

WHO/HIV/2004.15

**Rapid assessment and response
Adaptation guide for work with especially
vulnerable young people**

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September 2004**



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Acknowledgements

An expert panel reviewed this document and provided valuable inputs. WHO wishes to acknowledge their contribution in finalizing the document.

Case studies and examples used in this guide have been drawn from various sources. In many cases, they offer composite illustrations and guidance on how the guide might be used in various contexts.

Chapter 1 Introduction

Contents

- Introduction
- The YP-RAR and TG-RAR
- Audience

1. *Introduction*

All over the world, young people find themselves vulnerable to HIV infection because they lack the knowledge, skills and resources to protect themselves and their partners against infection. However, some young people are especially disadvantaged because of poverty, gender, sexuality and other factors. They include young migrants and refugees, young people involved in sex work, young people who inject drugs and young men who have sex with men. Many such young people have much poorer access to information and services, are more likely to engage in activities that place them at risk of HIV infection and have fewer resources to manage the impact of HIV/AIDS in their lives and communities.

These especially vulnerable young people are diverse. Programmes and interventions developed for one group do not necessarily address the needs of another apparently similar population. Past history and present context may differ. Understanding the specific individual and societal factors that influence young people's risk of and vulnerability to HIV infection and the settings in which infection is most likely to occur is crucial in developing local responses.

All too often, assessment of these factors has been far from timely and does not fit well with the actions that follow. Moreover, programmes and interventions have often been developed not in partnership with affected groups but by outside agencies using what they consider to be best practice in a particular domain. Experience shows that locally developed responses are generally more effective in addressing health issues such as HIV/AIDS, especially when young people themselves are integrally involved in the process.

Rapid assessment and response (RAR) is an approach that has been developed to assess complex health issues and behaviour within a short time frame. Based on the data collected, it offers a means for responding quickly with appropriate programme measures

Definition: rapid assessment and response

Rapid assessment and response is a way of making a comprehensive assessment of a specific public health issue. It involves focusing on the characteristics of the health problem, the population groups affected, key settings and contexts, health and risk behaviour and social consequences. It identifies existing resources and opportunities for intervention and helps in planning, developing and implementing interventions and programmes.

and interventions.

2. The YP-RAR and TG-RAR

This adaptation guide for work with especially vulnerable young people (YP-RAR) describes how to undertake a rapid assessment of HIV-related issues among young people and to develop appropriate interventions and responses. The emphasis is on working with young people who may be especially vulnerable. An RAR among young people provides specific information on vulnerable young groups, the types of questions that might be asked when conducting an initial assessment and issues that might arise in working with these people.

This guide supports the more general *WHO rapid assessment and response technical guide* (TG-RAR).¹ It complements the TG-RAR by providing greater detail on issues, behaviour and settings relevant to young people who are especially vulnerable to HIV/AIDS. It offers guidance on ways to plan, develop and implement programmes and interventions for these affected populations.

3. Audience

The YP-RAR is intended to be useful to:

- policy-makers and programme planners in deciding on how to proceed with conducting an RAR;
- researchers who may be seeking specific tools to use in working with young people; and
- members of community-based organizations who are seeking to develop responses to issues affecting young people in their communities

The YP-RAR may be used on its own to assist programme planners in deciding on whether to conduct an RAR and how to prepare for this. However, for those who may be implementing an RAR within communities of young people, the YP-RAR is best used in conjunction with the TG-RAR itself. This can be downloaded from: <http://www.who.int/docstore/hiv/Core/Index.html>.

Those organizing and undertaking an RAR are assumed to have some familiarity with social science research methods, especially knowledge of how to collect and analyse data using a variety of qualitative and quantitative methods and how to plan and conduct consultation processes. The TG-RAR outlines a variety of methods to use, whereas the YP-RAR provides specific assessment tools for use with young people.

The structure of the YP-RAR closely follows that of the TG-RAR. Each chapter of the YP-RAR links to the corresponding chapter in the TG-RAR through section headings and numbering.

¹ Stimson GV et al. *WHO rapid assessment and response technical guide*. Geneva, World Health Organization, 2003 (<http://www.who.int/docstore/hiv/Core/index.html>, accessed 22 April, 2004).

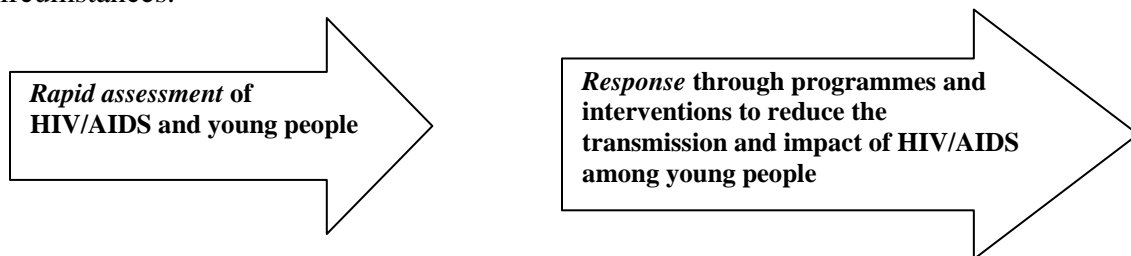
Chapter 2 HIV/AIDS prevention and especially vulnerable young people

Contents

- Introduction
- HIV/AIDS and young people
- Developing a response

1. *Introduction*

This guide applies rapid assessment methods to facilitate the development of effective programmes and interventions. The focus is on young people who are especially vulnerable to the epidemic and its effects by virtue of their economic and social circumstances.



Chapter 2 of the TG-RAR describes the RAR process, its origins and links to programme development.

2. *HIV/AIDS and young people*

Statistics and extent of problem

In June 2002, more than 11.8 million young people 15–24 years old were estimated to be living with HIV/AIDS. Every day, at least 6000 young people globally become infected with HIV.² Of particular concern is the fact that more than half of people becoming infected with HIV are 15–24 years old. Most infections result from unprotected sex, but an increasing number of young people are being infected by sharing contaminated injecting equipment. In some countries, the rate of infection among this age group is as high as 10%, with predictions of increased infection rates among the young people who are most disadvantaged and marginalized.

Patterns and characteristics of HIV epidemics

Globally, HIV/AIDS epidemics differ in size and nature across continents. In sub-Saharan Africa, for example, more than 8.5 million young people between 15 and 24 years have already been infected. In this region, more young women are infected with

² Young People and HIV/AIDS: opportunity in crisis. New York, United Nations Children's fund and Geneva, UNAIDS and WHO, 2002.

(http://www.unicef.org/publications/pub_youngpeople_hivaids_en.pdf, accessed 22 April 2004).

HIV than young men. This is also the case in parts of southern and southeastern Asia, the Caribbean and northern Africa.

In contrast, in eastern Europe, central Asia and southeastern Asia, most HIV infections are linked to injecting drug use. Here, rates of infection are higher among young men than among young women.

Concentrated epidemics among those who inject drugs and are engaged in sex work have also been reported in parts of Asia. In most industrialized countries, in Latin America and in parts of Asia there are concentrated epidemics among men who have sex with men as well as heterosexual epidemics among young people in sex work and among those who buy and sell sex.³ In many countries, the HIV/AIDS epidemic is causing rapid change. Young people's circumstances and situations are also evolving, and new issues and patterns of risk and vulnerability are constantly emerging. For example, economic and social transition in the countries of central and eastern Europe has given rise to an escalating HIV epidemic among young people who are injecting drugs. Economic crisis in some of these countries has also resulted in many younger women moving to cities and entering into sex work. This rapid change calls for action that is timely and relevant.

Vulnerability and risk to HIV/AIDS

Not all young people are equally vulnerable to HIV infection. Those who are most vulnerable are usually young people living in difficult social, political and economic circumstances. They are likely to experience health and other problems because of their social and economic circumstances. Especially vulnerable young people include the following.

- *Young people who sell sex.* Young people may sell sex, especially when faced with poverty and the need to provide for themselves and their families. Risks include economic exploitation and sexual coercion by those with money and power.
- *Young people who inject drugs.* They may face special risks linked to the sharing of needles and other injecting paraphernalia. Young injectors comprise both occasional and regular users. Addiction may be associated with health problems.
- *Young migrants and refugees in situations of conflict, war, famine, natural disasters and persecution for political and religious beliefs.* Displacement and separation from home culture, families and community can exacerbate the health risks young people face.
- *Young men who have sex with other men.* The associated stigma can result in young men keeping their behaviour secret. This, in turn, can affect their ability to protect themselves against HIV infection. Some young men who have sex with men may be subject to sexual coercion, especially in situations of poverty.

³ Young people and HIV/AIDS: opportunity in crisis. New York, United Nations Children's Fund and Geneva, UNAIDS and WHO, 2002
(http://www.unicef.org/publications/pub_youngpeople_hiv aids_en.pdf, accessed 22 April 2004)

- *Other vulnerable populations.* These include young homeless people living on the streets, those who have been orphaned and those in other ways seriously affected by HIV/AIDS.

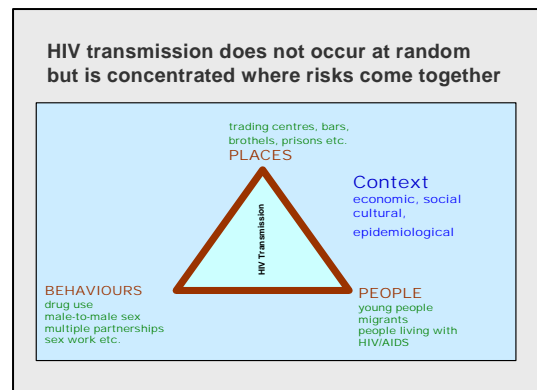
These population groups are not discrete entities and often overlap. For example, some young homeless people may also engage in sex work and injecting drug use. Alternatively, they may have been orphaned by AIDS or displaced through war or famine.

Age and gender especially influence vulnerability. Younger girls and women are especially vulnerable to sexual exploitation. They also face greater risks of sexually transmitted infections and HIV infection, pregnancy and violence. In many cultures, they may have less ability to protect themselves or less access to needed services. Girls are also more likely than boys to exchange sex for money to support themselves and their families.

The risk of HIV transmission needs to be understood as a result of the combination of factors that include the places where risk is initiated; the behaviour of people that places them at risk; and the specific characteristics of people that put them at increased risk.

For example, a population of young migrants living in a refugee camp may not have an especially high risk of HIV infection just because they are living in the camp. However, if these young people engage in sex work, have little peer or adult support to engage in safer sex practices and have no access to condoms, this combination of factors almost certainly increases the risk of HIV infection.

Recognizing both risk and vulnerability as factors that need to be taken into account in planning responses requires comprehensive assessment. Understanding the structural, social and cultural contexts within which specific groups of young people live and the influence these contexts have on risk and vulnerability to HIV/AIDS is crucial to developing effective programmes. In many settings, identifying resources that can potentially strengthen the capacity of young people to protect themselves is also important.



3. *Developing a response*

Use of RAR

An RAR among young people aims to identify the key factors influencing HIV infection among young people so that effective programmes and interventions for HIV/AIDS prevention and care can be developed and implemented.

Definition: Intervention

An intervention among young people is any action taken to prevent HIV/AIDS, reduce the impact of HIV/AIDS among young people, change settings that contribute to risk and vulnerability among young people or change risk behaviour among young people.

An intervention can include activities that aim directly to help young people to change their behaviour (individual level), projects that aim to help communities and settings change (community level) and actions at a legal, political, economic, social and religious or cultural level that alter the environment (structural level).

Interventions may be related to prevention, health promotion, treatment and policy responses.

Definition: Programme

A programme is a group of related activities, projects, actions or services that have a common objective and are directed towards promoting HIV/AIDS prevention and care among young people.

Structural, community and individual-level interventions

Three main sets of factors affect young people's vulnerability and risk to HIV infection – structural, community and individual influences.

Structural factors mainly influence vulnerability. They include factors beyond the influence of the community or individual such as social, economic and political conditions, laws, religion and the societal culture. Programmatic interventions at this level include: implementing new laws and policies relating to HIV; strengthening health and surveillance systems; and developing new and more effective means of distributing treatment drugs and condoms.

Structural level: young people and migration in Asia

The increased mobility of people across borders in southeastern Asia is facilitating the spread of HIV, especially among young men and women. An RAR conducted at several border sites identified numerous factors that gave rise to this migration – population and land pressures, employment opportunities arising from global market demands and economic and political instability.

