INTRODUCTION

Background

According to the Uganda HIV and AIDS Sero-Behavioral Survey - UHSBS (2004/05), HIV prevalence in adults is 6.4% and 0.7% in children. Approximately 1.1 million people in Uganda are HIV-infected in a total country population of 30 million. Currently, estimates indicate that there are over 100,000 new HIV infections annually, 25,000 of which are among children. Of those infected, 200,000 people are eligible for ARVs, but only 90,000 are accessing them.

While adult uptake is beginning to increase due to greater awareness about testing, available medication and increased belief in its efficacy, the number of children on ARVs has lagged far behind. Of the estimated 150,000 children living with HIV, approximately 76,000 children are eligible to be on ARVs. Nevertheless, only 28% of these children had actually started treatment as of September 2009, compared to 89% among eligible adults over 15 years of age. If these children do not get treatment, 66% of them will die before they are three and 75% will die before they turn five.

Factors at service delivery and community levels contribute to this situation. Paediatric HIV/AIDS services are not widely available and this presents a major barrier to testing at-risk children and enrolling HIV-positive children in ART programmes. Most health care workers lack the skills to identify, treat and care for children at risk of HIV and to counsel and provide psycho-social support for HIV-positive children and their caretakers.

At the community level, most caretakers are not aware that children born with HIV can, and should be urgently tested and treated and do not know where to go for services. Some caretakers as well as health care providers do not recognise the importance of treating HIV-positive children and assume that all children infected with HIV will die early.

Reaching out to and educating communities will be a pivotal step in the journey towards increasing paediatric HIV service uptake and improving the quality of life of HIV positive children. This training initiates the process by equipping trainers with the skills and knowledge to in turn train Village Health Teams in mobilizing their communities to access these services.

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2 Republic of Uganda, Uganda HIV&AIDS Sero-Behavioral Survey 2004-5, Ministry of Health,
4 Ibid; Republic of Uganda (2009)
How to Use this Facilitator’s Manual

This manual is intended for use by experienced trainers. These are current or former trainers who have demonstrated commitment and excellence in their work. They have conducted trainings before and can also hold refresher workshops to pass on new and important information.

This curriculum is tailored for a three-day Training of Trainers. It is divided into three parts containing a number of sessions. Each session has a title, objective, estimated duration and a list of the materials required to conduct it. There are detailed instructions about how to carry out the session. Additional information to assist the trainer is included in the grey boxes.

A pretest questionnaire is included in the appendix of the manual. It should be administered at the beginning of the training session to understand the participants’ baseline level of knowledge, attitudes and skills regarding the issues covered in the training. This is not a test, but rather an assessment of what areas may need to be covered more thoroughly. At the end of the training, a posttest questionnaire should be administered to ensure that the objectives of the training have been met.

Training Objectives

The overall goal of this training is to build the capacity of trainers to in turn train others, including VHTs, in community mobilization for paediatric HIV.

The specific objectives of this training are as follows:

1. To equip participants with the knowledge, skills and attitude to conduct effective trainings
2. To familiarize participants with community mobilization and its practices and approaches
3. To review the status of paediatric HIV in Uganda and the barriers to service uptake and adherence
4. To enable trainers to train others in delivering key messages and information to the target audiences about paediatric HIV
## Training Schedule

### DAY ONE

<table>
<thead>
<tr>
<th>TIME</th>
<th>TOPIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 – 9:00</td>
<td>Arrival and Registration</td>
</tr>
<tr>
<td>9:00 – 9:30</td>
<td>Opening/Introduction</td>
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</tbody>
</table>

#### PART ONE

<table>
<thead>
<tr>
<th>TIME</th>
<th>TOPIC</th>
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<tbody>
<tr>
<td>9:30 – 10:40am</td>
<td>Session 1: Getting Started</td>
</tr>
<tr>
<td>10:40 – 11:00am</td>
<td>Pre-Test</td>
</tr>
<tr>
<td>11:00 – 11:20am</td>
<td>Tea Break</td>
</tr>
<tr>
<td>11:20 -12:00pm</td>
<td>Session 2: Understanding Learning &amp; Training</td>
</tr>
<tr>
<td>12:00 –1:00pm</td>
<td>Session 3: Choosing the Most Effective Training Methods</td>
</tr>
<tr>
<td>1:00 – 2:00pm</td>
<td>Lunch</td>
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#### PART TWO

<table>
<thead>
<tr>
<th>TIME</th>
<th>TOPIC</th>
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<tbody>
<tr>
<td>2:00 – 3:00pm</td>
<td>Session 1: Introduction to Community Mobilisation</td>
</tr>
<tr>
<td>3:00– 3:30pm</td>
<td>Session 2: Community Mobilisation Practices</td>
</tr>
<tr>
<td>3:30 – 3:45</td>
<td>Tea Break</td>
</tr>
<tr>
<td>3:45 – 4:15 pm</td>
<td>Session 2: Community Mobilisation Practices (contd)</td>
</tr>
<tr>
<td>4:15 – 4:30pm</td>
<td>Summary of Day 1</td>
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### DAY TWO

