

**People Living with HIV Support Group Manual:  
NAPHAM's practical guide for successful support group  
formation, management and activities**

**March 2012**

**National Association of People Living with HIV and AIDS in Malawi  
NAPHAM  
P/B 355  
Lilongwe 3  
Tel: 01 770 641  
Fax: 01 770 803  
naphamsec@napham.org  
www.napham.net**

## Foreword

Malawi has made significant strides towards preventing new infections of HIV and promoting access to treatment for people living with HIV (PLHIV). The Government through Ministry of Health (MoH) has created several structures to strengthen health service delivery crucial to HIV and AIDS response throughout the country. However, barriers to services still exist for many Malawians, such as distance to the health facility, transport costs, long waiting times at the clinic, inadequate laboratory facilities, and stigma and discrimination which necessitates the need for community based response.

As part of the community based response to HIV and AIDS and in order to compliment Government's efforts in addressing HIV and AIDS, a number of community based structures have been established. Among these structures are support groups of people living with HIV (PLHIV). The National Association for People living with HIV/AIDS in Malawi (NAPHAM) is a network of PLHIV support groups and is operational in all the 28 districts of Malawi. Strong PLHIV support groups provide peer psychosocial support, help identify people in need of additional medical services and refer members for treatment, and serve as a linkage to the health facility. This linkage ultimately supports MoH efforts to roll out pre-ART services, new treatment guidelines for pregnant and lactating women, and other care and support activities in the country.

With financial and technical support from the IMPACT Program, NAPHAM, in collaboration with its partners developed this manual to guide the operations of the support groups. Integrated HIV Effect Mitigation and Positive Action for Community Transformation (IMPACT) is a four year United States Agency for International Development (USAID) supported initiative to improve the wellbeing of 60,000 orphans and vulnerable children (OVC) and enhance access to treatment and care for 40,000 PLHIV. Implemented by Catholic Relief Services and partners, the IMPACT Program supports expanding existing and new support groups and assisting PLHIV support groups to take on a bigger role in the HIV response.

This Support Group manual will help support groups through the formation process, assist them to decide what they want to accomplish, and provide examples on how to mobilize resources to support their goals. Through the use of this manual, NAPHAM believes that support groups will be better managed, carry out their activities in a more organized manner and make an impact in the lives of members as well as in the HIV and AIDS response in general.

**Executive Director  
NAPHAM**

## Acknowledgements

This manual is the culmination of the input of many people working in the field of HIV. With the support of the USAID-funded IMPACT Program, NAPHAM held several highly collaborative meetings and workshops in which the content and information of the topics for the support groups were decided. We would like to thank the following individuals for their valuable contributions:

- Kate Vorley and Beth Deutsch, USAID/Malawi;
- Immaculate Kambiya, Twabilire Phiri, Catherine Yoweli and Lucius Ng'omang'oma, Ministry of Health;
- Methusella Zhoya, Ministry of Gender, Children and Community Development;
- Ruth Kundecha, Family Planning Association of Malawi;
- George Kampango, MANET+;
- Charles Mumba, MSF Belgium;
- Josephine Mkandawire, BRIDGE II;
- Elizabeth Mpunga, PACT Malawi;
- Sabine Joukes, Consultant
- Alinafe Chibwana, Effie Kaminyoghe, Brenda Hegarty, and Antonia Powell, CRS.
- Master Mphande, Charity Kabondo, Sawe Kasambwe, and Dickens Kolondo, NAPHAM;

After broad consultations with a variety of stakeholders, the draft version of this manual was further refined based on feedback after field pre-testing. We would also like to thank those support group members and partners who participated in the pre-testing. Their feedback and input contributed significantly to the final version.

NAPHAM would also like to express its profound thanks to CRS and USAID for the financial support that made it possible for this document to be developed. It is our hope that this manual will be used extensively by PLHIV support group facilitators so that PLHIV can live happier, healthier and more fulfilling lives.

***This manual is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of the authors and do not necessarily reflect the views of USAID or the United States Government.***

## ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
ARV	Anti-retroviral
CBO	Community Based Organization
CHBC	Community Home Based Care
COWLHA	Coalition of Women living with HIV/AIDS
CRS	Catholic Relief Services
HECAWLP	Health Care Workers Living Positively
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counseling
IGA	Income Generating Activity
IMPACT	Integrated ( <i>HIV effect</i> ) Mitigation and Positive Action for Community Transformation
JONEHA	Network of Journalists Living With HIV
MANERELLA+	Malawi Network of Religious Leaders Living or Personally Affected by HIV and AIDS
MANET+	Malawi Network of People living with HIV/AIDS
MOH	Ministry of Health
NAPHAM	National Association for People Living with HIV and AIDS in Malawi
OVC	Orphans and other Vulnerable Children
PEPFAR	President's Emergency Plan For AIDS Relief
PLHIV	People Living With HIV
PMTCT	Prevention of Mother to Child Transmission
TB	Tuberculosis
USAID	United States Agency for International Development
VSL	Village Savings and Loans

## Contents

Foreword.....	2
Acknowledgements.....	3
Contents.....	5
INTRODUCTION.....	7
Purpose of this manual .....	7
Who is this manual for? .....	7
Other manuals to be used for reference.....	8
PART 1: SUPPORT GROUPS .....	9
1.1. Purpose of this section .....	9
1.2. Structure of a support group.....	9
1.3. Formation of a PLHIV support group.....	10
1.4. Support Group Affiliation .....	10
PART 2: SUPPORT GROUP MANAGEMENT .....	11
2.1. Purpose .....	11
2.2. Support Group Constitution .....	11
2.3. Leadership and Roles .....	11
2.4. Planning.....	12
2.5. Record Keeping .....	13
2.6. Capacity building .....	13
PART 3: SUPPORT GROUP MEETINGS .....	14
3.1. Purpose .....	14
3.2. How to organize a meeting .....	14
3.3. Tips for group facilitation .....	15
PART 4: SUPPORT GROUP ACTIVITIES .....	19
4.1. Purpose .....	19
4.2. Overview of support group activities .....	19
4.3. HIV and AIDS education outreach .....	20
4.4. Group Therapy Sessions .....	22

4.4.	Community Home-Based Care .....	25
4.5.	Advocacy: Growing a Powerful Support Group.....	26
4.6.	Livelihood .....	30
4.7.	Resource Mobilization.....	31
PART 5: REPORT WRITING .....		41
5.1.	Purpose .....	41
5.2.	Reporting overview .....	41
5.3.	Things to consider when writing a report .....	41
5.4.	Tips for writing a good report .....	42
5.6.	Sharing your reports.....	42
PART 6: MONITORING AND EVALUATION AT SUPPORT GROUP.....		43
6.1.	Purpose .....	43
6.2.	Definition and Methods of Monitoring.....	43
6.3.	Workplans .....	43
6.4.	Activity Plans .....	44
6.5.	Registers.....	45
6.6.	Data collection tools.....	47
6.7.	Key health services record .....	47
PART 7: NETWORKING AND REFERRAL .....		50
7.1.	Purpose .....	50
7.2.	Roles of support group members in networking and referral.....	50
7.3.	Overview of networking and referral.....	50
7.4.	The multi-sector approach to caring for clients with chronic conditions.....	51
7.5.	Referring clients .....	52
ANNEX A: NAPHAM DISTRICT OFFICE LISTING .....		53
ANNEX B: SUPPORT GROUP REGISTRATION FORM .....		54
ANNEX C: EXAMPLE REFERRAL FORM .....		55

## INTRODUCTION

The National Association for People Living with HIV and AIDS (NAPHAM) was established in 1993 by a small group of People Living with HIV (PLHIV) who observed that their needs were not being met. NAPHAM was established to fight against stigma and discrimination and to promote and advocate for a conducive environment where PLHIV would live to their full potential and realize their goals.

NAPHAM is a membership organization and membership is open to everyone living with HIV who is interested in participating in NAPHAM activities. It works directly with people who are infected and directly affected by HIV and AIDS through support groups formed at community level. The support group is the hub of community based HIV and AIDS response and responsible for planning, implementation and monitoring of HIV and AIDS activities with technical assistance provided by NAPHAM district staff.

In order to further guide the support groups on activity implementation, NAPHAM, with support from the USAID through the IMPACT Program, developed this manual. Led by the Catholic Relief Services (CRS), IMPACT is a four year USAID-funded program focusing on providing critical services for orphans and vulnerable children (OVC) and people living with HIV (PLHIV). The IMPACT consortium partners include Africare, Chikhwawa Diocese, Dedza Catholic Health Commission, D-Tree International, Emmanuel International, Lilongwe Catholic Health Commission, NAPHAM, Opportunity Bank, **PCI**, Save the Children, World Vision, Zomba Catholic Health Commission. The program is implemented in nine districts: Chikhwawa, Mulanje, Thyolo, Chiradzulu, Zomba, Machinga, Balaka, Ntcheu, and Lilongwe.

### Purpose of this manual

The support group manual provides guidance on group formation, management, activities and monitoring and evaluation. Among others goals, the manual helps people living with HIV (PLHIV) to get organized into support groups, get information on relevant topics that promote positive living, promote meaningful and active participation within the support group, and mobilize resources for the operations of the support group. This manual can also help groups track access to important health products and services and advocate for more support where needed.

