



2013

*COMMUNITY MOBILIZATION
Training Manual*



*Prepared by UNICEF Georgia CO
and Bemoni Public Union (BPU)*

COMMUNITY MOBILIZATION Training Manual

Prepared by UNICEF Georgia CO and Bemoni Public Union (BPU)

Within the framework of the Project “Strengthening Capacity of NSA for HIV Testing and Counseling of Most-at-risk Adolescents and Young People”

With funding from the European Commission

TABLE OF CONTENTS

Introduction

Module 1: Introduction to the Training, Trainers, and Participants

Module 2. Our Community's Response to HIV

Module 3. What is Community Mobilization?

Module 4. Foundation of Community Mobilization Strategy in Diffusion of Innovation Theory

Module 4. Planning Strategy for Community Mobilization Activities

Module 5. Developing Communicating Messages for Promoting the Innovation

Module 6. Wrapping Up

INTRODUCTION

This training manual was developed within the framework of the Project entitled “Strengthening Capacity of NSA for HIV Testing and Counseling of Most-at-risk Adolescents and Young People” (UNICEF-EU HIT-A Project). This project is being implementing by UNICEF in cooperation with Bemoni Public Union (BPU), under the financial support of the European Commission. The overall objective of the action is to increase access to and uptake of confidential, anonymous, and free HIV testing and counseling services among adolescents and young people within most-at-risk populations and to build effective linkages with HIV prevention, treatment, and care services.

The purpose of this manual is to guide the training of the UNICEF-EU HIT-A Project partner NSAs staff members to implement the community mobilization component of the intervention. This three day training manual is part of a series of training modules designed by UNICEF Georgia CO and its Georgian partner NGO Bemoni Public Union in order to build the capacity of Project NSA partners working with MARA in 5 cities of Georgia.

Purpose of the training:

1. To prepare partner NSA staff members to develop and implement the community mobilization procedures
2. To create a forum for staff to contribute to the further refinement and development of the community mobilization strategies to be used at their sites

Module 1: Introduction to the Training, Trainers, and Participants

This session will introduce and orient the participants to the structure and content of the 2-day staff training and allow participants and the trainer to share ideas about their expectations of what the training will and should achieve.

1. Introductions and Overview



10 min

The facilitator(s) should introduce themselves and provide an overview of how the training will be organized. The following issues should be addressed: (1) Logistics, including: hours, break times, meal times, and arrangement of the facility; (2) A description of the scope of the training and its purpose.

2. Ice Breaker – Time capsule

15 min 

1. Ask everyone to prepare a two minute introduction about themselves: What five things would you lock into a time capsule to represent yourself, and why? Where would you bury the time capsule, and how would you package it to protect it?
2. After 5 minutes ask each person in turn to present their introduction.

3. Hopes and Fears



15 min

The facilitator will ask participants to say what their fears and expectations of the training are. The facilitator lists all these down on the flip chart in two separate columns or on two different pieces of paper, as they come from the participants. After all have been said, the facilitator can take each point on the flipchart one by one—assuring participants if needed and clarifying any concerns that would have been raised by the participants. It is important that the facilitators show a great deal of enthusiasm about the training from the beginning and assure that all participants are welcome no matter what their social or educational background. Establish a friendly environment for the learning process that participants will have committed themselves to.

4. Establishing Ground Rules



10 min

The facilitator introduces the concept of ground rules (this will probably be very familiar to all participants) and encourages the group to talk about what rules the group would like to establish. The facilitator may want to start the group off with an example, such as arriving at the training on time. As the group decides on their ground rules, the facilitator lists them on a piece of flip chart paper and when finished, the rules are posted somewhere in the room for future reference.

Module 2. Our Community's Response to HIV

The purpose of this session is to encourage participants to start thinking about how their communities have responded to the HIV epidemic so far and to identify the ways in which their communities are succeeding or failing to mount productive responses. In their role as change agents, NSAs will be responsible for assisting their communities to respond proactively to the epidemic.

1. Brainstorming Exercise



30 min

2.

Ask participants to divide into two groups and to elect a recorder for the group. Then ask the first group to answer the following question "What is the response from our churches, schools, and health care establishments to HIV and AIDS". Then ask the second group "What is the response from our local councils, chiefs, and community leaders to HIV and AIDS".

Remind them that these can be positive and negative responses. Re-Group and ask each group to select a person from their group to present their information. Once both groups have presented their information then ask the group if there is anything they would like to add about their community and its response to HIV. Once they have a complete list then ask the participants to identify the responses they believe have been good for the community and why. The facilitator should list the items they mention on a separate flip chart paper. The facilitator should do the same for the items that people have identified as being not good for the community and why.

The exercise above has helped the group to not only list the community's response but also analysis the effect of the response on the community. Allow the group to have open discussion and lead them into the next discussion, which is how a community builds a response to HIV.



