Peace Corps

Sector-Specific PACA Tools

HEALTH

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ABOUT THIS BOOKLET

This HE-specific PACA Booklet serves as a supplement to—not a replacement of—the PACA Field Guide for Volunteers. In this booklet, there are several HE-specific tools that will enable you to adopt a more participatory approach with your work. However, remember that **nearly all tools in the PACA Field Guide can be used or adapted** in order to support successful HE projects.

Adapting PACA Field Guide tools for your HE projects

For example, take the **Project Monitoring Checklist** tool in the Deliver phase; if you added the following questions, the tool could help you track the progress of your project while directing your intervention to focus on the specified behavior among the teenage mothers that you're working with:

1. What behavior change do you want to see among the adolescent mothers that visit the community health center?
2. How will you determine this change in behavior?
3. What resources and materials will you need for implementation and for evaluation?
4. How often will you conduct the evaluation?
5. Who will be involved in the process?

Key PACA considerations for HE Volunteers

As you work with your community members and use the tools in the PACA Field Guide, keep in mind the following key considerations for you as a HE volunteer:

- Who does what health activities in your community?
- What health facilities, services and service providers are available in your community?
- Are there already services or linkages in the community between health clinics, community organizations, schools, etc.?
- Who has access to opportunities, resources and services?
- Who controls or makes decisions about those opportunities, resources and services?
- How does gender, or age considerations, play a role in these activities or services? For example, what are the gender norms or roles that contribute to health risks in the community? Are youth able to able to access services?
- What are the cultural expectations that affect males and females in health?
- What are the cultural expectations that affect the health of youth?
- Are there any professional or trained individuals in the community that you can work with?
- Are there any health support groups that exist in the community? Sports or other social groups?

Health Facility and Community Service Mapping

A health facility and community service map is a map of health and community-based services available to a community. Use this tool to:

- Identify what health services exist in the community
- Identify what people know about different health services. For example, what illnesses do they treat? When are they open? Do they charge a fee?
- Explore who accesses which services, and with what sort of problems
- Explore who does not access services and why
- Understand what different people like and do not like about different services
- Understand what services and treatments people consider effective, and for what health problems
- Identify strategies for improving access to health services
- Identify gaps in health service provision

Time: 90 minutes   **Difficulty:** moderate

Materials: Paper; writing utensils

Communicative language tasks: Ask follow-up or clarifying questions; Ask questions; Solicit ideas/responses; Summarize/analyze others' responses
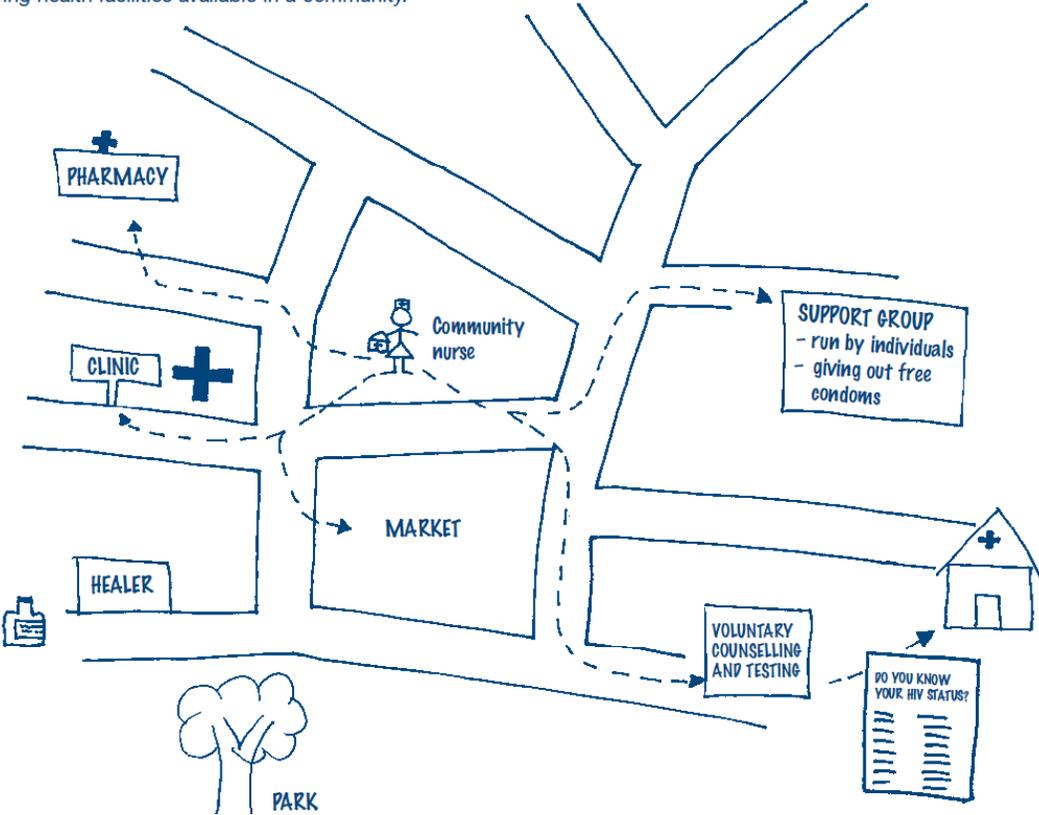
Steps:

1. Small and medium-sized groups can make health facility and community service maps. Divide groups into peer groups to explore different perceptions of health services.

2. Explain the purpose of the tool to participants and ask them to draw a map showing where different health facilities are located; both formal and informal, modern and traditional.

3. If participants have trouble starting, ask them to begin by marking the nearest health facility on the map.

4. Health services can include a range of traditional (for example, traditional birth attendants) and informal services (for example, family support) as well as formal health services (for example, clinics). Make sure participants do not overlook traditional and informal services.

5. Ask participants which ones they use and don't use, and why. What is good and bad about the services, and why? Which services are most effective? Which services need improving or are missing altogether?

Source: International HIV/AIDS Alliance. 2006. Tools Together Now! 100 participatory tools to mobilise communities for HIV/AIDS. Hove, UK. International HIV/AIDS Alliance.

Helpful Tips

Participants may be more comfortable in peer groups to discuss access to health facilities. It may be useful to explore participants' perceptions of relations and referrals between different health facilities and health service providers. If an existing health service is not mentioned, it may be helpful to explore the reason for this. Make sure informal and traditional health services are shown on the map- for example, traditional healers. You can also use health facility and community services mapping to discuss health services in general, or discuss availability of specific services- for example, GBV services, VMMC, HIV testing and counseling, condom distribution, diabetes screening, nutrition education and so on.

Map showing health facilities available in a community.

PHARMACY

CLINIC

Community nurse

SUPPORT GROUP
- run by individuals
- giving out free condoms

MARKET

HEALER

VOLUNTARY COUNSELLING AND TESTING

DO YOU KNOW YOUR HIV STATUS?

PARK

Focus Group Discussions

This tool uses four or five prepared questions to encourage dialogue about a particular health topic. A focus group is usually made up of six to ten individuals who have some similarities whether that be health status, social status, sex, age, marital status or education.

Time: 90-120 minutes   **Difficulty:** easy

Materials: Prepared questions

Communicative language tasks: Ask follow-up or clarifying questions; Ask questions; Facilitate discussion; Solicit ideas/responses; Summarize/analyze others' responses

Steps:

1. Before the activity, prepare four or five open ended questions about a specific health topic. These questions could be related to accessing antenatal services, engaging men in HIV prevention activities, community members' perception of mosquito nets, etc.

2. Once the group has gathered, ask the first question. As the facilitator, encourage participants to share by using open ended probing questions such as "what do you think about that?," "do you agree or disagree with what is being said and why?," or "would you like to share a similar experience?" Keep the group focused on the question.

3. Once the conversation about that first question has finished, either summary the discussion or ask a participant to do so. Ask the group if they agree with summary and if they have anything to add.

4. Repeat the process with the remaining questions.

5. Summarize the main points of the discussion.

Source: International HIV/AIDS Alliance. 2006. Tools Together Now! 100 participatory tools to mobilise communities for HIV/AIDS. Hove, UK. International HIV/AIDS Alliance.

Helpful Tips

Make sure the first questions is general enough that it helps people relax and become comfortable with talking and sharing their opinions. Avoid closed ended questions that can be answered with a "yes" or a "no." Avoid ambiguous questions that could be interpreted in various ways. Try to avoid one or two people dominating the discussion. Ask quieter people for their thoughts.

