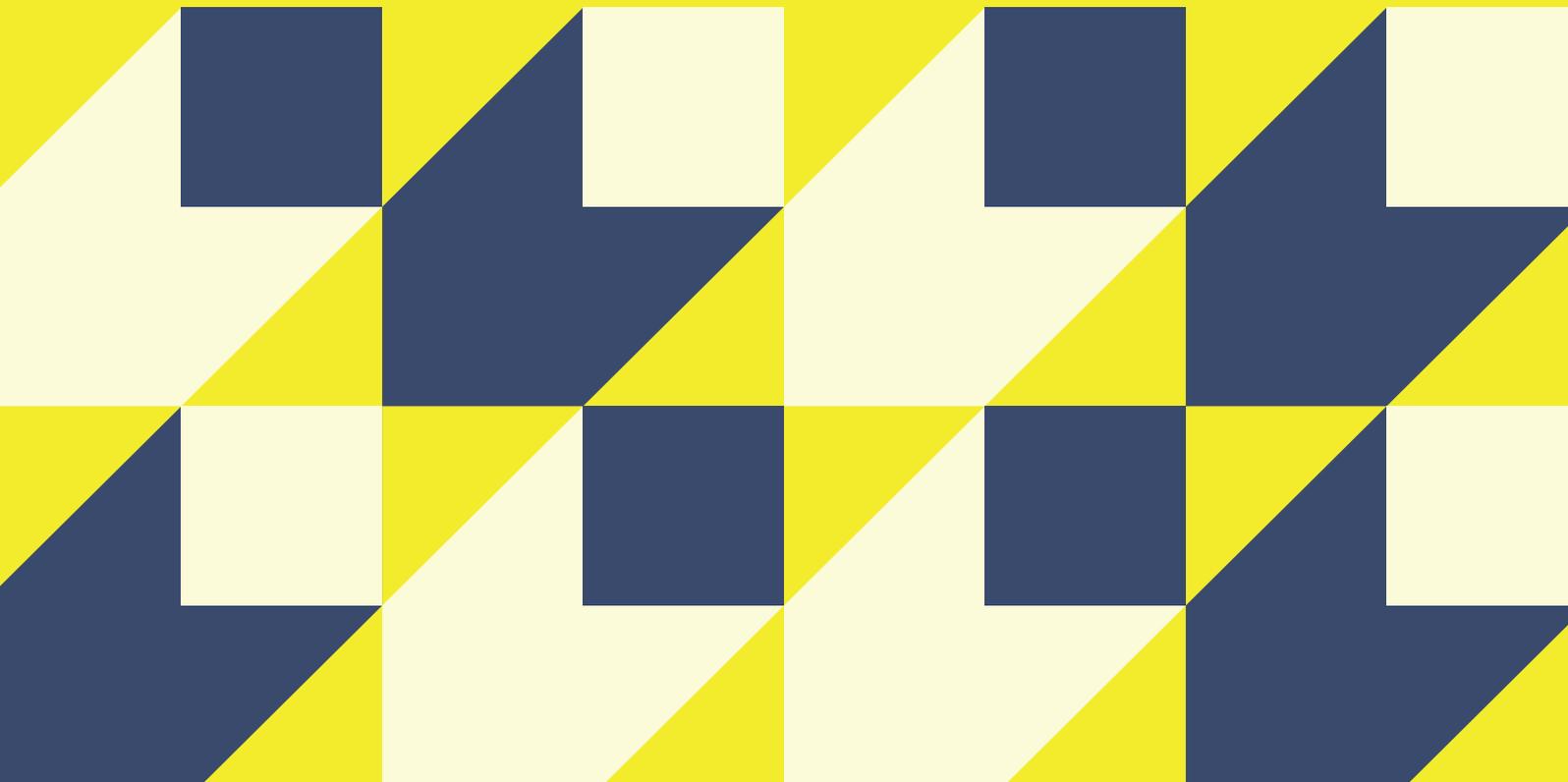


I CAN

**ART Champion
Training Curriculum**



FTS Training Curriculum

Day by Day agenda for the training

Day 1: Sessions

1. Introduction, welcome and big picture objectives, Climate, and norm setting,
2. HIV 101: Refresh on HIV origin, transmission, treatment, and Treatment as prevention,
3. My HIV journeys

Objectives:

Create group cohesion, set the tone for the training, quickly develop a culture of interpersonal feedback and communication through scoring each other's introduction performance.