10 min

2. Group Exercise: String Spider Web

You will need a ball of string to do this exercise. Ask everyone to sit or stand in a circle. Produce a big ball of string. Hold on to the end of the string, then roll or toss it across to someone sitting/standing opposite you, saying his/her name as you send it. Keep holding on to your end, tightly. Ask the recipient to hold on to the string so that it makes a taut line between you. Then ask him/her to send the ball back across the circle to someone else, saying the person's name as he/she rolls/tosses it. Everyone continues with this procedure, until the circle is full of taut lines criss-crossing the circle. Each person should be holding tightly to a bit of string. The ball of string should finally be sent back to you so that you hold the beginning and the end of the string.

Next ask everyone to look at how the string connects you all, like a spider's web. You are all dependent on one another to keep this web firm and supportive. If anyone were to take his or her hand away from the web that part of it would collapse. Ask people to suggest how this spider's web exercise relates to our community and how it represents its response to HIV and AIDS.

Stress the importance of working together and all sectors are more effective when they work as a team because resources are shared not duplicated, you have more collective information and skills which help build solutions to community issues, and you have a mass of people taking action instead of just a few.

Module 3. What is Community Mobilization?

As a start to the training, it will be useful to explore the most basic question: what do we mean by the term community mobilization? This session will encourage participants to explore this concept in general and with reference to the goals of UNICEF-EU HIT-A Project. This session will provoke discussion about what we hope to achieve through the community mobilization component of the Project.

1. Brainstorm: what does community mobilization mean?



10 min

The trainer should first engage the group in an exercise to clarify what community mobilization means. The trainer asks the participants to think about community mobilization efforts they may have heard about, known about, been involved with, or observed. Ask them to answer the following questions:

- What was the purpose of the community mobilization effort?
- What techniques/methods were used?
- From your vantage point, was the effort successful? If so, why; If not, why not?
- What lessons would you want to take from that effort?

Following this discussion, the trainer asks the group to come up with 3 (and only 3) most important elements of successful community mobilization.

2. Presentation



10 min

The facilitator summarizes using the power point presentation on Community Mobilization.



Note to the facilitator:

Community can mean different things in different contexts. Teams doing mobilization activities should take time at the beginning of a program to create a definition that is helpful where they work. Some common elements of community are:

- Individuals or groups who share a common geographic location;
- Individuals or groups who have common language, culture or values;
- How the groups or individuals interact or have relationships with each other; and
- How members of the community use common resources and make decisions.

Community is defined as a group of people having something in common and will act together in common interest.

Community mobilization engages all sectors of the population in a community-wide effort to address a health, social, or environmental issue. It brings together policy makers and opinion leaders, local, state, and federal governments, professional groups, religious groups, businesses, and individual community members. Community mobilization empowers individuals and groups to take some kind of action to facilitate change.

Community mobilization is the process of engaging communities to identify community priorities, resources, needs, and solutions in such a way as to promote representative participation, good governance, accountability, and peaceful change. Sustained mobilization takes place when communities remain active and empowered after the program ends. Fostering people to be their own agents of change is the underlying goal of 'community mobilization.'

To mobilize a community around any issue or problem, such as the HIV epidemic, is to raise the community's consciousness about that issue through education, support the community to think about how the issue affects them, and to nurture the will and commitment of community members develop constructive responses.

The Community Mobilization activities for the Project aim to:

1. Create awareness about and an open dialogue around HIV/AIDS in communities
2. enhance the communities' understanding of, participation in, and enthusiasm for HIV T&C
3. foster understanding and acceptance of HIV positive members of the community (stigma reduction)
4. promote HIV risk reduction among all community members

3. What does community mobilization mean with respect to UNICEF-EU HIT-A Project? - 15 min

What are we mobilizing communities to do in Project? The trainer asks the group to reflect on the following questions:

1. What are the aims of the UNICEF Project intervention?
2. How does the community mobilization component of the intervention contribute to the achievement of those aims?

The trainer should facilitate a discussion that draws attention to the importance of community mobilization in achieving Project's aims and objectives, specifically around stigma reduction, adoption of T&C, and reduction of risk behaviors among young people.

Module 4. Foundation of Community Mobilization Strategy in Diffusion of Innovation Theory

Community mobilization strategies are based on Diffusion of Innovation Theory (DOI). In this session, we will provide an overview of Diffusion of Innovation Theory and prompt participants to begin thinking about how it applies to our Project goals.

1. Presentation

The facilitator presents information on Innovation using the power point presentation.



15 min



Note to the facilitator:

What is an innovation?

An innovation is simply something new. It can be an idea, a practice, or a thing. Most innovations are improvements on an existing idea, practice, or technology that is already familiar. For example, cell phones were an innovation of the 1990s that improved on the existing technology of telecommunications. The idea of using a phone to communicate wasn't new but using a phone that was completely mobile and free from the constraints of cables and wires was very new. Cell phones turned out to be a very attractive innovation and it didn't take long for people to adopt them and for their use to become quite normal throughout society.