Cross-border areas and rapidly growing towns with large migrant worker populations enhance the vulnerability to HIV/AIDS of many young people. Interventions to reduce this vulnerability may include: developing comprehensive and coordinated approaches to work with young migrant populations; developing labour policies to provide protection for young migrant workers; taking firm action to stop the trafficking of women, especially young women; and developing regional and in-country partnerships to address HIV/AIDS prevention among young migrant populations

Community-level factors are also largely external to the individual but are located in their immediate environment. They too affect vulnerability and include the social networks to which young people belong; the norms, beliefs and values shared with friends and other local people; and the settings in which young people live. Interventions at this level may include community-based HIV/AIDS awareness and information campaigns; condom promotion; advocacy involving community and opinion leaders; community development activities; and the establishment of specialized services for young people such as mobile sexually transmitted infection clinics and income-generating and literacy programmes.

Community level: organizing young sex workers in Brazil

In Brazil, a group of young male sex workers decided to make their working environment safer by forming an organization that could advocate on their behalf and provide support and access to resources such as condoms and health services. This organization lobbied on their behalf with key community services, negotiated for safer streets and facilitated networks between young men who were working on the streets

Programmes and interventions at the individual level may include enhancing awareness by providing information and resources; strengthening young people's capacity to act through skills training; and changing attitudes through individual counselling and support.

Interaction between structural, community and individual influences

An effective response requires action at all three levels.

At the structural level, political decisions, laws and policies can undermine (or facilitate) prevention efforts by displacing, excluding and neglecting young people based on their lifestyles, behaviour and sociocultural characteristics. At the community level, young people may be part of social networks that enhance their likelihood of HIV infection or are influenced by cultural norms that dictate how they should behave. Laws and policies can influence these norms and begin to change behaviour. Policies can also improve the access to and availability of services and programmes for especially vulnerable young people, influencing individual behaviour change and creating opportunities that may not have been available to them previously.

Chapter 3 Applying RAR principles

Contents

- RAR with vulnerable young people
- Key features of and RAR among young people

Chapter 3 of the TG-RAR outlines the principles and key features of rapid assessment and response.

1. ***RAR among vulnerable young people***

An RAR among young people is especially useful in:

- identifying populations of young people that are especially vulnerable, and their principal characteristics;
- identifying the settings and contexts that make some young people especially vulnerable;
- describing behaviour that places young people at increased risk of HIV infection;
- investigating young people's knowledge, practices and perceptions of risk;
- mapping local networks and contexts for risk and vulnerability;
- identifying local resources and opportunities for intervention;
- identifying policy and programme gaps; and
- developing relevant and local responses that involve young people.

The advantages of an RAR over other planning approaches include:

- achieving timely results by bridging the gap between assessment and response;
- creating productive partnerships and alliances by involving local communities; and
- initiating action that can be sustained by strengthening local capacity for assessment and response

2. ***Key features of an RAR among young people***

The particular features of an RAR among young people that distinguish this approach from other methods of working with young people are:

- speed, timeliness and cost-effectiveness: an RAR among young people can usually be completed within 12 weeks;
- practical relevance: the purpose of an RAR among young people is to facilitate programme development and not to increase scientific knowledge for academic purposes;
- strengthening local responses: an RAR fosters the involvement and participation of young people;

- use of multiple methods: this facilitates a comprehensive approach to gathering data to develop an understanding of social and health issues relevant to young people and the situations in which they live;
- inductive approach: this allows ideas and conclusions to be built from the data collected and not from pre-existing theory generated in other contexts;
- multi-level analysis: uses an analysis of individual, community and societal contexts and needs to understand the influence of each of these factors on the risk and vulnerability of young people and to develop responses that are relevant and able to be implemented; and
- reliability, validity and triangulation: uses several methods and data sources to collect and analyse information.

2. *Identifying key issues*

Many issues in relation to young people and HIV/AIDS can prompt investigation and action. These may include:

- increasing community concern about rates of HIV infection;
- a growing burden of disease related to HIV infection among young people;
- significant gaps in services and programmes for especially vulnerable young people;
- evidence of behaviour and practices that place specific populations of young people at increased risk of HIV infection;
- demands for action from youth groups, politicians and community organizations; and
- campaigns such as the World AIDS Campaign and World AIDS Day that focus attention on young people, especially those who are most vulnerable.

3. *Establishing a core RAR team*

Once a decision has been made to conduct an RAR, the first step is to set up a core team. This team is the group that takes responsibility for planning, advocating for and supervising the implementation of the RAR among young people. This group is likely to comprise representatives from government agencies, local communities, young people and nongovernmental organizations (NGOs). It may include those who identify the issue as a priority for action. Its task is to oversee and support the work that takes place.

Two other key bodies are likely to be involved in an RAR: the broader team that conducts the research and a community board or youth forum that acts as a conduit between RAR teams and the community.

4. *Conducting an initial community consultation*

Early on, a broad range of community representatives, as well as young people themselves, need to be briefed about RAR objectives and activities. This may take place via a meeting or workshop with invited community representatives, including young people. Alternatively, it may take place as an advertised consultation within a specific community. In some communities, initial consultation may be conducted through a series of discussions with key people and groups of young people.

Whatever form this initial consultation takes, it should be used to discuss issues of particular concern and identify any existing opportunities and resources. The initial consultation may also identify potential members of the broader RAR team. These may include young people who have potential to be trained as researchers or community members who can assist in collecting information.

An initial community consultation is also valuable for gaining the support of community leaders and for negotiating the means for effective community participation.

5. *Identifying the scope, aims and objectives of an RAR among young people*

Following the initial consultation, the core RAR team determines the scope, aims and objectives of the RAR. Of particular importance are the priority issues to be investigated, the resources available and the time frame. This process also involves looking at different potential assessment methods and data sources, the composition of the team and mechanisms for community participation. The core team should be realistic about what can be achieved within a given time frame and any local limitations that may exist.

6. *Establishing a community consultation process, including advocacy*

Establishing appropriate processes for community participation and ways to provide feedback can ensure that communities are properly involved. These processes are usually identified during the initial community consultation as a means of enabling regular contact.

Community advisory boards and youth fora can be practical ways of fostering broad-based community involvement. They can be useful places to discuss findings and to plan for responses. Sometimes these boards may take on responsibility for overseeing the RAR. A properly constituted youth forum can also provide an important link to young people, thereby facilitating the development of relevant and more supportive programmes.

Special challenges may be encountered if an RAR identifies behaviour, and develops responses, that raise community resistance and opposition. For example, the identification of young people engaged as sex workers may result in some members of the community demanding punitive action rather than HIV/AIDS prevention programming. Advocacy is therefore an important function of community consultation. This includes working to influence key opinion leaders, community gatekeepers and others who have decision-making responsibility.

Information collected throughout the RAR needs to be packaged and communicated for use by a wide range of audiences, and strategies need to be developed to address resistance and opposition. Providing accurate information may be sufficient to gain community support. However, where community leaders have strong moral and religious views, strategies may be needed to enlist support for local responses. Although it can be time-consuming, advocacy is vital to reducing opposition and maintaining support.

7. *Building and training an RAR team*

Although the core RAR team has overall responsibility for conducting the RAR, a broader team is needed to carry out individual RAR activities. The quality of an RAR among young people will be enhanced by having a team with a broad range of skills that can be mobilized. Professional knowledge and skills are important, but so are personal experience and knowledge of issues affecting young people. An RAR team needs to be balanced in terms of gender, age and ethnic composition. If work is taking place with minority young people, representatives of minority communities should also be involved.

The number of people needed in this team depends on the size of the RAR and how quickly the information is to be gathered. Dividing the team into several smaller groups, each with its own coordinator, may sometimes be useful, especially when several experienced researchers are involved.

Training is the first task of the overall team. This way, team members can become familiar with the principles and methods of RAR. During training, team members will also get to know one another, develop ways of working together and begin to understand their complementary roles and responsibilities. Training also provides the opportunity to finalize plans for the RAR among young people itself.

8. *Developing the RAR plan*

By this stage in the process of setting up an RAR among young people, the team should have a reasonably good understanding of the main issues to be addressed. Developing a written assessment plan outlining how the RAR will be conducted and the desired output can be helpful.

9. *Undertaking fieldwork*

An RAR team is likely to conduct assessments in several areas examining: the contexts and settings in which young people live; the health behaviour that places young people at risk of HIV infection; the social and health consequences of young people's lifestyles and behaviour; and how existing programmes, policies and resources affect vulnerability to HIV infection. Chapter 8 describes key modules for assessment.

To obtain the information needed, an RAR team needs to bring together data from a variety of sources. Methods commonly used in working with young people include the use of existing data sources, individual interviews, focus groups, observation, mapping and narrative techniques. These methods are described in Chapter 9 and in more detail in Chapter 9 of the TG-RAR.

10. *Translating findings into action*

Each of the assessment modules within an RAR is designed to elicit information on specific contextual concerns. In each successive module, the new information gathered builds on that collected before. At the end of each assessment module, key findings are recorded on a planning grid (see Chapter 10 in this guide and in the TG-RAR) before being fed into the action plan.

The action plan brings together grids detailing key findings from each of the assessment modules, sets priorities among responses and tests their feasibility. Key stakeholders, including community representatives and young people themselves, have an important role in developing the action plan, since they are likely to have responsibility for implementation.

11. *Developing and implementing programmes and interventions*

The action plan provides the framework for implementation and sets out the activities to be pursued, resources, costs and time frame, whereas implementation depends on having the funding and resource capacity. An RAR report, including an action plan, can be useful in advocating for funding. The active involvement of key stakeholders, especially those who can provide funding and mobilize support for action, is another way of gaining support for an urgent response.

12. *Monitoring, evaluating and sustaining a difference*

Monitoring and evaluation are necessary to understand how well the programmes and interventions are working and whether they are effective. Each action plan, therefore, should identify measures to assess and evaluate the implementation of activities. When monitoring and evaluation are participatory and actively involve young people, they are likely to stimulate sustainable responses.

Chapter 5 Planning and implementing a response

Contents

- Introduction
- Principles of developing interventions and programmes
- Types of programmes and intervention

1. ***Introduction***

Information from a well-conducted YP-RAR should provide guidance on the development of programmes and interventions, including the type of activities and approaches to use. Programmes and interventions related to HIV/AIDS aim to reduce risk and vulnerability and to alleviate the impact of HIV/AIDS on young people.

2. ***Principles of developing interventions***

Chapter 5 of the TG-RAR identifies several key principles for developing interventions and programmes.

3. ***Types of interventions and programmes***

Programmes and interventions need to be relevant to local conditions and tailored to the needs of young people. They cannot simply be transferred from one location to another, although programmes that have been successful elsewhere can be used as a starting-point for developing similar (but modified) activities locally.

The TG-RAR describes several broad approaches that can be adopted. In relation to young people, commonly used interventions include providing information; distributing materials; education; training and developing skills; community-based activities; organizational and environmental change; regulatory activities; treatment; and working with minors.

Providing information

Accurate information helps individuals to become aware of the risk of HIV infection. However, information alone is rarely sufficient to promote safer behaviour. Many young people know about HIV/AIDS but have little information about how to protect themselves and their partners. Some may even harbour serious misconceptions about HIV transmission.

Information, therefore, needs to accurately advise about the risks of HIV transmission, risk behaviour and means of protection as well as services, programmes, events and meetings in the community. Common ways of providing information include pamphlets, brochures, stickers, fact sheets, posters, billboards, comic books, product labels, videos, drama performances, workshops and public meetings.

These and other techniques offer an inexpensive and rapid means of transmitting important messages about HIV/AIDS. Information is usually more effectively transmitted when young people are involved in designing the messages. For example, young people are more likely to read and understand comics that include situations and language familiar to them.

Social marketing has been used widely to promote awareness of HIV/AIDS and to create demand for and increased acceptance of condoms. It frequently uses commercial marketing approaches to develop “brand” awareness. Messages may be advertised in a variety of locations: buses, billboards, pamphlets, posters, T-shirts, radio and television – as part of a coordinated campaign.

Distributing materials

Behaviour change can be enhanced by access to materials and resources that enable people to take protective measures. Distributing condoms and providing injecting equipment at needle and syringe exchange outlets are common examples of this type of intervention. Ensuring good access to such resources is important in work with especially vulnerable young people. Many people outside the mainstream have difficulty using these services. Alternative distribution mechanisms may need to be identified. Mobile vans, activities in bars and shops and outreach work have been successfully used to distribute condoms, needles and other resources to these young people.

Education

Education involves a lot more than encountering knowledge. It involves thinking carefully about what has been learned and reflecting on past and future behaviour. Schools can provide high-quality education about sex, relationships and drug use. To be effective, such approaches need to combine the provision of information with work on attitudes and developing skills. Teachers and other adults need to be trained and supported to conduct this work. Out-of-school education about HIV/AIDS can occur at the community level and through peer group networks.

Goals in educating young people about HIV/AIDS may include:

- improving skills in communication and negotiation related to sex and drug use;
- developing positive attitudes, beliefs and values;
- increasing self-esteem and a sense of shared responsibility;
- improving decision-making skills for reducing risk related to sex and drug use; and
- increasing participation and social integration to reduce vulnerability

Storytelling, drama, puppetry, songs, dance, film and video are important forms of HIV/AIDS education. These techniques also enable information about HIV/AIDS to be communicated to populations that have little access to the mass media and may be illiterate. Using actors can introduce an element of anonymity, allowing more sensitive issues to be discussed.

