BEHAVIOUR CHANGE COMMUNICATION GUIDELINES

SOCIAL MOBILIZATION

August 2005

Acknowledgements

FOREWORD

The National HIV and AIDS Action Framework 2005-2009 (NAF) and National HIV and AIDS Policy clearly state the need for multi-sectoral and strong partnership in the response to the HIV and AIDS pandemic. The challenge now is to for NAC to provide the necessary leadership in the area. Therefore the development of the Advocacy, IEC and Social Mobilisation Communication Guidelines for HIV and AIDS that will be used by community based organisations, NGOs, FBOs, the public and private sector provides unique opportunity for ensuring that organisations are given the necessary direction as they plan, implement, monitor and evaluate Communication, Advocacy, and Social Mobilisation programs.

There is no doubt that efforts to combat HIV and AIDS will continue to require multi- dimensional approach. HIV and AIDS is no longer a public health problem but also a social - economical development problem. It has affected all sectors of the society. Many organisations are contribution in various ways to reduce the HIV prevalence in the country.

The National AIDS Commission would like to encourage all stakeholders and partners to use these documents when planning, implementing, monitoring and evaluating programs aimed at behaviour change among all Malawians.

Dr Biswick Mwale

Executive Director

TABLE OF CONTENTS

ACRONYMS

AIDS	Acquired Immuno-Deficiency Syndrome
ARV	Antiretroviral
CBO	Community Based Organization
DACC	District AIDS Coordinating Committee
IEC	Information Education Communication
HIV	Human Immuno-Deficiency Virus
NAC	National AIDS Commission
NGO	Non-Governmental Organization
STI	Sexually Transmitted Infection
VCT	Voluntary Counselling and Testing
FBO	Faith Based Organisations
SRH	Sexual Reproductive Health

1.0   INTRODUCTION

1.1 Background

The Malawi Government, through the National AIDS Commission (NAC), has developed a number of key strategic documents to guide its responses to heath and related population issues including the National HIV/AIDS Policy, the National HIV/AIDS Strategic Framework (NSF), the Behaviour Change Intervention (BCI) Strategy and Behaviour Change Communication (BCC) Guidelines.

The NFS:
- Forms the basis for formulating various operational programs and activities
- Guides implementing agencies in HIV/AIDS prevention and care works
- Identifies gaps in current responses
- Emphasises on capacity building for all stakeholders, individuals, families, community based formal and informal organisations, NGOs, Religious organisations and the private and public sectors.

The AIDS policy covers the following important issues:
- Promotion of HIV/AIDS prevention, treatment, care and support
- Protection, participation and empowerment of people living with HIV/AIDS
- Protection, participation and empowerment of vulnerable populations
- Reducing the risk of HIV infection through traditional and religious practices and services
- Responding to HIV/AIDS in the workplace
- Establishing and implementing an HIV/AIDS research agenda

The BCI Strategy:
- Reflects the national priorities underlined within the above mentioned strategic and policy documents.
- Serves as the main planning framework for behaviour change programming.
- Presents detailed strategies for working with the following six key social groups:
    - (1) Young people aged 7-24 years
    - (2) Women of Child-bearing age 13-49
    - (3) Men and Women Engaging in High Risk Behaviours
    - (4) Opinion Leaders
    - (5) Policy Makers
    - (6) Service Providers
- Focuses on addressing the following barriers:
    - (1) Knowledge gaps on issues of HIV/AIDS/SRH
    - (2) Low self-risk perception
    - (3) Lack of community dialogue on issues of SRH and HIV/AIDS
    - (4) High stigma and stigmatization related to HIV/AIDS/SRH
    - (5) Gender inequalities at all levels of society that need to be addressed within HIV/AIDS and SRH issues

The BCC Guidelines will help to:

- Define the goals and objectives of conducting advocacy, social mobilisation and information, education and communication (IEC) interventions.
- Understand principles and practices in implementing the interventions
- Plan, implement and, monitor and evaluate the interventions.

The following guides have been prepared to assist practitioners and communities in developing and implementing strategies toward interventions for influencing positive behaviour:
- Behaviour Change Communication Guidelines-Advocacy
- Behaviour Change Communication Guidelines-Social Mobilization
- Behaviour Change Communication Guidelines-Information, Education and Communication (IEC)

Readers and users of this guide are encouraged to obtain, read, and use all the three documents, since the issues addressed in all the three are inter-related.

1.2 What is in the Guide

This guide provides an overview of how to mobilize people (in rural and urban communities, work places, places of special interest, *with focus on the BCI key social groups)* toward social change. It gives an outline of the important points that would generally apply when one attempts to organize and 'move' people toward action. The guide has mainly focussed on community mobilization as opposed to other forms of social mobilization, mainly because the users of the guide will mostly be dealing with a focussed issue (HIV and AIDS) that will mainly involve communities (workers/employees, rural households). The guide also emphasises the need for social networking and multi-level team approach for the sole reason that HIV and AIDS issues cut across sectoral, religious, tribal, and all other status boundaries. The guide has been broken down into four sections as follows:

- Section A. This gives the background and context of the guide. It aligns this document with the related guides and other documents.
- Section B. This clarifies the concepts of Social Mobilisation, Participation, and Empowerment in order to enhance understanding of the specific Social Mobilization steps.
- Section C. This presents the broad steps of the Social Mobilization process.
- Section D. This section isolates the Implementation step of the Social Mobilization process and gives more detailed steps for further clarity.

It is assumed that people who will use this guide have an understanding of basic participatory tools, which are very important for effective facilitating of a Social Mobilization process. Reference has been made to some of these tools with this understanding otherwise readers are encouraged to acquire such information from the various sources available in the country or on websites.

