Healthy Woman,
Healthy Man,
Healthy Family

Working towards gender equality for an AIDS-free world
A toolkit to be used by facilitators and people working in the fields of HIV, gender and rights
About STOP AIDS NOW! and the Gender Development Project

STOP AIDS NOW! is a partnership between Aids Fonds and four Dutch organisations that provide international development aid: Cordaid, Hivos, ICCO, and Oxfam-Novib. The mission of STOP AIDS NOW! is: “working together towards a world without AIDS”.

In service of its mission STOP AIDS NOW! takes on development projects to learn and innovate from existing strategies and methods, develop new ones, and establish new forms of cooperation and partnership. STOP AIDS NOW! implements these projects in collaboration with the local groups supported through its five partners. Currently, STOP AIDS NOW! has development projects on four themes: orphans and vulnerable children, HIV/AIDS in the workplace, prevention, and gender.

The Gender Development Project seeks to add value to the HIV/AIDS and gender policies of the partners of STOP AIDS NOW! by identifying promising local level strategies and interventions for HIV prevention that promote egalitarian gender based attitudes, behaviors and norms and women’s rights. It brings together community-based and non-governmental organizations focusing on HIV/AIDS, human rights, women’s rights and development. The groups collaborate, adapt, implement, and evaluate individual and community level HIV prevention strategies and interventions that integrate “gender transformative” approaches developed from a women’s rights perspective, and network together through coalitions to contribute to creating an enabling social and legal environment for women and girls.
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Cultural norms dictate that men and boys should be more valued and favoured—as a result women and girls are put in a weaker social and economic position in their communities. This weaker position also means increased power lies in male hands in sexual relationships. Men wield greater physical and economic power in relationships—and in the community—making it very difficult for women and girls to negotiate safer sex or refuse sex. These same cultural norms also put men and boys at risk, since they are often expected to have more sexual relationships at the same time. The inequality between men and women often results in violence against women and a refusal to use condoms or engage in safer sex practices. In addition, women living with HIV in particular suffer from increased rates of physical violence, and because of traditional domestic roles are often placed in a position in which, despite having to deal with challenges to their own health, they must care and make sacrifices for other, sometimes also sick, family members.

An effective way to help women and girls reduce their vulnerability to HIV infection is to empower them to make and negotiate safer choices. The same is also true for men and boys. Providing information on safer sex practices without stimulating an accompanying change in perceptions and behaviours in the community with regard to gender-based issues and the rights of women and girls is insufficient. It is crucial to promote gender equality in communities in order to help people empower themselves to make their own safer choices. Promoting gender equality in communities can also help support people living with HIV lessen the impact of HIV on their lives.

**Capacity development in gender awareness and transformation projects**

Results of the Gender Development Project in Kenya showed that once people have greater awareness of the way they are socialised, and the way cultural beliefs and practices influence their power and status in society, they feel empowered to think and act differently. For women and girls an awareness of how this power difference makes them more vulnerable to HIV is empowering. Understanding their rights as a person helps them to value themselves more and to understand what respect, freedoms, and protections they can demand. Through the Gender Development Project, STOP AIDS NOW! and partners learned that when people value themselves more, they also value their health more. When this transformation occurs they become motivated to raise issues of health and protection against HIV with their partners and take action that can promote their well-being in relation to HIV.
Groups implementing the Gender Development Project saw their community members increase their knowledge on HIV, gender and rights. Participants also began to discuss more easily sex, sexual relations, HIV and condom use between themselves and their sexual partners—leading to sexual negotiation on the part of women, an increased acceptance of women carrying condoms, increased condom uptake, and in some cases, increased reported condom use. The Association of People with AIDS in Kenya (TAPWAK), a partner working with young people in informal settlements, explained that it had to take on condom distribution because participants’ misconceptions about condoms had been clarified. The participants were comfortable with the issues surrounding condoms and could now ask for them without fear.

In addition, as a result of an increased understanding on the part of community members of women’s rights, and of a further understanding of issues regarding violence, organisations also saw an increased number of women coming forward about their experiences of violence. These experiences are reflected in the case studies on violence against women living with HIV, developed by the Health Rights Advocacy Forum (HERAF), integrated in this toolkit.

Also, with the self-awareness acquired through increased knowledge on gender, rights, HIV and AIDS, community members experienced enhanced self-esteem and felt empowered to take up economic activities. They had developed confidence in themselves, and the skills to undertake meaningful work. The women living with HIV working with the Gender Development Project partners, for example, felt psychologically and personally empowered.

**A learning journey**

Experience has shown that a change in perceptions, beliefs and behaviours of both men and women on gender equality is possible through a different way of working in the community. Behaviour change happens over a more extended period of time, and therefore activities and discussions in small groups which happen in-depth over a longer period of time with a consistent group is most effective. This effectiveness is further enhanced when activities are facilitated by community leaders or peer-education volunteers trusted by the community. Often, the entry points to these discussions are not sensitive issues such as HIV or sex, but economic empowerment, education and religion.

The learning process involved in the transformation community members experienced through the Gender Development Project can be compared to a journey. In this toolkit we utilise the idea of the mythical ‘heroic journey’ as a framework for thinking about the learning process. The heroic journey is a way of understanding, describing and planning for a process of learning and social change at the personal, organisational or community level. Often, the lives of great leaders can be mapped according to such a heroic journey of learning and change. The concept of the heroic journey was not initially used to frame the Gender Development Project work, but results from the Project indicate it is a useful way to think about the changes participants experienced.

One of the first activities to do with a group at the beginning of working together is an activity to introduce the concept to participants. The heroic journey has five stages (Home, Quest, Test, Shift and Gift) that correspond to many stories of leadership across different cultures. The idea of the journey as a learning framework can be useful in giving courage to people and communities that are anxious or nervous about change. It is also a useful frame for facilitators to use along their way of facilitating this journey, as it helps them to interpret the different stages participants might be moving through.

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1 Adapted from Louise Diamond, Ph.D., www.thepeacecompany.com
Focusing and appreciating strengths

Another important conceptual framework for this toolkit is the ‘appreciative or strength-based approach’. This approach to working with people is empowering — assuming that every person, every community and every organisation has some capacity and strengths to build on. It focuses on positive aspects about the organisation or community that are tangible sources of hope and learning. An approach that focuses on community-owned beliefs and practices that work and that empower has always been underpinning the work of the Gender Development Project, if not expressed explicitly. This toolkit makes this approach more explicit for the first time, to help facilitators to work more consciously in ways that give hope, motivation and inspiration, while valuing the things in the community that already produce success.

A toolkit for people working in HIV, gender and rights

This toolkit has been prepared to support participants in a learning journey towards an empowered life in relation to HIV. The Toolkit reflects learnings and results gathered from the Gender Development Project in Kenya, combined with the best guidelines and activities for working on HIV from a gender-transformative perspective outside the Gender Development Project. The toolkit was compiled to assist and support people working in HIV, gender and rights with the best available information and applications for audiences of various levels of education and understanding.

The target audience for this toolkit is facilitators and community volunteers who work with groups in the areas of health and life-skills. Facilitators who work with groups of youth, men and women (both HIV positive and negative) will benefit from this toolkit. Community leaders who act as facilitators in these areas will also find this toolkit useful. All the listed activities can be used with all of these groups, unless it is specifically indicated that an activity is to be used only with a specific target group. As part of the preparation for each activity, the facilitator can also adjust the activity to suit the audience better, with the appropriate language use and timing.

This toolkit gives the facilitator the following:

- Guidelines on how to work with participants from a gender transformative perspective (behaviour change with consistent group over time);
- Exercises and activities for starting regular sessions;
- Exercises and activities for each section of the learning journey, with choices available in different starting points for facilitators;
- Additional reading and information for the facilitator’s own empowerment;
- Additional information on facilitation skills called Art of Facilitation

A gender transformation perspective will promote the equitable participation of women at all levels of decision-making, free of assumptions and based on a proper gender analysis.
The toolkit was written so that all levels of facilitators can use the exercises. Facilitators who particularly want to strengthen their facilitation skills can work further with the section, ‘The art of facilitation’. Working with the toolkit itself is a way of practicing and learning through experience, and this section encourages collaborating with other facilitators, and learning through feedback from them. This toolkit was developed from and for the Gender Development Project in Kenya but can be easily adapted for use in other contexts where women and girls face an increased vulnerability to HIV. STOP AIDS NOW! can provide advice on adaptations at any time.

Acknowledgements and special thanks

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Materials used in this toolkit have been drawn from the following sources and are used with permission:

- Men As Partners Manual, EngenderHealth. Special thanks to Andrew Levack.
- Men’s Action for Stopping Violence against Women MASVAW. Special thanks to Abhijit Das.
- One Man Can, Sonke Gender Justice Network. Special thanks to Dean Peacock and Raoul Swart.
- Rethinking Domestic Violence, Raising Voices.
- VSO: Participatory Approaches: A facilitator’s guide.
- World Vision in Tanzania: see http://appreciativeinquiry.case.edu/gem/booy&senafinal.html from which the section on “Working appreciatively” was adapted.
- GDP partners in Kenya: Special thanks to the Gender Development Project partners for consultation during the process of developing the Toolkit, and sharing experience and tools with the team. Specifically, we would like to thank the following partners who provided content for exercises in the toolkit, which reflect the work done by a number of Gender Development Project partners:
  - Activities 3.1.1 and 3.1.2 were adapted from Young Women’s Campaign against AIDS (YWCAA).
  - Activity 3.1.4 was adapted from Dupoto e Maa.
  - Case studies on women’s rights violations in Activity 3.2.2 were adapted from HERAF.
  - Activities 3.3.2 a, b, and c were adapted from TAPWAK.

We appreciated the openness and spirit of collaboration throughout the creation of the Toolkit.
The Toolkit was written and constructed to help you, the facilitator, to take participants through a learning journey. Each section builds on the previous one, helping the participants through different stages of change.

Section 1: Guidelines & Starting Activities

In this section you will find guidelines for ways of working with participants and groups that will support you to achieve results and help prepare you as a facilitator. The section also details ways to work with community leaders and activities. Here, you can also find starting activities, which you can use the first time when working with specific groups, and regular activities that you can use every time you meet.

Section 2: Helping Participants to Connect with their Values and Identity

In this section you will find activities to work with participants and groups in ways that help them think through what is important for them in their lives—what kind of people they are, what are important values for them and where they are going as a community. This is an important part of the learning journey as it stimulates people to think about their life journey and what is good about it. It helps people think about what they want, and empowers them to feel in charge of their lives, rather than deciding and telling them what others think is good for them.

Section 3: Supporting Participants to be Empowered

In this section, a number of different routes are available for you to support people to empower themselves. This can be done through providing knowledge on HIV, through creating awareness of their gender rights or status, or facilitating activities to support economic empowerment.

This section recognises that you, as facilitator, might be using one or more of these starting points to work with groups, either focusing on HIV knowledge, or focusing on economic empowerment, etc. So, to enable you to start from the most appropriate starting point for your work, the following sub-sections can be used as starting points:
• HIV Knowledge and Awareness;
• Awareness of Human Rights;
• Gender Awareness;
• Awareness of Women’s Sexual and Reproductive Rights; and
• Economic Empowerment.

Even though you can use any or all of these as starting points, and work through the section in any order, it is important to remember that for best results, all work with participants should have a component of gender, rights and HIV awareness built into it. In this section you will be supporting participants to build awareness, provide them with knowledge and exercise empowering activities. This is in preparation for the next section, where actions and behaviour can start to change.

Section 4: Supporting Participants to Move Forward and Use Their Power

This last section in the participants’ learning journey focuses on how you can support participants and groups to take action and take responsibility for a life that works for them. They have decided what is important for them, what kind of people they are, and have been empowered with awareness and knowledge in the previous sections. This section gives them the opportunity to build and practice skills that can be used to negotiate safer practices and have better communication in their relationships and communities. In this way, you can support them to take action and use their power for their own futures.

Section 5: The Art of Facilitation

This section includes additional information and activities to help you, the facilitator, to grow in your own journey of becoming the best facilitator you can be. It includes principles on good facilitation, asking good questions, and activities to enhance your participatory facilitation and adult learning skills. You can use this at any time as a resource.
Step 1

Go through this whole toolkit once, especially all the exercises and activities before starting with any of the activities. The toolkit provides the following information for each activity:

1 | Objectives — This describes what participants should learn as a result of participating in the activity. It is a good idea for you to begin each activity by informing participants about the learning objectives. It helps participants to understand why they are doing the activity and what they can expect to get out of it.

2 | Time — This is how long the activity should take, based on experience in using it. These timings are not fixed and may need to be changed, because of the size of the group you are working with, or because of issues that come up. If it is the first time you work with a group or activity, try and allow extra time in case you need it.

3 | Materials & Set-up — These are materials you will need for each activity. Check which of these materials needs to be prepared before the workshop begins. If there is any specific set-up for the room required, this section will mention it.

4 | Handouts — These are individual readings or exercise forms/sheets needed for a specific exercise. Usually each participant will need to receive a handout so as to participate fully in the exercise. These should be printed and copied before the workshop begins. Handouts can be found printed after the corresponding activity, while electronic copies of all handouts are available on the CD at the back of the Toolkit.

5 | Steps — These are the steps you should follow in order to use the activity well. The steps are numbered and should be followed in the order in which they are written.

6 | Facilitator’s Notes — These notes will help you to get the best results by identifying issues about the process of the activity for you to think about and prepare for. Please make sure you have read these notes before you begin.

7 | Facilitator’s Resources — Where there is additional information over and above the Facilitator’s Notes that might be helpful to answer questions and provide information to participants, you will find it under this heading.
Step 2

Decide if you want to gain more information and improve your facilitation skills before starting to use the toolkit? If YES: Go to the Section 5: The Art of Facilitation.

Step 3

Decide and plan how you can work with the group and how that will affect your programme and the specific activities. Depending on the type of group you will be working with (male, female, mixed, youth, etc.) you can start to think about how to make a programme for the work with the group. This includes length of time to work with them (overall and every time you meet) and also the type of activities that will be relevant for your specific target audience.

Step 4

Based on the information in STEP 3: create an outline for your programme, deciding which activities to use during which sections. Start with Section 1: Guidelines & Starting Activities. Decide which activities you need for the first time use. If there is one activity that should be used every time you work with the group, identify this activity and include this in your planned sessions for the future. Then, pick activities from Section 2, 3 and 4 for your programme. You can use all the activities in order or just pick a few that are applicable and match your time availability. In Section 3, pick the activities that are relevant starting points with the group.

Step 5

When preparing for a session with the group ensure that you have all the materials needed and can create the set-up you need in the chosen venue.

Step 6

Ensure that you have the correct amount of handouts available for the relevant activities chosen.

Step 7

Start work, and remember that you play an important role in bringing about positive change! This might not always be visible immediately or even over a longer period. Don’t let that discourage you, and focus on your own learning as a facilitator along the way.
This section provides you with some guidelines for working in ways that support the change of perceptions, beliefs and behaviours of both men and women on gender-based issues.

The way of working described in this toolkit recognises that behaviour change does not happen immediately and that changing basic ways of thinking, takes time and patience. It requires you to work with participants and community groups in a way that is equal and that does not force change.

This toolkit requires you to work in a way that recognises the strengths and talents that people have already, and places the trust in the participants to make their own change happen. The work with participants happens in a programme or schedule of work, over a period of time. Depending on the frequency and the activities you choose to include in the programme, this could take anything from a few months to a year.

An important component of this way of working is called an ‘appreciative approach’ or ‘strengths based approach’. This is seen by non-governmental and community based organisations worldwide as an innovative approach to capacity building in communities. The appreciative approach to capacity building is empowering—assuming that every person, every community and every organisation has capacity. It focuses on positive things about the organisation or community that are tangible sources of hope and learning. Appreciative methodologies build community capacity on a foundation of what works, what empowers, what gives motivation, hope, and inspiration. It builds upon the accomplishments of communities and encourages them to reflect upon the conditions that produce the success.

The Toolkit is designed in such a way to lead you to follow a number of stages that have activities to support the participants along the way. Activities and discussions in small groups that are facilitated in an appreciative way enable the participants to go as deep as needed to step into the learning journey described. This implies where possible to work with the same group of people.

Activities in this section:
• Activity 1.2.1 | Familiarising community leaders with the concept of gender awareness
• Activity 1.3.1 | Learning about each other
• Activity 1.3.2 | Reviewing the agenda, expectations, and ground rules
• Activity 1.4.1 | Check-in at the beginning of a session
• Activity 1.4.2 | Check-out at the end of a session
1.1 | GUIDELINES FOR WORKING TRANSFORMATIVELY

It is important for facilitators to learn to:
• See situations as challenges and opportunities instead of problems.
• Identify the positive potential in every person and every situation.
• Trust that change is happening and that working together makes a positive impact, even though results might not be immediately visible.
• Respect and value uniqueness and individual differences.
• See everyone as equal to others in worth and dignity, and therefore treat everyone as equal participants in the process.
• Respect women and men equally, while also acknowledging the differential burden on men and women in society.
• Communicate in a language of equality through collaboration, cooperation, agreement, and win-win relationships.
• Facilitate open communication.
• Commit to giving and receiving feedback, and to communicating openly and honestly.

Facilitator’s Notes
• Remember the topic at hand.
• Make a plan for your field practice group meeting or use the training guide.
• Think about how you are going to present the topic/session.
• Share your plan with another peer facilitator.

1.2 | GETTING SUPPORT AND WORKING WITH COMMUNITY LEADERS

The success of any programme in the community depends on the involvement and support of local leaders. Community leaders can feel threatened at times by a process happening in their community if they are not involved. It is therefore important to engage local leaders from the very beginning of the process, prior to introducing these activities to the wider community. The activities of gender and rights awareness and transformation need the full support of the community leaders to make these activities possible. Local cultural practices that encourage or facilitate the spreading of HIV, such as widow-inheritance, wife cleansing and child marriages mean that it is important to work with the local community leaders as partners and also as beneficiaries and owners of the process. The local community leaders are custodians of the traditions and culture, and are expected to lead or endorse any changes in behaviour of the community.

The initial orientation of the local community leaders may take the form of a meeting to introduce the benefits, costs and steps of implementing activities and build commitment to the process and outcomes. Engaging the local community leaders is an ongoing process, which for best results includes working with them as normal people who can also be supported to learn and gain information. Working with them as partners involves inviting them to key events, holding regular sharing meetings and drawing on their support and action as the process evolves. While the facilitator will be the one to engage with the local community leaders at the start of the process, it is hoped that with time the beneficiaries will take a lead in this.

This section therefore seeks through a simple exercise to give partners an opportunity to engage local community leaders on rights and gender in relation to HIV and AIDS prevention.

The facilitator or trainer needs to understand that, although the local community leaders have a role to play in the implementation process, it is important that they do not take over, given that the leaders may themselves be the targets of local advocacy actions emerging from the activities.

This sub-section is designed to enable community leaders to commit support to the activities, and to enable you to describe the activities that you intend to carry out. In this sub-section you will find:
Activity 1.2.1 | Familiarising community leaders with the concept of gender and rights awareness

Objective
- To identify thoughts and ideas of leaders regarding the link between violations of human rights, harmful gender norms and HIV
- To identify forms of support that the leaders may offer
- To familiarise with relevant procedures when seeking help

Time | 60 minutes

Materials & Setup | If possible sit in a circle, pens, large sheets of paper, markers and flipchart

Part A

Steps

1 | **Explain** that the participants will be exploring the link between human rights, gender and HIV and AIDS.

2 | **Ask** the participants to divide into two groups.

3 | **Give each group a flipchart and markers**, and ask them to brainstorm ideas and thoughts of the relationship between gender and HIV and AIDS. Ask them to answer the question:
   - Why is addressing gender inequalities in the community important in HIV prevention?
   
   Give group two a flipchart and markers and ask them also to brainstorm ideas and thoughts of the relationship between human rights and HIV and AIDS. Ask them to answer the question:
   - Why does violation of human rights increase the risk to HIV infection for women?

4 | **Facilitate** small group presentations and discussion. Be sure to point out the link between human rights, gender (in)equality and HIV and AIDS.
Facilitator’s Notes
Depending on the presentations made you may decide to carry out a couple of other exercises at the front of the awareness section on gender, sexual and reproductive health rights of women, human rights and HIV and AIDS.

