

4M:
**My health,
My choice,
My child,
My life**

Developing a national network of Mentor Mothers to support women living with HIV through pregnancy

MENTOR MOTHER TRAINERS' GUIDE

**to train other women living
with HIV as Mentor Mothers**

by Angelina Namiba

Volume 1



Salamander Trust
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The following organisations and/or individuals have reviewed this training manual:



“Women living with HIV are often referred to as a ‘special population’ when in fact women represent 50% of the population and globally more than 50% of people living with HIV. The UK has a proud tradition of world-class peer mentorship. The British HIV Association fully supports the empowerment of women as peer mentors and recognises the crucial importance of advocacy not only for MSM but for women wanting to live meaningful lives, including for some, the choice to have a family.”

Professor Chloe Orkin, Chair of the British HIV Association (BHIVA) <https://www.bhiva.org/>.



“The National HIV Nurses Association (NHIVNA) are proud to endorse and support the Mother Mentors Trainers Guide. Having seen the power of this work first hand this guide will be an invaluable resource not only for potential mothers but for nurses working with women who are living with HIV to further understand the complexities of pregnancy, parenthood living with HIV and the role of the Mentor Mother programme.”

Shaun Watson, Chair, National HIV Nurses Association (NHIVNA). <https://www.nhivna.org/>



“SWIFT are delighted to support 4M Training of Trainers and feature it on our website. Each training package offered to candidates is comprehensive, well thought and holistic. This is peer mentoring at its best.”

Dr Yvonne Gilleece, Chair of SWIFT. <http://www.swift-women.co.uk/>



“This manual is easy to understand. It takes keen interest in going into details that any mentor mother can work with. I love all the work that has been put into it and am happy mentor mothers will have a document they can own and work with, to make their work easier and more fun. You have thought of everything. I can’t wait to use such a wonderful manual and see how a program pans out.”

Lucy Wanjiku Njenga, Founder/Team Leader, Positive Young Women Voices, Kenya. <https://positiveyoungwomenvoices.org/>



“A comprehensive resource which has been compiled wholly by women living with HIV. This will ensure that we will be comfortable and confident as we mentor or train other women to mentor through the pregnancy journey and beyond. Careful attention has been taken to include women in all our diversities, which brings richness and depth to the programme.”

Fungai Murau, Sussex Beacon Board Member. <https://www.sussexbeacon.org.uk/>



“The 4M training the trainers manual is a rich resource which will enable women with HIV who are interested in peer support to build up their confidence and skills as well increase the capacity of other women through becoming trainers. Peer support, sharing our lived experiences to encourage mutual learning and growth, is very effective in overcoming challenges such as receiving an HIV diagnosis during pregnancy. The 4M manual will make it easier to have a structured, approach to peer support, which is fun, supportive, safe and respectful.”

Silvia Petretti, CEO, Positively UK. <http://positivelyuk.org/>



“CHIVA are delighted to endorse this important handbook which supports the training of women who live with HIV to become ‘Mentor Mothers’ to be equipped and empowered to offer support to other mothers living with HIV. We are living in incredibly positive times in relation to the huge successes around the prevention of vertical transmission, and this handbook is important in recognising the valuable role mothers who live with HIV have in supporting other mothers living with HIV to be fully informed and empowered as mothers.”

The Children's HIV Association. www.chiva.org.uk



“The training guide is an invaluable resource for mentor mothers to train other women living with HIV to continue with this crucial work. Clearly written, comprehensive and accessible, it gives detailed step-by-step guidance, covering everything needed for empowering peer led training of the highest standard.”

Susan Cole, NAM, <http://www.aidsmap.com/>

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The creative writing sessions were developed and led by Nell Osborne. The session on peer support was delivered by Silvia Petretti, Positively UK.

The session on sexual and reproductive health and rights was developed and delivered by Alice Welbourn of Salamander Trust.

The sessions on and related to Monitoring & Evaluation were developed and delivered by Longret Kwardem.

The draft manual was reviewed by Gill Gordon.

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Laura Pulteney supported the references compilation.

The 4M Steering Group consists of Chair: Rageshri Dhairyawan; Jane Anderson; Susan Bewley; Laura Byrne; Gill Gordon; Vicky Johnson; Longret Kwardem; Rebecca Mbewe; Angelina Namiba; Shema Tariq; Pat Tookey; Alice Welbourn; Alison Wright.

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The Association for Accredited Learning is proud to endorse the Salamander Trust's training guide, '4M: My Health, My Choice, My Child, My Life - Mentor Mother Trainers' Guide to train other women living with HIV as Mentor Mothers'.



Author dedication Angelina Namiba

This training manual is dedicated to all women living with HIV, many of whom I have had the privilege to meet and work with over the years. It is dedicated to the Mentor Mothers living with HIV who took part in the 4M Perinatal Peer Mentoring Project¹ training, in the UK and in Kenya and Uganda, who inspired the development of this guide. It is also dedicated to my daughter Malika, who enabled me to realise my dream of becoming a mother after my HIV diagnosis, and to subsequently become a Mentor Mother myself.

