Community Capacity Enhancement through Community Conversations

February 2015
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<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>CBO</td>
<td>Community-based Organization</td>
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<tr>
<td>CC</td>
<td>Community Conversations</td>
</tr>
<tr>
<td>CCE-CC</td>
<td>Community Capacity Enhancement through Community Conversations</td>
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<tr>
<td>CCEP</td>
<td>Community Capacity Enhancement Program</td>
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<tr>
<td>CCF</td>
<td>Community Conversation Facilitator</td>
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<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
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<tr>
<td>DHMT</td>
<td>District Health Management Team</td>
</tr>
<tr>
<td>DMSAC</td>
<td>District Multi-Sectoral AIDS Committee</td>
</tr>
<tr>
<td>DPHCS</td>
<td>Department of Primary Health Care Services</td>
</tr>
<tr>
<td>EBP</td>
<td>Evidence-based Planning</td>
</tr>
<tr>
<td>FBO</td>
<td>Faith-based Organization</td>
</tr>
<tr>
<td>MLG&amp;RD</td>
<td>Ministry of Local Government and Rural Development</td>
</tr>
<tr>
<td>MT</td>
<td>Master Trainer</td>
</tr>
<tr>
<td>MTR</td>
<td>Mid-Term Review</td>
</tr>
<tr>
<td>NACA</td>
<td>National AIDS Coordinating Agency</td>
</tr>
<tr>
<td>NASTAD</td>
<td>National Alliance of State and Territorial AIDS Directors</td>
</tr>
<tr>
<td>NFS II</td>
<td>The Second National Strategic Framework for HIV and AIDS (2010-2016)</td>
</tr>
<tr>
<td>PEPFAR</td>
<td>President's Emergency Plan for AIDS Relief</td>
</tr>
<tr>
<td>SMC</td>
<td>Safe Male Circumcision</td>
</tr>
<tr>
<td>TOTS</td>
<td>Trainer of Trainers</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Program</td>
</tr>
<tr>
<td>VMSAC</td>
<td>Village/Ward Multi-Sectoral AIDS Committee</td>
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</table>
The National Alliance of State and Territorial AIDS Directors (NASTAD) has, since 2010, been partnering with the Ministry of Local Government and Rural Development’s Department of Primary Health Care Services (MLG&RD – DPHCS) to strengthen the application and use of CCE-CC as an approach for tackling some of the key drivers of HIV and AIDS in Botswana. With NASTAD’s technical assistance and support, MLG&RD – DPHCS has revised the generic CCE-CC training manual developed by United Nations Development Program (UNDP) in order to adapt it to the Botswana context. This comprehensive CCE-CC Training Manual incorporates and aligns existing trainings that are designed and provided to Master Trainers and Trainers. In this context, this training manual will ensure that communities are given space to identify concerns, deliberate on solutions and map out courses of action around HIV and AIDS.

The issue of HIV prevention is increasingly coming to the forefront of public debate in Botswana. The 2010 - 2016 Second National Strategic Framework for HIV and AIDS (NSF II) places priority on prevention strategies with the aim of reaching the national goal of “No new HIV infections in Botswana by end of 2016”. The key players in the Botswana’s HIV response strongly believe that in order to achieve the goals of preventing new HIV infections, reducing stigma, and provision of care and support in remote and rural populations, the communities need to be mobilized to have influence and control over the epidemic.

During the development of the CCE-CC Training Manual, the National AIDS Coordinating Agency (NACA) was undertaking a Mid-Term Review (MTR) of NSF II. The purpose of the MTR was to undertake a review of progress towards achievement of NSF II objectives and also to identify the shortfalls and factors militating against effective implementation of the national response in HIV and AIDS prevention, treatment, and care and support, systems strengthening and strategic information management. The review was also tasked with making recommendations on improving NSF II 2010-2016 design and implementation approaches and strategies with a focus on the rest of the life of NSF II and the period beyond.

The rationale for this training manual is therefore to harmonize and guide prevention messages and interventions from an increased number of community facilitators who facilitate conversations on HIV related issues. As part of the CCE-CC transition to local leadership, this training manual seeks to provide MLG&RD with a complete framework that will facilitate their role of providing technical leadership for the Community Capacity Enhancement Program (CCEP) implementation and sustaining the application of CCE-CC as a means of achieving HIV and AIDS response objectives. The technical capability for the application of the methodology depends on the availability of adequately trained trainers and community facilitators. This training manual is, therefore, key to ensuring staff competencies and quality implementation.
ACKNOWLEDGMENTS

The Ministry of Local Government and Rural Development (MLG&RD) would like to acknowledge and thank the National Alliance of State and Territorial AIDS Directors (NASTAD) for the technical and material support provided in the development of this training manual that will guide the implementation of the Community Capacity Enhancement through Community Conversations (CCE-CC) in Botswana.

We would like to express our appreciation to the consultants, Mr. Peter Chibatamoto and Mrs. Kebabonye Gabaake, who developed the training manual. Special thanks to all CCE-CC Master Trainers and other stakeholders who provided useful input and guidance throughout the design of this training manual. We are also greatly indebted to all those who agreed to be interviewed at various stages of the development of the CCE-CC framework, without whose input this document would not have been possible. These respondent include government officials, particularly in the Ministries of Health and Local Government, National AIDS Coordinating Agency (NACA) as well as Non-Government Organisation and our development partners.

Finally, our gratitude goes to the U.S. Government’s President’s Emergency Plan for AIDS Relief (PEPFAR) which funded this initiative through the Centers for Disease and Prevention (CDC), Division of Global HIV/AIDS (DGH), Cooperative Agreement # 1U2GPS001617. We should take this opportunity to also state that the content of this training manual are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.
As indicated in Botswana’s “Framework and Operational Guidelines for Community Capacity Enhancement through Community Conversations” (CCE-CC Framework Guide) of February 2013, this training manual is designed for use with diverse groups but especially for trainers of Community Conversation Facilitators (CCFs). The manual facilitates the transmission and acquisition of CCE-CC skills, concepts, and tools, and improves the understanding of HIV and AIDS issues at the individual, community and organizational levels. Figure 1 outlines the beneficiaries of the training manual at the national, district and village levels.

Figure 1: Beneficiaries of the Training Manual

Ideally, national stakeholder institutions identify staff members at the supervisory level who possess communication skills to be trained as Master Trainers (MTs). The second level of Trainers of Trainers (TOTs) are stationed at the district level, and the Community Conversation Facilitators (CCFs) are members of communities at village level who are knowledgeable of the culture and language of the communities and understand how HIV issues impact the lives of their community members.

The objective of this training manual is to provide a standard package of training materials on the basic concepts of CCE-CC. The training should equip participants with introductory knowledge and tools that will enable them to generate a deep understanding of the complex nature of the epidemic within individuals and communities, and to create the social cohesion necessary to create an environment for political, legal and ethical change. In turn, this should improve community-responsive, result-oriented policies, programs and operations regarding attainment of national goals.

The training manual is user-friendly, includes local examples, and has been designed so that less experienced CCFs can utilize it with ease. Each module in the CCE-CC Training Manual specifies learning objectives, steps to follow, content and basic resource materials. The sections are built in a logical sequence. However, trainers may rearrange the topics, expand or reduce the detail and creatively adapt the methods in response to unique aspects of the training or depending on the level of participants. It also includes a
set of exercises that the trainer may use to enhance learning and communicate key points.

The methodology used during the training will be based on experiential learning, and participatory processes including: interactive presentations, group work, facilitation, role playing, exercises, simulations, teach backs, field work and practice, debriefing and application by all participants.

**Note:**

Throughout the training manual, the person administering the training is referred to as the “trainer”—this can be a Master Trainer or a Trainer of Trainers. The individuals being trained are referred to as “facilitator” or “participant”. The latter can either be a Trainer of Trainers or a Community Conversation Facilitators.
BACKGROUND

The Government of Botswana has through its policies and actions (such as the Tenth National Development Plan, the NSF II, the National Community Mobilization Strategy for Botswana on HIV and AIDS, and Botswana’s Framework and Operational Guidelines for Community Capacity Enhancement through Community Conversations) demonstrated its commitment to work towards the reduction of HIV infection through community mobilization. Botswana strongly believes that community mobilization ensures that the very heart and mind of each and every Motswana is inspired and empowered to seek out positive changes and embeds Batswana in the social and cultural fabric that binds us together as one people and as one nation.

This wave of community mobilization is not new to Botswana. For decades, it has been the traditional system (known as the kgotla system) where Batswana come together to collectively identify the range of issues that arise from their communal living and to agree upon possible solutions to address those using locally available resources. Whilst other community mobilization initiatives have been introduced in Botswana, the CCE-CC was introduced in 2004 through UNDP as an example of the first of these approaches that builds on the kgotla tradition. The approach boosts the capacity of communities to identify concerns, deliberate on solutions and map out courses of action around HIV and AIDS. It brings together men, women and all those affected by HIV and gives them the opportunity to make their voices heard, to identify their needs and to be included in the decision-making process around HIV and AIDS interventions. The approach opens up spaces for discussions based on relationships of trust and mutual respect. The community conversations offer a unique opportunity to strengthen the capacity of communities to engage with local government and development partners on the allocation of resources in the HIV and AIDS response. The community conversations were mostly conducted at the kgotla in rural areas of the country while in towns and cities; a similar type of “space” was created in community halls, churches and other venues where urban communities gather. This program is now being implemented on a national scale.

This training manual serves as a reference for all trainings relating to CCE-CC taking place in Botswana and is available to all partners supporting the Government of Botswana to achieve the national goal of HIV and AIDS response. This manual is based on a handbook for community conversations developed by UNDP in 2005 and the existing initiatives developed by other partners but also adapted to the various commitments on community mobilization at national, regional and international levels.

The CCE-CC training manual uses interactive processes consistent with the principles of community capacity enhancement. The facilitator uses a self-direction method for adults where participants will be engaged in a process of inquiry, analysis, and decision-making rather than just transmit knowledge. This is based on the fact that community members are knowledgeable and this approach is just to stimulate what they already know and bring it forth for use in addressing issues of HIV in their communities.

Prior to final design and layout of the training manuals, two batches of pre-testing were done involving experienced CCE-CC facilitators at the local levels. The CCE-CC Training Manual and the CCE-CC Facilitator’s Guide comprise the complete set of training materials for CCE-CC. This set of materials will standardize the facilitation of Community Conversations (CC) at the national, district and local levels as a successful approach for District HIV and AIDS response. The CCE-CC Training Manual is composed of five modules with a number of units.
**TRAINING OVERVIEW**

Training is crucial in developing and building the capacity of personnel involved in the CCE-CC process to transfer skills, concepts, and tools needed to improve the community’s understanding of HIV & AIDS. The format and length of the capacity building sessions will vary depending on the target audience. Training of Master Trainers and Trainers of Trainers is usually achieved over the span of two weeks, while training of the Community Conversation Facilitators takes five days. Each training cycle should be facilitated by four to five trainers.

Throughout the training sessions, the CCE-CC Facilitator’s Guide should be used by participants as a reference.

Below are suggested training agendas for MTs and TOTs, and CCFs.

**Training Agenda for Master Trainers and Trainers of Trainers**

### Day 1

<table>
<thead>
<tr>
<th>Activity</th>
<th>Duration</th>
<th>Reference</th>
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<tbody>
<tr>
<td>Prayer</td>
<td>5 min</td>
<td></td>
</tr>
<tr>
<td>Welcome</td>
<td>10 min</td>
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<tr>
<td>Participatory Introductions</td>
<td>60 min</td>
<td>Module 1, Unit 1</td>
</tr>
<tr>
<td>Workshop Norms and Expectations</td>
<td>45 min</td>
<td>Module 1, Unit 2</td>
</tr>
<tr>
<td><strong>Tea Break</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guiding Principles and Objectives</td>
<td>60 min</td>
<td>Module 2, Unit 2</td>
</tr>
<tr>
<td>Community Change Process (CCE Evolution)</td>
<td>60 min</td>
<td>Module 2, Unit 1</td>
</tr>
<tr>
<td><strong>Lunch</strong></td>
<td>60 min</td>
<td></td>
</tr>
<tr>
<td>Community Change Process (Methodological Framework)</td>
<td>75 min</td>
<td>Module 3</td>
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<tr>
<td>Workshop Evaluation</td>
<td>30 min</td>
<td></td>
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<tr>
<td>Facilitator’s Meeting</td>
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### Day 2

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<th>Activity</th>
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<tbody>
<tr>
<td>Prayer</td>
<td>10 min</td>
<td></td>
</tr>
<tr>
<td>Recap of Day 1</td>
<td>30 min</td>
<td></td>
</tr>
<tr>
<td>Reflection</td>
<td>45 min</td>
<td></td>
</tr>
<tr>
<td>Process Facilitation Skills</td>
<td>30 min</td>
<td>Module 4, Unit 2</td>
</tr>
<tr>
<td><strong>Tea Break</strong></td>
<td>30 min</td>
<td></td>
</tr>
<tr>
<td>Process Facilitation Skills</td>
<td>60 min</td>
<td>Module 4, Unit 2</td>
</tr>
<tr>
<td>Power Relations</td>
<td>90 min</td>
<td>Module 4, Unit 9</td>
</tr>
<tr>
<td><strong>Lunch</strong></td>
<td>60 min</td>
<td></td>
</tr>
<tr>
<td>Stocktaking of Current Approaches</td>
<td>90 min</td>
<td>Module 4, Unit 1</td>
</tr>
<tr>
<td>Workshop Evaluation</td>
<td>30 min</td>
<td></td>
</tr>
<tr>
<td>Facilitator’s Meeting</td>
<td>30 min</td>
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### Day 3

