

MODULE 12: Community Outreach, Education and Linkages



DURATION: 190 minutes (3 hours, 10 minutes)



LEARNING OBJECTIVES:

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

- Describe community- and home-based support services that PLHIV and their families may need and the importance of each
- Describe the Peer Educator's role in linking clients with community-based support services
- List common challenges to strong facility-community linkages
- List key strategies to improve facility-community linkages and the Peer Educator's role in strengthening these linkages
- Create a community resources map and an inventory of community services
- Discuss how Peer Educators can serve as community HIV educators and advocates



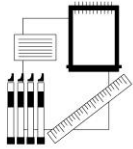
CONTENT:

- Session 12.1: Introduction: What Services Do Clients Need in Their Communities?
- Session 12.2: Linking Clients to Community Support Services
- Session 12.3: Community Resource Mapping
- Session 12.4: Being a Community Educator and Advocate
- Session 12.5: Module Summary



METHODOLOGIES:

- Interactive trainer presentation
- Brainstorming
- Small group work
- Large group discussion
- Role-play



MATERIALS NEEDED:

- Flip chart
 - Markers
 - Tape or Bostik
 - Any existing community resource directories, maps or brochures about available services for PLHIV and their families
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WORK FOR THE TRAINER TO DO IN ADVANCE:

- Read through the entire Module and make sure you are familiar with the training methodologies and content.
 - Trainers may want to invite guest speakers from the community, such as support-group leaders, home-based care workers, food support organizations and legal service organizations. Be sure to prepare the guest speakers in advance by briefing them on the Peer Education program and the training.
 - Collect copies of any existing community HIV support resource directories or materials that are available. In many places, the district HIV teams or local NGOs will have created these directories. Try to get enough copies for each participant.
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SESSION 12.1: Introduction: What Services Do Clients Need in Their Communities? (10 minutes)



TRAINER INSTRUCTIONS

Methodologies: Interactive Trainer Presentation, Brainstorming

Step 1: **Note:** If time allows, trainers may want to invite guest speakers to this session, such as support group leaders, home-based care workers, income-generation or community banking leaders, food support organizations or legal service organizations. Be sure to prepare the guest speakers in advance and ask each to spend about 5 minutes discussing their program. Invited guests can join the small groups for these sessions.

Review the Module learning objectives.

Step 2: Remind participants that a key component of being a Peer Educator is encouraging strong linkages between health facilities and the community. In order to provide a continuum of care and support to clients and their families, we must actively help them get the services they need — at the health facility, in the community and at home.

Step 3: Ask participants to brainstorm common support needs of PLHIV that could be provided in the community or in the home. Record responses on flip chart. Some examples are provided below.

Ask participants to identify the top 6 most important community support needs for PLHIV from the list. Circle these on the flip chart.

KEY INFORMATION

Common support needs of PLHIV and their families in the community and at home:

- Home-based care
- Home-based adherence support
- Income-generating activities
- Savings and loan programs
- Support groups
- Nutritional support
- Legal advice and support
- Spiritual guidance and support
- Disclosure support
- Transportation to get to the clinic
- Education and counseling for family members
- End-of-life care, including pain management
- Others

Remember, no one person or organization can provide all of the services and support PLHIV need. We must work together to provide a continuum of ongoing care and support in the health facility, in the community and at home!

SESSION 12.2: Linking Clients to Community Support Services (50 minutes)



TRAINER INSTRUCTIONS

Methodologies: Small Group Work, Large Group Discussion, Interactive Trainer Presentation

Step 1: Break participants into 6 small groups. Assign each small group one of the 6 support needs that the group prioritized in *Session 12.1* (or use the 6 community-support services listed below). Give each small group flip chart paper and markers.

Give the small groups about 20 minutes to discuss the following questions (you may want to write these on flip chart):

- *Why is this type of support important to PLHIV and their families?*
- *What are your own experiences with this type of support?*
- *Which organizations provide this support in your community?*
- *How can Peer Educators help link clients with this support? Be specific!*

Step 2: Ask each group to give a 5-minute presentation back to the large group. Encourage participants to share their own experiences giving or receiving the various services. Fill in, as needed, from the content below.

Step 3: Close the session by reminding participants that Peer Educators should think about all of the comprehensive support needs clients and their family may have and be able to link them to available community- and home-based services.

KEY INFORMATION

Some examples of community-based support and services for PLHIV and their families

Home-based care:

Home-based care (HBC) programs usually involve trained health workers visiting PLHIV in their homes to provide care and support services to clients and families.

