

MODULE 5

SESSIONS 1 & 2

Planning for Action Implementing Faith Based Programmes

Purpose

Participants will review the case of the Islamic Medical Association of Uganda (IMAU), UNAIDS best practice.

Objectives

By the end of this session, participants will have:

- Read and reviewed the UNAIDS article – AIDS Education through Imams – a spiritually motivated community effort in Uganda.
- Identified the multi-sectoral approach towards implementing community action and support for PLWHAs.
- Reviewed how to integrate religious values and wisdom with scientific information on HIV and AIDS.

Time: 120 minutes

TOPIC	TIMING	METHODS	MATERIALS
First impressions of the IMAU article	20 minutes	Group Discussion	Handout
Sectors of the community that came together to make IMAU successful.	20 minutes	Group Discussion	Flip Chart and markers
Religious leaders integrated into IMAU programme.	40 minutes	Group discussion	Flip chart and markers
Discuss IMAU Case Study	40 minutes	Group Discussion	Flip Chart and markers

CONTEXT

This session shares an example* of the Islamic Medical Association of Uganda (IMAU) where the Muslim community has been empowered through network of Mosques, Imam and community leaders to provide myriad services. The IMAU program has also empowered Ugandan women towards income generating activities that have strengthened families and the foundations of the religious structures.

* UNAIDS BEST PRACTICE COLLECTION: AIDS Education through Imams: A spiritually motivated community effort in Uganda. To print the article: <http://www.unaids.org/publications/documents/sectors/religion/imamscse.pdf>

ACTIVITIES

IMPLEMENTING FAITH BASED COMPASSION PROGRAMMES IN COMMUNITIES

Case Study: AIDS Education through Imams – a spiritually motivated community effort in Uganda.

- *Have participants read the article – the day before the session is discussed.*
- *Encourage them to take notes of areas that strike them as beneficial.*
- *Depending on the number of workshop participants, have groups or individuals review and lead discussions of the sections of the article on IMAU.*

Review the following issues:

- Islam in Uganda
- AIDS in Uganda
- Islamic Medical Association of Uganda and their mission
- Mobilising the Muslim Community
- Community actions for AIDS prevention
- Madarasa AIDS education and prevention project
- Motivating volunteers
- Empowering women
- Overcoming hurdles
- The future (Future goals of IMAU)

MODULE 5 SESSIONS 3 & 4

Planning for Action Monitoring and Evaluation of Faith Based Programmes

Purpose

For participants to review ways to monitor and evaluate the care and support faith based activities for effectiveness and impact of the Compassion Campaign in Ghana.

Objectives

By the end of this session, participants will have:

- Defined monitoring and evaluation in the context of the Ghana Compassion Campaign.
- Discussed ways to monitor the processes to establish and implement compassion, care and support programmes for community members in need.
- Discussed ways to evaluate effectiveness of the care and support programmes for community members in need.
- Reviewed the criteria for developing measurements indicators to assess the effectiveness of their programs.

Time: 120 minutes

TOPIC	TIMING	METHODS	MATERIALS
Monitoring and Evaluation In the context of the Compassion Campaign in Ghana	30 minutes	Mini Lecture/ Group Discussion	Posters, drawings, fliers of Stop AIDS –Love Life Campaign
Monitoring projects	30 minutes	Group discussion	Flip chart and markers
Documenting Program Effectiveness (evaluation)	30 minutes	Group work	Flip Chart and markers
Criteria for Indicators	30 minutes	Group Discussion	Flip Chart and markers

CONTEXT

This session is designed to help participants to understand the axiom - "if it is not documented, it does not exist". Careful emphasis must be placed on monitoring and evaluating the compassion for PLWHA programs that a church/mosque has undertaken to establish and implement care and support for those in need within their communities as part of the Compassion Campaign

ACTIVITIES

THE COMPASSION CAMPAIGN - THE REACH OUT PHASE

In Module 2 Session 3 we have described the Compassion Campaign and its goals. Facilitator invites participants to build on their previous knowledge of the STOP AIDS/LOVE LIFE campaign. Use posters showing the open hand symbol, etc. and discuss meanings.

