

Booklet 3:

Community Mobilisation Toolkit

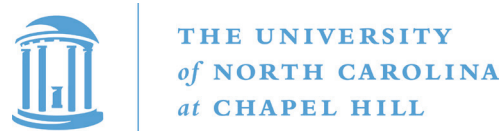


activate your right
to health
promote gender
equality
activate treatment
to prevent hiv
end stigma
activate your
community



Acknowledgements

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Materials in this booklet have been drawn from different sources, listed at the end of this manual.

Welcome to the third booklet in the package of materials that support the Tsimba Community Mobilisation Programme. This package offers a range of useful content for community mobilisation for Treatment as Prevention.

Tsimba – Community Mobilisation for Treatment as Prevention (TasP)

The Tsimba Programme aims to mobilise communities to “Activate HIV Treatment as Prevention” by dramatically increasing community uptake of HIV testing and antiretroviral treatment (ART). Recent research shows that ART protects the health of someone living with HIV and greatly reduces the chance that that person will transmit HIV to an uninfected partner. When taken correctly and consistently, ART reduces the amount of virus (or the “viral load”) in a person’s body so much that it becomes undetectable (i.e. very small numbers of the virus) – so there is little virus that can be passed on to an uninfected partner. If a large enough proportion of people get tested, start treatment as soon as they are eligible, and stay on treatment for HIV in our communities, very few people will become infected.

As of 2014, an estimated 22% of adults ages 15-49 are HIV-positive in Mpumalanga province. Only about 50% of these individuals are currently taking ART, with fewer men choosing to get tested and treated than women. If only half of people infected with HIV take their ART, transmission of the virus will continue. This is far less than the proportion needed to produce a substantial prevention effect from treatment at the community level. In line with national and international targets, our goal is to ensure that in each community, at least **90% of people will know their HIV status, 90% of people living with HIV will be on treatment, and 90% of those individuals will be virally suppressed** by the end of the intervention. To achieve these goals over time, we will support each community to set its own yearly goals related to testing, treatment and viral suppression, and monitor community progress towards getting new transmission of HIV to zero.

Beyond training – Community Mobilisation

Our work is guided by a Community Mobilisation model that suggests that in addition to taking action in our personal lives, we must take action in our communities to build a foundation for community members to fulfill their right to health and to prevent the spread of HIV. For community mobilisation to work, we believe that progress should be sought on 6 different community components or “domains.” These include building (1) shared concerns around HIV and HIV-related care and treatment, (2) community consciousness about TasP, (3) leadership to support achieving the 90%-90%-90% goals, (4) organisations and networks to help enhance community messages and resources, (5) collective action to make change, and (6) social cohesion to bring communities together to improve our health.

Our mobilisation team will develop and train local “Community Action Teams” that will generate community action around these issues. Together, these groups, along with Tsimba staff and partners, will carry out workshops and other activities in the community, bringing visibility to the personal and community prevention benefits of regular HIV testing and early HIV treatment and to the issues of HIV, gender, HIV-related stigma, and human rights to health and health care.

Community workshops and activities should be seen as the starting point, not the end goal. Workshops and activities raise community awareness about topics like HIV, stigma and gender norms, but alone will not promote sustained individual or community level change. Instead, workshops and activities should be seen as a step towards taking action. Real community-level change rarely occurs without a community dialogue and consciousness-raising through discussion and debate. Many levels of action are needed to truly create change.

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Terms

This manual includes terms/words that you may not use often. It is important to know what these terms mean when you are facilitating activities of this manual. Here is a list of such terms and their definitions:

Abuse

Improper, harmful or unlawful use of something.

Adherence

With ART, adherence involves taking medications in the correct amount, at the correct time, and in the way they are prescribed.

AIDS

Acquired Immunodeficiency Syndrome. AIDS is the name given to a group of serious illnesses in HIV-positive people. AIDS develops when people living with HIV are no longer able to fight off infections because of lowered immunity.

Antiretroviral (ARV) medicines

Medicines used to slow the rate at which HIV makes copies of itself (multiplies) in the body. A combination of three or more ARV medicines (often taken together in a single pill) is more effective than using just one medicine (monotherapy) to treat HIV.

Antiretroviral treatment

The process of taking the ARV medicines that fight HIV.

Confidentiality

The non-disclosure of the private information of another. Related to health information, confidentiality is the ethical principle or legal right that a physician or other health professional will hold secret all information relating to a patient, including HIV status, unless the patient gives consent permitting disclosure.

Attitudes

Our views, opinions, and feelings about something.

Beliefs

Firm opinions normally based on religious and cultural principles.

Class

A set of people grouped together by their level of wealth and/or the jobs they do in the economy.

Collective actions

People coming together and working together to discuss and resolve issues.

Community consciousness

A community's ability to critically reflect on their circumstances, the structures that shape these circumstances, and pathways towards change.

Culture

The beliefs, customs and practices of society or group within society (such as, youth culture) and the learned behaviour of a society.

Disclosure

The act of revealing HIV status to somebody else—a group or an individual.

Disclosure may be *partial* (only telling certain people) or *full* (publicly revealing status). A counselor should help the client identify the possible impacts of his or her decision. *Involuntary disclosure* can also occur, when a person reveals someone's HIV status without the latter's approval or knowledge, or when a person is forced to reveal his or her HIV status for workplace or international travel requirements.

Discrimination	A term used to describe unfair or different treatment because of a person's HIV-positive status.
Gender	Widely shared ideas and expectations concerning men and women and how they should behave in various situations; usually defined by geographic or cultural context.
Gender-based violence	Refers to any behaviour, act or threat that inflicts or intends to inflict physical, sexual, or psychological harm on an individual on the basis of their sex or gender. This includes sexual violence/abuse.
Gender equality	Freedom of both men and women to develop their personal abilities and make choices without limitations set by predefined stereotypes, gender roles and/or prejudices. The different behaviors, aspirations and needs of both men and women are considered, valued and favored equally and the rights, responsibilities and opportunities of a person are not dependent on whether they are born male or female.
Gender equity	The fairness of treatment for men and women according to their respective needs; gender equity leads to gender equality.
Gender roles	Learned behaviors in a given society, community or social group where certain activities, tasks or responsibilities are perceived as male or female; these roles are affected by age, class, ethnicity, religion and the geographic, economic and political environment.
HIV	Human Immunodeficiency Virus, a virus that weakens the human immune system.
HCT	HIV Counselling and Testing.
Network	A group or system of interconnected people.
Norms	Accepted forms and patterns of behaviour that are seen as 'normal' in a society or in a group within society.
Participatory	Providing the opportunity for individual participation.
PLWH	People living with HIV.
Power	The ability to do something as well as control and influence over other people and their actions.
Serodiscordance	When a couple's HIV test results are different (one partner is HIV positive while the other is negative).
Sex	Biological characteristics which define a human being as male or female.
Sexual violence/abuse	A range of behaviors that are unwanted by the recipient and include remarks about physical appearance, persistent sexual advances that are undesired by the recipient, as well as unwanted touching and unwanted oral, anal, or vaginal penetration. These behaviors could be initiated by someone known or unknown to the recipient, including someone they are in a relationship with.
Social cohesion	The level of "working trust" in a community.
Stakeholder	A person or group with an interest or concern in something.
Stereotype	An exaggerated oversimplified belief about an entire group of people without regard for individual differences.



Stigma	Stigma is defined as negative attitudes towards people who belong to a particular group, or who have different characteristics than others. HIV stigma is negative attitudes towards people who are HIV-positive or believed to be HIV-positive. HIV stigma comes in many forms: gossip and verbal abuse, judgments, and morally-driven values about people living with HIV and populations that are more vulnerable to infection. It can be manifested in discrimination, including violence and physical abuse as well as loss of jobs and lack of services.
STIs	Sexually Transmitted Infections.
Values	Accepted principles and standards of an individual or group.
Violence	The use of force or power to harm and/or control someone.
Viral load	The amount of HIV in the blood.
Voluntary	Done, given, or acting of one's own free will. For example, an individual's decision to test for HIV and to take ARVs should be voluntary.
Window period	Time from infection with HIV until the body is able to make antibodies to fight HIV. The window period lasts approximately 6 to 12 weeks. A person may test negative for HIV during this time using standard antibody tests.

Note: For a list of sources for term definitions, see the “Activity Source Information” at the end of Booklet 2: CM Workshop Manual.



The Tsimba package of materials

This manual, *Booklet 3: The Community Mobilisation Toolkit* is part of a package of materials to be used in the Tsimba Programme. It is designed to be used alongside *Booklet 1: Community Mobiliser's Handbook* and *Booklet 2: Community Mobilisation Workshop Manual*.

Document	Readers	Purpose
Booklet 1: Community Mobiliser's Handbook	Community Mobilisers	The Community Mobiliser's Handbook provides guidelines to community mobilisers for initiating and coordinating community mobilisation activities and Community Action Teams (CAT), as well as other important information.
Booklet 2: Community Mobilisation Workshop Manual	Community Mobilisers CAT Members	The Workshop Manual is a guide to facilitating the 2-day Tsimba workshops. It contains 5 Workshop Agendas and a range of themes
Booklet 3: Community Mobilisation Toolkit	Community Mobilisers CAT Members	The toolkit provides instructions for community mobilisation activities that mobilisers and CAT members can conduct.

Additional copies of materials can be requested from the Tsimba Programme Manager in Bushbuckridge or from Sonke Gender Justice (www.genderjustice.org.za).



Overview of the Community Mobilisation Toolkit

This toolkit is a compilation of mobilisation activities, grouped into four levels of mobilisation. The activities are informed by a commitment to social justice, gender equality and engaged citizen activism and are selected to include a wide range of possible HIV prevention strategies. Most activities were selected based on work experience on the ground; others were drawn from lessons from other social justice organisations. Along with Booklet 1, the Community Mobiliser's Handbook, the Toolkit also supports community mobilisers and CAT members to come up with their own activities that address the issues they are working on and passionate about. It is not only a guide, but encourages participation and action.

Who is this manual for? ➡

Within the context of the *Tsima Bushbuckridge Community Mobilisation Programme* the toolkit is intended for use by Community Mobilisers and Community Action Team (CAT) members. Some activities may be undertaken in teams or as a group, understanding that the widest input leads to the best result. Mobilisers/CATs can implement only one activity at a time, or combine them to form a larger campaign.

Why this toolkit? ➡

Community members may often be motivated to take action in their own communities to achieve a goal like helping more people get tested and on treatment for HIV. However these community members may not know what actions to take. This toolkit provides a set of activities that Tsima mobilisers and CAT members can implement with community members. The activities are generally simple to conduct and do not require lots of prior activism experience.

How to use this toolkit ➡

The mobilisation activities have been grouped together under different levels of mobilisation. These are:

LEVEL 1: Interpersonal relationships

Activities at this level support the work done using the Community Mobilisation Workshop Manual, especially commitments made by participants on their Commitment to Action handouts. At this level, actions are taken to provide individuals with information and support them to make desired changes in their own lives.

LEVEL 2: Community spaces

This level is where individuals meet and engage with community members beyond their interpersonal relationships. Schools, a soccer pitch or street corners are examples of such spaces and activities in these spaces include activities like Tsima goal-setting activities and street soccer.

LEVEL 3: The arts and media

The Tsima Programme has developed innovative ways of using arts and media to create visible and provocative messages. This toolkit includes a range of activities involving the arts that offer useful strategies to community mobilisers and CAT members, including tools like screening digital stories or creating murals.

LEVEL 4: Community social structures

Community social structures are higher-level organizations or structures in a community that influence individuals and groups of people within that community. In this toolkit strategies are described for engaging community leaders and other stakeholders.

Each activity can be implemented by a community mobiliser and/or a CAT. The activities can be combined or tailor-made to suit different contexts. Read through the entire toolkit before you use the activities. Plan the implementation of the activity carefully, and make sure every facilitator understands their role in the activity.

The toolkit provides the following information for each activity:

- **Objectives:** This describes what the activity is intended to achieve.
- **Time:** This is how long the activity should take, based on experience using the activity. These timings are not fixed and may need to be changed because of the location or community groups involved.
- **Location:** It is important to select the best place to implement mobilisation activities. This point suggests important things to look out for. Examples are at a taxi rank, or in a school.
- **Mobilisers / CAT Members:** The number of team members ideal for conducting the activity.
- **Materials:** These are the materials you will need for each activity. You will need to prepare some of these materials before the mobilisation activity begins.
- **Audience / Community group:** This point defines the ideal population to involve in your mobilisation activity.
- **Preparation:** This point describes the preparation needed for the activity. Most of the activities require some advance preparation.
- **Steps:** These are the steps you should follow in order to conduct the activity well. These instructions are numbered and should be followed in the order in which they are written.
- **Facilitator's notes:** These notes will help you to facilitate the activity better by identifying issues about the process of the activity for you to think about and prepare for. Make sure you have read these notes before you begin. These are the key points to bear in mind that will add to the success of the mobilisation activity.

General guidelines for conducting Tsima activities

Tsima activities should only be carried out by trained Mobilisers, CAT members, or other pre-approved Tsima programme staff. It is hoped that CATs will become more and more involved in conducting these activities by themselves over time.

General rules for conducting non-workshop activities include:

- Activities should not be political in any way: they should not be associated with a political party or a political candidate.
- Mobilisers/CAT members should keep community leaders informed about day-to-day activities in their villages, by meeting with them at least once a month.
- Before inviting participants to attend an activity, make sure that permission is granted to use the venue.
- Mobilisers/CAT members should continuously encourage community members to engage in self-reflection, seek further education, and forge networks with their peers in order to increase and maintain positive changes in each community. Change can be slow, but it is possible and it does happen!

Mapping Tsimba activities to the CM domains

	Shared concerns	Community consciousness	Orgs / Networks	Leadership	Collective Action	Social cohesion
LEVEL 1: Interpersonal relationships						
1.1 Tsimba mini workshop	X	X		X		
1.2 Door to door campaign	X	X				
1.3 Using Picture Charts	X	X				
1.4 Open houses		X				X
1.5 Support groups for PLWH		X	X			X
LEVEL 2: Community spaces						
2.1 Tsimba goal-setting events				X	X	
2.2 Debates	X	X				
2.3 Street soccer	X	X				X
2.4 Soccer tournament			X	X	X	X
LEVEL 3: The arts and media						
3.1 Digital stories workshop	X	X				X
3.2 Film screening	X	X				
3.3 Mural painting and education	X	X			X	X
3.4 Ambush theatre	X	X			X	
3.5 PhotoVoice	X	X		X		X
LEVEL 4: Community social structures						
4.1 Engaging community leaders	X		X	X		
4.2 Engaging community organisations and stakeholders	X		X	X	X	

MOBILISATION ACTIVITIES

LEVEL 1: Interpersonal relationships



Mobilisation Activity 1.1: Tsimani mini workshop

LEVEL 1: Interpersonal relationships

Objectives:

- To introduce the Tsimani programme and its associated themes to a new audience by using individual activities from *Booklet 2: The Community Mobilisation Workshop Manual*.

Note: This activity is often done for individuals who do not have enough time to attend a 2-day workshop, such as community leaders, faith leader, full-time employees like teachers, etc.

Time:

1.5 Hours

Location:

A room in a central location that participants can reach easily, that is private and big enough for all participants. It is useful if the wall allows for sticking up of flipchart papers or workshop signs

Mobilisers / CAT Members:

- 1-2 CAT facilitators for the workshop
- 1-2 other CAT members for extra support

Materials:

- Booklet 2: The Community Mobilisation Workshop Manual
- Flipchart
- Markers
- Prestik

Audience / Community group:

- Can have anywhere from 5-20 participants, though 12-16 is ideal
- Include both sexes (unless the target group is single sex)

Preparation:

Selection of Tsimani activity

Select an activity from the Tsimani Workshop Manual that is appropriate to the group that you are working with. Before you work with the group you should try and find out as much as you can about the group, and what their interests or needs are. It requires more skill to make an impact within a short time than in a longer workshop; therefore it would be better to facilitate an activity that you are more familiar with. It is also best to choose an activity that is very central to the goals of Tsimani – for example one that defines Treatment as Prevention and its benefits.

Preparation of materials

Once you have decided which activity you want to conduct, be sure to do the required preparations as suggested in the manual.

Steps:

Check - in

Even if participants know each other, have a quick introduction session. It serves as an icebreaker and allows each person to speak. It is often useful to add a question such as 'How are you?' or 'Where do you stay?' in addition to 'What is your name?'

