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# AIDSTAR-ONE/USAID SKILLS BUILDING WORKSHOP IN WEST AFRICA

## KEY FINDINGS FOR GUIDING PROGRAMMING FOR MOST-AT-RISK POPULATIONS IN MIXED EPIDEMIC SETTINGS

**AIDSTAR-One**  
AIDS SUPPORT AND TECHNICAL ASSISTANCE RESOURCES

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MOST-AT-RISK POPULATIONS IN MIXED EPIDEMIC  
SETTINGS**

## **AIDS Support and Technical Assistance Resources Project**

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## **ACRONYMS**

CDC	U.S. Centers for Disease Control and Prevention
MARP	most at-risk population
MSM	men who have sex with men
SEM	social-ecological model
USAID	U.S. Agency for International Development



# **BACKGROUND**

AIDSTAR-One, in collaboration with the U.S. Agency for International Development (USAID) West Africa Regional Health Office in Accra, Ghana, and supported by the U.S. President's Emergency Plan for AIDS Relief, facilitated a workshop held May 2–3, 2012, in support of regional HIV prevention activities. The workshop contributed to the regional Health Office's three-fold strategy: 1) to expand evidence-based prevention activities to underserved most at-risk populations (MARPs), 2) to implement interventions that are replicable, scalable, and results oriented, and 3) to increase regional and global knowledge of prevention programming for mixed epidemics.

The design and content of the workshop were developed as a result of findings from a program review of HIV prevention programming in Burkina Faso and Togo. The program review consisted of in-depth interviews and the identification of existing MARPs programs with the potential to be replicated and brought to scale. The interviews with programmers, planners, and clients revealed several major challenges: severely constrained resources and the related issues of inadequate service coverage; stigma and marginalization of men who have sex with men (MSM), sex workers, and other MARP groups contributing to the challenge of identification, size estimations, and inclusion of MARPs in program planning and implementation; and poor communication and coordination among many of the key actors (civil society organizations, nongovernmental organizations, the national government, etc.).

The regional skills building workshop was action oriented and tailored to the perspectives of 14 participants representing national government, planning bodies, and civil society organizations in the two countries, and included participants from MARPs (see Appendix A and B for the meeting agenda and participant list). The goal of the workshop was to facilitate innovative thinking and help answer questions on how to make progress in HIV prevention programming for MARPs, such as, “What more can be done given existing and untapped resources?” and “How can we mobilize resources and create partnerships for action?” The workshop also sought to offer new tools for problem analysis and participatory planning that are specifically appropriate for answering these key questions. The outcomes that were sought, and achieved, were for participants to propose concrete and discrete activities to address the main challenges they face and to facilitate south-to-south exchange of information among meeting participants.

The purpose of this report is to document elements of the process and the tools that were used in the workshop so that other groups or countries might be able to draw on these tools or replicate the process in other settings. These tools helped to promote dialogue within and between countries, to build program planning skills, and to share knowledge among a diverse set of planners and implementers. It is hoped that sharing the knowledge of these stakeholders and the processes used during this workshop will benefit others both in the region and globally, and enhance the voice of MARPs in the region.

## **THE WORKSHOP DESIGN**

### **METHODS AND APPROACH**

The workshop planners adopted a modified appreciative inquiry approach in order to facilitate innovation and dialogue among a diverse set of stakeholders. Appreciative inquiry offers a method for facilitating people to reflect on, analyze, and build upon what is working well rather than framing the analysis in terms of problems and gaps. Appreciative inquiry frames the current situation in

terms of opportunities and potential solutions. When well facilitated, an appreciative inquiry approach can be transformative; diverse people working within a system or organization at various levels imagine ways to design and implement solutions that build upon existing resources and experiences (Cooperrider et al. 1999; Watkins and Cooperrider 2000; Bushe and Kassam 2005; Case Western Reserve University's Weatherhead School of Management n.d.). It has been applied successfully in a number of public health and development settings (Ashford and Patkar 1999; Hanscom n.d.; USAID and Plan International 2010). FHI 360 has used this approach effectively for national strategic planning for HIV prevention and care in the Dominican Republic (Henry 2012). Among other applications, the approach has been used effectively to support strategic analysis and planning for HIV programming for people who inject drugs (Burrows et al. 2010).

