

THEATRE
FOR A **CHANGE**



Summary Report on three-week training and supervised implementation of Interactive Theatre with VSO Swaziland

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Contents

1. Background	2
2. Planning.....	3
3. The aim and indicators of the training.....	3
4. The group	4
5. Needs Assessment findings.....	6
6. The training.....	8
7. What went well and what was challenging?	11
8. Next Steps and Recommendations.....	15
9. Feedback from Participants taken from Evaluation Forms	16
10. Conclusion.....	18

1. Background

In June 2017, Voluntary Service Overseas (VSO) and Theatre for a Change (TfaC) signed a Memorandum of Understanding to work together in partnership, with TfaC providing training and technical support to VSO staff, volunteers and participants in the use of interactive theatre techniques for advocacy and behaviour change in support of VSO's work on adolescent youth and sexual and reproductive health and rights (AYSRHR).

Swaziland was identified as the site of one of 5 pilot projects due to VSO's partnerships with Red Cross and Family Life Association of Swaziland (FLAS). Both organisations maintain a network of peer educators across the country responsible for running youth clubs in their communities with particular focus on Sexual and Reproductive Health. Swaziland has the highest prevalence rate of HIV in the world, at 27.2%. As a result, the project focused on training in behaviour change facilitation techniques, with a focus on HIV prevention.

In February 2018, TfaC travelled to Manzini, Swaziland and trained 18 peer educators from Red Cross and FLAS in Interactive Theatre for Behaviour Change.

2. Planning

Planning for the pilot project had three main areas:

- The first was content planning, ensuring that we integrated the needs of the group into the delivery of the training, and that training content would directly support VSO's priorities in the country - particularly their AYSRHR strategy. We did this by consulting with VSO staff and asking each of the participants to complete a risk assessment in advance. A two-week training curriculum was written, focusing on behaviour change around HIV prevention, facilitation skills and Interactive Theatre devising and performance. A Monitoring, Evaluation and Learning (MEL) plan and materials were also developed.
- The second involved logistical planning, including venue hire, participant recruitment and travel logistics, and visa/travel/insurance logistics for the two TfaC trainers. We also prepared for the training in Swaziland by arranging for Red Cross and FLAS staff to be available to attend and assist during the weeks of the training.
- The third consisted of a 'planning and preparation' week for TfaC trainers, hosted at TfaC Malawi, for trainers from all VSO projects to debrief, evaluate and reflect on the experiences and learning from completed trainings in Tanzania and Rwanda. Based on this learning, trainers for Swaziland reviewed and updated the curriculum and training strategy, and devised a proposed schedule of the third 'implementation' week of the training. Trainers were also able to arrange meetings with country staff ahead of their departure.

3. The aim and indicators of the training

VSO and TfaC agreed on the following aim and indicators in advance of the training:

Aim: 20 facilitators develop the ability to facilitate behaviour change in gender expectations, HIV prevention and safer sex using interactive theatre.

Indicators:

1. No. of facilitators demonstrating knowledge of the principles of behaviour change and behaviour change facilitation.
2. No. of facilitators demonstrating open and confident attitudes towards changing their own behaviour and facilitating the behaviour change process with others.
3. No. of facilitators demonstrating the skills needed to change their behaviour and facilitate the behaviour change process with others.

4. The group

The participant group for the training consisted of 20 Volunteer Youth and Peer Educators from across Swaziland:

- 10 of the Youth/Peer Educators were from a network maintained by Red Cross, Swaziland.
- 10 of the Youth/Peer Educators were from a network maintained by FLAS.
- Most participants were between 18 and 24 years of age, with one or two participants in their late twenties and thirties.
- 13 participants were male and 7 were female.
- Most of the participants were from districts close to where the training was held in the Manzini region of Swaziland, within an hour's drive, though some were from communities up to 2 hours away.
- Communities represented included, but were not limited to: Malkerns, Kandinda, Manzini Mbabane, and Boyane.

All participants volunteer as Youth and Peer Educators in Sexual and Reproductive Health in their communities and with Red Cross and FLAS. Youth and Peer Educator duties at Red Cross and FLAS require the dissemination of SRH information, the running of youth clubs and workshops to provide SRH education, and the provision of frontline SRH services and the facilitation of mainline health service access.