Angelina Namiba is the Programme Lead, 4M Project

1. <https://salamandertrust.net/project/4m-health-choice-child-life-perinatal-peer-mentoring-project-women-living-hiv/>

Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
BHIVA	British HIV Association
C-Section	Caesarean Section
Cons	Disadvantages
DIY	Do It Yourself
GIPA	Greater Involvement of People Living with HIV
HIV	Human Immune Deficiency Syndrome
HSE	Health and Safety Executive
MMs	Mentor Mothers
M & E	Monitoring and Evaluation
NAM	National AIDS Manual
Sero-different	Two (or more) people with different HIV status (eg a 'sero-different couple')
Sero-negative	HIV negative
Sero-positive	HIV positive
STIs	Sexually Transmitted Infections
ToT	Training of Trainers
U=U	Undetectable equals Untransmittable. This means that if someone has an undetectable viral load, they are unable to pass on the virus to anyone else ² .
WHO	World Health Organization

² For the latest info on this, see the i-Base website (<http://i-base.info/>); BHIVA Pregnancy Guidelines (<https://www.bhiva.org/> - for those in the UK) and <https://www.untransmittable.org/>



Foreword **Dr Rageshri Dhairyawan FRCP**

As an HIV clinician working in the NHS for over 10 years, I have looked after many women living with HIV during their pregnancy journeys, from pre-conception to the post-natal period. This can often be a complex time for any woman, but living with HIV can make it much more challenging. HIV remains a much-stigmatised condition which requires lifelong treatment. Coping with the medical and psycho-social impacts of living with HIV mean that women can often feel very isolated, and may not be able to seek support from their usual sources. Having a peer mentor who has had similar experiences and is able to walk with them through the pregnancy journey is therefore vital. I have seen first-hand the positive effects that peer mentorship can provide to my patients, including psychological support, advocacy and practical advice. I have also seen growth in their self-esteem and sense of empowerment, helping them to make educated decisions about their and their child's health.

It has been an honour to work with the 4M team as a member and now Chair of the Steering Group since its inception, and to see the network develop. Testimonies from women who have attended our workshops have demonstrated that the skills and confidence engendered by the training are wide-ranging and have influenced other spheres of their lives. We hope that this training guide will ensure that many more Mentor Mothers will be trained, ensuring that every woman living with HIV in the UK going through the pregnancy journey has access to a peer mentor if needed.

Dr Rageshri Dhairyawan FRCP is a consultant in HIV Medicine, Barts Health NHS Trust, London, UK. Chair of the 4M Steering Group.

Glossary

In this manual, the following words describe:

Trainer – one of the 3 lead trainers of the workshop. Any additional trainers who may come in to run (an) additional session(s).

Facilitator – a participant who is learning how to become a future facilitator of this workshop. Throughout the workshop, participants will be asked to work in pairs to facilitate individual sessions, as ‘trainee facilitators’ while the other participants act as their trainees.

A note about funding

Please note that we are not able to offer you any support with funding this workshop process presented here. We hope that your local HIV organisation will support you with finding the funds necessary to run this workshop.



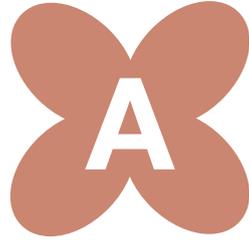
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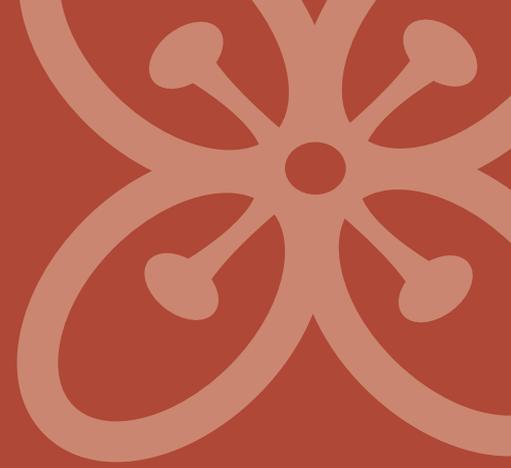
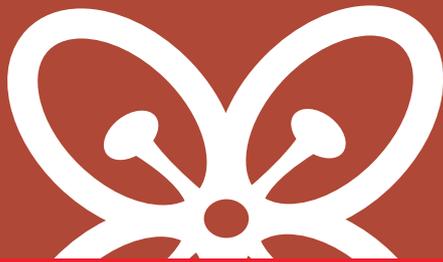
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INTRODUCTION TO THIS MANUAL

Your Notes



A1 Introduction

WHO IS IT FOR?