The workshop was not a pure example of appreciative inquiry in the sense that the participants did address gaps and challenges at points during the meeting. However, the process did not stop at the stage of identifying problems, but rather, used the analysis of the problem to identify solutions, establish linkages among human resources (including the various stakeholders in the room), and highlight opportunities for building on existing expertise and knowledge. The participatory nature of the workshop proved essential to the identification of programming that is currently happening and gaps that exist, for articulating local knowledge, and for using local knowledge and expertise to advance programming for MARPs in the region.

In addition to the participatory approach, the mixing of participants from different countries within the same region and the mixing of representatives from different types of organizations were beneficial to achieving the objectives of the meeting.

## **CONTENT**

### **Objectives**

The workshop objectives were to enable participants to:

- Identify planning tools and information for improving the design and implementation of evidence-based HIV programming for MARPs
- Access and use tools and information for improving the design and implementation of evidence-based programming for MARPs
- Practice using selected country data for programmatic decision making for MARPs programs
- Demonstrate the ability to incorporate good program guidance, including human rights and empowerment approaches, into the design of HIV prevention programming for MARPs

The meeting introduced two tools that support U.S. Government guidance on HIV programming and can be used at various stages of planning: 1) the problem analysis tree and 2) the social ecology model. The facilitators first led the group through examples of utilization of the tools and then participants applied the tools to their own settings within small groups. The Regional Health Office also presented good practice guidance documents for MSM. Participant feedback indicated that the tools were feasible, useful, and relevant in their own settings.

The latter portion of the workshop introduced exercises that addressed the use of data for programming and resource allocation, and this served to link the tools together in a planning exercise, incorporating each stage of the planning process from policy to service provision.

## Tools

The problem analysis tree, with its conceptual clarity and visual aspect, can aid planners at varying levels and capacities to analyze and consider the root causes and consequences of a problem, from social factors such as stigma to commodity availability (see Figures 1 and 2). The tool facilitates identification of causal pathways and lays the conceptual groundwork for creating logic frameworks for project development and monitoring and evaluation. Participants worked in small groups to develop problem trees based on actual problems in their own contexts. They described the utility of the tool for addressing the challenges of identifying and articulating problems with precision and of reaching group consensus on problem prioritization given differing group member perspectives and limited resources (e.g., time and funds). The mixed perspectives represented in the workshop illustrated the feasibility of using the tool as a way to promote dialogue and planning among a diverse set of constituents. Participants who work within the government stated that the use of the tree was informative and useful, and they also noted that it could be an effective way to involve some of the lower literacy members of MARPs targeted in the programs. As reported by the participants:

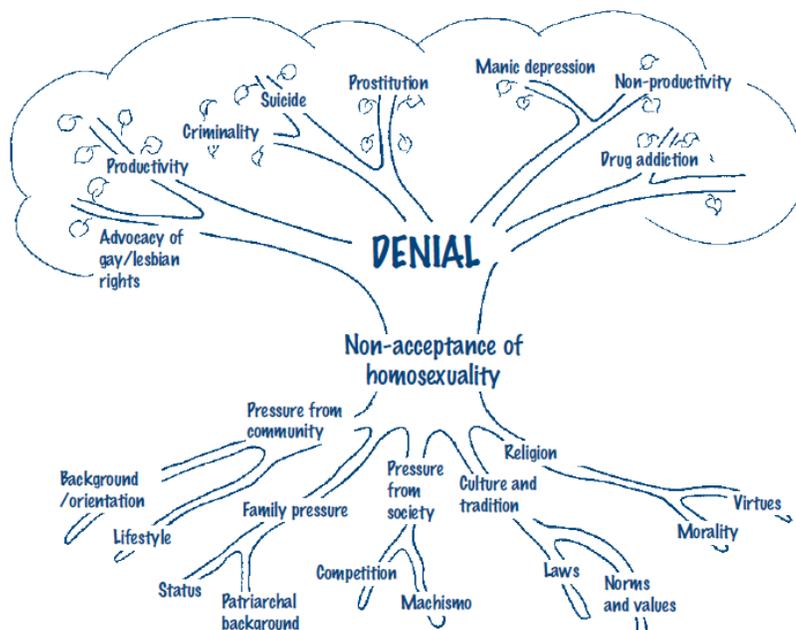
“The problem tree was valuable...when there is a [well-defined] problem, the solution becomes obvious; the root causes lead to the solution; when you identify the problem [accurately] you [better] understand the causes and the consequences.”

“In our country we start with large chunks that we can never achieve, but if we take concrete, specific problems we can have enough resources to efficiently address a problem.”

“I am involved in this for many years; it was not easy to come up with a key problem; it’s an exercise that we should use regularly to develop programs for our populations.”

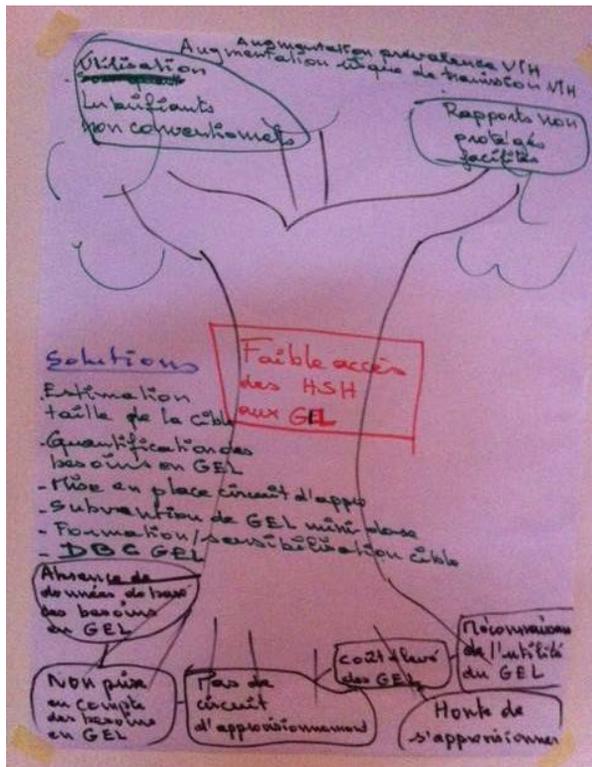
“We developed solutions that we can try to implement right away without more resources.”

**Figure 1. Problem tree example showing causes and effects of non-acceptance of homosexuality**



Adapted from PHANSUP Partnerships Meeting, Philippines, May 1997.

**Figure 2. Problem analysis tree created in one of the workshop's small break-out groups: "Weak access of MSM to gel [lubricants]."**