As such, the TfaC/VSO Interactive Theatre training, with its focus on communication and facilitation skills for behaviour change and HIV prevention, was explicitly relevant to their community roles. Participants gained transferable skills and benefits, including:

- Improved communication skills: louder and clearer use of voice, open and approachable body language, organised use of space to encourage equal participation, use of focus ball to gain/give attention and maintain order.
- More active engagement in learning: the use of drama-based, physical and experiential learning activities and games actively engages participants in a process of learning, avoiding the lack of engagement or passivity of traditional didactic (from the front/ top-down) learning. Acquiring the knowledge and skills to use these techniques provided all trainees with an enhanced education toolset.
- Facilitation skills: on top of transferable communication skills and participatory learning activities, trainees developed additional facilitation skills, such as open-minded listening, open-ended questioning, structuring workshops and activities using learning aims and outcomes, and the requirements of planning and preparation.

- Core curriculum training in team-building, risk awareness, communication skills, gender expectations, power imbalance, assertiveness, drama devising and the facilitation of Interactive Theatre performance using Touch Tag. These fundamental components of the TfaC training curriculum prepare all trainees to facilitate SRH-focused behaviour change workshops and programmes with their own youth groups and communities, as well as giving them the tools to devise, perform and facilitation Interactive Theatre performances in their communities. All trainees also benefit from participating in this curriculum themselves, exploring and reflecting on their own personal SRH risks and behaviour – they are encouraged to commit to and practice behaviour change in these areas.
- Interactive Theatre as a form of community performance provides trainees with a visual, entertaining and interactive method for SRH education. Participants are provided with the skills to mobilise and maintain a campaign of community performances, as well as to run SRH workshops. Additional partner support may be required to ensure these performance events can be organised and managed.



Participants prepare to engage in their first Touch Tag performance, changing gender power imbalances.

5. Needs Assessment findings

All participants completed a Training Needs Assessment at the start of the training. Needs Assessment findings were as follows:

Feedback from this assessment indicates that participants have an average of 1.2 years of previous facilitation experience, with some participants having 2 or 3 years experience, while others had only a few months or no experience of facilitation.

Groups that they are currently working with range from youth clubs to girls' clubs and other peer educators.

The key SRHR issues for their participants and communities are teenage pregnancy, sexually transmitted infections (STIs) and drug and alcohol abuse.

Participants indicated that they would like to develop the following skills as a facilitator: communication skills, theatre and public speaking, and leadership.

Participants plan on using this training in their work in the following ways: to mobilise and educate peer and youth groups, to create plays that communicate SRH information, and to be more confident and share information about problems in their communities.

Barriers to implementing this training may include: a lack of resources, youth not attending meetings, difficulty mobilising youth, public speaking and language (trainings often requiring English whereas youth speak SiSwati).

These needs were addressed throughout the training in the following ways:

1. The primary aim of this training was to provide the trainees with the skills to facilitate behaviour change activities and Interactive Performances for reducing risky SRH behaviours. All of these activities are participatory in nature, both suitable and, indeed, preferable for facilitating SRH issues with youth groups, girls' clubs and peers.

In addition, teenage pregnancy, STIs and drug and alcohol abuse were all needs that the training was designed to address within the curriculum. Nevertheless, as a result of the Needs Assessment, the focus of the training shifted from 'HIV Prevention' to 'Improved Sexual and Reproductive Health'. This was due to a lack of 'HIV' mentions in the Needs Assessment and a lower occurrence of HIV risk being discussed during the first day of training. Only slight adjustments to the training curriculum were needed, however, as the nature of the training provided an open platform for participants to bring up the SRH risks that they felt were most serious. Moreover, the curriculum topics – communication skills, gender expectations, power relationships and assertiveness – all provide opportunities to explore knowledge, attitudes and skills related to teenage pregnancy, STIs, drug and alcohol abuse, while being equally relevant to HIV Prevention.