Provided a technical refresh on HIV, breakdown treatment as prevention, understand the objectives FTS project in addressing this.

Grow inter group empathy and understanding the diversity of people's lived experience and journey living with HIV

Understanding the power of one's own HIV journey as an ART Champions' primary communication resource and capacity to influence their audiences.

Time	Step	Description	Materials	Lead
8.00 - 10.30	Intro Welcome, climate and norm setting	<p>Instructions:</p> <ol style="list-style-type: none"> 1. Psi lead opens, invites ministry for opening remarks. big picture direction. 2. Introductions (per ToT/ PPT)- tell us who you are, where from and something nobody knows about you. Make it participatory by scoring for the communications skills identified. 3. Climate and norm setting – agree on basic rules of the road, rearrange chairs if not done from the beginning, clarify on all planning for the training-venues, allowances, etc. <p>Notes to the facilitator</p> <p>This exercise begins to lay the foundation for the entire training session and should not be rushed.</p> <p>It gives the participants an opportunity to share something about themselves while also revealing their ability to present in public.</p> <p>The Trainer needs to be super honest in giving their feedback [it sets the 'tone of truth' for the entire session] yet super supportive of the participant's growth potential. [Setting the tone once again, of the building of self-esteem that will follow]</p> <p>Participants will initially feel quite scared and personally threatened by being judged by their peers, so the Trainer needs to facilitate in a fun but direct way.</p> <p>The Trainer needs to be careful not to embarrass any individual or overpraise good performance.</p> <p>It may not be immediately apparent, but this is a team building exercise that bonds the group.</p> <p>More importantly, it sets a standard for communication skills that underpins participant confidence, both of which will improve drastically throughout the training if a firm, fair and fun vibe is maintained by the Trainer.</p>	<p>Facilitator,</p> <p>Flip chart – power of the pen</p> <p>Simple agenda on flipchart or slides</p> <p>Objectives on flipchart or slides</p> <p>Norms on flipchart.</p>	PSI lead facilitator, MOH

Time	Step	Description	Materials	Lead
BREAK				
11-1 pm	HIV 101- Refresh on origin, transmission, prevention, treatment	<p>Instructions:</p> <ol style="list-style-type: none"> 1. MoH Staff provides an overview of HIV, treatment as prevention. 2. PSI Presents on FTS and how seeks to address this, insights, target audience, channel mix. <p>-Play mass media assets and show collateral.</p> <ol style="list-style-type: none"> 3. Take questions and clarify 	<p>Slide decks from Ministry,</p> <p>PSI FTS project slide and comms outputs: mass media campaigns, collateral.</p>	MOH PSI ALL
BREAK				
2pm - 4.30 pm	My HIV Journey	<ol style="list-style-type: none"> 1. (Per ToT/ PPT) The participants share their HIV journey taking as long as they need. 2. Ensure participants- focused listening, nonjudgmental, there is ground empathy and bonding 3. Close day by summarizing, key reflections and take outs. <p>This is the bedrock of the training session.</p> <p>It should not be time pressured – let it run if it needs to.</p> <p>It is an intimate opportunity for the ART CHAMPIONS to bond and empathize with each other and build honesty and trust within the group.</p> <p>ART Cs may be feeling vulnerable – create a safe space for them.</p> <p>Creating a safe space should have already started from the climate setting achieved in the first introduction. Facilitators should be fully conscious of the conditions for participants to feel safe. These include comfortability with the new 'self-exposing' style, this can emerge as a direct result of the facilitator exposing their true authentic self from the beginning and exhibiting comfortability themselves, feelings of safety cannot exist without this facilitator - led element. In line with this 'facilitator first ' method, at the beginning of the ' My HIV Story ' it's critical that again the facilitator starts off the sharing session with their own HIV story, even if they are not living with HIV, the facilitator is modelling deep sharing at this point, showing their ability and comfortability to share with the group, the content is secondary for the facilitator.</p> <p>NB it is very important that the Facilitator gets agreement from each participant that should things get emotionally difficult during the session that they will try to stay in the room as leaving increases the safety -because leaving will result in wholesale unknowable anxiety from the group. This suggestion is not a directive and should be made as a common sense notion that people need to 'buy into ' .</p> <p>The Trainer should go with the flow, laugh at the funny moments, and respect the serious ones.</p>	TOT slides	TOT

