



Community Post Model

FACILITATOR'S TRAINING GUIDE

TRAINING MANUAL FOR IMPLEMENTING
THE COMMUNITY POST MODEL

Epidemic Control 90/90/90 (EpiC 3-90) (2017-2022) is a five-year initiative in Zambia funded by the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) through the Centers for Disease Control and Prevention (CDC). EpiC 3-90 is implemented by Catholic Relief Services (CRS), in coordination with the Ministry of Health (MoH), and with partners Churches Health Association of Zambia (CHAZ) and Chreso Ministries. The project aims to strengthen the capacity of faith-based organizations (FBOs) to accelerate a comprehensive and integrated approach to providing HIV/AIDS/TB/STI Care, Treatment, and Prevention Services, in pursuit of the UNAIDS Fast Track goals to end HIV/AIDS as a public health threat by 2030: 90% of all people living with HIV (PLHIV) know their status; 90% of those diagnosed receive sustained antiretroviral therapy (ART); 90% of all people receiving ART have viral suppression. EpiC 3-90 contributes to comprehensive HIV/AIDS service delivery by supporting health facilities to improve HIV prevention, treatment, and laboratory services; strengthen key health system functions and structures to deliver quality HIV services; and promote the strategic collection and utilization of health information to improve HIV service delivery.

Epidemic Control 90/90/90 (EpiC 3-90) Project. 2021. EpiC 3-90 Circle of Hope Community Post Implementation Model: Facilitator’s Training Guide. Washington, DC: EpiC 3-90 Project.

Cover photo by Georgina Goodwin for CRS

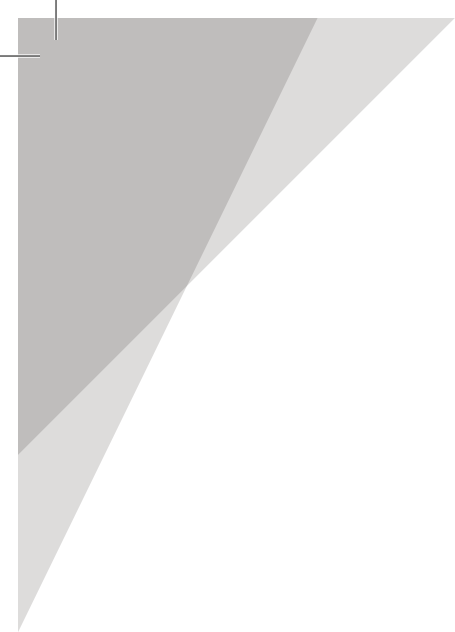
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Acknowledgments

The training manual to support the scale-up of the Community Post Model within Zambia and beyond, was designed and developed by the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) under a subagreement from Catholic Relief Services, together with Circle of Hope and Catholic Relief Services. The EGPAF team was comprised of Thebisa Chaava (Technical Officer, Community Engagement), Madison Ethridge (Program Coordinator) and Catharina Alons (Director, Technical Leadership).

The Circle of Hope team was comprised of Gibstar Makangila, Circle of Hope's Executive Director and Dr. Kon Akanund (Head Technical & Clinical Services). They generously shared the details of their approach and experience with the implementation of the Community Post Model, which has been captured in these training materials.

The team of Catholic Relief Services was comprised of Dr. Mwate J. Chaila (HIV Prevention & Comorbidities Advisor), Memory Kachimbe (Community HIV Services Advisor), Dr. Alfred Mwango (Deputy Chief of Party - Technical), and Dr. Mwayabo Jean Claude Kazadi (Chief of Party).

This publication is made possible by the generous support of the American people through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the Centers for Disease Control and Prevention ("CDC" or the "Donor"), acting under the Department of Health and Human Services, under the Award Number 6 NU2GGH001463. The contents are the responsibility of the Epidemic Control 90/90/90 (EpiC 3-90) project and do not necessarily reflect the views of CDC, PEPFAR, or the U.S. Government.

Acronyms

ART	Antiretroviral Therapy
ALHIV	Adolescents Living with HIV
AYFS	Adolescent and Youth Friendly Services
CAF	Charities Aid Foundation
CDC	Centers for Disease Control and Prevention
CHAZ	Churches Health Association of Zambia
CHW	Community Health Worker
CoH	Circle of Hope
CHW	Community Health Worker
CP	Community Post
CRS	Catholic Relief Services
DA	Data Associate
DBS	Dried Blood Spot
DSD	Differentiated Service Delivery
EAC	Enhanced Adherence Counseling
EID	Early Infant Diagnosis
ELMIS	Electronic Management Information System
FBO	Faith-Based Organizations
FCI	Faith Community Initiative
FIFO	First In First Out
GBV	Gender-Based Violence
HTS	HIV Testing Services
IEC	Information Education Communication
IP	Implementing Partner
IT/ICT	Index Testing/Index Case Testing
ITT	Interruption in Treatment
MCH	Maternal Child Health
MLS	Medical Logistic Supply
MMD	Multi-Month Dispensing
MoH	Ministry of Health
MUAC	Mid-Upper Arm Circumference
OI	Opportunistic Infections
OVC	Orphans and Vulnerable Children
PEP	Post-Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PITC	Provider-Initiated Testing and Counseling

PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PNS	Partner Notification Services
PrEP	Pre-Exposure Prophylaxis
PSS	Psychosocial Support
SBCC	Social Behavior Change Communication
SNS	Social Network Strategy
STI	Sexually Transmitted Infection
TB	Tuberculosis
TPT	TB Preventive Therapy
U=U	Undetectable = Untransmittable
VL	Viral Load
VLS	Viral Load Suppression
WCC	World Council of Churches
WCC	World Council of Churches



Figure 1: Community Outreach Post Framework

Introduction

COMMUNITY POST MODEL

The Community Post (CP) Model is a Faith-Engaged Community Model of care designed to expand HIV care by improving the efficiency and efficacy of HIV case finding, linkage to treatment, and continuity of treatment in care. It focuses on identifying people living with HIV (PLHIV) and linking them to same-day ART initiation. First envisioned and developed for the Zambian context by Circle of Hope (CoH), with support from Catholic Relief Services (CRS), the model decentralizes HIV service delivery, including HIV testing, comprehensive HIV care, and treatment, including differentiated ART delivery models, as well as HIV prevention services, from ART facilities to static CPs. The CP model aims to harnesses community platforms – such as churches, markets, and bus stops – and resources to deliver more accessible HIV continuum of care services and alleviate the burden on overwhelmed health systems in high HIV burden countries. The model is designed to address the time, resource, and stigma constraints of accessing HIV treatment and care from traditional clinic settings. Critical elements of the model's success include its acceptability by clients, the location of the CPs, the stakeholder engagement of the local community and faith leaders, and the selection of local CHWs from the faith community who know the geographic and social terrains of the surrounding community. The model has been successful in increasing case identification among those at high risk of HIV through targeted HIV testing strategies, in particular index case testing and partner notification; improving linkage to treatment rates; improving continuity of treatment in care and viral load suppression; and increasing access to hard-to-reach populations, particularly high-risk populations such as men, children, and female sex workers.

The key features of the Community Post Model are summarized in the conceptual framework in Figure 1. The model is aimed at delivering quality customer care through its core values, or **“RECIPE” (responsibility, empathy, compassion, integrity, passion, and ethics)**, which are critical to its operation and underpin its success. Community- and faith-based structures mobilized through the model play a critical role in linking clients to service in the CP. The model features service provision in non-stigmatizing settings, evidence-informed approaches to case identification, differentiated service delivery, innovative strategies for demand creation and linkage, and service delivery at high-volume, easily accessible locations.

FACILITATOR'S TRAINING GUIDE

This Facilitator's Training Guide is part of a comprehensive package of materials developed under the EpiC 3-90 Project to support the training, establishment, operation, and monitoring of CPs. The purpose of the Facilitator's Training Guide is to prepare and guide experienced facilitators who will build the knowledge and skills of different stakeholders to plan for and implement CPs to enhance HIV service delivery and make it more accessible to communities. Facilitators should be familiar with all components of the training package as listed in Box 1.

BOX 1. OVERVIEW OF TRAINING PACKAGE

FACILITATOR'S GUIDE

The Facilitator's Guide provides adaptable session outlines and training activities to facilitate orientation and training of different stakeholders on the planning, implementation, and monitoring of CPs.

SLIDE SETS WITH FACILITATORS NOTES (the package includes a separate slide set for each module):

Module 1	Introduction and Overview of the Community Post Model
Module 2	Core Values and Principles – The RECIPE
Module 3	Customer Care in the Community Post Model
Module 4	Stakeholder Engagement
Module 5	Community Scanning, Site Selection, and Preparation
Module 6	Staffing and Capacity Building
Module 7	Service Delivery in the Community Post Model
Module 8	Finding and Linking Clients to Services in the Community Post: Case Identification and Linkage Strategies
Module 9	Supporting ART Adherence, Continuity of Care, and VLS
Module 10	Monitoring and Data Use for Program Improvement in the Community Post Model
Module 11	Addressing Community Post Implementation Challenges

PARTICIPANTS GUIDE:

The Participant's Guide provides a series of tools to support the planning, implementation, and monitoring of CPs. The tools should be available to participants during the training, and provide a reference after training during CP implementation.

ADAPTING THE FACILITATOR'S TRAINING GUIDE FOR DIFFERENT AUDIENCES

This guide includes comprehensive content in relation to the planning, implementation, and monitoring of the Community Post Model. As the success of the CP model gains traction in the African region for its contribution to ending HIV/AIDS as a public health threat by 2030, the Community Post Training Package, including this Facilitator's Training Guide, provides a resource for countries outside Zambia to facilitate adoption and scale-up of this successful HIV service delivery model.

The training is targeted to a range of professionals, including donors, implementing partners (IPs) and/or MoH from central to district levels, who are interested in the adoption and scale-up of the model, and will lead the planning and implementation of the CP, as well as the parent facility and CP staff, community health volunteers, and faith and community leaders involved in planning and/or implementation. Different audiences may benefit from different modules, depending on their roles in the implementation of the model and the purpose of the training. It is therefore critical to adapt the training and present relevant aspects in accordance with the audience/training participants, and select modules accordingly. (See also 1.5 Overview of Training Content for Different Stakeholders in the Participant's Guide.) Table 1 summarizes each of the training modules, and indicates which modules are relevant or may be of particular interest to different potential training participants. At the beginning of each module, a suggested module outline is included with, where relevant, notes on adapting module content to the local context. Further guidance is provided within this guide to assist facilitators in tailoring the training to other contexts.



TABLE 1. OVERVIEW OF MODULES AND AUDIENCES

MODULE	OVERVIEW
Module 1: Introduction and Overview of the Community Post Model	Module 1 describes the context of the local HIV epidemic (Zambia) and the contextual challenges in ending HIV/AIDS as a public health threat by 2030 provides an overview of all critical aspects of the CP model and the process of setting up a CP from stakeholder engagement to mapping for strategic site selection, securing infrastructure and supply needs, and identifying the CP team; and discusses some of the key successes of the CP model in Zambia and presents data to substantiate these successes. This introduction and overview of the CP model is appropriate for all audiences, and can be used as a stand-alone module for audiences who may require only a high-level overview of the CP model, such as MoH, IPs, donors, and community stakeholders. The various aspects of the implementation of the CP model described in Module 1 are further detailed in subsequent modules for audiences requiring more in-depth orientation and training on those aspects. Module 1 can be adapted in accordance with time available and depth necessary for different audiences.
Module 2: Core Values and Principles (The RECIPE)	Module 2 describes the core values and principles of the CP model, known as the model's RECIPE. It explores each component of the RECIPE, and provides examples of each of these core values in action. This module is appropriate for all audiences, including those planning for implementation of the CP model and staff managing and working at CP sites.

