



PARTICIPATORY RESEARCH METHODS PACK

**A practical guide to meaningful engagement of people and
communities affected by tuberculosis in research**

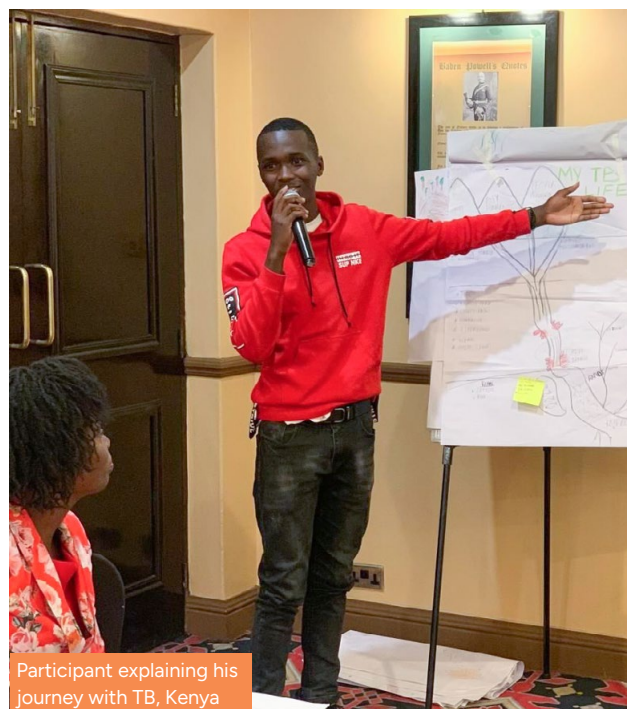
2026

PURPOSE

What is the aim of the Methods Pack?

This Methods Pack provides practical tools for involving people and communities affected by tuberculosis (TB) as partners in research. The methods help understand lived experiences, co-produce evidence and translate findings into practical actions to improve TB care and outcomes.

The Methods Pack draws on first-hand experience of collaborative TB research of the [LIGHT Research Programme](#) with partners, policymakers and TB-affected communities in Kenya, Malawi, Nigeria and Uganda. Whilst the research methods presented in this Methods Pack have been applied within TB-focused research in peri-urban settings in Africa, they can be used across a whole range of research studies beyond TB, including other infectious diseases of poverty, locations, and settings.

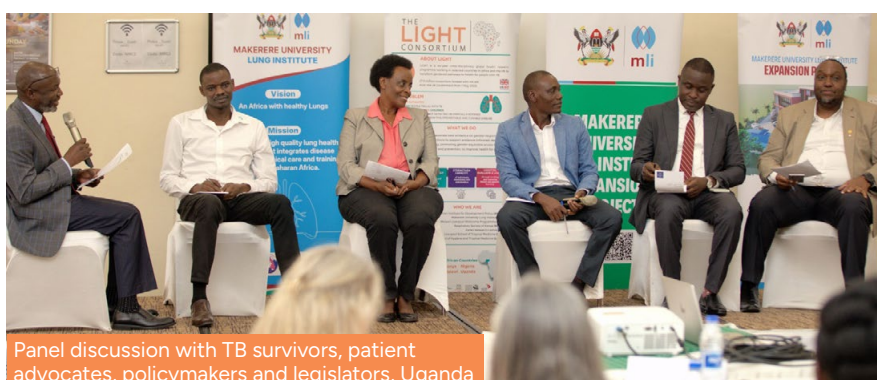


Participant explaining his journey with TB, Kenya

Who is this Methods Pack for?

This Methods Pack is for all stakeholders in TB research working together to strengthen people-centred care and end TB.. Methods and practical examples may be relevant to

- ✔ Researchers to actively engage people and communities affected by TB more meaningfully throughout their research programmes and initiatives
- ✔ National TB programmes, development and implementation partners to centre the lived experiences of people affected by TB within programme cycles
- ✔ Community advisory groups serving to oversee and advise on the design and conduct of community engagement in TB research
- ✔ Communities, groups and people with lived experience of TB to ensure their voices and needs are respected and represented equitably in research and programmes



Panel discussion with TB survivors, patient advocates, policymakers and legislators, Uganda

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How to navigate and use the Methods Pack?

The Methods Pack is systematically structured – from theory to practice. It first outlines the theoretical foundation of participatory health research. The selected methods and tools exemplify how concepts can be operationalised in research for engagement and co-production of knowledge. The case studies illustrate how LIGHT implemented methods and tools to address real-world evidence, policy and practice gaps. Readers can choose to read the Methods Pack back-to-back or focus on sections that are relevant to their interest, focus and questions within their own research or practice.

CHAPTER 1

'MEANINGFUL ENGAGEMENT IN TB RESEARCH'

introduces key concepts of participatory research in the context of TB defining meaningful engagement, levels of community participation and participatory research process cycles.

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Local TB Action Group educate communities on TB through music, Nigeria



CHAPTER 1

MEANINGFUL ENGAGEMENT IN TB RESEARCH



Local TB Action Group during
community sensitisation, Nigeria

Participation is the defining principle of participatory health research

In 2024, an estimated

10.7m

people developed TB and

1.23 m

died due to the disease worldwide

People affected by TB are experts in their care pathways and play a vital role in advancing integrated, patient centred care and prevention

Participatory Health Research

Participatory Health Research encompasses a large group of different research approaches, developed across various settings worldwide to address health inequities within specific contexts (Loewenson *et al.*, 2014). A common feature and ambition of participatory health research is to involve those who are usually the “subjects” of research, especially people directly affected by health problems, as active partners and agents of change (Pratt, 2019). Participation is the defining principle of participatory health research (ICPHR, 2013). Within the context of the End TB Strategy, this principle aligns with meaningful engagement, viewing and approaching affected communities as experts rather than passive research participants (WHO, 2015).

Background and rationale

Engagement of people and communities affected by tuberculosis (TB) in policy, service delivery and research is recommended (WHO, 2015) for their lived experience and context expertise, but implementation remains limited (Ugwu *et al.*, 2026). Although TB is preventable and curable, it remains one of the world’s deadliest infectious diseases. In 2024, an estimated 10.7 million people developed TB and 1.23 million died due to the disease worldwide (WHO, 2025). While TB can affect anyone, it disproportionately impacts people living in poverty and those who are marginalised. Most TB programmes, services and research studies are conceived for communities rather than with them, overlooking key assets and resources within communities and thus failing to empower communities (Daftary, Calzavara and Padayatchi, 2015). Despite progress in community engagement in TB research, barriers to meaningful engagement persist (Bain *et al.*, 2022; Venkatesan *et al.*, 2025). Closing this gap requires a shared practical understanding of what engagement entails, how to operationalise community participation and how to plan for time, resources and mitigate of challenges.

Communities as equal partners in research

Meaningful engagement of people and communities affected by TB is at the core of the World Health Organization’s End TB Strategy (WHO, 2015). Meaningful engagement is a process where people and communities affected by a disease, in this case TB, are treated as equal partners rather than passive recipients of care and innovation (Alma Ata, 1978; WHO, 2023). Community engagement should be considered across the full spectrum of the response to TB (WHO, 2023) to ensure that policies, programmes and services are responsive to the realities of those most directly affected by TB. People affected by TB are experts in their care pathways (Ugwu *et al.*, 2026; Nidoi *et al.*, 2024) and play a vital role in advancing ‘integrated, patient centred care and prevention’ (Pillar 1 of the End TB Strategy) (WHO, 2015). To mitigate against limited involvement as additional work force for service delivery, people with TB should be engaged as partners in the entire process from planning to evaluation (WHO, 2023). For example, community-led monitoring serves as a powerful mechanism for accountability, allowing communities, networks and organisations of people affected by TB to systematically identify service deficits and provide the evidence needed to design more effective, people-centred programmes (Rambau *et al.*, 2024). As a result, lived experience and expertise of people affected by TB are valued for their contribution towards policy and system strengthening (Versfeld *et al.*, 2026), in line with Pillar 2 of the End TB Strategy (WHO, 2015).

Rather than being subjects of study, individuals and groups contribute to social innovations and participatory research

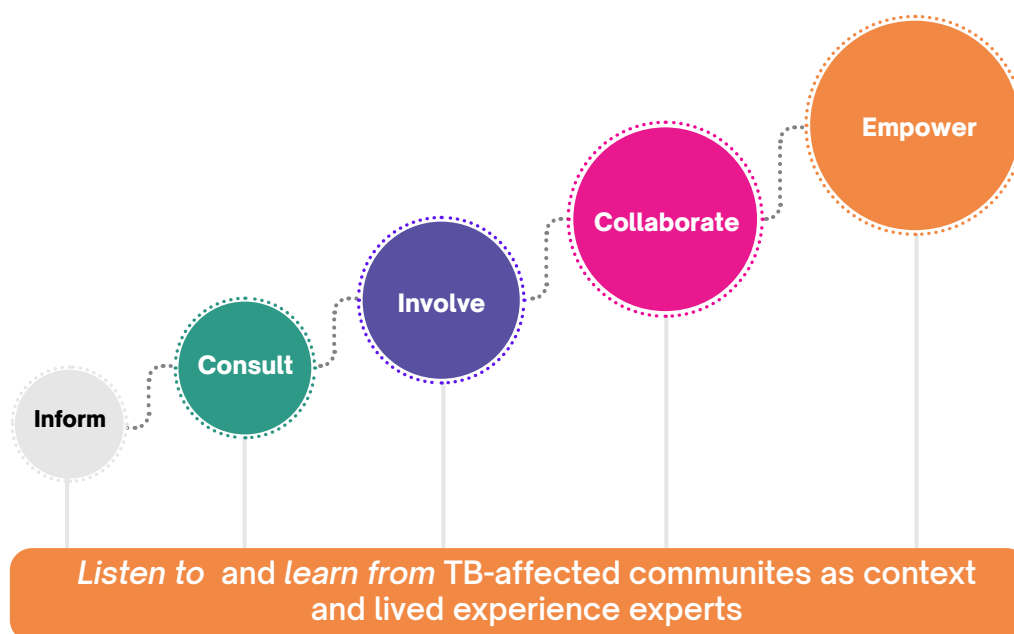
Participatory health research promotes the sharing of knowledge and power between communities and researchers throughout the entire research process

Intensified research and innovation

Under the End TB Strategy's third pillar, promoting 'intensified research and innovation' (WHO, 2015), the meaningful engagement of communities as equal partners in sharing knowledge and generating evidence is equally recommended (Venkatesan *et al.*, 2025). Rather than being subjects of study, individuals and groups contribute to social innovations and participatory research that ensure new strategies and tools, such as differentiated service delivery, vaccines, diagnostic tools and shorter treatment regimens, are culturally acceptable and rapidly adopted. The methods and tools discussed in this Methods Pack have been applied in research projects (Pillar 3) that sought to understand and address gendered and intersectional barriers to TB care in different peri-urban contexts across Africa. However, methods and tools may also be relevant and useful for the engagement of affected communities in activities related to Pillars 1 and 2 of the response to TB.

Levels of participation

As a paradigm, participatory health research promotes the sharing of knowledge and power between communities and researchers throughout the entire research process from inception to dissemination (Venkatesan *et al.*, 2025; Egid *et al.*, 2021). The diagram below shows that participation is categorised across a spectrum, encouraging a transition from merely informing or consulting communities to actively involving, collaborating with, and empowering them (WHO, 2023). While participation as a method involves people in specific tasks to improve study quality (such as recruitment or data collection), the deeper collaboration is essential for reaching those most directly affected by TB who may otherwise be missed by formal health systems due to social, geographical, or economic barriers (WHO, 2023).



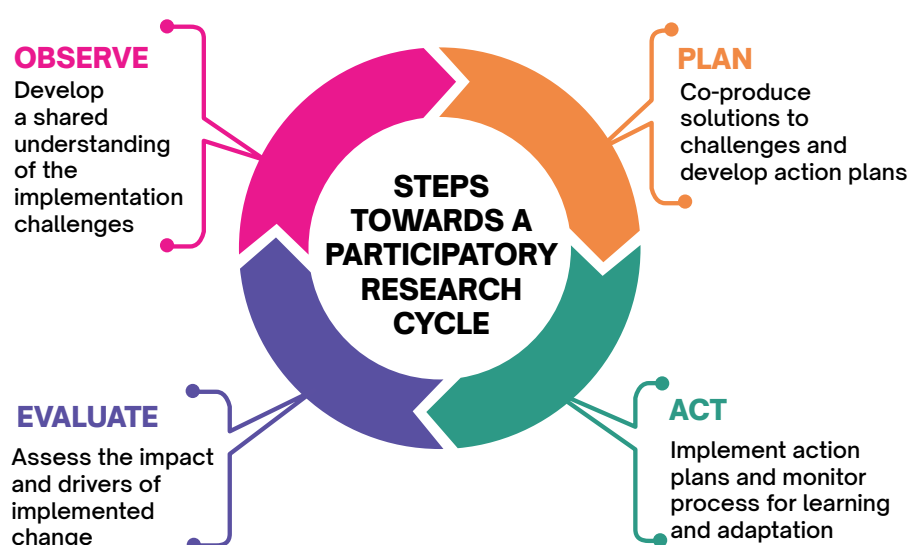
Levels of community engagement adapted from WHO's guidance on engagement of communities and civil society to end tuberculosis (WHO, 2023).

Participatory research cycles

The explicit goal of participatory health research is to understand and improve the world by changing it (Loewenson *et al.*, 2014). It seeks to co-produce new knowledge to promote positive social transformation (ICPHR, 2013), addressing the social,

The explicit goal of participatory health research is to understand and improve the world by changing it

economic, and political determinants of health. Participatory health research approaches value experiential and “embodied” knowledge, which allows for an immediate and unmitigated connection between gaining new insights and taking informed action. Participatory health research typically follows a spiral pattern of repeated cycles (Loewenson *et al.*, 2014). These cycles involve constant reflection on action, learning from that action, and then developing new informed actions which are in turn the subject of further reflection. The diagram below outlines the common phases of participatory research projects guiding the studies that form the basis of this Method Pack. The phases include ‘observe’ to define and analyse the problem using a mix of participatory research methods; ‘plan’ to determine how the findings should be used for action; ‘act’ to implement the plan of action and document the process; and ‘evaluate’ to assess the impact and examine lessons.



Participatory research process adapted from LSTM's toolkit for participatory health research methods (Chowdhury *et al.*, 2021).

The Methods Pack is focussed on participatory TB research, offering practical examples and lessons from LIGHT research with communities affected by TB in Kenya, Malawi, Nigeria and Uganda.

Methods Pack uniqueness

This Methods Pack builds on existing participatory methods readers (Loewenson *et al.*, 2014) and toolkits (Loewenson *et al.*, 2006; Chowdhury *et al.*, 2021), pursuing similar motives to promote research that is conducted with communities rather than conceived for them and conducted on them. The meaningful engagement of TB-affected communities in research, reflective of the depth outlined in WHO guidelines (WHO, 2015; WHO, 2023), remains largely aspirational (Venkatesan *et al.*, 2025). Therefore, this Methods Pack is focussed on participatory TB research, offering practical examples and lessons from our own research with communities affected by TB in Kenya, Malawi, Nigeria and Uganda. While acknowledging the challenges and limitations to maximising participation in our research, we hope our discussion contributes toward addressing policy-practice gaps and advancing meaningful engagement in research to provide evidence for ending TB.

Which Method Should I use?