<table>
<thead>
<tr>
<th>TIME</th>
<th>TOPIC</th>
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<tbody>
<tr>
<td>9:00 – 9:30</td>
<td>Re-cap of Previous Day</td>
</tr>
<tr>
<td>9:30 – 10:15am</td>
<td>Session 2: Community Mobilisation Practices Contd</td>
</tr>
<tr>
<td>10:15 – 11:15am</td>
<td>Session 3: Passing on Information</td>
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<tr>
<td>Time</td>
<td>Topic</td>
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<tr>
<td>11:15 -11:30am</td>
<td><strong>Tea Break</strong></td>
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<tr>
<td><strong>PART THREE</strong></td>
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</tr>
<tr>
<td>11:30 – 11:50am</td>
<td>Session 1: Children and HIV in Uganda</td>
</tr>
<tr>
<td>11:50 -12:20pm</td>
<td>Session 2: Target Audiences and the Barriers to Uptake and Adherence</td>
</tr>
<tr>
<td>12:20 –1:00pm</td>
<td>Session 3: Facts About Paediatric HIV</td>
</tr>
<tr>
<td>1:00 – 2:00pm</td>
<td><strong>Lunch</strong></td>
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<tr>
<td>2:00 – 3:30pm</td>
<td>Session 4: Care and Treatment for HIV Positive Children</td>
</tr>
<tr>
<td>3:30 – 3:45pm</td>
<td><strong>Tea Break</strong></td>
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<tr>
<td>3:45 - 5:00pm</td>
<td>Session 5: Use of Reference Materials for Community Mobilisation &amp; Education</td>
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<tr>
<td>5:00 – 5:15pm</td>
<td>Summary of Day 2</td>
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<table>
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<tr>
<th>DAY THREE</th>
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<tbody>
<tr>
<td><strong>TIME</strong></td>
<td><strong>TOPIC</strong></td>
</tr>
<tr>
<td>9:00 – 9:30</td>
<td>Re-cap of Previous Day</td>
</tr>
<tr>
<td>9:30 – 11:00am</td>
<td>Practice Sessions</td>
</tr>
<tr>
<td>11:00 – 11:20am</td>
<td><strong>Tea Break</strong></td>
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<tr>
<td>11:20 -1:00pm</td>
<td>Practice Sessions Contd</td>
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<tr>
<td>1:00 – 2:00pm</td>
<td><strong>Lunch</strong></td>
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<tr>
<td>2:00 – 2:20pm</td>
<td>Post Test</td>
</tr>
<tr>
<td>2:20 – 3:00pm</td>
<td>Certificates &amp; Closing</td>
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COMMUNITY MOBILISATION FOR PAEDIATRIC ART
TOT PART I

Facilitator’s Note:

This part of the curriculum sets the stage for the training including defining its goals, understanding participants’ expectations and establishing ground rules. It also takes participants through identifying effective approaches to training.

Session 1

Title: GETTING STARTED
Objective: By the end of this session participants will understand the objectives of the training and will have assessed these in against their expectations. They will also have learned about their fellow participants and established the rules that will facilitate them working comfortably as a group for the duration of the training.

Duration: 1hr 10 mins

Materials required:
1) Flip chart paper with the “Find Someone Who...” questions on it (see below).
2) Flip chart paper with “Expectations” on it.
3) Flip chart paper with the training objectives on it (see below).
4) Flip chart paper with proposed ground rules on it (see below).

Markers, masking tape, half sheets of A4 - enough for two per participant

Instructions

Getting to know each other (30mins)

• Welcome the participants to the training.
• Introduce yourself by giving your name, where you work and why you are here.
**Why are YOU here?**
Explain that you are here to train the group to teach others how to mobilise communities to utilize paediatric HIV services and to adhere to treatment. Explain that after they complete this training course, they will be more effective community mobilisers themselves as well as trainers.

- Explain to the participants that all of the training sessions will be highly interactive and include brainstorming, games, group discussions, practice sessions and other activities. The participants must fully participate in order to benefit from the training.
- Invite participants to stand and play a warm-up game such as spelling their names with their bodies to open the day.
- Explain that you are now going to do an activity to get to know each other.
- Review the questions on the “Find Someone Who...” flip chart with the participants.

**Find Someone Who questions**

1. ... Has worked in paediatric HIV before
2. ... Has experience working with communities
3. ... Is married with children
4. ... Has worked for more than 10 years
5. ... Is left handed

- Instruct participants to number a piece of paper from 1-5. Then, have them move around, introduce themselves and find someone who answers “yes” to any one of the questions. Ask that person to sign their name next to the matching number on the paper.
- Give participants 10 minutes to collect as many signatures as possible, then come back to plenary.
- Ask one participant to introduce himself or herself, then introduce one person whose signature they collected. The person who has just been introduced should repeat their name, then introduce someone else whose signature they collected.
- Repeat this process until everyone has been introduced.
- Ask the group:
  - Did you find a person who is similar to you? Did you find a person very different from you?
  - How did it feel to talk to someone similar to you? How did it feel to talk to someone very different from you?
- Remind members that in their work, they will interact with people who are both similar and different to them. It is important to treat everyone with equal respect.
- Point out that it is important to call one another by their names so that everyone feels welcome.
- Circulate masking tape and markers and ask the participants to make name tags for themselves.
Participant Expectations & Workshop Objectives (20 mins)

- It is important that participants and trainers are on the same page about the expected outcomes of the training.
- Give each participant two blank half-sheets of paper and a pen.
- Ask each person to think about what they hope to gain out of this training.
- Ask them to write one expectation that they have for the training program on each sheet of paper.
- As each person finishes writing, tape each piece of paper onto the board or flipchart under the heading, “Expectations.”
- After everyone has given his or her expectations, add your own, as the facilitator, referring to the training objectives defined below.
- Briefly review the list of expectations. Ask participants to decide together whether all are within the scope of the training program.
- If there are different “themes,” cluster similar expectations.
- Write this list on a flip chart paper and pin it on the wall.
- Refer back to it throughout the training.

<table>
<thead>
<tr>
<th>The objectives of this training are to:</th>
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Workshop ground rules (10mins)

- Now explain that you are going to decide as a group, what each participant should abide by to ensure that the training is conducted successfully.
- Stick up a previously drafted list that includes the following:
  - Keeping time
  - Mobile phones off or on silent
  - Respect for each other’s opinions
  - Silence when some one is talking
  - Active participation
- Ask if there are any other ground rules that should be included on the list and add them on.
Pre-test questionnaire (20mins)

- A pre-test is administered to participants to get an idea of the baseline level of knowledge, attitudes and skills (or perceived skills) regarding what is to be covered in the training.
- Distribute questionnaires clearly labeled “pre-test” to all participants
- Let them know that they will have 15 mins and should try to answer all the questions
- Encourage them to answer the questions from their own perspective
- Assure them that this is not a test that they will pass or fail, it is merely a tool used to help evaluate the training.