Explain the Reach -out Phase in Compassion Campaign:
Creating Caring Communities through the Compassion Campaign

Why is there a need for the Compassion Campaign?

- There seems to be a gap in the previous programmes
- The fear element in relation to HIV/AIDS is still very prevalent
- Greater focus on prevention, less focus on care and support
- Not involving all sectors of society (i.e. the religious communities had not been drawn in to any great extent)
- Expected behaviour changes are not being seen
- Pop culture is having a negative effect on the youth
- Continued stigmatisation and discrimination of PLWHAs

Goal of the Compassion Campaign:

Write on flip chart and read it together

To create a compassionate and supportive societal response to those infected and affected by HIV/AIDS and to give them HOPE'

The Campaign Objectives:

- Improved Care and Support of PLWA and their Families
- Improve Sustainability of HIV/AIDS Prevention Behaviours, using JOH
- Large Scale VCT

Who is the Target Audience of the campaign?

- Religious hierarchy
- Clergy
- Imams
- Congregation/community

It is very important that participants realise that as a result of this training, they will be responsible to mobilise the communities within their faith based organisations and generate a response to the Compassion Campaign. Participants also must realise that the success of the Compassion Campaign will depend on the level of mobilisation that religious and Faith based organisations generate. Monitoring and evaluating the activities is crucial, therefore discussing monitoring and evaluation is important as the religious leader have to incorporate monitoring and evaluation activities to all aspects of the Compassion Campaign programmes.

MONITORING AND EVALUATION

- *Ask participants to define Monitoring and Evaluation*
- *Ask them to describe the importance of an effectively monitored and evaluated program.*
- *Record answers on the flipchart*

MONITORING is a systematic attempt to examine the program's coverage and delivery.

A continuous process to make sure a project is on track

A process of keeping track of the progress of an ongoing activity

A process of tracking project activities to make sure events are going as planned

Technical definition:

'The process of routinely gathering information on all aspects of a project'

The key question in monitoring is - How are things going? How well are we progressing along a path or paths that we predicted or expected the program implementation to follow? Basically, monitoring also asks - are on track with our expectations and plans?

- Monitoring is used to improve quality by making decisions about how activities can be improved.
- Regular and accurate monitoring helps ensure that outputs are produced and distributed as planned.

- Rapid feedback allows managers to fine tune program operations and correct any errors or deviations from the norm that may exist within the processes.

When designing interventions, managers should ensure that monitoring is incorporated into the design of the project.

Areas and importance of Monitoring

Monitoring is useful in three areas:

- Management
- Accountability
- Evaluation

Monitoring for Management: it is essential to carefully monitor during the early implementation or pilot stages. Managers need to know quickly and fully about problems that occur so that changes can be made as soon as possible.

Monitoring for Accountability: enables funding groups to assess the value of the program to tax payers, governments, donors, boards of trustees, pressure groups. Careful monitoring demonstrated to these groups that scarce resources are being closely watched.

Monitoring for Evaluation: Proper monitoring enables an accurate interpretation of impact. If a problem is monitored carefully these problems will be caught early on and will be essential later for understanding the evaluation findings.

EVALUATION

EVALUATION, on the other hand assesses the overall impacts of the program and is used to judge a program's worth by assessing its effects in light of achieving the objectives. Evaluation examines the entire program, from planning to input to through-put and finally to outcome.

Technical definition:

Evaluation is the process of gathering and analysing information to determine:

- 1. Whether the project is on target with the plan**
- 2. The extent to which the project is achieving the set objectives**

Evaluation examines how effective personnel and resources were utilised to reach expected goals and achieve expected results.