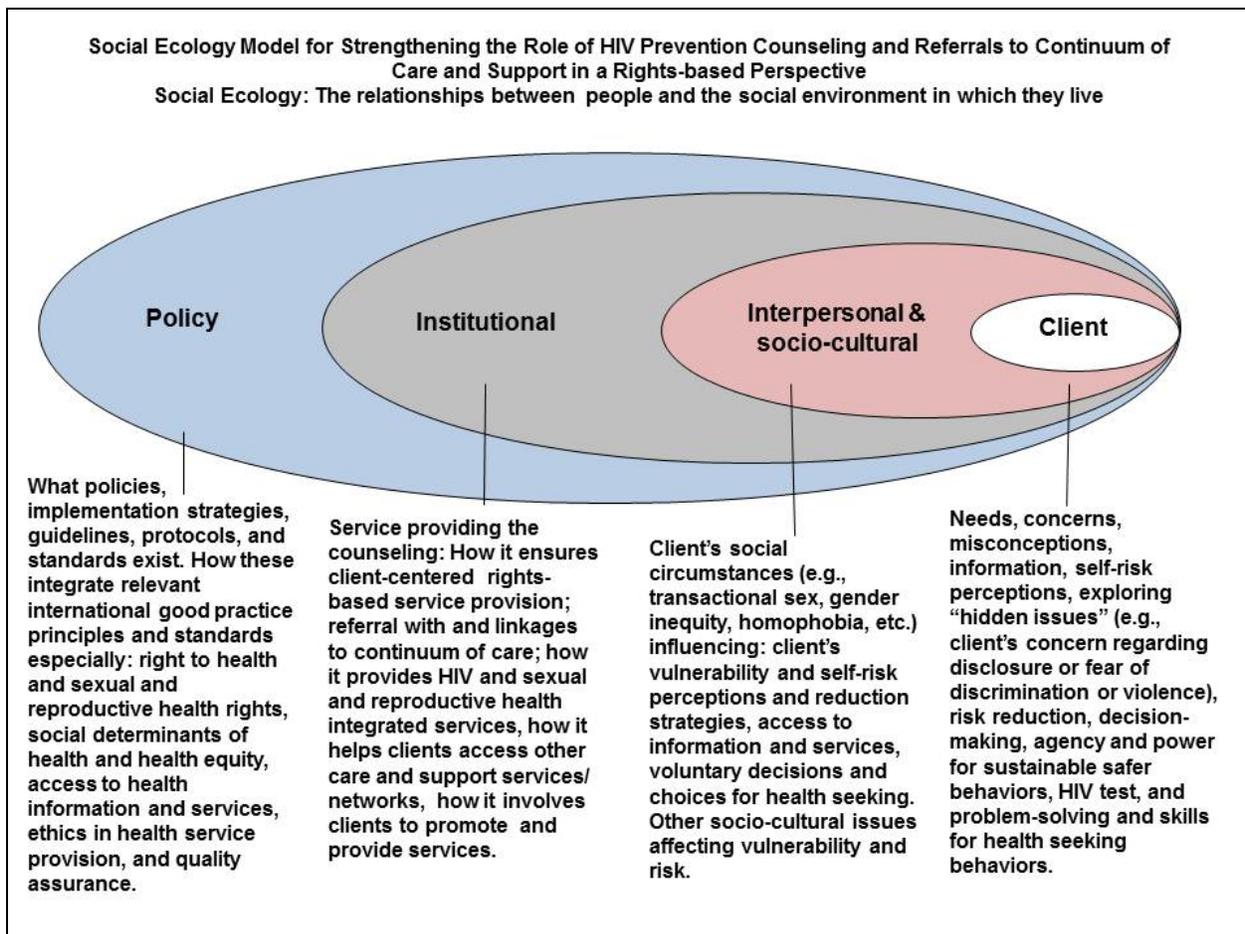


The drawing depicts the actual tree that was developed by the group during the workshop. The participants identified the elements to be used in the roots (the causes) and the branches (consequences) of the problem, which is labeled in the trunk of the tree (weak access of MSM to lubricant).

