

BLAMING WOMEN (STORY TELLING)



OBJECTIVES

Participants will be able to:

- Discuss and explore HIV stigma in relation to gender
- Explain the factors that contribute to women being more stigmatized than men



TIME

1 hour



MATERIALS

Silhouettes, cards written with typical urban (rural) woman; typical urban (rural) woman with HIV; typical urban (rural) man; typical urban (rural) man with HIV

ACTIVITIES

Story Telling

SPOTTING STIGMA

Divide into four groups. Hand out the silhouettes (see Annex) and assign groups to make up a story about:

Group 1—typical urban (rural) woman

Group 2—typical urban (rural) woman with HIV

Group 3—typical urban (rural) man

Group 4 —typical urban (rural) man with HIV

EXAMPLE OF A STORY

Nancy (“ordinary” Tanzanian woman who is HIV negative)

Nancy is a 32-year-old woman with 2 children. She used to work in a factory, but lost her job and became a trader. She now has a small stall in the local market. Her husband was a worker in a shoe factory but now works as a taxi driver.

Special events in Nancy’s life were: her marriage; when she inherited a small house next to her parent-in-law’s house; the birth of her first child; when her husband lost his job and became a taxi driver; the birth of her second child (when the first born was 6 years old).

Nancy and her husband have a good relationship. They live in a small area of town and while they do not have much, they manage because they are both working.



Discuss

- How does HIV impact on people's lives
- How are the characters treated by the community?
- Are there differences in the way women and men are treated?



EXAMPLES

- It is considered more acceptable for men to have had girlfriends and sex before marriage.
- If a woman has an affair during marriage it is considered shameful but this is not the same as stigma—stigma is much stronger. But if a man gets an STD he will feel stigmatized because an STD suggests that his “girlfriend” was promiscuous.
- There are differences between the way a man and a woman should behave.
- It is more acceptable for a man to go out on his own/with friends.
- Women bear more responsibility for the family/children.
- Typical women or men are unlikely to experience real stigma in the course of their lives. If they have never married or are barren, they will be pitied, but not stigmatized.
- If a couple does not conceive the woman is always blamed first.
- Social rules are generally stricter as regards women's than men's behavior.

MODULE C

Sex, Morality,
Shame and Blame

BLAMING WOMEN (LIFELINE)

18
EXERCISE



OBJECTIVES

Participants will be able to:

- Discuss and explore HIV stigma in relation to gender
- Explain why women are more stigmatized than men



TIME

1 hour



MATERIALS

Cards

ACTIVITIES

LIFELINE EXERCISE

Divide into groups. Ask each group to prepare a lifeline showing the major events in the life of a woman. Then ask them to identify all the points along this lifeline that women might get blamed or stigmatized at different points in their lives.

Discuss

- How does stigma affect women?
- Some women face “layers of stigma”—what do you think this means?
- How can women support each other and challenge stigma?

EXAMPLES

Layers of stigma

Being blamed and stigmatized for being women; sexually 'alluring'; pregnant and unmarried; HIV positive; wife/widow of HIV positive man and therefore assumed to be HIV positive; not bringing up children properly; accused of being sex workers



How can women support each other?

- Women can share their feelings and experiences of being stigmatized.
- Women and men can challenge stigma against women
- Men can make a stand against stigmatizing women

In groups of three discuss the following views (written on a flipchart or on cards) and prepare a short presentation about what you think of one of the views:

- It is more acceptable or permissible for men to be HIV positive.

LOOKING FOR SOLUTIONS TO SPECIFIC CAUSES

11 EXERCISE



OBJECTIVES

Participants will be able to:
Develop specific solutions related to different causes of stigma



TIME

1 hour



MATERIALS

Write the causes of stigma on different cards and tape on wall:

FEAR OF HIV AND DEATH, FEAR OF INFECTION THROUGH CASUAL CONTACT, MORAL JUDGEMENTS, POVERTY AND POWER (OR LACK OF POWER), NOT RECOGNIZING THAT WE STIGMATIZE

ACTIVITIES

Task Groups

ANALYSIS OF ROOT CAUSES

Divide into task groups and ask each group to select one of the causes. Then ask them to do the following:

1. Analyze the root cause in more detail:
 - What does it mean? What does it look like?
 - Where does this happen? With Whom?
 - Why does it happen? What other reasons?
2. Draw a Diagram (Use Fishbone or Tree Branches to illustrate) showing the roots of the problem.
3. Brainstorm ways of combating stigma.

