SCOPE HIV NETWORK TRAINING MANUAL
Strengthening Community Health Outcomes Through Positive Engagement

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PREFACE

Objectives of the SCOPE HIV network Training Manual

This manual was developed as a training resource for designing, training, implementing and monitoring of the SCOPE HIV Program. It seeks to help program implementers to clearly understand the structure of the SCOPE HIV networks, how to establish them, how to monitor the work of networks and assess their impact, and how to maintain the quality of the approach through supportive supervision and quality control.

Planning for a SCOPE HIV network Training

This training is designed to be implemented after funds for the program are secured, and key health management personnel and community staff have been hired. Certain lessons also could be used or adapted to train new staff or for staff refresher training to address weaknesses in the program discovered at midterm evaluation or at any time. When feasible, it might work best to do this training in shorter sessions to allow for better absorption and retention of the material. Certain lessons may not be needed for all groups.

GETTING STARTED

Fitting This Training into a Broader Scheme

This training is most useful as part of World Relief's broader plan to support behavior change. World Relief should start by making sure that headquarters and field staff, managers and implementers are all familiar with the SCOPE HIV network approach. Following training, staff at all levels can look for ways to integrate the concepts and tools into their work.

Identifying a Planning Team

This training requires a lot of planning, and you will find it helpful to have a team to handle many of the details. The planning team should include people who are:

Familiar with the training materials, the SCOPE HIV network approach

Familiar with World Relief and the program partners that will be invited

Knowledgeable about the training site

It may also be helpful to include people who have expertise in the Care Group approach as it is the foundation for the SCOPE HIV network approach.

Selecting Facilitators

Workshop facilitators should have experience with the SCOPE HIV Program, supportive supervision and the quality improvement and verification checklist (QIVC), as well as adult education methodologies and participatory learning. Ideally, the ratio of facilitators to participants should be at least 1 to 10 to maximize facilitator-participant interaction, especially during group work. So, for a group of 20–25 participants, two co-facilitators are recommended. However, as the initial training will be implemented within the context of the COVID-19 pandemic, smaller groups will be required.

Selecting Participants

This manual is intended for use by World Relief's SCOPE HIV Program and those program partners who want to learn more about the implementation process. The people who will benefit the most from this training include program staff, including implementers, designers, technical staff and program managers. Where possible, it is also beneficial to include program and country office leadership.

For those who wish to learn more about the Care Group model on which the SCOPE HIV network approach is based, **The Care Group Difference: A Guide to Mobilizing Community-Based Volunteer Educators,** written by World Relief and published by the CORE Group in 2004, provides a very useful overview.

Selecting a Location

Traditionally, the workshop should be conducted in a comfortable setting, such as a conference room, that is large enough for plenary sessions and small groups to work without disturbing each other since participants will work in small groups for most of the tasks. Therefore, setting up small groups at the beginning of each day of training will ensure that participants are seated in a way that promotes maximum sharing, minimizes time spent reorganizing seating for small group work and enhances learning. To facilitate sharing and learning among participants, the trainer should devise different seating arrangements each day, or participants will sit in the same place each day.

Due to the current health crises, the workshop should be conducted outdoors as much as possible. If this is not feasible, masks should be worn, and appropriate social distancing (six feet between persons) observed. Handwashing and hand sanitizer should be available at the training site and

participants should know where they can access handwashing and hand sanitizer during the training. It is also recommended that the chairs, tables, desks, or other items in the room be sanitized daily. Prior to training, participants should verify that they are free of symptoms. If feasible, conduct temperature checks.

Preparing Materials, Supplies and Equipment

Nearly all the materials you need to conduct the SCOPE HIV network training are included in this manual, except for some flip charts and index cards that facilitators must prepare ahead of time. The checklists and materials lists found later in this section will help you prepare the necessary materials for the training.

Multiple pages of poster-sized paper will be used during this training to create flip charts. Some of the flipcharts have specific text on them that should be prepared ahead of time. The text for these is located at the end of each lesson, Labeled "Lesson X: Flipchart X". Other flip charts are created as the training progresses and are dependent upon the participants' responses. These flip charts are not included at the end of each lesson.

The following is a list of supplies and equipment that should be available for the training.

Handouts to Copy

- 1 copy of this SCOPE HIV network Training manual per participant (ideally, but if that is not feasible, provide all the handouts for each of the lessons you will include in the training)
- 2 copies of the Pre-/Post-Test (found in **Appendix 1**) per participant (can be copied double-sided)
- 1 copy of the workshop evaluation (found in **Appendix 2** and **3**) per participant (can be copied double-sided)

Supplies

- 1 reusable name tag per participant
- 2–3 pads of flip chart paper
- 1 flip chart stand
- 2 rolls of masking tape
- 1 stapler with staples
- 1 magic marker per participant
- 4 magic markers for each trainer (multiple colors, preferably wide-tipped)
- 1 small notepad per participant
- 1 pen per participant
- 1 pair of scissors
- 1 ream of copy paper
- 100 note cards or 3×5 cards (a couple of different colors, if available)
- Sticky notes (4–5 packs)

Equipment

- LCD projector and screen (optional)
- A printer that can be connected to a laptop (printer driver)
- 1–2 large garbage cans
- Cell phone for training facilitator

Services

- Internet access
- Water, tea and coffee for the trainer and participants, especially during the two breaks
- Lunch, preferably in an area close to but not in the training room

SCOPE HIV Program Network Training Sample Agenda

DAY ONE
Lesson 1: Opening Session
Morning Break Lesson 2: Introduction to the SCOPE HIV network
Lunch
Lesson 3: Using Formative Research to Strengthen SCOPE HIV networks
Afternoon Break
Lesson 4: SCOPE HIV Program Roles, Responsibilities and Job Descriptions
End of the Day Evaluation

DAY TWO
Q&A from Day 1
Lesson 5: Community-based Team Member Motivation and Incentives Morning Break
Lesson 6: Individual Visits: The Audience, Timing and Content
Lunch
Energizer/Review
Lesson 6: Individual Visits: The Audience, Timing and Content (continued)
Afternoon Break
Lesson 7: The Meeting Schedule End of Day Evaluation

DAY THREE
Q&A from Day 2
Lesson 8: Supportive Supervision: Checklists and Supervisory Work Plans
Morning Break Lesson 9: Quality Improvement and Verification Checklists (QIVCs) and Giving Feedback
Lunch
Energizer/Review
Lesson 10: Calculating Scores and Using Data from the Quality Improvement and Verification Checklist (QIVC)
End of Day Evaluation

DAY FOUR
Q&A from Day 3
Lesson 11: SCOPE HIV Program Monitoring Information System: Registers and Reports (including morning break)
Lunch
Energizer/Review
Lesson 12: Introducing the SCOPE HIV network Approach to Others
Afternoon Break
Lesson 13: Training Closing

LESSON 1: OPENING SESSION

Achievement-Based Objectives

By the end of this lesson, participants will have:

- Discussed training expectations

- Begun to learn about the background and experience of others in the training

- Completed the pre-test

Duration

2 hours

Materials Needed

- Attendance sheet

- Name tags for each participant

- Pre-/Post-Test (available in Appendix 1)

- Lesson 1 Flip Chart 1: Getting to Know You

- Lesson 1 Flip Chart 2: Our Expectations

- Lesson 1 Handout 1: SCOPE HIV network Approach Training Objectives

- Lesson 1 Flip Chart 3: SCOPE HIV network Approach Training Schedule

- Lesson 1 Flip Chart 4: SCOPE HIV network Approach Training Norms and Procedures

- Flip chart paper and markers

Steps

1. Welcome and Introduction to the Workshop

   1a. Explain that since the success of the program depends on people changing their behaviors, we need to use effective behavior change activities.

   1b. One of the most effective behavior change activities is the Care Group approach. The SCOPE HIV Program Network approach is based on the Care Group approach, which has been used to successfully promote behavior change, particularly those behavior associated with reducing morbidity and mortality due to childhood malnutrition.

   1c. The purpose of this workshop is to learn about the SCOPE HIV network approach and how to implement it.

2. Collecting Baseline Information from the Participants

   2a. Explain that before we begin the workshop, we would like to collect some data using a pre-test so we can assess the effectiveness of the workshop when it is finished.

   2b. Pass out the pre-test, located in **Appendix 1**, or use one that you have developed. Give participants sufficient time to complete the pre-test, then collect it.

   - Remind participants to put their names at the top of the paper.

- Ask them to circle "Pre-".

- Let participants know that the pre-test is a set of multiple-choice questions, and they should circle the letter of the one answer that they think best answers the question.

3. Introducing Participants

    3a. Write some getting-to-know-you questions on **Lesson 1 Flip Chart 1: Getting to Know You**, such as the participant's name, region, prior experience working with Care Groups, prior experience working with HIV programs and one thing they want to learn about the SCOPE HIV network.

- **Note:** This is an opportunity to collect additional information from the participants that you may need for the training. You can also ask "silly" information (such as favorite color, birth month, or height) that you can use each day as a way to organize seating arrangements so that the trainees are seated with different people each day. Add these types of questions to the flip chart.

    3b. Use a creative way to pair up each participant with someone he/she does not know and ask each pair to interview each other about the getting-to-know-you questions on the flip chart. Tell participants to write down the responses on a sheet of paper.

    3c. Then ask each participant to introduce the person he/she met to the rest of the workshop participants and facilitators.

4. Expectations

    4a. Show **Lesson 1 Flip Chart 2: Our Expectations**.

    4b. Ask a volunteer to read the flip chart.

    4c. Ask participants if they want to add any other expectations to the list.

5. Training Objectives

    5a. Review **Lesson 1 Handout 1: SCOPE HIV network Approach Training Objectives.**

    5b. Point out any of the expectations listed on Lesson 1 Flip Chart 2 that probably will NOT be met during this training.

6. Training Schedule

    6a. Before the training begins, adjust the sample agenda found earlier in this manual to fit the scheduled days, dates and times of your training, as necessary, and write it on **Lesson 1 Flip Chart 3: SCOPE HIV network Approach Training Schedule.**

    6b. Show the flip chart to participants and review it with them. Discuss any logistical issues, such as per diem, breaks and meals.

7. Learning Norms and Procedures

    7a. Brainstorm with the group the norms and procedures the group wants to follow to create the best learning environment. Record these on **Lesson 1 Flip Chart 4: SCOPE HIV network Approach Training Norms and Procedures.**

8. Roles of the Facilitators

    8a. Mention that many people may want to replicate the training for their colleagues. Ask that participants who intend to replicate this workshop raise their hands.

    8b. Explain that the facilitators will be modeling the Learning-Centered Adult Education (Vella) methodology during this workshop, and from time to time, they will be making comments

specifically about facilitation techniques that participants may find helpful to use when they replicate the training.

9. Asking Questions during the Training

   9a. Set up a flip chart entitled "Parking Lot" for any questions that might arise at any point during the training, and let participants know its purpose.

   9b. Ask participants to set aside a page near the back of their notepads and label it "Ideas to Remember". Suggest that they use this sheet to write down any ideas that come up throughout the training.

Lesson 1 Handout 1: SCOPE HIV Network Approach Training Objectives

Achievement-based Objectives

By the end of this training, participants will have:

- Analyzed the structure of the SCOPE HIV network approach

- Understood the various roles and responsibilities of each member within the SCOPE HIV network

- Explored the multiple types of behavior change meetings in the SCOPE HIV Program

- Identified ways to use formative research in the SCOPE HIV approach

- Investigated ways to keep community-based team members motivated

- Practiced using data from quality improvement and verification checklists (QIVCs)

- Examined tools used to monitor the work and impact of the SCOPE HIV approach

Lesson 1 Handout 1: SCOPE HIV Network Approach Training Objectives

LESSON 2: INTRODUCTION TO THE SCOPE HIV NETWORK

Achievement-Based Objectives

By the end of this lesson, participants will have:

- Reviewed the SCOPE HIV Program results and Theory of Change
- Diagrammed the structure of the SCOPE HIV Program Networks

Duration

2 hours

Materials Needed

- *If desired*: A computer with MS PowerPoint, Projector, Projector Screen (or blank wall) and any needed connector cables and adapters
- *If desired*: The SCOPE HIV Strengthening Community Health Outcomes Through Positive Engagement Project Start-Up Phase" PowerPoint presentation
- Flip chart paper, tape and markers
- Lesson 2 Handout 1: SCOPE HIV Theory of Change and Program Results
- Lesson 2 Handout 2 and Flip Chart 1: SCOPE HIV network Key Terms
- Lesson 2 Handout 3: SCOPE HIV Program Network Cascade Model

Steps

1. Introduction

   1a. Tell participants that the main objective of this training is to help them understand the SCOPE HIV networks and how to implement the SCOPE HIV network approach.

2. What is the SCOPE HIV Program?

If the training venue allows for the use of a computer, projector and project screen, the facilitator may consider using the "SCOPE HIV Strengthening Community Health Outcomes Through Positive Engagement Project Start-Up Phase" Power Point presentation to guide the following conversation. Don't forget to ensure that all the appropriate connector cables and adapters are available and pre-tested.

   2a. The SCOPE HIV approach focuses on bringing together faith leaders in local faith networks (FNs). These leaders of mosques, churches, and community-based organizations come together in groups led by WR promoters. The groups' focus is to change minds and behaviors that cause problems between men and women, boys and girls, and that contribute to the spread of HIV.

   2b. Faith Networks are trained in three topics: Making Our Communities Better, Messages of Hope, and SASA! Faith. The FN members share messages with their congregations, and they also recommend others from their communities to receive training from SCOPE HIV's programs for reaching HIV+ people, youth, and families.

   2c. HIV+ men and some HIV+ young women will be recruited as male/youth champions who support HIV+ positive peers and other young people in their communities. Men and women from the congregations of the faith leaders in the FN will be recruited to mobilize more action

that prevents the spread of HIV and violence against women. In the same communities, young men and women will be recruited as instructors for IMPower clubs that empower girls and boys to end sexual and gender-based violence. The instructors for IMPower will be supported through World Relief's partner organization, Ujamaa Pamodzi.

2d. As a result of this work, SCOPE HIV will see more men in the priority traditional authorities (TAs) retained in HIV care and treatment, more girls ages 9 to 14 who know how to prevent and respond to SGBV, and improved knowledge and attitudes about gender and HIV at the grassroots level.

3. The SCOPE HIV network Approach and Structure

3a. Refer participants to **Lesson 2 Handout 1: SCOPE HIV Theory of Change and Program Results**. Provide an overview of the program, its Theory of Change, program participants, and results. Highlight the different technical area groups (Faith Networks, Male/Youth Champions and SASA! Faith) and how they work together.

3b. Refer participants to **Lesson 2 Handout 2 and Flip Chart 1: SCOPE HIV network Key Terms** and display the flip chart. Explain that Lesson 2 Handout 2 shows the terms that we will be using throughout the training. Review each term with participants.

3c. Refer participants to **Lesson 2 Handout 3: SCOPE HIV Program Network Cascade Model**. Walk them through each of the three networks. Be as specific as possible about the number of members in each group and total number of each program participant reached. Point out which people are typically full-time paid staff, and which are community-based team members. Some of the community-based team members are volunteers (such as FN and SASA! Faith Network participants whose program participation requirements are less than 2 hours per week) and others (Male/Youth Champions and IMPower instructors) receive a small stipend (based on increased program requirements of multiple days each month).

3d. Have the participants split up into their technical groups. Explain that during the life of the program, we will use these diagrams to explain the program to new staff, to partners and even as refreshers for ourselves. Oftentimes, diagrams such as these are a bit easier to understand if they are in an infographic form. Meaning that they use pictures as well as words to describe the network. Take 15 minutes within your group to design an infographic for your area using flipchart paper. Be creative. Remember that the goal of this image is to communicate how the network is set up, who is responsible for meeting with who and how many people are ultimately reached.

3e. Once the time is up, have each group hang their graphics on a wall. Ask the participants to go around to each group and see the other's work. While standing and looking at the graphics, lead a discussion about the similarities and differences between the different networks.

4. Wrap Up

4a. Thank the group for their comments.

Lesson 2 Handout 1: SCOPE HIV Theory of Change and Program Results

Lesson 2 Handout 2 and Flip Chart 1: SCOPE HIV network Key Terms

TERM	DESCRIPTION
Faith Network	A group of 12 Faith Leaders led by a Faith Network Promoter
Faith Leader	A Religious leader who meets with the Faith Network Promoter and reaches out to their congregations and communities
Faith Network Promoter	A community member hired to train and supervise the Faith Networks in their community
Congregants	Attendees of the religious gatherings held by the Faith Leader
Youth Champion Groups	A group of 10 male Male/Youth Champions or 10 female Male/Youth Champions led by a Youth Champion Promoter
Youth Champion	An HIV+ individual who meets with the Champion Promoter and who reaches out to their HIV+ peers
Youth Champion Promoter	A community member hired to train and supervise the Youth Champion Groups in their community
SASA! Faith Groups	A group of 10 SASA! Faith Volunteers led by a SASA! Faith Promoter
SASA! Faith Volunteer	An individual who meets with the SASA! Faith Promoter and reaches out to their peers
SASA! Faith Promoter	A community member hired to train and supervise the SASA! Faith Volunteers in their community
Peers	HIV+ community members who are reached by a Youth Champion or SASA! Faith Volunteer
Community-Based Team Member	Faith Leader, SASA! Faith Volunteer, Youth Champion or IMPower Instructor
Supervisor (Faith Network Supervisor; Youth Champion Supervisor; and SASA! Faith Supervisor)	Hired to directly supervise and train Promoters in each community and to monitor the SCOPE HIV Program
Direct Coordinator	Hired to directly supervise Supervisors and monitor the SCOPE HIV Program Reports to the SCOPE HIV Program Manager
Supportive supervision	A process of observation and feedback from each successive level in the SCOPE HIV network approach that contributes to strong and mutually respectful working relationships, builds skills and productivity, and creates a sense of unity in working together toward common goals
Quality improvement and verification checklist (QIVC)	A monitoring tool focused on improving the quality of a worker's performance.It assesses how a worker carries out various aspects of his/her job, such as a behavior change meeting; seeks to encourage workers, improve his/her performance and monitor progress; and results of several QIVCs used to identify "system problems."

Lesson 2 Handout 3: SCOPE HIV Program Network Cascade Model

SCOPE HIV Program Network Cascade Model: Male/Youth Champions

SCOPE HIV Program Network Cascade Model: SASA! Faith Networks

District Coordinator

Male/Youth Champion Supervisor

SASA! Faith Supervisor

Faith Network Supervisor

SASA! Faith Promoter

SASA! Faith Promoter

SASA! Faith Promoter

SASA! Faith Promoter

SASA! Faith Promoter

SASA! Faith Promoter

SASA! Faith Network

SASA! Faith Network

SASA! Faith Network

SASA! Faith Network

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SASA! Faith Volunteer

SASA! Faith Volunteer

SASA! Faith Volunteer

SASA! Faith Volunteer

SASA! Faith Volunteer

SASA! Faith Volunteer

Outreach (individuals, couples, or households)

Outreach (individuals, couples, or households)

Outreach (individuals, couples, or households)

Engages at least 20 total people every 2-4 weeks

Outreach (individuals, couples, or households)

Outreach (individuals, couples, or households)

SCOPE HIV Program Network Cascade Model: Faith Networks

District Coordinator

- Male/Youth Champion Supervisor
- SASA! Faith Supervisor
- Faith Network Supervisor
  - Faith Network Promoter
  - Faith Network Promoter
  - Faith Network Promoter
    - Faith Network
    - Faith Network
    - Faith Network
      - Faith Leader
      - Faith Leader
      - Faith Leader
      - Faith Leader
      - Faith Leader
      - Faith Leader
        - Messaging to the Congregation (approx. 50 people)
        - Support to Families & Individuals
        - Recruits Potential IMPower Instructors and SASA! Faith Volunteers
        - Develops Programs or Strategies to Support Couples, PLHIV, and/or Survivors of SGBV
      - Faith Leader
      - Faith Leader
      - Faith Leader
      - Faith Leader
      - Faith Leader
    - Faith Network
    - Faith Network
    - Faith Network
    - Faith Network
  - Faith Network Promoter
  - Faith Network Promoter
  - Faith Network Promoter

LESSON 3: USING FORMATIVE   RESEARCH TO STRENGTHEN SCOPE HIV NETWORKS

Achievement-Based Objectives

By the end of this lesson, participants will have:

- Defined "formative research"

- Heard/read a description of Barrier Analysis (BA), including a list of the 12 determinants of behavior change

- Identified ways that formative research could be used in the SCOPE HIV Program to improve behavior change

Duration

1 hour 30 minutes

Materials Needed

- Lesson 3 Handout 1: Barrier Analysis Description

- Lesson 3 Handout 2: The Twelve Determinants of Behavior Change

- 12 index cards with behavior statements and determinants

- Lesson 3 Handout 3: Example Behavior Statements and Determinants

Steps

1. Introduction

    1a. Tell participants that the main objective of this lesson is to help them understand how to use the results of formative research to improve the chances that community members will adopt new behaviors.

    1b. Ask participants: How many of you have already had experience using formative research?

    1c. Ask some participants what type of formative research they used.

2. What is formative research?

    2a. Ask participants what they know about formative research. Add the following points if participants do not mention them.

    - Formative research focuses more on quality than quantity.

    - Formative research is more likely to answer the questions of why, who and how.

    - Formative research can use many different research methods.

    - Formative research is often not expressed in percentages.

3. Formative Research using a Barrier Analysis

    3a. Explain that this lesson and the SCOPE HIV Program will use a research method called Barrier Analysis, or BA. Ask how many participants are familiar with this method.

3b. Tell participants: To "even the playing field" for people who are not familiar with Barrier Analysis, we will reference a short description of the approach.

3c. Distribute **Lesson 3 Handout 1: Barrier Analysis Description**. Ask participants that are already familiar with BA to underline anything that is new to them. Answer any questions.

3d. Distribute. **Lesson 3 Handout 2: The Twelve Determinants of Behavior Change** Explain that the BA survey identifies which of the 12 determinants is more critical to changing the behavior. Since many of the determinants are barriers, they are considered obstacles to behavior change.

3e. Allow time for the participants to read the description of determinants, then ask volunteers to give one example for each determinant. For example, an example for Cue for Action could be: A patient is having a difficult time remembering to take their medication.

3f. Remind participants that when they do a BA, some of the 12 determinants will be revealed as significant. This means that programmers should address those determinants (obstacles) in some way in their program so that the priority group is more likely to adopt the new behavior.

4. Using Barrier Analysis Results in the SCOPE HIV Program

4a. Ask one or two participants that have experience using BA (or any other formative research results) to describe what the research results revealed and how those results were used in their program to help remove a barrier to behavior change.

4b. Remind the group that the results of formative research inform multiple aspects of the curriculum, including pictures, examples, and key messages. Results also can inform other aspects of the program's strategy.

5. Activity: Practice Using Formative Research

5a. Divide participants into pairs. Try to pair up members from different technical areas so the staff can get to know others outside their groups better. Give each pair an index card with a behavior statement on it along with a determinant (or explanation of a formative research result). Examples of behavior statements and related determinants can be found in **Lesson 3 Handout 3: Example Behavior Statements and Determinants**.

5b. Each pair of participants should discuss the meaning of the research and propose how they would address the findings listed on the card.

5c. Pairs will then share their ideas with other pairs at their table. Ask a few pairs to share their suggestions with the entire group.

6. Wrap Up

6a. Remind the participants that to be useful, the results of the formative research have to be acted upon. Sometimes results may influence the flip chart pictures used, sometimes the text used in the curriculum, and sometimes other aspects of the program.

Lesson 3 Handout 1: Barrier Analysis Description[1]

Purpose

Barrier Analysis[2] (BA) is a rapid assessment tool that can help organizations identify why a promoted behavior has low coverage or has not been adopted at all. It is usually used at the beginning of a program to determine key messages, strategies and activities for boosting behavior change in food security, child survival and other community development programs. It can also be used in an ongoing program to determine how to improve the promotion of specific behaviors that continue to show low adoption rates.

Details of Use

Overview. BA explores 12 behavioral determinants: perceived self-efficacy/skills, perceived social norms, perceived positive consequences, perceived negative consequences, access, perceived barriers/enablers, cues for action/reminders, perceived susceptibility, perceived severity, perceived divine will, culture and policy. Ninety respondents are selected (45 "Doers" and 45 "Non-Doers" of the behavior) and asked a series of questions to identify which determinants are impeding or enabling them to do the behavior. This comparison of people who do and do not do a behavior is very helpful in identifying which of the determinants are the most important ones to focus on during the behavior change plan. The tabulation table allows the user to make statements such as "Doers of the behavior are 5.2 times more likely to say that their husband approves of the practice than Non-Doers." Program staff members then use these results to develop key activities and messages to make changes related to each determinant found to be important (e.g., to convince wives that husbands approve of the practice).

There are seven steps in developing a BA:

1. Define the goal, behavior and intended group

2. Develop the behavior question

3. Develop questions about determinants and pretest questionnaire

4. Organize the data collection

5. Collect field data for BA

6. Organize and analyze the results

7. Use the BA results

Usual Audiences. The audience can include mothers of young children, farmers, youth, school children and others. The BA also can be used among service providers, such as nurses, midwives and extension agents.

Level of skill needed. The tool is meant for use by program management staff and community-level implementers. Past experience with social and behavior change programs is helpful, as well as skill in conducting interviews, developing questionnaires and using MS Excel. Analysis is done manually

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[1] This handout is based on the TOPS handout "Barrier Analysis: A Food Security and Nutrition Network SBC Task Force Endorsed Method/Tool."

[2] Davis Jr., Thomas P., (2004). Barrier Analysis Facilitator's Guide: A Tool for Improving Behavior Change Communication in Child Survival and Community Development Programs, Washington, D.C.: Food for the Hungry. **https://coregroup.org/wp-content/uploads/media-backup/Tools/Barrier_Analysis_2010.pdf**

with markers, paper and a computer loaded with an MS Excel BA Tabulation Table (which can be downloaded[3]).

Time/staff required. BA can be done quite rapidly by trained personnel. Training in BA is usually done as part of the 6.5 day Designing for Behavior Change training. If you have a team of ten people available to carry out BA, the data collection for each behavior you study can usually be done in about nine to ten communities in one to two days (total). Tabulation of the data can usually be done in a single day. A larger group can generally analyze more behaviors in the same amount of time.

Common constraints/difficulties. The BA cannot be used on behaviors that are brand new, where no "doers" can be found. The facilitator in the process should be skilled in helping people to think of activities that focus on each determinant identified to be important. (Otherwise, program staff often may default to repeating the same message as before.)

Evidence for Efficacy of the Method/Tool

- Barrier Analysis was designed by Food for the Hungry (FH) staff in 1990 using the scientific literature on behavior change. The main theories that support the method are the Health Belief Model and the Theory of Reasoned Action. Knowledge is not enough to change behavior. There are many different determinants of behaviors that should be explored when putting together a behavior change plan.

- "Powerful to Change Analysis" was conducted by the CORE Group Social & Behavior Change Working Group (SBCWG) to compare those programs that successfully boosted behavior change for different practices (e.g., exclusive breastfeeding [EBF], hand washing with soap) in comparison with those that did not. Those programs that showed the highest levels of behavior change used formative research tools like BA and Doer/Non-Doer Analysis.

- BA has generally been used to improve health, nutrition and hygiene practices at the household and community levels, working with health personnel, community health workers, mothers and caregivers. However, the methodology has recently been updated based on determinants of agricultural and natural resource management practices, and the latest Designing for Behavior Change manual (available on the Food Security and Nutrition Network website) includes these modifications. BA should be useful to better understand all types of behavior at the community level, including behaviors related to value chains. It has been applied in both developing and industrialized countries.

- BA is practical because it can be applied in a short time frame, does not require a lot of time or money and produces enough information to design behavior change communication (BCC) messages, strategies and activities for food security, child survival and other types of programs. BA is most useful at the beginning of a program to focus on key practices most linked with impact and later in a program to focus on other practices where widespread adoption has not occurred.

Resources

- *Designing for Behavior Change: For Agriculture, Natural Resource Management, Health and Nutrition.* 2013. Produced by TOPS, FSN Network and CORE Group. Download from: **https://coregroup.org/resource-library/designing-for-behavior-change-for-agriculture-natural-resource-management-health-and-nutrition/**

- Bonnie Kittle. 2013. *A Practical Guide to Conducting a Barrier Analysis.* Download from: **http://www.caregroupinfo.org/docs/Practical_Guide_to_Conducting_BA_Latest.pdf**

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[3] The Microsoft Excel file can be downloaded **www.caregroupinfo.org/docs/BA_Tab_Table_Eng_9_30_10.xls.**
An instruction sheet for use of the BA Tabulation Table is available at **www.caregroupinfo.org/docs/BA_Analysis_Excel_Sheet_Tab_Sheet_Explanation_Sept_2010.doc.**

- Barrier Analysis Narrated Presentation: **http://caregroupinfo.org/vids/bavid/player.html**

Lesson 3 Handout 2: The Twelve Determinants of Behavior Change

The first four determinants listed below should always be explored in formative research on determinants. These four are more commonly found to be significant, especially for health and nutrition behaviors.

1. **Perceived positive consequences:** what positive things a person thinks will happen as a result of doing a behavior. Responses to questions related to positive consequences may reveal advantages (benefits) of the behavior, attitudes about the behavior and perceived positive attributes of the behavior.

2. **Perceived negative consequences:** what negative things a person thinks will happen as a result of doing the behavior. Responses to questions related to negative consequences may reveal disadvantages of the behavior, attitudes about the behavior and perceived negative attributes of the behavior.

3. **Perceived social norms:** the individual's perceptions that people important to him/her think that he/she should do the behavior. Social norms have two parts: who matters most to the person on a particular issue and what he/she perceives those people think he/she should do.

4. **Perceived self-efficacy/skills:** an individual's belief that he/she can do a particular behavior, given his/her current knowledge and skills, or the set of knowledge, skills or abilities necessary to perform a particular behavior.

5. **Access:** the degree of availability (to a particular audience) of the needed products (e.g., condoms) or services (e.g., testing and treatment) required to adopt a given behavior. This also includes an audience's comfort in accessing desired types of products or using a service.

6. **Cues for action/reminders:** an individual's perception that he/she is able to remember when to do the behavior and an individual's perception that he/she can remember how to do the behavior. This also includes key powerful events that triggered a behavior change in a person (e.g., "my brother-in-law got AIDS," "the drought happened"). An example of reminders is posters on the doors of latrines reminding users to wash their hands afterward.

7. **Perceived susceptibility/risk:** a person's perception of how vulnerable he/she feels to the problem. For example, does he/she feel that it is possible that his/her crops could have cassava wilt, or how likely is it that he/she will get HIV.

8. **Perceived severity**: the belief that the problem (which the behavior can prevent) is serious. For example, a farmer may be more likely to apply fertilizer to his fields if he perceives that "weak soil" will result in a poor harvest, and a mother may be more likely to take her child for immunizations if she believes that measles is a serious disease.