1.3 Why the Guide

The guide has been developed to assist development facilitators in designing and undertaking effective behavioural change interventions. The guide serves to provide the required knowledge and competencies among facilitators to effectively mobilize people in implementing behaviour change interventions.

It is well known now that HIV/AIDS is not just a health issue – it is, to a large extent, a social issue. It is essential to note that while behaviour change is an individual's decision, the social and economic environment in the community or society surrounding the individual may play a more influential role in behaviour change. Therefore, the guide on social mobilization will be handy in harnessing the various experiences and successes in social mobilization for application in specific areas of HIV and AIDS prevention, treatment, care, and support, and other Sexual Reproductive Health interventions.

1.4 Who to use the Guide

The guide is meant to be a tool for all people facilitating social mobilization in the context of HIV/AIDS and reproductive health behaviour change intervention strategies at various levels. These may include:
- ❑ Families and individuals
- ❑ Project coordinators
- ❑ Field extension workers and Social workers
- ❑ Local experts and Consultants working with the civil society
- ❑ Private and public sectors planners and managers
- ❑ NGOs, CBOs, DACCs,
- ❑ Learning institutions,
- ❑ Faith Based Organisations (FBO)
- ❑ Local leaders

The facilitators should be those that are seeking to carry out interventions aimed at calling for conscious and active participation in the prevention, care and support and mitigation of the HIV/AIDS impacts.

1.5 How to Use the Guide

The guide should used with flexibility, innovativeness, and creativity in order to effectively adapt to a particular situation. As with any guide, it is imperative to take the ideas outlined in the guide and try them out in one's real world. The guide indicates what <u>generally</u> works and the users should find out how these could work in their environment.

SECTION B. SOCIAL MOBILIZATION, EMPOWERMENT, PARTICIPATION, AND SUSTAINED CHANGE

2.1 Social Mobilization

Every community is different in some ways, but all communities have certain common elements. A community contains people, who can be identified by their beliefs, values, norms, needs and varying levels of access to resources (food, water, health services, educational institutions, employment). Social Mobilization is about moving people toward change in their lives. It is about bringing people together to act on a situation in order to achieve a defined development need.

> **Box1**
> *Social Mobilisation can be defined as a process of bringing people together and enable them to be aware of the existence of a particular social or development issue, and strengthen their capacity to achieve long-lasting change or improvement in their lives by relying on themselves.*

Group or community work and collective social responsibility form an important part of Malawian cultures, whether in rural areas or in towns. Funeral and wedding ceremonies are good examples of how communities mobilise themselves to act with unity on an issue that affects the majority of them. In a way, this is Social Mobilisation. It is an integral part of culture and a way of Malawian life. However, effective Social Mobilisation towards a given development project or programme requires one to follow proper procedures.

2.2 Community Empowerment

Community empowerment is primarily focused upon trying to match resources to needs, within the context of the people's situation or identity. It seeks to achieve this through assisting people to help themselves, starting with using the resources at hand, and then increasing these as needed. Nowadays communities are mobilised to construct school projects, roads and bridges, or they are encouraged to participate in literacy, or child feeding programmes, and others. However, what has been the common problem is failure to obtain community involvement, and ensuring that communities will sustain such projects. Therefore, Social Mobilization efforts should aim at empowering communities to enrol in, and sustain community projects. This should be done by working with them assisting them to identify and analyse their problems, seeking solutions, and mobilise and manage resources in order to transform their social and economic situations and environments. The Social Mobilisation process should therefore be able to guide people through the following four stages of learning and action:
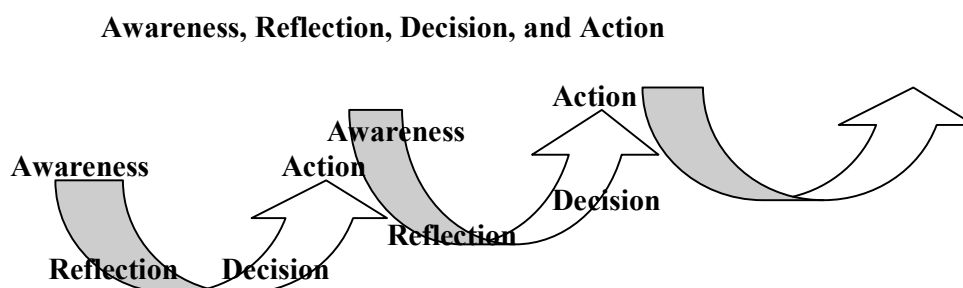
Awareness, Reflection, Decision, and Action

Figure1. The Learning Cycle

- **Awareness**. For people to take part in any social intervention, they need to know the issue or problem at hand. This is important considering that the human mind can easily take certain important things for granted.

Box2
Box2 *People in a certain village far away from town are experiencing increased illnesses and deaths among the youth. However, there is resistance among the youths to attend Voluntary Counselling and Testing (VCT).*

In the situation narrated in *Box2*, community action to reduce the deaths of the young men and women cannot take place unless the people see it as an issue of general concern to them. Even more difficult would be for them to view the deaths from a view or perspective other than their own – witchcraft, *kudulidwa*, etc. Awareness-raising for community empowerment involves bringing to surface issues of concern to people from their own perceptions and experiences.

- **Reflection**. Understanding of an issue requires relating to one's other or similar situations, now and in the past. Notifying people of the existence or cause of a problem or issue may not be enough to mobilise them toward action if they have not had enough time to reflect on it and make sense from it based on their own view point and experiences. In the example in *Box2*, reflection is a process that would engage the youths in this village to share information by:
  - Examining the situation as presented to them – and draw out sense from what they see or experience
  - Looking back at the past – what the situation used to be – and relate with the current situation

Such process may be facilitated by an external person (outsider), or by some influential leader within the community (insider).