If you want to...	Try...	Estimated time	Best for...	Go to page...
Break the ice	Non-handshake greetings	5-10 mins	Start of a workshop or group	20
Establish meaningful connections	Photo introductions	15-30 mins	New groups	21
Build rapport	Timeline introductions	30-60 mins	New groups	23
Establish group values	Group agreement	30-60 mins	Group formation	25
Explore different opinions	Vote with your feet	15-20 mins	Stimulating discussion on a topic	28
Understand lived experience	Rivers of Life	1.5-2.5 hrs	In-depth discussion in smaller (homogeneous) groups	31
Visualise lived experience	Photovoice	Multiple sessions	Data collection and advocacy with community members	39
Understand healthcare pathways	Healthcare Seeking Pathways Analysis	~90 mins	Mixed stakeholders	35
Explore barriers and enablers	Spider Diagram	60-90 mins	Problem or situation analysis	45
Turn problems into solutions	Stepping Stones	60-90 mins	Action planning	49
Explore potential or actual effects	Pizza Diagram	60-90 mins	Supporting decision making and evaluation	53
Understand patterns of variation or change over time	Seasonal Calendar	60-90 mins	Planning or evaluating activities	62
Form smaller groups for groupwork	Breakout groups	5-10 mins	Active participation	72
Raise energy levels	Icebreakers	5-10 mins	Before or between longer sessions	69

Glossary of icons

Countries where a participatory study or method was implemented



Kenya



Malawi



Nigeria



Uganda



How long a method or activity takes approximately



How many people can be involved



What resources are needed for a method



What needs to be done before conducting a method



How to do a method or activity



How a method or activity can be amended



What we found difficult and would do differently next time



What worked well



What evidence did we generate



How we used a method in LIGHT research



What ethical and safeguarding concerns to consider and how to mitigate them

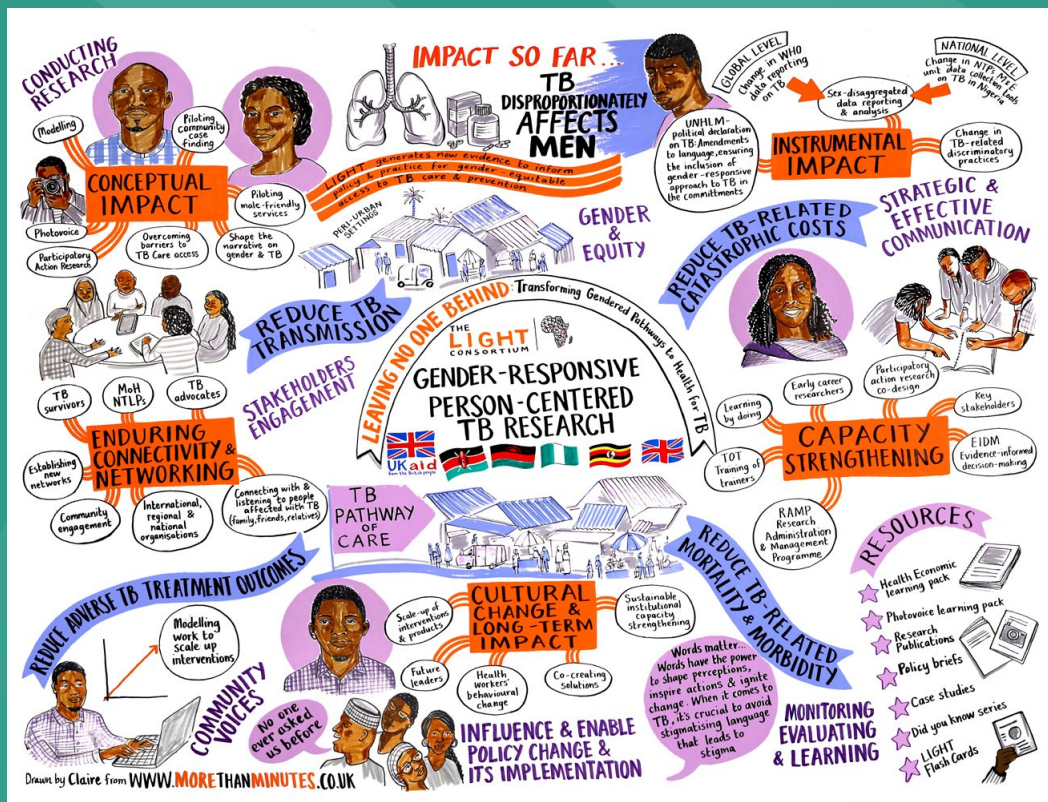


What we recommend when conducting a method or activity



Where you can find out more about a method

CHAPTER 2



LIGHT Partners

LIGHT was a six-year, cross-disciplinary global health research programme funded by UK aid and led by Liverpool School of Tropical Medicine (LSTM) in partnership with organisations in Kenya, Malawi, Nigeria, Uganda, and the UK. The programme focused on transforming gendered pathways to health for people with tuberculosis in urban settings, aiming to improve overall health, socio-economic outcomes, and equity. Through this work, LIGHT contributed to global efforts to end TB by 2030.

This map shows the LIGHT partners and collaborators who jointly conducted participatory TB research projects within each context with the support of LSTM.



LIGHT Research

LIGHT used a wide range of methods and tools to promote conversations and solutions that centred lived experiences and needs of individuals and communities affected by TB in their different research projects .



The **African Institute for Development Policy (AFIDEP)** supported Evidence-Informed Decision Making and research uptake across LIGHT countries and the continent. Together with national TB programmes, AFIDEP also promoted person-centred TB care in Kenya and youth-friendly TB service in Malawi through participatory research.



Liverpool School of Tropical Medicine (LSTM) led the LIGHT Research in collaboration with partners, providing technical support, capacity strengthening and supervision across all participatory research projects in Kenya, Malawi, Nigeria and Uganda.



Makerere University Lung Institute (MLI) and partners in Uganda co-created and evaluated a facility-based, male-specific TB screening strategy, dubbed IGNITE. MLI also visualised the capacity and challenges of TB survivors through photovoice , a creative research method that engages individuals to document their daily lives and express their perspectives through photography.



Malawi Liverpool Wellcome Research Programme (MLW) estimated TB infection prevalence in densely populated urban neighbourhoods in Blantyre and engaged selected study participants to assess the acceptability of TB infection testing and prevention treatment.



The **Respiratory Society of Kenya (ReSoK)**, in collaboration with national and county TB programmes, explored young people's access to TB care and their journeys along the care cascade through quantitative, qualitative and participatory research methods. ReSoK also facilitated dialogue between young people with TB and TB healthcare workers and policymakers for learning and action planning.



Alongside Nigeria's National TB Programme, **Zankli Research Centre (ZRC)** co-created, implemented and evaluated a community-based gender-responsive TB screening strategy for men, dubbed DESTINE. ZRC also visualised gaps in person-centred TB care through photovoice with TB survivors, caregivers, and healthcare workers.



Photovoice exhibition by young people affected by TB, Malawi

Motivation and Contributions



The LIGHT Consortium

Our choice of participatory approaches was grounded in the belief that meaningful involvement and strong relationships with TB-affected communities were essential to identify person-centred solutions.

LIGHT's participatory research projects were conducted by **multi-disciplinary teams** in each country. Teams included researchers, research assistants, communication experts and research uptake managers; administrators, programme and finance managers supported and monitored implementation, while senior team members provided advice and oversight.

Most **team members** were outsiders to TB disease and care, as well as to the study locations in densely populated urban settlements. However, some had several years of professional experience in TB care and programmes in LIGHT countries. Our research ideas were not rooted in personal experience, but emerged through consultations with programme managers, policymakers, and people affected by TB. They were also driven by our shared commitment to improving care and outcomes for people with TB.

Our choice of participatory approaches or methods was grounded in the belief that the meaningful involvement of people with lived experiences of TB and strong relationships with TB-affected communities were essential to address gendered barriers to TB care and identify person-centred solutions. **Studies** were **co-designed** by teams in-country and LSTM in consultation and collaboration with key TB stakeholders and community advisory groups in LIGHT countries. We appreciate and acknowledge the integral role each partner played in designing, conducting, evaluating and disseminating participatory approaches, methods and tools presented. The Methods Pack complements other [LIGHT outputs](#), including [booklets](#), [impact case studies](#) and peer reviewed [publications](#).

This Methods Pack is based on our **experience** and **reflections** of using participatory methods in TB research and inspired by an interest in such methods expressed by participants of our workshops at the Union World Conference on Lung Health in [2023](#) and [2025](#). The concept for the Methods Pack was developed by Beate Ringwald, Chukwuebuka Ugwu and Rachael Thomson and realised with input from Rhoda Pola, Jasper Nido, Milly Nattimba, Helen Mangochi, Rebecca Hamala, Chidiebube Aneke and Rebecca Karimu Mtambo. A detailed list of contributors is provided in Acknowledgements ([see page 77](#)).

LIGHT case studies

This section presents two case studies that serve to illustrate how LIGHT worked across levels of participation (WHO, 2023). Both implementation research projects engaged TB stakeholders and affected communities over a longer period of time, achieving more collaborative engagement from consultation to empowerment as the research progressed. Methods and tools used in these and other LIGHT studies are discussed in greater detail in the subsequent chapters focused on the different phases of the participatory research cycle.

Improving TB case detection using a GeNder sensitive TB screening InTervention in urban public health facilities in Uganda (IGNITE)



The IGNITE study, led by LIGHT's early-career researcher in Uganda, used a mixed-methods, participatory approach to co-develop and test a male-friendly intervention in two general hospitals, Mityana and Gombe, in urban Central Uganda to improve men's access to TB services.

CONSULT

In Uganda, LIGHT formed a Community Advisory Group to guide and oversee its activities and research, including **IGNITE**. The group, involving representation from TB survivors, patient advocacy groups, Uganda National Tuberculosis and Leprosy Programme and academia among others, were consulted frequently on the research design, process and findings.

INVOLVE

IGNITE adapted the 7P's framework (Concannon *et al.*, 2012) to engage a comprehensive sample of TB stakeholders in participatory workshops. Participants included TB survivors and members of Health Unit Management Committees (representing patients and the public); healthcare workers and volunteers known as village health teams (representing providers); District Health Officers and Secretaries (as the purchasers and payers); District leaders and health focal points (as policymakers); TB implementation partners (representing product makers); and researchers (representing principal investigators). In four separate workshops in Kawolo, Gombe, Mityana and Nakaseke hospitals, participants assessed men's health seeking pathways ([see page 37](#)) and agreed on a person-centred TB screening intervention tailored to men's unique needs and challenges (Nidoi *et al.*, 2024).

COLLABORATE

IGNITE trained and collaborated with healthcare workers and TB survivors at Gombe and Mityana hospitals to deliver the agreed intervention package encompassing systematic TB screening across all health facility departments using symptom-based checklist stamps, distribution of educational material and male-friendly services that incorporated integrated TB, HIV, diabetes, and hypertension screening in "men's corners" with evening opening hours and health education by "male champions." Implementers collaborated in the evaluation of the intervention ([see page 58](#)). They assessed acceptability, feasibility and factors that influenced the impact of the intervention ([see page 64](#)). The evaluation of **IGNITE** through a quasi-experimental before-and-after study with 2 intervention and 2 control health facilities showed that systematic screening and male-friendly services can increase TB notifications among men by around 51% without reducing notifications among women (MLI, 2026).

Development And Evaluation of a Gender Responsive Tuberculosis Intervention for Community Settings in Nigeria (DESTINE)



The DESTINE study, led by LIGHT's early-career researcher in Nigeria, applied a mixed-methods design combining participatory, qualitative, and quantitative research approaches to co-create and evaluate a community-based, gender-responsive TB intervention focused on men in a peri-urban setting in Karu Local Government Area near the Federal Capital City of Abuja.

CONSULT

During the exploratory phase of **DESTINE**, LIGHT conducted interviews and focus group discussions with 36 men considered vulnerable to TB due to their high-risk occupations, such as mining and transport. To better understand how they respond to TB symptoms, when and where they seek health care, and how they navigate fragmented health systems in the peri-urban context (Ugwu *et al.*, 2026).

INVOLVE

DESTINE involved TB stakeholders, survivors, and community leaders in co-creating a community-led TB intervention to reach men and address the masculine norms and barriers hindering their careseeking. The co-creation (or plan) phase combined Delphi method, a structured decision-making approach involving a panel of experts, and participatory methods. TB stakeholders first ranked and prioritised TB screening interventions online and then met in person to discuss and agree a strategy through consensus using Pizza Diagram ([see page 54](#)) /Vote with your feet ([see page 29](#)). The intervention combined men-led TB awareness campaigns and mobile digital chest X-ray screening in male-dominated congregate settings to reduce the high opportunity costs and stigma associated with TB (Ugwu *et al.*, 2025).

COLLABORATE

In 2 communities selected as **DESTINE** intervention clusters, LIGHT collaborated with influential members in the community to form Local TB Action Groups (LTAG). These included palace secretaries, TB survivors, commercial tricycle operators, known as *keke napep*, car park leaders, market women leaders, youth leaders, and religious leaders, among others. The LTAG were responsible for leading the planning and implementation of the co-created DESTINE intervention in their communities for 6 months.

EMPOWER

DESTINE provided initial training on TB, stigma and community engagement, and LTAGs localised TB messages using cultural music, drama, and dialects beyond the widely spoken Hausa language. They enlisted existing community resources, previously overlooked by many formal programmes, and leveraged trusted knowledge transmission channels, including 'rumour-spreading machinery', and key social events and gatherings to integrate their activities.

Pre- and post-intervention household surveys in the intervention and control cluster communities assessed acceptability, feasibility and effectiveness of the DESTINE intervention. Early results suggest that this strategy improved TB knowledge, increased care-seeking, reduced TB-related costs and TB stigma, and accelerated early diagnosis among men in the study area (LIGHT, 2026; Ugwu, 2025). DESTINE also demonstrated that TB care, co-created with and led by trusted and influential local actors within communities, is acceptable and feasible. Community chiefs described that the LTAG activities gave new meaning to their routine social gatherings, thereby enhancing their perceived agency and sense of contribution as local leaders. After the DESTINE research, LTAG members subsequently leveraged their networks and leadership roles to support local cervical cancer vaccination initiatives and gender-based violence prevention activities.



CHAPTER 3

ICEBREAKERS PROMOTING RAPPORT, DIALOGUE AND TRUST



The choice of icebreakers and tools during the initial participant engagement phase can set the “tone” for the rest of the study or project.

Before introducing the participatory research methods used to collect and evaluate data, we draw your attention to the tiny tools that have helped us get started. We recommend carefully designing initial participant engagement and using icebreaker activities that help members of the group get to know each other. Icebreakers help participants learn and remember each other’s name, establish a bond between each other and develop group identity. They can also stimulate attention, spark curiosity and serve as a signal for the style of participatory methods and interactions that will be used throughout the engagement. Therefore, the choice of icebreakers or tools in this phase can also set the “tone” for the rest of the study or project.

As a facilitator, you need to be mindful of potential power imbalances within the group and avoid activities that could reinforce existing power differences. For example, instead of limiting self-introduction to positions and qualifications, you may select tools that allow people to tell their own story and meet each other as humans; and that facilitate dialogue and bonding. You may check whether activities are potentially coercive or invasive (Chowdhury *et al.*, 2021) and if they resonate with the life of participants. Common tools online or in books may not resonate with the realities of communities affected by TB (for example, using a [bunch of keys](#)). Such tools could create negative feelings in less privileged participants, reinforce power differences and hinder participation.



Photovoice enrichment workshop, Nigeria

3.1 Nonhandshake greetings

What is it?

This icebreaker invites participants to greet each other using elbow/foot/fist-bumps.

Although non-handshake greetings may be associated with infectious disease outbreaks, the non-verbal interactions and eye contacts can promote a welcoming atmosphere.

What is it useful for?

This activity works well as an icebreaker at the beginning of an event or meeting to enable connections between participants.

It can also be used to stimulate movement in between a longer sessions or reconnection after a break.

**5-10 Minutes**

depending on the
number of participants

**10+ People****None**

Before you start

Prepare for the session. Ensure the venue provides enough space for participants to move around and greet each other.



Steps

- 1. Introduce the task.** Ask participants to walk around and greet each other – without shaking hands. Explain and demonstrate the form of greeting like elbow bump (i.e., touching the other person's elbow with own elbow); foot bump (i.e., touching someone's foot with own foot); or fistbump (i.e., touching the other person's fist with own fist).
- 2. Facilitate greetings.** Change the form of greeting during the activity.



Variation

Feel free to select or amend the greeting styles used in the exercise selecting those that are acceptable and suitable in your context.



Researchers and stakeholders doing the non-handshake greeting icebreaker, Kenya

3.2 Self-introductions using images

What is it?

True to the saying 'A picture is worth a thousand words', this icebreaker game uses photos as storytelling hooks for participant's self-introduction. Participants select an image from a collection of photos that most closely represents their life journey, events, or experiences that are relevant to the occasion or question.

What is it useful for?

Self-introductions using images can be useful for in-depth introductions of participants. A strength of this activity is that it will provide more information about participants than their name and role but still allow them to choose what they want to say about themselves.