- Evaluation is used as to assess end results.
- Evaluation takes into consideration all aspects of the program and makes a determination where success or failure were recorded
- Evaluation also feeds into further planning in a feedback loop.
- Evaluation helps us decide if we are succeeding or failing and may help determine where we need help and support and where we have done well.

Evaluation

The goal of evaluation in the project cycle is to:

- Compare the effects of the program with its objectives
- Identify factors that contribute to or limit the achievement of the project goals so future programs can be improved
- Contribute to theory development and understanding

Purpose of Evaluation:

Evaluation is conducted to find out if objectives were met
Find out the reasons for the program's success or failure.
The key question in evaluation is: So did it work?

Feedback is needed at all stages of the program.

Always, So we can learn from the experience
Our results are our best teachers

Evaluation is Expensive.

Is education expensive? Some people say so. But on the other hand not to be educated is even more expensive. The price of not evaluating is more expensive. Sometimes we do not have time to evaluate. If we do not make time for evaluation, we may also need to pay a price for that.

Many people think that evaluation is something that happens at the end of a program. Evaluation can and should happen at every step in the process. This helps a program stay on track and save a lot of time, money and effort. If things are found not to be working, corrective action will be taken at once. Otherwise, you may wait until the need of the program to find out that errors existed in the earliest part of the process. Hence the need to go back far into the program to make corrections and continue.

MONITORING AND EVALUATION OF CARE AND SUPPORT PROGRAMMES IN CHURCH/MOSQUE

How do you monitor a care and support programme within the church or mosque?

- ***Divide participants into small groups***
- ***Ask the groups to discuss the question and list their responses***
- ***Groups will present their findings***

Monitoring a programme is a continuous process that begins as soon as a programme is conceptualised. Monitoring is closely following the development and evolution of a programme to ensure that programme activities follow the plans as well as schedules outlined by those that developed or are implementing the programme.

Monitoring requires forethought and planning. It also requires knowledge of the programme as well as the environment in which the programme is to be implemented. The environment takes into consideration the perspectives, perceptions and roles of individuals, organisations and communities that may be impacted.

Anticipating individual, organisation and community reactions, views and opinions to planned programmes are critical towards determining monitoring procedures and effectiveness.

Within a church/mosque setting, establishing a care and support programme might take into consideration how the leadership accepts such a programme, how much it might cost in terms of funds or time. It may also depend on how the church/mosque will be perceived by other churches or mosques, etc.

Monitoring a care and support programme can be done using committees that meet regularly, make field visits and prepare reports with the findings addressed to the appropriate authorities for decisions, and perhaps corrective or adjustment actions (where necessary). Interviews with different key individuals involved in the programmes can also prove to be an effective monitoring tool.

What should be evaluated?

- Level of impact
- Behaviour change
- Care and support
- Progress made
- Use of resources
- Cost of campaign
- Impact of care and support for PLWHAs
- Impact of HBC givers

Other indicators from Religious communities:

Number of

- HBC Structures
- Volunteer care-givers
- People in congregations asking for VCT
- People in congregations declaring their status
- FBOs with policies and programmes
- Sermons on compassion

- PLWHAs willing to be economically empowered
- Support systems to care for orphans

How do you evaluate the programmes within the churches and mosques?
 What are some of the evaluation indicators that one must consider in church/mosque-based care and support programmes?

Exercise:

- ***Divide into groups of three***
- ***Discuss and identify three qualitative evaluation indicators and three quantitative evaluation indicators for a faith-based programme***
- ***Share results in plenary***

Some Qualitative indicators might be:

- A well-publicised non-discrimination church policy on PLWHAs.
- Sermons on compassion and non discrimination
- Establish a church/mosque committee to identify and help people in need
- A significant proportion of church or mosque funds allocated for the benefit of those in need (PLWHA or PABA).
- Establish a church/mosque bulletin board for the congregation or community with a list of those who need care or support including prayers, visits, food, physical help, emotional or spiritual support.
- A list of congregation members and their tasks, roles and responsibilities for providing care, support and compassion for those in need in the church/mosque or community.