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<th>Activity</th>
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<tbody>
<tr>
<td>Prayer</td>
<td>5 min</td>
<td></td>
</tr>
<tr>
<td>Reflection</td>
<td>30 min</td>
<td></td>
</tr>
<tr>
<td>Socio-cultural Dynamics</td>
<td>85 min</td>
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</tr>
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<td><strong>Tea Break</strong></td>
<td>30 min</td>
<td></td>
</tr>
<tr>
<td>Social Capital Analysis</td>
<td>60 min</td>
<td>Module 4, Unit 6</td>
</tr>
<tr>
<td>Envisioning &amp; Five Friends of Planning</td>
<td>90 min</td>
<td>Module 4, Unit 13 &amp; 14</td>
</tr>
<tr>
<td><strong>Lunch</strong></td>
<td>60 min</td>
<td></td>
</tr>
<tr>
<td>Historical Timeline</td>
<td>60 min</td>
<td>Module 4, Unit 5</td>
</tr>
<tr>
<td>Active Listening</td>
<td>45 min</td>
<td>Module 4, Unit 3</td>
</tr>
<tr>
<td>Activity</td>
<td>Duration</td>
<td>Reference</td>
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</tr>
<tr>
<td>Workshop Evaluation</td>
<td>30 min</td>
<td></td>
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<tr>
<td>Facilitator’s Meeting</td>
<td>30 min</td>
<td></td>
</tr>
<tr>
<td><strong>Day 4</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prayer + housekeeping</td>
<td>15 min</td>
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</tr>
<tr>
<td>Recap of day 3</td>
<td>20 min</td>
<td></td>
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<tr>
<td>Transect Walk</td>
<td>115 min</td>
<td>Module 4, Unit 8</td>
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<tr>
<td><strong>Tea Break</strong></td>
<td>15 min</td>
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<tr>
<td>Mapping</td>
<td>105 min</td>
<td>Module 4, Unit 8</td>
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<tr>
<td><strong>Lunch</strong></td>
<td>60 min</td>
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<tr>
<td>Team Building</td>
<td>60 min</td>
<td>Module 4, Unit 12</td>
</tr>
<tr>
<td>Change and Language</td>
<td>60 min</td>
<td>Module 4, Unit 10</td>
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<tr>
<td>Workshop Evaluation</td>
<td>30 min</td>
<td></td>
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<td>Facilitator’s Meeting</td>
<td>15 min</td>
<td></td>
</tr>
<tr>
<td><strong>Day 5</strong></td>
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<td></td>
</tr>
<tr>
<td>Prayer</td>
<td>10 min</td>
<td></td>
</tr>
<tr>
<td>Reflection (counting your losses)</td>
<td>45 min</td>
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<tr>
<td>Change and Perception</td>
<td>65 min</td>
<td>Module 4, Unit 11</td>
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<td><strong>Tea Break</strong></td>
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<tr>
<td>Documentation</td>
<td>75 min</td>
<td>Module 5</td>
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<tr>
<td>Community and Facilitator’s Walls</td>
<td>60 min</td>
<td>Module 5, Unit 2 &amp; 3</td>
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<tr>
<td><strong>Lunch</strong></td>
<td>60 min</td>
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<tr>
<td>Storytelling + Night Exercise (Community Perspectives)</td>
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<tr>
<td>Workshop Evaluation</td>
<td>15 min</td>
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<tr>
<td>Facilitators Meeting</td>
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</tr>
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<td><strong>Day 6</strong></td>
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<tr>
<td>Prayer</td>
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<tr>
<td>Recap of Day 5</td>
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<tr>
<td>Strategic Questioning</td>
<td>60 min</td>
<td>Module 4, Unit 4</td>
</tr>
<tr>
<td>Preparation for Field Practice (groups)</td>
<td>45 min</td>
<td>Module 5, Unit 4</td>
</tr>
<tr>
<td><strong>Tea Break</strong></td>
<td>30 min</td>
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<tr>
<td>Preparation for Field Practice</td>
<td>90 min</td>
<td>Module 5, Unit 4</td>
</tr>
<tr>
<td>Role Playing (groups)</td>
<td>60 min</td>
<td>Module 5, Unit 4</td>
</tr>
<tr>
<td><strong>Lunch</strong></td>
<td>60 min</td>
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<tr>
<td>Role Playing (groups)</td>
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<td>Facilitator’s Meeting</td>
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<tr>
<td><strong>Day 7</strong></td>
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<tr>
<td>Prayer</td>
<td>5 min</td>
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<tr>
<td>Field Practice</td>
<td>120 min</td>
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<tr>
<td><strong>Tea Break</strong></td>
<td>15 min</td>
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<tr>
<td>Field Practice (Community Wall)</td>
<td>90 min</td>
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<tr>
<td><strong>Lunch</strong></td>
<td>60 min</td>
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<tr>
<td>Feedback of field trip (the process)</td>
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<tr>
<td>Preparation for Feedback (Community &amp; Facilitator’s wall)</td>
<td>45 min</td>
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<tr>
<td>Workshop Evaluation</td>
<td>15 min</td>
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## Day 8

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<tbody>
<tr>
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<td>Reflection</td>
<td>25 min</td>
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<td>Feedback on Field Trio</td>
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<td><strong>Tea Break</strong></td>
<td>15 min</td>
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<tr>
<td>Implementation Framework</td>
<td>120 min</td>
<td>Module 2, Unit 3</td>
</tr>
<tr>
<td><strong>Lunch</strong></td>
<td>60 min</td>
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<tr>
<td>Monitoring &amp; Evaluation (Tools)</td>
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<td>30 min</td>
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<tr>
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<td>10 min</td>
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<tr>
<td>Recap of Day 8</td>
<td>30 min</td>
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</tr>
<tr>
<td>Skills Reinforcement (Tools &amp; Competencies)</td>
<td>80 min</td>
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<td><strong>Tea Break</strong></td>
<td>30 min</td>
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<td>Skills Reinforcement (Cont.)</td>
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<td>Workshop Evaluation (fill forms and discuss next steps)</td>
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<tr>
<td>Closing</td>
<td>30 min</td>
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<tr>
<td><strong>Lunch</strong></td>
<td>60 min</td>
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<tr>
<td>Facilitator’s Debrief</td>
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## Training Agenda for CCFs

### Day 1

<table>
<thead>
<tr>
<th>Activity</th>
<th>Duration</th>
<th>Reference</th>
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</thead>
<tbody>
<tr>
<td>Prayer</td>
<td>5 min</td>
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</tr>
<tr>
<td>Welcome</td>
<td>10 min</td>
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</tr>
<tr>
<td>Participatory Introductions</td>
<td>60 min</td>
<td>Module 1, Unit 1</td>
</tr>
<tr>
<td>Workshop Norms and Expectations</td>
<td>30 min</td>
<td>Module 1, Unit 2</td>
</tr>
<tr>
<td>Guiding Principles and Objectives</td>
<td>60 min</td>
<td>Module 2, Unit 2</td>
</tr>
<tr>
<td><strong>Tea Break</strong></td>
<td>15 min</td>
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<tr>
<td>Guiding Principles and Objectives</td>
<td>30 min</td>
<td>Module 2, Unit 2</td>
</tr>
<tr>
<td>Community Change Process (CCE Evolution)</td>
<td>60 min</td>
<td>Module 2, Unit 1</td>
</tr>
<tr>
<td>Methodological Framework</td>
<td>60 min</td>
<td>Module 3</td>
</tr>
<tr>
<td><strong>Lunch</strong></td>
<td>60 min</td>
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<tr>
<td>Methodological Framework</td>
<td>60 min</td>
<td>Module 3</td>
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<tr>
<td>Reflection</td>
<td>60 min</td>
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<tr>
<td>Workshop Evaluation &amp; Facilitator’s Meeting</td>
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### Day 2

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<thead>
<tr>
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<tbody>
<tr>
<td>Prayer</td>
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<tr>
<td>Recap of Day 1</td>
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<td>Process Facilitation Skills</td>
<td>60 min</td>
<td>Module 4, Unit 2</td>
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<tr>
<td>Power Relations</td>
<td>30 min</td>
<td>Module 4, Unit 9</td>
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<tr>
<td><strong>Tea Break</strong></td>
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<td>Power Relations</td>
<td>45 min</td>
<td>Module 4, Unit 9</td>
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<td>Stocktaking of Current Approaches</td>
<td>60 min</td>
<td>Module 4, Unit 1</td>
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<td>Socio-cultural Dynamic</td>
<td>60 min</td>
<td>Module 4, Unit 7</td>
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<td><strong>Lunch</strong></td>
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<td>Activity</td>
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<tr>
<td>Social Capital Analysis</td>
<td>75 min</td>
<td>Module 4, Unit 6</td>
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<tr>
<td>Team Building</td>
<td>60 min</td>
<td>Module 4, Unit 12</td>
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<tr>
<td>Workshop Evaluation &amp; Facilitator’s Meeting</td>
<td>30 min</td>
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<tr>
<td><strong>Day 3</strong></td>
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<tr>
<td>Prayer</td>
<td>5 min</td>
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<tr>
<td>Transect Walk &amp; Mapping</td>
<td>110 min</td>
<td>Module 4, Unit 8</td>
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<tr>
<td><strong>Tea Break</strong></td>
<td>30 min</td>
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<tr>
<td>Active Listening</td>
<td>60 min</td>
<td>Module 4, Unit 3</td>
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<td>Historical Timeline</td>
<td>90 min</td>
<td>Module 4, Unit 5</td>
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<tr>
<td><strong>Lunch</strong></td>
<td>60 min</td>
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<tr>
<td>Storytelling + Night Exercise</td>
<td>60 min</td>
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<tr>
<td>Envisioning the Future</td>
<td>30 min</td>
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<tr>
<td>Five Friends of Planning</td>
<td>60 min</td>
<td>Module 4, Unit 13</td>
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<tr>
<td>Workshop Evaluation + Facilitator’s Meeting</td>
<td>15 min</td>
<td>Module 4, Unit 14</td>
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<tr>
<td><strong>Day 4</strong></td>
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<tr>
<td>Prayer + housekeeping</td>
<td>10 min</td>
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<tr>
<td>Reflection (counting your losses)</td>
<td>60 min</td>
<td>Module 4, Unit 10</td>
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<tr>
<td>Change and Language</td>
<td>50 min</td>
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<tr>
<td><strong>Tea Break</strong></td>
<td>15 min</td>
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<tr>
<td>Change and Perception</td>
<td>45 min</td>
<td>Module 4, Unit 11</td>
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<td>Strategic Questioning</td>
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<td>Module 4, Unit 4</td>
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<td>Documentation</td>
<td>60 min</td>
<td>Module 5, Unit 1-3</td>
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<tr>
<td><strong>Lunch</strong></td>
<td>60 min</td>
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<tr>
<td>Preparation for Field Practice</td>
<td>150 min</td>
<td>Module 5, Unit 4</td>
</tr>
<tr>
<td>Workshop Evaluation + Facilitator’s Meeting</td>
<td>15 min</td>
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<tr>
<td><strong>Day 5</strong></td>
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<tr>
<td>Prayer</td>
<td>10 min</td>
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<tr>
<td>Field Practice (Community Conversations)</td>
<td>240 min</td>
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<tr>
<td>Preparation for Feedback</td>
<td>30 min</td>
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<tr>
<td><strong>Lunch</strong></td>
<td>60 min</td>
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<tr>
<td>Feedback (process, community &amp; facilitator’s wall)</td>
<td>60 min</td>
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<tr>
<td>Skill Reinforcement</td>
<td>75 min</td>
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<tr>
<td>Workshop Evaluation + Facilitator’s Meeting</td>
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Module Description

This module provides a platform for the trainer(s) and the participants to get acquainted with each other. The next module then gives participants an overview of Botswana’s response to HIV and AIDS, methodological approach of the CCE-CC process, objectives of CCE-CC, expected outcomes, as well as the guiding principles that will be applied throughout CC.

Materials Required

- Small cards
- Flip chart
- Marker pens
- Board

Training Methodologies

- Group activity
- Lecture and discussion
- Brainstorming
- Experience sharing

Preparations Needed

- Update knowledge of the current national HIV and AIDS response (see Handout 1).

Module Objectives

- At the end of this module, participants will be able to demonstrate an in depth understanding of the aims of the training.

Module Overview

In this module the following will be covered:

- Participatory introduction
- Workshop norms and expectations
UNIT 1: Participatory Introduction

Trainer’s Notes

Introductions are important in that they allow community members and facilitators to get to know and trust one another. They also start the process of building a relationship of mutual respect. This is the first building block to creating an enabling environment for mutual and co-learning processes among facilitators and community members as well as among community members themselves.

Unit Objectives

- To allow participants to be introduced in a manner that is interactive, participatory and empowering
- To generate a safe space for sharing experiences where each participant feels valued
- To allow participants to talk about themselves, their concerns and their communities in an empowering way and build relationships with each other

Instructions to the Trainer

Task 1: Introductions

- Split participants into pairs. Participants from different communities or organizations should compose each pair.
- Distribute small cards among participants (each pair).
- Write down the following questions on a flip chart and ask each participant to ask these questions to their partner during the exercise:
  - What is your name?
  - What is your community of origin?
  - What are your favorite hobbies?
  - What are your strengths (the things you like most about yourself)?
  - The name or nickname by which you wish to be called during the workshop?
  - What do you think your contribution to this workshop will be?
- Ask each person present to introduce his/her partner to the large group using the information collected during the discussion in pairs.

Task 2: Discussion

- Ask the participants to form groups and have a discussion using the following questions, which should be written on a flipchart:
  - What are the strengths of your community (the things you like about your community)?
  - What are the important challenges that your community faces?
- Participants should exchange points of view and one group member, acting as a recorder, presents the results of the discussions.

Tips:

- Ask participants what they have learnt at the end of the unit.
- Summarize the unit by highlighting why a participatory introduction is important in community conversations.
UNIT 2: Workshop Norms and Expectations

Trainer’s Notes

Every community is guided by values, rules and regulations. These rules and regulations are better adhered to when they are generated through dialogue and agreement by community members themselves. Community agreements also manifest as rules that are sometimes unwritten but that all concerned are required to follow. The participants in the workshop will form a community and will therefore need a set of rules to guide their interactions as well as create a suitable learning environment.

Unit Objectives

At the end of this unit participants will be able to:

- Formulate rules and agreements about attitudes and behaviors that will guide their participation during the workshop, and
- State their workshop expectations.

Instructions to the Trainer

Task 1: Workshop Norms

- Divide the participants into groups of 4 to 5 people.
- Give each group pieces of paper and markers for drawing.
- Ask participant to come up with suggestions of rules to abide by during the workshop.
- Ask participants to depict the rules in picture form.
- Each group presents their agreed upon rule-picture in the plenary session and explain its meaning.
- Check whether any other group has a similar drawing and decide with participants which one best expresses the desired rule.
- Reach consensus on each proposed rule and paste the pictures on the wall.
- Discuss with participants the importance of mutual respect and having agreements about acceptable and unacceptable behaviors during the workshop.
- Have participants select a “minister of justice” (who will be responsible for reminding participants when rules are not being followed) as well as a time keeper.

Task 2: Workshop Expectations

- Divide the participants into groups of 4 to 5 people.
- Give each group pieces of paper and markers for writing.
- Ask groups to discuss their workshop expectations and reach a consensus within the group.
- Ask groups to write their expectations on pieces of paper.
- Ask the groups to stick their papers on board provided.
- Discuss with participants their expectations.

Tips:

- Ask participants what they have learnt at the end of the unit.
• Summarize the unit by highlighting the importance of agreement and respect of common codes of conduct in order to live in harmony together.

• Indicate that expectations will be displayed and referred to throughout the workshop to make sure each expectation is addressed.
Module Description
In this module, participants will gain an understanding of CCE-CC as a community based self-reflection intervention meant to raise awareness and stimulate action within communities. Furthermore, participants will learn about the guiding principles, objectives and outcomes of the process.

Materials Required
- Small cards
- Flip chart
- Marker pens
- Board

Training Methodologies
- Group activity
- Lecture and discussion
- Brainstorming
- Experience sharing

Preparations Needed
- Review current information on the national HIV and AIDS response (see Handout 1).

Module Objectives
- At the end of this module, participants will be able to demonstrate an in-depth understanding of the CCE-CC process.

Module Overview
In this module the following will be covered:
- Origin of CCE-CC and how CCE-CC has evolved
- CCE-CC guiding principles, objectives and outcomes
- CCE-CC implementation framework
UNIT 1: Community Change Process - CCE-CC Evolution

Trainer’s Notes

Every community facilitator needs to appreciate the origins of CCE-CC and how it has evolved (see Handout 2). The trainer should also ensure that participants appreciate that Botswana has adopted the community change process. The trainer should take the participants through the notes given slowly so that they clearly understand.

Unit Objectives

At the end of this unit, participants will be able to:

- Describe the origin of CCE-CC, and
- Understand how CCE-CC has evolved.

Instructions to the Trainer

- In a large group, ask participants if they have heard or learnt about the CCE-CC process?
- Ask them to share their experiences.
- Ask for their reactions about the approach, is it a good approach? What are the disadvantages of the approach?
- Describe the origin of CCE-CC and how it has evolved as follows:
  - Origin of CCE-CC
    - The CCE-CC approach originated from the community counselling which was successfully employed by the Chikankata Salvation Army Hospital to re-unite the post leprosy patients with their families and communities in the 1980s.
    - In the mid-1990s, due to HIV and AIDS epidemic, the Salvation Army Hospital (Zambia) and Enda Tiers-Santé (Senegal) promoted community engagement in HIV and AIDS matters:
      - Zambian communities realized that a lot of people in their communities were dying from the same symptoms.
      - The communities approached the traditional leadership about their concerns and united as communities, they approached officials at Chikankata Salvation Army Hospital. They offered to mobilize communities for conversations with hospitals on the disease. The communities then offered to assist the sick at homes and organized community conversations on the prevention strategies with the blessing of their traditional leaders.
      - United Nations Development Programme (UNDP) recognized its success in creating transformation at community and institutional levels and adopted and enriched it by the work on transformational leadership development in 2001.
      - It was called Community Capacity Enhancement Program (CCEP), and later the approach was called Community Capacity Enhancement through Community Conversations (CCE-CC)
      - In 2004, the CCE-CC approach was introduced to Botswana through the UNDP’s Leadership for Results Programme as
Community Capacity Enhancement Programme. It was implemented in 5 districts as a pilot

- In 2006, Botswana adopted the CCE-CC approach, and it was rolled out to all districts and is currently under the leadership of Ministry of Local Government and Rural Development/Department of Primary Health Care Services (MLG&RD, DPHCS) with support from NASTAD

  - Expand on the current situation regarding the implementation of CCE-CC in our communities (share any success stories and challenges)

- Explain to the participants that CCE-CC creates opportunities for people to understand, discuss, decide and act on issues affecting their lives as follows:
  - It sets an interactive process of observing, reflecting, questioning and making decisions for change together.
  - By bringing together men and women of different generations, it allows different perspectives to be heard and taken into account when decisions are made.
  - It integrates the principles of diversity, respect of differences and non-discrimination into the tools and practices used to address issues critical to HIV and AIDS.
  - It reinforces community capacity to generate and transfer knowledge from one community to the other.
  - It contributes to developing strong, skilled and healthy community based networks needed to reflect community voices at different levels, and to support community responses to HIV and AIDS.