INTRODUCTION

Module 3: Customer Care in the Community Post Model	Module 3 defines customer care and its importance to the success of the CP model. The module explains how customer care is put into action and summarizes the critical competencies associated with good customer care, and how to integrate building customer care competencies into staff training, coaching, and mentoring. This module is appropriate for a range of audiences, such as IPs or MoH, planning for implementation of the CP model, as well as staff managing and working at CP sites.
Module 4: Stakeholder Engagement	Module 4 focuses on stakeholder engagement in the CP model, and provides an overview of the steps that are typically associated with stakeholder engagement from a donor or IP's initial interest in the model, to inclusion of local stakeholders in site scanning. It highlights the importance of 1) acknowledging the key contextual barriers to HIV service delivery, and 2) emphasizes how the CP model can address the barriers in a particular context when promoting and getting buy-in for the CP model from different stakeholders. The audience for this module is IPs or MoH planning for implementation of the CP model as well as staff managing and working at CP sites.
Module 5: Community Scanning, Site Selection, and Preparation	Module 5 focuses on community scanning to select the CP site and site preparation. It describes the purpose and process of community scanning and site selection and considerations when selecting the location and space for a CP. The audience for this module is MoH or IPs planning for implementation of the CP model, as well as staff from the parent facility involved in planning of CP implementation, including identifying the communities and locations where CPs will be implemented.
Module 6: Staffing and Capacity Building	Module 6 focuses on staffing and capacity building in the CP model. It explains the CP team composition and organization, essential skills, and an overview of the role of each CP staff team member, as well as the recruitment and training processes. The audience for this module is MoH or IPs planning for implementation of the CP model, including CP team recruitment and training, as well as staff from the parent facility and IP or MoH who will oversee the CP and be responsible for ongoing capacity building of the CP team.
Module 7: Service Delivery in the Community Post Model	Module 7 describes the comprehensive package of HIV prevention, care, and treatment services delivered in the CP, and how clients are linked to additional care, as necessary. The audience for this module includes IPs or MoH planning for implementation of the CP model, parent facility and CP management, and CP staff.
Module 8: Finding and Linking Clients to Services in the Community Post: Case Identification and Linkage Strategies	Module 8 describes the evidence-informed strategies used in the CP model for targeted demand creation, case identification, and linkage of tested individuals to care and treatment. The audience for this module includes IPs or MoH planning for implementation of the CP model, parent facility and CP management, and CP staff.
Module 9: Supporting ART Adherence, Continuity of Treatment, and VLS	Module 9 focuses on individuals continuity of treatment in care, and describes overall CP model continuity of treatment strategies, including continuity of treatment strategies for new clients, differentiated service delivery (DSD) ART adherence strategies for stable clients, and enhanced support for clients with difficulty achieving VLS. The audience for this module includes IPs or MOH planning for implementation of the CP model, parent facility and CP management, and CP staff.

<p>Module 10: Monitoring and Data Use for Program Improvement in the Community Post Model</p>	<p>Module 10 focuses on monitoring and data use for program improvement in the CP model. The audience for this module includes IPs or MOH planning for implementation of the CP model, parent facility and CP management, and CP staff.</p>
<p>Module 11: Addressing Community Post Implementation Challenges</p>	<p>Module 11 describes various challenges experienced by CoH during CP implementation, as well as the strategies employed to respond to those challenges. The module can be used with any audience. The module can be used separately following Module 1: Introduction to the Community Post Model to address concerns raised by audiences receiving only a high-level overview of the CP.</p>

FACILITATING THE WORKSHOP

As a facilitator, you play a critical role in helping your audiences understand different aspects of establishing, operating, and monitoring CPs to enhance HIV service delivery. This section provides an overview of the number of facilitators needed, your role as a facilitator, principles of adult learning, recommendations to prepare for the training, and a checklist of materials and logistical considerations to implement the training.

NUMBER OF FACILITATORS AND PARTICIPANTS

It is recommended to have at least one facilitator for every eight participants at a training. Each training should be taught by a minimum of two facilitators. As a facilitator, you should have an excellent understanding of establishing, operating, and monitoring CPs to enhance HIV service delivery.

FACILITATOR TIPS

Your role as a facilitator is to facilitate the learning experience of adult learners. You should create an environment in which participants can accomplish workshop outcomes. Table 2 contains tips for facilitating training.



TABLE 2: TIPS FOR FACILITATING THE TRAINING

- Learn participants' names, and use their names whenever possible.
- Adult learners are particularly receptive to information that will make a difference in their daily work; emphasize the immediate usefulness and applicability of the material presented.
- Come to an agreement with the group to either allow for questions during presentations or opt for questions at the end of presentations. If the group opts to defer questions to the end of a presentation, display the slide relevant to each question.
- Encourage group interaction and participation early in each session. On the first day, interact at least once with each participant, and encourage them to interact with you.
- Remain in the training room and talk with participants during breaks.
- Make yourself available after each session to answer questions and discuss concerns.

-
- Consult with participants throughout each presentation to check their comprehension and attentiveness. It detracts from participants' focus on the material when there is noise and conversation.
-
- When there is noise and conversation, participants tend to focus less on the material. Pay attention to nonverbal cues to gauge participants' attentiveness.
-
- Praise or thank participants when they participate in a group discussion, ask a question, or help others.
-

PRINCIPLES OF ADULT LEARNING

Adults learn best as active participants rather than as passive recipients of information. This training is designed to provide opportunities for participants to engage in the training through large group discussions, small group discussions, and practical exercises in which participants learn through interactive exercises. Effective training, whether provided in a group workshop or a one-to-one format, requires a facilitator to have a clear picture of how participants will use the information after the training. It also requires that participants have an opportunity to practice what they are learning so that they have an opportunity to turn new knowledge into skills. Facilitator skills.

FACILITATOR SKILLS

TIME MANAGEMENT

Each module provides a session outline with recommended schedule and suggested time allocation to cover different topics. These are guidelines only. While all the content in the training is important, each group is different, with varying needs, knowledge, and experience; training should therefore be adjusted accordingly.

ENCOURAGING PARTICIPATION FROM ALL PARTICIPANTS

You should engage all participants in the training. Some participants may need additional time to understand and master some of the material covered in the training.

MANAGING DIFFICULT PARTICIPANTS

Throughout the training, continually be aware of the group dynamics. Occasionally, individual participants can disrupt the learning environment. For example, a difficult participant might talk too much and disrupt the sessions, dominate discussions, or disrespect other participants. As a result, other participants may be hesitant to express themselves. Depending on the situation, address such behaviors either in public or privately. It is helpful to remind participants of the rules established at the beginning of the workshop and to reinforce the norms or ground rules throughout the course.

PREPARING FOR THE TRAINING

Modify the training agenda prior to the training for the specific daily start time[s], timing of coffee/tea breaks and lunch, and daily end time[s]. Prepare printouts of the training-specific schedule for participants to include in their training packets. Adapt the training schedule to cover the content in a different number of days and to create relevant schedules for different stakeholders as necessary.

The following is a checklist of different aspects to prepare for the training.

**TABLE 3. FACILITATOR PREPARATION CHECKLIST**

CATEGORY	DESCRIPTION
Advance preparation	<ul style="list-style-type: none"> • Prepare participant training packets (see content below) • Two weeks in advance of the workshop, send an email to all participants with the following information: <ul style="list-style-type: none"> - Basic overview of the training (purpose, objectives, introduction to facilitator[s]). - Reminder of the dates and location of the training and highlighting the start time for Day 1.
Administrative	<ul style="list-style-type: none"> • Review attendee list. • Prepare registration sheets. • Prepare written explanation of per diems and transport/accommodation reimbursements.
Equipment	<ul style="list-style-type: none"> • Projector • Laptop • Projection screen • Extension cord[s] as necessary
Supplies	<ul style="list-style-type: none"> • Flipcharts (group norms, parking lot, and acronyms). • Markers for flipcharts • Masking tape • Paper • Cardboard for name tents
Training room setup	<ul style="list-style-type: none"> • Set up three flip charts (with proper headers) for ease of reference for participants and facilitators. • Identify location of restrooms. • Identify where refreshments during breaks and lunch will be served.
Facilitator materials	<ul style="list-style-type: none"> • Facilitator Training Guide.
Participant materials	<ul style="list-style-type: none"> • Training packages <ul style="list-style-type: none"> - Printout of (adapted) training schedule. - Printouts of slides - Printouts of relevant tools from Participant's Guide. - Printout of evaluation form (adapted to modules included in the training, see Annex 1).
Tasks and activities to start each day	<ul style="list-style-type: none"> • Review advance preparation for each module and all slide sets, activities, and implementation tools to be covered each day. • Ensure room is set up appropriately. • Ensure that there is internet connectivity. • Ensure equipment (laptop, projector, etc.) is functioning properly.
Tasks and activities to end each day	<ul style="list-style-type: none"> • Ensure all equipment is turned off. • Ensure all participants have taken their laptop computers with them. • Remove and transcribe any flip charts pages from the day (except for parking lot, norms, and acronyms, which remain on display during training). • Follow up and research any questions from the parking lot flip chart.



Note: Annex 2 provides general guidance for facilitation of virtual trainings and workshops. It provides a resource for facilitators in case the community post training will be done virtually due to the Covid-19 pandemic or for other reasons.

MODULE 1: Introduction and Overview of the Community Post Model



Time: 2 hours



LEARNING OBJECTIVES

By the end of this session, participants will be able to:

1. Describe existing gaps along the HIV prevention, care, and treatment cascade, and HIV service access barriers that CPs aim to address.
2. Describe the three-pronged approach and the critical elements of the Community Post Model that address the gaps along the HIV prevention, care and treatment cascade.
3. Describe the core values, or RECIPE, of the model.
4. Outline the steps to setting up a CP and the overall service delivery strategies CPs employ.
5. Describe overall impact and successes of the CP Model in Zambia.

MODULE 1: INTRODUCTION AND OVERVIEW OF THE COMMUNITY POST MODEL CONTENT SUMMARY

DESCRIPTION	TIME	NOTES ON ADAPTATION
Activity 1: Welcome, Introductions, and Ground Rules	15 min.	
Activity 2: Participants' Expectations and Discussion	15 min.	
Activity 3: Video Presentation and Discussion	20 min.	• Video can be found on line: https://vimeo.com/421589397
Activity 4: Slide Presentation: Overview of the CP Model	35 min.	

Activity 5: Access Barriers and Opportunities Gallery Walk	30 min.
Activity 6: Module Closing	5 min.
Total time	2 hours



PREPARATION

- Review Module 1 slides, facilitator’s notes, and activities in advance of the training.
- Adjust the training content as appropriate for your own country/district/ community context.
- Review PEPFAR Solutions description of CP model.
- Watch the CP model video (Gibstar Makangila providing overview of CP: <https://vimeo.com/421589397>; password: gibstar).
- Print relevant handouts.



MATERIALS

- Module 1: Introduction and Overview of the Community Post Model Presentation Slide Deck.
- CP model video <https://vimeo.com/421589397> (password: gibstar).
- Screen/projector for video presentation.
- Flip chart paper.
- Handouts:
 - Print-outs of slides for Module 1.
 - Participant Module and Post-Training Evaluation Forms.
 - PEPFAR Solutions page.
 - Relevant tools in Participant’s Guide in accordance with audience (refer to training schedules for difference audiences):
 - Key Barriers to HIV Service Delivery
 - CP Conceptual Framework
 - Step-by-Step Community Post Start-Up Guide
 - Key Stakeholder Roles and Responsibilities
 - Overview of Training Content for Different Stakeholders
 - Budget Template

ACTIVITY 1: WELCOME, INTRODUCTIONS, AND GROUND RULES



(15 minutes)

STEPS:

1. Prior to start:
 - Pass around registration sheets, and ask each participant to sign their name to record their attendance at the training.
 - Distribute training packets to participants with relevant handouts for each participant for successful completion of the training. These contains information on logistics (reimbursement information and the training schedule), printouts of slides for each module, and printouts of worksheets relevant to different modules. Participants should bring the training packet to the training every day.
2. Introduce yourself and your co-facilitator to the participants, and welcome everyone to the training.
3. Address workshop logistics:
 - Explain how per diems and transport and/or accommodation reimbursements will be handled and refer to the sheet in the participant training package that contains a summary of this information.
 - Tell the participants where the restrooms are located, and where refreshments during breaks and lunch will be served.
 - Ask participants if there are any questions to be clarified. Be sure to address all administrative questions.
4. Ask participants to introduce themselves to one another by saying their name, their role, and the location where they work.
5. Provide participants with an overview of the CP model using the points below, which explain the purpose of the training. Explain that this introduction is brief, and will be described in more detail in later modules.



OVERVIEW OF COMMUNITY POST MODEL

The CP model was developed to address challenges in access to HIV testing and treatment in Zambia.

CPs are a type of decentralized HIV service delivery. They are set up in strategic locations within the community with the goal to minimize common barriers to accessing HIV testing and treatment services, including reducing the stigma surrounding seeking services as they are located in the community and are nondescript.