This manual is a training guide for Trainers (Mentor Mothers) to deliver Training of Trainer workshops for other Mentor Mothers/women living with HIV. It is designed firstly to enable experienced Mentor Mothers to deliver workshops to train less experienced Peer Mentor Mothers as facilitators; and secondly to enable Mentor Mothers to deliver workshops around *The pregnancy journey when you are living with HIV* and beyond pregnancy. It is primarily a 4-day residential training (timings can be adjusted depending on the number of participants), covering different aspects of the pregnancy journey as well as the role of Mentor Mothers in supporting their peers. It also provides detailed step-by-step guidance on how to practically deliver each of the sessions as a Trainer Mentor Mother. A detailed list of the sessions can be found in Section D.

The manual is intended for 2 key audiences. The primary audience is the women living with HIV who will run the training workshop(s). The secondary audience is other stakeholders involved in the care of women living with HIV, who can provide an enabling environment to work in collaboration with these women as partners in achieving better health. These include local HIV charities and other relevant Non-Governmental Organisations (NGOs) (also known as Third Sector organisations); Hospital/Clinic multidisciplinary teams, including (though not exclusively) clinicians, midwives, paediatricians, Clinical Nurse Specialists, and researchers and research students with an interest in the subject area.

WHAT ARE ITS AIMS?

By the end of each workshop, you should have a newly trained group of women living with HIV who, with ongoing supervision and support (from you, their trainer(s), and from their local NGO/Third Sector and NHS contacts), should feel able to start facilitating workshops with other women living with HIV who are going through the pregnancy journey. Some will be more comfortable with this role and others may need additional support. However, the overall vision of this process is a cascade approach to sharing information and support between women living with HIV in relation to this particular stage of their lives, and to expand an ever-growing network of support in the process.

The development of this manual came about as a result of a residential workshop that Salamander Trust's 4M Perinatal Peer Mentoring Project¹ ran with 14 Mentor Mothers living with HIV in 2017. The residential workshop was a culmination of a series of 2-Day Pregnancy Journey workshops which the 4M Project had delivered in 8 regions of the UK, in partnership with local HIV charities in 2016.

It is imperative to maintain and uphold the ethos of the Greater and Meaningful Involvement of People/Women living with HIV/AIDS (known for short as GIPA and MIWA³) in planning, developing and delivering services that directly affect us. Thus, it is important that Mentor Mothers take the lead in training their peers, as well as in delivering the sessions. This is why this training manual is important. The manual was developed, informed by and written by women living with HIV, led by Angelina Namiba. It is also informed and supported by members of the 4M Project Steering group which is made up of clinicians, researchers, trainers, manual developers and other professionals involved in the direct care of pregnant and other women living with HIV.

A2 Duration and Venue

The training should ideally be run as a residential workshop, over 4 days (including a weekend): Thursday evening to Sunday afternoon. This will enable the welcome and introductory exercises to take place on the Thursday night before the main sessions start on the Friday morning. However, this is not set in stone and the days can be scheduled to suit organisers and participants. The key thing is to ensure that enough time is allocated to all the sessions, as they are all equally important. We had to book our venue over 6 months in advance. Be wary of possible participants' school holidays commitments.

Settings will vary, but it is important to choose a venue⁴ that is safe/female friendly and easily accessible (both by public transport as well as for participants with mobility limitations). As the lead trainers, you should be responsible for undertaking a risk assessment of the residential training centre (hotel). Although the training centre (hotel) may have its own Health and Safety Executive (HSE) checks in place, this should not be assumed and, as the training provider, you should ensure that you do this. This may include checking that the venue has itself carried out its own up-to-date HSE checks.

It is also important that you visit the venue early on, ideally when you make the initial booking. Check that the training room, accommodation, facilities etc. are deemed appropriate for use. It should also be agreed in writing with the host venue that confidentiality of all the workshop trainers and

³ See <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2664321/>

⁴ Every context is different. Here is also some general guidance, through the following link, on a suitable training venue, which should ideally be residential. See <http://www.hse.gov.uk/risk/casestudies/villagehall.htm> You might also want to check that the venue staff are well informed about HIV and that there is no risk of possible stigma from staff. Your local HIV organisation or healthcare provider could perhaps offer specific HIV training, including information about U=U and respect for diversity, to the hotel staff if you plan to work regularly with this centre.

participants is paramount at all time. You should also record what arrangements have been agreed due to the potentially sensitive nature of the training delivery and attendees.

Ideally, the venue is one which is used regularly by your local HIV organisation, so that all these stipulations are already in place and there is already a good working relationship between the organisation and the training centre in place. However, this should never be assumed – hotels can come under new management, staff can change and there is never room for complacency.

Other practical things to consider are likely to include dietary requirements, and reimbursing child care costs for participants who may have young children. (Build childcare costs into the budget.) Check with participants that they are comfortable with sharing a bedroom with someone else, if you are needing to keep costs down. Ideally, of course, all participants should have their own bedroom. Will the venue accept the women checking in with just their first name, or a pseudonym, if the women have concerns about confidentiality? Are some bedrooms available on the ground floor if some women can't climb stairs?

A social event one evening, such as a group dinner, is also recommended for relaxation and bonding.