Session 2

Title: UNDERSTANDING LEARNING AND TRAINING
Objective: By the end of this session, participants will understand the principles of learning and how these can be applied to training. Participants will also be able to apply the steps in the training cycle to plan a training.

Duration: 2 hours
Materials required: Flip chart paper, markers, masking tape, strips of manila paper. Enough for two or three per participant.
Advance preparation: 1) Flip chart with learning questions 2) Flip chart with the Core Principles of Experiential Learning 3) Flip chart with the training cycle 4) Flip chart with the training pyramid 5) Flip chart with the training pyramid labels

Instructions

- Prepare the flip chart with the learning questions: write the questions listed below. Fold the paper from the bottom and tape it or paper clip it in order to cover the bottom two sets of questions so that only one shows. You may need more than one sheet.
  - What is something you feel very comfortable doing because you understand it really well?
  - How did you get or develop that understanding? How were other people involved in helping you?
  - How do you know you understand? What makes you think you understand it?
• Stick the first flip chart paper somewhere that is visible to all participants. It should reveal the first question - What is something you feel very comfortable doing because you understand it really well?

• Think-Pair-Share: Ask the participants to turn to the person next to them and each share their answer to the question on the flip chart paper. Tell them that after they have talked to their partner, they will be asked to share what their partner said.

• After about 5 mins, have each person give a short explanation of what their partner understands really well to the whole group.

• Reveal the next question - How did you get or develop that understanding? How were other people involved in helping you?

• Explain that in order to ensure that everyone’s ideas can be captured, this activity begins with individual work, followed by pair work, then small group work and small group presentations.

• Ask the participants to first write their ideas to the question above on strips of manila paper. Only one idea should be written on each strip.

• As an example, put up one strip with one idea on the flip chart so that they can see. Walk around to the individuals to make sure they have understood the instructions.

• Pair: After about 5 minutes, ask the participants to share their ideas with the person sitting next to them and continue writing new manila cards or strips if new ideas occur to them.

• Small Group: After a few minutes, join pairs with other pairs to form small groups of equal sizes (if possible). Ask each group to work together to group all the strips into similar categories. Each group will need a flip chart paper, markers and tape. Each group should identify a presenter for the group’s responses.

• Small Group Presentations: When most groups are finishing up, signal the groups to return to the plenary and have each group present.

Some possible answers to the question are:

- Experience
- Interest/passion
- Demonstrations for someone/experts/respected people
- Copying/shadowing
- Active and attentive listening
- Sharing ideas
- Interacting
- Observing behaviors
- Gathering information
- Researching through looking at books or talking to people
- Practicing (frequent)

• Once all the groups have presented, review the list of possible answers above. Explain that this list was generated by another group of trainees. Point out the
similarities and explain that generally, people learn best by “doing” or through experiences.

• Reveal the next question - *How do you know you understand? What makes you think you understand it?*
• Think-Pair-Share: Have the participants go back their original pairs and talk about the above questions.
• Once they have had 5 mins to discuss, ask them to share with the wider group.
• As the pairs share the ideas that they came up with, create a list of key points that they raise on a flip chart paper.
• Some of the key points that should emerge are that participants know that they understand because they get results and because they get positive feedback.
• Ensure that all participants understand and appreciate this.
• Display the flip chart paper you prepared earlier with the core principles of experiential learning.

<table>
<thead>
<tr>
<th>Core Principles of Experiential Learning:</th>
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<tbody>
<tr>
<td>What I hear, I forget.</td>
</tr>
<tr>
<td>When I hear and see, I remember a little.</td>
</tr>
<tr>
<td>What I hear, see and talk about with others, I begin to understand.</td>
</tr>
<tr>
<td>What I hear, see, discuss and do, I learn knowledge and skills.</td>
</tr>
<tr>
<td>What I teach to another, I master.</td>
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</table>

• Go through the principles. Ask participants about their thoughts on these principles. Do they agree?
• Explain to the group that in order to be good trainers, we need to understand how people learn
• Ask them this question: *What is training?*
• Have a group brainstorming discussion to define what training is.
• To summarise, offer the following definition.

*Training is an interactive process through which learning for purposes of gaining knowledge and/or skills to address identified learning needs is facilitated*

• Ask the participants to point out and discuss the key elements of this definition (underlined)
• Now ask the participants the following question - is all training effective?
• Now ask them what they think makes training effective.
• Once participants have made their submissions explain the following to summarise.
**Why train?**
To improve the trainee's knowledge and skill. Training should focus on learning!

**What is the responsibility of the trainer?**
To get the message across - that is, to ensure that the trainees have received and understood the message
- Training is not easy
- Training is hard work
- Some trainers merely go through the motions of training
- Some trainers are unsuccessful

- Explain that as trainers we need to ensure that having learned a skill, trainees reinforce learning it by using it. *Learning by doing is the basic principle underlying the acquisition of any skill.*

**How do we train? - The Training Cycle**

- Display the training cycle as above
- Take participants through the major elements of the training cycle
- Divide participants into 5 groups
- Assign each group and element of the training cycle. Ask them to discuss as a group what they think happens in each step.
- Call groups back to make presentations
- Summarise by explaining each step in detail, ensuring that you point out what was missed out.
• Display the flip chart with the pyramid divided into 12 sections
• Next to it, place the flip chart paper with the 12 labels in random order. The list of labels should include the following:

1. Reading
2. Hearing words
3. Looking at a picture
4. Watching a movie
5. Looking at an exhibit
6. Watching a demonstration
7. Seeing it done on location
8. Participating in a discussion
9. Giving a talk
10. Doing a dramatic presentation
11. Simulating the real experience
12. Doing the real thing

** Ensure that these are presented in random order.
• Explain to the participants that as discussed previously, learning is better fostered experientially.
• Refer to the empty pyramid and explain that different approaches to learning register varying levels of impact.
• Now refer to the 12 labels and call on a participant to read them out.
• Now explain that each label/approach has a place on the pyramid. The top of the pyramid represents the least effective approach and effectiveness increases as you go down the pyramid.
• Ask participants to take some time to go through each label and decide where in the pyramid they would fall.
• Now call upon volunteers to guess which label goes with which portion of the pyramid.
• Summarise by ensuring that all sections are labeled correctly and explaining the following:

We tend to remember:
• 10% of what we read
• 20% of what we hear
• 30% of what we see
• 50% of what we hear and see
• 70% of what we say
• 90% of what we say and do

Session 3
Title: CHOOSING THE MOST EFFECTIVE TRAINING METHOD
Objective: By the end of this session, participants should be able to demonstrate effective training methods suited to a specific training objective,

Duration: 1 hour
Materials required: Flip chart paper, markers, masking tape

Instructions
• Explain that you are now going to look at various training methods and approaches.
• Remind participants that as discussed, training is passing on skills.
• Ask participants to list some of the training techniques that they have used or are familiar with. Write these down on a flip chart. They could include:
  o Group discussions/brainstorming
  o Lectures
  o Group work
  o Training games
  o Role plays
  o Demonstration
• Ask participants what they think should be considered before a trainer decides which training method to use.

These could include:
- The training objectives
- The subject matter/topic
- The ability and level of knowledge of the group
- How many trainees are in the group
- How much time you have to prepare your material
- Whether or not you can cover your topic fully in the time available
- What aids you require

• Now explain that you are going to explore each of the training methodologies that have been identified.
• Explain that the topic or skill that you are going to be considering in this exercise is “how to peel a banana (or matooke)”
• Ask participants to look through the list of methodologies and start a discussion on which one would be best suited to passing on this particular skill. Why do they think that is?
• Which ones would be least suited? Why?
• Now select volunteers to demonstrate to the group the methodologies that were selected as the best suited. The volunteers should take the rest of the group through a training session using the methodology they have been assigned.
• Invite observations and submissions from the rest of the group.
• Recap that a critical part of effective training is identifying the most appropriate approach.

Summarise this portion of the training by reminding participants that it is important that as trainers we understand and appreciate how people learn. This will then govern our approaches to how we teach and structure our trainings. Following the training cycle will ensure that we cover all the steps required to implement effective trainings
COMMUNITY MOBILISATION FOR PAEDIATRIC ART
TOT PART II

Facilitator’s Note:

This section of the training addresses the practices and principles of community mobilization. Before commencing, explain this to the participants.

Session 1

Title: INTRODUCTION TO COMMUNITY MOBILISATION
Objective: By the end of this session participants will be able to define and understand the meaning of the term community mobilization.
Duration: 45 mins
Materials required: Flip chart paper, markers, masking tape

Instructions

• Explain the objective of the session to the participants.
• Write the following words on a flip chart
  ○ Community
  ○ Mobilisation
• Explain that looking at the words individually will help them understand and explore the true meaning of community mobilization
• Ask for volunteers to share their thoughts on, or define the word “community”
• Do the same for the word “mobilization”

Suggestions:

Community - Describes the people living together in one small area, for example everyone living in a village.
Mobilisation - Getting people interested in things that affect them and helping them to make important decisions for themselves

• Remind participants that there can be many interpretations of either word. Let them know that the purpose of this session is to establish a common understanding of the term community mobilization based on these.
• Using the definitions provided. Write a summarized and accurate definition of community mobilization on the flip chart.
**Suggestion:** “Community mobilization is the bringing together of members of the community to become aware of an issue of importance to them to enable them to plan and take action”

- Ensure that all participants understand and are comfortable with the definition.
- This is the definition that will be used for the rest of the training.
- Stick the definition on a wall that can easily be seen by all participants.
- Now explain to participants that having defined community mobilization, you are going to brainstorm on why communities need to be mobilised.
- Divide participants into 5 groups of 6. (If training 30 participants, otherwise small groups of equal number)
- Give each group a flip chart and markers.
- Ask them to think about what the benefits of community mobilization are, and why communities need to be mobilized based on the definition you have all just agreed upon.
- Allow 15 mins for this exercise
- As groups, they should summarise their points on the flip chart
- Ask each group to select a member to come and present what they discussed as a group.
- Once each group has presented, summarise by reinforcing the key points raised by the groups and ensuring that all the following are included:

**Why Community Mobilisation?**

- **Giving information to the community and gathering information from a community helps avoid ignorance.**
- **Working together as a community to solve problems means more can be achieved.**
- **Involving the community means individuals receive more support; no one gets left alone with a problem.**
- **The community learns how a problem such as HIV/AIDS affects everyone directly. They begin to take responsibility for it.**
- **Mobilisation helps people learn to help themselves and think for themselves, so they can do things without waiting for charity or outside help.**
Session 2

Title: Community mobilisation practices.
Objective: By the end of this session, participants will know and understand the steps and principles involved in mobilizing a community.
Duration: 2hrs
Materials required: Flip chart paper, markers, masking tape. Sample community map

Instructions

- Introduce the session to the participants by explaining its objective
- Ask participants to form the groups that were established in the last module.
- Explain that as people working at the community level, they may have implemented their own community mobilization strategies as they performed their roles.
- Explain that in their groups they are each going to share the approaches that they have been using to mobilise communities. Ask them to identify what steps they take, is there a particular order of activities that they follow?
- In their groups they will listen to each member and identify the common approaches taken.
- They will then write down a combined list of activities/steps that they feel are the right approach, based on their discussions of the various group member submissions.
- Allow 40 mins for this group activity
- Once groups have concluded their discussions, call on them to select a group member to present their work.
- As groups complete their presentations, stick the flip charts next to each other on a wall where all participants can easily see them.
- Now that participants have shared their approaches, explain the importance of community dynamics. Not all communities are alike. They vary in their beliefs, informal leadership structures etc. Ask participants how else communities may differ.
- Now conduct a brainstorming session during which participants can share their experiences on communities that they have worked and how their dynamics changed their approach to working with them.
- Now explain that bearing in mind a community’s dynamics, the following steps generally guide the process of community mobilization.
- Write each of the key words on a flip chart as you go through the steps i.e.:
  - Meet
  - Start
  - Assess
  - Plan
  - Act
  - Evaluate
- As you explain each step, refer to their lists and see whether or not this was captured. If not, ask if they think the step was indeed an important one to have include
What are the steps in community mobilisation?