HBC is needed because:

- Facility-based health services cannot cope with an increasing demand and increased numbers of patients.
- Many people prefer to receive ongoing care in their homes, have too many responsibilities at home to visit the facility (children, getting water, cooking, farming) or live long distances from health facilities.
- It ensures a continuum of care to patients both in the home and within health facilities.
- It can empower PLHIV to take care of each other and themselves when they are trained as HBC providers.
- It provides support and training to caregivers and family members, not just clients.

- It can promote HIV prevention and can reduce stigma and discrimination in the whole community by bringing HIV out into the open.

Types of HBC programs:

- Some HBC programs are extensions of facility-based services. In these types of programs, it is usual trained nurses or nurses' aides who do home visits on certain days of the week, often focusing visits on the sickest patients or those who cannot come to the facility.
- Other HBC programs are based in the community and run by community-based organizations. These programs often train volunteer community health workers to provide HBC services in homes and mobilization activities in the community.
- The best HBC services help patients learn self-care and train family members/caretakers how to provide basic care.

Support groups:

Support groups are very important for PLHIV and their families. Support groups offer a chance for PLHIV to come together to discuss concerns, share information and provide emotional support to one another. Meetings offer a chance for people to come together in a safe and accepting environment.

There are many kinds of support groups for different people and situations, including:

- General support groups for PLHIV
- Adherence support groups
- Mothers support groups
- Women's support groups
- Caregivers of children living with HIV support groups
- Youth support groups
- Post-test clubs and groups
- Many others

Some support groups may be held at health facilities and others may be held in the community — for example, at schools, community centers, PLHIV association offices or in someone's home. *Advanced Module 19* contains more information on setting up and running support groups.

Self-help and income-generating groups:

Poverty is one of the most common challenges faced by PLHIV and their families. Many communities have organizations and groups to provide self-help and income generation to clients and families in need. These may include:

- Income-generating activities (animal husbandry, gardening and agriculture, handicrafts, etc.)
- Skills-training organizations
- Savings and loan groups, including micro-credit
- Village banking groups

PLHIV associations:

PLHIV associations can offer many other services and support to PLHIV, including:

- Ongoing support through individual or group counseling
- Support groups for PLHIV and their families
- Financial or nutritional support to PLHIV and their families
- Support for children to enroll in or stay in school (formal or non-formal education)

- Income-generating activities or micro-credit schemes for PLHIV and their families
- Advocacy for PLHIV to receive the services they have a right to. This can be at community, regional, national and international levels
- Community sensitization and advocacy to reduce stigma and discrimination
- Sensitization/training for health care providers on providing quality care to PLHIV, drawing on members' own perspectives and experiences
- Help with legal support when people are discriminated against because of their HIV status (in the home, at work or in the community)
- Linkages to a network of national and local PLHIV associations
- Support for transportation to clinic appointments

Food distribution and nutritional support:

Peer Educators should help clients understand the importance of good nutrition to live positively with HIV. Peer Educators can help link clients who do not have enough food to eat to food-support organizations. There is more about nutrition in *Advanced Module 17*.

Some types of community-based nutritional support include:

- Food distribution
- Community food donation programs
- Community activities to help families affected by AIDS to care for their crops, gardens and animals
- Community and school gardens
- Community animal rearing
- Agricultural extension and education programs

Legal support:

People living with HIV and their families often have their rights violated and may need legal support services. Some organizations provide these services for free or at reduced cost to PLHIV, often through PLHIV associations. Peer Educators should be aware of what kinds of legal services patients and their families need and who provides these services in the community.

Types of legal support could include:

- Inheritance rights for widows
- Support for women or children who experience violence in the home or community
- Inheritance rights and access to schooling and community services for children affected by HIV (including orphans)
- Fighting discrimination in the workplace, at health facilities or in the community
- Access to HIV testing and other HIV services, especially for children with no legal guardian
- Access to school, especially for orphaned children
- Access to social support and welfare services, regardless of HIV-status

SESSION 12.3: Community Resource Mapping (60 minutes)



TRAINER INSTRUCTIONS

Methodologies: Large Group Discussion, Interactive Trainer Presentation, Small Group Work

Step 1: Start the session by asking participants to think about why facility and community services are not better linked. Ask them to first think quietly to themselves, and then have a large group discussion. Encourage participants to think about and discuss some of the “root causes” of this divide.

Step 2: Ask participants to brainstorm and discuss the ways in which we can improve linkages between the health facility and the communities we serve, given the challenges discussed before. Record responses on flip chart. Fill in, as needed, from the information below.

Step 3: Tell participants that one of the important ways Peer Educators can help improve facility-community linkages is by creating community resource maps and by creating and using an inventory of community support services. If available, hand out any existing community resource directories that you were able to collect before the training.