A3 Trainers and Assessors

Prior to planning the training, you need to form your team of trainers. Ideally you should have 3 key trainers present for the whole workshop. In the Resources section, you will see a sample form that we used to select the lead trainers (and guest trainers) for our October 2017 Manchester workshop. Even if you have already decided who will be the training team members, it is a good idea for (you and) your team members to fill in this form so that there is a paper trail of your own collective suitability for this work.

In our workshops, some of our excellent trainers are living with HIV, some are not; and some have been able to have babies and some have not. Whilst all the team members brought their own key strengths and professional experiences to the workshops, the core leadership team is run by women who are living with HIV who have gone through the pregnancy journey and have had a baby, knowing that they are living with HIV. So, the whole workshop is led by a core team of women based on their own personal experiences, who can be supported by other skilled women. We believe it is important, as far as possible, to observe this principle in your own workshops, since this personal experience is what forms the core of peer support and peer mentoring principles.

In addition to their workshop training duties, lead trainers are also assigned 3 key roles. One should be appointed to take the overall lead. A second should be in charge of providing emotional support if/when participants need this during the workshop. The third should take the overall evaluator lead role.

Ideally you could also have a fourth person dealing with all the administrative work (including paying participants child care and/or transport costs, for example).

You could also invite 2-3 other trainers in to run particular sessions if you would like, depending on your budget.

Trainers also need to work as assessors of the participants when they are not leading a session. A minimum of 2 assessors are needed for each day. The trainers can take turns assessing in pairs every day (one trainer per participant at a time), which leaves the 3rd trainer free to lead/guide sessions. Assessors should then swap whom they assess the next day so that each participant gets an opportunity to be assessed by all the different assessors over the course of the whole workshop.

Once you have formed your team, they will all need to work together to prepare for the workshop, to run it and to learn from it. Good regular communication within the team and between you and the team is key to a successful workshop. So this needs to be built into your workshop budget.

Please start to plan the workshop together at least eight months in advance, so that everyone has a chance to read through this manual in depth, aware of her own role. Arrange to meet up for at least one whole day, to go through the workshop together in detail and plan who does what at every stage.

Send out invitations to apply for the training at least six months before the date, so that potential participants can block out their diaries.

Decide whom you want to come and *let them know* at least four months in advance, so they can confirm childcare and other arrangements.

With the relevant participants' permission, create a waiting list for other participants, in case you have late spaces through anyone dropping out.

Check out the venue in person again at least 2 weeks in advance, in case of any unforeseen queries or changes since you last used or visited it.

The training team should all ideally arrive at the venue a good four hours in advance. Give yourself good time to unpack, eat, prepare the meeting room, relax - and have a final meeting before welcoming arriving participants, who may feel nervous and shy.

It is also essential that you all have your own team meeting at the end of each day in order to debrief from the day's session and to plan and finalise the following day's session.

A4 Participant eligibility

Prior to the training, participants complete an application form. This is included in the list of resources. Ideally, participants should have done some form of Peer Mentor/Mentor Mother/Peer Support training, where possible. Participants may well have different levels of literacy skills and it is important to both be aware of this possibility as well as to assign a trainer who can support those who may need emotional, psychological or peer support.

Ideally, participants will be women living with HIV who have been through the pregnancy journey whilst living with HIV. However, we recognise and acknowledge the fact that there will be other women living with HIV who have a keen interest in learning and supporting their peers around the pregnancy. In order to be inclusive therefore, participants in workshops can also include the following: women living with HIV who plan to start a family in the future and women living with HIV who may not have children, but who wish to be trained to support their peers.

A5 Participants

We have found that a minimum of 8/10 participants and up to a maximum of 16-20 works best, supported by a team of at least 3 lead trainers. Make sure you have a large enough meeting room.



THE PROGRAMME OUTLINE

Your Notes



B1 The Programme Outline

Here is a brief overview of a suggested workshop structure, to be held residentially over four days.

Day 1 (early evening)

Stage A: welcome to the workshop

Day 2 (full day)

Stage A (continued)

Stage B: developing our skills

Stage C: understanding the pregnancy journey;

Day 3 (full day)

Stage D: exploring our own experiences

Stage E: exploring others' experiences

Stage F: realising our rights;

Day 4 (morning, departure after lunch or mid-afternoon)

Stage G: monitoring, evaluation and planning ahead

B2 Content Overview

Here is a more detailed description of the workshop content.

Day 1

Ideally, participants should be scheduled to arrive at the venue on the afternoon of the first day. This gives them time to check in, familiarise themselves with the venue and settle in.

The first session is then set for the same evening. This session includes:

Stage A: welcome to the workshop

- Welcome and introductions;
- Housekeeping and logistical information;
- An outline of how the training will run for the duration of the residential – at which participants are asked to sign Consent forms and complete the initial Pre-evaluation form;
- The allocation of pairs that participants will work in during the duration of the training. Participants are also assigned a guardian angel - a peer whom they need to check in with on a daily basis, as a form of peer support; *and (depending on what time the first evening's session starts),*
- The first actual training session (Linking Peer Support to the National Standards of Peer Support), can be delivered, before the participants break up for the evening. (This last session can also be delivered after a dinner break).