The social-ecological model (SEM) is a framework that examines the interrelations of several spheres of influence in affecting a specific issue in a social environment (i.e., the social ecology of a certain issue) (Bronfenbrenner 1979; Gregson et al. 2001). From this perspective, health issues are examined as social issues, which are affected by the interconnections of key spheres of influence: individual, interpersonal, institutional, and policy (see Figure 3). The SEM has been used extensively in the public health field (McLeroy et al. 1988; Krug et al. 2002) by institutions such as the U.S. Centers for Disease Control and Prevention (CDC 2009; CDC 2011). The SEM supports the framework of USAID's "combination prevention" approach to prevention. The set of interventions prescribed by the combination prevention package—biomedical, behavioral, and structural—reflect the individual, sociocultural and interpersonal, institutional, and policy layers of the SEM. Both the SEM and the problem tree frameworks emphasize the need for coordinated interventions at each of these levels to succeed in creating change. Participants discussed the usefulness of this model for comprehending and considering all aspects of individual and community context that shape HIV risk, for identifying where gaps in programming lie, and for developing holistic programming. Participants found the model to be highly relevant and helpful in program development. Participants highlighted its importance in analyzing and understanding social contexts in addressing MARPs programming:

“In most cases, we have made the mistake of only focusing on the individual but not taken into account the context of the individual, which has conditioned the individual.”

**Figure 3. Social-ecological model example**



SEM example created for the workshop by Beth Gragg, World Education, Inc. and John Snow, Inc.

Lastly, a data exercise addressed basic epidemiologic terms and concepts and was used to link the problem tree analysis and the SEM. The data exercise also stressed the use of data to prioritize root causes and consequences identified in the problem tree and to provide actual data points for decision making at each layer of the SEM.

During this exercise, workshop participants articulated two types of challenges related to the use of data for program planning: challenges when the data exist and challenges when data do not exist. When the data exist, issues of dissemination arise; data are not adequately shared among actors at different levels (e.g., policymakers, coordinating bodies, and civil society organizations) and across country regions. Workshop participants voiced the need for improved data dissemination systems and tools to increase program planners' access to existing data. Another challenge is capacity in using data; programmers require training in how to interpret and utilize available data for programming. The problem analysis tree is an example of a tool that can be used to share and facilitate the comprehension of data and problems' causal pathways, from determinants to outcomes, for diverse groups.

An absence in the use of data in program planning can result in programs that do not address the contextual factors that shape HIV risk and/or do not provide sufficient or appropriate coverage—in cases where data are missing on population size and location—and will be less likely to have the

intended impact. In the absence of data, programmers must rely on assumptions and best guesses, which may be particularly problematic when it comes to responding to behaviors and needs of stigmatized groups that are unable to voice or advocate for their needs. In resource-poor settings, it is especially imperative that available resources be used effectively and efficiently. Participants identified several concrete steps toward improved data-driven planning that they determined would be necessary and feasible to undertake after the workshop:

“We should make the linking [of data to program planning] process mandatory; people plan and set targets without data, but data analysis should be a required part; [it] will help set realistic targets.”

“We need data disaggregated by age and region and data on health service utilization for effective program implementation...[we] need qualitative data on stigma and discrimination and behavioral issues to help in developing programs by ensuring we’ve taken all issues into account.”

The frameworks and skills promoted through all of the activities were brought together during a country planning exercise wherein country groups determined actual priorities and next steps.

## **KEY DISCUSSION POINTS**

### **1. Using Data, Quantitative and Qualitative, to Understand Situation and Context**

In order to design effective HIV prevention programs that address individuals’ socio-ecological contexts, programmers must have access to various types of data—both qualitative and quantitative—that describe each of the dynamic and multifaceted layers of these social and ecological contexts. Workshop participants articulated two types of challenges related to the use of data for program planning and monitoring and evaluation. When the data exist, issues of dissemination arise; actors at different levels (e.g., policymakers, coordinating bodies, and civil society organizations) and across country regions access different sources of data, such as survey data or service data, but these are not shared among different levels and the reporting is usually only in one direction. There is a need for improved data dissemination systems, tools to increase program planners’ access to existing data, and training for programmers in how to interpret and utilize available data. An absence of the use of data in program planning can result in programs that do not address the contextual factors that shape HIV risk and/or do not provide sufficient coverage, and will be less likely to have the intended impact. Unrealistic targets were another stated consequence of lack of data, access to data, and data use capacity.

