capacity enhancement

### Methodology

1. Divide participants into groups of five or six. Distribute the exercise below. The exercise should be photocopied in advance. Have the groups work on the exercise.

#### PERCEPTION AND CHANGE EXERCISE

These are two sets of notes by health professionals about the same young girl, Noki, following a pre-natal consultation:

**List One**

- Low-income
- Single mother
- One-room house
- First child – Weight at birth below average
- Afraid of giving birth
- Lazy; no job
- Illiterate – cannot read or write

**List Two**

- Loss of appetite due to stress linked to loneliness (child's father is a political prisoner)
- She enjoys a vegetable traditional soup
- She would like to be able to include milk and meat in her diet but finds these expensive
- She is worried about her meagre income
- She is worried about looking after first born girl who was born without complications but with a below average weight

**Questions for group work**

- What are the differences in the way Noki is described in List One and Two?
- What are the implications of the descriptions for Noki?

2. Have the groups present their work in plenary.
3. The facilitator summarizes and reinforces the activity by explaining that the first set of elements describes Noki only in terms of her difficulties and problems. Noki the human being is not reflected, seen or appreciated. There is no reference to any of her strengths. From this list, no one can understand how Noki perceives herself.
4. The list only reinforces and acknowledges the professional and his/her role. This means that, if there is no problem, there will not be any need for a professional.
5. This second list is based on the same observations, but Noki is described in a completely different manner. In this list, we appreciate Noki as a human being, an individual in her own right – with her individual capacity, her social relations, her own interests, etc. The list identifies entry points and a specific role for any external person willing to assist.

This tool is introduced in Relationship Building and then used throughout the CCE-CC process

Relationship Building     Identification of Concerns     Exploration of Concerns     Decision Making     Action     Reflection & Review

Duration: 1 hour

## TEAM-BUILDING

Communities are teams in action. Facilitation is mainly the coordination of a team process. It is often said that two good heads are better than one. However, if two heads do not work as a team, they may cause more harm than good. Many of the exercises have been based on teamwork. However, for teams to be effective, team members need to communicate, coordinate and appreciate their different roles and contributions.

### Objectives

- To increase the participants' awareness of their individual role in teams
- To increase appreciation of individual contributions in a team
- To heighten awareness of the contribution of others, and its importance in completing tasks in teams

### Methodology

1. Break participants into groups of five.
2. Use one of the following two exercises:

#### TEAM-BUILDING EXERCISE

##### Exercise One

Give each group a piece of flipchart. Ask participants to each think about an animal they would like to make (3 minutes). Instruct participants to start making the animal by tearing the paper once in straight lines without talking to anyone. Instruct participants to take turns in tearing and rotate the activity until the animal is formed (10-15 minutes).

##### Exercise 2

Ask each group of participants to draw an animal on a flipchart. One person at a time draws a part of the animal using a marker. Once done, the person passes the marker to the next person to draw another part. The marker is passed on again. All this is done without participants talking to each other.

3. Ask participant to name the animal and paste it on the wall.
4. At plenary, participants/groups share their animals with each other.
5. Ask participants the following two questions:
  - How did it feel for you?
  - What did you learn?

This tool is introduced in Relationship Building and then used throughout the CCE-CC process

Relationship Building    Identification of Concerns    Exploration of Concerns    Decision Making    Action    Reflection & Review

Duration: 1 hour

## CREATING A VISION OF THE FUTURE

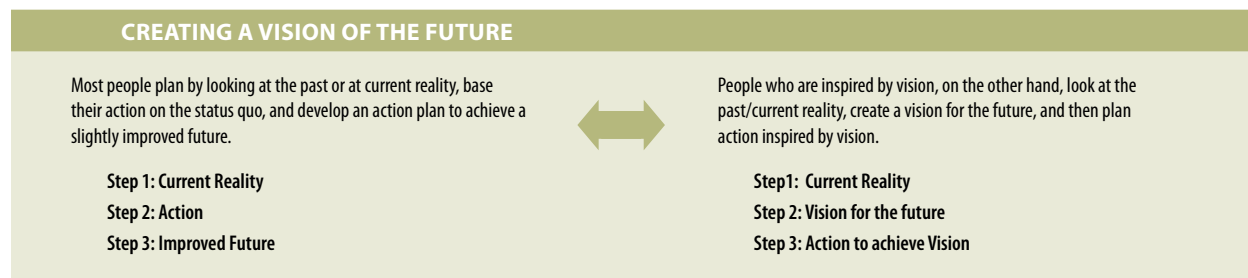
Our thoughts about the future often focus on our immediate future, on what will happen tomorrow, next month, or next year. This happens especially in an environment where today's concerns and problems are pressing and call for immediate solutions. Our action plans are based on improving today's reality in order to realize a slightly improved future. Our interpretation of the future – that is, the possibilities we see for our future lives – is based on what has happened in the past and on what is happening today. On the other hand, action that is not only based on current reality and thinking, but is also inspired by vision, opens space to achieve what has so far been 'unthinkable' and 'unachievable'. Having a vision of a better future does not only give hope. It motivates individuals and communities to take action to achieve that vision.

### Objectives

- ❑ To give participants the chance to describe the future they want for their community
- ❑ To inspire and motivate participants to believe in possibilities that have so far been 'unthinkable' or 'unachievable'
- ❑ To enable participants to make plans and take action to achieve their vision

### Methodology

1. The facilitator gives a brief introduction to the topic. Using the chart below, the facilitator highlights the difference between planning based solely on the past versus planning based primarily on vision.



- Participants are divided into groups of six to eight people. The following exercise is presented to the groups. The exercise should be photocopied in advance.

### ENVISIONING THE FUTURE EXERCISE

Imagine your community 20 years from now. The national television agency (or the local radio station) has prepared a programme on the outstanding achievements your community has made to stop the spread of HIV/AIDS and make antiretroviral therapy available for people living with HIV in the area. The television/radio programme was prepared based on interviews with community members, local authorities, traditional leaders, and health institutions working in the district. Imagine what the programme would report about your community's achievements in the area of HIV/AIDS. Envision the ideal situation, the best possible future you might want your community to have.

Answer the following questions in the past tense:

- Imagine the major changes your community has made in the last 20 years to reverse the spread of HIV/AIDS in the area.
- Imagine the outstanding contribution women and girls have made as leaders in the community movement against HIV/AIDS.
- Imagine how men and boys have supported women and girls in their role as leaders against HIV/AIDS.
- Imagine how community leaders have supported the community movement to address HIV/AIDS.
- What action did you take to start to make the change happen?
- What action plan did you follow in the first year to make the change happen?
- How did you popularize your decision?
- How did you sustain the changes made in the long run?
- What is the current attitude of your community towards people living with HIV?

- Results of group work are presented in plenary.
- In case of time constraints, the questions can be split in two and answered by participants during two subsequent meetings.
- Stress that in Community Conversations the exercise should be conducted with communities who are at the stage of decision-making.

This tool is introduced in Relationship Building and then used throughout the CCE-CC process

- Relationship Building
- Identification of Concerns
- Exploration of Concerns
- Decision Making
- Action
- Reflection & Review

Duration: 1.5 hours

## EXPLORING CONCERNS

Having identified their concerns, communities need to examine bit by bit, and dig deeper, in order to understand the underlying factors behind the identified concerns (share the concept of the yam, described below). This will ensure that all factors are taken into consideration before decisions are made. Such decisions are more likely to succeed and be sustained.

### Objectives

- To explain the process of exploring concerns and the tools and skills needed to do this successfully
- Understand the need to fully explore a concern with communities before making decisions or taking action

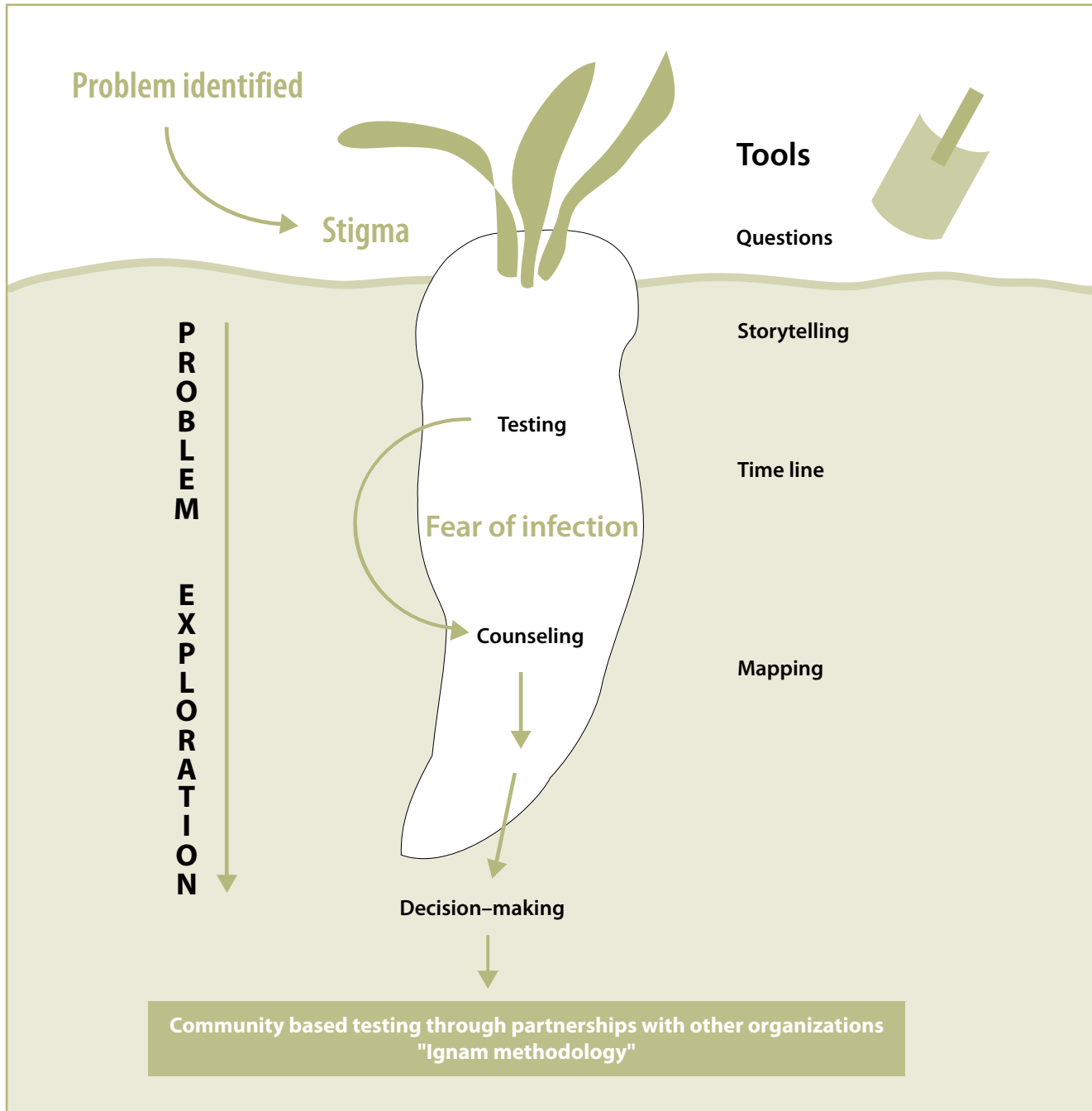
### Methodology

1. Ask participants if they have ever dug for sweet potatoes (or yams, potatoes, carrots, etc.). What do they do when they dig for a yam? How do they know where to start digging? What kind of tools do they use? How do they know when they have reached the bottom of the yam? What do they do with the yam once they have dug it out? What happens if you do not dig all the way to the bottom of the yam?
2. During this discussion, draw a yam or similar root vegetable on a sheet of paper.
3. Explain that digging for a yam can help us to understand the process of exploring concerns with a community. Building relationships and identifying problems help us know where to start digging. The different skills/tools we are learning as facilitators (for example, mapping, storytelling and transect walks) help us dig. We have to fully dig to understand a problem, or else our decisions will not really help us to reach our goal.
4. Distribute the diagram of the yam below as an illustration of the discussion.

This tool is introduced in Relationship Building and then used throughout the CCE-CC process

Relationship Building     Identification of Concerns     Exploration of Concerns     Decision Making     Action     Reflection & Review

Duration: 1 hour



## Day Five

### A RICH, IN-DEPTH DESCRIPTION

A rich, in-depth description is not about what is observed at a superficial level by only noting what a person does. On the contrary, it:

- Goes well beyond appearances by presenting a detailed explanation of the context, emotions, social and power relations that enable people to live and work as a collective.
- Invokes personal feelings and emotions
- Locates an experience within an appropriate historical context
- Demonstrates the importance of an experience or the evolution of events for persons concerned

In a dense, deep or 'thick' description, sentiments, tone, actions, and the significance of interactions among individuals are brought to the fore.