   Just because a person fears a given outcome does not mean they will take action to prevent it. Many times, we try to increase the level of fear that a person has in order to get him/her to do a preventive action. However, sometimes the problem is too much rather than too little fear of the problem or disease. For example, we may talk about the danger of HIV/AIDS to get someone to get tested. However, studies have shown that sometimes too much fear can keep a person from doing something (e.g., getting tested for HIV/AIDS when they would rather not know).

9. **Perceived action efficacy:** the belief that by practicing the behavior, one will avoid the problem or that the behavior is effective in avoiding the problem. For example: If I use a condom, I won't get HIV.

10. **Perceived divine will:** a person's belief that it is God's will (or the gods' will) for him/her to have the problem and/or to overcome it. Numerous unpublished BA studies have found this determinant important for many behaviors (particularly for health and nutrition behaviors).

11. **Policy:** laws and regulations that affect behaviors and access to products and services. For example, the presence of good land title laws (and clear title) may make it more likely for a person to take steps to improve their farmland, or a policy of automatic HIV testing during antenatal visits may make it more likely for women to have HIV testing.

12. **Culture:** the set of history, customs, lifestyles, values and practices within a self-defined group. Culture may also be associated with ethnicity or lifestyle, such as "gay" or "youth" culture.

Lesson 3 Handout 3: Example Behavior Statements and Determinants

BEHAVIOR STATEMENT	DETERMINANT	RESPONDENTS SAID:
HIV PREVENTION AND TREATMENT		
Youth ages 19-24 years use condoms to prevent the spread of HIV.	Perceived negative consequences	If I use a condom, my partner will think I'm having sex with multiple people.
Men ages 19-34 test for HIV with partners.	Perceived positive consequences	If I test with my partner, we'll feel closer and know how to protect each other from contracting HIV.
Youth ages 19-24 years will be tested for HIV.	Perceived social norms	Young people don't need to go to the clinic unless they are sick.
Men ages 19-34 successfully use an HIV self-test kit.	Perceived self-efficacy/skills	I could never use a test kit; it sounds too complicated.
Youth ages 19-24 years will be tested for HIV.	Access	I do not know what facilities are providing HIV testing.
HIV+ individuals will take medication as prescribed without missing days	Cues for Action	I want to take my medication, but I can't remember every day.
Youth ages 19-24 years use condoms to prevent the spread of HIV.	Perceived divine will	If God decides it is my time to die, there is nothing that I can do to prevent it.
Youth ages 19-24 years will be tested for HIV.	Perceived susceptibility	People like me don't get HIV.
Youth ages 19-24 years will be tested for HIV.	Perceived severity	I don't want to know my HIV status because I don't want to die.
Youth ages 19-24 years use condoms to prevent the spread of HIV.	Perceived action efficacy	My cousin got his girlfriend pregnant using a condom. If they don't work for that, they can't prevent HIV.
Women ages 14-59 years are tested for HIV.	Policy	I got tested because I had to during my antenatal visits.
Men ages 19-34 years old begin ART after a confirmed positive HIV test.	Culture	I don't need to start my medication because, as Christians, we first pray for God to heal us of HIV.

LESSON 4: SCOPE HIV PROGRAM ROLES, RESPONSIBILITIES AND JOB DESCRIPTIONS

Achievement-Based Objectives

By the end of this lesson, participants will have:

- Distinguished the essential responsibilities for:

    - District Coordinators

    - Faith Network Supervisors, SASA! Faith Supervisors and Male/Youth Champion Supervisors

    - Faith Network Promoters, SASA! Faith Promoters and Male/Youth Champion Promoters

    - Faith Leaders, SASA! Faith Volunteers and Male/Youth Champions

- Listed essential qualities of Faith Leaders, SASA! Faith Volunteers and Male/Youth Champions

Duration

1 hour 45 minutes

Materials Needed

- Flip chart paper and markers

- Lesson 4 Handout 1: The "Who's responsible?" Game

- Answer Key to Lesson 4 Handout 1: The "Who's responsible?" Game

- Lesson 4 Handout 2A, 2B and 2C: SCOPE HIV Team Essential Responsibilities

- Lesson 4 Flip Chart 1A, 1B and 1C: Importance of SCOPE HIV Community-Based Team Member Qualities/Selection Guidelines

- Lesson 4 Handout 3: Possible SCOPE HIV Community-Based Team Member Qualities/Selection Guidelines

Facilitator's Notes

Review and adapt as necessary the essential responsibilities for each position to match those of participants' the SCOPE HIV Program as the program continues to be refined. Be sure to modify the titles of the individuals serving in these particular roles before introducing this lesson and playing the game if they are different from those used in this manual.

When working with participants who have not yet started the SCOPE HIV Program, emphasize that the roles and responsibilities mentioned here are guidelines and not meant to be prescriptive.

At the end of this lesson, we will talk about how the groups of community-based team members were formed. If the facilitator is not aware of how this happened at the community level, invite a local staff member to describe the selection and formation process.

Steps

1. Introduction

   1a. Tell participants: Now that we have learned how to organize communities into SCOPE HIV networks and how to track them so we can monitor their work, we need to identify their specific duties, tasks and responsibilities.

   1b. Ask participants: Why is it important to know each team member's responsibilities? Answers should include: so we can be sure their work will result in behavior change, so that we can supervise them well, and so we can monitor the quality of their work.

   1c. Ask participants: Who are the different members of the SCOPE HIV team? What are their titles? Answers should include: Faith Leaders, SASA! Faith Volunteers, Male/Youth Champions, Faith Network Promoters, SASA! Faith Promoters, Male/Youth Champion Promoters, Faith Network Supervisors, SASA! Faith Supervisors, Male/Youth Champion Supervisors, and District Coordinators. List these on a flip chart as they are mentioned.

2. Activity: Care Group Team Member Major Activities

   2a. Have the participants gather in their technical area groups (Faith Networks, Male/Youth Champions and SASA! Faith).

   2b. Ask participants: What do you think are the major activities the Faith Leaders/ Male/Youth Champions/ SASA! Faith Volunteers will do?

   2c. Ask the participants to discuss this question within their small groups. Give participants five minutes for the discussion.

   2d. Repeat this activity for Promoters, Supervisors and Coordinators.

3. Activity: Who's responsible?

   3a. Tell participants that they will now participate in a game that requires them to decide who among the SCOPE HIV team members is responsible for specific tasks.

   3b. With the participants still in their technical area groups, distribute **Lesson 4 Handout 1: The "Who's responsible?" Game** and have the participants work either in pairs. Give participants about 20 minutes to complete the game.

   3c. Refer participants to **Answer Key to Lesson 4 Handout 1: The "Who's responsible?" Game** and have them correct their own work.

   3d. Refer participants to **Lesson 4 Handout 2A, 2B** and **2C: Essential Responsibilities**. Give them a few minutes to review the appropriate handout and compare it with their game results.

   3e. Ask participants: Which SCOPE HIV team members do you seem to be most clear regarding their responsibilities? Which ones are not so clear? Are there any responsibilities that you are confused about or have issues with? Discuss any issues that arise.

4. Activity: SCOPE HIV Selection Guidelines for Faith Leaders, Male/Youth Champions, and SASA! Faith Volunteers

   4a. Explain to participants: Now that we have a better idea of the responsibilities of each SCOPE HIV team member, let's focus a bit more on team members at the community level. Selecting the right team members is critical to the effectiveness of the SCOPE HIV approach as a behavior change strategy.

   4b. Ask participants: Given the responsibilities of the Faith Leader, Male/Youth Champion or SASA! Faith Volunteer, what should be the requirements for being a Faith Leader, Male/Youth

Champion or SASA! Faith Volunteer? Write this question on a flip chart and ask each technical area group to take 3 minutes to discuss potential answers.

4c. Explain to participants: Over the years, several nongovernmental organizations, or NGOs, using the traditional Care Group approach, have developed some suggested selection guidelines for community-based team members. We'd like to now give you a chance to reflect on these recommendations and to decide for yourselves which are essential, desirable or unnecessary.

4d. Provide each table with a copy of **Lesson 4 Flip Chart 1A, 1B** and **1C: Team Member Qualities/Selection Guidelines.** Refer participants to **Lesson 4 Handout 3: Possible SCOPE HIV Community-Based Team Member Qualities/Selection Guidelines.**

4e. Ask each table to discuss the guidelines in Lesson 4 Handout 3 and determine the relative importance of each criterion—essential, desirable or unnecessary—by writing its number in the appropriate column. Give participants 15 minutes to do this.

4f. Once finished, ask participants to do a gallery walk to see how the other groups categorized the guidelines.

4g. Discuss with the larger group which items most tables agreed on and which had significant differences of opinion.

4h. Explain to participants that each technical group will decide on the selection guidelines and that this should also be done in dialogue with the community.

5. Organizing the community into groups

5a. Explain that in the SCOPE HIV Program, many communities have already been organized into groups.

5b. Invite a knowledgeable member of the program staff to speak to the participants about how this was done. If helpful, they can use the questions below to guide the conversation.

- How did SCOPE HIV identify religious leaders to serve as Faith Leaders?

- How were those Faith Leaders grouped into Faith Networks?

- How did SCOPE HIV identify HIV+ peers to serve as Male/Youth Champions?

- How were those Male/Youth Champions grouped into Male/Youth Champion Groups?

- How did SCOPE HIV identify community members to serve as SASA! Faith Volunteers?

- How were those SASA! Faith Volunteers grouped into SASA! Faith Groups?

Lesson 4 Handout 1: The "Who's responsible?" Game

Instructions: Read the task in the left-hand column and put an **X** in the one column indicating who is most likely responsible for that task.

TASK/RESPONSIBILITY	CB TEAM MEMBER	PROMOTER	SUPERVISOR	COORDINATOR
1. Meets once per month with a group of community members/peers to share behavior change practices				
2. Reports to the Promoter on a bi-weekly basis the number of community members he/she has visited or who attended the behavior change meeting				
3. Meets monthly with the local leadership committee in each community for coordination, monitoring and evaluation (if these committees exist)				
4. Tracks and reports information from the community on messages shared, referrals and other essential information.				
5. Prepares a monthly report using the information provided by Supervisor				
6. Mobilizes community members to participate in community activities that will benefit their families				
7. Models the behaviors s/he is teaching the community members				
8. Coordinates local-level activities and maintains cooperation with other community-level institutions, such as the village council, churches/mosques and schools				
9. Completes monthly reports based on registers				
10. Monitors behavior change among the SCOPE HIV networks				
11. Attends meetings organized by the Supervisor				
12. Maintains a filing system in the program office, so copies of Promoter reports and quality improvement and verification checklists (QIVCs) are easily accessible				
13. Responsible for the performance and professional development of the Promoters who report to him/her				
14. Models leadership to all staff and intentionally develops the Supervisor's leadership potential				
15. Reviews curriculum with Promoters every two weeks to ensure they understand the information well and can teach the information in a participatory manner				
16. Assesses staff capacities and coordinates initial or ongoing trainings based on need and program goals				
17. Visits, monitors, and evaluates community-based team members each month, and supervises their work by				

TASK/RESPONSIBILITY	CB TEAM MEMBER	PROMOTER	SUPERVISOR	COORDINATOR
accompanying them on home visits and/or observing them leading group meetings				
18. Collects Promoter reports monthly, reviews the reports and ensures the information presented is reasonable and complete				
19. Ensures that the program is well represented in regular provincial/state/national-level meetings and forums				
20. Prepares a monthly report using the information provided by Promoters				
21. Plays a lead role in the recruitment, orientation and training of new technical program staff				
22. Supervises each Promoter who reports to him/her in the field at least twice per month, conducts QIVCs and completes all sections of the Promoter supportive supervision checklist every quarter				
23. Ensures that supervisors and promoters have the supplies necessary				
24. Supervises each Supervisor who reports to him/her in the field, conducts QIVCs and completes all sections of the Supervisor supportive supervision checklist				
25. Attends behavior change meetings held by the Promoter				
26. Ensures internal and external reporting and documentation requirements are completed on-time and accurately				
27. Facilitates/organizes participatory learning sessions with each of their Faith Leader/ Youth Champions/ SASA! Faith groups				

Answer Key to Lesson 4 Handout 1: The "Who's responsible?" Game

Instructions: Read the task in the left-hand column and put an **X** in the one column indicating who is most likely responsible for that task.

TASK/RESPONSIBILITY	CB TEAM MEMBER	PROMOTER	SUPERVISOR	COORDINATOR
1. Meets once per month with a group of community members/peers to share behavior change practices	X			
2. Reports to the Promoter on a bi-weekly basis the number of community members he/she has visited or who attended the behavior change meeting	X			
3. Meets monthly with the local leadership committee in each community for coordination, monitoring and evaluation (if these committees exist)		X		
4. Tracks and reports information from the community on messages shared, referrals and other essential information.	X			
5. Prepares a monthly report using the information provided by Supervisor				X
6. Mobilizes community members to participate in community activities that will benefit their families	X			
7. Models the behaviors s/he is teaching the community members	X			
8. Coordinates local-level activities and maintains cooperation with other community-level institutions, such as the village council, churches/mosques and schools		X		
9. Completes monthly reports based on registers		X		
10. Monitors behavior change among the SCOPE HIV network groups		X		
11. Attends meetings organized by the Supervisor		X		
12. Maintains a filing system in the program office, so copies of Promoter reports and quality improvement and verification checklists (QIVCs) are easily accessible			X	
13. Responsible for the performance and professional development of the Promoters who report to him/her			X	
14. Models leadership to all staff and intentionally develops the Supervisor's leadership potential				X
15. Reviews curriculum with Promoters every two weeks to ensure they understand the information well and can teach the information in a participatory manner			X	
16. Assesses staff capacities and coordinates initial or ongoing trainings based on need and program goals				X
17. Visits, monitors, and evaluates community-based team members each month, and supervises their work by accompanying them on home visits and/or observing them leading group meetings		X		

TASK/RESPONSIBILITY	CB TEAM MEMBER	PROMOTER	SUPERVISOR	COORDINATOR
18. Collects Promoter reports monthly, reviews the reports and ensures the information presented is reasonable and complete			X	
19. Ensures that the program is well represented in regular provincial/state/national-level meetings and forums				X
20. Prepares a monthly report using the information provided by Promoters			X	
21. Plays a lead role in the recruitment, orientation and training of new technical program staff				X
22. Supervises each Promoter who reports to him/her in the field at least twice per month, conducts QIVCs and completes all sections of the Promoter supportive supervision checklist every quarter			X	
23. Ensures that supervisors and promoters have the supplies necessary				X
24. Supervises each Supervisor who reports to him/her in the field, conducts QIVCs and completes all sections of the Supervisor supportive supervision checklist				X
25. Attends behavior change meetings held by the Promoter			X	
26. Ensures internal and external reporting and documentation requirements are completed on-time and accurately				X
27. Facilitates/organizes participatory learning sessions with each of their Faith Leader/ Male/Youth Champions/ SASA! Faith groups		X		

Lesson 4 Handout 2A: Faith Network Team Essential Responsibilities

These are guidelines; the SCOPE HIV Program will continue to define and refine the job descriptions for each staff and community-based team member.

Faith Leaders

1. Share Messages of Hope and other positive health behavior change messages to at least 50 in their congregations and other community members every two weeks.

2. Visit members of the faith community as requested to discuss more in-depth the topics discussed. These home visits will be about 1 hour long.

3. Reports to the Promoter on a bi-weekly basis the number of congregants s/he visited and who received the behavior change messaging.

4. Tracks and reports information from the community on messages shared, referrals and other essential information.

5. Mobilizes congregants to participate in community activities that will benefit themselves and their families.

6. Attends Faith Network meetings provided by the Promoter.

7. Reports programmatic problems that cannot be solved to local leadership when appropriate, and request support and collaboration from the Promoter.

8. Models the positive healthy behaviors s/he teaches their congregants.

9. Supports referrals of HIV+ individuals to appropriate health facilities and/or Male/Youth Champions.

10. Supports the facilitation of IMPower clubs and SIRA groups through offering church/mosque or community space.

Faith Network Promoters

1. Coordinates local-level activities and maintains cooperation with other community-level institutions, such as the village council, churches/mosques and schools.

2. Meets with the local leadership committee in each community to coordinate, monitor and evaluate (if these committees exist).

3. Facilitates Faith Network meetings with his/her Faith Networks every two weeks following the lesson plans in the educational materials provided.

4. Attends training and reporting meetings provided by the Supervisor and the curriculum training sessions to accurately replicate trainings, sharing correct information and demonstrating skills learned.

5. Models the positive healthy behaviors he/she teaches the Faith Networks in his/her own homes.

6. Supervises each Faith Leader at least quarterly by accompanying them on home visits and/or observing them leading group meetings.

7. Assists with other program activities, such as SASA! Faith, IMPower Groups for Boys and Girls, SIRA groups and adherence support groups.

8. Completes monthly reports based on the Faith Network registers.

Faith Network Supervisor

1. Coordinates with program partners, program staff and other stakeholders on upcoming community- and regional-level activities and needs.

2. Responsible for the performance and professional development of Promoters that report to him/her.

3. Reviews curriculum lessons with Promoters and ensures they understand the information well and can teach the information in a participatory manner.

4. Collects Promoter reports monthly, reviews the reports, and ensures the information presented is reasonable and complete.

5. Prepares a monthly report using the information provided by Promoters.

6. Maintains a filing system in the program office, so copies of Supervisor and Promoter reports, and quality improvement and verification checklists (QIVCs) are easily accessible.

7. Supervises each Promoter that reports to him/her, conducts QIVCs and completes all sections of the Promoter supportive supervision checklist every quarter.

8. Ensures that Promoters and CGVs have the supplies necessary to do their jobs (e.g., registers and curriculum).

District Coordinator

1. Leads program planning and provides strategic direction to program supervisors.

2. Ensures that internal and external reporting and documentation requirements are on-time and accurate.

3. Assesses staff capacities and coordinates initial or ongoing trainings based on need and program goals.

4. Plays a lead role in the recruitment, orientation and training of new technical program staff.

5. Models leadership to all staff and intentionally develops the Supervisor's leadership potential.

6. Prepares a monthly report using the information provided by the Supervisor.

7. Supervises in the field each Supervisor who reports to him/her at least once per month, conducts QIVCs and completes all sections of the Supervisor supportive supervision checklist every quarter.

8. Ensures that the program is well represented in regular provincial/state/national-level meetings and forums.

Lesson 4 Handout 2B: Male/Youth Champion Team Essential Responsibilities

These are guidelines; the SCOPE HIV Program will continue to define and refine the job descriptions for each staff and community-based team member.

Male/Youth Champions

1. Host a group meeting with twelve (12) HIV+ peers every two (2) weeks and follow up individually with weekly phone calls.

2. Make home visits (or visits to an agreed, private location) every two weeks when a PLHIV is new on treatment or accompany the PLHIV to an appointment.

3. If active, attend and support a peer support group, youth group, or men's group.

4. Distributes self-test kits and provides appropriate training and instruction on how they are used.

5. Refers peers in need of support to the nearest health facility per Ministry of Health guidelines.

6. Reports to the Promoter on a bi-weekly basis the number of peer s/he visited and/or who attended the behavior change group meeting.

7. Tracks and reports information from the community on messages shared, referrals and other essential information.

8. Mobilizes peers to participate in community activities that will benefit themselves and their families.

9. Reports programmatic problems that cannot be solved to local leadership when appropriate, and request support and collaboration from the Promoter.

10. Models the positive healthy behaviors s/he teaches their peers.

Male/Youth Champion Promoters

1. Coordinates local-level activities and maintains cooperation with other community-level institutions, such as the village council, churches/mosques and schools.

2. Meets with the local leadership committee in each community to coordinate, monitor and evaluate (if these committees exist).

3. Facilitates meetings with his/her peer groups every two weeks following the lesson plans in the educational materials provided.

4. Attends training and reporting meetings provided by the Supervisor and the curriculum training sessions to accurately replicate trainings, sharing correct information and demonstrating skills learned.

5. Models the positive healthy behaviors he/she teaches their Male/Youth Champions.

6. Supervises each Male/Youth Champion at least quarterly by accompanying them on home visits and/or observing them leading group meetings.

7. Assists with other program activities, such as Faith Networks and SASA! Faith groups as appropriate.

8. Completes monthly reports based on the Male/Youth Champion registers.

Male/Youth Champion Supervisor

1. Coordinates with program partners, program staff and other stakeholders on upcoming community- and regional-level activities and needs.

2. Responsible for the performance and professional development of Promoters that report to him/her.

3. Reviews curriculum lessons with Promoters and ensures they understand the information well and can teach the information in a participatory manner.

4. Collects Promoter reports on a monthly basis, reviews the reports and ensures the information presented is reasonable and complete.

5. Prepares a monthly report using the information provided by Promoters.

6. Maintains a filing system in the program office, so copies of Supervisor and Promoter reports, and quality improvement and verification checklists (QIVCs) are easily accessible.

7. Supervises each Promoter that reports to him/her, conducts QIVCs and completes all sections of the Promoter supportive supervision checklist every quarter.

8. Ensures that Promoters and CGVs have the supplies necessary to do their jobs (e.g., registers and curriculum).

District Coordinator

1. Leads program planning and provides strategic direction to program supervisors.

2. Ensures that internal and external reporting and documentation requirements are on-time and accurate.

3. Assesses staff capacities and coordinates initial or ongoing trainings based on need and program goals.

4. Plays a lead role in the recruitment, orientation and training of new technical program staff.

5. Models leadership to all staff and intentionally develops the Supervisor's leadership potential

6. Prepares a monthly report using the information provided by the Supervisor.

7. Supervises in the field each Supervisor who reports to him/her at least once per month, conducts QIVCs and completes all sections of the Supervisor's supportive supervision checklist every quarter.

8. Ensures that the program is well represented in regular provincial/state/national-level meetings and forums.

Lesson 4 Handout 2C: SASA! Faith Team Essential Responsibilities

These are guidelines; the SCOPE HIV Program will continue to define and refine the job descriptions for each staff and community-based team member.

SASA! Faith Volunteers

1. Reach twenty of their peers with behavior change messages each week either through group meetings or household visits.

2. Reports to the Promoter on a bi-weekly basis the number of peer s/he visited and/or who attended the behavior change group meeting.

3. Tracks and reports information from the community on messages shared, referrals and other essential information.

4. Mobilizes peers to participate in community activities that will benefit themselves and their families.

5. Reports programmatic problems that cannot be solved to local leadership when appropriate, and request support and collaboration from the Promoter.

6. Models the positive healthy behaviors s/he teaches their peers.

SASA! Faith Promoters

1. Coordinates local-level activities and maintains cooperation with other community-level institutions, such as the village council, churches/mosques and schools.

2. Meets with the local leadership committee in each community to coordinate, monitor and evaluate (if these committees exist).

3. Facilitates meetings with his/her SASA! Faith groups every two weeks following the lesson plans in the educational materials provided.

4. Attends training and reporting meetings provided by the Supervisor and the curriculum training sessions to accurately replicate trainings, sharing correct information and demonstrating skills learned.

5. Models the positive healthy behaviors he/she teaches their SASA! Faith Volunteers.

6. Supervises each SASA! Faith Volunteer at least quarterly by accompanying them on home visits and/or observing them leading group meetings.

7. Assists with other program activities, such as Faith Networks and Male/Youth Champions as appropriate.

8. Completes monthly reports based on the SASA! Faith Volunteer registers.

SASA! Faith Supervisor

1. Coordinates with program partners, program staff and other stakeholders on upcoming community- and regional-level activities and needs.

2. Responsible for the performance and professional development of Promoters that report to him/her.

3. Reviews curriculum lessons with Promoters and ensures they understand the information well and can teach the information in a participatory manner.

4. Collects Promoter reports on a monthly basis, reviews the reports and ensures the information presented is reasonable and complete.

5. Prepares a monthly report using the information provided by Promoters.

6. Maintains a filing system in the program office, so copies of Supervisor and Promoter reports, and quality improvement and verification checklists (QIVCs) are easily accessible.

7. Supervises each Promoter that reports to him/her, conducts QIVCs and completes all sections of the Promoter supportive supervision checklist every quarter.

8. Ensures that Promoters and CGVs have the supplies necessary to do their jobs (e.g., registers and curriculum).

District Coordinator

1. Leads program planning and provides strategic direction to program supervisors.

2. Ensures that internal and external reporting and documentation requirements are on-time and accurate.

3. Assesses staff capacities and coordinates initial or ongoing trainings based on need and program goals.

4. Plays a lead role in the recruitment, orientation and training of new technical program staff.

5. Models leadership to all staff and intentionally develops the Supervisor's leadership potential

6. Prepares a monthly report using the information provided by the Supervisor.

7. Supervises in the field each Supervisor who reports to him/her at least once per month, conducts QIVCs and completes all sections of the Supervisor's supportive supervision checklist every quarter.

8. Ensures that the program is well represented in regular provincial/state/national-level meetings and forums.

Lesson 4 Flip Chart 1A: Importance of Faith Leader Qualities/Selection Guidelines

ESSENTIAL	DESIRABLE	NOT NECESSARY

Lesson 4 Flip Chart 1A: Importance of Faith Leader Qualities/Selection Guidelines

Lesson 4 Flip Chart 1B: Importance of Male/Youth Champion Qualities/Selection Guidelines

ESSENTIAL	DESIRABLE	NOT NECESSARY

Lesson 4 Flip Chart 1B: Importance of Male/Youth Champion Qualities/Selection Guidelines

Lesson 4 Flip Chart 1C: Importance of SASA! Faith Volunteer Qualities/Selection Guidelines

ESSENTIAL	DESIRABLE	NOT NECESSARY

Lesson 4 Handout 3: Possible SCOPE HIV Community-Based Team Member Qualities/Selection Guidelines

Note: *The following list of qualities is not meant to be prescriptive; it contains examples that other programs have used. If there is a characteristic essential to the SCOPE program, please add it to the list below. Each technical group within the SCOPE HIV Program will have different criteria for their community-based team members.*

1. Willing to work as a volunteer

2. Desires to serve his/her neighbors

3. Female

4. Positive attitude (hopeful and optimistic)

5. Is a parent or grandparent

6. Models positive healthy practices

7. Respected by the community

8. Capable of leading a discussion with 8–12 people

9. Expresses an interest in health and HIV issues

10. Is not addicted to alcohol

11. Does not smoke

12. Knows how to read and write

13. Has permission from his/her spouse to be a volunteer

14. Married or widowed

15. Religious and devoted (any religion)

16. Has children

17. Has a bicycle

18. Has children in good health

19. Has had at least three years of primary education

20. Has a good (moral) person for a spouse

21. Has good social relationships with community leaders

22. Is between 18 and 40 years of age

23. Leads a local religious congregation

24. An active member in a local religious congregation

25. Has time in their daily schedule/routine to devote to program activities

26. Has a working mobile phone

27. Has HIV and is currently taking medication as prescribed

28. Is willing to share HIV status

29. Cares about treating men, women, and children with dignity

LESSON 5: COMMUNITY-BASED TEAM MEMBER MOTIVATION AND INCENTIVES

Achievement-Based Objectives

By the end of this lesson, participants will have:

- Explained why it is important to keep community-based team members motivated

- Identified ways that the SCOPE HIV Program can help to keep community-based team members motivated

- Listed practical, creative ideas to make community-based team members feel motivated

Duration

1 hour

Materials Needed

- Flip chart paper and markers

- Lesson 5 Handout 1: Programmatic Reasons to Keep Community-Based Team Members Motivated

- Lesson 5 Handout 2 and Flip Chart 1: Three Volunteer Motivators

- Lesson 5 Handout 3: Ideas for Ways to Help Community-Based Team Members Feel Connected, Valued and Effective

Steps

1. Introduction

    1a. Ask participants: Who are the community-based team members in the SCOPE HIV Program? Answers include: Faith Leaders, Male/Youth Champions and SASA! Faith Volunteers.

    1b. Tell participants: Now that we've talked about the responsibilities of each member of the SCOPE HIV team, let's talk about what distinguishes the Coordinators, Supervisors and Promoters from the community-based team members.

    1c. Ask participants: What is a significant difference between these two groups? Answers should include: The first group (Coordinators, Supervisors and Promoters) are all paid staff, whereas the community-based team members are not full-time staff.

    1d. Explain that in this lesson we are going to talk about how to keep community-based team members happy and motivated to work.

2. Why Community-Based Team Members are Good for the Program

    2a. Ask participants: Why are community-based team members the strength of SCOPE HIV Program? Answers may include:

    - They work without significant monetary payment, allowing for greater adoption of practices by program intended participants with a lower cost to the program.

- They provide sustainable services that do not require new grants or other sources of income.

- They already have close relationships with their neighbors. They will always be part of this community and have a long-term investment in the community and the people they serve.

- They have children of their own and know the local practices.

- They have a common language, history and experiences with their neighbors.

- They are learners along with their neighbors. What they learn can be easily shared with and observed by their neighbors.

2b. Explain to participants: For the good of the program, sometimes an ineffective community-based team member must be removed. Program goals should include retaining high-quality community-based team members, mentoring those that are weak and removing those that are long-term low-quality performers. Community-based team members should be supervised and helped to gain skills and adopt the new behaviors themselves, making sure they are meeting regularly for training and are equipped with correct information.

3. Activity: Keeping Community-Based Team Members Motivated

   3a. Ask participants: Why is it important to keep community-based team members happy and motivated? List their answers on a flip chart.

   3b. Pass out **Lesson 5 Handout 1: Programmatic Reasons to Keep Community-Based Team Members Motivated** and explain each reason.

   3c. Ask participants to compare the reasons that they gave on the first flip chart to each topic on Lesson 5 Handout 1.

   3d. While some of the SCOPE HIV community-based team members may receive some payments or incentives, they are not fully compensated for their work like staff. Therefore, when looking at how to best motivate and retain high-quality community-based team members, it is helpful to utilize research on volunteerism.

   3e. Ask participants to raise their hands if they have ever done any volunteer work themselves. Instruct participants to tell the person next to them what volunteer work they did and why they did it. Ask them to share with each other what motivated them to work without pay. After a few minutes, ask participants to return to the larger group and to share some reasons that kept them motivated to work voluntarily.

   3f. Show **Lesson 5 Handout 2 and Flip Chart 1: Three Volunteer Motivators** and explain that, based on research by McCurley and Lynch, there are three common motivators to volunteerism**: feeling connected, feeling valued and feeling effective.** Cover the responses to each category until after the participants have given their own ideas, then reveal.

   - First, explain why **feeling connected** is important to volunteer motivation.

     – Explain to participants: Volunteers need to feel like they are part of a group; they need to feel connected to others and to the group as a whole.

     – Ask participants in their small groups to identify how the SCOPE HIV network approach helps community-based team members feel connected. Ask two or three participants to share their answers with the larger group.

     – Uncover the three relationships that affect connectedness on Lesson 5 Handout 2 and Flip Chart 1, and compare them to participants' responses.

   - Next, explain why **feeling uniquely valued** is important to volunteer motivation.

- – Explain to participants: Volunteers need to feel like they have something to offer the program, that their personal skills and life experiences are valued.

- – Ask the participants in their small groups to identify how the SCOPE HIV network approach helps community-based team members feel valued. Ask two or three participants to share their answers with the larger group.