Health Journey

This tool uses four or five prepared questions to encourage dialogue about a particular health topic. A focus group is usually made up of six to ten individuals who have some similarities whether that be health status, social status, sex, age, marital status or education.

Time: 90-120 minutes   **Difficulty:** difficult

Materials: Paper, writing utensils

Communicative language tasks: Ask follow-up or clarifying questions; Ask questions; Facilitate discussion; Solicit ideas/responses; Summarize/analyze others' responses

Steps:

1. Health journeys are best done with individuals or in pairs. Explain to participants the purpose of the tool.

2. Ask the participants to think about the different health issues experienced by a person who may have an illness (such as HIV, Diabetes, Malaria, etc.) or their own health issues.

3. Ask the participants to choose a specific period of time. Examples might include 'A person's health journey in the last month' or 'My health journey since being diagnosed as HIV positive'.

4. Encourage the participants to draw the health journey of the person. As the journey progresses, the line goes up when things get better and down when things get worse (see diagram below). Indicate on the line what made things better or worse at each point.

5. Discuss the health issues that the person may experience during the chosen period of time. These may be physical or mental health issues. Show the health issues on the health journey line.

6. Encourage the participants to identify gaps in available medical care and support.

7. Ask participants to present their health journeys, explaining what has helped the person, what has not, and how the health journey could be made easier.

Source: International HIV/AIDS Alliance. 2006. Tools Together Now! 100 participatory tools to mobilise communities for HIV/AIDS. Hove, UK. International HIV/AIDS Alliance.

Helpful Tips

If people don't want to draw their own health journeys, ask them to make one up by thinking of the health journey of different people they are familiar with or have heard about.

Encourage participants to think about informal medical care and support – for example, traditional medicine or psychosocial support from friends as well as 'modern' medicine.

Participants could draw health journeys for different people – for example, a young man, a young woman, a child – as this helps to explore the variations in health and treatment issues faced by different people.

Health journey showing the progression of someone who goes for voluntary counselling and testing.
Reference: Adapted from a Workshop on Community Mobilisation for Care, Support and Treatment, NELA, Nigeria, 2004
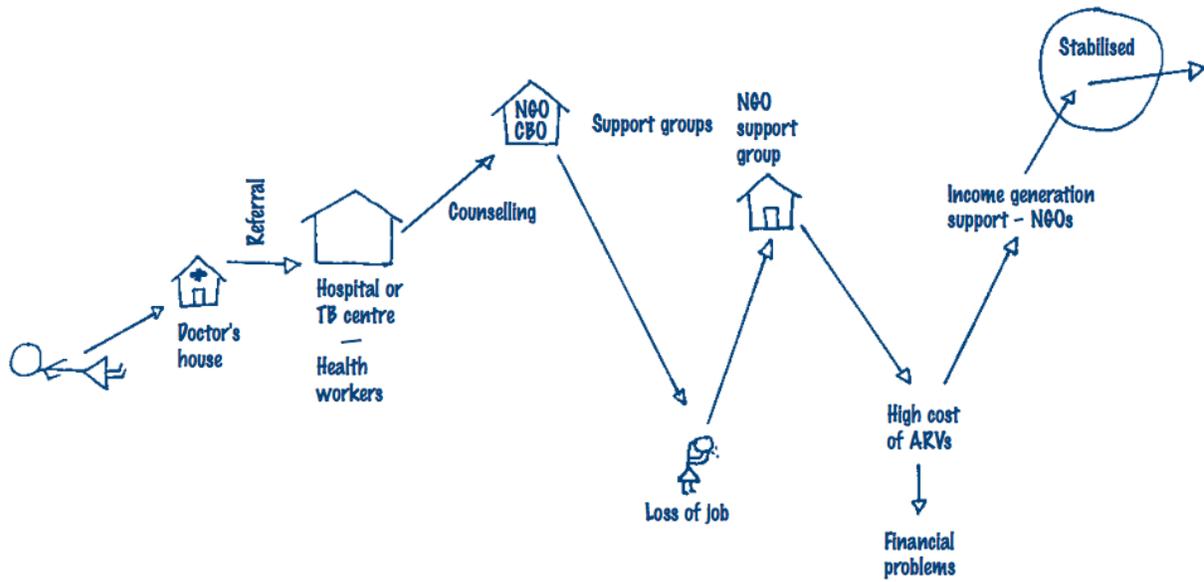
Trend Diagram

Trend diagrams offer community members the chance to reflect on "trends" or changes over time. They can be used to discuss a wide range of issues such as the impact of HIV/AIDS on adolescent girls, women's access to prenatal health services, clean water, etc. Once the trends are charted, these diagrams lead to interesting conversations regarding why these changes may have happened, what expectations or hopes community members have for the future, and strategies to address these trends.