Day 2: Sessions

1. Growing Empathy towards Peoples current fear of HIV and barriers
2. The NEW STORY about HIV,
3. How to present the B-OK bottles for explaining VLS and U=U
4. Words Matter
5. The Conversion Process -how people change their mind

Objectives:

Develop understanding of the kinds of fears and barriers that exist 'Out there' in Malawi / Zimbabwe and brainstorming tactics/ information / strategies to address and overcome them

Outcome: Understanding the diversity of HIV beliefs and values and preparedness to alter approaches away from the traditional 'one size fits all' approach.

Introduce and demonstrate how to use the B – OK bottles

Outcome: Ability to deftly present the B-OK bottles to a wide range of audiences.

A lot of the technical terms alienate our audience, and some words are outdated and negative

Time	Step	Description	Materials	Lead
8.00- 10.30	<p>Growing Empathy towards Peoples current fear of HIV and barriers</p> <p>The NEW STORY about HIV</p>	<p>Instructions:</p> <ol style="list-style-type: none"> 1. Discussion what people know say, hear, do about HIV in Zim/ Malawi. 2. Use TOT/Deck to share Matboxology immersion quotes for further sense checking <p>You cannot hear what people are saying if you do not have empathy for them.</p> <p>This session highlights some of the key issues - barriers or negative pre-dispositions - shared by Malawians/ Zims</p> <p>You need to help ART Champions understand and respond to some of the barriers they will encounter in the field.</p> <p>Trainers: facilitate discussions around each issue and help ART Champions find a way to navigate through them to tell the new U=U story.</p> <p>There is no right or wrong approach. Look for an approach that does not undermine people's belief but acknowledges them and contrasts their beliefs with the new story.</p> <p>Transition to the new story by sharing the information on the PPT deck</p> <ul style="list-style-type: none"> -3 key messages - 10 facts about HIV - key messages – take your meds every day. - Viral load suppression 	<p>TOT Slides</p> <p>Role plays</p> <p>Return demonstrations</p>	TOT
BREAK				
11- 1 pm	<p>How to Present the B-OK bottles (Other tools)</p> <p>A quick understanding of viral load.</p>	<p>Instructions:</p> <ol style="list-style-type: none"> 1. Demo on how to use the B-OK Bottles in explaining VLS and U=U 2. Have all Participants practice – important to assess ability in the field. <p>Trainer describes the idea of the bottles of beads as representing the amount of virus in the body from certain death through treatment to non-infective healthy life.</p> <p>HOW TO USE THE BEAD BOTTLES:</p> <ol style="list-style-type: none"> 1. Explain what each bottle represents. 2. Ask the person which bottle they would prefer to have. 3. Everyone should prefer to be the black beads bottle. Explain that anyone CAN be the black bead bottle by taking their ARVs daily. <p>Red bottle – HIV virus taken over the body and its immune system – No ARVs (sexually UNSAFE)</p> <p>Mixed bottle – ARVs working on making the virus sleep</p> <p>Black bottle [with 1 red] – ARVs have pushed the virus down to the point where you are living a healthy life and HIV SAFE. You will NOT infect your sexual partner</p> <p>These explicit points must be covered during this exercise:</p> <ul style="list-style-type: none"> • ARVs work by preventing the virus from multiplying in your body. • Eventually the number of viruses in your body is so low that it cannot be detected. • At that point you cannot infect anyone. • Most people reach that point from 8 weeks of being on treatment. 	<p>TOT Slides</p> <p>B-OK bottles</p> <p>TOT Slides</p>	