Part B

Steps

1 | Divide the large group into sub-groups of three and allow them 10 minutes for the exercise. Explain to them that they will be discussing kinds of support that they can offer towards the implementation of activities. Ask the participants to use the questions below as a guide:

- How would you like to be involved in the implementation of the activities in this toolkit about HIV, gender, and rights?
- What kind of support would you like to offer?

Part C

Steps

1 | Ask the participants to come up with any relevant procedures that should be followed for the activities or any other individuals that should be contacted in case the beneficiaries need the leader’s help or attention.

1.3 | ACTIVITIES FOR STARTING TO WORK WITH A NEW GROUP

The exercises that follow should be used at the beginning of the process of working with a specific group of people. These activities are designed to help the group to get to know each other, to understand what is waiting for them in the session and also how it will be working together. These activities are also important for you in order to get an understanding of the group, the type of people, their experiences and their expectations. In a new group, activities 1.3.1. and 1.3.2. can easily be combined to form one activity, while activity 1.3.2. is a good activity to include in all workshops.

Activity 1.3.1 | Learning about each other
Objective

- To provide an opportunity for the participants to get to know one another
- To understand the amount and depth of experience of the group members

Time | 30 minutes

Materials | Papers, markers

Steps

1 | **Introduce yourself** and welcome participants to the training. Go over any logistics about timing, breaks, etc. Talk briefly about the programme and what participants can expect from attending the sessions.

2 | **Ask the participants** to get together in pairs (small groups of two people).

3 | **Ask each participant to introduce himself or herself** to the other person sitting in their pair and to share three things about him or herself. Allow a few minutes for the pairs to share this information with each other.

4 | **Gather everyone together** in one big group again once all have finished. Next, go around and ask each person to introduce his or her partner to the group, and to share one of the three things that he or she has learned about that person.

Facilitator’s Notes

The participants may be reluctant to participate in this activity at the beginning of the workshop. You may want to start this activity by being the first to share information about yourself before asking the participants to do the same. This is an approach a facilitator can use quite effectively to show an example for the participants on how to work, and is called ‘modeling’. The facilitator ‘models’ a type of behaviour he or she would like to introduce in the group.

Activity 1.3.2 | Reviewing the agenda, expectations, and ground rules
Objective
- To establish clear expectations of what will and will not be accomplished in the training
- To establish expectations for behaviour during the training

Time | 30 minutes

Materials & Setup | Papers, markers and advance preparation

This activity is important for you to create the right climate when working with the group. It also helps to understand everyone’s expectations, and helps the participants to understand what will be achieved. Be sure to allow enough time!

This activity should be included in all workshops. Use it very early (it may follow an icebreaker and/or individual introductions, but it should be before other activities).

Steps

1 | Ask the participants. “What would you like to get out of the sessions?” or “What am I here for?”

2 | Ask the participants to take a moment to think about the question. Depending on the group size, you might ask all the participants to respond or you might invite input from the group in general (only a few might respond then).

3 | As the participants respond, write their input on the flip chart.

4 | Compare the answers with your agenda and objectives for the session. Point out which topics or areas of interest that you will address and those that you will not address.

5 | For the topics that you will not address, you might want to offer the participants other ways to obtain the information.

6 | Point out that being honest and clear about what you can and cannot cover helps you to establish realistic expectations. Likewise, it is important for the participants to be honest and clear about their own expectations and behaviour while together as a group.

7 | Write “Ground Rules” on the flipchart, and invite the participants to call out what they can promise for their own behaviour throughout the training session, as well as what they would like from others.

Facilitator’s Notes
You should have minimum ground rules in mind and offer them if the participants do not. For example:
- Keep any information and stories shared in the group confidential (i.e., it does not get shared or talked about outside this meeting).
- Participate at your level of comfort.
- Be on time after breaks.
- Ask questions.
Facilitator’s Notes (continue)
List all input. Ask the participants to look over the list and reflect on these expectations. Then ask:

- “Do we need to revisit or clarify any?”
- “Are we all comfortable with these? If not, how can we change this rule so that it is okay?”

Put up the sheet with the ground rules in a spot visible to all or most participants.

1.4 | ACTIVITIES TO DO EVERY TIME YOU ARE MEETING WITH A GROUP

Activity 1.4.1 | Check-in at the beginning of a session

Objective
- To create the space for the group to start working, and set an appreciative tone
- To help group members to express their feelings and be present in the group

Time | 2 minutes per participant

Materials & Setup | If possible sit in a circle, with the facilitator as part of the circle

Steps

1 | Welcome everyone and say that we will start with the ‘check-in’. First time, tell them briefly that you will do this every time, and it is a way for everyone to ‘arrive’ and for everyone to know how everyone is doing.

2 | Ask each person three questions:
   a. What has been a high point/an achievement since the last meeting? The first time session you will ask, ‘What has been a high point/an achievement in your life in the last month’.
   b. What do you appreciate, or are you grateful for?
   c. How are you feeling today?
Facilitator’s Notes

• You as the facilitator might have to go first to set the example, or if you have a trusted member in the group invite them to go first. It is important for you to fully participate and be informal yourself, as opposed to be in a ‘trainer’ role. Be human yourself and share how you are feeling in that moment. Model the behaviour you want, by sharing fully, yet be brief and to the point.

• The question “How are you feeling” can be strange or unfamiliar to people as we are used to suppressing our feelings. Gently bring people back to feelings such as ‘I feel excited’, ‘I feel tired’, ‘I feel frustrated, sad, overwhelmed’, etc. If participants use words such as ‘good’, ‘bad’ or ‘nice’ or ‘OK’, you can gently encourage them to use more descriptive words such as ‘excited’ or ‘irritated’. It is an important part of participants’ learning journey to learn to express themselves and their feelings more fully.

• This is not a time for discussion or comments from you or anyone else. Quietly thank each participant for sharing by saying, ‘Thank you’, ‘Name’. Make sure you look them in the eyes and thank them genuinely for ‘checking’ in. Encourage participants to listen quietly to everyone saying their bit, so it becomes a place for everyone to have a space to contribute and feel appreciated.

Activity 1.4.2 | Check-out at the end of a session

Objective

• To help participants to develop meaning from the learning they have gained
• To close the session appreciatively

Time | Two minutes per participant

Materials & Setup | If possible sit in a circle, with the facilitator as part of the circle
Steps

1 | Thank everyone for participating and being part of the group.

2 | Ask each one of them in turn the questions:
   a. What are the most important things you have learned during the session?
   b. What have you enjoyed the most about the session
   c. Have you learnt about yourself today and how are you feeling?

Facilitator’s Notes

• You as the facilitator might have to go first to set the example, or if you have a trusted member in the group let them go first. It is important for you to fully participate and be informal yourself, as opposed to be in a ‘trainer’ role. Be human yourself and share how you are feeling in that moment. Model the behaviour you want, by sharing fully what you have realised about yourself. This is an opportunity for you to also understand and share the learnings you have as a facilitator.

• The question, ‘How are you feeling now’ can be strange or unfamiliar to people as we are used to suppress our feelings. Gently bring people back to feelings such as ‘I feel excited’, ‘I feel tired’, ‘I feel frustrated, sad, overwhelmed’, etc. If participants use words such as ‘good’, ‘bad’ or ‘nice’ or ‘OK’, you can gently encourage them to use more descriptive words such as ‘excited’ or ‘irritated’. It is an important part of participants’ learning journey to learn to express themselves and their feelings more fully.

• This is not a time for discussion or comments from you or anyone else. Quietly thank each participant for sharing by saying, ‘Thank you’, ‘Name’. Make sure you look them in the eyes and thank them genuinely for them ‘checking out’. Encourage participants to listen quietly to everyone saying their bit, so it becomes a place for everyone to have a space to contribute and feel at home and appreciated.
HELPING PARTICIPANTS CONNECT WITH THEIR VALUES AND IDENTITY

This session enables you to support participants to become aware of their values and identity, as part of a process to empower themselves to make safer choices. Facilitators can call this session, “Connecting with my values and identity” when talking to participants.

Why is this section important?

When you start to work with participants on what is important to them for their lives, you help them to think through what kind of people they are, and what are important values for them. Using an appreciative approach, i.e., focusing on what is already good and working and how that can be strengthened, gives people a lot of energy. Starting from this point is interesting and engaging for people, rather than telling them what is good for them or what they should do in order to be healthy and safe. This approach treats people like equals and gives them the signals already from the start that they are in charge of their own future and the choices they make.

At the beginning, the progress with the group might be slow, but working in this way from the start lays the foundation for the whole learning journey. We cannot tell people that they should empower themselves, as empowerment is a personal choice each one of us can make. As facilitators we can help build trust and provide space, tips and tools to help participants in their own empowerment. It is then up to participants to step in and empower themselves by starting to think about their future and the kinds of lives they want to have.

The effect of facilitating empowerment is that, if people make changes in relation to their identity and values, i.e., ‘who am I’ and ‘what is important to me’, then changes in terms of behaviour and actions can emerge.

Activities in this section are appreciatively structured, and work with strengths in the community. The exercises often have a future-oriented focus, which brings energy and hope, and helps participants to start to dream again that life can be different.

Activities in this section

- Activity 2.1 | Thinking about change as a journey – The Heroic Journey of Social Change
- Activity 2.2 | Appreciating the good in our community
- Activity 2.3 | Telling stories about the future
Activity 2.1 | Thinking about change as a journey – The heroic journey of social change

Objective
- This exercise introduces ‘The Heroic Journey’ as a way of understanding, describing and planning for a process of learning and social change at the personal, organisational or community level
- Give participants an understanding of their own personal life as a journey of learning and change
- Provide participants with an understanding that our own individual lives and journeys are also ‘heroic’ as we overcome challenges and grow

Time | 40 minutes – 1 hour, depending on size of the group

Materials & Setup | Flip chart, paper, markers

Steps
1 | **Tell the participants** that you wish to share with them a way of thinking about how we learn and change in our lives. This is a way to think about big changes in our lives or when we grow up and learn. This way of thinking is based on the idea that we think of this big change or of our life as one long journey that we take.

2 | **You can invite the participants** to think about steps they have taken in their lives, e.g., the step of leaving home, and how these are smaller or bigger steps on the journeys of their lives.

3 | **Introduce the heroic journey framework**, showing the 5 stages on a flip chart.

4 | **Invite the participants** to do a ‘map’ of their life journey, thinking about the different parts of their life journey that are like the 5 stages of ‘The Heroic Journey’. Each participant can draw and write about their own journey on a separate flip chart.

5 | **Facilitate a process** in which you invite each participant to share as much or as little as they wish about their journey. Basically, they tell the story of their lives, using the five stages as checkpoints or milestones. Each flipchart should be put up on the wall if possible, and participants should gather round each flip chart as participants share their stories.

6 | **Distribute** the Heroic Journey handout at the end.
The journey has five stages:

**Home** | Where our ideals, values, beliefs and motivation provide the energy for the journey. It is the place where we start from and where we can come back to at any time to tap into our source of power and find renewal. This is where we find our strength and the energy for moving beyond what is familiar and risking the unknown.

Questions in this stage: What is really important to me? What do I deeply care about?

**Quest** | This is where we create a vision or a dream or something to work towards. This is what motivates us to step forwards on the path.

Questions in this stage: What do I want to accomplish? What will it be like when I get there?

**Test** | Where we meet (rather than avoid or resist) the obstacles or challenges in our path, and discover or learn new skills, tools and resources to transform the obstacles into opportunities and allies.

Questions in this stage: How can I use this difficulty to further my journey? What is the opportunity within the obstacle?

**Shift** | Where our work in meeting the test results in changes—expected or unexpected—in ourselves and/or in those around us. We see positive results, and also new challenges that arise from changing circumstances.

Questions in this stage: What has changed (attitudes, behaviours, assumptions, norms, structures)? How am I, or how is the situation, different?

**Gift** | Where we realize and internalize what we have learned or gained. We share these gifts with others, apply them in new situations and integrate them into who we are and how we work, thus redefining our Home place.

Questions in this stage: How can I use what I have gained to benefit others and strengthen myself for the continuing journey?

You should understand the stages for the heroic journey, and recognize that not all journeys fall neatly or exactly into this pattern.

However, it will be important for you to recognise with the group that we all face Test times in our lives and also in our learning processes, times when we struggle and sometimes feel like giving up. It is the ability to persevere through the Test that leads us to the Shift and Gift phases, when we find the rewards for our journey.

It is important for you to appreciate, and encourage appreciation amongst the participants, of the amazing journeys that people go through in their lives.
Activity 2.2 | Appreciating the good in our community

This is an exercise which builds on the appreciative way of working, where participants are supported to see successes and to build on the success in their past and in their community. It is energising and helps to generate more success. These exercises can also be used to identify positive and less desirable cultural practices connected to gender roles and relations.

If people can see where they have succeeded in the past and understand why, and if they can use this awareness to imagine a better future, they may be able to attain greater success.

**Objective**
- Help participants to see where they have succeeded in the past, and why
- Help build confidence in participants that they can make things happen and that they have ability to change things

**Time** | 30-45 minutes in group work, 5-10 minutes feedback per group

**Materials & Setup** | Flipcharts or paper, and markers for each group
Handout: Appreciative Community Questions
Steps

Working appreciatively, you can support community members to move through a process of dialogue about the following questions:

1 | **Brief participants** on the exercise, by asking them to break into groups of 2 or 3 (no more than 4 people in a group).

2 | **Brief participants** that they will be doing an activity that focuses on all the ‘good’ things in the community. By doing this, we are not saying bad things don’t happen, but for this exercise we choose to focus on the good things that give us energy and hope.

3 | **Participants need to ask the Appreciative Community Questions**, and find an answer in the group, through discussion and agreeing together what they want to feed back to the large group. Hand out a printed copy of the question to each group to use as a guide.

4 | **The questions are:**
   - What do I value most about my community? What are the good things in our community?
   - When in our community’s history did we experience a high point and what was that?
   - What are the good practices that I want my community to pass on to future generations?
   - What image of our community do we want to promote?
   - What traditions do we value most?
   - What has worked well for me and for my community, and why?

Facilitator’s Notes

Appreciative methods are useful to use as they generate more good things by reaching toward the new vision (for the community) that can be created out of the best of current practices.

When facilitating this exercise you might receive unfavourable or unhelpful answers such as “we lock up our women...”, etc. When you receive these types of answers you need to help unpack these answers. It is not wise to just reject them as wrong, because this will cause resistance. It is best to ask questions such as, “what is good about it?”, “how does this serve everyone in the community?” “Is this sustainable, i.e., can this practice be sustained over a long time?”

Innovative approaches to capacity building in communities increasingly consider the value of working with appreciative inquiry. The appreciative approach to capacity building is empowering, assuming that every person, every community and every organisation has some capacity. It focuses on positive things about the organisation or community that are tangible sources of hope and learning. Appreciative methodologies build community capacity on a foundation of what works, what empowers, and what gives motivation, hope, and inspiration. It builds upon the accomplishments of communities and encourages people to reflect upon the conditions that produce the success.

These ideas are adapted from the work of World Vision in Tanzania: see http://appreciativeinquiry.case.edu/gem/booy&senafinal.html
Appreciative Community Questions:

• What do I value most about my community? What are the good things in our community?
• When in our community’s history did we experience a high point and what was that?
• What are the good practices that I want my community to pass on to future generations?
• What image of our community do we want to promote?
• What traditions do we value most?
• What has worked well for me and for my community, and why?
Activity 2.3. | Telling stories about the future

This exercise helps community members to think about taking responsibility for creating the future that they desire, if they can imagine it then it can be possible. It also enables community members to practice assertiveness, taking ownership, and strengthening their listening skills.

Objective

- Helps community members take responsibility for their shared futures
- Builds communication and negotiation skills
- Helps strengthen and embed appreciative ways of working amongst community members

Time | 45-60 minutes

Materials & Setup | No materials needed, set up in a safe and quiet space to work

Steps

1 | **Ask participants** to work in smaller groups (2-3 people). Invite them to tell each other the story of their community in the future. How is their community in a future that is good and bright, where they have learned and gained new knowledge? The story should have a happy ending, even if there are struggles along the way. The story should include:
   - **Where** they started as a community, i.e., today?
   - **What** happened to change or shift things towards the good future?
   - **What will be different** in the community, and how will things in the community change (encourage participants to dream about the way things can be)?
   - **What** is the knowledge that is available to the community in this future place?
   - **How** are the community members with each other, and what support do they offer each other?
   - **How are** their leaders and how do they behave?
   - **What** they have learnt as a community?

2 | **Ask participants** to build the story based on these points and allow each group to work for the remaining period (no less than 30 minutes) to plan their story.

3 | **Invite the participants** to choose one person from each group to tell the story to the bigger group.
Facilitator’s Notes

• In this exercise it is important for you to continue to work appreciatively. This means that you as the facilitator will be intrigued and fascinated about how the stories will unfold.

• Participants should be encouraged to be as creative as possible in developing their stories, as well as telling the story in the way that traditional stories may be told in the village or in the family circle. For instance, while having a special meal, while working together or around a fire, etc. (these things can be imagined if not actually here), and can be done through mythical stories, song, relating it to the history of the village or the community and so on.

• The story should be developed in a participatory way, meaning everyone in the group should contribute to the story. The story can have different threads or even endings. All ideas about the story should be encouraged, and the facilitator should encourage participants to build and strengthen each other’s ideas, not to reject them or ‘shoot them down’. Humour and fun should be encouraged. You can support the participants in developing their stories by being available to discuss and answer questions.

• Before the stories are being told, you should encourage ‘active listening’, including listening not just for the words, but also listening and looking for the meaning, emotion and body language of the tellers, how the story is being told, this makes the stories much richer.

• After each story has been told, you should encourage an appreciative response and then allow a short dialogue, e.g. some questions or new ideas between the audience and those who told the story.

• When all the stories have been told, you can ‘de-brief’ the group, asking the participants to reflect for a while on the experience and then to share some ideas altogether, along the lines of “What have we learned from these stories and how do we feel about making them real as we go back to our communities”.

HEALTY WOMAN, HEALTHY MAN, HEALTHY FAMILY
This section aims to support participants with information, awareness on HIV, Gender, Women’s Rights and Economic Empowerment. Facilitators can call this session, “What I need to be empowered” when talking to participants.

Why is this section important?

There are different routes and journeys that participants can take in empowering and liberating themselves. In this section, we recognise that empowerment can be facilitated and supported through gaining knowledge and wisdom, by creating awareness of one’s rights, status, and by supporting participants in taking responsibility for their lives. There is no single route that is always the best or only correct one, and for different groups and communities a range of opportunities may exist to support empowerment.

This section offers a range of different exercises, depending on the choices you as a facilitator think are the most appropriate within the community you are working with. For some groups, providing information about HIV may be the best starting point.

Others may prefer to start by focusing on gender issues, and others may prefer a rights viewpoint. For many women, supporting processes that lead to some form of financial security and independence (‘economic empowerment’) is the first step in freedom from subservience.

We encourage you to choose which sections you wish to work with, and in whichever order works best.

How to use this section:

• If starting with HIV go to Section 3.1.
• If starting with Building Awareness of Human Rights go to Section 3.2.
• If starting with Building Gender Awareness go to Section 3.3.
• If starting with Women’s Sexual Reproductive Health Rights go to Section 3.4.
• If starting with Economic Empowerment go to Section 3.5.
3.1 | HIV KNOWLEDGE AND AWARENESS

Activities in this section

- Activity 3.1.1 | Understanding HIV and AIDS
- Activity 3.1.2 | Ten differences
- Activity 3.1.3 | Looking at HIV and me
- Activity 3.1.4 | Discussing sex comfortably

Preventing HIV infection is not really as easy as A – Abstain, B – Be faithful and C – Correct condom use. ‘Abstain, Be faithful, or use a Condom’ is a popular slogan for preventing HIV infection, but the ABCs are failing to protect tens of thousands of women between the ages of 15 and 25 each year. It is therefore important for us to look at other factors that increase the vulnerability of women around the world and in sub-Saharan Africa.