- **Decision**. Decision to act is the other crucial phase of the Social Mobilisation process. Participation in a social or development intervention is not automatic as most change agents might think. People take time to decide whether to take part or not to take part, whether to act or not to act. People want to understand why the issue is or might be of concern to them, and what will be the cost or benefit of doing or not doing so. This is basic to all mankind. People rarely want to invest their effort in issues that are not important to them. In the situation narrated in *Box2*, the youths in this village may decide to take positive action if:
  - They believe the problem is worth doing something about
  - They anticipate that the benefits of acting to reverse or improve the situation will bring desired results, or
  - They anticipate that by acting to redress the situation, their livelihoods will not be negatively affected

- **Action.** It is often said, "Reflection without Action is mere talk". If people have to change their situations, they must be made to act on their decisions. Action is the more visible part of the Social Mobilisation process. When people evaluate the achievements of the Social Mobilisation process, they oftentimes look at what people have done or are doing to change or improve the situation at hand.

Unfortunately, action without people's clear understanding and conviction is not sustainable.

2.3 Participation

It is critical to note that effective mobilization will *mainly* take place if there is collaboration between those who initiate the process (usually outsiders) and the people directly affected by the social change process (the insiders). Outsiders may be local, national, or international agencies, institutions, or organizations that operate as private or governmental. It is believed that no positive and long-lasting behaviour change can take place without active participation of the people affected by the social issue in question.

Without participation of the people, there can be no sustainability

Figure2. Youths Participating in a Tree Planting Project to Reduce Fuel Wood Problem

Participation means that the people directly affected by the change process must be given opportunity to share their own opinions about the problem or issue, offer ideas, suggestions, and decisions on the solutions and approach to the problem. Social Mobilization process should avoid doing for people what they can do for themselves.

2.4 Sustainability of Planned Change

Where external resources are used to stimulate action, Social Mobilization should ensure that the results or benefit realized from such initiatives continue to regenerate after the period of external funding. In other words, Social Mobilization should not create or perpetuate dependency on outside help.

These guidelines are therefore meant to assist social change agents and others to help concerned communities to initiate and sustain action toward HIV prevention and the mitigation of impacts of AIDS.

> *Box3*
> *Social Mobilization is about building relationships among people and strengthening their capacity to act. It is about motivating people to act together towards a common goal. Through Social Mobilisation, people develop confidence to source and utilise resources for positive change.*

2.5 Challenges of Social Mobilization

There are two major challenges that HIV and AIDS related Social Mobilisation faces:

➡ Hetero-sexual relationships, by far the most common HIV transmission mode, are highly protected by social/cultural norms that are not easy to change. Therefore, the Social Mobilisation initiatives that require change in sexual behaviour would have to go beyond the usual methods of social mobilisation. Hence the need for Behaviour Change Communication (BCC) Strategy.

➡ Opportunities for medical care are limited due to financial constraints. Even where such opportunities arise, the will to seek medical care and social support are affected by stigma associated with AIDS and other Sexually Transmitted Infections (STI). This also means that facilitators have to explore innovative ways of engaging people in a dialogue that would yield positive change in the

target behaviours such as the problem of poor and inconsistent health seeking behaviour among the HIV and AIDS infected and affected individuals.

2.6 Summary

Considering that HIV and AIDS issues cut across all development sectors, the main aim of Social Mobilization is to use power of group unity to solve identified social issues by:

- Sensitising people about the existence of a social issue or problem
- Facilitating joint understanding of the problem from various perspectives and experiences
- Soliciting people's ownership of the problem, and the conviction that they ought to do something about it
- Facilitating identification of alternative solutions to the problem
- Jointly identifying and mobilising resources for positive and sustained action
- Jointly evaluating success in achieving the intended goals

SECTION C. STEPS FOR FACILITATING A SOCIAL MOBILIZATION PROCESS

Step 7. **Monitor and Evaluate Performance**

Step 6. **Implement Social Mobilisation Plan**

Step 5. **Develop a Social Mobilization Plan**

Step 4. **Identify Resources and Constraints**

Step 3. **Analyse the situation**

Step2 **Define the people to be involved**

Step1. **Identify the issue(s) to be addressed**
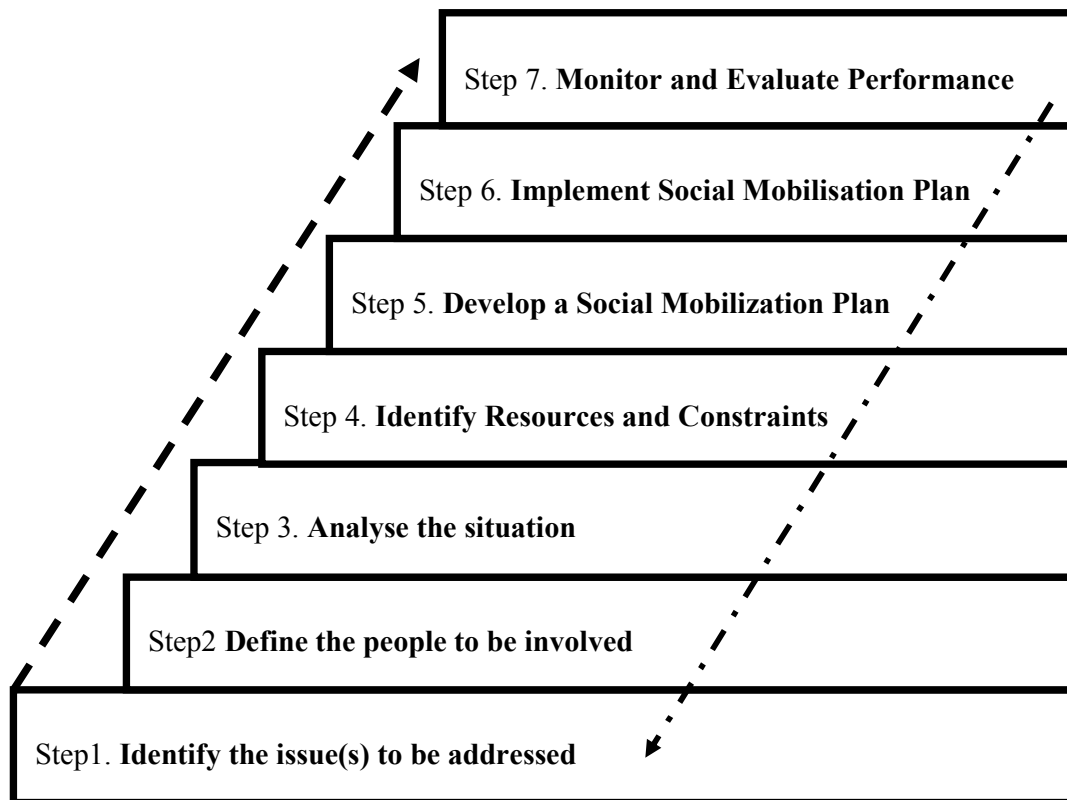
Step 1. Identify the Issue(s) to be addressed