**15-30 Minutes**depending on the
number of participants**6-15 People****Photos** (printed A4 size)

Before you start

Prepare for the session. Select and print a diverse collection of photos; they should be more than the number of participants. Spread prints on a table or hang them on the wall before the session begins.



Steps

- 1. Introduce the task.** Ask participants to look at all photos and choose one image they can relate with to tell something about themselves. Use guiding questions to focus self-introductions as applicable.
- 2. Remind about voluntary participation.** Explain to participants that they can choose what information they are comfortable sharing with others.
- 3. Document the activity.** With participants' consent, audio record discussions and take detailed facilitator notes as needed.
- 4. Facilitate self-introduction.** When everyone found an image, gather the group and ask participants to introduce themselves with their name and why they chose the photo. Use a "go-round" method to allow each person in turn to speak following seating order or random order when they are ready (Seeds for Change, 2022).



Top tips

Select photos from your own photo gallery, your organisation's photo archive or an online platform like openverse.org. Remember to credit the photographer and observe confidentiality.

Tailor the pool of photos for each activity, considering participants' realities such as their environment, culture, clothing, food, transport and activities, among others.

Print each photo several times if you cannot source enough different images. Participants' diverse interpretations of the same image often come as a surprise and stimulate dialogue.



Safeguarding

Remind the group about the importance of confidentiality and request participants not to talk about personal information shared among the group with outsiders.



Variation

To focus participants' self-introduction more, you can select images related to **a common object or theme**. For example, participants may be given a choice between images of different types of shoes to relate them to their life or work.

Instead of photos, you can also provide **items** such as artefacts, household items, or natural materials as storytelling hooks.

Instead of providing photos or items, you may ask participants to bring a photo, symbol or item to the first meeting for self-introductions.



3.3 Timeline or three events

What is it?

This is another creative way of facilitating participant's self-introduction. The timeline activity invites participants to reflect on their life journey or key events that led to their participation in this group, project or research. It allows participants to learn about each other's background in greater depth while giving people control over the details of their story as they introduce themselves to the group.

What is it useful for?

Timeline exercise can be useful for in-depth self-introduction that will provide focused information about everyone (participants and researchers) beyond their name and role. It can also help stimulate discussion on everyone's motivation for their participation and aspiration.

**1-2 hours**

depending on the number
of statements

**6-15 People**

Flipcharts, colour pencils or
crayons, masking tape



Before you start

Prepare for the session. Set up space for participants to work on their timelines (tables and chairs) and display them afterwards (wall or poster stand) to present them to each other.



Steps

- 1. Introduce the task.** Ask participants to think about their life journey to date and reflect on key events that shaped their path to participation. Request participants to draw a timeline of their journey using images or symbols, instead of writing.
- 2. Remind about voluntary participation.** Explain to participants that they can choose what information they are comfortable sharing with others. Assure participants that there is no right or wrong way to draw a timeline and that their ideas are more important than the quality of their drawings.
- 3. Facilitate self-introductions.** When everyone finished their Timelines, ask participants to introduce themselves using their timeline. Use a 'go-round' method to give each person a turn to speak in seating order or random order when they are ready ('pop-corn' go round).
- 4. Document the activity.** With participants' consent, audio record discussions, take detailed facilitator notes and photograph Timelines as needed.



Top Tip

Initially, adults may find drawing challenging, because they have not drawn or used crayons for years. However, drawing has been found to support recall of memories (Maddox *et al.*, 2024). It is important to assure participants that their drawings do not need to be perfect and that their narrative is more important.



Safeguarding

Be prepared that participants may share both joyful and challenging life events due to the devastating emotional, financial, health and social impact of TB. Ensure that all facilitators are trained to recognise emotional distress and are skilled to respond in helpful ways (WHO, 2011).

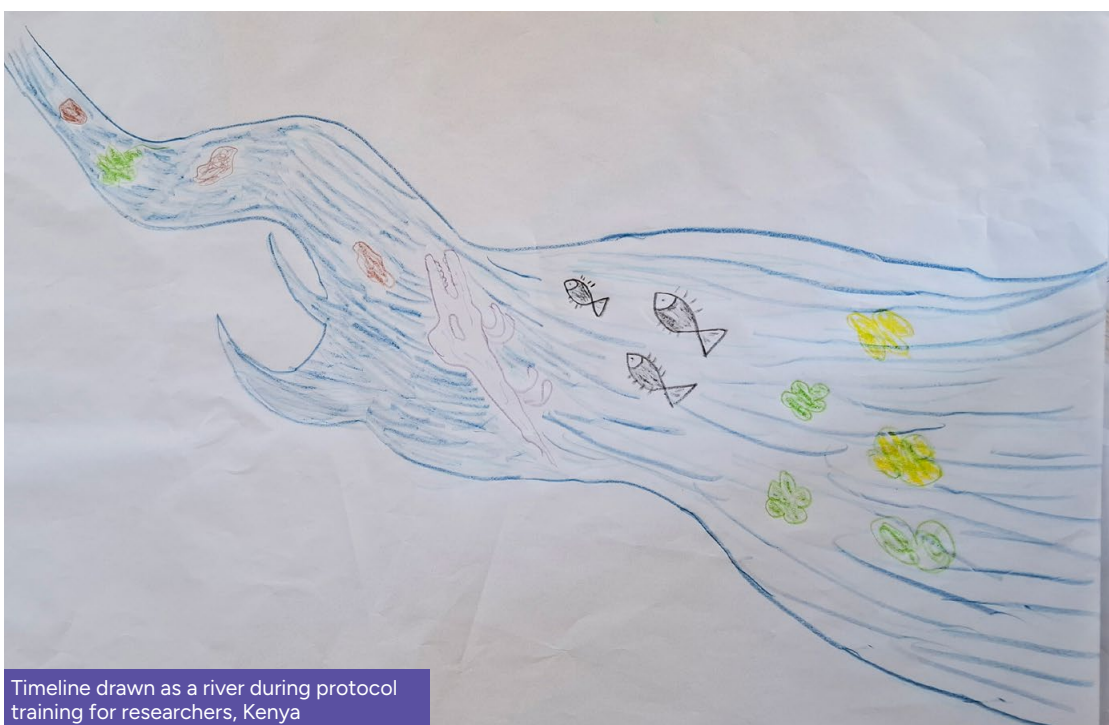
Remind the group about the importance of confidentiality and request participants not to talk about personal information shared among the group with outsiders.



Variation

Participants' timelines may vary in duration and depth. You can limit the number of events to be recalled and retold to 3 major events to be drawn on a large piece of paper as above. Alternatively, you can ask them to draw their events on 3 different (smaller) sheets of paper, cards or sticky notes and stick them along a joint group timeline showing life stages or years.

Consider conducting self-introductions in breakout groups (not with the whole group) when working with a big number of participants.



Timeline drawn as a river during protocol training for researchers, Kenya

3.4 Group agreement

What is it?

Participants come with different expectations, needs and values. The group agreement exercise enables a group of people to agree the values governing a group, meeting or process with the participants (Seeds for Change, 2022).

What is it useful for?

Developing a group agreement together is often used to clarify how a group of people will work together and how to handle issues or conflicts when they arise. The exercise can also help fostering participation and team building.

**30-60 Minutes**

depending on the number
of participants

**6-20 People**

Cards, markers,
flipchart, masking
tape



Before you start

Prepare for the session. Identify and invite participants. Set up space for group discussion and presentations and) and create a safe and supportive environment for participation.



Steps

- 1. Prepare for the session.** Set up space for participants to work on their timelines (tables and chairs) and display them afterwards (wall or poster stand) to present them to each other.
- 2. Introduce the task.** Explain to participants the importance of agreeing values that govern the group.
- 3. Form breakout groups** (see page 72). Assign participants to homogeneous groups, for example by gender, age or role, or randomly to mixed groups. Consider what is most useful in your context.
- 4. Groupwork.** Ask each group to discuss what values or norms will help them participate fully and work well together. Let groups document their results on cards, 1 issue per card to enable clustering during presentation and discussion.
- 5. Presentation.** Gather all groups and ask them to present their group values. For attention and participation, alternate between groups to present one result (card) at a time, clustering cards with similar values.
- 6. Draw an agreement.** Facilitate discussion of the proposed values, ask participants to rephrase clusters of values as needed to develop a group agreement. Consider using symbols or icons for each item of the agreement. Continue the discussion until you reach a consensus among participants on the agreement.
- 7. Keep it alive.** Remind participants about the group agreement at appropriate moments (for example, at the beginning of a new meeting, day, session, exercise).

Adapted from Seeds for Change (2022).



Top Tip

If the group agreement is used over a longer period, such as a research project, consider reviewing the agreement regularly and allow participants to add and/or amend values as needed.



Safeguarding

Ensure that the group agreement is fair for everyone and considers important ethical issues such as confidentiality, do no harm and voluntary participation. Make sure all participants understand how to report any safeguarding concerns.



Variation

Instead of developing a collective agreement, you can present a list of requests for discussion by the group, especially when the duration of the engagement is short. As facilitator, present participants with a list of requests that will support participation and facilitation such as 'listen to each other', 'keep phones on silent', 'maintain confidentiality' and 'keep to time limits during groupwork and breaks.' Ask participants to review the list of requests and suggest changes. Facilitate discussion until an agreement is reached (Seeds for Change, 2022).



Icebreakers are not “rocket science”. Asking participants to lead the icebreakers is a good way to stimulate active participation and ownership. Participants have taught us many icebreakers; some of our favourite icebreakers are provided in Chapter 8 ([see page 68](#)).



CHAPTER 4

'OBSERVE' - UNDERSTANDING THE CONTEXT AND PROBLEMS



Participatory research methods or tools help generate data and shared understanding on an important issue.

This chapter looks at a range of participatory research methods, with a focus on exploring a problem, issue or topic. The arts-based and visual participatory research methods or tools can help develop a shared understanding on an issue at the start of a project to inform the 'plan' phase. These methods help generate data exploring different views and beliefs about health issues and care; visualising illness, care seeking and recovery journeys; and explaining the conditions that shape opinion and experiences positively or negatively. This chapter will:

- ✓ Provide step by step instructions on how to conduct participatory research methods and tools
- ✓ Offer case studies to illustrate their application within LIGHT research
- ✓ Discuss the strengths and challenges of these methods
- ✓ Share variations and top tips for each method

4.1 Vote with your feet

What is it?

Vote with your feet is an interactive tool, also known as Spectrum Line, that helps explore participants' views and preferences on a topic or issues. It uses statements to prompt participants express their views and explain what shapes their standpoints.

What is it useful for?

Vote with your feet is often used as an 'icebreaker' to open the discussion about a topic but may be useful at different stages of the participatory research process to

- ✓ Stimulate discussion on a topic like TB symptoms, care and stigma
- ✓ Gauge participants expectations and preferences related to TB research, programmes and services
- ✓ Explore participants' opinions or views on a TB-related issue
- ✓ Help facilitate group decision-making or consensus processes on TB services or programmes



15-20 minutes

depending on the number of statements



8-30 People



List of statement, Signs with responses



Before you start

Prepare for the session. Identify the topic or issue, recruit participants, obtain informed consent, put signs with responses up around the room ('Strongly agree', 'Agree', 'Disagree', 'Strongly Disagree') and create a safe and supportive environment for participation.



Steps

- 1. Introduce the activity.** Ask participants to stand in the centre of the room. Explain that you are going to read out statements and that everyone should move around the room to the sign that relates most closely to their feelings on the statement.
- 2. Read statements.** Present the statements one by one and tell participants to decide whether they strongly agree/agree/disagree/strongly disagree with the statement.

- 3. Facilitate discussion.** After each statement, ask 2 or 3 participants from each point to explain why they voted the way they did to stimulate discussion.
- 4. Debrief the activity.** Explain that our own experience and beliefs can have an impact on how we view and understand a situation, topic or programme. We need to keep this in mind as we work together.
- 5. Document the activity.** With participants' consent, sketch responses to each statement, audio record discussions and take detailed facilitator notes to support analysis.



Safeguarding

Consider the social and power dynamics within the group and whether participants are able to express their opinion freely without negative consequences. Remind participants about the importance of confidentiality and request them not to talk about personal information shared among the group with outsiders.



Variation

As an alternative to the signs, you can also define a real or imaginary line running across the room, known as Spectrum Line. When reading out statements, ask participants to respond by choosing a spot that resonates with their views at any of the two opposite ends of the line (positive or negative) or in between them along the line.

Adapted from Interagency Gender Working Group (no date).

4.1.1 CASE STUDY



Exploring knowledge and preferences regarding TB infection prevention: Spectrum Line

The Timasamala study collected blood samples among adolescents and adults in three densely populated townships in Blantyre to estimate prevalence of *Mycobacterium tuberculosis* (*M.tb.*) infection in informal urban settlements in Malawi. Since TB infection testing was not part of the country's standard TB care package, we invited purposively selected participants to discuss their experiences of TB infection testing and views on TB prevention.

Spectrum Line was used as a data collection tool to assess participants' knowledge and preferences regarding the prevention of TB infection and progression from latent to active TB.



What did we do?

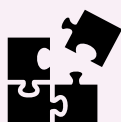
We conducted four age-and-gender-specific focus group discussions, one with adult men (25 years and above), one with adult women (25 years and above), one with young men (15-24 years) and another with young women (15-24 years). As part of focus groups, we asked participants to imagine there was a line running across the room. We asked them a series of questions and requested them to answer with their feet by standing at a point along the line that best resonated with their views. They could select a positive answer (definitely yes), negative answer (definitely no) or any answer in between (including maybe yes/no, not sure). We explored with participants if they knew any vaccine that could prevent TB and any other method for preventing TB disease; if they thought people should be tested for TB infection; if they would take TB preventive therapy after exposure to *M.tb.* exposure; and if they would be

able to access a new TB preventive treatment or vaccine if it became available. Each question was followed up with a set of probing questions to explore the reasons for their answers and stimulate further discussion on the topic.



What did we find?

Spectrum Line discussions showed that limited understanding of latent TB state, lack of awareness about preventive medication, absence of symptoms and widespread perceptions that “medication is for sick people” discouraged uptake of TB preventive treatment. In addition, age and gender norms required that men prioritised work over health care and disease prevention and that adolescents and women needed permission, commonly from male household heads, to access TB preventive therapy. Instead of pills, adolescents and adults recommended long-acting, injectable formulations as a less disruptive or burdensome TB prevention method. Similarly, many preferred home or community-based TB prevention services as distance and transport challenges hindered access to services delivered at health facilities. As a lesson from the identified gaps, in the delivery of TB preventive therapy, early community engagement in planning and supporting roll-out TB vaccines and preventive medication could promote acceptability and uptake when they become available in the future.



Challenges

Being aware of potential group and social dynamics, we did not consider the distribution of participants as a quantitative measure but as a basis to stimulate discussion. We considered that participants could have positioned themselves in relation to the majority vote, opinion of an influential participant or option perceived to be most acceptable rather than their actual standpoint. We used probing questions to explore reasons behind participants’ choices.

During discussions, we also observed that participants interpreted the same Spectrum Line points differently. For example, some participants selected “maybe” to express conditional agreement (for example, potential willingness to take up an intervention but requiring more information) while others chose “maybe” to express likely disagreement (for example, tendency to not take up an intervention under current circumstances). Discussions helped us clarify different interpretations and responses. Some participants wished to change their initial positions during discussions as they learned from and thought about the views expressed by other participants. Consequently, positions on the Spectrum Line were dynamic and not fixed.



Benefits

Spectrum Line helped involve all participants in the discussion, including those who tended to be quieter at the start. While positions allowed us to uncover areas of agreement, disagreement and divergence across participants or groups, the subsequent discussion produced rich qualitative data.



Top tip

Photography can help document participants’ positions along the Spectrum Line, complementing detailed notetaking and/or audio recording to capture discussions on the topic.

Remember to get participants consent for any form of documentation.



Related resources

The LIGHT Consortium (2026) *Bridging the Gap for Adolescents and Young Adults with TB: Insights from LIGHT Research Programme* [[Case study](#)].

Find another ‘Vote with your feet’ case study related the plan phase in Chapter 5 ([see page 54](#)).

4.2 Rivers of Life

What is it?