Report Back

Ask each group to report. Record their suggestions.

Next Steps

Ask the group to:

- Select one or two things that they can start to do immediately.
- Work out practical details for implementing these actions.

EXAMPLE: ANALYSIS AT ETHIOPIA NGO WORKSHOP (March 2002)

GROUP C: Moral Judgements—Sex and Morality

Analysis

Sexual norm sanctioned by the church—sex with a married partner only—no extra-marital sex. People associate HIV/AIDS with violating social values. Social norms require people to follow strict rules. Those who break the rules are considered to be outsiders and the rules become the basis for judging people.

Sex is taboo and the subject is not for open discussion among sexual partners, parents or children. Facts remain unexplored and help to increase ignorance.



Solutions

- Promote open discussion on sex and idea of sex as a normal activity which we all do.
- Promote a more tolerant, more realistic and less judgmental attitude to sex.
- Involve faith-based groups and win the support of religious leaders.
- *Message 1:* stigma has no moral or religious basis.
- *Message 2:* stigma and discrimination are sinful.
- Lobby against negative habits—gossip, spreading rumors, back-biting.
- Discuss contradiction between what people say about sex and what they actually do.
- Get people to look at PLHAs as people with an illness not people with bad behavior.

CHALLENGING STIGMA IN OUR FAMILIES

12 EXERCISE



OBJECTIVES

Participants will be able to:
Identify two or three things they
can do to overcome stigma at
home



TIME

1 hour

ACTIVITIES

Story

STIGMA IN THE FAMILY

Read and discuss the following story.

Story from Zambia

The family did nothing at first. They were in denial. No one talked about their relatives who had HIV. They just wanted to keep everything quiet to bury their heads in the sand and stop the neighbors talking. Raising the issue would just bring shame on their heads. So they kept their heads down and did nothing!

But when three uncles died within one month, the senior brother was deeply affected. He called the family together and raised the issue of AIDS for the first time. “My brothers and sisters, we can no longer continue like this in silence. We have to do something.” At first others resisted but he wouldn’t let them off the hook. He said, “If we do nothing, this thing will come along and kill us all. Let’s **DO** something!”

So they started to plan and look at how they could support each other especially those with HIV. They set up a family fund to provide funds to deal with crises. They made plans to support the children of those who were dying. And they worked out a system for caring for and counseling those already infected.

Discuss:

- What did you learn from the story?
- What made a difference? How did the family begin to change?

- What can you do in your own homes to change attitudes and promote a more open, caring attitude towards PLHAs?

Summary

Acting against stigma in our own families starts when family members begin to personalize the issue for themselves, to see that they have to do something to change things. Breaking the silence and getting people talking openly is the first big step. After that point, it is a matter of talking about what can be done and helping people learn the skills of caring for PLHAs (see Module D).

WORKING AS A GROUP AGAINST STIGMA

13 EXERCISE



OBJECTIVES

Participants will be able to:
Identify things they can do to
raise awareness and challenge
stigma



TIME

1 hour

ACTIVITIES

Cardstorm

RAISING AWARENESS ABOUT STIGMA

Divide into pairs and ask each pair to write points on “What can you do to get people thinking about and talking about stigma?”

EXAMPLES

- Be a good role model. Show in words and actions that you are no longer stigmatizing.
- Use informal conversations to raise the issue of stigma.
- Use stories about PLHAs being badly treated as a starting point for discussion
- Challenge stigmatizing words when you hear them—but do it in a way that doesn’t turn people off—get people to think about how their words can hurt.
- Encourage people to talk openly about their fears and concerns about HIV/AIDS.
- Correct myths and misperceptions about AIDS and PLHAs.
- Promote the idea of a friendly ear and support to PLHAs and their families.
- Ask PLHAs or their families to give testimonies about experience of living with HIV.
- Do a listening survey of stigmatizing words used in the community.
- Make a map of the community and mark places where stigma is strong.
- Perform dramas on stigma at community meetings and then discuss.
- Develop a non-stigma code of practice—to be followed by group members.
- Organize mini-workshops on stigma for community and peer group leaders.
- Organize community meetings to discuss what has been learned from the above methods and make decisions about what the community wants to do.