Social Mobilization is about organising people to act on an issue that is of concern to them. An issue is something that affects many people's lives in a particular area or community. The issue to be addressed must come from realities of the situation of the people's lives. Issues could emanate from local experiences, facilitators' observations, research findings, or other sources.

If you are coming from an organisation or institution outside the target or concerned community, you might have identified these issues from any of the above-mentioned sources. To start the process, contact key stakeholders in the community such as political and traditional leaders, development workers in the area such as Health and/or Surveillance Assistants, Agriculture Development Officers, Teachers who may assist in defining the issue.

Talk to people that may have information!

Figure3. Discussion Group to Identify Key Issues

Even at this early stage of the mobilization process, the people involved should be given opportunity to identify and define the pertinent issues in the way they perceive or understand them, and not in the way external facilitators understand them. *(Development Workers, no matter how long they might have lived in the area, should in most cases be treated as outsiders. They should therefore not be allowed to dominate the discussions)*.

When facilitators come into a community they need to ask the people (at this stage it may be key informants such as - local leaders, other development workers):
> ➢ *Why are we concerned?*
> ➢ *What is the issue to be dealt with?*
> ➢ *How important is it?*
> ➢ *What are the needs of the concerned people?*

Using the example in Box2, we could say that death of young men and women in the village is the key issue of concern. Of further concern is that the youth do not access Voluntary Counselling and Testing (VCT) services to know their sero-status:
> ➢ *Why should the sudden increase in the death of young men and women in this village be of concern?*
> ➢ *Why are the youths not able to access VCT services?*
> ➢ *What would happen if this behaviour continued unchecked?*

In defining the issue or problem:
a. ***Discourage use of statements that imply lack of solution***, such as, "The youths are dying because they are unruly or unmanageable - [*Kusamvera*]" or "It's nature …"

[*Chilengedwe ndi chimene chikuvuta*] or "It's a curse from God" [*Mulungu watifulatira; ndi chilango cha Mulungu*]. These imply hopelessness or that nothing or little can change. Define an issue in a way that opens up options and opportunities for solutions, for example, "Most of the youths in this village/community know their HIV status which might be difficult for them to take appropriate action".

b. ***Consider perceptions of the people affected by the issue***. How do they see as the cause of the issue? Do they see it as coming from outside their community or within their community? Do they see it as a social, spiritual, or economic problem? Examples:

➡ Spiritual – They might view it as the work of the devil because the youth have departed from the religious values.

➡ Social/cultural – They might view it as a departure from social values. "The youths have departed from the norms our beliefs of our culture"

➡ Economical –They might view it as an issue of poverty. "It's difficult to find transport money to travel to town for VCT".
In harmonising their perception and yours, be mindful of the feelings and emotions behind the perceptions. Do not force upon them your perception, for it will not work! But guide them to see the view alternative to theirs.

c. ***Consider the focus of the issue***. In general, issues that are too broadly defined tend to make people feel that there is little they can do about it, and make them unwilling to participate. For example, if you say, "The problem is sex among the youth" it might imply, "Stop youth from having sex" This may be desirable, but difficult to gain followers especially in communities where sex among youths is not a strict taboo. A more narrowly defined issue may be more effective at changing people's behaviour. For example, if you narrow it to "unprotected sex practices" [*achinyamata sakudziteteza kumatenda …*] is likely to lead to more specific solutions, and may be more acceptable.

d. ***Identify the group of people you will primarily target for change***, for example, farmers, female-headed households, orphans, youth groups, teenage mothers, school drop-outs youths, etc. This is important because, while some strategies may work effectively across various categories of people, others may be specific to certain groups. For example, passing messages through sports may be more effective for youth and less for adults; general meetings may be more effective for adults, and less for youths unless they are combined with drama or traditional dances.

Summary of Step 1

When you want to facilitate a Social Mobilization process around an identified issue, get together key informants or stakeholders who should:

➡ *Define the issue in a way that opens up the issue to a range of options to deal with the issue*
➡ *Express their perception and importance of the issue*

➡️ *Identify the group of people that the process will primarily focus on*

Step 2. Define the People to be involved

Social Mobilization requires teamwork. The team may be comprised of members of the organization initiating the change process, or include people from other organizations or institutions. It may include all or some people who were involved in Step 1 (Identification of the Issue). Involvement of local community leaders in the team is more desirable because it increases opportunity for continuity.