Using such descriptions is an essential skill for storytelling. Once internalized, it helps the facilitator describe people and their concerns in an empowering way that respects their rights and dignity.

This tool is introduced in Relationship Building and then used throughout the CCE-CC process

Relationship Building

Identification of Concerns

Exploration of Concerns

Decision Making

Action

Reflection & Review

## STORYTELLING

Stories are about people and what they do. They are ways of understanding social life – its dynamics, influences and impact. Stories touch listeners in ways that theoretical presentations or statistics do not. Stories and proverbs are the ways that traditionally people were helped to understand their own actions and their impact on others. Stories can give a depth of understanding in ways that take much longer by other means. Asking people to create a story allows them to name their experiences in their own words and in spaces where the stories are listened to and respected. This in itself is transformational. Storytelling creates insight, discussion and change.

### Objectives

- To demonstrate the use of stories as a tool to create safe spaces for expression of individual and collective perspectives on HIV/AIDS prevention, care, support and treatment
- To develop competencies in introspection, analysis and integration of community perspectives in response to HIV/AIDS
- To explore values and attitudes influencing individual and collective behaviours towards the HIV/AIDS epidemic
- To stimulate Community Conversations

### Methodology

1. Facilitators create the beginning of a story, using the following as a guide:

#### EXERCISE ON BEGINNING A STORY (COMMUNITY PERSPECTIVES ON STIGMA, TESTING, TREATMENT)

In the province of KwaZulu-Natal, in the Ixopo Region at a place called Hlokozi lived two religious families – Mthethwa and Mkhize – who used to attend the same church. The Mthethwa family has a daughter called Tholakele. She is 21 years old and a student at the University of Zululand.

The Mkhize family has a son by the name Zenzele. He is 27 years old and works as a teacher in Ixopo.

They are both loved in the village and have many friends. Tholakele and Zenzele have decided to get married. An announcement was made in church and the lobola was paid.

While they were arranging for the big day, Tholakele got sick and she went to the hospital for blood testing. After the analysis the doctor called her in his office and informed her that she had tested positive for HIV.

Tholakele is devastated and asks herself:

- What is happening to me?
- What about my life?
- What about my marriage?
- Should I tell Zenzele?
- What can I say to my family and my community?
- Where can I find help? Should I go on treatment?

Continue the story, as you were Tholakele, Zenzele and other relations of the two characters in the community.

2. Invite participants to sit in a semicircle or circle.
3. One facilitator narrates the beginning of the story and invites participants to continue the story by acting as characters in the story using personal pronouns (for example, if you are playing Tholakele, you would say “I feel very sad,” “I am confused,” etc.) (30 minutes).
4. Co-facilitators capture the perspectives of the group on a community wall and facilitator wall.
5. Participants take a break while the facilitators analyse the perspectives on the community and facilitator walls (30 minutes).
6. The facilitators share the findings from their analysis with participants (30 minutes).
7. Presentation and plenary discussion on creation of stories (20 minutes).
8. Participants practise creation of stories in groups of five (45 minutes).
9. In groups of 10 or more, participants practise storytelling, documenting perspectives and analysis (2 hours).
10. In plenary, facilitators give feedback and summarize (20 minutes).
11. The summary highlights the objectives of storytelling, creation of story beginnings, telling the story, analysis, and linkage with the methodological framework.

This tool is introduced in Relationship Building and then used throughout the CCE-CC process

Relationship Building  
  Identification of Concerns  
  Exploration of Concerns  
  Decision Making  
  Action  
  Reflection & Review

Duration: 5 hours

## A NOTE ON CREATING A STORY BEGINNING

By Elizabeth Reid

Before beginning to write, you should be clear about what issue you wish people to start discussing. The aim of the discussion is to help people think through the way their behaviour and values, and those of their families and neighbours, affect people's lives and to reflect on and to discuss these things with others. The aim is not just to have people discuss a problem that they all know about (for example, property grabbing), but to lead people to think through all the repercussions of a situation (for example, what happens to children when land is grabbed).

The story beginning might be drawn from some incident you have experienced or heard about in your own life, or it might be triggered by an experience in a specific community. For example, research in some parts of Africa has shown that most of the women who are trying to survive by selling sex come from rural areas, are separated or divorced and do not want to go back to their villages. So a story beginning might describe a woman who refuses to be inherited and asks what will happen to her. The purpose of the story beginning would be to have community members reflect on whether there is a socially accepted place for her in their society. Will she be shunned, marginalized and possibly sexually exploited because she refused to be inherited? Will the way she is treated force her to leave and go to the city?

When you are clear about the point of the story beginning, map for yourself some possible story lines, ways that the story might be completed, and decide what minimal facts people might need to be able to consider these various story lines as options. For example, if the story beginning is about children left after the death of their parents, you may need to include brief but pertinent information on the mother's family, the husband's family, friends and neighbours. You would also consider whether the children are in school, whether or not one of the parents had a pension, something about the household's resources or livelihood strategies. The friends or neighbours may not have a significant place in the story, but would serve to create the possibility of a discussion of change. The story beginning could stop just before or just after the death if you wished to include the possibility of property grabbing.

The ending of the story beginning needs to be carefully crafted. It should place the main character on the threshold of an action or a decision. It should pose a question that people will want to answer so as to generate interest, even suspense, and give impetus to the process of starting to work out what will happen, if it is their story that is being told. Participants or the community would have to be able to generate different story lines by continuing as if they are the character in the story. This is very transformational, as many people have never considered themselves to be in a position where they have to make personal decisions and take action in relation to HIV/AIDS, either as the infected person or a significant other to someone who is infected. This introspection is the most powerful and transformational element of the storytelling methodology.

When writing a story beginning, the words and the story should ring true. After people have taken this beginning and created the story of what would happen, the characters will have become part of their lives. They will live on in the midst of the community.

In its telling, the story beginning should sound like a story. The language must be the words and phrasing of the local spoken language and it should be spoken in the way a story is told. The writing of a story beginning requires a capacity for observation, for listening, particularly to the cadences of a language, and a capacity to reflect imaginatively.

It is to be set in the place itself and based on something that is happening there or around there, or an issue of local concern.

The characters need to be portrayed as complex human beings whose actions appear contradictory and fallible, but who are not stereotypes. The story is woven in a way that the community would have liked things to happen; it is subtle and intricate. Each main character should be given a name so that they can be referred to easily and respectfully. The names should be names used in the area. Each detail must be accurate: age of the characters and the likely number of children, their occupations, the social relations and location of family members.

While the story should ring true to life, it must also be focused on a single issue for discussion. The writer should be clear about the point of the story, the issue that one wishes to be discussed, before beginning writing.

There is a need for judgement about what to include. This requires a capacity to assess relevance and significance. The story beginning should be rich, with a lot of depth. That is, it should include emotions, feelings, ideas, values, attitudes, as well as facts. But at the same time, it should be simple. Things can be hinted at, contained in the wording rather than spelled out. No extraneous, non-essential facts should be included.

There is a need to map out what information is needed for the story to unfold and for the focus of the story to be followed:

- Family support networks and the location of their members
- Networks of neighbours or friends.

The key skill required is to decide where to end. The ending should be a point of forward motion, a point where actions or decisions are required. If it is too soon, there may be too many possible story lines. If it is too late, too many options may have been pre-empted and the creativity of the group stifled. It should be just a beginning, the beginning of a story that will draw people in and make them want to know, and to tell, what will happen.

The stories that are created will make us more aware of our inter-connectedness, or lack of connectedness. In this way they can contribute to creating a sense of relatedness and responsibility. The strength of this methodology is that it is empowering and transformational, as well as healing.

The beginning of the story is told and the community is invited to continue the story. The outline of the story should reflect the concerns of the community, which the community members can discuss individually or together. The aim of the story is to raise sufficient interest in the community that they want to know what happens afterwards. It should be believable, something that could happen in their own community involving people like them.

The facilitator must help the group to reflect on and discuss what may become of the community as well as the characters in the story. The length of the story is not important. What is important is the reflection and discussion.

At some point during the telling of the story, when the groups are getting involved in the narration, the facilitator suggests that they stop and continue the discussion.

This is how the analysis and interactive interpretation begins. The objective is to help everyone, the group and the team, to better understand and interpret what has happened, to identify the main points and to discuss the implications for the community and for those outside of the community: local organizations and services, regional and national programmes and politics.

The analysis and the interpretation continue throughout the discussion.

## ANALYSIS AND INTERPRETATION OF COMMUNITY CONVERSATIONS

An important component in the process of creating stories is the analysis and interpretation of Community Conversations: the unfolding of the story, the manner in which it is told and the implications of the expected changes. A simple methodology is needed that involves collective validation and interpretation. It must interpret and also create social change. In the analysis process, two sections must be distinguished: a community section called ‘community wall’ and a ‘facilitators’ section called the ‘facilitator wall’.

In the ‘community’ section, analytical categories are represented by:

- Community perspectives: These are the perspectives expressed by community members, in their own words, as they participate in the unfolding of the story.
- Burning issues: These are issues that, when raised, generate the interest of community members.
- Non-burning issues: These are issues that do not generate any interest. They may be issues of silence or may be underlying factors that require more inquiry from the facilitator.
- False beliefs, misunderstandings and misconceptions about HIV/AIDS that become apparent during the discussion.

These analytical categories are to be written down on flipcharts and fixed to a wall or tree named the ‘community wall’.

In the facilitators’ section, analysis items are represented by:

- Facilitators’ perspectives
- Implications for the community (and/or organization)
- Implications for the facilitators’ team
- Refinement of the methodology

As with the community section, the analytical categories are fixed to a wall named ‘facilitator wall’.

Once the facilitators’ team begins the analysis, community members are invited to continue the analysis in collaboration with the team. The different categories are explained, the community group and the team continue the analysis, validating what is already noted on the walls and improving and amending the elements of analysis. The whole time the team is with the community, their work allows for improvement and refinement of the analysis of community dialogue.

### Objectives

- To further develop competencies in introspection, analysis and integration of community perspectives in response to HIV/AIDS
- To be able to construct and interpret a community wall and facilitator wall
- To be able to highlight and discuss perspectives, burning issues, non-burning issues, and misconceptions

This tool is introduced in Relationship Building and then used throughout the CCE-CC process

- Relationship Building
- Identification of Concerns
- Exploration of Concerns
- Decision Making
- Action
- Reflection & Review

## Methodology

This methodology section describes the process of constructing and using a community wall and a facilitator wall.

Community Wall			
Community Perspectives	Burning Issues	Non-burning Issues	Misunderstandings, Misconceptions

### 1. Community Perspectives

The concept of perspective is central to the analysis. People have different visions of life, different ways of seeing and talking about the world, different concerns and interests. Often we do not note these differences and this diversity, and the perspectives of the dominant few are presumed to be those of the group. However, an effective response to the HIV epidemic must be community driven, with each individual – rich or poor, young or old, male or female – identifying, exploring and making decisions about what social changes are needed. This ensures that everyone participates in the discussion and in the decision as to what changes are necessary. This process of inclusion allows for respect, recognition and acceptance of differences, and strengthens the community or group's social capital.

Perspectives are a consequence of social standing: gender, social class, ethnic group, wealth, culture, age, religion and other similar structural determinants. Perspectives carry knowledge, an understanding of the impact of human relations on social standing and, for those less privileged and less favourably placed, an understanding of the way in which societies function. Social standing influences access to power – access to social change, to benefits and to information. It determines who initiates, who benefits, or who is disadvantaged by change.

As a result, people bring different perspectives to a discussion, in line with their own vision and personal history. Each individual brings their own experiences, beliefs and associations to the situation, which have been capitalized on during their lifetime. Not only can one finish these stories, but one can also understand them and interpret them differently following new experiences. They can always be added to.

Paulo Freire described the granting of power as the ability to 'speak the world'. For him, it is the ability to create or resist change, and the first step consists of relating our own experiences. This is a process that can be facilitated by an outsider, although outsiders are not able to control the manner in which people perceive themselves, and the way in which others see them.

The first thing that people can do to assume power over their own lives is to relate their experiences in their own terms and to be listened to and respected by others. In the context of the HIV epidemic, it is necessary to strengthen peoples' ability to express their feelings, fears and emotions. This can be best achieved when people use the personal pronouns 'I' or 'my', rather than 'them'.

#### Application of a methodology for creating stories

- In every community there is a range of perspectives that is rarely expressed. Usually only dominant voices are heard. Creating or strengthening social capital demands that mutual trust, confidence and respect for different perspectives exist. When multiple opinions are heard, the necessity for consensus becomes more apparent.