What qualities make an innovation likely to be adopted? Diffusion of Innovation theory describes 5 qualities that make it likely an innovation will be adopted. These are:

- 1. Relative Advantage.** This is the degree to which an innovation is perceived as better than what it replaces. For example, it is easy to see how people perceived cell phones to be a better option than conventional phones.
- 2. Compatibility.** This is the degree to which an innovation is perceived as being consistent with existing values, past experiences, and the needs of potential adopters. Was the cell phone innovation compatible with existing values, past experiences, and needs of potential adopters? People value personal communication in most societies and the faster and more efficient the better. It was an innovation that was very compatible with people's needs and did not go against values.
- 3. Complexity.** This is the degree to which an innovation is perceived as difficult to understand and use. Innovations that are simple to understand and easy to use are more likely to be adopted than complex innovations. Are cell phones difficult to understand and use? They do not seem to be prohibitively complex.
- 4. Trialability.** This is the degree to which an innovation may be experimented with on a limited basis. If you are not sure you want to use a cell phone for the rest of your life, can you try one out for a while to see if you like it? Sure. You can buy or borrow one and see how it goes, then make a final decision.
- 5. Observability.** This is the degree to which the results of an innovation are visible to others. Can you easily observe people using cell phones and benefiting from that use? Definitely.

DOI theory calls particular attention to the first two characteristics: Relative Advantage and Compatibility as the most important in determining the rate at which an innovation is adopted.

How do individuals decide to adopt an innovation?

People react differently when faced with a new idea. You have probably observed among your own friends and relatives that some were eager to adopt cell phone use straight away when it was introduced while others took more time warming up to the idea. There is always a continuum of responses to an innovation. Diffusion of Innovation theory gives us a model for understanding the stages an individual passes through as she decides whether or not to adopt an innovation.

The stages are:

1. Knowledge. An individual learns of the innovation's existence and gains some understanding of how it functions. The individual seeks information to answer the questions "What is this innovation?" "How does it work?" and "Why does it work?"

2. Persuasion. An individual forms a favorable or unfavorable attitude or "feeling" toward the innovation. At this stage, the individual is uncertain about the consequences of the innovation and needs answers to the questions "Will the innovation be advantageous to me in my particular situation?" "How might it improve the quality of my life?" "How does the innovation compare with my other options?" "Is it easy to use?" "Are other people like me using it?" "Does it fit with my values and past experiences?" At this stage, the individual also needs to decide if she trusts the information she is receiving about the innovation—as well as the people who are giving her the information about the innovation—are they credible sources? Is the information credible? It is important to note that many people never move beyond this phase of the decision process. That is, even though they form a generally positive impression of the innovation, they never adopt it. This is especially true for innovations that focus on prevention of some unwanted consequence in the future. The lag time between adoption of the preventive innovation now and reaping the reward from that innovation in the future creates uncertainty in the mind of the potential adopter about its relative advantage. Take for example the preventive behavior of eating a low-fat diet when you are 40 years old to prevent having a heart attack at age 60.

3. Decision. An individual engages in activities that lead to a choice to adopt or reject the innovation. A very important part of this phase is trying the innovation out to see how you like it. Most people do not adopt an innovation without trying it out on a small scale first to see if it suits them and their situation. Innovations that can be divided into a trial component are more rapidly adopted. This is why advertisers and marketers offer trial subscriptions, demonstrations, or sample packages of new products. People who try new things often become adopters. People who are reluctant to try an innovation themselves, can also be influenced by watching someone else do it first. This is called "trial by others" in which a potential adopter gets to see someone similar to him try the innovation in a demonstration setting. This is especially effective if the person in the demonstration is an opinion leader in the social system.

4. Implementation. An individual puts an innovation into use. Up to this point, the decision-making process has been mental. Now it becomes physical as the adopter takes steps to implement the innovation in her life. At this stage, an individual still has some uncertainty, however. They need answers to the questions "Where can I obtain the innovation?" "How do I use it?" and "What kinds of operational problems might I encounter in using it?" The individual may need technical assistance to put the innovation into practice. It is also in this stage that individuals may "re-invent" the innovation. This means that individuals find ways of altering the innovation to better serve their needs. Re-invention is a very positive force and can both increase the rate of adoption of an innovation and improve the innovation's sustainability.

5. Confirmation. An individual seeks reinforcement of their decision to adopt the innovation. At this stage, an individual is often seeking confirmation that they made the “right” decision in adopting the innovation. If the adopter is exposed to conflicting messages about the innovation at this stage, she may reverse her previous decision and discontinue the innovation. Discontinuance of an innovation after adoption is quite common. There are two types of discontinuance: replacement and disenchantment. Replacement happens when a person discontinues one innovation to replace it with a better one. Disenchantment is when a person discontinues an innovation because of dissatisfaction with its performance. This may be a result of the innovation being inappropriate for the adopter’s situation or the innovation being misused by the adopter because of lack of understanding. Discontinuance is more likely with innovations that have a slow rate of adoption. Adopters who are likely to discontinue tend to have less formal education, lower socio-economic status, and have less contact with those promoting the innovation.

When do people adopt an innovation?

Some people pass through the 5 stages of the innovation-decision process very quickly and adopt the innovation seemingly without any problem. Others take longer to pass through the stages or never complete their trip through the stages at all and thus never adopt the innovation. Diffusion of Innovation Theory classifies people into one of 5 groups based on how quickly they adopt an innovation.