Voluntary and confidential testing and counselling, and the education that accompanies it, is another key intervention for reducing risk. Knowing your HIV status can be a powerful force for adopting safer behaviour. Counselling can provide the support to improve self-esteem, decision-making and interpersonal skills so as to enable people to sustain changes in their behaviour. Making services more youth friendly includes involving young people as staff, mobile testing services and peer support programmes.

People living with HIV/AIDS have an important role to play as educators. They can give a human face to HIV/AIDS, thereby promoting a better understanding and acceptance of those living with HIV/AIDS and the risks of HIV transmission. Being open about one's HIV status can be very difficult for many young people, especially if they have little family and community support.

Training and developing skills

Training is important in enabling young people to act as leaders and peer educators. Beyond this, it is vital in equipping teachers, youth workers, health care workers, law enforcement officials and others for their roles in HIV/AIDS prevention and care. Training may focus on such issues as HIV/AIDS awareness, values and attitudes, developing and managing programmes, peer education, counselling, designing a campaign, reducing harm and managing sexually transmitted infections. It may also be used to help young people in speaking publicly and designing information and education materials.

Community-based activities

Many young people have little access to existing health and social services. Innovative and creative approaches may be necessary to meet their needs. These can include peer education and counselling, outreach programmes and community development initiatives.

- Peer education and counselling

Peer education involves recruiting and training members of the population to undertake, often voluntarily, educational and other activities with their peers. It can be effective in reaching populations marginalized from existing services. Peer educators usually work within their own communities and social networks and share the culture, language, beliefs and practices of their peers. Youth-friendly corners in sexually transmitted infection and sexual health clinics staffed by trained young people have succeeded in increasing the acceptability and use of sexually transmitted infection and HIV/AIDS services by young people in many countries.

- Outreach programmes

Young people frequently experience difficulties in accessing services. It is important to consider how to take information, resources and services to places where they spend their time. The reasons why young people find access difficult include negative staff attitudes, cost, lack of transport and the opening times of agencies. People tend to respond best to services that are available at times and in areas convenient to them. Examples of successful programmes focusing on young people include mobile clinics offering

counselling, testing, treatment of sexually transmitted infections, condoms and information; outreach services for injecting drug users; and condom distribution in bars, clubs, discothèques and other venues.

Outreach programme for sex workers in Jakarta

An NGO in Jakarta, Indonesia, developed an outreach programme in a busy shopping centre where young male and female sex workers congregated at night. Outreach workers distributed information and conducted street discussions with these young people. These discussions included demonstrations of condom use, needle sterilization and first aid for drug overdose. Peer counsellors were also trained to provide individual support. This programme has effectively built a community among these young people, resulting in more support, care and tolerance towards each other.

Source: personal communication from Spirita Foundation, an NGO providing support to people living with HIV/AIDS and based in Jakarta.

- Community development initiatives

A variety of initiatives have been established within communities to address HIV/AIDS prevention. Young people have organized some of these. Examples include: support groups for people living with HIV/AIDS; groups to provide information and support to injecting drug users; organizations that support sex workers; treatment advocacy campaigns; youth corners in clinics; drop-in centres; and counselling and care centres.

Organizational and environmental change

Policies and practices such as placing needles and sharps bins in public toilets, placing condom and needle vending machines in shopping centres and distributing condoms in prisons are examples of organizational change. Examples of changes to the environments of young people include: creating settings that offer shelter for street children; introducing needle and syringe exchanges and injecting rooms to reduce the potential for harm; and creating new opportunities for employment, especially where young people are placing themselves at risk while trying to earn an income (such as through sex work).

Regulatory activities

Legislative change can create a more supportive environment for the development of responses to HIV/AIDS. Anti-discrimination laws can help to reduce stigma and discrimination towards people with HIV/AIDS. In some countries, legislation decriminalizing homosexuality and sex work has enabled improved access to prevention services. Similarly, changes to laws to allow for increased access to clean needles and syringes have significantly influenced HIV transmission rates among young injecting drug users. However, making these changes requires political will and community support as well as acceptance by health professionals, police and policy-makers.

Treatment

Treatment and care programmes comprise an important element in the continuum of prevention responses. Young people need access to these services not only if they are HIV-positive but also to prevent the onward transmission of HIV and to manage health issues associated with their lifestyles, including reproductive health and drug use.

Working with minors

Providing services to minors can also present difficulty if this means that service providers are breaking the law. Some underage young people are especially vulnerable because of their age and limited means to protect themselves. Special arrangements may be required to facilitate access. Contact with underage young people can be made and sustained through outreach activities and by using older peers within peer networks to provide support and guidance to those who are more vulnerable.

Chapter 6 Social mobilization, advocacy and community participation

Contents

- Social mobilization
- Advocacy
- Community participation

1. Social mobilization

Social mobilization is key to expanding the response to HIV/AIDS. It involves increasing the involvement and participation of communities in action around issues that affect themselves and their environment. Social mobilization can act as a catalyst for others to become involved in the issue.

Underpinning social mobilization is the belief that the best way to promote health is to support communities in taking greater control and responsibility for their health and well being. Communities often comprise diverse groups of people with different beliefs and practices, but within these groups there may be common interests, identity and understanding. These can be used to bring people together and unite them around a common purpose.

The initial consultation undertaken as part of an RAR attempts to lay the foundations for later social mobilization. This may include: establishing places for young people to meet and discuss issues; setting up youth fora; facilitating working arrangements between key community agencies; establishing partnerships with the private sector to fund initiatives for young people; and developing advocacy tools for young people to use.

2. Advocacy

Advocacy has been used successfully in:

- promoting better access to treatment and care among people living with HIV/AIDS;
- ending compulsory HIV testing for employment, in education and at the workplace;
- abolishing laws that criminalize private, consensual homosexual acts;
- promoting public support for needle and syringe exchange programmes for injecting drug users; and
- reducing community fear and stigma towards people with HIV/AIDS and promoting openness and acceptability.

Advocacy has an important role to play in supporting an RAR among young people, especially when there are negative community attitudes towards young people and resistance to public health interventions.

In devising an advocacy strategy, the following are always helpful.

- Begin with a realistic, achievable and measurable set of objectives. Setting clear goals and focusing on a limited number of clear objectives is a good way to proceed.
- Use existing data to develop persuasive arguments. For example, information from HIV surveillance, RAR and research reports about increasing rates of HIV among young people can help to convince authorities that action is urgently needed.
- Identify and target the people who make decisions and those who influence decision-makers, including the mass media. With respect to work with young people, key decision-makers and sources of policy influence include national youth ministries as well as NGOs working with youth.
- Include young people in all phases of developing strategy. Including people with HIV/AIDS in advocacy activities has been shown to be an effective approach in influencing attitudes and increasing community support.
- Target different sections of the community with different messages. Learning what issues concern these different sectors will help in devising these messages.
- Develop clear statements describing specific actions that need to be taken. These are likely to be more persuasive than long and detailed documents.
- Build coalitions with influential people and organizations.
- Act in a timely fashion to take advantage of opportunities to meet with key audiences and decision-makers

3. *Community participation*

Community involvement and participation is crucial to the success of HIV/AIDS programming.

- Participation can increase the likelihood of subsequent action. Young people's involvement in designing, implementing, monitoring and evaluating activities, for example, can lead to these activities being "owned" and sustained over time.
- Participation and involvement allows local resources to be used to design and develop programmes. These resources include skills, knowledge and experience that, when used, can provide a more relevant and effective response.
- The involvement of young people living with and affected by HIV/AIDS can add a significant impetus to change. It can also help trigger wider responses beyond the local community, including political and government support.

In addition, establishing good links with young people and their communities can help marshal support for an RAR, and the involvement of young people in the early stages of an RAR ensures that assessments are well focused and that the responses developed are relevant.

Involving young people can be difficult, especially if they are economically and socially marginalized by virtue of their age, gender and status. Young women and young people from minority ethnic communities, for example, may have less of a voice than those with greater status and power. Access to vulnerable populations and groups is often best gained through members of these same communities.

Young people can be actively involved in an RAR among young people by:

- establishing fora for the discussion of key issues, such as meetings, youth fora and informal discussion groups;
- training young people to assist in collecting information in an RAR;
- facilitating young people's involvement in making decisions and setting priorities;
- establishing mechanisms for regular feedback and discussion;
- facilitating the design of interventions and programmes that are relevant to young people's interests and concerns;
- working with formal structures such as youth advisory boards;
- facilitating young people's full involvement in advocacy activities and campaigns; and
- facilitating young people's participation in information and mass-media events

The type and level of community participation required as part of an RAR among young people depends on the issues to be addressed. Levels of community participation range from passive and uninvolved types in which people are told what will happen to them to more engaged consultation in which communities are much more involved in determining processes and actions.

The level of involvement sought depends on the nature of the community and its capacity to participate effectively, including the resources it can offer. For example, undertaking an RAR with young migrants may involve gaining access to a wide variety of groups including young people at risk, representatives of organizations working with these groups, representatives of communities in which young migrants live and government and other officials. Some of these groups may be actively involved by participating in an RAR team. Others may be consulted through focus groups, interviews and meetings.

Developing capacity among young people may mean training them to translate their ideas into action through action research or participatory learning. For example, developing a culture of safer sex among young gay men in Australia was facilitated by establishing a group of young men called safe sex sluts, who promoted and celebrated safer sex behaviour at venues and dance parties by distributing condoms.

Various issues and viewpoints arise in developing a comprehensive community assessment. Different stakeholders may have competing interests and perspectives. These, in turn, lead to different preferred responses and solutions to a specific problem. For example, some young people may believe that abstinence is the key to reducing the risk of HIV/AIDS infection, whereas others may favour a broader range of options, including condom promotion.

Chapter 7 Training

Contents

- Developing an RAR training programme
- Some training exercises

1. *Developing an RAR training programme*

Prior to undertaking an RAR, members of the RAR team need to be familiar with:

- the situation of young people and HIV/AIDS locally;
- the principles of RAR such as those outlined in Chapter 3;
- the content of the TG-RAR and this guide;
- skills needed for fieldwork, including interviewing, observation, conducting focus groups, surveying and mapping;
- the importance of such issues as confidentiality, anonymity and neutrality;
- how best to access relevant populations and groups; and
- issues relating to the development of programmes and interventions

These areas comprise the basic content of training programmes for RAR among young people. Suitable training usually takes three to five days to accomplish. However, a training programme may need to be longer or shorter depending on the issues to be covered, the skills available and the availability of resources. The time for training should be adequate to provide the opportunity for both the core team and the RAR team to develop the plan for conducting the RAR.

Those selected for training should also be skilled in working with different types of young people, aware of the problems and difficulties that can arise and skilled in undertaking research across a range of settings.

The active involvement of young people in the training programme should ensure that the exercises and sessions are relevant and focused on increasing participants' awareness of young people's vulnerability and risk of HIV infection. The participation of young people will also enhance the process of planning the RAR.

By the end of an RAR training course, participants should:

- have an overview of the aims and objectives of the rapid assessment;
- understand the principles of an RAR;
- understand the relationship between the various elements of the guides and the various assessment modules;
- be able to use the assessment modules;
- understand young people's vulnerability and risk to HIV/AIDS;
- have developed basic competence in using the required research methods;

- be reasonably confident in conducting field work;
- know their personal role in the RAR process and how to carry it out; and
- understand the role of the other team members

2. *Some training exercises*

The training course should be designed to help team members use this guide and conduct RAR among young people. Importantly, the trainer should ensure that participants can:

- identify and explain which sections of this guide they would use;
- identify useful sections from the assessment modules and methods modules;
- understand how these modules fit together; and
- use the exercises to begin drafting a design and timeline for the RAR

Individual exercises can be developed around the use of specific assessment modules and/or the use of specific research methods. They might include:

- deciding on appropriate research methods to use in investigating specific issues;
- performing role play in gaining access to research settings, including how to make contact and develop rapport with young people and how to set up an interview;
- practising interviewing techniques with one another to improve listening and interviewing skills;
- performing exercises to learn what to observe in a community setting and take field notes; and
- completing assessment grids.

Discussion and group exercises such as brainstorming can be useful in gathering information and energizing group situations. Similarly, small group discussions on specific topics can generate solutions to potential problems.

Role play, listening and interviewing, and observation allow participants to anticipate some of the situations they may face and to practise their skills. Observing participants using these exercises allows trainers to assess how well the team members can use these skills and whether they understand what is required in undertaking an RAR.

Chapter 7 of the TG-RAR has more detail on how to use these exercises and a suggested training agenda.