We must look at human rights, socialisation and gender in association with HIV. Women in most parts of the world are born in patriarchal societies that place them in inferior social positions. Women often lack access to education and knowledge of sexual and reproductive health including HIV, especially if they live in isolated areas. They are brought up not to seek knowledge, not to discuss issues related to sex, or even question their situation. Many women are not aware of their rights and think that rights are a given privilege and not an entitlement regardless of one’s sex. Many women do not know that, for example, one can say “no” to sexual advances. They lack skills in decision-making—even when it comes to decisions regarding their own health—and often lack access to health care. Men are also at risk of HIV infection, due to gender norms encouraging them to prove their manliness with practices such as multiple sexual partners.

This section therefore seeks through simple exercises to give young people, men and women, and communities an opportunity to understand the reality of HIV and AIDS, (including HIV modes of transmission, levels of risks and risk reduction), as well as HIV-related stigma and discrimination within communities. The exercises seek to link HIV and AIDS with the socialisation process and human rights, helping participants to understand that violation of women’s rights and harmful gender norms increase the spread of HIV and the negative impact of HIV infection.

The section also provides an opportunity for participants to reflect on their own attitudes towards HIV so that they can take responsibility in reducing HIV-related stigma and discrimination, and prevent new HIV infections. It introduces the concept of prevention with positives; recognizing the critical role that people living with HIV can play to prevent HIV.

As facilitator, you need to understand that behaviour change begins with people being aware of their own situation, so that equipped with information and skills they can begin to question and change their situation. In Section Four there are exercises to help group members practice skills necessary for adapting safer sexual practices.
Fast Facts

Sub-Saharan Africa remains the region most heavily affected by HIV. In 2008, sub-Saharan Africa accounted for 67% of HIV infections worldwide, 68% of new HIV infections among adults and 91% of new HIV infections among children (UNAIDS/WHO, 2009). The region also accounted for 72% of the world’s AIDS-related deaths. In 2008, an estimated 1.9 million people living in sub-Saharan Africa became newly infected with HIV, bringing the total number of people living with HIV to 22.4 million.

Women and girls continue to be affected disproportionately by HIV in sub-Saharan Africa. For example, in Kenya young women between 15 and 19 years are three times more likely to have HIV than their male counterparts, while 20-24-year-old women are 5.5 times more likely to be living with HIV than men in their age group. In sub-Saharan Africa as a whole, about half of the people who acquire HIV become infected before they turn 25. Women account for approximately 60% of estimated HIV infections.

Women’s vulnerability to HIV in sub-Saharan Africa stems not only from their greater physiological susceptibility to heterosexual transmission, but also to the severe social, legal and economic disadvantages they often confront. Data from the UNICEF/UNAIDS report (2004) illustrate that girls are much more likely than boys to be removed from school to provide health care or additional household help when AIDS affects a family. In sub-Saharan Africa, girls aged 15-19 typically have sexual partners who are 6 or more years their senior. This limits their power to resist unsafe sexual practices. More than four-fifths of new infections in women result from sex with their husband or primary partner.

Activity 3.1.1 | Understanding HIV and AIDS

Objective
• To distinguish between facts and misinformation about HIV and AIDS

Time | 60 minutes (or more with a large group)

Materials & Setup | If possible sit in a circle
Small pieces of paper, markers and large sheets of paper
Handout (at the end of the session):
‘The AIDS Quiz Handout’ & ‘AIDS Quiz Answer Sheet’
Steps

1 | **If possible** have the group sit in a circle, and then handout 3 small pieces of paper to each member of the group.

2 | **Ask them to write** on each paper a statement they have heard about HIV or AIDS (it needs to be something they agree with).

3 | **Collect the small papers** and divide them into two bundles at random.

4 | **Divide the group** into two roughly equal groups.

5 | **Distribute a large sheet of paper** to each group with headings, ‘AGREE’, ‘DISAGREE’, and DON’T KNOW’ on it. Ask group members to sort their small pieces of paper into each of these columns, reaching an agreement on where each statement should be placed.

6 | When they have done this (after about 20 minutes), allow both groups to justify their decisions to the main group. Group members must be prepared to explain why they made the choices they did.

7 | **Facilitate a discussion** of the scientific, medical and social issues raised by the statements and where they are placed. The AIDS quiz below could assist you to clarify the issues raised.

Facilitator’s Notes
By having to defend the decisions made, the group will have a chance to begin to distinguish facts from prejudice and misinformation. Your own interventions will help consolidate understanding.

The AIDS Quiz below could assist you to clarify issues raised. The AIDS Quiz covers key basic information on HIV and AIDS. The quiz can be expanded with questions that are particularly relevant to the lesson and the target group being educated. Take care to add in the latest numbers of HIV incidence and prevalence in the Answer sheet. The data in this toolkit may be too old by the time you use the exercises, so be sure to check for new data and adapt the materials accordingly. You can discuss the quiz orally if the group members can’t read or write, allowing the members to give responses to make the exercise interactive. If you do use the handouts, give the members time to tick/underline the answer they think is correct.
The AIDS Quiz

1. What is HIV?
   a. A virus
   b. A bacterium
   c. Fungus

2. What is the difference between HIV and AIDS?
   a. HIV is the virus and AIDS is a bacterial disease
   b. HIV is the virus that causes AIDS
   c. There is no difference between HIV and AIDS

3. Is there a cure for AIDS?
   a. Yes
   b. No
   c. Only available on prescription

4. Can I get HIV from sharing a cup with someone who has HIV?
   a. Yes
   b. No
   c. Only if you don’t wash the cup

5. Can insects transmit HIV?
   a. Yes
   b. No
   c. Only mosquitoes

6. How can I tell if someone has HIV or AIDS?
   a. They look tired and ill
   b. There is no easy way to tell
   c. The way they behave

7. What does HIV stand for?
   a. Human Immunodeficiency Virus
   b. Harmful Intravenous Vaccine
   c. Homosexual Injury Volition

8. What does STI stand for?
   a. Sexually Transmitted Infection
   b. Sexually Transferred Illness
   c. Standard Transmission Interference

9. Which practice puts me most at risk of contracting HIV?
   a. Kissing
   b. Unprotected vaginal sex
   c. Sharing a toilet with a person who has HIV

10. Is HIV a problem in Kenya?
    a. Yes
    b. No
    c. Only for those who are infected
The AIDS Quiz Answer sheet

1. **Answer a:** HIV is a virus and like all viruses, HIV cannot grow or reproduce on its own. In order to make new copies of itself it must infect the cells of a living organism.

2. **Answer b:** HIV is the virus that causes AIDS. A person can live a healthy life even if diagnosed with HIV. Someone has AIDS when their immune system is too worn down due to HIV infection and they develop an HIV related illness/opportunistic infection.

3. **Answer b:** There is no cure for AIDS. This means that it is important to be aware of prevention methods such as safer sex in order to protect oneself.

4. **Answer b:** No, it is not possible to become infected with HIV from everyday casual contact such as sharing food, shaking hands or touching the same objects. I am only at risk of HIV if I am exposed to infected blood or bodily fluids, and these make their way into a wound. The tissue in the mouth, vagina and anal canals are particularly vulnerable to tearing and cuts.

5. **Answer b:** No, insects cannot transmit HIV. When taking blood from someone mosquitoes do not inject blood from any previous person. The only thing that a mosquito injects is saliva, which enables it to feed more efficiently.

6. **Answer b:** There are no specific visible symptoms of HIV and there is no easy way to tell.

7. **Answer a:** Human Immunodeficiency Virus is the full term for HIV, which means that HIV weakens the body’s immune system and only affects human beings.

8. **Answer a:** Sexually Transmitted Infections. These can be passed on during unprotected sex. So always use a condom and protect yourself.

9. **Answer b:** Unprotected sex carries a high risk for becoming infected with HIV, so using a condom correctly will protect you. You can’t become infected with HIV through kissing or through everyday contact such as sharing the toilet.

10. **Answer a:** HIV can affect anyone from any part of the world. In Kenya the HIV prevalence stands at…… and the HIV incidence at ….. All of us are at risk, as we shall see in a later session on the spread of HIV.
Activity 3.1.2 | Ten differences

Objective
• To encourage individuals to think clearly about the effects of prejudice on other people’s lives

Time | 60 minutes

Materials & Setup | Paper and pens for each group
Handout: ‘Build a Character Questionnaire’ – allow for one between 4 or 5 people.

Steps

1 | **Invite the participants** to form groups of 4 or 5 people. If possible put chairs in a circle.
Handout pens and one ‘Build a Character Questionnaire’ to each group.

2 | **Ask the groups** to complete the questionnaire as a way to describe someone, and in this way build a picture (character picture) of someone. Allow 10 minutes for this.

3 | **Ask the small groups to imagine** that their character has HIV and to list 10 ways in which life will be different for the character because of this positive HIV status. Allow 10-15 minutes for this.

4 | **Reassemble the group** as a whole and ask each individual to say briefly whether anything unexpected occurred to them and how they felt while doing the exercise.

Facilitator’s Notes
This exercise sparks off lively discussion about prejudice. It can help identify prejudicial beliefs that the group finds hard to let go, and which require more thought and discussion.
Build a Character Questionnaire

1. Name: ........................................................................................................................................................................................................................................
2. Age: ........................................................................................................................................................................................................................................
3. Male/Female (circle)
4. Who does ........................................ live with?
   (for example parents, husband, wife, other relatives, other adults, other young people)
   ........................................................................................................................................................................................................................................
5. Who are ........................................ friends?
6. Does ........................................ have a sexual partner/girl/boy friend? Yes/No (circle)
7. If yes what is their name? ........................................................................................................................................................................................................................................
8. Does ........................................ have a job? Yes/No (circle)
9. If yes what does he/she do? ........................................................................................................................................................................................................................................
10. What does ......................................... do during his/her leisure time? ........................................................................................................................................................................................................................................
11. What is ........................................
    Favourite music? ........................................................................................................................................................................................................................................
    Favourite food? ........................................................................................................................................................................................................................................
    Favourite leisure activity? ........................................................................................................................................................................................................................................
Activity 3.1.3 | Looking at HIV and me

Objective
As a result of this activity, participants will be able to:
• Reflect on how having HIV would affect their lives
• Describe how they and others should treat people living with HIV

Time | 70 minutes

Materials & Setup | Flip-chart paper, markers
Handout: Case Studies on Stigma and Discrimination

Advance Preparation | Questions for pairs written in large print on flip-chart paper. Prepare enough handouts for participants

Steps

1 | **Divide the group into pairs**, asking each pair to sit together. Let them know that they are going to have brief conversations on topics you will provide for them. Tell them in advance that, since these are brief conversations, you will be interrupting them from time to time, and apologise in advance.

2 | **Ask the pairs the first question** from the list below. Allow the pairs to discuss the first question for up to three minutes.

3 | **Continue this process** by asking questions 2 through 4, allowing up to three minutes of discussion per question.

4 | **Close the activity** by posing the following questions to the entire group:
   • How did it feel to discuss these questions?
   • Do you believe most people think about what life would be like if they were HIV-positive? Why or why not?
   • Do you believe that such thoughts (about life with HIV) can help motivate people to protect themselves from infection?
Questions for Pairs
1. If you had HIV, whom would you tell? Why or why not? When you found out that you had HIV, who did you tell?
2. Who would/did you not tell? Why or why not?
3. What would be/was the most difficult part about having HIV? Why?
4. In what ways would/did it change your life?
5. What changes would/did you make in the way you act with your sexual partner(s)?
6. How would/did you want to be treated by your family and your community?
7. If you had HIV, would you want to know? Before you found out, did you want to know?

Facilitator’s Notes
This activity can be very personal and emotional. If you feel that participants may not feel comfortable sharing sensitive information with each other, then you can allow people to do this activity on their own. If the participants do the activity in pairs, stress that the participants do not have to answer every question and that they can withhold information if they wish. While this exercise is meant for people to reflect on the idea of having HIV, if you think any one will be revealing his or her actual HIV positive status for the first time as a result of the activity (or other activities in this toolkit), please ensure that in whatever context or environment the person chooses to disclose, it be a safe one. Also to support this person in living with HIV and doing so openly or even only semi openly, check whether he or she can access the measures in place in the community in favour of people living with HIV (counselling, care, support and treatment). Providing support for living with the community after disclosure is also absolutely crucial. The well-being and even perhaps survival of the person depends on it. So, it’s important the person in question have assistance from specialised organisations and individuals.

Factors that contribute to HIV and AIDS-related stigma
• AIDS is a life-threatening disease.
• People are scared of contracting HIV.
• The virus is associated with behaviours (such as sex between men or injecting of drugs) that are stigmatised in many societies.
• People living with HIV are sometimes thought of as being responsible for becoming infected.
• Religious or moral beliefs that lead some people to believe that having HIV is the result of moral fault (such as promiscuity or ‘deviant sex’) that deserves to be punished.

B | Case Studies on Stigma and Discrimination

Steps

5 | Divide the participants into three groups and give each group one case study.

6 | Ask the groups to review the case study and discuss the questions.

7 | Discuss as many of the case studies in the large group as time allows.

Facilitator’s Notes
In the majority of African and Asian communities, families are the primary caregivers to sick people. There is clear evidence of the importance of the role that the family plays in providing support and care for people living with HIV and AIDS. However, not all families respond positively. Family members living with HIV are sometimes stigmatised and discriminated against within the home.
Case Study 1

“My son, Musyoka, aged 8, was born HIV-positive although this was not diagnosed until he was 18 months old. I took him into our family home, in a small village in Ukambani. At first, relations with the local school were wonderful, and Musyoka thrived there. Only the head teacher and Musyoka’s personal class teacher knew of his status. Then someone broke the confidentiality and told a parent that Musyoka had AIDS. That parent, of course, told all the others. This caused such panic and hostility that we were forced to move out of the area.”
(HIV positive single mother aged 27)

Questions:
1. How would you feel if you were in this parent’s position?
2. What do you think the people living in the village could have done differently, and why?

Case Study 2

Wanjira, who is pregnant with her second child, carries her six-month-old son across town to make her first antenatal visit at the Huruma Maternity Hospital in Nairobi. Arriving at the hospital, she collapses in the waiting room, saying, “I feel so tired all the time, I do not have the energy to do anything.” Dr. Otieno calls Wanjira to come into the examining room and at first glance thinks to himself, “She looks ill and run-down, she must be HIV-positive.” Dr. Otieno makes her wait on the table in a separate area of the hospital and goes to tell his other colleagues. He comes back into the room wearing gloves and a mask to do a routine check-up. Wanjira fidgets uncomfortably as the other nurses and doctors look at her and whisper. Finally, Dr. Otieno tells Wanjira that he needs the lab to draw her blood to run some “tests.” Unaware that she is being tested for HIV, she agrees. (A 23-year-old HIV positive mother who is unaware of her HIV status)

Questions:
1. How would you feel if someone conducted an HIV test without your knowledge or permission?
2. If you had HIV, how would you want to be treated at a health care clinic?

Case Study 3

“My mother-in-law has kept everything separate for me, my glass, my plate… The family never discriminated against their son, who also had HIV and has since died. They used to eat together with him. For me, it’s “don’t do this” or “don’t touch that”, and even if I use a bucket to bathe, they yell, “wash it, wash it”. They really harass me. I wish nobody comes to be in my situation, and I wish nobody did this to anybody. But what can I do? My parents and brother also do not want me back.” (HIV-positive woman aged 19, Kisumu)

Questions:
1. If you had HIV, how would you want to be treated by others?
2. If you had HIV, would you understand if people did not want to touch you or eat with you?
   Why or why not?
Activity 3.1.4 | Discussing sex comfortably

Objective
- To dispel embarrassment and to come up with words and phrases the group will be happy to use to talk about sex
- To help participants begin to comfortably introduce the subject of sex and safer sex

Time | 30 minutes

Materials & Setup | If possible sit in a circle, large sheets of paper and pens

Target Audience | A group made up of the same sex and/or age of people, like a male youth group, or adult female group

Steps

1 | Divide the participants into smaller groups of 3 or 4.

2 | Give each group a large piece of paper and a pen.

3 | Ask the small groups to brainstorm on words about sex for a few minutes, writing down phrases and words they know and any feelings or thoughts which the word brings up.

4 | Back in the group discuss how the brainstorming activity made them feel. Compare lists of the words. Do not insist on contributions from everyone, as some may find it difficult to overcome their initial embarrassment.

5 | Continue so that you find words or phrases that are clear, easily understood, and non-offensive for future group use when talking about sex.

Facilitator’s Notes
The exercise may help individuals in the group to overcome embarrassment and agree on words that are clear, easily understood and non-offensive when discussing sex even with sexual partners.
Human rights play an important role in providing a clear outline of what a free, just and peaceful world would look like, by setting minimum standards for how individuals and institutions should treat people. They also empower people to take action to demand and defend their rights and the rights of others. Women are often the ones denied basic rights by virtue of many factors, including age and gender (described in the next activity). However, men and women also can play a powerful role in realising a better world. We can mobilise other women and community in this fight for the human rights of all people, both at home and in the larger society.

Our starting point should be to make sure women understand their rights and where they come from.

This activity outlines exercises designed to educate women about human rights and their relevance to their lives. It is important for you as the facilitator to demonstrate a clear link between violation of women’s rights and increase in HIV vulnerability. There is also a focus on practicing skills for addressing human rights violations in the community. The activity can be adapted to the needs of your group by selecting any combination of the exercises listed.

**Activities in this section**

- Activity 3.2.1 | Understanding human rights
- Activity 3.2.2 | Getting there’ – Case studies on women’s rights violations

**Note on Target Audience:**
The exercises in this section can be adapted for community leaders by asking the participants to think about the community rather than themselves in 3.2.1. A, B, C and D while E should be done just the way they are.
Activity 3.2.1 | Understanding human rights

**Objective**
- To define human rights
- To come up with strategies that can help people to claim their rights
- To practice the strategies of helping to claim rights

**Time** | 2 hours

**Materials & Setup** | If possible sit in a circle, pens, paper, and markers in different colour

**Steps**

1. **Ask participants** to think about a long journey they have taken in their lives. A journey that has taken time and resources, and one that has required them to be patient, but with the hope that finally they will get to their destination. Allow four minutes for this.

2. **Then ask the participants to draw that journey** in the form of a road marking the very difficult stages of the journey with the common potholes on our roads, or the sudden unmarked bumps on the highways, or the insecure hideouts of highway robbers. Ask the participants to take three minutes and share about this journey with the person seated next to them. Be sure to ask them to discuss the following:
   - Did the journey require prior preparation/planning?
   - Did you plan alone or was there another person involved in the planning?
   - Did the journey cost you time and or money?
   - How long was the journey?
   - What are some of the things you disliked about the journey?
   - Why did you persist even when there were some things you didn’t like about it?
   - What are some of the things you liked about the journey?

**Facilitator’s Notes**

Explain to the participants that they are about to take a journey. This journey will take them through a road called ‘The Road to Human Rights’. They will take this road in order for them to claim their rights. Let them know that it is not easy, and just like the journey they shared about their lives there will be setbacks, but they have to persist because they know their destination.
B | Understanding human rights: Where am I?

Steps

1 | **Have a previously drawn road** on a flip-chart marked ‘Road to Human Rights’. At the bottom of the road mark the road as ‘No Claim On My Rights’ and at the top of the road mark as ‘Total Claim On My Rights’.

2 | **Explain** to the participants that being at the bottom of the road means one has no claim at all on their rights, while being at the top, means that one has maximum claim on their rights.

3 | **Ask them** where they think they are, at the bottom, middle or at the top.

4 | **Allow the participants** to place barriers/violations they face on the road. Which ones are specific to women? List them.

C | Understanding human rights: ‘Bumps and blocks on the way’

Steps

1 | **Using the drawing**, ask the participants to name the different forms of violations that women suffer. Discuss every form of violation named.

2 | **When ideas have been exhausted**, ask the participants to name the reasons for the forms of violations mentioned. Write them down on the side of the road and discuss.

3 | **Then ask the participants to mention barriers** that prevent them from claiming their rights. These are the bumps and potholes.