Rivers of life is a creative narrative method that uses the metaphor of a river to help people communicate personal experiences and facilitate group dialogue around emerging issues (Howard, 2023). It combines drawing, narration and discussion using common features of a river as analogies to help explore aspects of a topic.

What is it useful for?

Rivers of Life can be useful at different stages in the participatory research process to

- ✓ stimulate reflection on experiences or processes
- ✓ appreciate personal experiences generate dialogue
- ✓ explore underlying reasons or drivers
- ✓ identify strategies for change

Rivers of Life is valuable when working with individuals with varying background and literacy levels, or when discussing sensitive topics where visual expression can facilitate reflection and dialogue.



1.5 - 2.5 Hours

depending on the
number of participants



6-12 People



Flipchart, Markers,
Crayons, Sticky notes,
Audio recorder & Photo
camera



Before you start

Prepare for the session. Identify the topic or issue, recruit participants, obtain informed consent, and create a safe and supportive environment for participation.



Steps

- 1. Introduce the method.** Explain the river as a representation of individual experiences or story related to the topic, clarify the symbolic meaning of selected features (for example, calm and rough waters to illustrate progress and challenges; bends, tributaries and outflows to map out turning points, support and interruptions; flowers and trees on the shore to represent positive moments and growth; and rocks and crocodiles to mark barriers and threats; and bridges and boats to highlight innovations and opportunities). Encourage participants to be creative in their drawings and make up their own symbols, and assure them that there is no right or wrong way to draw it.
- 2. Provide material and time for drawing.** Give every participant a large sheet of paper (e.g., flipchart) and coloured pencils or crayons. Allow adequate time for participants to reflect on their experiences and draw their rivers without interruption.
- 3. Facilitate storytelling.** Invite each participant to present their drawing and explain the meaning of the elements of the river to the group. Ask others to listen respectfully and to notice common and different factors.
- 4. Facilitate group discussion.** Invite the group to identify and discuss key points such as common issues or factors. Use open-ended questions to encourage deeper reflection.
- 5. Explore strategies for change.** Ask the group what change they would like to see and who needs to be involved to drive change. Note down ideas of strategies and actions.

- 6. Document the activity.** With consent, photograph completed drawings, audio record discussions, and take detailed facilitator notes to support analysis.



Safeguarding

Consider the social and power dynamics within the group and whether participants are able to narrate their experiences freely without negative consequences. Remind participants about the importance of confidentiality and request them not to talk about personal information shared among the group with outsiders.

Be prepared that participants may share both joyful and challenging life events due to the devastating emotional, financial, health and social impact of TB. Ensure that all facilitators are trained to recognise emotional distress and are skilled to respond in helpful ways (WHO, 2011).

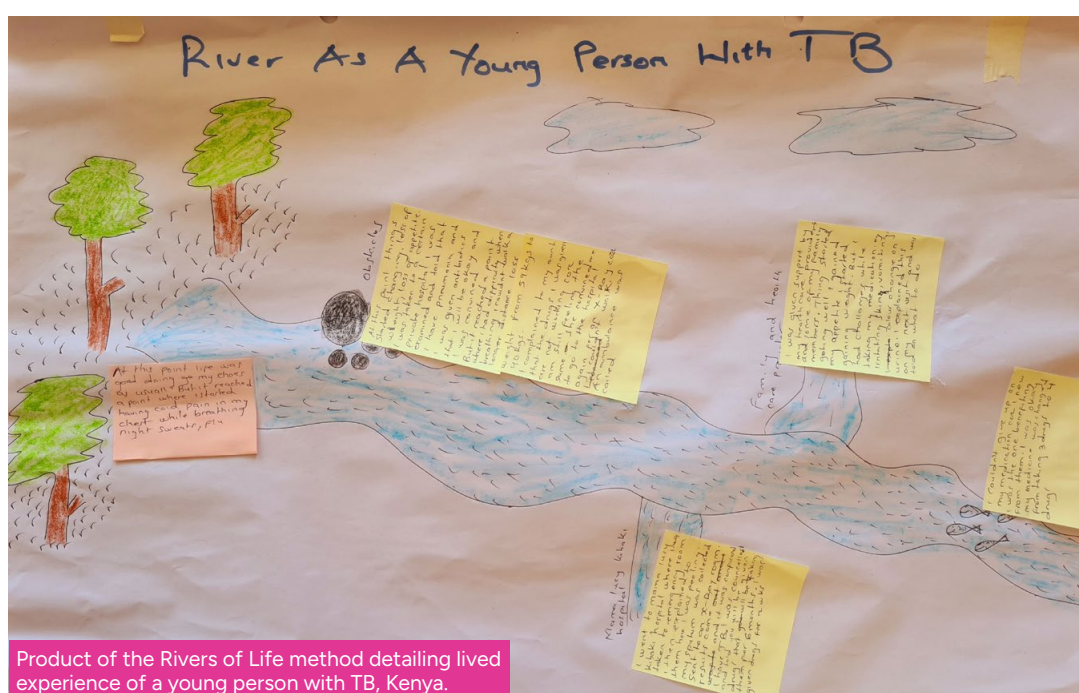
Adapted from Parker and colleagues (2020) and Howard (2023).



Participant draws a river to illustrate his journey with TB, Kenya



Participant narrates his journey with TB drawn as a river, Kenya



Product of the Rivers of Life method detailing lived experience of a young person with TB, Kenya.

4.2.1 CASE STUDY



Understanding young people's journey from symptoms to cure: Rivers of Life

In Nairobi, Kenya, Rivers of Life was one of the visual narrative methods used in participatory research workshops with young TB survivors to better understand their experiences of TB. We engaged adolescents (aged 15–19 years) and young adults (aged 20–24 years) who had completed TB treatment. Participants were selected using the TB register from selected health facilities with large TB clinics.

We conducted separate workshops with adolescent boys, adolescent girls, young men and young women to promote open discussion. At each workshop, participants were asked to reflect on their entire TB care journey – from symptom onset to healthcare seeking, diagnosis, treatment, and recovery. We sought to understand the factors that influenced their access to care and continued engagement, the challenges they faced, the support available to them, and the opportunities for strengthening youth-responsive TB services.



What did we do?

We encouraged participants to think of their TB journey as a river. Each participant was invited to draw their experiences from the onset of symptoms to healthcare seeking, diagnosis, treatment, cure and their hopes for the future. We explained that features of a river like calm waters, bends, rocks, rapids, or bridges could represent different experiences like improvements, turning points, obstacles, challenges, or sources of support. Participants were encouraged to reflect on positive and difficult experiences and express their meaning through different symbols.



Participant narrates her journey with TB drawn as a river, Kenya.

Following the drawing activity, each participant presented the drawing of their river to the group. We allowed participants to choose when they were ready to present and what they felt comfortable sharing in the group. We used open-ended questions to encourage reflection and discussion, inviting participants to compare experiences, identify common factors that acted as barriers or enablers to care and cure. Afterwards, we used the Stepping Stones method (see page 49) to jointly generate recommendations for improving TB care for young people in Nairobi.



What did we find?

Rivers of Life helped identify critical barriers and facilitators across the TB care pathway that may not have been fully captured through interviews alone. Most young people with TB relied on chemists and home remedies before seeking formal healthcare and had to make multiple healthcare visits before receiving a TB diagnosis. TB diagnosis triggered fear, stigma and uncertainty. TB treatment was complicated by medication side effects and often caused disruption to school or work. Supportive family, peers, and healthcare workers were instrumental for young people's recovery.



Challenges

Initially, some participants struggled with the exercise as they believed they needed artistic skills. We reassured them that their story was more important than the drawing and encouraged the use of simple symbols and sketches to tell their stories.

Recounting the negative experiences of illness, stigma, and treatment was emotionally difficult for some participants. We reminded them that they could choose what information they wished to share with the group and allowed participants to take breaks when needed.

Managing time was a challenge because storytelling generated rich discussions. We sought to strike a balance between sufficient time for reflection and fair chances for every participant to contribute.



Benefits

Rivers of Life promoted peer learning and collective reflection among young TB survivors. It also facilitated the engagement of adolescents and young adults as lived experience experts in TB research. Their drawings and narratives were powerful tools for communication, dialogue and advocacy. Participants were actively involved in learning and feedback sessions with healthcare workers at participating health facilities and policymakers at county and national level where they presented and discussed findings alongside the research team. Young people's first-hand accounts, illustrating the urgency and gravity of challenges faced by young people with TB, helped promote meaningful discussion and action plans for youth-responsive TB services. Dialogue extended beyond the project; one participant presented his reflections on the method at the Union World Conference on Lung Health in Copenhagen, Denmark.



Top tips

Our greatest tip is to always remember that the story is more important than the drawing. Encourage participants to focus on expressing their experiences rather than producing artistic illustrations. Create a safe, supportive environment where participants feel free to decide what they feel comfortable discussing with others. Use open-ended questions to explore meaning and stimulate reflection and discussion.



Related resources

The LIGHT Consortium (2026) *Bridging the Gap for Adolescents and Young Adults with TB: Insights from LIGHT Research Programme* [[Case study](#)].

Find another 'Rivers of Life' case study for the evaluate phase in Chapter 7 ([see page 65](#)).

4.3 Healthcare seeking pathway analysis

What is it?

A health-seeking pathway represents the steps a person takes from first noticing symptoms to securing care and treatment for a specific condition. Ordinarily, anyone with a health concern should ideally visit a recognised health professional or medical facility. In reality, factors such as social standing, cost, culture, and infrastructure often force people onto diverse routes to obtain care. Examining these healthcare-seeking pathways allows researchers to identify the specific hurdles preventing individuals or whole communities from reaching optimal medical care (Chowdhury et al., 2021).

What is it useful for?

Healthcare seeking pathway analysis can be useful at the initial stage of a participatory research process to

- ✓ understand the diversity of care seeking pathways
- ✓ appreciate personal preferences and experiences
- ✓ explore underlying barriers and enablers
- ✓ identify strategies for change



About 90 Minutes
depending on the
number of participants



8-16 People



Flipchart, Marker pens,
Sticky notes



Before you start

Prepare for the session. Identify the disease or condition to which you will apply healthcare seeking pathway analysis, recruit participants, obtain informed consent, and create a safe and supportive environment for participation.



Steps

- 1. Introduce the method.** Explain healthcare seeking pathways as a step-by-step process of what people do (or should do) from the onset of symptoms to getting appropriate care.
- 2. Mapping the ideal pathway.** Ask participants to describe the ideal pathway for the disease or condition. Provide guiding questions to identify what people should do at every stage:
 - ✓ At the onset of the disease or condition, where should people go to seek care? Who should make that initial decision? How should the person get there?
 - ✓ On arrival at the health facility, who should see the person? How should a diagnosis be made? How should the person be counselled about the symptoms and tests?
 - ✓ After diagnosis, what treatment should be given? How and when should this treatment be given? How should the person be counselled about the disease or condition?
 - ✓ After receiving treatment, how should the person be followed up? Who should follow-up the person?

- 3. Mapping the actual pathway.** Ask participants to describe the actual pathway people take to seek care for the disease or condition. Provide guiding questions to identify what actually happens at every stage:
 - ✔ At the onset of the disease or condition, where do people go to seek help? Who makes the initial decision? How do people get there?
 - ✔ On arrival at the health facility, who receives the person? How is the diagnosis made? How is the person counselled about the symptoms and tests?
 - ✔ After diagnosis, what treatment is given? How and when is treatment given? How is the person be counselled about the disease or condition?
 - ✔ After receiving treatment, how is the person followed up? Who follows up the person?
- 4. Facilitate comparison.** Place the ideal pathway alongside the actual pathway. Invite the group to compare the ideal pathway with the actual pathway and identify the differences between the two pathways.
- 5. Discuss reasons.** Ask the group to discuss the reasons why people could not access the ideal pathway. Encourage participants to explore the barriers and challenges that may prevent people from utilising the ideal pathway. Use open-ended questions to encourage deeper reflection. Note down key points from the discussion.
- 6. Document the activity.** With participants' consent, audio record discussions, take detailed facilitator notes and photograph completed Healthcare Seeking Pathway maps to support analysis.



Safeguarding

Consider the social and power dynamics within the group and whether participation may have negative consequences. Implement measures to mitigate harm such as homogeneous breakout groups and ensure participants understand potential risks.

Be prepared that participants may disclose information about misconduct or unethical behaviours. Consider whether you would need to report such incidents to relevant authorities and whether reports may put participants in harm's way. You may recommend to participants that they do not share information about activities that are criminal, corrupt or warrant disciplinary action during discussion.

Participants may be sharing personal experiences during the exercise. Remind participants about the importance of confidentiality and request them not to talk about personal information shared among the group with outsiders.

Adapted from Chowdhury *et al.* (2021)

4.3.1 CASE STUDY



Understanding men's barriers to TB care: Healthcare seeking pathway analysis

As part of IGNITE, healthcare seeking pathway analysis was used as a participatory method in workshops with key TB stakeholders to collaboratively identify challenges faced by men in accessing TB services in Uganda. Stakeholders involved TB survivors, health unit management committees, healthcare workers, village health teams, District Health Officers and Secretaries, other district leaders and health focal points, TB implementation partners, and researchers.

We conducted workshops with TB stakeholders at four purposively selected general hospitals. At each of the four workshops, stakeholders were asked to map the ideal and actual TB care seeking pathway. Comparison between both pathways helped us understand the factors that hindered men with symptoms presumptive of TB to access care and explore opportunities for strengthening TB services for men in Uganda.



What did we do?

For the first part of the healthcare seeking pathway analysis, we asked stakeholders to form two breakout groups ([see page 72](#)). One group discussed and documented the ideal sequence of necessary steps from the onset of TB symptoms to receiving appropriate TB care. The other group discussed and mapped the real-life steps that men with symptoms suggestive of TB typically follow when seeking care. Each group documented their results on flipchart paper.

For the second part, each group presented their findings. We facilitated a comparison between both pathways presented through group discussion. Stakeholders collectively identified barriers and challenges that prevented men in each context from utilising the ideal pathway. For completeness, we probed, using barriers identified from the literature, to assess their relevance in each context.



Participant presenting the ideal healthcare seeking pathway for TB, Uganda



What did we find?

Across locations, the healthcare seeking analysis revealed that the actual TB care pathway diverted from the ideal pathway. Our findings provided valuable insights into men's compounded challenges in accessing TB care due to an array of factors. These included men delaying care seeking due to economic pressures, gender expectation, preference for private providers over public health facilities due to their unfavourable facility operating hours and long waiting times that conflicted with men's work schedules. In addition, many private health facilities lacked TB diagnostics and public-private partnership for effective referrals. Healthcare workers' limited knowledge on cardinal symptoms of TB and negative treatment of people with TB symptoms due to perceived risk of contracting TB and lack of personal protective equipment undermined health seeking, diagnosis and care.



Challenges

We engaged a wide range of stakeholders. However, we oversampled healthcare workers, who are predominantly female, to get views from all care entry points at hospitals. As a result, more women than men participated in the exercise. Whilst this helped us gain healthcare workers' buy-in for the subsequent implementation research, the voices of men may be underrepresented in the data. While it was not feasible for us to conduct a separate workshop with male TB survivors, we recommend this for future research studies using healthcare seeking analysis.



Benefits

By engaging a wide range of stakeholders, healthcare seeking analysis enabled a shared understanding of the economic, social and structural conditions that influence men's healthcare decisions and steps in real life. The comparison between ideal and actual pathways helped visualise delays to care before and after men reached the hospital. It helped focus the discussion on the critical moments where delays could be avoided to focus on what could be done, when, how and by whom to improve men's access to TB care. The exercise enhanced recognition that no one size fits all and that certain populations, in this case different groups of men, may require tailored approaches that respond to their unique needs and realities.



Top tip

Involve the people most affected from the start. Working with community members and health workers helps reveal the real-life challenges and practical barriers that interventions need to address to be relevant, trusted and more likely to succeed.



Related resources

Nidoi, J., Pulford, J., Wingfield, T., et al. (2024) '[Finding the missing men with tuberculosis: a participatory approach to identify priority interventions in Uganda](#)', *Health Policy and Planning*, 40(1), pp. 1-12.

The LIGHT Consortium (2026) *Reaching the missing men: Lessons from gender-responsive TB care in Uganda and Kenya* [[Case study](#)].