Time	Step	Description	Materials	Lead
	<p>Words matter</p>	<p>BUT NOTE: The virus NEVER leaves your body completely. When you stop your treatment, it will start multiplying again. That is why it is important to be adherent. The trainer facilitates each ART Champion to demonstrate the bead bottles and corrects where and if necessary.</p> <p>Instructions:</p> <ol style="list-style-type: none"> 1 As we communicate the new story, we lose our audience with Jargon, 2 Share Slide and Let us discuss the meaning of each of these words and the feelings these words create and why that can be a problem. 3 Then let us find new ways to talk about these things that are more accurate and more helpful. 4 Tell me what you think might be wrong with each of these words. What can we say instead? <p>Defaulter When we use this word to describe someone who has stopped taking their HIV meds, it sounds like they have done something illegal like missing the rent or failing to pay back a loan. What can we say instead? Better examples might include "someone who has missed their treatment," "someone with a treatment interruption," "someone who is not taking their meds" or "someone who has not managed to get back to the clinic.")</p> <p>Lost to follow up This is another word sometimes used to describe someone who has stopped coming back to the clinic. It is another word that feels negative. Besides, that person is not really lost. He knows where he is. For whatever reason, he just is not coming to the clinic. It is our job to find out why and help him overcome that. What can we say instead? (See the examples under "Defaulter.")</p> <p>ARVs This is a very technical word that is short for anti-retrovirals but really does not mean anything to anyone really. It is just part of the HIV jargon. What can we say instead?</p> <p>In the Coach Mpilo program, we like to call it Impilo, to remind men that it brings life and health. You might also sometimes just call it 'your pill' or 'your meds.' What is a positive nickname that we can start using?</p> <p>AIDS AIDS is what happens when HIV gets out of control, and you are about to die from it. If you are taking your meds and staying healthy, you are living with HIV, not living with AIDS. Nowadays no one should ever get to AIDS stage because Impilo is powerful and available to everyone. What can we say instead? Just HIV.</p> <p>HIV Positive When we say HIV-positive, it can become a label. It can feel like who that person is rather than just something they have. We even hear people shortening it and saying, "I am HIV." But no one is HIV. It is just something they are dealing with. We do not do this with any other health issue—no one says "diabetes-positive" or "hypertension-positive." What can we say instead? Things like 'I have HIV' or 'he is living with HIV.'</p>	<p>TOT Slides</p> <p>Role plays</p> <p>Return demonstrations</p>	

