



Participants doing a mapping exercise

Mobilizing community members to reflect and act on HIV and AIDS

Experiences with using the STAR methodology in Uganda

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Elizabeth Nakiboneka

STAR is a participatory methodology that emerged from the fusion of Stepping Stones and Reflect.¹ Reflect combines participatory methods with community empowerment techniques. The methodology was developed by ActionAid in 1993 as an adult literacy approach; it has now expanded to include various social issues. A pilot project, Reflect Plus, was first implemented in the Kumi District of Uganda in 1999/2000. The goal of this pilot was to explore how Reflect could strengthen coping mechanisms in communities facing chronic illnesses like HIV. The resulting STAR approach builds on the strength of both methodologies by combining HIV prevention communication with adult (literacy) education. Since October 2004 STAR has been implemented in three countries, namely Uganda, Nigeria and Mozambique. A three-year scaling-up project is currently being implemented in these three countries, as well as in Malawi, Zimbabwe, Sierra Leone and Bangladesh. The role of ActionAid in the STAR project has been to ensure quality application of the methodology; and to generate, document and share initial lessons widely for both the STAR project as well as the STAR approach. In this article, examples are given of STAR's achievements in Uganda.

The STAR process involves formation of community level groups particularly targeting the poor and vulnerable categories of people living with or affected by HIV and AIDS, women and girls, youths, and the disabled. The implementing community-based organizations were identified by ActionAid based on their physical presence in the selected communities, poverty-focused interventions and vision. In each of the countries above there are two organizations implementing the programme, with an average of thirty groups each. The average number of members in these groups is twenty-five and composition varies, although experience has shown that the majority are groups of people living with HIV and women's groups. However, there are also mixed groups of women and men; and youth groups.

The groups agree to meet regularly to discuss, analyse and address issues that affect them at individual, household, community level and beyond. Ideally each group has two facilitators with at least basic literacy, although in some cases they have only one. As a sustainability strategy efforts are made to build the capacity of other group members in facilitation skills so that in the absence of a facilitator, group meetings continue. A range of topics are covered ranging from basic agriculture to war, in the context of HIV and AIDS.

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To promote all group members' participation, the STAR methodology draws together all the relevant participatory tools from Reflect and Stepping Stones to facilitate a process of exploring how the various problems or situations link with HIV and AIDS and how effective action(s) can be taken at individual, household and community level to solve or improve them.

The STAR groups discussions and activities focus on six broad areas as priorities, which include: 1) communication; 2) human rights; 3) reproductive health, family and community health; 4) power relations; 5) advocacy and 6) use of peers.

1. *Communication* – The aim is to give participants, especially women and young girls, knowledge and communication skills to improve individual and community relationships. For instance one of the implementing community organizations, OWIDI in Kumi District, Uganda, reported that the promotion of communication skills has led to improvement in communication between men, women and children at the family level. Domestic violence is also reducing gradually due to increased family consultations on issues of sexuality and family planning. Other strategies to enhance communication have included promotion of participants'

- literacy skills to enable people to read and write key information and undertake actions like making and memory book writing after undergoing special trainings.
2. *Human rights* – With regard to human rights, the STAR groups have focused on women and children's rights particularly with regard to property access and ownership, and sexual and reproductive health rights. They have identified and analysed causes of abuse of their rights in that regard; and have developed action points related to changing the negative cultural practices and attitudes, especially regarding widow and property inheritance. Many groups have organized village meetings to discuss such issues with cultural, community and opinion leaders. In Kumi District for instance STAR groups are promoting girls' education as a right and through the local leadership a by-law was passed to punish parents who do not take their school-age children to school.
 3. *Reproductive health, family and community health* – Aware that HIV is a reproductive health issue, discussions in STAR groups also focus on decision making powers in relation to issues like sexuality, family planning and marriage. Group participants analyse the extent of problems related to these aspects in line with HIV and AIDS. As a result, the groups have organized community sensitizations and increased awareness in their communities so as to prevent the further spread of HIV.
 4. *Power relations* – STAR groups discuss issues of power dynamics in their families and in sexual relationships and their impact on the spread of HIV. Participants are facilitated to identify the various causes of power inequalities and to critically analyse them. For instance, in one of the STAR communities in Bundibugyo District, Uganda, participants identified age, social

status, class, landlessness, sex, education, clan and economic status as the major causes of power inequalities. All these factors have been analysed in relation to HIV and AIDS and it has been observed that men with more money are more likely to have multiple sexual partnerships, especially with younger girls. Many children have been abused and there is a big problem of teenage motherhood in all the STAR communities in Uganda. In Ongino, Kumi District, STAR circles have enrolled these child mothers and given them life skills trainings, and sensitization on STIs and HIV. They have identified the need to change these power inequalities; and break the traditional taboos of widow inheritance and early marriages through public sensitization and litigation.

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5. *Advocacy* – Advocacy and lobbying for HIV/AIDS services provision is of key importance for STAR groups. Efforts have been made to build the capacity of STAR-implementing organizations to influence policy formulation and practice issues at community, district and national level, based on community experiences and evidence from the STAR groups. As a result, many STAR groups have influenced increased delivery of health services. For instance in Uganda, voluntary counselling and testing (VCT) services are now better available to the remote and rural communities in the four districts where the project is implemented. The STAR groups carry out community mobilization; sensitization and counselling for the government health workers who conduct the testing. And after testing the

Challenges in using participatory approaches

A mapping in 2005 among ActionAid's country and thematic staff on the use of participatory approaches generated a range of reflections on the challenges of translating participatory theory into practice. Some of the key challenges identified were that using participatory approaches is time-consuming; that participatory processes might produce outcomes that do not neatly fit into an organization's current priorities; that poor facilitation skills inhibit the success of the approaches; and that some processes seem to lack action, staying only in the analysis stage, which can be frustrating for participants who want to see tangible results from their engagement in participatory processes. Also the lack of information and access to adequate and up-to-date information at community level was cited as an on-going problem as it limits analysis, discussions and action. There needs to be a balance between respecting people's or a community's existing knowledge and gaining access to new knowledge. What people need are good analysis skills so that they can judge the usefulness of any piece of information.