CPs are closely linked to local faith communities and faith leaders. Staffing includes CHWs from the local faith communities.

CPs help people to save time and money in seeking HIV testing and treatment service.

CPs have contributed to an increase in HIV testing. They have also been effective in yielding higher positivity rates due to their acceptability among certain high-risk populations.

This training, in conjunction with the Community Post Model Participant's Guide, prepares different stakeholders to set up, operate, and monitor CPs in their own context.

6. Ask participants to share one success and one challenge they have experienced with regard to HIV testing and treatment services in their community or in their work.
7. Facilitate a brainstorming session with participants to define ground rules for the training session to support active participation, engagement in learning activities, and a safe space to share ideas, ask questions, seek clarification, and provide feedback in constructive ways. Possible guidelines may include:
 - Punctuality
 - Active participation by all—participation in all role-plays
 - Respect each participants' ideas
 - Judgement-free space
 - Giving everyone a chance to participate
 - Provide feedback in constructive ways
 - Mobile phones turned off during class sessions
8. Post these ground rules/guidelines on a wall for display throughout the rest of the training. Ask the participants to accept and commit to abide by the ground rules for the duration of the training course. Refer to the ground rules as needed during the training.
9. Review the training agenda, which will have been adapted for the participants of this particular training.

ACTIVITY 2: PARTICIPANTS' EXPECTATIONS



(15 minutes)

STEPS:

1. Label a sheet of flip chart paper "Expectations." Explain that you would like all participants to name one or two of the most important expectations they have for this training.
2. Label a sheet of flip chart paper "Parking Lot." If participants have questions at any time during the training that facilitators cannot immediately address, facilitators will record them in the "parking lot." The facilitators will be sure to revisit these questions at an opportune time during the training, either when the topic is being covered or by the end of a relevant module.

ACTIVITY 3: VIDEO PRESENTATION AND DISCUSSION



(20 minutes)

STEPS:

1. Let participants know that you will be showing a video to introduce them to the Community Post Model.
2. Show video (about 10 minutes): <https://vimeo.com/421589397> (password: gibstar)
3. Lead a brief discussion session on the video. Possible probe questions may include:
 - What were some of the challenges of accessing HIV testing services highlighted that are similar to what you've experienced in your community?
 - Who are the hardest-to-reach groups in your community when it comes to HIV testing? Initiation on treatment?
 - How do different stakeholders in your community already work together to improve HIV service delivery (e.g., how are faith communities involved)?

ACTIVITY 4: SLIDE PRESENTATION: OVERVIEW OF COMMUNITY POST MODEL



(35 minutes)

STEPS:

1. Present Module 1 slides, highlighting key points:
 - HIV and ART coverage in Zambia—recent data and gaps, including for specific groups.
 - Brief overview of the CP model three-pronged strategy: WHERE are services delivered? WHO delivers services? HOW are services delivered?
 - Brief overview of the key elements of the CP model (the “RECIPE”).
 - Brief overview of the eight steps involved in implementing the CP model.
2. Facilitate question-and-answer session.

ACTIVITY 5: ACCESS BARRIERS & OPPORTUNITIES GALLERY WALK



(30 minutes)

STEPS:

1. Break participants into groups of 4-5 people.
2. Provide each group with a piece of flipchart paper.

3. Ask each group to work together to brainstorm the following categories:
 - What are barriers to accessing HIV testing services for people in your community?
 - What are barriers to linking PLHIV to treatment in your community or context?
 - What are key obstacles to adherence in your community or context?
 - What gaps in service delivery would a CP help to overcome in your community or context? *For instance, there are no adolescent-friendly services at the local facility, and a CP would be appealing to adolescents.*
 - What are the opportunities for setting up a CP in your community? *For instance, we have a motivated faith leader in our community that has shown support for HIV service delivery who would help establish a CP.*
4. Ask each group to post their flip chart on the wall.
5. Give participants time to walk around the room and read each group's responses.
6. Identify and discuss common themes; Conclude with a discussion about the challenges and opportunities for the CP model in target communities.

ACTIVITY 6: MODULE CLOSING



(5 minutes)

SUMMARIZE KEY POINTS:

1. In Zambia as well as in Zimbabwe, the CPs address critical gaps in HIV service access, including HIV testing, ART coverage, and VLS, in particular for underserved and high-risk groups, such as men, children, adolescents, and female sex workers.
2. The CP entails a three-pronged approach designed to address these gaps:
 - Decentralized service delivery: CP services are conveniently located closer to the community, thereby addressing important barriers to service access.
 - Strategic partnerships: establishing and operating CPs requires engaging the community, in particular faith communities and faith leaders, and community members as key stakeholders and leveraging community assets, which build trust.
 - Core values (RECIPE): critical to addressing key barriers to HIV service access, and an integral part of CP model implementation.
3. The RECIPE core values are embodied in the day-to-day implementation of the CP at all levels and are critical to its success.
4. This module discussed the various steps involved in establishing and implementing a CP, including the preparatory steps, as well as the service delivery strategies and monitoring of service delivery within the CP.
5. CPs have been successful in improving case identification and linkage to ART, in particular among men and adolescents.

MODULE 2:

Core Values and Principles (The RECIPE)



Time: 55 minutes



LEARNING OBJECTIVES

By the end of this module, participants will be able to:

1. Describe the RECIPE-core values in the CP model and how it contributes to the success of the CP model.
2. Demonstrate how to implement the RECIPE values in the CP model.

MODULE 2: CORE VALUES AND PRINCIPLES (THE RECIPE) CONTENT SUMMARY

DESCRIPTION	TIME	NOTES ON ADAPTATION
Activity 1: Introduction	5 min.	
Activity 2: Slide Presentation: The CP Model RECIPE	20 min.	For this session, you can also incorporate information/ examples from your own experiences, or refer to relevant data from your own program/community context to demonstrate the core values and their importance within service delivery.
Activity 3: Video and Role Plays on RECIPE/Core Values	25 min.	Role-plays on how to embody the RECIPE can be adapted for different stakeholders as appropriate.
Activity 4: Closing	35 min.	
Total time	55 min.	



PREPARATION

- Review Module 2 slides, facilitator’s notes, and activities in advance of the training.
- Adjust the training content as appropriate for your own country/district/community context.
- Watch “Inspirational Daily Pep Talk” video.
- Prepare discussion questions.
- Print relevant hand-outs.



MATERIALS

- Module notes.
- Module 2-slide set.
- Screen/projector for presentation and video.
- Flip chart paper, markers.
- Handouts:
 - Print-outs of slides for Module 2
 - Relevant tools in Participant’s Guide in accordance with audience (refer to training schedules for difference audiences):
 - Summary of RECIPE

ACTIVITY 1: INTRODUCTION



(5 minutes)

STEPS:

1. Reiterate to participants that the “RECIPE” contains the core values that underlie the success of the model.
2. Ask participants if they can remember what R-E-C-I-P-E stand for?

ACTIVITY 2: SLIDE PRESENTATION AND DISCUSSION: THE COMMUNITY POST RECIPE



(20 minutes)

STEPS:

1. Present Module 2 slides.
2. Facilitate a question-and-answer session.
 - How are the core values/RECIPE important for the success of the model?

- Who do you think is responsible for promoting the Core Values/RECIPE within the CP?
- How are the core values/RECIPE promoted/maintained throughout operation of the CP?
- What do you think will be the challenges of promoting the core values/RECIPE in the operation of the CP?

ACTIVITY 3: VIDEO AND ROLE PLAYS ON RECIPE CORE VALUES



(25 minutes)



Note: This activity can be adapted to the roles of different participants in addition to service providers. Ask participants to follow these steps based on their potential roles in implementing the CP model.

STEPS:

1. Watch “Inspirational Daily Pep Talk” video as introduction to the following activity, where groups will discuss (as is done in the pep talk) and role-play how RECIPE core values are embodied in the CP model.
2. Divide participants into six groups.
3. Assign one of the six core values (Responsibility, Empathy, Compassion, Integrity, Passion, Ethics) to each group. The groups should keep their assigned Core Value a secret from the other groups.
4. Provide each group with a piece of flip chart paper.
5. Ask each group to spend a few minutes discussing their assigned Core Value.
 - Why do you think this value is important within service delivery?
 - What has been your experience with this core value in your own work? Is this value recognized in your own work setting?
 - How have you demonstrated this value in your own work? Or, why do you think this value has been missing within your own work?
 - What are some of the challenges related to promoting this value in your daily work?
6. Ask groups to create a very short (one to two minutes) skit/role-play of a service provider either demonstrating this value — or demonstrating the absence of this value—in a real-life situation. You can share some examples to help get groups started (see Facilitator’s Notes for examples).
7. Ask each small group to present their role-plays to the larger group. At the end of each role-play, ask other groups to guess which Core Value the small group demonstrated.
8. Facilitate a short discussion after each role-play, highlighting the importance of each value in creating quality CPs.

ACTIVITY 4: **CLOSING**



(5 minutes)

SUMMARIZE KEY POINTS OF THE SESSION:

1. The core values included in the RECIPE are Responsibility, Empathy, Compassion, Integrity, Passion, and Ethics.
2. The RECIPE underpins the success of the CP model. Instilling the core values embodied in the RECIPE across all stakeholders is a contributing factor to quality customer care, which is an important component of the model.
3. The RECIPE helps to refocus and re-energize those providing critical HIV services around their roles and purpose.
4. Reflection on the core values of the RECIPE is part of the daily routine among CP staff and part of the daily morning inspirational pep talk.

MODULE 3: Customer Care in the Community Post Model



Time: 3 hours, 5 minutes



LEARNING OBJECTIVES

By the end of this module, participants will be able to:

1. Define customer care and its importance to the success of the CP model.
2. Describe how poor customer care drives clients to exit services.
3. Explain how to put customer care into action.
4. Summarize critical competencies for customer care.
5. Understand how to integrate customer care in staff training, coaching, and mentoring.
6. Describe how service providers can improve customer care through communication practices.
7. Describe how health providers can overcome personal stigma that affects customer care.
8. Describe how to sustain and monitor customer care.

MODULE 3: CORE VALUES AND PRINCIPLES CONTENT SUMMARY

DESCRIPTION	TIME	NOTES ON ADAPTATION
Activity 1: Introduction to Customer Care	5 min.	
Activity 2: Presentation on Customer Care	35 min.	
Activity 3: Critical Competencies in Action Brainstorm	30 min.	
Activity 4: Customer Care Role-Plays	45 min.	
Activity 5: Guided Reflection and Role-Play on Stigma	40 min.	

Activity 6: Customer Care Action Planning	30 min.	Needs adaptation for different types of participants to be relevant to their work. This activity may be completed by watching the video “Circle of Hope Award Ceremony” (add 6 min.).
Activity 7: Module Closing	5 min.	
Total time	3 hours, 5 min.	



PREPARATION

- Review Module 3 slides, facilitator’s notes, and activities in advance of the training, and identify areas in slides for engaging participants.
- Modify slides in Module 3 slide deck to align with specific data and information in your own country and context (e.g., reasons for interruption in treatment).
- Optional: View video “Circle of Hope Award Ceremony”.
- Label two flip chart papers “Good Experiences” and “Bad Experiences” at the top.
- Develop role-play scenarios adapted to the participants in the group (see below for some examples) prior to the module.



MATERIALS

- Module 3: Customer Care in the Community Post Model Slide Set.
- Flip chart papers, markers .
- Handouts:
 - Print-outs of slides for Module 3
 - Relevant tools in Participant’s Guide in accordance with audience (refer to training schedules for difference audiences):
 - Communication Tips for Providers
 - Resources to Address Stigma
 - Customer Care Feedback Guide
 - Annexes:
 - I. Sample client survey
 - II. Exit interview questions
 - III. Feedback form for suggestion box
- Screen/projector to show slides/video.