- Seating Arrangement:
  Seating arrangement during CCE-CC training and a Community Conversation is in a horse shoe or open circle, with chairs, no tables, facing inwards. This promotes participation and interaction amongst participants. It also create a sense of equality as there is no head table, thus handling the issue of power relations during the conversation. Again this depicts the Setswana seating arrangement at the kgotla where the community’s matters are discussed and decisions made.

Tips:

- Ask participants what they have learnt at the end of the unit.
- Summarize the unit by highlighting why it is important to understand the origin of CCE-CC, how it has evolved (the birth of CHBC as a success story) and how it has now been adopted by Botswana.
- Emphasize the importance of the sitting arrangement during CC relating it to a counselling session and a Setswana kgotla session (mafoko a matlhong).
UNIT 2: Guiding Principles, Objectives and Outcomes

Trainer’s Notes

This unit discusses the basic but essential norms, rules and values of CCE-CC as well as expected impact of using the methodology in our communities. The trainer should take the participants through the notes given slowly so that they clearly understand because the effectiveness of the methodology is linked to how these norms, rules and values are applied.

Unit Objectives

At the end of this unit, participants will be able to:

- Define the guiding principles of CCE-CC,
- Outline the CCE-CC objectives, and
- Explain the outcomes of CCE-CC.

Instructions to the Trainer

- Explain the following principles, objectives and outcomes of CCE-CC to the participants.

Task 1: Guiding Principles of CCE-CC

- Explain the following essential norms, rules and values of CC methodology to participants:
  - Belief that communities have the capacity to identify needed changes, ‘own’ these changes and transfer change to other communities
  - Sensitivity to local, family and community experiences – working by invitation and commitment, not imposition
  - Facilitation rather than intervention of “experts”
  - Gender sensitivity and a focus on the participation and inclusion of women and girls
  - Mutual learning (facilitators with community, community with facilitators, community with community, among community members, organization to organization)
  - A grounding in universal human rights principles
  - Participatory approaches with space for listening, inclusion, agreement and expressions of concerns.
  - Team formation at organizational and community levels for implementation
  - Respect of differences trust and mutual respect

- Ask participants the following questions to generate a discussion:
  - What do you think of these principles?
  - Are these principles you live by?
  - What are words, activities, or stories that are used in your communities now that express or embody these principles?
Task 2: CCE-CC Objectives

- Explain the following CCE-CC objectives to participants:
  - Generate a deep understanding of the complex nature of the epidemic within individuals and communities, and to create the social cohesion necessary to create an environment for political, legal and ethical change
  - Support the development of self-esteem, self-confidence, tolerance, trust, accountability, introspection and self-management
  - Examine social contracts among various groups in the community – for example, between women and men, people living with HIV and those who have not been tested, the young and the old, the rich and poor – and to address girls’ vulnerability
  - Build a pool of resource persons with transformative leadership abilities and facilitation skills in Community Conversations to scale up the community response to HIV and related development issues
  - Bring the voices of people into the national response, and integrate community concerns and decisions into national and decentralized plans with the aim of linking resources to individual and collective needs
  - Strengthen the capacity of NGOs and community-based organizations to develop appropriate strategies for a response that places communities and individuals at the center

Task 3: CCE-CC Outcomes

- Explain the following CCE-CC outcomes to participants:
  - Increased number of community initiatives for HIV prevention, home-based care, change in harmful traditional practices, reduction of stigma and discrimination, support for orphans, and voluntary counselling and testing
  - Women, men, girls, boys, local authorities, people living with HIV and others are increasingly involved in decision-making processes affecting their lives
  - Decision-making processes affecting the lives of these various groups increasingly reflect the concerns of communities through a process of active communication
  - Increased number of NGOs and community-based organizations using Community Conversations to stimulate and scale up social change and to address other issues, such as governance, health, the environment, agricultural and peace-building
  - Increased number of community initiatives include in the district HIV/AIDS response plan

Tips:

- Ask participants what they have learnt at the end of the unit.
- Summarize the unit by highlighting why understanding guiding principles, objectives and outcomes of CCE-CC is important in community conversations (refer to Handout 2).
Unit 3: CCE-CC Implementation Framework

Trainer’s Notes:

These guidelines will assist the district or village to draw a comprehensive CCE-CC implementation plan in order to ensure implementation with fidelity. After the initial skill building workshop, it is paramount that a clear plan of action is drawn which shows how the six building components will be addressed. The CCE-CC Implementation Framework differs from the Methodological Framework in that it is broad and outlines the comprehensive guide for implementing CCE-CC while the Methodological Framework is specific to CC and is a component of the CCE-CC approach.

Unit Objectives

At the end of this unit, participants will be able to understand the six building components of CCE-CC.

Instructions for the Trainer

- Take participants through the six components slowly so that they understand the Implementation Framework.
- The six components are:

  1. **Enrollment**
     - The primary aim is to sell the approach and solicit support of the community leadership and key stakeholders within the community. One on one visits and one day workshops are organized by District officials or CCE-CC officer to share the methodology, concepts and skills with key stakeholders and the community leadership. The community leaders and stakeholders include Kgosi, local health workers, DHMT, VDC, VMSAC, CBOs, FBOs, Police, Private sector and other extension workers.

  2. **Capacity Building**
     - Initial skill building workshops/trainings should be organized for TOTs and CCFs, this is meant to build a pool of resource persons with transformative leadership abilities and facilitation skills in community conversation to scale up the community response to HIV and related development issues. Capacity building include periodic skill refinement sessions to address skill gaps identified in the self-assessments and CC documentation. Upon completion of their training—guided by this training manual—TOTs and MTs should be well-versed in the CCE-CC process, and should be able to train and support CCFs during the CC implementation phase to ensure quality assurance. Likewise, CCFs should be able to conduct Community Conversations using the CCE-CC Facilitator’s Guide as a reference.

  3. **Community Conversations and Documentation**
     - A team of trained CCFs enable CC where people are encouraged to reflect upon and express their perspectives according to their viewpoints, beliefs and experiences regarding the issues under discussion. Each individual perspective should be recorded exactly as they were expressed. Documentation should be conducted in a rigorous way right from the first visit, and should be shared with MTs or TOTs during the onsite support visits. Module 5 in this training manual expands more on the documentation process during the CCE-CC process. All documentation should remain with the community for future reference.

  4. **Onsite Support**
     - After initial skill building workshops, TOTs or trained supervisors should join the CCFs in their community conversations and observe the facilitation
process. The aim is to provide technical assistance (coaching and mentoring) in order to strengthen their capacity and that of the community. This also allows supervisors to identify gaps that can be addressed during skill refinement sessions. One-on-one visits to communities during CCE-CC initiatives implementation by district level officials motivates and encourages communities and CCFs in their efforts.

5. **Reflection and Review**

Reflection and review sessions can be conducted at village or district level where community conversation groups—led by CCFs—come together to share success stories and achievements, to engage in *stocktaking*, and set direction for improvement, sustainability and expansion of partnerships. This sets an opportunity for mutual learning as well.

6. **Community to Community Exchange**

Program to program visit exchanges should be organized and supported by TOTs or the DACs as part of the learning and knowledge transfer process. The visits should not be evaluative or competitive but tools for strengthening the process and facilitators’ skills, as well as encouraging communities in their efforts.

**Tips:**

- Ask participants what they learnt at the end of the unit.
- Summarize the unit by highlighting how they can use the Implementation Framework (refer to the CCE-CC Framework and Operational Guidelines and Handout 3).
- Refer participants to Module 2 of the CCE-CC Facilitator’s Guide for more details about the essential steps to be taken before and throughout the CCE-CC implementation phase.
Module 3: Methodological Framework

Module Description
Participants will learn the six phases of community conversation methodology and the necessary skills and tools that facilitate implementation of each step. In order to facilitate acquisition of necessary skills, participants will engage in a number of role plays and simulation games. Moreover, the trainer will emphasize the interconnectedness of the steps in the framework in order to demonstrate how the steps contribute to a holistic community transformational process.

Materials Required
- Small cards
- Flip chart
- Marker pens
- Community maps

Training Methodologies
- Role play
- Group activity
- Lecture and discussion
- Brainstorming
- Case scenarios

Preparations Needed
- Review information on the CCE-CC Methodological Framework (see Handout 4)

Module Objectives
At the end of this module, participants will be able to:
- Demonstrate an in-depth understanding of the CCE-CC Methodological Framework, and
- Demonstrate an understanding of the relevant tools and competencies for facilitating implementation of each step.

Module Overview
- In this module, all the six phases of the CCE-CC Methodological Framework and tools for each phase will be discussed.
UNIT 1: Introduction of the CCE-CC Methodological Framework

Trainer’s Notes

The trainer should emphasize that the process is based on the beliefs and values of counselling: that people experiencing challenges have the capacity to address their challenges. Thus, communities have the capacity to make their own decisions, and the role of a facilitator is to create an environment in which these capacities are unleashed and applied to address the challenges and threats against the achievement of their desired goals.

In introducing the CCE-CC Methodological Framework, the facilitator should define CCE-CC; explain principles and facilitation processes (i.e. sitting arrangement, mutual respect). The facilitator should also explain steps in the framework and ensure that the methodological framework is shared at every conversation session. Issues to be discussed should focus on the HIV and AIDS key drivers as informed by the district data. Gauge the community members’ knowledge of the topic to be discussed, reinforce it by using district data and explain the implications of the identified issue.

Unit Objective

- At the end of this unit, participants will be able to:
  - Describe the six phases used in the CCE-CC Methodological Framework, and
  - Define the differences between the CCE-CC Implementation Framework and the Methodological Framework.

Instructions to the Trainer

- Draw the diagram of the CCE-CC Methodological Framework (see Figure 2).
- Explain that Community Capacity Enhancement works within a framework guided by and with steps that will enable community to:
  - Address their concerns together
  - Learn together
  - Move together towards community change goals
- Walk through the phases in the facilitated community change process as shown in Figure 2.
- Explain that, during the workshop, skills and tools will be identified for each phase in the process.
**Figure 2. The Six Phases of the CCE-CC Methodological Framework**

- **Relationship Building**
- **Reflection and Review**
- **Action Implementation**
- **Decision Making**
- **Consort Exploration**
- **Concern Identification**

**Tips:**
- Ask participants what they have learnt at the end of the unit.
- Summarize the unit by highlighting the importance of the CCE-CC Methodological Framework phases in CC.
UNIT 2: Relationship Building

Trainer’s Notes
This is usually the first part of entry in community and engaging a community in a change process. The complexities of HIV and AIDS that communities address in CCE-CC can be sensitive and communities may not feel safe to discuss them with individuals they do not trust or in an environment where they feel the information will be used against them.

The trainer should emphasize that a facilitator works to gain the confidence of the community and establish the expectations of the process. Once established, a relationship of trust should be nurtured throughout the process of capacity enhancement. The relationship should be strong enough to allow for challenges from both sides. This requires time and the skillful use of tools.

Unit Objectives
At the end of this unit, participants will be able to:
- Describe the importance of relationship building in CCE-CC,
- Demonstrate an understanding of the relationship building process for enhancing community capacity,
- Explain the roles of facilitator during relationship building for CCE-CC, and
- Apply active listening to the process of relationship building.

Instructions to the Trainer
- Engage participants in a brainstorming exercise where they define:
  - Relationship building
  - The importance of building relationship for community workers
- Write all the responses on a flipchart as they come.
- Break participants into groups and ask them to:
  - Come up with ways they have used to build relationship with communities, community leaders and stakeholders in their work
  - Share challenges they have experienced or met in working with communities, community leaders and stakeholders
  - Discuss how they would build relationship with communities and community leaders before and on the day of conducting community conversation
  - Make a list of community leaders and stakeholders they would work with/build relationship with in their communities
- Participants should present in plenary.
- Explain to participants the roles of CCFs in building relationships with community members as outlined in Module 3, Step 1 of the CCE-CC Facilitator’s Guide.

Tips:
- Ask participants what they have learnt at the end of the unit.
- Participatory introductions, active listening, setting rules, stocktaking and emotional intelligence are key tools and competencies for building relationships.
UNIT 3: Community Concern Identification

Trainer’s Notes

Community concerns are general issues that worry or disturb the community; from this they extract their needs which are more specific. Looking at concerns generates many possibilities for action as the concern usually reflects how a problem is experienced from within. Ensure that participants understand how to bring in the already identified concern in a manner that will not spoil the built relationship. The facilitator should find out if the community identifies and validates the issue at hand. Find out community observations and what they know about the issue. Probe on the uptake of the services or magnitude of the issue under discussion, and reinforce with relevant statistics.

Unit Objective:

At the end of this unit, participants will be able to:

- Identify ways to facilitate identification of concerns by the communities, and
- Explore the meaning of significant events in their lives and the lives of their community members.

Instructions to the Trainer

Task 1: Understanding concern identification in CCE-CC

- Engage participants in a discussion where they define:
  - Concern identification
  - Importance of identifying community concerns in CCE-CC
  - The role of a facilitator as outlined in the CCE-CC Facilitator’s Guide, Module 3, Step 2
  - Community perspective

- Write all the responses on a flipchart as they come.

Task 2: Group exercise

- Break participants into groups.
- Assign one person in each group to play the role of a CCF and facilitate the rest of the participants—acting as community members—in a mock CC to identify their concerns.
- Suggest that participants use the CCE-CC Facilitator’s Guide, Module 3, Step 2 to assist them.
- Ask participants to create a community wall (see Handout 5) and present it to the group.

Tips:

- Indicate to the participants that community concerns will be identified by using tools and competencies such as strategic questioning, community wall, rich description and historical timelines) which will be discussed in Module 4.
- Ask participants what they have learnt at the end of the unit.
- Summarize the unit by highlighting why identifying community concerns is important in community conversations.
- Refer to Handout 4 and 5 for more information on concern identification.
UNIT 4: Concern Exploration

Trainer’s Notes
Having identified and mapped community concerns, the trainer helps the community to explore their concerns. The other phrases that could be used to express exploration are: “to examine bit by bit”, to “dig deeper” or “going into new territory”. Through exploration, one examines the magnitude of the concern and its underlying factors. This phase denotes application of the CCE-CC and Evidence-based Planning (EBP) linkages where the issues identified by the EBP process are explored after community validation.

Unit Objective
- At the end of this unit, participants will be able to assist the community to explore their concerns, examine their magnitude and help communities reach agreement on concerns and underlying causes.

Instructions to the Trainer
Task 1: Discussion
- Engage participants in discussion where they define:
  - Exploration
  - Importance of exploring community concerns in CCE-CC
  - Role of the facilitator in community exploration,
- Specifically review Module 3, Step 3 of the CCE-CC Facilitator's Guide when engaging participants in this discussion.
- Write all the responses on a flipchart as they come.
- Summarize all that was discussed and inform participants that this phase denotes application of the CCE-CC/EBP linkages where the issues identified by the EBP process are explored after community validation.

Task 2: Group exercise
- Break participants into groups.
- Assign one person in each group to take the role of the CCF and facilitate the rest of the participants in a mock CC to explore their concerns.
- Display a list of identified or validated concerns.
- Ask participants to prioritize identified or validated concerns (according to what they want to do first).
- Ask participants to develop a strategic question that would help establish underlying factors or causes of the concern.
- Let the participants use the template below to create a community wall.