1. Innovators. These people are venturesome. They love new ideas and seek them out or even develop innovations themselves. They are risk-takers, information-seekers, and often have financial capital to push their innovations into the public realm and absorb losses. They have a high tolerance for uncertainty when they adopt an innovation. They are not “typical” members of the social system in which they live. Innovators are a small group, accounting for just 2.5% of a social system.

2. Early Adopters. Early adopters are innovative in their thinking and are enthusiastic to integrate innovations into their lifestyle. Unlike innovators, however, early adopters are very well rooted and respected in their communities. They are ahead of most people in their communities in terms of their innovativeness but not so far ahead of the pack that they seem highly unusual or eccentric. It is among early adopters that you are most likely to find people called “opinion leaders.” Opinion leaders typically serve as role models and are respected for their successful and careful adoption of new ideas. They are seen as the people to “check with” before adopting an innovation. Early adopters account for 13.5% of the population in a social system.

3. Early Majority. These are deliberate people who adopt new ideas just before the average member of a community. They take their time to think about an innovation before making a decision to adopt. They don’t want to be the last to adopt but they don’t want to be the first, either. They follow the lead of the early adopters. They interact with other members of their social system frequently but do not typically act as opinion leaders. They are numerous and make up 34% of all members of a system.

4. Late Majority. These are skeptical people who adopt ideas just after the average member of a community. For these people, the pressure of peers or economic necessity is necessary to motivate them to adopt an innovation. The late majority will wait until the social norms have definitely swung in favor of the innovation before they adopt.

They often have scarce resources and will not adopt until all uncertainty about the innovation has been removed and they feel it is economically safe to adopt the innovation. They are also numerous and account for 34% of the members of a system.

5. Laggards. These are the traditionalists in society. They are conservative toward change and are the last to adopt an innovation. They pay little attention to the opinions of others. They also tend to be the most vulnerable group socio-economically and often feel they cannot afford to take chances on new ideas. Their point of reference is what has worked for them in the past and they are reluctant to change those practices. They interact with others who are in similar conditions or have the same outlook. They are suspicious of those who promote an innovation. Laggards account for 16% of the social system membership.

DOI theory also points to an interesting paradox in the timing of when certain people adopt innovations. It is called the Innovativeness/Needs Paradox. The paradox lies in the reality that early adopters (who tend to be wealthier and more educated) are usually those who least need the benefits of an innovation yet adopt it first while those who most need the benefits of an innovation (the less wealthy and less educated) tend to be among the last to adopt an innovation (the laggards). This paradox tends to widen the socioeconomic disparities within society—early adopters gain advantage after advantage from each innovation they adopt while laggards rarely reap the benefits of innovations and are thus kept in a vulnerable condition. An example is family planning initiatives. Elite men and women with already small families tend to be the first to adopt family planning while poor men and women with the least resources for raising families tend to not adopt the innovation of family planning. Aggravating this paradox is that in promoting innovations, organizers often favor the strategy of least resistance and target those populations with the highest probability of adopting the innovation—those with higher socioeconomic status. An alternative strategy would be to concentrate effort toward reaching subpopulations with the least likelihood of adoption—those of low socio-economic status who comprise the “late majority” and “laggards.” This approach would assist in reducing the disparities kept in play by the Innovativeness/Needs Paradox.

2. Energizer - Fruit Salad



10 min

1. Ask the team to form a circle with their chairs. Ensure there are only as many chairs as people and then take two away.
2. Ask those two people without chairs to stand in the middle of the circle (ensure you are outside the circle).
3. Go around the circle and name each person in turn as lemon, orange, apple, lemon, orange, apple etc. (don't forget to name the two people in the middle)
4. Explain: "I will shout at a fruit name, which will be either, lemon, orange or apple. If you hear your fruit called out you must leave your own seat and find another. If you are left in the middle you must wait until your fruit is called until you can find a seat. If I shout 'fruit salad' then everyone must leave their seat and find another."
5. Ensure everyone understands the rules and then start the energizer.
6. Call out different fruits in sequence and occasionally add in 'fruit salad'. Continue this process until you feel that energy levels have increased or that people start to fall down tired!



15 min

3. Presentation

The facilitator presents information on Diffusion using the power point presentation.



Note to the facilitator:

What is diffusion?

Diffusion is what happens when members of a social system communicate about an innovation over time. Successful diffusion ends when most community members have adopted the innovation and incorporated it into their daily lives and values. Successful diffusion results in social change within a social system. An innovation typically moves slowly through a group of early adopters when it is first introduced (the “take-off period”). Then, as the number of adopters increases, the diffusion moves at a much faster rate.

As we’ve pointed out, much of the success of an innovation depends on the inherent characteristics of the innovation—it’s relative advantage, compatibility, complexity, trialability, and observability. But there is another part of the equation we must consider: how people communicate with each other about the innovation thus leading to the innovation’s diffusion. Diffusion of Innovation theory gives us direction regarding how this communication can be most effective.