Time: 1-2 hours   **Difficulty:** moderate

Materials: Paper, writing utensils

Communicative language tasks: Ask follow-up or clarifying questions; Ask questions; Facilitate discussion; Solicit ideas/responses; Summarize/analyze others' responses

Steps:
1. Welcome the participants and explain the group discovering any changes that are related to the problem or opportunity the community is considering addressing.

2. Open a discussion about what changes or trends are related and should be discussed today.

3. Show two or three trends on one diagram. However, if there are many trends to be explored, divide into smaller groups to work on different diagrams.

4. As a large group, agree on the time period to be discussed. On the horizontal line of the diagram (from left to right) show the passage of time. For instance, if the time period is 15 years, plot the timespan, starting from the left moving right.

5. Then agree on the scale of the trend and draw this on the vertical line. The scale will depend on what trend you are looking at. For instance, for a trend looking at people living with HIV's access to ARV treatment, use a scale of "none" to "all." A trend showing the incidence of different things might go from "high" to "low."

6. Plot the trends on the diagram.

7. Discuss each trend, the reason for the change, the possible relationships between trends, and potential strategies to address negative changes or the possible reasons for positive changes.

Source: International HIV/AIDS Alliance. 2006. Tools Together Now! 100 participatory tools to mobilise communities for HIV/AIDS. Hove, UK. International HIV/AIDS Alliance.
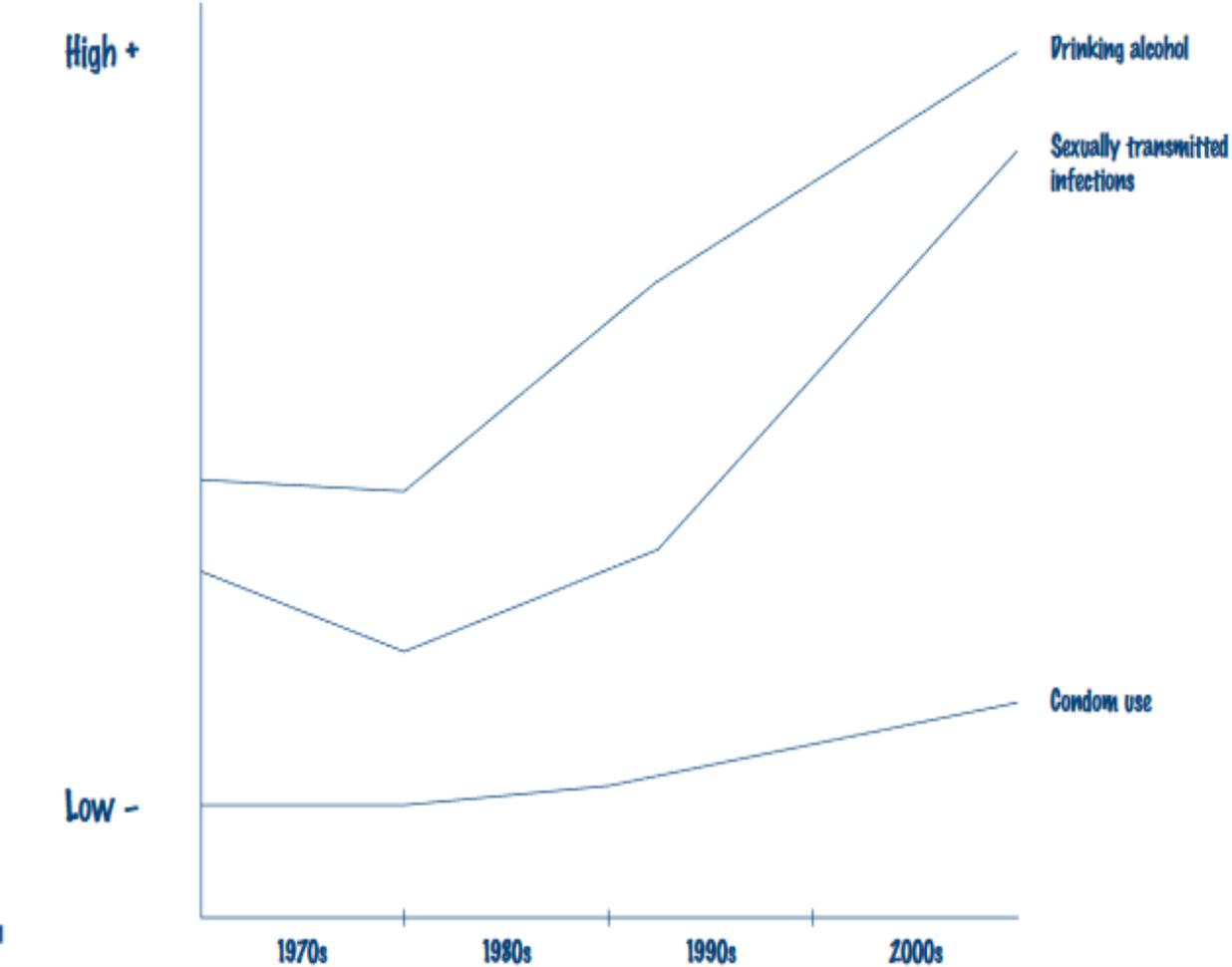
Helpful Tips