<table>
<thead>
<tr>
<th>Prioritized Issues</th>
<th>Underlying Factors</th>
<th>Misconceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Ask groups to present in plenary.
Tips:

- Refer to the CCE-CC Facilitator’s Guide and Handout 4 and 5.
- Refer to the DMSAC Evidence Based Planning Toolkit (section I and II) for additional information about EBP.
- Key tools and competencies are stocktaking, strategic questioning, active listening, transect walk and mapping, documentation, and socio-cultural dynamics and HIV & AIDS (see module 4 for more information).
- Ask participants what they have learnt at the end of the unit.
- Summarize the unit by highlighting why exploring community concerns is important in community conversations.
UNIT 5: Decision Making and Planning

Trainer’s Notes

Communities have the capacity to make their own decisions based on the identified concerns and findings of their exploration. They envision the future and make decisions and commitments on possible actions for change and transformation necessary to address the challenges of HIV and AIDS in their communities. A simple and yet detailed plan of action guided by the Five Friends of Planning (what, how, who, where and when) should be made. Planned community actions need to involve as many community members as possible in their design as this promotes team ownership and strengthens community ownership and sustainability of planned actions. In decision making, participants should know how to envision for the future (community agrees on the desired outcomes).

Unit Objectives

At the end of the unit, participants will be able to help the community to:

- Make their own decisions based on identified concerns and findings of their exploration,
- Create a vision for the future,
- Draw a implementation plan and commit to it, and
- Appreciate the importance of stakeholder involvement.

Instructions to the Trainer

Task 1: Discussion

- Engage participants in discussion where they define:
  - Decision making
  - Envision the future
  - Commitment to action
  - Role of stakeholders in decision making
  - Role of the facilitator as outlined in Module 3, Step 4 of the CCE-CC Facilitator’s Guide
- Summarize all points raised by the participants.

Task 2: Group exercise

- Break participants into groups.
- Ask each group to designate one person that will act as the CCF and facilitate the other participants as they choose a concern and identify its underlying causes.
- Create a vision for the future (see Module 4, Unit 13 for more information)
  - Determine where we are now concerning this specific issue?
  - Where we want to go (outcome)?
  - How would we get there?
  - When we want to get there (timeframe)?
- Draw an implementation plan using the template that can be found in Handout 6 and on the next page.
Outcome: Increased Safe Male Circumcision (SMC) uptake from 15% to 25% by end of November 2015

<table>
<thead>
<tr>
<th>What is the identified Community Concern?</th>
<th>How?</th>
<th>Who is to take action</th>
<th>Where</th>
<th>When</th>
</tr>
</thead>
</table>
| Low male uptake of SMC program at Kodibeleng village (15%) | • Sensitize males on benefits of SMC  
• Conduct HIV counselling and testing  
• Provide SMC services | • Health Education Assistant,  
• Tebelopele and BOCAIP  
• ACHAP | • At kgotla meetings  
• Health facilities  
• Health Facilities | • Oct 1  
• Jan 30  
• July 30 |

• Identifying resources needed through social capital analysis:
  o Determine what is needed?  
  o What do we have? What is available?
• Ask groups to present in plenary.

Tips:
• The key competencies and tools that should be used during this phase are the Five Friends of Planning, social capital analysis, team work and envisioning the future.
• Ask participants what they have learnt at the end of the unit.
• Summarize the unit by highlighting why decision making is important in community conversations.
UNIT 6: Action (Implementation)

Trainer’s Notes

The role that individual community members play in the implementation are outlined and agreed upon during the decision making process. Facilitators continue to support the community during this phase through onsite support visits and honoring their commitments as reflected in the community action plans. The facilitators also act as links with other systems keeping the community informed about what is available to sustain them in the course of action. Participants need to know that planning for implementation helps to outline important sub activities or tasks that will ensure effective quality execution of the planned activity.

Unit Objective

- At the end of the unit, participants will be able to help communities implement planned activities.

Instructions to the Trainer

Task 1: Discussion

- Use the following questions for discussions:
  - What do you understand by planning for implementation?
  - What is the importance of planning for implementation?
- Refer participants to Module 3, Step 5 of the CCE-CC Facilitator’s Guide to learn more about the role of the facilitator during the implementation.

Task 2: Group exercise

- Break participants into groups.
- Ask each group to designate one person who will act as the CCF and guide the rest of the participants—acting as community members—in selecting activity in the plan
  - Brainstorm on relevant tasks or sub activities
  - Assess for any knowledge gaps in relation to implementation of this task
  - If there are knowledge gaps, plan for capacity building
  - List relevant key stakeholders
  - Agree on dates of implementation
  - Identify lead persons for each task
  - Agree on how and when to give feedback to the entire group
- Ask participants to present in plenary.

Tips:

- The key competencies and tools used during this phase are the Five Friends of Planning, team work, documentation and emotional intelligence (see module 4).
- Summarize the unit by highlighting why implementation of activities is important in community conversations.
UNIT 7: Reflection and Review

Trainer’s Notes

Reflection and review is a way of looking back at what has transpired, the shifts and the practices and the process that were used to achieve the objectives. It should be participatory, and based on the assumption that communities have the capacity to identify their own changes and indicators of change. The community answers the critical questions of what has changed in the values, attitudes and practices of the individuals and communities as well as providing the indicators they are using to validate the reported changes.

The reflection and review process should help to look at the CCE-CC implementation process in order to establish the community’s knowledge on the CCE process, appreciate the benefit of the process and identify the lessons learnt by the community. Change or desired outcomes can be realized through observable community behaviors, individual testimonies, and facilitators/communities/facility records as well as documented success stories. The results of this process should provide answers on what has been achieved, how it can be improved and how it can be sustained.

Unit Objective

- At the end of the unit, participants will be able to discuss the importance of reflection and review as an integrated part of the community capacity enhancement process.

Instructions to the Trainer

Task 1: Discussion

- Lead a discussion session using the following questions:
  o What is reflection?
  o What is review?

Task 2: Group work

- Break participants into groups.
- Ask them to discuss the following questions:
  o What is the importance of review and reflection in CCE?
  o At what stage of CCE-CC should review and reflection be done?
  o How can ongoing reflection/review be helpful to the community?
  o How can ongoing reflection/review be helpful to facilitators?
- Ask groups to present in plenary.

Tips:

- Please note that Reflection and Review is the sixth phase of the CCE-CC Methodological Framework and a tool to be used at all times during CC.
- Key competencies and tools are reflection and review, documentation, active listening, social cultural dynamics (see module 4).
- Ask participants what they have learnt at the end of the unit.
- Summarize the unit by highlighting why review and reflection is important.
Module Description

The module puts emphasis on the importance of understanding CCE-CC concepts for facilitators to be competent enough to use the defined tools and competencies used in community conversations. In order to facilitate acquisition of skills necessary for addressing community challenges, participants will engage in a number of role plays and simulation games. Trainers will emphasize the interconnectedness of tools in the framework in order to demonstrate how the tools and competencies can contribute to a holistic community transformational process.

Materials Required

- Small cards
- Flip chart
- Marker pens
- Community maps

Training Methodologies

- Role play
- Group activity
- Lecture and discussion
- Brainstorming
- Case scenarios

Preparations Needed

- Refresh your knowledge on the tools and competencies outlined in this module (Handout 7).

Module Objectives

- At the end of this module, participants will be competent enough to utilize the defined tools and competencies used in community conversations.

Module Overview

- In this module, tools and competencies applied to all the six phases of the CCE-CC Methodological Framework will be discussed.
UNIT 1: Stocktaking of the Current Response to HIV and AIDS

Trainer’s Notes

The trainer should introduce participants to the Botswana national response programs. The aim of this unit is to reflect on the gaps, successes and challenges in preventing the spread of HIV and lessening its impact. HIV was first identified in Botswana in 1985. Many have responded to it in different ways, based on our understanding of the epidemic and the way we interact with others. We know from our own perspective that some of these responses were positive, others were not, and some could have been improved.

Reflecting on the initiatives taken that were successful in preventing the spread of HIV and lessening its impact, and the things that were not, is called stocktaking. We need to reflect on why certain approaches were successful while others failed. Knowing this will give us strength and courage to do more of the things that work and to change the things that are not working in response to HIV and AIDS at the individual, institutional and community levels. This unit will cover key drivers of HIV and the national HIV prevention, care, treatment and support.

Unit Objectives

At the end of the unit, participants will be able to:

- Reflect on their ways of working and interacting with teammates, and
- Identify strengths and weaknesses in their ways of working and successes/achievements and challenges at the individual and community level.

Instructions to the Trainer

Task 1: Describing the key drivers of the epidemic in Botswana

- Discuss the basic facts about HIV and AIDS (see Handout 8 and 9).
- Divide participants into groups.
- Allocate each of the following drivers of the epidemic to each group:
  - Multiple concurrent sexual partnerships
  - Adolescent and Intergenerational sex
  - Alcohol and high risk sex
  - Stigma and discrimination
  - Gender violence and sexual abuse
- Write the following questions on the flipchart:
  - Share your understanding of the driver allocated to your group
  - How much of a problem is the driver of the epidemic allocated to your group in your communities?
  - What have you done yourselves about the problem/driver of HIV and AIDS?
  - What have you done well/achieved and why (individually and as an organization)?
  - What haven’t you done well and why (individually and as an organization)?
- Provide each group with flip chart to write group responses.
- Allocate 10 minutes for the group work and 5 minutes for each group to report back.
• Summarize the drivers of the epidemic.

**Task 2: Challenges of the National HIV Prevention, Care Treatment and Support**

In the evening preceding this session, participants should meet with their family, friends or neighbors to find out their perceptions on HIV and AIDS transmission, prevention, care and treatment. Participants should reflect on the discussions. Based on their discussions, identify and list examples of current myths, false beliefs and misconceptions in their community.

• Ask participants to break into groups
• Ask to share their findings on myths and misconceptions and to list the myths under the following headings:
  o Prevention
  o Care and support
  o Treatment
• Distribute the Ministry of Health poster on Integrated Management of Adolescent and Adult Illness, Chronic HIV Care with Antiretroviral (ARV) Therapy.
• Ask the groups to read through the posters and identify facts that clarify myths and misconceptions (see Handout 8 and 9).
• Each group should prepare a poster presentation on the identified myths and should provide information clarifying the myths.
• All posters are displayed in a gallery and participants take turns visiting each poster using a roundtable approach.

**Tips:**

• Ask participants what they have learnt at the end of the unit.
• Highlight the understanding of the key drivers of HIV in Botswana and key points on the HIV and AIDS prevention, care treatment and support (see Handout 1).
• Remember that *stocktaking* is a tool mainly used in relationship building, but it can be used throughout the CCE-CC process.
UNIT 2: Process Facilitation

Trainer’s Notes

The trainer should introduce participants to the process used in facilitation of community conversations. To facilitate means to make easier. Process facilitation means to accompany communities in their process of change. It requires an understanding of sociocultural, individual and collective forces at work in a particular community. The facilitator guides the process using a set of skills and tools and taps into the existing capacities of the community in its search for a response to challenging situations. Facilitation makes the response quicker, easier and proactive by creating space for communities to reflect, envision and plan their responses. It strengthens the capacity of communities to identify implement, maintain and sustain desired changes.

Unit Objectives

At the end of the unit, participants will be able to:

- Reflect on the implications of the approaches they have been using in their work with their communities,
- Demonstrate an understanding of the role of process facilitation in enhancing and unleashing community capacity, and
- Distinguish the roles of a community from the role of a facilitator in the process of enhancing community capacity.

Instructions to the Trainer

Task 1: Process facilitation

- Present scenario 1 and scenario 2 on flipcharts as shown in Figure 3.
- Ask participants to break into groups.
- Using the illustration on the flipchart, ask participants to answer the following questions in their groups:
  - Which picture shows the way you normally work in or relate to the community?
  - Describe what is happening in scenario 1 and scenario 2
  - Describe the relationships among people in scenarios 1 and 2
  - Describe the feelings you think people have in scenarios 1 and 2
  - State word or phrase you would use to describe what is happening in scenarios 1 and 2
- Summarize the activity and indicate that in CC, scenario 2 is the preferred approach because of its ability to address power relations and because it values all speakers.
Task 2: The role of the facilitator

- Ask participants to brainstorm about the role of the facilitator in enhancing and unleashing community capacity.
- List their responses on the flipchart.
- Use the notes below to summarize

1. Coordination of the activity through:
   - Ensuring that the activity is clear, understood and accepted by everyone
   - Serving the group during the implementation of the activity
   - Choosing a systematic procedure by which to carry out the activity
   - Raising important questions
   - Encouraging the group by whatever means
   - Respecting what can and cannot be done

2. Guiding the process by:
   - Ensuring clear understanding and reaching consensus about the process
   - When necessary, separating process from content
   - Creating space to express feelings and perceptions without judgment or discussion
   - Allowing time for gaining ideas, making objective evaluations and making decisions

3. Mobilizing participation by:
   - Encouraging total participation, expression of all points of view and mutual learning
   - Asking all groups for contributions
   - Demonstrating the behavior accepted by the group
- Respecting and protecting the feelings of group members by one’s own example
- Discouraging ridicule, blame, negligence and personal belittling

**Tips:**
- Ask participants what they have learnt at the end of the unit.
- Summarize the unit by highlighting key points in process facilitation and the role of the facilitator
- Process facilitation is tool is used across all the phases of the CCE-CC Methodological Framework.
UNIT 3: Active Listening

Trainer’s Notes

Active listening is a communication skill with which the listener closely follows what is being said and gives feedback to the speaker using verbal and non-verbal expressions. The listener restates in his/her own words or paraphrases what he/she would have heard to confirm understanding between both parties. Unlike selective or discriminatory listening, active listening is an approach to social change that strengthens the capacity of individuals, opens up a host of new ideas and activates the knowledge and resources of each individual. It favors sharing and the acceptance of new and diverse perspectives and mutual learning. It also limits exclusion.

Often people listen selectively to what they agree with or are comfortable with. However, in active listening, the listener has to keep an open mind and recall what is being said, irrespective of whether s/he agrees or not. In a change process, facilitators and community members need to listen to one another in a way that encourages discussion and generates new alternatives. In a group process, active listening allows for a demonstration of the fact that group members respect each other’s opinions. It can help weaken relationships based on power and guard against discrimination of those who are perceived as without power or of a lower social status. It recognizes the contributions of vulnerable groups, including people living with HIV, women and youth.

Unit Objectives

At the end of the unit, participants will be able to:

- Develop active listening capacity, and
- Demonstrate listening skills and the ability to accept perspectives that are different from their own.

Instructions to the Trainer

Task 1: Defining active listening

- Ask participants to discuss the following questions:
  - Define active listening?
  - What is the importance of active listening in CCE-CC process?
  - What were your experiences when you felt you were not being listened to?

Task 2: Group exercise

- Divide participants into groups.
- Write five ‘controversial issues’ on the flipchart. Examples of controversial issues:
  - Talking about HIV and condom use in churches should be encouraged
  - Parents should talk with their children about sex and HIV and AIDS
  - People living with HIV should be allowed to marry and have children.
- Ask participants in groups to reflect individually and, only after that, write down their responses and perspectives.
- Ask participants to read their responses and share their perspectives with other group members.
- After everyone has expressed their perspectives, ask each group member to remember what they heard from others.
• Pay attention to whether people retain only what they agree with, or if they also remember what they do not agree with.
• Ask those who want to clarify their perspectives and ideas to do so and allow others to contribute.
• The group is encouraged to reach common perspectives and consensus if possible or to recognize that there is no consensus and that diversity is a reality of their group.
• Ask participants to give a detailed description of how to show respect for and take into account everyone’s perspective during conversations.
• Ask each group to identify three key elements of active listening and respect for diverse perspectives.