Facilitator’s Notes

- Be sure to use different colour markers for each set of questions. Use the Facilitator’s resource to guide the discussion before moving on to Part D.
- Discuss the forms of violation (refer to facilitator’s resource) and encourage participants to give examples of specific incidences of violations for each category.
- Select some of the human rights to discuss with the participants. Do not discuss all of the list, but pick some which you think will be most relevant for the community and discuss what it means, i.e. unpack what ‘right to bodily integrity means, e.g., unpack what ‘right to bodily integrity means. Use the discussion to help participants to identify violations.

Facilitator’s Resource

**Forms of violence:**

- **Domestic violence** is any physical, emotional, sexual or economic abuse in the home. It can refer to any violence between family members, but is typically used to refer to violence between intimate partners.

- **Gender based violence** is any physical, emotional, sexual or economic abuse directed to someone on the basis of his or her gender. Women across the world are subjected to violence and abuse because they are women.
What are human rights?

Human rights are those rights that every human being possesses and is entitled to enjoy simply by virtue of being human. These are not dependent on biological characteristics or social differences of gender, ‘race’, colour, language, culture, family origins, nationality, age, class, religious or political beliefs, physical or mental disability, or even minority status.

They can be described as: ‘God-given’, a birthright, natural, or as what makes one a human being. Some examples of the human rights guaranteed in main international treaties/agreements include, but are not limited to:

• Non-discrimination
• Right to life
• Right to bodily integrity
• Right to liberty and security
• Right to private
• Right to self-determination
• Right to freedom of thought and expression
• Right to freedom of religion
• Right to freedom of assembly and association
• Right to freedom of movement
• Right to information
• Right to education
• Right to work
• Right to food security
• Right to shelter
• Right to enjoy the highest standard of physical and mental health
• Right to enjoy one’s sexuality
• Right to choose whom to marry and if and when to found a family
• Right to choose when, whether and how many children to have
• Prohibition of slavery, forced labour and trafficking in persons
• Prohibition of arbitrary arrest, detention, and exile
• Right to due process in criminal trials

Can the enjoyment of human rights be limited? Yes. For example:
• Where the enjoyment of one’s rights means that one will interfere with the rights of another or others.

Barriers to the implementation of universal human rights:
• Lack of information and knowledge
• Culture
• Religion
• Conflating modernisation with ‘Westernisation’
• Sexism
• Homophobia
• Elitism
• Racism or ‘tribalism’
• Single-minded focus on wealth creation
D | Understanding human rights: Overcoming ‘bumps and blocks on the way’

Steps

1 | Ask the participants to form groups of 5 each, to discuss the following:

• Come up with strategies that could help you remove all forms of violence against women from your community. Allow for 15 minutes.
• Ask them to present their strategies to the whole group.

E | Understanding human rights: ‘How far I have come’

Steps

1 | Conclude the activity by asking the participants individually to mark the point at which they are on the road to claiming their rights after going through the session.

2 | To help them identify the area, mark on the side of the road numbers 1 to 5. The number one should be marked against no claim to my rights, and five should be marked against total claim to my rights.

Activity 3.2.2 | ‘Getting there’ – case studies on women’s rights violations

Objective
• To practice how to claim rights and help deal with violation of rights

Time | 45 minutes

Materials & Setup | Chairs in a circle, pens and paper
Handout: Case studies on women’s rights
1 | **Invite the group** to form three smaller groups and distribute a case study to each group.

2 | **Let the groups know** that they have 20 minutes to read and respond to the questions on the flip chart in front. If the participants can’t read the questions, read them out loud.

   **Questions on the flip chart:**
   - Have you heard of similar situations in your community?
   - What do you think prevented her from taking any action?
   - What would you have done if you were in her position?
   - Where on the ‘Road to Human Rights’ do you think she is?
   - Using the strategies discussed in the previous session how could you help the violated woman/girl/children in your case study?

3 | **After 20 minutes** call the participants back together and let them present their case study with their responses. Allow other members to give their contribution.

4 | **Close the activity** by asking the members of the group to share feelings or insights, or even make confessions and commitments to end violence against women. The journey to total claim on my rights is a personal journey as well as a community one, and together we can overcome the barriers to reach our destination, ‘Total claim on my rights’.

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**Facilitator’s Notes**

This can be a very emotional session especially if some members of the group have suffered violence or witnessed violence, and even for those who may have perpetuated violence. Be sure you are ready to offer support and deal with the feelings the sessions evokes. When addressing the issue of violence, it is extremely important you are ready to refer participants to organisations or specialists, medical, psycho-social or legal for further assistance. Establishing strong links to women’s rights organisations in your area is important for this purpose. Use your discretion in choosing the appropriate case studies.
Case Study 1
"My husband died and left me a piece of land. I wanted to construct a house on that land, but my brother-in-law arrived with the police and took away the timber that I had already purchased at Ksh 150,000. This was the only money I had left, and I still have our three children in school. I want to pursue the case in court, but I don’t know where to begin, I feel so hopeless and sometimes I think of committing suicide.”
(47 year old HIV positive widow)

Case Study 2
"I am HIV positive and was dismissed from my job when my employer learnt of my HIV status. He has refused to pay me even for the period I had worked for him. My husband kicked me out of the house we built together, and I now don’t have a place to live.”
(36 year old lady from Chaka)

Case Study 3
"My husband has refused to support us in any way; thank God I have a small vegetable business to support my child. I have since moved out after learning that my husband has an affair with another woman who has five children. However, three weeks ago he came to my business stand and started insulting me saying that I have become a prostitute. I reported this to the chief and the clan who have summoned him, but he has refused to show up for discussions. The clan suggests that I go back home and probably the problems will end, what should I do?”
(32 year old woman)

Case Study 4
"I am married and living with HIV. My husband passed away a few years ago. On realising my status, my mother-in-law started chasing me out of her home. She has sold off my cow and has taken away the money I get from the coffee and tea produce that my husband left for me. She gives it to another woman who my husband had an affair with outside our marriage. My mother-in-law is now bringing the other woman in and is planning to give her my piece of land. What do I do?”
(HIV positive widow)

Case Study 5
"My daughter was sexually assaulted by a friend of my father-in-law who had requested the girl to visit him to collect firewood for him over the weekend. My husband passed away and my father-in-law has even sold away our only piece of land to his friend who defiled my daughter. My daughter is now suffering psychologically and has attempted stabbing herself several times. I reported this to the elders of the clan, and all they could do is ask the man to pay in goats for the cleansing of my daughter, so I decided to present the case to the court, but the rapist has hired a lawyer who seems to be corrupting the process, and I feel that I will not succeed.”
(young widow)

Case Study 6
Atieno got impregnated after a rape by her mother’s boyfriend, while in standard three. The mother might be having mental problems and is unaware of all that is happening around her. During the rape ordeal Atieno was infected with HIV, and she has a baby boy. She was forced to drop out of school. Though Atieno is living with HIV, she would like to go back to school. She believes that this is the only way she’ll be able to give her son a better future. What should Atieno do? Her mother’s boyfriend who raped her still lives in Atieno’s neighbourhood and is still doing business undisturbed.”
3.3 | BUILDING GENDER AWARENESS

Gender norms and roles often determine behaviour and what women and men are supposed to know about sex and sexuality—thus limiting women’s ability to know their risk level, to acquire information and means to protect themselves.

Sex is an important part of women’s lives, and although many cultures do not recognise female sexuality, it is clear that around the world the majority of women become sexually active during their teenage years. This early sexual debut is often not by choice, because as is reported globally one in every five women report being forced into their first sexual act. Besides this being outright sexual abuse, many cultures still promote marrying girls before age 18. Another harmful practice that is on the rise is the incidence of ‘sugar daddies’ where young underprivileged girls consent to sex with older men, in exchange for clothes and food. This early initiation to sex can have serious implications for a woman’s life, including sexually transmitted infections like HIV, and unwanted pregnancies.

Women’s human right to full control of their bodies and their sexuality must be respected and protected. However, respect for rights can only be meaningful if it is accompanied by creating awareness of harmful cultural practices, enabling women to question their status, make informed choices, and to challenge and change harmful gender norms that increase risk of HIV infection.

Although provision of free primary education and now free secondary tuition has caused a shift toward later marriage in Kenya, hundreds of girls in certain communities who are now aged 10 to 17 will be married before their 18th birthday; as a result it is easier to pull a girl out of school than a boy. In some cultures it is easier not to send a girl to school, because after all, she will get married!

This activity outlines exercises designed to educate men, women and communities about the process of socialisation through which we acquire gender norms, beliefs and attitudes that impact our sexual and reproductive health, our rights and how to protect ourselves. The activity can be adapted to the needs of any group by selecting any combination of the exercises listed.

Activities in this section

- Activity 3.3.1 | Understanding gender
- Activity 3.3.2 | Gender roles and sex roles
- Activity 3.3.3 | Power gender and roles
Activity 3.3.1 | Understanding gender

Objective
• To understand the meaning of the word ‘gender’

Time | 30 minutes

Materials & Setup | If possible sit in a circle, pens, paper, and flip chart.
Handout: “Case study: Understanding the word ‘gender’”
Facilitator’s Resources and Facilitator’s Notes

Steps

1 | Read out the case study to the participants.

2 | Ask the participants, “if you were in this situation, which would be your choice, a boy or a girl?”

3 | Note on the flipchart how many participants say ‘boy’ and how many say ‘girl’.

4 | Ask those who chose a boy why they did so, and do the same for the girl. Take a clean flipchart, and make a table and record the participants’ reasons as follows:

<table>
<thead>
<tr>
<th>BOY: I would like to have a boy because</th>
<th>GIRL: I would like to have a girl because</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>..................................................</td>
</tr>
<tr>
<td>2</td>
<td>..................................................</td>
</tr>
<tr>
<td>3</td>
<td>..................................................</td>
</tr>
<tr>
<td>4</td>
<td>..................................................</td>
</tr>
<tr>
<td>5</td>
<td>..................................................</td>
</tr>
</tbody>
</table>

5 | Once all the reasons are on the flipchart, go through all the reasons. Start with the boy and ask if a girl can do the things stated in the boy’s column. Tick all ‘yes’ responses and where the response is ‘no’, mark with an ‘X’. Do the same for the girl column.
Facilitator’s Notes

The outcome of this exercise will be that all the reasons marked ‘X’ will be directly related with sexual roles of a girl or a boy. Where there is a tick, those will all be social roles of a boy or a girl.

Roles in the society are either biological (sexual) or social. An example of a biological role is that a woman can give birth while a man cannot. Also, men break their voices. An example of a social role could be, that in patriarchal societies the man would continue the family name while a girl would get married and lose the family name.

Biological roles cannot be changed and are permanent, while social roles can be changed and are not necessarily permanent.

Facilitator’s Resource

More information about SEX and GENDER:

SEX

• Refers to the biological characteristics that make us male or female (anatomical, physiological and genetic). These biological differences are determined at birth and are universal.

• Sex also refers to sexual activity, including sexual intercourse.

GENDER

• Gender: refers to the widely shared ideas and expectations (norms) held about women and men. It refers to the roles we learnt in our societies, and responsibilities for women and men that are created and learned in families, communities and cultures.

• Gender roles: refer to the behaviours, attitudes, values, responsibilities and expectations that are defined through our interactions and our cultural practices, and which are then seen as ‘right’ or appropriate for women and men. This is how gender stereotypes are formed and different activities and behaviours are then given and expected of women and men.

• Gender equity: is the process of being fair to men and women. To ensure that it is fair, compensation measures must often be in place to help men and woman play on a level playing field. Without these measures, disadvantages created by history and social practices can prevent that everyone is starting out equal. Equity is a means. Equality and equitable outcomes are the results.

• Gender equality: means that men and women have equal conditions for realising their full human rights for contributing to, and benefitting from, economic, social, cultural and political development. Gender-based inequality: refers to situations in which women and men do not have access to information, decision-making power, household and community resources and social and health services, or situations in which they are not treated respectfully because of their sex.

(Adapted from: Ipas and Health and Development Networks 2001; Gender or Sex: Who Care. www.gender.org.uk. www.unescobkk.org)
Case Study: Understanding the word gender

There is a couple that has been married for the last ten years. All their efforts to get a baby have been fruitless. They have visited all famous traditional medicine experts, and they have not been able to get any help. They have seen famous doctors who have tried to assist them but have failed. However, there is an old religious prophet who has long returned to his village, who assisted couples long ago with similar problems. The couple finds this prophet in his village, and they tell him their problem. He examines them both, and he tells them that they can only have one child. He tells them that they must choose to have a boy or a girl.
Activity 3.3.2 | Gender roles and sex roles

Objective
- To differentiate between gender roles in society and sex
- To demonstrate an understanding of the causes of gender-based discrimination/violence

Time | 1 hour 30 minutes

Materials & Setup | If possible sit in a circle, pens, paper, and flip charts for each group

Steps

1 | Divide the participants into groups of 5 each and ask them to answer the following questions:

2 | How are women portrayed in
   - Religion;
   - Education;
   - Culture; and
   - Media.

3 | How are men portrayed in
   - Religion;
   - Education;
   - Culture; and
   - Media.

4 | Give each group a flip chart and ask them to record all their answers.

5 | Let each group present to the whole group. Have a short discussion after every presentation. This will allow participants who were not in the same group to ask questions and give more input.

6 | Ask the participants to recall and mention some sayings about men boys and women/girls in their society/culture. Go through all the sayings by identifying the positive and the negative ones. Ask the participants to carefully observe upon whom the positive and the negative ones reflect. The reflection will show how the community perceives women/girls and men/boys.

Examples may include
- Women/girls should not inherit property;
- Girls should not be taken to school since they will get married anyway;
- It is right to hit a woman especially when she provokes a man;
- Women/girls should not eat chicken;
- Women must cook;
- Men must slaughter animals;
- Wedding days are about women;
- Men can have more than one wife;
- Men don’t talk about their feelings;
- Women should stay at home and look after children; and
- Men should work.
Facilitator’s Notes

Messages about women/girls are often portrayed negatively. There is need to examine and understand whether these messages are valid. Most cultures show:

- Women/girls are inferior to men;
- Women/girls are not treated with respect;
- Women/girls do not take up leadership positions; and
- Women/girls are discriminated against.

Use the guiding questions to process the activity.

8 | Questions on gender for reflection

Steps

1. **Allow the participants** to reflect on the following
   - How do you feel about the cultural sayings?
   - Are the cultural sayings fair?
   - Is it right for your daughter/sister/mother to be disinherited after the death of her husband just because she is a woman?
   - Is it right for your daughter/sister/wife to be denied a right to education?
   - Is it right for your daughter/sister/mother to be sent away from her home just because she tested HIV positive?
   - Is it right for your daughter/sister/mother to be hit by her partner after a disagreement?

2. **Ask for volunteers** to tell a story or write about what they like about being male or female.

C | Gender feelings

Steps

1. **Have a girl/woman** walk in front of the group and ask a boy/man to tap the girl/woman’s bum.

2. **Take the participants through the following questions:**
   - Ask the girl how she felt when the boy did that?
   - Ask the group why they think men/boys do this?
   - What would you do if you were in the girl’s position?
   - What would you do if a man/boy did that to your daughter/sister/wife/mother?
Activity 3.3.3 | Power, gender and roles

Objectives

• To recognise that men and women are treated differently in society.
• To identify different groups that have power, and the groups that are targeted for unfair treatment in Kenya.

Time | 30 minutes

Materials & Setup | If possible sit in a circle, pens, paper, and flip charts for each group.

Steps

1 | Explain to the participants that this exercise will help them to understand how gender and people’s access to resources can contribute to positive or negative reproductive health outcomes.

2 | Ask the participants to stand in one straight line. Give each of the participants one of the pieces of paper that you prepared earlier that provide descriptions of different people in society.

3 | Introduce the activity by asking all the participants to read out the ‘role’ that has been given to them.

4 | Explain to the participants that for this activity you want them to assume the ‘role’ that has been written on the piece of paper you gave them. You will read a series of statements. For each statement, you would like them to consider whether that statement applies to the role they have been given. If it does, they should move forward one step. If it does not, they should stay where they are. For example, one of the participants has been asked to assume the role of a Member of Parliament. You then read the following statement, “I can protect myself from HIV.”

Since it is likely that the Member of Parliament can protect himself or herself from HIV, the person playing this role would move forward one step.
5 | Continue reading each of the following statements:

- I can negotiate for safer sex with my sexual partner.
- I can comfortably discuss sex with my partner.
- My partner takes care of the children while I do the washing.
- I can leave the relationship if my boyfriend/husband becomes violent.
- My boyfriend/husband respects me and consults me in decision-making.
- I can decide the spacing and number of children that I would like to have.
- My girlfriend/wife will never pay for the bill when we go out for a date.

6 | After looking at all the statements, ask the participants the following questions

- Do you agree with the steps that different people took? Why or why not?
- How do the participants who did not move or moved very little feel about where the rest of the participants are?
- How do the participants who took several steps feel about where they are in comparison to the other participants?
- Ask different people to explain if the character they assumed would be at high risk of HIV infection or violence.

7 | Bring the group together again and explain that our role in society, which is determined by gender and gender roles, access to resources, and educational levels, can have a detrimental impact on an individual’s rights and health decision-making.

3.4 | AWARENESS OF WOMEN’S SEXUAL REPRODUCTIVE HEALTH RIGHTS

Why is this section important?

Why a special focus on women’s sexual and reproductive health rights? A woman’s exclusion from decision making processes, even when those decisions have to do with her personal sexual and reproductive health, impoverishes not only her but also the entire community. While women experience violence in all aspects of their lives, by far the most common form of violation is the one related to their sexual and reproductive health rights. It is estimated that around the world, a third of all women experience some form of violence at some point in their lives. Rural women are among the most violated especially due to the cultural setting within which they live.

When women and men are seen to be unequal in worth as human beings, men feel they are justified in asserting power and control over women. Furthermore, many women lack knowledge in sexual and reproductive health rights. They are socialized not to seek knowledge, not to discuss issues related to sex, or even question their situation even though sexually abusive; many are not aware of their sexual rights and think that these rights are overtaken by cultural demands, which often do not take sexual and reproductive health rights of women as critical. So they do not know that, for example, one can say “no” to sexual advances if they feel that this puts them at risk of HIV infection.

Women’s lower status in their community is an underlying cause of sexual and reproductive health violation, and an issue that touches on all other aspects of our lives. Understanding why violence occurs we can see the connection it has to many other problems that women, families and communities face; by addressing sexual and reproductive health rights, we also address causes of many other problems that affect our communities.
This section therefore seeks through simple exercises to give women and communities an opportunity to understand women’s sexual and reproductive health rights, identify commonly violated sexual and reproductive health rights (SRHR) and also ways in which the community deals with these violations. You will need to understand that mitigation of these abuses can only begin with being aware of our own SRHR, so that equipped with information and skills we can begin to question and change the conditions that facilitate abuse.

This sub-section on human rights is a good starter that can be followed by the exercises for community leaders, if those were not done at the beginning of the programme. This will help community leaders to engage and help them see how they can offer support.

The following exercises were designed to educate women on sexual and reproductive health rights, and to empower them to protect themselves from violence, including sexual violation, as well as help other women and community members commit to achieving full enjoyment of sexual and reproductive health rights for women. It can be adapted to the needs of your group by selecting any combination of the exercises listed.

Activities in this section are

- Activity 3.4.1  |  Understanding sexual and reproductive health rights of women
- Activity 3.4.2  |  Commonly violated sexual and reproductive health rights
- Activity 3.4.3  |  A look at sexual offences

Fast Facts
Sexual and reproductive health rights are distinct, though linked. Although sexual rights are essential for upholding of reproductive rights, women’s sexual rights should not only be considered in the context of reproduction. Many women desire to have sexual relations and may also choose to have children. They have a right to have a safe and satisfying sex life and to decide on whether to have children and how many to have. Gender inequality already makes it difficult for women to realise their sexual and reproductive health rights. Given a supportive legal and policy environment women can enjoy their full sexual and reproductive health rights.

Activity 3.4.1  |  Understanding sexual and reproductive health rights of women

Objective
- To explain specifically sexual and reproductive health rights

Time  |  30 minutes

Materials & Setup  |  Chairs in a circle, markers, flip charts and large sheets of paper
                   Handout: Three case scenarios of women
Steps

1 | **Explain** that the participants will be exploring sexual and reproductive health rights issues as they pertain to women.