Use trend diagrams to look at changes in attitudes or feelings (for example attitudes towards condom use), as well as physical or social patterns.

These diagrams rely on people's personal views, memories, and experiences. It is not necessarily used to discover factual truth but perceived changed. Using additional secondary data, such as government statistics or clinical records can help participants discuss trends further.

Trend diagrams are very useful early on in the process, for example after a mapping exercise, as they provide a community wide view of key changes without touching on personal or sensitive issues.

This trend diagram illustrates the way that changing social trends have affected the sexual health of a Mongolian community since the 1970s.
Reference: Adapted from a Participatory Needs Assessment Workshop, Mongolia

High +

Drinking alcohol

Sexually transmitted infections

Condom use

Low -

1970s   1980s   1990s   2000s

Impact Matrix

An Impact Matrix is a great way to see what a strategy or activity's impact is likely to have on the community. It looks at both how many people the activity will reach and the intensity of that activity, then compares the two to show the full impact. This allows the community to discuss how to improve the impact of the activity and identify which strategies not to do since their impact might be so small.

Time: 1-2 hours   **Difficulty:** moderate

Materials: Paper, writing utensil

Communicative language tasks: Ask follow-up or clarifying questions; Ask questions; Brainstorm and elicit ideas; Solicit ideas/responses; Summarize/analyze others' responses

Steps:

1. Welcome the participants and explain the group will be comparing the strategies or activities ideas you've come up with to address the community problem or opportunity you've previously identified to see which will have the largest impact on the community.

2. Explain the meaning of the words: Impact (the likely result of a project), Coverage (how many people will likely be reached with the project), and Intensity (Activities that work with the same group of people over a long period of time are likely to have a larger impact than one-time activities which might not fully engage participants).

3. Then explain that impact can be calculated based on the coverage of the activity multiplied by the intensity of that activity. (Impact = coverage X intensity).

4. Ask the group to think back to previous meetings and recall what are the possible strategies or activities you've already identified for your community's problem or opportunity. Write each activity or strategy on a separate card.

5. Draw a matrix with four columns and four rows (see example below), then fill in the high, medium, low as shown below.

6. Take each activity or strategy one by one. As a group, decide how many people the activity will reach – will it be high, medium, or low coverage?

7. Then discuss the intensity of the strategy. Will it be high, medium, or low?

8. Once you've made those decisions, plot the card with the activity name in the corresponding box (high coverage and high intensity activities should be placed in the top left hand box of the matrix and low coverage/low intensity should be in the bottom right hand box).

9. If your group is large, you can break the group into pairs or groups of three and have the smaller group focus on a few strategies each. Then plot them and explain their rationale to the group once everything has been put on the matrix.

10. Together look at the whole matrix: Does this make sense? Should anything be changed? Move the cards as necessary.

11. If the strategies are in the low part of the matrix, how can the activities be improved to increase their impact.

12. Should any of the activities be removed from the list because their impact is just too low?

13. Are there one or two activities that should be prioritized because their impact is likely to be so high?

Helpful Tips

Keep in mind that it's important to look at the intensity as well as the number of people the activity will reach. An activity that only works with people once or twice will have less impact than a strategy that involves the same people over a long period of time.