Step 4: Break participants into small groups. Participants who will be working at the same health facility should work together. Give each group flip chart and markers.

Explain that each small group should create a map on flip chart. They should draw and label any health facilities as well as any community support services available in the surrounding areas for PLHIV and their families (including the support services discussed in the last session). After creating the map, each group should discuss (you may want to write these on flip chart):

- *What community services are good/strong in your working area?*
- *What gaps are there in community-based services in your working area?*
- *How are these community services linked to the health facility now?*
- *How could Peer Educators help improve these linkages?*

After about 30 minutes, ask some of the groups to present their map to the large group.

Step 5: Refer participants to *Appendix 12A* in their Manual. This is a form that all Peer Educators should fill in together and update often. Once it is filled in, the form will be an “inventory” of all of the community-based resources available to PLHIV and their families. Ideally, different members of the multidisciplinary team would be involved in learning about community resources, developing an inventory and referring clients.

Walk participants through the form and, if time allows, give some time to start

filling in the inventory based on the mapping activity. If there is not time, encourage participants to fill in the inventory with other Peer Educators and members of the multidisciplinary team within 1 month.

Note that this type of inventory could also be used to list the different services, dates and times of clinics within a large health facility.

KEY INFORMATION

Some common challenges to facility-community linkages:

- Health care workers may not be aware of community-based services.
- Community organizations and community leaders may not be aware of services at the health facility.
- Health care workers may not come from the communities they are serving at the clinic.
- Community leaders and community organizations may not trust facility-based services or may prefer traditional medicine or healing.
- Community members may not have been educated about the need for HIV-related services at the health facility.
- People may get treated poorly when they go to the health facility.
- It may cost a lot of money to get from the community to the health facility.
- Community organizations may have not told health facility staff what services they could offer to clients.
- Community health workers may not be trained on PMTCT or HIV care and treatment.
- Many others

Strategies to improve facility-community linkages:

- Always ask about clients' community and family situations and any support needs during visits.
- Meet with community leaders to talk with them about HIV care and treatment services and why they are important. Also, clarify common myths about HIV and ART in the community.
- Advocate that each health facility should have an updated list of community resources.
- Work with the multidisciplinary team to learn what community organizations and services are available in the areas where clients live and meet with these organizations to set up a formal "two-way" referral system. This means that the health facility can refer people to community organizations and the community organizations can refer people to the health facility.
- Work with the multidisciplinary team to plan an afternoon for community organizations, community health workers and community leaders to come to your health facility for a tour, to meet the health care workers and to learn more about the services that are provided there.
- Participate in community meetings and gatherings to discuss HIV care and treatment.
- Existing community health workers can be trained to identify community members and refer them for testing, PMTCT, care and treatment. They can also be trained to provide basic adherence and psychosocial support to community members and to follow up with clients who have missed appointments.

- Involve community outreach workers with home-based follow-up of clients who have missed appointments at the hospital.
- Involve community members openly living with HIV to strengthen facility-community linkages.
- Start a support group at the health facility if this would be convenient and acceptable to potential members. Invite health care workers to the support group meetings to provide guidance and information.

Community resource maps and inventories:

As a first step, Peer Educators can work together with community organizations and community health workers to map resources available in the community for people and families affected by HIV. In some places, resource lists may already exist, so check in with your local PLHIV associations, district HIV teams, regional health bureaus or other coordinating organizations. Peer Educators should carry an updated inventory of community support services at all times for easy reference and referral.

SESSION 12.4: Being a Community Educator and Advocate (60 minutes)



TRAINER INSTRUCTIONS

Methodologies: Large Group Discussion, Interactive Trainer Presentation, Small Group Work, Role-Play

Step 1: **Note:** The content of this session should be adapted based on the anticipated role of Peer Educators in the community. In some programs, it is likely that Peer Educators will be based mainly in facilities, with limited activities in the community. In others, Peer Educators will be expected to share their time between facility- and community-based activities. Within the same program, these roles and responsibilities may change over time, so trainers should adjust this session accordingly.

Lead a discussion on the role Peer Educators will play in community education and advocacy within your specific program.

Step 2: Ask participants if they can recall some of the key points for speaking in front of a group from *Module 4*. Add to the conversation, as needed, from the list of key points below.

Step 3: Break participants into 5 small groups. Assign each group one of the following scenarios to role-play:

- *You have been asked to speak about HIV care and treatment at a community meeting.*
- *You have been asked to speak to a youth group about HIV prevention, care and treatment.*
- *You have been asked by your church (or mosque, temple, etc.) to talk about the support PLHIV need in the community.*
- *You have been asked to speak at a PLHIV association meeting about positive living and HIV care and treatment.*
- *You are approaching a local NGO focusing on nutritional support about creating a referral system for PLHIV enrolled in care and treatment at the local health center where you work.*

Step 4: Give the small groups about 20 minutes to prepare an outline of what they would talk about for each scenario.