- – Uncover on Lesson 5 Handout 2 and Flip Chart 1 the ways volunteers feel uniquely valued, and compare them with participants' responses.

- • Lastly, explain why **feeling effective** is important to volunteer motivation.

- – Explain to participants: Volunteers need to feel like they are making a difference; they need to feel effective. Volunteers will become discouraged and quit if they believe that their time and effort are not being used well. This means that volunteers should be continually reminded that they are working on something that matters, as well as be provided with feedback on their success and the success of the program.

- – Ask the participants in their small groups to identify the tools the SCOPE HIV network approach uses to help community-based team members feel effective. Ask two or three participants to share their answers with the larger group.

- – Uncover the tools listed in Lesson 5 Handout 2 and Flip Chart 1, and compare them with participants' responses.

4. From Theory to Practice

4a. Explain to participants: It is one thing to talk about motivation theoretically and another thing to implement it. So let's begin to think practically within the context of our program.

4b. Divide participants into small groups based on their technical areas, and give each group a marker and some blank flip chart paper. Ask each group to brainstorm and write down actions to help community-based team members feel more connected, valued and effective. Remind the groups that their ideas should be sustainable and that the program budget is limited, so they should focus on ideas that are free or very low cost.

4c. After about 15 minutes, ask small groups to post their ideas on the walls. Have the groups do a gallery walk and note the most creative and feasible ideas. Ask each small group to "star" those ideas.

4d. Review the most creative and feasible ideas with the entire group.

4e. Refer participants to **Lesson 5 Handout 3: Ideas for Ways to Help Volunteers Feel Connected, Valued and Effective for more ideas**.

5. Wrap Up

5a. Explain to participants: Many nongovernmental organizations have fallen into the trap of thinking that they have to provide many tangible (costly) incentives to ensure that community-based team members are happy and motivated. With more reflection and creative thinking, we can learn to use other more sustainable and effective means to keep our volunteers feeling connected, valued and effective.

Lesson 5 Handout 1: Programmatic Reasons to Keep Community-Based Team Members Motivated[4]

Intellectual Capital

You have spent time, money and effort on community-based team members. When someone leaves or stops working for the program, the organization loses all of the community-based team member's experience, training and skills. The SCOPE HIV Program loses its continuity. Just as a family feels loss when someone dies or goes away on a long trip, a community group can feel a similar loss when a community-based team member stops participating for whatever reason.

Financial Investment

When community-based team members leave the program, Promoters and SCOPE HIV colleagues must reinvest time, money and energy to retrain a new person. New materials might be needed. The new time and energy spent puts a strain on the organization or the community group, which can lower satisfaction.

Community Satisfaction

If community members know their community-based team member has been working in their community for many years they are more likely to believe her, especially if they have seen her bring change to the community and make a difference. New community-based team members lack the same trust, time and relationship with the community, making it harder to reach program goals.

Reaching Program Goals

With each staff turnover, we have to refocus time or retrain. This moves us away from our intention of focusing on behavior change.

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[4] The headings in bold can be written on a flip chart.

Lesson 5 Handout 2 and Flip Chart 1: Three Volunteer Motivators[5]

The Need to Feel Connected

The three relationships that affect connectedness are:

- The relationship between a community-based team member and his/her Promoter

- The relationship between a community-based team member and the people in his/her community

- The relationship community-based team members share with each other

The Need to Feel Uniquely Valued/Valuable

- SCOPE HIV team members know each person by name, as well as his/her family situation.

- SCOPE HIV team members regularly give sincere and specific praise to the community-based team members, both in private and in front of others.

- Promoters encourage each community-based team member's strengths and show tolerance and understanding of his/her weaknesses.

The Need to Feel Effective

Tools the SCOPE HIV Program uses to help community-based team members know that they are effective and are part of an effective program include:

- Supportive supervision forms

- Quality improvement and verification checklists (QIVCs)

- Training pre- and post-tests

- Behavior change tracking tools

- Baseline and follow-up surveys

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[5] Only the headings in bold should be listed on the flip chart.

Lesson 5 Handout 3: Ideas for Ways to Help Community-Based Team Members Feel Connected, Valued and Effective

Ways to Feel Connected

- Celebrate group achievements, such as recognizing when all community-based team members are present at three meetings in a row.

- Invite special guests to meetings that can speak on how the program has impacted them personally, such as testimonies from community members that have seen malnutrition decrease in their homes.

- Provide community-based team members with goods (such as hats and shirts) that identify them as part of a larger group.

- Hold regular staff meetings so community-based team members have the opportunity to ask questions, clarify their roles and participate in decision making.

- Bring up with program management concerns community-based team members raise during meetings so they feel that their voices are important.

- Develop a program identity, for example, by using slogans, team phrases and a formal program name.

- Share life events, such as weddings or funerals, together. Foster an environment where community-based team members can support each other through these life events.

- Arrange site visits to other programs so community-based team members have a better understanding of the big picture of what they are working toward.

Ways to Feel Uniquely Valued/Valuable

- Identify a "Community Group of the Month" to be recognized at a monthly meeting. Specify the reasons that volunteers received the award.

- Rotate special roles (e.g., committee secretary) so that more people have the opportunity to hold unique positions.

- Express concern for the individual needs of community-based team members.

- Spend time each year discussing the positive things Promoters have seen in the lives of the community-based team members.

- Provide a special celebration annually.

- Give annual certificates or awards that highlight community-based team members' special qualities (e.g., most inspirational).

- Learn each community-based team member's name, address her by name, and thank him/her regularly.

- Provide time at group meetings so that community-based team members have the opportunity to voice their individual experiences, challenges and concerns.

- Share life events, such as weddings or funerals, together. Foster an environment where community-based team members can support each other through these life events.

Ways to Feel Effective

- Ask community-based team members to share their testimonies on how the program has changed their lives.

- Provide consistent and objective feedback on each community-based team member's performance.

- Hold annual community celebrations to share program results and recognize what has been accomplished over the previous year.

- Invite local leaders to provide words of encouragement.

- Ask community-based team members for their opinions when deciding how to address any special needs of a beneficiary.

- Create posters that show community-based team members' progress toward targets.

- Hang a banner to celebrate major accomplishments.

- Let community-based team members know when a person from outside of the community notices their work.

- At each community-based team members' training, provide quarterly updates of recent evaluations, field visits or surveys.

- Hold discussions where community-based team members can share their success stories with each other. We often focus on the troubles we are having, but we need a balance. Many times we need the know about successes to keep us motivated.

LESSON 6: INDIVIDUAL VISITS: THE AUDIENCE, TIMING AND CONTENT

Achievement-Based Objectives

By the end of this lesson, participants will have:

- Reviewed the Faith Leader, Male Champion and SASA! Faith Volunteer role and responsibilities and pointed out the expectations related to individual visits

- Defined the purpose of the individual visit

- Identified the audiences and timeframes for an individual visit

- Listed the qualities of an effective individual visit

- Listed the components of the individual visit

Duration

2 hours 30 minutes

Materials Needed

- Lesson 4 Handout 2: SCOPE HIV Team Essential Responsibilities

- Lesson 6 Flip Chart 1: Purpose of an Individual Visit

- Lesson 6 Handout 1: Purpose of the Individual Visit

- Lesson 6 Flip Chart 2: Qualities of an Effective Individual Visit

- Lesson 6 Handout 2A, 2B and 2C: Role-plays: Steps in an Individual Visit using the Negotiated Behavior Change Process

- Lesson 6 Handout 3: Steps in an Individual Visit

- Lesson 6 Flip Chart 3: Difficulties in Conducting Individual Visits

- Flip chart paper and markers

Facilitator's Notes

Step 4 role-plays using the script in **Lesson 6 Handouts 2A, 2B** and **2C: Role-play Dialogue: Showing Steps in an Individual Visit using the Negotiated Behavior Change Process**. Each role-play requires two or three participants. If there are only one or two facilitators, enlist the help of as many participants as necessary to carry out the role-play. Provide the participants chosen with the role-play ahead of time to give them an opportunity to practice.

Steps

1. Introduction

    1a. Ask participants: What do you think the benefits are to conducting individual visits? They should give answers like, because it is a more personal space and it is easier to talk about sensitive issues, it is more private/confidential, it may be easier to observe positive behavior (see medications, referrals slips, etc.), and it is easier to schedule than a larger group meeting.

If the individual visit is conducted at the community member's home, the SCOPE team member may be able to speak to others (influencers) in the household.

1b. Explain to participants that in the SCOPE HIV Program, many staff and community-based team members will be responsible for conducting individual visits.

1c. Refer participants back to the section on **Faith Leaders, Male Volunteers and SASA! Faith Volunteers in Lesson 4 Handout 2: SCOPE HIV Team Essential Responsibilities** and ask them to recall the frequency of individual visits.

2. Purpose of an Individual Visit

2a. Ask participants: What do you think is the purpose of an individual visit?

2b. Brainstorm potential answers with the participants for about five minutes, and write their ideas on Lesson 6 Flip Chart 1: Purpose of an Individual Visit.

2c. Refer participants to Lesson 6 Handout 1: Purpose of an Individual Visit. Compare and contrast the information on the handout with what participants listed on Lesson 9 Flip Chart 1.

2d. Tell participants that it is the Promoter's job to help community-based team members conduct effective individual visits, during which mothers are strongly encouraged and assisted to adopt the new behaviors. This is what will help to make the SCOPE HIV network approach so effective. The Promoter will join community-based team members from time to time on an individual visit and use a quality assurance tool called a quality improvement and verification checklist (QIVC) to help make the individual visit as effective as possible.

3. Qualities of an Effective Individual Visit

3a. Ask participants: Have any of you ever been visited one-on-one by a community health volunteer, visiting nurse, church member or other such community leader? Thinking about one such visit, how you did you feel about it? Was it a positive experience? What made it positive? How did the person doing the visit act? (Skip these questions if no participant has experienced an individual visit.)

3b. Ask participants to brainstorm the qualities of a good individual visit. List them on Lesson 6 Flip Chart 2: Qualities of an Effective Individual Visit. The list should include the signs of respect discussed earlier, such as:

- Show respect by calling the community member by their name.

- Ask if the time of the visit is convenient.

- Ask about the welfare of family members.

- Be culturally sensitive.

- Provide context-specific information.

- Show interest in understanding the community member's particular situation.

- Do not be intrusive.

- Be patient.

3c. Explain to participants that Faith Leader, Male Champion or SASA! Faith Volunteer should show all these signs of respect to make the individual visit as successful as possible and to increase the chances that the community member will try the new behaviors.

4. Role-play: Steps in an Effective Individual Visit

4a. Explain to participants that you now will look at how individual visits should be conducted. The facilitators will demonstrate how each community-based team member would conduct a simple individual visit through a role-play using a script provided in this lesson. Have the participants listen closely to identify different parts of the visits that could help encourage behavior change.

4b. Depending on the time and the availability of the facilitators, you can conduct all three role-plays for the entire group or split the participants into their technical groups. (It would be beneficial for all participants to see each other's roles, and it would require less "actors"; however, it would take more time. By splitting into technical groups, it would go much quicker; however, more "actors" would be required and less cross-training occurs.)

4c. After the role-play, ask participants to name the behavior change steps they observed. List these on a flip chart.

4d. The facilitator will then refer participants to **Lesson 6 Handout 3A**, **3B** and **3C: Steps in an Individual Visit** and ask them to identify which of the steps they were able to identify.

4e. Ask participants: Can you foresee any difficulties our team might have in conducting an individual visit like this? What might these difficulties be?

4f. Write their responses on Lesson 6 Flip Chart 3: Difficulties in Conducting Individual Visits and brainstorm together possible solutions to the challenges raised.

5. Wrap Up

5a. Wrap up with a discussion of the lessons learned through the individual visit role-plays.

Lesson 6 Handout 1: Purpose of an Individual Visit

1. Get to know the community member better. Allow time for individual dialogue.

2. Get to know the other members of the family. Engage any influencing groups.

3. Demonstrate to the community member that you (as the Faith Leader, Male Champion or SASA! Faith Volunteer) care about him/her as an individual.

4. Learn about the context in which the behaviors will be practiced so you will be better able to suggest ways to overcome obstacles.

5. Confer with the community member about trying the new behavior. Help him/her to identify practical ways to overcome any barriers.

6. Inform community members about and, as needed, refer community members to HIV prevention or treatment services or SGBV services.

7. Confidentially assess HIV risk and offer prevention methods, self-testing, index testing, and/or offer health facility referral.

Lesson 6 Handout 2A: Male Champion Role-play: Steps in an Individual Visit

Conduct the role-play in the order the steps are listed. Read the role-play by line, from left to write. If a space in the table is blank, skip to the line under the next role.

STEP	MALE CHAMPION VOLUNTEER NAME: JAMES	YOUNG MAN LIVING WITH HIV IN THE COMMUNITY NAME: PHILIP
1. Greet the young man in a friendly manner and, if they are present, introduce yourself to/greet other members of the household.	Good morning, Philip. How are you doing? Did you remember that I was going to visit you today?	Hi, James. Yes, I remembered. Welcome. Come in.
	How is your wife? How are the children? Are they here now?	Oh, my wife is fine. But the children are at school now.
	Please tell them I said hello.	OK, I will. Thanks.
2. Ask if other members of the family are present, and whether the young man would prefer privacy or to include his wife in the discussion	Is your wife at home now? If so, are you comfortable talking here and now?	Yes, Mary is here. She's working in the garden.
3. Talk with Philip about disclosing his HIV status.	How are you doing after 3 months taking ARVs?	I'm doing well now, thanks. Thanks for going with me to the clinic the first few times. I have been wondering about letting Mary know.
	Hmm, I'd like to hear more about that.	Well, I have been hiding my medicines from Mary. I want to let her know about HIV, but I am scared.
	Hmm. That sounds serious. How do you think Mary will react if you tell her about her HIV status?	Well, Mary may be angry. She may blame me for putting her and the children at risk, but it is better to hear difficult news from someone you love.
	It sounds like you know there may be some risks, and that you considered some good things about sharing your status. Sharing your status is always a personal choice, and there are many things to consider. With what you've told me about the risks and benefits, how are you feeling about disclosing your status now?	I'd like to be the one who tells Mary. I wouldn't want her to find out by seeing my medicines or suspecting something about my visits to the health facility.
	It sounds really important for you to be the one who lets Mary know your HIV status.	Yes, I want to let her know. I think she will worry about herself and about our kids. I would like to support her, the way you supported me. I am comfortable with taking my medications, and I know from you and from the nurse that I

STEP	MALE CHAMPION VOLUNTEER NAME: JAMES	YOUNG MAN LIVING WITH HIV IN THE COMMUNITY NAME: PHILIP
		can live a long, healthy life with HIV.
	I am so happy that you know you can live a long and healthy life with HIV.	Yes, I know that now. I know that I need to adhere to my medications, to stay healthy, and to keep going to my appointments. I was scared that HIV meant I would die, but I know better now. I want Mary to know that, too. I wonder if I could even give her the HIV self-test?
	That's a big step, and Mary will need to feel comfortable with taking the test. What can you remember from your own experience taking the HIV self-test?	I was nervous at first. I wanted to know, and I also was scared to know my status. I did not want to become very sick.
4. Review the key points of the last (prior) Neighbor Group meeting.	Philip, can you remember what were some key things that helped you feel confident to take the HIV self-test?	You told me many times that HIV is treatable and that there is hope for people living with HIV. You let me know that, with medication, I can be very healthy and I can get healthy enough to prevent anyone else from getting HIV if I stay on my medications. You shared this all with me in a way that seemed like you put yourself in my place and spoke to me very kindly.
	I think you can also share those facts in a kind way with Mary when you feel ready. She may have many feelings of her own, just like you did.	You are right, and I can stay relaxed with her and very patient.
	That's true. Do you remember that I left the HIV self-test with you, for you to take when you felt ready?	Yes, and you also offered to be with me if I would like a friend. These days I am more comfortable, and I would be able to listen to her questions. I could even take her anger if she gets upset.
	That's important, Philip. Many people living with HIV find that they have circles of disclosure. First, we accept our own HIV status. Then we share with our partner/spouse. Maybe later we tell our families and children. Friends and community members are people who we tell much later. With each disclosure, we	I think disclosure takes time.

STEP	MALE CHAMPION VOLUNTEER NAME: JAMES	YOUNG MAN LIVING WITH HIV IN THE COMMUNITY NAME: PHILIP
	begin a conversation that usually takes time. We prepare for disclosure, then disclose our status, and then continue discussions with the ones we tell.	
	What motivated you to take the HIV self-test?	I heard you talking at the football pitch about the importance of knowing your HIV status. I didn't know my status, but I really wanted to be healthy so I can be part of my children's lives. Maybe that is something I could share with Mary—my story of taking an HIV self-test, and what I learned.
5. Ask the young man about his experience trying to practice the new behavior (disclosure).	Now that we have talked about this for a while, what feels like the right next step for you?	Well, I think I would like to tell Mary my story of wondering about my HIV status, taking the test, starting medication and knowing now that there is hope for me to live a long healthy life with HIV.
6. Listens to/reflect on what the young man said.	*Reflecting on Philip's response:* Hmm, I see.	
7. Identify difficulties/ obstacles to behavior adoption, if any, along with the causes of the difficulty.		If she has questions that I can't answer, then maybe I should not be the one to tell her.
8. Male Champion suggests different feasible ways to overcome the obstacles.	I hear your concern. You may not be able to answer all of Mary's questions. It's important for you to know some facts about HIV. What could you do if you disclose to Mary and she asks questions that you cannot answer?	I could listen to Mary's questions, and if I don't know the answers, I can offer for her to talk with you and me together, or to visit the clinic with me to ask the nurse.
9. Solicit doable actions: Present options and negotiate with the mother to help her select one that she can try.	Philip, is there anything specific step you want to take within the next two weeks?	I would like to set aside a time to talk with Mary about my status. If she is upset, then I can stay kind and calm. If she asks questions that I cannot answer, I can support her to visit with you or the nurse.
10. The young man agrees to try one or more of the solutions	Those are all great ideas! Which of these solutions do you want to try?	I will share my story and my status with Mary before we meet again.

STEP	MALE CHAMPION VOLUNTEER NAME: JAMES	YOUNG MAN LIVING WITH HIV IN THE COMMUNITY NAME: PHILIP
and repeats the agreed-upon action.		
11. Set a date for the follow-up visit.	That sounds like a fine plan. I can also share these leaflets with you. Maybe some of this information will help you and Mary in the conversation. When do you think you'll have time to talk with Mary?	The leaflets will help if she asks questions. I'll try to do it this week. OK?
	Yes, that's fine. Then would it be OK if I passed by the week after next, say 2 weeks from today, to see how things went?	Yes, that would be fine.
12. Congratulate the young man on his good work and thank the young man for making time to talk with him and remind him when you will be coming back for a follow-up visit.	Well, Philip, I want you to know that it was great that you remembered your experience with HIV self-testing and sharing this part of your story with me. Keep up the good work. And I'll see you two weeks from today.	Thanks for the visit, James.

Lesson 6 Handout 2B: Faith Leader Role-play: Steps in an Individual Visit

Conduct the role-play in the order the steps are listed. Read the role-play by line, from left to write. If a space in the table is blank, skip to the line under the next role.

STEP	FAITH LEADER NAME: PASTOR DENNIS OR IMAM ABDULLAH	HUSBAND FROM CONGREGATION NAME: JOHN OR ALI	WIFE FROM CONGREGATION NAME: MARY OR MIRIAM
1. Greet the husband in a friendly manner and, if they are present, greet anyone else at home.	Good morning, John. How are you doing? Did you remember that I was going to visit you today?	Hi, Pastor Dennis. Yes, I remembered. Welcome. Come in.	
	How is your wife? Is she here now?	Oh, she's fine.	
2. Ask if other members of the family are present who might need to participate in the discussion.	I would like for your wife, Mary, to join us if she can.	Yes, she's here. Let me get her.	
	(When his wife arrives) Hello, Mary. I'm Pastor Dennis. I am here to support you and John. I want to help families in our community be healthy and have hope. I have been discussing how men and women interact and HIV in my recent sermons. I would love to know your thoughts on those messages or topics.		Hi Pastor. Yes, I heard you preach about these things. I also think it's important for our family.
3. Talk with the couple about the concept of power within, power over, power with, and power to. Mention that many times, men and women in a relationship have a different perspective about power in that relationship.	How are you both doing?	We are doing well today, thank you. Last week we had a real struggle, to be honest, Pastor.	
	Hmm, I'm sorry to hear that. Tell me about what happened.	Well, it started with Mary telling me that she wants to go to the Health Facility in the next village. She even mentioned that she might want to give birth at the facility with the midwives there, and not in our home.	Yes, I want to go to the health facility. I have heard of women or babies dying during childbirth, and I learned that it is much safer to be supported through the clinic.
	Hmm. That sounds like Mary's idea really bothered you. What did you do?	Well, at first I got very quiet. By evening I still was not speaking to Mary. I woke the	

STEP	FAITH LEADER NAME: PASTOR DENNIS OR IMAM ABDULLAH	HUSBAND FROM CONGREGATION NAME: JOHN OR ALI	WIFE FROM CONGREGATION NAME: MARY OR MIRIAM
		next morning early and approached her as she was making breakfast.	
	What did you do then?	I told her that she is MY wife, and I am the one responsible for making the decisions in our family. I've heard that it may not be safe to give birth around sick people.	
	I see. During this time, what were you feeling, Mary?		Well, I kept quiet and listened. I thought John would be upset about my suggestion, but I feel that it is the best thing to do for our baby.
	I am so pleased that you both want to be sure your family is safe and healthy. What happened next?	As I said, I was speaking with Mary. I was upset and may have raised my voice. This is the second time recently when she has made this kind of suggestion. Is that her role? I am the man of the house.	
	That's an important question. And for men in our community, the answer I share can be uncomfortable. Would you like for me to share?	I know you have a lot of wisdom, Pastor, and I am open to hearing what you have to say.	I also want to hear. My faith is important to me.

STEP	FAITH LEADER NAME: PASTOR DENNIS OR IMAM ABDULLAH	HUSBAND FROM CONGREGATION NAME: JOHN OR ALI	WIFE FROM CONGREGATION NAME: MARY OR MIRIAM
	Well, John, when men control all the decisions in the household, that is a kind of power over the woman. That power over may bring harm to Mary, and to you. For example, if Mary doesn't feel like she can go to the health facility when something goes wrong, the baby and Mary could be at serious risk. You are both concerned about the health of your family. John, you also want to be seen as a man who is responsible for his family. One thing responsible men can do to promote peace is to share power in the family with their wives. You can share power to make health decisions with Mary, and you are still a strong leader. This is what I have been urging our congregation to do.	I would love to be an example of what you preach, Pastor.	
4. Review the key points about shared decision-making.	John, what do you remember from my talk earlier, or from my sermons, about different types of power?	Hmm. You talked about power within, that all of us, men and women, have power within us to change violence and HIV, even though these seem like big problems. You also talked about having power with others.	You also said that having power over others, and said that men in our community often think they must have this power over women. You said we could also give power to people that have not always felt they have any power.
	That's true. How might you think about this power in the struggle you have right now?	I think if Mary did start making health decisions and going to the health facility in the other village that I would be giving her power	John would be giving power to me by letting me make decisions to support our family. Giving me this power to support our family shows how responsible John is for

STEP	FAITH LEADER NAME: PASTOR DENNIS OR IMAM ABDULLAH	HUSBAND FROM CONGREGATION NAME: JOHN OR ALI	WIFE FROM CONGREGATION NAME: MARY OR MIRIAM
		along with me to support our family.	our family and how much he cares for us.
	That's very good thinking, Mary and John. Sharing power with each other, and John giving power to you, Mary, will also help you be free from HIV.		
5. Ask Mary and John about what might keep them from taking this action.	We've talked about this, but what might keep you from letting Mary make the decision about going to the health facility?	Well, I think it could be hard for me to face rumors from other men at the mechanic shop. They may see Mary and criticize me. It is OK for her to go to the health facility, but you mention HIV, and I know the clinics always talk about HIV. This makes me uncomfortable.	Oh dear John, I am sorry hearing you are so uncomfortable about these things. I also don't like rumors, and I fear getting tested for HIV.
6. Listens to/reflect on what they say.	*Reflecting on the couple's response:* Hmm, I see. Rumors are difficult. I know many men from the mechanic shop attend our church, or other churches nearby. Most of the faith leaders in our village are also teaching about sharing power between men and women and about HIV. We want young men and women like you to support each other and share power.		
7. Identify difficulties/ obstacles to behavior adoption, if any, along with the causes of the difficulty.	I remember feeling scared about getting tested for HIV myself, but I learned that HIV is now so treatable. In fact, people who start on treatment for HIV and	I appreciate your support, Pastor, for Mary and for us.	I think it is becoming clear that I should go to the health center and that I should know about my HIV status.

STEP	FAITH LEADER NAME: PASTOR DENNIS OR IMAM ABDULLAH	HUSBAND FROM CONGREGATION NAME: JOHN OR ALI	WIFE FROM CONGREGATION NAME: MARY OR MIRIAM
	remain on treatment can reduce the amount of virus in their bodies so much that they no longer can spread HIV to others. Mothers who are treated for HIV during and after pregnancy will not spread HIV to their babies. Knowing your HIV status gives you power. Not knowing is much more dangerous.		
8. The faith leader suggests different feasible ways to overcome the obstacles.	Going back to sharing power, I mentioned that many faith leaders in the community will be speaking up about sharing power between men and women. How do you think we could help other men you work with understand this? What can you do?	I could also talk to the men I work with about sharing power with women. I could talk about how giving Mary the power to make health decisions is the best way to protect the health of our growing family.	
9. Solicit doable actions: Present options and negotiate with the wife to help her select one that she can try.	Mary, is there anything you can do?		My friend Glory is also pregnant. Maybe I can encourage her to come along with me?
10. The couple agrees to try one or more of the solutions and repeats the agreed-upon action.	Those are all great ideas! What will you try first?	I will not wait for rumors. I will tell my friends at the mechanic's shop that I am proud that Mary is going to the health facility for care and we are finding out our HIV status.	I will ask Glory to join me on a visit to the health facility.
11. Set a date for the follow-up visit.	That sounds like a fine plan. I can also share these brochures with you, Mary, about healthy pregnancy.		That will help, for sure.

STEP	FAITH LEADER NAME: PASTOR DENNIS OR IMAM ABDULLAH	HUSBAND FROM CONGREGATION NAME: JOHN OR ALI	WIFE FROM CONGREGATION NAME: MARY OR MIRIAM
	Then would it be OK if I passed by the week after next, about two weeks from today, to see how things went?	Yes, that would be fine.	Yes, no problem.
12. Congratulate the couple on their good work, and thank them for making time to talk with the faith leader and remind them when you will be coming back for a follow-up visit.	Well, John and Mary, I want you to know that it was great that you opened up to me about the struggle you had. That showed me you wanted support. Keep up the good work. And I'll see you two weeks from today.	Thanks for the visit, Pastor.	Yes, thanks for including me in the discussion. We look forward to seeing you again.

Lesson 6 Handout 2C: SASA! Faith Volunteer Role-play: Steps in an Individual Visit

Conduct the role-play in the order the steps are listed. Read the role-play by line, from left to write. If a space in the table is blank, skip to the line under the next role.

STEP	SASA! FAITH VOLUNTEER NAME: ROSEMARY	NEIGHBOR WOMAN NAME: MARY	MOTHER-IN-LAW NAME: FANCY
1. Greet the neighbor woman in a friendly manner and, if they are present, introduce yourself to/greet the head of household.	Good morning, Mary. How are you doing? Did you remember that I was going to visit you today?	Hi, Rosemary. Yes, I remembered. Welcome. Come in.	
	How is your husband? Is he here now?	Oh, he's fine. But he's at work now.	
	Please tell him I said hello.	OK, I will. Thanks.	
2. Ask if other members of the family are present who might need to participate in the discussion (influencing groups).	Is your mother-in-law at home now? I would like her to join us if she can.	Yes, she's here. Let me get her.	
	(When mother-in-law arrives) Hello, my name is Rosemary and I'm here to talk with Mary about what she can do to have a healthy family filled with hope. We have been meeting with other mothers in the neighborhood these past few months to talk about this. I think your input will be important in this discussion.		Hi, my name is Fancy. Yes, Mary has told me a bit about the meetings. I also think it's important to talk about ways to keep the family healthy.
3. Talk with the neighbor woman about how mothers can discipline children. If a child is nearby, then the SASA! Faith Volunteer can observe the mother interacting with her child, and watch for strong connections and positive ways of discipline.	How are Paul and Timothy doing?	Both the kids are doing well now, thanks. But, last week Paul kept returning home very late from school.	
	Hmm, I'm sorry to hear that. Tell me about what happened.	Well, it started on Monday. He had come late from school every day until Friday. He was not around until it was almost dark.	
	Hmm. That sounds serious. What did you do?	Well, the first day I didn't do anything. But the next day, I asked	

STEP	SASA! FAITH VOLUNTEER NAME: ROSEMARY	NEIGHBOR WOMAN NAME: MARY	MOTHER-IN-LAW NAME: FANCY
		where he was. He didn't answer me clearly. Then he kept coming home late, and Fancy and I had to do more of the work around the house because he was not here to help. He also struggled with his schoolwork because it was dark when he arrived. I got worried.	
	What did you do then?	I shouted at Paul and talked with my husband when it happened again on Tuesday evening, and on Wednesday, I decided to beat him if he returned late. I was angry and beat him each day when he was late. Paul was talking to me less and less. He is going off by himself and not sharing in the family work.	
	I see. During the last week, what were some of the ways you reached out to Paul?	Well, I remembered that you said it is important to spend some minutes each day giving love and attention to each child. Last Saturday, I helped him build a small toy with some of the items we have.	
	I am so pleased you remembered to play with Paul. It's also important that children connect with their parents, even when they have done something wrong. What happened when you were connecting through play?	As I said, we made this little toy together. While we played, I noticed that Paul was using a soft, kind voice. I was, too. He looked at me very often. I still think it is a problem that he is	

STEP	SASA! FAITH VOLUNTEER NAME: ROSEMARY	NEIGHBOR WOMAN NAME: MARY	MOTHER-IN-LAW NAME: FANCY
		coming late from school, though.	
	Yes, that is a problem. How do you feel about his problem with Paul coming home late from school, Fancy?		Well, I wish Paul would come home on time. It is difficult without his help. I encouraged Mary to beat him. This is how we discipline.
4. Review some key points about positive discipline.	Mary, besides playing together, can you remember anything else about positive discipline?	Hmm. I know you mentioned that beating children is not good. I know I didn't do things the way you recommended, but I was unsure what to do.	
	That's true, beating children is common practice, and it's not the best way for our children to learn and grow. What do you remember about ways to set limits that do not involve beatings?		I think Mary told me that children often withdraw from their parents and don't want to spend time with their families when they are beaten.
	That's right, Fancy. Good memory! If a child is beaten, then he loses trust and may withdraw. This breaks the connection between parents and their children. A young child like Paul probably feels scared.		
5. Ask the mother about her experience trying to practice the new behavior.	What prevented you from trying some other way of setting a limit about Paul being late from school?	Well, I could not think of anything else to do.	
6. Listens to/reflect on what the mother says.	*Reflecting on Mary's response:* Hmm, I see.		
7. Identify difficulties/ obstacles to behavior adoption, if any, along with the causes of the difficulty.		I need some way to help me remember other options.	