2 | **Invite** the participants to form three groups, and then hand out the case scenarios of women to each group.

3 | **Give** each group a flipchart and markers, and ask each group to choose someone to take notes and one to report. After each group has had time to read through the scenario they received, ask participants to consider, within their groups:
   - What pressures or issues did the HIV positive woman face?
   - What sources of help were available to her?
   - What made her challenges more difficult, and what would help her more?

4 | **Ask** each group to make a summary of its discussion.

5 | **Facilitate small group reports back to the large group. Aspects that participants should relate to and list on the flipchart include:**
   - Stigma and discrimination within family, society and the health centre and the consequences of these;
   - Rights violations;
   - Not being able to make informed choices;
   - Family pressures to behave or not to behave in certain ways especially regarding sexual and reproductive rights;
   - Issues around body image, sexual desires, or wanting to have children;
   - Issues around disclosure particularly linked to sexual and reproductive health choices;
   - Concern for other family members especially in an HIV discordant situation (one partner is HIV positive, and the other is negative);
   - Support groups;
   - Social networks;
   - Access to condoms and female condoms;
   - Access to treatment;
   - Having healthy pregnancy;
   - Experiences of having children who are healthy and HIV negative; and
   - Coerced sex or other forms of violence and abuse pertaining to negotiating sexual relationships.

Facilitator’s Notes

Three scenarios are provided. If these are not sufficient, the facilitator can source for more examples from the participants before starting the exercise.
Handout for Activity 3.4.1 | Understanding sexual and reproductive health rights of women – Three case scenarios of women

Case Scenario 1

Atieno learned of her HIV status when she attended the antenatal clinic at three months of pregnancy. She was 20 years old then and thinks that she might have been infected four years back. When the nurse at the antenatal clinic suggested that she take a HIV test she was happy to, little did she know it would be positive. Atieno was in shock and very angry. She had been part of an HIV and AIDS project while in school and knew about HIV, but did not think it would happen to her. She had one sexual partner, her family was religious, and she had no other partners.

It was difficult to disclose her HIV status at first, but finally she told her partner and her family. Her family was supportive. She even decided to attend HIV and AIDS meetings to change how HIV work was being done. After all, she reasoned if HIV prevention were working she would not have been infected. She began talking about HIV and AIDS. Her family was unhappy about this, considering their staunch religious beliefs and family image.

At eight months of pregnancy the baby she was carrying died in utero due to an infection. This was horrifying for Atieno. A day later her partner lost another child that he had with another woman also due to HIV-related infection.

Losing two babies also made her partner worried. Until then he had been denying that he might be infected. He started to blame Atieno for bringing HIV to his life. He went and told his family about Atieno’s HIV status, but did not tell them that he was HIV positive too. He told them that if anything happened to him, she would be responsible. He began to abuse her daily. She had to accept the way he was treating her. If she challenged his actions, it meant that she did not care for him. He demanded that they make their relationship legal, and despite the abuse she knew she had no choice than to comply. After completing the dowry he forced her to have unprotected sex because she was his wife. She could not take the beatings and unprotected sex anymore, and therefore opted to leave her husband.

After leaving she became sick and was diagnosed with a cervical cyst. The nursing sisters at the hospital had a very negative attitude, and she would go for days without nursing care after the cyst was removed!
Case Scenario 2

Njeri has been in a sexual relationship with her boyfriend Ogutu for a year now. Her boyfriend has been insisting on making their relationship legal through the customary law, since they cannot afford a wedding, he says. She is not convinced. For some time now she has had continued nausea. Njeri decides to see the nurse at the local clinic, and the nurse suggests a pregnancy test that turns positive. She is so overjoyed but as the nurse introduces some counselling her face begins to become pale when she mentions the pregnant mothers programme running at the health centre for the prevention of mother to child transmission of HIV.

On her way home she reflects that she and Ogutu have never used protection during sex. Now the nurse said that they had to use condoms. Ogutu is a staunch catholic and says that his beliefs cannot allow him to use ‘those things’. She is very confused but figures since they are in the process of paying dowry, and she will eventually join Ogutus’ church, that it was better to agree with him.

Little did she know that this would expose her baby to the risk of HIV infection. On joining the prevention of mother to child transmission of HIV programme, she was encouraged to test and her results were positive. This was devastating. Ogutu could not take this and denied her permission to attend the antenatal clinic saying these nurses were feeding her with bad ideas. When she was eight months pregnant he forced her to go upcountry to his family so that she would give birth with the assistance of his aunt who is a traditional birth attendant. All this was arranged by Ogutu’s mother behind Njeri’s back.
Handout for Activity 3.4.1 | Understanding sexual and reproductive health rights of women – Three case scenarios of women

Case Scenario 3

When Naserian was younger no one ever spoke honestly to her about anything related to sex and sexuality. She learnt most of this from her friends. When she was 20 years old she was raped. Naserian did not know what to do or where to go. She felt destroyed and engaged in sex without any caution or care for herself. She wanted to die and even attempted suicide.

Now eight years since the incident, she wants so much to have a baby. However one consequence she still carries from the rape is that she is unable to trust men - she simply doesn’t believe what they say. But she has been working on this. Naserian wants to make sure she is with the baby and the baby’s father. In preparation, she went for Voluntary Counselling and Testing (VCT), and unfortunately her results were positive. This changed everything for her; it was discouraging since she was just beginning to get close to Muli, a guy she met after the rape incident and was really supportive, but then they got out of touch. He had just come back home. She had been able to disclose her HIV status to him, and he was still very supportive. To her Muli was a gift from God. The feelings of possibly becoming a mother one day came back again.

Their friendship grew, and Muli decided to introduce her to his family. She was overjoyed and looked forward to meeting her future in-laws. She was not ready for what unfolded from there. Muli shared about Naserian’s HIV status with her permission to his family. Despite the fact that his mother belonged to the community AIDS committee, and his father was the local chief they were very resistant to the thought of their son getting married to someone who was HIV positive. In fact they did everything possible to see the end of their relationship. They forced Muli to get another woman against his choice. This was very difficult for Naserian who had to eventually leave the town.
Activity 3.4.2 | Commonly violated sexual and reproductive health rights

Objective
• To identify commonly violated rights
• To discuss who is responsible for respecting, protecting, and fulfilling sexual and reproductive health rights

Time | 30 minutes

Materials & Setup | Chairs in a circle, small pieces of thicker paper (two different colours, yellow and blue), pens and large sheets of paper, flipchart with examples of sexual and reproductive health rights

Steps

1 | Facilitate a discussion by asking the participants the following questions:
   • What are sexual and reproductive health rights?
   • Who is responsible for respecting, protecting and fulfilling sexual and reproductive rights?

2 | Post the flipcharts listing the examples of sexual and reproductive health rights on the wall and review the rights.

3 | Ask each participant to pick two yellow cards and write the rights that he or she exercises or would like to exercise. Ask participants to place each one next to the right on the flipchart that they think protects it. Discard duplicates.

4 | Refer to the examples of sexual and reproductive health rights, and the current status of these in the specific community.

5 | Ask each participant to pick two blue cards and write the sexual and reproductive health rights that were violated in the case scenarios in the previous exercise. Ask participants to place each one next to the right on the flipchart that they think protects it.

6 | Facilitate a large group discussion based on the following questions:
   • What are the consequences of the violation of the rights of women on their sexual and reproductive health?
   • What rights need to be upheld in order for women to fulfil their sexual and reproductive health rights? How do upholding sexual and reproductive health rights help women realise other rights?
Facilitator’s Notes
You could refer to the previous section on human rights and mention a few other rights, and especially those that have to do with discrimination against women.

You can ask participants what they feel their role is in helping women protect and fulfill their sexual and reproductive health rights.

<table>
<thead>
<tr>
<th>Sexual rights are the rights of all people to:</th>
<th>Reproductive health rights are the rights of all people to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Say “no” to sex, even if they are in a relationship or a marriage where this could be expected.</td>
<td>• Decide whether and when to conceive without being judged.</td>
</tr>
<tr>
<td>(Everybody always has the right to say no to sex)</td>
<td>• Education and unbiased information on reproductive health options (labour, delivery, breast feeding, and prevention of mother-to-child-transmission of HIV).</td>
</tr>
<tr>
<td>• Practice safer or protected sex.</td>
<td>• Access quality antenatal care (with or without being accompanied by partner).</td>
</tr>
<tr>
<td>• Decide whom we have sex with without being judged.</td>
<td>• Equal access to sexual and reproductive health care, regardless of social, economic or political status.</td>
</tr>
<tr>
<td>• Sex education and information on sexual rights and health.</td>
<td>• Family planning information and decision-making over the type and use of contraception.</td>
</tr>
<tr>
<td>• Take legal action against any sexual abuse or harassment.</td>
<td>• Access to preventive methods of contraception.</td>
</tr>
<tr>
<td>• Sexual pleasure.</td>
<td>• Safe delivery, how and where we want.</td>
</tr>
<tr>
<td>• Access to treatment of sexual health problems and services to ensure sexual health is maintained.</td>
<td>• Assisted conception or artificial insemination.</td>
</tr>
<tr>
<td>• Bodily integrity, even if a culture has traditionally practiced female genital cutting, for example. Not be forced into marriage.</td>
<td></td>
</tr>
<tr>
<td>• Not be forced into marriage.</td>
<td></td>
</tr>
</tbody>
</table>

HEALTHY WOMAN, HEALTHY MAN, HEALTHY FAMILY
Activity 3.4.3 | A look at sexual offences: rape

Objective
• To define sexual offences
• To define rape and establish structures available for help

Time | 45-60 minutes

Materials & Setup | Chairs in a circle, flipchart and markers

Facilitator’s Notes
Rape occurs when a person is forced to have sex. The force used may be mental or physical. It can also happen if one is tricked into having sex with someone. The use of alcohol or drugs to cloud the judgment of a person to get consent that might not otherwise be given is also rape. Rape affects women deeply. Often women who are raped feel confused, ashamed and blame themselves for what happened. Often, families and communities view rape survivors as having dishonoured them even though the woman who has been raped is not at fault. Rape is a serious crime. Attempted rape is also a criminal offence, and it is important to report attempted rape just as much as rape itself.

Steps

1 | Ask participants to define sexual offences and give examples of the same. Let them prioritise these in terms of prevalent sexual offences in their community.

2 | Ask the participants, “What comes to mind when you hear the word rape?”

3 | Divide the participants into two groups. For Group One, ask the participants to discuss and note down on a flipchart ‘The circumstances that lead to rape’.

4 | Ask Group Two participants to discuss the different ways in which the community deals with rape. They should in their discussion:
   • Identify existing structures already in place that deal with rape; and
   • Identify the reasons for the reluctance of women to report.

5 | Process the presentations and allow for discussion.
3.5 | ECONOMIC EMPOWERMENT

Not everybody is a born entrepreneur. For women, especially those living with HIV or directly affected by HIV, going into business often happens out of necessity and not out of free choice. Discovering one’s own personal entrepreneurial characteristics is to take a look at oneself at present, to form ideas about the future, and to fix a long-term goal for life. In many societies and economic situations, people and especially women in poverty, do not have much opportunity to assess their own situation, to appreciate their own strengths, and to overcome their weaknesses in coping with the entrepreneurial world.

The exercises in this section expose participants to different situations and environments simulating real business life in which they can apply their competencies through experiential learning. The participants will experience dealing with these different situations while analysing their options and limitations in an atmosphere of trust and confidence in each other. They will find out how to reach a certain goal or how to overcome social or cultural obstacles in a more systematic way, thus exploring their strengths to go into business.

This section aims to identify the Top 10 Traits that highlight the personal strengths and weaknesses of a business person. These traits are particularly important for women and men who are considering going into business or who want to upgrade their skills in entrepreneurship. The individual exercises are meant to enable participants to get clarity about their ideas for the future, in business (and otherwise) to identify obstacles to their goals and to find ways to surmount them for later application in real business life. The section outlines a number of exercises designed to educate young women (and men) on ways of improving their economic status, and empower them to believe in themselves and invoke in them the desire and determination to improve their economic status, as well as help other women to do the same. It can be adapted to the needs of your group by selecting any combination of the exercises listed.

Activities in this section

- Activity 3.5.1 | Discovering the Top 10 Traits for Business Success
- Activity 3.5.2 | SMART Self-Assessment
- Activity 3.5.3 | Identifying Your Life and Business Objectives
- Activity 3.5.4 | Business in own Community – Business Mapping
Activity 3.5.1  |  Discovering the top 10 traits for business success

Objective
• To identify business goals.
• To experience and identify the top 10 traits for business success.

Time  |  1 hour

Materials & Setup  |  Chairs in a circle, small pieces of paper
Flipchart
Beads any locally available, one already made necklace for demonstration purposes, threads, needles, pens and two large sheets of paper
Each group needs enough materials, i.e., beads, needles and thread to make two necklaces
Ensure that you invite someone who has made beads before to help with questions and guidance on making necklaces
Handout: The TOP 10 TRAITS

Steps

1  |  Explain the exercise: Participants will be divided into small groups and will produce necklaces. They represent women homeworkers. The facilitator will play the role of buyer, who will provide raw materials and buy the necklaces if he or she likes them.

2  |  Ask the participants to listen to the instructions carefully as they will receive the instructions only once. For easy reference, these are also put on a flipchart. For any other assistance during the exercise, tell participants to go to the buyer.

3  |  Give the instructions as shown on the Instruction Chart (Chart 1), displaying one necklace sample and other important information. Tell them that the buyer will buy the necklaces if they correspond to the sample. Poor quality will be rejected; good quality will be accepted according to the set standard. The winners will be the team that produces the number and quality of necklaces according to their planned commitment, and can successfully sell their products to the buyer.

4  |  Divide the participants into groups of 4 to 5 persons. Before starting production, each group will choose a name for their business (group) and have to make a commitment to the `buyer’ (trainer)
on how many necklaces they will produce. Attention: No change to the planned commitment is possible at a later stage, as happens in a business where you work directly with a supplier’s order (sub-contracting)! The committed number of necklaces can be given verbally and will be recorded by the trainer on the Performance Chart (Chart 2).

5 | **Hand out** the basic set of materials to each group of participants and give the starting signal for the production, when all participants are ready. Explain to the participants that they can contact the buyer and ask for information. Be sure to reinforce all of the right information-seeking behaviours (Top 10 Traits), and do not volunteer information when the participant does not ask for it. The participants can bring their products to the buyer for a quality check and the sale of their product. Make sure that the reasons for rejecting any of the products are made known to the participants (e.g., poor quality). Necklaces that are falling apart are not to be accepted at all. During this round of production, the facilitator take notes on important observations for processing lessons in the review of the exercise. The results recorded on the Performance Chart (Chart 2) need to be made clearly visible to the whole group for use during the next step.

6 | **Discuss** the participants’ experiences by asking key questions such as:
• How do you feel after this exercise (happy, frustrated, angry, not sure about yourself, etc.)?
• Are you satisfied with the performance of your group?
• Why were some groups able to meet their commitments, while others were not?
• Ask participants: if given the opportunity to do a second round, what would you do differently?

In the discussion, try to analyse what kinds of entrepreneurial qualities are important for business success, for example:
• Good performance (high quality) is related to active seeking of information and opportunities, as well as other entrepreneurial qualities.
• Some groups may have been able to sell more, because the group members were persistent in convincing the buyer.
• Some groups may have been able to fulfil their commitments because they had set their goals properly.

7 | **Highlight** more examples that relate to the following by introducing the Top 10 Traits on a flipchart. At this time also hand out the handout, for participants to reference:
• Opportunity Seeking;
• Persistence;
• Commitment to Work Contract;
• Demand for Quality and Efficiency;
• Risk Taking;
• Goal Setting;
• Systematic Planning and Monitoring;
• Information Seeking;
• Persuasion and networking; and
• Self-confidence.
Facilitator’s Notes
In this exercise the participants will make a product for sale to the facilitator (the buyer). This exercise describes the making of a necklace for sale as it is easy to do in a short time. Any other good produced for sale can be selected as long as it involves the making of a simple product with a few tools.

It is important for you to do a trial production of a necklace before doing the exercise, to test the available raw materials. Based on this test production, the facilitator can decide on the specifications for the necklace sample (e.g., number of beads, colours, sequence of beads), and the length of the necklace sample depending on the beads bought locally.

You should allow experiential learning and NOT give out all information in advance. Let the participants discover on their own where the opportunities and problems lie. Nylon thread should be kept by the facilitator and will only be given to those individuals who seek information and ask for better materials. Participants might not easily grasp that ‘hidden’ information and material (search for better threads, other aids) is part of the exercise. For example, some may complain about the needle and problems regarding safe work only when the exercise is finished. However, others may already discuss the problem with you (the buyer).

During the exercise, the facilitator represents the buyers, who are not concerned with the safety of the women home-workers. In this way, the participants can experience what are their strong and weak points when going to the buyer (trainer) and asking for safer or better tools and materials. In this way, they practice successful business traits such as information-seeking and persistence.

### Instruction Chart 1

<table>
<thead>
<tr>
<th>Product</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Necklace</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Materials</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Pearls of two or three sizes: enough in one container to make 1 or 2 necklaces</td>
<td></td>
</tr>
<tr>
<td>• Thread and Needle</td>
<td></td>
</tr>
<tr>
<td>• Container</td>
<td></td>
</tr>
<tr>
<td>• Scissors</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Product specifications:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Attractive</td>
<td></td>
</tr>
<tr>
<td>• Neat</td>
<td></td>
</tr>
<tr>
<td>• Fit the sample (amount/sequence of pearls)</td>
<td></td>
</tr>
<tr>
<td>• Strong</td>
<td></td>
</tr>
</tbody>
</table>
**Performance Chart 2**

**Contract between buyer and homeworkers (group)**

<table>
<thead>
<tr>
<th>Name of business (group)</th>
<th>Number of commitment</th>
<th>Number of actual production</th>
<th>Number of products accepted. Check: Is it neat, tidy, attractive, strong?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Handout for Activity 3.5.1 | Discovering the top 10 traits for business success

The TOP 10 TRAITS

To achieve:

1. Opportunity seeking
2. Persistence
3. Commitment to work with a contract
4. Demand for quality
5. Risk taking

To plan:

6. Goal setting
7. Systematic planning and monitoring
8. Information seeking

To manage:

9. Persuasion and networking
10. Self confidence

Activity 3.5.2 | SMART self-assessment

Objective
- To enable participants to set goals for the future, both in life and in business
- To experience and understand the difficulties in setting and achieving goals

Time | 80 minutes

Materials & Setup | Chairs in a circle, small pieces of paper, S-M-A-R-T chart, A4 paper that can be folded in half and look almost like a card, pens, masking tape, flip chart

Facilitator’s Notes
Before doing this exercise, you will need to understand the SMART concept. Remember that the SMART elements should only be summarized after the participants have gone through the experience themselves. The SMART exercise is useful to do in any training geared at people’s self-development. If there is no time to do the full exercise in a training session, introduce the SMART concepts in a shorter exercise (steps 2 to 4), for example as an energizer.

Steps

1 | 10 minutes
Refer to the previous exercise and mention that one of the Top 10 Traits was “goal setting”. Some of the groups were not able to achieve their goals, because their goals were not set realistically. Introduce this exercise as an opportunity to learn about goal setting. Participants will be encouraged to establish goals and objectives in their lives and their business.
Start a discussion with the question: What are important goals in life or in business? Note the answers on cards (or on a flipchart) while facilitating the discussion.
Discuss with the participants what they consider to be a ‘goal’: What would be the core elements for defining a ‘goal’?

2 | 15 minutes
Each participant has the task of establishing a mini-goal that he or she thinks she or he can achieve in two minutes in the classroom. Everybody should clearly state his or her mini-goal on a card (along with name), and place it on the boards (trainers can assist with this). If the group has limited writing skills, the exercise can be done verbally, or you can write down the goals as they are expressed.
Facilitator’s Notes on Step 1 & 2:
Once everybody is prepared, ask them to implement their activity with a view to accomplish their goal in the given time (2 minutes only!). Some of the participants will not be able to achieve their goal because it could not be completed in 2 minutes, or because it was not measurable, specific or realistic.