ACTION IDEAS

Agree on one or two things that the group can start to do immediately.



Brainstorm

DO'S AND DON'TS—CODE OF PRACTICE

Ask the group to brainstorm a list of DO's and DON'Ts—a non-stigmatizing code of practice.

DO's

- Speak out about stigma when it occurs
- Let people know that stigma hurts
- Encourage people to talk openly about their fears and concerns about HIV
- Correct myths/misperceptions about AIDS
- Provide a caring ear to PLHAs
- Visit PLHAs in their homes
- Encourage PLHAs to use services—treatment of opportunistic infections
- Refer PLHAs to counselors

DON'Ts

- Judge or condemn PLHAs
- Use stigmatizing words
- Isolate or reject PLHAs
- Assume PLHAs can do nothing
- Patronize PLHAs—hiring PLHAs but giving them no tasks
- Use harsh, overly critical language in challenging stigma by other people
- Tell PLHAs they should not have sex, children, or do things, etc.

“SPOT-THE-STIGMA WALK AND TALK”

14 EXERCISE



OBJECTIVES

Participants will be able to:
Develop concrete action plans to make specific changes in institutions to reduce HIV stigma and discrimination



TIME

4 hours

ACTIVITIES

“SPOT THE STIGMA WALK-AND-TALK”

The aim of this activity is to identify points of stigma in institutions which provide services to the community and then facilitate discussion to make appropriate changes. The steps in this process include:

- Identify the institution to be studied—health clinic, voluntary counseling and testing center, NGO in consultation with the staff of the institution.
- Discuss with the staff what is to happen and how they will participate.
- Set up a joint group—institution’s staff and community members (including PLHAs and HIV affected families) - to carry out the Stigma Walk-and-Talk.
- Orient the group beforehand—discuss the objectives and what they will be looking for—places and activities where stigma is a problem and how the activity will be debriefed—and actions planned.
- Conduct the walk. Take notes during the walk and record the notes on flipcharts showing the different departments/sections and activities within the institution - and points of stigma.
- Debrief. Hold a joint meeting with the institution's staff and community members to discuss:
 - What were the major forms of stigma identified?
 - What are their causes?
 - What can be done to avoid these problems?
- Develop an **action plan**:
 - specific change activities
 - who will do each activity
 - when the activity will be done and
 - what indicators will be used to show the problem has been solved

COMMUNITY ACTION AGAINST STIGMA

15
EXERCISE



OBJECTIVES

Participants will be able to:
Develop practical plans to stop stigma and discrimination against PLHAs in the community and promote support for PLHAs and AIDS affected households



TIME

2-3 hours

ACTIVITIES

WARMUP

Start with a warm-up song to build interest and a sense of community.

Timeline

COMMUNITY TIMELINE

Ask the community to discuss:

“What is the history of AIDS in your community? What happened when the community first learned about AIDS? Five years ago? Now?”

“What has been people’s attitude towards PLHAs? How have PLHAs been treated? How has this treatment affected families living with HIV and AIDS?”

ACTION MAPPING

“What is the community doing already to support PLHAs?”



EXAMPLES

Exemptions for school fees. People contributing donkeys to take patients to the clinic. Increasing openness in talking about AIDS. Support for home based care.

Story**WHAT ARE OTHER COMMUNITIES DOING?**

Tell the story below.

In one village in Malawi the chief, a woman, was the chairperson of the village AIDS committee. The committee decided they wanted to mobilize support for orphans and other vulnerable children in the village.

Instead of calling all the villagers to a meeting and ordering them to contribute money, the chief took a totally different approach. She started by donating her own land to grow crops to support the orphans. Every morning she woke up at dawn to plow these fields with her sons.

Later she called a meeting and invited villagers to join her and her sons to farm the land and care for the orphans. Everyone agreed. They said, "If she can do it, we can also contribute. Our chief has shown us the way."