When deciding who should be in the team that will facilitate the Social Mobilization process with the community, ensure that there is strong representation from all levels of the community especially the most affected or vulnerable. For example, traditional, religious and political leaders, married women, female-headed households, youth representatives, representatives of HIV and AIDS affected households. The basic questions are:
- ➢ *Who should be involved in the Social Mobilisation process?*
- ➢ *What role will they play?*

Whatever the case may be, choose team members according to:
- Skills mix requirement – Some issues require a wide range of skills, others require only a few. Some of the skill requirements for social mobilisation process are: Community/social mobilization skills, management skills, planning and evaluation skills, group dynamics skills, capacity building skills, etc.
- Experience with the issue at hand.
- Understanding of the political, socio-cultural, and economic context of the community
- Personal attributes such as openness, flexibility, patience, listening skills, interest and commitment
- Knowledge of participatory methods

Before the team members start off to work, sensitise or brief them on the aims and objectives of the programme and the tasks, and if necessary, about the people and the area.

Carefully select the team based on experience and expertise. Local people should be part of the team

Figure4. Team Members' Meeting

Summary of Step 2.

In order to build an effective Social Mobilization team,
➡ *Choose members with varied experiences and backgrounds*
➡ *Involvement of people directly affected by the issue is critical to the process*
➡ *Explain the objectives and the task to the team members to enable them feel part of and own the process*

Step 3. Analyse the Situation

Now that the Social Mobilisation team is in place, the first major team task will be to Analyse the Situation. Please note that problem identification in Step 1 is a general one. For example, in the case scenario in Box2, the general problem identified, which everybody in the village knows, is that death of youths had increased. In the Analysis stage, the team goes further to find out more information about the situation – the people, their needs, practices, etc. that may have influence over the issue at hand. In other words, for the selected team to mobilise people for action, it must have proper understanding of the situation.

Situation Analysis will involve both gathering information to understand the situation surrounding the issue, and understanding what has been done before – either by the people themselves, or with the help from outside the community or social group. In so doing, the group may:
➢ *Start to identify partners to work with*
➢ *Establish linkages with key stakeholders*
➢ *Identify resources and constraints*

For HIV and AIDS, the following questions will help the team gather important data. The tools suggested in the second column may help in collecting such data. The teams are encouraged to be innovative to identify more or other more appropriate tools.

Table 1 Guiding Questions for Situation Analysis

Question	Possible answers using Box1 Case	Suggested tool(s)*
Who is most affected by the issue? Why are these people most affected?	• *Village youths* • *More sexually active; Girls seek financial favours from older men, but also go out with village boys for social protection; Boys who drink in town pubs have sex with commercial sex workers who may be HIV infected*	Focus Group Discussion Wealth Ranking; Individual Interviews
How many people are directly affected? Indirectly affected?	• *40% of village girls, 20% of village boys* • *60% of households in the village are indirectly affected*	
Where do the most affected live? Do they live close to the source of the problem?	• *All house holds are affected* • *Homes that brew beer are affected more*	Village Mapping
Are health and other services available?	• *10 km to nearest VCT centre* • *Health Surveillance Assistant (HAS) in the area, but does not treat STI* • *No NGOs or CBOs to train people*	Village Maps, Venn Diagrams
What are the socio-demographic characteristics?	• *30 youths 15-20 age (50% girls) in the area* • *1 in 7 frequently or chronically ill* • *Sprouting of make-shift pubs and increased commercial sex in the past 10 years*	Questionnaire surveys; Individual Interviews
What are current beliefs and practices? Who decides and/or influences - at household level? At community level? At institutional level?	• *Most problems are associated with witchcraft or evil spirits* • *Initiation of both girls and boys emphasises family values* • *Bride price (lobola) is paid to marry a girl* • *Men make all major decisions regarding social and economic life*	Focus Group Discussions; Interview with key informants
To what extent are the people organized around this or other issues?	• *Very strong communal values* • *Development groups are main forum for solving economic issues* • *Women social groups more organised than men's*	Venn Diagrams
What is the level of skills on the issue within the community?	• *HIV and AIDS Awareness-raising campaign conducted in the village last year by HSA* • *Illiteracy remains very high*	Direct Observation; Individual Interview
Any similar efforts in the past? By who? On what specific issue?	• *No initiative to address HIV and AIDS among in-school and out-of-school youths*	Interview with Key Informants; Focus Group Discussions

The above questions and tools are meant to be a guide rather than a prescription. There are many more questions that could be included in this list to help one analyse the situation. Readers are encouraged to consult reference materials or other individuals or organizations that are familiar with participatory tools and methods.

Once data have been collected and analysed, the Social Mobilization team should:
- Give feedback to the community to ensure accurate interpretation and joint ownership of information.
- Present the findings to various social groups and get their reaction. Keep the presentation simple enough for people to understand and make useful contributions.

Summary of Step 3

The Social Mobilization team should collect data and analyse the situation with adequate involvement and participation of the people affected by the issue through discussions, presentations and feedback. Data should be collected on:
⇒ *Who, how, how many, and why are the people affected by the issue*
⇒ *Knowledge and skills, beliefs and practices that may have a bearing on the issue*
⇒ *Services in the past, at present or anticipated in the future that are related to the issue*

Step 4. Identify Resources and Constraints

Resources form an important part of any Social Mobilization programme. At this stage, team members make an inventory or a list of the resources that will be available, and the possible constraints that might hinder effective implementation of the Social Mobilization programme. Using the Box2 case, one of the chosen options might be to construct a VCT centre. This might require the following types of resources:
- Financial. How much money will be needed to run the programme? This has to be identified by possible source.
- Human. What skills will be needed to do the work? Are these available within the community, within the team, or outside the community and the Social Mobilization team?
- Material. What equipment, meals, transport and other materials will be needed to do the work?
- Time. How much time will be needed to do the programme activities?