### Who is this manual for?

This manual is for adult support groups of people living with HIV (PLHIV). However, the principles can also be used for youth and children support groups. In addition, family, friends and community leaders can benefit from the information contained in this manual.

## Other manuals to be used for reference

In addition to this manual, support groups may wish to use technical manuals with thematic content, such as the *Called to Care* toolkit from Strategies of Hope or the *Planting Our Tree of Hope* toolkit developed by BRIDGE and partners with support from USAID for use in Malawi. The *Planting Our Tree of Hope* toolkit is a set of practical and experiential learning activities designed to help people living with HIV, their partners and families address a range of HIV and AIDS related issues. These activities encourage members to adopt and maintain behaviors which support their own health as well as the health of their partners, unborn babies, children, families and wider community. The vision for the toolkit is to empower people with HIV to live positively by providing them with role models who have faced and overcome similar challenges.

### **The toolkit has two main components:**

- a) A flip chart with five real personal stories of men, women and couples who have overcome barriers and in turn lead healthy lives with HIV.
- b) A Facilitators Guide organized into different themes with activities and questions to support discussion around the stories shared.

### **The tool kit contains six thematic modules as follows:**

1. Working Together for Health and Happiness.
2. Taking Care of Oneself.
3. Treatment and Support.
4. Relationships and Family.
5. Healthy Communication in Relationships.
6. Finding a Supportive Community.



## **PART 1: SUPPORT GROUPS**

### **1.1. Purpose of this section**

This part of the manual shows institutions and support group committees how to form support groups.

### **1.2. Structure of a support group**

What is a support group?

A support group is a gathering of people who share a common health problem. These people come together in order to share experiences, get information and provide emotional support to each other to cope with their condition. It focuses on a specific situation or condition, such as HIV and AIDS, cancer, diabetes, or heart disease. In this manual we are discussing support groups for People Living with HIV and AIDS (PLHIV).

A support group is comprised of the following:

#### **a) Executive Committee**

The executive committee is comprised of approximately 10 members as listed below:

- Chairperson
- Vice Chairperson
- Secretary
- Vice Secretary
- Treasurer
- 5 Committee Members (activity leaders)

#### **b) Activity Sub Committees**

Each key activity area has a committee and is headed by a leader who facilitates the implementation of that particular activity. These sub committees are:

- HIV & AIDS Education Outreach and Advocacy
- Community Home Based Care
- Adult Group Therapy
- Child Group Therapy
- Livelihood

#### **c) Support group membership**

A PLHIV support group member is any person living with HIV who has voluntarily decided to join a support group and is willing to take part in group activities. Every year members pay a membership fee determined by the Board of Trustees and endorsed by the General Annual Assembly. Children of PLHIV can also be members, even if they do not have HIV and they do not pay the membership fee. For NAPHAM support groups, membership fee payment is made at the NAPHAM district office.

### **1.3. Formation of a PLHIV support group**

Support groups for PLHIV are self forming. A support group is formed when few PLHIV in a particular location would like to meet to share experiences and assist each other in how to live a healthy life. For a support group to be recognised by NAPHAM it must have at least a minimum of 15 members. There should be one support group per Group Village Head.

### **1.4. Support Group Affiliation**

It is strongly recommended that a support group must be affiliated to a national PLHIV organisation through registration. Affiliation helps support groups get access to updated information, may help groups get access to resources and links groups to advocacy activities. National organisations for PLHIV are NAPHAM, Malawi Network of Religious Leaders Living or Personally Affected by HIV and AIDS (MANERELLA+), Coalition of Women Living with HIV/AIDS (COWLHA), Teachers Living Positively (TLIPO), Health Care Workers Living Positively (HECAWLP), and Network of Journalists living with HIV (JONEHA).

Registration of a support group with a particular national PLHIV organization is done at district level to the particular organisation. In the case of NAPHAM, after registration the NAPHAM district office provides guidance on governance, operations and functions of a support group. **See Annex A for a listing of NAPHAM district offices and Annex B for the NAPHAM affiliation form.**

## **PART 2: SUPPORT GROUP MANAGEMENT**

### **2.1. Purpose**

This part of the manual gives information on how to manage support groups so that they perform effectively and efficiently.

### **2.2. Support Group Constitution**

Each PLHIV support group should have a constitution which governs the operations of the group. The constitution varies from one group to the other. It should contain the following information:

- The goal of the support group – what the group hopes to accomplish.
- The membership of the support group – who is eligible to join.
- The leaders of the support group and their roles – a support group should have a chairperson, secretary, treasure, committee members and activity facilitators.
- The tenure of leadership position – how long a person should take a position, such as, one year.
- Roles of support group members – what the responsibilities of members are.
- Activities of a support group – what kinds of things the group will do.
- Rules and regulation – what rules will be followed by the support group members and what should be done if someone breaks a rule.

### **2.3. Leadership and Roles**

NAPHAM support groups are led by the Executive Committee as chosen by support group members. Different support group activities are facilitated by support group activity leaders who are trained in their specific area. Below are roles and responsibilities of support group Executive Committee members.

#### **Roles and responsibilities of Chairperson**

- Open and close each meeting
- Give responsibilities to members where necessary
- Coordinate and harmonize the group
- Encourage members to be punctual and stick to the meeting agenda
- Make sure that every member is participating in the meeting deliberations
- Make sure that members are disciplined and follow the rules of the group

#### **Roles and responsibilities of the Secretary**

- Take attendance
- Write minutes

- Read the minutes of previous meeting
- Write letters on behalf of the group
- Invite members to the meeting in consultation with the Chairperson
- Develop agenda of the next meeting in consultation with the chairperson and support group members
- Keep records of meeting proceedings
- Carry out any other duties assigned by the Chairperson

#### **Roles and responsibilities of the Treasurer**

- Keep money for the group
- Keep records of items/goods that belong to the group
- Produce financial report for the group when it is necessary
- Work together with the Chairperson and Secretary
- Carry out any other duties assigned by the Chairperson

#### **Roles and responsibilities of Committee Members**

- Attend meetings and participating in the discussions of the meeting
- Work together with the committee in carrying out of the duties
- Develop the agenda of the meeting
- Carry out any other duties assigned by the Chairperson

#### **Roles and responsibilities of Activity Leaders**

- Facilitate activities in the specific support group activity area
- Write reports
- Identify individuals to implement a specific task in his or her specific area
- Submit reports to the executive committee of the support group

#### **Roles and responsibilities of support group Members**

- Attend all the meetings of the group
- Participate in all activities of the support group
- Prepare for the meetings by reading the agendas of the meetings and reports
- Ask questions where people have not understood
- Enforce decisions made by the support group
- Participate in resource mobilization for support group activities

## **2.4. Planning**

PLHIV support groups can achieve a lot – especially if they plan ahead. Here are some ideas to make their groups more effective:

- Plan what the group will do over the next 3-6 months.
- Set goals. Put a deadline and person responsible for each goal.

- Make appointments with people who can help the group meet its goals.
- Think about any learning materials you want to make for the group and community.
- Plan ahead to organize food and drink for each session.

The table below gives an example of how to plan goals:

GOAL	TIMELINE	ACTIVITIES	RESPONSIBLE
Decrease HIV stigma in our community	June- Aug. 2013	Conduct HIV Education outreach sessions in three villages	Amanda Banda
Increase income among members	July 2013	Establish village savings and loans group for support group members	Aaron Nyrienda
Improve members' adherence to treatment	Sept. 2013	Motivational talk about ART adherence from health center	Gift Kumwenda

## 2.5. Record Keeping

All activities done at the support group, including meetings and visits, should have proper records. The support group Secretary is responsible for recording support group activities. The Secretary collects information on activities and organizes it in registers or forms. Every month the support group members should meet to review and plan activities and the Executive Committee should compile the reports.

There is detailed information on record keeping, including which kinds of registers should be kept for each support group, in Part 7 of this manual.

## 2.6. Capacity building

There is need to build the capacity of support groups through trainings, mentorship and monitoring. The key trainings to be provided to support groups include leadership, psychosocial counselling, positive living, group therapy facilitation, record keeping, financial management and reporting. Where funds permit, the NAPHAM District Coordinator can facilitate such trainings. There may be other trainings the support group would like to pursue, such as income generation or village savings and loans. These could be done in collaboration with other partners, if resources are available.

## PART 3: SUPPORT GROUP MEETINGS

### 3.1. Purpose

Support groups are required to meet frequently as they carry out their activities. These meetings could be group therapy meetings, HIV and AIDS education outreach, or planning and review meetings. This part of the manual explains how executive committee and support group members can conduct an effective meeting.

### 3.2. How to organize a meeting

There is no “right way” to organize a meeting. Members should decide what works best for them. If you have an educational manual you may use it to organize your meetings, with the help of the group facilitator. Whatever you do in your meeting, here are four tips to keep in mind.

#### A. Time

Support groups usually meet for two to three hours. Meetings are usually every two weeks or once a month, depending on what eth group decided in its constitution. It is important to arrange a time that suits all members, and to respect one another’s time.