If people think that their perspectives are not being considered, they may lose interest in a situation. The inclusive aspect of the process is then called into question. The respect for and validation of different perspectives constitute an important component of the methodology. However, it is essential that people express their own beliefs, viewpoints and experiences, rather than simply repeating what others have said. It is also important to record perspectives exactly as they are expressed.

#### **Methodological notes**

- It is important that facilitators note the diversity of perspectives in the group on the community wall.
- Each individual perspective should be recorded in the way it was originally expressed, not in the way the facilitator remembers it. It is their way of 'saying the world'.
- The cards on which each perspective is registered should be fixed to the analysis wall in no particular order, to avoid reproducing any hierarchy in the values contained in the different perspectives. Each perspective is valuable since it is the viewpoint of a community member.

## **2. Burning Issues**

It is not often easy to discuss important problems freely in a group. However, Paulo Freire notes that there is a link between burning concerns and motivations for action. Emotions play a crucial role in social transformation. Change takes place when energies are mobilized. Taking action unleashes a feeling of hope and a further desire to act. Only in addressing problems that the community feels strongly about can one break through the feeling of apathy and inaction.

The methodology of creating stories allows problems to be identified and discussed within the framework of a story. It can be difficult and unproductive to define problems immediately. Freire calls these energy-generating problems, or 'burning issues.'

#### **Application of a methodology for creating stories**

- A burning problem for a community can often be identified when a group becomes active. It will be the topic that energizes people. Hands are raised and voices mix as one. Emotions are expressed from every direction, whether they be excitement, outrage, anger, worry, fear or hope. The group is no longer passive, bored or apathetic. Burning issues are those that engage the community, around which there is great interest or passion. This can be an interest or a passion generated by differences at the heart of the community, or by a diversity of strong opinions.

#### **Methodological notes**

- Each 'burning issue' identified must be labelled as such, without a personal reference. A burning issue is not, for example, 'Awa's fear of a violent reaction from her husband', but rather 'the manner in which certain husbands react to their wives when they reveal that they are infected'.
- Often, energy is generated when the community reacts to the perspective of one individual. For example, someone can say that the first person who was diagnosed brought the virus into the family. This can create a strong reaction, particularly from women. One must be careful to distinguish this reaction, which is in effect a reaction to the viewpoint of a single individual, from discussion of the community's main problem.
- Each burning issue or non-burning issue will probably have implications for the community or group.

### 3. Non-Burning Issues

These are questions raised that do not seem to ignite the interest of the group, but which the team, through experience and understanding, deem important given the context. This could be due either to the fact that community members have communal beliefs that they do not question, or to the fact that they are problems that have not yet caught their attention. It could also be that the question is so sensitive or taboo that very few people have brought it up. An example of the first case could be a sense of fatalism and the lack of power over what happens. An example of the second case could be the idea of taking an HIV test before marriage. A sensitive or taboo topic might be the issue of HIV transmission from a mother to her child.

#### Methodological notes

- There are questions that would have been important to raise in a story's context, but which have not caught the attention of the community. For example, the lack of counselling services would be a less burning question if it was part of a story that had not yet been brought up.
- For example, 'people will never accept the results of the test' is an observation made by the team rather than a non-burning issue. It would have implications for the community because it could create discussion. It may be something the community should take note of.
- Many non-burning issues will have implications for organizations and institutions (for examples, NGOs, local services and institutions, regional programmes and services, national politics) as well as for the community.

### 4. Misunderstandings, Misconceptions and False Beliefs

This category necessitates discussion and follow-up rather than an interactive interpretation. It serves as a memory aid for the questions with which the team can begin a discussion and for which a strategy should be put into place in order to help the community be better informed.

#### Methodological notes

- Everything the facilitators say must be well formulated and accurate. The team should not say: "An infected woman transmits the virus to all her children," since the community could then take this idea away with them, believing it to be true.
- Rather, the topic should be mentioned to encourage further discussion. The example of transmission of the virus from parent to child could be used. Note how the topic was formulated: transmission from parent to child rather than mother to child, which minimizes the chance that women will be blamed.
- Another example of a well-formulated phrase is 'the evolution from HIV to illness' rather than saying, 'after infection, death comes quickly'.

## Facilitator Wall

### Facilitators' Perspectives

### Implications for the Community

### Implications for the Facilitators

### Refinement of the Methodology

#### 1. Facilitators' Perspectives

These are the perspectives of the facilitator team. They should be registered using the exact terms used by its members. It is their opportunity to 'say the world' – to relate their own experiences and views. It is their contribution to the process of social change.

There can and will be differences of opinion among members of the team, which should be recognized and noted on the wall. The differences within the team validate those within the community. This leaves space for discussion and learning. Phrases such as 'we think' or 'we ask ourselves' can be used. The team members can have many observations and perspectives. The objective is to choose those that best contribute to helping the community be more aware of the manner in which they interact, to stimulate reflection and discussion, and to help people reflect on ways of changing.

#### Methodological notes

- On the cards, the team must note their observations, the contents (that is, what is said and what is not said) as well as the process, the views and the thoughts raised in creating the story.

The observations of the process can include:

- Community dynamics and the way in which community members interact
- Participation: Who speaks? Who does not speak? In other words, how the group engages
- Active community participation
- Community introspection or indifference.
- Gender, especially when there are marked differences between the perspectives of men and women, or when women assert themselves, take the upper hand or are reduced to silence during the discussion
- The range of differences or similarities in perspective within the group
- The possibility or impossibility of reaching a consensus within the group
- The difficulty or ease in facilitating the story, for example, to see if it were difficult for the community to speak of what happened.

Observations as to the content can include perspectives and observations:

- On what has been said, in a verbal or non-verbal manner, or on what was not said. For example, 'not wishing to talk about emotions such as grief or loss' or 'the difficulties of putting oneself in someone else's shoes'
- On the unfolding of the story in the community, for example, 'not being sufficiently aware of the consequences of one's actions on others'.

Once again, the cards are fixed in no particular order to the wall, to reflect the horizontal nature of thought. In other words, it is the way of seeing the world from the facilitators' perspectives. These observations do not have the same weight as those of community members. However, they can serve to engage the community and facilitators while the community asks questions or discusses perspectives.

## 2. Implications for the Community

Endogenous change is at the heart of an effective response to the epidemic: change from within each individual, each family, each community. All other forms of assistance aim at supporting and accompanying such a change. Change from within depends on ‘us’, not ‘them’. Change begins when we reflect on our own lives and values. It becomes possible as soon as we start to discuss these values with others.

### Application of a methodology for creating stories

- Analysis must not stop at description or commentary on what has happened. Rather, it must stimulate community reflection on the implications of what they have described. For example, you might ask participants if a particular response is the way they think the community should face a given situation, and what it implies for you, as a facilitator.

### Methodological notes

- The implications taken from the creation of the story must be specific. For example, rather than saying it is necessary that the community discuss changing their cultural practices, one must specify the practice, discussed during the conversation, that needs to be changed.
- The manner in which the implication is formulated must be carefully considered. For example, something like “The community can reflect on the manner in which it can support its widows and her children without spreading the disease” is preferable to saying, “The practice of inheriting the widow must be changed.”
- Each burning issue will probably have an implication for the community.
- It is important to correct misunderstandings or misconceptions. The local members of the support group, the voluntary HIV/AIDS counsellors and other members of the community can take responsibility to ensure that these questions are discussed.
- There may be implications for the community in the observations and perspectives of the team.

## 3. Implications for Facilitators

In order to catalyze and support change, the environment must be favourable. For example, if, following a Community Conversation, people decide to be tested, adequate testing and counselling services must be available. This implies that the organization working with the community as well as institutions outside the community should support such decisions.

### Methodological notes

- Certain community decisions may have implications for local organizations and services. An appropriate way of handling this is to ask the village or local authorities and those concerned to adopt the decisions or ensure follow up.
- The implications of decisions must be as specific as possible. For example, ‘people must be encouraged to get tested’ is not appropriate. Instead, it would be preferable to say that the test is voluntary and that local counselling services are available.
- When the implications for the community have been formulated, the facilitators must ask if there is an action they can take or an appropriate external support that can help, and if this support can ensure follow up.
- Burning and non-burning issues must be reviewed in terms of their implications outside of the community.

#### 4. Refinement of the Methodology

This is an important moment in the analysis of the story. It is when the community and facilitators can ask themselves how they can improve upon the process. For example:

- Can community members express their opinion on how the story was facilitated by the facilitators?
- Was the story realistic and did it relate to the experiences of the community?
- How could emotions, feelings and different perspectives that were raised during the conversation be better managed?
- What has been accomplished since the beginning of the Community Conversation process?

Allowing the community to reflect upon and suggest improvements to the facilitation process is an important evaluation tool. Often it is the facilitators, as outsiders, who are authorized to evaluate the processes and the tools used. With this methodology the community, alongside the facilitators, is in a position to explore the best ways to catalyze change and to use the Community Capacity Enhancement tools.

## Day Six

### FIVE FRIENDS OF PLANNING

Planning is an important phase in the Community Capacity Enhancement process. It is part of the decision-making phase following identification and exploration of community concerns. The community identifies and agrees on possible ways of addressing their challenges. These decisions, made through participatory consultation, are executed through a dynamic planning process. This planning process answers questions of resource availability (including social capital) and the timing of community responses. Community decisions must be actionable within a framework of human rights principles and values.

#### Objectives

- To discuss the importance of planning
- To introduce 'five friends of planning' as a tool for community planning
- To practise using this tool in a Community Conversation

#### Methodology

1. Brainstorm in plenary some reasons why planning is important for sustained community decision-making and action.
2. Use the five friends of planning diagram (draw a palm of a hand with the five key words, one in each finger) to explain the steps in the planning process:
  - WHAT? What do we want to do?
  - HOW? How are we going to do it? (What are the specific steps we need to take to accomplish our goal?)
  - WHO? Who (specific names) will be responsible for each step?
  - WHEN? When will each step take place (specific dates/times)?
  - WHERE? Where will the action take place?
3. Divide participants into small groups of four or five. Ask them to create a plan based on agreed-upon actions arising out of concerns reflected on the community wall. They should prepare detailed plans of action for achieving the vision of the future they helped to create (for example, making condoms and antiretroviral therapy accessible to the community).
4. Present the groups' work in plenary and comment on the process.
5. The facilitator emphasizes that each identified implication arising from the community wall needs to be operationalized using the five friends of planning methodology. This ensures that community decisions are implemented and followed-up on in the reflection and review process.

This tool is introduced in Relationship Building and then used throughout the CCE-CC process

Relationship Building    Identification of Concerns    Exploration of Concerns    Decision Making    Action    Reflection & Review

Duration: 2 hours

## FIELD VISIT PREPARATION AND DEBRIEFING

Training in Community Capacity Enhancement involves a field visit to a community to practise the tools and frameworks discussed over the past six days. It is important to prepare for this visit, just as it is important to prepare for Community Conversations. Each Community Conversation, just as this visit, should conclude with a debriefing.

### Objectives

- To give participants an opportunity to practise the Community Capacity Enhancement approach in the presence of trainers
- To agree on the process to be used for community visits

### Methodology

1. Divide participants into groups, based on the number of sites for the field visit.
2. In each group, cover the following points:
  - Background information on the community to be visited.
  - Process to be used in the community. Identify which step in the process you are focusing on for the visit (for example, relationship-building, identification of concerns, etc.).
  - Agree on which tools and skills will be used during the visit (for example, strategic questioning, transect walks, mapping, storytelling, etc.) and who the facilitators will be.
  - Role-play the visit, in order to practise the skills and tools that will be used.
3. Following the field visit, participants work in their respective groups to reflect and make a community wall and facilitator wall with:
  - Issues that emerged during the visit
  - Community strengths
  - Community concerns
  - Facilitation process (strengths and areas for improvement).
4. Presentation of analysis is done in plenary.

This tool is introduced in Relationship Building and then used throughout the CCE-CC process

Relationship Building     Identification of Concerns     Exploration of Concerns     Decision Making     Action     Reflection & Review

Duration: 2 hours

## FACILITATORS' REFLECTION GUIDE

As part of their ongoing work, facilitators should meet before and after each Community Conversation to reflect on and review the change process and content. The community wall and facilitator wall should be reviewed to provide an indication of trends.

### Objectives

- To give participants a guide for planning and debriefing after Community Conversations

### Methodology

1. Facilitators should address the following questions before a Community Conversation:
  - Where is the community in the change process?
  - What tools and skills should we use in this community meeting?
  - What do we hope to achieve in the session?
  - What were the implications for the facilitation team in the preceding sessions and have we acted on those implications?
2. Facilitators should address the following questions after a Community Conversation:
  - What went well in the meeting?
  - What areas do we need to improve upon in our facilitation?
  - What are we learning from the community that challenges us as facilitators?
  - Did we accomplish what we set out to do? If no, what constraints did we face?
  - Review the documentation notes of the meeting for specific concerns/issues raised.
  - What have we seen or heard about community capacity to care, change, hope, reflect upon together?
  - What will we do in the next session?