Chapter 8 Wording the questions asked – the rapid assessment modules

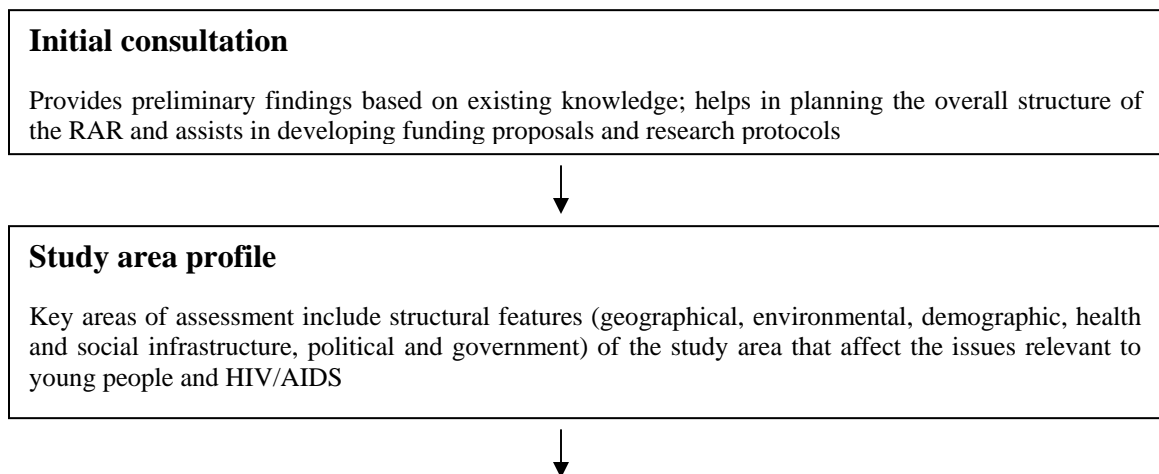
Contents

- Introduction
- Initial consultation
- A profile of the study area
- Assessing the contexts of HIV/AIDS prevention and care among young people
- Assessing key populations and settings for the risk of HIV/AIDS
- Assessing health issues among young people
- Assessing HIV-related risk behaviour among young people
- Assessing social factors associated with HIV/AIDS
- Assessing current interventions for HIV/AIDS prevention and care among young people

1. *Introduction*

A well-conducted RAR offers the means of comprehensively assessing issues affecting young people in relation to HIV/AIDS, especially where behaviour and context place some young people at increased vulnerability of HIV infection. Many issues need to be explored as part of any comprehensive assessment. Each may require its own assessment module. An overview of these assessment modules follows.

Overview of assessment modules



<p>Population and setting assessment</p> <p>Examines the characteristics of young people and structural and individual factors that contribute to vulnerability to HIV/AIDS</p>	<p>Contextual assessment</p> <p>Describes the contexts in which young people live and the factors that give rise to their vulnerability to HIV/AIDS</p>
<p>Health issues assessment</p> <p>Gathers information on the specific health problems experienced by young people, including their social and geographical distribution</p>	<p>Social consequences assessment</p> <p>Focuses on the social factors (such as perceptions of young people in the community, stigmatization and marginalization, status and role and access to resources) associated with young people's vulnerability to HIV/AIDS</p>
<p>Health and risk behaviour assessment</p> <p>Examines the nature and extent of risk behaviour and the individual, community and structural factors that influence this behaviour</p>	<p>Intervention assessment</p> <p>Assesses the extent and nature of current programmes and interventions with young people and their effectiveness and identifies the need for changing existing interventions or developing new ones</p>



<p>Action plan</p> <p>Brings together key findings from each area of assessment and helps to identify the best programmes and interventions to use in a specific situation or context</p>
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2. *Initial consultation*

An initial consultation should take place before any other form of assessment. This aims to offer an overview of the local situation based on existing knowledge and experience. The initial consultation is designed to ensure that the more detailed assessments undertaken maintain their investigative nature and practical relevance.

Processes within the initial consultation include:

- briefly assessing what knowledge exists on young people and their situation(s);
- deciding what new information needs to be collected, following up initial ideas in an investigative and inductive manner;
- focusing on information that is likely to lead to practical outcomes; and
- involving young people and their communities in defining the parameters of the RAR and in gaining support and ownership for future interventions.

An initial consultation should aim to be brief – lasting no longer than a few days. It may be undertaken through meetings between key members of the RAR team and experts and key informants, including:

- representatives of different groups of young people;
- government departments;
- health and community organizations;
- hospital and community health clinics;
- NGOs and community-based organizations, including youth organizations;
- social researchers; and
- political and policy-relevant organizations.

Key questions to guide the planning of the initial consultation include:

- What knowledge exists about young people and HIV/AIDS within a specific population, and how do the settings and behaviour influence the risk of and vulnerability to HIV/AIDS?
- How aware are stakeholders about the risk of and vulnerability to HIV/AIDS among young people, and what are their views?
- Which individuals, organizations and populations need to be included in the RAR process?
- What should be the scope and focus of the RAR? Should the focus be on a specific group of young people in the community? If so, which group or which geographical area?
- What resources are available to undertake the work?
- What methodological and practical considerations need to be taken into account in developing the RAR?
- How exactly will young people and the community be involved?
- How will the findings obtained during the RAR be communicated and discussed locally?

Methods useful for gathering initial information include workshops and meetings, focus group discussions, interviews and use of existing reports, statistics and research findings.

An initial consultation in Ukraine

In pilot RAR work among young people in Ukraine, the core RAR team held an initial consultation with members of a local community and young people within a city area to discuss their concerns about the increasing number of young people living and working on the streets. Concerns were also raised about injecting drug use and sex work. A range of views and concerns were expressed. The team used brainstorming methods and small groups in the meeting to discuss issues and to identify key priority areas for the RAR. It was agreed that the RAR should focus on injecting drug users within the city area and on developing a response that reduced their risk of HIV transmission and improved the level of safety in the community. This meeting also helped the team to identify where the RAR would be conducted and who might be able to be involved from the community.

Information collected at the initial consultation provides the basis for developing the aims, objectives and scope for the RAR. It also helps in formulating an RAR plan

Section 8.1 of the TG-RAR provides more information on initial consultation.

3. Profile of the study area

Conducting an early assessment of the study area profile should enable its main structural features to be understood. This information will support that gathered in later assessment modules by providing information on geographical, environmental and population characteristics, political and government structures, economic context, general infrastructure and the health and social services of the area in which the RAR is being undertaken.

A study area profile assessment does not aim to analyse in detail all these structures but instead focuses on the key question: how is this area likely to affect the young people's risk of and vulnerability to HIV/AIDS?

Such information will provide the background for a later and more detailed contextual assessment. It identifies how the various contextual features influence the problems faced by young people and local opportunities for developing programmes and interventions. The key areas covered in an assessment of the study area profile are:

- the characteristics of the population;
- infrastructure, including means of transport and communication and the distribution of health, social, welfare, education and other services;
- political system and government; and
- other key factors such as ongoing conflict or famine

Key questions to be answered by the study area profile include:

- What is the local population structure and characteristics, including young people?
- What are the languages spoken, religions and other belief systems and ethnic and racial groups?
- What are the key geographical and environmental characteristics?
- What are the prevalence of HIV/AIDS, the main causes of ill health and death and the rates of sexually transmitted infections and HIV-related infections among young people?

- What are the principal characteristics of the national and local economies?
- What are the main channels of communication and access to the mass media?
- What are the main means of transport?
- What is the national and local expenditure on health. Does this expenditure vary for this district, province or community?
- What access do young people have to basic services?
- How are health, education and social welfare services provided for young people?
- What are the main social problems facing young people? Do these differ by gender?
- What are the levels of employment, education and literacy among young people?
- What is the system of government and political structure?
- At what levels are decisions made, and how does this affect young people?
- What is the relevant legislation on public health, HIV/AIDS, sex work, drug use and homosexuality?
- How does the criminal justice system work and how does it affect young people?
- How do NGOs working with young people operate?
- Is there ongoing conflict in the study area or in bordering areas?

Not all these questions may be relevant to the issue being investigated. They are listed here to encourage members of the RAR team to consider the diverse range of factors that may influence young people's risk of and vulnerability to HIV/AIDS.

The study area profile is usually undertaken using existing information sources and should take only about one week to complete.

Study area profile among young people in Kiev, Ukraine

The RAR team found that the populations of young men and women had increased substantially over the past 12 months in many cities across the country. Many had come to cities from rural areas. Because of the severe economic crisis in the countryside, there was no work and families were unable to support them. Moreover, low literacy and lack of education among young people made getting work difficult. There was little information about the health status and rates of HIV/AIDS among young people. However, rates of HIV/AIDS, hepatitis and tuberculosis were high in city areas. Drug use was becoming more common among young people, and police authorities reported increasing rates of injecting drug use and crime. Health and social services reported little contact with young people.

Section 8.2 of the TG-RAR provides more information on the study area profile, including assessment grids that can be used.

4. *Assessing the contexts of HIV/AIDS prevention and care among young people*

The contextual assessment aims to build on the study area profile by examining each of the areas covered in the study area profile in greater depth. The key to this element of assessment lies in making the links between general factors affecting the country and what is happening locally and how this affects young people's lives and circumstances. The focus of the RAR will determine the relative emphasis on the following potential areas for assessment:

- young people and the settings in which they live;
- health and social issues; and
- health and risk behaviour.

Each of the following key areas is likely to be explored in the contextual assessment. Each area comprises a set of questions that can be used (and amended) to suit the specific scope and focus of the assessment.

1. Factors affecting the vulnerability of young people to HIV/AIDS

- What factors are likely to increase or decrease the vulnerability of young people to HIV/AIDS?
- What local geographical and environmental features affect the vulnerability of young people to HIV/AIDS?
- What economic features (economic growth, restructuring, mobility, urbanization and inequality in income) specifically affect the vulnerability of young people to HIV/AIDS?
- What political and economic factors affect the vulnerability of young people to HIV/AIDS?
- How do the roles, status and power of men and women affect vulnerability to HIV/AIDS?
- Are any social groups or networks of young people especially vulnerable to HIV/AIDS?
- How does internal or regional migration affect the vulnerability of young people to HIV/AIDS?
- Is there civil unrest, conflict or other destabilizing conditions in the country, and how do these affect young people locally?
- How do important cultural beliefs (religious, social, family, gender and political) influence young people's vulnerability to HIV/AIDS?

2. Factors influencing health and social issues relevant to young people

- What factors are likely to increase or decrease the health and social problems young people face?

- Does the health care system provide adequate counselling, prevention, care and treatment services for young people with sexually transmitted infections and HIV/AIDS?
- Do health services provide adequate prevention, care and treatment services for young people who inject drugs?
- Does the social welfare system assist young people who are vulnerable to and/or living with HIV/AIDS?
- What are the community attitudes and opinions towards drug use and sexual behaviour, especially among young people?
- How do laws on drug use, sex work and homosexuality affect young people's lives, circumstances and vulnerability to HIV/AIDS? How are these laws implemented locally?
- What forms of access do young people have to political power and to health services, education, transport, land and employment?
- How is the local community organized on social, ethnic, religious, language, cultural, political and economic grounds? How do these divisions affect young people's lives and circumstances? Is there a difference between young men and young women?
- What social and economic conditions contribute to HIV infection and associated risks such as those for tuberculosis and hepatitis?

3. Factors influencing the development of effective programmes and interventions

- What factors are likely to impede or facilitate the development of programmes and interventions?
- Is there political commitment to tackling HIV/AIDS at the national and local level?
- How are decisions made at the local level, and who is involved in decision-making? Are there significant power brokers or networks to which young people have access?
- Who are the formal and informal leaders at the community level, and what influence do they have with young people?
- How available, accessible and affordable are local health services for young people?
- What are the policies and priorities of health departments (national and local) in relation to young people?
- Are there specific policies that impede or facilitate interventions with injecting drug users?
- Who provides health services (government, NGOs, private physicians, pharmacies or traditional healers)? What types of health care workers are involved?
- What educational services are there for young people?
- What NGOs exist, and what services do they provide for young people?
- What sources of mass-media communication are accessible to young people, and who controls and influences the mass media?
- How do the government, nongovernmental and private sectors work together to address the issue of young people and HIV/AIDS?
- Is there capacity for research and evaluation on programmes and interventions among young people?

As this is a broad assessment module, and substantial information may potentially be collected, the RAR team needs to decide how much detail is useful and which areas should be focused on in more depth in subsequent assessment modules.

The starting-point for collecting contextual assessment material is existing data sources – government and nongovernmental reports, national and local statistics and research reports. Beyond this, new information may be accessed from key informants, especially young people and those working closely with young people.

The findings of this contextual assessment module will inform the conclusions reached at the end of the implementation of other modules and the eventual action plan.