**Meet** - Begin by meeting community leaders. You need to understand who are the opinion leaders in this community? Explain your role and why you want to talk to the people. Keeping them informed will help you get their support and help.

**Start** - Decide on what you want to tell the community about and who will be the key speaker at the community talk. Mobilising is about getting people to come to your meetings. This can be difficult, so you need to do plenty of advertising, for example by making announcements in churches, mosques or schools. Make posters and notices to hang up where everyone will see them and you speak to people directly, to encourage them to come.

**Assess** - Collect information about the topic from several different groups of people.

**Plan** - Decide on the date and place for the talk, who will be involved and who will do what.

**Act** - Carry out the talk. Remember to gather as much information as you can during the talk. Keep a record of the questions asked and who needs to be followed up or referred.

**Evaluate** - After the talk, review what happened, lessons learned and what can be done better next time you hold a similar talk.

How can communities be mobilised?

- Explain to the participants that you are now going to look at the various ways that communities can be mobilised.
- Specifically as an example, ask them to consider mobilizing people for a community talk. How will they publicise this talk? What would they do to make sure many community members attended?
- Ask for volunteers to share the techniques that they have used. Ask them to think about what approaches enable them to reach many people at the same time
- Write down all submissions on a flip chart paper
- Supplement with the suggestions below if they have not been mentioned
Community mapping

- Let participants know that you are now going to talk about community mapping
- Ask if any have heard of the practice or would like to share what they think it means or involves
- After accepting one or two submissions, explain that drawing a detailed map of the village or local area you are working in is a good way to remind yourself of the different resources and services that are available to you for mobilisation work.
- Explain that on a map of the local area you can fill in details such as the location of LCs, schools and health centres, and the names of important contact persons such as teachers, health workers, youth groups, women’s groups and social or financial organisations
- Display the sample community map. Take the participants through the various elements.
- Let participants know that is important to keep a map like this as it will be useful for quick reference when mobilising the community for action
- Ask each participant to come forward and collect a flip chart paper and a pair of different coloured markers.
- Ask them to find a comfortable spot where they can spread the piece of paper down and draw a map of their community
- Tell them to indicate contact people and make a note to find out any numbers they don’t currently have, as they will be keeping this map and completing it when they return to their communities.
- Give participants 30mins to complete this exercise.
- Walk around the room as they work and encourage them to include as much detail as possible
- Once they have completed their work. Select 5 participants to present their community maps.
- Allow feedback and comments from the wider group
Session 3

Title:  PASSING ON INFORMATION.
Objective: By the end of this session, participants will be able to identify the most effective way to pass on health information to communities.
Duration: 1 hour
Materials required: Flip chart paper, markers, masking tape

Instructions

How can communities be sensitized?

• Explain that now that you have looked at how to bring people together to be informed about a particular issue, you are now going to look at how this information can be passed on.
• Ask participants to suggest approaches to disseminating information.

<table>
<thead>
<tr>
<th>Suggestions</th>
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</thead>
<tbody>
<tr>
<td>• Inviting a guest speaker to give a talk</td>
</tr>
<tr>
<td>• A Question and Answer discussion</td>
</tr>
<tr>
<td>• Sharing personal testimonies</td>
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<tr>
<td>• Visual materials like posters, brochures etc.</td>
</tr>
<tr>
<td>• Films and videos</td>
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<tr>
<td>• Music and drama shows</td>
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</tbody>
</table>

• Ask participants what they consider before deciding on which approach to take. What kind of information is best disseminated through a particular approach?
• Use the examples underlined in the suggestions box below and ask for their views on the best approach for each.

<table>
<thead>
<tr>
<th>Suggestions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A myth or misconception e.g. ARVs cause cancer - guest speaker or question or answer session</td>
</tr>
<tr>
<td>• Reminder message e.g. sleep under an insecticide treated net every night - Music, posters</td>
</tr>
<tr>
<td>• Complicated information e.g. on the effects of not adhering to antiretroviral therapy - An expert guest speaker</td>
</tr>
<tr>
<td>• Addressing an issue that needs to be acknowledged in the community e.g. stigma and discrimination - Drama</td>
</tr>
</tbody>
</table>
Networking for Community Health Talks

• Introduce this next session as leading on from your previous discussions on how to disseminate information
• Explain that community health talks are a channel through which some of the approaches to dissemination that you identified as a group, can be implemented
• Explain that the aim of a health talk is to raise levels of awareness in the local community.
• Advise the participants that community health talks themselves, should be simple and focused on allowing the audience to ask questions at the end, and for the health worker/speaker to answer these.
• Let participants know that to be successful, community health talks must be planned and implemented by a cross-section of community members such as: health workers, elders, teachers, cultural and religious leaders
• Warn them however, that it may take several meetings to encourage the different people to make a plan, so mobilisers must be prepared to invest time in getting them on board.

Here are some tips to share:
• Work together with important members of the community, such as health workers and teachers to develop a plan that will help them share their knowledge for the benefit of the whole community
• Invite local health providers to attend and give technical advice in areas the community needs more information
• Involving people with different skills will make your meetings more valuable.
• Plan one talk each month on a different subject
• Agree a regular time and date and see if you can make a plan for 6 months or a year’s programme
• Inform the local community to attend by publicizing the talk using for example the LC’s notice board
• See if there are any health NGOs in the area that are willing to support the talks.

• Ask the participants to go into their groups. They should think of an issue that is common across all their communities.
• Get them to write as a group, the stages involved in planning a talk on this issue, and to name the people involved as well as the tasks to be done.
• Allow 20 mins for this exercise
• In summarizing, remind groups of the process discussed in Session 2 and emphasise that these steps must be followed:
  - MEET - relevant community people who will be involved in planning the talk
  - START - identify the key issue for the talk and identify who should be invited
  - ASSESS - collect information on the topic from the community at all the levels required
- **PLAN** - date and place for talk, who is to be involved and who will do what tasks and how the community is to be informed and how the programme will be arranged
- **ACT** - carry out the talk, what materials are to be given out and who need to be followed up or referred for services
- **EVALUATE** - review what happened and what lessons were learned and what can be done differently next time
- **DEVELOP** - start again with a new activity or another talk building on what was learned.