Impact matrix comparing HIV prevention strategies for intensity and coverage in Livingstone, Zambia.
Reference: Adapted from Project Design Workshop, Kabwe, Zambia, April 2000

Numbers reached / Intensity	High	Medium	Low
High		Group discussion	Voluntary counselling & testing
Medium	Peer education	Community action	
Low	Condom social marketing / HIV awareness campaigns		

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Projection

This tool can be used to help individuals in the group you are working with step beyond their current reality. You can also use this tool to ask individuals to project into the future and describe their lives and the decisions they had to make to get there.

Time: 1-2 hours   **Difficulty:** moderate

Materials: Comfortable and private meeting space

Communicative language tasks: Ask follow-up or clarifying questions; Ask questions; Solicit ideas/responses; Summarize/analyze others' responses

Steps:

1. Decide on a topic/issue to discuss. For example, maybe you have a mother's group you work with and the women report that in recent months many infants have been suffering from diarrhea. The topic of discussion could be why are so many infants suffering from diarrhea?

2. Next go around the room and ask each group member to think about someone else they know who has experienced the issue you are talking about.

3. By asking them to describe someone else rather than themselves, they will often be less inhibitive about details.

4. If using this technique to speculate on the future, tell them they are going on an imaginative journey that takes place ten years from now. Ask them to describe what would the village look like then, how would things be different, what would they or their friends be doing and feeling, what would the health of their infants look like?

5. Based on the stories shared, discuss how as a group you might be able to address the issue they've been discussing. How can they help their future vision turn into reality?

Source: International HIV/AIDS Alliance. 2006. Tools Together Now! 100 participatory tools to mobilise communities for HIV/AIDS. Hove, UK. International HIV/AIDS Alliance.

Helpful Tips

Get more detailed by asking group members to describe the other person's life in more detail – how she/he feels, what she/he worries about at night, how she/he is treated by others in the community, etc.

This tool is particularly useful when discussing difficult subjects with adolescents.

Low-hanging Fruit

Low-hanging fruit is a tool that involves drawing a tree and its fruits. The tree represents the project or program. The fruits of the tree represent different activities or services within the project. If the fruits are 'low-hanging', they will be easier to carry out. If they are 'high hanging', they will be harder to carry out. To start planning for your project or program, use the Low Hanging Fruit tool to lead a discussion with your implementation team on why certain activities or services would be easier than others to introduce or carry out. Also, use this tool to discuss both barriers and opportunities to carrying out or introducing new activities.

Time: 90 minutes   **Difficulty:** moderate

Materials: Paper, tape, writing utensils

Communicative language tasks: Ask follow-up or clarifying questions; Ask questions; Facilitate a group discussion; Solicit ideas/responses; Summarize/analyze others' responses

Steps:

1. Explain to participants the aim of the exercise: to identify which activities and services will be easier to start and which will be harder; and to discuss some of the barriers and opportunities to starting these activities and services.

2. Ask participants to draw a tree which has both high and low branches.

3. Ask participants to draw on separate cards new activities or services that they think should be introduced to tackle a health issue (such as Malaria, HIV, Diarrhea, Teenage Pregnancy, etc.).

4. Explain the idea of low hanging fruit: 'low hanging' fruit is the easiest fruit to pick from the tree and links with the idea that some services and activities would be easier to introduce and carry out. Fruit that is hanging higher on the tree would be harder to pick.

5. Ask participants to place the activities and services on the tree according to whether they think they are 'low' or 'high' hanging fruit.

6. Ask participants to discuss things that will get in the way of carrying these out and opportunities that exist to begin these activities or services. If after discussion they wish to move the fruit lower or higher up the tree, let them do so.

7. Ask one of the participants to present a summary of the tree and encourage others to ask questions and make any comments or suggestions.