4.4 Photovoice

What is it?

Photovoice is a creative, participatory visual research method that involves individuals to document and reflect on their lived experiences through photography and narratives. Developed by Wang and Burris (1997), the approach combines ethical photography with community participation to capture stories that often remain elusive in standard text or conversation.

The process involves participants taking photographs within their communities, followed by individual and group discussions to contextualise the images and draw out verbal accounts. Selected photo-narratives are then shared in exhibitions or workshops to engage practitioners, the public, and policymakers. Grounded in feminist emancipatory principles, photovoice seeks to disrupt traditional research dynamics, stimulate meaningful dialogue, and generate compelling visual evidence to drive rights-based social change, community action, and policy solutions.

What is it useful for?

Photovoice can be useful at different stages in the participatory research process to

- ✓ explore and stimulate reflection on sensitive topics or issues
- ✓ meaningfully engage with the lived experiences of marginalised communities
- ✓ facilitate active participation of people with varying literacy levels
- ✓ amplify voices that are often 'unheard'
- ✓ identify strategies for change that resonate with people and context



Several sessions



8-12 People



Cameras, Printer/Laptop/
Projector, Flipcharts,
Marker pens, Sticky notes



Before you start

Prepare for the method. Identify the topic or issue, consult affected communities and decision-makers, train the research team, recruit participants, obtain informed consent, and create a safe and supportive environment for participation.



Steps

- 1. Training.** Introduce the research topic to participants and train them on photography, camera handling, ethics (how to approach people, respect confidentiality and obtain informed consent) and safety considerations.
- 2. Photo projects.** Provide cameras and ask participants to take photographs in their community relating to the research topic over an agreed period.
- 3. Selection and storytelling.** Ask participants to select the photos that best represent the main topic or issue and that they are willing to talk about. Conduct individual interviews or a group meeting with participants to speak about their photographs and the meaning of each image. Consider the SHOWED questions to guide the conversations (Strack, Magill and McDonagh, 2004):
 - ✓ What do you see?
 - ✓ What is happening?

- ✓ How does this relate to our live?
 - ✓ Why does this problem exist?
 - ✓ How could the image be used to educate the community?
 - ✓ What could be done about the problems?
- 4. Cluster photos.** In groups, ask participants to narrate the meaning of their key photos. With the participants, identify the pertinent issues raised by the photo stories and cluster issues according to themes. Check with participants if any issues may have been missed or silenced.
 - 5. Develop Captions.** Ask participants to pick key photos that best present themes and write captions for each photo.
 - 6. Organise an exhibition.** Share the photos in an exhibition or workshop with the wider community and leaders who need to know about the findings.
 - 7. Document the activity.** With participants' consent, audio record discussions and take detailed facilitator notes and to support analysis.



Safeguarding

Be prepared that participants may share both joyful and challenging life events due to the devastating emotional, financial, health and social impact of TB. Ensure that all facilitators are trained to recognise emotional distress and are skilled to respond in helpful ways (WHO, 2011). Set up effective referral mechanisms for participants to access support services as needed.

Remind the group about the importance of confidentiality and request participants not to talk about personal information shared among the group with outsiders.

Consider whether digital cameras will expose participants to potential harm. Using small digital cameras (instead of smart phones) and engraving them, may help mitigate against theft (especially from outsiders) and risk to participants. Discuss with participants safety and security concerns before handing out cameras and agree ways of keeping self and cameras safe.

Adapted from Wang and Burris (1997); Ronzi *et al.* (2019); and Chowdhury *et al.* (2021).



Photovoice exhibition by young people affected by TB, Malawi

4.4.1 CASE STUDY



Uncovering young people's lived experience of TB: Photovoice in Malawi

In Malawi, we conducted a Photovoice study with young people affected by TB to understand their challenges and explore age-specific TB care strategies for this group. We identified 12 young people (age 15-24 years) affected by TB in Lilongwe through Bwaila Hospital. Five of them received treatment, another four had completed TB treatment, and three were caregivers for someone with TB. They captured and shared their experiences of TB through photography. Together, they presented their photo stories to a group of TB stakeholders, including healthcare workers, managers and policymakers, among others, and afterwards explored approaches for optimising TB services for young people together.



What did we do?

We conducted three photovoice workshops near the hospital with young people. In the first workshop, we trained participants in camera handling and photography skills and ethics. Participants were given basic digital cameras and took photos in their homes, schools, workplaces and communities of their experiences with TB. In the second workshop, after one week, young people presented their photos and narrated the story and meaning of each image. We used open-ended questions, including SHOWED, to stimulate reflection and discussion. With participants, we identified and clustered photos according to recurring issues captured and noted gaps and areas for further exploration. In the third workshop, after another week, young people discussed the meaning of additional images taken. We helped participants to refine the themes for the photovoice exhibition, select images for each theme and develop captions.

We conducted another workshop with health workers, programme managers, policymakers, and TB implementation partners where participants presented their photo stories in an exhibition. We facilitated a dialogue on potential solutions and agreed actions to improve care and support for young people affected by TB.



Photovoice participant and researcher clustering photo during workshop, Malawi.



What did we find?

Young people affected by TB faced significant physical, economic, and psychosocial barriers to recovery and well-being. Physical health challenges like severe pain, persistent coughing, and chronic weakness affected daily life and gender roles. Young women struggled with domestic tasks, while young men grappled with physically demanding manual labour. Large pill size and medication side effects caused discomfort. TB led to financial instability and economic hardship through lost employment, business failures, and the high cost of transportation and diagnostic pathways. Educational progress was frequently disrupted as students were forced to withdraw from school to manage their illness or care for sick relatives. Many reported psychosocial harm due to health challenges, economic hardship, TB stigma and social isolation caused. Young women often faced discriminatory associations between TB and HIV or promiscuity, while young men struggled with loss of identity, resulting in emotional distress, sadness and, in extreme cases, thoughts of self-harm. Despite these hardships, many participants highlighted positive experiences such as recovery during treatment and social and spiritual support from family, friends and the community. Resuming certain activities and rebuilding connections fostered a sense of normalcy and optimism for the future. The study concluded with collaborative recommendations for youth-centred TB services: providing physiotherapy and nutritional support to restore physical health; integrating mental health care and creating TB awareness to combat stigma; linking affected youth to economic empowerment initiatives; and utilising mobile clinics to improve access to care.



Challenges

Photovoice required continued commitment and dedicated time from young people to take photos and attend workshops. To avoid disruption of participants' education and work, we held workshops on Saturdays and encouraged them to take photos alongside their daily routines. Most participants had limited technical skills and experience in photography. We offered guidance on how to handle cameras, gave them time to practice, and provided feedback to help them take impactful photos. In addition, sharing personal experiences and listening to difficult stories can be emotionally demanding for participants and researchers. All team members were trained to recognise signs of distress and offer psychological first aid. We included regular breaks, energiser games and refreshments during workshops. Our photovoice research concluded with action plans for youth-centred TB services but could not support their implementation due to time and budget constraints. We recommend that future studies should work with participants, communities and stakeholders to act on the findings and monitor change.



Benefits

Photovoice resonated with both young people and decision-makers. Photography enabled young people to visualise their experiences and advocate for better services. The photovoice exhibition helped bridge the gap between young people and decision-makers. Young people presenting their photo triggered emotions and understanding among decision-makers, creating a compelling case for change and setting the foundation for respectful interaction and meaningful dialogue on solutions to address the barriers faced by young people.



Related resources

Phiri, E., Ali, G., Zulu, E., and Ringwald, B. (2025) *Reaching Young People with Tuberculosis Care in Malawi: Empowering Lived Experience to Drive Action through Photography and Dialogue* [[Evidence brief](#)].

The LIGHT Consortium (2024) *Uncovering lived experiences of young men and women affected by TB: A photovoice study* [[Booklet](#)].

4.4.2 CASE STUDY



Understanding life after TB treatment: Photovoice in Uganda

In Uganda, LIGHT explored how TB survivors in urban Central Uganda could be more meaningfully included in TB programmes by understanding their lived experiences and preferences for engagement. The 15 participants were survivors of pulmonary TB, including 8 men and 7 women aged between 26 and 64 years old. All of them had completed treatment and were declared cured between 6 and 36 months before recruitment at Kawolo General Hospital in Lugazi and Naguru National Referral Hospital in Kampala. .



What did we do?

All photovoice participants were trained in ethical photography and given small digital cameras. TB survivors captured their photo stories over two weeks and selected key photos for discussion with their peers in the two subsequent workshops in each location. During workshops, participants reflected on their photo stories and jointly clustered their photos thematically, synthesising meaning. They selected their most important photos for a photovoice exhibition and booklet. We facilitated discussion among participants to agree on recommendations for policy and practice. Seeing themselves as vital allies in the fight to end TB because of their lived experiences, participants proposed several impactful roles that they could play and advocated for the support they needed to make a lasting impact.

Participants played an active role in the dissemination of the research findings. TB survivors first presented their exhibition and recommendations to TB stakeholders at separate workshops at the district and division level and then at a joint workshop at the national level in Kampala.



What did we find?

TB leaves lasting scars on lungs and lived realities of survivors. TB leaves survivors with long-term physical, emotional, and economic impairment. Symptoms like fatigue and breathlessness disrupt livelihoods and gender roles, forcing many to reduce or abandon work. While women experience deep emotional distress, isolation, and self-doubt, men express frustration over lost earning capacity. TB survivors are concerned about the poverty-driven health risks within their communities. Key drivers of TB transmission include severe structural threats like overcrowded housing, poor ventilation, indoor and outdoor air pollution exposure, and distant health facilities as well as unhealthy behaviours like alcohol use or smoking. TB survivors urge structural action and greater community support. Motivated by their own encounters with stigma and isolation, TB survivors reframe their illness as an opportunity for advocacy. Many actively support others to help end TB and overcome stigma. TB survivors offer emotional guidance, transport assistance, and encouragement for individuals to seek care. Men create awareness within their work and social spaces, while women utilise social networks to share personal experiences, highlighting survivor storytelling as a vital, underused public health tool.



Benefits

TB survivors, who participated in photovoice, gained skills in photography and public speaking, boosted their confidence, and felt being part of the solution. Their compelling images and stories demonstrated that they are a trusted and powerful voice in the community. Photovoice helped amplify the visibility of TB survivors' efforts to end TB that often remained unnoticed and unsupported by formal health systems. Evidence and recommendations generated by TB survivors call for the meaningful engagement and support of people and communities affected by TB.



Challenges

Experiences with photography varied within the group. The second workshop helped participants to learn from each other and us how to take meaningful pictures. Initially participants struggled with our instructions to not take photos of the faces of people to ensure confidentiality. After a first round of photos showing identifiable people, participants learned to photograph people in ways that concealed their identity (for example, from the back) and to take more symbolic photos without any people. When participants selected photos for the exhibition, researchers had to accept that they prioritised the importance of the narrative over the quality of the photo.



Top tip

Include practical training on handling digital cameras and photography techniques as well as rehearsals and peer feedback to support participants' confidence and skills building.



Related resources

The LIGHT Consortium (2025) *Challenges, Compassion and Capacity of TB Survivors: A photovoice study* [[Booklet](#)].



Participant during photovoice training, Uganda.



Thematic clusters of photos, Uganda.



Participants and policymakers at photovoice exhibition, Uganda.

4.5 Spider Diagram

What is it?

Spider Diagrams are visual tools for brainstorming and organising ideas. Groups can use the tool to generate ideas quickly around a central concept. Ideas can be organised in a logical way and ranked collectively.

What is it useful for?

Spider diagrams can be useful at different stages in the participatory research process to

- ✓ Identify “all” issues or problems in a community or population
- ✓ Explore factors affecting specific populations or communities
- ✓ Understand drivers shaping positive or negative outcomes, situations
- ✓ Explore reasons as to why certain behaviours, conditions or issues occur
- ✓ Rank issues, factors or priorities

**60-90 Minutes**

depending on the
complexity of the topic

**8-20 People**

Flipchart, Marker pens,
Masking tape, Beans or
Seeds as counters



Before you start

Prepare for the session. Identify a topic or issue, recruit participants, obtain informed consent and prepare flipcharts with a ‘spider’ drawn. Create a safe and supportive environment for participation and ensure the room set-up allows space for plenary discussion and group work.



Steps:

- 1. Introduce the method.** Explain that participants will explore and evaluate potential factors that contribute to the topic at hand, represented by the ‘spider body’. Factors, represented by the ‘spider legs’, may have a positive effects (making things better) or negative effect (making things worse).
- 2. Mapping factors.** Ask participants to think of all issues that relate to the topic and decide how they influence the situation. Each factor is written on a separate spider leg. All negative factors (barriers, challenges) are shown on one side of the spider, while all positive factors (enablers, facilitators) are put on the other side.
- 3. Weighing factors (optional).** Give each participant an equal number of counters, such as marbles, beans or seeds, and ask them to distribute their seeds between all factors (‘legs’ of the spider). The more seeds they put on a factor, the more the issue is seen as having an influence on the outcome, whether positively or negatively. Count how many counters are on each spider’s leg and rank them. The more seeds, the higher the ranking.
- 4. Facilitate discussion.** Explore through discussion the meaning of the spider diagram and what could be done about each factor. If participants worked in breakout groups, give each group time to present their findings to the others. Lead a discussion on the meaning of the spider diagrams, explore differences and similarities among the groups and the reason for their findings. Consider whether you need to conclude the session with a whole group consensus.

- 5. Document the activity.** With participants' consent, photograph Spider Diagrams, audio record discussions and take detailed facilitator notes to support analysis.



Safeguarding

Consider the social and power dynamics within the group and whether participants are able to express their opinion freely without negative consequences. Remind participants about the importance of confidentiality and request them not to talk about personal information shared among the group with outsiders.

Adapted from Loewenson *et al.* (2006).

4.5.1 CASE STUDY



Understanding factors that influence the delivery of person-centred TB care: Spider Diagram

While Kenya's TB policies promote people-centred TB prevention and care for everyone, about 1 in 3 people with TB miss out on treatment and care and those accessing health services are widely managed the same way with no attempt to distinguish care according to their circumstances. We engaged TB healthcare workers from primary health facilities in Nairobi to understand this policy-practice gap from their perspective and offer platforms for dialogue to support them to advance person-centred TB care in Kenya.

During the participatory research workshops, two with nurses and one with clinical officers and doctors, we used spider diagrams to explore the everyday realities and challenges of TB prevention and care. Participants named differentiated TB care models that existed within their health facilities and used spider diagrams to reflect on what worked well or not so well in implementing those models.

What did we do?



In each workshop, we formed breakout groups by sub-county. Healthcare workers in each breakout group recorded the different populations that their health facilities served within the sub-county and brainstormed if and how TB services were tailored to better reach these populations. Separate spider diagrams were drawn for each strategy, represented by a 'spider body'. Participants discussed what worked well or did not work so well in implementing selected strategies, recording each aspect as a 'spider leg', negatives on one side and positive on the other side.

Afterwards, we invited groups to display their results in a 'marketplace.' Participants read the results of other groups and added comments or questions using sticky notes. Finally, we facilitated discussion on the results, comparing outputs across groups and identify the main issues that healthcare workers faced regarding the delivery of person-centred care.



'Marketplace' where participants read and comment on spider diagrams during research workshop, Kenya.

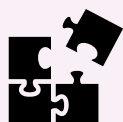


Participant presents spider diagram during research workshop, Kenya



What did we find?

Healthcare workers demonstrated willingness and capacity to deliver person-centred TB care and existing models that considered people's needs across age groups, genders, occupations, and comorbidities. However, numerous challenges, including structural, health system, community and patient's individual constraints, undermined their efforts to differentiate TB care. Shortages of funding, workforce, and capacity affected close-to-community TB screening among children, youth and working adults, especially men. Insufficient testing capacity at lower-level facilities led to diagnostic delays among children. Inflexible clinic hours and medication stockouts requiring frequent facility visits undermined TB treatment and adherence among working populations. Weak collaboration and referral systems limited support for people facing homelessness, substance use, and poverty.



Challenges

Participants tended to focus more on the barriers that their clients faced in accessing care than the challenges that they faced as healthcare workers in delivering person-centred TB care. The discussion explored how these issues affected their work directly or indirectly.