### **2. Involvement of Program Beneficiaries/MARPs**

Involvement of MARPs is critical to the responsiveness of programs to beneficiaries’ needs and contexts and, ultimately, to program uptake and impact. It can give beneficiaries a sense of ownership of and interest in programs, which supports program sustainability. The involvement of MARPs in the workshop, as well as exercises and discussion time to confront participants’ own stigma, was an important feature of the workshop.

Many leaders need more platforms and support to involve more individuals from MARP groups. The workshop highlighted that:

- MARPs are at times included, but MARPs are diverse and not included at all levels.

- MARPs are not a single category; it is important to recognize the heterogeneity of different MARP groups (MSM, sex workers, etc.).
- MARPs are not adequately involved and participants would like to promote the increased involvement of MARPs in designing, planning, and implementing MARPs programming. The involvement of MARPs in the workshop was considered to be beneficial.
- The tools (detailed previously) used in the workshop offered a means to not only identify and clearly understand the needs to be addressed through MARPs programming, but they also proved effective as tools to shift attitudes of planners to be convinced of the benefits of including MARPs.

Participants in this workshop reported the need to increase involvement of MARPs in programming and the value of using these tools to advocate among planners and to realize the benefit of investing in strategies to enhance their involvement. The dialogue led participants to agree that involving MARPs promotes good programming even if this renders the planning process more difficult or more costly in the beginning.

In some cases, participants explained, the desire to work with MARPs is there, however, participants expressed the need for more ideas on how to involve them more effectively. They identified the tools presented in the workshop as helpful and as vehicles for input. The groups pointed out that planners need to be willing to meet MARPs where they are, by recognizing their contexts, to ensure their involvement rather than expecting MARPs to come to them.

The workshop included a “values clarification” exercise in which the workshop facilitator made a statement: “It is difficult to include MARPs in the planning process,” and participants were asked to indicate whether they agreed or disagreed by placing themselves on one side of the room or the other, or in the middle. Participants who agreed with the statement—mainly those working in government—argued that it is difficult to include MARPs because these are people who are difficult to reach in the first place, who often do not show up to meetings, and who are afraid to involve themselves in open activities. Participants who disagreed with the statement argued that it is not hard to reach MARPs when you meet them where they are and do not make them come to you. It is necessary to work to organize with them. The participant who placed herself in the middle of the room stated that: “I am in the middle because it is difficult but not impossible.” The entire group reached a consensus that involving MARPs in planning can be challenging, but it is not impossible. They agreed that the values clarification activity was useful for generating dialogue that results in examining one’s own attitudes.

### **3. Coordination of Programming and Resource Maximization for Planning Effectiveness**

Workshop participants discussed the importance of coordinating different groups’ efforts for avoiding duplication of work and creation of parallel services, as well as for achieving greater comprehensiveness of available services in resource poor settings. Collaboration and partnerships—especially between groups working at different levels (e.g., policy versus grassroots)—can also promote possible synergies and linkages between programs that enhance their impacts. Actors that work in silos without dialogue hinder effective and comprehensive programming that maximizes limited available resources.

Participants expressed the need for resources for the creation of good programs and good programming practices, including access to existing tools. In some cases in West Africa, access is limited when tools are not available in French (e.g., the World Health Organization’s *Prevention and*

*Treatment of HIV and Other Sexually Transmitted Infections (STIs) Among Men Who Have Sex with Men and Transgender People*). In addition to access, many programmers feel the need for capacity building in the implementation of existing tools and opportunities for sharing existing best practices.

In this workshop, the problem analysis tree and the SEM demonstrated their utility as tools for coordination and dialogue between planners. Use of the problem tree creates a forum for discussion and for achieving consensus on what should be considered priority problems. For example, in this workshop, participants debated how to best articulate the problem and its causes and consequences; this led to several iterations until there was agreement over which aspect of the problem to focus on. The SEM can help groups working within the different layers of the model analyze how their work overlaps, where there are overall gaps in programming, and where potential synergies and opportunities for collaboration may lie.