Setting ground rules

For the time that the group will be together it is important to make a set of agreements about how to be together. This is also addressed in the Tsimani workshop manual. Popular ground rules are often: Punctuality, cell-phones are switched off, each person has a chance to speak.

Co-facilitation

Discuss beforehand which CAT member will play what role in the facilitation of the activity. While one member speaks and explains, another could be writing comments on the flipchart. If you disagree with each other on information that is important for the training, and struggle to find agreement, wait until the next break and discuss the matter in a separate place. It is important that participants get one clear message. Use the information provided in the manual to inform your decisions.

Style of communication

The approach to learning that is applied in the workshops is that people learn by discovering new information for themselves, and are encouraged to debate their viewpoints. No question or statement is wrong, and facts are only insisted upon when supported by research. A participant is guided to the correct information through questions rather than by being corrected the whole time.

Keep track of action steps

Even in a mini-workshop it is important to write down, and emphasize the actions that participants can take after the session. Keep the action chart 'alive'.

Facilitator's notes

- Be sure to leave participants with the knowledge and skill to be able to follow up and continue interacting with your CAT or the Tsimba campaign. They should know how to contact you, or you can commit to get in touch with them, if necessary.
- Make sure to incorporate feedback from participants into future mini-workshops
- Remember: the goal of the mini-workshops is to inspire people about the Tsimba programme, and not to intimidate people. It takes practice to keep the correct balance between going deep into sensitive subjects, and to keep it light and interesting. Try and remain aware of your group's responses and take your cues from them.
- Watch out for disruptive participants that might do more harm than good by attending the session and disrupting the process at the expense of others. If a CAT member is available it might be better to have an individual conversation with them than to allow them to compromise the group process.

Tips specific to conducting Tsimba mini-workshops in Shebeens (taverns)

- Decide which shebeen(s) would be the best to hold a mini-workshop.
- Decide which workshop activities would be best for the shebeen setting. Consider showing a digital story as part of the mini-workshop and make sure that the necessary equipment (e.g. TV in the shebeen) is available.
- Meet with the shebeen owner at least one week prior to the workshop.
- Introduce yourself, the purpose of the workshop and what you are trying to achieve. Ask him/her what issues relating to HIV risk, gender-based violence and alcohol abuse he sees in his shebeen.
- Request to hold the workshop at the shebeen and agree on a time
- Recruit: Ask him to help you recruit participants. Encourage him to invite his regulars and others he thinks might enjoy or benefit from the workshop.
- Alcohol-free workshop: Ask the shebeen owner if he/she is willing to not sell any alcohol to workshop participants for the entire workshop. If he wants to keep the shebeen open for other customers, ask him to request that these customers take their drinks elsewhere.
- Drinking responsibly: Let him know that in the workshop, among topics like HIV prevention and gender equality, you also plan to cover the problems of alcohol abuse and the importance of drinking responsibly. Make sure he is OK with this, and that he does not feel you are trying to take away his business.
- Licensed? Ask him if the shebeen is licensed. If not, give him a bit of information about why becoming licensed is beneficial to him.
- Respect the shebeen owner. This is his (or her) place of business, and many of the participants are his customers. Make sure he is on board with your workshop plan before the workshop, keep to the time you agreed for the workshop, and make sure to follow up with thanks post-workshop.

Mobilisation Activity 1.2:

Door to door campaign

LEVEL 1: Interpersonal relationships

Objectives:

- To share information about Tsima goals and have a space to discuss related sensitive issues in the people's homes and the community.
- To ensure residents are knowledgeable about sensitive issues relating to HIV and feel there are other people in their community that want to talk about these issue with them.
- To encourage participants to speak with family members about the issues discussed.

Time:

- 20 minutes check in pre-Door-to-Door
- 2 hours for Door-to-Door
- 40 minutes to debrief post-Door-to-Door
- Total activity time: 3 hours (180 minutes)

Location:

Neighbourhoods in your community

Mobilisers / CAT Members:

1-2 mobilisers; 1-2 CAT members if desired

Materials:

- ATsima t-shirts
- ATsima pamphlets, other print materials
- ACondoms (just in case people want them; no need to hand them out at very home)

Audience / Community group:

Residents of community

Preparation:

- **Plan.** Like other activities, discuss at monthly CAT meetings how many Door-to-Door campaigns you would like to do, and decide what themes/issues you want to address that month. Keep in mind time of day to do Door-to-Door might influence who is around to speak with.
- **Delegate.** Who will organise what for each Door-to-Door? Agree on next meeting. Make sure all Door-to-Door campaigners know when the next CAT meeting/workshop/event is, so that you can invite interested residents during the Door-to-Door campaign.
- **Prepare.** Start reading up on issues like HIV testing, treatment, disclosure, gender-based violence, etc. in the weeks leading up to Door-to-Door
- **Practice.** 2 or 3 days before you do Door-to-Door, meet again with CAT members to talk about issues that may come up. Role playing exercises with each other that allow CAT members to practice answering difficult questions that you might encounter during Door-to-Door is helpful.

Steps:

1. Meet on the day of Door-to-Door. Check in, agree on when and where to meet back up again, and decide who will cover where
2. In groups of 2 or 3, head out into the community
3. At each house you visit:
 - Explain who you are.
 - Explain that there are many health challenges in our communities today, like diabetes, high blood pressure, etc. Emphasize that today you want to focus on HIV, and specifically, the importance of HIV testing and treatment.
 - Provide information on Tsima, and what "treatment as prevention" means. Tell them that the community is working towards supporting everyone in the community to get tested and for people living with HIV, to get on treatment and stay on treatment for HIV.
 - Ask if they have any questions, and ask what support they feel they might need.
 - Encourage them to speak with their family members about HIV testing and treatment, and ask them what specifically they think they will want to talk to different family members about.
 - Finish by inviting them to get involved.
4. Make sure to have a Tsima brochure and other resources ready and available to give to them, including information about how to get involved with the CAT if they are interested.
5. After you are finished going Door-to-Door, meet again at the agreed meeting point.
6. Debrief with everyone involved in the Door-to-Door campaign. Include questions such as:
 - *How was the experience?*
 - *What kinds of questions were asked?*

- *What did people want to know about?*
- *Challenges? Surprises? How did you handle these?*
- *What can we do differently (better) next time?*
- *Other delta/plus remarks?*

Facilitator's notes:

- **Be well-versed and prepared.** You may plan to talk about HIV, but someone might be more interested in learning more about TB or gender-based violence. Be ready to answer questions on a range of topics, and be willing to admit you do not know if you are not sure. If you don't know an answer, tell the person you will look for the answer and get back to them, and make sure you follow up on this commitment.
- **Encourage participants to talk with other family members, including their partners and children, about HIV testing and treatment.** Research has shown that this can be a powerful way to help participants reflect and act on testing and treatment messaging, as well as helping spread these messages to others!
- **Respect that you are going into someone else's home.** If they do not seem interested or they seem to be getting upset, back off. Offer them Tsima and other relevant materials; if they don't want to take them that is also okay.
- **Listen.** You have a lot of valuable information to give, but they might also want to share some personal stories or thoughts. If you do not agree with what they are saying, maintain respect and offer them information that might help them re-think about the issue.
- **Your safety comes first.** If you do not feel comfortable, remove yourself from the situation. Always stay in groups of 2 or 3.

Mobilisation Activity 1.3:

Using Picture Charts to spark discussion

LEVEL 1: Interpersonal relationships

Objectives:

- To initiate discussion about sensitive matters relating to HIV and AIDS, gender inequality, and gender based violence using a picture.
- To encourage participants to identify behaviours in their own lives and communities, similar to those seen on the picture charts, and to think of ways in which they could take action to challenge or get support to address such behaviours.

Time:

10-20 minutes per individual you engage with

Location:

Places that potential participants spend their time.

Mobilisers/CAT Members:

- 1-2 Community mobilisers or CAT members

Materials:

Picture Chart Booklet

Audience / Community group:

Members of an existing workshop group, or prospective participants.

Preparation:

Mobilisers and CAT members should choose and discuss which Picture Charts to use before conducting the activity. Choose the Picture Charts that are most likely to spark a lively discussion, and do not choose more than five Picture Charts to use during any session. Two or three Picture Charts should be enough.

Steps:

1. Explain to the participant(s) that you are going to show them pictures and you would like them to tell you in their own understanding what they see in each of the pictures.
2. Allow 5 – 10 minutes of discussion on each Picture Chart. Try to encourage your participants to take part in the discussions by politely asking for their opinion. You can ask the following questions for each Picture Chart:
 - *Tell us what do you see on the picture?*
 - *Does this happen in your community?*
 - *Why do you think it happens?*
 - *What can we do to address and challenge such behaviours?*
4. If you are using Picture Charts as part of a longer activity such as a workshop or health talk, use the action points that have been identified by the participants to summarise the discussion, encourage participants to each pick action points that they think are realistic and achievable, and that they feel comfortable bringing up in their community. Provide a few suggestions for strategies that could be employed to address an issue raised by the Picture Charts.

Facilitator's notes:

This exercise is suitable both for workshop and non-workshop activities. Outside a workshop context, for example, it can be used during recruitment or when conducting door-to-door campaigns. When Picture Charts are used in a group setting, some participants might feel very strongly about taking action. As a facilitator make sure that these actions are within acceptable human rights parameters and promote the Tsimba guiding principles. For better control and support of the actions that the participants might want to take please encourage participants to work or join the Tsimba Community Action Team in their village.

Mobilisation Activity 1.4: Open houses

LEVEL 1: Interpersonal relationships

Objectives:

- To provide an opportunity and safe space for community members to ask any questions they have and seek advice and support, either publicly or privately, at a regularly scheduled time and place.

Time:

1 hour; conducted on a regular date, time and place

Location:

Private room, preferably a central location in the village and not affiliated with any church or political party that could prevent some community members from feeling comfortable coming

Mobilisers / CAT Members:

1-2 mobilisers, plus 1-2 CAT members if desired

Materials:

- Blank cards
- Hat (to draw questions out of)
- Tsimba pamphlet, other print materials – especially about HIV and ARVs, lists of local resources available
- Refreshments
- Condoms

Audience / Community group:

Residents of community

Preparation:

- **Promote Open Houses** at any and all Tsimba workshops and activities. Advertise them as a space people can get their questions answered confidentially and where they can seek support they may need to overcome barriers. Tell them refreshments will be provided.
- **Plan.** Establish a regular monthly date, time and location for the Open House. It may be preferable to set a time after regular work hours to ensure as many people as possible will be able to come. Also be sure to plan to provide light refreshments.
- **Delegate.** Who will organise what for each Open House?
- **Prepare.** Start reading up on issues like HIV testing, treatment, disclosure, gender-based violence, etc. in the weeks leading up to the Open House.

Steps:

Part 1: Questions in a hat (20 minutes)

1. Welcome everyone and thank them for coming.
2. Ask each participant to write on a card a question they have about HIV testing, HIV treatment initiation, HIV adherence, or other issues of concern to them. Tell them that this can be a question more about the facts of HIV or ART, or a more abstract question about strategies to overcome personal barriers to testing and treatment. Tell participants that because everyone will fold their cards and put them in the hat and they will be drawn at random, no one should know who asked which question. Ask if everyone is comfortable with this approach and ask them to feel free not to participate in this part of the open house or to take their card out of the hat.
3. Collect all cards, fold each in half and place in the hat. Choose a card at random from the hat, open it and read it aloud to the group.
4. Answer each question to the best of your ability, and invite other participants to offer their views. Be willing to admit you do not know if you are not sure; say that you will look for the answer and get back to them, and make sure you follow up on this commitment.
5. Draw as many new cards and answer questions as time allows. Consider also doing a few ice-breakers or games throughout this part of the activity to keep the mood light.
6. Invite participants to attend the next 2-day Workshop, where they will learn much more useful information related to what was discussed.

Part 2: Mobiliser(s)/CAT member(s) available to answer questions (30 minutes)

7. Tell participants that now we will have 30 minutes for participants to speak one-on-one with a mobiliser or CAT member who can help answer any other questions they have in private.
8. Mobilisers and CAT members should disperse to different corners of the room. If participants do not easily come talk to you, go to them and proactively ask what questions they may have and tell them you are here to listen and provide support.

9. Provide participants with print materials. Give each participant a Tsima pamphlet, and other print materials relevant to their questions.

Part 3: Refreshments (10 minutes)

10. Put out refreshments and invite all to socialize for about 10 minutes. It's possible that some people may feel more comfortable speaking with you in more confidentiality after the Open House is over; try to be flexible with your time and accommodate such requests.

Consider distributing condoms as part of this activity. Call your local [health clinic](#) a week in advance to request the amount of condoms you need. Be sure to bring a [Condom Distribution form](#) to the activity. Along with offering participants a packet of condoms, ask them if they'd use them, ask them why or why not, etc. Ask them if they know how to use a condom, offer to show them how to use it. Fill out the Condom Distribution form, asking for name and phone number, and writing down how many condoms you gave them. Explain you need this information to show that you are really giving the condoms away, and not just putting them in dustbin.

Facilitator's notes:

- **This activity is about listening and providing support.** Be sure you don't fall back to presenting information to participants and not letting them speak.
- **Promote Open Houses** at any and all Tsima workshops and activities. Don't be discouraged if few people come at first, it will take time for people to understand that this is a resource available to them and to use it.
- **Be well-versed and prepared to respond to questions.** Be ready to answer questions on a range of topics, and be willing to admit you do not know if you are not sure.
- **Don't put out refreshments until the end.** This will discourage people from coming just for the refreshments and leaving, and will encourage some to stay for the rest of the activity.
- **Your safety comes first.** If you do not feel comfortable, try to diffuse the situation or remove yourself from the situation. Ask your fellow mobiliser or CAT members for help.

Mobilisation Activity 1.5: Support groups for people living with or affected by HIV

LEVEL 1: Interpersonal relationships

Objectives:

- To start support groups in a health facility or in the community.
- To facilitate support group meetings.
- To help others organize and recruit members for support groups.

Time:

- Planning is an ongoing process
- Each support group session should last up to 2 hours and be conducted on a regular date and time

Location:

Support groups can meet at places like clinics, churches, schools or homes.

Mobilisers/CAT Members:

1-2 Community mobilisers or CAT members

Materials:

N/A

Audience / Community group:

- People living with HIV and affected by HIV

Peer support groups are groups of people who come together because they share a common situation. In peer support groups, members help each other to improve and better manage their situation, share challenges and discuss solutions. Members support each other to implement decisions made in order to meet their psychological, social, physical and medical needs.

Very often people living with HIV feel isolated and alone. Meeting other people living with HIV can reduce isolation and encourage PLWH to live more fully and positively.

Support groups can help increase the uptake of health facility services, such as HIV testing, PMTCT and HIV care and treatment. Support groups can help members to better understand clinical services, give them support to seek and adhere to different services and bring family members for services.

Support groups also offer a way to link health facility services and community-based services for their members. For example, health care providers can speak about HIV services as part of community-based support group meetings. Or, leaders of community-based organizations can speak about the services they offer at health facility-based support group meetings.

Remember: The goal of support groups is to offer psychosocial and emotional support to their members. While some support groups may decide to organize income generation, micro-lending or other activities, there should always be a focus on psychosocial support to one another.

What role can the support group play around antiretrovirals?

The group can provide important information and support around Antiretroviral therapy (ART). Many people are fearful of taking the medication, thinking the ART will make them sicker. Group members who have been taking ART and who have seen their health improve can provide reassurance and support for those who are fearful.

The group can be a forum for practical information about ART to give members a better understanding of it. This includes such things as what ARVs are, what they do, how they should be taken and stored.

When people first start taking ART they may experience a range of side effects such as upset stomach, tiredness and headache. When people experience side effects they may wish to go off the medication. The support group can provide encouragement to continue or to go back to the clinic for reassessment.

Many people find it difficult to keep to the strict ART regimen requirements. The group should discuss strategies to help people stay on the medication and take it properly. For example, a group member could share what has been helpful to him or her to remember to take the medication

Steps:

PART 1: PLANNING FOR SUPPORT GROUPS

1. Learn what support groups already exist in the community and at health facilities and where there are gaps to fill. Meet with existing support group organizers and get information including the following:

- Who is the support group for?
- How many regular members are there?
- How often does the group meet?
- Where does the group meet?
- Are there mainly men, women, children or parents or is there a mix of people?
- How does someone become a member?
- Who facilitates the support group?
- What does the group talk about?
- Are there other activities, like income generation?
- Are there fees to come to the support group?
- Are there linkages between the group and the hospital, health centers and HCT centers?
- What gaps are there? Needs to be filled?