STEP	SASA! FAITH VOLUNTEER NAME: ROSEMARY	NEIGHBOR WOMAN NAME: MARY	MOTHER-IN-LAW NAME: FANCY
8. Neighbor woman suggests different feasible ways to overcome the obstacles.	I see. So in the future, it would be important to have some reminders about other ways to set limits. How do you think we could help you remember?	I would like to have some pictures to remind me.	And if I hear these ideas, maybe I can offer some options to Mary.
9. Solicit doable actions: Present options and negotiate with the mother to help her select one that she can try.	Fancy, is there anything you can do?		Well, I could help Mary. Maybe she could go to the school to meet Paul and walk home with him? Or maybe I can talk with some neighbors to see if older boys could walk with Paul and other young boys?
10. The neighbor woman agrees to try one or more of the solutions and repeats the agreed-upon action.	Those are all great ideas! Which of these solutions do you want to try?	I will talk to Paul calmly about the importance of coming home from school on time, and suggest that we can find others to walk with him or perhaps I can walk with him.. Fancy, can you help me?	Yes, I can help you, for sure.
11. Set a date for the follow-up visit.	That sounds like a fine plan. I can also give you this poster about setting limits and positive discipline. When do you think you'll have time to talk with Paul?	The pictures will help me. I will try to have another playtime with him, and then talk with him after that. We will do this before Monday comes.	
	Yes, that's good. Then would it be OK if I passed by the week after next, say 2 weeks from today, to see how things went?	Yes, that would be fine.	Yes, no problem.
12. Congratulate the neighbor woman on her good work, and thank the neighbor woman for making time to talk with her and remind her when you will be coming	Well, Mary, I want you to know that it was great that you remembered to play with Paul last Saturday. That really helped him a lot. Keep up the good work. And	Thanks for the visit, Rosemary.	Yes, thanks for including me in the discussion. We look forward to seeing you again.

STEP	SASA! FAITH VOLUNTEER NAME: ROSEMARY	NEIGHBOR WOMAN NAME: MARY	MOTHER-IN-LAW NAME: FANCY
back for a follow-up visit.	I'll see you two weeks from today.		

Lesson 6 Handout 3A: Steps in Conducting a Faith Leader Individual Visit

1. Greet the community member in a friendly manner and, if they are present, introduce yourself to/greet the head of household. Show a sincere interest in the situation of each family member to create confidence and reassure the family.

2. If appropriate, ask if other members of the family are present who might need to participate in the discussion (influencing groups).

3. Talk with the community member about concerns related to power, gender, and/or HIV.

4. Review the key points from your sermons or the last time you spoke together.

5. Ask the community member about their experience trying to practice the new behavior or their readiness for change.

6. Listens to/reflect on what the community member says.

7. Identify difficulties/obstacles to behavior adoption, if any, along with the causes of the difficulty.

8. Discuss different feasible ways to overcome the obstacles.

9. Recommend/solicit doable actions: Present options and negotiate with the community member to help them select one that they can try.

10. The community member agrees to try one or more of the solutions and repeats the agreed-upon action.

11. Set a date for the follow-up visit.

12. Congratulate the community member on their good work and thank them for making time to talk. Remind the community member when you will be coming back for a follow-up visit.

Lesson 6 Handout 3B: Steps in Conducting a Male Champion Individual Visit

1. Greet the community member in a friendly manner and, if they are present, introduce yourself to/greet the head of household. Show a sincere interest in the situation of each family member to create confidence and reassure the family.

2. Many people living with HIV or people at risk of HIV will prefer private conversations. Include others in the conversation only if the person you are meeting asks you to do so.

3. Talk with the community member about how s/he is doing and about things that s/he has on her/his mind. In the conversation, listen for ways to address topics like adherence, disclosure, positive living, or other topics. For someone who is HIV- but is at risk, listen for openings to talk about HIV prevention or self-testing.

4. Review the key points from the last time you spoke together.

5. Ask the community member about their experience trying to practice the new behavior.

6. Listens to/reflect on what the community member says.

7. Identify difficulties/obstacles to behavior adoption, if any, along with the causes of the difficulty.

8. Discuss different feasible ways to overcome the obstacles.

9. Recommend/solicit doable actions: Present options and negotiate with the community member to help her select one that they can try.

10. The community member agrees to try one or more of the solutions and repeats the agreed-upon action.

11. Set a date for the follow-up visit.

12. Congratulate the community member on their good work and thank them for making time to talk. Remind the community member when you will be coming back for a follow-up visit.

Lesson 6 Handout 3B: Steps in Conducting a Male Champion Individual Visit

Lesson 6 Handout 3C: SASA! Faith Steps in Conducting an Individual Visit

1. Greet the community member in a friendly manner and, if they are present, introduce yourself to/greet the head of household. Show a sincere interest in the situation of each family member to create confidence and reassure the family.

2. If appropriate, ask if other members of the family are present who might need to participate in the discussion (influencing groups).

3. Talk with the community member about how things are going at home. Neighbors will have heard from the volunteer before about specific topics. This is an example of a visit after topics have been introduced.

4. Review the key points related to any specific questions or trouble they are having at home.

5. Ask the community member about their experience trying to practice a new approach.

6. Listens to/reflect on what the community member says.

7. Identify difficulties/obstacles to behavior adoption, if any, along with the causes of the difficulty.

8. Discuss different feasible ways to overcome the obstacles.

9. Recommend/solicit doable actions: Present options and negotiate with the community member to help her select one that they can try.

10. The community member agrees to try one or more of the solutions and repeats the agreed-upon action.

11. Set a date for the follow-up visit.

12. Congratulate the community member on their good work and thank them for making time to talk. Remind the community member when you will be coming back for a follow-up visit.

LESSON 7: THE MEETING[6] SCHEDULE

Achievement-Based Objectives

By the end of this lesson, participants will have answered the four key questions related to the different types of training (meetings) that take place in the SCOPE HIV Program.

Duration

2 hours

Materials Needed

- Lesson 7 Flip Charts 1A, 1B and 1C: Behavior Change Meeting (Learning Event) Table (also serves as the Key for the game)

- Lesson 7 Handouts 1A, 1B and 1C: Behavior Change Meeting (Learning Event) Facilitation Responsibilities

- Lesson 7 Flip Charts 2A, 2B and 2C: Behavior Change Meeting (Learning Event) Table for the Training Puzzle Game (one copy for each team printed on a flip chart)

- Sets of answers to Lesson 7 Flip Charts 2A, 2B and 2C written on sticky notes or index cards (one set of answers for each team) and masking tape

- Lesson 7 Handout 2: Bi-Monthly Training Meeting Structure

- Lesson 7 Handout 3: Example Bi-Monthly Training Meeting Agenda

Facilitator's Notes

You will need a large area to play the puzzle game. If necessary, move outside or move chairs away from the center of the room to give more room. Display **Lesson 7 Flip Charts 1A, 1B** and **1C: Behavior Change Meeting (Training Event) Table**. Leave these flip charts on the wall for the duration of this lesson.

Steps

1. Introduction

    1a. Tell participants: We have discussed what the Promoters (Faith Network Promoters and Youth Champion Promoters and SASA! Faith Promoters) and Faith Leaders, Male/Youth Champions and SASA! Faith Volunteers do to promote new and healthier behaviors among program participants and reviewed the contents of meetings between these groups. In this lesson, we are going to look at the bigger picture and learn about all the different levels of training that need to take place in the SCOPE HIV Program. Specifically, we are going to answer the following questions (while pointing to the Lesson 10 Flip Chart 1):

    - Who is the facilitator?

    - Who is attending the learning event/meeting?

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[6] Many programs refer to these meetings as "trainings". However, since many people associate remuneration with training, some programs have opted to call them meetings or behavior change meetings. In these meetings the participants learn about the behaviors to be promoted.

- How long is the learning event/meeting?

- How often does the meeting occur?

- Where does the meeting typically take place?

    1b. The meeting structures are slightly different for each technical group. Therefore, have the participants separate into their technical areas: Faith Networks, Male/Youth Champions and SASA! Faith.

2. Overview of Care Group Meeting Structure

    2a. Using **Lesson 7 Flip Charts 1A, 1B** and **1C** as a reference and **Lesson 7 Handouts 1A, 1B** and **1C: Behavior Change Meeting (Learning Event) Facilitation Responsibilities**, answer the questions above for each SCOPE HIV team member. Explain that all members of the SCOPE HIV team, from the Manager to the Faith Leaders, Champions and SASA Faith Volunteers have responsibilities as facilitator and learner.

    2b. Explain that the table is meant only as a guide and that each program will create their own schedule of learning events/meetings.

    2c. Answer any questions from participants.

3. Activity: Training Puzzle

    3a. For this game, the participants will stay in their technical groups. Post/tape copies of **Lesson 7 Flip Charts 2A, 1B** and **1C: Behavior Change Meeting (Training Event) Table for the Training Puzzle Game** in three different places around the room. Give each team a set of the correct responses as found in **Lesson 7 Flip Charts 1A, 1B** and **1C** written on sticky notes or index cards with masking tape, mixed up and faced down. Ask the teams not to turn over the papers until you tell them to begin.

    3b. Have the teams line up, one team member behind the other (so, three rows of participants, one row for each team), standing 10–15 feet away from the flip charts that are taped to the wall.

    3c. Tell participants that the object of the game is for each team to complete the flip chart training table correctly by affixing all of the pieces of paper with responses to the table on the flip chart. Only one team member can be up at the team's training table flip chart at a time affixing a response. Other members of the team can make changes to the flip chart, but only during their turn.

    3d. Once all the teams have finished, note the order they finished and assign points accordingly. Compare each team's responses to **Lesson 7 Flip Charts 1A, 1B,** and **1C,** then determine which team got the most correct responses. Assign 3 points to the team with the most correct answers, 2 points to the team with the second-highest number of correct answers, and so on. The team with the most points (points for order of completion + points for the number of correct responses) wins the game.

4. Bi-Monthly Meeting between Supervisors and Promoters

    4a. Tell participants: Now that we have looked at all the different kinds of behavior change meetings, let's take a bit of time to look into what happens during the training meeting between the Supervisors and their Promoters.

    4b. Ask participants to review **Lesson 7 Handout 2: Bi-Monthly Training Meeting Structure** and **Lesson 7 Handout 3: Example Bi-Monthly Training Meeting Agenda**. Ask participants to identify the similarities and differences between this type of meeting and the meetings between Promoters and their community-based team members.

5. Wrap Up

   5a. Wrap up this lesson by asking participants: What were the most important things you learned during this lesson?

Lesson 7 Flip Chart 1A: Faith Leaders Behavior Change Meeting (Learning Event) Table

FACILITATOR	PEOPLE IN ATTENDANCE	LENGTH OF THE EVENT	FREQUENCY	LOCATION[7]
SCOPE Program Manager and technical expert(s)	District Program Coordinators and Supervisors	6 days	Once	Central location Large enough for the three (3) Program Coordinators and Nine (9) Subject Area Supervisors
Faith Network Supervisor	Faith Network Promoters	6 days	Once	Central location within each District
Faith Network Supervisor	Faith Network Promoters	half-day	Every 2 weeks	Central to the Faith Network Promoters or near the program office
Faith Network Promoters	Faith Leaders	2 hours	Every 2 weeks	Typically in the village or nearby village of the Faith Leaders
Faith Leaders	Local Congregants	2 hours or less	Every 2 weeks	In the village where the Faith Leader's lives and works

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[7] Within the context of the COVID-19 pandemic, consider a venue where most of the sessions and break out groups can be conducted outside with appropriate space for social distancing.

Lesson 7 Handout 1A: Faith Leaders Behavior Change Meeting (Learning Event) Facilitation Responsibilities

When the Manager Facilitates

- The SCOPE Program Manager and technical experts conduct a six-day meeting for the Program Coordinators, Subject-Area Supervisors and Faith Leader Promoters to learn Envisioning, SASA! Faith Start Phase, and Messages of Hope before it is introduced to the Faith Leaders and their congregations.

- Depending on the level of expertise the Manager has with the materials, it may be helpful to invite an experienced community health care provider to co-facilitate the meeting and/or be available to answer questions that arise.

- This meeting includes the technical basis for Envisioning, SASA! Faith Start phase and Messages of Hope, training on the use of the curriculum and several days of coaching of and practicing by each Coordinator, Supervisor and Promoter.

- This training will occur one time at the beginning of the program to introduce and provide initial training on the Envisioning, SASA! Faith Start Phase, and Messages of Hope.

- Inviting personnel who work provide HIV testing, care and treatment in the health facilities where the Faith Networks are operating to attend the initial training is an excellent way to promote collaboration between the government health system and the community health system supported by the Faith Networks. It also equips health facility staff with knowledge and tools to share the same behavior change practices when community members seek facility services. Others who may be included in the training could be key PEPFAR implementing partners providing clinical services.

When the Faith Network Supervisor Facilitates

- Given the COVID-19 pandemic situation, it is not appropriate to bring together all SCOPE Faith Leader Promoters for a centralized training. Therefore, the Faith Network Supervisor in each District will be responsible for replicating the training that they received to their Faith Network Promoters over a six-day training.

- Additionally, the Faith Network Supervisors will review the current lesson with the Faith Network Promoters every two (2) weeks and spend time coaching them, so they are ready to replicate the lesson with the Faith Leaders.

- With this teaching schedule, each Faith Network Promoter will receive the Envisioning, SASA! Faith Start Phase, and Messages of Hope training twice. The first time as a single multi-day training and the second as individual lessons before they teach the Faith Leaders.

When the Faith Network Promoter Facilitates

- The Faith Network Promoters will teach a new lesson to the Faith Leaders every two (2) weeks and spend time coaching them, so they are ready to teach others.

- Faith Network Promoters will repeat with the Faith Leaders everything that they learned from their Faith Network Supervisor and Program Area Coordinator.

- The materials needed are the Envisioning, SASA! Faith Start phase, and Message of Hope curriculum.

When the Faith Leader Facilitates

- Faith Network Leaders teach a new lesson to their congregations every two weeks (or once per month). Remember that the steps in each meeting are objectives, game or song, attendance and troubleshooting, story and behavior change promotion through pictures, activity, discussion of potential barriers, practice and coach, and make a commitment.

- Most Faith Networks leaders are literate. They will have a bound copy of the printed materials. However, they will model everything they saw and heard the Promoter say, so it is important that the Promoters model the correct facilitation behavior during each meeting.

Lesson 7 Flip Chart 1B: Youth Champion Behavior Change Meeting (Learning Event) Table

FACILITATOR	PEOPLE IN ATTENDANCE	LENGTH OF THE EVENT	FREQUENCY	LOCATION[8]
SCOPE Program Manager and technical expert(s)	District Program Coordinators and Supervisors	4 days	Once	Central location Large enough for the three (3) Program Coordinators and Nine (9) Subject Area Supervisors
Youth Champion Supervisor	Youth Champion Promoters	4 days	Once	Central location within each District
Youth Champion Supervisor	Youth Champion Promoters	half-day	Every 2 weeks	Central to the Youth Champion Promoters or near the program office
Youth Champion Promoters	Male/Youth Champions[9]	2 hours	Every 2 weeks	Typically in the village of the Male/Youth Champions
Male/Youth Champions	Peers	2 hours or less	Every 2 weeks	In the village where their peers live

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[8] Within the context of the COVID-19 pandemic, consider a venue where most of the sessions and break out groups can be conducted outside with appropriate space for social distancing.

[9] Given the technical nature required in administering the HIV self-test kits and referral processes, the Youth Champions will have an additional one-time training conducted by the Ministry of Health.

Lesson 7 Handout 1B: Youth Champion Behavior Change Meeting (Learning Event) Facilitation Responsibilities

When the Manager Facilitates

- The SCOPE Program Manager and technical experts conduct a four-day meeting for the Program Coordinators, Subject-Area Supervisors and Faith Leader Promoters to learn the Male/Youth Champions Curriculum before it is introduced to the Male/Youth Champions and their peers.

- Depending on the level of expertise the Manager has with the materials, it may be helpful to invite an experienced community health care provider to co-facilitate the meeting and/or be available to answer questions that arise.

- This meeting includes the technical basis for the Youth Champion curriculum, training on the use of the curriculum and several days of coaching of and practicing by each Coordinator, Supervisor and Promoter.

- This training will occur one time at the beginning of the program to introduce and provide an initial training on the Male/Youth Champions Curriculum.

- Inviting personnel who work in the health facilities where the HIV SCOPE program is operating to attend the four-day module training is an excellent way to promote collaboration between the program and partners, including the government and NAPHAM. It also equips partners with knowledge and tools to share the same behavior change practices when community members seek services.

When the Youth Champion Supervisor Facilitates

- Given the COVID-19 pandemic situation, it is not appropriate to bring together all SCOPE Youth Champion Promoters for a centralized training. Therefore, the Youth Champion Supervisor in each District will be responsible for replicating the training that they received to their Youth Champion Promoters over a four-day training.

- Additionally, the Youth Champion Supervisors will review the current lesson with the Youth Champion Promoters every two (2) weeks and spend time coaching them so they are ready to replicate the lesson with the Male/Youth Champions.

- With this teaching schedule, each Youth Champion Promoter will receive the Youth Champion training twice. The first time as a single multi-day training and the second as individual lessons before they teach the Male/Youth Champions.

When the Youth Champion Promoter Facilitates

- The Youth Champion Promoters will teach a new lesson to the Male/Youth Champions every two (2) weeks and spend time coaching them, so they are ready to teach others.

- This meeting includes discussion, games, activities and a time for discussing barriers and making commitments. Youth Champion Promoters will repeat with the Male/Youth Champions everything that they learned from their Supervisor and Program Area Coordinator.

- The materials needed are the Male/Youth Champions curriculum.

- Given the technical expertise needed to implement the HIV self-test kits and appropriate patient referrals, the Male/Youth Champions will need to be trained by the Ministry of Health. While not directly facilitating this meeting, it is important that the Promoters are present and assisting as needed.

When the Youth Champion Facilitates

Male/Youth Champions will hold one-hour meetings with a group of twelve (12) other men in their community two times every month and will call each group member weekly for three to six months.

Lesson 7 Flip Chart 1C: SASA! Faith Behavior Change Meeting (Learning Event) Table

FACILITATOR	PEOPLE IN ATTENDANCE	LENGTH OF THE EVENT	FREQUENCY	LOCATION[10]
SCOPE Program Manager and technical expert(s)	District Program Coordinators and Supervisors	6 days	Once	Central location Large enough for the three (3) Program Coordinators and Nine (9) Subject Area Supervisors
SASA! Faith Supervisor	SASA! Faith Promoters	6 days	Once	Central location within each District
SASA! Faith Supervisor	SASA! Faith Promoters	half-day	Every 2 weeks	Central to the Faith Network Promoters or near the program office
SASA! Faith Promoters	SASA! Faith Volunteers	2 hours	Every 2 weeks	Typically in the village of the Faith Leaders
SASA! Faith Volunteers	Young people	2 hours or less	Every 2 weeks	In the village of the SASA! Faith Volunteer and the young people s/he is reaches

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[10] Within the context of the COVID-19 pandemic, consider a venue where most of the sessions and break out groups can be conducted outside with appropriate space for social distancing.

Lesson 7 Handout 1C: SASA! Faith Behavior Change Meeting (Learning Event) Facilitation Responsibilities

When the Manager Facilitates

- The SCOPE Program Manager and technical experts conduct a six-day meeting for the Program Coordinators, Subject-Area Supervisors and Faith Leader Promoters to learn the SASA! Faith Curriculum before it is introduced to the SASA! Faith Volunteers and the young people they will reach.

- Depending on the level of expertise the Manager has with the materials, it may be helpful to invite an experienced community health care provider to co-facilitate the meeting and/or be available to answer questions that arise.

- This meeting includes the technical basis for SASA! Faith, training on the use of the curriculum and several days of coaching of and practicing by each Coordinator, Supervisor and Promoter.

- This training will occur one time at the beginning of the program to introduce and provide an initial training on SASA! Faith.

When the SASA! Faith Supervisor Facilitates

- Given the COVID-19 pandemic situation, it is not appropriate to bring together all SCOPE SASA! Faith Promoters for a centralized training. Therefore, the SASA! Faith Supervisor in each District will be responsible for replicating the training that they received to their SASA! Faith Promoters over a six-day training.

- Additionally, the SASA! Faith Supervisors will review the current lesson with the SASA! Faith Promoters every two (2) weeks and spend time coaching them, so they are ready to replicate the lesson with the Faith Leaders.

- With this teaching schedule, each SASA! Faith Promoter will receive the SASA! Faith training twice. The first time as a single multi-day training and the second as individual lessons before they teach the SASA! Faith Volunteers.

When the SASA! Faith Promoter Facilitates

- The SASA! Faith Promoters will teach a new lesson to the SASA! Faith Volunteers every two (2) weeks and spend time coaching them, so they are ready to teach others.

- This meeting includes discussion, games, activities and a time for discussing barriers and making commitments. SASA! Faith Promoters will repeat with the SASA! Faith Volunteers everything that learned from their SASA! Faith Supervisor and Program Area Coordinator.

- The materials needed is the SASA! Faith curriculum.

When the Faith Leader Facilitates

- Each SASA! Faith Volunteer will reach out to at least 20 people. SASA! Faith volunteers focus in the Awareness phase on reaching women and men with messages on violence and HIV and reaching community members with messages about gender equality. This outreach can happen from house to house, visiting neighbors and sharing with the entire household. It can also happen in small groups at churches or mosques.

- After reaching 20 people with the violence and HIV and gender equality messages in the Awareness phase, the SASA! Faith volunteers will begin the Support phase. In this phase, the volunteers will support women who face violence, men and women who perpetrate violence, and women and men who seek to have equitable relationships. This support may continue to the households phase or the church/mosque small groups from the Awareness phase. The

Support phase may also extend to new groups established during this time to support couples' strengthening. When each volunteer in the network demonstrates achievement of support to at least 20 people, then the Action phase begins.

- In the Action phase of SASA! Faith, the volunteers, working together with the Faith Network Leaders in their community, will develop action plans for addressing violence and HIV in their congregations, will track so that reported violence is supported through the means established in the Support phase, and will develop a complete referral map for violence and HIV that occurs within the local faith community. In this phase, local faith communities may adopt policies or practices for safeguarding children and responding to violence.

Lesson 7 Flip Chart 2A: Faith Network Behavior Change Meeting (Learning Event) Table for the Training Puzzle Game[11]

FACILITATOR	PEOPLE IN ATTENDANCE	LENGTH OF THE EVENT	FREQUENCY	LOCATION
SCOPE Program Manager and technical expert(s)				
Faith Network Supervisor				
Faith Network Supervisor				
Faith Network Promoters				
Faith Leaders				

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[11] See Lesson 7 Flip Chart 1A for the answers to the puzzle game.

Lesson 7 Flip Chart 2B: Youth Champion Behavior Change Meeting (Learning Event) Table for the Training Puzzle Game[12]

FACILITATOR	PEOPLE IN ATTENDANCE	LENGTH OF THE EVENT	FREQUENCY	LOCATION
SCOPE Program Manager and technical expert(s)				
Youth Champion Supervisor				
Youth Champion Supervisor				
Youth Champion Promoters				
Male/Youth Champions				

[12] See **Lesson 7 Flip Chart 1B** for the answers to the puzzle game.

Lesson 7 Flip Chart 2C: SASA! Faith Behavior Change Meeting (Learning Event) Table for the Training Puzzle Game[13]

FACILITATOR	PEOPLE IN ATTENDANCE	LENGTH OF THE EVENT	FREQUENCY	LOCATION
SCOPE Program Manager and technical expert(s)				
SASA! Faith Supervisor				
SASA! Faith Supervisor				
SASA! Faith Promoters				
SASA! Faith Volunteers				

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[13] See **Lesson 7 Flip Chart 1C** for the answers to the puzzle game.

Lesson 7 Handout 2: Bi-Monthly Training Meeting Structure

What are the objectives?

- To encourage and improve Promoters' work

- To review this month's health lesson

- To discuss troubles or problems Promoters have encountered

- To coach and mentor the Promoters, giving them the ability to overcome these problems

- To alert the Promoters to upcoming program events

- To gather Community-based team member meeting attendance and information from the Promoters' last meetings

Who attends?

The Supervisor and his/her Promoters

Where is it held?

At the office or another quiet place where nine or ten people can sit comfortably14

If the program office is far from the communities where Promoters work, the Supervisor should travel there; in some programs the Promoters rotate hosting the meeting

How often does this meeting happen?

Twice per month ideally (this will vary from program to program)

How long are these meetings?

The meeting lasts about 3-4 hours (length will vary)

The Supervisor should be mindful of being well organized and prepared so that the meeting will make good use of the Promoters' time (some must travel great distances)

Some Promoters may have to arrive the day before and return home the day after

What is the cost?

Refer to your staff budget

A day-long meeting might include lunch (if budgeted)

What should the Supervisor bring?

Curriculum this month's health lesson and lesson plans

A schedule of upcoming program information

His/her work plan for the next month

Regional monthly report form (to be filled out during the meeting by getting information from the Promoters)

What should the Promoter bring?

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14 Due to COVID-19 protocols, the Supervisor may want to consider holding meetings outdoors and in smaller groups.

Curriculum for this month's health lesson and lesson plans

Attendance registers from their last meetings

Quality improvement and verification checklists (QIVCs) used in the last month

The completed monthly report from their last meetings

Their work plans for the next month

Lesson 7 Handout 3: Example Bi-Monthly Training Meeting Agenda

EXAMPLE MEETING DURATION: 2 HOURS 10 MINUTES		
ACTIVITY	**OBJECTIVE**	**IDEAS/MATERIALS/ACTIVITIES**
1. Review of the curriculum lesson (20 minutes)	To reinforce key practices To reinforce activities that may accompany the teaching of the lesson	Use the curriculum to help you remember all the information correctly and not to miss any steps. Demonstrate/model the teaching of the entire lesson.
2. Practice and coaching (1 hour – 1 hour 30 minutes)	To ensure Promoters are able to teach the lessons effectively	Break up the Promoters into pairs so they can teach the lessons to each other while the Supervisor observes and coaches them.
3. Collect and review Promoter reports (20 minutes)	To gather information on events and attendance for quarterly reports To meet monthly and quarterly targets	Promoters fill out the report using their completed registers and information from the ODK system. The Supervisor and the Promoters create a community- or district-level report.
4. Discuss solutions to problems that have arisen (30 minutes)	To help staff overcome problems, such as poor attendance or vital events that need intervention (e.g., Cholera outbreak)	Discuss good things that are happening, as well as the challenges. Work together to solve challenges and find a way forward.
5. Discuss plans for upcoming community or organization events (20 minutes)	To prepare staff and the community for upcoming events To ensure that no other events are planned that conflict with activities	Consider possible problems that could arise during these events. Work with the Promoters to create plans to overcome these problems. If a conflict is found, work together to reschedule events, if possible.
6. Review of Promoters' four-week work plan (5 minutes)	To ensure that Promoters are preparing all of their given activities and are scheduling them in advance	Promoter share the four-week work plan, prepared in advance. The Supervisor makes a copy of the work plan to have on file for him/herself.
7. Supportive supervision scheduling (5 minutes)	To let each Promoter know when the Supervisor will come for a planned visit	The Supervisor informs the Promoters of when they will receive their scheduled visit over the next month. Ensure both the Promoters and the Supervisor note the visit time and place.

LESSON 8: SUPPORTIVE SUPERVISION: CHECKLISTS AND SUPERVISORY WORK PLANS

Achievement-Based Objectives

By the end of this lesson, participants will have:

- Defined supervision

- Distinguished supportive supervision from supervision

- Reviewed supportive supervision checklists

- Listed the different supportive supervision responsibilities of their position and those they supervise

- Prepared an example 4-week work plan for their position

Duration

2 hours

Materials Needed

- Flip chart paper, masking tape and markers

- Lesson 8 Flip Chart 1: Definition of Supportive Supervision

- Lesson 8 Handouts 1: Supervisor's Checklist for Supervising a Promoter

- Lesson 8 Handout 2: Coordinator's Checklist for Supervising a Supervisor

- Lesson 8 Handout 3: Program Manager's Checklist for Supervising a Coordinator

- Lesson 8 Handout 4: Categories in the Supervisor's Checklist for Supervising Promoters

- Lesson 8 Handout 5: Supportive Supervision Table

- Lesson 8 Flip Chart 2: Blank Supportive Supervision Table (three or four copies)

- Three or four sets of 12 sticky notes/index cards/pieces of paper with supportive supervision table answers written on them

- Lesson 8 Flip Chart 3: Blank Work Plan

- Lesson 8 Handout 6A, 6B and 6C: Activities to Plan For

- Lesson 8 Handout 7: Sample Work Plan Schedules

Steps

1. Introduction

   1a. Tell participants: Now that we have discussed the SCOPE HIV network structure, the content of the behavior change meetings and the schedule, there is another very critical topic that we need to cover. It is the one thing that is always the weak link in a program, especially in government services. What do you think it is? Yes, supervision. We always have the best of

intentions when it comes to supervision, but quite often, we fail to deliver. In this lesson, we are going to be talking about a specific kind of supervision, called supportive supervision.

2. Defining Supervision and Supportive Supervision

2a. Have participants break into random pairs and brainstorm a short definition of supervision. After a few minutes, ask participants to share their definitions. Write on a flip chart keywords from each definition shared, then summarize the definitions given.

2b. Ask participants: In what ways is supportive supervision different from regular supervision? Tell participants to discuss again in pairs. After a few minutes, ask several participants to share their ideas.

2c. Display **Lesson 8 Flip Chart 1: Definition of Supportive Supervision**. Review the definition with participants, highlighting key phrases as noted below.

- It is a continuous process, not a one-time event.

- It is a planned and designed process.

- The purpose is to mentor and coach a worker so he/she can effectively accomplish the job.

- Three things the worker will gain from supportive supervision are: independence, self-confidence and skills.

2d. Ask participants to think about a Supervisor they had and consider the following questions.

- What was it like? Did you receive supportive supervision visits or meet regularly with your Supervisor?

- Which of these aspects was missing?

- Do you think you could be a Supervisor who did these things?

2e. Tell participants: Remember that in order to change others, we first have to change ourselves. I would encourage you to put the definition of supportive supervision on the wall of your office and practice doing these things with those you supervise.

3. Review of Supportive Supervision Checklists

3a. Explain that in the SCOPE HIV Program we will use two different types of supervision tools. One is the supportive supervision checklist, and the other is the quality improvement and verification checklist (QIVC). Write these on a flip chart. Explain the difference between the two to participants.

- The supportive supervision checklist monitors and supports all aspects of a staff member's work

- The QIVC tracks the quality of a specific task, such as a behavior change meeting.

- Tell participants: In this lesson, we will present the supportive supervision checklist.