Contextual assessment among young people in Ukraine

In earlier pilot work in Ukraine, the RAR team found little information on especially vulnerable young people through existing data sources. They selected several key informants within the area who had good contact with relevant populations and groups. Through these, the team was able to gather plenty of information about young people's networks and relationships, their health and social concerns, the types of behaviour that were placing them at risk of HIV infection and how they were relating to health services. This broad picture allowed the team to plan which areas needed further investigation in the subsequent assessment modules.

Section 8.3 of the TG-RAR provides more detail on contextual assessment, methods and data sources and assessment grids.

5. *Assessing key populations and settings for the risk of HIV/AIDS*

The population and setting assessment examines the characteristics and situations of specific groups of young people who may be especially vulnerable to HIV/AIDS. It also looks at the contexts and settings that enhance risk and vulnerability. Completing this assessment module offers one of the main entry points for developing a suitable response, since it involves assessing the populations at greatest risk and the settings that contribute to this risk. Both can lead to targeting subsequent programmes and interventions.

The population and setting assessment is likely to focus on a specific population or group of young people that shares some common feature that may affect their health or risk behaviour. This feature might be occupational in nature (such as sex work or migrant work). It might link to sexual preference and identity (such as men who have sex with women or men who have sex with men) or behaviour (injecting drug use). Or it might be linked to membership of a shared community (such as refugee camp dwellers) or a specific social status (such as a minority ethnic population).

Alternatively, the assessment may focus on a specific setting where young people spend their time (such as municipal parks, refugee camps, bars, schools or hostels). Populations and settings are frequently linked, since specific groups of young people tend to use particular settings for particular purposes. For example, public parks may be used for

meeting other young people for romance and perhaps sex or as places to buy and inject drugs.

The population and setting assessment aims to assess:

- the characteristics of different groups of young people and social settings;
- factors that link these populations and settings to the risk of and vulnerability to HIV/AIDS; and
- factors that make these populations or settings resilient within the context of HIV/AIDS.

Key areas for assessment include:

- population groups: their characteristics; types of health and risk behaviour; their beliefs, perceptions and knowledge about HIV/AIDS and risk; factors that make young people more or less resilient to HIV infection; and whether subgroups of young people are especially vulnerable to HIV/AIDS;
- settings and context: the characteristics of the setting in which young people live and congregate; and the features of that setting related to risk of and vulnerability to HIV/AIDS; and
- structural influences: how local and national policies and attitudes and social, legal and economic environments influence these populations and settings (the earlier contextual assessment also provides relevant information here).

Key questions to guide the assessment

Population groups

- What are the social, economic, religious and other significant characteristics of this specific group of young people?
- What are the specific characteristics of their situation that place them at risk of HIV infection?
- Are specific subgroups within this population especially vulnerable to HIV/AIDS?
- What is the nature of the relationships within this group of young people and their social networks?
- What are the processes of influence? Who are the leaders?
- What makes these young people vulnerable to HIV infection?
- What makes these young people prone to engage in risky behaviour?
- What are their health priorities?
- What resources exist in this population to promote behaviour change and avoid risk?
- What resources do these young people lack?
- What is the relationship of this group of young people to the wider community?
- Do these young people experience stigma and discrimination related to their behaviour?
- Are there any group norms and attitudes that may facilitate or obstruct change?

Settings and contexts

- What are the primary physical and social characteristics of this setting?
- Where is it located and how many young people use it?
- Who owns or controls the setting?
- Why do young people come to this setting and how do they gain access?
- When do the different activities occur among young people?
- What are the main patterns of social influence? Who are the leaders?
- What are the social relationships in this setting?
- What makes this setting have a high risk for HIV transmission?
- What makes this setting amenable to programmes and intervention. Are there obstacles?

Structural influences

- What are the main laws and policies that affect the groups of young people of interest?
- Are specific social and economic changes affecting these young people and their settings? What gender issues affect these young people?
- How do others in the community view these young people?

Examples of questions to ask about sex work among young people

How is sex work defined locally? Is it organized commercially or more individually and/or informally?

How is sex work carried out (for example, through brothels, street work, nightclubs, bars or hotels)?

Who runs local sex work establishments? What are their views about preventing sexually transmitted infections and HIV/AIDS?

What are the types of sex workers? What type of clients do they serve? How many clients do they serve? What and how do they get paid?

Is sex work illegal? Has it been legalized or decriminalized? What is the relationship with police and other authorities?

Are any organizations of sex workers working on HIV/AIDS locally?

Do young sex workers have health checks, treatment of sexually transmitted infections and HIV testing?

Do young sex workers have access to condoms and information about sexually transmitted infections and HIV/AIDS?

How does the community view sex workers?

Methods and data sources that are relevant to this module include:

- observation, which can be useful for describing the activities and behaviour of young people in a specific setting and can provide material for case examples of settings and behaviour; and
- interviews, which can help in understanding more specifically the beliefs, opinions and behaviour of the young people concerned.

Some of the information collected as part of a population and setting assessment needs to be examined in more depth in subsequent assessment modules. For example, drug-injecting behaviour may be identified as occurring in a specific setting but may need to be explored further in the health and risk behaviour assessment module that follows to more adequately understand the relative risks of HIV infection among injecting drug users and their perceptions of risk.

Key findings from the population and setting assessment need to be fed into the action plan for developing programmes and interventions.

Section 8.4 of the TG-RAR provides more detail on the population and settings assessment, methods and data sources and assessment grids.

6. Assessing health issues among young people

Health issues assessment gathers information on the extent and nature of specific health problems experienced by young people, including their social and geographical distribution.

Key areas of assessment include the following.

- What kind of HIV/AIDS epidemic is affecting young people?
- What is the extent of the HIV/AIDS epidemic among young people, and what have the patterns and trends been over time?
- Which subpopulations of young people are most affected?
- What are the primary causes of HIV infection among these young people?

The information collected in this assessment module should identify HIV/AIDS infection patterns and trends among young people and the causes of these infections. However, understanding the range of other health problems facing these young people may also be useful, especially if there are other health problems that can result in an increased risk of HIV infection. For example, if the RAR is focusing on young injecting drug users, identifying the prevalence of hepatitis and septicaemia from infected injection sites (in addition to HIV) may be useful to develop appropriate interventions related to health care and reducing harm. Similarly, rates of sexually transmitted infections among young people are important markers for HIV risk.

Data for assessing health issues may be collected and recorded using two types of grid – disease-based grids and specific population-based grids – depending on the type of data that are available and the focus of the assessment. RAR teams may seek to use existing epidemiological databases and health information systems to identify which populations of young people are most affected by HIV/AIDS.

Population-based grids are useful when information about a specific population of young people is available and when the team is working to identify their health problems. Both grids aim to identify key factors at the individual, community and structural levels that influence individual health problems.

Key questions on health issues

- What are the incidence and prevalence of AIDS, HIV and other sexually transmitted infections disaggregated by age and gender?
- How many young people are estimated to be living with HIV/AIDS in the community?
- How severe is the epidemic? How many people and what proportion of the community have AIDS and have died from AIDS? What proportion have been young people?
- How do HIV infection rates differ between men and women?
- Have the patterns of HIV infection changed over time and how?
- Is the situation getting worse or better, and how rapidly?
- What other infections and conditions (such as sexually transmitted infections, tuberculosis, hepatitis, unwanted pregnancy and abortion) affect young people in the same population? Do these diseases affect young women and men differently? What are the main causes of these infections and diseases?

Sources of useful information for this module include:

- national health information systems;
- national and local surveillance systems;
- local health information systems;
- other local records;
- research reports;
- clinical reports; and
- original research conducted among specific groups of young people.

Key findings from this assessment module are fed into the action plan. The analysis should include some indication of the type of programme or intervention that might be suited to the specific health issues facing this population.

Section 6 of the TG-RAR provides more detail on health issues assessment, methods and data sources and assessment grids.

7. *Assessing HIV-related risk behaviour among young people*

The health and risk behaviour assessment aims to examine the extent and nature of HIV-related risk behaviour among young people and in different settings. It primarily documents young people's behaviour, perceptions, knowledge and beliefs.

An assessment of health and risk behaviour is likely to assess:

- the extent and nature of HIV-related risk behaviour among young people;
- why young people engage in risky behaviour;
- factors that inhibit or enable HIV risk reduction among young people; and
- factors that protect young people from or make them resilient to risk.

Young people's behaviour can be assessed at three levels – the individual, community and structural. Peers, community norms and the environment and settings in which young people live and congregate influence the risk of and vulnerability to HIV/AIDS (see Chapter 2). These influences play an important role in determining the ability of young people to lead healthy and safer lives and their risk of HIV infection. Reducing the risk of HIV transmission requires changing behaviour, knowledge and beliefs (individual change), peer group norms and attitudes (community change) and public attitudes and policy (structural change).

Key assessment areas include individual risk behaviour, community norms and context, structural influences, sexual behaviour and drug-injecting behaviour.

Individual risk behaviour

- What are the types, patterns and extent of HIV-related risk behaviour?
- What are the beliefs, perceptions and knowledge about HIV-related risk?
- What are the perceptions of factors that inhibit HIV-related risk or enable it to be reduced?

Community norms and context

- How do community norms, practices, peer networks and contexts influence HIV-related risk behaviour?

Structural influences

- How do local and national policies, social, legal and economic environments influence HIV-related risk behaviour?

Sexual behaviour

- What sexual behaviour is occurring, among which groups of young people and with which partners?
- When do young people have their sexual debut? How does this differ for men and women?
- How and when do young people meet sexual partners?
- Do some groups of young people show higher levels of risk behaviour?
- In what situations or settings does sex among young people occur?

- How do patterns of sexual behaviour among young people differ according to age, gender, economic circumstances, level of education and urban versus rural communities?
- Are new patterns of sexual behaviour developing in specific areas, such as sex work in mining camps and gay and transgender subcultures in urban areas?
- What are the dominant cultural and community expectations about sexual behaviour and sexual relationships?
- What sexual activities among young people increase or decrease the risk of HIV transmission? How common are sexual activities that increase the risk of HIV transmission? How common are sexual activities that decrease the risk of HIV transmission?
- What do young people perceive as sexually safe?
- What do young people perceive as sexually risky or dangerous?
- What risks do young people give greatest priority or importance?
- Why do risks occur and how are sexual risk assessments made?
- What strategies have been used to reduce the risk of HIV transmission?
- What laws and policies influence young people's sexual behaviour (such as laws about sex work, premarital sex and homosexuality)?
- How does the social and economic environment affect sexual behaviour?

Drug-injecting behaviour

- What injecting behaviour increases the risk of transmitting HIV and other bloodborne viruses?
- How do patterns of injecting risk behaviour among young people differ according to age, gender, economic circumstances, level of education and urban versus rural communities?
- What are the patterns of sexual behaviour among people who inject drugs, and how high are the levels of risk?
- What types of behaviour increase the risk of overdose and other health problems?
- How high are the levels of overdose and other risk behaviour?
- In what situations and settings does injecting risk behaviour occur among young people?
- How do these settings influence injecting and sexual risk behaviour among young injecting drug users?
- What injecting practices do young people perceive to be safe?
- What injecting practices do young people perceive to be risky or dangerous?
- What risks do young people consider have the highest priority or importance?
- Why do risks occur and how are the risks of injecting assessed?
- How do social norms influence injecting and sexual risk behaviour among young injecting drug users?
- Do some groups of injecting drugs users have higher levels of risk behaviour?
- What laws and policies influence young people's injecting risk behaviour, such as the laws relating to possession of drugs and drug-injecting equipment?

- How does the social and economic environment affect injecting risk behaviour?
- Key findings from this module should then be fed into the action plan. The team also needs to assess the amenability of the behaviour to the effects of different types of programmes and interventions.

Section 8.6 of the TG-RAR provides more detail on the health and behaviour assessment, methods and data sources and assessment grids.

8. Assessing social factors associated with HIV/AIDS

The social consequences assessment focuses on the social factors affecting the vulnerability of young people to HIV/AIDS. These factors include perceptions of and responses to young people by their local communities, their status and role in the community and their access to resources relevant to HIV/AIDS. They also include the social impact of the epidemic on partners, families and peer networks.

HIV/AIDS has social consequences at the individual, community and structural levels. It is important to understand how these levels interact and reinforce each other.

Key areas for individual, community and structural assessment include the following.

Individual

- What types of social consequences of HIV/AIDS do young people report (such as discrimination, lack of income and housing)?
- What is the extent and frequency of these consequences?
- How do young people perceive the factors that inhibit or lead to serious social consequences (such as HIV-related stigmatization leading to avoidance of HIV-testing services)?

Community

- How do community norms affect the social consequences of HIV/AIDS (such as community attitudes towards drug use)?
- How do community settings and contexts affect the social consequences of HIV/AIDS (such as a lack of local employment opportunities for young women)?
- How do partners, families and friends affect young people with HIV/AIDS?