Discuss in small groups:

- What happened in the story?
- Why was the chief's approach to mobilization successful?
- What can we do as a community to support AIDS affected households?

Source: *The story is adapted from a case study written by Geoff Foster in "Understanding Community Responses to the Situation of Children Affected by AIDS: Lessons for External Agencies." In One Step Further—Responses to HIV/AIDS. SIDA Studies No. 7. Stockholm. 2003.*

ACTION CASE STUDIES

Here are some examples of communities and groups who have already acted against stigma.

A family takes action

The family did nothing at first. They were in denial. No one talked about their relatives who had HIV. They just wanted to keep everything quiet, to bury their heads in the sand, to keep the neighbors quiet. Raising the issue would just bring shame on their heads.

But when three uncles died within a few months, the first born brother was deeply affected. He called the family together and raised the issue of AIDS for the first time in a family meeting. "My brothers and sisters, we can no longer continue like this in silence. If we do nothing, this thing will kill us all. Let's DO something."

So they started to plan and look at how they could support each other, especially those with HIV. They set up a family fund to provide funds to deal with crises, if someone got sick. They made plans on who would take care of the children and they worked out who would care for those who were sick. They also decided that the only way to protect the younger ones was to talk more openly about HIV and AIDS and how to stay safe.

A community takes action

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Action in the Workplace

"I work for a large NGO in the capital. We do a lot of work on HIV/AIDS. Last year we lost 3 members of staff. It was sad and nobody really talked about it much. Of course we were all thinking about HIV/AIDS but no one said anything. Then one of my colleagues came to me one day and asked if she could talk to me. She told me that a few weeks ago she had taken an HIV test and tested positive. She was finding it difficult at work and had decided she really wanted people to know so that she could feel free to talk about it.

I helped her set up a special meeting that all the staff were invited to (even the guards and drivers). My colleague told her story and the response was amazing! A lot of us cried and we all ended up hugging each other.

Since then we have all been more open with each other. Two more colleagues have "come out" as positive and every month we all meet to talk about how HIV is affecting US. Some of us are caring for relatives or children with HIV, some have lost partners and family, others are living with the virus themselves. Now we can all support each other."

ACTION CASE STUDIES**Action for Widows**

In many countries, there is a lot of stigma against widows. They are blamed for the death of their husbands (if they died from AIDS). They are suspected of having HIV themselves. As women living “without men,” they are seen as a threat to the community, especially by other women. Widows are often isolated and excluded. Some people refuse to do business with widows. Some husbands refuse to let their wives mix with them.

In a small community in Tanzania, a group of widows got together to talk about their problems and to try and find ways of supporting each other. They set up a rotating credit fund which they all contributed to every month, and then took turns loaning the money to help each other set up small food stalls. They also went to talk to the pastor about their problems and after that found that some of the other villagers became more sympathetic.

Individual Action by a Musician

Philly Lutaaya, a Ugandan singer, was one of the first well known personalities in Uganda to come out publicly about having HIV/AIDS. Through his courage in talking openly about HIV/AIDS, he captured the imagination and serious attention of millions of Ugandans who learned about HIV/AIDS from Philly. Before Philly's one man campaign, Ugandans had heard about AIDS but they were still scared and in denial. After his campaign they began to talk about it and deal with it seriously.

When Philly first revealed his status, there was lots of skepticism and criticism. Everyone kept asking him, “Where did you get it?” All of this criticism didn't stop Philly. He just kept going. He traveled all over Uganda talking to groups of people at schools, churches, workplaces, bus-stops, wherever he could meet people. He stood there and answered hundreds of questions. People were moved by his courage and affected by his willingness to talk openly about his situation and they began to talk about how HIV/AIDS was affecting their own lives.

When he died in 1989, the national stadium was packed with people wanting to pay their last respects to this man who had touched their heart and helped Ugandans start to talk.



SPECIFIC CAMPAIGNS AGAINST STIGMA

10 EXERCISE



OBJECTIVES

Participants will be able to:
Develop campaigns to stop specific forms of stigma and discrimination against PLHAs or other groups in the community



TIME

2 hours

ACTIVITIES

IDENTIFY THE TARGET

Ask the group to identify specific forms of stigma or discrimination in relation to a specific target group—PLHAs, orphans, widows.