2. Communication and facilitation skills are two of the key aspects of TfaC training, aligned with the needs of both inexperienced facilitators wishing to learn the principles of facilitation, and experienced facilitators wishing to improve their facilitation and communication skills. All trainees benefit from an in-depth exploration of the fundamentals of communication – voice, body and space – and are given opportunities to practice their facilitation skills with their peers and give each other feedback. Leadership is enhanced through communication, listening and reflection skills, and also through ‘instructional’ skills, such as the use of examples and demonstrations. And, although ‘public speaking’ is not a topic within the TfaC curriculum (TfaC encourages facilitators not to ‘lecture’, but to use reflection techniques to encourage participants to share their own expertise), speaking skills - such as vocal projection and clarity - are covered under communication skills. Confidence is built through the development and practise of communication and facilitation skills. Working within a supportive group, each participant challenges themselves to try new skills, gaining confidence through group encouragement, social modelling, and a sense of continued progress.
3. Theatre, drama devising and performance skills are introduced and practiced throughout the training, including some basic stage-craft, acting technique and storytelling principles. By the end of the training, all trainees will have engaged in a variety of still-image work, using their bodies, improvised multiple roleplays, engaged in a number of drama warm-up activities, devised three-scene dramas and facilitated Interactive Theatre performances for both internal and external audiences.
4. While mobilisation and resources are often barriers for peer educators, Interactive Theatre for Behaviour Change has several advantages over traditional education practices. Firstly, it requires very little in the way of materials in order to operate. Participants need only bring themselves and do not require paper, pens or presentation materials in order to participate. Facilitators do not need to prepare presentations or teaching materials – all activities and games simply require the use of voice, body and space. A focus ball is the only requirement, and this can be improvised (a ball of paper – or anything that can be thrown safely).
5. During the later stages of the training, trainers allowed participants to switch language to SiSwati while performing drama or facilitating Touch Tag in order to practise facilitating using the local language.



Participants engage in physical balance activities to increase their awareness of power in relationships.

6. The training

The training occurred across three weeks. Two weeks of intensive behaviour change and facilitation training in Interactive Theatre for Behaviour Change, run by TfaC trainers, were followed by one week of supervised implementation in schools and communities. At the end of each day, participants would 'recap' what they had done each day, creating a list of activities they could use for behaviour change facilitation.

Week One:

Day One: Team-building and Risk Awareness

After an introduction, where participants completed a Participant Agreement Form and Baseline questionnaire, the trainees engaged in energisers, name-games, and a series of activities designed to get the group thinking and acting as a team, specifically focusing on their ability to participate equally.

In the afternoon, participants began a journey of self-exploration, discussing and investigating the issues that could lead to SRH risks in their lives and communities. Trainees developed still-image scenes (sculptures) that demonstrated different risky SRH behaviours.

Day Two: Communication and Facilitation Skills

Participants began exploring effective and ineffective communication, focusing on their experiences of relationships between males and females, and situations that could lead to SRH risk.

Facilitation skills and techniques were also introduced, with trainees practising the facilitation of learning energisers and a variety of behaviour change activities.

Day Three: Gender Expectations

Gender Expectations were the focus of day three, delving into the social expectations that affect the participants lives and exploring how those expectations are influenced by gender. Through mapping and improvisation activities, trainees physically explore the situations where unhealthy gender expectations and gender imbalance can lead to SRH risk.

Day Four: - Cancelled due to participant medical emergency

Unfortunately, participant Mbongiseni Mazibuko (FLAS) was taken suddenly ill during the morning on Day Four and was rushed to hospital. Training halted and, after consulting with the participants, it was decided that training should resume the following day, allowing time for the group to recover its composure and focus.

Day Five: Power Relationships and Assertiveness

Rather than rush through the creation and performance of Touch Tag dramas in line with the original plan for week one, trainers decided to postpone drama devising until week two, instead spending more time on the principles of power, balance and assertiveness. This proved to be a valuable learning experience for the participants, and their appreciation for gender imbalance and how it can lead to SRH risk improved significantly. Trainees ended the day with a Touch Tag performance, using a roleplay showing power imbalance developed during the day.