Plan in advance how you will deal with any anticipated hindrances. For example, difficulty in getting a counsellor

Step 5. Develop a Social Mobilization Plan

The idea of a Social Mobilization plan is to define and refine the goals and objectives of the process in light of what has unfolded from your situation analysis and resource availability and constraints. It is not meant to determine specific response actions that the people will be engaged in. In line with the guiding principles, the overall plan should aim to improve:
- The health and well-being of the people involved in the process through prevention, treatment, care and support;

- The people's capacity to deal with their issue(s) on a longer term basis without dependence on outside assistance

To enable effective joint planning, facilitators may use the following guiding questions:
- What should be achieved? (**Goal**)
- What will you see to prove achievement of stated goal? (**Objective**)
- How will you do it? (**Strategies or Strategic objectives)**
- How will it be done step-by-step? (**Activities)**
- Who will do it? **(Main actors and responsible partners.)**
- What will you need to do it? **(Resources Budget**)
- What targets in terms of time, number of participants by gender? **(Targeting**)
- What do you show to prove success? (**Indicators**)

For example,

Goal:	*Reduced cases of illness and death among youth in the village*
Objective:	*Number of youths refraining from behaviours likely to pre-dispose them to HIV infection reduced by 40% by 2006*
Strategy 1.1	*Promote religious values among youths in the village*
Strategy 1.2	*Increase opportunities for accessing games and sports that would keep the youths busy*
Strategy 2.1	*Encourage youths to go for VCT among*
Strategy 2.2	*Promote correct and consistent use of condoms*
Activities	
1.1.1	*Form youth choirs and prayer groups*
1.1.2	*Elect religious chaplains for youths*
1.2.1	*Set up youth sports and games committee*
1.2.2	*Raise funds for youth sports club*
1.2.3	*Acquire sports and games equipment*
2.1.1	*Conduct VCT awareness meetings*
2.1.2	*Build VCT centre*
2.1.3	*Link with institutions to provide counsellor*
2.1.4	*Train peer counsellors*

Similarly, this information could be presented in a table form as follows:

Goal: *Reduced cases of illness and death among youth in the village*

Objective: *Number of youths refraining from behaviours likely to pre-dispose them to HIV infection reduced by 40% by December 2006*

Strategy/Activity	Responsibility	Timeframe	Resources	Input cost
1.1 Promote religious values among youths in the village	Religious Leaders			
1.1.1 Form religious youth clubs	Youth Chaplain	By Dec 2004	Stationery	K500
1.1.2 Conduct youth tour to …	Chairperson	By Mar 2005	Transport & meals for 30 boys and girls	K6,000
2.1 Encourage VCT among youths	VAC			
2.1.1 Construct VCT centre	Chairperson	By Dec 2005	Construction materials	K600,000
2.1.2 Conduct awareness meetings	HSA	From Mar 2005		Nil

A Social Mobilization **Plan** usually contains the following information:

1. Background information
   For example, description of the area and situation as indicated in the situation analysis.

2. Programme goals and objectives
   For example: The goal of the Social Mobilisation campaign is to reduce by 40% HIV and AIDS related sicknesses and deaths among youths in ....village by 2006.

3. Social Mobilization process to achieve the intended goal
   For example, number of youths accessing VCT services increased from 2% to 30% by 2005
   Number of youths in ...village engaged in safer sex practice increased from 10% to 50% by 2005

4. Monitoring and Evaluation plan
   For example, monthly meetings to discuss progress; Open day every six months for various sub-committees to display their achievements to neighbouring villages and visitors; External evaluator to assess at the end of three years

5. Project management plan
   Example: Project will be headed by Chairperson; various sub-committees whose chairpersons will form main committee; Sub-committees will include Youth Sub-committee; Fund-raising Sub-committee, etc

6. Budget
   Example:

	Yr1	Yr2	Yr3
Construction of VCT centre	K600,000	0	0
IEC materials	K12,000	K10,000	K5,000
Training	K30,000	K40,000	K40,000

Income Generating Activities for youth	K50,000	K50,000	K50,000
Youth Sports	K15,000	K15,000	K15,000
Acquisition of Condoms (transport)	K5,000	K5,000	K5,000

With a schedule like the one above, Social Mobilisation teams will find it easy to implement and monitor progress.

Step 6. Implement the Social Mobilisation Plan

This section of the guide tries to narrow down the focus of the Social Mobilization process to a particular issue and target, which may otherwise be referred to as implementation stage. Detailed steps have been outlined in Section D, although they are not 'cast in stone.'

Mobilisation for Social action and change follows a series of steps. However, the depth and breadth of each step will vary from situation to situation and depending on the issue at hand.

Step 7. Monitor and Evaluate Performance

Participatory Monitoring and Evaluation is a process of involving participants in programmes to reflect critically on their own projects, aims, objectives and leadership. From planning right through to implementation, participants are made to reflect on what is what going well and what is not going so well that needs to be corrected. This is monitoring. Midway through the process and/or at the end of the project or programme, all data collected through monitoring is put together to build a total picture of the project achievements and failures. This is evaluation.

Monitoring and evaluation form an important part of the Social Mobilisation Process. If questions in step 6 have been clearly highlighted, monitoring and evaluation will be very easy. For example, if at the beginning of the Social Mobilisation Process we had the following:

Goal: The goal of the Social Mobilisation campaign is to reduce by 40% HIV and AIDS related
        sicknesses and deaths among youths in ….village by 2006.