Summarise this portion of the training by reminding participants the key to successful community mobilisation is understanding the dynamics of the specific community in question. Armed with this information, the steps and approaches to planning for and implementing a community mobilization intervention can be tailored and applied.
COMMUNITY MOBILISATION TRAINING FOR
PAEDIATRIC ART TOT PART III

Facilitator’s Note:

This section of the training addresses paediatric HIV in Uganda as well as looking at specific information about care and treatment for children living with HIV.

Session 1

Title: CHILDREN AND HIV IN UGANDA
Objective: By the end of this session, participants will understand the status and challenges of children and HIV in Uganda today.

Duration: 20 mins

Materials required: Flip chart paper, markers, masking tape

Instructions

Children and HIV in Uganda – Introduction

• Introduce this as part three of the training. Explain that in this section, you will be looking at paediatric HIV, which is HIV in children.
• Start by asking participants what they currently know about HIV and children in Uganda. Let participants make their submissions and encourage discussion on what is raised.
• Once this has been done, emphasise these key points and issues:
  o In Uganda today, approximately 150,000 children have HIV but many are not getting the treatment that they need
  o In 2009, around 76,000 children needed to be on treatment, but only 28% of them were on it.
  o There are many reasons at the community level that are mainly due to perception about children, HIV and treatment that are standing in the way of children accessing these services.
• Explain that the reason you want to focus on it for the training, is because there is a lot of work that needs to be done to educate communities about HIV in children as well as what services are available, and to convince them to utilize them.
• Enforce the message that community mobilisers play a key role in ensuring that the many children who have HIV access life-saving treatment and services
• Remind them that many things are different when a child has HIV/AIDS. In most cases, children are not in a position to take care of themselves, but need help from the adults close to them
• Ask the following questions for discussion:
  o Do you see many children with HIV in your communities?
  o If not, do you think this is because they aren’t there or because people don’t feel comfortable letting others know that their children are infected?
  o Why do you think that is the case?
  o Are there services for HIV positive children in your community?
  o What do you think stops parents and caregivers from taking their children to access these services?
• Summarise the discussion by telling participants that the challenge is getting caregivers to test their children or HIV and then enrolling them in a health facility for treatment.

Session 2
Title: TARGET AUDIENCES AND THE BARRIERS TO UPTAKE AND ADHERENCE
Objective: By the end of this session, participants will have been oriented on the National Paediatric HIV Communications Strategy. Participants will understand the audiences targeted by the strategy as well as their barriers to uptake of services and adherence.
Duration: 20 mins
Materials required: Copies of the Paediatric HIV Communications Strategy. Flip charts with 1) the strategy objectives 2) barriers to uptake and 3) barriers to adherence. Each on separate sheets.
Instructions
• Remind participants that the issue is that while there are services available for children with HIV, they are not being utilized by as many children as they should be.
• Explain that you are now going to look a little more about why this is the case.
• Explain to the participants that in this session you will be introducing them to the National Paediatric HIV Communication Strategy.
• Explain that the strategy was developed by the Ministry of Health, in collaboration with partners working in paediatric HIV.
Tell them that the strategy goes to great lengths to understand why paediatric HIV service uptake is low as well as why adherence is a problem after children start treatment.

Explain further that the strategy looks at communications approaches to address the identified barriers to uptake and adherence.

All community mobilization activities should therefore be in line with the strategy and work to complement national efforts.

Display the flip chart paper with the communication strategy objective and read it out to the participants.

```
National Paediatric HIV Communication strategy objective
“To improve the quality of life of HIV+ children and adolescents by increasing uptake and adherence to ARVs and prevention of transmission and re-infection”
```

Explain that the implementation of the strategy is being done in two phases. In the first phase, the challenges being addressed are twofold. First, children who need ARVs need to access and start treatment. Then, once on treatment, these children must adhere to their medication.

Ask the participants to consider the two challenges of uptake and adherence of ART among children. Ask who they think would be the target audience for any communication aimed at addressing these two challenges. Who would they need to “speak” to in their communities to be able to make this happen?

These could include
- Caregivers/parents
- Health workers
- Community leaders

Once they have made their submissions, explain that the best way to influence the health or status of children is to target their parents or caregivers. Explain that for this reason, the primary target audiences for the communication strategy (and in turn community mobilization) are:
- Caregivers of children at risk of HIV (for uptake messages)
- Caregivers of children already on treatment (for adherence messages)

Now reveal the flip charts with the barriers to uptake

```
Barriers to uptake of paediatric ART
• Caregivers not aware that children born HIV+ can and should be tested
• Caretakers (as well as health workers) assume all children born HIV+ will die early
• Fear of stigma and discrimination
```

Discuss the barriers with the participants and ask them to give more information on each based on their experiences in communities

Explain that there are “facilitators” to paediatric ART uptake that address these barriers. Community mobilisers therefore need to be armed with information on these to be able to encourage caregivers to take children in their care to access services.

Explain that uptake increases when caregivers:
- Are aware that services exist and know where they are
o Believe that the services will make a difference in their children’s lives
o Believe their peers/family/friends will think well of them
o And believe that the services are not difficult to access or costly

• Now repeat the process looking at the barriers to adherence

<table>
<thead>
<tr>
<th>*Barriers to adherence to ART</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Caregivers find it difficult to give medication daily, may be too busy</td>
</tr>
<tr>
<td>* Caregivers fear stigma and discrimination. Giving the child medication everyday may lead others to conclude that the child is HIV+ meaning that the caregiver may also be positive.</td>
</tr>
<tr>
<td>* Some caregivers have not disclosed their status to their partners which compromises their ability to give the child medication regularly</td>
</tr>
</tbody>
</table>

*To save time and space include only what is underlined on the flip chart for barriers to adherence

• Explain that adherence increases when caregivers:
  o Disclose to the child
  o See improvement in child when taking medicine
  o Have good social support from their family as well as from health care workers

• Distribute copies of the National Paediatric HIV Communication strategy to all participants.
• Advise them to review the document and familiarize themselves with the direction that is being taken nationally in paediatric HIV communications, under the guidance of the Ministry of Health.