Principle 1: Diffusion is a Social Process

Communication about an innovation can happen in many different ways. Mass media, such as radio, television, and newspapers can be used to rapidly inform a community about the existence of an innovation. However, interpersonal communication is really the key to successful diffusion of an innovation. Interpersonal communication involves a face-to-face exchange between two or more individuals. Few people are persuaded to adopt an innovation by seeing television commercials. But when your best friend adopts an innovation and tells you the benefits she’s gotten from it, you are much more likely to consider adopting the innovation yourself. When you see that most of your social network is using the innovation, it becomes nearly impossible to resist adopting it yourself. In this way, diffusion is a very social process that hinges on interpersonal communication that travels along social networks.

Principle 2: Effective Diffusion Requires the Work of Change Agents

Change agents are an essential part of the diffusion process. In DOI theory, change agents come in two types. The first type of change agent is the “professional” change agent. This person has great expertise with the innovation and is employed (typically) to promote it. The second type of change agent is the “community-based” change agent. These are members of the community who are recruited by the professional change agents to assist in the promotion of the innovation but who are not necessarily employed to do so in a professional sense. The community-based change agent’s level of expertise regarding the innovation is typically less developed than that of the professional change agent, however, their position as a member of the community often makes them more effective promoters of the innovation than the professional change agents. Examples of community-based change agents include peer educators, opinion leaders, and any community member who is trained to help promote an innovation.

The success of change agents is related to the following factors:

1. *Change Agent Effort.* The success of securing adoption of innovations by clients is closely related to the amount of effort change agents put forth in contacting clients. When we talk of change agent effort, we are talking about both the quantity and the quality of contact with clients.
2. *Being Oriented toward the Client.* Change agents who are “client oriented” are more successful in encouraging clients to adopt an innovation. To be client oriented means the change agent is focused on her relationship with her clients and is attendant to their needs. The aim of a client oriented change agent is not simply to “get them” to adopt the innovation but to assist the client to improve his skills in evaluating the innovation and making an informed decision as to whether it is right for them.
3. *Change Agent Empathy.* Empathy is putting oneself into the role of another. A change agent’s success is directly related to her empathy with clients. Adoption of innovations is greatly facilitated when the change agent has excellent interpersonal skills including listening, friendliness, being non-judgmental and understanding.
4. *Change Agent Homophily.* Communication between people who are socially similar (homophily) tends to be much more effective in promoting an innovation. Change agents are also more effective when they talk to those who are most like themselves. This can be a challenge for professional change agents, who by virtue of their advanced training and expertise with the innovation are often very unlike the clients they wish to persuade to adopt the innovation. This is where community-based change agents become very important. Therefore, the complement of community-based change agents needs to include representatives from a variety of segments of the community.
5. *Change Agent Credibility.* In order to be effective, change agents must be credible with their clients. Clients will ask questions such as “What is this person’s motivation for trying to persuade me to adopt the innovation?” If the client believes the change agent is “selling” the innovation for their own personal gain (for example, in order to receive a commission on the “sale”) then the change agent’s credibility is severely undermined. Persuasive credibility comes from change agents who are perceived to have nothing to gain personally from promoting the innovation.

Principle 3: Effective Diffusion Requires the Involvement of Opinion Leaders

Opinion leaders play a very important role in the diffusion of innovations and must be included among the community-based change agents. Opinion leadership is the degree to which an individual is able to influence (informally) other individuals’ attitudes or overt behavior in a desired way with relative frequency. As we pointed out earlier, opinion leaders tend to be the type of people who are early adopters of an innovation and thus play an important role in modeling the innovative behavior to their followers and in doing so reduce uncertainty about the innovation. Successful diffusion of an innovation requires the involvement of opinion leaders as community-based change agents. It is also important to not mistake innovators for opinion leaders. Opinion leaders have followers and are respected for their views. Innovators are not.

Principle 4: Homophily Assists Diffusion but Heterophily is also Important

We are all drawn to talk to people who are similar to us in beliefs, education, socioeconomic status, language, values, background, and so forth. Homophily is the degree to which two or more individuals who interact are similar in certain attributes. Heterophily is the opposite—the degree to which individuals are different. Communication is most effective when those communicating are similar because they share common meanings, a mutual language, and are alike in personal and social characteristics. Diffusion requires this type of communication in order for people to be persuaded to adopt an innovation. It is important to note, however, that if communication about an innovation occurs only between people who are alike, the process of diffusion is actually slowed down. After all, if people only talk to those who are most like them within a social network of people who are all mostly alike, how does the innovation spread in to other networks that are socially different? Somewhere along the line, people must reach outside of their own comfortable social network to communicate with people who are more socially distant.

Principle 5: Well-Designed Communication Campaigns can Facilitate Diffusion

Diffusion is primarily a process that involves interpersonal communication between individuals who are connected through a social network. Campaigns are not a substitute for this but when planned and executed well, organized communication campaigns can help speed the process of diffusion along.

4. Group discussion: How will we use Diffusion of Innovation Theory in our Project



15 min

Diffusion of Innovation theory holds many lessons that we will apply in our Project to ensure our community mobilization activities are successful in promoting adoption and diffusion of the youth T&C innovation. In applying DOI theory to the Project Community Mobilization, we first have to think about the characteristics of our innovation, the characteristics of the individual adopters, and the characteristics of the communities we hope to mobilize to adopt the innovation.