Objective 1: Number of youths accessing VCT services increased from 2% to 30% by 2005

Objective 2: Number of youths in …village engaged in safer sex practice increased from 10% to
        50% by 2005

The critical questions are:
- What have we achieved so far? Shall we be able to meet our goal? If not, why?
- Within what timeframe have we achieved our objective?
- How much resources have we spent compared to the budget? If not in line with budget, why?

Teams are encouraged to use their initiative to develop monitoring and evaluation tools that would be useful to their situation. The critical thing, though, is involvement of the people directly affected by the project (participatory monitoring and evaluation).

SECTION D. DETAILED PROCEDURE FOR IMPLEMENTING A SOCIAL MOBILIZATION PLAN

This section gives details of how an implementation plan could be implemented. It highlights a step-by-step procedure that Social Mobilization teams could follow in order to assist communities to act on the identified issue.

a. Identify and define desirable behaviour to be achieved

Issues of HIV/AIDS are usually complex and therefore require full understanding by both the service providers and the people directly concerned with the behaviour in order to develop effective behaviour change strategies. The issues identified during the situation analysis are at this stage presented to a group of specialists and the local people.

- Involve representatives of people directly involved in and affected by the HIV and AIDS programme that will be implemented
- Involve those who are not performing the desired behaviours (non-doers)
- Also involve those who are actually performing the desired behaviours (doers)

  For example, in the Box1 case scenario, youths are not willing to access VCT services. This might also apply to adults. Therefore you need representation from all the groups. In this case, inclusion of the youth representatives can provide invaluable insights into the feasibility of adopting the desired behaviours, and can suggest more realistic alternatives.

In putting together these representatives, ensure that the dominant, powerful, and outspoken members do not overshadow the women and other vulnerable groups. The powerful ones may have other vested interests in the project.

> **Box4**
> **Equal representation by men and women is essential to ensure that different gender issues and inputs are explored.**

In defining the desired behaviour:

  ➤ Focus on what the primary target audience should do, not what should be done to or for them. *For example, youths in ...village will attend VCT; or youths will abstain from casual sex; or youths will be able to use condoms correctly and consistently.*

  ➤ Be specific. Avoid words that involve several behaviours such as improve, correctly, change, etc. Use action verbs that are measurable, such as prepare food for a patient; reduce alcohol consumption; wear gloves when washing a dead body; etc

c. Prioritise target behaviours

The team should then score the various behaviours using a scale such as the Behaviour Analysis Scale or any convenient one. Choose and implement the one that ranks highest first, then tackle the others later.

The following guidelines would help in prioritising:

- **Start with what people are already doing correctly**. Review the scores of the Behaviour Analysis Scale (BAS) and select the behaviours that scored high in approximations.
- **Impact on the HIV and AIDS issue or problem**. Some of the behaviours may be more important in terms of their impact on the specific HIV and AIDS issue

or problem. The team may wish to focus on these critical behaviours first (those that scored high on potential impact)

- **Political climate**. Given a particular political climate, the team may want to focus on behaviours that are important politically or that respond to issues being discussed in the media (for example, ARV)

d. Select and train a joint core-team of community facilitators

People from within an organization, institution, or community would be most effective in facilitation of community response to HIV and AIDS issues. However, it may sometimes be difficult to identify people with the right expertise. For this reason, training some selected members from the institution or community who may be assisted by external facilitators, may be the most practical way.

The trained joint team of co-facilitators will be useful in:
- Improving communication and dialogue between service providers and community members in order to further analyse, understand, and accept the desired target behaviour to address the specific HIV and AIDS problem
- Assisting the target audience to produce a detailed community action plan with emphasis on behaviour change and positive action
- Improving coordination and collaboration between service providers and community groups

Table 2 Target Behaviour Analysis Guiding Questions

Questions	Specific Questions using Box2 Case Scenario	Possible answers
Is the desired behaviour really critical to obtain an impact on this specific HIV/AIDS issue or problem?	*Will access to VCT services have impact on reducing deaths among youths in this village?*	When they know their sero-status, they might refrain. Therefore, to a large extent, yes
Would the behaviour have any negative impact on another technical area?	*If youths know their sero-status through VCT, would it create any negative impact?*	Not likely, although may sometimes be stigmatised if HIV+
Is the behaviour feasible for audience to perform?	*If VCT services were made available in the vicinity, would the youth access them?*	Yes, with proper training
Does the behaviour have any immediate positive consequences, which are observable to or perceived by the people performing it?	*Would the youth see or notice immediate benefits of VCT?*	Not quite. Benefits are normally long term. Sometimes may be associated with negative feelings.
Does the behaviour have unplanned negative impacts on men or women of non-target groups? Will non-target group members lose income or social prestige as a consequence of the new behaviour? (e.g. less men visiting the pubs resulting into reduced income for bar maids and bar owners)	*By the youths knowing their sero-status through VCT, would other people be affected by the resulting change of behaviour – for example, commercial sex workers collecting less money from sex?*	In the wider society, probably yes, but in this village scenario, probably not.
Is the behaviour compatible with socio-cultural norms or current acceptable practices?	*Is VCT for youths socio-culturally or spiritually acceptable in this community?*	Counselling is part of social development process in many communities. However, may fear stigma in case of HIV+ status
Does the behaviour have reasonable cost in terms of time, energy, money, or materials?	*If youths in this village were to access VCT services, would the community meet the cost?*	Transport to VCT centre. If this is very far, construction of VCT centre is costly unless with external support.
How complex is the desired behaviour? Is it easily divided into a small number of elements or steps? How much training would it require for people to do it correctly?	*How difficult would it be for youths to participate in VCT? Is it a complicated skill? How much training would the youths need to prepare them for VCT?*	It takes courage and conviction. It requires adequate awareness to decide to go for VCT.

b. Select most promising target behaviours

One of the commonest failures of communication programmes is the tendency to include too many behaviours and messages in the programme. As a result, there is usually very little impact on behaviour change. Selection of target behaviours is therefore an important step in the Social Mobilization process.