## COMMUNITY DOCUMENTATION FORMAT

A documentation process that includes verbatim reports accompanies each step of this process. Photos, maps and other community-designed illustrations like songs and drama are also used, deliberately respecting modes of documentation preferred by the community.

Documentation is an ongoing part of this approach. It must be conducted in a rigorous way, starting from the first visit. It is a process that provides information on activities, outcomes, including decisions and changes, and outputs, including community maps and timelines. In this approach documentation must have the characteristics of a 'thick' description. A thick description is not about what is observed at a superficial level by only noting what a person or a community does. The description goes well beyond appearances by:

- Presenting a detailed explanation of the context, emotions, social and power relations, which enable people to work as a collective
- Invoking personal feelings and emotions
- Locating an experience within an appropriate historical context
- Demonstrates the importance of an experience or the evolution of events for persons concerned

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### Objectives

- To gain an understanding of the importance of documentation as part of the community capacity-building approach
  - To discuss different methods of documentation for both facilitators and communities
  - To develop a working definition of documentation
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### Methodology

1. The facilitator can lead the discussion using the following questions in plenary and small group discussions. This may be a repetition from an earlier exercise. However, the facilitator may want to repeat it.

- Why is it important to document the community process?
- Where should documentation happen?
- Who should create the documentation? Who is the documentation for?
- What tools help us in documenting (for example, mapping, historical timelines, stories)?
- When should documentation happen?
- What should be documented?

2. Introduce the documentation format below as a guide for trainers and facilitators.

### Documentation Format

#### PART ONE

Name of community: \_\_\_\_\_

Date of meeting: \_\_\_\_\_

Duration of meeting: \_\_\_\_\_

Names of facilitators: \_\_\_\_\_

Community members (number, composition – men/women/youth/leaders, etc.): \_\_\_\_\_

\_\_\_\_\_

Areas where community members come from: \_\_\_\_\_

\_\_\_\_\_

#### PART TWO

Step in the Community Capacity Enhancement process: \_\_\_\_\_

Tool(s) used: \_\_\_\_\_

Difficulties/challenges encountered: \_\_\_\_\_

Factors that contributed to the success of the meeting: \_\_\_\_\_

Burning issues: \_\_\_\_\_

\_\_\_\_\_

Misconceptions: \_\_\_\_\_

\_\_\_\_\_

Issue being discussed: \_\_\_\_\_

\_\_\_\_\_

Outcomes/changes seen or named by the community: \_\_\_\_\_

\_\_\_\_\_

Agreements reached: Quotations (community voice/words): \_\_\_\_\_

\_\_\_\_\_

Duration: 1 hour

## Day Seven

### FIELD PRACTICE AND FEEDBACK ON FIELD VISIT

The seventh day of the training is devoted to field practice and feedback. Refer to previous exercises as you prepare for the field visit. Afterwards, you will recap and share your experiences with your trainers.

#### Objectives

- To have participants practise the Community Capacity Enhancement approach in the presence of trainers
- To collect feedback and lessons learned about the process, and incorporate these into future work

#### Methodology

1. Before the field visit, have each group reassess the following:
  - Background information on the community to be visited.
  - Process to be used in the community. Identify which step in the process you are focusing on for the visit (for example, relationship-building and identification of concerns).
  - Agree on which tools and skills will be used during the visit (for example, strategic questioning, transect walks, mapping and storytelling) and who the facilitators will be.
2. In groups, conduct Community Conversation with community members.
3. Following the field visit, participants work in their respective groups to reflect and make a community wall and facilitator wall that include descriptions of:
  - Issues that emerged during the visit
  - Community strengths
  - Community concerns
  - Facilitation process (strengths and areas for improvement).
4. Presentation of analysis is done in plenary.

Duration: 7 hours

## Day Eight

### REVIEW OF THE METHODOLOGICAL FRAMEWORK

The seventh day of the training is devoted to field practice and feedback. Refer to previous exercises as you prepare for the field visit. Afterwards, you will recap and share your experiences with your trainers.

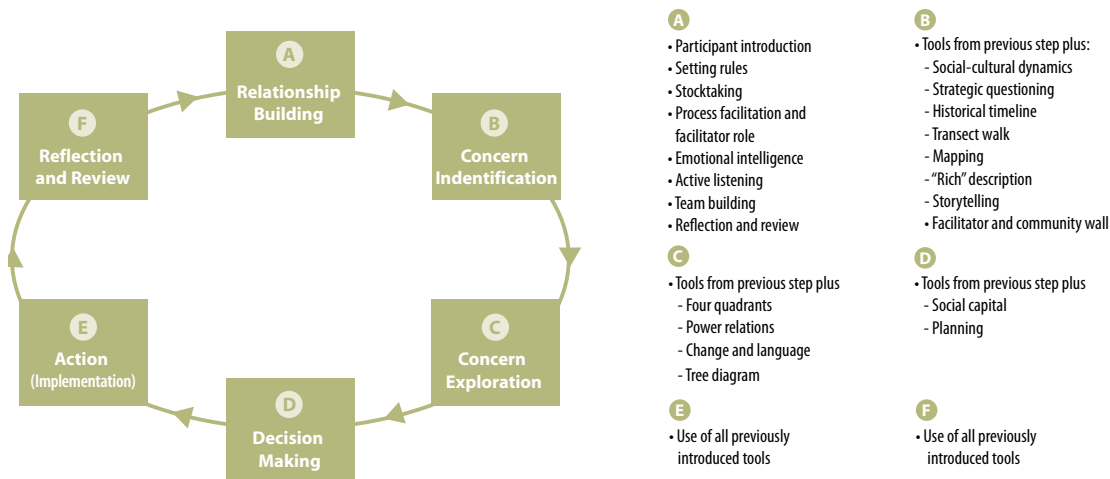
#### Objectives

- ❑ To review the Community Capacity Enhancement methodology
- ❑ To review which tools and competencies are introduced at which stage of the methodological framework
- ❑ To re-emphasize that while Community Capacity Enhancement tools are introduced at a certain stage of the methodological framework, they can be used repeatedly thereafter

#### Methodology

1. On separate slips of paper write the phases of the framework, its tools and competencies.
2. Put the slips in a basket and take turns picking slips of paper until they are all taken.
3. Ask participants to work as one group, recreating the framework by placing the tools and skills where they think they are most needed. The final version is presented in the middle of the room using the floor as a display board.
4. The trainer asks for clarification of tools that seem to be misplaced and recommends the best placement on the basis of the methodology and proven effectiveness. The presentation should match the diagram below:

#### Methodological Framework



Duration: 2 hours

## ALIGNING CURRENT REALITY WITH CCE CONCEPTS, COMPETENCIES AND TOOLS

It is important to be able to connect the competencies and tools used in Community Conversations to broader issues. These issues, as they relate to HIV, include care, support, treatment and prevention.

### Objectives

- To map the concepts, skills and tools used in enhancing community capacity to addressing complex issues related to care, support, treatment and HIV prevention

### Methodology

1. Have participants come together in small groups.
2. Ask each group to select competencies and tools and map them using the integral framework.
3. Using the mapping of the current reality (from Day 3), each group should reflect on how concepts, competencies and tools used in enhancing community capacity can contribute to addressing challenges related to care, support, treatment, prevention, and change.
4. In plenary, each group shares the three lessons learned.

Duration: 1 hour

## Day Nine

### PLANNING FOR TRAINING OF FACILITATORS

Once participants have acquired the main body of competencies and skills needed to facilitate Community Capacity Enhancement, they should put together an action plan for implementing the approach. Trainers are strongly encouraged to begin the process of Community Conversations themselves in order to enhance their own skills and understanding. Time can be used to plan for the implementation of the approach on the ground. However, trainers also need to brainstorm and plan for the training of facilitators. Facilitators, during their training, should focus solely on putting together a plan for the implementation of the CCE approach in their own communities.

#### Objectives

- For participants to come together as facilitation teams and make a plan for implementing the Community Capacity Enhancement approach
- To produce a plan on paper that specifies who does what, when and how. CCE trainers should make plans for recruiting facilitators and organizing trainings. Facilitators should plan Community Conversations. The five friends of planning framework can be used to do this

#### Methodology

1. Use the five friends of planning approach to plan for the implementation of Community Conversations (for CCE facilitators) and for the organization and management of facilitators (for CCE trainers). It may be helpful to address the following questions.

- WHAT?      What do we want to do?
- HOW?        How are we going to do it (the specific steps we need to take to accomplish our goal)?
- WHO?        Who (specific names) will be responsible for each step?
- WHEN?      When will each step take place (specific dates/times)?
- WHERE?     Where will the action take place?

2. CCE trainers should put together a schedule of facilitator trainings using the schedule below as a guide.

### Sample Agenda for a Training of Facilitators

	DAY ONE	DAY TWO	DAY THREE
08:30 – 09:00	Registration	Reflection	Reflection
09:00 – 09:30	Welcome Address	Recap of Day One	Recap of Day Two
09:30 – 10:00	Vision & Objectives	Socio-Cultural Dynamics (Myths and Misconceptions)	Historical Timeline
10:00 – 10:30	Break	Community Change Process	
10:30 – 11:00	Introduction of Participants	Break	Break
11:00 – 11:30		Methodological Framework	
11:30 – 12:00	Rules and Regulations		
12:00 – 12:30	Stocktaking of Current Approaches		
12:30 – 13:00		Lunch	Lunch
13:00 – 13:30	Lunch		
13:30 – 14:00		Process Facilitation & Role of the Facilitator	
14:00 – 14:30	Stocktaking of Current Approaches		Mapping
14:30 – 15:00			
15:00 – 15:30	Socio-Cultural Dynamics	Social Capital	Break
15:30 – 16:00	Break	Break	Active Listening
16:00 – 16:30	Socio-Cultural Dynamics and HIV/AIDS + Night Exercise	Strategic Questioning	
16:30 – 17:00			
17:00 – 17:30			Team Bonding, Socialization Programme

	DAY FOUR	DAY FIVE	DAY SIX	DAY SEVEN	
08:30 – 09:00	Reflection	Reflection	Reflection	Reflection	
09:00 – 09:30	Recap of Day Three	Recap of Day Four	Recap of Day Five	Feedback on Field Practice	
09:30 – 10:00	Storytelling	Power Relations	Field Practice	Break	
10:00 – 10:30		Break		Break	
10:30 – 11:00		Power Relations		Feedback on Field Practice	
11:00 – 11:30		Change and Language		Team-Work	
11:30 – 12:00		Change and Perception		Facilitators Planning, Reflection Guide	
12:00 – 12:30					
12:30 – 13:00		Lunch		Lunch	Lunch
13:00 – 13:30					
13:30 – 14:00	Storytelling	Documentation	Feedback on Tools/Skills		
14:00 – 14:30		Preparation for Field Practice			
14:30 – 15:00					
15:00 – 15:30	Break	Break	Break		
15:30 – 16:00	Storytelling + Night Exercise	Preparation for Field Practice	The Way Forward		
16:00 – 16:30					
16:30 – 17:00					
17:00 – 17:30				Evaluating the Workshop	

Duration: 1 hour

## SKILLS REINFORCEMENT

Community Capacity Enhancement requires constant reinforcement of skills. Towards the end of the training, time should be devoted to reinforcing the skills of trainers.

### Objectives

- Reinforce skills of trainers
- Review any skills or competencies that participants have questions about
- Review implementation plans and the way forward

### Methodology

1. Field questions from participants about any issues they may have. Encourage them to ask even basic questions about the use of tools, the methodological framework or the programme's implementation.

Duration: 1 hour

## Day Ten

### REFLECTION AND REVIEW

Reflection and review is a way of looking back at what has transpired. The community answers critical questions about what has changed in its values, attitudes and practices. In addition, the community provides the indicators they are using to validate these changes. Reflection and review should be participatory and respect the capacity of communities to identify changes and indicators of change.

The process captures community feelings, attitudes, and values. It is about recapping events and processes and sharing experiences. Reflection is personal as well as collective. It is a link between phases of the change process as well as a distinct stage in the CCE process. The results of this process should address what has been achieved, how it can be sustained and how it can be improved. Questions on what is missing and what else should be done to achieve defined goals should also be answered.

#### Objectives

- To discuss the importance of reflection and review (evaluation) as an integrated part of the community process
- To see how the five friends of planning tools can be used by the community to reflect upon and review their actions
- To look at a facilitators reflection guide as a tool that can help the team assess itself regularly

#### Methodology

1. Facilitate a discussion, using questions such as:

- Why is evaluation important?
- Who should be involved in evaluations?
- How can ongoing reflection/review be helpful to facilitators as well as to the community?
- Refer to the five friends of planning tool and discuss how the community can revisit their plan in order to evaluate their action.
- Facilitators also need to reflect/review as a team. Present the following guide as one way for a facilitation team to reflect together before and after community visits.