Tips:
• Ask participants what they have learnt at the end of the unit.
• Summarize the unit by sharing key elements in plenary.
• Clarify that active listening includes not interrupting the person who is sharing his or her perspective and ensuring that each viewpoint is respected and considered as part of the group’s reality, even if everybody does not agree with it.
• Highlight the differences between active and selective listening.
• Emphasize that *active listening* is a competency used across all steps in the CCE-CC process.
UNIT 4: Strategic Questioning (90 minutes)

Trainer’s Notes

Strategic questioning is an enabling way of soliciting information and perspectives that opens up several options for answers. Strategic questioning can help the community members reflect on issues that affect them and deepen their understanding of concerns and options for transformation. Strategic questioning is a tool and a principal skill that should be used throughout the facilitated change process, but especially so in the identification and exploration of community concerns.

Unit Objectives

At the end of the unit, participants will be able to:

- Develop competencies in constructing strategic questions, and
- Appreciate the relevance of strategic questioning in stimulating community conversations and action.

Instructions to the Trainer

Task 1: Defining Strategic Questioning

- Ask participants to explain strategic questioning.
- List the following characteristics of strategic questioning on a flipchart and brainstorm with participants regarding their relevance to the change process.
  - Be dynamic, create movement
  - A question that cannot be ignored, requires thinking before answering
  - Provoke without causing offence
  - Create options and present several possibilities for answering
  - Go deeper into matters
  - Exclude the word “why” and its accompanying value judgments and tendency to put people on the defensive
  - Not elicit simple “yes” or “no” answers
  - Reinforce and give value to speakers
  - Help touch the untouchable and tackle taboos
- Explain how strategic questioning is used to:
  - Help communities reflect on issues
  - Bring to light and deepen understanding of community concerns
  - Generate conversations about sensitive issues without making participants feel defensive
Task 2: Case scenario

- Ask a volunteer to read through the scenario about strategic questioning:

  The chief of a village found out he was HIV-positive. He was in despair and so ashamed that he wanted to die, but he finally accepted the situation. Then his behavior changed positively and he started talking about antiretroviral therapy. He decided not to disclose what happened to him. Recently, because of his responsibilities as head of the village, he decided to address a kgotla meeting on issue of HIV in order to mobilize them to protect themselves and create a spirit of solidarity between families and people living with HIV. He called the village elders and asked them to help him formulate questions that could help his community reflect on and discuss the issue of HIV and AIDS and its underlying causes.

- Ask the participants to assume the roles of community elders for six wards at Mosu village (Tlou, Goo Tau, Masitaoka, Malwelamotse, Rebafe and Gotweng wards) formulate strategic questions for a community conversation on HIV and AIDS. Each ward has to formulate a strategic question for each of the following issues:
  - General concerns in the area
  - Health concerns in the area
  - Concerns about HIV and AIDS
  - Factors fuelling the spread of HIV and AIDS in the village
  - Community attitudes and interactions with people living with HIV
  - Possible decisions and actions to address low participation in services that promote VCT, PMTC and ART

- Ask participants to present in plenary.

- Share with participants some examples of strategic questions that they may use with community members during a CC such as:
  - What are our HIV and AIDS related concern in our village?
  - What factors contribute to this specific issue in our community?
  - What would we want our community to look like in two to three years?
  - What has changed in the values, attitudes and practices of the community?

Tips:

- Ask participants what they learnt in this unit.
- Strategic questioning is a tool and a competency mostly used in concern identification and exploration.
UNIT 5: Historical Timeline

Trainer’s Notes:

It should be noted that societies are inspired by major events, challenges, tragedies and crises they have overcome. Social change also has a profound effect. Communities mobilize themselves in order to face difficult ordeals – large harvests or droughts, or the management of an epidemic. Experiences are gained and lessons learned from these events – experiences that are often used as points of reference. The ability to ask oneself questions, the tolerance of that which is different, the preservation of minority and vulnerable group’s rights, relations based on reciprocation, willingness or unwillingness to change – all these should be part of community and individual plans. The reflection on the history and the steps we take as a result of this reflection allow us to base our future actions on people’s lives and resources rather than hypotheses and presumptions. Such reflection is an exercise in transformation that stresses the creative resources of communities, and allows an understanding of societies’ values, rules and principal concerns. A historical timeline allows for a relationship based on confidence among facilitators and community.

Unit Objectives

At the end of the unit, participants will be able to:

• Explore the meaning of significant events in their lives and the lives of their community members,
• Describe historical timeline as a tool that helps to build relationship (sharing significant events in a community’s life) among facilitators and the community, and
• Practice using the tool together.

Instructions to the Trainer

Task 1: Discussion

• Break participants into groups.
• Ask participants to discuss what they understand by historical timeline.
• Ask participants to think back in the life of their community and write on a sheet of paper the significant events that have affected the community they work in with approximate dates in which the events occurred (for the past 20 years, for example).
• Discuss by asking the following questions:
  o What made you list these events?
  o What impact did these events have in the life of the community?
  o What changes occurred in the community as a result of a specific event?
  o What were the feelings of community members around certain events?
• Ask groups to present in plenary.

Tips:

• Ask participants what they have learnt at the end of the unit.
• Historical timeline is a tool best used during concern identification. It strengthens social capital analysis and social networks.
UNIT 6: Social Capital Analysis and HIV and AIDS

Trainer’s Notes:

Social capital refers to the internal social and cultural coherence of society, the norms and values that govern interactions among people, and the institutions in which people and their norms are embedded. Social capital is the glue that holds individuals, communities and societies together.

"In the face of a phenomenon so intricately linked into the fabric of a society and as personally and professionally threatening as the HIV epidemic, it may be that only programs which penetrate the soul of a community, organization or nations will be effective” (Campbell, 1997). Central to this is the belief that community norms, values and practices shape group and individual behaviors. The kind and the extent of linkages and relationships within a community are critical determinants of the spread and impact of the epidemic. This will include:

- The role of respect, trust and networks which span socio-economic differences and differences of gender, race, class and other factors in the strengthening of community and governance
- How peoples’ ways of knowing themselves as part of cultures and collectives can be strengthened and can be reconstituted after the desolation of the epidemic; and
- The dense and synergistic patterns of relationships which knit together people in societies

Unit Objectives

At the end of the unit, participants will be able to:

- To identify the social capital in their communities, and
- To understand how to strengthen the capacity of communities and nations to mobilize, survive and rebuild in the age of HIV.

Instructions to the Trainer

Task 1: Understanding the concept

- Brainstorm in plenary on the meanings of the words; social capital and analysis
- What is social capital analysis?
- Highlight key points from the trainer’s notes to further explain social capital.

Task 2: Group work

- Break participants into groups and ask them to reflect and discuss the following questions:
  - How does social capital manifest itself within your society? Give examples.
  - How is it linked to behavior change?
  - How is social capital formation linked to HIV prevention, care, impact mitigation and treatment?
  - Translate the concept of social capital in your local language
- Ask participants to present in plenary.

Tips:

- Ask participants what they have learnt at the end of the unit.
- Historical timeline is a tool best used during concern identification. It strengthens social capital analysis and social networks.
UNIT 7: Socio-Cultural Dynamics & HIV and AIDS

Trainer’s Notes

It has been said that HIV and AIDS is intricately woven into the fabric of our society. Its spread is often fuelled by the way we live and relate to one another as individuals, as well as the way we relate within our families and in communities. It ‘rides on the back’ of our sociocultural practices, relationships, values, beliefs, norms, and gender and power relations. It rests on misunderstandings and false beliefs about the epidemic. In order to enable sustainable social change – to reverse the spread of HIV and lessen its impact on individuals and communities – it is essential to address the epidemic’s underlying causes. President Moseveni of Uganda referred to the sociocultural factors fuelling the epidemic as “dry grasses”. Just as dry grass burns widely and quickly when lit by even the smallest spark, so can certain sociocultural factors predispose communities to the quick spread of the epidemic? There are also factors within our cultures that mitigate the spread of HIV and reduce the suffering associated with it. President Moseveni referred to this as “green grasses”. It is valuable to identify how sociocultural beliefs and practices affect the way communities respond to the epidemic.

Unit Objectives

At the end of the unit, participants will be able to:

- Identify individual, relational and social factors that promote the spread of the epidemic in the communities represented by participants, and
- Identify false beliefs and misconceptions about HIV and take them into account when developing strategic responses.

Instructions to the Trainer

Task 1: Understanding the concept

- Brainstorm in plenary on the meanings of the words social, culture and dynamic and agree on a working definition of sociocultural beliefs and practices.
- Ask participants to reflect and brainstorm on socio-cultural beliefs and practices that they think can fuel the spread of HIV
- Highlight key points from the Trainers notes to further explain socio-cultural dynamics and HIV and AIDS
- Explain President Museveni’s perspective on socio-cultural dynamics on HIV and AIDS (refer to Trainer’s notes above)

Task 2: Group work

- Divide participants in small groups to discuss the following questions:
  - How would you describe the nature of the AIDS epidemic in your community?
    - Magnitude
    - Seriousness
    - Age group most affected
    - How it is mainly transmitted
  - List three key elements and give reasons for selecting them.
  - What are the underlying factors in the explosion of the epidemic in your community?
Task 3: Case scenario

- Divide participants into three groups.
- Distribute sheet of paper with the case scenario to each group.

Boikanyo was asked to reflect on the underlying causes behind the rapid spread of HIV and AIDS in Selibe-Phikwe which had the highest prevalence of 27.5 percent in 2013 (BIAS IV, 2013). He went to Botshabelo, and BCL communities in Selibe-Phikwe and listened to people’s view on various aspect of HIV transmission and prevention. Finally he identified the following factors:
  - The subordinate status of women
  - The myth that “the man is a bull”
  - Excessive drinking
  - Social hypocrisy
  - Blaming and looking down upon people living with HIV
  - The fact that only a small proportion of infected people know their HIV status.

- Ask a volunteer to read through the scenario
- Ask each group to consider the following questions:
  - Why do you think he identified these factors as underlying causes?
  - Are you in agreement with each of these factors?
  - What other factors would you add?

- Ask the groups to report back their findings in a plenary session.

Tips:

- Summarize the discussions by re-emphasizing that responses to the epidemic should actually address HIV’s underlying causes and not simply repeat prescribed prevention strategies
- Socio-cultural dynamics and HIV and AIDS is an important concept that helps the communities to reflect on the socio-cultural beliefs and practices and link them to the trends of the epidemic in their community
UNIT 8: Transect Walk and Mapping

Trainer’s Notes

The *transect walk* is a tool that allows community members to explore and thereby rediscover familiar surroundings. This activity allows people to focus attention on community realities that are usually overlooked or taken for granted, leading them on a process of self-reflection and collective exploration. Participants are requested to look out for community resources, strengths, weaknesses, and for a possible ‘entry point’ for action on HIV and AIDS.

Following the *transect walk*, *mapping* can be used to visualize community strengths and concerns. Visual representations of familiar surroundings allow people (including those who are illiterate) to increase awareness of their current activities in relation to HIV. In addition, representations deepen their understanding of the current reality. The *transect walk* and mapping is also a way of documenting the current community reality, and can be used again at a later point to illustrate and measure changes that have taken place.

Unit Objectives

At the end of the unit, participants will be able to:

- Demonstrate an understanding of *transect walk* and *mapping* tools,
- Apply *transect walk* to build relationships and identifying community concerns,
- Describe the tool of *mapping* as a way to identify community concerns, and
- Demonstrate how they will use mapping their own communities.

Instructions to the Trainer

Task 1: Transect walk

- Introduce the concept a day before the walk by asking participants to be ready for a walk (right clothing, shoes, water, etc.).
- Inform the participants that when they plan a transect walk they must:
  - Ensure that a specific community area is determined for the walk.
  - Walk in groups of six to eight through the community in various patterns (size of the group may change based on the size of the area being covered)
  - Walk in silence.
- Define *transect walk* as indicated in Figure 4.

*Figure 4. Transect Walk*

*Notes.* These are possible paths that can be taken during a community transect walk.
• Inform participants that as they walk they should look for:
  o Community gathering points
  o Community activities on HIV and AIDS prevention, care, support and treatment
  o Community strengths and resources ("green grass")
  o Situations, behaviors and factors that may make the community vulnerable to HIV ("dry grass")

**Task 2: Mapping**

• Ask participants to draw a community map of the area they covered during the transect walk (including details such as roads, schools, businesses, homes, anything considered green or dry grass, etc.).
• Ask all participants to contribute to the drawing of the map.
• Explain that during a mapping exercise participants should:
  o Use different colors to show the green and dry grass
  o Ensure that the map has a clear key (legend)

**Figure 5. Community Map**

• Ask participants to present in plenary.
• The facilitator can use the following strategic questions to draw out community concerns using the map.
  o What is happening in your community in the areas of health and development?
  o Where do they happen?
  o What are the areas of concern in your community about HIV and AIDS?
Tips:

- Ask participants what they have learnt at the end of the unit.
- Highlight that *transact walk* and *mapping* are tools that can be used throughout the process. For example, to identify and explore community concerns and to make decisions.
- Mention that the *transect walk* should be done more than once with the community.
UNIT 9: Power Relations

Trainer’s Notes

Power relationships are where there is an unbalance of power between the people involved. One is often more powerful than the other - this person feels strong and in control of themselves and the situation. The lesser powered person will feel abused and generally put down by the controlling and manipulative ways of the person in higher power. The person in higher power may say, "you can't leave me, I will kill myself." so the lesser powered- person will stay in the relationship out of fear that the higher powered person will kill themselves. When the lesser powered person feels vulnerable and unsafe, you can understand how this could be considered abusive - the lesser powered person is not allowed to leave, but is unhappy if they stay. It is a lose-lose situation for them.

Our actions and inaction are influenced by power dynamics in our everyday environment. Power relations exist even in this training, between a facilitator and participants, between a facilitator and the community, between men and women, and within families and communities. Power relations affect the way we interact and respond to HIV and AIDS. Understanding power relations will enable us to be proactive in recognizing and minimizing their negative impact on our facilitation. It will make us better at preventing HIV and AIDS and lessening its impact.

Unit Objectives

At the end of the unit, participants will be able to:

- Identify attitudes that are expressed both verbally and non-verbally that convey dominance or submission; and
- Discuss the impact and consequences of positions in individual relations.

Instructions to the Trainer

Task 1: Describing power relations

- Engage participants in a brainstorming sessions to answer the questions:
  - What is power?
  - What is power relations?
  - Have you ever experienced or observed issues of power relations in our families or communities?

Task 2: Exercise – Community Conversation Role Play

- Ask co-facilitators to assume the following positions during the conversation and to dominate the discussion:
  - A retired nurse, police officer
  - A politician (councilor or member of parliament)
  - Any other influential person in the community (VDC member, Kgosi)

- Ask the participants to act as community members attending a conversation.
- Facilitate a community conversation for thirty minutes.
- In the plenary, ask the participants to:
  - Share their feelings
  - Discuss the identified areas of dominance which depict issues of power relations
**Tips:**

- The tool is used in relationship building and throughout the CCE-CC process.
- Summarize the discussion by emphasizing how power of relations can positively or negatively affect the relationship-building process between the facilitator and the community members.
- Highlight how power relations can manifest itself in a community conversation.
UNIT 10: Change and Language

Trainer’s Notes
Language and the images they invoke influence behavior and attitudes. Word choice positions us in relation to the people we are communicating with. This can create rifts or can bring people together; it can reinforce hierarchy or consolidate alliances; it can discourage or encourage; it can convince or leave people indifferent. A facilitator’s choice of words should be guided by intent and ethical considerations. It is expected that facilitators will enhance the capacity of others and be conscious in the use of language since their choice of words reflects their attitudes and perspectives.

Unit Objectives
At the end of the unit, participants will be able to:
- Appreciate the sensitivity of language in the context of HIV and AIDS,
- Develop the skill of respecting the dignity and rights of all concerned, and
- Acquire skills that promote a non-stigmatizing and discriminating attitude.

Instructions to the Trainer
Task 1: Understanding change and Language
- Introduce the tool of change and language by facilitating a discussion on:
  - The definition of change and language
  - The importance of language in the response to the HIV and AIDS epidemic.