- Decide as a group when, where and for how long you will meet.
- Check back in every couple of months to make sure group members are still happy with the schedule. If there is difficulty, talk as a group to set a new time, place and duration of meetings.
- Keep to the agreed meeting time.
- If it seems the meeting will go over time, check first with the group to find out if they can stay later. Decide together to lengthen the meeting or stop on time and continue next time.
- If a session is interrupted, start it up again like this:
  - Re-introduce the topic
  - Summarize what you covered already
  - Continue where you left off

#### B. Introduction

At the start of each meeting it is good for the group leader to:

1. Emphasize on the ground rules agreed upon when conducting meetings such no talking when someone else is speaking

2. Explain structure and goals for the meeting, so members know what to expect
3. Welcome new members (if there are no new members, just welcome everyone)

### C. Participation

All members should be active in meetings and activities. Being active makes the group stronger and helps each member learn and trust more. To help this happen, the group leader or facilitator can:

- Introduce new topics using questions – especially questions that ask members about their own ideas and experiences
- Do more group discussion and less “lecturing”
- Make learning practical – use games, role play, etc.

### D. Make it real

At the end of each session, members can share with the group their plans for putting new information and ideas into action in their every day lives.

**The aim of meetings is to make sure all members are supported and informed and feel empowered to use new information to make changes in their and their family and friends’ lives.**

### 3.3. Tips for group facilitation

Many support groups use training manuals to learn new things. Manuals give step-by-step lessons on HIV, nutrition, health and many other important and interesting topics. Often, someone called a “facilitator” helps the group learn the information in each topic. This facilitator can be someone from the group, or someone outside the group – like a healthcare worker or a teacher.

#### ***What is facilitation?***

Facilitating is very different from teaching, preaching or giving presentations. You can learn and practice facilitation skills; you do not need to be an expert. Let’s look at some of the differences between a teacher and a facilitator:

<b>Teacher</b>	<b>Facilitator</b>
The “expert”	An equal
Gives information	Helps group to discover knowledge
Does all the talking	Talks very little
Explains	Asks
Lectures	Invites others to share their own experiences and ideas
Presents facts	Is open to different ideas

### ***How does a good facilitator prepare a meeting?***

Preparing for a session helps the meeting go smoothly, with maximum benefit to members. A good facilitator:

**1. Works together with the group to choose a topic everyone is interested in**

- ❖ Talk with the rest of the group to make sure you are facilitating the sessions of most interest to the other members.

**2. Is familiar with the topic and the structure of the session**

- ❖ Before you start a session, familiarize yourself with the whole content of the topic so you know the facts. Read through additional reference materials if necessary.

**3. Has decided how she or he will organize the session – in detail!**

- ❖ Read through each session in advance, to know all the steps to be taken. If there is a story to be read, think about who could read that story. Estimate how long each part of the session will take. Decide how you will divide the groups, where you will hang the flip-chart, etc.

**4. Has all materials prepared in advance**

- ❖ Ensure you have all recommended items with you. This will save time and keep members interested. Remember that teaching aids like pictures and cards make the session come alive.

The boxes below give you some facilitation tips to keep in mind.

**Lead the session with fairness and compassion:**

- Listen carefully to what members say with their words *and* their actions
- Show interest and respect for the different views of members, even if you disagree with them.
- Call members by their names. This helps everyone learn each other's names, is respectful and shows you care.
- Pay attention to who talks and who doesn't. If someone is very quiet, encourage her/him (don't push) to talk.



- Let one person talk at a time. If someone does not get to finish a point, go back to that person. If someone tries to say something but can't get into the conversation, give that person the chance to speak.
- Guide the group and keep the discussion focused. Do not let it 'go off topic'. Gently remind people of the main question/issue being discussed.
- Keep a reminder list. When someone wants to talk about something "off topic", write it on the list. Schedule a time to talk about these reminders – often at the end of the meeting. This way you keep the meeting on schedule, but also value what others have to say.
- Be honest and open in answering questions. **If you do not know something, say so and then find out so that you can give correct information next time you meet.**
- Share leadership – a session becomes livelier when there are two facilitators, supporting each other and taking turns to lead.

#### **Use your active listening skills:**

- Listen in a way that shows respect, interest and empathy.
- Show the person you are listening by saying "Ok", "Hmmm", "I understand"...
- Use a calm tone of voice – not directive (don't tell people what to do).
- Listen to the content of what the person is saying (listen to themes). Listen to HOW something is said (does the person seem worried, angry, happy?)
- Allow other people to express emotions, e.g. allow time for crying.
- Never judge another or impose your own values.
- Do nothing but listen while others are talking (resist looking at papers or your watch, preparing drinks, using your phone, etc.).
- Don't interrupt.
- Gently ask questions if you need more information.
- Use open-ended questions that cannot be answered with yes or no. For example:

- Can you tell me a bit more about that? (Instead of “Is that what happened?”)
  - How did this make you feel? (Instead of “Are you angry?”)
- Make eye contact.
- Face the person who is talking.
- Be relaxed and open with your posture (no arms closed in front of you, no ‘sitting back’).
- Turn your mobile phone off and never take calls during a session.

***How does a facilitator end the session?***

- Summarize the major points and results of the discussion.
- Ask members how the next session can be better. They can tell you or write their ideas. Use their ideas to plan your next session.
- Explain what will happen at the next meeting. This will motivate people to come.
- Make sure that members know where they can get more information.

# PART 4: SUPPORT GROUP ACTIVITIES

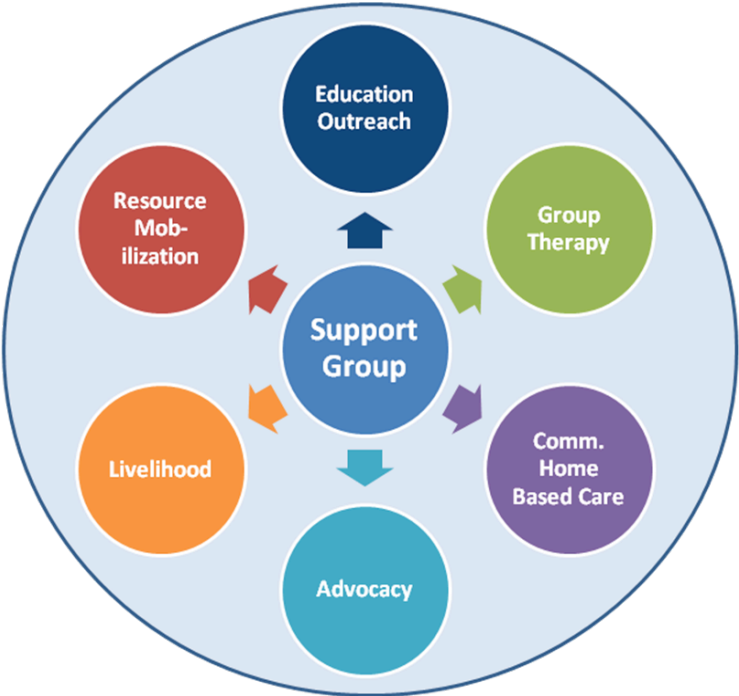
## 4.1. Purpose

This part of the manual shows support group facilitators and members how to implement various support group activities.

## 4.2. Overview of support group activities

Support groups carry out a number of activities which include HIV and AIDS Education Outreach, Group Therapy Sessions, Community Home Based Care, Advocacy, Resource Mobilization, and Livelihoods. Aside from group therapy sessions, support groups should meet at least once a month for planning, reviewing and reporting on what has been done. During this planning, reviewing and reporting meeting, activity leaders should report on activity progress as well as finances.

Figure 1. Support Group Activity Sub-Committees



### 4.3. HIV and AIDS education outreach

There are still many misconceptions about HIV and AIDS. Outreach sessions provide correct information to educate community members accurately. In addition to helping clear up misconceptions, community outreach is a great way to move community members to action. Outreach can be done through community mobilization or information dissemination.

#### Where to conduct HIV and AIDS Education Outreach?

Outreach can be done in different places such as market places, religious places, work places, schools, and community places.

#### Why should we do community outreach?

- Share correct information on HIV
- Share life experiences and lessons as PLHIV
- Share experiences or situations on HIV and AIDS in the community that require action
- Enhance behaviour change
- Promote HIV testing and counselling

#### Possible outreach topics

- What is HIV
- How is HIV transmitted?
- Symptoms of HIV infection
- How should we live with persons living with HIV?
- What are risky sexual behaviours?
- How can we get rid of social stigma about HIV?

There are two common approaches used for education outreach: community mobilization and information dissemination.

#### A. Community mobilization

Community mobilization is the process of bringing together diverse members of the community to raise awareness on and demand for a particular development program. Community mobilization looks at the needs of the community and facilitates organization. In the case of HIV, community mobilizers get others excited about responding to HIV and helping PLHIV and HIV affected households. They teach communities about HIV and help them understand the challenges PLHIV face. Often community mobilization involves speaking to large groups at churches and other meeting places. After speaking to the larger group, mobilizers may have smaller conversations with just one or a few people. In this way, communities work together to find the best solutions to their local challenges.