Session 3
Title: THE FACTS ABOUT PAEDIATRIC HIV.
Objective: By the end of this session, participants will understand:
how children get infected with HIV, which signs indicate that a child could have HIV, HIV testing for children

Duration: 35mins
Materials required: Flip chart paper, markers, masking tape

Instructions

Facts about HIV in Children

• Explain that you are now you know what the barriers are and who needs to be targeted to address them, it is important for community mobilisers to be equipped
with accurate information about paediatric HIV to support their mobilization efforts.

- Tell participants that you are now going to discuss as a group, some facts about HIV in children. Let them know that many of them already have this information, but you are taking this opportunity to make sure they are all informed and to learn from each other
- Ask participants to offer suggestions as to how children can get infected with HIV
- Ask them to also consider older children. How may they become infected?
- Summarise by covering all the points below

### Ways in which children can get HIV

- Most children with HIV get it from HIV-positive mothers. This can happen during pregnancy, when giving birth or through breastfeeding.
- Older children or adolescents can get HIV by having unprotected sex.
- Sexual abuse often involves unprotected sex, which puts a child at risk of infection.
- Some get HIV if they are given a blood transfusion with infected blood.
- HIV can also be passed to children through sharing sharp instruments such as needle or razor blades.

- Now ask participants how HIV affects children.

- HIV weakens a child’s immune system, just like in adults. But with children the spread of the disease is often much faster than adults.
- Children are still growing, so the weakness caused by HIV sometimes makes them grow too slowly. They will often seem too small for their age.

- Tell participants that you are now going to discuss the signs that could show you that a child may need to be tested for HIV.
- Ask them if they have heard of or know about any of these signs and to share them:

  **If she or he...**
  - Often falls sick with fevers, coughs or diarrhea
  - Has swellings in the neck
  - Does not eat well, and stays thin and weak as he or she grows
  - Gets skin rashes and growth
  - Has wounds and a white coating in the mouth

- Remind them although these signs could be a good indicator a child may be positive, the only way to know for sure, is to **get the child tested**

- Tell them that if they see any of these signs, ask the parents to take the child to a health centre for an HIV test and to get advice. HIV testing is now available for
children at most hospitals and health centres in Uganda or at any facility with the family and the yellow sun.

• Explain the following about testing children for HIV.
  o Children older than 18 months are tested using the normal adult tests. However, the normal HIV tests do not work for children below 18 months.
  o For younger babies, there is a special test called a “PCR,” which can be used as early as 6 weeks old. The test is available in over 600 health facilities including hospitals, Health Centre IVs and Health Centre IIIs

• Emphasise that as mobilisers, they must work within their communities to ensure that children are tested for HIV, especially those who:
  o Were born to HIV infected parents
  o Whose parents died of HIV/AIDS
  o Have poor growth and development
  o Have the signs and symptoms of HIV/AIDS discussed above

Session 4
Title: CARE AND TREATMENT FOR HIV POSITIVE CHILDREN
Objective: To look at the support that caregivers as well as communities need to give to HIV positive children
Duration: 1 hour 30 mins
Materials required: 

Instructions

What care does an HIV positive child need?

• Introduce this session by explaining that HIV positive children need a lot of support. This is true for adolescents as well.
• As active members of the community, those working at the community level will need to set the example in offering care and support.
• There are many things to do to help a child who is HIV-positive.
• Ask participants what kind of support they think HIV positive children need.

Suggestions
• Keep checking how the child is growing.
• Immunise the child on time.
• Make sure the child takes Septrin every day to help prevent infections.
• Look out for any new infections and get treatment early.
• Feed the child at least three times a day with a variety of foods (a balanced diet).
• Keep everything clean around the child (clean, boiled water; clean food; clean house).
• Provide emotional and social support so the child doesn’t feel different or less important than other children.
• Encourage the parents to join an HIV support group.
• Make the child sleep under an insecticide treated mosquito net, and take the child to the clinic early in case she or he has a fever.
• Take the child to have a check up at a health centre that offers antiretroviral therapy ART. They will decide when to start the child on treatment.

Treatment for children living with HIV

• You are now going to look at some of the key aspects of treatment for children living with HIV
• Explain that as when communicating issues related to children and treatment, they need to bear in mind the following:

Not every child with HIV needs ART. The best person to decide is the child needs ART is a doctor/health worker

• As community mobilisers, it is their role to refer parents of HIV positive children to a health facility to seek further advice about treatment
• For parents or caregivers of children who are already on ARVs, mobilisers should remember the following:

Once started, ARVs are taken in the right dose, at the right time and in the right way, everyday for life

• Ask the participants what they think the challenges of this are for both a caretaker as well as a child
• Now ask them what they believe their role is in supporting both caregivers and children in ensuring that they stick to their treatment.
• Who else can play a role in ensuring that children take their medication everyday?
Suggestions

• Maids can sometimes help to provide care
• Matrons, school nurses, teachers or head teachers can help children at school (especially boarding schools), and help to make sure children on medication are not stigmatized or discriminated against
• Community members, religious leaders, community health workers, women’s groups and local councilors may also give support to children and their caregivers

• If a child develops any problems when on ARVs, mobilisers should advise the caregiver to take the child to a health facility right away.

Session 5

Title: USE OF REFERENCE MATERIAL FOR COMMUNITY MOBILISATION

Objective: By the end of this session, participants will be able to utilise the caregiver booklet to counsel and educate caregivers on care and treatment for HIV+ children.