2. Find out what support groups are needed. Consult with key informants at local PLWH associations, community-based organizations, other members of the multidisciplinary team at the health facility and clients to get a better sense of what kinds of support groups are needed and where gaps exist.

- Consult with the rest of the multidisciplinary care team on what types of support groups are needed based on their interactions with clients and challenges faced.
- Ask clients what kinds of support groups they are interested in, when they could come to a meeting, where they would like the meeting to be held and what kinds of things they would like to talk about (e.g. adherence strategies, stigma, disclosure, etc.).

3. Decide who the support group is for:

- Who will be invited to attend?
- What is the ideal number and type of participants? It is recommended that support groups not have more than 25-30 people in the same meeting so that everyone can participate. Larger support groups can break off into smaller support groups if needed.

Here are some of the different types of support groups:

- **Adherence support groups:** People who are all starting ART or who are at a similar stage in their treatment (either preparing to begin ART, starting ART or having been on ART for a while) may find it helpful to meet each other for mutual support. Groups can be women only, men only or mixed. It is best that they are led by someone enrolled in care and treatment.
- **Mothers support groups:** Mothers living with HIV and those with HIV-exposed or HIV-infected children may want to have their own support group. Mothers support groups can provide needed psychosocial and emotional support to members and also help mothers understand and access key HIV and PMTCT services, such as ARVs for members and their children. These groups can also address concerns specific to mothers, such as safer infant feeding, care of HIV-exposed babies and the importance of adherence to PMTCT and ART services.
- **Parents and caregivers support groups:** People caring for HIV-exposed or HIV-infected children need extra support. Groups may want to discuss nutrition, weaning support for breastfeeding mothers, challenges and solutions to adherence with the children, disclosure to children and pressures from friends and family.
- **Couples support groups:** Couples, including those where both people are living with HIV as well as sero-discordant couples, may wish to form support groups. Couples can share common concerns and challenges and support one another to live positively with HIV.
- **Post-test clubs:** These groups are for anyone who has been tested for HIV. Therefore, they do not require participants to identify their status when joining. They often focus on promoting HIV information and education in the community, but they also provide a social environment for the members to meet each other and discuss any important issues, including how to stay negative, being in a discordant couple etc.
- **Groups for other specific populations:** Other groups of people with common characteristics may wish to form their own support groups. This could include sex workers support groups, support groups for men who have sex with men, or others. In some places, there are support groups just for single people to meet other singles living with HIV. In areas with a diverse population, groups of people that have the same ethnicity or speak the same language may wish to form their own support groups.
- **Adolescent support groups:** Adolescents living with HIV face special challenges and may want to form their own support groups. These groups may involve recreational activities (sports, crafts, drama, etc.), as well as time for discussion and mutual support. It is best if a young person can help lead this type of support group.
- **Play groups for children:** Children living with HIV and their caregivers may benefit from groups where children of similar ages can play together, where there is play therapy and where caregivers have a chance to share and talk. These groups often involve child friendly activities, such as drawing, art and music.

4. Define the goals and objectives of the support group:

- What is the purpose of the support group?
- What will members gain from the support group?
- Is the support group meant to go on indefinitely, or will it cover a certain number of topics and then come to an end?

5. Make a plan to recruit support group members:

- How will you let people know about the support group?
- Will members of the multidisciplinary team at the health facility refer people to the support group?

PART 2: CONDUCTING SUPPORT GROUPS

1. Decide on the location of the support group meetings:

- Consider the location of the support group – can it be held at the health facility? Is this convenient or should it be located in the community? Be sure the location offers some privacy and is convenient for members.
- If support group meetings are held at a health facility, will members be able to get HIV services before/after the meeting? For example, if there is a mothers support group meeting at the health facility, will members be able to have their babies tested for HIV that day?

2. Find group members:

- Some support groups operate in a clinic and referrals come through clinic staff. In this case you may have a ready source of potential members. In other cases you may need to do some ground work to find group members. Here are some guidelines to consider:
- Talk to doctors, nursing sisters, social workers and other staff members in clinics and hospitals. Give them your contact details to pass on to people they think could benefit from the group.
- Prepare pamphlets or posters advertising the group. Distribute these to clinic waiting rooms and other areas you think are appropriate.
- Speak to people in the community whom you think will be concerned about people with HIV/AIDS such as religious leaders or school teachers.
- Contact any HIV/AIDS service organizations or NGOs concerned with health in the area.
- Speak to potential members one-to-one. If appropriate, visit them in their homes.

3. Select convenient days and times for the support group and decide how often the group will meet:

- What time and how often will the groups be held? Do most participants work during the day or do they have household chores that they need to do at certain times of the day? Is 1 hour enough or is 2 hours better?
- Can children come and, if not, will there be someone to watch them while their parent or caregiver attends the meeting?
- Will the group meet once each month? More often? Less often?

4. Decide who will lead the support group meetings and who will be invited to speak:

- Who will run the support group and what will be the topics to discuss? Will nurses or other health facility staff have a role in the meeting? Mobilisers or CAT members may lead the support group or they may support other facilitators.
- What will be the role of the support group members? (It should be participatory.)
- If you are facilitating, what are you going to say at the beginning? It is good to practice this beforehand and make some small notes, if needed, to remember the key points.
- Will there be a secretary to record decisions made at the meeting? If yes, she or he should ideally be nominated by group members.
- Will there be guest speakers?

5. Plan the logistics of the meeting:

- Is there privacy at the meeting space?
- Are there enough places for people to sit?
- Can the room be arranged so participants are in a circle (instead of in rows)?
- Will you arrange for tea or snacks for the meeting? Who will get them? How will they be paid for?
- Who will keep attendance and other records of the support group?

6. Make an agenda for the meeting. The following is a suggestion:

Suggested agenda items for support group meetings

- Registration/sign-in
- Refreshments (tea, coffee, snacks, etc.)
- Welcome/opening (song, prayer, dance, etc.)
- Introductions
- Overview of the agenda
- Reminder about confidentiality
- Health talk by invited guest or facilitator (the health talk can be a time to share information with support group members on a specific topic and also dispel myths and rumors)
- Testimonials by members related to the specific topic
- Questions and answers
- Open discussion and sharing
- Review of key messages
- Plan for the next meeting
- Closing (song, prayer, dance, etc.)

7. Suggestions for facilitating a support group meeting

Make an agenda and stick to it!

- Careful planning is key to the success of support groups in the long-term.
- When members feel the meetings are organized and useful, they will come back. On the other hand, if support group meetings are disorganized, there is no clear purpose for the meeting or members do not find the meetings useful, they will probably not come back.
- Respect members' and facilitators' time. Make sure meetings start and end on time.

Make sure to plan new learning opportunities for support group members:

- Everyone is busy. Make sure each support group meeting offers something new and useful to members.
- One way to do this is to include a health talk as a part of each support group meeting.
- The health talk can be focused on a different topic area at each of the meetings. This is also a good way to improve linkages between support group members and health facility services. Health talks should be kept short and simple (about 15-20 minutes is recommended) so that support group members have time to discuss their feelings, questions and concerns. You might conduct the health talk or ask a nurse or other "expert" to lead the health talk.
- Get feedback from support group members on topics they would like to discuss during the meetings and incorporate these into the agenda.

Ideas for health education topics that can be incorporated into support group meetings

(Remember that not all support group meetings need to include health talks.)

- Having a safe pregnancy, labor and delivery
- Positive living
- Disclosure to adults
- Disclosure to children
- Dealing with stigma
- Care for HIV-exposed babies. HIV testing for babies and children
- Safer infant feeding
- Adherence for adults
- Adherence for children
- Preventing opportunistic infections
- Nutrition
- Planning for our family's future (memory books, will-making, etc.)
- Domestic violence
- Family planning and dual protection
- Good hygiene
- Preventing new HIV infections

Set up the room so that everyone is comfortable and can participate:

- Encourage participants to sit in a circle to make it more comfortable to talk and less like a classroom. The person leading the meeting should be part of the circle.
- Facilitators should not stand behind a desk or other furniture.
- If possible, provide tea or a light snack for members and facilitators. If health care workers or other guests are invited, encourage them to eat and socialize with members.

Remind participants about confidentiality:

- Support group members will only feel open to discuss their experiences and feelings if they know there is confidentiality.
- It is always a good idea to remind support group members at the start of each meeting that what is said during the meeting is not repeated in the community. Facilitators should always respect this as well!

Be a good facilitator:

- Create a safe and welcoming environment for support group members. Support groups should not feel like health education sessions or lectures. Instead, members should feel that this is “their” meeting.
- Be sure to plan the meeting agenda ahead of time and practice what you are going to say.
- Lead an introductory activity (have people introduce themselves or say something about their family) so participants feel more comfortable with one another.
- Review the agenda with support group members and ask if there are questions. Always ask for inputs for the next meeting agenda.
- Interact with participants and engage them by moving around the room, asking questions and asking people to share personal stories/concerns, etc.
- Encourage participants to share their own experiences and concerns.
- Make eye contact with all members of the group.
- Pay attention to people who seem shy or quiet and emphasize that everyone’s personal experiences, questions and concerns are important.
- Try to discourage people from dominating the discussion. If this is happening, you could say, “You have shared so many helpful ideas and experiences with us – let’s hear from some other members now.”
- Stick to the agenda and keep time!

Offer on-going support and referrals to participants:

- Encourage participants to speak with you or another facilitator in private afterwards if they have concerns they do not want to share with the group.
- Know what support and services are available in the community and at nearby health facilities so you can provide referrals.
- If the meeting takes place at a health facility, try to time it so members can seek services after the meeting.

- Seek support and inputs from other multidisciplinary team members and other experts on topics that you are unsure about, you are uncomfortable with or are beyond your area of expertise. Remember, it is always better to say you do not know the answer to a question and to ask someone who does rather than give wrong information.
- There may be situations where support group members need assistance right away (for example, if they are mentally distressed, suicidal, violent or the victim of violence). In these cases, facilitators should practice shared confidentiality and alert other members of the multidisciplinary team to these issues right away.

Keep records of the meeting:

- Always keep an attendance record. Remember that this should be kept confidential and not widely shared.
- Ask someone to take simple notes at the meeting (or you can do this yourself after the meeting has finished). Note what topics were discussed, key concerns of members and any next steps. Also note the date, time and location of the next meeting.

Adapted from ICAP Peer Educator Manual, Advanced Module 19: PLWH Support Groups.

(The section “What role can the support group play around antiretrovirals?” is adapted from the Treatment Action Campaign’s “Organizing in Our Lives” booklet, p. 37)

MOBILISATION ACTIVITIES

LEVEL 2: Community spaces



Mobilisation Activity 2.1: Tsimba goal-setting events

LEVEL 2: Community spaces

Objectives:

- To publicly **launch** the Tsimba Programme in each intervention community to start off mobilisation efforts with high energy, clearly describe Treatment as Prevention and its individual and community benefits in a public forum, and demonstrate community leaders' commitment to Tsimba goals.
- At subsequent **goal-setting events**, to work with each community to set ambitious yet realistic yearly goals for HIV testing and treatment, based on current levels, which also re-energize the community and celebrate success.

Time:

- Preparing for the launch and goal-setting events in the weeks before it takes place is key to its success.
- 60-90 minutes for Launch itself
- 60-90 minutes for follow-up community goal-setting events

Location:

- Launch: Outdoor public area in each community with:
 - If possible, stage for dignitaries and speakers
 - Sufficient chairs for attendees
 - Decorated for celebration
 - Tent for HIV testing, if applicable
- Follow-up goal-setting events: Room large enough to seat expected number of participants

Preparation (launch and follow-up events):

- **Secure a venue** at least a month ahead of time.
- **Invite key people** at least 2 weeks ahead of time. Community leaders, health clinic leadership and staff, local HIV/health official(s), people living with HIV, organisations and stakeholders you are working with or want to work within the future. Inform them ahead of time about the purpose of the event and what you will expect them to do (Speech (about what topic)? Brief comment of support? Be present on stage?)
- **Plan an agenda** based on the steps below.
- **Recruit** in the village ahead of time. Some ideas for recruitment include: go door-to-door, hand out flyers in the street, speak to upper level classrooms at high schools, speak to policing forums and ask them to help get the word out.
- **Plan for performances.** For example, if you'd like to have a small group act out a role-play or hold a brief debate on stage, these people need to be invited and practice beforehand.
- **Ensure you have the right equipment and materials.** Sound system, decorations, Tsimba pamphlets, t-shirts/hats, Tsimba poster, Tsimba pamphlets, prizes?

Steps:

Suggested basic agenda for launch activity

Note: Adapt this agenda as necessary for follow-up goal-setting events, which will also involve Tsimba staff reporting on current levels of testing and treatment in the community, followed by collective decision-making about the community's yearly goals towards meeting 90%-90%-90% end goal.

1. Welcome everyone and thank them for coming.
2. Introduce each of the key people you've invited to speak. Also introduce the mobilisers and the CAT(s) if already formed in the village.
3. Introduce the Tsimba programme. Define Treatment as Prevention and briefly describe its benefits both for individuals and the community. Illustrate with visuals if possible.
4. Announce the 90%-90%-90% goals for Tsimba, and describe how our community will set its own yearly goals, based where we are. Also "unveil" the Tsimba poster. Say these will be placed in prominent places in the village and the mobilisers will update the poster over next 3 years with how we're doing towards our goals. Demonstrate what this may look like on a flipchart paper.
5. Say that the community goals mean we all have to set personal goals as well. Use action statements – "If you haven't been tested in the last year, get tested now." "If you have tested positive..." Finally, get involved with Tsimba by...". Invite PLWH to play a central role in the event, particularly in reinforcing the benefits of these personal action steps and the implications of treatment as prevention.

Mobilisers / CAT members:

- *Prep:* 2 Mobilisers and 4 CAT members to reserve space, invite speakers, plan agenda, decorate, hand out posters/flyers
- *Launch and follow-up events:* Tsimba Programme Manager and Assistant Manager; 2 Mobilisers animate; 4 CAT members assist

Materials:

Prep:

- Tsimba poster/pamphlet; other print materials
- Tsimba T-shirts (to wear when advertising)

Activity:

- Sound system (microphone)
- Decorations
- Tsimba T-shirts (to wear during event)
- Check what other materials you need for the activities you plan to do

Audience / Community group:

For launch: 100-200 people; For follow-up meetings: will vary by community – at least 30.

6. Mention the following key treatment literacy points:

- Importance of early treatment for yourself and to prevent transmission to others – and therefore the importance of testing at least once a year;
- New eligibility criteria for ART initiation of less than or equal to 500 CD4 count, means that many more people will be eligible as soon as they test positive;
- Most people now take 1 pill a day and experience few or no side effects;
- ART is available free of charge at the public clinics;
- To help normalize ART, point out that many of our colleagues and neighbours are now on ART, for example by stating how many people in the district or province are currently taking advantage of ART (get this information from DOH ahead of time).

7. Use the power of testimonials. Project one or two digital stories videos, and/or have PLWH provide personal testimonials.

8. Offer support for personal action steps and list resources available. Have local leaders and a local HIV/health official endorse Tsimba and advocate for individuals to get involved in mobilising efforts.

Mobilisation Activity 2.2: Debates

LEVEL 2: Community spaces

Objectives:

- To understand that access to HIV and AIDS treatment is a basic human right.
- To reduce stigma and strengthen public demand for HIV treatment.

Note that debates can be stand-alone activities or can be added to other community activities as 'energizers'. It is recommended to have CAT members perform the debates when possible, rather than community members, as holding effective debates can take quite a lot of practice and experience.

Time:

- About 3 hours for groups to prepare debate points and practice (may be a different day than debate)
- 1.5 hours for debate

Location:

Any area with enough space. It is beneficial for the area to be somewhat public to attract more observers.

Mobilisers / CAT Members:

- 1-2 mobilisers; 1-2 CAT members

Materials:

- Meeting to practice debate:
Flip chart and markers
- Debate:
 - Tsimba T-shirts (to be worn by all CAT members)
 - Tsimba materials (posters, pamphlets, etc.)

Audience / Community group:

- Ideally CAT members perform the debate.
- Residents of community attend the debate.