Week Two:

Day Six: Drama Devising: Story and Character

In 4 groups, participants began devising their dramas for Interactive Theatre, starting with the steps of story devising – identifying the '5 Ws' (What, who, where, when and why), sculpting

the critical moment (situation of highest risk), sequencing the drama (creating beginning, middle and end scenes) and performing the drama to other groups for feedback.

In the afternoon, participants spent time developing their characters, using activities such as Character Webs and Hot-seating.

Day Seven: Performance and Touch Tag

Participants rehearsed and developed their dramas, performing for each other's groups several times and implementing feedback. Groups also began to practice the steps of facilitating Touch Tag, acting as facilitators for each other's dramas.

Trainees chose facilitation roles in their groups, each taking a particular 'step' of Touch Tag performance to focus on. Organised into two facilitation groups - Red Cross and FLAS - trainees then practised facilitating their dramas for each other to familiarise themselves with the Touch Tag process and discover the potential for behaviour change interventions in their dramas.

Day Eight: Facilitating Touch Tag

Participants continued to practise and refine their skills as Touch Tag facilitators, performing and facilitating their dramas several times to increase their confidence and hone their technique for Interactive Theatre and Touch Tag facilitation.

Day Nine: Internal Performance Facilitation

Participants prepared and then facilitated a three-hour Interactive Theatre performance to an outside audience. All four drama groups performed and then facilitated each other's dramas. Trainees showed their ability to independently facilitate all the steps of Touch Tag performance, including Introduction, Preparation, Action and Reflection.

Day Ten: Evaluation and Reflection

Participants attended a feedback session, reflecting on what they had learned from their experiences facilitating Touch Tag for an external audience.

Trainees then recapped their learning from both weeks and developed a 'Team-building' workshop that they could use in their communities, before Interactive Theatre performances.

A Training Evaluation was completed, as well as the Endline questionnaire, and participants spent time planning activities for the third, implementation week.

Week Three:

During the third week, trainers travelled to three different communities to supervise trainees from Red Cross and FLAS as they conducted community workshops and performances. Trainers assessed trainees' independent facilitation ability and provided guidance and feedback for project sustainability.

- 1) Saturday March 3rd: Red Cross trainees facilitated for participant group of approx. 30 community youth in Boyane, including a boy's soccer team. Team-building activities and an Interactive Theatre performance were delivered.
- 2) Tuesday March 6th: Red Cross trainees facilitated for a participant group of approx. 20 community peer educators in Kandinda. Team-building activities and two Interactive Theatre performances were delivered.
- 3) Wednesday March 8th: FLAS trainees facilitated for a co-ed group of 45 secondary school children in Malkerns. Team-building activities and an Interactive Theatre performance were delivered.

7. What went well and what was challenging?

Successes included:

- *Trainees successfully explored and changed their own communication and participation behaviours* - From the trainers' perspective, it was clear to see the progress that all participants made with their behaviours around communication on an individual level; clarity and volume of speech, eye-contact, use of body language and gesture all showed significant improvement. On a group level, participants took communication skills very seriously, consistently encouraging each other to raise their voices, listen to each other, be responsive and provide more examples.

Trainee evaluations and reflections included a significant number of participant statements that indicated they had experienced behaviour change, particularly around communication, openness, assertiveness and being non-judgemental.

In terms of participation, while less than half the participants were comfortable leading, sharing or being active members in group exercises, by the end of the training, all participants were confident facilitating for each other, performing and being energetic members of group activities.

- *Trainees' gender related behaviours saw significant improvements as a result of the training* - For example, trainees began the training with very unbalanced gender behaviours. As is typical with new groups, men and women tended to separate into two distinct groups, especially when it came to partner discussion or group work.



Through TfaC's methodology, however, participants began to automatically check the physical gender balance of the space with their bodies (calling 'gender, gender!' when the male/female ratio of the group was unbalanced, and then moving to ensure an equal spread of men and women in group activities). In reflections or feedback sessions, participants began to throw the focus ball to either males or females, depending on the balance of male to female voices that had been heard.