Day 2

This session includes:

- Setting and agreeing the group's working agreements (ground rules);
- Creating a 'carpark' for issues which come up during the training which may not be in the training programme - and outlining how these will be addressed;

Stage B: developing our skills

- Exploring what skills and experience participants feel they bring to the workshop as well as any fears they may have that could impede their participation;
- Group Facilitation Skills

Stage C: understanding the pregnancy journey

- Pre-conception Planning
- What happens during pregnancy.
- What happens after pregnancy, when the baby is born.

Day 3

This session Includes:

Stage D: exploring our own experiences

- Creative Writing;
- A recap on the differences between Peer Support and Peer Mentoring (ideally participants should have undergone some form of Peer Support training or, at the very least, understand the basics around peer support and mentoring);

Stage E: exploring others' experiences

Action Planning

Stage F: realising our rights

Introduction to Sexual and Reproductive Health and Rights.

Day 4

This session covers:

Stage G: monitoring, evaluation and planning ahead

- An introduction to Monitoring and Evaluation;
- A process evaluation of the training;
- Planning next steps;
- and Completion of the Post-training evaluation form.

Day 4 is normally a half day, finishing at lunchtime, in order to allow participants to have a light lunch before setting off back home. If participants don't have far to travel, there is about an hour of extra optional material for after lunch.

Please note that the training team needs to hold an assessment meeting before you leave.

Your Notes



THE PROGRAMME IN DETAIL



C The Programme in Detail

Here is a detailed description of the whole workshop, session by session.

Key:

Timing: how long to spend on each activity

Session lead: who should lead the activity

Resources: what you need to run the activity

Examples

TIPS

Day One (Evening)

Stage A: welcome to the workshop

1. Welcome and Introductions

Please note that the timings for all sessions are a guide and based on our experiences with 14 participants in a training session. Please adjust timings to suit the number of participants you have in your training.

Aim of the session

Participants to get to know each other and to meet the trainers. This session is also key to set the scene for the residential training.

Method/Process

- Start off by welcoming participants and saying a little about who you are and a bit of background about the workshop. **This should be brief.**
- Outline the Aims of the **training of trainers training** & of the **Pregnancy Journey Workshop (see introduction for wording).**
- Ask Participants to introduce themselves using an **icebreaker**

Example of an icebreaker

Ask participants to go round in a circle and say:
Tell us your name and a good piece of advice someone has given you. It doesn't have to do with HIV. Just any piece of good advice.

2. Housekeeping & Logistics

Aim of the session

To give participants practical information about the workshop, to answer as many practical questions as is possible so that these do not detract from their engagement and participation during the training. To enable the feeling of inclusion and promote participation and interaction. This starts the process of creating a safe space for participants.

Method/Process

- Provide participants with all the relevant practical/housekeeping/logistical information they need.

Example of logistics

Include breaks, meals, timings, importance of timekeeping, checkout times, travel to the station, claiming expenses, support contact person etc. Agree ground rules with the participants and be clear about confidentiality, the evaluation forms and what any information collected will be used for, as well as anonymity.



Timing: 15 minutes

Session Lead: Two lead trainers

Resources

1. Pre-prepared flipchart of workshop aims (see introduction for wording)
2. An example of an icebreaker

TIP

You can write the different pieces of advice on flipchart paper to use later when writing a report/feedback at end of the workshop.

Timing: 10 minutes

Session Lead: The 3rd trainer (so that all three trainers have now led something early on)

Resources

A pre-prepared flipchart list of all the topics of information you need to provide participants.

TIP

Be friendly, firm and clear



Timing: 25 minutes

Session Lead: Lead trainers

Resources

- Consent Forms
- Pre-training survey forms
- One copy each of this manual for all trainee facilitators
- List of who is running which session(s) for all trainee facilitators
- 4-day Training Agenda (see table in resources section)

TIP

Please summarise the information participants will need in the session guide. Be clear and answer all questions fully, as it is important for participants to get all the information they need at the start so they can fully focus during training sessions.

Timing: 10 minutes

Session Lead: Lead trainers

Resources

Pre-prepared list of pair allocations to run exercises. Pairs for the 4M training, on which this manual is based, were allocated according to organisations/regions they represent/volunteer in, so they can work together beyond the training. Where there was only one participant per region or organisation, they were paired with similar others.

3. Training Process and Consent

Aim of the session

To equip participants with information regarding what will happen during the next 3 days. It is important to outline how the workshop/a session will run. Include why training is organised like this, as well as the fact that there will be assessments happening and why – ie to give feedback – both constructive and where there is room for improvement. Be clear about confidentiality, the evaluation forms and what any information collected will be used for, as well as anonymity.

Method/Process

- Outline the training process
- Allocate individual sessions to each pair of trainee facilitators. How many each pair facilitates will depend on the number of participants.
- Explain and invite participants to complete consent forms
- Explain about photography, what kind of photos you would like to take for what purpose, confidentiality for those not comfortable with being identified, and how they can opt out.
- Explain and invite participants to Complete Pre-training survey forms which will be handed out during this session.