3b. Ask participants: For those of you who have supervised field workers before, what are the different things that you need to watch, observe and review on a supportive supervision visit?

3c. Refer participants to **Lesson 8 Handout 1: Supervisor's Checklist for Supervising a Promoter**, **Lesson 8 Handout 2: Coordinator's Checklist for Supervising a Supervisor** and **Lesson 8 Handout 3: Program Manager's Checklist for Supervising a Coordinator**. Note that tasks may vary depending on the technical area (Faith Networks, Male/Youth

Champions or SASA! Faith). Each area should adapt the forms to meet their specific job responsibilities.

3d. Ask participants: How do these actions compare to the Promoter's essential responsibilities? Answers should include that these categories should be reflective of the duties presented in **Lesson 4: SCOPE HIV network Roles, Responsibilities and Job Descriptions**. Refer back to this lesson and discuss if the staff are confused or if they feel that there is any disconnect between the two.

3e. Each of these checklists is divided into categories. As an example, refer participants to **Lesson 8 Handout 4: Categories in The Supervisor's Checklist for Supervising Promoters**. Read the introduction at the top and go over the categories with participants. Ask participants: Why is it important to have a checklist for supportive supervision visits?

- A supportive supervision checklist makes it clear what a Supervisor is expected to do when they visit program staff.

- There are too many tasks for a Supervisor to do in just one supportive supervision visit. The checklist helps the Supervisor remember what he/she did last time and what still needs to be done.

- Recording behaviors over time helps us to see how we are improving and can provide encouragement to staff. It also helps us to see where there is more room to grow.

- Supportive supervision checklists help us identify and troubleshoot smaller problems before they become larger issues.

3f. In summary, during supportive supervision visits, the Supervisor should:

- Watch what staff are doing

- Review reports, digital data entry, and any information from the volunteers on paper-based registers. Please note that paper-based registers with information that identifies individuals must be stored in a locked place, and only the Promoter should have access to these files.

- Talk to the people the staff work with, including community members and leaders, religious leaders and/or health center staff

- Visit with and observe the staff at home or in another private setting

3g. Ask participants: Why is observing the Promoter's household or a private space important? Tell them: If we don't practice what we are teaching, no one will listen to us. Someone may say that that's a lot to ask the Promoter. If it's a lot to ask of the Promoter, then it's a lot to ask the mother in the community. To be effective facilitators and leaders in the SCOPE HIV Program, staff must practice what they preach by putting into practice what they are learning. Therefore, also ask Promoters if they do the following practices.

- Do you practice sharing power between men and women within your home?

- Do you know your HIV status? Do you have a sense of your personal risks for HIV, and are you taking appropriate action to prevent HIV for yourself and others in your family?

- Do you utilize positive discipline with children in your household? Do you train children in ways to resist violence, and do they know trusted adults with whom they can share anything that may happen?

3h. Tell participants: We listen to people we trust who are open about their own lives. We listen to people that have tried the new practices and can tell us personally about them. One of the strengths of the SCOPE HIV network is that the Community-based team members try the new practices first, then share with others their own experience and encourage them to try the new

practice, too. If someone comes to you trying to sell something that they do not believe in or have not tried, their arguments will not be effective. In fact, you'll feel the practice is a waste of time.

4. Supportive Supervision Responsibilities and Work Plans

    4a. Tell participants: Now that we have reviewed all of the checklists, we will look at an overview of the supportive supervision responsibilities of each staff member. To help us remember the key decisions related to supportive supervision, we developed a table.

    4b. Refer participants to **Lesson 8 Handout 5: Supportive Supervision Table**. Review the sections of the table and answer questions.

    4c. Point out to participants that many of the positions listed in Lesson 8 Handout 5 make surprise supervision visits from time to time. Ask participants: What's the purpose of surprise visits? Listen to their responses, then add the following if not already covered.

- Surprise visits ensure that work is being done appropriately every day and help Supervisors get a sense of the day-to-day working conditions. Workers can make special preparations for a meeting when they know someone is coming to visit. However, we want our workers to prepare for each and every meeting carefully.

- The working environment of a community worker is unstructured and depends a lot on personal discipline and motivation. Even the best employee may have a rough week and feel tempted to do personal tasks when he/she should be meeting with community-based team members or visiting a Promoter. Knowing that surprise visits could occur at any time can provide that additional motivation a community worker needs to accomplish his/her assigned task.

- Surprise visits should be part of routine, standard supportive supervision procedures. Let staff members know this and that no one is being singled out for surprise visits. Many staff members appreciate that their Supervisor takes an interest in their work.

> **Surprise Visits**
>
> Some people have expressed concern about surprise visits, wondering whether it will weaken the relationship between workers and supervisor, giving the impression that workers are not trusted or respected. Food for the Hungry (FH) has not had this experience. Surprise visits can help workers remain disciplined about their work and help them avoid rumors that they are not doing their jobs properly. Surprise visits should be random in terms of the choice of the worker the supervisors visit in a given period, thus more equitable in the long run and not based on the level of trust a supervisor has for a given person.

    4d. First, explain the manager's supportive supervision responsibilities.

- The Manager supervises the District Coordinator once or twice each quarter (about once every six weeks). The Manager visits the District Coordinator in the office while he/she is carrying out all of his/her regular activities.

- Once per year, the manager visits one District Coordinator without scheduling the visit. This is called a surprise visit.

- The Manager also observes the bi-monthly meetings led by the Supervisor.

- The Manager may visit the Promoters' homes (or private spaces) and talks with them about the program.

- The Manager may observe the meetings of the community-based team members (Faith Networks, Male Champion or SASA! Faith Meetings).

- Every time the Manager visits the Coordinator, he/she will use the appropriate supportive supervision checklist.

- The Manager should know how to use the QIVC for behavior change meeting session feedback and should observe others using it but is not required to use this on his/her visits.

4e. Next, explain the Coordinator's responsibilities.

- The Coordinator supervises each Supervisor once per month. Every third visit is a surprise. Every time he/she supervises the Supervisor, he/she will use the appropriate supportive supervision checklist and the QIVC.

- The Coordinator supervises the Supervisor in the office to review his/her reporting and filing systems, office supplies, etc., as listed on the supportive supervision checklist.

- The Coordinator should also observe the bi-monthly meetings done by the Supervisor to train Promoters and uses the QIVC for meeting facilitation.

- The Coordinator visits the Promoters' homes (or private spaces) and talks with them about the program.

- The Coordinator also observes the meetings where the Promoters teaches their community-based team members and where the team members are teaching the community.

4f. Next, explain the Supervisor's supportive supervision responsibilities.

- Almost all of the Promoter's work is done in the community, so 90% of the supervisory observations are done in the community. Every time the Supervisor visits the Promoter, he/she will use the appropriate supportive supervision checklist and the QIVC.

- The Supervisor supervises each of his/her Promoters two times per month: one scheduled supervisory visit and one surprise visit.

- The Supervisor supervises his/her Promoters in their homes (or private spaces) for that section of the supportive supervision checklist.

- The Supervisor supervises Promoters as they teach their community-based team members, using a QIVC for meeting facilitation to help them improve.

- The Supervisor sometimes observes meetings where the Promoters teaches their community-based team members and where the team members are teaching the community. There are other sections on the supportive supervision checklist. The Supervisor also, for instance, coordinates with the health facility and the community leaders. They should use the checklist to guide them in planning work responsibilities.

4g. Lastly, explain the Promoter's supportive supervision responsibilities.

- The Promoter visits their community-based team members in their homes or in another private location agreed with the community-based team member in advance. Especially for people living with HIV and people who may disclose an experience of gender-based violence, the location of the meeting is very important.

- There are other good reasons to have a private place to meet and discuss the lessons. The community-based team members are leaders in the community, so the Promoter should be able to visit each leader in his/her home and observe how the key SCOPE HIV messages impact the community-based team member personally. The Promoters need to help him/her overcome the barriers that s/he is facing that prevent him/her from practicing the key aspects of the messaging for each type of community-based team member. For example:

  - Faith Leaders can demonstrate that they know their own HIV status, or describe ways they are supporting men and boys in their community to seek and remain on HIV treatment.

  - Male/Male/Youth Champions can discuss with a Supervisor their own questions about disclosure of their HIV status to various individuals in their lives. They may also discuss their own barriers or challenges with treatment.

  - SASA! Faith Volunteers can demonstrate ways they are reducing violence in their own families.

  - One way to do this is for the Promoter, using the forms, to help each community-based team member set a goal related to the current topics for themselves. These goals are small, easy-to-do steps that help them make a positive change.

- The Promoter supervises community-based team members, only using the QIVC for meeting facilitation, as they teach the community. After the observation, the Promoter and community-based team member return to the community-based team member's home, private space or faith institution to give feedback using the QIVC.

- Ideally, the Promoter would visit each community-based team member once per quarter. If he/she has eight groups of team members and if each group has ten individual team members (the maximum), this would be 80 total supervisory visits per quarter, or 27 supervisory visits per month. In this case, she probably will not be able to follow this guidance. If she does two (or sometimes three) supervisory visits per day, this will take more than 13 days. But, remember, not all team members will need to be supervised this frequently. As we will learn, the better performing groups can be supervised less frequently.

- Every time the Promoter observes a team member, he/she should use a QIVC to improve, encourage and monitor the team member's work.

5. Activity: Work Plans

   5a. Tell participants: Next, we are going to be putting your work into work plans. What is a work plan?

   - Very simply, it is a plan that gives details on the tasks that you will be doing over a period of time in the future.

   - All the tasks that are given to you as a worker in the SCOPE HIV Program can seem overwhelming, so planning your time out for a 4-week period helps you to do the work effectively and efficiently.

   5b. Explain what SCOPE HIV work plans should include:

   - Time for gathering and reporting data for monthly or quarterly reports

   - Trainings (those the employee is receiving and conducting)

   - Supportive supervision visits (those the employee is receiving and conducting)

- Dates of special health events (e.g., World AIDS Day)

- Visits to health facilities and other work-related tasks

5c. Explain to participants that they will now do an activity to help them learn to use the work plans. Assign each small group one of the SCOPE HIV Team roles (Supervisors in one group and all Coordinators another.) Managers may visit both groups and help them as they develop a sample work plan.

5d. Have participants gather with their technical groups. (If the groups are larger than five people, have them split into smaller groups.) Provide each group with a copy of **Lesson 8 Flip Chart 3 Blank Work Plan** and refer them to **Lesson 8 Handout 6A**, **6B** and **6C: Activities to Plan For**. Ask participants to create a work plan schedule on the flip chart using the list of activities in Lesson 8 Handout 6. They should fill up the entire schedule with the activities they know they will participate in. There might be additional activities that each group participates in that are not listed in Lesson 8 Handout 6.

5e. Remind participants that they are working full time at 8 hours per day and 5 days per week. If an activity takes only 2 hours, they will need to add two or three other activities on that day to reach a full day's work. Remind them to be realistic about which activities can be done in a given period of time.

5f. Instruct participants to work on a piece of notebook paper first, then copy their final work plan onto the flip chart. When they are finished, have each group paste its work plan on the wall for everyone to see.

5g. Visit each group and help them with the work plan. It may take some time for them to organize their responsibilities this way. If one group is faster than other groups, ask them to develop a work plan schedule for their community-based team members. If the participants are having trouble, work through the community-based team member schedule together at the front of the room. Once all work plans are posted, have the different groups walk around and appreciate the work of the other groups.

5h. Use the sample schedules found in **Lesson 8 Handout 7: Sample Work Plan Schedules** as guides to review and discuss the participants' work plans.

5i. Review with participants:

- When should the Promoter fill out the work plan?

- How will the Promoter know when the Supervisor will come to visit him/her for supportive supervision?

6. Wrap Up

6a. Wrap up by telling participants: Supervision is usually the weak link in most programs and the reason why staff do not feel valued or perform up to standard. Supportive supervision is one of the keys to the success of the SCOPE HIV Program, so it's critical that it be done well and on schedule.

Lesson 8 Flip Chart 1: Definition of Supportive Supervision

Note: The following definition should be written in a large font and with noticeable colors on the flip chart, so its importance is clear to participants.

Supportive supervision is an on-going process designed to mentor and coach a worker so he/she gains the independence, self-confidence and skills needed to effectively accomplish the work.

Lesson 8 Handout 1: Supervisor's Checklist for Supervising a Promoter[15,16]

Name of Promoter being supervised: _____

Name of Supervisor completing the form: _____

Quarter: _____ Year: _____

Every Visit: Take time to find out how the Promoter is doing, how you can support him/her, and what challenges or successes he/she has encountered since your last visit.

Instructions: Place a **"Y"** for Yes (the task was done) or an **"N"** for No (the task was not done). Write **"N/A"** (not assessed) if the item could not be (or was not) assessed for some reason. The gray cells are further instructions and do not require a written checkmark.

VISITS DURING QUARTER (INCLUDE DATE):	1	2	3	4	5	6
1. OBSERVE THE PROMOTER TEACHING THEIR COMMUNITY-BASED TEAM MEMBER (FL, MC, SFV)						
Observe a behavior change meeting or individual visit and fill out the quality improvement and verification checklist (QIVC) for meeting facilitation						
Review the QIVC for meeting facilitation with the Promoter in private afterward						
Talk to some of the community members to assess their participation level, their interest in the program, and the quality and consistency of the Promoters' work.						
Visit some of the community members that the team member reported meeting to verify that they received the lessons as reported						
Did the majority of the community members you visited say that they participated in the lesson that should have been during the period?						
2. REVIEW THE PROMOTER'S ELECTRONIC RECORDS OF COMMUNITY-BASED TEAM MEMBERS AND COMMUNITY MEMBERS (ONCE PER QUARTER)						
Has the Promoter always marked attendance for the community-based team members over the last three months?						
Did the Promoter (or team member) always mark attendance for the community members over the last three months?						
3. REVIEW THE PROMOTER'S MONTHLY REPORTS						
Has the Promoter completed the monthly reports correctly (e.g., there are few errors)?						

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[15] Each Promoter is supervised twice per month. This checklist is used throughout the quarter and turned in at the end of the quarter. Use a new form each quarter.

[16] Note: Some of the elements in this checklist may be better assessed by people on your team other than the Supervisor (e.g.,, monitoring and evaluation [M&E] statistician, logistician).

VISITS DURING QUARTER (INCLUDE DATE):	1	2	3	4	5	6
4. OBSERVATION OF THE PROMOTER'S EQUIPMENT (TRANSPORT, SCALE, STORAGE AREA, OTHER MATERIALS)						
Is the Promoter maintaining his/her motorbike/bicycle in a fully functioning condition?						
Are the HIV self-test kits stored safely and the stocks accounted properly?						
Were all other materials (e.g., flip charts, lesson plans, blank reporting forms) stored in a safe and dry place?						
Is the Promoter's phone in proper working condition?						
Does the Promoter have access to the phone credit needed?						
Is the Promoter able to utilize the tablets when needed for network meetings?						
Does the Promoter have sufficient amounts of all materials needed?						
5. REVIEW OF VISITS AND INTERVIEWS WITH COMMUNITY-BASED TEAM MEMBERS						
Randomly select 3–5 community-based team members to visit and interview them. Were those selected all found and did they confirm that they were attending teaching lessons and generally understood what they were learning?						
6. REVIEW OF VISITS AND INTERVIEWS WITH COMMUNITY MEMBERS						
Randomly select 3–5 community members to visit and interview them. Did the selected community members confirm that they attend meetings and generally understand what they are learning?						
For those in congregations of Faith Leaders: Were the selected congregants able to respond to the following question correctly? "Can someone living with HIV live long and protect his/her family?" (Answer: Start ART immediately if you test HIV positive and Stay on ART even if you feel healthy.)						
Ask selected members of the faith institutions about messages on ART adherence. Were all members able to mention starting treatment right away when someone tests HIV positive, staying on treatment even when someone feels healthy, and continuing ART medication even if prayed for?						
For those PLHIV supported by Male/Male/Youth Champions: Was the						

VISITS DURING QUARTER (INCLUDE DATE):	1	2	3	4	5	6
community member able to properly list the names and purposes of their ARVs?						
For those PLHIV supported by Male/Male/Youth Champions: Did the respondent say that they take ARVs even when you are feeling better?						
For individuals/households supported by SASA! Faith Volunteers: Can the respondent define *power within, power over, power with,* and/or *power to?*						
For individuals/households supported by SASA! Faith Volunteers: Can the respondent identify what their faith tradition says about violence against women? OR can they identify two or more of the rights each man and woman has?						
7. REVIEW OF VISIT TO COMMUNITY LEADERS OR PARTICIPATE IN A COMMUNITY LEADERSHIP MEETING AND INTERVIEW THE LEADERS						
Ask community leaders about the Promoters' activities and their coordination. Were they aware of the Promoter's activities in the community?						
Did the community leaders say that they have been coordinating with the Promoters?						
Ask community leaders if they are actively resolving problems that arise related to the program?						
8. REVIEW OF VISIT TO THE HEALTH WORKER AT THE NEAREST HEALTH FACILITY (MALE/MALE/YOUTH CHAMPIONS AND IN SOME CASES, FAITH LEADERS) OR CHILD PROTECTION COMMITTEE/SOCIAL WELFARE OFFICE						
Visit local health workers at the nearest facility. Are the health workers aware of the work of the Promoter?						
Has the Promoter (*for Male/Male/Youth Champions and/or Faith Leaders*) been referring people to the health facility for HIV testing, prevention, care, and treatment?						
Has the Promoter (*for SASA! Faith and/or Faith Leaders*) been referring people to the Child Protection Committee for support?						
Has the Promoter (*for SASA! Faith and/or Faith Leaders*) been referring people to the Social Welfare Offices appropriately?						
TOTAL YES:						
PERCENT YES:						

In the Promoter's home or in a private location, tell the Promoter that this is the end of the scored portion of the supervision checklist. Explain that just as they are encouraging the community-based team members and others in the community to change and grow, it is important that we change and grow as well. As leaders in this program, we may need to grow in areas such as our understanding of HIV, our acceptance of people who are different from us, leadership or team dynamics, and our faith.

ASK: WHAT GOAL ARE YOU WORKING ON RELATED TO OUR MOST RECENT TRAINING TOPIC? RECORD THE GOAL HERE.
(1)
(2)
(3)
(4)
(5)
(6)
OBSERVE: DOES THE PROMOTER DEMONSTRATE ANY BEHAVIOR RELATED TO THE RECENT TRAINING TOPIC?
(1)
(2)
(3)
(4)
(5)
(6)
ASK: WHAT PROGRESS ARE YOU MAKING ON THIS GOAL?
(1)
(2)
(3)
(4)
(5)
(6)
ASK: WHAT GOAL WOULD YOU LIKE TO SET TO WORK ON NEXT?
(1)
(2)
(3)
(4)
(5)
(6)
ASK: WHAT CHALLENGES DO YOU THINK YOU MIGHT HAVE IN REACHING THIS GOAL?
(1)
(2)
(3)
(4)
(5)
(6)

ASK: HOW WILL YOU OVERCOME THESE CHALLENGES?
(1)
(2)
(3)
(4)
(5)
(6)
ASK: HOW WILL YOU KNOW WHEN YOU ACHIEVE YOUR GOAL?
(1)
(2)
(3)
(4)
(5)
(6)

Important: Providing Feedback at All Levels

Ask the Promoter/Supervisor/Coordinator how he/she feels he/she is doing in the role in general.

Thank and encourage the Promoter for each of the things that he/she is doing correctly, according to the performance you have observed using this checklist.

For mistakes, always ask before telling: Ask the Promoter/Supervisor/Coordinator what he/she feels he/she is not doing well. For each correct observation on a mistake, give advice on how to improve (e.g., "Yes, that's right, you were not sure about how to guide him/her about disclosure to his/her family. Next time you can notify me by text when you have a problem with it so we can get it fixed more quickly.").

Summarize areas for improvement based on observations.

Ask the Promoter/Supervisor/Coordinator to make a verbal agreement to improve these things prior to the next meeting (e.g., "Do you agree to work on these things before our next meeting so you can improve?").

Signs of respect:

- Be careful to correct the Promoter/Supervisor/Coordinator in private and not embarrass or humiliate him/her in front of the people he/she works with.

- Respect the Promoter/Supervisor/Coordinator and what he/she already knows and does.

Lesson 8 Handout 2: Coordinator's Checklist for Supervising a Supervisor[17]

Name of Supervisor being supervised: _____

Name of Coordinator completing the form: _____

Month: _____ Year: _____

Every visit: Take time to find out how the Supervisor is doing, how you can support him/her, and what challenges or successes he/she has encountered since your last visit.

Instructions: Place a **"Y"** for Yes (the task was done) or an **"N"** for No (the task was not done). Write **"N/A"** (not assessed) if the item could not be (or was not) assessed for some reason. The gray cells are further instructions and do not require a written checkmark.

VISITS DURING QUARTER (INCLUDE DATE):	1	2	3
1. OBSERVE THE SUPERVISOR REVIEWING A LESSON WITH PROMOTERS (ONCE PER QUARTER)			
Did the Supervisor review the Promoter lesson plan and clearly explain stories, games and activities that accompany the information?			
Did the Supervisor facilitate one or more practice sessions with the Promoters?			
Did the Supervisor ask the Promoters review questions to check if they understood the lessons?			
Privately ask the Supervisor review questions. Did the Supervisor understand the lessons?			
2. CHECK THE SUPERVISOR'S REPORTING AND FILE SYSTEM			
Review the latest data from the Supervisor level, Promoter level, registers of Faith Leaders, Male/Male/Youth Champions, and SASA! Faith volunteers, and the registers of community members these volunteers support. Did the reported numbers in the reports match up, and were they consistent?			
Review the data and files that the Supervisor keeps, either electronically or in a filing system. Was it well organized, and could the Supervisor easily find and work with all reports (including the Supervisor reports, Promoter reports, quality improvement and verification checklists [QIVCs], and checklists for supervising the Promoters)?			
Review the Supervisor report and ask questions of the Supervisor. Did he/she understand each section clearly?			
Review the Supervisor's bi-weekly work plans for all Promoters. Were they completed properly and up-to-date?			
If a surprise visit. Was the Supervisor following his/her own bi-weekly work plan and Promoter visit plan?			
3. CHECK THE SUPERVISOR'S EQUIPMENT AND OFFICE SUPPLIES			
Was the Supervisor's computer and flash drive up-to-date for virus protection?			
Was the date of the last computer back-up file recent (e.g., last month)?			

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[17] All activities listed here should be completed on a quarterly basis for each Supervisor. Each Supervisor should be visited three times each quarter, with every third visit a surprise. Check off what you do in each visit. Start with a new form every quarter.

VISITS DURING QUARTER (INCLUDE DATE):	1	2	3
Was the printer working well (i.e., ink available, test page prints, printer disk stored)?			
Would the Supervisor's computer power-up, and was it connected to a surge protector with all cables clear of moisture and exposed connections?			
Was the Supervisor's motorcycle in proper working condition?			
Ask the Supervisor about the Promoters' transport and repair processes. Are all motorcycles/bicycles in good condition or being rapidly repaired?			
4. FOLLOW A SUPERVISOR WHILE HE/ SHE SUPERVISES A PROMOTER			
Review copies of the Supervisor's checklist for supervising a Promoter. Is the Supervisor correctly using that checklist to supervise Promoters?			
Review QIVCs. Is the Supervisor properly using the QIVC for educational session facilitation?			
Randomly select one of the Promoter's groups to visit, then randomly select 1–3 community-based team members listed as members of the selected group. Interview them. Is the frequency of teaching correct, and do they understand their role well?			
Can the community-based team member selected accurately name all of the community members in their groups?			
Ask the team members to explain the curriculum. Do they understand it correctly?			
Does the Supervisor appear to be very familiar with the roads and paths in the area?			
5. ASSIST THE SUPERVISOR WITH STAFF DEVELOPMENT (ONCE PER QUARTER)			
Assist the Supervisor in developing and follow-up on staff development plans in a private area.			
Is the Promoter making progress toward identified program and personal objectives? (Refer to the supportive supervision checklists for Promoters, Promoter reports, QIVCs, training post-test scores and attendance records.)			
Counsel Promoters with the Supervisor, document unacceptable behavior and specify improvements expected, if necessary. (Be sure to keep notes/documentation in the same folder with this form or at the bottom of this form to make it easier to follow up).			
6. VISIT THE KEY COMMUNITY LEVEL PARTNERS IN HIV PREVENTION, CARE, AND TREATMENT (ONCE PER QUARTER)			
Visit key government officials supporting HIV prevention, care, and treatment in the area. Are they aware of program objectives and activities?			
Are either monthly or quarterly reports being provided to the MOH at TA or district level by the Supervisor?			
Update key government officials supporting HIV prevention, care, and treatment of program achievements, impact, challenges and solutions.			
7. VISIT LOCAL BUSINESSES THAT THE SUPERVISOR HAS PROVIDED RECEIPTS FOR AND CHECK REPORTED VERSUS ACTUAL COSTS (ONCE PER QUARTER)			

VISITS DURING QUARTER (INCLUDE DATE):	1	2	3
Visit local businesses and review receipts provided for commune-level activities incurred at those businesses. Did prices match current local prices at the business?			
Talk to Promoters, community-based team members, other staff and community members. Does it appear that goods and services reported have been provided through the program have reached intended beneficiaries?			
8. RECEIVE SUGGESTIONS FROM THE SUPERVISOR ON PROGRAM ACTIVITIES, COMMUNICATION AND SUPPORT SERVICES			
Request feedback, ideas and suggestions from the Supervisor on how to improve programming and support services. Keep these notes in the same folder with this form (or in a few lines at the bottom of the form).			
9. PROVIDE FEEDBACK TO THE SUPERVISOR REGARDING HIS/ HER PERFORMANCE			
Review the Supervisor's professional development plan. Use the supportive supervision checklists for Supervisors, monthly reports and training post-test scores to evaluate the Supervisor's progress toward identified program and personal objectives.			
Counsel the Supervisor, identify outstanding performance, document unacceptable behavior and specify improvements expected. Keep these notes in the same folder with this form (or in a few lines at the bottom of the form).			
TOTAL YES:			
PERCENT YES:			

Lesson 8 Handout 3: Manager's Checklist for Supervising a Coordinator[18]

Name of Coordinator being supervised: _____

Name of Manager completing the form: _____

Month: _____ Year: _____

Every visit: Take time to find out how the Coordinator is doing, how you can support him/her, and what challenges or successes he/she has encountered since your last visit.

Instructions: Place a **"Y"** for Yes (the task was done) or an **"N"** for No (the task was not done). Write **"N/A"** (not assessed) if the item could not be (or was not) assessed for some reason. The gray cells are further instructions and do not require a written checkmark.

VISITS DURING QUARTER (INCLUDE DATE):	1	2
1. ENSURE THE COORDINATOR MANAGES HIS/HER TEAM OF SUPERVISORS WELL		
Ask if there are any personnel problems the Coordinator is managing and provide support and/or suggestions to resolve difficulties.		
Talk to one or two Supervisors privately about instructions they have received about program implementation. Does it appear that the Coordinator is communicating instructions related to program implementation clearly and in a timely manner?		
Review the Coordinator's work schedule. Does it appear that the Coordinator is meeting quarterly with his/her team and visiting them at least once a month in the field?		
Ask the Coordinator about what he/she is doing to build team unity and develop the Supervisors' capacity. Does it appear to be adequate?		
In private, assist the Coordinator in developing and follow-up on Supervisors' development plans.		
Use the checklists for supervising a Supervisor, monthly reports, quality improvement and verification checklists (QIVCs), training post-test scores and attendance records to evaluate the Supervisors' progress toward identified program and personal objectives. Keep these notes in the same folder with this form.		
If needed, counsel a Supervisor with the Coordinator present, document unacceptable behavior, and specify improvements expected. Keep these notes in the same folder with this form.		
2. CHECK THE COORDINATOR'S REPORTING AND FILE SYSTEM		
Use the latest report you received from the Coordinator and have him/her show you the Supervisors' reports he/she used to create the report. Were the reported numbers supported by the local documents?		
Review the Coordinator's filing system. Is it well organized, and does it have copies of all reports sent and received? (Folders should exist for Supervisor's reports, QIVCs, checklists for supervising the Supervisor and other forms.)		
Review the Coordinator's last monthly report and discuss issues of poor group performance and/or errors in filling out the format. Document plans/ideas to improve group performance. Keep these notes in the same folder with this form (or in a few lines at the bottom of the form).		

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[18] All activities listed here should be completed on a quarterly basis for each Coordinator. Each Coordinator should be visited one or two times per quarter, plus one surprise visit. Check off what you do in each visit. Start with a new form each quarter.