Quantitative indicators might be:

- Number of meetings with supporting or collaborating partners or donors.
- Amount of money contributed or raised that are to or has benefited PLWHA or others in the community who needs help.
- Proportion of church/mosque members who provide care for people in need
- Proportion of church/mosque members who show compassion for PLWHAs
- Proportion of church/mosque members with less/fewer stigma or discriminatory tendencies towards PLWHAs, HIV and AIDS.
- Proportion of religious bodies and congregations with well-defined and active support systems engaged on HIV/AIDS issues.
- Proportion of those infected or affected by HIV and AIDS who experience a compassionate response from families or communities, in which they live, work and worship.
- Proportion of people in church or mosque with fewer misperceptions about how HIV is transmitted.
- Proportions of people in church or mosque who know three ways to prevent HIV infection.

- Number of advocacy meetings church leadership has had with policy makers or community leaders.

Summarise main points .

PLANNING FOR ACTION

Participants can start to plan faith based activities that they will share with their community members upon their return from the workshop.

MODULE 5

FINAL SESSION

Workshop Synthesis and Evaluation

Purpose

To provide participants an opportunity to ask final questions about the workshop contents. It also will request that participants fill out the workshop evaluation questionnaires and the post test questionnaire.

Objectives

By the end of this session, participants will have:

- Cleared any doubts regarding the content of the compassion workshop
- Discussed how their workshop expectations were met or not.
- Completed the post -test questionnaire and the workshop evaluation questionnaires
- Received their Certificate of completion of the compassion workshop.

Time: 90 minutes

TOPIC	TIMING	METHODS	MATERIALS
Question and Answers and workshop Summary	30 min.	Large group discussion	
Participant expectations	15 minutes	Discussion	Notes workshop Expectations
Post Training Questionnaire and Workshop Evaluation	30 min	Individual Exercise	1. Post Training Questionnaire 2. Workshop Evaluation Questionnaires
Closing Ceremony	15 min.		Workshop Certificates of Completion / Diplomas

CONTEXT

This is the final session of the workshop, and participants have the opportunity to ask questions or request additional information on any topic covered during the workshop. They will also review their workshop expectations prepared the first day of the workshop, to see if their expectations were met or not. Participants will respond to the workshop post test and will evaluate the workshop. Diplomas or Certificates will also be handed out during this session. Honoured guests can be invited to formally close the workshop.

ACTIVITIES

WORKSHOP SUMMARY- QUESTIONS AND ANSWERS

- ***Ask a volunteer to briefly share key points of the workshop.***
- ***Ask participant to list the skills that were discussed in the workshop.***
- ***Ask how they plan to use the skills in their work.***
- ***Ask participants if they have any questions that need answers, and respond to all questions.***

Respond to the questions of the participants, ask other participants to respond to the questions too.

This is also a time for participants to contribute any final, overall feedback on the Compassion Curriculum workshop.

Ask participants to mention the topics or activities that were the most relevant to them during the workshop. Discuss what they would like to see added, deleted, or improved in future workshops so it can be included in future workshops. Do a brief summary of the workshop topics.

Review the main objectives of the workshop to see if they have been met.

Thank participants for all their contribution and their participation during all the session of the workshop.

WORKSHOP EXPECTATIONS

- ***Ask participants to review what they wrote the first day of the workshop regarding their workshop expectations.***
- ***Ask participants to share if their workshop expectations were met/ unmet***

WORKSHOP POST TEST AND EVALUATION

- *Distribute the Final Workshop Evaluation Questionnaires*
- *Post Training Questionnaire*
- *Have participants respond to the questionnaires.*

WORKSHOP CLOSING

The workshop closing is the final ceremony where participants receive their certificates of completion and honoured guests say a few words. If no honoured guests are available, trainers should say some concluding remarks to bring closure to the workshop.

Certificates or Diplomas will be handed out to each participant.