Preparation:

Choose a topic for the debate that is relevant to the goals of Tsimba to promote HIV testing and treatment. Write this debate question on a flipchart. Some examples of statements to debate include:

"This country remains relatively poor and is still recovering from years of under-investment in its health facilities. We need to accept that it cannot provide all of its citizens with HIV treatment as soon as they need it."

"The epidemic still rages. The priority has to be preventing the behaviours that lead to HIV transmission in the first place, not treatment for those who are already infected."

"There's no proof that ARVs are the only effective treatment for HIV. People should be able to follow the advice of traditional healers or faith healers instead of taking ARVs."

Invite participants to "present" or "act out" the debate and ask them to attend a meeting to plan and practice the debate. Ask participants to read through information that will inform their debates before they come to the meeting; for example the Tsimba pamphlet, or the Treatment Action Campaign (TAC) booklets *ARVs in our lives* and *What are the new ART treatment guidelines?*

Steps:

Meeting to practice debate:

1. During the meeting, explain that you want some participants to support these arguments and some to reject them. Present the flipchart with the statement that will be the source of the debate. Ask the group to split into two sides: A and B. Side A will argue in favour of the statement. Side B will argue against the statement. Remind everyone that this is a debate about the issues and not about their own views – they should argue for the side they are on, even if they don't agree with it.
2. Explain that in the debate, each side will have **five minutes** to present their argument. They will then have **two minutes each** to respond to points made by the other side in their opening argument. Explain that you will then open up to the rest of the participants to comment and ask questions.
3. Have each group take 1-2 hours to practice their debates, depending on how much time they feel they need. Check in regularly to ask if they have any questions, and make sure they are staying within the time allowed.
4. Have the groups practice debating each other, making sure they keep to the time limits they will have during the real debate.
5. Set a date, time and location for the public debate and decide together how you will recruit your audience.

Public debate

6. Welcome all participants to the debate. Read the debate topic aloud. Tell participants that this is a debate about the issues and not about peoples' own views – they will argue for the side they are on, even if they don't agree with it. Explain that each side will have **five minutes** to present their argument. They will then have **two minutes each** to respond to points made by the other side in their opening argument. Explain that you will then open up to the audience to ask questions.
7. Proceed with the debate. Debates can get very lively. There is a real danger of running over time. It is important that you help the group to stick to time. When finished open up for comments and questions from the audience for an additional 15-20 minutes. Be prepared to navigate passionate discussion. Disagreement and debate is healthy; conflict, however, is not. Be prepared to guide the conversations such that tempers don't get too out of hand.

Mobilisation Activity 2.3: Street Soccer

LEVEL 2: Community spaces

Objectives:

- To introduce the Tsimba Programme and associated themes to community members through the game of soccer.
- To help participants to consider decisions taken regarding HIV testing and treatment and other behaviors by experiencing similar decision-making in the game of soccer.

Time:

- Total time for one session can be between 60 and 120 minutes
- 5 -10 minutes introduction of participants and activity
- Approx. 45 – 80 minutes of interactive activity
- Allow 10-15 minutes of self reflection

Location:

- Any available street, soccer field, playground or unused tennis court
- Ensure the space is big enough for all your participants to move around in.

Mobilisers/CAT Members:

- 1-2 Community mobilisers or CAT members
- Local coaches, who have been trained in Tsimba, can also facilitate

Preparation:

Ensure that you have permission to use the street, play ground or any other available soccer space. Once you have recruited the players, ensure that they know the date and time of the soccer sessions. Tell them before hand to bring their own soccer kit, or provide them with the kit at the venue if kit is available. Make sure you follow the activity steps as indicated below.

Steps:

Part 1: Introductions

Even if participants know each other, have a quick introduction session. Give each player a pocket book and a pen, and ask them to write or answer the following:

- What's your name? Where you are from?
- How is soccer a part of your life? (e.g. teams you support or played for, achievements in soccer)
- How have you been affected by HIV and AIDS?
- What other big challenges have you faced in life?
- Who is your role model?

Ask the group to share their answers with the rest of the group if they are comfortable to do so.

Part 2: Setting ground rules

Tell the group that for the time that they will be together it is important to make a set of agreements about how to be together. Include ground rules such as: Punctuality, no nasty jokes about girls, respect for each other and that each person has an uninterrupted chance to speak.

Part 3: Soccer Sessions

Session one: Voting with your heart

Tell participants that you will read a series of statements and they need to agree or disagree with the statements. Those that agree should put their right hand on their heart whilst those who disagree should put their two hands on their head when the statements are read.

The statements are:

- *Orlando Pirates is the most successful soccer team in South Africa*
- *Our generation can fight HIV better than our parents*
- *Fame and alcohol abuse affect many professional soccer players*
- *Many people in our community are affected by HIV and AIDS*
- *The PSL has enough soccer strikers*
- *There are many responsible young people in our societies*

Participants may debate their opinions, while remaining respectful to their fellow participants.

Materials:

- Whistle
- Soccer balls
- A manual pump
- Training cones
- Training kits
- Pens and attendance register
- Small pocket booklets
- Condoms

Audience / Community group:

- From 10-22 players
- Both sexes should participate
- If possible all participants should have soccer playing kit
- Invite local soccer coaches if any are available.

Session two: Playing educational Soccer

Participants will relate better to a learning approach that reminds them of their daily lives. As they start to play, the facilitator should inform them that he/she will stop play to reflect on life issues. You may introduce the topics beforehand and players will be asked to play with the topics in mind. Here are standard playing tactics to follow, with useful issues to discuss:

Dribbling and defending:

In this tactic you choose a volunteer player to try and dribble against the whole team, add 1 dribbler and another until you have an equal number of players playing against each other. At this point, stop the play and ask the other group to concentrate on defending. Let them play for ten to fifteen minutes. Debrief the exercise emphasising on the following points:

- a. Dribbling: life has many dribbling challenges: HIV and AIDS, alcohol abuse, violence, sexually transmitted infections, poverty, negative male role models, and unwanted pregnancies. It can however be a choice to walk through all these without following the bad examples.
- b. Defending: Just like in soccer, when challenges come our way, we need to defend ourselves against them. Unfortunately, we sometimes want government and other people to do things for us, others may choose to sit and do nothing but blaming the past, a Tsimba soccer player should however, learn to defend him/herself from the challenges that life throws at him/her.

Conclude by asking the question:

What can you do to dribble past injustice and defend yourself against HIV and AIDS?

Scoring & playing as a team exercise

You can now introduce the tactics of scoring and playing as a team. Divide the team into equal numbers and let the players organise themselves into defenders and strikers. Tell them the goal is to see a team that will score more goals but playing together as a team. Allow twenty minutes of this exercise, because the players know about defending and dribbling, do not interrupt this session except for fouls committed. At the end debrief the exercise keeping the following in mind:

Teamwork

- Emphasize the importance of teamwork when playing soccer; it is indeed all about teamwork! Without teamwork all the successful teams in the PSL will be useless.
- Great players defend and attack as a team, and this produces a winning team! In our work, girls and women form part of the team, they cannot be sidelined and they must be allowed to be both strikers and defenders! In short, it is not teamwork if women will be excluded directly or indirectly.
- A Tsimba soccer player needs to surround himself/herself with other progressive people, who can constantly work for the betterment of their own lives and that of others.

Scoring

- Great scorers practice how to score and they often use both their legs.
- They always enjoy scoring and are recognized by the media and their communities.
- In the same way, a Tsimane soccer player scores when they balance their life with education and information and become active citizens.
- They also score by practicing safe sex, preventing HIV, respecting women and their communities
- They reap the fruit of this practiced behavior and not only do they become role models, but become successful in life.

Consider distributing condoms as part of this activity. Call your local [health clinic](#) a week in advance to request the amount of condoms you need. Be sure to bring a [Condom Distribution](#) form to the activity. Along with offering participants a packet of condoms, ask them if they'd use them, ask them why or why not, etc. Ask them if they know how to use a condom, offer to show them how to use it. Fill out the Condom Distribution form, asking for name and phone number, and writing down how many condoms you gave them. Explain you need this information to show that you are really giving the condoms away, and not just putting them in dustbin.

Facilitator's notes

- Remind participants that soccer is a physical sport, and explain the risks involved. Do not force participants to play, but rather ask those who may have physical challenges if they would prefer watching the activity.
- Ensure that girls and women feature prominently throughout the exercise, most boys will have played soccer before, but this can be new to some girls. Encourage and support girls to play – this sends an important message about gender equality.
- There could be debates on some of the introductory questions, for example the statement that Orlando Pirates is the best team in the PSL. Ensure that you tease out the educational element of this from the debate of who the best team is.
- Avoid doing this activity in the afternoon, as it could be very hot. Start with it in the morning or conduct it as the final activity in the late afternoon.
- Bring plenty of water in case participants become dehydrated. Water can also assist to temporarily ease pain in case of painful physical contact.
- Be firm about the rules of the game, you do not want someone to break their leg when playing.

Mobilisation Activity 2.4:

Soccer tournament

LEVEL 2: Community spaces

Objectives:

- To introduce the Tsimba Programme and associated themes to community members through the game of soccer.
- To use soccer matches, especially the final highly attended match, as a reminder of Tsimba community goals around testing and treatment, and to celebrate progress towards these goals.

Time:

This activity involves a series of events over the course of weeks/months, with successive competitions between village teams, then quarterfinals, semifinals and a final full-day tournament

Location:

- For earlier competitions: Soccer fields in each village
- For final tournament day: Large, level soccer field with nearby structure for hosting crowd of 100-200 people

Mobilisers/CAT Members:

- All Community Mobilisers or CAT members
- Local coaches, who have been trained on the Tsimba Programme, can also help mobilise their constituencies

Materials:

- Whistle
- Soccer balls
- A manual pump
- Any workshop materials needed

Preparation:

- Before announcing and setting up the tournament, a first step is to check how many teams already exist in each village (in the past this number usually ranges from 3 to 8 per village). Also check how many teams are male and how many are female (not all villages have female teams).
- Ensure that you have permission to use the soccer fields each time you schedule a game.

Steps:

1. Introduce the Tsimba Programme and the Tsimba soccer tournament to each team identified in each community.
 - Introduce the Tsimba Programme, describe treatment as prevention and community mobilisation, and the Tsimba testing and treatment goals
 - Describe the process and rules of the soccer tournament
 - Conduct a brief ice-breaker or fun Tsimba activity to give the team a taste of what participating in the tournament and Tsimba activities will be like.
2. To be eligible to participate in the Tsimba soccer tournament, each team must agree to:
 - The Tsimba soccer tournament methodology, including signing on the written down rules and regulations
 - Before the tournament starts: Leaders of each team in that village will participate in a 2-hour Tsimba mini-workshop
 - Before or during the tournament: All of the team players attend at least one full 2-day Tsimba workshop (conducted separately for different teams because often teams have 30 players);
 - On the day of each soccer match: Players will participate in a 2-hour mini-workshop before the match starts.
3. Tournament stages:
 - i. For communities with more than one team, the teams will play amongst themselves for points until there's one winner for that community. In the past, males and females have played on separate teams, however the option of mixed-sex teams could be revisited by Tsimba staff. Females always play first before males in any matches. The winning male and female teams in each community get a prize (teams get to choose what they would like Tsimba to purchase for them depending on stated budget). Players participate in a 2-hour Tsimba mini-workshop before each match.
 - ii. The winning male and female teams from each village participate in a "fixture" with knockout stages, to qualify for the quarterfinals. Players participate in a 2-hour Tsimba mini-workshop before each match.
 - iii. Quarterfinals, semifinals, finals. The winning teams at each stage get a prize (teams get to choose what they would like Tsimba to purchase for them depending on stated budget).

Audience / Community group:

- Players – men and women from different intervention villages
- Community members from different intervention villages
- Invited guests, e.g. from the Department of Health
- Local leaders

4. Final match – full-day event

- For the final match of the tournament, activities start in morning, and the two matches (female and male) are played towards end of day.
- Invite all community members from the community in which the match is being held, as well as select community members from other Tsimba intervention communities (all CAT members, local leaders, and if budget allows, leaders of other teams from villages that didn't win).
- Tsimba staff should use this high attendance event to reinforce key Tsimba messages, have leaders publicly commit/recommit to Tsimba goals, celebrate progress made towards these goals, and feature stories and messages from people living openly with HIV.
- Morning activities should be carefully planned and can include screening digital stories or even films, holding debates, and engaging audiences in other ways. These activities can also be continued during lunch. During the matches, mobilisers and CAT members can move around the crowd engaging them in discussions.
- Provide lunch for all attendees.
- The female finals match is held before the male finals match. At the end of each match, have a public celebration and presentation of prizes.
- Recommended speakers: Induna and/or CDF from the tournament host community; Tsimba programme manager, assistant manager and/or community mobilisers. Also invite people living with HIV to talk about treatment, combatting stigma, etc. as well as other guests, for example local Department of Health representatives.
- Offer HIV testing on that day if possible (arrange with clinic sisters ahead of time, reserve one of the Tsimba tents, and be sure to set up the testing area to ensure confidentiality).

MOBILISATION ACTIVITIES

LEVEL 3: The arts and media

Mobilisation Activity 3.1: Digital Stories workshop

LEVEL 3: The arts and media

Objectives:

- To use Digital Stories to inspire, educate, and move individuals around issues of gender roles, HIV treatment and prevention. Also to brainstorm ways of supporting a community member in need.

Time:

- 5-10 minutes intro
- Approx. 45 minutes per digital story (including initial brainstorm, showing digital story, break out groups and whole group discussion)
- Total time for showing of 2 digital stories: 90 minutes;
- Total time for showing 3 or 4 digital stories: 120 minutes

Location:

Closed, structured space where seating can be moved around, e.g. personal homes, shebeens, churches. Make sure you take into consideration:

- How big the space is (and if expected audience size will be able to view the screening)
- Background noises
- If projecting the films: Electrical outlets for projector and laptop, colour of walls (should be light)

Mobilisers/CAT Members:

- 1-2 mobilisers or CAT facilitators
- 1-2 other CAT members for extra support, especially if a larger group

Preparation:

- **Plan.** Like other activities, discuss at monthly CAT meetings how many Digital Stories workshops you would like to do, and decide what themes/issues you want to address that month.
- **Delegate.** Who will organise what for each Digital Story workshop?
- **Meet** one week and then 2-3 days before the Digital Story workshop to make sure all CAT facilitators are comfortable with the outline and objectives of the workshop.
- **Make sure you are well-versed** in the issues that will be covered. Familiarize yourself with the digital stories, and know which ones you want to screen (and why). You shouldn't plan to screen more than 4 in one workshop; 2-3 digital stories is ideal for in-depth discussion.
- **Know your purpose.** Are you striving for understanding and clarity (e.g. participants learn to define HIV stigma), analysis of certain topics (participants can explain how gender socialization affects HIV testing and treatment), or a follow up action (Door-to-Door campaign)?
- **Know how you will react** when a participant shares his or her own stories on these issues. Appropriate responses might be, "I'm so glad you shared that with us, because it shows that (fill in the blank)", or "That's a very touching story, thank you for bringing it up because it relates to what we've seen in the digital story", etc. Validate people's experiences and relate them back to the discussion.
- **Be aware of support services.** Identify available support/advocacy services that you can refer audience members to afterwards, if necessary. These might include HCT providers, health organisations, HIV or domestic violence support groups, or counselling services.
- **Know your audience.** The more you know about who is coming (students, teachers, professionals, if coming voluntarily or not, etc.) the better you can prepare.
- Be sure participants know when to arrive and how long to expect to be in the workshop. It is best if people are not coming and going while the workshop is underway.
- **Prepare materials.** Once you have decided what you want to get out of the Digital Story workshop, choose the most important questions that you want to ask. Write these questions on the top of pieces of flipchart paper; one question per piece of paper (make sure you have enough for each break out group). Have extra/follow-up questions on hand to verbally ask the group or write up later.
- Remember: The more prepared you are, the more successful your screening will be!

Steps:

1. Establish a comfortable, safe, and supportive space for everyone. Having everyone sit in a circle helps to create a relaxed atmosphere.
2. Introduction: explain the plan for the workshop, what digital stories are and why you are showing them.

Materials:

ALWAYS test the audio/visual set-up before your event. Make sure you have the right:

- Power sources
- Adapters
- Cables
- Speakers
- Wall to screen video on
- Laptop and projector or a TV and DVD player.