Example:

Explain how the training will run. Include number of days, tea, lunch comfort breaks. Explain that the participants, as trainee facilitators, will work in pairs and that 2 assessors will assess them throughout the training. The assessors will give feedback on areas of improvement at the end of each day's sessions. (Include a brief description of the assessors and mention who they are/will be). Explain also what the assessors will be looking for in each session.

4. Pair Allocation and Guardian Angel exercise

Aim of the session

To relax participants as well as to identify a peer for them to connect and check in with throughout the training.

This session is also aimed at allocating participants into pairs they will work with for the duration of the training. As peer Mentor Mothers, we need to remember that we too need support, just as our mentees need us to support them. This further strengthens the process of creating a safe space for the MM through self-care and caring for others, increasing the feeling of a sense of belonging.

Method/Process

- Arrange participants into pairs.
- Ask participants to stand up in a circle, facing inwards. Everyone should stand next to their allocated peer.
- Check whether everyone feels comfy with having their shoulders massaged. If so, then see step A below, if not, (this can be quite common and should be respected) then please *skip* to step B instead.

Step A: Ask participants to turn to their peer and then for each of them in turn to gently massage the shoulders of their partner. Thus, everyone should have massaged their partner's shoulders and then have their own shoulders massaged by their partner. Now move to Step B.

Step B: Each member of the peer pairs should be asked to smile at her partner in turn and say to each other "I'm your guardian angel". Now move to Step C.

Step C: Explain that as peer mentors we not only support our peers, but that we also need support and as such it is important to look out for and support each other. It is also therefore good that participants not only work in their allocated pairs, but that everyone also reaches out to other participants in the workshop, to see how others are doing. In this way, each participant is both looking after and being looked after by everyone..

5. Linking Peer Mentoring to the (UK) National Standards of Peer Support

Method/Process

Please go through the presentation on Linking Peer Mentoring to the National Standards of Peer Support as it is self-explanatory.

6. Homework

Ensure that every participant knows who she is paired with as a co-trainee facilitator. Ask them to sit together before tomorrow's session to ensure they know which sessions they are due to facilitate together and to work out the role of each co-facilitator in each session.

7. Closing circle for end of Day 1

A lead trainer should now explain that this is now the end of the first evening's session.

Ask for each woman in turn to mention something new for her that she is taking away from the introductory session.

When everyone has mentioned something, thank everyone for coming, wish them a good evening, remind them of breakfast time tomorrow; and the time of the opening morning session. Remind them of their homework!

At the end of Day 1, check in briefly with your co-lead trainers, to review the start of the programme so far, identify any potential or actual problems and work out ways of addressing them and/or improving on them for the next day.

TIP

Make sure you have allocated pairs already before doing this exercise!

Timing: 20 minutes

Session Lead: Lead trainer or guest speaker

Resources

Presentation slides on Linking Peer Mentoring to the National Standards of Peer Support. They are available here: <https://tinyurl.com/4MToTPeerSupport> Remember to download them first and show them from your computer: do not rely on the internet.

Day Two

8. Warm up Exercise / Energiser

Aim of session

To relax participants, check participant comfort levels and to deal with any minor concerns that may impede participants' engagement and participation in the training.

Method/Process

Lead trainers welcome participants

Check in to see if people slept well and if they have any concerns or suggestions. Deal with minor concerns straight away. If it is more major, decide quickly who of you can best handle it.

Explain that for now one of you (identify who) is going to act as general supporter and that the other two will be acting as assessors of the trainees. (Please do this every time you change roles between you, so that the participants know who is doing what amongst the three lead trainers.)

Then hand over to the trainee facilitators for the rest of this exercise. They should do the following:

Lead the participants in a warm up/energiser exercise.

Examples⁵

Names and adjectives: Participants think of an adjective to describe how they are feeling or a quality they have. Encourage them to start the adjective with the same letter as their name, for instance, "I'm Harriet and I'm happy". Or, "I'm Amina and I'm amazing." As they say this, they can also mime an action that describes the adjective.

Names and animals: Ask participants to say their name and an animal they like or one they feel best describes them. So, for example, my name is Angelina and if I were an animal I would be a Cheetah because I can run very fast – especially to catch a bus.

Juggling a ball: The facilitator throws a ball to one of the participants who has not introduced themselves. This person says her name and throws the ball to another participant, who has not introduced herself and then says her name. The game continues till everyone has had an opportunity to catch the ball and introduce herself.

Energisers during training – especially when participants are flagging.

Song & Dance: Ask participants to introduce themselves, first name only. Then lead them in a short song and dance or invite one of the group members to lead a song and dance from their region.

Timing: 10 minutes

Session Lead: Trainee facilitators

Resources

Pre-prepared energisers. Pick one that you feel will work or that you are most comfortable facilitating.



TIP

Choose an energiser you are most comfortable with.