Then ask the group to go through the following process:

- Prioritize, select one form of stigma/discrimination to focus on.
- Describe the stigma/discrimination and do situation analysis - What is happening now? How are people affected? What are obstacles to solution?
- Make an **action plan** to bring about change. Brainstorm practical actions that could solve problem. Select the most feasible actions and develop action plan (What actions? Who will do it? When and where? What action steps?)

Examples of Possible Actions

- Meet with community leaders to win their support for anti-stigma action
- Organize training for community leaders and peer group leaders
- Organize peer group meetings (facilitated by those who have been trained)
- Organize house-to-house visits to raise everyone's awareness
- Organize a Stigma Walk or Community Mapping exercise
- Organize awareness activities in the schools—art or drama competition
- Organize community meetings—ask peer group representatives to attend
- Organize drama at the community meetings to raise the specific form of stigma which the group wants to change such as stigma against widows

- Identify the most vulnerable households (child/orphan headed households, grandparent headed households) and provide support
- Provide exemptions for HIV affected families from water fees, school fees.
- Organize a regular system of visits to HIV affected households
- Donate food, clothing and agricultural inputs to destitute households.
- Provide piece work for adolescent orphans working in others' fields.
- Organize income generating activities to support vulnerable households.
- Facilitate sharing of "AIDS survival knowledge" among community members.

EXAMPLES OF ACTION CAMPAIGNS AGAINST STIGMA

1. STIGMA AGAINST ORPHANS (action ideas from Tanzania)

Situation analysis

Children dumped with relatives. Property grabbing. No/little support for children (both material and psycho-social). Stopped from going to school. Forced to do all the housework. Community members saying that: "If the parents died, the children will die too. Don't play with them - they are getting ready to die."

Action steps

- Change the misperception that if the parents die, then the children will die too.
- Educate families on HIV transmission so they stop stigmatizing out of fear.
- Stop the "dumping" of orphans with relatives who mistreat the children.
- Get youth groups to raise this issue through drama or songs.
- Organize competitions among children to get them to express their ideas through pictures, poetry, stories to give their views

and talk about their feelings.

- Get adults to look at how stigma affects children (See exercises in Module F).
- Get the community to rethink the view that “children should be seen, not heard.”
- Get people to treat children seriously and allow children to talk about their feelings.
- Identify the number of orphans in the community and work out how to support them

2. STIGMA AGAINST WIDOWS (action ideas from Tanzania)

Situation analysis

Widows stigmatized in 3 ways: as wives of men who have died (blamed for death of husbands); as women; and as people suspected to be HIV+. Men stop wives from being friends with widows—widows are viewed as dangerous, the source of evil and trouble. Widows are also stigmatized by other women who assume that widows will steal their husbands. Widows are very isolated, forced to find new friends—they are expected to mix only with other widows. People boycott widows' small businesses out of fear that they will get HIV from the commodities sold.

Action steps

- Build alliances between widows and other poor women in the village.
- Bring widows together to share feelings and problems and discuss what can be done.
- Initiate rotating credit union and other income generating activities.
- Organize meetings with other women's groups to win their support.
- Organize community meetings to raise this problem and get the community to stop

3. PROPERTY GRABBING (action ideas from Tanzania)

Situation analysis

Relatives grab property and use shaming and blaming as a pretext to justify this action.

Action steps

Youth groups identified property grabbing as a major problem in their community. They decided to stop this activity. When a man died, they decided to act quickly. Instead of confronting the dead man's uncle directly, they talked to an elder in the village and told him they were angry about the threat of a property grabbing—and asked him to talk to the uncle. “Go and tell the uncle. He is causing problems.”

PRESENTATION/ PERSUASION SKILLS

ACTIVITIES

Learning presentation skills can be built into any workshop. First ask the group to brainstorm “what makes an effective presentation.” Then give participants practice in giving presentations. There are three ways to do this:

1. Organize a **practice session** on a specific information task. For example after a session on AIDS facts, ask participants to practice in pairs how to put this information across simply and clearly. Partners can take turns doing this and give each other feedback at the end.
2. Use a **report back session** as an opportunity to practice how to present ideas simply. Tell the group reporters that their presentations will be assessed. Then ask each group reporter to present the group’s report - and afterwards give him/her feedback. Encourage both positive and negative feedback.
3. **Homework**—ask participants to explain one of the things they have learned about stigma to family members or friends.