This tool is introduced in Relationship Building and then used throughout the CCE-CC process

- Relationship Building    Identification of Concerns    Exploration of Concerns    Decision Making    Action    Reflection & Review

Duration: 1 hour

## EVALUATING THE WORKSHOP

In order to constantly improve the CCE process, training and facilitation, it is important to conduct evaluations. Use the following questionnaire as an evaluation guide.

### Question 1

The key concepts/values included in the workshop/ approach are:

- Care
- Community capacity
- Respect, trust, collective and mutual learning
- Change
- Hope

A) Which concepts/values are most useful for your work?

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B) What additional concepts would you like to have seen included in the workshop/approach?

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### Question 2

The skills included in the workshop are:

- Strategic questioning
- Process facilitation
- Reflection
- Introspection
- Application
- Active listening

A) Which are the most useful for your work?

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B) What skills would you like to have seen included in the workshop/approach?

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### Question 3

The tools utilized in this workshop have included:

- Historical timeline
- Storytelling
- Strategic questioning
- Tea break

A) How can these tools help you in your work?

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B) What other tools from your experience would you like to see included in this approach?

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### Question 4

How has this workshop strengthened your understanding of the approach?

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### Question 5

What could we do as facilitators to help deepen your understanding of the approach?

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**Question 6**

Please address what you would do if you were running such a workshop:

A) What would you maintain?

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B) What would you change?

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C) Which aspect of the workshop did you particularly appreciate?

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**Question 7**

Please address any other comments you may have:

The overall objective of the workshop was to strengthen your capacity to implement an approach aimed at stimulating sustainable change from within communities, by strengthening the community response to HIV/AIDS. This has involved skills- building and the development of the facilitation team within a collaborative process

A) Comments on the overall programme:

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B) Comments on specific elements of the programme:

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**Question 8**

Please address how you would apply this approach:

A) In your personal and family life:

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B) In your professional life (institutions/organizations):

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C) In my community:

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D) In the community I work in:

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**Question 9**

Please address how you would apply this approach:

Please address how you know that the way you are applying the approach:

A) Strengthens the community response:

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B) Stimulates people's ability to initiate and measure change:

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## 4. Implementation, Monitoring and Evaluation of the CCE Approach

### Community Conversations Implementation Plan

#### STEPS IN ORGANIZING COMMUNITY CONVERSATIONS

To implement the CCE programme effectively, UNDP country offices should carry out the following steps, described in detail below:

1. Identify local partners
2. Enrol stakeholders and build relationships – first visit (5 days)
3. Prepare for the implementation phase
4. Hold mutual learning sessions – second visit (skills-building sessions)
5. Facilitate Community Conversations
6. Make follow-up and on-site support visits (5 days)
7. Document the approach
8. Organize programme-to-programme visits (community-to-community exchange)
9. Hold network meetings for Community Conversations
10. Host a national review, reflection and scaling up meeting

#### Identify Local Partners

Community Capacity Enhancement is an approach that strengthens the capacity of NGOs and community-based organizations to move beyond awareness-raising. It provides these organizations with the tools and competencies to facilitate community decision-making processes from within. Key partners will be NGOs with national coverage working with community-based organizations grounded in specific locales. The UNDP country office will prepare the first visit of community development specialists by briefing them on the Community Conversations approach.

The CCE programme explicitly focuses on strengthening the capacity of civil society and community-based organization, the groups that will be implementing the programme. There are guidelines for choosing organizations with whom you will work – guidelines that are based on core human rights principles. These principles include, but are not limited to, the demonstrated capacity to work sensitively with communities, taking into account gender differences.

## Enrol Stakeholders and Build Relationships – First Visit (5 Days)

The aim of this visit is to build relations with various stakeholders and to introduce the approach. It is also to build alignment and agreement on implementation. Specifically, the following will be achieved during the first visit:

- ❑ Develop alliances with local government leaders, NGOs and community-based organizations, networks of people living with HIV, and other stakeholders involved in HIV/AIDS care, support and prevention activities.
- ❑ Visits local community organizations that have a focus or programming component related to HIV/AIDS. Discuss their past and ongoing programmes, strengths and weaknesses, successes and challenges.
- ❑ Share the methodology, concepts and skills with key stakeholders.
- ❑ Determine whether there is any duplication or implementation of the same approach.
- ❑ Agree on roles and responsibilities for a partnership to implement the Community Conversation approach.
- ❑ Ensure that there is a shared understanding of the process and way to move forward.
- ❑ Choose two to three anchor organizations (NGOs) with national or subnational coverage working on HIV/AIDS or on development issues with an HIV component, and six to nine local implementing organizations (community-based organizations) that will participate in the process.
- ❑ Reflect on community locations where each anchor organization will work during the implementation phase.
- ❑ Identify co-facilitators (four) who will work as part of the team in the facilitating the skills building workshops and guide the implementation, support, and documentation phases.
- ❑ Identify a team for the organization of the skills-building workshop.
- ❑ Agree on a tentative schedule.

## Prepare for the Implementation Phase

UNDP country offices should make necessary logistical arrangements, including:

- ❑ Budget for the skills-building sessions
- ❑ Selection of a workshop venue, which is accessible to participants and local communities and allows for field work during the session
- ❑ Invite participants, municipal authorities and other stakeholders to attend the session
- ❑ Identify site visit locations, preferably where there is an existing relationship with an already established organization where field work practices can take place

## Hold Mutual Learning Sessions – Second Visit (Skills-Building Sessions)

The second visit will consist of two skills-building sessions aimed at:

- Transferring skills, concepts, aptitudes and tools
- Increasing understanding of the nature of the epidemic at individual, family, community and organizational levels
- Stimulation of group dynamics and partnership within organizations, and among organizations and communities
- Application by each individual or organization, reflecting on their concerns, vision, ways of working, activities within communities, expected outcomes and indicators using a development planning/reflection framework
- Facilitating the Community Conversation methodology and implementation of the approach

There will be two sessions implemented:

- Skills-building session for trainers (10 days)
- Skills building session for community facilitators (6 days)

Depending on the availability of participants, the first session could be followed by six weeks of practice of Community Conversations by the trainers themselves before the training of facilitators begins.

The content of the sessions will take into account specific aspects of the society and culture, the nature of the epidemic as well as the ways in which community responses to HIV have been addressed, and relationships among communities and organizations.

The methodology used during the workshop will be based in experiential learning, and participatory processes including interactive presentations, group work, facilitation by participants, role playing, exercises, simulations, ‘teach backs’, field work and practice, debriefing and application by all participants.

## Facilitate Community Conversations

An important component of this approach is the facilitation of Community Conversations by skilled and trained facilitators. Storytelling is often used to stimulate conversations. The process of creating a story, the manner in which it is told, the analysis and interpretation of the conversations are critical determinants of the outcomes. During the conversations the facilitators must make sure that all perspectives are heard and respected. People have different visions of life, different ways of seeing and talking about the world, different concerns and interests. Often we do not note these differences and this diversity, and the perspectives of the dominant few are presumed to be those of the group. However, an effective response to the AIDS epidemic must be community driven, with each individual identifying, exploring and making decisions about what social change is needed. Everyone – the rich and poor, young and old, men and women – participates in the discussion and in the decision as to what social changes are required. This inclusive process encourages respect, recognition and acceptance of differences, and strengthens the community or group’s social capital.

There will be a minimum of two Community Conversations in each location per month. Conversations are assisted by local facilitators.

## Make Follow-Up and On-Site Support Visits (5 Days)

Three follow-up support visits, five days each, will take place every two to three months over a six – to nine – month period. An external expert will be made available to UNDP country offices during the first year to conduct these visits with the aim to achieve the following:

- Getting briefed by UNDP focal points and partner NGOs to understand developments on the local scene since the last visit.
- Collect and review reports and documentation.
- Discuss with focal point an activity timeline; ensure that timeline is adhered to.
- Reflect with the trainers/facilitators on their insights regarding community capacity and their own concerns regarding HIV/AIDS.
- Reflect with trainers/facilitators on the distinctions, skills, tools and concepts they need to further understand and develop in order to be better facilitators.
- Establish how the facilitation process has contributed to changes at the individual, organizational and community levels.
- Review with facilitators the use of skills/tools acquired in the training.
- Explore with the community members and the facilitators the process dynamics of Community Conversations.
- Identify other health and social development issues that have been highlighted as a result of Community Conversations.
- Meet with various stakeholders on issues raised and decisions taken during Community Conversations.
- Provide two days of skills reinforcement with facilitators and trainers.
- Prepare a mission report.
- Debrief with UNDP country office.

## Document the Approach

A documentation process that includes verbatim reports accompanies each step of this process. Photos, maps and other community-designed illustrations like songs and drama are also used, deliberately respecting modes of documentation that are preferred by the community.

Documentation is an ongoing effort of the approach. It must be conducted in a rigorous way starting from the first visit. It is a process that provides information on activities, outcomes including decisions and changes, and outputs, including community maps and timelines.

Community Conversations require that documentation be in the form of a ‘thick description’.

A thick description is not about observing processes superficially. It goes well beyond appearances by:

- Presenting a detailed explanation of the context, emotions, social and power relations that enable people to work as a collective group
- Invoking personal feelings and emotions
- Locating an experience within an appropriate historical context
- Demonstrating the importance of an experience or the evolution of events for persons concerned

In a thick description, sentiments, tone, actions and the significance of interactions among individuals are brought to the fore.

## Organize Programme-to-Programme Visits (community-to-community exchange)

While implementing Community Conversations, programme-to-programme visits will be organized as part of the learning and transfer process. These visits involve bringing small teams from one implementation point to another to share, observe and transfer knowledge, know-how and experiences. These visits are not evaluative, but are tools for strengthening the process and skills of facilitators as well as encouraging communities in their efforts.

## Hold Resource Network Meetings for Community Conversations

There will be an annual meeting that brings together key trainers and facilitators from various countries. As this work expands, UNDP expects to hold one meeting per region and a global meeting for South-South exchange. The meetings aim to achieve the following:

- Further develop self along with leadership and facilitation competencies
- Expand the pool of resource persons for country support
- Provide a platform for mutual exchange and integration among the community and media, district planners, finance and leadership development experts.

## Host a National Review, Reflection and Scaling up Meeting

After Community Conversations have been implemented for one year, a three-day facilitated experience-sharing workshop will be held in each country. The participants will come from all organizations that have been involved in the approach. This is an opportunity for stocktaking, capitalization of outcomes, setting up direction for scaling up and expansion of partnerships. The overall documentation of the approach will be presented. Participating communities will be represented.

# Follow-Up Visits and Technical Support

## OVERVIEW OF FOLLOW-UP VISITS AND TECHNICAL SUPPORT

The goal of follow-up and technical support visits is to accompany local teams trained in the initial skills-building workshops into the community to reflect on the community capacity-building process and strengthen the capacity of facilitators and communities.

### Objectives

- ❑ To draw lessons learned by facilitators and communities on their capacity to discuss and 'own' their concerns about HIV/AIDS
- ❑ To identify the skills, tools and concepts that have been most useful to facilitators in strengthening the community response to HIV/AIDS
- ❑ To establish how the facilitators' process has contributed to changes at the individual, organizational and community levels
- ❑ To review the facilitators' and community's documentation of the process related to the use of skills, concepts and tools acquired in training. This is done to assess the capacity of the local team to implement the approach and give support to communities
- ❑ To identify community perspectives of the process

### Methodology

There are two components to the follow-up visits and technical support provided by trainers:

- ❑ Community visit
- ❑ Skills update and refinement session for facilitators

Each of the next two sections will address these technical support components.

## COMMUNITY VISIT

The Community Capacity Enhancement expert, accompanied by someone from the UNDP country office, joins the teams of facilitators and observes the facilitation process in Community Conversations. A feedback session for facilitators is conducted at the end of each Community Conversation. The expert also collects existing documentation on the process in each community. This provides part of the background information for skills-refinement sessions. The CCE expert fills in the tables below to summarize his or her observation during the visit.

### 1. CCE expert summarizes observations

Date of the on-site support visit	
Name of community	
Date of 1 <sup>st</sup> Community Conversation	
Name of facilitating organization or government unit	
Names of facilitators being supported	
Names of facilitators being supported	
Names of facilitators being supported	
Tools utilized during the day's session	

DOCUMENTS FOR REVIEW	REMARKS
Community map	
Map of transect walk	
Historical timeline	
Photos	
Extract of stories	
Process reports	
Reports of facilitators' meetings	
Community wall	
Facilitator wall	

### 2. Hold discussions with community members

It is recommended that the follow-up team hold discussions with community members to assess perspectives on the CCE process and outcomes. Questions for community members may include the following:

- In what ways has the facilitation team influenced community understanding of the AIDS epidemic?
- What approach did the facilitation team use in working together with the community?
- What concerns/issues have been raised by the community in relation to HIV/AIDS?
- Are Community Conversations influencing community attitudes, beliefs, and behaviours? In what ways?