Importantly, by the end of the first week, the group was able to identify 'power imbalances' in male and female relationships. Previously, the group felt that power sometimes lay with women or that men were sometimes the oppressed party in relationships. Through physical balancing activities and roleplays of typical male/female relationships, the group came to the conclusion that males were, in fact, the dominant power holders in Swazi culture and that this led to situations of unfair treatment of women and SRH risk for both parties. Indeed, all of the dramas created by the group demonstrated a clear imbalance of power between men and women, followed by a direct link to SRH risk.

- *Trainees' demonstrated an awareness of their own risky behaviours around SRH and a willingness to explore and practise safe sex behaviours* - Despite an early reluctance to admit unsafe SRH behaviours or to acknowledge how some behaviours can lead to SRH risk, all trainees were able to articulate and demonstrate the difference between risky SRH behaviours and safe SRH behaviours by the end of the training. In both sculptures, roleplays and Touch Tag dramas, participants were not only able to suggest informed choices around safe sex, but also demonstrate what those behaviours looked like in practice (such as condom use). Notably, a large number of trainees listed unsafe sexual behaviours as behaviours they would like to change during their Endline surveys, including: unprotected sex with multiple partners, not using condoms or contraception, not going for testing or treatment.
- *Trainees successfully developed core facilitation skills and learned how to facilitate behaviour change activities for SRH* - Participants began the training with only a passing knowledge and experience of facilitation for participatory learning and Interactive Theatre. And yet, by the end of week one, participants could identify and use facilitation skills such as, clear communication, direct instruction and demonstration, open body language, guidance through participation, listening and open-ended questioning for reflection, aims and learning outcomes, group management and modelling self-confidence

Trainees also showed an ability to use behaviour change activities such as sculpting, mapping, line-ups, roleplay, drama devising, brainstorming, group discussion and reflection.

- *Trainees successfully learned to devise and facilitate the process of Interactive Theatre, including the Touch Tag technique* - At the end of the second week, trainees had demonstrated marked improvements in the key facilitation skills, confidently facilitating energisers and activities whenever asked. Most importantly, however, the trainees learned to utilise these skills in the facilitation of Touch Tag for Interactive Theatre performances, an activity that requires a high-degree of critical thinking and mastery of facilitation techniques.
- *Trainees successfully demonstrated their ability to facilitate team-building to community groups and in schools* - During supervised implementation sessions in week three, trainers observed all participants taking turns or co-facilitating energisers such as 'Circle of Actions', and team-building activities for behaviour change, such as 'Ball-up', 'Knotty Problem', and 'Ball Tag'.

Community participants showed great enjoyment and engagement with these workshops, demonstrating a high degree of participation in activities. These events were full of laughter and fun, but carefully facilitated by trainees to focus on serious issues, using reflections to draw out in-depth discussion around communication and teamwork, leading to improved behaviour awareness and a willingness to try and change their actions to discover solutions.

- *Trainees successfully demonstrated their ability to perform and facilitate Interactive Theatre for community groups and in schools* - In supervised implementation sessions, trainers also observed all participants taking turns or co-facilitating Interactive Theatre performances, using dramas they had devised during the training. Trainees each facilitated different steps of the Touch Tag process, but also provided constant support, additional questions or suggestions, and role-modelled active engagement as part of the community of the audience.
- *Good organisation and preparation* for the training venue, meals, participant and trainer transport and accommodation provided a smooth and uninterrupted training schedule.

Challenges included:

- *A partial mismatch between the training's focus on HIV prevention and the specific interests/needs of the group* - The curriculum was adjusted accordingly, and the workshop outcomes became broader and less specific. This led to more discussion, exploration and time being spent on identifying key risks and stories that demonstrated the risky situations and power imbalances where protagonists (central characters) needed help/empowerment and behaviour could be changed.

- *Gender dynamics* - The gender dynamics within the group made it difficult to have more open and free discussion of personal, real-life experiences of situations involving sexual risk, specifically where male power over female participants was concerned. Female participants were unable to discuss personal stories openly, due mainly to male dominance of the group, often asserted through teasing.
- *Level of maturity and professionalism* - At times, the group's maturity and professionalism was lacking. Trainees were often difficult to motivate, and it was a struggle to provoke serious discussion, even when dire situations and consequences were being examined. Engagement in key SRH issues was hampered by tendency to laugh at problems or blame abstract issues such as 'poverty', or 'culture', rather than explore the consequences of behaviour with emotional honesty. Tiredness and sickness were recurring issues for some participants, which may have been result of late night partying.
- *Health emergency* - On Thursday March 1st, FLAS participant Mbongiseni Mazibuko suffered a heart attack/severe chest pain as a result of an undisclosed congenital heart condition. 'Bonga' spent the weekend in hospital, but, thankfully was healthy enough to re-join the training in week two.