Also need:

- Flipchart and markers

Audience / Community group:

Can have anywhere from 5-30 participants, though 12-16 is ideal. (Most meaningful conversations happen among smaller groups (4-5 people), so breaking the audience into groups to reflect on the digital story is helpful). Not suitable for participants younger than 14 years old.

3. Set ground rules such as respect, confidentiality, and openness.
4. Brainstorm with participants to get a sense of their knowledge/attitudes on an issue relating to the digital story. For example, if the digital story you will show is about gender norms and roles, you might start out with a shortened version of the workshop activity "Act Like a 'Man'"/"Act Like a 'Woman'", where participants list what characteristics/traits/feelings they expect men/women to have. Break participants up into 2 groups, one to write down "Act Like a Woman" on a piece of flipchart paper, the other to write "Act Like a Man". (Give them about 10 minutes)
5. Have groups share with one another what they wrote down. (8-10 minutes)
6. Show the digital story.
7. Break into groups of 4-5 people to answer questions about the digital story (10-15 minutes). You can have all groups answering the same questions or different groups answering different questions. Give groups markers and flipchart paper with pre-written questions as follows:
 - How did the story make you feel? Describe the parts of the story (audio and visual) that especially moved or affected you, and talk about why they had such an impact.
 - Identify some of the life challenges the storyteller raises. What are some of the ways that she/he handled, or might have handled, these challenges?
 - How do issues of sex and gender play out in the story, for the storyteller and those around her/him? How might increased gender equality have made things happen differently?
 - What did you learn from the story, about:
 - *The people in it;*
 - *The place where it happened;*
 - *The issues raised; and*
 - *Your own life?*
 - What action can be taken to confront the storyteller's challenges, by:
 - *Individual people;*
 - *Community groups, such as a support group or group of peer educators;*
 - *Health, educational, or developmental organisations; and*
 - *Government agencies (local, provincial, and/or national)?*
8. Come back into the whole group and discuss, using additional questions to encourage discussion. (10-15 minutes)
9. Repeat steps #4-7 for the next digital story, unless issues in the next digital story are similar to the first one, in which case just repeat steps #6-7.
10. Get feedback from participants. After you are finished discussing the last digital story, check in with participants. What worked, what didn't, how could the workshop be better. Other plus/delta?

Facilitator's notes:

Remember the seriousness of the subject. Respect the story-tellers and be prepared for the audience members to react strongly to the content, especially if they are living with HIV and AIDS, have experienced stigma and violence, or have family members or friends who have been directly affected by these issues.

Be prepared to navigate passionate discussion. Disagreement and debate is healthy; conflict, however, is not. Be prepared to guide the conversations such that tempers don't get too out of hand.

Try to involve everyone, but respect if someone seems to prefer remaining silent. Remember that people have different reasons for being quiet--they may be thinking deeply, feeling shy, triggered by the material, or threatened. If someone is very talkative, you can gently remind him/her to allow others a chance to participate in the discussion.

Vary your presentation and discussion methods. Be sure to offer a variety of ways for people to connect with one another -- using a combination of paired, small group, and whole group discussions will help encourage everyone to join in.



Mobilisation Activity 3.2:

Film screening

LEVEL 3: The arts and media

Objectives:

- To help topics resonate with participants on an emotional level through the use of narrative film.
- If using the Inside Story film, to increase knowledge about how HIV and ARVs work in the body, and to address myths and misunderstandings, both through description and visual animations.
- To increase perceived importance of early testing and treatment (including Treatment as Prevention), status disclosure, and adherence.

Time:

- Total: 1.5 – 2.5 hours, depending on film
- For Inside Story film (total 2.5 hours):
 - 5-10 minutes intro
 - Approx. 1.5 hours for film (broken into sections)
 - Approx. 30-40 minutes for discussion (broken into sections)
 - 5-10 minute wrap-up

Location:

Closed, structured space. A community member's home is ideal. Having the right equipment in the right space is important to the success of your screening. Make sure you take into consideration:

- How big the space is (and if expected audience size will be able to view the screening)
- Background noises
- If projecting the film: Electrical outlets for projector and laptop, colour of walls (should be light)

Note: If using the Inside Story film, an alternative to the steps outlined below is for facilitators to use the original Inside Story Discussion Guide, which includes more in-depth questions and discussion as well as a number of games. However, it may take multiple sessions to use the original guide. The shorter discussion questions below make it possible to screen and discuss the full film in a single session.

Preparation:

- Watch the film, become familiar with the content of each section of the film, and review the discussion questions.
- Make sure to bring copies of a list of HIV serves and resources available locally, as well as other booklets with detailed information about HIV and ART.

Operating the DVD:

- For the Inside Story film, when the disc is inserted into a DVD player, the main menu will appear. Selecting "Chapters" will allow you to navigate to the different sections and corresponding chapters of the film. The eleven animations in the film also appear separately in the HIV Animations section of the DVD. This will make it easy to go directly to animated sections.

Steps:

Note: The steps described below are specific to the film "Inside Story." If you will be using a different film, replace these steps with steps particular to the content and themes covered in that film. Try to find available discussion guides for that film.

1. Introduce the film. Say "We're going to be watching a film called 'Inside Story'. This film will last about 98 minutes, and we'll be stopping now and then to talk about what we just saw. This film has a great story and it uses animation to show how HIV affects the body and how medicines work to treat HIV. The animation sequences actually show HIV inside the body so that you can understand better how HIV works. The images inside the body were created using computer animation, based on actual pictures taken with state-of-the-art microscopes and cameras. The animations are as close as people can get to actually seeing HIV, which is too small for us to see without special equipment."
2. Start to play the film. Break at the end of each section (listed below), ask the discussion questions and allow for a maximum of 10 minutes of discussion before returning to the next section of the film.

Discussion questions:

Section 1 (Chapters 1-5): HIV infection takes place

- Why is it important for couples like Kalu and Mumbi to talk to teach other about their sexual pasts?
- How is HIV transmitted sexually? [Optional: Show picture of animation 1 in Quick Reference Guide below]

Mobilisers/CAT Members:

- 1-2 Mobilisers or CAT facilitators

Materials:

ALWAYS test the audio/visual set-up before your event. Make sure you have the right:

- Power sources
- Adapters
- Cables
- Speakers
- Wall to screen video on
- Laptop and projector or a TV and DVD player.

Also need:

- Flipchart and markers
- Tsimba pamphlets
- Copies of list of HIV services and resources available locally; other booklets with detailed information about HIV and ART.

- How could Kalu and Mumbi have protected themselves from HIV infection? (Most immediately, by using a condom during sex. They also could have previously abstained from sex or had fewer sexual partners, used condoms consistently. In addition, male circumcision reduces a man's risk of getting HIV by 60%. And if Mumbi had known she was HIV-positive, being on ARVs could have reduced her viral load and risk of transmitting to others).

Sections 2 and 3 (Chapters 6-9 and 10-14): Early stages of infection=high risk of transmission

- What did you learn about HIV in this section of the film?
- What did you learn that you didn't know before?
Make sure you emphasize that the first 3 months after infection is a dangerous time to be having unprotected sex because there is a lot of HIV in the body.
Optional: show the graph "Typical course of HIV without ART"
[Optional: Show picture of animation 2 in Quick Reference Guide below]

Section 4 (Chapters 15-19): Gender inequalities promote greater risk for women and men

- How does Goodwill try to intimidate Ify?
- Do these kinds of power dynamics and inequalities happen often in the real world?
- What are some of Ify's values that lead her not to enter into a relationship with Goodwill?

Section 5 (Chapters 20-23): Denial, acceptance and disclosure

- How did Kalu react to learning that he was HIV-positive? (Denial; blaming) Why did he react this way? (Kalu's denial may stem from guilt at the thought of having infected Ify with HIV, that he himself has HIV, or that his dream of playing for Arsenal is in jeopardy) How might this relate to being a man? (Masculine norms around against being weak or vulnerable; healthcare as something for women and children)
- What are the consequences of Kalu's reaction? (depression, isolating himself, alcohol abuse)
- Why was it important for Kalu to disclose his status to someone? What other support could have helped him to do this?
- What did we learn about the role of antibodies at this stage of Kalu's infection (3 years after infection)? (The antibodies, which are the body's defenders, have been able to fight off a lot of the virus in Kalu's body. But HIV is still there and spreading slowly. This means he can transmit HIV to others. And without ART the body will stop being able to fight off the virus, which will weaken his immune system and eventually lead to his death).
Optional: show the graph "Typical course of HIV without ART"

Section 6 (Chapters 24-29): Knowing your HIV status is power; Getting treated is taking control

- Now that Kalu knows and accepts his HIV status, what options and opportunities does he have that he didn't before? (He can stop running away from his fears and can make good decisions to improve his health, can repair his relationships, and can pursue his dreams for the future).

- Why won't Spikiri get tested? Why does he take traditional medicine?
- What does it mean when the film shows the huge bed and sheets with Kalu, Ify and all the other people in it? (Sexual networks and high risk of HIV transmission).
- Why does Kalu need ART? (to decrease the amount of HIV in his body. ART acts like defenders on a football field, blocking every path the virus uses to attack. The medicines stop the virus from infecting more cells and multiplying. As these defenders start working, the body gets stronger). *[Optional: Show picture of animations 3 and 4 in Quick Reference Guide below]*
- What is "Treatment as Prevention" and how does it come into this story? *Optional: use the graph "Typical course of HIV without ART" to point out how ART can keep the viral load low initially, and prevent it from rising later in the course of infection.*

Facilitator's notes:

HIV infection

Once Kalu becomes infected with HIV, it is like there is a football game happening inside his body. Two opposing teams compete against each other: Team Immune System, captained by T-cells (sometimes called CD4 helper cells), and Team HIV.

Team Immune System: The immune system is like the defenders on a football team who are trained to prevent the opposing team from scoring a goal. Our immune system works to identify and prevent potential strikers, such as germs, bacteria, viruses, fungi, and parasites, from making us sick. If we do get sick, our immune system identifies the attackers and fights back by creating what are called antibodies to fight off the invader, allowing us to recover our health and remain strong. We may sometimes need to use medicine to help the immune system fight off the attackers.

Team HIV: Like a football, the HIV virus has an outer layer (capsule) that protects the core or the inside of the virus. HIV (the round purple objects) has spikes that allow it to attach to the T-cell (the glowing white blobs). Eventually, the HIV invades the T-cells and takes over, making copies of HIV inside it.

Kalu does not know that any of this is happening inside his body. He does not feel or look any different. But he is definitely infected. The HIV virus is spreading around his body, attacking T-cells and making more copies of itself and ending up in Kalu's sexual fluids.

Early stages of infection=high risk of transmission

In the first few months after a person has been infected with HIV, Team Immune System (that protects us from germs, viruses, and bacteria) does not identify the attack by HIV. This allows Team HIV to score as many goals as it wants – the virus keeps multiplying and multiplying. This means that viral load is much higher in the semen, vaginal fluids and blood of a person who has recently been infected – so the risk of transmitting the virus to someone else is much higher in the first months after infection because of the high viral load at that time. In general, the higher the viral load, the greater the likelihood that a person will transmit the virus during unprotected sex.

Denial, acceptance and disclosure

Kalu's reaction to the news that if he is HIV-positive is similar to that of many people when they first learn that someone they love or someone with whom they have had sex is HIV-positive. Kalu's first reaction is denial. Denial is when a person refuses to accept, believe, and or/acknowledge painful realities, thoughts or feelings. He is also angry because Ify is accusing him of infecting her with HIV. He blames Ify, wrongly accusing her of sleeping with other men. This is very hurtful to Ify.

Spikiri is also in denial and his refusal to accept that he should be tested for HIV and for tuberculosis (TB) results in him becoming more ill, retiring from the game and isolating himself.

It can be difficult to accept a positive result to an HIV test. Accepting one's status and seeking the support of friends, family, and/or professional counseling services can help a person deal with a positive result in a healthier way. Disclosure (telling people about one's HIV status) is important to gain the support of family and friends. Some people may get negative reactions from people to whom they disclose due to ignorance, fear, and negative attitudes about HIV. However, studies show that HIV-positive people who are honest and open about their HIV status have better health. This doesn't necessarily mean that they tell everyone their HIV status, but it could mean that they share with close friends and/or family to get support and help. Disclosing a positive status to those within your previous sexual network is also an important step. Disclosing HIV status should always be voluntary. No one should be forced to tell his or her HIV status to anyone.

Knowing your HIV status is power; Getting treated is taking control

A lay counselor or a professional healthcare worker (e.g. a nurse or doctor) should provide counselling before and after a person gets tested for HIV. Pre-test counselling helps the person think through and understand the behaviours that put them at risk for HIV infection, such as unprotected sex. It also prepares him or her for what could happen in the event of an HIV-positive diagnosis.

All sexually active people who are at risk for HIV should get tested at least once a year; and/or three months after they have had unprotected sex to determine their HIV status. People who test HIV-positive are given information about how to manage their HIV status, both mentally and physically. A T-cell count test (also called a CD4 count test) is also done to measure the strength of the immune system and whether antiretroviral therapy should be started.

To decrease the amount of HIV, Kalu's body needs help. ART works like defenders on a football field, blocking every path the virus uses to attack. The medicines stop the virus from infecting more cells and multiplying. As these defenders start working, the body gets stronger.

If a person living with HIV who is very ill, like Spikiri, does not take ART for life, he or she will die. If a person starts ART late – when the immune system is too damaged – ART will be much less effective. That is why it's important for anyone at risk of contracting HIV to regularly check his or her HIV status. Knowledge is power!

Most people start taking ART when their T-cell count is below a certain level, before the immune system gets too damaged, before the onset of AIDS, and the potential for opportunistic infections. ART does not cure HIV, but it slows the spread of HIV and the destruction of the body's defence system. Once infected, a person is always infected with HIV.

ART not only prevents the onset of AIDS, it also greatly reduces the risk of HIV transmission. Because ART reduces the viral load, the risk of transmitting HIV during unprotected sex is lower. However, there is always a risk that HIV can be transmitted, so condoms should always be used to prevent others from getting HIV.