How do you know if you would make a good community mobilizer? Usually, good mobilizers have the following qualities:

- Good communication skills (speaks clearly)

- Good facilitation skills (listens to people, brings other people into the conversation, reaches out)
- Good listener
- Committed to the goal of bringing HIV issues to the community
- Good decision maker
- Active member of her/his PLHIV support group
- Good negotiation skills
- Honest
- Knows the culture and values of the community

**The benefits of community mobilization:**

- Gets communities interested in HIV issues.
- Increases community support.
- Helps communities overcome denial, stigmatisation and discrimination.
- Promotes local ownership and decision-making by PLHIV.
- Encourages collaboration between individuals and organizations.
- Coordinates HIV-outreach efforts (e.g. makes sure there is not a lot of work in one place, and then nothing in others – outreach should be done fairly and shared equally).
- Raises issues which people may disagree about (e.g. the role of women).

**B. Information Dissemination**

The main focus in information dissemination is provision of information without much expectation of action from the hearers. It is mostly used to clear up myths and misconceptions on HIV and AIDS. Remember, just because you are providing information, doesn't mean you should lecture! Use drama, sharing personal experiences, songs and traditional dances to help communicate information while entertaining participants.

**Testimonials: Sharing personal experiences**

Sharing personal experience is a wonderful way to provide correct information and dispel myths. Ask a community leader if you can share your experiences during a community meeting. Explain that this will help others understand HIV and support PLHIV. It will help stop the stigma and discrimination that hurts PLHIV, those affected by HIV and those at risk of getting the virus.

At the meeting, start out by introducing yourself, including the number of years you have lived with HIV. Then state all or most of the following:

1. Why you are speaking today (e.g., Encourage all community members to visit HTC)
2. What you expect from the people after they have listened to you
3. Your personal background (e.g., What moved you to go for a test)
4. Your first reaction when the counsellor told you that you were HIV positive
5. Who or what helped you accept the results
6. Why it is important to know your HIV status (e.g., How it has improved your health or how it has protected your loved ones from acquiring HIV)
7. How you learned about PLHIV support groups
8. What support groups do and how you have benefitted from your support group
9. Where people can go for HIV counselling and testing
10. Thank all those present for listening to your life experience

**The benefits of sharing personal experiences:**

- Encourages community members to go for HIV counselling and testing
- Encourages PLHIV to accept their status and live a positive life
- Deals with stigma and discrimination
- Clears up some myths surrounding HIV and AIDS
- Stimulates better support for people living with and affected by HIV

#### **4.4. Group Therapy Sessions**

Group therapy uses verbal discussions to assist support group members in dealing with ongoing challenges related to living with HIV. Group therapy provides a healing environment in which members have a sense of belonging as fellow members struggle with similar challenges in their own lives. Members share their feelings, experience and issues with the group in order to find solutions together. In addition to sharing coping strategies, group therapy can help bring members a sense of hope and a positive future. The success of group therapy depends on the mutual support that members provide to one another.

Different groups have different needs and must be able to share their feelings honestly and openly. NAPHAM recommends that adults, young people (generally defined as ages 15 – 24) and children meet separately during group therapy sessions so that discussion is age-appropriate.

### **Importance of adult group therapy**

- Enhances positive living among the members
- Promotes behavior change
- Relieves the support group members of their emotional, social, spiritual and some physical problems
- Enhances a sense of belonging among the support group members
- Provides a platform for sharing of information

### **Qualities of adult group therapy facilitator**

- Trustworthy
- Honesty
- Comfortable speaking in public
- Credible
- Knowledgeable
- Calm and composed
- Mature
- An active listener
- Able to control or resolve conflicts in within a group
- Accommodating

### **Methods of facilitating group therapy sessions**

- Lecturing
- Group discussions
- Visual Aids
- Questions and answers
- Singing and dancing

### **Tips for facilitating effective group therapy sessions**

For the group therapy session to work well, support groups must follow their ground rules. In addition to this it is also important to do the following:

- Observe time
- Use language that everyone understands
- Respect and listen to others views and opinions.
- Give chance to support group members to ask questions

### **How to conduct a group therapy session**

1. Meeting opening
  - a) Sing songs
  - b) Members slot issues into the confidential box upon arrival
  - c) Conduct a prayer
  - d) Read and share the word of God
  - e) Welcome visitors (if any)
  - f) Read the previous minutes and adopt them
  - g) Matters Arising from the previous minutes
2. Introduce and discuss the topic of the day
  - a) Invite questions from the participants
  - b) Share and discuss personal challenges or issues from the participants
  - c) Come up a solution to the challenges raised and discussed
  - d) Repeat any key messages from the discussion
3. Select and agree the topic for the next group therapy session
  - a) Select a topic from the confidential box
  - b) Agree on the date of the next meeting
  - c) Write down issues any other issues requiring further follow up or discussion
4. Meeting closing
  - a) Conduct a closing prayer
  - b) Eat (if the food is available) and disperse

### **How to discuss issues during group therapy sessions**

- Introduce the issue from the confidential box as previously announced.
- Ask the members to sit in small groups of men only and women only, depending on the type of the issue under discussion.
- Make sure someone writes the points that are raised during the small group discussion.
- Thereafter, reconvene to one group and present the points agreed in the small groups.
- The facilitator should lead the group discussions and identify possible solutions as a matter of consensus.

### **How to choose a topic for the next group therapy session**

- Reading of issues from a confidential box.
- The support groups may discuss topics listed below.
- A member may propose the topic in the meeting and should be agreed by the majority.
- The group therapy facilitator, in liaison with other facilitators, should observe and note areas where people seem not to understand. Such areas may also be selected for future discussion to ensure that everyone understands the content fully.

### **Some of the topics to be discussed in group therapy**

- HIV and AIDS basic information
- Nutrition
- Adherence to medication



- Safer sex
- Prevention from mother to child transmission (PMTCT).
- Sexual Transmitted Infections
- Family planning
- Hygiene
- Disclosure
- Rights of PLHIV
- Discordancy
- Positive Living
- Herbal remedies
- Circumcision
- Gender-based violence
- Multiple concurrent sexual partnerships

#### 4.4. Community Home-Based Care

Community Home-Based Care (CHBC) is the help given to people with chronic or terminal illnesses in their homes. Friends, family and volunteers visit people living with HIV, cancer, TB, and other conditions, often with the support of formal healthcare and social workers.

CHBC volunteers must be trained and certified by the Ministry of Health. The volunteers provide basic nursing care and support and teach primary caregivers how to continue with care. They also assist sick people with some of their household chores (cleaning, cooking, tending animals, etc.).

##### **What are the benefits of CHBC?**

- Allows the patient to be taken care of by his/her relatives within his/her home environment
- Allows family members and relatives to keep up with other chores in the household
- Reduces over-crowding in the hospitals
- Reduces expenses of travelling

##### **Who is eligible for CHBC?**

- Support group members in the PLHIV network
- Non-members of any age who have been sick for 3 months or more

##### **What does a CHBC provider do?**

- Identifies patients requiring CHBC as per recommended criteria
- Gives basic nursing care (bathes, feeds, and turns the patient; gives care for pressure areas; assists patient to use toilet and walk)

- Teaches basic nursing skills to caregiver
- Ensures a healthy home environment
- Manages simple illnesses such as fever, cough, diarrhoea, vomiting and skin problems
- Gives psycho-social support and nutrition counselling to patients and families
- Refers patients to health and other support services and groups
- Keeps patient’s records (what care has been received, medicines, symptoms, etc.)
- Notes down the patients in need of follow up
- Gives monthly reports to immediate supervisor
- Monitors intake, side effects and adherence for patients on long-term medicines including ARVs
- Educates patient and family members on prevention of infection, prevention of HIV, TB and malaria
- Helps the family understand the importance of HIV testing and counselling of other family members to ensure prompt initiation of treatment and care
- Helps reduce stigma and discrimination by dispelling myths and showing compassion for PLHIV
- Helps clients with chronic illness with household chores such as sweeping, mopping, cooking, caring for livestock, etc.

#### 4.5. Advocacy: Growing a Powerful Support Group

Advocacy is a way for individuals and groups to feel capable and excited about acting for change. Most support groups have experience in advocacy – even though they may not know it!

Advocacy is not education or outreach. It is the actions you take to change the “bigger picture” so that communities have a better quality of life. In advocacy, you make leaders and other powerful people aware of issues that are important to you, and what they can do to set things right. You press for changes to laws and policies, so that they will be fairer.

Benefits of advocacy
• Resolves conflict
• Seeks lasting solutions to issues faced by the community
• Helps people feel empowered

There are three different kinds of advocacy: Lobbying, Sensitization and Community mobilization.

**Lobbying:** Meet with people whose opinions have a big impact – politicians, leaders, decision makers, role models. Convince them to take action to create the change you want.

**Sensitization:** Make decision makers and community members aware of the negative impact of a problem situation (e.g. stigma and discrimination, HIV myths, practices harmful to women and girls). Explain or show how to solve that problem.