VISITS DURING QUARTER (INCLUDE DATE):	1	2
Does the Coordinator have biweekly, up-to-date work plans on file for his/her Supervisors?		
(If during a surprise visit) Was the Coordinator following his/her own bi-weekly work plan and Supervisor's visit plan?		
Was the Coordinator properly using the checklist for supervising a Promoter to follow up on any necessary actions?		
3. VISIT REGIONAL MINISTRIES OF HEALTH AND KEY OFFICIALS SUPPORTING HIV PREVENTION, CARE, AND TREATMENT		
Interview 1–2 key ministry of health (MOH) personnel or other government officials supporting HIV prevention, care, and treatment at the regional level. Were they aware of program objectives and activities?		
Were program activities that were planned to be done in coordination with the MOH or other government officials supporting HIV prevention, care, and treatment being properly carried out?		
Were either monthly or quarterly reports being provided to the MOH regional office or other government offices supporting HIV prevention, care, and treatment by the Coordinator?		
Were MOH key personnel or other government officials supporting HIV prevention, care, and treatment generally aware of program achievements, impact, challenges and solutions? (Discuss these with them.)		
4. ATTEND A MEETING BETWEEN A COORDINATOR AND HIS/ HER SUPERVISORS (ONCE PER YEAR)		
Did the Coordinator communicate respectfully with his/her Supervisors?		
Prior to the meeting, ask the Coordinator for a copy of the agenda. Was the agenda for the meeting followed?		
Was technical and program information communicated correctly to the Supervisors?		
5. VISIT COMMUNITY GROUPS (AT LEAST ONCE PER YEAR)		
Randomly select one community-based team member group to visit, then randomly select 1–3team members listed as a member of the group. Talk to them. Is the frequency of teaching correct, and do they understand their role?		
Ask the community-based team member to explain the curriculum. Can they accurately describe key messages?		
Was the Coordinator generally familiar with the roads and paths in the area?		
6. RECEIVE SUGGESTIONS FROM THE COORDINATOR ON PROGRAM ACTIVITIES, COMMUNICATION AND SUPPORT SERVICES		

VISITS DURING QUARTER (INCLUDE DATE):	1	2
Request feedback, ideas and suggestions from the Coordinator on how to improve programming and support services. Keep these notes in the same folder with this form (or in a few lines at the bottom of the form).		
7. PROVIDE FEEDBACK TO THE COORDINATOR REGARDING HIS/ HER PERFORMANCE		
Review the Coordinator's professional development plan. Use checklists for supervising Coordinators, monthly reports and training post-test scores, and evaluate district movement toward indicator targets to evaluate the Coordinator's progress toward identified program and personal objectives.		
Counsel the Coordinator, identify outstanding performance, document unacceptable behavior and specify improvements expected.		
TOTAL YES:		
PERCENT YES:		

Lesson 8 Handout 4: Categories in the Supervisor's Checklist for Supervising Promoters

1. Observe the Promoter Teaching their Community-Based Team Member (FL, MC, SFV)

2. Review the Promoter's Electronic Records of Community-Based Team Members and Community Members (once per quarter)

3. Review the Promoter's Monthly Reports

4. Observation of the Promoter's Equipment (transport, scale, storage area, other materials)

5. Review of Visits and Interviews with Community-Based Team Members

6. Review of Visits and Interviews with Community Members

7. Review of Visit to Community Leaders or Participate in a Community Leadership Meeting and Interview the Leaders

8. Review of Visit to the Health Worker at the Nearest Health Facility (Male/Male/Youth Champions and in some cases, Faith Leaders) or Child Protection Committee/Social Welfare Office

9. Visit the Promoter's home or private space for individual goal setting

Lesson 8 Handout 5: Supportive Supervision Table

PERSON SUPERVISING	PERSON BEING SUPERVISED	LOCATION/ MEETINGS	FREQUENCY	SUPPORTIVE SUPERVISION TOOLS
Manager	Each Coordinator	Observes all locations and meetings listed below	One to two times every three months, including one surprise visit per year	Supportive supervision checklist
Coordinator (supervising 3–6 Supervisors)	Each Supervisor	Office, bi-monthly meeting and those listed below	Once per month (every third visit is a surprise visit)	Supportive supervision checklist and QIVC
Supervisor (supervising 4–6 Promoters)	Each Promoter	Promoter's home or other private location, Community-based team member group and those listed below	Twice per month: one scheduled visit and one surprise visit; QIVC at least once per quarter	Supportive supervision checklist and QIVC
Promoter (supervising 50–135 Community-based team members)	Each Community-based team member	Team member's home or other private location and community meeting or individual visit	One community-based team member from each group every two weeks	QIVC

Lesson 8 Flip Chart 2: Blank Supportive Supervision Table

PERSON SUPERVISING	PERSON BEING SUPERVISED	LOCATION / MEETINGS	FREQUENCY	SUPPORTIVE SUPERVISION TOOLS
Manager				
Coordinator				
Supervisor				
Promoter				

Lesson 8 Handout 6A: Faith Network Activities to Plan For

The Promoter

- Teach all eight Faith Networks (FNs) every two weeks.

- Spend at least a half-day checking data and reports before meeting with the Supervisor.

- Attend two bi-monthly meetings with the Supervisor (about a half-day per meeting).

- Supervise eight or more Faith Lead ers (FLs) every two weeks.

- Receive a supportive supervision visit twice each month during his normal activities.

- Attend any relevant meetings at the community level once per month (half-day).

- Visit the health facility at least once per month.

The Faith Leader

- Preach messages to the congregation and/or small groups from within the congregation every two weeks. Visit members of the faith community as requested to discuss more in-depth the topics discussed. These home visits will be about 1 hour long.

- Attend a two-hour training once every two weeks.

- Receive a supportive supervision visit at least once every six months.

The Supervisor

- Be in charge of five to six Promoters (in this example).

- Train the five Promoters every two weeks with a half-day training (bi-monthly training meeting).

- Compile the data from the Promoters after the bi-monthly training meeting (half-day of reporting).

- Supervise each of the Promoters twice per month.

- Spend three days per month writing and completing reports.

Lesson 8 Handout 6B: Youth Champion Activities to Plan For

The Promoter

- Teach all eight Youth Champion Networks (YCNs) every two weeks.

- Spend at least a half-day reviewing data and reports before meeting with the Supervisor.

- Attend two bi-monthly meetings with the Supervisor (about a half-day per meeting).

- Supervise eight or more Male/Youth Champions (YCs) every two weeks.

- Receive a supportive supervision visit twice each month during his normal activities.

- Attend any relevant meetings at the community level once per month (half-day).

- Visit the health facility at least once per month.

The Youth Champion

- Reach out to the PLHIV assigned to you as the Expert Client every two weeks. Make home visits (or visits to an agreed, private location) every two weeks when a PLHIV is new on treatment. The Male Champion may, instead of a visit, accompany the PLHIV to an appointment. If the Male/Youth Champion has an active peer support group, youth group, or men's group (e.g.,soccer gathering), then utilize 1.5 hours in each group meeting to share teaching and on the alternate weeks visit the group members one-on-one for about 1 hour each.

- Attend a two-hour training once every two weeks.

- Receive a supportive supervision visit at least once every six months.

The Supervisor

- Be in charge of five to six Promoters (in this example).

- Train the five or six Promoters every two weeks with a half-day training (bi-monthly training meeting).

- Compile the data from the Promoters after the bi-monthly training meeting (half-day of reporting).

- Supervise each of the Promoters twice per month.

- Spend three days per month writing and completing reports.

Lesson 8 Handout 6C: SASA! Faith Activities to Plan For

The Promoter

- Teach all eight SASA! Faith Networks (SFNs) every two weeks.

- Spend at least a half-day reviewing data and reports before meeting with the Supervisor.

- Attend two bi-monthly meetings with the Supervisor (about a half-day per meeting).

- Supervise eight or more SASA! Faith Volunteers (SFVs) every two weeks.

- Receive a supportive supervision visit twice each month during his normal activities.

- Attend any relevant meetings at the community level once per month (half-day).

- Visit the health facility at least once per month.

The SASA! Faith Volunteer

- Teach 20 individuals every two weeks. These individuals may be in a group in the volunteers' faith community, or may be family groups in a household neighboring the volunteer. Whether the teachings are in a group or individually will impact the amount of time. The group meetings will take one to two hours and individual visits will take about one hour each.

- Attend a two-hour training once every two weeks.

- Receive a supportive supervision visit at least once every 6 months.

The Supervisor

- Be in charge of five or six Promoters (in this example).

- Train the five or six Promoters every two weeks with a half-day training (bi-monthly training meeting).

- Compile the data from the Promoters after the bi-monthly training meeting (half day of reporting).

- Supervise each of the Promoters twice per month.

- Spend three days per month writing and completing reports.

Lesson 8 Handout 7: Example Work Plans

Note: These are only example work plans. Each Promoter should adjust their schedule based on the availability of the networks, relevant community meetings, travel schedules and their own preferences.

Example Monthly Work Plan for Faith Network Promoters

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
WEEK 1	Teach FN #1 Teach FN #2	Teach FN #3 Teach FN #4	Supervise two Faith Leaders with QIVC	Attend bi-monthly meeting	Supervise two Faith Leaders with QIVC
WEEK 2	Teach FN #5 Teach FN #6	Teach FN #7 Teach FN #8	Supervise two Faith Leaders with QIVC *(Receive supervision visit while supervising a FL)*	Attend a relevant community meeting	Supervise two Faith Leaders with QIVC
WEEK 3	Supervise two Faith Leaders with QIVC	Teach FN #1 Teach FN #2 *(Receive supervision visit while teaching FN #2)*	Supervise two Faith Leaders with QIVC	Attend bi-monthly meeting and a community event	Teach FN #3 Teach FN #4
WEEK 4	Supervise two Faith Leaders with QIVC	Teach FN #5 Teach FN #6	Teach FN #7 Teach FN #8	Supervise two Faith Leaders with QIVC	Prepare monthly reports

Example Monthly Work Plan for Youth Champion Promoters

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
WEEK 1	Teach YCN #1 Supervise one YC with QIVC	Teach YCN #2 Supervise one YC with QIVC	Teach YCN #3 Supervise one YC with QIVC	Teach YCN #4 Supervise one YC with QIVC	Teach YCN #5 Supervise one YC with QIVC *(Receive supervision visit while teaching YN #5)*
WEEK 2	Teach YCN #6 Supervise one YC with QIVC	Teach YCN #7 Supervise one YC with QIVC	Teach YCN #8 Supervise one YC with QIVC	Compile reports and attend a community meeting	Attend bi-monthly meeting
WEEK 3	Teach YCN #1 Teach YCN #2	Supervise two YCs with QIVC	Supervise two YCs with QIVC	Teach YCN #3 Teach YCN #4	Visit the health center and a community meeting

WEEK 4	Teach YCN #5 Supervise one YC with QIVC	Teach YCN #6 Supervise one YC with QIVC *(Receive supervision visit while supervising a YC)*	Teach YCN #7 Supervise one YC with QIVC	Teach YCN #8	Attend a bi-monthly meeting Supervise one YC with QIVC

Example Monthly Work Plan for SASA! Faith Promoters

	MONDAY	**TUESDAY**	**WEDNESDAY**	**THURSDAY**	**FRIDAY**
WEEK 1	Attend bi-monthly meeting	Supervise two SFVs with QIVC	Supervise two SFVs with QIVC	Supervise two SFVs with QIVC	Teach SFN #3 Teach SFN #5
WEEK 2	Teach SFN #1 Teach SFN #4	Teach SFN #8 Teach SFN #6 *(Receive supervision visit while teaching SFN #6)*	Attend a relevant community meeting	Teach SFN #7 Teach SFN #2	Supervise two Faith Leaders with QIVC
WEEK 3	Teach SFN #7 Supervise a SFV with QIVC	Teach SFN #7 Supervise a SFV with QIVC	Supervise two SFVs with QIVC	Attend a relevant community meeting	Teach SFN #6 Teach SFN #5
WEEK 4	Supervise two SFVs with QIVC	Teach SFN #1 Teach SFN #4	Teach SFN #2 Supervise a SFV with QIVC	Teach SFN #3 Supervise a SFV with QIVC	Visit the Health Facility and Prepare monthly reports

Example Monthly Work Plan for Supervisor

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
WEEK 1	Attend a community meeting	Report writing	Supervise Promoter #5	Prepare for bi-monthly training	bi-monthly meeting Reporting
WEEK 2	Supervise Promoter #1	Supervise Promoter #2	Supervise Promoter #3	Supervise Promoter #4	Supervise Promoter #6
WEEK 3	Supervise Promoter #5	Supervise Promoter #6 Attend a community meeting	Supervise Promoter #4	Prepare for bi-monthly training	Bi-monthly meeting Reporting
WEEK 4	Supervise Promoter #1	Supervise Promoter #2	Supervise Promoter #3	Report writing	Report writing

LESSON 9: QUALITY IMPROVEMENT AND VERIFICATION CHECKLISTS (QIVCS) AND GIVING FEEDBACK

Achievement-Based Objectives

By the end of this lesson, participants will have:

- Reviewed two quality improvement and verification checklists (QIVCs)

- Observed a simulated use of the QIVC

- Completed and scored two QIVCs

- Reviewed the steps for giving positive feedback

Duration

2 hours

Materials Needed

- Lesson 9 Handout 1: Quality Improvement and Verification Checklist (QIVC) for Meeting Facilitation

- Lesson 9 Handout 2: Quality Improvement and Verification Checklist (QIVC) for Giving Feedback

- Lesson 9 Handout 3: Role-play Part 1: Meeting/Education Event

- Lesson 9 Handout 4: Role-play Part 2: Giving Feedback

- Lesson 9 Flip Chart 1: How to Score the Quality Improvement Verification Checklist (QIVC)

- Lesson 9 Handout 5: Steps for Giving Effective Feedback

- Flip chart paper and markers

Facilitator's Notes

Prepare to present a short role-play of a SASA! Faith Volunteer summarizing a lesson on the four kinds of power (power within, power over, power with, and power to). If there are two facilitators at a training, it would be best if they did the role-play together, with one facilitator playing the role of the SASA! Faith Volunteer and the other playing the role of the SASA! Faith Promoter. If there is only one facilitator, choose a very competent participant to play the role of the SASA! Faith Volunteer. Either way, practice the role-play ahead of time. You also will need to ask a few other participants to play the role of the church group members who are attending the education session.

While we have chosen to conduct the role-play with SASA! Faith Volunteers, the principles apply across all SCOPE HIV network areas.

Review **Lesson 9 Handout 1: Quality Improvement and Verification Checklist (QIVC) for Meeting Facilitation**, **Lesson 9 Handout 2: Quality Improvement and Verification Checklist (QIVC) for Giving Feedback**, **Lesson 9 Handout 3: Role-play Part 1: Meeting/Education Event**, **Lesson 9 Handout 4: Role-play Part 2: Giving Feedback** and the role-play instructions in Step 4 so the person playing the SASA! Faith Volunteer knows what good things to do and can choose two

or three things deliberately to do wrong. This way the person playing the SASA! Faith Promoter knows how to give appropriate feedback.

It is very important that the person playing the SASA! Faith Volunteer role not try to act like a clown during the skit to entertain the audience. This needs to be a learning activity that shows the good and poor things SASA! Faith Volunteer could do and how the SASA! Faith Promoter works with them to improve. Remember that if you model a poor example of giving appropriate feedback, the participants will do exactly what they saw you do. Practice, practice, practice! Make sure you have practiced giving appropriate feedback before training others.

In terms of discussing the QIVC, a group discussion is not usually possible in normal work situations but is a good way to help staff learn how to score and evaluate an observation fairly. In many cultures, Supervisors are more prone to mark "no" for very tiny faults instead of marking "yes" if the facilitator, in general, completed the given task. Remind participants that this is a tool to encourage and improve the ability of workers. The QIVC is not a tool used to fail a worker or shame them into change.

Steps

1. Introduction

    1a. Tell participants: Now that we have discussed the supportive supervision checklist, we need to introduce the other supervision tool, the quality improvement and verification checklist.

    1b. Explain: If the SCOPE HIV networks of volunteers are not executed with a high level of quality, it won't produce the desired results, and malnutrition levels won't decline. Also, when we monitor implementation, we tend to focus on quantity rather than quality.

    1c. Ask participants: What quantitative things do you think the SCOPE HIV Program will monitor? Answers could include how many meetings were held and how many people attended.

    1d. Tell participants: How well the meeting was facilitated and how well the community-based team members participated also are critical elements. To focus our attention on how well tasks and activities are implemented, Food for the Hungry has developed a tool called the quality improvement and verification checklist, or QIVC. This session is divided into two parts. For part of this lesson, we will look at the QIVC, how to use it, how to give effective feedback and how to use the results of the QIVC to make programmatic decisions.

2. The Quality Improvement and Verification Checklist Tool and How It Is Used

    2a. Refer participants to **Lesson 9 Handout 1: Quality Improvement and Verification Checklist (QIVC) for Meeting Facilitation** and **Lesson 9 Handout 2: Quality Improvement and Verification Checklist (QIVC) for Giving Feedback**. Explain that while we will be using these QIVCs during this session, there are many other QIVCs that focus on other program aspects. Other QIVCs created by Food for the Hungry (FH) can be found at **http://www.caregroupinfo.org/docs/QIVC_Files.zip**.

    2b. Explain that the QIVC for educational session facilitation has three main purposes:

    - To encourage a facilitator

    - To monitor a facilitator

    - To improve a facilitator's performance

        Write these on a flip chart.

    2c. Ask participants: Who are the facilitators in the SCOPE HIV Program? Answers should include that facilitators are those who teach others, including Managers, Supervisors, Coordinators, Promoters, Faith Leaders, SASA! Faith Volunteers and Male/Youth Champions. This means

that the QIVC can be used to encourage, monitor and improve the work of each one of these SCOPE HIV team members.

2d. Explain to participants that the QIVC is the ONLY tool used to supervise community-based team members. The Promoter does not use a supportive supervision checklist at this level since community-based team members are not employees.

2e. Explain to participants: The QIVC rapidly increases facilitation performance. For example, in the Dominican Republic, health Promoters' performance improved by 38% in months when QIVCs were used.19 Small improvements in performance can cause large changes in impact. However, QIVCs are only useful for tasks that can be observed and have multiple steps.

2f. Ask participants: What are some activities in our program that you can observe? Which of these activities is a process with multiple steps? Answers include teaching lessons to community members, teaching lessons to community-based team members, teaching lessons to Promoters, teaching lessons to Supervisors, HIV self-test distribution, adherence counseling, interactions between the community-based team members and couples, distributing condoms and lubricant, assisted referrals, and individual counseling sessions.

3. Review the Quality Improvement and Verification Checklist

3a. Go through each point on Lesson 12 Handout 1 with participants. Make sure that they understand what each question means.

3b. Explain to participants that most questions have a yes or no answer. After reading the question, they should decide if the answer is "yes" or "no" and mark the corresponding box.

3c. If the question is not relevant for a particular training, ~~then draw a line through the YES or NO boxes~~. For example:

- In question 11, if the topic was practicing safe sex with the use of a condom, the facilitator would have a difficult time demonstrating this activity. You would mark a line through the ~~yes or no~~.

- In question 16, if participants do not mention any barriers, cross out this line when monitoring the worker.

3d. Tell participants: QIVCs should be adapted to fit the culture and design of each program. After using the QIVC for 3 or 4 months, ask staff and community-based team members to meet together to discuss the checklist. If specific questions are not appropriate or applicable to your situation, adapt or revise them as needed. However, be cautious. The QIVC was designed to ensure participatory teaching methods are used in each lesson. Make sure your final version continues to reinforce the key principles of participatory learning.

3e. Explain that the QIVC can be used during regularly planned supervisory visits along with the supportive supervision checklist. It can also be used on its own.

4. Activity: Quality Improvement and Verification Checklists in Action

4a. Explain to participants: Now we're going to learn how the QIVC would be used in the field. You are going to watch a role-play of a SASA! Faith Volunteer facilitating a meeting with her church study group and how the SASA! Faith Promoter, who has come to watch, provides feedback to the volunteer. During the role-play keep an eye on your copy of the QIVC and see for yourself how well the SASA! Faith Volunteer conducted the meeting. Then, when the SASA! Faith Promoter gives feedback, use the other QIVC to see how well she does. While this example includes a SASA! Faith Volunteer and Promoter, it is just as valid for Faith Leaders and Male/Youth Champions.

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19 T. Davis, 1991. *Report data, International Child Care (1992).*

4b. Explain to participants that the QIVC is only completed after the event, not during. This is done so the person filling out the QIVC can be attentive during the event being evaluated and not be distracted by filling out the QIVC.

4c. Explain that the role-play will be done in two parts. In the first part a SASA! Faith Volunteer facilitates a meeting with her church study group. In the second part the SASA! Faith Promoter gives feedback to the SASA! Faith Volunteer. Instruct participants to fill out the pertinent QIVC after each role-play. Answer any questions.

4d. After completing **Lesson 9 Handout 3: Role-play Part 1: Meeting/Education Event** ask each participant to fill out and score their copies of Lesson 9 Handout 1. Show the instructions in **Lesson 9 Flip Chart 1: How to Score the Quality Improvement Verification Checklist (QIVC).** Ask some participants to share the scores they gave. Repeat this process after **Lesson 9 Handout 4: Role-play Part 2: Giving Feedback** using Lesson 9 Handout 2.

4e. Ask the participants the following questions. They should answer the questions based on what they saw in the skit. Write their responses on a flip chart.

- What should you say to the SASA! Faith Volunteer when you visit her and plan to use a QIVC? Answers should include:

  – Don't worry!

  – This is not a test, but a tool to help you improve.

  – Teach as you normally do.

- What comments did the SASA! Faith Promoter make during the educational lesson? Answers should include:

  – None! The SASA! Faith Promoter should observe only and not interrupt or make comments to the facilitator.

  – After the session, the SASA! Faith Promoter can address the participants as appropriate.

- Where did the SASA! Faith Promoter talk about each of the points in the QIVC with SASA! Faith Volunteer? Answers should include:

  – In private, not in front of other people.

- Why did the SASA! Faith Promoter explain the checklist to the SASA! Faith Volunteer? Answers should include:

  – Because it is also a method for improving and encouraging the worker's performance.

  – The actions we consider to be perfect performance should not be kept secret from the worker.

  – All workers should know exactly what is expected of them.

- How should the SASA! Faith Promoter speak to the SASA! Faith Volunteer? Answers should include:

  – The SASA! Faith Promoter needs to be gentle so the SASA! Faith Volunteer does not feel shame.

  – Even if the SASA! Faith Volunteer did very poorly on the checklist, the SASA! Faith Promoter should emphasize areas where he has shown some improvement.

  – Ask the SASA! Faith Volunteer which areas she wants to work on.

      – Focus on asking, not on telling.

5. More on Giving Feedback

   5a. Ask participants the following questions and discuss: We have talked a lot about positive feedback. What's wrong with negative feedback? Wouldn't the worker improve faster if we told her everything that she did wrong? What is your opinion?

   5b. Refer participants to Lesson 9 Handout 5: Steps for Giving Effective Feedback. Tell participants that they will now review exactly how feedback should be given after an observation.

   5c. Working in pairs, have participants review the handout and compare the points to what they observed in the role-play. Ask some participants to share their observations.

The Importance of Giving Positive Feedback

(From "Positive Image, Positive Action: The Affirmative Basis of Organizing" by David Cooperrider)

Most people worldwide believe that pointing out mistakes will eliminate failures and improve performance. However, studies have shown that the opposite is true, especially when it comes to learning new tasks.

In one experiment, for example, Kirschenbaum (1984) compared three sets of bowlers:

- Group A did not receive any lessons but tried to learn how to bowl on their own.

- Group B was videotaped. All of the good things they did while bowling were compiled, and the mistakes were deleted from the tapes. These positive tapes were reviewed with each bowler pointing out the things they had done well to help them improve.

- Group C also was videotaped. All of the bowling mistakes they made were compiled, and the good things they did were deleted off the tapes. The mistake tapes were reviewed with this group, pointing out areas they needed to improve.

- Group B improved significantly more than all the others, and the unskilled bowlers in Group B (average of 125 pins) improved substantially (more than 100%) more than all other groups.

Since then, these results have been replicated with other athletic activities, giving the same results. Pointing out the things people do well helps them learn new skills and improves their performance in mastering new tasks.

   5d. Ask participants and discuss responses: How is this way of giving feedback different from the way it is usually done? Which way do you think will result in improved performance? Which approach will results in sustained high motivation? Why?

6. Wrap Up

   6a. Tell participants: Next, we will look at how to use the results of the QIVC to make programmatic decisions.

Lesson 9 Handout 1: Quality Improvement and Verification Checklist (QIVC) for Meeting Facilitation

Name of facilitator:_____

Date: _____

Evaluator: _____

Community: _____

Methods	Yes	No
1. Did the facilitator seat people so that all could see each other's faces? .... ☐	☐	
2. Did the facilitator sit at the same level as the other participants? .... ☐	☐	
3. Did the facilitator introduce the topic well (who he/she is, topic, time)? .... ☐	☐	
4. Did the facilitator speak loud enough so that everyone could hear? .... ☐	☐	
5. Did the facilitator use proper eye contact with everyone? .... ☐	☐	
6. Did the facilitator change his/her voice intonation (not monotone)? .... ☐	☐	
7. Did the facilitator speak slowly and clearly? .... ☐	☐	
8. Did the facilitator ask about the current practices of the participants? .... ☐	☐	
9. Did the facilitator read each caption aloud to the participants? .... ☐	☐	
10. Did the facilitator explain the meaning of each picture? .... ☐	☐	
11. Did the facilitator demonstrate any skills that he/she was promoting? .... ☐	☐	
12. Did the facilitator verify that people understood the main points using open-ended questions? .... ☐	☐	

Discussion	Yes	No
13. Did the facilitator discuss confidentiality?... ☐	☐	
14. Did the facilitator ask the participants open-ended questions? .... ☐	☐	
15. Did the facilitator give participants adequate time to answer questions? .... ☐	☐	
16. Did the facilitator ask participants if there were barriers that might prevent them from trying the new practices? .... ☐	☐	
17. Did the facilitator encourage discussion among participants to solve the barriers mentioned? .... ☐	☐	
18. Did the facilitator encourage comments by paraphrasing what people said (repeating statements in his/her own words)? .... ☐	☐	
19. Did the facilitator ask participants if they agree with other participants' responses?..... ☐	☐	
20. Did the facilitator encourage comments by nodding, smiling or other actions to show he/she was listening? .... ☐	☐	
21. Did the facilitator always reply to participants in a courteous and diplomatic way? … ☐	☐	
22. Did the participants make lots of comments? .... ☐	☐	

Discussion (continued)   **Yes**   **No**

23. Did the facilitator prevent domination of the discussion by one or two people? ……... ☐   ☐

24. Did the facilitator encourage timid participants to speak/participate? ……………..... ☐   ☐

25. Did the facilitator summarize the discussion? ………………………………………. ☐   ☐

26. Did the facilitator reinforce statements by sharing relevant personal experience
    or by asking others to share a personal experience? …………………………….. ☐   ☐

27. Did the facilitator ask each person to make a commitment? ……………………..... ☐   ☐

28. Did the facilitator ask each person about previous commitments? ………………….. ☐   ☐

Content   **Yes**   **No**

29. Was the content of the educational messages correct? …………………………..... ☐   ☐

30. Was the content of the educational messages relevant? …………………………. ☐   ☐

31. Was the content of the educational messages complete? …………………………... ☐   ☐

Provide an overall evaluation of the facilitator's performance in the space below. Include specific observations, including comments about content/educational messages.

Score: _____

Comments:

Lesson 9 Handout 2: Quality Improvement and Verification Checklist (QIVC) to Evaluate Positive Feedback

Name of the person using this list: _____

Name of the person evaluated: _____

Community: _____   Date:
_____

Number of yeses: _____   Number of lines: _____

Present grade: _____%   Previous grade: _____%

Before the Evaluation Begins	Yes	No
1. Did the evaluator explain the purpose of the QIVC (to improve and measure work quality)? ………………………………………………………	☐	☐
2. Did the evaluator tell the person evaluated not to fear, that this is not a test, but rather something to help him/her improve? ………………………………	☐	☐
3. Did the evaluator advise the person being evaluated not to say anything to the evaluator while being observed? ……………………………………..	☐	☐

During the Observation	Yes	No
4. Did the evaluator avoid making comments to the person evaluated during the health lesson? …………………………………………………………	☐	☐
5. Did the evaluator mark all the questions (yes or no) during or right after the observation?……………………………………………………………..	☐	☐

Feedback	Yes	No
6. Did the evaluator give the feedback in a private place? ……………………………..	☐	☐
7. Did the evaluator ask the person evaluated to note his/her comments? ……………..	☐	☐
8. Did the evaluator discuss each positive point on the form? ……………………………	☐	☐
9. Did the evaluator encourage the person evaluated on to the things he/she did correctly? ……………………………………………………………..	☐	☐
10. Did the evaluator use positive body language when providing positive feedback to the person? …………………………………………………………..	☐	☐
11. Did the evaluator use many encouraging words (e.g., excellent, very good) when providing positive feedback to the person? …………………………………………	☐	☐
12. Did the evaluator avoid the use of too many mixed comments (e.g., "This was excellent, but you have to …") when providing feedback? ……………………………	☐	☐
13. Did the evaluator always respond to the comments from the person evaluated in a courteous and diplomatic manner? ……………………………………..…	☐	☐
14. Did the evaluator mention the area(s) where the performance of the person evaluated was better than the majority of other people? ………………………………	☐	☐
15. Did the evaluator discuss the most important negative points on the form? ………….	☐	☐

Feedback (continued)	**Yes**	**No**
16. Did the evaluator often ask the person evaluated to discuss the negative points in his/her performance self-evaluation before providing an opinion? …………….….....	☐	☐
17. Did the evaluator use several examples to explain the correct manner of performing the parts of the process that were done incorrectly? ………………….......	☐	☐
18. Did the evaluator maintain control of the evaluation process in an appropriate manner? …………………………………………………………………………………	☐	☐
19. Did the evaluator help the person evaluated find solutions to the problems he/she has (e.g., in the community), where possible? …………………………………	☐	☐
20. Did the evaluator keep the attention of the person evaluated? ……………………....	☐	☐
21. Were the evaluator's suggestions correct? ………………………………………………	☐	☐
22. Were the evaluator's suggestions appropriate for the context of the person being evaluated? ……………………………………………………………………………	☐	☐
23. Were the evaluator's suggestions complete? ……………………………………………	☐	☐
24. Were the evaluator's suggestions very specific? …………………………………….....	☐	☐

At the End of the Evaluation	**Yes**	**No**
25. Did the Evaluator ask the person evaluated to give a summary of the things that should be improved? ……………………………………………………………………..	☐	☐
26. Did the Evaluator complete this list if the person evaluated could not remember all the things that needed improvement? ……………………………………………....	☐	☐
27. Did the Evaluator ask the person evaluated to indicate his/her commitment to improve these things? …………………………………………………………………….	☐	☐
28. Did the Evaluator ask the person to give a summary of the positive things that he/she did? ……………………………………………………………....………………	☐	☐
29. Did the Evaluator complete this list if the person evaluated could not remember all the things he/she did that were positive? ………………………………….……	☐	☐

Score: _____

Additional Comments:

Lesson 9 Handout 3: Role-play Part 1: Meeting/Education Event

The SASA! Faith Volunteer is preparing for a meeting on the four types of power. She has prepared a space for her church study group to sit in front of her in a semi-circle so everyone can see each other. As he/she is getting ready, her SASA! Faith Promoter arrives, and they have the following discussion.

- **SASA! Faith Promoter:** Good morning Maria. How are you doing?

- **SASA! Faith Volunteer:** Welcome! I'm fine. It's good to see you.

- **SASA! Faith Promoter:** I've come to pay you a visit and to observe your meeting. During this visit, I will be completing the QIVC for educational session facilitation. Remember the QIVC will help improve your work as a facilitator. It's not a test, so there's no need to be nervous. [She shows the QIVC to the SASA! Faith Volunteer.] This is the same form that we have used before.

- **SASA! Faith Volunteer V:** Yes, I remember. I was just getting ready to go through the lesson on powerful choices. My church study group will be joining me here. Since you are here, if I have any questions or problems, I'll be sure to ask for your help.

- **SASA! Faith Promoter:** Actually, Maria, I will just be watching you and not participating at all. Just carry on as if I wasn't here. Afterward, we will talk about how the meeting went.

The SASA! Faith Volunteer sits down and calls for everyone to join her. The SASA! Faith Promoter sits to the side, holding her quality improvement and verification checklist (QIVC). Once everyone in the group is sitting, one last woman arrives and sits behind everyone else, a little outside the group. The SASA! Faith Volunteer conducts a two-minute summary 20 of the four types of power (*power within, power over, power with, and power to*) curriculum. She makes sure everyone but the woman sitting a little outside the group has a chance to participate. The SASA! Faith Volunteer does most everything well, but she does not ask the group members if they have any prior experience with these different types of power, and she does not verify at the end if they all understood. The discussion ends, and the SASA! Faith Volunteer thanks everyone for coming.

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[20] A typical behavior change meeting would not include only a two-minute summary. This is done only as a time-saving mechanism within this training. The focus of this activity is learning how to conduct and give feedback using the QIVC tool.

Lesson 9 Handout 4: Role-play Part 2: Giving Feedback

The SASA! Faith Volunteer and the SASA! Faith Promoter privately discuss the educational session. The SASA! Faith Promoter uses the following outline to discuss the SASA! Faith Volunteer performance.