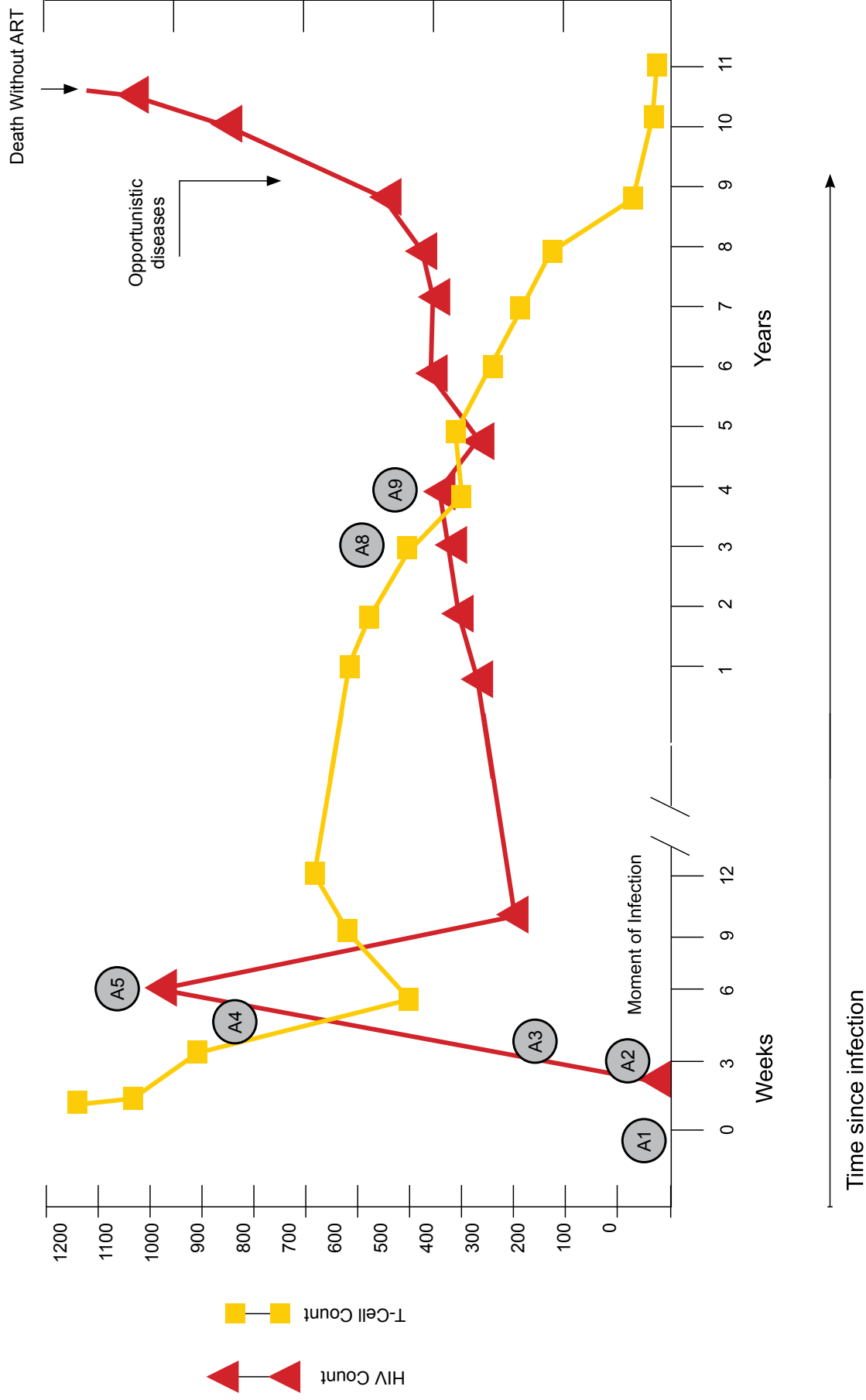
Source: Some of the text in this activity has been taken verbatim or adapted from the Inside Story Discussion Guide, at http://www.insidestorythemovie.org/sites/default/files/InsideStoryDiscussionGuide_0.pdf

TYPICAL COURSE OF

HIV WITHOUT ART

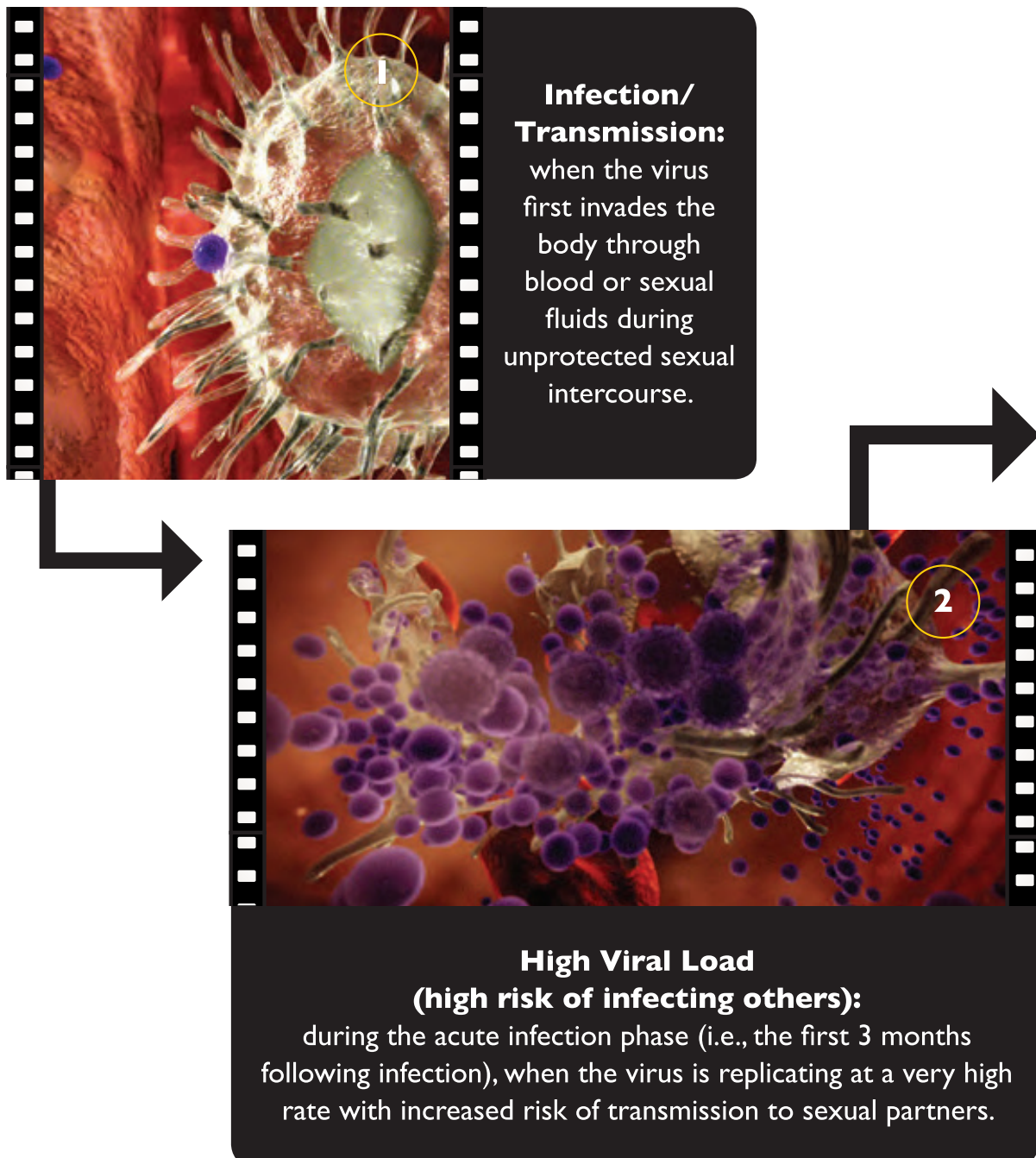
In the first three months post infection, a person is highly infectious because viral load is high in the body but the body has not yet understood that it is being attacked by HIV, therefore antibodies have not formed. Having an HIV test during these three months will likely not show that a person is infected with HIV because HIV tests measure the presence

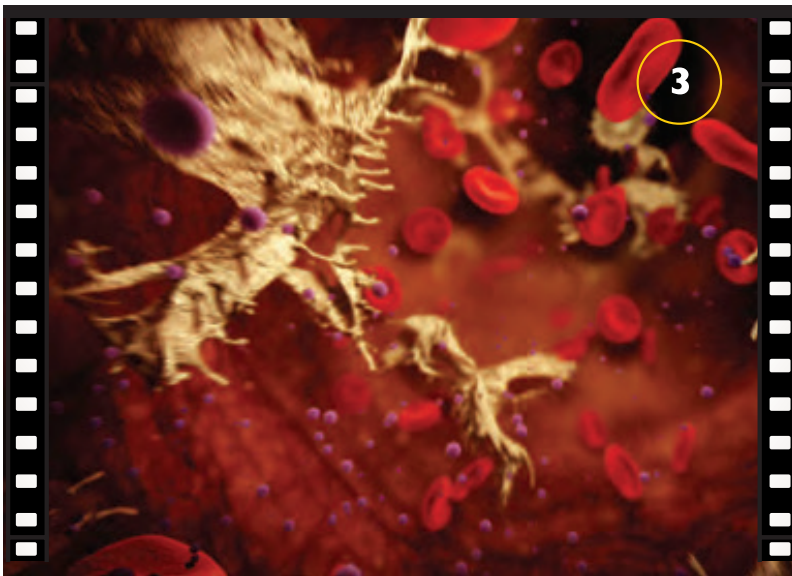
of antibodies. As HIV increases in the body, T-cells decrease. When T-cells are getting lower and lower, a person is more likely to become sick with opportunistic infections. However, if antiretroviral therapy is begun, it can damage HIV cells so that they can't infect T-cells or ART can stop HIV from copying itself inside cells.



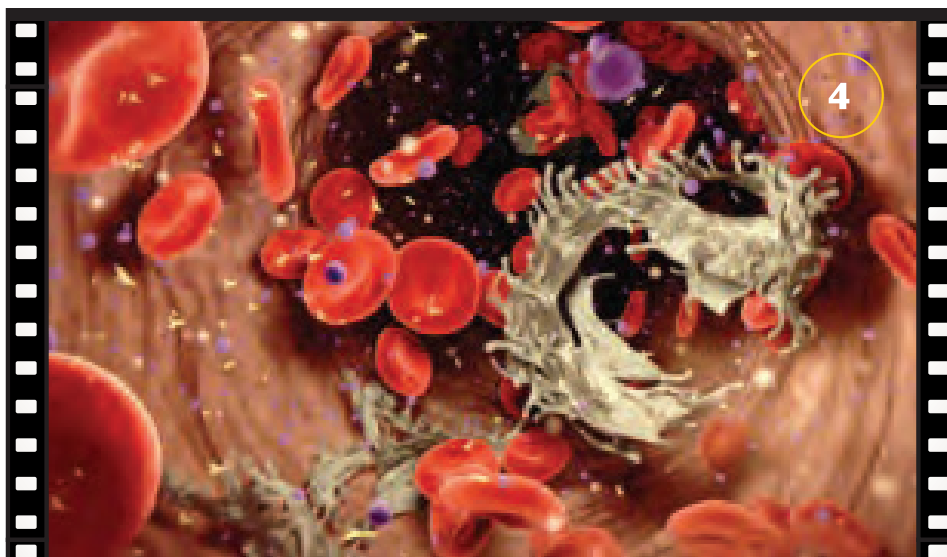
A QUICK REFERENCE GUIDE: THE LIFE CYCLE OF HIV

Facilitators can refer to this brief overview of the life cycle of HIV as they move through this guide. These topics are explained in more detail in Sections 1 - 6.





Chronic Infection - after the acute infection period (about 3 months post-infection): at this point the virus is reproducing at a slower rate, but you are still at risk of infecting others. By this time, the body has started producing antibodies and an HIV test will be positive.



AIDS: without treatment, the virus will eventually overwhelm the immune system and the infected person will start to experience opportunistic infections as a result of decreased protection from the immune system. At this point, the person has the Acquired Immune Deficiency Syndrome (AIDS).

Mobilisation Activity 3.3: Mural painting and education

LEVEL 3: The arts and media

Objectives:

- To paint interesting, long term images on prominent walls in the community, to serve as a consistent, visible reminder of messages relating to HIV Treatment as Prevention.
- To educate around the topic(s) of the mural during and after painting takes place.

Time:

- 3 days for prep
- 1 day for activity

Location:

- School walls, business centres, or other buildings with smooth walls.
- Murals should always be on busy routes where many people pass by.

Mobilisers/CAT Members:

2 or more

Materials:

Paint, brushes, a loud hailer or megaphone if necessary.

Audience / Community group:

You can select your audience, all community members are welcome.

Preparation:

- Visit people in charge of the wall you want to paint on, discuss the goals, and what the mural will likely look like and ask for permission to use the wall.
- Sign a memorandum of understanding with the institution or person in charge.
- After getting permission, identify a local artist and invite him/her to come collaborate on painting the mural.
- Host a meeting where CAT members work with the artist and community members to identify the themes they want to cover in the mural.
- The message of the mural should directly relate to Tsima goals (for example, HIV testing, HIV treatment, Treatment as Prevention, stigma, masculine norms preventing care, etc).
- Have the artists develop a mock-up of the artwork and review it with CAT members to assess the accuracy and appropriateness of the images and to ensure that the art doesn't have unintended negative messages.
- CAT members conduct informal vox pop (short voice recording) surveys with community members to find out how they understand and react to the proposed artwork.

Steps:

1. Announce the dates painting will be done to all involved.
2. CAT members work with the artist and community members to paint the mural.
3. CAT members organize a launch or unveiling event and invite key stakeholders from the community, from local government and the business community to speak at the launch and pledge their support and commitment to addressing HIV and AIDS, stigma, gender equality, etc.
4. CAT members invite community members to come to other following educational events.
5. Once finished, CAT members keep the mural wall clear and clean and make sure that it is not tagged or plastered with political posters.

Facilitator's notes:

- The message of the mural should directly relate to Tsima goals, for example:
 - HIV testing (including couples testing)
 - HIV treatment
 - Treatment as Prevention
 - Stigma
 - Masculine norms preventing care
 - Ending violence against women/intimate partner violence
 - Males can play a greater role in caring for family members who are sick with HIV and reduce the burden women carry
 - Etc.

- The message of the mural should be simple and clear.
- The message should not be party political.
- Test the message before launching the mural.
- Train the CAT members on the messages before painting the mural.
- Always ensure you have permission before painting the mural.
- Change the painting if needs be, if there is good reason to.
- Show the necessary respect to rural leaders.
- During the public event, ensure that your team has an opportunity to speak to unintended harmful messages that may have been conveyed.
- Publically acknowledge the local artist/s.

Mobilisation Activity 3.4: Ambush Theatre

LEVEL 3: The arts and media

Objectives:

- To engage 'audiences' in public spaces by initially hiding the fact that they are watching a performance, then revealing the reality. The goal is to grab attention and provoke debate around sensitive social justice issues in the community.

Time:

- 5 minutes for performance;
- 20 minutes afterwards to discuss with audience and hand out materials.
- Total for performance: 25 minutes

Location:

Somewhere with a lot of foot traffic. Examples: in front of shops, at soccer matches, on market days, at taxi ranks. Know exactly where at the location you plan to perform, which direction you will be facing, and how loud you will need to be.

Mobilisers/CAT Members:

Depending on the topic, approximately 3 main performers and 6-10 other CAT members for support in the crowd.

Note: It is important that mobilisers and CAT members do not live in the village where this Ambush Theatre is taking place. Otherwise, they may be recognized and the event will be less spontaneous.

Preparation:

- **Plan.** At monthly CAT meetings, decide what themes you'd like your Ambush Theatre activity to focus on
- Watch videos of ambush theatre that have been done elsewhere to familiarize yourself with the process
- **Delegate.** Who will organise what for each Ambush Theatre?
- **Prepare.** Get scripts written up a week in advance; decide where you will perform
- **Go to the performance site.** Before the ambush. Make sure you are familiar with the space.
- **Practice.** Try out the script two-three days before, in a private place and without an audience.
- **Get permission.** It is crucial that you go to your planned site ahead of time and inform the person in charge (taxi marshal, security officer). This includes writing a letter that you can give to the person in charge explaining what you are doing and why. This is so that they will not stop your play if a staged "fight" breaks out during your performance.

Examples:

For conversations in smaller, more intimate settings like shops or taverns:

- **Traditional medicine:** Two people start talking about going to the Sangoma (traditional healer), and start to argue about whether this is a wise choice. Person 1 says that traditional medicine can cure AIDS; Person 2 says that Person 1 is a fool not to know that ART is the only proven thing to fight HIV and AIDS.
- **Patient confidentiality:** Two people dressed as nurses start loudly complaining about HIV-positive patients who they've heard criticize them (the nurses) for not protecting their confidentiality and disrespecting them. One nurse angrily demands to know if others sitting nearby really expect hard-working, over-taxed nurses like them to do these things, and why.

For larger audiences in open spaces:

- **ARVs and gender norms:** A woman accidentally knocks over her purse and ARV bottles spill out. Her husband who is with her loudly demands to know what she is doing with ARVs and how could she dare to bring HIV into their family?
- **HIV Stigma:** Have a person wearing an "HIV positive" t-shirt pretend to be distributing information about HIV testing and treatment. A group of people come over and start shaming that person about publicly admitting their status.
- **Male norms:** A few men hanging out near a clinic loudly denounce a man who is about to enter the clinic, saying things like what a lady he is, that they always suspected he was HIV-positive, etc. The man gets angry, clearly upset and at the end of his rope, and runs away. The other men laugh loudly and challenge any onlookers to speak up if they have a problem.
- **Gender inequality, sexual harassment:** A man whistles at a woman (a female performer) in a short skirt as she goes by. Another man intervenes and tells him he should not do that; they start to argue loudly, and a third man intervenes.

Materials:

- Tsimba T-shirts - performers should wear ordinary clothing covering Tsimba T-shirt until end of performance.
- Tsimba pamphlets to hand out after performance.

Audience / Community group:

Anyone who is at the location or passing by.

■ **Intimate partner violence:** A woman accidentally spills a drink on her partner. Her partner starts to yell at her, becoming increasingly angry and looking like he might be violent against her. Another man intervenes, telling him he should not treat a woman – or anyone – like that. Another man makes a comment about a man's right to hit his wife, and an argument ensues.