ACTIVITY 1: INTRODUCTION TO CUSTOMER CARE



(5 minutes)

STEPS:

1. Ask participants to reflect on a time where they sought a service of any kind, and were treated either particularly well or poorly. This could be a time they went to the market, visited a health facility, went to the bank, etc. Then say, “Think about what the service provider said/did to make you feel good or bad? How did you feel? How did you respond?”
2. Ask participants to share some of their experiences with the group.
3. Write down participants’ responses on the flip charts labeled “Good Experiences” and “Bad Experiences”.
4. Discuss briefly using the following additional possible probe questions:
 - What things are important to you when you are seeking a service?
 - What motivates you to return to that service?
 - What discourages you from returning to that service?
5. Introduce the topic of customer care. Explain that these scenarios represent examples of good and bad customer care. Ask participants:
 - Have you heard of customer care?
 - How would you define customer care?
 - What does customer care mean to you?
6. Let participants know that you will be discussing customer care within the CP model during this module.

ACTIVITY 2: PRESENTATION ON CUSTOMER CARE



(35 minutes)

STEPS:

1. Present the Module 3 slides.
2. Allow participants to ask questions throughout the presentation.
3. Facilitate a discussion with participants following the presentation using the following questions:
 - What impact does customer care have on individuals continuity of treatment?
 - What effect do you think customer care has on our ability to end HIV/AIDS as a public health threat by 2030?
 - How does building staff morale contribute to better customer care for clients?

ACTIVITY 3: CRITICAL COMPETENCIES IN ACTION BRAINSTORM



(30 minutes)

STEPS:

1. Divide participants into five small groups.
2. Assign each of the small groups two of the critical competencies (see Slide 13). Give each group flip chart paper (two pieces of paper per competency).
3. Ask each group to write their competency at the top of their flip chart papers. On one of the sheets, the groups will collectively brainstorm how CP team members can either demonstrate or hone these competencies. For example:
 - To demonstrate good listening skills with clients, it is important NOT to interrupt them when they are sharing their concerns/stories with you.
 - To motivate CP members, we can have awards ceremonies that recognize achievements and draw attention to CP staff who exhibit passion and energy in their work.
4. Next, ask groups to brainstorm together how they propose to measure or assess the extent to which the CP team is exhibiting the core competency. For instance, they could use client exit interviews to understand if clients feel that staff members are listening well and treating them in a sensitive manner.
5. After groups have had time to complete this brainstorm, ask each group to share their work with the rest of the participants. For each core competency, other participants can add ideas as part of the discussion.

ACTIVITY 4: CUSTOMER CARE ROLE-PLAYS



(40 minutes)

STEPS:

1. Divide participants into four or five small groups. Ask each small group to create a role-play with different attributes of good/bad customer care. Group members can take on different roles as clients and/or care providers.
2. Remind participants about some of the competencies that were shared during the slide presentation, as well as customer needs/wants. Ask them to think about how they can incorporate some of these into their role-plays.
3. Facilitators should circulate among all groups to answer questions and support participants in executing customer care skills.
4. Ask participants to present their role-plays in plenary and solicit feedback from other groups. Possible discussion questions may include:
 - What were the ways that providers in these scenarios offered optimal/sensitive customer care? What were the ways that providers in these scenarios offered suboptimal/poor customer care?
 - What kind of communication styles were used in the good customer care scenarios?

- In what ways have you put good customer care into action in your own work environment?
- How did providing good customer care make you feel about your own work/role?



SAMPLE ROLE-PLAY PROBES

You are the health care provider. You have had a busy day, and have not had time to eat lunch. You are eager to end your day, but your final client asks many questions about starting treatment. Role-play how you would handle this situation—first with poor customer care, then with good customer care.

You are a community health worker. Your client has asked you a question that you are not able to answer without further research. Role-play how you would handle that situation. What would you say to the individuals? What would you do?

You are a team leader. After reviewing feedback from client exit interviews, you realize that one of your team members is consistently rude to clients. Role-play the conversation you would have with this team member. Try to encourage them to reflect on their behavior.

5. Wrap up the discussion by asking the following questions:

- How do the core values of the CP model RECIPE and customer care relate to each other?
- Why do you think customer care is important for ending HIV/AIDS as a public health threat by 2030?

ACTIVITY 5: GUIDED REFLECTION AND ROLE PLAY ON STIGMA¹



(40 minutes)

STEPS:

1. Explain to participants that this activity is designed to help participants empathize with how it feels to experience stigma or to stigmatize others. Ask participants to close their eyes and think about a time in their lives when they felt isolated or rejected because of another person's perception that they are different from others.

Let participants know that this activity may trigger strong emotions for some; or that they might feel embarrassed and reluctant to share—and if so, that is okay; however, emphasize again that this is a safe space and that there is no judgement.

¹ This is adapted from <https://www.icrw.org/wp-content/uploads/2016/10/Understanding-and-Challenging-HIV-Stigma-Toolkit-for-Action.pdf>

2. Ask participants to think about the way they were treated. Who treated them this way? How did it make them feel? How did they react? What impact did it have on them?
3. Now ask them to turn to the person sitting next to them. Each of them should share their experience.
4. Reconvene the large group. Ask for volunteers to share their experiences.
5. Ask a few participants to volunteer to act out their stories in short role-plays (with other participants playing the other roles). Give participants a couple of minutes to prepare, and have them present their role-play in front of the group. At the end of each role-play, ask the role-players how it felt to experience stigma?
6. Now ask the participants to think about a time in their life when they isolated or rejected someone else (or a group of people). What happened in the situation? What do they think were the reasons they treated this person/these people) this way? What was their attitude? How did they behave?
7. Then ask participants to write down any thoughts, feelings, or words that they associate with stigma.
8. Have some of the participants read their lists out loud.
9. Conclude with a discussion using the following prompts:
 - What feelings are associated with stigma?
 - How does being aware of our own stigma help us to address our behavior?
 - How do you think stigma effects health service delivery?
 - What are the ways that we can help staff in the CPs to address their own stigmatizing behaviors?

ACTIVITY 6: CUSTOMER CARE ACTION PLANNING



(30 minutes)

STEPS:

1. Explain that as a next step to ensure customer care in CPs, participants are encouraged to debrief on customer care with their CP teams and parent facilities. During this exercise the facilitator can display Slide 9: Customer Care Is Critical to Our RECIPE Because....”
2. Ask participants to form small groups. Each group should be formed with like participants (coming from the same community, IP, district MoH, or same CP team if several teams are trained at the same time, etc.).
3. Each group will create an action plan showing how they will implement customer care in their own CP in collaboration with their parent facility. The action plan should also outline how participants will carry out continued capacity building around customer care among the CP team.

REFLECTION QUESTIONS FOR WORK PLANNING:

- How will you put customer care into action? What are some key things you can do in your CP to promote/ensure good customer care?
- What additional materials/resources will you need to be successful?
- How can you create an environment among your CP team that promotes innovation around customer care?
- How can you measure levels of customer care within your CP?



Note: This activity may be complemented by watching “Circle of Hope Award Ceremony” video (6 min.).

ACTIVITY 7: MODULE CLOSING



(5 minutes)

SUMMARIZE KEY POINTS:

1. Conclude by highlighting the importance of customer care within the CP model.
2. Encourage participants to be proactive in implementing their action plans to ensure customer care in the CP.
 - Debrief on customer care with participants, and encourage participants to assess levels of customer care within their organizations.
 - Recommend to IPs/subnational MoH participants that they allocate customer care focal persons to facilitate ongoing supervision and assessments.
3. Customer care assessment/feedback tools should be structured to assess customer care along the HIV cascade of care, the six barriers, and the RECIPE. The team assesses gaps in any of these three elements, and formulates remedial strategies and sets timelines for measurement and review.

MODULE 4: Stakeholder Engagement



Time: 1 hour, 10 minutes



LEARNING OBJECTIVES

By the end of this module, participants will be able to:

1. Describe the importance of stakeholder engagement when establishing the CP model.
2. Outline the overall process of stakeholder engagement in the CP model from the initial interest of an IP/local agency to engaging with other IPs to diffuse competition.
3. Identify the difference between approval and buy-in and the importance of each.
4. Describe how a CP model addresses HIV service delivery barriers.

MODULE 4: STAKEHOLDER ENGAGEMENT CONTENT SUMMARY

DESCRIPTION	TIME	NOTES ON ADAPTATION
Activity 1: Introduction to stakeholder Engagement	5 min.	
Activity 2: Presentation on Stakeholder Engagement	20 min.	
Activity 3: Stakeholder Engagement Role Plays	40 min.	
Activity 4: Module Closing	5 min.	
Total Time	1 hour, 10 min.	



PREPARATION

- Review Module 4 slides, facilitator’s notes, and activities in advance of the training, and identify areas in slides to engage participants.
- Modify slides in the Module 4 slide deck to align with specific data and information in your own country and context (e.g., reasons for interruption in treatment).
- Develop role-play scenarios prior to the module that are adapted to your group (see below for some examples).



MATERIALS

- Module 4: Stakeholder Engagement in the Community Post Model Slide Set.
- Flip chart paper, markers.
- Hand-outs:
 - Print-outs of slides for Module 4
 - Relevant tools in Participant’s Guide in accordance with audience (refer to training schedules for difference audiences):
 - Stakeholder engagement/ key messages
 - Local Barrier Analysis Tool

ACTIVITY 1: INTRODUCTION TO STAKEHOLDER ENGAGEMENT



(5 minutes)

STEPS:

1. Ask participants to reflect on why stakeholder engagement is important to successful implementation of the CP model. Ask them to think of an example from their experience of why stakeholder engagement is important.
2. Ask participants to describe critical stakeholders to engage in their context.
3. Write down participants’ responses on the flip charts labeled “Importance of Stakeholder Engagement” and “Potential Stakeholders to Engage.”
4. Using the following additional possible probe questions, briefly discuss:
 - What can happen when different stakeholders, such as district or local stakeholders, are not engaged in the implementation process?
 - Why is it important to engage stakeholders at different levels, from Ministry of Health to the community?
 - How can faith leaders and faith communities play a role in ending HIV/AIDS as a public health threat by 2030?
5. Let participants know that you will be discussing stakeholder engagement in the CP model during this module.

ACTIVITY 2:
PRESENTATION ON STAKEHOLDER ENGAGEMENT



(20 minutes)

STEPS:

1. Present the Module 4 slides.
2. Allow participants to ask questions throughout the presentation.

ACTIVITY 3:
STAKEHOLDER ENGAGEMENT ROLE-PLAYS



(40 minutes)

STEPS:

1. Divide participants into small groups. Ask each small group to create a role-play in which an IP representative is trying to enlist the buy-in of an in-country stakeholder for the CP model. Group members can take on different roles as the IP advocating for the CP model or a national (MoH), local stakeholder (city health official), community leader (religious leader, market executive, etc.), or another IP already working in the context that is learning about the CP model for the first time.
2. Remind participants about the strategies to establish buy-in shared during the slide presentation, such as explaining how the CP model addresses the six key barriers and emphasizing “one fight.” Ask participants how they can incorporate some of those components into their role-plays.
3. Facilitators should circulate among groups to answer questions and support participants in conducting advocacy to achieve buy-in.
4. Ask participants to present their role-plays in plenary, and get feedback from other groups. Possible discussion questions may include:
 - Did the IP representative make convincing points about the CP model? Why or why not?
 - What were some of the advocacy strategies they used?
 - Do you think the stakeholder bought into the CP model? Why or why not?



SAMPLE ROLE-PLAY PROBES

You are an IP meeting a decision-maker in the MoH. The MoH decision-maker has many IPs approaching him/her for approval to implement different models of care. How will you convince this official that the CP model is unique and can add exceptional value?

You are an IP meeting another IP that works in an area where you have received permission from the MoH to implement the CP model. The IP feels threatened and thinks that you are going to try to take on their work and push them out. How can you convince the IP that the CP model will enhance—not threaten—their work?

You are an IP meeting a market executive. The market executive does not want her/his workers to have any distractions from selling in the market. How can you convince this executive that setting up a CP locally will benefit the operation of the market?

5. Wrap up the discussion by asking the following questions:

- What were some of the key strategies used to achieve the buy-in from different stakeholders?
- Why do you think stakeholder engagement is important for successful implementation of the CP?



Note: The role-play activity may be replaced by watching the videos: “Negotiating with Market Leaders” (10 min.) and “Meeting Faith Community Leaders” (16 min.), each followed by discussion using the above questions.