Time	Step	Description	Materials	Lead
		<p>Disease Like with the word AIDS, we give HIV too much power when we call it a disease. Disease tells someone they are sick and dying. But if we take our Impilo, HIV is just a health condition that we manage and control. We can have HIV and be perfectly healthy.</p> <p>What can we say instead? We can call HIV a health condition or a virus.</p> <p>Status After so many years of the HIV epidemic most people know what 'Status' means, but it remains a dislocated way of simply saying if you are living with HIV or not, it is also a binary concept HIV or not when there a many degrees of HIV status. (Nobody usually uses this word especially second English language speakers)</p> <p>Viral Suppression – see bead exercise</p> <p>Side Effects – Use 'treatment effects' because they are not experienced as a side issue</p> <p>Other technical terms While they might not feel negative, we should also try to avoid jargon and "big words" when there is a simpler way to say the same thing.</p> <p>"Disclosure" is just telling someone you have are living with HIV.</p> <p>"Adherence" is just making sure you take your Impilo every day. "Discordance" is just when you have HIV, and your partner does not.</p> <p>These big words do not really help us. Often, they just confuse people.</p> <p>You need to know what they mean, and you might hear them in the clinic but try not to use them too much with people.</p>		
BREAK				
2pm – 4.30 pm	The Conversion Process - how people change their mind	<p>Instructions: Approach 1: TOT/ Deck approach Present the Stages of changes as per the TOT Slides – apply Thulani approach,</p> <p>Approach 2:</p> <ol style="list-style-type: none"> 1. Ask an individual to share what behaviour they have successfully changed, and what behaviour they are struggling to change, 2. Share the S.O.C –there is a simpler version of: 3. NOT- THINKING-THINKING -TRIAL(ACTION/PRACTICE)- DOING ALWAYS-ADOVOCACY -REPLACE 4. Ask what behavior we want to change as regards ART adherence in the community. 5. Ask what the community members are likely to say at each stage. <p>SHARE: That different support is needed based on which stage of the adoption ladder each member is</p> <p>Our work is to apply different techniques with the objective of getting someone to always take their medication every day and preventing them from relapsing.</p> <p>-This is a good Segway into -different strokes for different folks' session Closed by Reflecting on the day.</p>	TOT Slides S.O.C ruler – people standing in a line holding the stages. Role plays Return demonstrations	

Time	Step	Description	Materials	Lead
		<ul style="list-style-type: none"> • LOCAL KNOWLEDGE - This requires the ability to know and understand the local community, what social issues are occurring: points, people, and places of influence • Brainstorm 'Knowing your community' with the ART Champions • STRATEGIC PLANNING - The ART Champions should avoid the idea of 'just going out and communicating with people. • They will need to draw up a geographical plan of action which records areas / places covered and cover their allowed catchment area in a way that is strategically aligned to fellow ART Champions coverage plans. • Brainstorm these Planning Strategies with ART Champions. 		
BREAK				
11- 1 pm	Building professional and personal self-awareness (using the training group's personal feedback)	<p>Instructions:</p> <ol style="list-style-type: none"> 1. Use the 'Hot Seat 'intimate personality feed - back exercise (TOT /PPT) 2. Each participant takes the Hot seat, and the others get to give feedback based on the slide questions 3. The participants then get a chance to respond to the questions and how he felt from the feedback from the team. 4. Discuss Differences in self-perception and 'other' perception from all. <p>Differences between self-perception and ' other ' perception will occur frequently during this exercise. The point of revealing these differences here, is for the person on the ' hot seat " to absorb differences revealed and strive to ' close the gap ' thereby aligning their authentic self with the 'seen' self that people interact with. This ideal ' Self / Other ' congruence will increase an ART c's communication efficacy with whomever they communicate the flip the script communications to . Facilitation of this session therefore is about making the most meaning of the divergences for the individual on the hot seat first and the wider group second.</p>	TOT Slides Role plays Return demonstrations	
2pm – 4.30 pm	Speaking in Public	<p>Instructions:</p> <ol style="list-style-type: none"> 1 Get each participant to stand and share interesting topic 2 Advise that the need to tell what the Topic Is about, talk about It and then remind us of what they just talked about. 3 Have the team review the participant based on the ability to show public speaking skills as per TOT slide- Audibility, authentic 	TOT Slides Role plays Return demonstrations	

Day 4: Sessions

The day focuses on shared project specific operational, administrative, and logical issues

- Administrative,
- ART Champions Conduct.
- 'Flip the Script' objectives – 'staying in the lane.'
- Mental health and debriefing
- Reflections on the training

Provide ART Champions with a clear understanding of what will be expected of them in terms of conduct, working with personal boundaries and managing public notoriety. Developing resilience and self-monitoring of personal stresses and stressors and mental health awareness. Outcome: Good ART Champions understanding of the professional parameters of being an ART Champions, what constitutes good conduct and what constitutes bad conduct. A developed ability to self - monitor and seek help and support if required.