■ **Sharing in the burden of care:** A group of men are playing a lively game of cards and one gets up to leave, saying (in a loud enough voice for bystanders to hear) that he has to pick up medicine for his sister from the clinic and get back home in time to prepare dinner for his kids. Some of the men mock him, others are supportive.

Steps:

1. Check that you still have permission to perform at the site.
2. Start the conversation, or action, amongst performers.
3. Other performers intervene; the conversation gets heated.
4. A few CAT members who are posing as regular community members can also intervene.
5. Should something go wrong, e.g. people misunderstanding the Ambush to be a real event, at once have all CAT members come together and make clear to the crowds that this was just a play. Call security or the police should people refuse to understand.
6. Draw in the 'audience'; ask them direct questions ("If it was your wife/husband, what would you do?")
7. Wrap it up by explaining this was Ambush Theatre, and that the purpose was to get people in the community talking about these issues. You can now show that you are wearing a Tsimba T-shirt.
8. Summarize certain points, and be sure to address opposing views ("I understand your point of view, but we feel that is not treating this person equally because...")
9. Provide information about upcoming events/workshops/CAT meetings, hand out Tsimba pamphlets to those who are interested.
10. Remain at the location for 20 minutes or so to discuss with people about their reactions.

Facilitator's notes:

Keep track of where you have performed Ambush Theatre, where works and where doesn't, and try to come up with new venues!

Be well versed in the issues you're presenting. Be prepared to debate with others who have very opposing views.

Practice the script ahead of time. Of course much of what you will perform will be improvisation, but it helps if everyone feels comfortable with the basics of the performance. You want the performance to be realistic, but you also want to maintain control of the direction of the performance.

Read the audience. You want to get people interested and engaged, but not create conflict or potentially dangerous situations. If you feel it is getting too heated, back off and cool the conversation.

Mobilisation Activity 3.5: PhotoVoice

LEVEL 3: The arts and media

Overview:

This activity puts cameras in the hands of community participants and asks them to record and reflect on a central theme of importance to them. It takes place over a series of days. After an orientation, participants spend a few days taking their own photos out in their community, guided by framing questions. Printed photos are then used as the basis of discussion in a full-day workshop, and participants organize a community event to share their images and stories and to generate collective action.

Objectives:

- To inspire and educate individuals around issues related to HIV treatment and prevention
- To allow participants to share their experiences and advocate for change within their community
- To recognize and honour the value of participants' subjective experience
- To allow participants to reflect on their past experiences and use pictures to share their stories
- To facilitate critical and analytical discussion of social conditions and their root causes.

Time:

- 2-hour orientation
- 2-3 days for participants to take photos
- 1-day workshop
- Public presentation of photos

Preparation:

Choosing framing questions: Choose 1 to 3 framing questions to serve as guidelines for participants in identifying what to take photos of. Questions should be targeted to the goals you want to achieve yet be broad enough to allow room for participants to explore, share their unique voice, and tell what they think needs to be known.

Planning for printing of photos: Facilitators should find out ahead of time where they should print the 4"x6" photos for the workshop as well as the larger-size/higher quality photos to be used for the final community photo display.

Steps:

PART 1: ORIENTATION (2 hours)

Host an orientation meeting with the participants to review the objectives of the PhotoVoice activity, orient them to the framing questions and ethical/safety issues, and hold a photography "crash-course".

1. Review objectives of activity: Review the objectives of this activity (See objectives above). Ask if there are other goals the participants want to add to this list.
2. Framing questions: Review the framing questions with participants. Ask if there are any questions, ways they feel the questions should be changed, or new questions they feel should be added.

Suggested framing questions (choose 1 to 3)

1. There is a new phrase being talked about worldwide, which is "the promise of Treatment as Prevention." What does this mean to you?
2. What do you want the future to look like for people living with HIV and affected by HIV in this community?
3. How do you want men to get involved in making sure everyone gets the treatment and care they need?
4. What would our community look like if women and girls were always treated fairly, equally, and with respect?
5. What are the benefits of men being caring, involved fathers?

Location:

A closed and quiet space with at least 5 large tables to work at and adequate wall space for displaying photos. During the orientation, participants can go outdoors for the photography training.

Mobilisers/CAT members:

- 1-2 facilitators for the workshop
- 1-2 other CAT members for extra support

Materials:

Orientation:

- Participants should bring their own cell phones with cameras, or digital cameras
- 10-15 copies of the photo release form per participant (Handout A)
- 1 copy of the PhotoVoice Ethics and Safety handout per participant (Handout B)
- 1 copy of the Framing Questions per participant (Handout C)

Workshop:

- 1 printed copy of each photo participants took
- Envelopes to keep photos together for each participant
- 5 copies of the photo Reflection Sheets per participant. (Handout C)
- Poster board
- Double-sided tape
- Pens, paper, and coloured sticky dots (8–10 per participant) for participants.

Audience/ Community group:

Community members, perhaps with a common characteristic (e.g. young women, PLWH, fathers), or a group who has been inspired by experiencing another Tsima activity or workshop together.

3. Review the PhotoVoice Ethics and Safety handout (**Handout B**). Emphasize the following:

- Whenever possible, avoid taking photos of people's faces. Instead, try to find another way of getting your point across, for example, through abstract representation.
- Emphasize to photo subjects that the photographs may be shown in public.
- Please respect the privacy of others. If someone does not want his or her picture taken, don't take it.
- If you do take a recognizable photo of an adult or child, it is essential that photo subject sign a release form to be photographed (Handout A). For children or youth under the age of 18, you will need approval from a parent or guardian. This is provided for on the release form.
- Maintain your personal safety while shooting. Take your photos at home or in public spaces rather than others' private property.

4. Photography "crash-course"

- Review the basics of taking a good photo: distance, framing the shot, light source, choosing photo subjects (e.g. literal vs. abstract), etc.
- Practice taking photos. Practice outdoors as well as indoors, and in different lighting situations.

5. Give each participant the following materials:

- A copy of the framing questions
- 10-15 copies of the "Photo release form" (Handout A)

6. Establish a deadline and provide instructions for how each participant should submit his/her photos to the facilitator for printing. Make sure you have the contact details of each participant, including telephone numbers and address, to ensure that you can follow up if needed.

PART 2: TAKING AND PRINTING PHOTOS (2-3 days)

1. Allow participants to spend 2-3 days taking photos, and follow up with them to ensure that they finish by the deadline.
2. Before the day of the one-day workshop, participants should provide digital copies of up to 10 of their photos to the facilitator for printing. This can be done in a number of ways (and may be different across participants): having the participant bring his/her cell phone/digital camera to the facilitator and connecting it to the facilitator's computer for downloading; having the participant send the photos to the facilitator via email or text; having the facilitator go to the participant to download the photos, etc.
3. Facilitators should print one 4"x6" copy of each photo taken by each participant (up to 10 photos per participant). Put photos in separate envelopes labeled with each participant's name.

PART 3: ONE-DAY WORKSHOP

Photo distribution and personal reflection (1 hour)

1. Distribute participants' photos in the envelopes labeled with their names. Review the next steps (selecting photos, completing Reflection Sheets; mounting photos)
Note: Facilitators should ask each participant to see Photo Release Forms for any photos where the subject can be identified; if there is no release form, the photo should not be further used in the PhotoVoice activity.
2. Instruct participants to select 5 photos that best respond to the initial framing questions and that they're willing to share. Participants should select photos they find most significant and meaningful – those photos they'd want to share with a broader audience because of the story the photo tells or the way it reflects the framing questions.
3. For each of the 5 photos selected, the participant should complete a Reflection Sheet describing and providing a rationale for the selection (**Handout C**).
4. When finished, have each participant mount their 5 photos, with reflection sheets next to them, on a blank space on the wall.

-BREAK-

Pure appreciation of the photos (30 min)

5. Encourage participants to circulate through the room to view and appreciate the photos and reflections and to talk with other participants about the experience of taking and selecting photos. During this time, facilitators should circulate through the room and ask participants clarifying and probing questions.

Small group work to tell a collective story (2 hours)

6. Divide the full group into smaller groups based on themes of the photos, or some other thread that could link the group. (The size of your small groups will vary according to the total number of participants; 4 to 5 people per group would be appropriate.)
7. Small-group members should work together to select 5 photos from their individual photo boards that best respond to the framing questions. Each group then uses those 5 photos to create a team photo board with a title.
8. When all groups are finished, each group gives a 15-minute oral presentation of its photo board, describing the theme of their photos and what message they want to get across to the group and to their community.

Sticky dot process (30 min)

9. Give each participant a certain number of different coloured sticky dots (8–10). Each colour should correspond to a specific theme or category (i.e., a framing question). Give the participants time to place the dots next to the pictures they feel speak best to the overall theme and purpose of the group's work.

-BREAK-

10. During a break, count the dots and group the most popular photos in each category into a first-round gallery layout. Depending on your goal for the photovoice process, you may select the most popular photos in each theme area or select the 8–10 photos that received the most dots. Once you've counted the dots and selected the photos, move these photos to a new space on the wall to begin the first round of the gallery layout.

Full group discussion to develop a collective story and plan photo exhibit (2 hours)

11. Present the results – the first-round gallery layout – of the sticky-dot process to the group. Ask for any thoughts, reactions, or questions. This is the time for participants to share their individual and collective experiences as they relate to specific photos, name the underlying issues and themes, and revise and reinvent the groupings.
12. Finally, have the group decide how they would like to display the photos in their village. This includes their goal for sharing the photos (what action they want to see taken), how they will be displayed, what the event will be like and who should be invited (e.g. decision-makers), and what follow-up will occur in the community after the event.

PART 4: PHOTO EXHIBIT AND MOBILISATION EVENT

The participants will share the work of the group with their community and identified decision-makers and engage these people in conversation about the identified themes.

Photos should be printed on high quality film paper and in a large size (at least 8½" x 11"). It is nice to set photos against a nice background (e.g. mounted on a larger piece of black paper creating a 1" frame). Photos should be mounted on walls at eye-level. If participants wish, they can write statements describing each photo that can be printed and hung next to each photo on the wall. It is good to get participants involved in hanging the photos and other preparations for the exhibit.

Make the necessary arrangements (time, space, food, parking, childcare, etc.) for the community to gather and view the exhibit. For final photos chosen for display that show a recognizable image of an individual, facilitators should make sure they have the associated Release Form from the participant who took the photo.

Along with hosting an exhibit and sharing messages with the community, consider using the photos in additional ways to maximize community mobilisation. For example:

- showing a photo(s) on a billboard or pasting a printed canvas photo on a building, with accompanying messages;
- distributing postcards in the community with the photos and messages.

HANDOUT A:

Photo Release Form

Return Release to: [Name of organization] _____
[Address] _____

[Phone] _____
[Fax] _____
[Email] _____

I give to _____ [name of organization], its nominees, partners, and assigns, unlimited permission to copyright and use photographs that may include me in presentations, as long as they do not identify me by name or through other background information. I hereby waive any right that I (and Minor) may have to inspect or approve the copy and/or finished product or products that may be used in connection therewith or the use to which it may be applied.

Name of person photographed (please print): _____
Age (if under 18): _____
Street address, city, state, and zip code: _____

Signature: _____ Date: _____

Consent of parent or legal guardian if above individual is a minor (under age 18)

I consent and agree, individually and, as parent or legal guardian of the minor named above, to the foregoing terms and provisions. I hereby warrant that I am of full age and have every right to contract for the minor in the above regard. I state further that I have read the above information release and that I am fully familiar with the contents.

Signature: _____ Relationship: _____ Date: _____

Photographer name: _____
Signature: _____
Assignment/Date: _____
Location: _____

HANDOUT B:

Photovoice Ethics and Safety

During PhotoVoice, participants will take pictures of activities, events, symbols, and people (photo subjects) that best respond to the framing questions. This work can have consequences in terms of the safety and wellbeing of the photographer, the subject of the photograph and the broader community. Therefore, there are a few “ethics and safety rules” to follow when taking photographs in your community.

Protect your personal safety

1. “Shooting smart” – maintaining your personal safety – is of highest priority. No photo is worth personal danger.
2. Remember that there are alternative ways to present issues (e.g., through abstract representation).
3. Take your photos in public spaces (from which participants can photograph without being seen as trespassing) rather than on private property.
4. Avoid taking photos that could generate conflict or harm for individuals or the community.

Protect the subjects of your photographs from harm

1. Please respect the privacy of others. If someone does not want his or her picture taken, don’t take it.
2. Please emphasize to photo subjects that the photographs are meant for dissemination.
3. It is essential that photo subjects sign a release form to be photographed. For children or youth under the age of 18, you will need approval from a parent or guardian. This is provided for on the release form. Please make more copies if you need them.
4. Photos cannot be shown without a subject’s release.

Protect the community from potential harm

1. Try to weigh the potential for collective good from the photograph against the potential for both individual **and** collective harm.

HANDOUT C:

Photo Reflection Sheet

Participant name:	Photo #:
	Date:
	Location photo was taken:
Brief description of photo:	
Why do you want to share this photo?	
What's the real story this photo tells?	
How does this relate to your life, the lives of people in your community, or both?	

MOBILISATION ACTIVITIES

LEVEL 4: Community social structures



Mobilisation Activity 4.1:

Engaging community leaders

LEVEL 4: Community social structures

Objectives:

- To build stronger working relationships with and better understand the perspectives of community leaders.
- To share correct and up-to-date information about HIV, ART and Treatment as Prevention.
- To encourage community leaders to take action for TasP, and support other community social structures to do the same, across the duration of the programme.
- To discuss program goals and agree on shared responsibilities to reduce the burden of HIV and HIV-stigma and to encourage HIV testing, engagement in care, and treatment.

Time:

30 minutes to 2 hours

Location:

- At their offices, local council premises or usual meeting venues
- At your offices
- Community spaces

Mobilisers/CAT Members:

1-2 Mobilisers and/or 2 – 3 senior CAT members

Materials:

- Tsimba pamphlets, poster if you will be requesting to hang a poster in their space

Audience / Community group:

While community leaders might change for each community, we are referring to both those who are elected officials and traditional leaders. This includes Chiefs, Indunas, municipal officials, community council members (like CDF), or other leaders. Depending on the context and goal of your meeting, you can meet with the leaders separately or as a group.

Preparation:

- Work through the local council, tribal authorities and community development forums to identify and contact the leaders.
- Plan your key points for discussion in advance (see the end of this activity for a description of some questions you can ask).
- Decide on your meeting objectives: What do you want to get out of the meeting, what information will you present, and what topics will you cover?
- If, as part of your work to engage leaders, you will be inviting them to attend a workshop or other activity, plan in advance how you will adjust activities based on their presence. For example, how can you and the activity participants learn from their experience as community leaders?

Steps:

Overview:

Mobilisers and CATs should forge relationships with and actively engage community leaders across the duration of the programme. This is an important requirement of successful Community Mobilisation. The nature of your partnership with each leader is likely to evolve across the life of the multi-year programme. The main stages that mobilisers and CATs are likely to go through to effectively engage leaders over time are described in detail below.

Stage 1: Holding initial meeting(s) with each community leader

1. Once together, acknowledge and thank them for their work and maybe ask them to say a few words about their role in the village.
2. Explain what the Tsimba Programme is about, including information about HIV in the community and the promise of Treatment as Prevention. Introduce the concept of Community Action Teams and explain how the CATs plan to work in the community. Explain that they are also welcome to join the CAT.
3. Engage them in a discussion, using the **key points for discussion** listed below to plan your questions ahead of time. This can help you begin to think collectively about actions they could take that would be most effective and most feasible.
4. Consult with them about whether they would be willing to meet again about what has been discussed and ways to collaborate.
5. Allow them a few days time to process the information and consult with colleagues about possible actions they would be interested in taking.

Stage 2: Offering education on Tsimba themes

Invite the leader(s) to **attend a Tsimba 2-day workshop**, or offer to conduct one or more 2-hour Tsimba **mini-workshops** for the leaders and their staff/colleagues. Leave a number of **Tsimba pamphlets** with the leader(s), both for their own information and to provide information that they can distribute to their networks.

Stage 3: Developing an action plan

After building a relationship with and educating the community leader about Tsimba themes, it is important to move towards collaborating on actions that will contribute in a meaningful way towards mobilisation efforts and eventually meeting Tsimba goals around testing and treatment. We will need to work with each community leader to create an action plan that includes **concrete, realistic actions that can be accomplished in a reasonable timeframe.**

There is a wide range of types of actions that leaders could take. Many times a productive role for leaders is to **lend their public approval and increase visibility of programme efforts**, and to **support other organisations and stakeholders to realise the actions they are setting out to accomplish.** Be sure to invite their own suggestions for actions they would like to take.