ACTIVITY 4: MODULE CLOSING



(5 minutes)

SUMMARIZE KEY POINTS:

1. Stakeholder engagement is the first, critical step in introducing the CP model in a new context, involves building relationships with different stakeholders at every level, and happens continuously.
 - Encourage participants to be proactive in identifying the various stakeholders they will need to engage at each level throughout the process, and to understand the context in which the CP would be set up and the goals and interests of each stakeholder.
2. It is critical to secure stakeholder buy-in, which involves enlisting their support and involvement to ensure the success of the model, as opposed to just their approval.
3. A powerful strategy to promote adoption and win support for the CP model is to present the key barriers to HIV service delivery in a given context, and explain how to CP model can address those barriers.

MODULE 5: Community Scanning, Site Selection, and Preparation



Time: 1 hour



LEARNING OBJECTIVES

By the end of this module, participants will be able to:

1. Describe the purpose and process of community scanning for site selection.
2. Explain the considerations when selecting the location and space for the functioning of a CP, including in rural areas.
3. Understand attributes of a successful site scanning process.
4. Explain the different aspects of site preparation.
5. Describe the equipment and supplies necessary to set up a CP, including lab and pharmacy supplies.
6. Understand roles of parent facility lab and pharmacy in relation to a CP.
7. Describe CP budget considerations.

MODULE 5: COMMUNITY POST SITE SELECTION AND PREPARATION CONTENT SUMMARY

DESCRIPTION	TIME	NOTES ON ADAPTATION
Activity 1: Slide Presentation	45 min.	
Activity 2: Video and Discussion	10 min.	Testimonials during discussion may only be possible if there are participants with past experience.
Activity 3: Module Closing	5 min.	
Total Time	1 hour.	



PREPARATION

- Review Module 5 slides, facilitator’s notes, and activities in advance of the training.
- Adjust information/activities as appropriate for your own country/ district/ community context.
- Watch “Community Post Scanning, Site Selection, and Preparation” video (5 min.).
- Set up screen/projector for video presentation.



MATERIALS

- Module 5 Presentation: Community Scanning, Site Selection, and Preparation Slide Set.
- “Community Post Scanning, Site Selection, and Preparation” video.
- Screen/projector for video presentation.
- Handouts:
 - Printouts of slides for Module 5
 - Relevant tools in Participant’s Guide in accordance with audience:
 - Community Scanning Process
 - Community Scanning Action Plan
 - Community Post Scanning Report Template
 - Community Post Infrastructure Criteria Checklist
 - Checklist for Furnishings and Equipment
 - Checklist for CP Medications and Supplies



Facilitator Note:

This module orients participants to the criteria and process for carrying out site selection and setting up a CP with proper equipment and materials and engages participants in work planning to support their preparation. The site selection process involves a series of pre-scanning activities, which are intended to help stakeholders focus on specific community[ies] within a given context in which the CP is most needed. The site selection process also includes a community scanning, during which stakeholders and local communities actually scan and assess the viability of different specific locales within the community[ies], e.g., markets, bus stations, for hosting a CP. In some instances, the community walk-through will also involve looking at specific buildings/infrastructure in which the CP can be located.

Depending on the training participants and structure/format of the training, this module may be presented on the same day of scanning activities, or alternatively, in advance of scanning activities. As such, the content of the module will need to be tailored accordingly. If delivering the module on the same day as scanning activities, it will be essential to coordinate with key stakeholders/training participants in advance of the training to orient and coordinate with them around the pre-scanning activities and work planning needed in preparation for the scanning. You will also want to make sure that they arrive at training ready to conduct the scanning, for instance, wearing proper clothing and shoes for walking and for engaging local leaders and other stakeholders in the community. Please refer to the Community Scanning Guide.

ACTIVITY 1: SLIDE PRESENTATION



(45 minutes)

STEPS:

1. Present the Module 5 slides.
2. Allow participants to ask questions throughout the presentation.
3. Facilitate Q&A module. Be sure to cover all of the following topics:
 - Purpose of the site scanning
 - Location and space considerations for CP
 - Steps of the community scanning process, with stages and actors at each stage
 - Different aspects of site preparation
 - Equipment and supplies for setting up a CP
 - Roles of parent facility lab and pharmacy in relation to a CP

ACTIVITY 2: STEP-BY-STEP SCANNING VIDEO AND DISCUSSION



(10 minutes)

Note: This activity is relevant for IPs/facilitators who have past experience establishing CPs and carrying out the community scanning activity.

STEPS:

1. Show “Community Post Scanning, Site Selection, and Preparation” video.
2. If you and/or members of the facilitation team have experience in conducting the site scanning process, allow time for sharing past experiences and responding to participant questions. Consider the following questions as a guide:
 - What are two to three key factors that make for a successful site scanning activity?
 - What were factors that hindered or disrupted the process?
 - How did you/your team carry out the pre-scanning preparation activities? What information did you look at?
 - How did you/your team select community resource persons to invite to attend the site scanning activity?

ACTIVITY 3: MODULE CLOSING



(5 minutes)

SUMMARIZE KEY POINTS:

1. A targeted and well-planned community scanning and site selection process, including engagement of the local community leaders, is important to identify strategic locations within a community for a CP.
2. A number of important criteria should be considered when selecting the location and infrastructure to establish the CP (**Tool 5.4 Community Post Infrastructure Checklist**).
3. Basic equipment must be made available (**Tool 5.5 Community Post Checklist for Furnishing and Equipment**).
4. All necessary drugs, consumables, supplies, etc., are provided by the parent facility (**Tool 5.6 Checklist for CP Medications and Supplies**).
5. Budget considerations were discussed. Budgeting for adequate logistical support is critical and includes transportation needs (**Tool 1.6. Budget Template**).

MODULE 6: Staffing and Capacity Building



Time: 1 hour, 5 minutes



LEARNING OBJECTIVES

By the end of this module, participants will be able to:

1. Understand the CP team composition and organization.
2. Describe core competencies required of all CP staff and why they are essential for working in a CP.
3. Define the roles and critical competencies of different CP team members.
4. Understand the recruitment process for CP staff.
5. Describe initial and ongoing capacity-building activities of the CP team.
6. Identify questions/approaches for assessing the core competencies in CP team candidates.

MODULE 6: STAFFING AND CAPACITY BUILDING CONTENT SUMMARY

DESCRIPTION	TIME	NOTES ON ADAPTATION
Activity 1: Introduction	5 min.	
Activity 2: Slide Presentation	30 min.	
Activity 3: Interview Question Small Group Brainstorming	25 min.	This activity depends on nature of participants. Not appropriate for CP staff training participants
Activity 4: Module Closing	5 min.	
Total Time	1 hour, 5 min.	
Optional: Watch “Video Interviews with Community Post Teams” (30 min.)	Add 30 min.	In this video CP staff members explain their roles and responsibilities



PREPARATION

- Review Module 6 slides, facilitator’s notes, and activities in advance of the training.
- Prepare Core Competency flip charts by writing the core competencies listed below at the top of the sheet (one competency per sheet). You can add additional competencies depending on the size of your group:
 - Communication skills
 - Reputation in the community
 - Team player
 - Flexible/able to adapt easily
 - Multi-tasker (able to juggle many tasks)
 - Passion/energy to work with people
- Optional: Watch “Video Interviews with Community Post Teams” (30 min.).



MATERIALS

- Module 6 Presentation: Staffing and Capacity Building Slide Set.
- Handouts:
 - Printouts of slides for Module 6
 - Relevant tools in Participant’s Guide in accordance with audience (refer to training schedules for difference audiences):
 - Community Post Composition
 - Community Post Sample Team Leader Job Description
 - Community Post Sample Data Associate Job Description
 - Community Post Sample Psychosocial Counselor Job Description
 - Community Post Sample Community Health Worker Job Description
 - CP Ongoing Capacity Building
 - Community Post Guidance for Daily Pep Talk
 - Sample Agenda for a Monthly Meeting
- Optional: Screen/Projector for Video Presentation.

ACTIVITY 1: INTRODUCTION



(5 minutes)

STEPS:

1. Ask the participants to recall and share the six core values of the community post RECIPE (e.g., Responsibility, Empathy, Compassion, Integrity, Passion, Ethics).

2. Ask participants to reflect and recall a time in their own work when they have embodied or witnessed any of the core values in action. Probe to get responses on each of the six values. Ask them to describe the scenario/situation, as well as what was the effect of application of the specific value. Take responses from six to eight participants.

ACTIVITY 2: SLIDE PRESENTATION



(30 minutes)

STEPS:

1. Present Module 6 slides.
2. Facilitate a question-and-answer session using the following probe questions:
 - Is it possible to prioritize the core values (the RECIPE) within your work and still maintain a high level of efficiency?
 - How does the role of CP team leader differ from the role of a health facility team leader?
 - What is the benefit of recruiting a CHW who is recommended by faith/community leaders?

ACTIVITY 3: INTERVIEW QUESTION SMALL GROUP BRAINSTORMING



(25 minutes)

STEPS:

1. Break participants into small groups (size depends on number of participants in the training).
2. Give each group one to three core competency flip charts (see preparation steps).
3. Ask each group to spend a few minutes discussing the following questions:
 - Why is this competency important as part of the CP staff profile? Consider the priority strategies used by the CP (e.g., index testing, partner notification services), and how these competencies may be of value.
 - What scenarios might a team leader encounter in their work at a CP that would require them to possess this competency?
 - What scenarios might a CHW encounter in their work at a CP that would require them to possess this competency?
 - What are the risks of not having this competency to the functioning of the model?

4. After participants have had time to discuss, ask them to work together to brainstorm the different techniques/questions that could be asked during an interview to assess a candidate's aptitude toward a certain competency. As part of this brainstorming session, ask groups to include questions that provide candidates with a mock scenario to which they will be asked to respond. For example, "If you were working as a community health worker in the CP, and you came across an individual that tested positive for HIV, but did not want to notify their partner, how would you respond?"
5. Ask each group to share their question list and discussions with the plenary. Allow time for discussion.
6. To conclude the discussion, ask participants to discuss how their own organizations could conduct coaching and mentoring of CP staff.

ACTIVITY 4: **MODULE CLOSING**

(5 minutes)

SUMMARIZE KEY POINTS:

1. A CP team and reporting structure include the following: the CP team leader (who reports to the in-charge in the ART clinic at the parent facility), a data associate and a psychosocial support counselor (who report to the CP Team Leader), and four CHWs (who report to the PSS counselor).
2. It is critical for all CP team members to have the core competencies (or soft skills) necessary to embody the CP core values/RECIPE.
3. The selection process of CP staff—particularly the team leader and the CHWs—is a critical component in establishing successful CPs.
4. The demands and nature of these positions, in particular, require certain characteristics/competencies that need to be considered and assessed in the staff selection process.
5. In addition to careful selection, ongoing capacity building—through refresher trainings, ongoing coaching and mentoring, and supportive supervision, and in particular the daily pep talk—are critical in ensuring that CP staff continue to embody the characteristics/attributes needed to deliver high-quality, client-centered care.



Note: This session may be complemented by watching "Video interviews with Community Post Teams" (30 min.)

MODULE 7:

Service Delivery in the Community Post Model



Time: 55 minutes



Facilitator's Note:

This session aims to convey to training participants the full range of services offered at CPs and how clients are linked to additional care, as necessary. It does not provide instruction on how to apply technical/clinical skills for service delivery, such as how to carry out HIV self-testing, treatment guidelines, or how to collect laboratory specimens. CP staff who are recruited to provide services within the CP are expected to already have required technical/clinical skills and working experience in carrying out such functions. MoH and IP must be aware of refresher skills and other capacity building and supports required by CP teams to ensure continuous high-quality service delivery that aligns to respective national policies and procedures, and ensure that CP staff is included in regular (refresher) trainings/updates on national guidelines, etc.

Program implementers should refer to the Ongoing Capacity Development Table included in the Community Post Model Participant's Guide (6.6 Community Post Ongoing Capacity Development) for further insights into the type of in-service and refresher trainings offered to CP staff as part of the ongoing support and mentorship delivered within the CP model. Initial training will be followed by two-week, on-site mentorship, which includes skills practice.



LEARNING OBJECTIVES

By the end of this module, participants will be able to:

1. Describe the package of services along the HIV prevention care and treatment cascade that is provided in the CP.
2. Summarize CP staff responsible for provision of the different services provided in the CP.
3. Describe the five Cs for HIV testing services.
4. Describe flow of laboratory sample referral and results return.
5. Describe service delivery considerations for pregnant and breastfeeding women, children and adolescents, and TB/HIV co-infected patients.
6. Describe referral of patients from CP to the parent facility.