Steps

3 | 15 minutes
Ask participants whether their goals were achieved or not. Try to avoid any judgments, and use a constructive tone when pointing out failures. After this observation, invite the participants to share and review their experiences. They will—directly or indirectly—come up with the key elements of the ‘SMART’ objectives, a concept that can now be introduced as part of the summing up for this step. Key questions to ask are:
• How did you set your mini goal?
• Why have some people accomplished their goals and … others have not?
• How do you feel about the results?
• Was it difficult? Why (not)?
• What did you learn about yourself from this experience?
• How would you set goals in the future?

Collect their ideas on cards and group them under the S-M-A-R-T chart on a flipchart. Summarise that a goal is something that we want to achieve. Goals ought to be ‘SMART’, and we may need to gather more information when setting them. The key elements in defining goals are summarized as follows:
• Specific
• Measurable
• Achievable
• Realistic
• Time-bound

It is important to point out that the activities to achieve a goal are often misunderstood as goals themselves, without making any distinction. For example, the purchase of a car usually is an activity to reach a certain goal like mobility for the business or an increase in status. Goals can be set for the short term and the long term, and many short term goals lead to the larger ones. For example: improved packaging of products leads to the long term goal of always satisfying your clients and, thereby, to the ultimate goal of being a successful business woman.

Finish this step by putting the SMART Chart on the wall, and keep it in the training room for the duration of the course.

4 | 5 minutes
After having accomplished the mini-goals exercise in a practical and playful way, allow participants to review their goals in different aspects of their lives: career, family, social relationships, personal development and others. Ask each participant to find a comfortable space for his/herself (for example, sitting on the floor or leaning against the wall), and to concentrate and reflect on his or her own individual situation at this point in time: ‘Who am I?’ ‘What do I want to be/become?’
Steps

5 | 5 minutes
After this silent moment, each participant should move around the room to find another convenient place. This place represents their personal and professional situation in 2 or up to 5 years from now. Use some guiding questions for reflection:

- Who will I be in 2(5) years from now?
- What will be my personal and my business situation?
- Will I have reached what I wanted to?

6 | 5 minutes
Now ask them to come back to their first place that represents their present situation. Ask the following questions:

- What do I have to do to get where I want to be in 2 (5) years?
- What are the necessary means for doing this?
- Who could help me in that?
- What obstacles will I possibly face, and how can I overcome them?

7 | 15 minutes
Ask the participants to form small groups (2-3 persons in each). Each person will explain to the others what he or she would be like in 2(5) years from now, and what he or she will do to get there. The others listen in silence first, then they give their opinion (feedback) about the plans: whether they seem realistic, and what else would be needed to achieve his or her goals. Then the next one tells his or her story and receives feedback from the others in the group. You should not interfere or try to influence the participants, but should be available to clarify questions that any participant may have.

8 | 10 minutes
Ask the participants how they feel after this exercise: Are they relaxed and reassured, or have they become insecure? If anybody wants to share his or her plans for the future, let him or her do so, but do not insist if nobody volunteers. For purposes of illustration, 2 or 3 participants can share their experiences from this exercise.

In conclusion, stress the importance of forming one’s own ideas about the future, and the need for fixing a long-term goal for oneself. Point out how crucial it is to think about the necessary steps that are involved, as well as to anticipate opportunities and obstacles when preparing a business project. This will help to solve any problems and to reach one’s goals.
Activity 3.5.3 | Identifying your life and business objectives

This is an exercise with a homework activity for participants.

Objective
• For participants to identify their life and business objectives

Materials & Setup | Handout: Identifying your life and business objectives

Steps

1. Distribute the handout: Identifying your life and business objectives.
2. Brief participants as per facilitator’s notes.

Facilitator’s Notes
Brief the participants that they should fill in the handout at their own pace. Each participant should find out the best moment to do this exercise individually. The outcome of this exercise is for participants’ own use. You can encourage them to share their outcome with others during or after the training, as they wish.
Identifying your life and business objectives

This handout will be helpful during the stage of setting up your business. It will help you to think seriously about what you can do to reach your objective of having a successful business. Consider the following points that relate to you:

- **Individual problems** that interfere with the way to success. How these be reduced?
- **External obstacles** that hinder your plans, how can these be overcome?
- Find some **small and practical things** that you can do over the coming days to help you to reach your goals! Ask yourself what is the first small thing I can do? After completing that, what is the next?
- Think about **help** you could get from other people (what, from whom?).
- Try to divide your bigger goals into several **smaller objectives**. Establish an order and priorities:
  - What has to be done first to achieve the next goal?
  - What would come next, and so on?

When doing this you should think of a realistic time-frame, such as the next six months. If you want, you may lengthen this period of time.

**Business-related objectives**

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**Removing obstacles**

Ask yourself: What individual difficulties could delay the accomplishment of your goals? Is there any external obstacle that could hinder your success in reaching your objectives?

What can you do to eliminate or reduce the effect of these obstacles and difficulties? (It may not be easy for you to completely remove all obstacles, but you may be able to do something to reduce the impact of these difficulties.)
Obstacle/Difficulty

1. ...........................................................................................................................................................................................

What I can do to overcome/reduce them?

a) ...........................................................................................................................................................................................

b) ...........................................................................................................................................................................................

2. ...........................................................................................................................................................................................

What I can do to overcome/reduce them?

a) ...........................................................................................................................................................................................

b) ...........................................................................................................................................................................................

Action Plan

What additional information do you need to help you to accomplish your objective? What, specifically, can you do to move you towards your objective?

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Who can help you to reach your objective? Person who may help:

1) ...........................................................................................................................................................................................

What kind of help could I get? .................................................................................................................................................

2) ...........................................................................................................................................................................................

What kind of help could I get? .................................................................................................................................................

3) ...........................................................................................................................................................................................

What kind of help could I get? .................................................................................................................................................

Now that you have already established objectives and action plans, commit yourself to review this activity and evaluate whether you have come closer to achieving your objective. You should do such a review once a month. Remember: to accomplish a practical and tangible goal—courageous, effective and efficient actions are necessary—otherwise your goal will remain a dream.
Objective
• To make the participants aware of the social, economic and cultural environment in which they (will) operate as entrepreneurs
• To enable participants to analyse opportunities and constraints in their business location

Time | 70 minutes

Materials & Setup | Circles for work in small groups (four participants per group), flipchart for group work, pens, and masking tape

Steps

1 | 5 minutes

Explain that there are other external factors that affect the business, such as land rights, infrastructure, markets, etc. In this exercise we will look at these factors.

Explain the idea of ‘business mapping’: it consists of making a drawing of the community in which the woman entrepreneur lives and where she wants to do business. It is the place where she lives. In this exercise participants will draw a map of their business location in their village, town or city neighbourhood.

Divide the participants into small groups and ask them to do the following: make a drawing of the village or community in which one of the group members operates her business or wishes to open a business. The drawing should show the key opportunities and constraints in the business location that are likely to influence the success of her business. Give some examples of what to include in the drawing as follows:

• The business location;
• The inhabitants: numbers (their sex, age and income levels as relevant): more or less populated areas, and so on;
• The most important local institutions: government offices; city or village council; school(s); health centre/hospital; bank; post office; place(s) of worship, others;
• The most important production and trade places: markets; shops; craft and repair workshops; agricultural plots; factories;
Steps

• Distances by land, water and air as appropriate: main roads and connections to other cities/villages; distances to next villages, cities and to the capital; rivers and other waterways; airport;
• Means of transportation: bus stations; boda-boda (bicycle taxi) or other public transport.
• Meeting points of women, men and children: schools; health centre; place of worship; water well; washing area; markets; women’s associations; community hall; other.

In addition, you can ask each group to invent a slogan or a ‘motto’ for their village/area/city to promote ‘women in enterprise’ in the place they come from. These could address themes such as ‘Why do we need women entrepreneurs’, or ‘The Best Papaya’s come from (name of business, village or city neighbourhood)’. The slogans need to be placed in their drawing.

Explain that this exercise is for everybody and all participants should contribute to the drawing. One does not need to be literate or artistic to do this exercise.

2 | 30 minutes
Give the groups time to make their drawings. If participants all come from the same place, they need not worry that other groups might come up with ‘the same’. This rarely happens. If questions arise on how to do the drawing, encourage them, but do not explain too much, as this might hinder them from becoming creative and imaginative. Encourage everybody to contribute to the drawing, even if they rarely hold a pen. When the time is up, inform everyone that the drawings will be kept throughout the training and can be completed at a later stage, as appropriate.

3 | 35 minutes
Ask each group to briefly present their drawing in plenary and point out the main opportunities and constraints of their business location.
Ask the participants to give reasons why the factors listed above (step 1) are important for their business. The discussion does not have to cover each aspect in detail but should bring out key points which have an impact on the establishment and growth of their enterprises:

• Demand: clients/customers and their needs and wants;
• Supply: quality and quantity of raw materials or items for sale;
• Opportunities or costs due to geographical nearness or distance (from agricultural plots, from raw materials and from customers);
• Present and potential competitors;
• The role of business support institutions;
• The role of the community and community institutions;
• The role of networks and contacts.
Facilitator’s Notes
Before doing this exercise, you need to explain that although one tries to set up one’s goals and have traits for business success, there are other external factors which may affect the performance of a business. These factors could be due to several things larger than the individual. This exercise helps participants understand some of these factors so that they are better prepared for their business.

In this discussion, participants should be able to recognise and realise the constraints and opportunities for income generation and business creation in their direct environment. They should develop an awareness of the number and range of options that exist, both locally and in the wider business environment. Some examples can be used to illustrate these points. For example, women with fertile land nearby their house will have to spend less time in growing cash crops than women who have to walk for hours to get to their land. If one cannot get vegetables to a market nearby, the chance that they perish can be high. Also, you can explore solutions and options to such problems, for example, finding other suppliers; exchanging information about new clients and/or competitors; or networking with other women and with business associations.

It should become clear to the participants that their villages/cities/communities may lack certain facilities and attributes, which form a challenge for their business. Participants may also find new opportunities by looking at their familiar environment in a new way. In reviewing the sketches, drawings and illustrations as an entire group, some participants are likely to learn about things that they may not have been aware of before putting or seeing it on paper.

Discuss what kind of problems women face when they need to travel. Are husbands and other family members willing to look after the household when women are away for their business? With regard to the slogan that was developed by each group, ask them to keep these in mind to relate with some of the exercises during the rest of the training programme. The slogans can be revisited and related to the other gender, human rights, and HIV and AIDS sessions.

After the session, put all Village Maps on the walls and keep them there during the entire period of the training.
This section helps the facilitator to support participants to take action from awareness and self-worth and to negotiate healthier options in their lives. Facilitators can refer to this session as ‘Moving Forward and Taking Power’ when talking to participants.

Why is this section important?

This, the last section in the learning journey, focuses on supporting participants to take action and shape a different life for themselves. Now that participants have decided what is important to them, what kind of people they are and how valuable they are, they are ready to take different actions and make different choices. In order to do this, participants need to have the self-esteem, combined with the awareness gained from the previous section. This helps to create a healthy body image.

This section details activities that give an opportunity to young girls, women and other community leaders to build and practice skills that can be used to better negotiate for safer sexual practices, better communicate with the aim of being in a position to claim rights, negotiate power within relationships and protect themselves from HIV infection and violence. The section helps them to identify what personal qualities and skills we need in order to be ‘heard’ on violation, gender disparities and HIV infection especially in sexual relationships.

There are specific skills building exercises for women and other members of the society to learn and practice skills towards HIV prevention. You can use them to give the groups an opportunity to practice listening to others, communicating assertively, assessing their own risks, negotiating for safer sexual practices, and taking the HIV test. The exercises are reflective and personal. They provide a window for participants to look through into their lives and contemplate what ACTION they need to make to improve their lives on their own terms. Every action, big and small, makes a difference. The section can be adapted for any group by selecting from the exercises listed.

Activities in this section

- Activity 4.1 | Skills and personal qualities
- Activity 4.2 | Listening and being heard
- Activity 4.3 | Building assertive communication skills in sexual relationships
- Activity 4.4 | Practicing negotiation skills in sexual relationships
- Activity 4.5 | HIV personal risk assessment
Activity 4.1 | Skills and personal qualities

Objective
• Identify skills and qualities needed to prevent domestic violence

Time | 45 minutes

Materials & Setup | Flipchart, paper for participants who do not have a notebook. Make a list of skills and qualities needed to prevent domestic violence in your community in case the participants are stuck and need examples.

Target Group | Recommended for all audiences

Steps

1 | **Hang two sheets** of flip-chart with the word ‘Skills’ on one and the words ‘Personal Qualities’ on the other.

2 | **Ask participants** what they understand by the term ‘skill’ and record their responses; A skill is a way of doing things that a person can learn and get better at by practicing (e.g. listening skills, decision-making skills, thinking skills, writing skills).

3 | **Ask participants** what they understand by the words ‘personal qualities’ and record their responses on the flip-chart. A personal quality is a characteristic of how a person does things and interacts with the world around him/her (e.g. perseverance, commitment, discipline, kindness, etc)

Skills + Personal Qualities = Ability to TAKE ACTION!

4 | **Ask participants to think** of one important thing they achieved in their life and feel good about. What were the skills they needed to succeed? What personal qualities did they need to achieve their goal? Ask them to write these in their notebook.

5 | **Ask the participants** to turn to their neighbour and share their thoughts, each taking a turn to listen.
A | Identify skills and qualities

Steps

6 | In the main group, ask what skills are needed to continue the work of preventing violence. Record participants’ responses, which may include:
- Listening skills;
- Documentation and report writing skills;
- Fund-raising and resource identification skills;
- Communication skills;
- Motivational skills; and
- Analytical thinking skills.

7 | Ask participants what personal qualities are needed to continue the work of preventing violence (and record their responses. Ideas may include:
- Perseverance;
- Compassion;
- Pragmatism (problem-solver);
- Credibility and standing in professional environment;
- Status and recognition within the community;
- Willingness to work hard to create a just society;
- Courage;
- Trustworthiness; and
- Integrity.

B | Building and sustaining skills and personal qualities

Steps

1 | Divide the participants into two groups.

2 | Ask one group to discuss how they could develop and maintain the skills that they need to do this work.

3 | Ask the other to discuss how they can sustain the personal qualities needed to do this work.

4 | Ask both groups to consider realistic practical mechanisms that need to be established and the support they will need.

5 | Ask them to present their thoughts to the main group and discuss.
Activity 4.2  | Listening and being heard

Objective
• Understand the importance of listening skilfully

Time  | 45 minutes

Materials & Setup  | Advance Preparation: make a list of skills and qualities needed to prevent domestic violence in your community in case the participants are stuck and need examples.

Target Group  | HIV positive women and men, groups of women, men and youths

Steps

1  | **Ask participants** to get into pairs. One member of the pair is a listener and the other has a story to tell.

2  | **Ask the story-teller** to think about a stressful situation (s)he experienced recently. It can be anything from being late for work to getting lost in a new place.

3  | The story-teller can only use sounds and gestures to tell their story. He or she can use a maximum of three words to give the listener some clues.

4  | The listener has to observe and try to piece together the story based on what (s)he sees. After the stories have been told, ask the participants to return to the main group.

5  | In the main group, the listeners have to try to tell others what they heard. The story-teller than tells the group briefly what his or her story was all about.

6  | **Ask the listeners to discuss** how it felt to have to piece together the story. Ask the storytellers how it felt to be so limited in the way they could tell their stories. How did they feel about what their listener heard?
Steps

1 | Discuss how this situation is comparable to a woman trying to relate her experience of abuse.

2 | Brainstorm a list of the different things that may prevent a woman from telling her story.

   For example:
   • She may be too ashamed to talk about violence;
   • She may feel she is betraying her family;
   • She may be scared of the consequences of talking to an outsider;
   • She may not know whom she can trust.

3 | Divide the participants into three groups and ask them to come up with ways in which they could listen so that the person sharing their story can overcome some of the barriers that prevents them from being heard.

4 | Ask each group to present their discussions in the main group.

Activity 4.3 | Building assertive communication skills in sexual relationships

Objective
• To define assertive, aggressive and passive behaviour. Provide a scenario and ask participants to act out/suggest ways this could have been handled in respect to the three: aggressive, assertive or passive

Time | 45 - 60 minutes

Materials & Setup | Handouts: Assertive Skills Worksheets – one per small group
Steps

1 | **Break the group** up into small groups of no more than five per group. Ask them to decide who in the group is going to be the writer, and make sure that person has a pencil or pen.

2 | **Distribute** one worksheet to each group. Explain that the group is to read the first line, from Partner A, who is someone who wants their partner to have sex with them. Explain that they are to pretend they are Partner B, and do NOT want to have sex with Partner A. Have them write an assertive response to Partner A on the next line. They are to stop with one response, and not write any further. Tell them they only have about 2 – 3 minutes in which to do this.

3 | **After two minutes**, ask each group to pass their sheet clockwise to the group next to them. Instruct them to read the first line of Partner A, and then the response from Partner B. Tell them that they are now to pretend they are Partner A, and develop an assertive response to Partner B that will persuade that person to have sex. Again, they are only to have about two minutes to do this, and only write on that one line, not complete the rest of the sheet.

4 | **After a few minutes**, stop the participants and again ask them to pass their sheet clockwise to the group next to them. There, they will become Partner B again and come up with a response to Partner A. Continue the activity until all the sheets have been filled. Allow a little more time with each round so that participants can read through the previous lines before writing their responses. Before the last line available for Partner B, be sure to emphasise that this is their “last chance” for Partner B to resist the pressure, so they should really think carefully.

Remind the group as necessary that their responses should be assertive, rather than passive or aggressive. Once the sheets have been filled, give the groups one minute to read their completed sheets within their small group.

5 | **Ask each group** to select two volunteers who will come to the front of the room to read their dialogues. After each group has read their sheet, be sure to have the large group applaud for each. Take a moment to ask the entire group how realistic a discussion they thought this was, and whether Partner B was effectively assertive in refusing Partner A’s pressure to have sex.

6 | **After all the groups have read their dialogues**, you should ask the following questions:
   - “What was it like to do that?”
   - “Was there anything that surprised you in what you heard?”
   - “What did you think of the ways in which partner A and partner B communicated? What are some specific examples you heard?”
   - “What were some of the things you heard partner B say that you really liked, or thought would be particularly effective?”

In most cases, the two people participants will select will be male and female, with the male being cast as Partner A. If this happens, point it out to the participants:

   - “What did you notice about the pairs that came up to the front of the room?”

Ask the students whether they assumed Partner A to be male or female. Ask if they think it is realistic for a girl or woman to put pressure on someone to have sex or for a boy or man to want to refuse it. Talk about what it is like when people do not act as people expect them to.

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*Adapted from “Making SMART Choices about Sex” by Eva S. Goldfarb, PhD and Elizabeth Schroeder, MSW Rochester, NY: Metrix Marketing, 2004.*
Handout for Activity 4.3  |  Building assertive communication skills in sexual relationships

Assertive Skills Worksheet 1

Instructions:

Partner A is raising a question that has to do with having sex with Partner B. Partner B, however, wants to wait to have sex. Work with your group to come up with an effective next line in this dialogue. When instructed to, pass the sheet to the next group and await further instructions. Please only fill in one line. Do not complete the entire form.

Partner A:  
“ I just talked with Kamau and Sanaipei. They said they’ve decided to have sex after all. I know you, and I said we’d wait, but if they’re going to do it, wouldn’t it be okay for us too?”

Partner B

Part A

Partner B

Partner A

Partner B
Handout for Activity 4.3 | Building assertive communication skills in sexual relationships

Assertive Skills Worksheet 2

Instructions:

Partner A asks a question that has to do with having sex with Partner B. Partner B, however, wants to wait to have sex. Work with your group to come up with an effective next line in this dialogue. When instructed to, pass the sheet to the next group and await further instructions. Please only fill in one line. Do not complete the entire form.

**Partner A:**
“You say you love me – so why don’t you want to do this with me?”

**Partner B**

……………………………………………………………………………………………………………………………………………………………………………………………….