**Community mobilization:** Work with communities to ask and answer:

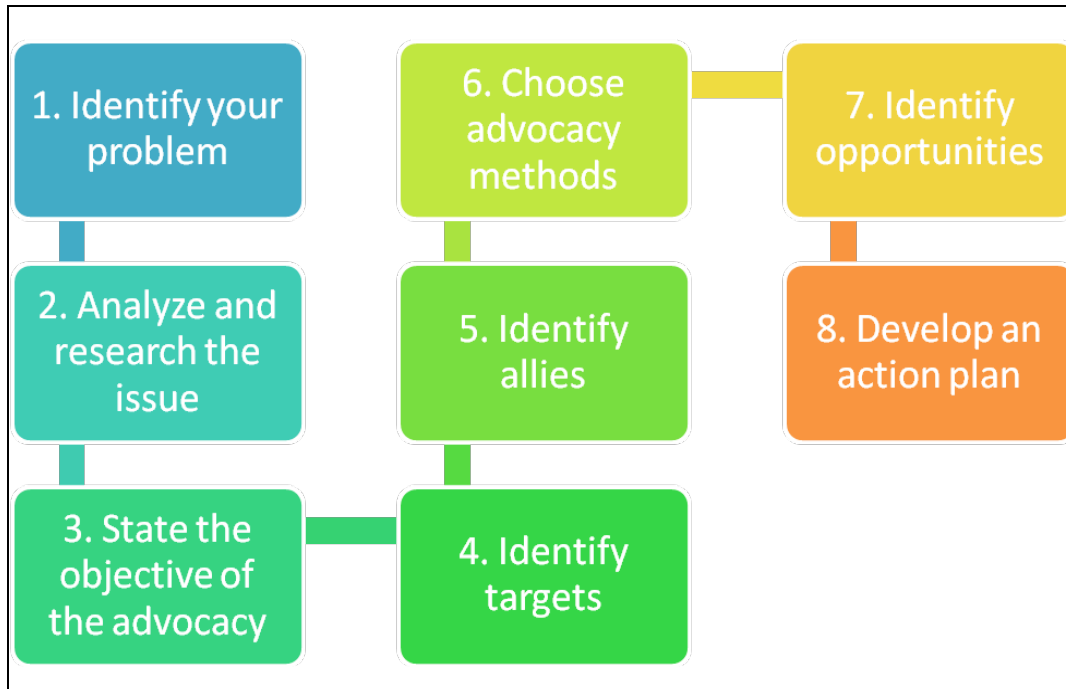
*“What problems are we facing now?”*

*“How can we solve these problems?”*

Get community members involved in meeting with leaders and educating others for change. Find role models and celebrities who will speak out for change. (For more help on mobilization, see Section A in this part of the manual, above.)

Whatever type of advocacy you do, make sure you follow these eight steps:

**Figure 2. Advocacy Steps**



### 1. Identify your problem

What is the root cause of the issue you want to change? Describe it in simple words. Visualize your solution. A solution is the ultimate destination you want to arrive at. It may take a long time to reach the final solution. Therefore, you can identify short-term objectives which will help you reach the final solution in steps.

### 2. Analyze and research the issue (fill your knowledge gaps on the issue)

Look into the problem in detail. Document evidence you can use when explaining the issue to decision makers (or, “targets” – see number 4 below).

Points to consider when documenting evidence:

- How many people are affected by the problem/issue?
- When did people start experiencing the problem?
- What caused the problem?
- What are the negative effects of the problem?
- State a case as an example

### 3. State the objective of the advocacy

State what you want to achieve as a step towards the solution. The objective should always be:

- a) **Specific:** Be very clear about what you want. The objective must state exactly what you want, why it is important and who will be involved. A specific objective will usually answer these five questions:
- What: What do I want to accomplish?
  - Why: Why do I want this? What is the purpose or benefits to achieving this objective?
  - Who: Who is involved? Who is affected?
  - Where: Where will this objective be reached?
  - Which: Which things will you pay attention to? Which are your limitations?
- a) **Measurable:** You must be able to measure if you are successful. Otherwise, how will you know if you reached your objective? How will you know to change your strategy? A measurable objective answers questions like:
- How much?
  - How many?
  - How will I know when it is accomplished?
- c) **Achievable:** Is this something you really can achieve? It is important to be realistic. An achievable objective answers the question:
- How can the objective be accomplished?
- d) **Relevant:** Make sure you are working for something that the group agrees is really important. Ask yourselves:
- Does this seem worthwhile?
- e) **Time-bound:** Having a deadline will motivate the group – you will focus more on the objective if you know you must reach it soon. Without a timeframe, support groups can get caught up in

#### What's an advocacy objective?

- ✓ Decide what policy changes you want
- ✓ Decide what behaviour changes you want
- ✓ Decide what power you want your community to have

day-to-day activities and the objective can be forgotten. A time-bound goal answers the questions:

- i) When?
- ii) What can we do 6 months from now?
- iii) What can we do 6 weeks from now?
- iv) What can we do today?

#### **4. Identify targets**

Identify who you need to advocate to, to create the changes you want. (E.g. politician, community leader, religious leader)

#### **5. Identify allies**

Who can help you? Identify your “allies” – people and groups that can help reach your advocacy objective. In advocacy you require a strong voice to be heard. You must know who is on your side and have those supporters work together with you to reach the objective. For example: village headmen, religious leaders, other PLHIV support groups.

##### **Example of how allies can help an advocacy campaign**

PLHIV at a certain health facility are not being attended to promptly when they go to collect drugs. They arrive very early in the morning but the health workers start attending to them in the afternoon and no proper reason is given to them. The PLHIV from different support groups agree to advocate for change. They identify the Group Village Headman (GVH) from their area as a key ally. The GVH agrees with the support groups and together they organize a meeting with the Management of the health facility. The health facility staff acknowledge the problem and agree to try prioritizing PLHIV clients during certain hours of the week.

#### **6. Choose advocacy methods**

How will you convince your targets to change? What is your strategy -- lobbying, sensitization, or community mobilization?

#### **7. Identify opportunities**

What opportunities are there for you to reach your targets? Is there an upcoming District Executive Committee meeting, a community event, or a radio show you can speak on? Be creative!

## 8. Develop an action plan

This will be your road map to the solution. It should clearly state who will do what, when, how and with whom. It helps to write down the activities in a logical manner so that it's simple to follow. Be realistic about how long this will take, and what you will need to do it (time, money, people, etc.). Use information from steps 1-7. Here is a sample action plan.

Objective	Target	Activity	Resources required	Lead person	Time
PLHIV walking less than 10km to access ART services by 2013 June	District Health Office	Conduct lobbying meeting with DHO (note that it should be clear to all that this is the last step of the advocacy after you have gone through steps 1 to 7)	Stationery- because you need a well documented presentation of the case. Transport for those participating in the meeting.	The NAPHAM District Coordinator should lead all advocacy activities at district level as a way of mentoring the support groups for sustainability	June 2012

### 4.6. Livelihood

Livelihood refers to how we secure the basic necessities of life. According to NAPHAM, necessities of life include food, shelter, clothing, health services, and education. All support group members must lead a productive life in order to lead a happy healthy life. To achieve this, we need access to good food and nutrition, good shelter, good clothing, good health, and to be literate. To achieve this, we need a livelihood such as farming, entrepreneurship, and employment.

**Farming** includes food and cash crops production and livestock production. This could be at individual and/or group level.

**Entrepreneurship** includes small and medium business ventures. Similarly, this could be at individual and/ or group level.

**Employment** includes formal employment and informal employment (such as piece-work).

Each support group member is encouraged to be engaged in at least one of the above livelihoods interventions to ensure that they have adequate nutritious food and an income to meet their basic needs. When resources are available, NAPHAM provides trainings or start up materials to groups in areas of income generating activities and livelihoods. Sometimes other partners also have resources

available. For example in the IMPACT Program, support groups wishing to do village savings and loans can access training and support over one to two years, depending on the group's needs.

#### **4.7. Resource Mobilization**

To implement support group activities the support group will need money, materials (such as medicines, meeting space, transport, books, paper, and teaching materials), people (such as volunteers, health workers, teachers, politicians, and judges), and time. These are called “resources.” How will you get resources? Each support group needs to determine what resources it needs and come up with a strategy to find those resources. This is called “resource mobilization.”

##### **Where do you get the things you need?**

If possible, get your resources from more than one source – that way, if something happens to your biggest source of help, you still have other sources to help you. Don't be afraid to try new ideas!

Here are some people/groups that often give resources to PLHIV support groups:

- Non Governmental Organizations
- Government of Malawi
- Companies
- Well wishers
- Chiefs
- Religious institutions

##### **How do you get the resources you need?**

The best way to make sure you have what you need – and that you will have it for a long time – is to make a plan. A plan for getting and keeping resources is called a “strategy.” There are two basic strategies a group can use to get resources: earn money and materials, or ask for money and materials.