MODULE 7: SERVICE DELIVERY IN THE COMMUNITY POST MODEL CONTENT SUMMARY

DESCRIPTION	TIME	NOTES ON ADAPTATION
Activity 1: Introduction: “Implementation of Testing and Care and the Community Post” Video	5 min.	
Activity 2: Slide Presentation and Q&A	25 min.	
Activity 3: Service Delivery Discussion	20 min.	Service delivery package can differ in some situations or contexts, as well as evolve over time.
Activity 4: Session Closing	5 min.	
Total Time	55 min.	



PREPARATION

- Review Module 7 slides, facilitator’s notes, and activities in advance of the training.
- Adjust the training content as appropriate for your own country/district/ community context.
- Review the sample job descriptions for CP team members, and be prepared to describe roles related to each of the service delivery areas (see Participant’s Guide Module 6 tools 6.2-6.5).
- Watch “Implementation of Testing and Care and the Community Post” video.



MATERIALS

- Module 7 Presentation: Service Delivery Slide Set.
- Screen/project for video presentation.
- Handouts:
 - Print-outs of slides for Module 7
 - Relevant tools in Participant’s Guide in accordance with audience:
 - CP Package of Health Services
 - Laboratory Services
 - Pharmacy Services

ACTIVITY 1: INTRODUCTION VIDEO



(5 minutes)

STEPS:

1. Show “Implementation of Testing and Care and the Community Post” video as short introduction to this module that will cover service provision within the CP.

ACTIVITY 2: SLIDE PRESENTATION AND Q&A



(25 minutes)

STEPS:

1. Present the Module 7 slides and be sure to cover the following:
 - Allow participants to ask questions throughout the presentation, and facilitate discussion during and after the presentation to ensure clarity around the service delivery package and the roles of the different CP team members.

ACTIVITY 3: SERVICE DELIVERY DISCUSSION



(20 minutes)

STEPS:

1. Facilitate a plenary discussion with participants around workload and prioritization of tasks. You can utilize the following questions to guide the discussion:

Questions for CP Staff

- Considering the CP team composition and CP infrastructure, what challenges would you anticipate in offering clients this range of services within the CP setting? For instance, how do you ensure confidentiality of services in the CP space?
- How might your CP team address these challenges?
- What organizational strategies do you think you could adopt both personally and as a team to help each CP team member fulfill all of the duties that fall under their purview?
- What support do you think you will require from other members of the team to fulfill your role within the CP? What about from outside of your team?
- What existing resources might CP teams in your district/community utilize to identify and link clients to other services (e.g., service directories)?

Questions for IPs/Other Stakeholders Supporting CPs

- Consider the existing guidelines for the current sample referral system: how would the current sample referral system need to be adapted to include CP?
- What are the existing criteria and procedures for referral of clients to higher levels of care (for example, in Zambia referrals are in accordance with WHO and Zambia MoH guidelines)?
- Considering the CP team composition and CP infrastructure, what challenges would you anticipate in offering clients this range of services within the CP setting? Describe the patient flow in CPs (including referral from community to health facility).
- How might you address these challenges?
- What ongoing support (e.g., training, coaching/mentorship) of CP teams might be needed to ensure quality of care across the service areas?
- What support/involvement is necessary to help promote coordination of service delivery between CPs and their respective parent facilities?
- What existing resources might CP teams in your district/community utilize to identify and link clients to other services (e.g., service directories)?

**ACTIVITY 4:
SESSION CLOSING**

(5 minutes)

1. Review with participants the key points covered in this module. This module covered:
 - The package of services provided in the CP
 - CP staff responsibilities for provision of different services provided in the CP
 - The five Cs of HIV testing/status neutral approach to testing/validated screen-in
 - The flow of laboratory sample referral and results return
 - Considerations for pregnant and breastfeeding women
 - Considerations for children and adolescents
 - Considerations for TB/HIV co-infected patients
 - Referral of patients from the CP to the facility
2. Remind participants to review the Module 7 information and tools within the Community Post Participant's Guide that provide further guidance on the service package and roles and responsibilities for CP staff directly, as well as other stakeholders supporting the operation of the CP.
3. The package of services delivered in the CP service package can be adapted and further expanded as national policy and guidelines allow, and as appropriate in the local context (e.g., pre/postnatal care, family planning, cervical cancer screening).

MODULE 8: Finding and Linking Clients to Services in the Community Post: Case Identification and Linkage Strategies



Time: 2 hours, 35 minutes



LEARNING OBJECTIVES

By the end of this module, participants will be able to:

1. Understand contextual challenges in ending HIV/AIDS as a public health threat by 2030.
2. Explain the strategies used within the CP model to identify high-risk individuals in greatest need of HIV testing services, and promote HIV testing.
3. Describe the roles of CP teams and faith and community stakeholders in promoting HIV services in the CP model.
4. Demonstrate understanding of the Walk and Celebration Strategy techniques used within the CP model to link clients to services and support index testing.
5. Describe the patient flow in the CP, including referral from community to health facility.

MODULE 8: FINDING AND LINKING CLIENTS TO SERVICES IN THE COMMUNITY POST: CASE IDENTIFICATION & LINKAGE STRATEGIES CONTENT SUMMARY

DESCRIPTION	TIME	NOTES ON ADAPTATION
Activity 1: Introduction to Finding and Linking Clients to Services in the Community Post: Case Identification and Linkage Strategies		
Activity 2: Slide Presentation	40 min.	

Activity 3: Small Group Reflections	20 min.	In-country demand generation activities that have worked in other areas
Activity 4: Application of Screening Tools Role-Play	30 min.	In-country based tools if available
Activity 5: The Art of Persuasion Role-Play	25 min.	
Activity 6: Walk and Celebration Activities and Role-Plays	30 min.	
Activity 7: Module Closing	5 min.	
Total Time	2 hours, 35 min.	



PREPARATION

- Review Module 8 slides, facilitator’s notes, and activities in advance of the training.
- Review country-specific data on progress toward 90-90-90 goals, including challenges in improving access to HIV testing and treatment services for various sub populations.
- Adjust the training content as appropriate for your own country/district/ community context.



MATERIALS

- Module 8: Introduction to Finding and Linking Clients to Services in the Community Post: Case Identification and Linkage Strategies Slide Deck.
- Handouts:
 - Printouts of slides for Module 8
 - Relevant tools in Participant’s Guide in accordance with audience (refer to training schedules for difference audiences):
 - Strategies for Demand Creation and Linking individual to the CP Model
 - Guidance on Walk and Celebration Strategies
 - Overview of the 5 Cs of HIV Testing
 - Sample of Faith Matters IEC/SBCC Materials

ACTIVITY 1: INTRODUCTION TO FINDING AND LINKING CLIENTS TO SERVICES IN THE COMMUNITY POST: CASE IDENTIFICATION AND LINKAGE STRATEGIES



(5 minutes)

STEPS:

1. Introduce the module by engaging participants in a brief discussion about the “first 90”. The following are some probe questions to guide the discussion:
 - What are some examples that demonstrate progress in our country with regard to finding individuals living with HIV?
 - What do you think are some of the biggest challenges in improving HIV case finding?
 - What sub-populations within your country/province/district are lagging behind when it comes to accessing HIV testing?
2. Inform participants that this module will focus on the strategies that the CP uses to promote testing and efficiently identify PLHIV, in particular among groups that have lagged behind in ART enrollment, and practice application of some of these strategies. It will also cover how clients, once identified, are linked to HIV treatment services at the CP.

ACTIVITY 2: SLIDE PRESENTATION



(40 minutes)

STEPS:

1. Present the Module 8 slides, highlighting key points:
 - Overview of strategies to promote HIV testing and CP services
 - Provision of quality customer care
 - Utilization of community and faith platforms to deliver information/education about testing and CP services and Messages of Hope
<https://www.faithandcommunityinitiative.org/hiv>
 - Mobilization of community/faith leaders and strategic stakeholders to serve as voices for promoting CP services and referring clients
 - Overview of case identification strategies used by the CP
 - Provider-Initiated Targeted Community Counseling and Testing, including application of HIV Risk Assessment Tool[s] for adults and children
 - Index case testing focusing on (assisted) Partner Notification Services (PNS) and Know Your Child’s HIV Status strategy, with intentional approach for Index Testing via the Walk Strategy/individual dialogues
 - Social Network Strategy

- Overview of approaches used to effectively link clients to CP services: Walk and Celebration Strategies

2. Allow participants to ask questions throughout the presentation.

ACTIVITY 3: **SMALL GROUP REFLECTION**



(20 minutes)

STEPS:

1. Divide participants into small groups.
2. Ask each group to reflect/discuss the following questions:
 - What is the role of trust between a service provider and clients in delivering and promoting testing services?
 - How do you gain/enhance trust between service providers and clients?
 - What social networks in your community are potentially at elevated risk for HIV transmission?
 - What strategies could you use to encourage testing among these networks?
3. Reconvene participants and ask small groups to share their discussions.

ACTIVITY 4: **APPLICATION OF SCREENING TOOLS ROLE-PLAY**



(30 minutes)

STEPS:

1. Explain to the group the purpose of the activity, which is to encourage participants to acquire confidence/skills in administering the HIV risk screening tools as part of a dialogue and in a way that does not alienate the individual.
2. Distribute copies of the country-specific HIV screening tools, and repeat and re-test guidance to participants. This may include separate tools for adults and children, depending on the country context.
3. Give participants a few minutes to review the tools.
4. Start the role-play by asking for two volunteers: one will play the role of a client and the other will play the role of the CHW administering the risk screening tool. The CHW should not use any aides during the role-play, but rather incorporate the screening questions into a dialogue with the “client”.
5. After each role-play, ask participants to identify which, if any, questions were missed. Repeat this process with different pairs. You can alternate between the adult screening tool, adolescent screening tool, and child screening tool (depending on country context).

6. You may consider doing a few role-plays with the CHW reading from the tool and a few without, followed by a discussion among participants about the differences between the two, and how these differences may affect a prospective client's willingness to answer questions correctly and consent to receive HIV testing.
7. Following the role-plays, engage participants in a discussion about application of the tools using these prompts:
 - Was this activity difficult? Easy? Why?
 - What do you think is the difference between reading from the tool and incorporating the questions into a dialogue? How does the dialogue approach change the dynamic between CHW and client?
 - Do you think clients answer questions differently when you use the dialogue approach?

ACTIVITY 5: THE ART OF PERSUASION ROLE-PLAY



(25 minutes)

STEPS:

1. Explain the purpose of the activity to the group: to allow participants time to practice their communication skills with clients, and specifically their persuasion skills, to encourage a resistant client to get tested.
2. Ask participants to recall the 5C principles from the previous module: Consent, Confidentiality, Correct results, Counseling and information sharing, and Connection (linkage). Remind them that quality service delivery requires balancing these principles, even as they work to persuade the client to accept testing.
3. Ask for two volunteers to conduct the role-play.
 - One participant will role-play the client that does not want to receive HIV testing and provides multiple convincing arguments for refusing. Some examples:
 - There is no need to get tested.
 - I have work all the time, and it is difficult to go for a test.
 - I would rather not know.
 - My partner will think I am cheating if I get a test.
 - One participant will role-play the health care provider (this could be a CHW, PSS counselor, or team leader, depending on the composition of your training group); the goal is to build trust with the “client,” and gracefully persuade him/her to agree to testing.
4. After each role-play, engage participants in a discussion using the following questions:
 - What strategies did the provider use to build trust with the client?
 - What strategies did the provider use to gracefully persuade the client?

- Did the provider use appropriate measures to gain the client's consent for testing?
 - What worked well in encouraging the client to get tested?
 - What else do you think the provider could have done to encourage the client to be tested?
5. Repeat the role-plays with different participant pairs.

ACTIVITY 6: WALK AND CELEBRATION ACTIVITIES AND ROLE-PLAYS



(30 minutes)

STEPS:

1. Select a few groups of four volunteers (as time allows), including a client, CHW, CP team leader, and PSS counselor to role-play “the Walk” and/or “the Celebration.”
2. Refer groups to the Guidance on the Walk and Celebration Strategy as a reference.
3. Allow groups 10 minutes to discuss and practice their walk and celebration strategies and role-plays.
4. Reconvene groups to perform the role-plays. Discuss what worked well and what did not work well in relation to “the Walk” and “the Celebration” in each role-play.