## Carry out on-site debriefing, provide feedback and reflect with facilitators

The debriefing is guided by the following questions:

- Which of the concepts, skills and tools have been useful to you at the individual, family and community levels?
- In which of these concepts, skills and tools do you feel you need more clarification or practise?
- What difficulties have you encountered in implementing this approach?
- What successes or results have you observed from using this approach?

## CCE expert summarizes observations

A summary of observations from the meetings as well as from the documents is compiled. Those areas needing further refinement are classified using the table shown below:

ISSUES, SKILLS AND TOOLS NEEDING ATTENTION AND REFINEMENT	INDICATION OF HOW FREQUENTLY SKILLS/TOOLS USED
How to do reflection at community level	
Demonstrating sensitivity and passion	
Relationship-building in new communities	
Community mobilization for attendance and participation	
Transport to conversations sites	
Historical timelines	
Finding the appropriate time for meetings	
Concern identification	
Team-building	
Keeping the focus during the conversation	
Story creation and telling	
Community refreshments	
Follow up of community comments	
Summarizing and closure of sessions	
Analyzing with facilitators' and community wall	
Participation of youth and women	
Five friends of planning	

## SKILLS-REFINEMENT SESSIONS FOR FACILITATORS (2 DAYS)

The refinement sessions are conducted in a workshop setting. All participating facilitators come together and work through a two-day programme as shown below.

	DAY ONE	DAY TWO
08:30 – 09:30	Opening session and reflection	Reflection
09:30 – 10:30	Self-assessment on skills and tools	Plenary session on new tools and information update
10:30 – 11:00	Tea	Tea
11:00 – 12:00	Assessment of where we are with the communities	Refinement sessions by round table format – 1 hour per session
12:00 – 13:00	Group work on surprises/ breakthroughs	
13:00 – 14:00	Lunch	Lunch
14:00 – 15:00	Feedback and “breakthroughs”	Refinement sessions continue
15:00 – 16:00	Feedback by Facilitator Wall	
16:00 – 16:30	Tea	Tea
16:30 – 17:00	Closing reflection	Closing reflection
17:00 – 19:30	Facilitators’ meeting	Facilitators’ meeting

### Facilitators Meeting

The expert meets with the trainers to:

- Reflect and review on the proceedings of the last two days and suggest ways of improving the process.
- Develop a working schedule for next steps and, if possible, agreements on dates and expectations for the next follow-up visit.

## Day One Tools: Self-assessment on Skills Development

### Exercise One: Self-Assessment

Below is a table, which will assist you in assessing yourself. Next to each skill, indicate where you think you are regarding your development of that particular skill by placing an 'x' in the appropriate box. For example, if you feel your active listening is very well developed, put an 'x' in the 'active listening' row below the 'very well developed' column. Provide a comment in the comments block reflecting on the factors that facilitated or hindered your development of that skill. These factors can be your own or related to the CCE expert's assistance in your development.

Name of Community: \_\_\_\_\_

Skills	Not well developed	Well developed	Very well developed	Comments
Active listening				
Strategic questioning				
Reflection				
Getting all to participate				
Documentation				
Paraphrasings				
Self-introduction				
Introduction of process				
Teamwork				

### Exercise Two: Experience with CCE Tools

Indicate in the appropriate box the tools you have used during Community Conversations that you have conducted so far. Please give reasons for your responses.

Name of Community: \_\_\_\_\_

Tools	Not used	Used	Level of confidence in use of Tool	Give reason for use or lack of use
Historical timelines				
Transect walk				
Mapping				
Storytelling				
Community wall				
Facilitators' wall				
Five friends of planning				
Community activity plan				
Stocktaking				
Social capital analysis				

1= very confident, 2= confident, 3= not confident

The findings of these responses are compared with the documentation from the Community Conversations and the report from the on-site support visits. The analysis is presented to the participants using the community wall and facilitator wall. Day Two Tools: Skills-refinement Sessions

These are sessions organized around gaps identified in the self-assessment and community conversations documentation. The facilitation team assigns topics to individual trainers as indicated in the assessments. The trainer prepares and revisits the requested topic. The sessions are run side-by-side in rotation on an hourly basis. Participants should be given the choice as to which session they would like to attend.

#### Exercise One: Individual Training Sessions

5 minutes	Settling in with an 'ice breaker'
15 minutes	Introduction and input on the concept by a competent trainer
20 minutes	Participatory activity on the concept
15 minutes	Interactive discussion, question-and-answer session
5 minutes	Moving to next session
<b>60 minutes</b>	<b>Total Time</b>

## Three-Year Implementation Strategy

UNDP has developed a three-year strategy for the implementation of the Leadership for Results Programme. Below are high-level outcomes for each of the three years. Since CCE is linked with Leadership for Results, outcomes for all programmes are shown.

Outcomes for Year One	Outcomes for Year Two	Outcomes for Year Three to Four
<p><b>Enrolment, Ownership, and Programmes Initiated</b></p> <p><b>LEADERSHIP &amp; CAPACITY DEVELOPMENT</b></p> <ul style="list-style-type: none"> <li>❑ Through Leadership Development Programme (LDP) forge partnerships among 100 -150 influential decision makers (from government, CSOs, arts and media, and private sector) who define and act on HIV/AIDS agenda</li> <li>❑ 30+ innovative breakthrough initiatives undertaken and documented</li> <li>❑ High level enrolment for ministers and their cabinet directors</li> <li>❑ In-country dialogue to set agendas and take action</li> <li>❑ Enrol government to define the national agenda in a transparent manner</li> <li>❑ 50 national CCE trainers trained</li> <li>❑ 10,000 individuals reached (by CBOs) through Community Capacity Enhancement (CCE) Programmes</li> <li>❑ Empowerment of CO</li> <li>❑ Partnership building</li> </ul> <p><b>DEVELOPMENT PLANNING &amp; IMPLEMENTATION</b></p> <ul style="list-style-type: none"> <li>❑ Key planners and policy makers from LDP initiate 10 institutional and sectoral ministry programmes</li> <li>❑ Planners address key issues of governance and voice of people in policy and planning</li> </ul>	<p><b>Consolidation, Capacity Development and Ministerial Level Involvement</b></p> <p><b>LEADERSHIP &amp; CAPACITY DEVELOPMENT</b></p> <ul style="list-style-type: none"> <li>❑ Deepen LDP to institutionalize organizational capacity development at all levels of society</li> <li>❑ High-level ministerial enrollment in LDP</li> <li>❑ Build capacity of 10-15 local LDP trainers</li> <li>❑ Mechanism for LDP Alumni from Year 1 programme to connect to each other</li> <li>❑ Commitment of government to UNDP efforts</li> <li>❑ 350-450 influential decision makers acting on HIV/AIDS agenda</li> <li>❑ 75 innovative breakthrough initiatives undertaken (multiplier effect)</li> <li>❑ Through CCE, 125,000 individuals reached by CBOs</li> <li>❑ 50 National CCE trainers developed from Year 1</li> <li>❑ Initiation of quality assurance activities</li> <li>❑ Mainstream gender and HIV/AIDS into the work of CO.</li> </ul> <p><b>DEVELOPMENT PLANNING &amp; IMPLEMENTATION</b></p> <ul style="list-style-type: none"> <li>❑ Integration of community concerns into national strategic plans</li> <li>❑ Mainstream gender, equity and human rights into planning and executive processes as well as into the media</li> <li>❑ Access to resources by communities</li> </ul>	<p><b>Scale-up Nationwide, South-South Collaboration and UNDP Exit Strategy</b></p> <p><b>LEADERSHIP &amp; CAPACITY DEVELOPMENT</b></p> <ul style="list-style-type: none"> <li>❑ 1,500 top decision makers through LDP acting on HIV/AIDS agenda (multiplier effect)</li> <li>❑ 200 innovative breakthrough initiatives undertaken (multiplier effect)</li> <li>❑ Mechanism for LDP Alumni from Year 1&amp;2 programmes to connect to each other</li> <li>❑ Institutionalize UNDP practices within government, CSOs, NGOs, and private sector (multiplier effect)</li> <li>❑ Demonstrate policy changes as a result of UNDP efforts, including gender mainstreaming</li> <li>❑ Government adapts Leadership for Results activities as their own platform</li> <li>❑ Through CCE, 1,000,000 individuals reached by CBOs (multiplier effect)</li> <li>❑ Fully-functioning coalitions of CSOs and CBOs undertaking CCE Programmes</li> <li>❑ Vibrant coalitions of PLWHAs.</li> <li>❑ Evidence that partners use LDP and CCE as the basis of their work.</li> </ul> <p><b>DEVELOPMENT PLANNING &amp; IMPLEMENTATION</b></p> <ul style="list-style-type: none"> <li>❑ Community and LDP concerns mainstreamed into government planning</li> <li>❑ Government planning processes transparent, efficient and proactive</li> </ul>

Outcomes for Year One	Outcomes for Year Two	Outcomes for Year Three to Four
<p data-bbox="126 429 521 456"><b>Enrolment, Ownership, and Programmes Initiated</b></p> <p data-bbox="175 496 474 524"><b>ADVOCACY AND COMMUNICATIONS</b></p> <ul data-bbox="102 547 487 724" style="list-style-type: none"> <li>❑ Key media practitioners from LDP generate breakthrough projects</li> <li>❑ 20-fold increase in print and electronic coverage, bringing into the public domain (radios and other media) stories of leadership from all levels and advocating for gender equality and PLWHA rights</li> </ul> <p data-bbox="196 897 453 924"><b>PROGRAMME SUSTAINABILITY</b></p> <ul data-bbox="102 948 529 1051" style="list-style-type: none"> <li>❑ Advocacy for HIV/AIDS as a development issues</li> <li>❑ Enrolment of all stakeholders, national and UN partners</li> <li>❑ Scale up strategy building from year 1</li> </ul>	<p data-bbox="654 429 953 484"><b>Consolidation, Capacity Development and Ministerial Level Involvement</b></p> <p data-bbox="633 496 974 524"><b>LEADERSHIP &amp; CAPACITY DEVELOPMENT</b></p> <ul data-bbox="578 547 1019 766" style="list-style-type: none"> <li>❑ 150 most influential arts and media “movers and shakers” involved in UNDP resource-building activities and undertake breakthrough projects</li> <li>❑ LDP results and CCE community concerns and decisions reflected in the media and broadcasted nation-wide</li> <li>❑ 30-fold increase in coverage (from baseline) of leadership stories and advocacy for gender and PLWHA rights.</li> </ul> <p data-bbox="672 897 932 924"><b>PROGRAMME SUSTAINABILITY</b></p> <ul data-bbox="578 948 1016 1148" style="list-style-type: none"> <li>❑ Apply Leadership for Results programmes to select MDGs and practice areas (e.g., governance, poverty, gender)</li> <li>❑ Initiate dialogue to set-up coalitions external to UNDP to take on Leadership for Results programmes</li> <li>❑ Funds mobilization</li> <li>❑ New partnerships mobilized</li> </ul>	<p data-bbox="1099 429 1487 484"><b>Scale-up Nationwide, South-South Collaboration and UNDP Exit Strategy</b></p> <p data-bbox="1143 496 1443 524"><b>ADVOCACY AND COMMUNICATIONS</b></p> <ul data-bbox="1055 547 1497 724" style="list-style-type: none"> <li>❑ Community concerns mainstreamed into media</li> <li>❑ New icons from artists evident throughout society</li> <li>❑ Fully-functioning coalitions of artists and media</li> <li>❑ 40-fold increase in coverage (from baseline) of leadership stories and advocacy for gender and PLWHA rights</li> </ul> <p data-bbox="1164 897 1424 924"><b>PROGRAMME SUSTAINABILITY</b></p> <ul data-bbox="1055 948 1526 1184" style="list-style-type: none"> <li>❑ Exit strategy for UNDP with mechanisms for quality assurance</li> <li>❑ Establishment of national coalitions to take on Leadership for Results supported by but external to UNDP</li> <li>❑ Fully functioning and locally-supported resource network of experts in all key UNDP programmatic areas</li> <li>❑ Funds mobilization</li> <li>❑ South-south collaboration</li> </ul>

Plan a strategy for documenting the three-year Leadership for Results Programme

# ANNEXES

- ANNEX I. UNDP Key Results Areas for Service Lines**
- ANNEX II. Strategic Framework for Results**
- ANNEX III. Indicators for Measurement**
- ANNEX IV. Leadership for Results Documentation Guidelines**
- ANNEX V. Resource List for Leadership for Results**