Duration: 1 hour 15 mins

Materials required: Copies of the Caregiver Booklet, scenario handouts

Instructions

• Reinforce the message that those working at the community level have a responsibility to identify and support children with HIV in their communities
• Give them the following advice to help them:
  • If you know of children in your community who are not developing at the normal rate it is important to get them tested for HIV. If they are positive they can start treatment early.
  • You should also encourage caregivers to tell their children the truth about their HIV status as this helps them stick to taking their ARVs and grow healthy.
• Explain that it is important that as we disseminate information to communities about paediatric HIV, we ensure that this information is consistent and correct.
• Distribute copies of the caregiver booklet.
• Let participants know that this is a tool that contains information and messages targeted to the caregiver of any HIV+ child. It is available in 7 languages (English, Luganda, Lusoga, Runyankore/Rukiga, Rutooro/Runyoro, Luo and Ateso)
• Explain that those working at the community level can use this tool to both answer questions as well as guide caregivers about care and treatment for children living with HIV.
• The booklet and its key messages and information are in line with National Paediatric HIV Communication strategy
• Give participants 10mins to review the booklet.
• Explain that you are now going to have a group exercise that will help them put everything they have heard and learned about children and HIV into practice, using the caregiver booklet as a support tool.
• Divide the group into smaller groups of 5 people each
• Explain that there are three roles in a number of scenarios:
  o An Observer - who will time the scenario and watch the consultation. At the end of the scenario, the observer will provide feedback to the participant playing the role of the mobiliser about the techniques they used. They will discuss things that have been done well and the things that could be improved.
  o Community mobiliser - who will counsel the client/caregiver based on the information given in the scenario
  o Caretaker/parent- who will pretend they are looking after the HIV+ child
  o Child - who will pretend they are the HIV+ child or adolescent and will act as they would in this situation
• Tell the participants that they should read the scenario as a group and then act out what each “cast” member would do or say in the scenario. They should base this on their experience as well what they’ve learned today.
• Hand out the scenarios to each group
• Ask the people in the group to take turns playing different roles in the stories. Each person should play a different role each time
• Advise the person playing the community mobiliser to utilize the caregiver booklet as much as possible.
• The groups should spend not more than 10mins enacting each scenario
• Walk around the room observing and providing comments
• When each group has gone through the scenarios, ask them to return to their seats.
• As the wider group, discuss their experiences. What worked well? Where did they find problems? What suggestions do they have for how to handle these scenarios in the future?
• Now conclude the session by explaining that as community mobilisers, the ultimate aim it to refer caregivers to paediatric HIV sites.
• Ask if they are aware of the health facilities nearest their communities that offer paediatric HIV services.
• Explain that many of these sites will soon display the paediatric HIV logo signpost. (Distribute copies of the print out).
• Also add that a directory of all the health facilities in the country offering paediatric HIV will be distributed to all health facilities. Even if they themselves do not offer paediatric care, they can direct community members to the nearest facilities that do.
• Remind participants however, that right now all HCIII’s can tests children for HIV.

Summarise this portion of the training by explaining that as community mobilisers many times we are the first line of interpersonal communication that community members receive about various health issues. It is important that we are therefore armed with correct factual information and utilize all tools available to facilitate this. We should however be mindful that we refer all clients to facilities offering paediatric ART as not only can communities receive more specific and customized information but will access the services they need which is the ultimate aim of community mobilization for paediatric ART.
PART IV - PRACTICE SESSIONS

Session 1

Title: **TRAINEE TRAINER PRACTICE SESSIONS**
Objective: By the end of this session, all participants will have had the opportunity to put into practice the training techniques they have learned and both develop as well as deliver part of a training session.

Duration: 4 hours

Instructions

- Split participants into 4 groups of 4-5 members each.
- Task them to develop a 30 min training session targeting VHTs who will after the training, be working with one of the following groups:

<table>
<thead>
<tr>
<th>Group</th>
<th>Target: VHTs working with...</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Caregivers of children and adolescents at risk of HIV</td>
</tr>
<tr>
<td>2</td>
<td>Caregivers of children and adolescents at on ART</td>
</tr>
<tr>
<td>3</td>
<td>Adolescents on ART</td>
</tr>
<tr>
<td>4</td>
<td>HIV positive sexually active adolescents</td>
</tr>
</tbody>
</table>

- Label pieces of paper 1-4. Ask a member of each group to pick one number out of an envelope. Each number corresponds to one of the groups. The number they select will be the target group they will be addressing in this exercise.
- Ask them to consider what behaviours need to be promoted for their target group and what the barriers to this behavior are (they can refer to the national communication strategy)
- What then are the key messages that the those they will be training, will need to disseminate to this target group (again they can refer to the national communication strategy)
- Now give each group 2 hours to prepare the following:
  - Topic
  - Description of target audience that the VHTs they are training will be working with
  - Issues to address for the identified group or need for session (summarized and bulleted)
  - Goal of training
  - Objectives of session
  - Advance preparation
• Every participant should have a section of the session to deliver
• Ask each group to present at a time and give them a total of 30 mins to do so.
• One member of the group should present at a time.
• During delivery the rest of the participants were encouraged to play two roles:
  o Be in character of the VHT or health care worker being trained
  o Observe the session and make comments on KAS (Knowledge, Attitude
    and skills) of the presenters and make written notes, ensuring that they
    back their comments with concrete examples of processes observed.
• Give groups 30 mins to present and the other participants 10mins for feedback
• Feedback should involve the following:
  o What went well and should be maintained
  o What did not go well and how can we do it differently?
  o How would you make this session better.
  o From the presentation, what one thing would you use for your future
    training
  o Which one thing would you not do in your training interventions?

Process of Debriefing
1. Observing participants are encouraged to ask questions about the session.
2. Observing participants are encouraged to provide positive and constructive
   feedback.
3. Trainee trainers who conducted the session will share their own views on how
   they feel they performed. What did they enjoy, did they have any challenges?

Facilitator’s Note:

• You have come to the end of the training.
• Congratulate the participants for their participation and hard
  work in completing it.
• Ask if there are any aspects of the training that they need
  clarification on
• After addressing these, distribute the post test evaluation and give
  participants 15mins to complete