ACTIVITY 7: MODULE CLOSING



(5 minutes)

SUMMARIZE KEY POINTS:

1. CP implements various focused strategies to improve identification of high-risk clients, offer HIV testing, and link them to HIV prevention, care, and treatment services to reduce existing gaps to achieving 95-95-95, including specific strategies to reach men.
2. The core values of the CP model (RECIPE) are critical in promoting quality customer care, which in turn leads to increasing demand for CP services.
3. Faith and community leaders/stakeholder and trusted relationships with the community play critical roles in promoting and creating demand for CP services; ongoing investment/training/engagement of these stakeholders is needed.
4. Index case testing is a core strategy to successful HIV case identification.
5. The Walk and Celebration Strategy which aim to build trust with [prospective] clients are critical in promoting [index] testing, including contact elicitation and partner notification, and building the foundation for long-term continuity of treatment among CP clients.
6. **Updated:** Status neutral approach to HTS is not the same as universal testing; rather, it is ensuring individuals in need of HTS, receive safe and ethical HTS and support to ensure timely linkage to appropriate prevention and/or treatment services based on the individual's needs.
7. **Updated:** In COP/ROP23 Guidance and FY24 Tech Cons, there's a shift away from risk screening and toward increased use of more affordable HIVST. Risk screening in CPs uses ‘screen-in tools’ to identify high-risk individuals for HIV testing, such as anyone with: rapid weight loss; persistent cough; fever or night sweats; unexplained tiredness; prolonged swelling of lymph glands in armpits, groin, or neck; sores of the mouth, anus, or genitals For children: recurrent skin problems or infection, swollen abdomen, delayed growth and development, poor health in the last 3 months or hospitalized, swollen lymph nodes, intermittent diarrhea, oral thrush, history of TB or TB symptoms, pus from the ear, discharge, sores in genital area; For women: any mother of a child born with HIV or with unexplained illness who died before age 2 years.

MODULE 9: Supporting ART Adherence, Continuity of Care, and Viral Suppression



Time: 1 hour, 15 minutes



LEARNING OBJECTIVES

By the end of this module, participants will be able to:

1. Describe the overall strategies implemented in the CP model to promote continuity of treatment, ART adherence, and VLS.
2. Describe specific continuity of treatment strategies for clients new on ART.
3. Describe the differentiated service delivery (DSD) strategies to promote long-term continuity of treatment among clients stable on ART.
4. Describe enhanced support for clients with difficulty achieving VLS.
5. Outline the protocol to bring clients with interruption in treatment back to care.
6. Understand CP staff roles and responsibilities related to supporting client continuity of treatment, adherence, and VLS.

MODULE 9: SUPPORTING ART ADHERENCE, CONTINUITY OF CARE, AND VLS IN THE CP MODEL CONTENT SUMMARY

DESCRIPTION	TIME	NOTES ON ADAPTATION
Activity 1: Slide Presentation and Q&A	30 min.	
Activity 2: Interruption in Treatment Role-Plays	30 min.	This may not be relevant to non-CP staff, and may want to exclude for trainings focused on those participants.
Activity 3: Module Closing	15 min.	
Total Time	1 hour, 15 min.	



PREPARATION

- Review Module 9 slides, facilitator's notes, and activities in advance of the training.



MATERIALS

- Module 9: Supporting ART Adherence, Continuity of Treatment, and VLS in the Community Post Model Slide Deck.
- National ART guidelines.
- Handouts:
 - Printouts of slides for Module 9.
 - Relevant tools in Participant's Guide in accordance with audience (refer to training schedules for difference audiences):
 - Overview of Strategies to Support Continuity of Treatment and Prevent Interruption in Treatment.
 - Overview of Activities to Prevent Interruption in Treatment and Conduct Defaulter Tracing.

ACTIVITY 1: SLIDE PRESENTATION & Q&A



(30 minutes)

STEPS:

1. Present the Module 9 slides, highlighting the following:
 - Overall CP approaches/strategies for client continuity of treatment and ART adherence.
 - Targeted CP approaches/strategies for new client; stable client (DSD models); and client with difficulty achieving VLS.
 - Protocol for addressing interruption in treatment in the CP model.
 - Tools/resources in use by CPs to support client continuity of treatment.
 - Roles of CP team members in supporting client continuity of treatment.
2. Allow participants to ask questions throughout the presentation. Facilitate discussion during and after the presentation to ensure clarity around the service delivery package and the roles of the different CP team members.

ACTIVITY 2: INTERRUPTION IN TREATMENT ROLE-PLAYS



(30 minutes)

STEPS:

1. Introduce the activity by reminding participants about "graceful persuasiveness," which has been discussed in previous training sessions. In this activity, participants are going to practice applying this skill by role-playing a conversation between a client with treatment interruption and a CP team member tasked with re-engaging the client.

Graceful persuasiveness is recognized by CP model designers as one of the critical competencies of CP staff. This can be applied to encourage clients to test and to share information about contacts that also require testing. (Note to facilitator to review RECIPE again as necessary).

2. Ask participants to form pairs with the person sitting next to them. The pairs should take turns playing the client and the CP staff member.
3. Before partners get started, ask the group to brainstorm and share some of the different reasons clients may give for stopping treatment. Encourage them to use these reasons in their role-plays.
4. After participants have been given time to role-play the interruption in treatment scenario, bring the large group back together.
5. Ask participants to share their role-play experiences. Facilitate a discussion using the following questions:
 - As the provider, what communication techniques did you use to try to convince the client to return to services?
 - As the client, what messages/tactics did you find to be effective/would you be more likely to respond positively to?
 - As the client, were you offered any specific services or supports to encourage you to return to the service? Do you think these were presented in a way that would encourage you to re-engage in services?
 - How can CP teams continue to support their own staff in practicing/applying effective communication skills with clients?

ACTIVITY 3: MODULE CLOSING



(15 minutes)

SUMMARIZE KEY POINTS:

1. CP approaches that support continuity of treatment include convenient location, customer care and RECIPE values implementation, client peer support system, and ensuring drug and lab results are available.
2. Specific strategies are implemented for clients new on ART and clients stable on ART (as per national guidelines).
3. Clients with difficulty achieving VLS receive enhanced support, while systems and tools are in place to ensure immediate tracing of clients missing an appointment or with interruption in treatment (ITT) and bring them back into care.
4. Remind participants where they can access more information within the **Community Post Model Participant's Guide** that provide further guidance on strategies to support client continuity of treatment, including processes for tracking clients with interruption in treatment.



MODULE 9

5. Now that participants have completed the previous three interrelated sessions on service delivery—demand creation, case identification, client linkage and continuity of treatment (Modules 7-9) —provide them with time to ask outstanding questions/ discuss content related to these sessions detailing service delivery within the CP.

MODULE 10: Monitoring and Data Use for Program Improvement in the Community Post Model



Time: 1 hour, 25 minutes



LEARNING OBJECTIVES

By the end of this module, participants will be able to:

1. Relay why daily monitoring is important, and how it improves CP performance.
2. Explain the key indicators assessed in the CP model performance.
3. Describe performance expectations for CPs.
4. Describe the logistics, roles, and responsibilities associated with data associates (DA).
5. Explain the flow of data from CP to higher levels.
6. Provide an overview of best practices in CPs' robust M&E system.

MODULE 10: MONITORING AND DATA USE FOR PROGRAM IMPROVEMENT IN THE COMMUNITY POST MODEL SUMMARY

DESCRIPTION	TIME	NOTES ON ADAPTATION
Activity 1: Slide Presentation and "Collection and Sharing of Data" Video	20 min.	
Activity 2: Review and Establish Data Flow	30 min.	In-country information management systems
Activity 3: Review Data Use Activities	30 min.	
Activity 4: Module Closing	5 min.	
Total Time	1 hour, 25 min.	



PREPARATION

- Review activities, facilitator’s notes, and slides from this module.
- Adapt information/activities as appropriate to the country/district/community implementation context.
- View “Collection and Sharing of Data” video (7 min.).



MATERIALS/RESOURCES

- Module 10 Monitoring and Data Use for Program Improvement in the Community Post Model Slide Deck.
- “Collection and Sharing of Data” video.
- Screen/projector to show video.
- Handouts:
 - Printouts of slides for Module 10
 - Relevant tools in Participant’s Guide in accordance with audience (refer to training schedules for difference audiences):
 - Data collection and flow
 - Performance reviews and feedback



Facilitator Note

This module summarizes for participants the components, including key indicators, human resources, processes, best practices, and performance expectations, associated with the robust, daily monitoring of CoH community post performance, which is key to the high performance associated with the model. It is important to note that the specific systems, tools, and other aspects associated with data collection may vary by context, and therefore this material requires context-specific adaptation for implementation.

ACTIVITY 1: SLIDE PRESENTATION AND VIDEO



(20 minutes)

STEPS:

1. Present the Module 10 Slides.
2. Show “Collection and Sharing of Data” video: This video demonstrates the sharing of data collected in the CP and feedback on performance.
3. Facilitate Q&A session. Be sure to cover all of the key topics:
 - Importance of rigorous, daily monitoring to the model’s success
 - Key indicators to assess CP performance
 - Key role and responsibilities of DA

- How data flows from the CP to higher levels in the Zambia context, and transitions from paper to electronic
- Best practices in reporting
- Use of WhatsApp in reporting
- CP performance expectations

ACTIVITY 2: **REVIEW/ESTABLISH DATA FLOW**



(30 minutes)

STEPS:

1. Review as a group the data flow SOP for the Zambia context from the CP to higher levels.
2. Participants will break out into small groups and create a data flow SOP (for the context in which the training is taking place) to establish the context-specific data flow within CP and from CP to higher levels.
3. Allow each group to spend 15 minutes developing a context-specific data flow SOP.
4. Reconvene and allow groups to present and discuss data flow SOPs.

ACTIVITY 3: **REVIEW DATA USE ACTIVITIES**



(30 minutes)

STEPS:

1. Divide participants into three groups to discuss the following data use activities for 10 minutes each:
 - WhatsApp data reporting and provision of feedback and insight into data
 - Pep talk
 - Monthly data review meetings

ACTIVITY 4: **CLOSING**



(5 minutes)

SUMMARIZE KEY POINTS:

1. CPs in this model have been recognized for their high performance in routine HIV indicators; daily monitoring of key performance indicators is critical to improving/maintaining high CP performance.

2. On a daily basis, key indicators are reviewed and feedback on performance provided.
3. Data associates play a key role in monitoring for the CP, and the logistics, roles, and responsibilities of DAs have been discussed.
4. The flow of data from CPs to higher levels was discussed.
5. Best practices in CPs' robust M&E system include daily reporting and feedback, use of the WhatsApp platform for weekly and monthly reporting, and WhatsApp as a tool to communicate on performance.
6. Refer participants to the additional tools and further guidance provided in the Participant's Guide.

MODULE 11: Addressing Community Post Implementation Challenges



Time: 50 minutes



LEARNING OBJECTIVES

By the end of this module, participants will be able to:

1. Understand the implementation challenges that may be encountered during the implementation of the CP model to be able to anticipate and mitigate those.
2. Understand how these challenges have been addressed by CoH.
3. Think through possible other strategies to address common challenges.

MODULE 11: Addressing Community Post Implementation Challenges Summary

DESCRIPTION	TIME	NOTES ON ADAPTATION
Activity 1: Introduction	5 min	
Activity 2: Slide Presentation & Discussion	40 min.	
Activity 3: Module Closing	5 min.	
Total Time	50 min.	



Preparation

- Review Module 11 slides, facilitator's notes, and activities in advance of the training.



MATERIALS

- Module 11 Presentation: Addressing Community Post Implementation Challenges.
- Handouts:
 - Printouts of slides for Module 11

ACTIVITY 1: INTRODUCTION



(5 minutes)

STEPS:

1. Ask participants to brainstorm about potential challenges that implementation of the CP may encounter. Encourage participants to think about challenges on the part of 1) the community and community and faith leaders; 2) other implementing partners; 3) MoH; 4) service providers.

ACTIVITY 2: SLIDE PRESENTATION AND DISCUSSION



(40 minutes)

STEPS:

1. Present Module 11 slides.
2. Facilitate a discussion using the following probe questions:
 - Are there other strategies not described here that you think would help mitigate the challenges shared with you?
 - What role can you in your position play?