Divide the group into two. The trainer asks one group to consider the question: What is/are our Project innovation(s) and what are the factors that will determine the ease with which it will be adopted? The trainer asks the second group to consider the question:

How will the Project innovation(s) diffuse in the target communities? What factors will determine the success of the diffusion process? Give the groups about 15 minutes to discuss.

Session 3

The Line Up



5 min

Energize your training participants by having them line up according to shoe size – from smallest shoe size to largest shoe size in different ways without talking

4. Group discussion: How will we use Diffusion of Innovation Theory in our Project



15 min

Bring the groups together to present their thoughts. The trainer should carefully document the ideas that emerge and seek to clarify any areas of confusion.



Note to the facilitator:

What is our innovation?

Project permits young people to become aware of their HIV status. However, Project's innovation is that it goes beyond individual awareness of one's HIV status to facilitate a process that:

1. Makes HIV testing a community norm
2. Reduces HIV/AIDS-related stigma
4. Increases acceptance of people living with HIV/AIDS

To achieve these objectives, the disclosure process occurs at three key levels that continually reinforce one another:

1. During community mobilization, early adopters of VCT are trained to disclose that they have been tested for HIV
2. During post-test support services, individuals who have tested positive for HIV are taught to safely disclose their status to their family and friends
3. Project also provides training to early adopters so that they become community change agents who disclose their HIV status publicly

5. Group discussion: What are change agents?



25 min

The trainer should ask the participants to think about an innovation they have adopted within their lifetime. Give the participants some time to think about this and decide on an example.

The trainer should go around the room and ask a few people what that innovation was. If participants are having a hard time thinking of innovations, the trainer should have an example of their own in mind to provide. Then the trainer asks the participants to think about who may have influenced them to adopt that innovation (it may have been just one person or it may have been a group of people) but the

participants should think back to the time they really got serious about adopting the innovation and who was involved in their decision. The trainer should ask the participants to share their examples and the trainer should share her or his own.

The trainer should now ask the participants to brainstorm the following two questions:

1. How did those people influence you? (this can be overt or subtle)
2. Why do you think their influence worked?

The brainstorm should elicit a discussion of the various ways in which we are all influenced to take risks on trying something new. This influence often comes most powerfully from people we know and trust and from people who themselves have tried the innovation and have benefited from it. These people are “change agents.” One other interesting thing to note is that change agents don’t always have to know they are change agents in order to be effective. But they do have to believe in the innovation.

Facilitator presents information on change agents using the power point presentation



Note to the facilitator:

Change agents should follow seven basic steps when introducing an innovation to a social system:

1. *Develop a need for change among the members of the social system.* A change agent initially helps people become aware of the need to alter their behavior (if they are not already aware of it). The change agent points out new alternatives to existing problems, dramatizes the importance of these problems, and may assure people they are capable of confronting these problems.
2. *Establish an information exchange relationship.* Once a need for change is created, a change agent must develop rapport with her clients. The change agent must be perceived as credible, competent, and trustworthy. The change agent must empathize with the client’s needs and problems and not be judgmental. Clients must often accept the change agents before they will accept the innovation she is promoting. A change agent may need several weeks or months to get acquainted with a client before introducing the innovation and then need many more contacts to help the client move through the decision making process of accepting or rejecting the innovation.
3. *Diagnose problems.* The change agent is responsible for analyzing clients’ problems in order to determine why existing alternatives do not meet their needs. The change agent must view the situation from the client’s perspective completely.
4. *Create an intent to change in the client.* After a change agent explores various avenues of action the client might take to achieve their goals, the change agent seeks to motivate the client’s interest in the innovation.
5. *Translate intent into action.* A change agent seeks to influence a client’s behavior change with recommendations based on the client’s needs. Interpersonal network influences from peers are most important at the persuasion and decision stages in the decision making process. The professional change agent usually can operate only indirectly here, by working with opinion leaders to activate peer networks. Community based change agents will be in a stronger position to influence the client directly or mobilize the influence of the client’s social network.
6. *Stabilize adoption and prevent discontinuance.* Change agents may effectively stabilize new behavior by reinforcing messages to clients who have adopted thus helping to make the new behavior permanent. This assistance is appropriate when a client is at the implementation or confirmation stage in the decision making process.

7. Achieve a terminal relationship. The goal for a change agent is to develop self-renewing behavior on the part of the client. The change agent should seek to put himself out of business by developing the client's ability to be his/her own change agent. In other words, the goal is self-reliance. At the end of the relationship with the change agent, the client should have developed his own skills in evaluating innovations.

Change Agents within our Project. The trainer asks the group to apply all the principles they have been discussing about change agents to the task of identifying who UNICEF-EU HIT-A Project change agents will be and what qualities they need to have in order to be effective.

5. Group work: Creating a Community Vision Regarding Stigma and Discrimination - 25 min

Ask "What will the situation in our community look like in two years time if we adopt an anti-stigma community campaign?" Record the group's responses on flip chart paper.