##### **A. Earn money and materials**

PLHIV support groups have many different ways to make money. Think about what resources you have, and what people in your community are willing to spend money on. You can sell an object or make an event and sell tickets. Other support groups in Malawi have made money through:

- Village savings and loans groups
- Agriculture, livestock raising, agro forestry (growing trees)
- Organizing games such as football matches between communities or districts
- Sponsored walks and runs
- Music festivals and concerts

- Mock weddings

## B. Ask for money and materials

Sometimes people and organizations will give you help if you ask for it. Individuals and companies may agree to give you money or gifts in kind. Gifts in kind include:

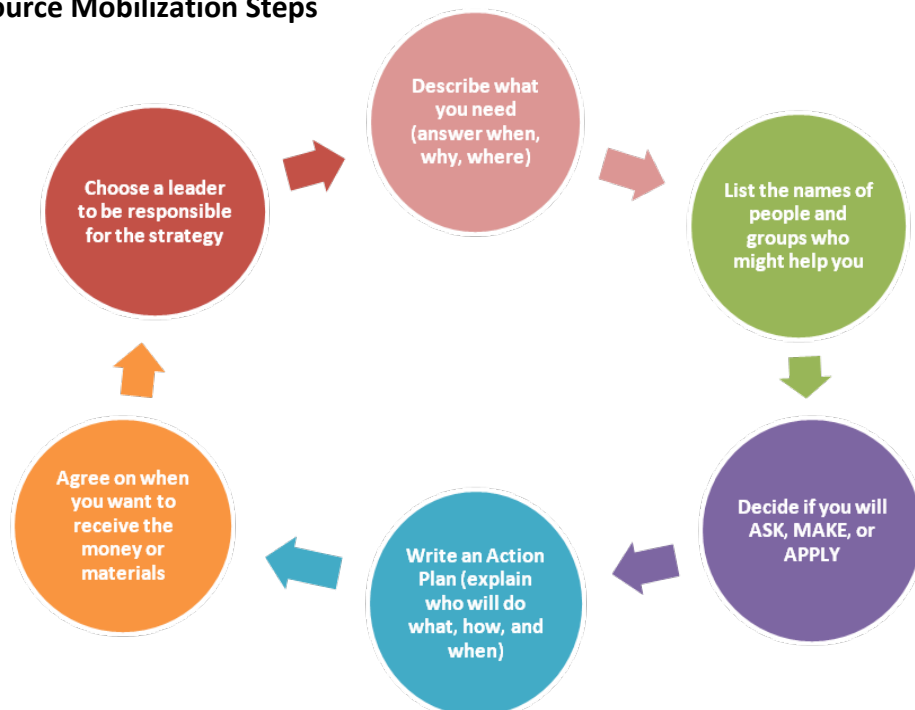
- Meeting space
- Free advertising
- Time and effort from experts
- Books, manuals and teaching aids
- Paper and office supplies
- Food
- Medicines and medical supplies
- Transport
- Training

Organizations and governments may offer money to support groups. To get this money, you must write an application. The best application wins the money. An application like this is called a “proposal.” This is a good way to get a larger amount of money, and to have support for a long time (usually 6 months to 2 years).

### *How do you decide which strategy to use?*

Every PLHIV support group is special. A strategy that works for another group may not be right for YOUR group. To decide what strategy will work best for you, follow these steps. You can follow the circle around again and again as you try new strategies.

**Figure 3. Resource Mobilization Steps**





### ***How do you make sure the support group uses its resources well?***

Once you have the things you need, it's important to use them well. You will want to keep them safe, not waste them, and make sure they are spent on the things your group already agreed on.

Here are some ideas for using resources well:

- Follow the proposal or plan for how to spend the money and use the materials. Be very clear. Make sure all members are involved and that they agree on the final plan.
- Write a constitution as a group. Include ground rules and consequences for breaking the agreement. Have all members sign their names.
- Do regular checks. Make different members responsible for checking how money is spent and what happens to materials. Keep a record book and discuss the records at support group meetings.
- Train group members on how to keep records and keep track of the benefits of the activity.
- If resources are spent on community projects, get some community members involved in planning and doing the activity with you.
- Write down any problems that come up, and how they are solved. This will make an important record for your group. In the future, you can look back and learn from what you did before – what worked well, and what didn't work so well.

### ***How do you write a project proposal?***

If you want to apply for money, you have to be able to write a good proposal. A good proposal:

- ✓ Is clear and easy to read and understand
- ✓ Explains what the issue is and why it is important
- ✓ Tells what you will do – why, how, when, and who will be responsible
- ✓ Convinces the reader that your group is the best one to do this activity

A proposal answers nine questions:

1. What is the problem?
2. Who is affected?
3. Why are they affected?
4. What will you do to address the problem and how?
5. When will you address the problem?
6. Where will you work?
7. What resources do you want to use?

8. How much money are you requesting?
9. How will you know if you solved the problem?

Different funding agencies use different proposal formats, but most proposals require similar sections. Be sure to follow the model that the funding agency wants you to use. Here is a model that you can use to write a proposal. The first model explains what you need to write in the box. The second model is an example of a proposal. The third model is for you to practice with.

<b>How to write a proposal</b>
<b>TITLE</b>
Make a title that explains your activity.
<b>BACKGROUND</b>
<p>Write 2-5 paragraphs with this information:</p> <ul style="list-style-type: none"> <li>○ Name of the support group</li> <li>○ When the support group started to meet (how long have you been a group?)</li> <li>○ Why and how the support group was started</li> <li>○ How many people are in the group? How old are they? How many are women and how many are men? What is their HIV status? How healthy are they?</li> <li>○ What is the group's structure (e.g. do you have a leader, a secretary or a treasurer, are you part of NAPHAM?)</li> </ul>
<b>PROBLEM STATEMENT</b>
<p>Explain why you are writing the proposal            State who will benefit from your activity (who is your "target?")            Answer these questions:</p> <ul style="list-style-type: none"> <li>○ What is the problem?</li> <li>○ Who is affected?</li> <li>○ Why are they affected?</li> </ul>
<b>GOAL</b>
This is one sentence that explains the result of your project.
<b>OBJECTIVES</b>

Write 2-4 objectives to explain what will you do to address the problem and how. Each objective should be one sentence long. Include the number of people who will benefit. Say how they will benefit now, in the future, and a long time from now.

### ACTIVITIES

This part explains how you will reach the objectives you wrote above. Write a few paragraphs to answer these questions:

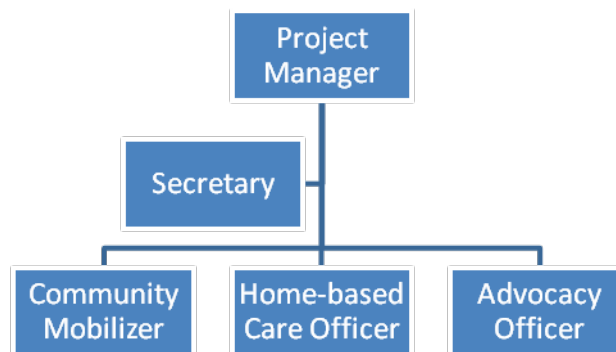
- What will you do to address the problem?
- How will you do it?
- Where will you work?

### RESPONSIBILITY

Write 1-3 paragraphs to explain:

- Who will be responsible for the project

If many people have responsibilities, you can also include a chart. Sometimes it is easier to look at a chart than to read many paragraphs. For example:



### NEED

Write a short paragraph explaining how much money, or what materials, you need. Answer these questions:

- What resources do you want to use?
- How much money are you requesting?

### SUPERVISION AND MONITORING

Explain how you will make sure the money and materials are used well. Write your plan for making sure the activities happen:

- When they are supposed to
- How they are supposed to
- With the result you expect and promise

### EXPECTED OUTCOMES

You are saying that you have a problem, that you want to solve it, and that you have a good way of solving this problem. In this section, write a few sentences that explain how you will know if you did in fact solve the problem AFTER the project/activity is finished.

- Describe the result of your project/activity
- Use numbers and observations
- Be realistic

### SUSTAINABILITY

Explain how this project will continue after the money you are given is finished. Show that the community is ready to get involved, that the project can grow (or that you only need a short time to fix the problem you see) and that you will have other ways to get resources.

### TIME FRAME

This shows when you will do the activity/project. You do not need to write sentences here. Just list your activities and mark when you will do them. You can make a chart like this:

Activity	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
First activity	X	X				
Second activity		X	X	X		
Third activity			X			
Fourth activity				X	X	
Fifth activity						X

### REPORTING

Write a paragraphs to explain:

- How and when you will write reports to show the project's success

### Example of a proposal

#### TITLE

**Kasoba Poultry Keeping Project**

#### BACKGROUND

The Sunflower PLHIV Support Group has been meeting 1-2 times per month for three years. It has 25 members. Ten members are men and 15 are women. All members are between 25-35 years old. All members are living with HIV and are on ART. The Sunflower group began after three women lost their husbands to AIDS. They were worried about their own health and needed help to take care of their children, stay healthy and cope with the effects of HIV. They faced stigma and discrimination and did not know how to find HIV services, like HIV counselling

and testing and PMTCT.

Since their first meeting, the group has grown. The Sunflower group has organized three community fairs and four theatre performances to educate the community about HIV. Next year, three members will speak on a radio talk show and share their personal stories. They will ask the people of Kasoba to help reduce stigma and discrimination against PLHIV.

The Sunflower group has a group leader and a secretary. It joined NAPHAM in 2011.

### **PROBLEM STATEMENT**

Many PLHIV in Kasoba do not have enough nutritious food to eat. This is especially a problem between harvests, when they eat one meal or less every day. Some PLHIV even lost their land when their families learned they had HIV. For others, they have poor health and are not able to work or farm as they used to. Many have lost their spouse and so there are fewer people in the family who can work.

PLHIV need a way to make money and produce their own food so that they can be healthier. They need a way that is not too physically tiring. This way must also be open to PLHIV who have little or no agricultural land.