**Partner A**

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**Partner B**

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**Partner A**

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**Partner B**

……………………………………………………………………………………………………………………………………………………………………………………………….
Handout for Activity 4.3 | Building assertive communication skills in sexual relationships

 Assertive Skills Worksheet 3

Instructions:

Partner A is raising a question that has to do with having sex with Partner B. Partner B, however, wants to wait to have sex. Work with your group to come up with an effective next line in this dialogue. When instructed to, pass the sheet to the next group and await further instructions. Please only fill in one line. Do not complete the entire form.

Partner A:
“Since we both tested positive with HIV why shouldn’t we go on and have sex - there is no reason not to?”

Partner B

Partner A

Partner B

Partner A

Partner B
Assertive Skills Worksheet 4

Instructions:

Partner A is raising a question that has to do with having sex with Partner B. Partner B, however, hesitates to have sex. Work with your group to come up with an effective next line in this dialogue. When instructed to, pass the sheet to the next group and await further instructions. Please only fill in one line. Do not complete the entire form.

**Partner A:**
“If you’re not willing to have sex with me now, then I’ll just go find someone else who will.”

**Partner B**

**Partner A**

**Partner B**

**Partner A**

**Partner B**

**Partner A**

**Partner B**

**Partner A**

**Partner B**
Assertive Skills Worksheet 5

Instructions:

Partner A is raising a question that has to do with having sex with Partner B. Partner B, however, hesitates to have sex. Work with your group to come up with an effective next line in this dialogue. When instructed to, pass the sheet to the next group and await further instructions. Please only fill in one line. Do not complete the entire form.

Partner A:
“My wife will never know about this I promise, I know she is your best friend, but I love you, and it feels so good being with you – why shouldn’t we enjoy sex and feel good?”

Partner B

Partner A

Partner B

Partner A

Partner B
**Activity 4.4 | Practicing negotiation skills in sexual relationships**

**Objective**
- To help the participants practice communication skills and problem solving with others

**Time |** 60 minutes

**Materials & Setup |** Handouts: Role Plays: Negotiating "No Sex", Negotiating Condom Use

**Target Group |** Youth, women and men groups

**Steps**

1 | **Inform** the participants that role plays involve two or more people pretending that they are in a certain situation and acting out how those people behave in that situation. Explain that the role plays will involve people in the group, not real actors.

2 | **Guide** the participants through the steps described below, and listen, observe, and comment only when requested. Summarizing what happened during the role play when the group discussion is over is useful for the participants.

3 | **Describe** one of the role-play situations listed below. Ask two or more people to volunteer to “act out” the situation in front of everyone. This should take no more than five to ten minutes. People in the audience should closely observe how the situation is acted out and be ready to discuss it.

4 | **Once the role play is completed**, facilitate a discussion of what happened by asking the discussion questions listed after each scenario.

5 | **Continue** by describing another role play, and ask two other people to act it out.

6 | **After the role play on ‘Negotiating Condom Use’** be sure to do a condom demonstration.
Facilitator’s Notes

Training Options

• Sometimes the participants are reluctant to participate in role plays. One way to address this is for you to play one character and allow the entire group to play the other. This can work if you brief the participants that they will all combine to be one character, and anyone in the group can respond to this statement as if they are the character. The group can also discuss amongst themselves how this character will respond.

• Another way to make this activity easier is to have a group of three or four participants stand behind each person playing a character. This enables the people standing behind the character to give advice to the role player about what to say.

Role-Play Topics

• A teenage woman whose parents want her to marry because they believe that marriage will provide her with financial security.

• A boy who refuses to believe his friend who says that HIV is a problem for him.

• A girl trying to convince her boyfriend to seek treatment for an STI.

• A form 2 boy trying to persuade his friend that having many girlfriends is not “cool”.

• A man who pushes a class eight girl to drink alcohol to help her “relax”.

• A younger woman who is being pursued by a man 15 years older than she is.

• A teenage girl whose parents want her to drop from school and marry because they believe that marriage will make her a ‘full’ woman and provide her with financial security.

• A boy who refuses to believe his friend who says that HIV is a risk to everyone.

• A construction worker trying to persuade his friends that having many girlfriends is not “macho” but risky.

• A younger woman 19, who is being pursued by a man 35 years older than she is and her parents seem to agree with the man.
A young man and woman have been involved for a few months. They have not yet had sex. He would like to, but she is uncertain, saying that she needs to wait until she is sure.

After some discussion, he agrees to wait. They leave to go have a drink. After a couple of beers, he tries to seduce her. Although she is feeling less confident about her decision, she says that beer should not make them change their minds, and she suggests that they go sit with friends.

Questions for Discussion

- Is it okay for a woman to refuse to have sex with her boyfriend?
- Why did he agree? For men: Would you agree?
- Do men sometimes feel pressured to have sex?
- Do women think men are always after sex, and how do they feel about it?
- What should the couple do when, after alcohol or drug use, reasonable discussion becomes difficult?
A man and a woman want to have sex. The woman suggests using condoms, but the man does not want to. The woman explains that it is not a matter of trust, but safety. The woman encourages her partner, saying that they can make it enjoyable. The man agrees to try it.

Questions for Discussion

• Did the couple take time to think about their opinions before having sex, get advice from each other, and consider the consequences of their different options?

• Did they listen to and respect one another?

• Is faithfulness (or trust or honesty) enough to protect people?

• How did the woman suggest using condoms? Do you think this was a good approach?

• What worked well in resolving the problem?

• Ask the participants to list the excuses people make for not using condoms.
Activity 4.5  |  HIV personal risk assessment

**Objective**
- To allow participants to examine whether or not their personal behaviour has placed them at risk for HIV
- To discuss why particular actions place an individual at increased risk for HIV

**Time**  |  45 minutes

**Materials & Setup**  |  Facilitator Resource: Why Does this Put Me at Risk?
Handout: HIV Personal Risk Assessment Guide

**Steps**

1 | **Ask participants** to find a place in the room where they can sit by themselves and have privacy. Hand out a copy of the HIV Personal Risk Assessment Guide for each participant.

2 | **Read the questions aloud** as the participants read them from the handout.

3 | **Explain** that if participants are concerned about their confidentiality, they do not need to write their answers on the handout. However, make sure that each participant answers the questions to himself/herself privately.

4 | **After the questions have been asked**, explain that if the participants said “yes” to any of the questions, they are at some risk of contracting HIV. Also explain that some questions pose more risk than others.

5 | **Review each question** from the HIV Personal Risk Assessment Guide and ask participants to share why they think each particular behaviour places a person at risk for HIV. Be sure to clarify which behaviours place a person at higher risk than others.

**Facilitator’s Notes**
This facilitator’s resource is a helpful companion to the handout, to assist you to answer questions.
Facilitator’s Resource:
Why does this put me at risk?
Here are some important points regarding why each of the following behaviours can put a person at risk for HIV infection:

1 | Have you ever engaged in sexual intercourse?
Sex is one of the three ways that HIV is passed (the other two are direct contact with infected blood, for instance sharing needles, and mother passing HIV to her child during pregnancy, delivery or through breast feeding). Using condoms does not 100% eliminate the risk of becoming infected. The safest practice is abstinence from sexual intercourse. When this is not possible or desired, the only effective way to prevent infection is to use a condom correctly and consistently.

2 | Have you ever engaged in sexual intercourse without a condom?
Unprotected sexual intercourse is most often how HIV is transmitted. If two people do not know each other’s HIV status they should avoid unprotected sexual intercourse. When using a condom, the risk of infection is very low, especially if a condom is used correctly. This includes carefully following the instructions for putting on and removing the condom, the use of lubricant, not reusing condoms and taking care to use condoms within their expiry date. All these actions will help prevent the condom from tearing or slipping off during sexual intercourse, which could pose a risk for infection.

3 | Are you unsure of the HIV status of you and your partner?
Testing for HIV is an important part of HIV prevention. Knowing one’s own HIV status can prevent transmission to others.

4 | How many partners have you had sexual relationships with?
A person’s risk for HIV and other sexually transmitted infections increases with the number of sexual partners he or she, and especially if a person has more than one partner at the same time. Consistent condom use is extremely important when one has more than one sexual partner, or one’s sexual partner has other partners.

5 | Have you ever had a sexually transmitted infection?
A person is at higher risk of acquiring HIV if he/she has an existing sexually transmitted infection. HIV needs a way to enter the body, and it often does this through open sores in the genitals caused by herpes or syphilis. Other infections, such as gonorrhoea and chlamydia, can also make both a man and woman’s reproductive tract more vulnerable to HIV infection.

6 | Have you ever performed oral sex on a man?
HIV can be passed by oral sex on a man. Semen and pre-ejaculatory fluid that carry the HIV virus can enter a person’s body through tiny cuts and sores in the mouth. In general, however, unprotected oral sex is considerably less risky than unprotected anal or vaginal sex.

7 | Have you ever performed oral sex on a woman?
HIV can be passed by oral sex on a woman. Vaginal fluid that carries HIV can enter a person’s body through tiny cuts and sores in the mouth. In general, however, unprotected oral sex is considerably less risky than unprotected anal or vaginal sex.

8 | Have you ever engaged in anal sex?
Unprotected anal sex is the most risky form of sexual contact for HIV transmission. Anal sex can cause tearing and bleeding in the rectum, which makes a person more vulnerable to HIV infection.
9 | Have you ever had sex while using drugs or alcohol?
Using drugs and alcohol before or during sex increases a person’s risk because he/she is less likely to engage in safer sex. Alcohol and drugs can impair judgment, which often leads to sex without condoms (unprotected sex). Also, drugs and alcohol make it more likely for some people to engage in sexual activity, while they would not do so otherwise.

10 | Have you ever paid for sex?
Commercial sex workers are at higher risk for HIV and other STIs because they have many sexual partners. By engaging in sexual networking, a person places himself/herself at higher risk for HIV transmission.

11 | Have you ever accepted money or gifts in exchange for sex?
Accepting money or gifts for sex is one way that young women and men become vulnerable to HIV. When people accept money for sex, they often are unable to negotiate condom use, as accepting money for sex can create a debt towards somebody. Also, their partners are likely to be engaging in similar transactions with others.

12 | Have you ever shared needles while using drugs?
Sharing injection needles is a very high-risk activity because HIV can be easily transmitted this way. When using a needle blood gets into the syringe when you inject. When the next person uses the needle, their blood can be transferred into their bodies. Contact with infected blood is one on the three ways of HIV transmission.

13 | Is it possible that your sexual partner is having sexual relations with other people?
Sometimes a person is at risk of contracting HIV because his/her partner is engaging in sex outside the relationship. Multiple partners significantly increase one’s risk of infection.

14 | Have you ever engaged in dry sex?
Dry sex (sex without vaginal lubrication) can cause tearing and bleeding in the genital area. This can make both men and women more vulnerable to HIV infection.

15 | Have you ever forced your partner to have sex with you?
Forced sex is against the law and a serious violation of another person’s rights. It also places both individuals at higher risk for HIV because forced sex frequently causes tearing and bleeding in the genital area.

16 | Have you ever been forced to have sex with someone?
Forced sex frequently causes tearing and bleeding in the genital area. Hence, it places both men and women at a higher risk of HIV.
The following questions are extremely personal. They are questions that will help you determine if you are at risk for contracting HIV. All the behaviours stated below carry some risk for HIV. Some behaviour carries more risk than others.

Please answer the following questions in private. You don’t need to write your answers on this paper.

1. Have you ever engaged in sexual intercourse?
2. Have you ever engaged in sexual intercourse without a condom?
3. Are you unsure of the HIV status of you or your partner?
4. How many partners have you had sexual relationships with?
5. Have you ever had a sexually transmitted infection?
6. Have you ever performed oral sex on a man?
7. Have you ever performed oral sex on a woman?
8. Have you ever engaged in anal sex?
9. Have you ever had sex while using drugs or alcohol?
10. Have you ever paid for sex?
11. Have you ever accepted money or gifts in exchange for sex?
12. Have you ever shared needles while using drugs?
13. Is it possible that your sexual partner is having sexual relations with other people?
14. Have you ever engaged in dry sex?
15. Have you ever forced your partner to have sex with you?
16. Have you ever been forced to have sex with someone?
The purpose of this section is to help you, the facilitator, to learn more about facilitation and how to use a facilitative approach when working with small groups. The section also includes some principles for good facilitation and information about the all-important skill of asking good questions.

Why is this section important?

The art of facilitation

Definition: Facilitation is the process of helping groups, or individuals, to learn, find a solution, or reach a consensus, without imposing (forcing) or dictating an outcome.

What are the roles of a facilitator?

• to enhance the learning experience of the group through timely interventions and to create a safe environment where participants can exchange constructive feedback;
• to enable the group to step back, observe itself, come up with theories, and experiment with new ways of doing things; and
• to give group members a good understanding of their own learning process. Once we understand how we learn, we can consciously turn many different kinds of situations into learning experiences.

What is the difference between training and facilitation?

A content expert delivers training, and the people being trained are seen as recipients of information, rather than as participants. With facilitation, there is more a focus on the process (the journey from beginning to end), than the content (information) of the session. In facilitation, people being served are seen as participants.

Summary of key facilitation skills

Planning: The facilitator learns about the group before the session to make sure that the objectives of the activity can be met and that the activities are the right ones for the audience.

Listening: The facilitator listens to the group and tries to make sense out of what is going on. They also explain and help to organise any information in the session.

Flexibility: The facilitator can change to the needs of the group, handle many tasks at the same time, and has the confidence to try new things.

Focus: The facilitator has direction and knows where to go next.

Encouraging participation: The facilitator can encourage individuals to participate, involve everyone, and use humour, games or music to encourage an open, positive environment.
Managing: The facilitator guides the group through the programmes, sets limits, encourages ground rules, provides models and checks on progress and reactions.

Questioning: The facilitator knows how to ask questions that encourage thought and participation.

Promoting ownership: The facilitator helps the group take responsibility for their own lives and helps them to think about actions after the sessions.

Building rapport: The facilitator shows responsiveness and respect for people, is sensitive to emotions, watches body language and helps to create relationships within the group.

Self-awareness: The facilitator examines their own behaviour, learns from mistakes, is honest and open about the limits to their knowledge, and shows enthusiasm.

Managing conflict: The facilitator encourages the group to handle conflict constructively and helps the group come to agreement and consensus.

Broadening discussion: The facilitator encourages different points of views and uses techniques and examples to get the group to consider different frames of reference.

Presenting information: The facilitator uses clear and concise language, gives clear and direct instructions, and is confident with visual, written, graphical and oral methods.
5.1 | PRINCIPLES FOR GOOD FACILITATION

Focusing on the process and the environment.
A good facilitator focuses on what is going on with the group and their interactions with each other. This is the process and more important than the task or outcome of the activity. It is good to ensure that participation is ‘active’ rather than ‘passive’. It is not good enough for participants just to show up. They must be actively involved.

People cannot ‘be empowered’ by others. People can only empower themselves. Your role as a facilitator is to create an environment in which this can take place. This process may be slow and you will need to be positive, flexible, committed and patient. In the early phases of the process, a good facilitator will focus on creating an environment of where people can trust and hear each other, and begin to understand the reality of their situation together.

Sometimes this stage might be slow, and take time and attention, but this is the most important to make realistic and ongoing change.

Remembering every idea counts
Any individual, organisation or community has a unique perception of any situation. As a result, everyone will assess situations differently, see different solutions and pursue different actions. This includes facilitators and promoters of participatory processes! Every view carries its own values, bias and prejudice. There are many different interpretations, many different ‘realities’.

This is a basic principle of all participatory processes: everyone is different and can offer important contributions to the process. Views can complement each other even when they look worthless or provocative at first sight.

Adopting a learning attitude
Effective participation relies on a learning attitude. This begins with your attitude as a facilitator, which should prioritise learning through the eyes of local people.

People tend to be only motivated to participate in activities that are relevant to them now. It takes a significant shift in attitude for ‘expert outsiders’ to appreciate that local people are experts in dealing with their own situation and problems. Development workers need to facilitate a process of mutual discovery, in which all participants develop a common understanding of problems and their causes, in order to take joint action.

Being transparent
Effective partnerships require an atmosphere of mutual trust. Trust generally has to be built and earned. Mistrust by different stakeholders may be the product of bad experiences with development programmes in the past. A transparent approach requires being open about our agenda and communicating and cooperating. Participatory decision-making requires readiness to reach a compromise from all sides. Transparency will help to avoid suspicion and to prevent different parties from protecting their own interests, rather than seeking compromise and mutual benefits.
Being flexible
Being open to the ideas and opinions of others is often the most difficult aspect of participatory processes. Facilitators and participants may find each other’s views difficult to understand, contradictory, or incompatible with their own ideas and beliefs. Accepting this reality requires a high degree of flexibility and empathy. As with the learning attitude, you should seek first to understand before being understood. Be neutral.

Managing conflict
Differences of opinion will inevitably arise in any participatory forum where everyone can share their views. If these differences are perceived as being incompatible, there is conflict.

New methods may unsettle the balance of power, and be seen as a threat by elite members of hierarchical communities and organisations. As a facilitator you will need to anticipate resistance from elite groups who wish to maintain their control over resources and decisions.

Facilitators will struggle if they are uncomfortable with conflict, and see it as a negative process. They may allow dominant participants to control the decisions of the group, or alternatively, may try to ‘bury’ the problem by forcing a quick resolution. Neither response is participatory or sustainable. Short-term conflict resolution prevents open discussion of problems, fails to identify their causes, and may reinforce existing inequity by giving way to the most powerful. This will generally breed a latent conflict that may explode at any time.

Alternatively, conflict can be embraced and transformed into a positive force for change. Good facilitators view the process of sharing and debating ideas (some of which will be perceived as incompatible, i.e., conflicting) as a natural step to achieving agreements and action. They develop the necessary attitudes and strategies for managing conflict. It will be useful for you then to anticipate conflict, keep a cool head, explore tensions and their causes, and provide a neutral space.

Balancing your dynamic and receptive qualities
The above principles bring to light the need for you as a good facilitator to be both a listener and a ‘mobiliser’: sensitive and proactive. This highlights the central function of facilitation, which is the act of making participation easier. At times, the facilitator needs to be more dynamic, to enable the voices of the less powerful to be heard. At other times, the facilitator needs to step back, let go of leadership and be more receptive, ‘handing over the stick’ to other participants.

In the table below there is a list of receptive and dynamic qualities to carefully balance as a facilitator:

<table>
<thead>
<tr>
<th>RECEPTIVE</th>
<th>DYNAMIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Aware of self and others</td>
<td>• Aware of task</td>
</tr>
<tr>
<td>• Alert</td>
<td>• Thinks</td>
</tr>
<tr>
<td>• Checks</td>
<td>• Playful</td>
</tr>
<tr>
<td>• Listens</td>
<td>• Interprets</td>
</tr>
<tr>
<td>• Empathises</td>
<td>• Decisive and timely</td>
</tr>
<tr>
<td>• Lets go of leadership</td>
<td>• Holds boundaries</td>
</tr>
<tr>
<td>• Available</td>
<td>• Overview</td>
</tr>
<tr>
<td>• Under view (humility)</td>
<td>• Takes risks</td>
</tr>
<tr>
<td>• Senses</td>
<td>• Offers ideas</td>
</tr>
<tr>
<td>• Trusting</td>
<td>• Affirms</td>
</tr>
<tr>
<td>• Approachable</td>
<td>• Challenges</td>
</tr>
<tr>
<td>• Receives</td>
<td>• Hands over leadership</td>
</tr>
<tr>
<td></td>
<td>• Enables voices to be heard</td>
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</tbody>
</table>
Questions are the most important tools for facilitators. Most of the activities described in this toolkit are simply structures that allow meaningful questions to be explored. For new facilitators, a good tip is to make every statement a question, and acknowledge every response as a valid answer.

The best questions are usually short, simple and have a single focus. However, there are different types of questions (see table below), which can be used for different purposes. Asking the right questions in the right way is an art, and it is good to look at your habits of asking questions.