Some things that might be listed are:

- More openness in talking about sex and HIV
- Citizens helping each other in caring for PLHAs
- Less gossip and name-calling towards families affected by HIV/AIDS
- More knowledge about transmission and less fear about casual contact.
- More hope. Less feeling of fatalism and paralysis.
- More trust in and use of health services

Ask "What activities will you carry out to reach these goals?" Record the group's responses on flip chart paper. Then ask the participants to prioritize the activities so they have a good starting point to develop an anti-stigma campaign for their community.

3. Presentation



10 min

The facilitator presents information on the Process of Community Mobilization using the power point presentation.



Note to the facilitator:

Mobilizing communities to prevent HIV/AIDS requires individuals to identify the problem of HIV epidemic, consider its importance, evaluate their own behavior, and then begin making changes in their lives. Although each individual is unique and will come to the issue of HIV/AIDS differently, the process of how individuals change often follows a similar pattern. The Stages of Change Theory (Prochaska et al., 1992) can explain how individuals

can change their behavior to develop long-term programs for community mobilization.

The Stages of Change Theory of individual behavior can be adopted and scaled it up to the community level. We propose that a community also goes through a distinct process of change before any given value system is adopted. Therefore, if projects can recognize this process and operate in harmony with it, they are more likely to facilitate enduring change. The Stages of Change Theory is presented below with a parallel, actionable process scaled up for affecting wide scale social change.

Stages of Individual Change	Phases of Community Mobilization
Stage 1: Pre-contemplation: an individual is unaware of the issue/problem and its consequences for her/his life.	Phase 1: Community Assessment: a time to gather information on attitudes and beliefs HIV and to start building relationships with community members and professional sectors
Stage 2: Contemplation: an individual begins to wonder if the issue/problem relates to her/his life.	Phase 2: Raising Awareness: a time to increase awareness HIV epidemic. Awareness can be raised on various aspects of HIV problem
Stage 3: Preparation for Action: an individual gets more information and develops an intention to act.	Phase 3: Building Networks: a time for encouraging and supporting general community members and various professional sectors to begin considering action and changes. Community members can come together to strengthen individual and group efforts to prevent HIV/AIDS
Stage 4: Action: an individual begins to try new and different ways of thinking and behaving	Phase 4: Integrating Action: a time to make actions of HIV prevention part of everyday life in the community
Stage 5: Maintenance: an individual recognizes the benefits of the behavior change and maintains it	Phase 5: Consolidating Efforts: a time to strengthen actions and activities for HIV prevention to ensure their sustainability, continued growth, and progress

Training Day 2

Session 1

Exercise "All Changes"



15 min

Objectives: This energiser is useful to help participants identify with people's behaviour and feelings during times of change.

1. Place participants into pairs and ask them to face each other. Then ask them to take a good look at the person in front of them and memorise what that person is wearing.
2. Next, ask them to face away from their partner and change five things about themselves (typically people will take off a shoe, remove a watch or ring or perhaps remove their glasses).
3. After they have done this, ask the pairs to turn and face each other again and identify what has changed about their partner.

Review:

In review, ask participants how easy it was to change things about themselves. Usually they will say that it is hard to change five things. The important thing to note is that most people associate 'change' as removal or loss of things. How many people actually added something to themselves to change their appearance?

In life, we tend to associate change with loss. However, the reality is that change can also include gain.

A side thing to note is how quickly once people realize the exercise is over they return their clothing or appearance back to the way it was. Given the chance, people will always revert back to 'the way things were'. This is also typical of change situations.

Module 4. Planning Strategy for Community Mobilization Activities

When planning and implementing HIV counselling and testing services it is essential also to plan and implement community mobilization activities. Social mobilization for HIV counselling and testing means providing the community with adequate information and support about all aspects of these services.

This enables:

- community members to make informed decisions about HIV counselling and testing;
- HIV counselling and testing services to be normalized and people to know their status;
- acceptance of HIV/AIDS as an important issue for the communities;
- increased uptake of these services;

→ reduction of denial, stigma and discrimination.

The Dos and Don't for Community Mobilization

<u>Don't</u>	<u>Do</u>
1. Do it all for the community	6. Do it with the community help
2. See professionals as the experts	7. Use community expertise
3. Deny ethnic and cultural differences of a community	8. Understand ethnic and cultural differences of communities and build on ethnic and cultural diversities
4. Plan mobilization efforts alone	9. Include others in the planning process
5. Focus solely on individual efforts	10. Develop community partnerships

How can we involve the community:

- Go to people
- Love with them
- Live with them
- Learn with them
- Link your knowledge with theirs
- Start with what they have
- When you finish your job the people will say we did it all by ourselves
(A proverb adapted from the words of Lao Tsu, China)

3. Group work “Clarifying and Addressing Barriers to Support community involvement and participation in HIV counseling and testing services”



30 min

The trainer should divide the participants into 2 groups ask each group members to List the factors that support and impede community level efforts to increase uptake of HIV T&C services.

Give the groups about 15 minutes to discuss. Bring the groups together to present their thoughts. The trainer should carefully document the ideas that emerge and seek to clarify any areas of confusion.