8. If the tree has been drawn on something which cannot be kept- for example a chalkboard- it is useful for someone, when it is finished, to make a copy of it onto a piece of paper for future reference.
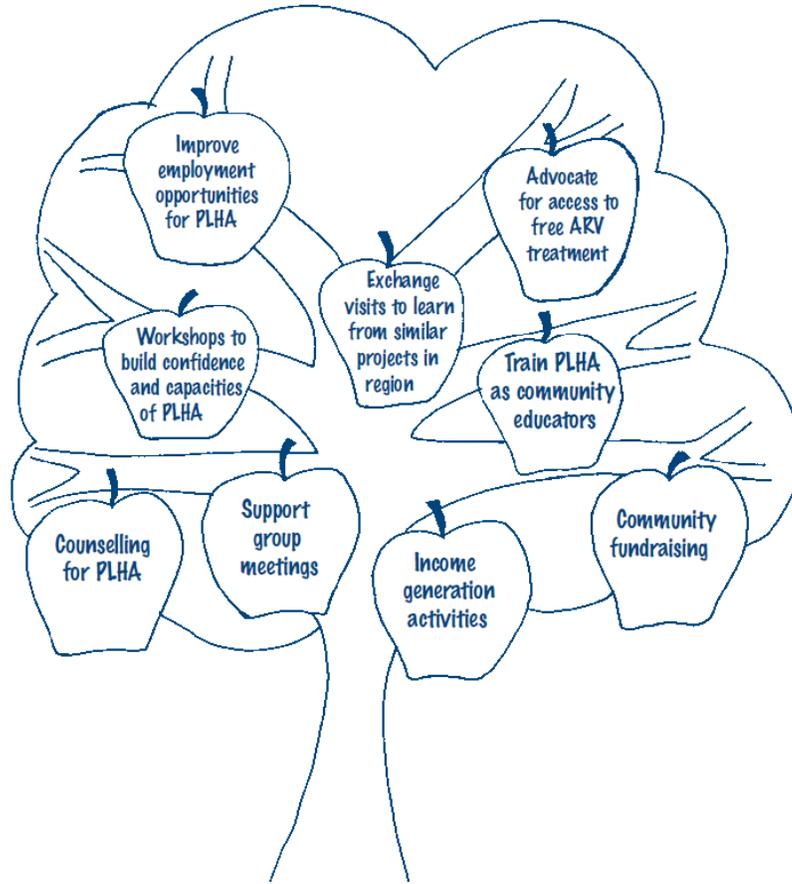
Source: International HIV/AIDS Alliance. 2006. Tools Together Now! 100 participatory tools to mobilise communities for HIV/AIDS. Hove, UK. International HIV/AIDS Alliance.

Helpful Tips

Ensure that participants are given the opportunity to discuss both barriers and opportunities before placing their cards on the tree.

This illustrates activities that a support group for people living with HIV/AIDS would like to put into practice.

Reference: Adapted from a project design discussion of a small support group for people living with HIV/AIDS (PLHA) in Thailand

Improve employment opportunities for PLHA

Advocate for access to free ARV treatment

Exchange visits to learn from similar projects in region

Workshops to build confidence and capacities of PLHA

Train PLHA as community educators

Counselling for PLHA

Support group meetings

Income generation activities

Community fundraising

Knowledge, Skills and Attitudes

This tool involves participants identifying the knowledge, skills and attitudes for a person involved in action on a specific health issue. Knowledge, skills and attitudes diagrams are useful for deciding what kind of person can best carry out a particular role or action.

- *Knowledge* means a person's understanding and information about key subjects such as HIV/AIDS prevention, prenatal services or menstruation, and community politics.
- *Skills* means a person's practical, technical and 'people' skills, such as good listening or project design.
- *Attitudes* means a person's feelings and approach, such as being empowering and non-judgmental.