Unfortunately, the alarming suddenness of this event meant that participants felt they could no longer continue the training on Thursday. Trainers agreed that it would be difficult to have full and engaged participation from participants that afternoon, and, therefore, decided to adjust the training schedule and reconvene on Friday morning.

This adjustment meant that 'drama devising' did not begin until week two, leaving slightly less time for character work and in-depth rehearsal. Nevertheless, training continued and all key aspects of the curriculum were covered.

- *Role of partner organisations* - The leadership and management role of Red Cross and FLAS, including their direct relationship with the VSO project, was unclear at times, leaving certain decisions and organisational responsibilities unfulfilled. For example, Lindelwa Mkhwananzi, VSO/Red Cross focal-point, appeared to manage most in-country aspects of the training alone. Lindelwa had to deal with the illness of Mbongiseni by herself, paying for his hospital fees and providing support over the weekend. FLAS was unresponsive when asked to cover his expenses, or to make a decision as to Bonga's situation in week two, after the trainer expressed concern for his wellbeing and readiness to re-join the training. In the end, Bonga completed the training and appeared well, but this situation could have deteriorated and presented a risk to the participant's health. Clarity as to who was responsible for the participant was needed.

- *Limited contact with FLAS* - Although we did meet FLAS focal points on a few occasions, it was unfortunate that FLAS were unable to assign more resources to the organisation of participants, or attend events such as the internal performances in week two and implementation sessions in week three. This leaves FLAS with reduced organisational awareness of the needs of the Interactive Theatre for Behaviour Change project.
- *Limited organisational support during week three* - When organising implementation sessions for week three, most of the mobilisation work fell on the participants themselves, who had to gather groups in their communities or schools without dedicated organisational support. This presented several issues that resulted in lower than expected turnouts and fewer sessions.

Participant feedback indicated that travel funds were not appropriate for the amount of travel that was needed. Indeed, it was challenging to get trainees to make multiple trips from rural or out-of-town communities on the third week as they could not be accommodated overnight. Resources to provide food, drink or other incentives to mobilise community members to attend workshops were limited. And, though public performances were discussed, more planning was needed to attain authorisation from city officials. A number of opportunities for additional implementation sessions were missed as a result as these issues.

8. Next Steps and Recommendations

Theatre for a Change would recommend the following:

1) The Interactive Theatre for Behaviour Change project would benefit from dedicated management staff in-country, within Red Cross and/or FLAS

We recommend that Red Cross and FLAS consider hiring/assigning Interactive Theatre project managers, responsible for the organisation, planning, mobilisation, implementation and monitoring of the trained Interactive Theatre facilitators at their disposal. Managers would work together to organise and coordinate trainings, workshops and performance events between Red Cross and FLAS. Strong leadership and vision to mobilise and ensure high quality workshops and Interactive Theatre events is needed to create high impact, sustainable, SRH education opportunities.

2) Strengthen the network of Interactive Theatre facilitators

In order to build on the success of the Interactive Theatre for Behaviour Change training, we recommend that 'What's App' and 'Facebook' groups be created to

connect participants following the training. Facilitators would use the groups to keep in touch, share learning and organise community events.

We would also recommend Red Cross and FLAS create opportunities to gather all participants together for catch-up workshops, where they can facilitate the devising of new dramas, practise their facilitation skills and plan for future events.

3) Develop Monitoring, Evaluation and Learning strategy

With management team and project planning in place, a regular system of monitoring and evaluation of community workshops and performances could be developed, in order to share results and learning with TfaC and other VSO country offices. MEL materials and resources could be developed and distributed between TfaC, VSO and in-country partners to ensure sharing of best practices.