Time	Step	Description	Materials	Lead
8.00- 10.30	ART Champion Conduct Staying in the lane.' Personal boundaries	<p>Instructions:</p> <ol style="list-style-type: none"> 1 Show the TOT/PPT on who is an art champion and Discuss 2 Share the slide on role as team layer <p>Personal boundaries: TOT/ PPT</p> <ol style="list-style-type: none"> 1 The Trainer 'role plays' conversations with ART Champions and pushes boundaries on the following topics, Trainer in the role of someone who an ART Champion approaches makes the following statements to the ART Champion in front of the group, ART Champion's responses are then discussed 2 Religion, -" What is your religion? Tell me your religion and I will decide if I want to speak to you" 3 Personal Attraction – "I like you, how's about we go out to dinner or a walk together, I really want to get to know you better" 4 Money Lending – "OK, OK I get what you are saying, but right now I need money to go home, can you help me out?" 5 Traditional Beliefs – "I hear what you are saying but let us visit my traditional healer and see what he/she says about it " 6 Family Involvement – "" Do you have a sister/brother? I am looking for a wife, if you do, I would love to meet her" 7 Gift Giving – "Thank you for sharing what you've shared, wow, let me by you lunch as a thank you" 8 Salary – "tell me, how much do they pay you to talk to me?" 9 ART Champion Qualification – "what qualifies you to stand in front of me and tell me all this stuff, who trained you?" 10 Campaign Agenda –" Who is behind this campaign? What do they really want? 11 Have participants review how well the individual performed and suggest improvements. <p>Focus on the discussion, brainstorming and role play, ART Champions need to understand that maintaining personal boundaries is good for them and the people they encounter although it might feel awkward now.</p> <p>Trainers must make the following explicit:</p> <ul style="list-style-type: none"> • Having good boundaries helps keep control of the encounter and makes it more predictable and safer. • Maintaining good boundaries is not a science and has more to do with consciousness, awareness and preparedness and thinking about consequences. • Things like generosity, vulnerability, dependency, authority, intimacy, can contribute to inconstant or broken boundaries. 	TOT Slides Role plays Return demonstrations	

Time	Step	Description	Materials	Lead
BREAK				
11- 1 pm	Mental health and debriefing	<p>The iceberg analogy</p> <p>When Facilitating the ' ice berg ' analogy it's critical that the facilitator finds local words for the emotional characteristics described. Facilitators need to keep the idea of seen vs unseen feelings and presentations as simple as possible, avoid even mentioning concepts like the conscious and unconscious even though it is a model derived from psychoanalysis.</p> <p>It may occur that the ' Ice berg ' description surfaces some un resolved and deeply traumatising issues with some of the participants and like the ' hot seat session ' the session should begin with an appeal for participants to stay in the space.</p> <p>Because of this potential it is important that facilitators need to have sourced a local social worker/s prior to the workshop that they could refer a participant to if need be. Facilitators should not be too anxious about this potential as it will stifle the emotional freedom that participants need to feel during this session. Wide experience using the ' ice berg ' description have proven that very often the collective empathy and healing power of the group manages to contain and 'hold' the person who may re-experience some traumatic memory to the point of manageability on the part of the participant/s. Facilitators need to trust in the healing power of the group, first and foremost.</p>		
2pm - 4.30pm	Project specific operational, administrative, and logical issues	<p>Instructions:</p> <p>Share Flip the Script' objectives</p>	<p>TOT Slides</p> <p>Role plays</p> <p>Return demonstrations</p>	
<p>Day 5: Sessions</p> <p>The day focuses on M&E and Reporting</p> <ul style="list-style-type: none"> • Why M&E • Key indicators • Data tools training and practice <p>Provide ART Champions with a clear understanding of the role of M&E in the project and what will be required of them. Train them on the data collection tool relevant to their work.</p> <p>Outcome: ART Champions understand and can fill M&E Forms</p>				
9.00am -11am		<p>What is M&E</p> <p>FTS Key indicators</p>		
11- 12.30 pm		<p>Practice filling M&E tools.</p>		