Benefits

Spider diagrams stimulated discussion and systematic documentation of outputs. It helped identify good practice examples of person-centred TB care that previous evaluations overlooked. Spider diagrams helped generate a shared understanding of the problem as a basis for discussing potential actions to address them.



Top tip

Consider the composition of breakout groups ([see page 72](#)) to aid discussion, learning and comparison. In our study, sub-county-specific spider diagrams facilitated discussion among healthcare workers operating in the same location as well as comparison and peer learning across contexts.

Take photographs of the spider diagrams so they can be documented. You can also audio record the discussion if participants agree.



Related resources

The LIGHT Consortium (2024) *Putting people first: A participatory study with TB healthcare workers and policymakers in Nairobi, Kenya* [[Booklet](#)].

Ringwald, B., Sakwa, E., Karisa, R. P., et al. (2026) 'Providing person-centred TB care: a participatory study with healthcare workers in Nairobi, Kenya', *BMJ Open*, 16(7), pp. e116365.



CHAPTER 5

'PLAN' – DEVELOPING STRATEGIES, INTERVENTIONS, AND ACTIVITIES



Participatory research methods support evidence generation and decision-making during collective planning processes.

This chapter looks at different participatory research methods, with a focus on planning health interventions. The visual participatory methods or tools support evidence generation and decision-making during planning processes by agreeing goals and exploring the potential steps needed toward achieving set goals; ranking and prioritising different options identified; considering resources and risks; and facilitating decision-making on selecting a suitable option. This chapter will:

- ✓ Provide step by step instructions on how to conduct participatory methods and tools
- ✓ Offer case studies to illustrate their application within LIGHT implementation studies
- ✓ Discuss the strengths and limitations of these methods
- ✓ Share variations and top tips for each method

5.1 Stepping Stones

What is it?

Stepping Stones is a participatory action planning tool that helps participants identify practical steps addressing a current issue and working towards a desired future outcome. It uses the analogy of crossing a river where the identified issue or problem is represented on one side of a 'river' and the desired outcome on the other side. The method supports collaborative problem-solving by encouraging participants to reflect on potential opportunities and steps for change.

What is it useful for?

Stepping Stones is often used at the planning stage in the participatory research process where lived experiences are used to

- ✓ inform practical improvements
- ✓ stimulate collaborative solutions and collective action
- ✓ design strategies, policies, or programmes



60-90 Minutes

depending on the complexity of the problem



6-20 People



Rope/Masking tape,
Markers, Record cards



Before you start

Prepare for the session. Identify a topic or issue, recruit participants, obtain informed consent. Create a safe and supportive environment for participation and ensure the room set-up allows space to portray river(s) and stepping stones on the floor or tables.



Steps

- 1. Introduce the method.** Explain that participants will explore strategies to address the identified problem using the analogy of a river. Use a rope or masking tape to mark a line representing the river which needs to be crossed. Write the identified issue or problem on a sheet of paper or card and place it on one side of the 'river'.

- 2. Identify the goal.** Ask participants to name the intended outcome or goal. Once agreed, write it on another sheet of paper or card and place it on the other side of the 'river'.
- 3. Identify potential steps.** Ask participants to brainstorm the potential steps or solutions that can help address the problem toward achieving the goal. Each step is written on a different sheet of paper or card and placed along the river to reach from the problem side to the goal side.
- 4. Prioritise and arrange steps.** Ask participants to arrange all steps identified in order of importance, priority or sequence. They may consider what steps are essential to cross the river or achieve the outcome. Ask the participants what challenges they anticipate with each step and what resources would be required.
- 5. Facilitate discussion.** If participants worked in breakout groups, give each group time to present their findings. Lead a discussion on the stepping stones and explore differences and similarities among the groups and the reason for their findings.
- 6. Reach consensus.** Consider whether you need to conclude the session with a whole group consensus



Safeguarding

Consider the social and power dynamics within the group and whether participants are able to express their opinion freely without negative consequences. Remind participants about the importance of confidentiality and request them not to talk about personal information shared among the group with outsiders.

Adapted from Chowdhury *et al.* (2021).



Stepping Stones method in LIGHT research with healthcare workers, Uganda



Stepping Stones method in LIGHT research with healthcare workers, Kenya

5.1.1 CASE STUDY



Exploring ways to improve care for young people with TB: Stepping Stones

Stepping Stones was used in participatory research workshops with young TB survivors to explore the services and support they needed for timely TB diagnosis, treatment and cure. After participants' reflection on their TB care journey using Rivers of Life ([see page 31](#)), Stepping Stones encouraged them to move beyond describing challenges and collaboratively design actions to address them. Young people identified the steps, resources, and partnerships that were needed to transform the challenges they had experienced into a shared vision of more youth-responsive TB services.



What did we do?

Participants worked in groups of threes on selected priority challenges identified through Rivers of Life ([see page 31](#)). These included TB stigma, poor attitude among healthcare workers, limited community awareness about TB, healthcare workers' knowledge gaps on TB, and scheduling conflicts.

Each group defined the assigned challenge and a shared vision of the desired outcome. These were written on separate cards and placed at opposite sides of the 'river'. Participants brainstormed 'stepping stones' and arranged them sequentially to illustrate a realistic pathway from the challenge towards the goal. Facilitators encouraged participants to think about actions that could be implemented by different actors, like healthcare workers, community leaders and policymakers, among others. Afterwards, groups presented and explained the rationale for their Stepping Stones pathway. Facilitators led a discussion to explore similarities across the different pathways, harmonise recommendations and agree on priority actions for strengthening youth-responsive TB services.



What did we find?

Youth TB survivors generated recommendations for strengthening youth-responsive TB services focussed on:

- ✓ Respectful, empathetic, and non-judgemental treatment of young people with TB in health facilities through healthcare workers' continuous training on TB and adolescent-friendly care.
- ✓ Reduced TB stigma and discrimination of young people with TB through awareness campaigns in communities, schools, churches and social media, among others
- ✓ More accessible and youth-friendly TB services through flexible appointments outside school and work schedules and digital platforms for TB information and clinic reminders
- ✓ Psychosocial and peer support through counselling, TB champions, family support, peer support groups throughout young people's treatment journey.



Challenges

Some participants found it difficult to identify practical solutions, often focusing on barriers rather than actions. Facilitators prompted participants to work backwards, thinking about what ideal TB service would look like for them and the steps that were needed to achieve that vision. Proposed steps varied in scope from actions by individuals to broader health system and policy changes. Facilitators supported participants to translate ideas into concrete steps and organise according to whose contributions were required.



Benefit

Stepping Stones encouraged participants to transform their lived experiences into practical, feasible, and contextually relevant solutions for improving TB services while strengthening their confidence and ownership of the research. The recommendations informed subsequent workshops with healthcare workers at selected health facilities and programme managers and policymakers at county and national levels. Young people participated alongside researchers in presenting findings and recommendations, strengthening dialogue and developing local action plans for youth-responsive TB care.



Top tip

Stepping Stones works well in community engagement, health systems strengthening, programme design, and policy development where lived experiences are used to inform practical improvements. As with other participatory methods, ensuring that every participant contributed equally requires active facilitation, encouraging quieter participants to share their views and creating opportunities for all group members to contribute to the discussion and presentation.



Related resources

The LIGHT Consortium (2026) *Bridging the Gap for Adolescents and Young Adults with TB: Insights from LIGHT Research Programme* [[Case study](#)].

5.2 Pizza Diagram

What is it?

Wheel Charts, also known as Pizza Diagrams, are participatory visual tools that help groups to generate evidence to explore a topic across several indicators. The method uses the analogy of a wheel or pizza to assess levels or status of an issue across different dimensions represented by spokes or slices. For example, it can be used as a research tool to assess the level of community participation (Loewenson *et al.*, 2006) in TB prevention and care.

What is it useful for?

Pizza diagrams may be useful at different stages of the participatory research processes to

- ✔ Discuss the potential effectiveness of an TB intervention or strategy indicated by the shaded proportion of a pizza slice/segment
- ✔ Support priority setting and decision making before or during implementation
- ✔ Negotiate or evaluate levels of participation of people or communities affected by TB
- ✔ Evaluate implementation process or impact of TB interventions

**60-90 Minutes**

depending on the
number of indicators

**6-20 People**

Flipcharts, Marker pens



Before you start

Prepare for the session. Identify the topic or issues, recruit participants and obtain informed consent. Create a safe and supportive environment for participation and ensure the room set-up allows space to discuss and display wheel charts.



Steps

- 1. Introduce the activity.** Explain that participants will assess levels that have been or may be achieved regarding selected indicators. Draw the pizza diagram and assign an indicator to each slice.
- 2. Shading pizza slices.** Ask participants to discuss the extent to which each indicator has been achieved. Once participants agree, they shade the slice; for a high level a lot of the slice is shaded, for a low level a small area of the slice is shaded.
- 3. Discussion.** If participants worked in breakout groups, give each group time to present their findings. Lead a discussion on the pizza diagram. If all groups discussed the same issue, explore differences and similarities between pizza diagrams and the reason for their findings. If groups discussed different issues, explore the most viable option.
- 4. Consensus.** Consider whether you need to conclude the session with a whole group consensus (as shown in the case study below).



Safeguarding

Consider the social and power dynamics within the group and whether participation may have negative consequences. Implement measures to mitigate harm such as homogeneous breakout groups ([see page 74](#)) and ensure participants understand potential risks.

Adapted from Loewenson *et al.* (2006).

5.2.1 CASE STUDY



Co-creating a community-based TB screening strategy for men: Pizza Diagram & Vote with your feet

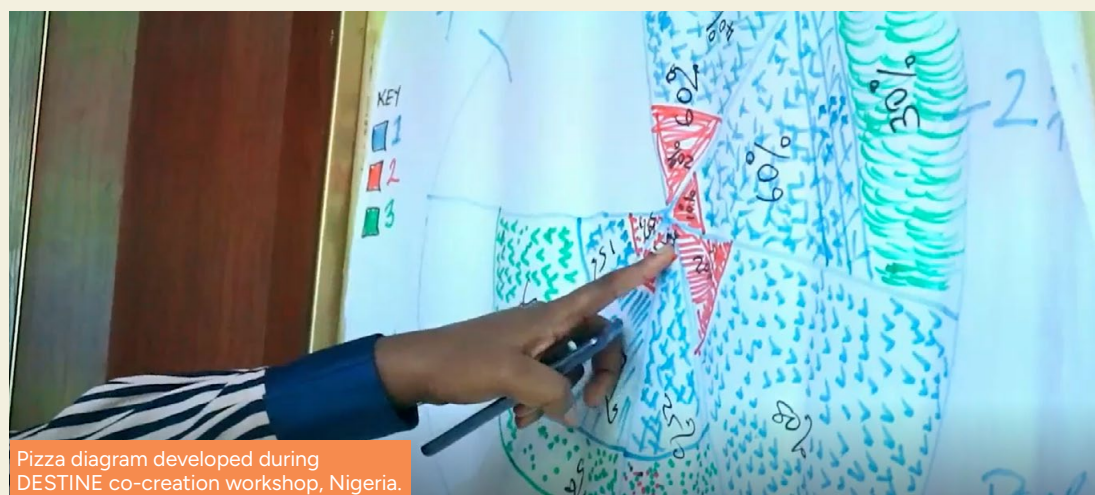
At the plan stage, DESTINE engaged TB stakeholders, including people from peri-urban communities harmed by TB, in Nigeria to co-create a community-based TB screening strategy for men. Using a Delphi research approach online, stakeholders first assessed 15 active and passive TB screening approaches and then identified and ranked potential combinations based on their perceived potential to help overcome men's barriers to TB care. Stakeholders then grouped interventions together in packages as they complement each other. Afterwards, stakeholders discussed during an in-person participatory workshop with the aim to reach a consensus on a preferred intervention package to be implemented and evaluated.



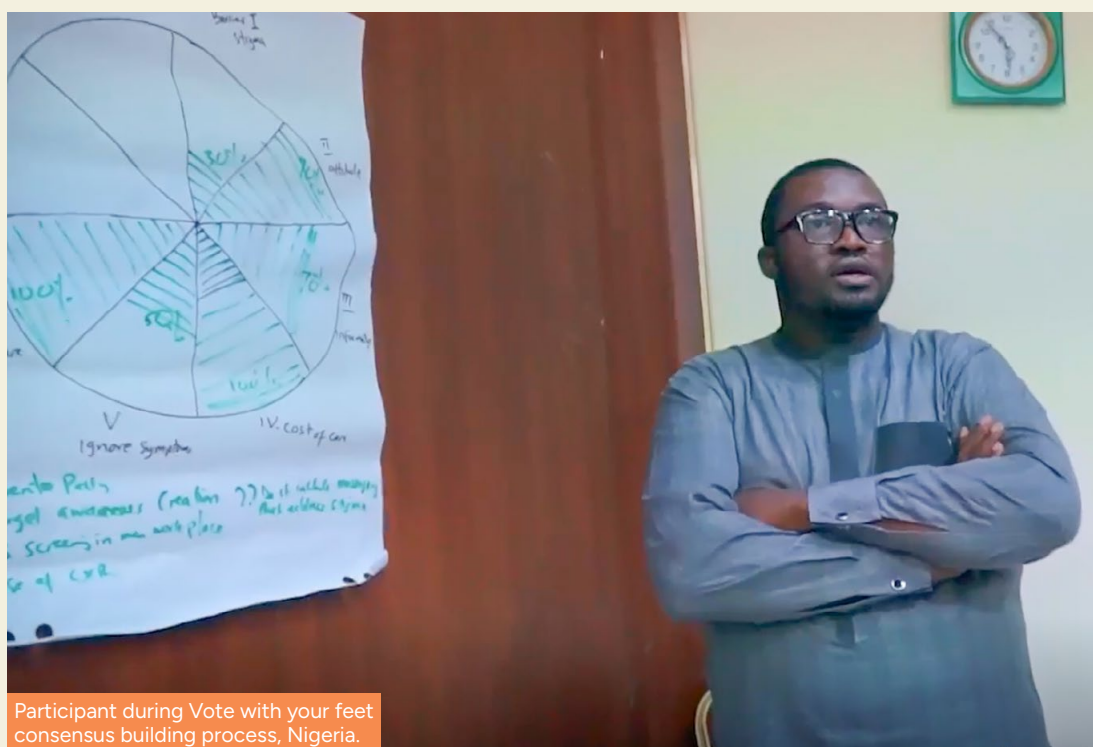
What did we do?

At the workshop, participants were randomly assigned to three groups, each handling a separate intervention package. We presented a list of men's key barriers to TB care based on the literature and DESTINE qualitative exploratory research and written as labels on separate 'slices' on the **Pizza Diagram**. The groups discussed how well the intervention package was expected or known to address each barrier, shading the 'pizza slice' to record their result. Different colours were used to differentiate the expected impact of each intervention within a package.

After presenting their results to each other, we asked participants to **vote with their feet** on the most viable intervention package. We facilitated a discussion in which participants explained the reasons for their decisions. Over time, the discussion helped participants rethink their logic, change their vote and, together, develop a new "best" package that combined interventions across the proposed packages they had assessed.



Pizza diagram developed during DESTINE co-creation workshop, Nigeria.



Participant during Vote with your feet consensus building process, Nigeria.



What did we find?

According to Delphi data, targeted TB awareness creation was ranked as an essential component to generate demand for TB screening. Complementary to that, stakeholders prioritised approaches that sought to actively find and systematically screen men for TB. During exercises and discussions in-person, stakeholders placed significant considerations on the synergy between interventions and their programmatic sustainability when making their final choices.

The combination of the different participatory research methods facilitated the development of a comprehensive TB screening strategy. It comprised targeted awareness creation among men in communities; TB screening in male-dominated socio-cultural congregate settings; and the use of digital chest X-ray screening. The community-based TB screening strategy was tested in a controlled before-and-after intervention study in Karu Local Government Area, a peri-urban setting near the Federal Capital City Abuja.



Challenges

Selection Bias. There was a possibility that the selected participants did not fully represent the broader range of stakeholders. Two stakeholders who initially agreed did not respond, potentially reducing diversity of input in the process.