Structural

- How do local and national policies affect the social consequences of HIV/AIDS (such as policies on distributing condoms to young people who are not married)?
- How do the social, economic and legal environments affect the consequences of HIV/AIDS (such as laws prohibiting needle and syringe exchanges)?

Key questions to be addressed as part of this assessment include the following.

- Are young people stigmatized or marginalized as the result of their lifestyles and behaviour? If so, what is the extent of this locally?
- How does having HIV/AIDS affect the role and status of young people locally? Are there differences for young men and women?
- What kinds of social, economic and other forms of support do young people with HIV/AIDS need?
- Do young people with HIV/AIDS have access to health care, housing, welfare assistance and job opportunities? Do they experience discrimination in these areas?
- Do young people engaged in illegal activities suffer as a consequence of these activities?
- Are there important consequences for young people's relationships with their family and friends?
- How do community norms affect or exacerbate the social consequences of HIV/AIDS for young people?
- How does HIV/AIDS affect the communities in which young people live?
- What are the social consequences for the families and friends of young people with HIV/AIDS?
- What social impact do local and national policies have on young people?
- Are young people subject to legal and other interventions because of their behaviour or HIV status?
- How does the social and economic environment affect young people? Do young people have access to resources for psychological and social support and financial and welfare assistance?
- How do public and community attitudes affect young people at risk of HIV or living with HIV/AIDS?

Suitable methods and data sources include:

- information from agencies involved in providing care, treatment and support for young people;
- surveys conducted among young people and their communities;
- interviews of focus groups and key informants focusing on social issues affecting young people; and
- observations of young people.

Key findings from the social consequences assessment need to be fed into the action plan alongside an assessment of the kinds of social factors that may be amenable to programme implementation and the type of intervention that may be appropriate.

Section 8.7 of the TG-RAR provides more detail on social consequences assessment, methods and data sources and assessment grids.

9. Assessing current interventions for HIV/AIDS prevention and care among young people

Finally, the intervention assessment offers an assessment of existing programmes and interventions focusing on young people, the behaviour that places them at risk of HIV/AIDS and/or the settings in which they spend that time.

The intervention assessment aims to assess:

- the extent and nature of interventions targeting young people, their behaviour and settings that increase their vulnerability to and risk of HIV/AIDS;
- the appropriateness, coverage and effectiveness of current interventions; and
- the need to change existing interventions or develop new ones

Programmes and interventions for HIV/AIDS prevention and care may take many forms (see Chapter 5). These include:

- providing information in forms understandable and accessible to young people;
- preventing other sexually transmitted infections and treating them promptly;
- providing voluntary and confidential counselling and testing;
- distributing condoms and clean drug-injecting equipment through outreach programmes;
- developing social networks and peer relations that model and promote safer behaviour;
- developing schools as more inclusive, gender-sensitive and protective environments;
- providing health services in ways and at times that young people find appropriate;
- taking economic and political action that promotes positive educational, employment and health opportunities;
- passing laws that guarantee young people's right to the full range of information and resources to protect themselves (and partners) against infection;
- making efforts to combat stigma, discrimination and denial;
- providing support to reduce the financial and social impact of the epidemic on individuals, families and communities;
- providing livelihood and vocational education for young people; and
- improving access to care, social support, voluntary and confidential counselling and testing and antiretroviral therapy.

An intervention assessment team aims to collect information on:

- the types, aims and objectives of current programmes and interventions;
- specific target populations and subpopulations of young people that may comprise the audiences for the programmes and interventions;
- specific strategies and methods used;
- how relevant the programmes and services provided for young people are;
- how accessible the programmes and interventions are for specific groups of young people and their reach and coverage;

- how various groups of young people experience, understand and perceive the programmes and interventions;
- effectiveness of programmes and interventions in achieving what they set out to achieve and any unintended outcomes; and
- the factors inhibiting and promoting the effectiveness of programmes and interventions.

Gaps and needs for future programming are identified based on the information collected.

Methods and data sources for conducting the intervention assessment may include:

- compiling existing material on current interventions;
- monitoring and evaluation reports;
- interviews with key informants; and
- observations conducted among young people themselves

Similar to other assessment modules, key findings from the intervention assessment need to be fed into the action plan.

Section 8.8 of the TG-RAR provides more detail on the intervention assessment, methods and data sources and assessment grids and summary grids.

Chapter 9 Finding out about young people: the methods modules

Contents

- Research skills
- Using existing information
- Sampling
- Interviews
- Focus groups
- Observation
- Surveys and questionnaires
- Mapping
- Visual methods
- Estimating the size of populations
- Other research methods

An RAR is likely to use a variety of methods to collect the desired information. Chapter 9 of the TG-RAR describes these methods and how to use them in detail. Here we summarize some of the approaches that could be used to explore the circumstances of vulnerable young people.

Accessing young people can be difficult, especially when they are involved in illegal activities, have no stable accommodation, are highly mobile and fear and distrust those in authority. Even if accessing especially vulnerable groups is easy, discussing behaviour, especially illegal activities, and sensitive and confidential issues may be difficult. Contacting key stakeholders may also be difficult; they may be uncooperative or disregard the activities of the RAR team.

Barriers to working with young people can be reduced by:

- using young people as key informants to identify the best places and situations to meet with other young people;
- involving young people actively in the fieldwork;
- spending time establishing and improving rapport with the young people who are difficult to reach;
- identifying community gatekeepers who can assist in accessing other groups, individuals, places and information, such as NGO workers, youth organizations and community leaders; and
- using sponsors and guides, who may be leaders or respected members of a particular group, to assist the team in identifying key places, groups and individuals to meet.

An RAR is designed to be practical in nature. Conclusions and hypotheses are drawn from data collected, allowing new issues to be investigated as and when they arise. Although an RAR is not pure research, it still operates according to the same ethical principles as other social research. Neutrality, confidentiality, informed consent, and

timely feedback to participants should therefore be emphasized throughout the research process.

1. Research skills

Section 9.1 of the TG-RAR describes the research skills relevant to an RAR. Learning to apply these skills should be part of the training programme organized for the RAR team.

2. Using existing information

Section 9.2 of the TG-RAR outlines how to use existing sources of information.

By reviewing existing data, the RAR team can identify what is available and what additional data need to be collected. In many countries, accessing adequate information about young people and HIV/AIDS may be difficult. This may be because the epidemic is only emerging, because young people remain hidden in official statistics, because government information systems are inadequate or because little research has been conducted. If considerable information is available, the RAR team has to be selective and map out the kind of information that will be useful and how they will obtain it.

The initial consultation (see Chapter 8) can be a good starting-point for identifying sources of data, reviewing information already collected and contacting potential sources of new information. The use of existing information should, however, be a continuing process, as new sources of information on young people inevitably emerge. Try to look beyond the obvious sources of data – unpublished reports can provide very useful insights and background information on issues being researched.

In considering how to use these data, the RAR team should:

- select the material that is most relevant to the questions and issues to be addressed;
- collect only material that can be used and interpreted;
- concentrate on more recent and up-to-date material;
- use information that can provide a range of viewpoints on a specific issue; and
- consider the coverage and representativeness of the information (Does it include especially vulnerable young people? Which populations were included or excluded? How well does it reflect the study population? What are the age ranges of young people included?).

3. Sampling

Deciding on how many young people to contact, and where, may require sampling techniques. Sampling can obtain information from a selected group of young people that is representative of the wider population. However, obtaining representative samples among some groups of young people may be difficult, especially if they are highly mobile and difficult to locate.

In conducting an RAR, recognizing the limitations of various sampling approaches is important, as the team cannot always control access to potential respondents or rely on being able to obtain representative samples. It is therefore more important to use the

opportunities that arise in meeting and working with young people to gather as much data as possible and to cross-check this data by a range of methods.

A variety of sampling methods may be used to select groups of young people to consult. Section 9.3 of the TG-RAR describes these methods and techniques.

The size of samples varies according to the research technique used and the kind of information it is intended to collect. For example, selecting a small sample of young drug users to investigate drug use meanings and practices in depth through focus group discussions may be preferable. In contrast, the RAR team may need to select a larger group of injecting drug users to conduct a sample survey of knowledge about disinfection techniques and needle reuse. Given the inductive nature of RAR processes, sampling strategies need to be flexible and take advantage of opportunities as they arise to obtain as much high-quality information as possible.

4. Interviews

Interviews are especially useful for gathering information on young people's experiences, situations and understandings of risk and behaviour. They are also an important method of exploring sensitive and more confidential information.

As part of an RAR among young people, interviews should ideally be conducted with a range of people to triangulate on the issues concerned. Which people to include depends on the issue or area being investigated. Interviewees may include:

- young people from the relevant groups and subpopulations;
- key community representatives: political and religious leaders, parents, youth workers, owners of hotels, bars and brothels, health care staff, police and other law enforcement officers;
- representatives of NGOs and national and international organizations; and
- representatives of national and local governments.

Ideally, interviews should be held in private and quiet environments. This is especially important if confidentiality is needed and sensitive issues are being discussed. Sometimes interviews need to be held in public places, and it is advisable to find a quiet space and ask those not directly involved to move away. Minimizing distraction not only helps the interviewer to concentrate on asking questions and listening to answers but can also facilitate better responses from participants. Finding the right place in which to interview young people can assist in improving rapport and thereby the quality of the information gathered.

Preparing for and conducting interviews requires careful attention to informed consent, confidentiality, the right to withdraw and the recording of data. All participants should be asked to give their consent to being interviewed on the basis that they understand what information is being collected, how it will be used and why they are being asked to participate.

In addition, young people should understand that their responses are to be used to develop an understanding of an issue and will not be used to identify them as sources of this information. In a group interview, participants need to be advised that information discussed should be kept confidential among the group members. Participants should be advised that they can withdraw from the interview process at any time and can refuse to provide information requested.

Several techniques can be used with interviews – taking notes as people are talking, tape-recording and videotaping interviews. Limiting the use of these techniques during the interview may enhance the rapport and increase the quality of information from young people. However, unless the interviewer is well practised at interviewing and recording details following an interview, one of these forms should be used to record information during the interview. The participant must give permission to record the interview electronically.

Interview techniques include unstructured interviews, semistructured interviews, structured interviews and group interviews. Different techniques are used in different circumstances. For example, young men who have sex with men may feel more comfortable discussing issues of sexual practice individually, especially if they are not open about their sexuality and fear lack of confidentiality in a group setting. In contrast, young women who work together in a brothel may be more likely to be open to participating in a group interview and may feel more comfortable having the support of their colleagues.

Section 9.4 of the TG-RAR provides more detail on interviewing techniques.

5. Focus groups

Focus groups are useful in exploring issues among people who have common experiences, who come from similar backgrounds or have similar knowledge and understanding. In an RAR with vulnerable young people, focus groups can be especially useful in:

- identifying little known or understood behaviour, beliefs and practices, especially in the early stages of the RAR;
- generating hypotheses and ideas and identifying potential key informants to be interviewed later;
- learning about local vocabulary and the popular terms young people use to describe specific forms of behaviour;
- validating and cross-checking information and findings;
- exploring in more depth what young people think and feel about an issue;
- checking how representative emerging findings are; and
- determining the potential reactions of young people and key stakeholders to possible interventions and identifying potential obstacles, problems and issues

Getting young people together in a group can be difficult, however, especially when they are not part of established networks or connected to existing services. Using existing contacts among populations of young people to bring along friends is usually a starting-point, and some incentives may also have to be provided to get people to participate in

group discussions. Incentives can include food, transport costs or other small gestures. Recruiting more participants than are needed for the group can also be helpful in case people do not turn up.

Several issues need to be thought about before conducting a focus group.

All participants should give informed consent based on being told why they were recruited, the issue that will be discussed, how many people will be in the group, where and when the focus group will take place, any incentives that may be offered and any other relevant information.

The location should be as neutral and free of interruption as possible. It should also be comfortable, quiet and accessible to the participants. For some groups of young people, meeting in a health or community centre may feel threatening and act as a disincentive to their participation. Identifying places young people are willing to attend and where they will feel safe is an important issue. Further, the location should be private, especially if the issue being discussed is sensitive or if participants feel vulnerable attending locations that are very public.

In general, focus groups deal with a limited number of questions. These questions need to be developed in a format that allows for flexibility. This will enable follow-up on unexpected responses. A focus group is usually facilitated by someone with previous experience in this kind of work. Everyone in the group should be able to participate, it should not be dominated by one or two people and the group should be kept focused on discussing the relevant issue. An additional note-taker or observer may assist the facilitator in picking up on key issues and taking notes.

Examples of focus group questions to be used for a group of young sex workers working in a city brothel

- How were you recruited (how did you first arrive) to work at this establishment?
- What are the attitudes of your clients towards condom use?
- How do clients differ?
- How easy or hard is it to ask a client to use a condom?
- What successful approaches are there to getting a client to use a condom?
- What is the attitude of the owner or manager to condom use?
- What do you think or feel about your job? Do other people know what you do?