EXAMPLE OF FEEDBACK COMMENTS

- Establish rapport with audience. Be confident—relax and smile!
- Capture participants’ interest from the start
- Voice—loud, clear, not too fast, variation in tone (for emphasis)
- Language—no big words—keep it simple and familiar
- Body language—smile, relaxed, solid stance.
- Eye contact—look at all participants; not just half the audience
- Don’t stand like a statue frozen in one place—move around.
- Use appropriate gestures. Don’t distract with gestures.
- Use examples to help explain points.
- Don’t go too fast. Let the group help you set the pace.
- Check from time to time that audience members are understanding.



HOW TO PRESENT IDEAS SIMPLY AND CLEARLY

- Practice your presentation beforehand with a friend. Practice responses to tough questions or situations.
- Be your normal, friendly and confident self! Look at people, relax, and smile!
- Put yourself in the audience's shoes. What do they want to know? What do they have to do or decide? How can you facilitate the desired outcome most effectively?
- Be enthusiastic! Your interest and concern about the issue will often be remembered more than the words you say.
- Use eye contact and body language. Look at people and remember to look at everyone. Don't stay rooted in one place—move around. Use hands to emphasize, but don't overdo it.
- Speak clearly and loud enough. Take it slowly. Some points will be new to people so don't rush. Vary your tone. Don't drone on and on!
- Talk about one or two main messages. Repeat these main messages in different ways again and again.
- Keep it short! Limit your talk to a few key points. People have a short attention span (7 minutes) so don't waste time on unnecessary details.
- Explain one idea at a time and summarize at various points.
- Use simple words and avoid technical jargon. Talk to your audience as if you are having a conversation with them. Don't sound too formal.
- Respect your audience. Don't talk to them as if they are children. They have experience and ideas too so don't talk down to them.
- Relate what you say to people's lives. Find out what people know already and build on it. Don't assume they know nothing.
- Include questions as part of your talk. This will keep people involved and encourage people to ask their own questions.
- Don't talk too long! Finish quickly to allow time for questions and discussion. This is a good opportunity to keep your audience engaged and excited about the topic.

SKILLS FOR FACILITATING DISCUSSION

18
EXERCISE



OBJECTIVES

Participants will be able to:
Facilitate discussions on the
issue of stigma



TIME

1-2 hours



MATERIALS

Ten Steps to Good
Facilitation Handout

ACTIVITIES

DEMONSTRATION

Ask 6-8 participants to join you at the center of the circle. Facilitate a discussion, using the techniques below. Stop at points to ask the observers (outside circle) to describe what you are doing. Ask the facilitator to lead an effective discussion. Check that trainees understand each technique.

Technique	Purpose
Open questions	–Stimulate many ideas and opinions
Eyes/hands/names	–Encourage people to contribute
Listening carefully	–Understand clearly to lead the discussion
Minimal encouragers	–Encourage people to keep talking
Rephrasing	–Clarify what person says/show appreciation
Redirecting	–Get others involved and get more views
Probing	–Get out more information and views
Observing and reacting	–Check on who is silent and encourage them
Summarizing	–Help people understand and reach agreement

PRACTICE FACILITATION IN GROUPS

Divide into groups of 6-8 people and organize a series of practice sessions. For each session assign a new topic and ask each group to select a new facilitator. Give each facilitator 8 minutes, then stop and organize feedback in each group. Then do a quick report back.

Practice Session 1

“Facilitate a discussion on why there is a lot of stigma in the community and what they want to do about it.”

Practice Session 2

“Facilitate a discussion to find out how the community can mobilize support for AIDS affected and vulnerable households.”

STRATEGIC CHATTING

An important skill is to “break the ice” and get others talking about stigma and doing this informally. Divide into pairs and ask partners to take turns trying this skill. Then debrief. Ask: “How difficult was it to bring stigma into the conversation? How did you do it?”