COMPASSION CURRICULUM WORKSHOP

Daily Evaluation

Please fill out this questionnaire to help us adjust materials and sessions according to your needs and suggestions. This evaluation is only for today's sessions. This is an anonymous questionnaire.

Please mark each of the elements accordingly:

	Not Acceptable	Good	Excellent
• Quality of the presentations	_____		
• Content of the presentations	_____		
• Facilitation style	_____		
• Exercises and Group work	_____		

1. What activities did you like most?

2. What did you find most useful about the topics covered today?

3. What did you like the least about today's sessions/

4. What can be done to improve the sessions?

5. Comments and suggestions:

Thank you for your time.

COMPASSION CURRICULUM WORKSHOP

Final Evaluation

Please print your answers. If any question does not apply, please leave it blank.

1. Please rate the workshop as a whole by circling your answer.

Poor.....

Excellent

1 2 3 4 5 6 7 8 9 10

2. Please rate the following items by circling your answer.

Course content:

Poor..... Excellent

1 2 3 4 5 6 7 8 9 10

Quality of Instruction:

Poor..... Excellent

1 2 3 4 5 6 7 8 9 10

Group Work /Exercises during Sessions:

Poor..... Excellent

1 2 3 4 5 6 7 8 9 10

Achievement of workshop objectives :

Poor... .. Excellent

1 2 3 4 5 6 7 8 9 10

Overall Level of Satisfaction:

Poor..... Excellent

1 2 3 4 5 6 7 8 9 10

3. What other topics should be included in future workshops?

4. Which concepts or ideas presented in the workshop did you find particularly useful or helpful?

5. How has the workshop inspired you to change or introduce new ideas in your work? Please explain.

6. Which sessions were most relevant to your work? Why?

7. Who would benefit most from this course?

8. On which topics would you have preferred additional time?

9. Please rate the training facilities and accommodations by circling your answers:

Location:

Poor..... Excellent
1 2 3 4 5 6 7 8 9 10

Room Accommodation:

Poor..... Excellent
1 2 3 4 5 6 7 8 9 10

Conference Room:

Poor..... Excellent
1 2 3 4 5 6 7 8 9 10

Daily Meals:

Poor..... Excellent
1 2 3 4 5 6 7 8 9 10

Coffee Breaks:

Poor..... Excellent
1 2 3 4 5 6 7 8 9 10

10. Please provide additional comments you think will help make this a better learning experience.

Thank you for your feedback !

Compassion Information Post -Test

1. What does "HIV" stand for? What does "AIDS" stand for?

***Human Immunodeficiency Virus
Acquired Immune Deficiency Syndrome***

2. Name two other sexually transmitted infections (STI) besides HIV.

***Syphilis Gonorrhea Chancroid Hepatitis B
Herpes Pubic lice Trichomoniasis ("Trich")
Genital warts (Human Papilloma Virus, or HPV)***

3. What is one symptom of an STI in both men and women?

***Sores, rashes, bumps or blisters on the genitals
Burning or pain when urinating or having a bowel movement
Need to urinate frequently
Itching or swelling of the genitals
Swelling or redness in the throat (for oral sex)***

4. What is the only way to know for sure if a person has been infected with the HIV virus?

An HIV antibody test

5. How many years does it typically take for an adult to develop AIDS after he/she is infected with the HIV virus?

Typically 7-10 years

6. Identify at least two aspects of culture in Ghana that can put a person at risk of HIV?

Polygamy

Lack of communication between men and women

Religious prohibition of condoms

Religious beliefs about diseases (Ex: Diseases are punishment from God, so there is nothing you can do about them)

Initiation rites (female genital mutilation, tattooing, scarification)

Widow inheritance

Low status of women (e.g.: Lack of education for girls, inability to negotiate condom use)

Sexual practices (e.g: « dry sex »)