Task 2: Case scenario– Language exercise
- Divide participants into groups.
- Ask participants to list words that those who are involved in a capacity enhancement process should avoid using in their communication about HIV and AIDS:
  - In your opinion, why should these words be avoided?
- Make a list of words and matching descriptions that reflect the values and principles of a Capacity Enhancement Approach.
- Ask participants to draw a table with words to be avoided and their matching descriptions.

Tips:
- Summarize the discussions by re-emphasizing that language is important in reducing stigma and discrimination in communities.
- Reinforce that language can reinforce or inhibit change.
- The tool is used in relationship building and throughout the CCE-CC process.
UNIT 11: Change and Perception

Trainer’s Notes
In a working relationship, the manner in which we describe people often reflects how we exercise our power. It also influences how the people we describe are perceived and how we perceive them. People often describe others in a manner that seems objective, when in reality it is judgmental. This type of description is an exercise of power over another person. It influences the manner in which the person is perceived and how the person perceives him/herself. In a capacity enhancement approach, interactions between people have to be affirming and have to acknowledge their inherent capacity. Facilitators should be sensitive in their descriptions and, by doing so, coach community members in the use of empowering descriptions.

Unit Objectives
At the end of the unit, participants will be able to:

- To appreciate the importance of the power of perceptions and descriptions in the change process, and
- To practice the use of positive descriptions in community capacity enhancement.

Instructions to the Trainer
- Introduce the tool of change and perception by defining change and perception.
- Divide participants into groups
  - Distribute the “Health Professional Consultation Notes” exercise found on the next page (the exercise should be photocopied in advance).
- Ask groups to discuss and write responses on a flipchart
  - What are the differences in the way Tshepo is described in the two lists?
  - What are the implications of the descriptions for Tshepo?
- Have the groups present their work in plenary.
- Summarize the activity by explaining that
  - The first list of elements describes Tshepo only in terms of her difficulties or problems. Tshepo the human being is not reflected, seen or appreciated. There is no reference to any of her strengths. From this list, no one can understand how Tshepo perceives herself.
  - The second list describes Tshepo in a completely different manner. Tshepo is appreciated as a human being, an individual in her own right – with her individual capacity, her social relations, her own interests, etc. The list identifies entry points and a specific role for any external person willing to assist.

Tips:
- In CCE-CC approach interactions between people have to be affirming and acknowledging other people’s capacities.
- The tool is used in relationship building and throughout the CCE-CC process.
Exercise: Health Professional Consultation Notes

These are two sets of notes by health professionals about the same young girl, Tshepo, following a pre-natal consultation.

**List One**
- Low-income
- Single mother
- First child – weight at birth below average
- Afraid of giving birth
- Lazy, no job
- Illiterate - cannot read or write

**List Two**
- Loss of appetite due to stress linked to loneliness (child’s father is a political prisoner)
- She enjoys a vegetable traditional soap
- She would like to be able to include milk and meat in her diet but finds these expensive
- She is worried about her meagre income
- She is worried about looking after first born girl who was born without complications but with a below average weight
UNIT 12: Team Building

Trainer’s Notes

Communities are teams in action. Facilitation is mainly the coordination of a team process. It is often said that two good heads are better than one. However, if two heads do not work as a team, they may cause more harm than good. Many of the exercises have been based on teamwork. However, for teams to be effective, team members need to communicate, coordinate and appreciate their different roles and contributions.

Unit Objectives

At the end of the unit, participants will be able to:

- Identify their individual role in teams, and
- Appreciate individual contributions in a team.

Instructions to the Trainer

- Break participants into groups.
- Ask participants to each think of an animal that they like most and why they like it
  - They should share or communicate about the animals
- Give each group one of the exercises found in the table below.
- Ask participants to name the animal and paste it on the wall.
- At plenary, participants/groups share their animals with each other and then each participant shares the animal they had in mind
- Ask participants the following two questions:
  - How did it feel for you?
  - What did you learn?

Exercise: Team Building

<table>
<thead>
<tr>
<th>Exercise One</th>
<th>Exercise Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>Give each group a piece of flipchart. Ask participants to each think about an animal they would like to make (3 minutes). Instruct participants to start making the animal by tearing the paper once in straight lines without talking to anyone. Instruct participants to take turns in tearing and rotate the activity until the animal is formed (10-15 minutes)</td>
<td>Ask each group of participants to draw an animal on a flipchart. One person at a time draws a part of the animal using a marker. Once done, the person passes the marker to the next person to draw another part. The marker is passed on again. All this is done without participants talking to each other</td>
</tr>
</tbody>
</table>

Tips:

- For the team to be effective, members need to communicate, coordinate and appreciate their different roles and contributions as well as have their common goals
- The tool is used in relationship building and throughout the CCE-CC process.
UNIT 13: Creating a Vision for the Future

Trainer’s Notes

A vision is bold and realistic picture of your community’s future, where the community describes in a sentence or two their community as they will like it to become (their normative future). Our thoughts about the future often focus on our immediate future, on what will happen tomorrow, next month, or next year. This happens especially in an environment where today’s concerns and problems are pressing and call for immediate solutions. Our action plans are based on improving today’s reality in order to realize a slightly improved future, based on what has happened in the past and what is happening today.

Actions that are not only based on current reality and thinking, but are also inspired by vision, open space to achieve what has so far been “unthinkable” and “unachievable”. A vision helps people to state what they hope to achieve in the long term and it becomes a starting point of thinking about the changes they want to bring about. Creating a vision is an important step in bringing people together to work towards a common goal and a sense of ownership. Having a vision of a better future does not only give hope, it motivates individuals and communities to take action to achieve that vision.

Unit Objectives

At the end of the unit, participants will be able to:

- Describe the future they want for their community, and
- Develop action plans to achieve their vision.

Instructions to the Trainer

Task 1: Envision Exercise

- Find out how much the participants understand about the vision by asking the following questions:
  o What is a vision? (an organization or department)
  o Have you ever seen a written vision?
  o Can individual have a personal vision?
- Divide participants into groups.
- Give each group a copy of the exercise below.

Exercise: Envisioning the Future

Imagine your community 20 years from now. The Botswana Television Department has prepared a program on the outstanding achievements your community has made to stop the spread of HIV and AIDS and make antiretroviral therapy available for people living with HIV in the area. The television program was prepared based on interviews with community members, local authorities, traditional leaders, and health institutions working in the district.
• Imagine the major changes your community has made in the last 20 years to reverse the spread of HIV and AIDS in the area (ask the groups to consolidate and write their responses on a flipchart):
  o From the scenario above, describe your community in one sentence or two (i.e. how it looks like – that will be the vision)
• Ask the groups to answer the following question in past tense:
  o What possible actions do you think were taken to make the change happen?
• Allow each group to present their work in plenary.

**Task 2: Creating a vision for the future**

• Envision the best possible picture or future you want for your community.
• Discuss the current reality (Where are we now? or what is the current situation?).
• Write a clear statement describing your community as you like it to become (vision).
• List the changes you like to bring about (indicators/target and outcomes).
• What actions would you want to take to make the change (activities)?
• How would you ensure sustainability of the changes to be made?
• Ask participants to present in plenary.
• Summarize using the chart below to highlight the difference between planning based solely on the past versus planning based primarily on the vision.

<table>
<thead>
<tr>
<th>Exercise: Creating a Vision for the Future</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most people plan by looking at the past or current reality, base their action on the status quo, and develop an action plan to achieve a slightly improved future.</td>
</tr>
<tr>
<td>Step 1: Current Reality</td>
</tr>
<tr>
<td>Step 2: Action</td>
</tr>
<tr>
<td>Step 3: Improved Future</td>
</tr>
</tbody>
</table>

**Tips:**

• *Envisioning the future* is a tool used during the decision-making phase.
• People who are inspired by vision look at the past and current reality, create a vision and then plan action inspired by the vision.
UNIT 14: Five Friends of Planning

Trainer’s Notes

Planning is an important phase in the Community Capacity Enhancement process. It is part of the decision-making phase following identification and exploration of community concerns. The community identifies and agrees on possible ways of addressing their challenges. These decisions, made through participatory consultation, are executed through a dynamic planning process. This planning process answers questions of resource availability (including social capital) and the timing of community responses. Community decisions must be actionable within a framework of human rights principles and values.

Unit Objectives

At the end of the unit, participants will be able to:

- Discuss the importance of planning,
- Introduce Five Friends of Planning as a tool for community planning, and
- Practice using this tool in a community conversation.

Instructions to Trainer

Task 1: Discussion

- Facilitate a discussion using the following questions:
  - What is planning?
  - Which are the Five Friends of Planning?
  - Why is planning important for sustained community decision-making and action?
- Use the Five Friends of Planning diagram (see Figure 6) to explain the steps in the planning process:

Figure 6. Five Friends of Planning Diagram
o WHAT? What do we want to do?
o HOW? How are we going to do it? (What are the specific steps we need to take to accomplish our goal?)
o WHO? Who (specific names) will be responsible for each step?
o WHEN? When will each step take place (specific dates/times)?
o WHERE? Where will the action take place?

- Divide participants into groups.
- Ask them to create a plan based on agreed-upon actions arising out of concerns explored and reflected on the community wall.
  o Create a vision of the future (for example, making condoms and antiretroviral therapy accessible to the community).
- Present the groups’ work in plenary and comment on the process.

Tips:
- Emphasize that each identified implication arising from the community wall needs to be operationalized using the Five Friends of Planning methodology. This ensures that community decisions are implemented and followed-up in the reflection and review process.
- Five Friends of Planning is a tool used in drawing community plan during the decision-making phase.
UNIT 15: Storytelling

Trainer’s Notes

Storytelling is a method that involves recounting a series of events through narrative. The events can be real, fictional or a combination of both, but should assist the listener in actively creating vivid images, actions, characters and events and the reality of the story in his/her mind. Stories are engaging, they unite an idea with emotions and help people understand their own actions and their impact on others.

Storytelling is a tool that can be used for illustrating an otherwise difficult topic, to drive home a point or to encourage people to open up and discuss the issue. Central to storytelling is “the rich, in depth descriptions” skill which allows the facilitator to describe people and families affected, their concerns and their life in an empowering way, respecting their rights and dignity.

Unit Objectives

At the end of the unit, participants will be able to:

- Use stories as a tool to create safe spaces for expression of individual and collective perspective on specific and yet difficult issues related to HIV and AIDS prevention, care, support and treatment, and
- Stimulate community conversations through the use of stories.

Instructions to Trainer

Task 1: Creation of a story

- Facilitate a discussion on the following:
  - When and why we tell stories
  - Points on how to create a story that can move people:
    - Be clear and focused on the issue you wish people to discuss
    - Each main character should be given a name so that they can be referred to easily and respectfully
    - The story might be drawn from some incident experienced or heard about in your own life or community
    - It must be short but make people to think through all the repercussion of the situation
    - The ending of the story should be a point of forward motion, a point where actions or decisions are required.

Task 2: Storytelling

- Set the tone for the reflection process and encourage each participant to be alone as he/she listens to the story.
- Ask the co-facilitator to be ready to capture and document the participants’ perspectives later as they respond after the story
- Narrate the following story:

  In the village of Tonota lived Motshidisi and Thabang and the two were Christians. The families of both Thabang and Motshidisi knew of the relationship of their son and daughter. This union was further appreciated and recognised throughout the village by the villagers and the church. Thabang and Motshidisi decided to wed. All the preparations were made and lobola (the bride price) was paid and everyone in the village was looking forward to the big day.
Three days before the wedding, Motshidisi got ill and was rushed to the clinic. The doctor did several tests on Motshidisi and broke the following news to her;

Doctor: “Motshidisi, tests conducted on you shows that you are HIV positive”.

An emotionally drained Motshidisi started to ask herself several questions; ‘why me? Why now? What did I do to deserve such? 3 days to my wedding and now this? What am I going to do? Should I tell Thabang? What about my parents? Ooh no and Thabang’s parents? What will people say?’

Exercise:

• Put yourself in Motshidi’s shoes, what would you do? Would you tell Thabang? Who would you tell?

• Put yourself in Thabang’s shoes, what would you do if Motshidisi broke the news to you? How would you feel if Motshidisi decides not to tell you?

• Put yourself in Motshidi’s parents’ shoes, what would you do and how will you advice your daughter Motshidisi if she breaks the news of her condition to you?

• Put yourself in Thabang’s parents’ shoes, how would you advice your son? What would you do? How would you react to such news?

• Follow up with the following questions;
  o Do we come across such situations in our lives and localities?
  o How easy or difficult is it to disclose one’s HIV status?
  o What makes it easy or difficult?

• In summary highlight the captured perspectives and reactions of the participants to show how storytelling has led them into a conversation.

Task 3: Night Exercise

• Ask participants to practice their storytelling skills by either writing a letter to a family member telling them about an HIV and AIDS related issue, or by telling an HIV and AIDS related story to family members or members of their community.

• If the story is told in person, ask the participants to capture their listener’s reactions, and the conversations that ensued.

• Participants should be ready to discuss the outcome of this exercise during the next meeting.

Tips

• Storytelling is a tool as well as a competency that can be used in all steps of the Community Conversation.
UNIT 16: Reflection

Trainer’s Notes

Reflection is a process of looking within ourselves and critically questioning and listening for answers (introspection). It is not the same as recapping, sharing experience or describing an event. The process helps one to get in touch with one’s own inner feelings and values, and to identify the underlying values to one’s behaviors in order to align them with the objectives of the change process. HIV and AIDS prevention, care and support have much to do with behavior as with underlying values, therefore a process of reflection creates space for identification of underlying values and helps in planning the desirable response.

Unit Objectives

At the end of the unit, participants will be able to:

- Reflect on their personal experiences and responses to the HIV and AIDS epidemic, and
- Realize the impact of the epidemic in their families, communities, and country.

Instructions to Trainer

Task 1: Discussion

- Ask participants to:
  - Define reflection
  - Discuss the process and importance of reflection
  - Explain the conducive environment for reflection: (non-threatening, no distractions, calm, comfortable, no movements or cell phone rings and dim light if possible)
- Set the tone for the process and encourage the individuals to be alone even in the company
- Ask participants to reflect on some of the responses to the epidemic. The following questions can be used;
  - Why do I do what I do?
  - What do I value in my relationships?
  - What motivates me?
  - Which of my attitudes and behaviors help reduce or increase the epidemic?
- After twenty minutes of silence ask individuals who feel safe to share their thoughts, feelings to do so.

Task 2: Counting your losses

- Prepare for the exercise by collecting small stones in a container or identify where participants can easily collect them during the exercise.
- Start the reflection by:
  - Ensuring that the room is conducive for reflection
  - Asking participants to be alone in the reflection mode
- Relate the following scenario:
- HIV has been with us for a decade now. Many of us if not all of us have been affected in one way or the other, along the way we have lost our loved ones and we have also experienced the impact of HIV and AIDS. Let us look back and remember our loved ones who passed on due to HIV/AIDS related conditions.

- Who are they and how did we relate?
- Was there anything we could have done or we did to support or help to prolong life?
- What negative impact has his/her passing on bring?

  - Ask participants to reflect on these questions
  - After ten minutes ask participants to pick the number of stones representing the people they remember who passed on because of AIDS.
  - Ask individuals who feel safe to share their thoughts, feelings to do so.

**Tips**

- The sharing is optional, and even silence is respected as a form of sharing.
- When people are overwhelmed with emotions, stay calm, allow those who cry to do so, and you may refer those who need professional counseling later.
Module 5: Documentation

Module Description

A documentation process that includes verbatim reports accompanies each step of this process. Photos, maps and other community-designed illustrations like songs and drama are also used, deliberately respecting modes of documentation preferred by the community. Documentation is an ongoing part of this approach. It must be conducted in a rigorous way, starting from the first community conversation. It is a process that provides information on activities, outcomes, including decisions and changes, and outputs, including community maps and timelines. In this approach documentation must have the characteristics of a ‘thick’ description. A thick description is not about what is observed at a superficial level by only noting what a person or a community does. The description goes well beyond appearances by:

- Presenting a detailed explanation of the context, emotions, social and power relations, which enable people to work as a collective
- Invoking personal feelings and emotions
- Locating an experience within an appropriate historical context
- Demonstrates the importance of an experience or the evolution of events for persons concerned

Materials Required

- Small cards
- Flip chart
- Marker pens
- Community maps

Training Methodologies

- Role plays
- Group activity
- Lecture and discussion
- Brainstorming
- Case scenarios

Preparations Needed

- Look over Handouts 10-16.