<table>
<thead>
<tr>
<th>TYPE OF QUESTION</th>
<th>USE</th>
<th>EXAMPLE</th>
</tr>
</thead>
</table>
| OPEN             | As an invitation to talk         | “Tell me about...”  
“Tell me about...”  
“How is life these days?” |
| CLOSED           | To acquire specific information  | “What work are you doing?”                        |
| REFLECTIVE       | To check your understanding of what has been said | “So you went to the market last Monday?” |
| PROBING          | To seek an opinion or feeling    | “What is your view about...?”  
“What is your view about...?”  
“What was it like working in town?”  
“Tell me more about...”  
“Why...?” |

HEALTHY WOMAN, HEALTHY MAN, HEALTHY FAMILY
Open questions
Open, general questions are very useful in the early stages of building rapport, because they allow people to make choices about what they want to talk about. More direct questions restrict their choices to your areas of interest. It is worth remembering that in some cultures, people are ready to talk about what they do, slower to talk about what they think or know, and even more reluctant to talk about how they feel. Many people will find too many direct questions inquisitive and intimidating. On the other hand, some cultures adopt a very formal style of questioning as part of lengthy greetings.

Careful wording will help you to communicate. However, the dominant aspects of communication is tone of voice, facial expression and body language. People tend to mirror your own behaviour and attitude, so be open and positive.

Explain your motives. Tell people why you are asking a particular question. There is a big difference between ‘enquiring’ and ‘interrogating’. Enquiry is a style that says “I’m with you; I’m interested in what you say.” When a person ventures to answer a question, they are risking something of themselves. Be gracious in accepting the gift!

Closed questions
Closed questions are useful for gathering information. Avoid completely closed questions that only require a ‘Yes’ or ‘No’ answer, because it is impossible to tell whether people have understood the question. If you use an interrogative or questioning word instead (What, When, Who, Why, How), the person has to think more carefully about the answer and you will gain better information.

Interrogative questions fall into the sequence described above. Allow people to make simple descriptions first (What, When, Who). This can be followed by analysis using ‘Why’ questions. Finally, ‘How?’ questions offer the chance for people to suggest examples and solutions to problems identified through earlier questions.

‘Why’ questions require people to justify their reasons, which can be threatening. If they don’t have a reason, they may invent one! Consider other ways of asking this question: e.g. instead of “Why did you that…?” we can say, “That’s interesting. What made you do that…?”

In some cultures, people will not find it easy to answer the closed questions of someone in authority. Sometimes, when you ask questions purely for information, the other person may wish to maintain a good relationship with you and gives the answer that they think you want instead of an accurate one.

With closed questions there is always the danger that the person questioned may think there is only one correct answer. This may seem quite demanding, especially if the respondent is trying to find an answer that they think you want to hear. Facts, of course, can be perceived differently so it can help if your attitude and body language suggest that you are open to different interpretations. Some respondents give evasive replies if they feel threatened by closed questions. It often helps if you explain why you value their answer. In hierarchical organisations, employees may not be used to articulating or sharing their own thoughts. In these cases, it is fruitless to expect carefully considered answers to be constructed immediately, if at all. In some communities, people may be much less precise in their measurements of time, distance and quantity. This style of numerical accuracy may not be a priority in their lives.

Closed questions do not necessarily lead very far and usually need to be followed by opportunities to discuss the wider context. Instead of asking a closed ‘fact’ question, we can often make a statement and then ask more open, probing, thought-provoking questions.
Reflective questions and clarification

Reflective questions are used to check meaning, which is important in unfamiliar cultures, communities and organisations where people may attach different meanings to the words they use. “So, you used two bags of fertiliser?”

You could also ask:

Q. “Do you mean...?”
Q. “I am not sure that I understand.”
Q. “Could you please explain that a little more?”

You are not suggesting that your failure to understand is the speaker’s fault: that can easily spoil your relationship! You are admitting that you may have failed to grasp the speaker’s full meaning. It is also good practice to check regularly people’s understanding of things that you have said. By asking people to express your statement in their own words or to provide an example, you will be able to check whether you have communicated effectively.

Probing questions

You may need to encourage the other person to explain more about something. Either ask them to tell you more, or repeat one of the key words that you heard. “Important?” “Frustrating?” “Happy?” People will usually respond to this by saying more on the issue concerned.

Facts and information need to be supported further by opinions and feelings. When you have a trusting relationship you can often use a probing question:

Q. “What is your view about ...?”
Q. “How did you feel when your fields were flooded?”
Responding to questions that people ask you

The facilitator is not the ‘source of all knowledge’, and should use questions for mutual learning. When a question is put to you (as a person who is thought to be an authority) the temptation is automatically to give people the results and conclusions of your thinking. Sometimes this may be appropriate. However, this is consultancy, not facilitation. Giving an immediate answer may weaken the questioner rather than strengthen them; and encourage dependency rather than resourcefulness.

The skill of the facilitator is to help the inquirer move in the direction of finding answers to their own question. Give participants the raw material and the tools so that they can work things out for themselves. Offer relevant information and raise further questions to enable people to sort out their experience and order their thoughts. In many cases, introducing structure into a person’s thinking is all that is needed to enable them to solve their own problems.

Understanding the speaker’s question and what may lie behind it is not always easy, but fundamental to successful dialogue. In the honest search for information there are no irrelevant or stupid questions. You may not immediately see the point, but it is important for you to try to understand the questioner’s meaning.

Do not be nervous about handling questions, it is not your role to know everything. Participation is much more difficult if people do not ask questions! Local culture or organisational structure may discourage people from questioning elders, teachers or those perceived to have a higher status. The methods and tools presented in this guide may help people who have never been encouraged to ask questions to overcome these barriers.

Summary

• Facilitation is the act of making participation easier by creating an environment in which mutual analysis and learning can take place.

• Facilitators support participatory processes by balancing their dynamic and receptive qualities.

• Some key skills of facilitation are personal awareness and organisation, openness, flexibility, familiarity with local culture, and the ability to help groups transform themselves.

• Good facilitators do not provide solutions but are highly skilled in asking the right kind of question to stimulate reflection, learning and empowerment of all group members.

Lastly: Ask for feedback! Work with another facilitator and give each other feedback afterwards. Be appreciative, but also note where you can improve.
Activity 5.2.1 | What is facilitation?

Objective
• To increase knowledge on participatory facilitation
• To increase skills in effective facilitation

Time | 80 minutes

Materials & Setup | Flip-chart, markers

Target Group | All facilitators using this toolkit

Steps

1 | Ask participants what they understand by the meaning of facilitation?

2 | Capture the responses on a flip-chart.

3 | Share the information below.
   • Facilitator’s Resource
   • What is facilitation?

Facilitation is the process of making something easier and less difficult by acting neutral and helping the group to be more efficient in meeting its objectives.

In the context of participatory approaches, facilitation skills are emphasised to improve group members’ understanding of self and other: planning processes, problem solving and decision-making skills; and cooperative and collaborative processes.

4 | Divide the group into three smaller groups and assign them the following tasks

Group 1 What are the roles of a facilitator?
Group 2 What are the qualities of a good facilitator?
Group 3 What are the effective techniques a facilitator could employ?

5 | Ask the groups to present and then clarify with the information below.
Facilitator’s Resource

Roles of a facilitator
• Is responsible for the overall management and conducting of the session
• Acts as a bridge/link that connects and guides interaction between participants and the topic of the session.
• Introduces the theme of the day to the participants of the group.
• Assigns and explains to the target audience their role during the session using clear directions and instructions.
• Spells out the rules of engagement during the session. Rules must be made in consultation with the audience and should ideally facilitate the smooth running of the session.
• Facilitates audience involvement by asking questions.
• Controls participation and guides interaction by distributing chances to audience members, censoring use of acceptable language and protecting participants from vicious and personal attacks of references.
• Enables participants to generate own knowledge, share experiences and come up with acceptable and actionable decisions.
• Articulately summarises the discussion and resolutions arrived at by the target audience during the outreach session.

Qualities of a good facilitator
• A good facilitator is one who is patient and an active listener. One who talks less, listens more and does not interrupt a speaker in mid-sentence.
• Is a keen observer and alert to happenings in the session.
• Does not influence or manipulate the participants, summarise and interprets participants contributions on the issue rather than his/her own.
• Is honest and acknowledges shortcomings, does not invent a response to a question for which they don't know the factual response.
• Is knowledgeable of the subject matter, does not impose knowledge on the target audience but rather guides the audience through the process of understanding the issues based on their own experiences, capacities and environment.
• Acts as a midwife who helps in the birth of ideas by the audience.
• Is a team player and does not decide things alone, is neither authoritarian (enforce strict authority) nor egocentric (think only of themselves).
• Seeks clarification from a participant and ensures that everyone has understood the position being articulated by another.
• Understands and has respect for the community, sensitive to the concerns and feelings of the community and is flexible as the situation demands.
• Is confident, clear-headed and open-minded and instils confidence to the audience.
• Demonstrates energy and has inspiring liveliness using light-hearted and appropriate humour.

Effective facilitation techniques
• Eye contact but not staring, giving attention to all participants.
• Head nodding, showing that you are listening and encouraging full participation.
• Smiling and showing warmth.
• Positive verbal reinforcement; does not admonish participants but encourages them using words that facilitate a desire to participate, e.g., good, thank you.
• Asking questions; this helps guide the audience into deeper interrogation of the issue at hand.
• Respecting the participant; if the facilitator is seen to be disrespectful, resentment will set in and the whole activity may suffer.
• Creating a safe environment for participation; ensures that there is no heckling, catcalling, name calling, jeers, insults, or laughter directed at a participant.
• Assuming an encouraging posture and body language; pocketing, folding hands across the chest, bored or tired or hungry or disinterested pose, edgy, indecisive and confused demeanour all impact negatively on participation and if they transfer themselves to the audience, the session suffers.

Organising a successful session

Start: begin with introductory game, icebreaker, singing or mingling. These help people relax and also help the facilitator to deal with nervousness.

Middle: hold the discussion by preparing a session, learning task or a code this is the heart of the session.

End: refer people and announce your availability for those who may need to talk to you at personal level and say when the next meeting is. Carry out an activity to formally ‘close’ the meeting, this helps people make a transition away from the meeting.

• work with the topic at hand
• make a plan for your group meeting or use the toolkit activities to plan
• think about how you are going to facilitate the session
• share your plan with another facilitator or colleague

Activity 5.2.2 | Adult education – Training the adult: What is adult learning?

Objective
• To identify adult learning assumptions
• To describe basic adult learning principles
• To identify learning situations that are appropriate for adult learners

Time | 60 minutes

Target Group | All facilitators using this toolkit or anyone training an adult audience
1 | Ask the participants to brainstorm on the differences between training adults and children. Divide the participants into three groups and assign the following tasks; allow 10 minutes for the group activity.

Let the groups report in plenary; be sure to clarify with the following information:

Facilitator’s Resource

Basic assumptions about adult learning

Adults:
• Need to know why they need to learn;
• Have a lot of experience, most information can come from the learners;
• Are independent and responsible for their own decisions;
• Are self-directed, they begin learning projects for self-improvement, to learn a new skill to pursue a hobby etc; and
• Are highly motivated to devote energy to what they view as relevant to life situations.

Principles of Adult Learning

Adults learn best when:
• Working to address or correct real-world problems;
• They are highly vested in solving the current problem;
• They actually apply new materials and information to the problem; and
• They exchange feedback about their experience, rather that from lecture note making or memorizing.

Adults prefer learning situations which:
A. are practical and problem-centred, so
• Give overviews, summaries, examples and use stories.
• Plan for direct application for the new information.
• Design in collaborative, problem-solving activities.
• Anticipate problems applying the new ideas, offer suggested uses.

Caution: Guard against becoming too theoretical.

B. Promote their positive self-esteem, so
• Provide low-risk activities in small group settings.
• Plan for building success incrementally.
• Help them become more effective and competent.

Please note: Readiness to learn depends on self-esteem.

C. Integrate new ideas with existing knowledge, so
• Help them recall what they already know that relates to the new ideas.
• Help them see how the new information is relevant to them.
• Plan ways they can share experience with each other.

Suggestion: Find ways to assess participant knowledge before a session.
D. Show respect for the individual learner, so
• Provide for their needs through breaks, comfort.
• Provide a quality well organized experience that uses time effectively.
• Avoid jargon and don’t ‘talk-down’ to participants.
• Validate and affirm their knowledge, contributions and successes.
• Ask for feedback on your work or ideas; provide input opportunities.

Caution: Watch your choice of words to avoid negative perceptions.

E. Capitalize on their experience, so
• Don’t ignore what they know; it’s a resource for you.
• Plan alternate activities so you can adjust to fit their experience level.
• Create activities that use their experience and knowledge.
• Listen before, during and after the session.

Suggestion: Provide for the possibility of a need to unlearn old habits.

F. Allow choice and self-direction, so
• Build your plans around their needs; compare goals and objectives.
• Share your agenda and assumptions and ask for input on them.
• Ask what they know about the topic.
• Ask what they would like to know about the topic.
• Build in options within your plan so you can easily shift if needed.
• Suggest follow-up ideas and next steps for after the session.

Suggestion: Match the degree of choice to their level of development.
STOP AIDS NOW!
website:  www.stopaidsnow.org/downloads/gender

Reaching Common Ground: Culture, Gender and Human Rights
As a fundamental part of people’s lives, culture must be integrated into development policy and programming. This State of World Population 2008 Report from UNFPA shows how this process works in practice. Source: UNFPA

Operational Guide on Gender and HIV/AIDS: A rights-based approach
This guide was prepared by the Dutch Royal Tropical Institute (KIT) for the UNAIDS Interagency Task Team on Gender and HIV/AIDS. It provides a conceptual framework and a set of guidelines, checklists and tools that development practitioners can use for designing and implementing programmes from a gender and rights perspective. Source: UNAIDS

Walk the Talk: Putting Women’s Rights at the Heart of the HIV and AIDS Response
This report explores obstacles to universal access to prevention, treatment, care and support for all women and girls. It illustrates the ongoing violations of women’s rights by the actions and inactions of those setting policies, providing funding, offering services and implementing programmes. It further provides working solutions and best practices for overcoming those obstacles. Such strategies were gathered through research studies conducted in 13 countries. Source: ActionAid and VSO.

Factsheets on Gender-related aspects of AIDS
The Factsheets aim to provide policy makers with concise information about gender related aspects of the HIV/AIDS pandemic. They deal with core facts and issues in thematic areas and are underpinned by an analysis which clarifies how gender issues are fuelling the crisis. Source: UNAIDS Inter-Agency Task Team on Gender and HIV/AIDS

How to Integrate Gender into HIV/AIDS Programs: Using Lessons Learned from USAID and Partner Organisations
This report from the Interagency Gender Working Group (IGWG) reviews promising interventions that integrate gender into HIV/AIDS programming. A number of the examples covered focus on transforming gender-based attitudes, behaviour and norms. Source: Interagency Gender Working Group

Change, Choice and Power for Young Women, Livelihoods and HIV Prevention
This paper sets out to explore the relationship between economic independence, vulnerability to HIV infection, the level of sexual and reproductive health among women and adolescent girls, and gender-based violence. Source: IPPF, UNFPA, Young Positives

Changing men’s behaviour can improve women’s health
A new report finds that innovative programmes around the world are helping men to change sexist, risky and violent behaviour that harms the health and well-being of women and the communities in which they live. The report, Engaging men and boys in changing gender-based inequity in health, found that almost a third of the 58 programmes evaluated were successful in encouraging men to end violence against women, to care for their pregnant wives and children, and to take steps to prevent infecting their partners with HIV or becoming infected themselves. One shortcoming identified by the report, released in May, was that even successful programmes were limited to a pilot or short timeframe.
GLOSSARY OF TERMS

AIDS: Acquired Immunodeficiency Syndrome

ART: Antiretroviral therapy

ARVs: Antiretroviral medication

Communication
- Aggressive – a confrontational way of communicating
- Assertive – exhibiting firmness, initiative and determination
- Passive – allowing others to make decisions, tending to submit, without firmness

Discrimination refers to any form of arbitrary distinction, exclusion, or restriction affecting a person, usually but not only by virtue of an inherent personal characteristic or perceived belonging to a particular group—in the case of HIV/AIDS, a person’s confirmed or suspected HIV-positive status—irrespective of whether or not there is any justification for these measures.

Empowerment of women is the action taken by women to overcome the obstacles of structural inequality that have previously placed them in a disadvantaged position.

GDP: Gender Development Project

Gender
- Sex refers to the biological characteristics that make us male or female (anatomical, physiological and genetic).
- Gender refers to the widely shared ideas and expectations (norms) held about women and men.
- Gender roles refers to the social positions and interactions seen as ‘right’ or appropriate for women and men, respectively—positions and interactions themselves defined through a complex of behaviours, attitudes, values, responsibilities and expectations.
- Gender equity is the process of being fair to men and women.
- Gender equality means that men and women have equal conditions for realising their full human rights to contributing to, and benefitting from, economic, social, cultural and political development.
- Gender-based inequality refers to situations in which women and men do not have access to information, decision-making power, household and community resources and social and health services, or situations in which they are not treated respectfully because of their sex.

GIPA: Principle of the Greater Involvement of People Living with HIV

HIV: Human Immunodeficiency Virus

Human Rights are those rights that every human being possesses and is entitled to enjoy simply by virtue of being human.

PEP: Post-exposure prophylaxis refers to antiretroviral medicines prescribed and taken after exposure or possible exposure to the human immunodeficiency virus (HIV). They must be given within 72 hours of exposure, and earlier is better.

Risk is defined as the risk of exposure to HIV or the likelihood that a person may become infected with HIV.

Stigma can be described as a dynamic process of devaluation that significantly discredits an individual in the eyes of others.

VCT: Voluntary Counseling and Testing

Violence
- Domestic violence is any physical, emotional, sexual or economic abuse between intimate partners.
- Gender based violence is any physical, emotional, sexual or economic abuse directed to someone on the basis of their gender.
- Physical violence is any physical harm caused by a person to another and it involves pushing, hitting, kicking, hair pulling, choking, slapping, grabbing, twisting arms, hitting against the wall, burning, punching and so on.
- Emotional violence is anything done with the intention of hurting the other person’s feelings and it involves shouting, swearing, insults, threatening, humiliating, embarrassing, threatening to hurt children, locking the person out of the house, close monitoring (almost stalking), constant questioning, threatening to leave.
- Sexual violence could be physical or emotional act done with the intention of controlling the other person’s sexuality and involves forcing sex/marital rape, unwanted touching, grabbing of sexual parts of the body, making the person do sexual things against their will, coercion, unfaithfulness, inserting objects into her private parts, refusal to have sex.
- Economic violence involves the control of finances and other resources.

Vulnerability refers to a person’s increased susceptibility to HIV infection and to developing AIDS, due to unequal opportunities, social exclusion, unemployment or precarious employment, and other social, cultural, political, and economic factors.
STOP AIDS NOW! aims to expand and improve the Dutch contribution to the global response to HIV and AIDS. Five organisations, the Aids Fonds, Hivos, ICCO, Cordaid and Oxfam Novib, have joined forces and are part of STOP AIDS NOW!.

STOP AIDS NOW! aims to:
- Raise funds in order to contribute to more HIV and AIDS projects in developing countries
- Obtain political and public support for efforts against HIV and AIDS, both nationally and internationally
- Innovate or redefine existing strategies and establish new forms of cooperation in order to improve the response to HIV and AIDS, and meet the needs of people affected.

Text | Pascaline Kang’ethe and Andrea van der Merwe
Photography | Adriaan Backer
Print | Deltabach Grafimedia
Published | STOP AIDS NOW!
Design | Mona Haumann
HIV rates are often higher among women and girls, and women and girls living with HIV tend to bear a heavier burden. This increased vulnerability is largely due to gender-based discrimination. To be effective, HIV prevention, care and support must contribute to transforming gender-based attitudes, behaviours, and norms. This toolkit contains guidelines and exercises for working on HIV, while promoting gender equality and women's rights. Its conceptual approach is to support users through a learning journey leading to an empowered life in relation to HIV.

The target audience is community educators working on health and life-skills with groups of various levels of education and understanding. While designed for women and girls and their empowerment, the Toolkit can be readily used with men and boys. The Toolkit contains additional information for facilitators' own education and empowerment. Created for use in Kenya, it can be easily adapted for further use in sub-Saharan Africa and beyond.

A CD is included. It contains the handouts for the Toolkit exercises. These can be easily adapted and printed for use in the sessions. The CD also contains extra resources on HIV, gender and women’s rights.