Time: 60-90 minutes   **Difficulty:** moderate

Materials: Paper, writing utensils

Communicative language tasks: Ask follow-up or clarifying questions; Ask questions; Facilitate a group discussion; Solicit ideas/responses; Summarize/analyze others' responses
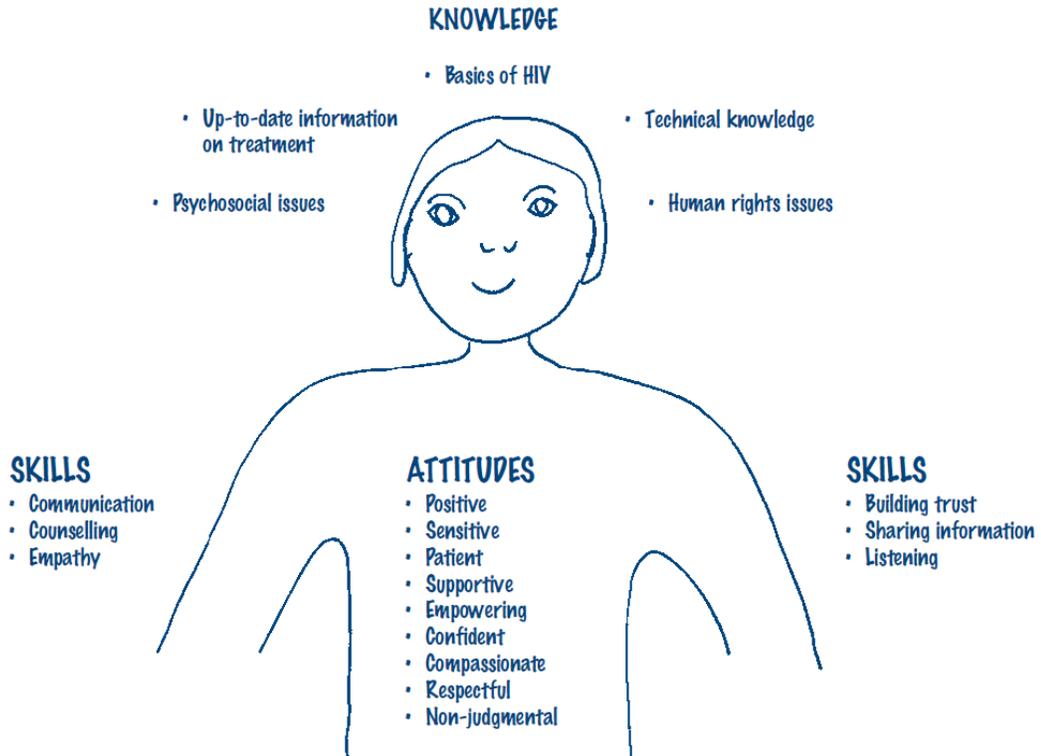
Steps:

1. Explain the purpose of the tool to participants. Select a person who should be involved in action on a specific health issue. Examples might include 'mother of a newborn', 'health educator who takes care of OVCs', or 'an adolescent needing to protect him/herself against HIV'.

2. Draw a large picture of a person. Ask participants to think about the knowledge that person should have and write these around the head. Then get them to repeat this with skills written on the arms and attitudes on the body.

3. If participants leave out important knowledge, skills behaviors or attitudes, contribute ideas yourself and explain why they are important.

4. When the activity is complete, encourage the participants to discuss what the diagram shows. For example, was the agreement about the knowledge, skills and attitudes? Which ones are most important? How do knowledge, skills and attitudes link together? How does the person compare to real people involved in action on the chosen health issue? What support would help people to improve their knowledge, skills and attitudes? Where can it come from?

Source: International HIV/AIDS Alliance. 2006. Tools Together Now! 100 participatory tools to mobilise communities for HIV/AIDS. Hove, UK. International HIV/AIDS Alliance.

Helpful Tips

Encourage participants to see that a balance of knowledge, skills and attitudes is needed for action on the specific health issue. For example, a doctor might have a lot of knowledge about HIV/AIDS drugs, but without good listening skills their work won't be successful.

Diagram showing the knowledge, skills and attitudes of an 'ideal treatment provider'
Reference: Workshop on Access to HIV-related Treatment, India, February 2001

KNOWLEDGE

• Basics of HIV

• Up-to-date information
  on treatment

• Technical knowledge

• Psychosocial issues

• Human rights issues

SKILLS
• Communication
• Counselling
• Empathy

ATTITUDES
• Positive
• Sensitive
• Patient
• Supportive
• Empowering
• Confident
• Compassionate
• Respectful
• Non-judgmental

SKILLS
• Building trust
• Sharing information
• Listening

RELATED RESOURCES & CONTENT

More participatory tools!
The tools in this Sector Booklet are borrowed from the following source, which contains dozens of additional participatory tools that can be used as part of sector-specific PACA.

International HIV/AIDS Alliance Tools Together Now!
International HIV/AIDS Alliance. 2006. Tools Together Now! 100 participatory tools to mobilise communities for HIV/AIDS. Hove, UK: International HIV/AIDS Alliance.