“[In creation of the problem tree,] it was very exciting to have active involvement of all group members and reaching consensus and arriving at the notion that the problem is really is a problem; we came to consensus/solutions based on causes; we spent more time on finding solutions for which there is a budget.”

In this workshop, the participants from Burkina Faso and Togo demonstrated that the existence of in-country linkages are not to be taken for granted. Because resources are so scarce, groups may operate in isolation or even in competition. Moreover, stigma prevents some MARP organizations from self-identifying as MARP providers, and this hinders access to resource mobilization and quality programming. Providing spaces for dialogue that highlight opportunities for working together to create synergies is a useful way to promote collaboration. Some of the groups are already connected to international coalitions, which can be beneficial for all the groups. As stated by one participant: “We operate in different areas but we learned that this is key in response to MSM.”

#### **4. Health System Issues**

Health system issues remain challenging for MARPs programming. For example, a frequent problem that was cited was the inconsistent use of or the complete lack of availability of lubricant and condoms. These ongoing challenges are not unique to West Africa, and many countries continue to grapple with solutions. Additional attention to quality programming that reaches target groups—through greater involvement and investment in leadership among MARP groups—will help maximize resources and outcomes without duplicating efforts and wasting resources.

## **CONCLUSIONS: GUIDING PRINCIPLES**

Based on the knowledge and experience that participants brought to the workshop and the best practices for MARPs that were reinforced during the workshop, the following guiding principles emerged:

- MARPs must be involved at all levels, not in an “all or nothing” manner, but at least more often and at more levels.
  - The assumption that it is difficult to involve MARPs in program planning must be considered critically; challenges can be overcome by taking into account the structural factors shaping the ability of MARPs to be involved.
  - There are groups working effectively with MARPs; this work must be built upon and coordinated.

- Bringing together representatives that identify as from a MARP and representatives from civil society organizations/others who are effectively engaging MARPs at various levels is beneficial and can help change underlying assumptions that it is too difficult to involve MARPs in planning.
- Resources may be limited, but existing resources can also be spent more efficiently and effectively with collaboration of groups, strategic planning involving multiple actors at various levels, and the use of data.
- Tools can facilitate dialogue, linkages, and the inclusion of MARPs in planning and coordination. Using these tools facilitates the greater involvement of MARPs in these processes and is an effective way to articulate and prioritize problems. This helps use resources more efficiently. The following is evidence that this worked:
  - Participants immediately initiated dialogue via electronic communication.
  - Participant feedback was very positive:
 

“The new Togo Strategic Plan provides a road map; we can use the tools learned here to refine what we have already planned.”

“This workshop was very fruitful; each of us is convinced that it will be of great use in planning our interventions; in [Burkina Faso], managing MSM came from Associations first and only now political leaders are accepting it...[they] don’t talk about it much but it’s happening...I now see what I can do in terms of advocacy to my supervisors – we are all convinced at all levels that we need to support MSM; together we can do something good; it was well organized and the content was rich; thank you very much.”

It seemed clear that participants developed a sense of being a community of professionals working together toward the same end, as well as motivation to develop a system to remain connected after the workshop. As voiced by one participant: “We talked about having a network...I believe we are family of fighters for MSM and sex workers!”



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# APPENDIX A: AGENDA

## BUILDING SKILLS IN DESIGNING HIV PREVENTION PROGRAMMING FOR MOST-AT-RISK POPULATIONS

### Workshop Objectives:

By the end of the workshop, participants will be able to:

- Identify planning tools and information for improving the design and implementation of evidence based HIV programming for MARPs
- Access and use tools and information for improving the design and implementation of evidence based programming for MARPs
- Practice using selected country data for programmatic decision making for MARPs programs
- Demonstrated the ability to incorporate good program guidance including human rights and empowerment approaches into the design of HIV prevention programming for MARPs

Upon returning home to work in Togo/Burkina, participants will apply tools and skills learned during the workshop.