The Sunflower PLHIV Support Group has already met with more than 200 PLHIV in Kasoba. Of these, 190 PLHIV say that raising poultry interests them. They are sure they will benefit from having chickens and are eager to try raising them.

### **GOAL**

PLHIV in Kasoba have enough nutritious food all year long

### **OBJECTIVES**

PLHIV and their families have raised at least two chickens for sale or consumption

PLHIV and their families have improved understanding of nutrition

PLHIV and their families eat more meals per day

### **ACTIVITIES**

This project will take place over six months.

First, the Sunflower PLHIV support group will visit 100 PLHIV to ask about their nutrition (what do they eat, how often do they eat every day, how often do they feel hungry, weak, etc.). This will be a baseline study. Then, the group will purchase 250 young chickens for 100 PLHIV and help the PLHIV build chicken coops.

Every PLHIV will come to 2-3 day workshops to learn how to raise, breed and sell poultry and eggs. They and their families will also learn about basic nutrition during home visits and two

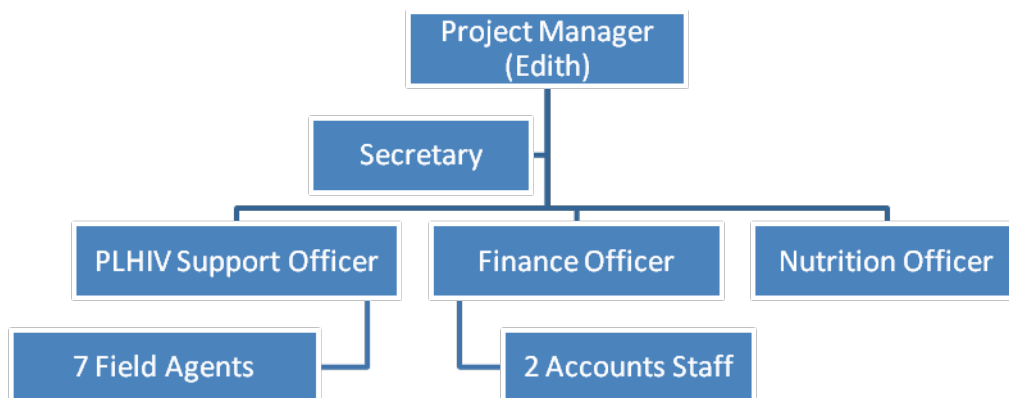
community events.

Field agents will visit PLHIV every two weeks to help with the chickens, record the chickens' progress, answer PLHIV questions about health and HIV (giving referrals to the health clinic when appropriate), and find out if there are any changes in PLHIV nutrition and the number of meals eaten every day.

To help the Sunflower group do a good job, experts will come and give Sunflower members a training workshop on how to keep accounts and write reports. After one year, the Sunflower group will do a final study to see the results of the project. A big community event will be held to share the project results with the community members.

**RESPONSIBILITY**

The Chairperson of the Sunflower group, Edith Mambo, will have the overall responsibility for this project. She will assign roles and responsibilities to the support group members, discuss issues with the donor, meet with community leaders, organize the project report, and make sure the funds are used well. The Sunflower group will also choose from its members to have one person in charge of nutrition education, one secretary to handle correspondence and logistics, and one in charge of making sure the coops are properly built and PLHIV have a support visit every two weeks. Also, one member will be responsible for keeping track of expenses and giving out money as needed. Under this person, two will be in charge of keeping records and accounts. Finally, seven members will carry out the home visits and check on the PLHIV nutritional status. The staffing structure is shown below.



**NEED**

The Sunflower group has found traders that will sell chickens for a low price, in order to support the project. The Happy Seed feed company has agreed to donate 50 kilos of special chicken feed.

As a result, the Sunflower group is only requesting MK420,000 to pay for the below expenses.

Activity	Amount
Buy 250 chickens	MK125,000

Buy materials for 100 chicken coops	MK70,000
Training on raising poultry	MK50,000
Transport and stipend for 7 volunteers to visit PLHIV and check on chickens (bi-weekly)	MK85,000
Educational materials (nutrition and raising poultry for children and adults)	MK20,000
Training for Sunflower group on keeping accounts	MK50,000
End of project event to share the final project report with the community	MK20,000

### **SUPERVISION AND MONITORING**

The Sunflower PLHIV support group will make sure resources are used responsibly. In addition to a discounted selling price for the chickens and free chicken feed, Sunflower will work with community leaders to find a free space to hold trainings and community events. Not only does this make the project more affordable, community ownership is important to the project's success.

All Sunflower members will attend a special training workshop on how to keep accounts and write reports. All project staff will meet every two weeks and look at accounts and results to make sure there are no errors. Also, field agents will ask PLHIV during every visit if they have any complaints or suggestions. Their feedback will be discussed at project meetings.

Finally, before starting the project, Sunflower group will make a detailed monitoring plan. It will include targets and dates. Sunflower group will measure its activities against this plan, to see if the project is on track.

### **EXPECTED OUTCOMES**

After six months of the project:

- 100 PLHIV (60 women and 40 men) have learned to raise poultry
- 100 PLHIV (60 women and 40 men) are raising at least two chickens each
- 100 PLHIV (60 women and 40 men) report that they are eating more meals per day
- 200 children and youth affected by HIV have learned about basic nutrition
- 200 children and youth affected by HIV are eating more meals per day
- 200 children and youth affected by HIV have learned to raise poultry

Field agents will write down the content of PLHIV meals, as well as the number. Sunflower group will compare this with the baseline study. This will help Sunflower group understand how PLHIV's new knowledge has or has not changed their eating habits. Sunflower group also expects that children's nutritional status will have improved after one year. Sunflower group

will encourage PLHIV to take their children to the clinic for a nutritional assessment. Any changes in the assessments will be recorded by the project. If children do not go to the clinic, then Sunflower group will record their families' observations instead.

### SUSTAINABILITY

After six months, PLHIV will have bred their chickens. They will have more chickens. They will follow their plan for selling, breeding and eating the birds. This way they can continue to raise ever more chickens, while earning a steady profit. No further support will be needed.

### TIME FRAME

Activity	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Baseline study	X					
Market assessment	X					
Build chicken coops	X					
Buy chickens		X				
Train PLHIV on raising poultry	X	X	X			
Visit PLHIV and check on chickens		X	X	X	X	X
Event to teach children about nutrition			X		X	
Nutrition counselling for PLHIV and families		X	X	X	X	X
Training for Sunflower group on keeping accounts	X					
Final evaluation and report						X
End of project event to share the final project report with the community						X

### REPORTING

Sunflower group will write one report after three months and a final report after 6 months.

There is more information on how to write a report in Part 5 of this manual.

Now that you've seen an example, try writing your own proposal following the sections above. Remember, you can always contact your NAPHAM District Coordinator for more help.



## **PART 5. REPORT WRITING**

### **5.1. Purpose**

This part of the manual helps support group executive committee members and activity leaders to write report on their activities of the support group.

### **5.2. Reporting overview**

A report is a document that explains what you have done. It shows the results of your project or activity. It is very detailed. It includes numbers (e.g. how many people went for an HIV test; how many home-based care visits did your group make) and observations (e.g. what did community members say when you shared your personal history with them?).

If your proposal is successful and an organization/government gives the support group funding, you will need to write at least one report. You will give this report to the organization that is helping you.

### **5.3. Things to consider when writing a report**

#### **A. User of the report**

Who are you giving the report to? What information is your audience most interested in? Do they like numbers, pictures or personal stories? Do they want information on how much money you spent and how much is left? If you are not sure what they want, don't be afraid to ask!

#### **B. Purpose of the report**

Do they want to know how much money you spent? Might they be interested in helping you do more work? If you know why they want the report, you will be able to write what the organization/government is interested in. For example, if they are thinking about doing your same project in other places, you might want to show them that your work is successful BUT there is still a lot of need in other communities.

#### **C. Dissemination plans**

Who would you like to receive the report? Who else will have access to the information – the media? Traditional leaders? The Local Assembly?

#### **D. Language**

What language should you write the report in?

## E. Timing

When is the organization/government that gave you money expecting a report? How often do you want/need to show progress to the community and others?

### 5.4. Tips for writing a good report

Writing a report is not difficult, but sometimes it can seem uninteresting or even scary. Here are some tips to help you.

- a) Begin the report with a brief introduction or background.
- b) If it is a long report, include a table of content and list of acronyms.
- c) Use simple and clear language.
- d) Use simple, eye-catching graphics/ tables etc. to support text.
- e) Make clear recommendations.
- f) List what you have learned.
- g) Suggest what you want the reader/target audience to do after the report.

### 5.6. Sharing your reports

Last of all, PLHIV support groups can think about sharing their activity/project reports with others. You have done so much work – why not tell others about it?! There are lots of good reasons to share your successes and lessons with others. For example:

- ❖ Learning what you did helps others make better projects/activities.
- ❖ When you share your experiences with others, you can ask them for advice and tips.
- ❖ Reports can be advocacy – they explain what the real situation is. When policy makers understand the real situation, they are more likely to help you work for change.
- ❖ Organizations/governments need to understand what works and what doesn't. That way they can make good decisions about how to use their money and materials. Reports help them make decisions and create their own district and national strategies. Your report could have a big impact on other people's lives!