4) Additional Training

If a regular programme of Interactive Theatre facilitation is established, we recommend exploring the potential of further training for facilitators to increase the number of facilitators, extend the scope of the project, increase the skillset of the existing team or develop an advocacy component.

Theatre for a Change offers training in Interactive Theatre for Justice, an advocacy-based extension of Interactive Theatre for Behaviour Change. Interactive Theatre for Justice involves working with authorities and power-holders to stage Interactive Theatre events where facilitators perform a drama based on the participants' experience, and is designed to highlight rights abuses or issues of injustice. Facilitators then conduct a process of Touch Tag, where authority figures and power-holders in the audience are invited to suggest ways in which their institutions or bodies could intervene in the drama to find solutions to the rights or justice issues presented. This work could build on the training facilitators have already undertaken - increasing their facilitation skills and their library of activities - and train them to plan, design and facilitate Interactive Theatre for Justice.

During the Swaziland training, it emerged that Sexual and Reproductive Health and Rights risks for adolescents were commonly intertwined with rights abuses and issues of injustice. While the dramas devised by trainees were primarily designed to present opportunities to reduce risky SRH behaviours for adolescents, several of these stories also highlighted issues of child abuse, sexual assault and gender based violence. For example, it emerged that it is common for adult men to prey on adolescent children by offering food or money for sex. Sadly, this child abuse contributes to the spread of STIs and HIV. Equally, when dramas explored issues of gender based violence, male

perpetrators often faced little or no consequences for their actions, disempowering the females in those relationships to the point where they had no control over their sexual and reproductive health or rights. Where these issues were identified in the Interactive Theatre performances, facilitators asked the question, ‘Where could she/he go to for help?’ Tellingly, very few audience members or participants suggested official authorities. Interactive Theatre for Justice opens up the possible avenues of reporting, and redress, through the participation of the whole community in addressing these situations.

9. Feedback from Participants taken from Evaluation Forms

Participants completed Training Evaluation forms on the final afternoon of the two-week workshop. On the whole, feedback is extremely positive, with the average score for each section as follows (on a scale from 1 to 5, with 1 = strongly disagree and 5 = strongly agree):

Statement	Average score
1. The objectives of the training were clearly defined.	4.8
2. Participation and interaction were encouraged.	5
3. The topics covered were relevant to me.	4.4
4. The content was organized and easy to follow.	4.5
5. The materials distributed were helpful.	4.8
6. This training experience will be useful in my work.	4.7
7. The trainers were knowledgeable about the training topics.	5
8. The trainers were well prepared.	5
9. The training objectives were met.	4.5

When asked how this training impacted them personally and professionally, participants responded in the following ways:

“This training personally helped to improve my confidence and being more open and clear. I am now professionally able to facilitate using effective communication.”

“Now I’m well versed with Behaviour Change as I’ve changed dramatically. I’ve also got skills on acting in dramas... the training was very helpful to me and I will pass the knowledge to others.”

“I learnt different things in this training... I was not confident enough to stand before people and talk, but now I can talk and raise my voice when speaking.”

“It has changed the way I see and do things, because now I no longer judge people of what they do or say... I encourage them to do better.”

“The training increased my state of confidence, and my personal behaviour has changed already... I’m sure it will play a major role in changing my peers in my community.”

“Personally, I have found the space for behaviour change, especially on assertiveness and being judgmental before. Professional wise, hey, I can’t explain very well, but all I can say is this training was just the only missing piece for me in order to bring the change I need in my community. Big up to Ben and Isaac!”

10. Conclusion

From the findings of this report, it is clear that the Interactive Theatre for Behaviour Change training in Swaziland was a success. The training was highly effective in enabling the participants to develop skills as facilitators, to devise and perform Interactive Theatre and then practise using it in their communities. Trainees’ confidence and communication skills increased as the training progressed, as did their understanding of behaviour change, assertiveness, risk awareness, power relationships and reflective practice. At the end of the training, participants showed great enthusiasm to keep the work going.

We look forward to following the work of these young facilitators, and to supporting VSO’s partners in Swaziland with this Interactive Theatre initiative.



Interactive Theatre – participants perform a drama, in which a group of older men convince an adolescent girl to have unprotected sex in exchange for food and money.