Module Objectives

At the end of this module, participants will be able to gain an understanding of the importance of documentation as part of the community capacity-building approach

Module Overview

In this module the community wall and facilitator’s reflection guide will be discussed.
UNIT 1: Introduction of Documentation (60 minutes)

Trainer’s Notes:
Documentation is a form of record keeping; it is a process that provides information on activities, processes, events, and outcomes, including decision outputs and change. In community conversations, it is necessary that the processes are captured as they happen and should be as close to verbatim as possible. Photos, maps and other community designed illustrations like songs and drama can also be used, deliberately respecting community preferred modes of documentation. It must be conducted in a rigorous way starting from the first visit.

Unit Objective
At the end of the unit, participants will be able to:

- Gain an understanding of the importance of documentation as part of the community capacity-building approach,
- Discuss different methods of documentation for both facilitators and communities, and
- Develop a working definition of documentation.

Instructions to Trainer

- Break participants into groups.
- Ask them to discuss using the following questions:
  - What is documentation?
  - Why is documentation important?
  - How do you suggest we document CCE processes?
  - What are or can be the useful tools for documentation process?
  - For whom are we documenting the CC process?
- Reporting
  - Why should we report or what is the importance of reporting?
  - To whom should our reports go?
  - How often should we report?
- Groups should present in plenary.
- Summarize using the following information:
  - Working definition of documentation
  - The value of documentation
  - Content of a daily journal
  - Tools for documentation (see Handout 11-12)

Tips:
- Tools to be used in this step are community wall, strategic questioning, documentation, and power relations.
UNIT 2: Creating a Community Wall

Trainer’s Notes

Community wall is a tool used to analyze and interpret community conversations, and community perspectives are central to this analysis and interpretation (see Handout 5). Therefore, people are encouraged to reflect upon and express their perspectives according to their beliefs, viewpoints and experiences regarding the issue under discussion, because “the answer lies within”, and it is critical that each individual perspective is recorded exactly as it was expressed. After an inclusive exercise of listing all the perspectives, the community members then identify those that have the same meaning but expressed in different ways, and agree to combine them into one perspective. This exercise moves the perspectives from being for individual people to being community perspectives. At the same time false beliefs and misconceptions are identified and the facilitator throws them back to the community members to address. All community members participate in further discussion of the perspective and in the decision as to what the real issues are from the perspectives. This process of inclusion allows for respect, acceptance and ownership of issues to be addressed.

Unit Objectives

At the end of the unit, participants will be able:
- To understand elements for constructing community wall, and
- To analyze the community perspectives using the community wall.

Instructions to the Trainer

Task 1: Role play
- Ask for a volunteer to facilitate and give him/her a strategic question for concern identification.
- Write the perspectives on pieces of paper and give to other participants to act as community members (or you can allow participants to respond to the question).
- Ask the volunteer (facilitator) to ask the strategic question, just like in a normal community conversation, and one participant to write the answers on a flipchart.
- Let participants go through the list of perspectives, collectively identify false beliefs and those that need to be consolidated, and pick the real issues on the flip chart for everybody to validate (confirm).

Task 2: Brainstorming
- Ask for a volunteer to facilitate and give him/her a strategic question for concern exploration, on a prioritized issue from the above exercise.
- Let other participants brainstorm and discuss the possible underlying factors
- Make a list of the underlying factors.
- Allow participants to address false beliefs or misconceptions, if there are any.

Tips:
- For more information on how to create a community wall, see Handout 5.
UNIT 3: Facilitators Reflection Guide

Trainer’s Notes

As part of their ongoing work, facilitators should meet before and after each community conversation to reflect on and review the change process and content. The purpose of this exercise is to create space for discussion, and to learn from each other as facilitators as well as from what they observed in the community. The reflection is not evaluative but is a participatory way of looking back at what transpired in the community conversation. The results of this process should provide answers on what has been done well, tools and competencies used, and what did not go well in the facilitation. Questions on what was learned from the community, what support is needed or what needs to be done in order to improve facilitation should be answered.

Unit Objective

- At the end of the unit, participants will be able to understand how facilitators reflect on what they have done regarding the CCE-CC process, their successes, challenges and how they can improve.

Instructions to the Trainer

- Inform the participants that similar to the evaluation using the Five Friends of Planning tool, they will need to address the following questions before a Community Conversation:
  - Where is the community in the change process?
  - What tools and skills should we use in this community meeting?
  - What do we hope to achieve in the session?
  - What were the implications for the facilitation team in the preceding sessions and have we acted on those implications?
- Ask for comments and questions and allow for discussions.
- Inform participants that after a Community Conversation, they should address the following questions by completing the Facilitator’s Reflection Guide (Handout 10):
  - What went well in the meeting?
  - What areas do we need to improve upon in our facilitation?
  - What are we learning from the community that challenges us as facilitators?
  - Did we accomplish what we set out to do? If no, what constraints did we face?
  - Review the documentation notes of the meeting for specific concerns/issues raised.
  - What have we seen or heard about community capacity to care, change, hope, and reflect upon together?
  - What will we do in the next session?
- Ask participants to reflect on your presentation and allow for discussions.
- Transition to the session on the importance of documenting activities that take place during community conversations.
• Engage participants in a brainstorming exercise and ask them the following questions:
  o Why is documentation important?
  o How do you suggest we document CCE processes?
  o Who should our reports go to?
  o How often should we report, weekly, monthly, quarterly?

• Clarify to the participants the importance of reporting using the following notes:
  o To provide program managers with up-to-date information about the situation and progress made at CCE activities.
  o To reflect the uptake and participation of communities at CCE activities.
  o To identify the issues, strategies, and to provide updates on set targets that are helpful to implementing partners.
  o To facilitate process improvement, future planning and reference (Evaluation).

• Emphasize that they will need to report on a monthly basis and submit reports to the DAC office (see Handout 14).
Unit 4: Preparation for Field Work

Trainer’s Notes
The Community Capacity Enhancement through Community Conversations is based on facilitation, inclusion, partnerships, and respect of the community’s insights, perspectives and their interest and desire of change. The role of the facilitator is to create an environment in which capacities of the community are unleashed and applied to address the challenges and threats against the achievement of their desired goals. Field practice therefore allows participants to practice, apply principles, competencies and tools of CCE-CC, and perfect their skills. It provides an opportunity for them to be physically involved in real situations. This session gives participants an opportunity to engage with the content, the trainer and each other, as well as self-reflect and get ready to apply what they have learned so far.

Unit Objective
At the end of the unit, participants will be able to:

- Plan for their first community conversation, and
- Give the participants an opportunity to practice the CCE-CC approach in the presence of the trainers

Instructions for the Trainer

Task 1: Community conversation planning

- Break participants into groups, based on the number of sites to be visited.
- Give each group background info on the community group they are going to visit
  - Is it general population (adults and young people), youth, men or women only etc.?
  - Has the group had a conversation before?
- Identify which step in the CC process you are to focus on (relationship building, concern identification, exploration etc.).
- Plan for the community conversation
  - Refer to the CCE-CC facilitators guide and follow instructions relevant for each appropriate CC step
- Role play the visit in order to practice the skills and tools which will be used.
- Presentations of the role plays to the larger group, encourage participants to give each other constructive comments.

Tips:

- All community perspectives should be written as close to verbatim as possible.
- Key tools and competencies are active listening, documentation, community wall, and strategic questioning.
Botswana has been engaged in efforts to curb the HIV epidemic since its outbreak in 1985, starting with the Short Term Plan of Action (1987-1989) followed by the Medium Term Plan I and II, and NSF I and II (2010 to 2016). The interventions have been aimed at addressing risky sexual behaviors among multiple and concurrent partnerships and intergenerational sex. Botswana has been successful in prevention of mother to child transmission of HIV and provision of antiretroviral therapy (ART) to the general public eligible for treatment.

However, despite these concerted efforts to address the pandemic, the incidence and prevalence of HIV and AIDS remains at epidemic proportions. This challenge has long been identified as critical to the achievement of lasting impact for Botswana in ending and recovering from the devastation of HIV and AIDS. According to the National Community Mobilization Strategy, the burden of the HIV epidemic on Botswana will not be significantly alleviated until there are sustained changes in certain high risk social and cultural behaviors. The most effective way to achieve these changes involves community mobilization, particularly for individuals and households at the community level through community conversations. Community conversations are inclusive processes for enhancing the capacity of all. The distinctiveness of the approach is that it goes beyond “awareness campaigns” by providing space and platform for self-examination by communities.

Since the focus is on stimulating and sustaining changes from within, community conversations require time, commitment, true partnerships and inclusion. Through this process, data are generated that represent the genuine concerns of individuals and the community, which should be reflected in national and decentralized development plans. The data generated and the community decisions that result from it are then interconnected to community development plans to ensure that financial resources and infrastructure will be available and accessible to communities in a way that is institutionalized.

Since Botswana has adopted the Results Based Management (RBM) and the Evidence Based Planning approaches, this linkage is a way of ensuring that results springing from the community can be acted upon in an effective way. In Botswana, community conversations provide an opportunity for District Multi-Sectoral AIDS Committee (DMSAC) and national authorities to listen to and understand a community’s concerns and decisions in order to integrate them into the national planning and implementation processes.
Definition of CCE-CC

The Community Capacity Enhancement through Community Conversations (CCE-CC) is a community-based self-reflection intervention meant to raise awareness and stimulate action within communities. The approach further recognizes that communities have the capacity to prevent the spread of HIV, care for those affected, change harmful attitudes, behaviors and sustain hope in the midst of the epidemic. Community Conversations also offer an opportunity for NGOs, community-based organizations and faith-based organizations to work more effectively by reinforcing social networks and coalitions. Transferring capacity to these organizations contributes to strong, skilled and well-functioning community-based networks needed to reflect community voices at various levels and to support community responses to HIV and AIDS. A team of trained facilitators from inside or outside the community (but grounded in local reality) propel the community conversations process. Through facilitated interaction, these dialogues shift power relations, strengthen ownership and responsibility for change, and mobilize local capacity and resources. These resources may include material goods, social systems, time, social capital, skills, knowledge, values, tradition, etc. These conversations can touch the soul of a community, catalyzing transformation from the inside out.

Origins of the Approach

The CCE-CC approach originated from the work of the Salvation Army (Zambia) and Enda Tiers Monde/Santé (Senegal) in the mid-1990s and was enhanced by the work on transformational leadership carried out by United Nations Development Programme (UNDP) in 2001. With support from UNDP, the CCE-CC approach was introduced to Botswana in 2004 through the UNDP’s Leadership for Results Programme as Community Capacity Enhancement Programme (CCEP). Botswana has adopted the CCE-CC approach and is currently being implemented under the leadership of Ministry of Local Government and Rural Development’s Department of Primary Health Care Services (MLGRD – DPHCS) with support from NASTAD.

The methodology translates the principle of participation into development practice by creating opportunities for people to understand, discuss, decide and act on issues affecting their lives. By bringing together men and women of different generations, it allows different perspectives to be heard and taken into account when decisions are made. It integrates the principles of diversity, respect of differences and non-discrimination into the tools and practices used to address issues critical to HIV and AIDS. These include issues related to stigma, discrimination and the violation of the rights and dignity of people living with HIV, along with issues related to voluntary counselling and testing, prevention of mother-to-child transmission, and access to treatment, including antiretroviral therapy. The methodology also reinforces community capacity to generate and transfer knowledge from one community to the other. Once begun, this process of transfer becomes self-propagating, from community to community, as well as among an ever-growing pool of skilled implementers and facilitators.

Objectives of CCE-CC

The main objective of the Community Capacity Enhancement through Community Conversations is to generate a response to HIV and AIDS that integrates individual and collective concerns, values and beliefs and that addresses attitudes and behaviors embedded in social systems and structures. Specifically the approach aims to:
Generate a deep understanding of the complex nature of the epidemic within individuals and communities, and to create the social cohesion necessary to create an environment for political, legal and ethical change.

Support the development of self-esteem, self-confidence, tolerance, trust, accountability, introspection and self-management.

Examine social contracts among various groups in the community – for example, between women and men, people living with HIV and those who have not been tested, the young and the old, the rich and poor – and to address girls’ vulnerability.

Build a pool of resource persons with transformative leadership abilities and facilitation skills in Community Conversations to scale up the community response to HIV and related development issues.

Bring the voices of people into the national response, and integrate community concerns and decisions into national and decentralized plans with the aim of linking resources to individual and collective needs.

Strengthen the capacity of NGOs and community-based organizations to develop appropriate strategies for a response that places communities and individuals at the center.

Expected Outcomes of CCE-CC

- Increased number of community initiatives for prevention, home-based care, change in harmful traditional practices, reduction of stigma and discrimination, support for orphans, and voluntary counselling and testing.
- Women, men, girls, boys, local authorities, people living with HIV and others are increasingly involved in decision-making processes affecting their lives.
- Decision-making processes affecting the lives of these various groups increasingly reflect the concerns of communities through a process of active communication.
- Increased number of NGOs and community-based organizations using Community Conversations to stimulate and scale up social change and to address other issues, such as governance, health, the environment, agricultural and peace-building.

Guiding Principles of applying CCE-CC

The following ways of community conversations are fundamental to the methodology:

- Sensitivity to local, family and community experiences – working by invitation and commitment, not imposition
- Facilitation rather than intervention of ‘experts’
- Gender sensitivity and a focus on the participation and inclusion of women and girls
- Mutual learning (facilitators with community, community with facilitators, community with community, among community members, organization to organization)
- A grounding in universal human rights principles
- Participatory approaches with space for listening, inclusion, agreement and expressions of concerns.
- Team formation at organizational and community levels for implementation
- Respect for difference, mutual trust
• Belief that communities have the capacity to identify needed changes, ‘own’ these changes and transfer change to other communities
• Facilitation of Community Conversations as spaces for interaction, change and transfer
• Working in partnership with NGOs and community-based organizations
• Willingness of facilitators to engage in a process of self-development
### Components

<table>
<thead>
<tr>
<th>1. Enrollment</th>
<th>Activities</th>
<th>Target</th>
<th>Indicators</th>
<th>Timeframe</th>
<th>Lead</th>
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<tr>
<td></td>
<td>Staff meeting to brief them on CCE-CC</td>
<td>DHMT, DAC, clinical staff</td>
<td>25 people reached</td>
<td>2(^{nd}) week of Jan. 2015</td>
<td>HEO</td>
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<td>1 day workshop for key stakeholder</td>
<td>Community leaders, CSOs, extension team</td>
<td>50 key stakeholders reached</td>
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<td>HEAS</td>
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<td>1(^{st}) &amp; 2(^{nd}) week of Nov. 2015</td>
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<th>Timeframe</th>
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<td>Stakeholders (as above)</td>
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<td>Conduct CCs</td>
<td>General population, youth groups, support groups &amp; primary school</td>
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<th>Timeframe</th>
<th>Lead</th>
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<tbody>
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<td>One-on-one TA &amp; support visits</td>
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<td>Visiting community's initiative (projects) sites</td>
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<th>5. Review &amp; Reflection</th>
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<th>Target</th>
<th>Indicators</th>
<th>Timeframe</th>
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<td>42 HEAs</td>
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<td>Meeting for CC groups</td>
<td>6 CC Groups 3 Sessions</td>
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<th>Timeframe</th>
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<td>CC groups exchange visits</td>
<td>Established CC groups in Ngware</td>
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Phase 1: Relationship building

Definition of relationship building

- It is a system of creating rapport with the community, where the service provider warms the ground through introductions. This process is similar to what we did in module 1.
- It is usually the first point of entry in a community and the way to begin engaging in a change process.

How does one build relationship with community?

Among the most important factors in building relationships are: respect for and acknowledgement of community leaders and its experiences, norms, values and perspectives.