Selecting target behaviours may best be done in a one or two day workshop. Invite all the representative members who were involved in defining the ideal behaviours. Also invite technical specialists, key informants, others who might not have been part of the original group. In selecting the target behaviour:
- Eliminate the majority of the desired behaviours and select a core of feasible target behaviours as the focus of your programme.
- Exclude behaviours that have no demonstrated impact on specific HIV and AIDS problem,

- Exclude behaviours that are not feasible for the target audience to adopt.

During discussion, refer constantly to the findings from the situation analysis. Ensure that all team members have an opportunity to express their opinions, especially in defining the desired and feasible behaviours. In defining and identifying desired and feasible behaviour, consider the following:

Box5
A behaviour has more potential for being adopted if:
- *It is similar and compatible to what people are already doing*
- *It is simple*
- *It is low cost*
- *It provides immediate, positive consequences for both men and women*

On the behaviour Analysis Scale, a desired behaviour is rated as follows:
Potential Impact
> **3 = Has a great deal of impact on the problem**
> **2 = Has some impact on the problem**
> **1 = Does not have any impact on the problem**

Feasibility
a. **Consequences**
> **3 = Has immediate, positive consequences which are observable to or perceived by the person who is carrying out the behaviour**
> **2 = Has some immediate, positive consequences which are observable or perceived by the person who is carrying out the behaviour**
> **1 = Does not have any immediate positive consequences**

b. **Approximations**
> **3 = It is very similar to what men/women are currently doing (actual behaviour)**
> **2 = It is somewhat similar to what men/women are currently doing**
> **1 = It is totally different from what men/women are currently doing**

c. **Complexity**
> **3 = It is very simple to do and does not require a lot of steps or training**
> **2 = It is somewhat simple to do. Requires some steps and would require some training**
> **1 = It requires a lot of steps to do and would require a great deal of training**

d. **Cost**
> **3 = Has very low cost in terms of time, energy, money, or materials**
> **2 = Has some cost in terms of time, energy, money, or materials**
> **1 = Has very high cost in terms of time, energy, money, or materials**

REFERENCES

Bhatnagar, B. and Williams, A.C., 1992, "Participatory Development and the World Bank –

Potential Direction for Change." The world Bank Discussion Papers, No.18

Howard-Grabman, L. and Snetro, G. ( ). How to Mobilize Communities for Health and Social
Change. Health Communication Partnership, USA

Booth, E.M. (1996). A Participatory Process for Selecting Target Behaviours in Environmental
Programmes. Academy for Education Development, Washington DC.

GLOSSARY

Abstinence	Refers to the practice of not having sexual intercourse.
Antiretroviral drugs	ARVs are medicines that are taken to reduce levels of HIV in one's body. They work by slowing down the reproduction of the virus and preventing newly produced HIV from infecting other cells in the body.
Culture	Refers to the customs, practices and beliefs adopted at a particular time or by a particular group of people.
Focus Group Discussion	This is a discussion that a facilitator conducts with a small group of people, usually less than 15, to get more insights or information about an issue that may not be effectively discussed in a large group. People who are perceived or are actually known to have information about the issue are normally involved in the Focus Group Discussion.
Gender	It refers to the social attributes by which people are assigned acceptable masculine and feminine behaviours, roles, characteristics, and attitudes. It is different from sex which refers to the biological differences between men and women.
Interviews	This is a data gathering method that involves questions and answers. The interviewer asks the person being interviewed a series of questions and records responses. When this is done on a one-to-one basis, it is called Individual interview, while if it is done with a group, it is called group interview.
Key Informants	These are people in the community that have vital information about an issue or issues in the particular community. These may include Development Workers (Health Workers, Teachers, Agricultural Extension Workers) political, spiritual, or social leaders. Although most of these may be outsiders to the community, they usually hold important information regarding their area of expertise, or even general information about the community and the area.
Norms	Standard behaviours that members of a particular group, community, or society are expected to display.
Promiscuity	Refers to having casual (short-term) sexual relationships with many partners.
Questionnaire	It is a data collection tool with a series of written questions on a subject matter area that require a respondent to respond to. Questionnaires can also be used in individual or group

interviews where the one collecting data records responses as he/she asks the questions.

Stigma	Involves holding or exhibiting negative attitudes towards others on the basis of what one believes about them or the group they belong to.
Transect Walk	It is a walk taken through a pre-determined route across a village or area to analyse village establishments and resource diversity. This is normally undertaken to verify what has been recorded on the village map.
Values	Refer to collective views or perceptions of what is considered desirable, good, and proper – or undesirable, bad, and improper – in a culture. Values indicate what people in a given culture prefer as well as what they find as important and morally right (or wrong).
Venn Diagram	This is a social map that members of a community plot to show institutional relationships within the community and between the community and the service institutions. As for the relationship with external organisations, a Venn Diagram is made with the village or community as a focal point surrounded by all intervening organisations and institutions such as offices of Health, Water, Agriculture, and Forestry, NGOs, and private institutions operating in the area.
Village Mapping	This is a participatory method that enables villagers to produce a schematic representation of their village. It serves as visual support for organising the reflection and discussions of the problems, constraints, and potentials of the village territory. When the maps have been produced by different sub-groups, the discussion that follows enables an exchange of ideas between these groups.
Wealth Ranking	This is a participatory method that enables community members to rank members or various sub-groups according to their economic wealth.