Trokosi

7. Identify two ways that HIV is transmitted besides unprotected sex

Sharing of needles or other sharp/pointed unsterilized instruments

Blood transfusions from unauthorised sources

Mother-to-child transmission (in the womb, during delivery or through breastfeeding)

8. Name at least two ways that the sexual transmission of HIV can be prevented?

Abstinence

Condom use (correct and consistent)

Reducing the number of sexual partners (reduces risk factors)

Monogamy (only one sexual partner)

Getting tested and making sure that partner is also tested

9. Besides seeking treatment, identify at least two things that an HIV-positive person can do to stay healthy?

Household precautions

Proper nutrition

Vitamins

Rest

Exercise

Alternative therapies

Stress reduction

10. What is the goal of the Ghana Compassion Campaign?

The goal of this intervention is to create a compassionate and supportive societal response to those infected and affected by HIV and AIDS to give them hope.

11. What do you know about “Journey of Hope”?

In Ghana, it is a kit that offers a series of options and a positive approach to foster change and generate discussion on topics such as HIV AIDS that might otherwise be difficult. It also provides basic information and the basic facts on HIV AIDS prevention.

12. What are some factors that cause people to change their behaviour ?

Physical Stimuli - based on a person's current physical state as well as fear of future pain discomfort, or memory of past pain.

Rational Stimuli- based on knowledge and reasoning.

Emotional Stimuli – based on intensity of feelings of fear, love or hope.

Skills – based on the person’s capacity to adopt and continue a new behaviour.

Family and Personal Networks – based on influence from family, peers.

Social Structures – based on the impact of social, economic, legal, and technological factors on the daily life of a person.

13. What is one reason why women are more likely to get HIV than men?

The vagina provides a bigger entryway for HIV than the penis.
The semen stays inside a woman for quite a while.

The moist environment of the vagina

Women suffer from lower status, which makes them vulnerable because:

--Lower education (less likely to understand prevention information)

--Lower income (may need to exchange sex for money or other things)

--Unable to negotiate condom use with male partners

--More likely to be raped

Women are less likely to realise that they have an STI.

14. Name one place in Ghana where people can get tested for HIV.

District/Regional Hospitals

15. Give one example of an “opportunistic infection”.

Tuberculosis (TB)

Pneumonia

Kaposi’s sarcoma (skin cancer)

Toxoplasmosis

Cytomegalovirus

Candidiasis or “thrush” (yeast infection in the mouth)

Cryptococcus

Herpes zoster (shingles/ananse)

Herpes simplex (sores on mouth or genitals)

16. Identify two things that a home-based care provider can do to keep from transmitting and getting any type of infection?

Use gloves when handling body fluids.

Wash hands frequently, especially after handling body fluids.

If he/she has cuts, do not expose them to the infected person’s body fluids.

Make sure that he/she has received all immunisations.

Dispose properly of needles and syringes (put them in puncture-proof containers).

Dispose properly of liquid waste.

17. Give an example of stigma attached to HIV AIDS in Ghana.

HIV positive people are discriminated and isolated in the society.

HIV positive people are denied their human rights.

HIV positive people are not allowed in churches or mosques or any religious settings because they are immoral.

18. Why is it important for people to have counselling before going for an HIV Test?

Because it prepares the person for the HIV test, it explains the implications of the test results and explores different ways of coping with the person's HIV status.

19. What have you heard about the program "AIDS Education Through Imams?"

The Islamic Medical Association of Uganda initiated a spiritually motivated community effort. The program started as a way to increase awareness on HIV AIDS prevention in the Muslim community and has empowered through network of Mosques, Imams and community leaders and members, to provide a myriad of other services.

20 Name two things that a church/mosque can do to show compassion for people living with HIV and AIDS.

Through the welfare committee – organise visits, financial support for PLWHAs

By giving funeral assistance

By prayer groups/prayer warriors that pray for and with PLWHAs

Including PLWHAs in youth training programmes

By developing policies and issues of social concern towards PLWHAs.

Through spiritual support for PLWHAs

Counselling services