Section 9.5 of the TG-RAR provides more detail on the advantages and disadvantages of using focus groups and how to manage the data collected using this method.

6. Observation

Observation allows researchers to directly witness young people's behaviour, their relationships with one another and contexts in which they spend time. Observers aim to

learn by seeing what young people do and how they interact with each other. They also learn by listening to young people.

In the initial stages of the RAR, observation may be especially useful in highlighting priority areas for research, mapping key areas and identifying key informants. Later, observation can be important in validating and cross-checking findings from other methods and data sources and in identifying potential responses.

As with other methods, the RAR team needs to decide what to observe and to determine which aspects of observation are important.

- Settings: where will the observation of young people take place? Who else will be present? What is the physical layout?
- Young people: who will be present? What type of people are they? How old are they? Why are they there?
- Activities: what is likely to be going on? What are the young people doing?
- Signs and meanings attached to behaviour: what are the clues that provide evidence about meanings and behaviour?
- Events: is this a regular or unusual occurrence?
- Time: in what order do things happen?
- Goals: what are the young people present trying to accomplish?

Good observers seek to minimize their direct influence on events. They should also be aware of the potential impact an outsider can have on a situation. In some settings, an observer can disrupt events or place participants or key informants in a vulnerable position. The impact of placing oneself in illegal or vulnerable situations should also be considered, especially if a risk of arrest or harm is associated.

The presence of an observer can also endanger or compromise the safety of young people, especially if the activities observed are illegal. Key informants can give the team advice on the appropriateness of observation in a range of settings and how to act in these situations. The best observers are often young people themselves, as they have easy access to settings and are alert to the risks associated with these situations, especially if they come from the group of people being observed.

Section 9.6 of the TG-RAR provides more detail about types of observation, the strengths and weaknesses of these methods and how they can be deployed.

7. *Surveys and questionnaires*

Surveys often use structured questionnaires to obtain information from a sample of respondents. Population-based surveys are usually large and time-consuming. However, in an RAR among young people, a small-scale sample survey can be undertaken to provide summary and quantitative descriptions of people and activities and to support other methods of collecting data. Such surveys generally target respondents in specific settings. The questions should be easy to understand and not take up too much time.

Surveys can obtain data that can quantify issues identified via other research methods. For example, surveying young women who attend a local sexually transmitted infection clinic about their use of condoms can provide information about types of sexual practices, the frequency of condom use, number of partners, age and other demographic variables. These quantitative data are useful, as they enable populations to be compared (such as the sexual practices of young women of different ages). Data can also be used to explore associations between specific variables (such as partnership status and patterns of condom use).

Surveys can also verify information obtained through other methods. For example, if interviews and focus groups have determined that young men who have sex with men do not attend a local sexual health clinic because of lack of privacy and staff attitudes, this can be checked out using a sample survey to establish the extent of this problem among this population and to identify specific issues preventing access.

Surveys are used to identify the extent and representativity of practices, beliefs and opinions within a group or population. For example, measuring the extent of needle-sharing among young injecting drug users or opinions about infection control practices among injecting drug users can reveal dominant patterns of belief and practice.

Surveys provide baseline data that can be used for later evaluation. For example, baseline and post-intervention data may be collected on young people attending a sexually transmitted infection clinic before a peer education programme is introduced to assess whether the programme affects the nature of clinic attendees. Thus, this is part of measuring changes over time and, in particular, assessing the impact of programmes and interventions.

Section 9.7 of the TG-RAR provides more detail on designing surveys and questionnaires and issues to consider in undertaking surveys.

8. Mapping

Mapping uses pictorial illustrations and diagrams to provide information about people and their contexts. This is especially useful in work with young people because it can present complex information in a simple form and does not rely heavily on good verbal and literacy skills. Many young people find participating in visual and other creative forms of expression easier than verbal discussion.

There are several types, including spatial, network and body mapping.

Spatial mapping

Spatial mapping describes the environment in which young people live. It can include evidence on:

- locations that act as gathering points such as parks, bars, clubs and shops;
- areas of key activity such as sex work establishments, clinics and train and bus stations;

- key people or population groups, including community leaders and groups of young people;
- behaviour and health and social conditions; and
- other contextual factors such as transport routes and health care facilities

Spatial mapping usually involves compiling information from local observation, interviews and focus groups. Spatial mapping can be useful in enabling the RAR team to familiarize themselves with the local environment, to understand the features that exist in an area and to appreciate how these features influence behaviour and health.

Whenever possible, data should be elicited from young people, as they have intimate knowledge of their environment and a range of perspectives on what occurs in these contexts. A spatial mapping exercise might involve asking young people to draw maps of significant contexts and locations. After the maps have been drawn, respondents may be asked questions.

- Tell us about the map that you have drawn. Describe it in your own words.
- Which of these places are important to you? What happens in them?
- Are there other relevant places you have not included?
- What kind of behaviour happens in these locations? Why are these locations more important than other locations?

This exercise is best done in a group, as each person's map may differ in some way, and discussion around people's perceptions and knowledge of the area can generate important insights into who "owns" a space and how it is used.

Distribution mapping is a special type of spatial mapping. This uses existing information and data to produce spatial maps of the distribution of health and social services and can be helpful in showing how these have changed over time in an area.

Network mapping

Network mapping identifies the key links between people, groups or institutions. Network maps can be constructed from information obtained through interviews, focus groups and other activities. Networks are useful for understanding the relationships between groups of young people, how these overlap and connect and where the sources of power and influence are. For example, mapping the network of young people who inject drugs can reveal that the group includes frequent and casual users and that both of these networks overlap with other groups of young people through sexual contact.

Body mapping

Body mapping can be used to explore knowledge and beliefs about health, illness and the body. It is useful when participants have difficulty in describing specific health problems and if knowledge about the body is limited. It can be useful with young people when exploring terms related to sex and sexual practices and perceptions of HIV/AIDS.

Section 9.8 of the TG-RAR provides more detail on mapping methods.

9. Visual methods

Photography and video can be useful in describing the contexts and behaviour of young people. Photographs and videos can be used as a resource for stimulating discussion in interviews and focus groups. Visual methods can also be useful for advocacy purposes and in social marketing, as images can provide authoritative information about what is happening in the local area.

Photography and video may be used to reveal:

- places where young people meet;
- dominant and minority behavioural practices;
- HIV/AIDS prevention activities in which young people are engaged (such as peer education activities); and
- key meetings and events involving young people.

In some contexts, however, photography and video may not be culturally appropriate. Thinking carefully in advance how and where these methods will be used is, therefore, important. Similarly, before these methods are used, careful thought needs to be given to recording behaviour that may be illegal and/or sensitive of if young people are suspicious about how this information will be used.

Obtaining consent and discussing with young people in advance how photographic and video information is to be used are essential. Using young people to record their activities can also be a way of accessing groups that are hard to reach. However, consent is still needed before these people record images of other young people in their communities.

Photographs can also be a powerful stimulus for discussion in focus groups. Questions might be asked about a series of photographs of a group of young people hanging around a bus station.

- What do these images show? What is going on?
- Why does this activity occur here?
- What else is likely to be happening?
- What types of risky behaviour might occur here? Why is this risky?
- Where else do young people like these spend their time?

Young people in a group often interpret the activities shown differently. This can provide a useful basis for discussing the relationships between context, risk and behaviour.

Section.9.9 of the TG-RAR provides more detail on visual methods.

10. Estimating the size of populations

A range of special techniques can be used to estimate the number of young people in a population. These techniques can be used when populations are difficult to reach and when specific groups may not appear on population registers or may be hidden within their communities. Specific groups of young people to whom this might apply include

men who have sex with men, sex workers, mobile and transient groups and migrants and refugees.

Section 9.10 of the TG-RAR provides more detail on estimation techniques, the formulae for application and how to use these techniques.

11. *Other research methods*

Finally, several methods are useful in gathering information from young people.

Brainstorming is a technique that attempts to establish an environment in which participants' ideas are able to build on and bounce off each other. This way, many related ideas may be generated in a short time. In brainstorming, everyone is encouraged to participate but only one person speaks at any time. Participants generally express their ideas freely.

A variation involves seeking one idea from each person in turn. Each person's ideas are recorded on a board or flip chart in exactly the same the words that people express them. Short questions are allowed for clarification but there is no comment, criticism or discussion during this process. Once the list of ideas is exhausted, the ideas expressed are discussed more generally. This may involve grouping them into common areas of concern.

The narrative method is used to describe a sequence of events that has taken place or might take place. This technique is often used with role-playing to collect information about the sequence of events and actions that might lead to or follow a specific type of behaviour. The narrative method is a form of storytelling and can be an entertaining way of engaging with young people about their own beliefs and patterns of behaviour and those of their peers. It is generally used with a group of young people and may involve three stages:

- developing a story line about behaviour in a specific situation, which is acted out through role-playing to collect data about the events and actions that lead to this type of behaviour;
- using the initial story line to collect data through interviews or questionnaires with other groups of young people; and
- using the results of this to plan further research or to develop programmes and interventions.

Narrative techniques are also used to develop story lines for drama performances, which can be very effective in disseminating information about HIV/AIDS. They have also been used to develop material for other interventions such as comic books and television dramas.

Role play can be a fun way to enable young people to express their opinions, perceptions and experiences. It is useful to get further insight into relationships between the expected and perceived risk and the environments in which young people live. For some young people, acting out scenarios can give much more information than conducting interviews.

This technique, however, requires good facilitation. Participants are typically asked to act out a range of fictional characters and scenarios using their own knowledge and experience. Participants need to be well prepared for their characters and scenarios.

Generally, role-playing is performed in short bursts, each taking a few minutes and followed by discussion on characters and how well these scenarios depict real-life situations. Those acting need to be debriefed afterwards, especially where participants have had an emotional response to their roles. Good analysis skills are needed to make sense of the data collected.

Case studies offer detailed descriptions of the experiences of a young person or group of young people. They generally focus on an issue affecting young people, such as unemployment or experiences of HIV-related stigmatization and discrimination. They are usually expressed from a young person's perspective and illustrate the experience of life in a setting or subgroup. They can include reference to problem-solving techniques as well as the challenges that young people face. Case studies are used to represent common patterns of behaviour and experiences that have been identified through interviews and surveys and can be a useful way of starting discussion with groups of young people.

Section 9.11 of the TG-RAR provides more detail on the use of these other research methods.

Chapter 10 Developing an action plan

Contents

- What is an action plan?
- Developing an action plan

1. *What is an action plan?*

An action plan synthesizes information collected using assessment modules to design programmes and interventions that can reduce the risk and vulnerability related to HIV/AIDS among young people.

A set of grids, developed from each of the assessment modules, is used to develop the action plan. These facilitate the discussion, the development of responses and the setting of priorities for action. Each grid summarizes:

- the goals or aims of each proposed intervention, such as reducing the impact of HIV/AIDS among young sex workers and their clients;
- the objectives of the proposed intervention, such as increasing the skills of young female sex workers in negotiating condom use with clients;
- the key activities required to fulfil these goals and objectives, such as developing peer education and support programme among sex workers; teaching negotiating skills to sex workers; providing condoms; working with venue owners to increase condom availability and to support the use of condoms; and evaluating the levels of condom use among sex workers and their confidence in using them with clients;
- the resources and costs associated with these activities, such as a local community-based organization developing, implementing and monitoring a programme in conjunction with sex workers; peer education training materials and condoms; and the costs of operating a training programme and monitoring activities;
- a clear time-frame for each activity;
- the person or agency responsible for each activity; and
- indicators for measuring when each activity and objective has been met, such as the percentage of sex workers reporting regular use of condoms; and the percentage of sex workers reporting increased confidence in initiating condom use with clients.

2. *Developing an action plan*

- *Review the rest of this guide*

This guide contains a wealth of useful information for developing programmes and interventions. Chapter 5, for example, contains information on different types of interventions and principles for an effective response. Chapter 6 may also be helpful in developing processes for advocacy and community participation. Other resources (see Annex) may be helpful. These include the UNAIDS Best Practice Collection together with technical resources for work with young people developed by WHO and other United Nations agencies.

- ***Gather key findings and describe a general response***

The team starts by summarizing the key findings from each assessment module in action grid 1. These findings are then discussed in a general way and grouped using the grid format. The team may find discussing the following questions helpful to complete the grid.

- What is the source of this information?
- What other evidence did we find that supports this finding?
- What response is needed to address this issue?

The aim of this exercise is to provide the RAR team with an overview of findings and a brief description of what actions might be undertaken. Because of this, entries in the grid should be short and concise. The following is an example of action grid 1.