ACTIVITY 3: MODULE CLOSING



(5 minutes)

SUMMARIZE KEY POINTS:

1. CP implementation has not been without its challenges.
2. We shared various challenges experienced by CoH during CP implementation and scale-up, which should be anticipated by other IPs planning CP implementation and mitigated by the strategies discussed in this module.

ANNEX 1:

Community Post Model Training Participant Evaluation



Note to facilitators:

Please adapt this evaluation to include only the modules you will present for a particular audience receiving the training. Hand out a copy of this evaluation to each participant at the beginning of the training, and ask participants to evaluate each module as they go through the training. Once participants have completed all modules, ask participants to complete the post-training evaluation. Please collect an evaluation from each participant at the end of the training after they have completed the post-training evaluation.

PLEASE INDICATE YOUR ROLE IN IMPLEMENTING THE COMMUNITY POST MODEL AND PROVIDE MORE DETAIL WHERE REQUESTED:

Central MoH

Implementing partner

District health management team

Community post service provider, please specify your position:

Community health volunteer

Other, please specify your organization and position:

Repeat below table for each module included in the training (copy and paste into evaluation form):

MODULE 1: INTRODUCTION AND OVERVIEW OF THE COMMUNITY POST MODEL

OVERALL RATING:

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Which aspects of this module were most useful to you/your work?

Which aspects of this module could be improved to be more useful?

Were there aspects of this module that you would like to learn more about?

Which aspects of this module would be helpful to incorporate into staff mentoring (as appropriate)?

Additional comments:

POST-TRAINING EVALUATION

HOW DID YOU FIND THE OVERALL LEVEL OF THE TRAINING?

Too simple About right Too complex

HOW USEFUL WAS THE INFORMATION PROVIDED IN THE TRAINING OVERALL?

Not useful Useful Extremely useful

OVERALL RATING:

1 2 3 4 5 6 7 8 9 10

Which aspects of this training were most useful to you/your work?

Which aspects of this training could be improved to be more useful to your work?

Were there aspects of this training on which you would like to spend more time, receive more information, or cover in more depth through mentoring or other mechanisms?

Additional comments:



ANNEX 2:

Community Post Model Training Participant Evaluation

INTRODUCTION

The Covid-19 pandemic has forced many organizations to use alternative methods to conduct trainings using virtual platforms. Transitions to online meetings, workshops, and trainings mean a change in how facilitators engage with participants. Annex 2 provides guidance for the facilitation of virtual trainings and meetings, including tips, tricks, and examples on how to ensure participants are actively involved in the online event. Further adaptation of activities in the session guides may be necessary.



TIPS & TRICKS

TEACH THE TOOLS.

It is important that everyone understands the telecommunication platform being used if you want full engagement. Think through how you will teach participants about the different features. Will you have a 30-minute session a day before the event to review the features? Or will you incorporate that session into the start of the event?

ALWAYS TELL PARTICIPANTS HOW TO RESPOND TO A QUESTION.

This removes barriers in their decision making on the best way to communicate with the facilitator; for example:

- "Please write in the chat box where you are taking this training."
- "If you think women with HIV are in the high-risk group for cervical cancer, click the thumbs-up emoji."
- "Use the poll I just launched to answer this question on cervical cancer."

GIVE PARTICIPANTS EXTRA TIME TO ANSWER A QUESTION.

A person needs to think about the response, find the feature to answer, and if responding in the chat box, they may need to edit their written response, and then submit.

ACKNOWLEDGE RESPONSES BY PARTICIPANTS, AND USE THEIR NAMES WHEN APPLICABLE.

When one recognizes a participant's contribution or summarizes group responses, it validates the engagement and encourages participants to continue to interact with the facilitator. If several participants give the same response, don't forget to acknowledge all of them. By spotlighting only one, it discourages others from contributing.

CREATE A CO-HOST TO HELP MANAGE PARTICIPANT ENGAGEMENT.

It is tough to present, watch the chat box, and summarize poll information all at the same time. To help manage engagement, have a co-host to ensure all questions are answered and/or poll questions are accessed correctly.

SET EXPECTATIONS AROUND ENGAGEMENT BY USING GROUP CHECK-IN QUESTIONS.

Throughout the event, ask the group to respond to simple questions with the chat box or emoji features. This lets the group know that they will be asked to participate at random times throughout the event. Questions don't always need to be serious. Feel free to add a mix of both fun and formal questions, for example:

- *“Raise your hand if you are comfortable with this concept.”*
- *“I am going to read you a statement. Write true or false in the chat box.”*
- *“Use the thumbs-up sign if you went on vacation last week.”*



ENGAGEMENT TOOLS

CHAT BOX

The chat box allows participants to engage with the facilitator and their virtual colleagues. It acts as the space for individuals to learn about each other and socialize, much like the in-person training tea break. Below are tips on how best to use the chat box.

SET CHAT BOX RULES

Before the event consider how you want to use the chat box, and then at the start of the event share guidelines with participants on its use. For example, one can instruct participants to ask questions in the chat box at any time to answer other participant questions, but to stay on topic and not have side conversations.

REMOVE CHAT BOX FEAR

A good way to start a meeting or training is to ask participants to answer a question in the chat box.

This first question does a couple of things:

1. Helps to familiarize participants with the chat box feature.
2. Starts engagement with the facilitator and with other participants.
3. Gives facilitators more information about their audience and how to present their topics.

Which type of health center do you work at?

What is your job title?

Where do you live?

As the meeting, training, or workshop continues, integrate questions for participants to answer in the chat function to keep them engaged.

VALIDATE RESPONSES AND KEEP IT POSITIVE

When you direct participants to answer questions in the chat box remember to acknowledge the response. This can be in the affirmative, by agreeing with the answer, or by redirecting the response. For example, “I see many of you have said Lincoln was the first U.S. President. While he was an important figure, the first U.S. President was George Washington”.

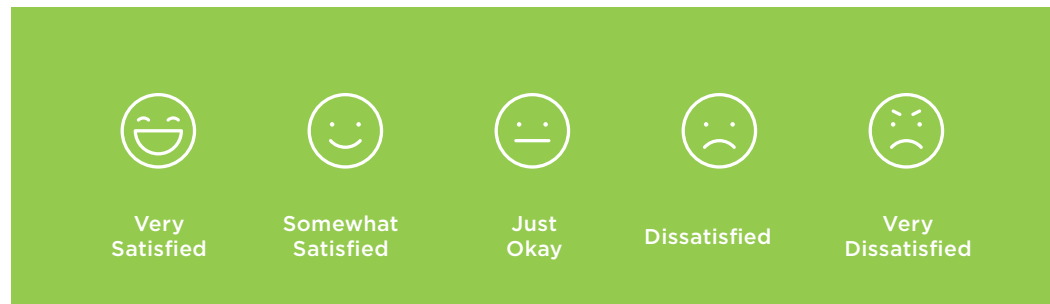
ANSWER CHAT BOX QUESTION

This encourages participants to continue to engage with the facilitator as they feel heard and appreciated. If there are duplicate questions, don't just mention one person, acknowledge them as a group.

RAISE HANDS, THUMBS-UP/THUMBS-DOWN AND EMOJIS

These features are a quick way to engage with participants. Before the event, get to know which features are on the telecommunication platform (Zoom, Teams, Google Hangout) that will be used for the event to ensure you will know how to direct participants to respond.

Use the emoji features when you think you are losing participants, and they need to be re-engaged.



Emojis are great ways to quickly assess if participants understand a concept before you move on to the next topic.

For example...

- “Please click on the hand raise button if agree with this statement...”
- “Click the thumbs-up emoji if you think this this true...”
- “Click the happy face if you think that X does Y.”

When the group answers with emojis, it is important to summarize the response to demonstrate that you as the facilitator are also engaged and value all responses. For example, one can say...

- “I see that about half of you agree that...”
- “Not many people think X does Y”.

POLLS

Polls are a formal way to engage and evaluate participant comprehension throughout the event. The facilitator will need to set up the poll questions prior to the event. To create poll questions, one should think about key topics participants will need to know before moving on to new topics or information that one wants to collect about the participants to guide the presentations. Poll questions can be multiple choice or true and false questions. For example:

BLOOD FROM A PERSON WITH HIV MAY TEST NEGATIVE FOR SIGNS OF HIV IF THE PERSON:	ON AVERAGE, HOW MANY HOURS DO YOU WORK A DAY?
<input type="checkbox"/> Was recently infected	<input type="checkbox"/> Less than 6 hours a day
<input type="checkbox"/> Is taking AZT	<input type="checkbox"/> 6-8 hours
<input type="checkbox"/> Has not yet developed opportunistic infections	<input type="checkbox"/> 9-11 hours
<input type="checkbox"/> Is in good physical health	<input type="checkbox"/> Other
DO YOU CURRENTLY WORK AT A HEALTH FACILITY THAT PROVIDES ART?	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV IS CARRIED THROUGH THE BLOOD	<input type="checkbox"/> True <input type="checkbox"/> False

CREATE ZOOM POLLS


The 2-minute video covers:

- To create a poll.
- How to launch a poll and access the results.

Note: To launch a poll one will need to ensure two things:

- Polling is enabled in your Zoom Profile Settings.
- To add a poll, don't click Edit Meeting, click on the Meeting Topic header that will lead one into managing the meeting settings.

For more details go [HERE](https://support.zoom.us/hc/en-us/articles/213756303-Polling-for-meetings) to a written guide by Zoom. <https://support.zoom.us/hc/en-us/articles/213756303-Polling-for-meetings>





ACTIVITIES AND TESTS

VIRTUAL ICEBREAKERS

RAISE YOUR HAND

The facilitator of this icebreaker will have a list of statements based on people's experiences, values, or opinions that can either apply to participants or not (e.g., whether you're a fast driver, fan of hockey, etc.). If the statement applies to the participant, he or she will utilize the Raise Hand button of Zoom to raise their hands. Alternatively, you can get participants to simply raise their hands, or even stand, if you're on Gallery View on Zoom. This is a great activity to not only break the ice, but to get your team members to know a little bit more about one another. Plus, it doesn't hurt that it highlights the Raise Hand feature of Zoom if your team recently started to use the application.

HEADS AND SHOULDERS

In this activity, the facilitator will need to have prepared a series of trivia questions with two possible answers. For example, one such question could be “Was Sudan or South Africa the first country to hold the African Nations Cup ?” If participants believe the answer is Sudan, they put their hands on their heads, and if they believe the right answer is South Africa, they put their hands on their shoulders. The facilitator would then reveal the correct answer, and those who did not get the right answer will press the Stop Video button on Zoom to temporarily stop sharing their video, indicating that they are out of the round. The last person remaining in the game will be the winner.

TEAM TRIVIA

Similar to Head and Shoulders, the facilitator in this activity will also need to prepare a list of trivia questions ahead of time. After breaking up the larger team into smaller groups—also using Zoom’s Breakout Rooms feature—the facilitator will send the list of trivia questions to each group via email or the File Transfer feature (under the Chat bar). Teams will also need to select one writer each to record their answers. Each team will have a set amount of time to work through the trivia questions (depending on how many questions there are), and once time runs out, the facilitator will call the separate breakout rooms back into the larger Zoom meeting. The facilitator will then get each team to share their responses to each question, and track their scores as the answers are being revealed using the Whiteboard option under the Share button.

SOMETHING IN COMMON

This simple Zoom icebreaker will also take advantage of Zoom’s Breakout Rooms option. Let Zoom automatically assign the larger team into groups of two, and give them five minutes to find five UNIQUE things that they have in common. Within those five minutes, participants also need to choose the most unique thing that they have in common with their partner, which they will share with the whole group once they go back to their larger meeting.

MOST RECENT PHOTO

In this activity, have participants pull up the Photos app on their phone and look at the most recent photo they took. Ask each participant share their photo, and briefly tell the story behind the photo. This is a great way to get participants to share how they’ve been spending their time over this social distancing period!

VIRTUAL TESTS AND QUIZZES

Use virtual tests and quizzes to assess participant knowledge or receive feedback. The below options—Microsoft Forms & Google Quizzes—are both usable by external participants.

MICROSOFT FORMS

This program is part of the Microsoft Suite of tools. It summarizes information, and provides the option of exporting response to Excel. This is a great tool for pre/post-tests or surveys.

GOOGLE QUIZZES

This program is similar to Microsoft Forms, but has a feature that allows the participant to see if they chose the correct answer immediately. A great tool for pop quizzes and helping participants understand how well they understand a concept.



Circle of Hope

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