Researcher Influence. We were aware of the tendency that researchers could lead panel members toward predetermined conclusions. Iterative reflection among the research team and structured facilitation during engagement helped to mitigate these

Power Dynamics. Differences in educational, professional levels, and social status among participants could undermine equitable participation and voice-sharing during co-creation. To mitigate this, the researchers selected participants with relatively similar TB-related experience, helping narrow knowledge and experience gaps. During the in-person workshop, facilitators actively encouraged mutual respect and participation.



Benefits

DESTINE research demonstrated how dialogue between people affected by TB and policymakers can be meaningful, offering new tools that can stimulate discussion, mitigate power imbalances and facilitate consensus.



Top Tip

Providing participants with pre-designed wheel charts on flipcharts can help have more time for discussion and focus on the content or issues than on drawing the tool.



Related resources

Ugwu, C., Adekeye, O., Ringwald, B., et al. (2025) '[Co-creation of a gender responsive TB intervention in Nigeria: a researcher-led collaborative study](#)', *BMC Health Services Research*, 25(1), pp. 63.

The LIGHT Consortium (2026) *Stakeholders' Co-creation of Gender-responsive TB intervention in Nigeria* [[Video](#)].

The LIGHT Consortium (2026) *From Lived Experience to Action: Community-Led TB Solutions for Tuberculosis* [[Case study](#)].

Ugwu, C., Aneke, C., Zoakah, N., et al. (2025) *Assessing the effect of a community-driven, gender-responsive TB initiative on TB-related knowledge and stigma: A controlled before-and-after interventional study in peri-urban communities, Nigeria* [[Poster](#)].



Member of Local TB Action Group during community sensitisation, Nigeria.



CHAPTER 6

'ACT' – ASSESSING AND STRENGTHENING IMPLEMENTATION



**Participatory
research tools
help assess
implementation
processes**

This chapter looks at different participatory research methods, with a focus on implementation of agreed actions. Visual participatory tools can stimulate discussion on implementation processes exploring what works well, what factors hinder or enable implementation and how to address observed challenges. This chapter will:

- ✓ Offer a case study to illustrate the use of participatory research tools to assess implementation
- ✓ Discuss the strengths and limitations of these tools

6.1 CASE STUDY: Pizza and Spider Diagrams



Reflecting on the implementation of a TB screening strategy for learning and change: Pizza and Spider Diagrams

IGNITE's male-specific TB screening strategy was tested in a controlled before-and-after intervention study. The strategy combined 3 components: (1) male-friendly TB clinics offering health education by male champions, 'wellness' screening (TB, HIV, diabetes, hypertension) and extended working hours up to 18:30h; (2) promotion of TB and male-friendly services through leaflets, banners and established communication structures for men; and (3) provider-initiated TB screening at all health facility service delivery points using intensified case finding stamps on records of all patients. Half-way through the 6-month implementation phase, we conducted process evaluation workshops with healthcare workers, who implemented the component at general hospitals in Central Uganda, using the Pizza Diagram ([see page 53](#)) and the Spider Diagram ([see page 45](#)).

TB SCREENING

Date:/...../.....

	YES	NO
1. Cough for 2 weeks or more	☐	☐
2. Fever for 2 weeks or more	☐	☐
3. Weight loss / Poor weight gain for children	☐	☐
4. Night sweats for 3 weeks or more	☐	☐
5. Contact with TB patient / chronic cough	☐	☐
Presumptive TB patient	☐	☐
Sputum sample sent to lab for testing	☐	☐
Assessed by:		

Intensified case finding stamps put on patient file for systematic TB screening of all patients used by IGNITE, Uganda.



What did we do?

During workshops, we asked participants to form groups according to the intervention component they were most familiar with. Each group discussed a component's implementation across several indicators, including fidelity (level of adherence to intervention design); dose (level of adherence to implementation schedules); reach (level of involvement of men); adaptations (level of changes made to the intervention); and usefulness of the training. They recorded their findings using a Pizza Diagram by shading corresponding 'pizza slices' considering 5 levels from 1 (lowest) to 5 (highest). After group presentations, we facilitated a brief discussion on potential reasons and solutions for improving implementation.

The discussion was deepened with another group exercise, using Spider Diagrams to explore factors that fostered or hindered implementation. In breakout groups, participants brainstormed what influenced implementation. Identified issues were then analysed and organised in separate Spider Diagrams according to components, represented by a 'spider body'. Issues were assigned to individual 'spider legs' with factors that influenced implementation positively on one side and those that affected implementation negatively on the other. After group presentations, we facilitated a discussion to compare similarities and differences across presentations and to discuss what steps could be taken to overcome challenges and strengthen implementation.



What did we find?

IGNITE's co-created male-specific TB screening strategy was contextually appropriate and acceptable. Implementers' engagement and buy-in early in the project cycle contributed to acceptability and feasibility. IGNITE's educational materials stimulated greater interest and inquiries about TB screening among men. The integrated screening services and reduced waiting times enhanced acceptability of the IGNITE strategy among men. Healthcare workers valued the screening stamp for simplifying TB assessment and documentation.



Participants completing a spider diagram during an IGNITE process evaluation workshop, Uganda



Challenges

While the scores assigned during the exercise were important, they did not capture the reasons behind ratings. We encouraged participants to explain scores and record descriptive notes during the discussion for research, decision-making and learning. We observed that some participants spoke more than others which comes with a risk of one voice dominating the discussion. For these reasons, consider assigning different roles within each breakout group, for example, facilitator, note-taker, timekeeper, and presenter, to support everyone's involvement.



Benefit

The diagrams stimulated reflection and discussion on the implementation process among implementers and helped them generate a shared understanding of what worked well and what was difficult. During discussions, teams of implementers came up with solutions to address the identified issues affecting implementation that were within their sphere of control. The workshop and the selected methods promoted implementers' active participation and ownership.



Top tip

Plan sufficient time for reflection and discussion for participants to explain the reasons behind their scores, share examples from implementation, and record these insights as descriptive notes. This makes it easier to identify what is working, where challenges lie, and what changes are needed.



Related resources

Makerere University Lung Institute (2026) LIGHT's Impact and Legacy in Uganda ([Evidence Brief](#)).

The LIGHT Consortium (2026) *Reaching the missing men: Lessons from gender-responsive TB care in Uganda and Kenya* [[Case study](#)].



CHAPTER 7

'EVALUATE' - ASSESSING AND UNDERSTANDING IMPACT



Participatory research methods help understand change processes

This chapter looks at different participatory methods, with a focus on evaluating collective action for health agreed and implemented in previous phases. The selected visual participatory research methods or tools help teams understand change processes; explore drivers and barriers for positive change; and identify gaps to be considered in the next participatory research cycle. This chapter will:

- ✔ Provide step by step instructions on how to conduct participatory research methods and tools
- ✔ Offer case studies to illustrate their application within LIGHT implementation studies
- ✔ Discuss the strengths and limitations of these methods
- ✔ Share variations and top tips for each method

7.1 Seasonal calendar

What is it?

Seasonal calendars are visual tools used in participatory research to show seasons experienced in a location or community and stimulate discussions on patterns of variation or change over time. Calendars use a table with a time scale along the horizontal axis and relevant indicators along the vertical axis. Alternatively, a 24-hour clock can be used to show daily routines. Calendars are flexible and can be adapted to the research topic and context as needed.

What is it useful for?

Seasonal calendars may be useful at different stages of the participatory research processes to

- ✔ Explore community perceptions on time-related variations across indicators
- ✔ Stimulate discussion on processes and needs at a local level
- ✔ Provide baseline for planning of activities, programmes or services (i.e., timing, location)
- ✔ Stimulate dialogue about the effects of an activity or intervention and the factors that may have influenced implementation

**60-90 Minutes**

depending on the number of indicators

**6-20 People**Flipcharts, Marker pens,
Masking tape

Before you start

Prepare for the session. Identify the topic or issues, recruit participants and obtain informed consent. Create a safe and supportive environment for participation and ensure the room set-up allows space to discuss and display seasonal calendars.



Steps

- 1. Introduce the activity.** Explain participants will explore different activities or conditions over a period of time.
- 2. Draw calendars.** Ask participants to draw a calendar related to the research topic or question. Define the time period shown on the horizontal axis. Agree the dimensions or questions that are relevant to the topic or question and will be answered along the

vertical axis. These may include:

- ✓ Seasons or weather patterns: When is the wet season? When is the dry season?
- ✓ Economic activities: When is the planting season? When is the harvesting season? When are market days?
- ✓ Presence: When are people away from the community for farming/work/school/travel? Who are the people away at this time?
- ✓ Social events: When are religious or cultural festivals held within the community?
- ✓ Health programmes: When are awareness/immunisation/screening/mass-drug-distribution campaigns? When is the best time to deliver health promotion/screening activities?

- 3. Allow time.** Let participants discuss the questions and record their answers in the respective calendar rows. They may write or use symbols for their answers.
- 4. Facilitate discussion.** If participants worked in breakout groups, give each group time to present their findings. Lead a discussion on the observed patterns and how these relate to the research or task.
- 5. Consensus.** Consider whether you need to conclude the session with a whole group consensus.
- 6. Document the activity.** With consent, audio record discussions, take detailed facilitator notes and photograph completed seasonal calendars to support analysis.

Adapted from Loewenson *et al.* (2014).



Participants complete seasonal calendars during IGNITE validation workshops, Uganda

7.1.1 CASE STUDY



Putting results into context: Seasonal calendars of a male-specific TB screening intervention

After the 6-month implementation phase of the IGNITE (see page 16) implementation study that tested a male-specific TB screening strategy in general hospitals, data were analysed quantitatively. The number of people screened, presumed to have TB, tested, notified and treated for TB were tracked over time at 2 intervention and 2 control facilities in Central Uganda. Data of the 6-month implementation period were compared with data of the 6-month period before the intervention. We conducted a central validation workshop with health workers from intervention and control facilities, including clinical officers, nurses, community health volunteers (known as village health teams) and male TB champions; district and regional TB and Leprosy Supervisors; and national TB policymakers, among others.



What did we do?

During the workshop, participants assessed the observed TB notifications (line graph) in separate breakout groups for each hospital, using seasonal calendars. First, participants discussed potential factors such as weather patterns, socio-economic activities, changes/happenings at the health facility, non-IGNITE TB case finding activities and other issues that may have influenced implementation of the IGNITE strategy. After noting all events in the calendar, participants compared their records with the observed TB notifications. For each event, they discussed the perceived levels of impact (high, medium, low) and direction of effects on TB notification (increase, decrease). We facilitated group presentations and discussion on potential effects on the intervention.



Participants complete seasonal calendars during IGNITE validation workshops, Uganda.



What did we find?

Participants mapped out known activities within and outside the health facility that may have affected the intervention or TB notifications. This facilitated identification of contextual events outside the intervention that could explain changes in TB notifications over time. These included, for example, livelihood activities (such as coffee harvest and sales) and other TB case-finding activities increasing opportunities for TB screening as well as changes in hospital services and staffing and general medication shortage potentially discouraging care-seeking.



Challenges

Participation in the breakout groups varied; healthcare workers from TB clinics participated actively while TB survivors and village health teams were quieter. Their views may be underrepresented in the insights from this activity. Assigning facilitators who are outsiders (not from the hospital) may help ensure more equal participation.



Benefit

Combining routine quantitative data with the contextual factors provided a more complete interpretation of the results. The process enabled participants to validate unexpected trends, identify factors that may have supported or disrupted TB notifications, and generate practical learning for adapting future TB screening strategies.



Top tip

Conduct this activity as close as possible to the intervention period, while events and implementation experiences are still fresh in participants' minds. Where available, compare the seasonal calendars with observation field notes and implementation records.



Related resources

The LIGHT Consortium (2026) *Reaching the missing men: Lessons from gender-responsive TB care in Uganda and Kenya* [[Case study](#)].

7.2 CASE STUDY: Rivers of Life



Reviewing the process of a research programme: Rivers of Life

The MLI-based LIGHT team conducted capacity strengthening and research uptake activities alongside multiple research projects such as IGNITE, photovoice with TB survivors, and mathematical modelling, among others. As part of the internal evaluation, the multi-disciplinary team met to reflect on the progress, legacy and lessons learned towards the end of the research programme, using Rivers of Life ([see page 31](#)).



What did we do?

Every team member drew a river representing their experiences throughout the research programme – from the research idea to grant application, research design, data collection, analysis and dissemination, or from the time they joined LIGHT to date. Team members used symbols like calm and rough waters to illustrate progress and challenges, tributaries and rocks to map out support and blockages, fish and flowers to represent achievements and positive

moments, among others. Once everyone completed their river, team members presented their journey with LIGHT from their perspective as researchers, research assistants, administrators, project and finance managers, communications and research uptake managers. Through group discussion, the team explored and identified key events, achievements, lessons, good practice, and recommendations for future research programmes.



What did we find?

The Rivers of Life exercise allowed the MLI team to reflect on how their six-year involvement in the LIGHT research programme drove personal growth, institutional strengthening, and policy reform. They faced significant operational challenges, including time-intensive proposal development, complex onboarding and heavy workloads, alongside external disruptions from COVID-19 and UK development aid budget cuts, forcing the team to scale down and adapt their planned activities. Multi-country learning spaces and comprehensive capacity building in leadership, qualitative research, and research administration helped overcome these challenges and enhanced staff decision-making confidence and delivery. The team's collaborative approaches promoted ownership of the research and gradual and sustainable research uptake by national and district health partners. LIGHT evidence helped shift Uganda's national TB narrative by spotlighting men's gender-specific vulnerabilities without neglecting women; influence the National TB and Leprosy Strategic Plan (2025/2026–2029/2030); and prompt national interest in a dedicated TB survivor strategy. These findings contributed to LIGHT evaluation and evidence brief.





Challenges

Whilst we did not encounter any challenges in using Rivers of Life, we recognised the missed opportunity of having used the method only at the end of our six-year long journey. Rivers of Life can be useful in capturing experiences and challenges at regular intervals to be able to design interventions for support, where team members may be having difficulties. Conducting it once as an endline may lead to loss of beneficial lessons.

Being an open team exercise, the tool may not be appropriate for individuals who are not comfortable sharing uncomfortable truths. Therefore, teams may consider triangulating different methods.



Benefit

Rivers of Life provides a creative way of reflecting on all aspects of project experiences – from on-boarding challenges, juggling multiple responsibilities and dealing with unforeseen threats to shared understanding, good practice and achieved goals. Team members from different disciplines and institutional levels were able to share their experiences in a manner that was comfortable and fun.



Top tip

Come to this exercise with an open mind, ready to have fun, but also ready to share and learn. Do not judge!



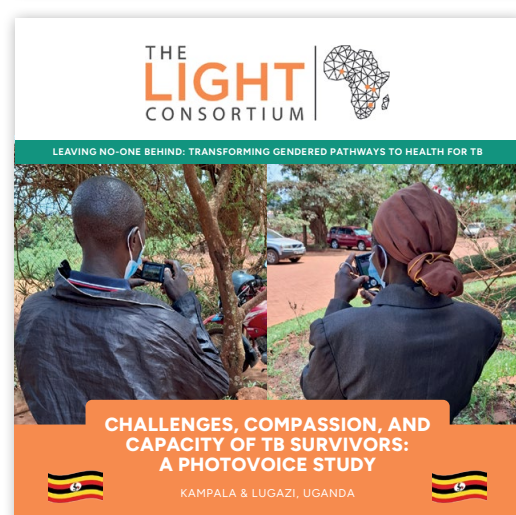
Related resources

Makerere University Lung Institute (2026) LIGHT's Impact and Legacy in Uganda ([Evidence Brief](#)).



CHAPTER 8

ADDITIONAL RESOURCES



ADDITIONAL ICEBREAKERS

8.1 Pass the action

What is it?

Pass the action is a short icebreaker that involves motion and interaction.

What is it useful for?

This icebreaker can help

- ✓ promote interaction and connection between participants
- ✓ create a positive and welcoming atmosphere at the beginning of a group or workshop
- ✓ activate the body in between longer sessions



About 10 Minutes

depending on the number of participants



8-20 People



N/A



Before you start

Prepare for the session. Ensure the room set-up allows space to form a circle.