### Wednesday, May 2, 2012

- |                |   |
|----------------|---|
| <b>9:00am</b>  | <b>Open the Workshop</b><br>Introductions, objectives, expectations, schedule   |
| <b>9:45am</b>  | <b>Exploring Participatory Techniques, Part 1</b><br>Demonstrating the use of the problem tree  |
| <b>10:30am</b> | <b>Break</b>  |
| <b>10:45am</b> | <b>Using the Problem Tree to Know Your Own Epidemic</b><br>Small groups develop a problem tree for their own contexts<br>Presentations and large group discussion |
| <b>12:30pm</b> | <b>Lunch</b>  |
| <b>1:30pm</b>  | <b>Present Prevalence Data from Togo and Burkina Faso</b><br>Presentation and discussion in large group   |
| <b>2:45pm</b>  | <b>Analyze Prevalence Data</b><br>Small groups refine their problem trees, based on the data presented in the previous session                                    |
| <b>3:45pm</b>  | <b>Break</b>  |
| <b>4:00pm</b>  | <b>Analyze Prevalence Data (continued)</b><br>Presentations and large group discussion  |

4:45pm      **Summarize and Evaluate the Day**

**Thursday, May 3, 2012**

8:30am      **Review the Previous Day/Preview Upcoming Day**

8:45am      **Exploring Participatory Techniques, Part 2**  
Mapping the planning process  
Demonstrate the mapping process  
Groups, by country, map the relationships among data, policy, resource allocation, and planning and providing services to beneficiaries

10:30am     **Break**

10:45am     **Exploring Participatory Techniques, Part 2 (continued)**  
Presentation and discussion in large group

11:30am     **Review Best Practices from HIV Prevention Guidelines**  
Presentation in large group

12:30pm     **Lunch**

1:30pm      **Putting it all Together**  
Small groups use data, problem tree analysis, mapping exercise, and best practices to develop a plan for designing HIV prevention programming in their contexts, considering:

- The implications that participatory planning have for their own processes
- The allies that they have and will need
- The benefits of this type of planning for the beneficiaries

2:30pm      **Putting it all Together**  
Presentations and feedback in the large group

3:30pm      **Break**

3:45pm      **Identifying Next Steps**  
Action planning: incorporating lessons learned into planning processes

4:30pm      **Evaluate and Close the Workshop**

## APPENDIX B: PARTICIPANT LIST

<b>Participant</b>	<b>Country</b>	<b>Position, Title, Organization</b>
Cyrille Alexandre Compaore	Burkina Faso	Consultant, UNAIDS Technical Support Facility for West and Central Africa (TSFWCA)
Aristide Djenda	Togo	Union des ONG du Togo
Amidou Kabore	Burkina Faso	Association Vie Positive "Wake Up"
Germaine Kazongo	Burkina Faso	Présidente, Chargée programmes Association Yerelon
Patrice Koblavi	Burkina Faso	Coordonnateur de section
Kossi Yves Justin Kugbe	Togo	Charge de projects HSH
Kouadio Marcel Lougue	Burkina Faso	Coordonnateur PAMAC
Evariste Nikiema	Burkina Faso	LAMDA
Palokinam Toyi Pitche	Togo	PNLS
Lydia Saloucou	Burkina Faso	IPC
Kouamvi Dometo Sodji	Togo	Directeur exécutif, ONG FAME
Koungno Jean Francois Some	Togo	Coordonnateur du programme PASCI
Dabou Irene Traore	Burkina Faso	L'Unite Centrale de Planification et de suivi evaluation/Secretariat permanent du CNLS-IST
Ama Yawo	Togo	Directrice Executive de Petite Soeur a Soeur



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