⁵ To access ideas for other games, see for example <https://level-up.cc/you-the-trainer/ice-breakers-and-energizers/>

Coconut: Write and say the word COCONUT in large letters on a flipchart. Ask participants to stand up. Then ask them to spell out each word using their waist. Demonstrate each letter at a time.

9. Agreeing Group Working Agreements / Ground Rules

Aim of the session

To agree how the group will work throughout the 3 days in order to ensure participatory, inclusive, respectful and fun learning. What is acceptable and what is not.

Method/Process

Ask participants to call out rules and agreements that they would like to work within during the training/workshop. Ask them to explain why they have chosen that particular rule. These can include things like **Listen** to each other, so we can all understand one another; **Allow** people to speak, so we all feel involved; being **Non-judgmental**; and **Confidentiality**, so we can all feel safe here.

Example

See resources above.

10. Gives, Gets, Ghastlies

Aim of session

To put participants at ease and to gain an idea of their fears, needs and strengths/knowledge

Method/Process

1. **Divide a flipchart paper** into three and write **Gives/Gets/Ghastlies** in each section. Alternatively, you can also write, **What I bring (eg strengths)/What I hope to get/My fears.**
2. **Introduce the section** by asking participants to take a few minutes to think about 3 themes:
 - What strengths/skills they bring to the workshop
 - What they hope to gain from the workshop
 - What their fears are about taking part in the workshop.
3. **Then ask people** to write or draw on different coloured sticky notes one thing that fits into each of the 3 sections and then come and stick it on the flipchart paper. Depending on the number of participants, 3 flipcharts, each headed with one of the 3 themes listed in number 1 above, can also be used.
4. The **trainer then reads** out the different points written on the sticky notes under each theme in turn, and addresses any minor fears. (If participants have any major fears that may not be appropriate to be addressed in this space, these can be addressed in a one-to-one discussion with the lead trainer assigned the role of supporter. (This person should have been mentioned at the beginning of the session).



Timing: 10 minutes

Session Lead: Trainee facilitators

Resources

Pre-prepared flipchart with some general rules eg:

- Mobile phones off or on silent (and only used in case of emergency)
- Respect, have fun etc.

TIP

A pre-prepared list on a flipchart saves time and allows for a bit more discussion in the ten minutes allocated for this session. Participants can also add to this list.

Timing: 10 minutes

Session Lead: Lead trainers

Resources

- Pre-prepared flipchart
- Different coloured sticky notes
- Coloured markers/pens

TIP

Give all participants 3 minutes of quiet time to think of and write down the three things and stick them on the flipchart paper. Then ask participants to read out what they have written/drawn, as they stick them up onto the flipchart paper. Depending on what is written, the trainer can read out/acknowledge some common ones.

Example

See above

Stage B: developing our skills

11. Group Facilitation Skills

Aim of the Session:

- To enable participants to understand the importance of planning, leading, guiding and managing a group.
- To enhance participants skills around understanding group dynamics and how to use different techniques to manage this.
- To support participants to ensure that group objectives are met within the allocated times.

Method/Process

- Please use the Group Facilitation Skills Presentation as a guide as this outlines what areas need to be presented.
- Please also use small discussions in between the presentation.

12. Ice Breaker 1: Creating a ‘carpark’

Aim of session

To get an idea of participant information needs and especially those that may not be covered within the training programme. Explain how the carpark system works. This is described in the Method/Process.

Method/Process

- Explain that the ‘carpark’ is a method for recording questions on flipchart or sticky notes and sticking them up in a certain corner until they are answered. We can keep adding questions to the carpark as we go through the workshop.
- Go round in a circle and ask each participant to ask any question they have about HIV & pregnancy, or about HIV or treatments or just generally any questions they have about HIV.
- Write down all the questions on the flipchart and explain that we will answer these together throughout the training. We will come back to the carpark at the end of each day to check if we have answered the questions, and if not, address them at that point or in the relevant session or following research.
- Stick the carpark flipchart in a certain corner of the training room and encourage people to add other questions to it as the training goes along.

Example:

See above, self-explanatory.

Timing: 120 minutes

Session Lead: Lead trainer/s or guest facilitator.

Resources

Group Facilitation Skills Power Point Presentation. You can download it beforehand at <https://tinyurl.com/4MToTGroupFacilitation> Remember to play it from your computer – do not rely on the internet. Flipchart paper and pens.

TIP

Try and make the session as interactive as possible. By asking questions and using small group discussions and feedback where relevant.

Timing: 10 minutes

Session Lead: Trainee facilitators

Resources

- Flipchart paper & pens
- Blue tack®

TIP

Try and ensure that everyone gets a chance to ask a question and not just the vocal people. It is also okay to move onto the next participant if people do not have questions.

Stage C: understanding the pregnancy journey

13. Ice Breaker 2: Quiz

Aim of session

To revise the basics of HIV and pregnancy awareness session in a fun way. To relax people before the main training session.

Method/Process

Ask participants quiz questions. If question is about statistics and the answer is incorrect, make it fun by saying higher/or lower depending on how close the answer is to the correct answer.