Steps

- 1. Prepare for the exercise.** Ask participants to stand up and form a circle.
- 2. Introduce the activity.** Explain that participants will pass an action from one person to another. Demonstrate the task; turn to your left neighbour and make an action (e.g. snap fingers, wave, clap hands, jump) while making eye contact. Ask that neighbour to copy your action and do the exact same movement, as if they were looking in a mirror.
- 3. Pass the action.** Once the participant copied your action, they will then turn to their left neighbour and make a new action (or continue the same if no new idea comes up) while making eye contact. As one after the other makes an action, the group 'passes the action' around the circle.



Variation

If the space is insufficient to allow movement, ask participants to make a face or mask, instead of an action (Population Council, 2015).

You can change the icebreaker for participant self-introductions: Ask participants to introduce themselves with their name and an action (e.g. snap fingers, wave, clap hands, jump). The rest of the group imitates the action while saying "Welcome [name of the person]". Ask for someone to volunteer, then go around until everybody has been introduced.



Top tip

Encourage eye contact and give each person enough time to make a really good copy of the action before moving on.

Adapted from Population Council (2015).

8.2 Write your name

What is it?

Write your name is a short icebreaker that involves motion.

What is it useful for?

This icebreaker that can help activate the body and make participants laugh.



5 Minutes

depending on the number
and length of words



5-50 People



N/A



Before you start

Prepare for the session. Ensure the room set-up allows space for everyone to stand up and do the exercise.



Steps

- 1. Prepare for the exercise.** Ask participants to stand up (either in a circle or according to seating arrangement).
- 2. Introduce the activity.** Explain that participants will write their name with their body parts.
- 3. Write names.** Give instructions to participants to
 - ✓ raise their right hand and write their name
 - ✓ raise their left hand and write their name
 - ✓ lift their right foot and write their name
 - ✓ lift their left foot and write their name
 - ✓ write their name with their hips.



Variation

Instead of writing individual names, you can also ask participants to write the same word such as the group name or theme or location, among others.



Top tip

Adjust the exercise for participants with physical disability. For example, wheelchair users can use their neck instead of hip and elbow instead of foot.



Participants stretch as an icebreaker, Uganda.

8.3 Shake 3-2-1

What is it?

Shake 3-2-1 is a brief icebreaker that invites participants to shake their arms and legs.

What is it useful for?

This brief icebreaker that can help activate the body in between longer sessions.



<5 Minutes

depending on the
countdown



6-60 People



N/A



Before you start

Prepare for the session: Ensure the room set-up allows space for everyone to stand up and do the exercise.



Steps

- 1. Introduce the activity.** Ask all participants to stand up and find a location where they can freely shake their arms and legs.
- 2. Demonstrate the activity.** As facilitator, shake your right arm, left arm, right leg and left leg several times. Ask participants to join in.
- 3. Shake body parts.** Instruct participants to
 - ✓ shake the right arm 5 times, shake the left arm 5 times, shake the right leg 5 times, shake the left leg 5 times.
 - ✓ Shake each body part 4 times
 - ✓ Shake each body part 3 times
 - ✓ Shake each body part twice
 - ✓ Shake each body part once



Top tip

The faster you shake, the greater the fun.

FORMING BREAKOUT GROUPS

Large meetings or groups don't encourage the same level of engagement, collaboration, and interaction as smaller, more focused groups. Forming smaller groups for groupwork, sometimes called buzz groups or breakout groups, can help with completing tasks and promoting active participation. The choice of method for forming breakout groups depends largely on the purpose of the exercise.

8.4 Famous pairs

What is it?

Famous pairs is a short exercise for forming pairs using word pairs written on separate cards.

What is it useful for?

Famous pairs help assign participants randomly to work in pairs.



<5 Minutes

depending on the number
of pairs



10-20 People



Word pairs written on
separate cards, hat or
basket



Before you start

Prepare for the session. Create logical pairs (consisting of 2 words) constructed around opposites, related places, first and last name of famous people, or compound nouns:

- ✓ **Opposites:** black, white; small, big; far, near; light, heavy and so on
- ✓ **Places (City, Country):** Kampala, Uganda; Lagos, Nigeria; Lilongwe, Malawi; Nairobi, Kenya
- ✓ **Persons:** Robert Koch, Marie Curie, Mae Jemison, Nelson Mandela
- ✓ **Health:** *Mycobacterium tuberculosis*; Primary healthcare; Social determinants; Antimicrobial resistance

Confirm the number of participants. Generate word pairs, with the number of pairs being equal half the number of participants.



Steps

- 1. Prepare for the exercise.** Write each word of the pairs on a separate slip of paper and put in a hat, bag, basket or box. Shake well.
- 2. Introduce the task.** Explain that participants will pick a slip of paper, on which one word is written, and will need to find the person whose word will form a logical pair.
- 3. Form pairs.** Ask participants to draw a slip of paper from the hat/basket and find the other half of their pair.



Variation

Use pairs based on same or complementary symbols to make the exercise inclusive for people with low literacy.



Top tip

Let the theme of the group or event inspire your selection of word pairs.

8.5 Jigsaw Puzzle

What is it?

Jigsaw Puzzle is a short exercise for forming breakout groups using images.

What is it useful for?

Jigsaw Puzzles help assign participants randomly to work in breakout groups.



<5 Minutes

depending on the number
and size of groups



10-25 People



Images (printed and cut
into pieces), hat, bag, or
basket



Before you start

Prepare for the session. Confirm the number of participants and determine the number and size of breakout groups. Print images or cut them out from newspapers or magazines with the number of images reflecting the number of breakout groups. Cut each image into pieces with the number of pieces reflecting the number of participants in each group. Be sure to have the same number of jigsaw pieces as participants.



Steps

- 1. Prepare for the exercise.** Put all jigsaw pieces in a hat, basket, bag or box. Shake well.
- 2. Introduce the task.** Explain that participants will pick a puzzle piece and will need to find all people with matching jigsaw pieces to complete the image.
- 3. Form groups.** Ask participants to draw a piece from the container and find people with the other pieces to complete their puzzle.



Top tip

Let the theme of the group or event inspire your selection of images. Use simple puzzles so that solving the puzzles does not take too long but leaves enough time for group work.



Randomly assigned round table discussion among TB healthcare workers and policymakers at stakeholder workshop, Kenya.

8.6 Homogeneous groups

What is it?

In contrast with the previous methods that help form random breakout pairs and groups, it may sometimes be useful to form homogeneous breakout groups.

What is it useful for?

Homogeneous group allocation can help mitigate power dynamics and foster connection.

**5 Minutes**

depending on the number
of groups

**8-24 People**

N/A



Before you start

Prepare for the session. Consider what types of homogeneous groups would be useful in your activity.



Steps

- 1. Introduce the task.** Explain that participants will work in breakout groups based on existing teams or common characteristics.
- 2. Form groups.** Ask participants to form groups based on gender, role, hospital, country, depending on the task and/or power dynamics.



LTAG during group work, Nigeria.

REFERENCES

- Bain, L. E., Akondeng, C., Njamnshi, W. Y., Mandi, H. E., Amu, H. and Njamnshi, A. K. (2022) 'Community engagement in research in sub-Saharan Africa: current practices, barriers, facilitators, ethical considerations and the role of gender - a systematic review', *Pan Afr Med J*, 43, pp. 152. <https://www.panafrican-med-journal.com/content/article/43/152/full/>
- Chowdhury, S., Nganda, M., Piotrowski, H., Ozano, K., Dean, L., Tancred, T., et al. (2021) *Supporting equitable partnerships in global health: A toolkit for participatory health research methods*, Liverpool: LSTM. Available at: <https://countdown.lstmed.ac.uk/sites/default/files/centre/Participatory%20Health%20Research%20Methods%20toolkit.pdf>.
- Concannon, T. W., Meissner, P., Grunbaum, J. A., McElwee, N., Guise, J. M., Santa, J., et al. (2012) 'A new taxonomy for stakeholder engagement in patient-centered outcomes research', *J Gen Intern Med*, 27(8), pp. 985-91. <https://doi.org/10.1007/s11606-012-2037-1>
- Daftary, A., Calzavara, L. and Padayatchi, N. (2015) 'The contrasting cultures of HIV and tuberculosis care', *Aids*, 29(1), pp. 1-4. <https://www.ovid.com/10.1097/QAD.0000000000000515>
- Declaration of Alma-Ata. International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978* (1978). Available at: http://www.who.int/publications/almaata_declaration_en.pdf (Accessed: 19/10/2018).
- Egid, B. R., Roura, M., Aktar, B., Amegee Quach, J., Chumo, I., Dias, S., et al. (2021) 'You want to deal with power while riding on power': global perspectives on power in participatory health research and co-production approaches', *BMJ Global Health*, 6(11), pp. e006978. <https://doi.org/10.1136/bmjgh-2021-006978>
- Howard, J. (2023) *Rivers of life: Practical guides for participatory methods*, Brighton: Institute of Development Studies. <https://www.participatorymethods.org/tool/rivers-of-life/>
- Interagency Gender Working Group (no date) *Facilitator Guide: Vote with Your Feet*. Available at: <https://www.igwg.org/training/setting-the-stage/> (Accessed: 9 July 2024).
- International Collaboration for Participatory Health Research [ICPHR] (2013) *Position Paper 1: What is Participatory Health Research?* Available at: http://www.icphr.org/uploads/2/0/3/9/20399575/icphr_position_paper_1_definition_-_version_may_2013.pdf (Accessed: 19/07/2019).
- Loewenson, R., Kaim, B., Chikomo, F., Mbuyita, S. and Makemba, A. (2006) *Organising People's Power for Health. Participatory Methods for a People-Centred Health System*, Harare: Training and Research Support Centre (TARSC), Ifakara Health Development Centre and EQUINET. Available at: https://equinetafrica.org/sites/default/files/uploads/documents/EQUINET_PRA_toolkit_for_web.pdf (Accessed 21/09/2026).
- Loewenson, R., Laurell, A., Hogstedt, C., D'Ambruso, L. and Shroff, Z. (2014) *Participatory action research in health systems: a methods reader*, Harare: TARSC, AHPSP, WHO, IDRC Canada, EQUINET. Available at: https://equinetafrica.org/sites/default/files/uploads/documents/PAR_Methods_Reader2014_for_web.pdf (Accessed 21/09/2026).
- Maddox, G. A., Bodner, G. E., Christian, M. W. and Williamson, P. (2024) 'Drawing on memory: A meta-analytic review', *Journal of Investigative Psychology and Offender Profiling*, 21(3), pp. e1633. <https://doi.org/10.1002/jip.1633>
- Makerere University Lung Institute (2026) *LIGHT's Impact and Legacy in Uganda: Evidence Brief*, Kampala MLI. Available at: <https://mli.mak.ac.ug/light-evidence-brief/> (Accessed: 27 August 2026).

- Nidoi, J., Pulford, J., Wingfield, T., Rachael, T., Ringwald, B., Katagira, W., Muttamba, W., Nattimba, M., Namuli, Z. and Kirenga, B. (2024) 'Finding the missing men with tuberculosis: a participatory approach to identify priority interventions in Uganda', *Health Policy and Planning*, 40(1), pp. 1-12. <https://doi.org/10.1093/heapol/czae087>
- Parker, M., Wallerstein, N., Duran, B., Magarati, M., Burgess, E., Sanchez-Youngman, S., et al. (2020) 'Engage for Equity: Development of Community-Based Participatory Research Tools', *Health Education & Behavior*, 47(3), pp. 359-371. <https://journals.sagepub.com/doi/abs/10.1177/1090198120921188>
- Population Council (2015) *Adolescent Girls Initiative-Kenya: Health and Life Skills Curriculum*, Kibera, Nairobi: Population Council. Available at: https://knowledgecommons.popcouncil.org/departments_sbsr-pgy/589/ (Accessed: 31/08/2026).
- Pratt, B. (2019) 'Engagement as co-constructing knowledge: A moral necessity in public health research', *Bioethics*, 33(7), pp. 805-813. <https://doi.org/10.1111/bioe.12591>
- Rambau, N., Policar, S., Sharp, A. R., Lankiewicz, E., Nsubuga, A., Chimhanda, L., et al. (2024) 'Power, data and social accountability: defining a community-led monitoring model for strengthened health service delivery', *Journal of the International AIDS Society*, 27(11), pp. e26374. <https://doi.org/10.1002/jia2.26374>
- Ronzi, S., Puzzolo, E., Hyseni, L., Higgerson, J., Stanistreet, D., Hugo, M. N. B., et al. (2019) 'Using photovoice methods as a community-based participatory research tool to advance uptake of clean cooking and improve health: The LPG adoption in Cameroon evaluation studies', *Social Science & Medicine*, 228, pp. 30-40. <https://journals.sagepub.com/doi/abs/10.1177/10497323221077300>
- Seeds for Change (2022) *Facilitation Tools for meetings and workshops*. Available at: <https://seedsforchange.org.uk/tools> (Accessed: 10 March 2023).
- Strack, R. W., Magill, C. and McDonagh, K. (2004) 'Engaging Youth through Photovoice', *Health Promot Pract*, 5(49), pp. 49-58. DOI: 10.1177/1524839903258015. <https://doi.org/10.1177/1524839903258015>
- The LIGHT Consortium (2026) *From Lived Experience to Action: Community-Led TB Solutions for Tuberculosis*. Available at: <https://light.lstmed.ac.uk/resources/light-impact-case-studies/from-lived-experience-to-action-community-led-tb-solutions-for> (Accessed: 8 Aug 2026).
- Ugwu, C. (2025) *Development And Evaluation of a Gender Responsive Tuberculosis Intervention for Community Settings in Nigeria (The DESTINE Study)*. Student thesis: Doctoral thesis. Doctor in Philosophy, Liverpool School of Tropical Medicine, Liverpool [Online] Available at: <https://research.lstmed.ac.uk/en/studentTheses/development-and-evaluation-of-a-gender-responsive-tuberculosis-in/> (Accessed: 23/02/2026).
- Ugwu, C., Adekeye, O., Ringwald, B., Thomson, R., Chijioke-Akaniro, O., Anyaike, C., et al. (2025) 'Co-creation of a gender responsive TB intervention in Nigeria: a researcher-led collaborative study', *BMC Health Services Research*, 25(1), pp. 63. <https://doi.org/10.1186/s12913-025-12241-7>
- Ugwu, C., Kolawole, G., Ringwald, B., Bimba, J., Squire, S. B. and Wingfield, T. (2026) 'Adapting health systems to men's realities: An intersectional exploration of men's barriers to TB care in Nigeria's peri-urban communities', *SSM - Health Systems*, 6, pp. 100188. <https://doi.org/10.1016/j.ssmhs.2026.100188>
- Venkatesan, N., Faust, L., Lobo, R., Enkh-Amgalan, H., Kunor, T., Sifumba, Z., et al. (2025) 'Fighting tuberculosis hand in hand: A call to engage communities affected by TB as essential partners in research', *PLOS Global Public Health*, 5(4), pp. e0004437. <https://doi.org/10.1371/journal.pgph.0004437>
- Versfeld, A., Smyth, C., Soltan, V., Malar, J., Baiden, A. and Caraulan, L. (2026) 'Beyond metrics: relational dynamics and impacts of TB community funding', *Frontiers in Public Health*, Volume 14 - 2026. <https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2026.1851740>

- Wang, C. and Burris, M. A. (1997) 'Photovoice: concept, methodology, and use for participatory needs assessment', *Health Educ Behav*, 24(3), pp. 369-87. <https://doi.org/10.1177/10901981970240030>
- World Health Organization (WHO) (2011) *Psychological first aid: Guide for field workers*. Geneva: WHO. Available at: http://whqlibdoc.who.int/publications/2011/9789241548205_eng.pdf (Accessed: 2021/05/03).
- World Health Organization [WHO] (2015) *End TB Strategy*, Geneva: WHO. Available at: <https://www.who.int/teams/global-tuberculosis-programme/the-end-tb-strategy> (Accessed: 2025/01/24).
- World Health Organization [WHO] (2023) *Guidance on engagement of communities and civil society to end tuberculosis*. Available at: <https://www.who.int/publications/i/item/9789240080294> (Accessed 21/09/2026).
- World Health Organization [WHO] (2025) *Global Tuberculosis Report 2025*, Geneva: WHO. Available at: <https://www.who.int/teams/global-programme-on-tuberculosis-and-lung-health/tb-reports/global-tuberculosis-report-2025> (Accessed: 11/12/2025).

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