- Ask, "How do you think you did?"

- Agree with the positive points and mistakes the SASA! Faith Volunteer mentions, as appropriate. Probe as needed: "What things did you do well? What things would you have done differently?"

- Review the positive things on the quality improvement and verification checklist (QIVC) (everything marked yes).

- If not mentioned earlier, ask the SASA! Faith Volunteer about areas that you marked "no". For example, "Tell me about the woman who came in last. I thought she seems excluded from the group." Or "How did you think you did in reviewing the group members' prior experience in making important choices?"

- Reinforce things that the SASA! Faith Volunteer says that could help her improve in these areas. Do not concentrate too much on what the SASA! Faith Volunteer did wrong, but rather what she did well, helping her come up with ways to overcome areas where she did poorly.

- Ask the SASA! Faith Volunteer to summarize the things that you discussed today (positive things and areas to improve).

- Give the SASA! Faith Volunteer her score and summarize anything that was missed.

- Ask her to commit to changing these things.

- Thank the SASA! Faith Volunteer.

Lesson 9 Flip Chart 1: How to Score the Quality Improvement Verification Checklist (QIVC)

Count the number of "yes" responses.

Divide the number of "yes" responses by the total number of answered questions (questions answered with either a "yes" or "no" response).

Do not count the questions that are not applicable (those that are crossed out).

Lesson 9 Handout 5: Steps for Giving Feedback to Workers

1. Give feedback in private.

2. Ask the person being evaluated to take notes (if they are able).

3. Discuss each positive point.

4. Encourage the worker on the things he/she did well.

5. Use positive body language.

6. Do not use mixed comments.

7. Respond to the worker in a courteous and diplomatic manner.

8. Mention the areas where the worker is doing better than others.

9. Discuss each negative point on the form but remember to give three positive comments for every one comment about an area to improve.

10. Ask the worker to discuss his/her performance before giving your opinion.

11. Offer several examples to explain the correct manner of performing the tasks where the worker received a "no" on the quality improvement and verification checklist (QIVC).

12. Maintain control of the evaluation.

13. Help the worker find solutions to problems when possible.

14. Keep the worker's attention.

15. Focus on what is correct, appropriate, complete and specific.

16. At the end of the evaluation, ask the worker to summarize the things he/she will improve.

17. If he/she forgot any areas, remind him/her of them.

18. Ask the worker to make a commitment to improve these issues.

19. Ask the worker to give a summary of the things he/she did well.

20. Add to this list if the worker forgot any positive areas.

LESSON 10: CALCULATING SCORES AND USING DATA FROM THE QUALITY IMPROVEMENT AND VERIFICATION CHECKLIST (QIVC)

> **Achievement-Based Objectives**
>
> By the end of this lesson, participants will have practiced scoring and analyzing the QIVC to evaluate staff and volunteer performance over a period of time.
>
> **Duration**
>
> 1 hour 30 minutes
>
> **Materials Needed**
>
> - Lesson 10 Flip Chart 1: Individual and Program Performance Goals
>
> - Lesson 10 Flip Chart 2: Quality Improvement and Verification Checklist (QIVC) Score Calculations
>
> - Flip chart paper and markers
>
> - Calculator (optional)
>
> - Lesson 10 Handout 1: Analyzing Quality Improvement and Verification Checklist (QIVC) Scores
>
> - Answer Key to Lesson 10 Handout 1: Analyzing Quality Improvement and Verification Checklist (QIVC) Scores
>
> - Lesson 10 Flip Chart 3: Graph of Sarah's SASA! Faith Volunteers
>
> - Lesson 10 Handout 2: Analyzing Quality Improvement and Verification Checklist (QIVC) Scores
>
> - Answer Key for Lesson 10 Handout 2: Analyzing Quality Improvement and Verification Checklist (QIVC) Scores
>
> - Lesson 10 Handout 3: Quality Improvement and Verification Checklist (QIVC) Results for Six Promoters

Steps

1. Introduction

    1a. Tell participants: Now that we have become familiar with QIVCs and seen how they are used, we need to see how their use would allow us to make decisions to improve the overall program.

    1b. Ask participants: Why isn't it enough to just use the QIVCs to improve an individual's performance? Answers should include, because if many individuals are having the same or similar problems or are performing very poorly, then this means that something bigger—something more systemic—is not going well.

1c. Tell participants: In this lesson, we will look into how to use the QIVC data to improve our programs.

2. Activity: Performance Targets and Calculations

2a. Tell participants: In this session, we will focus on monitoring workers' performance. The QIVC is a representation of perfect performance. Very few people will reach perfection (100%) during an observation. We want all of our facilitators, including staff trainers, Promoters and community-based team members, to reach and maintain a score of 80% or above on each QIVC. We can't expect all of the SCOPE HIV team members to get 80% or above on each QIVC, so our target is 80%.

2b. Display and talk through **Lesson 10 Flip Chart 1: Individual and Program Performance Goals**.

2c. Explain to participants that there are two types of calculations that programs need to make. Display **Lesson 10 Flip Chart 2: Quality Improvement and Verification Checklist (QIVC) Score Calculations** and explain the two calculations to participants.

2d. **Program performance score:** Using Lesson 10 Flip Chart 2, explain how to calculate the program performance score. Then practice using the example of Maria's Promoters in the text box. Write answers on a flip chart by step. Ask participants: What does this score tell us? They should answer the overall performance of a group.

> **Example:**
> **Maria's Promoters**
> 1. Samuel – 80%
> 2. Robert – 50%
> 3. Richard – 60%
> 4. Sonya – 85%
> 5. Kathy – 75%
> 6. Henry – 82%

- Number of individual QIVCs: 6

- Number of scores that are 80% or above: 3

- Program performance score: Number of scores that are 80% or higher divided by the total number of individual QIVCs: 3 ▢ 6 = 50%

2e. **The average score for individuals:** Then explain how to calculate the average score. Use the same example of Maria's Promoters to practice. Write answers on a flip chart by step.

- All the scores added together: 80 + 50 + 60 + 85 + 75 + 82 = 432

- The sum of all the scores divided by the number of scores: 432 ▢ 6 = 72%

2f. **Calculating QIVC scores:** Refer participants to **Lesson 10 Handout 1: Analyzing Quality Improvement and Verification Checklist (QIVC) Scores** and ask them to make the calculations for the three examples. Review the correct response using **Answer Key to Lesson 10 Handout 1: Analyzing Quality Improvement and Verification Checklist (QIVC) Scores.**

2g. Ask participants the following questions.

- Which one of these groups has reached our target? Why? Participants should answer that Abebe's Promoters reached the target because more than 80% of Promoters in that group reached or exceeded an 80% score on their QIVCs.

- Why is it important to calculate the average score for individuals as well as the program performance score? Answers should include:

    – If you only look only at the average scores, it would appear that Tesfaye's group is doing the best. However, half of his Promoters have not reached the target.

    – Abebe's Promoters have an average that is eight percentage points lower, but he has reached the target for his workers.g

- Moges' Promoters have the same average score as Abebe's group, but his workers are doing very poorly, with only 16% of them reaching the target.

- Averages do not give you enough information.

- We want all of our workers to improve, so we need to pay attention to the percentage of people reaching the target so we can spend more time helping them to improve.

- In order to monitor progress, we need to record scores for all of our workers and check for problems regularly.

3. System Problems and People Problems

   3a. Tell participants that there are two types of problems that QIVCs can detect: system problems and people problems. What is the difference?

   - System-wide problems are problems that all workers share. Most likely, it is a problem with the way the workers were trained or a skill they are having trouble mastering (for example, storytelling or asking for commitments).

   - People problems are problems with individual workers. The QIVC shows which workers are not improving. People problems require that you work one-on-one to help them improve. One low score is not bad; we are looking for improvement over a long period of time. However, if you continue to see one worker doing poorly you will need to intervene. If a worker continues to score poorly, even after multiple observations and feedback, you need to remove that worker from the SCOPE HIV Program (according to your organization and national policies).

   3b. Ask participants: Why do we need to monitor system and people problems?

   - If staff is not teaching effectively (if they are poor facilitators), it will greatly impact the effectiveness of the messages shared in the program.

   - If in turn, community-based team members are modeling the poor teaching skills that they learned from the Promoter, then it will impact whether community members hear the information and change their behaviors.

   - The success of the SCOPE HIV Program is dependent upon the strength of the workers.

   3c. Refer to **Lesson 10 Handout 2: Analyzing Quality Improvement and Verification Checklist (QIVC) Scores**. Explain how to read the charts on the handout.

   - The numbers refer to the questions on the QIVC for educational session facilitation.

   - A "1" means the response was "yes", a "0" means the response was "no", and "N/A" means the question wasn't answered (not applicable).

   3d. Ask participants to work in pairs to answer the last three questions at the bottom of Lesson 13 Handout 2. If they have extra time, they can answer the average score and percentage of score questions. Review the answers using **Answer Key to Lesson 10 Handout 2: Analyzing Quality Improvement and Verification Checklist (QIVC) Scores.**

4. Frequency of Supervising with the QIVC

   4a. Ask participants: How often should you use the QIVC?

   - For Faith Leaders, Male/Youth Champions and SASA! Faith, Promoters, Supervisors and Coordinators with unacceptable scores (less than 80%):

     - Their supervisor should visit them every month until the score is 80% or above. These are our head facilitators.

- For workers with acceptable scores (80% or above at least twice in a row):

    – Use the QIVC less frequently to see if they are able to maintain this standard.

    – For example, observe them once every quarter or every other quarter after they have a score of 80% or above for two quarters in a row.

4b. Ask participants: Looking at **Lesson 10 Handout 3**, how frequently should each of these staff members be observed?

- Gabriella is doing well. Use the QIVC at the next visit. If she scores above 80% again, observe her once each quarter or every other quarter.

- Kwaasi is doing well. Use the QIVC next month, then decrease to once a quarter or every other quarter if he scores 80% or above again.

- Dorothy is doing well. Use the QIVC at the next observation and then decrease if her scores stay about 80%.

- We need to work on an improvement plan for Tom. Look at the questions on the QIVC where he scored poorly. Advise him on the things that he should improve. Retrain him if necessary. Make an action plan.

- Mario and Joseph do not need any more QIVCs this quarter. Use QIVCs with them every other quarter.

5. Recording QIVC Scores and Monitoring Progress

5a. Share the following options for recording QIVC scores with participants.

- Make a flip chart with Promoter (or Supervisor) scores listed for each quarter (the Manager needs to decide whether or not names should be included on this poster). Hang the poster in the Manager's office or the district office.

- The Supervisor keeps a record in his files using graph paper (or a Microsoft Excel spreadsheet) to record scores after each observation.

- Purchase a manila file folder for each worker. Include all of their QIVCs in this folder and add scores onto a simple chart on the inside cover so you can see improvements over time. Bring each worker's file to all of his/her observations so you can share progress.

5b. Show participants the graph in Lesson 10 Flip Chart 3: Graph of Sarah's SASA! Faith Volunteers. Tell participants that this is one way they can monitor workers' progress. The graph makes it very easy to understand at a glance how workers are performing. Ask participants to respond to the following two questions related to Sarah's graph.

- How many SASA! Faith Volunteers have reached the standard score?

    – Participants should answer that two of them reached 80% (Jean and Desire), and that Vanessa is close behind, but Yvan is doing very poorly.

    – Add that you do not need to calculate scores over time for individual workers if you put their scores on a graph. We can see the 80% line and find those who are above and below the line. Remember, we are hoping that all workers improve to the point where they reach 80% or above. During the first months of observations, we can expect them to have lower scores, and that is OK because we are looking for improvement over time.

- What percentage of SASA! Faith Volunteers reached the standard by quarter 4? Participants should answer 50%.

6. Wrap Up

    6a. Train all staff and community-based team members who will be either using QIVC's as the observer, or who will be observed with QIVCs, about the checklist's purpose and how to use it (just as you received training here).

    6b. Remind participants: When training community-based team members, you will need to make the training extremely simple. The program may want to develop a basic pictorial QIVC for monitoring and training them. That way, they can learn the pictures and their meaning and do not need to be literate to understand the monitoring tool.

Lesson 10 Flip Chart 1: Individual and Program Performance Goals

Individual Performance Goal

Each person scores 80% or higher on the quality improvement and verification checklist (QIVC).

Program Performance Goal

Of all of the QIVCs done in a quarter, 80% of them to have a score of 80% or higher.

Lesson 10 Flip Chart 2: Quality Improvement and Verification Checklist (QIVC) Score Calculations

Program Performance Score

Definition: The percentage of total QIVCs conducted that quarter that were scored 80% or higher

How to calculate

1. Count the number of individual QIVC scores for that quarter.

2. Count the number of scores that are 80% or above during that quarter.

3. Divide the number of scores that are 80% or above by the total number of QIVC scores for that quarter.

4. Remember, do not add scores, just count them.

Average QIVC Scores

Definition: The average QIVC score among the ones conducted that quarter

How to calculate:

1. Add all the scores together.

2. Divide the sum of all scores by the total number of QIVCs completed that quarter.

Lesson 10 Handout 1: Analyzing Quality Improvement and Verification Checklist (QIVC) Scores

For each example, calculate both the individual averages and the Program Performance Scores

Example 1: Tesfaye's Promoters

What is the Individual Average?

Abebe – 90%	Kebede – 85%
Asnake – 100%	Bogale – 60%
Tesfaye – 77%	Yetayesh – 55%

What is the Program Performance Score (percentage of scores greater or equal to 80%)?

Example 2: Abebe's Promoters

What is the Individual Average?

Meseret – 81%	Alem – 85%
Mihret – 80%	Gossa – 83%
Hiwot – 10%	Maru – 82%

What is the Program Performance Score (percentage of scores greater than or equal to 80%)?

Example 3: Moges' Promoters

What is the Individual Average?

Lulu – 75%	Fantansh – 55%
Misrak – 65%	Belete – 85%
Assefa – 70%	Taye – 68%

What is the Program Performance Score (percentage of scores greater than or equal to 80%)

Answer Key to Lesson 10 Handout 1: Analyzing Quality Improvement and Verification Checklist (QIVC) Scores

Example 1: Tesfaye's Promoters

Average: 78%

Percentage of scores greater than or equal to 80%: 50%

Example 2: Abebe's Promoters

Average: 70%

Percentage of scores greater than or equal to 80%: 83%

Example 3: Moges' Promoters

Average: 70%

Percentage of scores greater than or equal to 80%: 16%

Lesson 10 Flip Chart 3: Graph of Sarah's SASA! Faith Volunteers

	Q1	Q2	Q3	Q4
Vanessa	78	69	76	78
Jean	70	88	94	95
Desire	53	79	85	90
Yvan	53	58	55	50

Lesson 10 Handout 2: Monitoring Quality Improvement and Verification Checklist (QIVC) Scores

Quarter 1 QIVC Scores (1 = yes; 0 = no; Skip = N/A)

QUESTION	ABEBE	KEBEDE	ASNAKE	BOGALE	TESFAYE	YETAYESH	MESELE	TOTAL
1	1	0	1	1	1	0	1	71%
2	1	1	1	1	1	1	0	86%
3	0	1	1	0	0	0	1	43%
4	1	0	1	1	1	1	0	71%
5	1	1	0	1	0	0	0	43%
6	0	1	1	1	1	1	1	86%
7	1	1	1	0	1	1	0	71%
8	0	1	1	1	0	0	1	57%
9	1	1	0	1	1	1	1	86%
10	1	1	1	1	1	1	1	100%
11	0	0	0	0	0	0	0	0%
12	1	1	1	1	0	1	1	86%
13	1	1	1	1	1	1	1	100%
14	0	1	1	0	1	0	0	43%
15	1	1	0	1	1	1	0	71%
16	0	N/A	1	1	0	1	N/A	60%
17	0	1	0	1	1	1	1	71%
18	0	1	1	1	0	0	0	43%
19	1	1	0	1	1	1	1	86%
20	0	1	1	0	0	1	0	43%
21	0	1	1	1	1	1	1	86%
22	1	0	1	1	1	1	0	71%
23	0	1	1	1	1	1	1	86%
24	1	1	0	1	1	0	0	57%
25	1	0	1	0	1	1	1	71%
26	1	1	1	1	1	1	1	100%
27	1	1	1	1	1	0	1	86%
28	0	0	0	1	1	1	0	43%
29	0	1	N/A	1	1	1	1	83%
30	1	1	1	0	1	1	0	71%
Total yes	19	25	23	25	23	24	17	
Total questions	30	29	29	30	30	30	29	
Percentages	57%	79%	72%	77%	73%	70%	55%	

Average score = _____

Percentage of scores ≥ 80% = _____

What system problems are there?

What do you propose as solutions to these system problems?

What people problems do you see?

What do you propose as solutions to these people problems?

Answer Key for Lesson 10 Handout 2: Analyzing Quality Improvement and Verification Checklist (QIVC) Scores

Quarter 1 QIVC Scores (1 = yes; 0 = no; Skip = N/A)

QUESTION	ABEBE	KEBEDE	ASNAKE	BOGALE	TESFAYE	YETAYESH	MESELE	TOTAL
1	1	0	1	1	1	0	1	71%
2	1	1	1	1	1	1	0	86%
3	0	1	1	0	0	0	1	43%
4	1	0	1	1	1	1	0	71%
5	1	1	0	1	0	0	0	43%
6	0	1	1	1	1	1	1	86%
7	1	1	1	0	1	1	0	71%
8	0	1	1	1	0	0	1	57%
9	1	1	0	1	1	1	1	86%
10	1	1	1	1	1	1	1	100%
11	0	0	0	0	0	0	0	0%
12	1	1	1	1	0	1	1	86%
13	1	1	1	1	1	1	1	100%
14	0	1	1	0	1	0	0	43%
15	1	1	0	1	1	1	0	71%
16	0	N/A	1	1	0	1	N/A	60%
17	0	1	0	1	1	1	1	71%
18	0	1	1	1	0	0	0	43%
19	1	1	0	1	1	1	1	86%
20	0	1	1	0	0	1	0	43%
21	0	1	1	1	1	1	1	86%
22	1	0	1	1	1	1	0	71%
23	0	1	1	1	1	1	1	86%
24	1	1	0	1	1	0	0	57%
25	1	0	1	0	1	1	1	71%
26	1	1	1	1	1	1	1	100%
27	1	1	1	1	1	0	1	86%
28	0	0	0	1	1	1	0	43%
29	0	1	N/A	1	1	1	1	83%
30	1	1	1	0	1	1	0	71%
Total yes	19	25	23	25	23	24	17	
Total questions	30	29	29	30	30	30	29	
Percentages	63%	86%	79%	83%	77%	80%	59%	

Average score = _____75%_____

Percentage of scores ≥ 80% = _____43%_____

What system problems are there?

There are weaknesses in the QIVC for Meeting Facilitation Question Numbers 3, 5, 11, 14, 18, 20, 28

> #3 Did the facilitator introduce the topic well?
>
> #5 Did the facilitator use the proper eye contact with everyone?
>
> #11 Did the facilitator demonstrate skills that s/he was promoting?
>
> #14 Did the facilitator give participants adequate time to answer questions?
>
> #18 Did the facilitator ask participants if they agree with other participants' responses?
>
> #20 Did the facilitator always reply to participants in a courteous and diplomatic way?
>
> #28 Was the content of the educational messages CORRECT?

What do you propose as solutions to these system problems?

> Coach staff during the practice and coaching session to make sure they are 1) introducing the topic well, 2) using proper eye contact and 3) including the appropriate activity (#11).
>
> During staff trainings, demonstrate (model) the best way to introduce a topic, proper use of eye contact and good discussion techniques (#3,5,14,18,20 and 28).
>
> Set up a separate training where you teach facilitators how to deal with problem participants (so that they can respond appropriately) #20.
>
> Review your materials to find out why many workers are not sharing correct information (#28). Retrain all workers on technical information.
>
> Review these questions specifically on the QIVC before the observation, reminding the facilitator to do these actions when "casting a vision" for performance.
>
> Ask the facilitators to commit to making these changes.
>
> Help facilitators develop ways to remember to do the new things. Ask them, "How will you remember?"
>
> Reconsider your trainings: Are you rushing through the trainings so that people don't understand? You may need to shorten the training and spend more time going over practical examples (increase discussion and allow for more questions).

What people problems do you see?

> *Abebe and Mesele are scoring poorly, worse than others.*

What do you propose as solutions to these people problems?

> Consult with the Promoter (if you are the Supervisor) to see what issues might explain the problems
>
> Observe the Promoter (if you are the Supervisor) teaching the community-based team members; identify any weaknesses;
>
> Find out the problem with each worker. Are they getting positive feedback from their observer? Why haven't they improved?
>
> Review the questions they have missed. Are they scoring poorly on questions that were skipped (not applicable questions)?

Is the worker unwilling to make changes?

Ask the person for a plan of how they will improve and chart progress.

Lesson 10 Handout 3: Quality Improvement and Verification Checklist (QIVC) Scores for Six Promoters

After reviewing the data shown below, how often would you recommend that the Supervisor visit these Promoters?

QUARTER	GABRIELLA	KWAASI	DOROTHY	TOM	MARIO	JOSEPH	TOTAL
Q1	68%	74%	53%	47%	74%	89%	68%
Q2	74%	79%	68%	53%	79%	89%	75%
Q3	84%	89%	89%	53%	95%	100%	86%

LESSON 11: SCOPE HIV PROGRAM MONITORING INFORMATION SYSTEM REGISTERS AND REPORTS

Achievement-Based Objectives

By the end of this lesson participants will have:

- Practiced completing a SCOPE HIV Program register

- Interpreted the information in a register

- Practiced completing the registers

- Practiced completing ODK forms and reports

Duration

3.5 hours

Materials Needed

- Lesson 11 Flip Chart 1A, 1B and 1C and Handout 1A, 1B and 1C: Flow of Information in the Monitoring Information System

- Lesson 11 Handout 2A, 2B and 2C: Blank Register

- Lesson 14 Handout 3A, 3B and 3C: Register Activity

Facilitator's Notes

This is a relatively challenging lesson to facilitate. Be sure to prepare well beforehand and ensure that all participants understand the information by the end of the lesson. Given the detail in each register (Faith Networks, Male/Youth Champions and SASA! Faith), we recommend selecting three separate facilitators to work with each technical area in a small group format. If possible, print the latest version of the registers and have them available to hand out.

For the second part of this lesson, it will be important for each participant to have access to the SCOPE HIV Program ODK system, preferably on the same device that they will use in the field. It may also be helpful to invite someone from the Country Office IT and/or M&E departments to help explain the technology and troubleshoot any issues.

Steps

1. Introduction

   1a. One of the most important responsibilities of each of the SCOPE HIV Program team members is the collection and sharing of data.

   1b. Ask participants: Why is this such an important task? Tell them that collecting and sharing data helps us monitor the program and assess the effectiveness of each team member and the program as a whole. Therefore, data collection and reporting will be covered over two lessons.

2. Overview of the SCOPE HIV Program Management Information System (MIS)

2a. Explain to the participants: Given the detailed nature of walking through the registers one box at a time, we will break into our technical groups. Encourage participants to find a separate space where they are all comfortable and social distancing is possible without disturbing the other groups.

2b. Ask participants: What type of information do you think we will collect during the SCOPE HIV Program, specific to your technical area? Follow up by asking why the participants feel that the information they listed is important. Responses may include: to know if we are meeting our goals, for reporting to the donor, to measure change over time or to encourage workers.

2c. Tell participants: This information is critical to your program as it allows you to monitor attendance during group meetings and individual visits. If community members are not attending these meetings, we know our program will not be successful.

2d. Display **Lesson 11 Flip Chart 1A**, **1B** or **1C** and **Handout 1A**, **1B** or **1C**: Flow of Information in the SCOPE HIV Program Information System and have participants follow along on their copies. Describe the overall flow of information for the MIS from the top of the diagram to the bottom. Explain where the information will come from for each step of the process, either registers, CommCare or the ODK system and who is responsible for recording it. This information will be compiled as it is passed up the chain of command and eventually given to the District Program Coordinators and SCOPE HIV Program Manager.

2e. Explain to participants: In this lesson, we will teach you how to use and complete the community-based team member registers for Faith Networks, Male/Youth Champions and SASA! Faith. In the next lesson, we will teach you how to create Promoter, Supervisor and Coordinator reports from the CommCare or ODK system.

3. How to Use the Registers

3a. Refer participants to **Lesson 11 Handout 2A**, **2B** or **2C: Blank SCOPE Network Registers** based on your small group's technical area. Carefully walk through the entire register, examining every box. Explain what should be written in each field and go through all the appropriate symbols and abbreviations.

4. Activity: Check for Understanding: Register Activity!

4a. Distribute **Lesson 11 Handout 3A**, **3B** or **3C: Register Activity**, and have participants complete a blank register form using the examples provided.

4b. After a few minutes, have participants exchange registers and compare responses.

5. Activity: Teaching Others to Use the Registers

5a. After all the groups have finished completing registers for their technical areas, have participants gather back together. Form new small groups (ideally, with one person from each of the three technical areas.)

5b. Using **Lesson 11 Handout 2A**, **2B** or **2C**, have each person explain their technical area register to the others in the group.

5c. Coming back together, ask the participants: What is the same between all the registers? What is different? Why are there differences?

6. Activity: Filling out ODK or CommCare Forms and Reporting

6a. Back in small groups based on technical areas, explain to the participants that they are going to now walk through how to fill out forms in the CommCare or ODK system. Refer participants back to **Lesson 11 Flip Chart 1A**, **1B** or **1C** and **Lesson 11 Handout 2A**, **2B** or **2C** to remember how information flows within the SCOPE HIV Program Monitoring Information System.

6b. Remind participants that at every meeting (Faith Network, Male/Youth Champion, and SASA! Faith meeting), Promoters will need to enter information from the community-based team member's register into CommCare or ODK.

6c. The Promoter will also need to enter information regarding who attended every meeting.

6d. Walkthrough the appropriate ODK forms and give the participants the opportunity to practice entering information from the registers into the CommCare or ODK system.

6e. Every month, Promoters will compile all their attendance CommCare or ODK forms and information from the registers and compile a Promoter Monthly Report. Ensure that all participants can access the CommCare or ODK forms and have the opportunity to practice running a monthly report.

6f. Similarly, each month Supervisors will gather all their Promoter's report and compile a Supervisors Monthly Report. Ensure that all participants can access the CommCare or ODK forms and have the opportunity to practice running a Supervisor monthly report.

6g. District Program Coordinators will be responsible for compiling reports from their Supervisors into a Coordinator report that will be given to the Program Manager. Ensure that all participants can access the CommCare or ODK forms and have the opportunity to practice running a monthly Coordinator report.

7. Wrap Up

7a. Wrap up this lesson by explaining that learning to use the registers and reports takes time and often is more easily learned on the job.

Lesson 11 Flip Chart 1A and Handout 1A: Flow of Faith Network Information in the Monitoring Information System

Activity Registers
(This is a record of meetings with large groups)

The FL keeps this form up to date based on his/her large group gatherings. The FL uses this form to report to the FN Promoter during their FN meetings. Together the FL and Promoter add up the monthly tallies.

Outreach Register
(This is a record of individual meetings)
The FL keeps this form up to date following any individual meetings where SCOPE outcomes are discussed. The FL uses this form to report to the FN Promoter during their FN meetings. Together the FL and Promoter add up the monthly tallies.

Promoter Report

Promoter Report
During the FN meetings, the Promoter enters information from the registers into the ODK system along with attendance information for the FN meeting.

Promoter Report

Promoter Report

Every month the Promoter compiles all the information from each Faith Network's Attendance, Activity and Outreach Registers (from ODK) and submits a summary report to the

Supervisor Report

Every month, the Supervisor compiles all of his/her Promoter reports and submits a summary report to the Coordinator.

Coordinator Report

Every month, the Coordinator or manager compiles all of her/his Supervisor reports. He/she shares this report with country leadership and headquarters technical staff and provides information that is later shared with

Country and Donor Reports

Share with headquarters technical staff

Lesson 11 Flip Chart 1B and Handout 1B: Flow of Male/Youth Champions Information in the Monitoring Information System

Male/Youth Champion Registers
The Male/Youth Champion keeps this form up to date following any individual or group meetings. The M/YC uses this form to report to the M/YC Promoter during their M/YC meetings. Together the M/YC and Promoter add up the monthly tallies.

Promoter Report
During the M/YC meetings, the Promoter enters information from the registers into the CommCare system along with attendance information for the M/YC meeting.

Promoter Report

Promoter Report

Promoter Report

Every month the Promoter compiles all the CommCare data from each Male/Youth Champion Meeting and all register information then submits a summary report to the Supervisor.

Supervisor Report
Every month, the Supervisor compiles all of his/her Promoter reports and submits a summary report to the Coordinator.

Coordinator Report
Every month, the Coordinator or manager compiles all of her/his Supervisor reports. He/she shares this report with country leadership and headquarters technical staff and provides information that is later shared with donors.

Country and Donor Reports
Share with headquarters technical staff

Lesson 11 Flip Chart 1C and Handout 1C: Flow of SASA! Faith Information in the Monitoring Information System

SASA! Faith Registers
The SASA! Faith Volunteer keeps this form up to date following any individual or group meetings. The SFV uses this form to report to the SF Promoter during their SF meetings. Together the SFV and Promoter add up the monthly tallies.

Promoter Report

Promoter Report
During the SASA! Faith meetings, the Promoter enters information from the registers into the ODK system along with attendance information for the SF meeting.

Promoter Report

Promoter Report

Every month the Promoter compiles all the ODK data from each SASA! Faith Meeting and all register information then submits a summary report to the Supervisor.

Supervisor Report

Every month, the Supervisor compiles all of his/her Promoter reports and submits a summary report to the Coordinator.

Coordinator Report

Every month, the Coordinator or manager compiles all of her/his Supervisor reports. He/she shares this report with country leadership and headquarters technical staff and provides information that is later shared with donors.

Country and Donor Reports

Share with headquarters technical staff

Lesson 11 Handout 2A: Blank Faith Leader Register (Side A and B)

Activity and Outreach Register

This is a Faith Leader Activity and Outreach register. The Faith Records activities like sharing messages in the faith community or outreach to individuals or households involving the topics from Messages of Hope or SASA! Faith.

NETWORK # OR NAME		OVERVIEW	NAME OF FAITH LEADER	IS THIS FAITH INSTITUTION, A CHURCH (C) OR MOSQUE (M) or CBO?