STRATEGIC CHALLENGING

Another key skill is to challenge stigma in an assertive way.

Divide into trios and assign roles:

A—the person who uses stigmatizing language

B—the person who challenges A about his stigmatizing words

C—the observer who leads the feedback session

TEN STEPS TO GOOD FACILITATION

EXERCISE 18

1. Ask questions

Use simple, clear, and “open” questions which allow for many different answers and discussion.

2. Wait for responses

Give people time to think and come up with an answer. Don't bombard them with more questions.

3. Encourage everyone to contribute

Make eye contact, use hands, walk close to shy people and use names.

4. Use minimal encouragements

“Yes...I see...and then?tell me more...” They help to keep the person talking.

5. Listen actively

Use eye contact and body language. Praise and encourage—but don't over praise.

6. Rephrase

Briefly restate what people say in your own words, to make sure you have heard and understood.

7. Probe

Ask follow-up questions to explore issue and make it clearer—“Why? Tell me more. Can you explain further?”

8. Redirect

Get others to contribute: “She said..... Do you agree? What do others think?”

9. Observe

Look around and see who is participating and who is left out. Are people still interested?

10. Summarize

Restate what people have said in a simple, brief form. This will make it easier for people to contribute.



OBJECTIVES

Participants will be able to:
Demonstrate what is involved in
advocacy on the issue of stigma



TIME

1 hour



MATERIALS

Advocacy Handout

ACTIVITIES

INTRODUCTION

Ask participants: “What is the meaning of **advocacy**?”

DEFINITION

Advocacy is a systematic and organized effort to change unhelpful laws, policies, practices or behavior. It is about pleading for or supporting a cause. It is about social change—creating an environment where specific goals can be achieved. Advocacy can take many forms, including:

- **Quiet persuasion**—to encourage other people to speak out on the issue
- **Confrontation**—to publicize the issue and influence people

STEPS IN ADVOCACY

Explain the steps in an advocacy campaign:

1. Select the issue or problem
2. Analyze the issue
3. Develop specific objectives. What do you want to achieve?
Be clear.
4. Identify your audience: Who do you want to hear your message?
5. Identify your allies—people who support your cause and people who can influence change
6. Create an action plan—describe the steps to achieve your goals and create a realistic timeline
7. Implement your action plan
8. Monitor the action and then make revisions

Divide into groups and ask each group to select an issue they want to win support for (for example, community support for HIV affected families) and plan an advocacy process.

ADVOCACY

EXERCISE 19

Advocacy is a systematic and organized effort to change unhelpful practices or behavior.

What skills are needed for advocacy work?

You will need the skills to be able to:

- Plan a campaign which will succeed in changing people's behavior
- Tell people what the issue is and make them support you
- Find others who agree with you and are prepared to back you up
- Negotiate, deal with the different actors involved in making change

Choose an issue

Select a specific aspect of stigma to focus on such as stigma towards orphans, or discriminatory practices towards families living with HIV/ AIDS. Ask yourself:

- Is the issue widely felt by many people?
- Is it deeply felt—are people angry, frustrated, etc.?
- Will it result in a real improvement in people's lives?
- Can you win on this issue?

Identify and brief key leaders

Look for key leaders who will support your campaign and influence others. Then consider what their interest is in the issue. Don't assume that they are opposed. They may already be convinced of the need to address the stigma issue. Find out their ideas about the issue and get them on board. Avoid making them look bad.

In many cases the leaders will not be adequately informed about the issue. Your job is to explain the issue and its importance clearly and persuasively. Tell them how stigma hurts not only PLHAs but the whole community. Use words and arguments from their perspective. Put yourself in their shoes, learn as much as possible about their situation and tailor what you are saying to their own interests and concerns.

Create some ownership of the need to change on the part of the leaders. Involve them in thinking through the issue themselves. Get them talking and help them see the issue from their own experience.