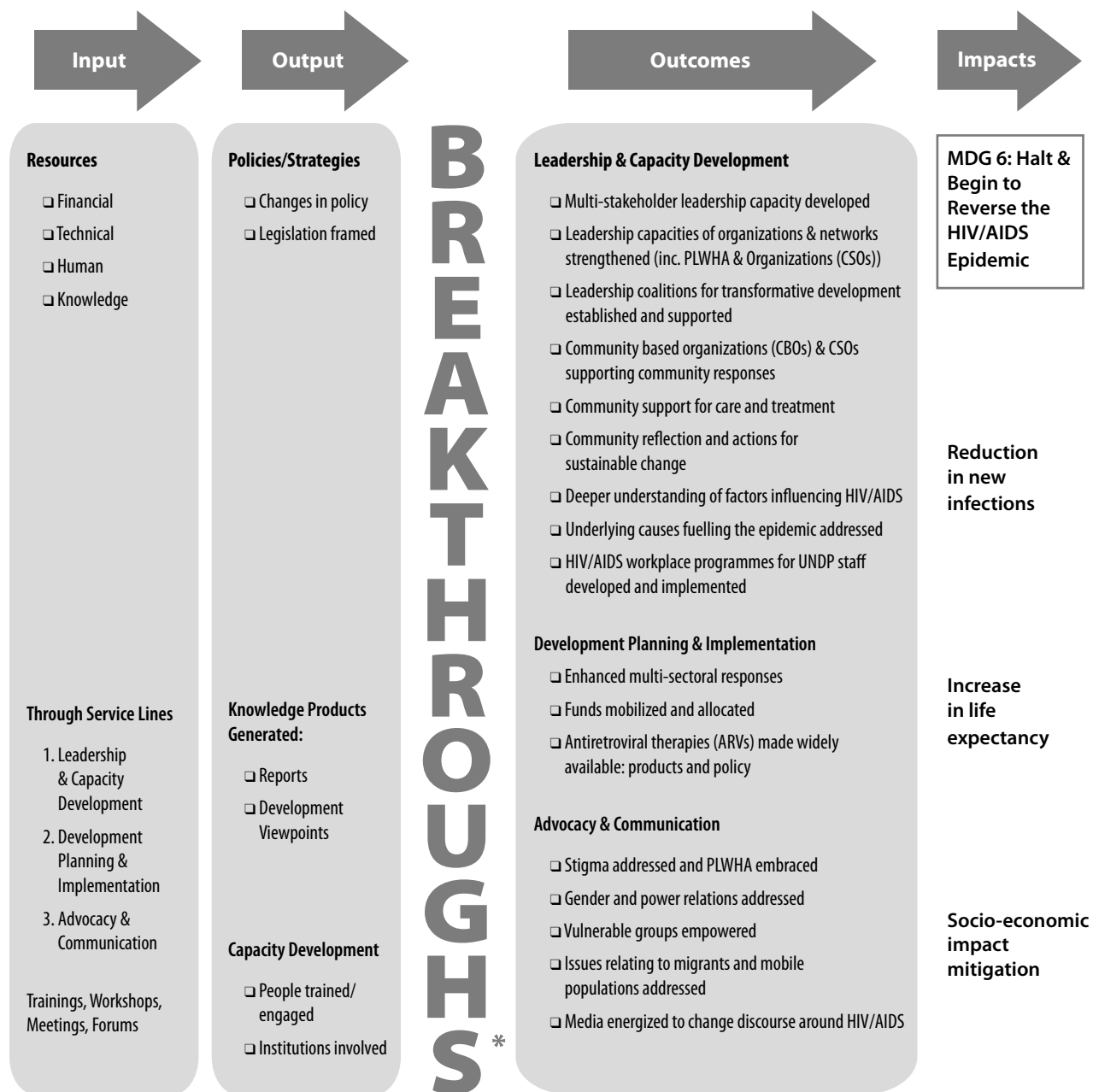
Responding to HIV/AIDS is one of UNDP's corporate priorities. UNDP works to create an enabling policy, legislative and resource environment for an effective response to HIV/AIDS, focusing on three service lines or areas of action: (1) Leadership and capacity development; (2) Development planning and implementation; and (3) Advocacy and communication. UNDP's **Leadership for Results** strategy incorporates four mutually reinforcing and synergistic components to advance implementation of the service lines and strengthen national responses to HIV/AIDS: (i) Leadership Development Programmes to develop the capacity of leaders from all sectors of society to take effective action to address HIV/AIDS; (ii) Community Capacity Enhancement programmes to empower communities to make decisions and actions to halt the spread of HIV/AIDS; (iii) Development Planning and Implementation initiatives promoting inclusive and empowering planning and implementation at national and local levels; and (iv) Arts and Media programmes focusing on changing the discourse around HIV/AIDS and empowering women and people living with HIV/AIDS. The following Annexes highlight key frameworks for measuring and documenting outcomes of service lines and of the Leadership for Results programme.

## Annex I. UNDP Key Results Areas for Service Lines

Service Lines	Sample Outcomes and Outputs
<p><b>Leadership and capacity development to address HIV/AIDS:</b></p> <p>UNDP provides support for national HIV/AIDS strategies that mobilize social and political leadership and action across all sectors. These strategies involve the promotion of a deep transformation of norms, values and practices, guided by the principles of participation, gender equality and human rights. UNDP also assists governments, community organizations, civil society and the private sector to develop capacity to address the underlying causes of the epidemic, and strengthens the capacity of communities for action, social mobilization and change.</p> <p>Core Results:</p> <ul style="list-style-type: none"> <li>❑ Multi-stakeholder leadership capacity developed at individual, institutional and societal levels that generates breakthrough responses for reversing the course of the epidemic.*</li> <li>❑ Individual and community responses to the epidemic developed addressing attitudes and practices that influence the spread of the epidemic.*</li> </ul>	<ul style="list-style-type: none"> <li>❑ Multi-stakeholder leadership capacity developed</li> <li>❑ Leadership capacities of networks and organizations (including for PLWHA and CSOs) developed</li> <li>❑ Leadership coalitions for transformative development established and supported</li> <li>❑ CBOs and CSOs supporting community responses</li> <li>❑ Community reflection and actions to address HIV/AIDS</li> <li>❑ Community support for care and treatment</li> <li>❑ Deeper understanding of factors influencing HIV/AIDS</li> <li>❑ Underlying causes fuelling the epidemic addressed</li> <li>❑ HIV/AIDS workplace programmes for UNDP staff developed and implemented</li> </ul>
<p><b>Development planning, implementation and HIV/AIDS responses</b></p> <p>UNDP promotes national development planning processes as multi-sectoral and multi-level engagements by governments, the United Nations and other partners. This involves the mainstreaming of HIV/AIDS into national development planning instruments, including national development plans and budgets; the PRSP process, HIPC and other debt processes; UNDAFs; country programmes; and sectoral studies.</p> <p>Core Results:</p> <ul style="list-style-type: none"> <li>❑ Broad-based, multi-sectoral and multi-level response generated, integrating HIV/AIDS into national development plans and mainstreaming HIV/AIDS into key sectors and ministries.*</li> <li>❑ Individual, institutional and societal capacities developed to effectively respond to the epidemic in crisis countries, high-prevalence countries, small island states and countries with other special circumstances.*</li> </ul>	<ul style="list-style-type: none"> <li>❑ HIV/AIDS mainstreamed into development planning instruments (national development plans and budgets, PRS/PRSPs, expenditure frameworks, and HIPC and other debt processes), CCA/UNDAF and Country Programmes</li> <li>❑ HIV/AIDS mainstreamed into line-ministries and sectoral policy studies</li> <li>❑ National AIDS Councils strengthened</li> <li>❑ Multi-sectoral HIV/AIDS responses planned and implemented at national, sub-national and district levels</li> <li>❑ HIV/AIDS aspects of CEDAW implemented</li> <li>❑ HIV/AIDS strategy developed in emergency settings and response generated</li> <li>❑ Strategies addressing the loss of work-force due to HIV/AIDS formulated</li> <li>❑ Funds mobilized and allocated</li> <li>❑ Antiretroviral therapies made widely available</li> <li>❑ The RC System supported to implement CCA/UNDAF and UNISPs*</li> </ul>
<p><b>Advocacy and communication to address HIV/AIDS</b></p> <p>UNDP uses advocacy and communication to promote a deeper understanding of the epidemic, reduce its impact and reverse its spread. Areas of support include: communication strategies to address stigma, discrimination, and gender relations that render women and girls vulnerable to infection; advocacy for legal reforms; policy dialogue on prevention and impact mitigation; and formulation of anti-discrimination, legislation for people living with HIV/AIDS.</p> <p>Core Results:</p> <ul style="list-style-type: none"> <li>❑ Enabling environment developed to achieve UNGASS goals and MDGs, addressing human rights, gender equality, and issues of vulnerability and silence that fuel the epidemic.</li> <li>❑ Advocacy and Communications strategies created that develop a deeper understanding of the epidemic and its underlying causes, and address issues of vulnerability, stigma and discrimination.*</li> <li>❑ Rights of People Living with HIV and AIDS (PLWHA) and vulnerable groups protected and promoted.</li> </ul>	<ul style="list-style-type: none"> <li>❑ National and Regional HDRs with an HIV/AIDS focus prepared</li> <li>❑ Multi-stakeholder national policy dialogues to achieve UNGASS goals and create an enabling environment promoted to address prevention; treatment and care; socio-economic impact mitigation; mobile and migrant populations; and reducing vulnerability and vulnerable groups</li> <li>❑ Round-tables on resource mobilization and high-level seminars on HIV/AIDS undertaken</li> <li>❑ Legal reforms and formulation of anti-discrimination legislation for PLWHA and gender equality</li> <li>❑ Communication strategies formulated to promote gender equality, and address gender dimensions of HIV/AIDS and stigma and discrimination against PLWHA</li> <li>❑ Media and artists energized to change HIV/AIDS discourse</li> </ul>

\* Also a key result for UNDP under the UNAIDS Unified Budget and Workplan

## Annex II. Strategic Framework for Results: HIV/AIDS



\* Breakthroughs are generated through the decisions and actions that are outcomes of the Leadership for Results programme, including Leadership Development Programmes, Community Capacity Enhancement processes, Development Planning and Implementation initiatives, and Arts and Media programmes

## Annex III. Indicators for Measurement

### OUTCOMES AND CHANGES IN DEVELOPMENT CONDITIONS

	Outcome	Indicator
Leadership & Capacity Development	<ul style="list-style-type: none"> <li><input type="checkbox"/> Multi-stakeholder leadership capacity developed</li> <li><input type="checkbox"/> Networks and coalitions strengthened</li> <li><input type="checkbox"/> Testing becomes a norm</li> <li><input type="checkbox"/> Community support for care and treatment</li> <li><input type="checkbox"/> Community-based organizations (CBOs) and civil society organizations (CSOs) engaged</li> <li><input type="checkbox"/> Community reflection and actions for sustainable change</li> <li><input type="checkbox"/> Deeper understanding of factors influencing HIV/AIDS</li> <li><input type="checkbox"/> Underlying causes fuelling the epidemic addressed</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Country has a functional national and sub national &amp; multi-sectoral HIV/AIDS management body and includes substantive representation of women</li> <li><input type="checkbox"/> Country has policy of promoting women as leaders in the response to HIV and AIDS</li> <li><input type="checkbox"/> Country has functional national &amp; sub national HIV/AIDS body/processes that promote interaction for generating results among government, private sector and civil society, including 50% participation by women</li> <li><input type="checkbox"/> Country has functional national, sub-national and local mechanisms for involving community-based organizations and civil society for the response, including women's groups and PLWHA.</li> <li><input type="checkbox"/> Increased number of community initiatives for prevention, home-based care, change in harmful traditional practices, reduction of stigma and discrimination, support for orphans, voluntary counselling and testing, and addressing women's issues and PLWHA</li> <li><input type="checkbox"/> Percentage of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission; at least 50% of youth are women</li> </ul>
Development Planning & Implementation	<ul style="list-style-type: none"> <li><input type="checkbox"/> Enhanced multi-sectoral responses</li> <li><input type="checkbox"/> Funds mobilized and allocated</li> <li><input type="checkbox"/> Antiretroviral HIV therapies (ARVs) made widely available: products and policy</li> <li><input type="checkbox"/> Improved functioning of delivery systems, voluntary counselling and testing (VCTs), treatment centres</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Amount of national funds spent by governments on HIV/AIDS, also specifying what is spent on women and girls</li> <li><input type="checkbox"/> Country has developed gender-sensitive, multi-sectoral strategies to combat HIV/AIDS</li> <li><input type="checkbox"/> Country has integrated HIV/AIDS into its general development plans with national, regional and local strategies for also addressing problems related to women and girls, and engaging them in the response</li> <li><input type="checkbox"/> Health facilities capable of providing interventions for prevention &amp; medical treatment for HIV- infected persons, and also including the needs of women</li> <li><input type="checkbox"/> Increased utilization by women and girls of health facilities with capacity to deliver basic level counselling and medical services for HIV/AIDS</li> <li><input type="checkbox"/> Data for people with advanced HIV infection receiving anti-retroviral combination therapy, disaggregated for men and women</li> </ul>
Advocacy & Communications	<ul style="list-style-type: none"> <li><input type="checkbox"/> Stigma addressed and people living with HIV/AIDS (PLWHA) embraced</li> <li><input type="checkbox"/> Gender and power relations addressed</li> <li><input type="checkbox"/> Vulnerable groups empowered</li> <li><input type="checkbox"/> Media energized to change discourse around HIV/AIDS</li> <li><input type="checkbox"/> Increased workplace programmes</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Country has a general policy or strategy to promote information, education and communication (IEC) on HIV/AIDS, and also addresses issues related to women and girls</li> <li><input type="checkbox"/> Country has laws and regulations that protect against discrimination of people living with HIV/AIDS, and laws that ensure women's rights to inheritance and property</li> <li><input type="checkbox"/> Country has a policy to ensure equal access for men and women to prevention and care, with emphasis on vulnerable populations</li> </ul>