Respect is important in this process because the HIV and AIDS issues that communities address through Community Conversations are sensitive. In the absence of respect, the community may not feel safe discussing these issues with people they do not trust. They may feel that the information will be used against them. Community members may not feel safe sharing their HIV status with a facilitator if they feel their confidence may be betrayed. Community workers need the following in order to respect communities they work with:

- Acknowledge age difference between her/him and participants in the CCE meeting.
- Honor and acknowledge contributions made by communities.
- Ensure confidentiality and privacy of conversations with sensitive information.
- Honor the cultural values, norms, practices and traditions within community they serve.

A facilitator works to gain the confidence of the community and establish the expectations of the process. Once established, a relationship of trust should be nurtured throughout the process of capacity enhancement. The relationship should be strong enough to allow for challenges from both sides. This requires time and the skillful use of tools.

Phase 2: Identification of Community Concerns

Community concerns are general issues that disturb the community. From these concerns, community members extract more specific needs. It is important that we identify and explore community concerns as distinct from needs. Looking at concerns generates many possibilities for action since the concerns usually reflect how a problem is experienced from within. This also helps to identify underlying causes that may lie in norms, values and attitudes and not only in the visible needs. Encouraged by strategic questioning and active listening, communities are able to identify their own concerns and needs. The facilitator should not define concerns on behalf of the community or impose his or her own views.

What is preconceived as the community’s concerns may not turn out to be so, and thus pre-designed solutions may not work. Building a good relationship with the community creates trust and confidence and encourages people to share their real concerns and not what they think the facilitator wants to hear. Clearly identifying and mapping concerns is an essential part of the facilitated community change process and is key to eliciting authentic community responses. Examples of community concerns may include...
challenges about the vulnerability of girls and women to HIV infection due to cultural norms or the sharing of information about one's HIV status with family members. The identification of such concerns is not immediately followed by prioritization of concerns as in some other methodologies. In Community Conversations, concerns are verified and validated through a process of exploration before prioritization in the decision-making phase.

**Phase 3: Exploration of Community Concerns**

Having identified and mapped community concerns, the trainer helps the community to explore their concerns. The other phrases that could be used to express exploration are: 'to examine bit by bit', to 'dig deeper' or 'going into new territory'. Through exploration, one examines the magnitude of the concern and its underlying factors. Exploration should bring out the interconnectedness of concerns and other factors. It should unravel the different manifestations of the same issues at individual, collective and organizational levels. For example, the concern of HIV transmission and rape may be related to the housing of female workers in the community as well as poor law enforcement regarding rape. Exploring issues leads to linkages. It identifies who else may be affected and creates possibilities for partnerships in addressing the situation. This scenario may call for the involvement of the local police, employers or health service providers.

Before moving on to decision-making, community members need to see for themselves that the concerns identified are related to the factors revealed in exploration. Analysis of community perspectives is critical in giving feedback to communities and it helps in reaching agreement on concerns and underlying causes.

**Phase 4: Decision-Making and Commitment to Action**

Communities have the capacity to make their own decisions based on identified concerns and the findings of their exploration. They can envision the future and make decisions and commitments that are necessary to address the challenges of HIV and AIDS. These are not limited to but may include decisions such as “the community should have access to voluntary counselling and testing and all HIV-positive people should have access to antiretroviral therapy and home-based care.”

A simple plan of how the action points will unfold can be drawn by clearly listing who is going to take action on what issue, where the action will take place and by when. Resources, including social capital, are also listed against specific action points. The design of planned community actions needs to involve as many community members as possible.

**Phase 5: Action (Implementation)**

Action is the implementation of decisions made and prioritized by communities. The roles that individual community members play in implementation are outlined and agreed upon during the decision-making process. In order to promote quality implementation of the planned activities it is important to analyze each activity and outline key sub activities or tasks. This makes it easier for the community to move towards their set vision and allows for continuous support and periodic check on progress. Planning at this stage also allows the implementers to further sort out their relevant stakeholders and resources necessary for a specific task. This can help in optimal use of resources.

Timely implementation of decisions should reflect the urgency needed in addressing the epidemic for communities. Decisions addressing sociocultural practices may be more challenging to implement and may need support from policy makers and other stakeholders. The facilitator acts as a link to other systems, keeping the community informed of available resources that may be helpful. This may include making community plans available to service providers and ensuring that they ‘buy into’ the process. Community actions may have direct implications for health services related to HIV and AIDS care, treatment and support. Communities may demand access to
services that are not currently available in their locality and this may require new action from service providers. Facilitators continue to support the community during this phase. They also conduct support visits to implementation sites.

**Phase 6: Reflection and Review**

It is a way of looking back at what has transpired. The community answers critical questions about what has changed in its values, attitudes and practices. In addition, the community provides the indicators they are using to validate these changes. Reflection and review should be participatory and respect the capacity of communities to identify changes and indicators of change.

The process captures community feelings, attitudes, and values. It is about recapping events and processes and sharing experiences. Reflection is personal as well as collective. It is a link between phases of the change process as well as a distinct stage in the CCE process. The results of this process should denote what has been achieved, how it can be sustained and how it can be improved. Questions on what is missing and what else should be done to achieve defined goals should also be answered.
**Handout 5: Community Wall**

District: ---------------------------  Village/ward: -------------------------------

CC Group: -----------------------------

Facilitator: -----------------------------  Planning Date: ---------------------

For *concern facilitation*, complete the following table:

<table>
<thead>
<tr>
<th>Perspectives</th>
<th>Consolidated Perspectives</th>
<th>Prioritized Validated Issues</th>
<th>Misconceptions</th>
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</table>

For *concern exploration*, complete the following table:

<table>
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<tr>
<th>Prioritized Issues</th>
<th>Underlying Factors</th>
<th>Misconceptions</th>
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Section 6.1: Template for Planning

Form 04: Community Plan

[To use during phase 4: Decision Making]

<table>
<thead>
<tr>
<th>District:</th>
<th>Village/ward:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CC Group:</td>
<td></td>
</tr>
<tr>
<td>Facilitator:</td>
<td>Planning Date:</td>
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</table>

Outcome Result:

Issue:

Output Result:

<table>
<thead>
<tr>
<th>What/How</th>
<th>When</th>
<th>Where</th>
<th>Who</th>
<th>Remarks</th>
</tr>
</thead>
</table>

Section 6.2: Sample of a Completed Implementation Plan

Sample: Outcome Result - Mother to Child Transmission of HIV eliminated in Letlhakeng (Reduced MTCT from 7.2% to 2%)

Issue: Partners not testing for HIV

Output Result: Increased number of partners who tested for HIV

<table>
<thead>
<tr>
<th>What/How</th>
<th>When</th>
<th>Where</th>
<th>Who</th>
<th>Remarks</th>
</tr>
</thead>
</table>

1. Upscale HIV Testing

- House to house campaign
  - 10th - 16th Oct
  - Botlhapatiou VDC house
  - Team Leader - Tiro
  - S/holders: clinic, tebelopele, DHMT, DAC
  - VDC has offered venue for meeting and chairs during testing day. Katse family a tent and Cllr Thuo a PA system

- Key stakeholders meeting
  - 7th Oct

- Community mobilization with PA system
  - 20th & 20th Oct
  - Community hall

- HIV testing
  - 30th Oct 2013

2. CCs with:

- ANC clients
  - 3rd Nov 2013
  - Clinic-B/mlou
  - Team member - Kagiso
  - S/holders: clinic staff
  - To identify and explore issues on PMTCT

- Under 5 mothers
  - 4th Nov
### Handout 7: Key Concepts, Competencies and Tools

<table>
<thead>
<tr>
<th>Key Concepts</th>
<th>Key Competencies</th>
<th>Key Tools</th>
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<tr>
<td>Burning issues</td>
<td>Analysis of community perspectives</td>
<td>Community and facilitator walls</td>
</tr>
<tr>
<td>Non-burning issues</td>
<td>Analysis of community maps</td>
<td>Community documentation</td>
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<tr>
<td>Care and support</td>
<td>Use of dense (thick) descriptions</td>
<td>Community maps</td>
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<tr>
<td>Co-learning</td>
<td>Documentation</td>
<td>Daily journal</td>
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<tr>
<td>Community</td>
<td>Community process facilitation</td>
<td>Five friends of planning</td>
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<tr>
<td>Community capacity</td>
<td>Use of generative and empowering language</td>
<td>Historical timeline</td>
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<td>Community concern</td>
<td>Generative listening</td>
<td>Methodological framework</td>
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<td>Community conversation</td>
<td>Reflection and introspection</td>
<td>On-site support protocols</td>
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<td>Community perspective</td>
<td>Respect of differences</td>
<td>Participatory group exercises on stock-taking, team-</td>
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<td>envisioning the future</td>
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<td></td>
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<tr>
<td>Social contracts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social resonance</td>
<td></td>
<td></td>
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<tr>
<td>Socio-cultural dynamics</td>
<td></td>
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</tr>
</tbody>
</table>
**Basic Facts About HIV and AIDS**

- HIV is a virus that destroys the body's immune system
- HIV can be passed from one person to another
- HIV transmission can be prevented
- There is no cure for HIV infection, but treatments exist to help people live healthily with HIV for many years
- We all have rights and responsibilities concerning HIV and AIDS

**How HIV is Transmitted?**

- Unprotected sexual contact
- Exposure to infected blood, including through syringes
- Transmission from a mother with HIV infection to her child

**HIV cannot be transmitted in any of the following ways:**

- Shaking hands, hugging or kissing
- Coughing or sneezing
- Using a public phone
- Visiting a hospital
- Opening a door
- Sharing food, eating or drinking utensils
- Using drinking fountains
- Using toilets or showers
- Using public swimming pools
- Getting a mosquito or other insect bite
- Working, socializing or living side-by-side with those who are HIV-positive
### Handout 9: HIV Prevention Strategies

<table>
<thead>
<tr>
<th>Minimum HIV Prevention package</th>
<th>Prevention through using strategies to address the following</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Prevention of sexual transmission</td>
<td></td>
</tr>
<tr>
<td>- HIV counselling and testing</td>
<td></td>
</tr>
<tr>
<td>- Prevention of mother to child transmission</td>
<td></td>
</tr>
<tr>
<td>- Management of sexually transmitted infections</td>
<td></td>
</tr>
<tr>
<td>- Preventing blood borne transmission</td>
<td></td>
</tr>
<tr>
<td><strong>Behavior Change</strong></td>
<td><strong>Clinical Prevention</strong></td>
</tr>
<tr>
<td>- Multiple and concurrent sexual partners</td>
<td></td>
</tr>
<tr>
<td>- Alcohol misuse, abuse &amp; sex</td>
<td></td>
</tr>
<tr>
<td>- Early sexual activity &amp; intergenerational sex</td>
<td></td>
</tr>
<tr>
<td>- Safe male circumcision</td>
<td></td>
</tr>
<tr>
<td>- Positive health &amp; dignity programme (prevention with positives)</td>
<td></td>
</tr>
<tr>
<td>- A combination of at least two strategies</td>
<td></td>
</tr>
</tbody>
</table>
[Meeting after the CC session]

District: ---------------------- Village/ward: ----------------------
CC Group: ----------------------
Facilitator: ---------------------- Date: ----------------------

What went well in the community conversation?
-----------------------------------------------------------------------------------------
-----------------------------------------------------------------------------------------
-----------------------------------------------------------------------------------------
-----------------------------------------------------------------------------------------
-----------------------------------------------------------------------------------------

What were the challenges related to this session?
-----------------------------------------------------------------------------------------
-----------------------------------------------------------------------------------------
-----------------------------------------------------------------------------------------
-----------------------------------------------------------------------------------------
-----------------------------------------------------------------------------------------

What are we learning from the community that challenges us as facilitators?
-----------------------------------------------------------------------------------------
-----------------------------------------------------------------------------------------
-----------------------------------------------------------------------------------------
-----------------------------------------------------------------------------------------
-----------------------------------------------------------------------------------------

What changes can we make to correct these challenges?
-----------------------------------------------------------------------------------------
-----------------------------------------------------------------------------------------
-----------------------------------------------------------------------------------------
-----------------------------------------------------------------------------------------
-----------------------------------------------------------------------------------------
What areas do we need to improve in our facilitation?

-----------------------------------------------------------------------------------------------

-----------------------------------------------------------------------------------------------

-----------------------------------------------------------------------------------------------

Where do we need support and from who?

-----------------------------------------------------------------------------------------------

-----------------------------------------------------------------------------------------------

-----------------------------------------------------------------------------------------------
**Handout 11: Community Conversation Plan**

District:  
Village/ward:  

CC Group:  

Facilitator:  
Date:  

Introduction of CCE to be done by:  

Conversation Facilitator:  

Documentation to be done by:  

<table>
<thead>
<tr>
<th>Strategic Questions</th>
<th>CC steps to be completed</th>
<th>Tools to be used</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
**Handout 12: Form 01 – Community Conversation Registration and Attendance Form**

*To be used by CCFs at community level*

**District:** ___________________________  **Village/ward:** ___________________________

**CC group:** ___________________________

*(Each CC participant to sign under the session round, write the date above session no)*

<table>
<thead>
<tr>
<th>No</th>
<th>Name of participant</th>
<th>Sex M/F</th>
<th>Age 18-35</th>
<th>Age 35+</th>
<th>Ward</th>
<th>Cell. #</th>
<th>Session Round &amp; Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>1  2  3  4  5  6</td>
</tr>
</tbody>
</table>
Handout 13: Form 02 – Community Conversation Documentation Form

[To be used by CCFs at community level]

District: ____________________________ Village/ward: ____________________________
CC Group: __________________________________________
Name of Facilitator (Leader): ____________________________ Date: _______________________

<table>
<thead>
<tr>
<th>Date</th>
<th>CC Step</th>
<th>Previous CC Step &amp; number of people who were present</th>
<th>Burning issues discussed</th>
<th>Decisions made/agreed &amp; Next steps</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
Handout 14: Form 03 – Monthly Reporting Form

[to be submitted to District AIDS office]

Name of District: ------------------------ Name of Village/ward: ------------------------

Team Leader: ------------------------ Date: ------------------------

1. General information:

<table>
<thead>
<tr>
<th>Information on planned CC groups</th>
<th>Number</th>
<th>Information about CC groups</th>
<th>Number</th>
<th>%</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planned CC groups</td>
<td></td>
<td>Number of CC groups established</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planned CC sessions this month</td>
<td></td>
<td>Number of CC sessions held this month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of CC groups completed the cycle this month</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Number of CC initiatives identified</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of CC initiatives implemented</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Information about CCs held

   a. Major identified community concerns fueling HIV epidemic:

   b. Community decisions made about the explored concerns:

   c. Number of sessions with at least 30 - 45 % of individuals having participated regularly:
### Type of CC Group

<table>
<thead>
<tr>
<th>Number of Participants</th>
<th>Sessions at Step</th>
<th>Community Initiatives Implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td>M F 18-35 yrs. 35+</td>
<td>1 2 3 4 5 6</td>
<td>Reached Results Reached Results Stakeholders Involved</td>
</tr>
</tbody>
</table>

#### Challenges faced:

**Measures taken:**

Signature: ---------------------- Contact details: ---------------------- Date: ---------

Supervisor’s Signature: ---------------------- Date: ----------------------
HANDOUT 15: CCE-CC TRAINING EVALUATION SUMMARY

[To be filled by participants at the end of each day, list topics of the day in the table]

Day #: ____

1. Please check (✓) the category indicating your opinion about each of these topics/sessions of the workshop:

<table>
<thead>
<tr>
<th>Topics of the Day</th>
<th>I found this session</th>
<th>I found this session</th>
<th>I found this session</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>very interesting/useful</td>
<td>somewhat interesting/useful</td>
<td>not at all interesting/useful</td>
</tr>
<tr>
<td>e.g. stocktaking</td>
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</tbody>
</table>

2. What aspects of the sessions were most valuable to you?

3. Do you have suggestions for future workshops?

4. Other comments:
Ministry of Local Government & Rural Development

2015

Disclaimer:
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