10 Steps in an advocacy campaign

1. Clearly state the problem or issue
2. Develop a goal and a set of objectives
3. Identify the target audience(s) to engage
4. Identify groups who are affected by the campaign
5. Formulate the advocacy message and identify the methods to get the message out to the target audience (meetings, drama, etc.)
6. Prepare a plan of action and schedule of activities
7. Identify resource requirements (human, organizational, financial)
8. Get support from other key players—NGOs, government, etc.
9. Identify monitoring and evaluation criteria and indicators
10. Assess success or failure and determine next steps

DESIGNING MESSAGES THAT MATTER

20
EXERCISE



OBJECTIVES

Participants will be able to:
Develop simple messages that challenge stigma in innovative ways



TIME

1-2 hours

ACTIVITIES

Cardstorm

STIGMATIZING MESSAGES

Divide into pairs and ask pairs to write on cards messages from the media which have promoted stigma.

“AIDS kills.” “AIDS is a death sentence.” “People who get AIDS have nothing to live for.” “PLHAs are promiscuous.” “Youth are the most affected.” “PLHAs are victims.”

Review the list and analyze what is being said through these messages. [Inducing fear. Incorrect. Overly negative, no positive/hopeful images of PLHAs.]

Then get the group to cardstorm new, anti-stigma messages.

Cardstorm

MAKING ANTI-STIGMA MESSAGES

Ask the same pairs to write slogans on cards promoting a new anti-stigma message.

Examples of messages from anti-stigma campaigns in Uganda

- Give love and care to people living with HIV and AIDS.
- Don't point fingers. Anyone can get HIV and AIDS.
- People living with HIV and AIDS need your care and compassion.

Messages from a workshop:

- People living with HIV and AIDS deserve hope. They can live long lives.
- If you care for people living with HIV and AIDS and give them the love they deserve, they will grow in strength.

If you isolate them, they will die.

- We are all HIV affected—AIDS is part of all of our lives.
- Who can cast the first stone. We have all sinned—so we have no right to throw stones at others!

Summary

The slogans should show that PLHAs' lives are not over—they are not simply waiting to die—they can be just as productive as anyone else.

PLHAs who attended the Stigma Awareness Workshop in Vietnam (September 2002) told media workers: “We deserve a more positive and hopeful image. We are not simply waiting to die. Many of us are living full and productive lives and we want others to know this. We are in good health and living normal lives and we can still make a big contribution to our families and communities. This is the story that we want you to tell people.”



OBJECTIVES

Participants will be able to:
Make a commitment to challenge stigma both individually and collectively



TIME

1-2 hours

ACTIVITIES

DEBRIEF AND SHARE

(20 -30 minutes)

Have participants share their overall impressions of the workshop. Make sure everyone participates in this. For instance:

- What did they learn that they didn't know before?
- When did they have the most fun?
- What was the most difficult part of the workshop?
- What will they be able to take from the workshop and apply?
- Who will be the first person they will talk to about the workshop? Who else will they tell about the workshop?
- What will you tell this person about what you learned from the workshop?
- What was the best part of the workshop?

SIMPLE MESSAGE

(10-15 minutes)

If you could put everything you learned during this workshop into a short sentence or phrase, what would be that message or phrase? Again, make sure everyone has an opportunity to participate.

MAKING A COMMITMENT

(10-15 minutes)

Ask everyone to find a partner and to tell their partner what specifically they will do to challenge stigma when they leave this workshop. The “Listening Partner” should be asked to make sure that their partner gets specific—answering the following questions: What, Where, When and with Whom. Switch.

THE POWER OF COMMITMENT— BE A CHANGE AGENT

(10 minutes)

Ask participants to share their commitment with the whole group.

CLOSING

(10 minutes)

Keep this short (Never get between a hippopotamus and the river). Remember to include:

- Acknowledgements (be specific for special individuals, and make sure everyone is acknowledged for their participation).
- Complete evaluation forms.
- Make sure everyone's contact information has been collected, and, if appropriate, arrangements are made to disseminate the list of participants to everyone.
- Ensure appropriate follow up with individuals or groups who want to use the toolkit in their own organizations, workshops or meetings.
- Closing song or ceremony (optional).

DE-BRIEF WITH THE WORKSHOP TEAM

This should be quick—similar to the general group, ask people to share their experience, ask “what worked” and “what didn't work” and agree on any next steps (follow-up reports, meetings, etc.)