Action grid 1: Key findings and general response			
<i>Key finding</i>	<i>Information source</i>	<i>Validity</i>	<i>General response</i>
Increasing prevalence of HIV/AIDS among young refugees	Review of records at refugee camp health centres Interviews with health care workers Interviews with key informants and young people in refugee camp settings Observations of young people	Young people report needle-sharing, unprotected sex and lack of access to clean injecting equipment and condoms Many young people fear going to local health centres because of attitudes of centre staff Supplies of condoms and injecting equipment limited in refugee camp settings Organizational policies of refugee camps limit the availability of these supplies	Advocacy campaign involving key agencies and government organizations Developing appropriate youth-friendly services within health centres Establish an outreach programme to provide information on HIV/AIDS and disinfection techniques and to distribute condoms, needles and syringes

- ***Identify the key responses that need to be developed***

Next, the team needs to identify the responses (usually three or four) that will be developed into detailed intervention plans. Each response is selected according to its priority, relevance, feasibility and acceptability. Possible responses are now written down in the form of action grid 2.

Action grid 2: Key action areas				
	<i>Priority</i>	<i>Relevance</i>	<i>Feasibility</i>	<i>Acceptability</i>
Response 1: Advocacy campaign involving key agencies and government organizations	Medium to high	Need to change policies and gain support from agencies and community	Campaign among key agencies and community groups is feasible	May be difficult with some key community leaders and government agencies
Response 2: Developing appropriate youth-friendly services within health centres	Medium to high – longer term	Need to increase access for young people to services to treat and prevent sexually transmitted infections and HIV/AIDS Need to increase young people's involvement in these services	Current resources and space within health centres Several peer educators have been trained among young people	Some resistance among health care workers Peer educators willing to assist in delivering services
Response 3: Establish an outreach programme	High	Need to get information and supplies to young people urgently	Volunteers, trained peers and NGOs can be used	Acceptable to young people; advocacy will be needed with some community leaders for harm reduction strategies

- *Specifying the programme or intervention in detail*

Action grid 3 is used to describe the planned responses in more detail. For each general response, the team needs to identify:

- aims;
- objectives;
- key activities;
- cost and other resources (for each activity);
- a time frame (for each activity);
- a person or agency responsible (for each activity); and
- an indicator (for measuring each activity and objective).

To do this, the team should ask the following questions and enter the information into action grid 3. This grid is completed for each intervention.

Identify aims and objectives

- What is the aim of the programme or intervention?
- What is it intended to achieve through implementing the programme or intervention?

Develop key activities

- How can the aims and objectives of the programme be achieved?

The team may choose to brainstorm the many activities that might be undertaken through this programme to achieve each objective. Brainstorming involves listing as many activities as the team can find. These activities are then discussed and grouped. A clear list of activities that are relevant and practical to implement should be developed.

Assess the resources needed, costs and time scale

- What resources are needed to implement the work?
- What costs might be incurred?
- How long will it take?

Develop indicators or measures of success

- How will we know whether we have achieved the objectives?

Action grid 3: Intervention plan to develop and implement an outreach programme for young people in refugee camps						
<i>Aim</i>	<i>Objectives</i>	<i>Activities</i>	<i>Cost and other resources needed</i>	<i>Time frame</i>	<i>Person or agency responsible</i>	<i>Indicator</i>
To reduce HIV transmission among young refugees	Increase access to condoms and clean injecting equipment	Local NGO to establish outreach programme to provide information and condoms to young people	Cost of information resources and condoms	Immediate	NGO health outreach workers	Number of information leaflets and condoms distributed
		Lobby local authorities to support the distribution of clean injecting equipment	Task for NGO staff	Next 2 months	Local group of NGOs and community representatives	Number of needles and syringes distributed
	Improve knowledge and awareness of risks of HIV infection	Teach young people disinfection practices	Task for NGO staff	Immediate	NGO health outreach workers	Number of young people using disinfection practices
		Develop appropriate materials	Adapting material to suit local needs	9 months	International NGO and group of young people	Materials are field tested
		Produce material	Cost of producing material	9 months	International NGO	Materials are produced
		Distribute materials	Task for NGO staff	10 months	NGO health outreach workers	Number of materials distributed

- *Consider the wider response strategy*

Once the grids have been completed for each intervention, or for each component within a wider programme, plans can begin to be put into practice. At this stage, the team should consider how an action plan fits with a wider strategy of response. This means

considering how plans for an RAR among young people conform (or not) with a broader and strategic response addressing the needs of young people in relation to HIV/AIDS within the country or local area. The team may need to ask the following questions.

- Is there a broader national or local strategy to address HIV/AIDS prevention and care among especially vulnerable groups of young people?
- If so, what are its priorities?
- What resources are available to support this work?
- How do the RAR responses fit with other planned responses?
- How will they support longer-term initiatives?
- What additional resources are needed to support the activities highlighted as desirable by the RAR?

Although specific action plans aim to address young people's needs in the short term, they can also be used as a basis on which to develop longer-term strategies, especially to address different levels of influence over time.

For example, changing legislation to provide young people easier access to clean drug-injecting equipment may take some years to enact, whereas strategies to lobby for the support of local community leaders may take less time. Both might be considered part of an overall framework for promoting a more enabling environment for young injecting drug users.

Chapter 10 of the TG-RAR provides more detail on how to develop action plans.

Chapter 11 Evaluation

Contents

- Monitoring and evaluating programmes and interventions
- Monitoring and evaluating implementation
- Evaluating outcome and impact

1. *Monitoring and evaluating programmes and interventions*

Continually appraising the implementation of programmes and interventions is an essential aspect of any RAR. This usually occurs through regular monitoring to keep track of a project's progress and assess whether it is meeting its objectives. Evaluation, in contrast, is a set of activities designed to determine the value of a specific programme or intervention.

Monitoring processes are commonly used:

- to record what has been done – project inputs, activities and expenditure;
- to check progress towards achieving objectives and assess the impact;
- to identify problems encountered and how these have been addressed; and
- to identify barriers and constraints to implementation.

Monitoring is useful for tracking activities of programmes and intervention activities and for identifying trends in data. It supports evaluation by alerting to changes that may have occurred, but it cannot produce causal evidence about the effectiveness of an intervention.

Evaluation is used primarily to determine:

- whether an programme or intervention has been properly targeted;
- whether it is working in the way it was hoped;
- the extent to which a programme or intervention is effective;
- the costs of the programme or intervention; and
- whether there were any unexpected problems or benefits.

Evaluation has three levels or phases:^[4]

- process evaluation – assessment of the programme's content, scope or coverage as well as the quality of programme implementation, such as the number of groups conducted, number of condoms distributed, amount of money spent on activities, percentage of young people using health care services, number of young people trained as peer educators and increased knowledge of HIV/AIDS among injecting drug users;

⁴National AIDS programmes: a guide to monitoring and evaluation. Geneva, UNAIDS, 2000 <http://www.unaids.org/EN/other/functionalities/Search.asp>, accessed 4 August 2004

- outcome evaluation – assessment of the positive and negative effects of a programme or intervention on desired changes, such as a 50% reduction in needle-sharing among a group of young injecting drug users; and
- impact evaluation – assessment of the longer-term changes in HIV transmission that are attributable to a specific programme, such as a reduction in HIV transmission rates among young people in a country.

Chapter 11 of the TG-RAR provides more information on evaluation. Other very useful resources are the UNAIDS publication *National AIDS programmes: a guide to monitoring and evaluation*^[5] and an addendum by WHO et al. *Guide to Monitoring and Evaluating National HIV/Prevention Programmes for Young People* (6)

In designing a programme or intervention, the RAR team needs to develop procedures for monitoring and evaluating the work to be undertaken. Indeed, action plans should be used to generate the monitoring and evaluation approaches adopted, especially the kinds of indicators and measures that will be used to collect data. In doing so, those implementing the action plan should understand why data need to be collected for monitoring and evaluation purposes and what specific data are to be collected. The type of monitoring and evaluation that will be undertaken and who will undertake these processes should also be clear at the start.

2. **Monitoring and evaluating implementation**

Process evaluation requires that data be collected on how, and to whom, the programme or intervention is being delivered. Projects commonly use this form of evaluation to assess their progress and measure their achievements.

<i>Areas of evaluation</i>	<i>Questions to ask</i>	<i>Data required</i>
Coverage	<ul style="list-style-type: none"> • Who was reached? • How many young people were reached? • What proportion of the wider population do such young people constitute? 	Number of young people contacted Size of target population, by age and gender, and also by the geographical area in which they live

⁵ National AIDS programmes: a guide to monitoring and evaluation. Geneva, UNAIDS, 2000. <http://www.unaids.org/EN/other/functionalities/Search.asp>, accessed 4 August 2004

Activities and service delivery	<ul style="list-style-type: none"> • How did young people access the service? • What services were provided? • How were the services organized? • Did the service prove acceptable to young people? 	Staffing and training Service procedures and activities Measures of service activity Number and characteristics of young people using the service Client satisfaction surveys Number of materials and supplies distributed
Resources used	<ul style="list-style-type: none"> • What resources were used to implement the intervention? 	Project budgets Staff numbers Cost of training Materials produced or purchased and used Administration costs

3. *Evaluating outcome and impact*

Evaluating outcome and impact, in contrast, measures whether a programme or intervention produced the desired changes in the population of young people. For example, did a mass media campaign result in an increase in young people’s knowledge and/or relevant changes in behaviour? Did the establishment of a youth-friendly service in an sexually transmitted infection clinic lead to a reduction in sexually transmitted infections among young people? Did a peer education programme increase young people’s skills and knowledge so that they can protect themselves against HIV infection?

Many evaluations report relationships between specific interventions and particular outcomes. These may be associations, such as increased attendance at sexually transmitted infection clinics and fewer sexually transmitted infections recorded, increased rates of HIV testing due to improved facilities and changes in injecting behaviour due to the effects of an outreach programme. Determining the causal links between the intervention and changes in behaviour is often difficult or may take some time. If changes in behaviour can be attributed to a specific programme or intervention, then looking at HIV prevalence rates may be useful to get an indication of whether the efforts locally are making a difference to these data as well.

Chapter 11 of the TG-RAR provides more detail about specific evaluation methods and research designs to assess the outcome and impact of interventions.

Annex

Useful resources

Aboagye-Kwarteng T, Modie R, eds. *Community action on HIV: a resource manual for HIV prevention and care*. Melbourne, International Health Unit, Macfarlane Burnet Institute for Medical Research & Public Health, 1995.

Advocacy guide: HIV/AIDS prevention among injecting drug users. Geneva, World Health Organization, 2004.

Advocacy guide for HIV/AIDS. London, International Planned Parenthood Federation, 2001 (http://www.ippf.org/hivaids/advocacyguide/pdf/IPPF_HIV_AIDS_Advocacy.pdf).

An advocate's guide to the International Guidelines on HIV/AIDS and Human Rights. Toronto, International Council of AIDS Service Organizations, 1999. (<http://icaso.org/icaso/docs/Advocates%20Guide-Englishamove.pdf>). Also available in French and Spanish.

Consultation on the Health Services Response to the Prevention and Care of HIV/AIDS among Young People, 17–21 March 2003, Montreux, Switzerland. Working papers, presentations and summaries from a global consultation on health sector interventions for HIV prevention among young people. A web-based forum.

Ca be accessed at: http://www.mayeticvillage.com/QuickPlace/who-cah-development/Main.nsf/h_Toc/d91112ebce434e15c1256ce20037410b/?OpenDocument
User name: MVGuest; password: harrypotter.

Family Health International YouthNet: <http://www.fhi.org/en/Youth/YouthNet/index.htm>

HIV/AIDS and human rights: young people in action. Paris, United Nations Educational, Scientific and Cultural Organization; and Geneva, UNAIDS, 2001 (<http://unesdoc.unesco.org/images/0012/001264/126403e.pdf>).

National AIDS programmes: a guide to monitoring and evaluation. Geneva, UNAIDS, 2000 (<http://www.unaids.org/EN/other/functionalities/Search.asp>).

Population mobility and HIV vulnerability in South East Asia: an assessment and analysis. Bangkok, United Nations Development Programme South East Asia HIV and Development Project, 2000 (<http://www.hiv-development.org/text/publications/Mobilitypaper.doc>).

Shaw C, Aggleton P. *Preventing HIV/AIDS and promoting sexual health among especially vulnerable young people*. Southampton, University of Southampton, Safe Passages to Adulthood Programme, 2002 (<http://www.socstats.soton.ac.uk/cshr/pdf/guidelines/vulnerableyp.pdf>).

Wong E. *Rapid assessment and response on HIV/AIDS among especially vulnerable young people in South Eastern Europe*. New York, United Nations Children's Fund, 2002 (<http://www.unicef.org/albania/finalrar.pdf>).

Young people and HIV/AIDS: opportunity in crisis. New York, United Nations Children's Fund and Geneva, UNAIDS and WHO, 2002.
(http://www.unicef.org/publications/pub_youngpeople_hivaids_en.pdf)