Module 5. Developing Communicating Messages for Promoting the Innovation

Project staff members will spend much of their time communicating messages about the innovation to community members. Staff will need to develop messages that are appropriate to their sites and communicate them in ways that respect local values and sensitivities.

1. Group work Developing Messages



30 min

The trainer will work with the group to come up with a list of general themes that they want the promotional messages to revolve around. These themes should include, but are not limited to:

- The benefits of knowing one's HIV status
- The role of T&C in reducing HIV risk behavior in the community
- Acceptance of PLWHA in the community

Next, the trainer should divide the group into sub-groups and assign one or more themes to each group. The groups should begin the process of developing messages that address the theme. As they develop messages, the participants should pay particular attention to making sure their messages are appropriate for the different stages of adoption (according to DOI). These are:

- Knowledge
- Persuasion
- Decision
- Implementation
- Confirmation

Each group should come up with messages around their theme that address individuals in each of the phases.

2. Sharing of Messages



15 min

The groups should come back together and share the messages they have created so far and explain how each one addresses both the theme they were assigned and the DOI phases of adoption. The group should provide feedback and help in the process of refining these messages.

Session 2

3. Role-Plays



60 min

The trainer asks participants to role-play scenarios in which they have to use the messages they have created so far. These role-plays should focus on scenarios that staff members are likely to find themselves in and should be as realistic as possible. These may include:

- Talking to someone outside the T&C unit who is undecided about whether to take part in testing (imagine this person is in the persuasion phase of the adoption process).
- Talking to a group of religious leaders in the community who want to know more about what we are promoting (imagine these people are in the knowledge phase).
- Talking to a group of youth (imagine the youth are in the decision stage).
- Talking to a young woman (imagine she is in the implementation stage)
- Talking to a young man his first visit to T&C services (imagine he is in the confirmation stage)

Note to trainer:

It will be important for you to design role-play scenarios carefully so that the participants know exactly what situation they are in. This will help the participants be specific in playing their parts and make the role-play exercise much more useful.

4. Post Role-play Discussion



30 min

The trainer invites discussion on the role-plays as each one finishes. Answer the following questions:

- Did the message work as it was intended?
- What communication strategies did the staff member use?
- What went well in the communication encounter?
- What areas needed improvement either in the content of the message or in the technique of the staff member?

Session 3

5. Group Exercise: Let us identify some more ways of involving the community



30 min

Facilitator presents information on possible community mobilization activities using the power point presentation

Community meetings	Door-to-door campaigns
Sports and games	Human chains
Electronic and print media	Radio talks
Person to person discussion	Television programmes
Rallies such as cycle rallies	Processions and walks
Extension lectures	Folk arts, especially dances
Puppet shows	Street plays
Film shows	Video shows and cassettes
Multimedia	Interactive computer programmes
Debates, quizzes	Wall newspapers
Posters and banners	Pamphlets and handouts
Wall writings and paintings	

Then the trainer tells participants: "Keeping the available resources in mind, what possible activities could we plan to ensure that community members will make informed decisions about HIV counselling and testing?"

The trainer should divide the participants into 2 groups ask each group members to List possible community mobilization activities.

Give the groups about 15 minutes to discuss. Bring the groups together to present their thoughts. The trainer should carefully document the ideas that emerge and seek to clarify any areas of confusion.

Module 6. Wrapping Up



30 min

Use this session to wrap up and bring closure to the training as a whole. Verify that there are no lingering questions or points of confusion for participants. Briefly summarize the concepts presented in the training and thank participants for all their hard work and attention.

Appreciations Exercise

1. Have people sit in a close circle, including the facilitator(s).
2. Explain the value of feedback about strengths, as above.
3. Give *everyone* a sheet of A4 paper, including the facilitators.
4. Ask them to write their own name on the bottom of the paper CLEARLY.
5. Pass paper to the person on the left
6. That person writes a phrase or two or a few words, at the top of the page, to describe what she or he has most valued about the person whose name is on the bottom of the sheet.
7. Fold the paper neatly so the comments are covered
8. Pass the paper on to the next person and repeat steps 5,6 and 7 until everyone has had a go and has the paper back with his or her own name on the bottom.
9. Everyone reads their own comments quietly.
10. Ask each person to mark the one he or she likes the best.
11. Ask people to stand up in a close circle, and ask everyone to say the strength she or he liked using positive words like "I am...." or "I have...."
12. Remind people to take their pieces of paper home and treasure them.

Bibliography

1. Community mobilization: Florida's Response to the HIV/AIDS Crisis, 2011
2. Standard operating procedures: Community mobilization. NIMH Project Accept, 2005
3. Staff Training manual: Community Mobilization. NIMH Project Accept, 2005
4. Guide to Community Mobilization Programming. Mercy Corps, 2009
5. Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (2011). Go Communities! A Manual for Mobilizing Communities to Take Action to Reduce Girls' Vulnerability to HIV/AIDS. Baltimore, Maryland. Developed under the terms of USAID Contract
6. STAYING SAFE. A Manual to Train Staff in IDU Interventions on Advocacy, Community Mobilization and Referral Networking. UNODC, 2012