### IMPACT ON THE HIV/AIDS EPIDEMIC

Impact	Indicator
<input type="checkbox"/> Reduction of new infections	<input type="checkbox"/> Percentage of young people aged 15-24 who are HIV infected, disaggregated by gender
<input type="checkbox"/> Increase in life expectancy	<input type="checkbox"/> Life expectancy at birth disaggregated for women and men and for people living with HIV/AIDS
<input type="checkbox"/> Socio-economic impact mitigation	<input type="checkbox"/> Ratio of current school attendance among orphans to that among non-orphans aged 10-14, disaggregated by gender

## Annex IV. Leadership for Results Documentation Guidelines

### COMMUNICATING OUR WORK TO THE WORLD

UNDP places great emphasis on documenting the processes and results of the Leadership for Results (L4R) programme. Documentation demonstrates the outstanding results L4R has produced and enables understanding of the unique methodologies used in the programme. Documentation also enables stakeholders in different regions and countries to learn from experiences and plan effective strategies for next steps for sustainability of efforts.

Some key documentation tools have been developed to position the Leadership for Results work in the overall UNDP context and align them to the Service Lines, UNDP Strategic Results Framework (SRF), Multi-Year Funding Framework (MYFF), MDGs and UNGASS goals. These are outlined below:

1. How UNDP Strengthens National Responses
2. How core results are achieved through expected outcomes
3. How key drivers serve as frameworks
4. Achievements of reach and scale

#### 1. How UNDP strengthens national responses

##### Key questions to be addressed

- How do our approaches achieve the UNGASS Goals in the context of National Strategies?
- How do our approaches achieve the MDGs?
- How do governments/policy makers/development partners/stakeholders engage with our programmes?
- What is the cost of not doing the L4R programme? What happened that would otherwise not have happened without UNDP's inputs?

## 2. How core results are achieved through expected outcomes

Service Lines / Core Results	Key Questions on Expected Outcomes
<p><b>Leadership and capacity development to address HIV/AIDS</b></p> <p>Core Results:</p> <ul style="list-style-type: none"> <li>❑ Multi-stakeholder leadership capacity developed at individual, institutional and societal levels that generates breakthrough responses for reversing the course of the epidemic.</li> <li>❑ Individual and community responses to the epidemic developed addressing attitudes and practices that influence the spread of the epidemic.</li> </ul>	<ul style="list-style-type: none"> <li>❑ How has multi-stakeholder leadership capacity been developed ?</li> <li>❑ How have leadership capacities of organizations &amp; networks (inc. PLWHA &amp; CSOs) been strengthened?</li> <li>❑ How have leadership coalitions for transformative development been established and supported ?</li> <li>❑ How have community-based organizations (CBOs) &amp; civil society organizations (CSOs) supported community responses?</li> <li>❑ How are communities supporting care and treatment needs?</li> <li>❑ How are community reflections and actions leading to sustainable change?</li> <li>❑ How is the deeper understanding of factors influencing HIV/AIDS being demonstrated?</li> <li>❑ How are the underlying causes fuelling the epidemic being addressed?</li> <li>❑ How are HIV/AIDS workplace programmes for UNDP staff being developed and implemented?</li> </ul>
<p><b>Development planning, implementation and HIV/AIDS responses</b></p> <p>Core Results:</p> <ul style="list-style-type: none"> <li>❑ Broad-based, multi-sectoral and multi-level response generated, integrating HIV/AIDS into national development plans and mainstreaming HIV/AIDS into key sectors and ministries.</li> <li>❑ Individual, institutional and societal capacities developed to effectively respond to the epidemic in crisis countries, high prevalence countries, small island states and countries with other special circumstances.</li> </ul>	<ul style="list-style-type: none"> <li>❑ How have multi-sectoral responses been enhanced?</li> <li>❑ What funds have been mobilized and allocated (to whom)?</li> <li>❑ How have antiretroviral HIV therapies (ARVs) been made widely available: what are the products and policies?</li> </ul>
<p><b>Advocacy and communication to address HIV/AIDS</b></p> <p>Core Results:</p> <ul style="list-style-type: none"> <li>❑ Enabling environment developed to achieve UNGASS goals and MDGs, addressing human rights, gender equality, and issues of vulnerability and silence that fuel the epidemic.</li> <li>❑ Advocacy and Communications strategies created that develop a deeper understanding of the epidemic and its underlying causes, and address issues of vulnerability, stigma and discrimination.</li> <li>❑ Rights of People Living with HIV and AIDS (PLWHA) and vulnerable groups protected and promoted.</li> </ul>	<ul style="list-style-type: none"> <li>❑ How has stigma been addressed and PLWHA accepted and welcomed?</li> <li>❑ How have gender and power relations been addressed?</li> <li>❑ How have vulnerable groups been empowered?</li> <li>❑ How are issues relating to migrants and mobile populations being addressed?</li> <li>❑ How has media been energized to change discourse around HIV/AIDS?</li> </ul>

### 3. How key development drivers serve as frameworks

#### 6 Key drivers serve as frameworks for documentation

Key Drivers for documentation frameworks	Key questions to be addressed
Develop national capacities	<input type="checkbox"/> How do our programmes develop national capacities?
Promote national ownership	<input type="checkbox"/> How do our programmes enhance national ownership?
Advocate for and foster an enabling policy environment	<input type="checkbox"/> How do our programmes advocate for and foster an enabling policy environment?
Advocate for South-South solutions	<input type="checkbox"/> How do we seek South-South solutions?
Promote gender equality	<input type="checkbox"/> How do our programmes promote gender equality?
Forge strategic partnerships	<input type="checkbox"/> How do our programmes forge strategic partnerships for results?

### 4. Achievements of reach and scale

#### Documentation needs to address strategic questions about the scale and reach of interventions

Key questions to be addressed
<input type="checkbox"/> How many people are reached directly by the interventions?
<input type="checkbox"/> How many people are reached indirectly or what is the (estimated) potential reach of these interventions?

Documentation of L4R needs to strike a balance between capturing inspiring, anecdotal experiences of participants and the sharper, strategic positioning our work requires. The transformational methodology of L4R has an impact on people's minds and hearts, while inspiring action to generate results. The challenge of effective documentation is to capture and record both the personal insights and the results they generate.

## Annex V. Resource List for Leadership for Results

### Books/Booklets/Communication Packages

- ❑ *Achieving Exceptional HIV/AIDS Responses for Development*, UNDP Human Development Viewpoint, 2004
- ❑ *Arts and Media: Transforming the Response to HIV/AIDS*, Gulan Kripalani, Shivaji Bhattacharya, Monica Sharma et al, UNDP, 2005
- ❑ *Breakthrough: UNDP's Response to HIV/AIDS*, UNDP, 2004
- ❑ *Choices Supplement – Access for All: UNDP Partnerships in HIV/AIDS and Development*, UNDP, 2004
- ❑ *Committed Leadership Can Reverse the Course of the HIV/AIDS Epidemic*, UNDP Human Development Viewpoint, 2004
- ❑ *Community Capacity Enhancement Handbook*, Moustapha Gueye, Daouda Diouf, Thebisa Chaava et al, UNDP, 2005
- ❑ *Community Capacity Enhancement Strategy Note*, Moustapha Gueye, Daouda Diouf, Thebisa Chaava et al, UNDP, 2005
- ❑ *HIV/AIDS Corporate Strategy*, UNDP, 2004
- ❑ *HIV/AIDS Thematic Guidance Note for National Human Development Reports*, Nadia Rasheed, Björg Sandkjær and Dace Dzenovska, UNDP, 2005
- ❑ *Leadership Development Programme Implementation Guide*, Monica Sharma, Allan Henderson, Serra Reid, et al, UNDP, 2005
- ❑ *Leadership Development Programme Strategy Note*, Monica Sharma, Allan Henderson, Serra Reid, et al, UNDP, 2005
- ❑ *Leadership for Results Booklet*, UNDP Strategic Management Team and Executive Team Meeting, 2004
- ❑ *Leadership for Results Catalogue*, UNDP, 2005
- ❑ *Mobilizing Artists and the Media for HIV/AIDS Action*, UNDP Human Development Viewpoint, 2004
- ❑ *Responding to HIV/AIDS: Measuring Results*, UNDP 2005
- ❑ *Reversing the HIV/AIDS Epidemic is not Possible without Community Action*, UNDP Human Development Viewpoint, 2004
- ❑ *Strategy Note and Guide on District Development Planning and Implementation*, Joseph Annan and Benjamin Oforu-Koranteng, UNDP, 2005
- ❑ *Strategy Note and Guide on National Development Planning and Implementation*, Joseph Annan, UNDP, 2005
- ❑ *The Answer Lies Within – Leadership for Results: Arts and Media for Social Change*, UNDP, 2004
- ❑ *UNDP HIV/AIDS Communication Package*, Bangkok Conference, UNDP, 2004
- ❑ *Voices of Change, Voices of Action. Transforming the response to HIV/AIDS: An Ethiopian Experience*, UNDP, 2003
- ❑ *We Care Communication Package*, UNDP, 2004

### Films/Videos

- ❑ *Mindwalk* Directed by Bernt Capra (based on the book *The Turning Point* by Fritjof Capra)
- ❑ *Everyday Creativity* by Dewitt Jones
- ❑ *What the Bleep Do We Know* by Mark Vicente, Betsy Chasse, William Arntz
- ❑ *Solo* by Mike Hoover
- ❑ *Capturing the Impact of Leadership Development Programme Around the World* (UNDP production)
- ❑ *Arts and Media film from South Africa* (UNDP production)
- ❑ *Community Capacity Enhancement Film from Ethiopia* (UNDP production)
- ❑ *We Care Video* (UNDP production)

### Other References

- ❑ *Emotional Intelligence* by Daniel Goleman (and workbook) (Bantam, 1995)
- ❑ *Primal Leadership* by Daniel Goleman, Annie McKee and Richard E. Boyatzis (Harvard Business School Press, 2002)
- ❑ *Leadership Without Easy Answers* by Ronald Heifetz (Harvard University Press, 1994)
- ❑ *How The Way We Talk Can Change The Way We Work* by Robert Kegan and Lisa Laskow Lahey (Jossey-Bass, 2000)
- ❑ *The Dance of Change* by Peter Senge (Doubleday/Currency, 1999)
- ❑ *The Marriage of Sense and Soul* by Ken Wilber (Random House, 1998)
- ❑ *The Web of Life* by Fritjof Capra (Anchor Books, 1996)
- ❑ *Global Mind Change* by Willis Harman (Warner Books, 1990)
- ❑ *Leadership in the Context of Emerging Worlds* by W. Brian Arthur, Jonathan Day et al (Summary paper on an Ongoing Research Project, McKinsey – Society for Organizational Learning 1999-2000)





UNDP is the UN's global development network, advocating for change and connecting countries to knowledge, experience and resources to help people build better lives. UNDP is on the ground in 166 countries, working with them on their own solutions to global and national development challenges. As they develop local capacity, they draw on the people of UNDP and its wide range of partners.

World leaders have pledged to achieve the Millennium Development Goals, including the overarching goal of cutting poverty in half by 2015. UNDP's network links and coordinates global and national efforts to reach these Goals. The organization's focus is on helping countries build and share solutions to the challenges of:

- Democratic Governance
- Poverty Reduction
- Crisis Prevention and Recovery
- Energy and Environment
- HIV/AIDS

UNDP helps developing countries attract and use aid effectively. In all its activities, UNDP encourages the protection of human rights and the empowerment of women.