## **PART 6: MONITORING AND EVALUATION AT SUPPORT GROUP**

### **6.1. Purpose**

The purpose of this part is to help support group leaders on how they can monitor and evaluate the implementation of the support group activities.

### **6.2. Definition and Methods of Monitoring**

Monitoring means that you record and report data to stakeholders on what is happening on the ground on a regular basis. Evaluation means that you collect, analyze and use information to see if your project achieved what you wanted to achieve. Evaluation helps us understand whether our methods, practices and systems are helping us accomplish our goal.

Usually we monitor:

- All support group activities
- How support group resources are being used. Are they used efficiently and properly?

We monitor activities by:

- Keeping minutes for meetings.
- Keeping records on activities such as HBC, group therapy sessions, income generating activities, and HIV education outreach sessions.
- Filling out support group registers e.g. adult members, youth and children records.

### **6.3. Workplans**

To monitor a program and help us follow our proposal, we often use a workplan. Workplans help us identify:

- What specific tasks are required
- Who will be responsible for doing each task
- When each task will be undertaken

Workplans need to be developed by the Chairperson, project managers, or key team members who will be implementing them. The support group workplan should be developed as a team exercise in a meeting.

### Sample Workplan

Activity	Description	Responsible person	By When	Required Resources
Farming	Planting vegetables in the communal garden	Livelihood leader	14 <sup>th</sup> Nov 2011	<ul style="list-style-type: none"> <li>Land</li> <li>Manure</li> <li>Seedlings</li> </ul>
Outreach	Conduct HIV and AIDS education outreach at Ngolowondo Trading Centre	Outreach leader	20 <sup>th</sup> Nov 2011	<ul style="list-style-type: none"> <li>IEC materials</li> <li>Bicycles for transport</li> <li>Megaphone</li> </ul>

**NOTE:** All members of the support group must have access to the workplan!

### 6.4. Activity Plans

Another helpful tool for monitoring our work is an activity plan. An activity plan shows details of how each specific activity in the workplan will be carried out. It includes details on timing of each procedure, resources required, etc. Here is a sample of an activity plan:

#### HIV education outreach at Ngolowondo Trading Centre to be done on 20 November 2011

Activity	Task	Responsible person	Time/Date	Required Resources
Conduct HIV and AIDS education outreach at Ngolowondo Trading Centre	Booking of venue with the market Chairperson	James	10 <sup>th</sup> Nov 2011	<ul style="list-style-type: none"> <li>Bicycle for transport</li> </ul>
	Inform the Chief of the area of the event	Margret	15 <sup>th</sup> Nov 2011	<ul style="list-style-type: none"> <li>Bicycle for transport</li> </ul>
	Put posters announcing the event	Chimwemwe and Vuso	15 <sup>th</sup> Nov 2011	<ul style="list-style-type: none"> <li>Stationery</li> </ul>
	Announce the	Keterina and	19 <sup>th</sup> Nov	<ul style="list-style-type: none"> <li>Bicycles for</li> </ul>

	event in the surround areas	Wipa	2011	transport • Megaphone
	Conduct rehearsals and share responsibilities	Outreach leader	19 <sup>th</sup> Nov 2011	None
	Conduct outreach event	Outreach leader	20 <sup>th</sup> Nov 2011	• IEC materials • Bicycles for transport • Megaphone
	Conduct review meeting	Outreach leader	25 <sup>th</sup> Nov 2011	None

## 6.5. Registers

Registers are books in which records of activities, events, names, and other information are kept. Registers are very important because that is where all the information about support group is maintained. A support group which keeps and uses registers in a proper way has no problems in reporting and accountability. Each activity of the support group should have one or more registers and the activity leaders are responsible for proper recording, updating and overall maintenance of the registers for their activity.

There are several types of registers to be maintained at support group:

### a) Membership registers

Details of all members should be kept and updated regularly. Each member's record should be properly and accurately recorded such as name, gender, age, whether on treatment (pre-ART or ART) and what type of treatment and when started, when diagnosed HIV positive, whether one has paid membership fee or not.

### b) Activity registers

For recording activities of all programs of the support group, each major activity or component has to have its own register. Mixing of different activities should be avoided. For example, data on patients provided with CHBC and beneficiaries of livestock should not be in one register. Here are examples of activity registers to be maintained, depending on the activities that the group does:

- Group therapy
- HIV and AIDS education outreach
- Community home based care
- Advocacy
- Livelihood

- Resource mobilization

**c) Financial registers (cash book)**

This is a register that contains details of all support financial transactions. Financial registers contain information such as date, description of transactions, amount received, amount released, and the recipient. Here is an sample group cash book entry:

**Sample Takumana Support Group Cash Book**

Date	Reference	Details	Amount in (MK)	Amount out (MK)	Balance (MK)	Received by	Requested by
01.03.2012	Opening balance				2,000		
18.03.2012	Chq 102	Group therapy, HBC, outreach, child therapy	50,000		52,000	Thapison	
20.03.2012	Cash	Outreach activity		5,000	47,000		Eneless
21.03.2012	Cash	Group therapy		15,000	32,000		Thomas
28.03.2012	Cash	CHBC activity		5,000	27,000		Najere
30.03.2012	Cash	Child therapy		10,000	17,000		Marita
30.03.2012	Closing balance				17,000		

**d) Minutes of meetings**

Everything discussed and resolved at the support group meeting should be documented and kept properly by the support group. The Secretary is responsible for taking and keeping the minutes.

**e) Visitors' book**

The support group should keep a book in which all visitors to the support group should indicate their names, their addresses, the reasons for visiting the support group and their impression during the visit. This helps to follow up with the visitors after they are gone should there be need to do so.

## 6.6. Data collection tools

Data collection tools are forms used to get information on different activities for support group use and/ or reporting to relevant authorities. Activity leaders are responsible for collection of data for the activity they are involved in. Activity leaders should always take care that the information collected is accurate and of high quality.

### High quality information is:

- **Reliable:** The data collected should be based on guidelines that do not change according to who is using them and when or how often they are used. Two different people should get the same result when collecting the same information. Information should be collected the same way each time.
- **Complete:** All the required information should be collected, and filled on the data collection forms. No sections of a form should be left blank.
- **Precise:** The collected data should be detailed. For example, during the outreach event held of October 15, 2012, 37 people were tested for HIV, including 23 women and 14 men.
- **Timely:** The data should be up-to-date (current), and sent to the relevant stakeholder by the set deadline.
- **Verifiable:** The data should tally with the source (registers).

Sometimes data collection forms can be challenging at first. Remember that the NAPHAM District Coordinator is available to help you whenever you need assistance!

## 6.7. Key health services record

To maintain good health, all PLHIV should access the Ministry of Health recommended package of health products and services. Support groups have an important role to play:

- Educate members about the recommended health products and services.
- Monitor whether members are actually getting the services.
- Refer members for additional support if needed.
- Advocate for better services for PLHIV if needed.

All PLHIV should access Prevention of Mother to Child Transmission (PMTCT), pre-Antiretroviral Therapy (pre-ART) and ART services for treatment as needed. In addition, the Ministry of Health's 2011 Clinical Management of HIV in Children and Adults includes a standard package of preventive services provided for all patients in HIV care. This includes HIV-exposed children, children and adults in pre-ART, and children and adults on ART. The package includes the following:

1. Provider initiated family planning
2. Prevention with positives – At every visit clients should be assessed and counselled for:
  - High risk sexual activity
  - Partner's and children's HIV status
  - Disclosure to partner/ guardian/ treatment supporter
  - Signs and symptoms of STIs
  - Pregnancy status
  - Adherence to ART and other medications
  - Abuse of alcohol and other substances
  - Positive living (nutrition, alcohol and smoking cessation)
3. Cotrimoxazole preventive therapy (CPT)
4. Isoniazid preventive therapy (for patients not on ART)
5. Insecticide treated bed nets
6. Infant and child feeding counselling

It is important for a support group to track whether members are receiving all of the recommended services. Every quarter, the support group should complete a table to keep track of this. Your group can use the example below or whichever format in use in your area. Keep this confidential information in a register or notebook. **Remember, this is very sensitive information about group members, so be careful to keep this information safe at all times.**

After you fill in the information about a person (name, village, ID number, age, sex), ask if the person has received any of the preventive services in the last three months (the quarter). If a member of the support group is not receiving an appropriate service, refer that person to the nearest health facility. For example, perhaps there is a 27 year old woman in your support group with a 7 month old baby. If this woman has not received counseling on infant and young child feeding, refer her to the nearest health facility. To make a referral, you can use the example referral form provided in Annex C or whichever referral form is in use in your area. See Part 7 of this manual for more information on referrals. Consult with your NAPHAM District Coordinator or local HSA if you need any help.

Next, ask whether the person is in the pre-ART or ART stage of treatment. Sometimes when people find out they are not yet eligible for ART, they don't go back to the health center until they become very ill. Encourage people in the pre-ART stage of care to participate in support group meetings and to go to the health facility regularly to get all of the necessary preventive services. Getting regular medical check-ups and preventive services will help keep people well for a longer period of time. It will also help people to start ART just as soon as they need it.