Step 5: Ask each group to spend about 7-10 minutes performing their role-play. Allow the large group to give comments and constructive feedback on content and the way Peer Educators presented the information.

Step 6: Remind participants that as trained, respected Peer Educators, they may be asked to speak to community groups and at community gatherings. This is a good opportunity to educate the community about HIV, advocate for the needs of PLHIV and their families and help reduce stigma and discrimination of PLHIV.

KEY INFORMATION

How can Peer Educators mobilize the community around HIV?

- Use your position as a Peer Educator to speak at community gatherings, community group meetings, religious services, women's and youth group meetings and other community events.
- Talk with families in your community about HIV, how to prevent HIV and what prevention, care and treatment services are available in the community.
- Talk to young people about how to protect themselves from HIV, STIs and unwanted pregnancy. Help young people living with HIV to get the care and treatment they need.
- Involve other community members in the fight against HIV. Talk with teachers, business leaders and political leaders about what they can do to help PLHIV and their families and prevent new HIV infections.
- Get involved in community events, such as World AIDS Day activities and HIV testing campaigns.

Reminder from *Module 4*

Important points to remember when speaking in front of a group:

- Be sure to plan the group session ahead of time and practice what you are going to say.
- Do not stand behind a desk or other furniture.
- Encourage participants to sit in a semi-circle to make it more comfortable to talk and less like a classroom. The person leading the session should be part of the semi-circle. Make sure you can make eye contact with everyone and that no one is staring at your back.
- Speak loudly enough so everyone can hear you clearly, but so that you are not shouting.
- Start by explaining the goals and content areas of your topic and ask if there are any questions.
- Lead an introductory activity (have people introduce themselves or say something about their family) so participants feel more comfortable with one another.
- Interact with participants and engage them by moving around the room, asking questions and asking people to share personal stories/concerns, etc.
- Acknowledge that the people attending will know something about the topic being discussed. Encourage them to share what they know and use it as an opportunity to identify and correct any misconceptions.
- Make eye contact with all members of the group.
- Check in regularly to make sure participants are engaged and understanding the messages.
- Pay attention to people who seem shy or quiet and emphasize that everyone's personal experiences, questions and concerns are important.
- Use visual aids and avoid lecturing.
- Encourage participants to speak with you in private afterward if they have concerns they do not want to share with the group.
- Ask group participants to summarize what they have learned and actions they will take at the end.
- Always leave time for questions and re-explain anything that was not understood completely.

SESSION 12.5: Module Summary (10 minutes)



TRAINER INSTRUCTIONS

Methodologies: Large Group Discussion, Interactive Trainer Presentation

- Step 1:** Ask participants what they think are the key points of this Module. What information will they take away from the Module?
- Step 2:** Summarize the key points of the Module using participant feedback and the content below.
- Step 3:** Ask if there are any questions or clarifications.
- Step 4:** Review the learning objectives with participants and make sure all are confident with their skills and knowledge in these areas.
- Step 5:** If there are areas participants do not fully understand or in which they need more help, go back and review the session before moving to the next Module.

KEY INFORMATION



THE KEY POINTS OF THIS MODULE INCLUDE:

- Some common needs of PLHIV and their families at the community and home levels include home-based care, adherence support, poverty reduction and income-generating activities, support groups, nutritional support and many other services.
- There are many community-based services in most places, but often groups and organizations do not know about each other or do not make formal plans to work together. Without this collaboration, clients will not be able to access the full continuum of care and support. A key component of Peer Education is advocating for strong linkages between health facilities and these community services.
- There are many ways to strengthen facility-community linkages, such as meeting with community leaders; orienting existing community organizations and health workers on PMTCT, ART and adherence; and having a strong two-way referral system between the health facility and community organizations.
- Peer Educators should stay up-to-date on which services are available for PLHIV and their families in the community, have an inventory of these services and make referrals.
- Peer Educators may be asked to speak to community groups or at community gatherings. Use your position of respect to educate and mobilize the community and advocate for the needs of PLHIV and their families. Speaking in the community can also help reduce stigma and discrimination.

- Be sure to plan ahead when speaking in the community and use good group communication skills.

APPENDIX 12A: SAMPLE COMMUNITY RESOURCES INVENTORY

Name of District or Community: _____

Name of Organization	Services Provided and Schedule (days/hours)	Catchment Area	Contact Person, Telephone and Address
1.			
2.			
3.			
4.			
5.			
6.			