Activity Register *This is where you can record topics shared to large groups.*		
TOPIC	**DATE**	**HOW MANY PEOPLE WERE THERE?**
HIV testing is important		
Everyone should go for an HIV test, and do not delay!		
People with HIV can be healthy and strong. Getting tested is the only way to know your HIV status.		
Couples testing together for HIV is important for a healthy relationship.		
Children can get HIV, too. Let us assist our children and those we take care of to be tested.		
Start ART right away if you test positive for HIV.		
ARVs are good for you.		
People living with HIV deserve treatment right now. Treatment is free and it works for the whole family.		
Protect yourself and your family by taking ARVs.		
Continue taking ARVs, even after you are prayed for.		
If you experience side effects with ARVs, do not stop taking your medication. Seek help from a doctor.		
ARV adherence protects you and those you love, and reduces the risk of HIV transmission.		
There is hope for those living with HIV!		
Four Types of Power: Power Within, Power Over, Power With, and Power To		
Poweful Choices		
The Space Between Us		
Four Types of Violence: Physical, Emotional, Sexual, Economic		
Connecting Violence against Women and HIV		

Outreach Register						
This is a register of an individual or household visits involving the topics from Messages of Hope or SASA! Faith						
Outcomes might include: Referral to Health Facility (RHF), Referral to Social Welfare (RSW), Referral to Church Group/Mosque Group/CBO (RCG/RMG/RCBO), Referral to Male Champion (RMC), Referral to Youth Champion (RYC), Referral to Survivors' Recovery Group (RSRG), Referral for HIV Self-Test (RHST), Other (Describe)						
NAME(S) OF INDIVIDUALS PRESENT	**DATE**	**GENDER (M/F)**	**AGE**	**TOPIC**	**OUTCOME**	**FOLLOW UP/COMMENT**
		M / F				
		M / F				
		M / F				
		M / F				
		M / F				
		M / F				
		M / F				
		M / F				
		M / F				
		M / F				
		M / F				
		M / F				
		M / F				
		M / F				
		M / F				
		M / F				
		M / F				
		M / F				
*Please indicate if you would like follow-up support from the Faith Network Promoter or other SCOPE HIV Program Staff.						

MONTH:				
Total attending when topics were shared to large groups (Put the largest number of people in attendance here.)				
Total visits (add the number of individual names)				
Referrals to Health Facility (add all RHFs)				
Referrals to Social Welfare (add all RSWs)				
Referrals to Church Group/Mosque Group/CBO (add all RCG/RMG/RCBO)				
Referral to Male Champions (add all RMCs)				
Referral to Youth Champions (add all RYCs)				
Referral to Survivors' Recovery Groups (add all RSRGs)				
Referral for HIV Self Test kits (add all RHSTs)				
Add all Other				

Lesson 11 Handout 2B: Blank Male/Youth Champion Register

COMMODITIES SUPPLY - RECEIVED							
MEETING DATE:							
SELF-TEST KITS							
CONDOMS							
LUBRICANTS							

QUARTER:	
PROMOTER:	
CHAMPION:	

CODES					
REFERRALS		COMMODITIES		MEDICATION	
HF-U	Health Facility - unaccompanied	CD	Condoms Distributed	AL	Always - Does not miss more than 2 doses in a month
HF-A	Health Facility - accompanied	LD	Lubricant Distributed	SO	Sometimes- Missed more than 2 doses in a month
IPV	Intimate Partner Violence	STKd	Self Test Kit - direct distribution	RE	Restarted - Stopped for 28+ days and has started again
RSRG	Survivor's Recovery Group	STKn	Self Test Kit - indirect distribution	ST	Started- Started ART for the first time
RKPP	Key Populations Program			DF	Defaulted- Stopped taking ART for 28+ days
				NS	Never started - has never taken ART medication

				MONTH:									
				DATES:					DATES:				
CLIENT NAME	CLIENT ID	GENDER	AGE	REFERRALS		COMMODITIES		ART	REFERRALS		COMMODITIES		ART
				SLIP ID	CODE	QTY	CODE	CODE	SLIP ID	CODE	QTY	CODE	CODE

CLIENT NAME	CLIENT ID	GENDER	AGE	MONTH:									
				DATES:					DATES:				
				REFERRALS		COMMODITIES		ART	REFERRALS		COMMODITIES		ART
				SLIP ID	CODE	QTY	CODE	CODE	SLIP ID	CODE	QTY	CODE	CODE

CLIENT NAME	CLIENT ID	GENDER	AGE	MONTH:									
				DATES:					DATES:				
				REFERRALS		COMMODITIES		ART	REFERRALS		COMMODITIES		ART
				SLIP ID	CODE	QTY	CODE	CODE	SLIP ID	CODE	QTY	CODE	CODE

CLIENT NAME	CLIENT ID	GENDER	AGE	MONTH:									
				DATES:					DATES:				
				REFERRALS		COMMODITIES		ART	REFERRALS		COMMODITIES		ART
				SLIP ID	CODE	QTY	CODE	CODE	SLIP ID	CODE	QTY	CODE	CODE

Lesson 11 Handout 2C: Blank SASA! Faith Register

NETWORK # OR NAME		KEY	ü Attended group meetings	X Absent	Received home visit
			RMC: Referral to Male Champions	RYC: Referral to Youth Champions	RSRG: Referral to Survivors Recover Group
			ST-: HIV Self Test Kit Requested	RHF: Referral to Health Facility	IPV: Referral for Intimate Partner Violence

ID #	SASA! FAITH VOLUNTEER NAME:				DATE OF REGISTRY	MONTH:				MONTH:			
	INDIVIDUAL NAME	GENDER (M/F)	AGE	STATUS (+,-,U)		TOPIC	ACTIONS	TOPIC	ACTIONS	TOPIC	ACTIONS	TOPIC	ACTIONS

ID #	SASA! FAITH VOLUNTEER NAME:				DATE OF REGISTRY	MONTH:				MONTH:			
	INDIVIDUAL NAME	GENDER (M/F)	AGE	STATUS (+,-,U)		TOPIC	ACTIONS	TOPIC	ACTIONS	TOPIC	ACTIONS	TOPIC	ACTIONS

MONTH:				
Total attended/visited (add all ü and Ÿ)				
Total registered individuals (add all active participants)				
Referral to Male Champions (add all RMCs)				
Referral to Youth Champions (add all RYCs)				
Referral to Survivors' Recovery Groups (add all RSRGs)				
HIV Self Test kits Requested (add all ST-s)				
Referrals to Health Facility (add all RHFs)				
IPV Referral (add all IPVs)				

Lesson 11 Handout 3A: Faith Network Register Activity

1. Imagine you are a Faith Leader. Over the past month, you have had four large group meetings where you've discussed SCOPE HIV objectives. Using the details below, fill in a blank Faith Leaders Register form.

   1a. The first time was on February 7th, and you discussed how everyone should go for an HIV test. There were 48 people in the meeting.

   1b. The second time was on February 14th, and you discussed how couples testing together for HIV is important for a healthy relationship. There were 32 people in the meeting.

   1c. The third time on February 21st, and you talked about how ARVs are good for you. There were 60 people in the meeting.

   1d. Over the course of the month, you've heard lots of rumors about people not wanting to get tested for HIV. So, on the 28th of February, you again talk about how everyone should go for an HIV test. There were 57 people in this meeting.

2. Still imagining yourself as a Faith Leader, you also conducted five individual visits. *(This is a small number of visits for this exercise only.)* Using the details below, continue to fill in the Faith Leaders Register form.

   2a. You met with a woman, Mary, on February 3rd and discussed how ARVs were good. She is 28 years old. As a result of your meeting, you referred her to a Survivor's Recovery Group.

   2b. You met with a young woman, Evangeline, on February 5th and discussed the different types of power. She is 19 years of age. After talking with her, you thought it would be good for her to connect to a church group.

   2c. You met with a father of four, Innocent, on February 22nd and talked about how everyone should get tested for HIV. At the end of your talk, you referred him to the Male/Youth Champion for self-testing. Innocent is 32 years old.

   2d. You met with a young couple, Peter and Ruth, on February 16th. They are just about to turn 17 and wanted to talk to you about powerful choices.

   2e. You met with 58-year-old Abraham on February 28th and talked about there is hope for people living with HIV. He was just tested positive for HIV and is really struggling with the diagnosis. You are not sure where to turn, but it is clear that he needs some additional help beyond what you can provide. (For this exercise, we want to learn to fill in the register correctly. In addition, are there other actions that you would do in this Faith Leader's position?)

3. Now, imagine that you are the Faith Network Promoter, and you are helping the faith leader tally up his/her activities from February. Fill in the monthly totals using the information from the Activity and Outreach Registers.

Lesson 11 Handout 3B: Male/Youth Champion Register Activity

Note: As a learning exercise, the group meetings include mixed genders. In the program, Male/Youth Champion groups will be single-gender unless it is a couples group.

1. Imagine you are a Male/Youth Champion. Over the past month, you had two group meetings. Using the details below, fill in a blank Male/Youth Champion Register Group Register form.

   1a. The first meeting was on February 9th. You discussed adhering to HIV treatment in the long term. In attendance were:

   - Mary, female, age 19, HIV+, this is the first meeting she has attended.

   - Evangeline, female, age 28, HIV+, her first meeting was Januaryuary 28th.

   - Innocent, male, age 32, HIV-, his first meeting was November 3.

   - Abraham, male, age 32, HIV+, his first meeting was October 14th.

   1b. The second meeting was on February 23rd, and your main topic was about how, when and why people may disclose their HIV status. In attendance were:

   - Mary, female, age 19, HIV+, her first meeting with February 9th.

   - Evangeline, female, age 28, HIV+, her first meeting was January 28th.

   - Innocent, male, age 32, HIV-, his first meeting was November 3.

   - Peter, male, age 17, status unknown, this was his first meeting.

   - Ruth, female, age 17, status unknown, this was her first meeting.

   - Abraham, male, age 32, HIV+, his first meeting was October 14th.

   1c. Immediately after the meeting, you pulled Peter and Ruth aside to speak with them separately and urged them to get tested for HIV. Peter was interested in taking a self-test, but Ruth was not yet convinced. You provided Peter with an HIV self-test.

2. Still imagining yourself as a Male/Youth Champion, you also conducted five individual visits. *(This is a small number of visits for this exercise only.)* Using the details below, continue to fill in the Male/Youth Visits Register form or enroll any new individuals using the enrollment form.

   2a. You met with a woman, Grace, on February 3rd and discussed that she experienced violence from a partner. She is 28 years old. As a result of your meeting, you referred her to the Survivors Recovery Group.

   2b. You met with a young woman, Patrice, on February 5th and discussed condoms and lubricant. She is 19 years of age. This was your first meeting with Patrice.

   2c. You met with a gentleman, Innocent, on the 22nd and talked about how everyone should get tested for HIV. At the end of your talk, you accompanied him to the HF for testing. Innocent is 32 years old.

   2d. You met with 58-year-old Abraham on the 19th and talked about there is hope for people living with HIV. He was just tested positive for HIV and is really struggling with the diagnosis. You are not sure where to turn, but it is clear that he needs some additional help beyond what you can provide. (For this exercise, we want to learn to fill in the register correctly. In addition, are there other actions that you would do in this Champion's position?)

2e. On February 26th, you followed up with Ruth from your second group meeting and again urged her to get tested. She did not feel comfortable doing a self-test but agreed that she would go to the HF and get tested.

3. Now, imagine that you are the Male/Youth Champion Promoter and you are helping the Male/Youth Champion tally up his/her activities from February . Fill the monthly totals using the information from the register.

Lesson 11 Handout 3C: SASA! Faith Register Activity

1. Imagine you are a SASA! Faith Volunteer. Over the past month, you had two group meetings. Using the details below, fill in a blank SASA! Faith Register form.

   1a. The first meeting was, on February 9th, you discussed the four types of power during your church's regularly scheduled Bible Study. In attendance were:

   - Mary, female, age 19, HIV+, this is the first meeting she has attended.

   - Evangeline, female, age 28, HIV+, her first meeting was January 28th.

   - Innocent, male, age 32, HIV-, his first meeting was November 3.

   - Abraham, male, age 32, HIV+, his first meeting was October 14th.

   1b. The second meeting was on February 23rd, and your main topic was about how violence against women and HIV are connected. In attendance were:

   - Mary, female, age 19, HIV+, her first meeting with February 9th.

   - Evangeline, female, age 28, HIV+, her first meeting was January 28th.

   - Innocent, male, age 32, HIV-, his first meeting was November 3.

   - Peter, male, age 17, status unknown, this was his first meeting.

   - Ruth, female, age 17, status unknown, this was her first meeting.

   - Abraham, male, age 32, HIV+, his first meeting was October 14th.

   1c. Immediately after the meeting, you pulled Peter and Ruth aside to speak with them separately and urged them to get tested for HIV. Peter was interested in taking a self-test, but Ruth was not yet convinced.

2. Still imagining yourself as a SASA! Faith Volunteer, you also conducted five individual visits. (This is a small number of visits for this exercise only.) Using the details below, continue to fill in the SASA! Faith Register form.

   2a. You met with a woman, Grace, on February 3rd and discussed a time in her past when she experienced violence with her partner. She is 28 years old. As a result of your meeting, you referred her to a Survivor's Recovery Group.

   2b. You met with a young woman, Patrice, on February 5th and discussed the different types of power. She is 19 years of age.

   2c. You met with a gentleman, Innocent, on the 22nd and talked about how everyone should get tested for HIV. At the end of your talk, you accompanied him to the HF for testing. Innocent is 32 years old.

   2d. You met with 58-year-old Abraham on the 19th and talked about how your faith tradition supports men and women deserving dignity and kindness. He shares that he just tested positive for HIV and is really struggling with anger toward his wife. You are not sure where to turn, but it is clear that he needs some additional help beyond what you can provide. (For this exercise, we want to learn to fill in the register correctly. In addition, are there other actions that you would do in this Volunteer's position?)

   2e. On February 26th, you followed up with Ruth from your second group meeting and again urged her to get tested. She mentioned that she was not sure what her husband would think if he found the self-test, but agreed that she would go to the HF and get tested.

3. Now, imagine that you are the SASA! Faith Promoter and you are helping the SASA! Faith Volunteer tally up his/her activities from February. Fill the monthly totals using the information from the register.

LESSON 12: INTRODUCING THE SCOPE HIV NETWORK APPROACH TO OTHERS

Achievement-Based Objectives

By the end of this lesson, participants will have:

- Listed the key aspects of the SCOPE HIV network approach

- Composed a short laser talk about the SCOPE HIV network approach

- Practiced delivering the short talk about the SCOPE HIV network approach

Duration

1 hour 30 minutes

Materials Needed

- Flip chart paper and markers

- Lesson 12 Handout 1: SCOPE HIV Project Start-up Presentation

- Lesson 12 Handout 2: Delivering a Laser Talk

Steps

1. Introduction

    1a. Tell participants: Now that you have a much clearer understanding of what the SCOPE HIV network approach is about, you will need to plan to explain it to your collaborating partners and to the community.

    1b. Ask participants: Who needs to be informed about the SCOPE HIV network approach even before you go to the community? Answers should include the Ministry of Health (MOH), local partners, faith leaders, community leaders and others, depending on location.

    1c. Explain to participants that if they intend for these groups to play important roles in the establishment and implementation of the SCOPE HIV network approach, they need to be prepared to explain it to these partners. Once projects have secured partner buy-in, they also will need to explain the SCOPE HIV network approach to the community.

2. Activity: Brainstorming Important Information to Share with Collaborating Partners and Community Members

    2a. Instruct participants, in small groups, to brainstorm what collaborating partners and communities need to know to understand the SCOPE HIV network approach and to write their ideas in their notebooks. (For this activity, it may be better to have the small groups consist of people from different technical areas to gain a broader program perspective.)

    2b. After about 15 minutes, have each table contribute something that should be included in the explanation of the SCOPE HIV network approach and list these on a flip chart. Go around the room until all the new ideas are listed.

    2c. Refer participants to **Lesson 12 Handout 1: SCOPE HIV Project Start-up Presentation** and compare the group's master list to the presentation. Ask participants: Is there any key or essential information from the presentation that we should also include on our list?

3. Providing Monetary Incentives or Goods as Part of the SCOPE HIV network program

    3a. Tell participants that the SCOPE HIV is part of PEPFAR's Faith and Community Initiative in Malawi, and the program focuses on changing behaviors. It is best that community participants focus on long-lasting changes, such as reducing HIV rates and making communities safer for men, women, boys and girls, rather than on short-term, material gains. It is best not to tell communities what material goods the program plans to provide, even if you are confident the project will provide the inputs.

    3b. Tell participants that mentioning incentives during your talk can cause the following problems to arise.

        - People may become volunteers or participate in program activities to receive the incentives. After they receive the incentives, they may stop participating because they were only motivated to receive material goods.

        - Once a promise is made to a community to provide something, the community will consider the organization obligated to provide it. If for various reasons, the material benefit does not arrive, the community will lose trust in the organization.

4. Activity: Presentation Practice

    4a. Refer participants to **Lesson 12 Handout 2: Delivering a Laser Talk** and review it together. Give some examples of using talks related to HIV programs. Explain to participants that the purpose of their talk is to get buy-in for the SCOPE HIV network approach.

    4b. Divide participants into pairs. Ask them to write up some notes to follow when making a 2–4 minute presentation about the SCOPE HIV network approach.

    4c. Ask the pairs to practice explaining to each other key elements of the SCOPE HIV network approach, including program goals, methodology and the essential program details. Make sure that each participant gets a chance to practice his/her talk.

    4d. Instruct participants that after they listen to their partner's Laser talk, they should give one positive comment and one suggestion for improving the talk. Suggestions should use "How about…" or "What if…" phrases. Because of time constraints, do not encourage a dialogue between the pairs. Instruct the participant receiving the feedback to just say "thank you."

    4e. If time permits, ask for volunteers or randomly choose a couple of participants to give their Laser talks to the whole group.

5. Wrap Up

    5a. Wrap up this session by explaining that everyone associated with implementing the SCOPE HIV Program should be able to talk about it in the same way. This will avoid confusion.

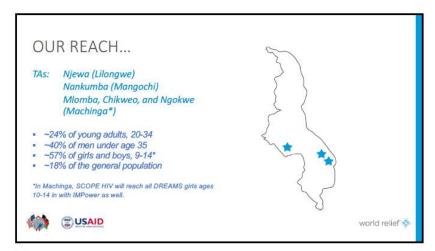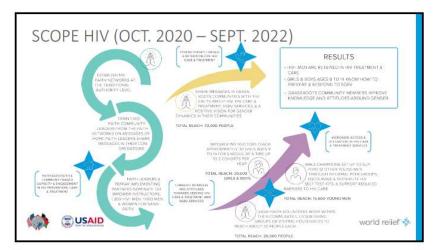## Lesson 12 Handout 1: SCOPE HIV Project Start-up Presentation

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12

HIV PREVENTION CASCADE

TARGET POPULATION

83,740 Men and Women ages 20 to 34

68,742 Girls and Boys ages 9 to 14

35,600 Men and Women ages 20 to 34

39,000 Girls and Boys ages 9 to 14

SCOPE HIV refers for

PP_PREV or OVC_SERV or AGYW_PREV*

GEND_GBV → PEP

HIV - → PREP_NEW (Newly on PrEP) → PREP_CURR (Current on PrEP) → HTS_TST_NEG (Remained negative)

HTS_TST (Received testing and/or basic package of prevention services) *SCOPE HIV refers for*

Criteria for determining percentage of people that should receive PrEP

PrEP eligibility based on: age (country policy), risk assessment, commodities

People on PrEP who remain negative

In Y3, Circles of Hope pilot may include some of these indicators.

HIV+ → TX_NEW (New on treatment) → TX_CURR (Current on treatment) → TX_PVLS (Viral load suppression)

KEY
- WR's direct implementation areas for Y2
- Indicators are aspects of the prevention cascade that WR refers to other PEPFAR IPs.

Estimated total number of target populations in the priority TAs Mlomba, Chikweo, and Ngokwe (Machinga), Nankumba (Mangochi), and Njewa (Lilongwe)

*AGYW_PREV to be counted in Machinga when girls reached with IMPower are also enrolled in the DREAMS Program.

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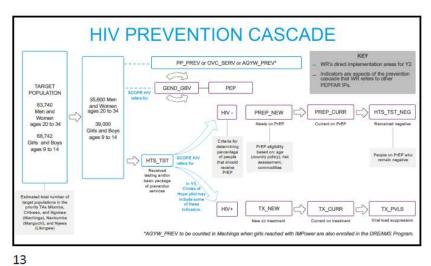|		
TX_NEW_VERIFY	527	Number of individuals (disaggregated by age/sex) sucessfully navigated to a service delivery point and newly initiated on ART by individuals mobilized through the SCOPE HIV interventions. Estimated target based on information in Malawi Population-based HIV Impact Assessment and Malawi's COP20: as of FY20's first quarter, ~20,000 individuals tested positive and were not linked to Treatment. SCOPE HIV assumes a proportionally similar gap in the project intervention areas and an estimated intervention coverage of 50% in Year 2.
COMM_SUPP_TX_RTT	352	Number of HIV positive individuals (disaggregated by age/sex) who were lost to follow up or stopped treatment for 28 days or more but are successfully navigated to a service delivery point to be re-enrolled into treatment, after engagement with individuals mobilized through the SCOPE HIV interventions.
COMM_SUPP_RET	15,600	Number of HIV-positive individuals who are receiving care and support services (e.g. ART adherance counseling, assistance with transportation, accessing social services, support group involvement, linkage/referral to other services); this will include all members of Male Champion supported peer groups or other supportive interventions
HTS_SELF	1,000	Number of self-test kits distributed. Estimated to include those in HTS_LINK and adults in the SASA! Faith groups, assuming that roughly half may accept HIV self tests in Year 2. Not estimated in the target are those who receive *Messages of Hope* and may then self test, though this is likely. Also not included are self-tests administered as community-based index testing.
PP_PREV	8,000	Number of adults or youth participating in relevant prevention and demand creation services, receiving information and skills development, HTS screening and referral, and condoms and lubricant (where feasible)
GBV_REP_COMM	70	Number of people who report to IMPower or *SASA! Faith* volunteers, outside of clinical facilities, that they have experienced physical, sexual, emotional, or verbal violence. Within SCOPE HIV, this is most likely to be those who participate in the SIRA groups.
AGYW_PREV	6,916	Percentage of adolescent girls and young women (AGYW) that completed at least the DREAMS primary package of evidence-based services/interventions. SCOPE HIV includes here estimated girls reached in the 3 TAs in Machinga through the IMPower clubs, estimated at 360 girls per TA in Year 2.
OVC_SERV	9,871	Number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV, including girls reached by IMPower clubs in the priority TAs in Mangochi and Lilongwe.

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Lesson 12 Handout 2: Delivering an Introductory Talk

Learning how to speak powerfully about our issues and our work is one of the most important tools in our toolkit. This format was created by RESULTS (**www.results.org**), an organization working to eliminating world hunger, to enable its volunteers to create powerful "laser talks," short and compelling talks that are the backbone of their work. Laser talks can be used during meetings or chance encounters with policy-makers at any level, community leaders, reporters or anyone you want to persuade about something you really care about.

The examples below are from a talk given to a journalist from a local newspaper.

- **Engage your audience:** Get your listener's attention with a dramatic fact or short statement. Keep this opening statement to one or two sentences, if possible.

  For example: "In Malawi, new HIV infections each year is in decline with nearly 33,00 people newly infected each year, but this decline has been slowing in the last five years as Malawi approaches epidemic control."

- **State the problem or what is possible:** Present causes of the problem you introduced in the first section. Make sure to mention how widespread or serious the problem is.

  For example: "To continue this decline, we need to focus on gender norms, as they are a barrier to men engaging in treatment and a risk factor for girls and young women."

- **Informing about solutions:** Inform the listener about a solution to the problem you just presented.

  For example: "Malawi's faith communities have great influence at the community level, and their engagement is essential to continue the prevention of new HIV infections."

- **Call to action (the ask):** Once you have engaged your listener, presented the problem and told them about a solution, be specific about what you want them to do. This enables you to follow up to learn if they have taken this action. Present this action in the form of a yes or no question.

  For example: "Will you talk to your religious community's leadership about joining us to change gender norms and eradicate HIV?"

Tips on Delivering Your Talk

- Be sure to rehearse your talk. With practice, you will discover where you need more practice or where you may want to change a part of your talk.

- Speak rather than read your talk. However, you can refer to notes when you are first learning to give your laser talk.

- Keep the talk short, at no more than two minutes.

- Update your talk as new information becomes available.

LESSON 13: TRAINING CLOSING

Achievement-Based Objectives

By the end of this lesson, participants will have:

- Completed the post-test
- Received certificates
- Given feedback to the facilitator for adaptation of future workshops

Duration

1 hour

Materials

- Appendix 1: Pre-/Post-Test (including answer key)
- End of Training Feedback Form found in Appendix 2 and 3: Training Feedback Forms
- Training Certificates

Steps

1. Introduction

    1a. Tell participants: We have come to the end of the training. We need to do several things. We need to administer the post-test, evaluate the training as a whole and give out the training certificate.

2. Activity: Post-Test

    2a. Tell participants to put away all class notes. (Also remove flip chart pages from the walls if they have any answers to the post-test).

    2b. Give out the post-test, found in **Appendix 1: Pre-/Post-Test** (consider re-ordering the questions on the post-test). Remind participants how to fill it out.

    - Enter their names at the top of page one.
    - Circle "Post-".
    - Choose and circle only one answer.

    2c. Collect papers when all participants have finished.

3. Activity: Workshop Evaluation

    3a. Hand out the End of Training Feedback Form found in **Appendix 2: Training Feedback Forms** and **Appendix 3: End of Training Feedback Form**. Ask participants to fill out the form and add any suggestions they have for improving future trainings.

4. Activity: Training Certificates

    4a. Give closing remarks encouraging the participants in their work. Hand out the certificates and call each participant by name.

5. Optional Activity: Closing Circle

5a. You might not choose to do this activity, but this can be a very memorable and affirming way for participants to end the time together.

5b. Form a circle and give participants the opportunity to share good wishes, thoughts and reflections about what the week has meant to them and their hopes, desires, commitments and thoughts on how they will use what they have learned.

APPENDIX 1: PRE-/POST-TEST

Name _____ **Date** _____

Is this the pre-test or post-test? Circle one.

1. Which of the following is NOT an intermediate project result for the SCOPE HIV Program?

    a) Increased access to and utilization of HIV care and treatment services

    b) Increased faith and community-based capacity and engagement in HIV prevention, care and treatment

    c) Changed behavior and attitudes towards seeking HIV care and treatment and SGBV services

    d) Increased technical capacity of the MOH to detect and treat HIV

2. How often does a Promoter meet with his/her community-based team members for teaching?

    a) Once a week

    b) Once every two weeks

    c) Once a month

    d) Whenever the Promoter feels like teaching

3. How are the Promoters trained on the curriculum that they will cascade down to their community-based team members?

    a) In one multi-day training

    b) In short segments, every two weeks

    c) In blocks of information, once a month

    d) A and B

4. What information does a Promoter use to fill out his/her monthly report?

    a) Their records of community-team member group meetings

    b) Community-team member registers

    c) A and B

    d) None of the above

5. If, during a Barrier Analysis, a respondent said, "If I use a condom, my partner will think I'm having sex with multiple people." What determinant would this represent?

a) Perceived negative consequences

b) Perceived positive consequences

c) Perceived social norms

d) Perceived self-efficacy/ skills

6. When giving feedback using the quality improvement and verification checklists for educational session facilitation, which of the following should NOT be done?

a) Ask the worker to discuss how they think they performed before you begin giving feedback.

b) Provide more positive feedback than negative feedback to encourage the worker.

c) Ask the worker how they think they could overcome some of the difficulties that they had during the training.

d) Ask the worker to commit to sharing their scores with the community leaders.

7. How often should a Supervisor supervise a Promoter?

a) Once a week

b) Once every two weeks

c) Once a month

d) Once a quarter

8. If the Promoter scored 70% on the QIVC for educational session facilitation, what should the Supervisor do?

a) Use the QIVC less frequently because the worker scored above the target.

b) Stop visiting this worker because they have scored above the target.

c) Continue using the QIVC each time he/she visits the Promoter until the Promoter's score is 80% or above.

d) Continue using the QIVC each time he/she visits until the Promoter's score reaches 100%.

9. Which of the following are purposes of individual visits?

a) Get to know the community member better. Allow time for individual dialogue.

b) Learn about the context in which the behaviors will be practiced so you will be better able to suggest ways to overcome obstacles.

c) Confidentially assess HIV risk and offer prevention methods, self-testing, index testing, and/or offer health facility referral.

d) A and C

e) All of the above

10. Which of the following is the primary purpose of the SCOPE HIV network approach?

    a) To provide HIV education to the community

    b) To create support groups among people living with HIV

    c) To help community members adopt healthy behaviors

    d) To create leaders in the community

Answers to Pre-/Post-Test

1. D
2. B
3. D
4. C
5. A
6. D
7. B
8. C
9. E
10. C

APPENDIX 2: TRAINING FEEDBACK FORMS

Daily Feedback Form: Evaluation for Day _____

Please indicate below your overall satisfaction with each of the sessions that you attended today, and offer any ideas you have on how to improve these sessions.

1. Lesson number: _____ Lesson name: _____

Very Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Very Satisfied
1	2	3	4	5

2. Lesson number: _____ Lesson name: _____

Very Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Very Satisfied
1	2	3	4	5

3. Lesson number: _____ Lesson name: _____

Very Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Very Satisfied
1	2	3	4	5

4. Lesson number: _____ Lesson name: _____

Very Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Very Satisfied
1	2	3	4	5

5. The most useful thing about today:

6. The thing I'm still confused about:

APPENDIX 3: END OF TRAINING FEEDBACK FORM

Please provide your comments and offer suggestions for anything related to the workshop content, format or logistics.

1. What suggestions do you have for any future trainings?

2. How would you rate your satisfaction with the training content?

Very Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Very Satisfied
1	2	3	4	5

3. How would you rate your satisfaction with the facilitators?

Very Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Very Satisfied
1	2	3	4	5

4. What recommendations do you have to help the facilitators improve their training methods?

APPENDIX 4: EXAMPLE REVIEW ACTIVITIES

Sing it!

Divide the participants into teams. Ask each team to reflect on things they have learned thus far in training, to compose some lyrics to a song on one topic, and to prepare to perform their song for the rest of the participants. Give participants 10 minutes for preparation and 2 minutes each for performance.

Rock, Paper, Scissors

Ask each participant to reflect on things they have learned recently and to write a review question and put it in their pocket. Have participants form two lines facing each other. Show them the rock, paper, and scissor hand signals. Going down the line, each pair of participants plays rock, paper, scissors. The one who wins gets to ask the other one his/her review question. All participants listen in case a help-line is needed. Continue down the line until each pair has asked/answered a question.

Unravel the Ball

Make a ball from used flip chart paper and tape. Form a circle of the participants and instruct them to toss the ball from participant to participant in such a way that it is not easy to catch the ball. When someone drops the ball, the thrower gets to ask that person a review question. Questions can be written by participants before the game starts or the facilitator can develop review questions.

Musical Chairs

Connect speakers to the computer or sound system and select a fun dance song to play. Place the chairs back-to-back in two rows. Remove two chairs so there are two chairs fewer than the number of participants. Tell participants that they need to march/dance to the music around the rows of chairs. When the music stops, each person needs to sit in a chair. There will be two people with no chairs; these people will answer review questions and sit out the remainder of the game. After this happens, remove two or more chairs and repeat the process until no one is left to march/dance around the chairs. The people who are sitting out ask the next review question.