Creating a participatory and democratic culture in a hierarchical and patriarchal community (or in an organization) can be also challenging. This again stresses the importance of good facilitation skills and training, which should include awareness-raising about gender, race and class/caste inequality. Language barriers can also hinder participation, particularly if participatory exercises are not conducted in local languages. The building of consensus, common to many participatory approaches, can be problematic if not handled skillfully. It requires good facilitation skills to ensure that less powerful voices are not silenced in the process, and that unequal power relations are not legitimized. Involving the least powerful in these processes in the first place was also thought to be hard in some situations. Before starting a participatory process, it is often necessary to gain the permission of community leaders who might not always be supportive, particularly regarding the participation of women. Challenging male attitudes at all levels is essential in order to encourage women's participation and to change attitudes. Reluctance, fear and resistance by people in power is thus a constant problem. The de-politicizing of participatory approaches was thought to be a barrier to challenging unequal power relations effectively.

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http://www.actionaid.org/wps/content_document.asp?doc_id=389



Members of Nakaseeta STAR widows' group, Uganda, who have tested and are enjoying positive living in a discussion using a graphic

STAR groups provide post-test support to all who have been tested, regardless of the result through the established local referral network. In Bundibugyo District for example, in the remote and difficult to reach mountainous communities in the Rwenzori Ranges, temporary testing centres have been made to provide VCT to the community members. This has led to increased demand for antiretroviral medicines and treatment literacy in many STAR communities.

6. *Use of peers* – The use of peer groups in the STAR programme has been the underpinning principle for facilitating discussions, especially of sensitive issues like sex and sexuality. The group members of different age brackets separately discuss issues pertinent to them. For instance, in one of the STAR communities in Kumi District, a group of teenage mothers participating identified the problem of lack of income as the major reason that lures young girls into early sex. As young mothers, they developed an action point of establishing a group garden. Now, they grow food which they sell to raise money and they have started a revolving fund that has been boosted by the STAR project to assist these young mothers to become self reliant.

Potential for the STAR approach

A major achievement of the project is that there has been increased deeper analysis of sexuality issues by peer groups in the community and this has been extended to adolescents in schools. The use of participatory tools has enabled this kind of analysis. STAR circles have increased knowledge and information about sex, sexuality and HIV in remote rural areas for all age groups, including youths both in and out of school. However, there is need for continued capacity building for facilitators to handle sensitive issues like sex and HIV and their linkage to the complex web of poverty and human rights.

By mobilizing community members, STAR circles create a bridge between the community and NGOs, health services and other organizations and networks. Communities have been linked to the referral network of AIDS Service Organizations by the implementing community-based organizations. These implementing agencies also have a special role to play in linking issues identified by the

community, such as lack of access to comprehensive treatment, to the health, human rights and HIV policies at the national level. The community level initiatives can provide evidence or case studies that can be used by agencies engaged in advocacy at national and international levels. However, one of the challenges has been to build the capacities and attitudes of communities to understand their right to proper health care. Another challenge is to build capacities of community-based HIV/AIDS-oriented initiatives and organizations to advocate for the rights of people living with HIV.

STAR has the potential to make a difference in fighting HIV and AIDS by empowering communities with practical knowledge and skills. It creates an opportunity for people living with HIV to learn and share experiences. It also creates space for citizen's involvement – especially of marginalized and poor people – in prevention, access to care and treatment and other services. STAR as a community development approach has the potential to be applied in the various contexts to address poverty issues and HIV and AIDS. The approach is self sustaining if it is introduced within existing community development organizations and structures with the aim of enhancing community participation in the development processes with regard to problem identification and action implementation. Finally, STAR strengthens local capacity to engage in the planning and budgeting processes of local governments through advocacy and lobbying for the right to health care. ■

Interested practitioners can contact ActionAid International or PAMOJA Africa Reflect Network for more information and technical support.

ActionAid International: PostNet suite #248, Private bag X31, Saxonwold 2132, Johannesburg, South Africa. Tel: +27 11 731 4500, fax: +27 11 880 8082

e-mail: mail.jhb@actionaid.org, web: <http://www.actionaid.org>

PAMOJA Africa REFLECT Network: PO Box 10150, Kampala, Uganda.

Tel: +256 41 231 311 / +256 77 767 738

e-mail: pamoja@infocom.co.ug, web: <http://www.pamojareflect.org>

Elizabeth Nakiboneka Ddungu

Team Leader Programme HIV, AIDS & SRHR

ActionAid International Uganda

Correspondence:

PO Box 676 Kampala, Uganda

Tel: +256 39 220 002 / 003 / 005

E-mail: elizabeth.nakiboneka@actionaid.org /

lizkiwanuka@yahoo.com

Web: <http://www.actionaid.org/uganda>

1. The acronym STAR stands for 'Stepping Stones And Reflect'. Stepping Stones is a training package in gender, HIV, communication and relationship skills (see also the article by Dennis Nduhura and Angela Hadjipateras in this issue). Reflect (Regenerated Freirean Literacy through Empowering Community Techniques) is an approach to adult learning and social change which combines the theories of Paulo Freire with the methodology of participatory rural appraisal. More information: <http://217.206.205.24/reflect/tree/whatisreflect.htm>