Possible actions could include:

- Speaking at Tsimba events, workshops or activities, including sharing information about treatment as prevention and promoting HIV testing and treatment
- Promoting Tsimba messages and community participation in Tsimba workshops and activities during other public engagements
- Making policy/structural changes facilitate achieving Tsimba goals. This can include
- Making necessary introductions or linking the team to resources, which can be other organisations or access to public spaces, community groups, or financial resources
- Ensuring Tsimba knows about all relevant social structures (including new structures) that they should be working with to achieve Tsimba goals in the village
- Hanging a Tsimba poster in their building or other public space

Stage 4: Implementing the action plan (with cycle of reflection and new action planning)

After developing the action plan the next step is to implement it and monitor it. Establish a reasonable timeline to accomplish actions and achieve outcomes, and follow up periodically to offer support and collaboration. Try to keep the time frame to under a year. When that period is finished, engage the leader in a process of reflection about how the actions went, and work together to decide on new actions and set new goals.

Facilitator's notes:

- At each meeting, be sure to keep an attendance register with contact details.
- After each meeting (or when relevant), write a report and share it with the leader so they have a record of their commitments and the actions that were agreed upon.

Key points for discussion:

The following questions will help you draw up your key points for discussion:

- *How do you think HIV and AIDS affect this community?*
- *What do you believe should be done to help more people get tested?*
- *What do you believe should be done to help more people get on treatment (ART)?*
- *Of all the things that should be done, which do you think is most important?*
- *Which action do you think is most achievable in the short-term?*
- *What are the best qualities or greatest strengths of this community?*
- *How can we build on these community strengths to move towards HIV prevention and treatment?*
- *Who are the people who might be interested in this issue and in joining Tsimba?*
- *Where do they spend time?*
- *Do you have any concerns about the Tsimba Programme?*
- *How could those concerns be addressed?*
- *What might you be willing to do to support the Tsimba Programme?*
- *How can we follow up with you about that?*
- *Who else would you suggest we meet with about this campaign? (If appropriate, you might ask them to provide contact information, or even to make a phone call for you to help set up a meeting.)*

Mobilisation Activity 4.2: Engaging community organisations and stakeholders

LEVEL 4: Community social structures

Objectives:

- To identify 3-5 key organisations/stakeholders in each community.
- To build stronger working relationships with and better understand the perspectives of each key organisation/stakeholder.
- To share correct and up-to-date information about HIV, ART and Treatment as Prevention.
- To support each organisation/stakeholder to create and implement concrete actions towards achieving TasP goals, across the duration of the programme.

Time:

30 minutes to 2 hours

Location:

Varies depending on organisation/stakeholder

Mobilisers/CAT Members:

1-2 Mobilisers and/or 2 – 3 senior CAT members

Materials:

- Tsimba pamphlets, poster if you will be requesting to hang a poster in their space
- For traditional healers: Print-out(s) of article copied at the end of this activity, called “HIV and Traditional Healers” from TAC’s “Equal Treatment” Magazine, April 2013 issue

Preparation:

- Identify the staff you would like to meet with and request a visit at least a week ahead of time.
- Plan your key points for discussion in advance (see the end of this activity for a description of some questions you can ask).
- Decide on your meeting objectives: What do you want to get out of the meeting, what information will you present, and what topics will you cover?

Steps:

Overview:

Mobilisers and CATs should actively engage organisations working in different sectors of society with a “stake” or interest in the goals that Tsimba is trying to achieve and that can support these goals. Forging networks with these stakeholders is an important requirement of successful Community Mobilisation. It provides important channels to spread messages and helps improve teamwork and pooling of resources. In this way, social change is created by working together to create a bigger impact than any one individual or organisation can have in isolation.

How to work with each organisation/stakeholder will evolve across the life of the multi-year programme. The main stages that mobilisers and CATs are likely to go through to effectively engage organisations/stakeholders over time are described in detail below.

Stage 1: Identifying key organisations/stakeholders

Early in programme implementation, mobilisers (and CATs if formed) in each village should **work together to identify a list of 3-5 organizations/stakeholders in their community that will be most important and beneficial to work with to achieve Tsimba programme goals**. Examples could include a clinic, home-based care center, faith-based organization, traditional healer, or other community groups working to improve life conditions and health in the community.

For this process, it is helpful to begin by creating a list of all potential partners. Then, think about:

- Who the members of that group are and what networks of people the group reaches;
- How extensive these networks are, both in terms of the size and variety of people who could be reached;
- How the group’s goals could align with Tsimba goals;
- What other resources the group brings to the table;
- Where the group is located and whether they are accessible.

This process of identifying key organisations and stakeholders can also be integrated with the CAT activity found in Booklet 1: CM Handbook called *Mapping Activity 2: Finding the CAT’s place in the community*.

Audience / Community group:

This can include any organisation with a stake or interest in the goals Tsimba is trying to achieve and the means to support that goal. Key stakeholders could include: Clinic managers or health care providers, home-based care providers, religious, spiritual or faith leaders, traditional healers, or other community-based organisations or groups working to improve life conditions and health in the community.

Stage 2: Holding initial meeting(s) with each organization/stakeholder

1. Once together, acknowledge and thank them for their work and maybe ask them to say a few words.
2. Explain what the Tsimba Programme is about, including information about HIV in the community and the promise of Treatment as Prevention. Introduce the concept of Community Action Teams and explain how the CATs plan to work in the community. Explain that they are also welcome to join the CAT.
3. Engage them in a discussion, using the **key points for discussion** listed below to plan your questions ahead of time. This can help you begin to think collectively about actions they could take that would be most effective and most feasible.
4. Consult with them about whether they would be willing to meet again about what has been discussed and ways to collaborate.
5. Allow them a few days time to process the information and consult with colleagues about possible actions they would be interested in taking.

Stage 3: Offering education on Tsimba themes

Invite members of each organisation/stakeholder to attend a Tsimba 2-day workshop, or offer to conduct one or more 2-hour Tsimba mini-workshops for the organisation or stakeholder group and their members.



Stage 4: Developing an action plan

After building a relationship with and educating the organisation/stakeholder about Tsima themes, it is important to move towards collaborating on actions that will contribute in a meaningful way towards mobilisation efforts and eventually meeting Tsima goals around testing and treatment. Work with each organisation/stakeholder to create an action plan that includes **concrete, realistic actions** that can be accomplished in a **reasonable timeframe**.

There is a wide range of types of actions that could be taken. Examples are listed below. Also be sure to invite their own suggestions for actions they would like to take.

General actions could include:

- Identifying potential barriers within their own organisation to community members getting tested or treated for HIV, and establish an action plan for addressing one or more of those barriers
- Making necessary introductions or linking the team to resources, which can be other organisations or access to public spaces, community groups, or financial resources
- Sharing information about treatment as prevention and promoting HIV testing and treatment with community members they serve
- Having leaders or members of the organisation or stakeholder group join a CAT
- Speaking at Tsima workshops or activities

Other actions for specific organisations/stakeholders could include:

Health clinics:

- Finding ways to help build greater community trust in clinics and clinic staff, especially around ensuring confidentiality of private health information
- Speaking at Tsima workshops or activities
- Starting/supporting a clinic or community support group

Home-based care providers:

- Committing to hosting a support group or adherence club at their center
- Sharing information about treatment as prevention with their clients and clients' family members during home visits, including distributing Tsima pamphlets
- Distributing or having on hand Tsima pamphlets; hanging a Tsima poster in their building

Religious, spiritual and faith leaders:

- Introducing Tsima and facts about Treatment as Prevention into their sermons
- Promoting Tsima events during their sermons
- Inviting CAT members to present Tsima before sermons
- Committing to hosting a support group or adherence club at their church
- Committing to promoting testing and treatment on a one-on-one basis with parishioners
- Distributing or having on hand Tsima pamphlets; hanging a Tsima poster in their building

Traditional healers:

- Finding ways to show publicly that they support the use of ARVs
- Publicly promoting the importance of testing for HIV as the only way to know a person's HIV status
- Committing to referring people with symptoms of HIV or AIDS to clinics
- Committing to not giving clients who are on ART any traditional medicines that are known to reduce ART effectiveness or interact with ART in negative ways (mobilisers should identify these ahead of time)
- Committing to promoting HIV testing and treatment on a one-on-one basis with clients

Other community groups:

- Distributing or having on hand Tsima pamphlets; hanging a Tsima poster in their building
- Committing to hosting a support group or adherence club at their center

Stage 5: Implementing the action plan (with cycle of reflection and new action planning)

After developing the action plan the next step is to implement it. Establish a reasonable timeline to accomplish actions and achieve outcomes, and follow up periodically to offer support and collaboration. Try to keep the time frame to under a year. When that period is finished, engage the stakeholder/organisation in a process of reflection about how the actions went, and work together to decide on new actions and set new goals.

Facilitator's notes:

- At each meeting, be sure to keep an attendance register with contact details.
- After each meeting (or when relevant), write a report and share it with the organisation.

Key points for discussion:

The following questions will help you draw up your key points for discussion (adapt as necessary for the particular organisation/stakeholder):

- *How do you think your organisation is/you are supporting people to get tested for HIV?*
- *How do you think your organisation is/you are supporting people get on treatment and stay on treatment (ART)?*
- *What do you believe could be done at your organisation, or what do you think you could do, to help more people get tested?*
- *What do you believe could be done at your organisation, or what do you think you could do, to help more people get on treatment (ART)?*
- *Of all the things that should be done, which do you think is most important?*
- *Which do you think is most achievable in the short-term?*
- *What support do you need to achieve this? How can we help?*
- *What are the best qualities or greatest strengths of your organisation?*
- *How do you see those strengths helping more people get tested and treated?*
- *Who are the people associated with this organisation who might be interested in this issue and in joining Tsima?*
- *Do you have any concerns about the Tsima Programme?*
- *How could those concerns be addressed?*
- *What might you be willing to do to support the Tsima Programme?*
- *How can we follow up with you about that?*
- *Who else would you suggest we meet with about this campaign? (If appropriate, you might ask them to provide contact information, or even to make a phone call for you to help set up a meeting.)*

Specifically for meetings with traditional healers:

According to the article "HIV and Traditional Healers" from TAC's Equal Treatment Magazine: "When it comes to dealing with serious diseases like HIV the question of traditional healers is especially delicate. There is no cure for HIV, and the only treatment that has been shown to suppress the virus is antiretrovirals (ARVs). No traditional medicines have been proven to cure or treat HIV. In fact, some traditional medicines may interact with ARVs in a way that makes ARVs less effective."

Optional: To promote discussion, use the article from TAC's Equal Treatment Magazine, April 2013 issue, with article "HIV and Traditional Healers" (copied below). This article is about traditional healers in the Gert Sibande area of Mpumalanga who are working closely with clinics to fight HIV. It is a collaboration that benefits everyone. For example, traditional healers promote the importance of testing for HIV because it is the only way to know a person's HIV status, and according to one healer, "even those ailments that were easy enough to treat before ... can't be treated properly if you don't know the patient's HIV status." In addition, traditional healers now avoid mixing traditional medicines and ARVs: "When a person is on ARVs the treatment that we normally give does not involve anything that they have to take internally." The article points out the importance of having a strong working relationship between traditional healers, clinics and religious organizations, and of setting up functioning referral systems in which healers refer to health facilities for symptoms of health conditions that require treatment, like HIV and AIDS. The biggest challenge this initiative faces is "those traditional healers that do not want to work together with the clinic, that don't even attend meetings and training sessions when invited."

Article from Treatment Action Campaign's (TAC)
"Equal Treatment" Magazine, April 2013

HIV and traditional healers

By Simonia Mashangoane

TRADITIONAL HEALERS
& HIV

A traditional healer in
Maputo, Mozambique
works to make a diagnosis.
Photo by Arturo Sanabria,
courtesy of Photoshare

Traditional healers in the Gert Sibande area of Mpumalanga are working closely with clinics to fight HIV. It is a collaboration that benefits everyone.

In order to be effective a good health care programme must respect people's dignity and be sensitive to cultural differences. This is particularly important in a country such as South Africa where a significant number of people still consult traditional healers – though not as many as you may think (see page 23 for statistics).

When it comes to dealing with serious diseases like HIV the question of traditional healers is especially delicate. There is no cure for HIV, and the only treatment that has been shown to suppress the virus is antiretrovirals (ARVs). No traditional medicines have been proven to cure or treat HIV. In fact, some traditional medicines may interact with ARVs in a way that makes the ARVs less effective.

Even worse, some unethical traditional healers, like Zeblon Gwala in KwaZulu-Natal, say that their concoctions can cure HIV – even though they have produced no evidence to support these claims. Practitioners like these not only take money from desperate people, they also sometimes tell their clients to stop taking ARVs. This could place the lives of their clients at risk.

A positive role

With these issues in mind responsible traditional healers in the Gert Sibande area are now working more closely with local health facilities to become part of the solution.

I run into Gogo Sara Skosana, a member of the Traditional Healers Organisation (THO), at the opening of a community health centre in Breyten, just a few kilometres outside of Ermelo. She is there with other members of the THO. I ask to speak with them as they approach the Department of Health (DoH)/ Treatment Action Campaign (TAC) stand to collect books and pamphlets about HIV.

Skosana says that clinics saw a need for their assistance as some people dislike attending health facilities. This reluctance is problematic since the only way to determine a person's HIV status is through testing. "Times have changed now. Even those ailments that were easy enough to treat before ... can't be treated properly if you don't know the patient's HIV status," she says. "...Mixing traditional medicines and ARVs is not practised. When a person is on ARVs the treatment that we normally give does not involve anything that they have to take internally."

Gogo Yvonne Zulu, known as Gogo Chesa, is a coordinator of the THO in Mpumalanga and has a basic certificate in HIV counselling. She has been involved with TAC as a branch member in Nhlazatshe since 2010 and was recruited to TAC by Community Mobiliser, Sonto Muhlana.

Muhlana stresses the importance of testing for HIV. She points out that "in the late stages

Below: Sara Skosana. Photo by Simonia Mashangoane





Yvonne Zulu and Sonto Muhlanga, a Community Mobiliser for TAC, who has been working very closely with traditional healers in the Gert Sibande area. Photo by Simonia Mashangoane

of HIV infection some people have opportunistic infections which may present as ... mental illness. A lot of people mistake these symptoms for witchcraft or [the] calling of ancestors. They waste a lot of time consulting with ... healers instead of getting tested [for] HIV."

Both Skosana and Chesa run initiation schools. If an initiate is on ARVs they make a point of knowing when that person has to take their medicines or attend clinic appointments. Thanks to their knowledge of HIV, they can act as treatment supporters to patients and initiates.

Chesa feels that they have a difficult relationship with local religious groups. "People do not only default on treatment because of traditional healers. [Some] believe that their religion can heal them. We need ... efforts from all parties to keep everyone on treatment. This means that traditional healers,

clinics and religious organisations [must] all work together."

Later, I meet Thandi Mthimunye in the Section 6 clinic at Nhlazatshe. Mthimunye is a health promoter with the Department of Health who has organised and run workshops with local healers. "The community likes traditional healers, this is why it is important to have a working relationship with them, and to set up functioning referral systems," she comments. In her work with healers she also involves organisations such as TAC and home-based care groups because they all serve the same communities.

Mthimunye also provides traditional healers with posters so that they can identify symptoms of health conditions that require treatment at a health facility. She points out, for example, that children suffering from diarrhoea who have become dehydrated may need a drip or rehydrating solutions that are only available at clinics. Awareness of such issues among traditional healers can help to reduce infant mortality.

According to Mthimunye their biggest challenge is "those traditional healers that do not want to work together with the clinic, that don't even attend meetings and training sessions when invited."

There are no traditional medicines that can cure HIV or treat it. ARVs are the only proven effective treatment for HIV.



TRADITIONAL HEALERS & HIV

Thank you to Professor Andy Grey for help with this article.

Sources: <http://www.statssa.gov.za/publications/P0318/P0318April2012.pdf>; <http://www.palgrave-journals.com/jphhp/journal/v32/n1s/full/jphhp201126a.htm>

A diagnostic set used by a traditional healer in Maputo, Mozambique. Photo by Arturo Sanabria, courtesy of Photoshare

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