Example of quiz questions: (Adapt quiz to suit country/region it is being delivered in)

- What is the number of people living with HIV in the UK?
- How many of them are women?
- How many women living with HIV give birth in the UK each year?
- How many already know their HIV status?
- How is HIV transmitted from one person to another?
- What steps/interventions are taken/recommended in order to protect unborn babies from getting HIV?

14. Preconception planning: What do you need to consider when planning a pregnancy?

Aim of session

To identify and list what we need to consider and the different elements involved in planning for a pregnancy whilst living with HIV.

Method/Process

Small Group Exercise

- **Divide participants** into 4 groups of equal numbers.
- The teams can either be named after fruits (see the Tip) or colours or shapes etc.
- **Ask everybody in their teams** to think about and write on flipcharts: What do you need to consider when planning pregnancy? Give them 5 minutes to do this.
- **After 5 minutes**, ask people to choose one person to feed back to the big group.
- The 2nd 3rd and 4th groups also get a chance to feed back but only **ADD** to whatever has already been fed back by the first group.
- Add any missing elements.

Example

See above.

Timing: 20 minutes

Session Lead: Trainee facilitators

Resources

- Pre-prepared short Quiz and your own answers. Ideally about 5 questions.
- Chocolates (mars/snickers/kitkat or other treats such as fruits, flowers, shells, etc.)

TIP

- Although these may seem like simple and straightforward questions, answers can often produce a lot of discussion. It is therefore very important to keep an eye on the timing. So allow more time for discussion where really necessary and adjust timing accordingly as you go along.
- One of the facilitators can keep an eye on the time as well as distribute chocolates / fruit for any right answers given.
- In order to ensure that everyone gets a snack, try and take answers from people who have not spoken before.

Timing: 15 minutes

Session Lead: Trainee facilitators

Resources

- Flipchart paper and marker pens
- Latest information about possible issues around different ARTs, conception and pregnancy⁶
- Planning for pregnancy handout for you

TIP

Before breaking up people into small groups – teach them the Reproduction (Fruit Salad) song and explain that their groups will be based on the fruits.

Continued on the next page

Fruit Salad/Reproduction song (Briefly mimic what the different fruits mean by demonstrating the song – Watermelon = mimic your own pregnant stomach; papaya = outline your own breasts; guavas and bananas: mimic male reproductive parts, with clenched fists and then with pointing index fingers, in the lower body area); fruit salad (mimic rocking a baby in your arms).

The song is sung to the tune of a popular french nursery rhyme, Frère Jaques. See here: <https://www.youtube.com/watch?v=RXI7KEUbSxM>. The words to sing are: “Watermelon, Watermelon, Papaya, Papaya, Guavas and Bananas, Guavas and Bananas, Fruit Salad, Fruit Salad”.

Timing: 15 minutes

Session Lead: Lead trainers

Resources

- Syringe (without needle) and a small pot
- Non-spermicide lubricated condoms (male and female)
- i-base HIV and pregnancy & treatment booklets
- NAM info sheet on how to DIY
- Flipchart
- Marker pens

TIP

- Don't forget to discuss U=U option for sero-different couples who choose to conceive using Timed Unprotected Intercourse (Having unprotected sex at a time when the woman is most fertile, for the purpose of conceiving).
- Remember to mention that U=U only protects against HIV transmission, not pregnancy or (other) STIs.

- Ask if anyone has conceived with a partner who is HIV-negative (also referred to as sero-negative) and if so, if they would be happy to share how they did it. If it was via DIY, ask them if they would be happy to demonstrate.
- Some examples of what needs to be considered when planning a pregnancy are available in the annex.

15. Information Session: Defining different methods of conception⁷

Aim of session

Participants to think about, discuss and get information on the different methods of safer conception for partners with different sero-status.

Method/Process

Information session

- Divide a flipchart paper into 3 sections. In one section write: Man & Woman both sero-positive; in the 2nd one, write: Woman sero-positive/Man sero-negative; in the 3rd section, write Man sero-positive/Woman sero-negative.
- Ask someone to explain the meaning of ‘different sero-status.’ Check that everyone understands this fully. Explain that the reason why we prefer to use the term ‘sero-different’ is because it is less stigmatising language than ‘sero-discordant’.
- Then define and discuss the different ways in which these 3 types of couples can make/conceive a baby. Ask participants to call out the different ways for each combination of partners. Write these in the relevant section as they are mentioned. Check that everyone understands each way and agrees with it as it is added. If they don't, discuss it until all understand and are agreed.
- DIY – Demo/Practical of how a sero-positive woman and sero-negative man can conceive if they choose to use a condom. The DIY (Do It Yourself) method is where the couple have sex using a *non-spermicidal* lubricated condom (a condom with spermicide would stop the sperms from working). After sex, they remove/harness the semen from the condom, using a needle-less syringe,

⁶ See for example: <https://salamandertrust.net/project/the-dolutegravir-debate/>. Please also always refer to your own country's national guidelines.

⁷ When the woman living with HIV has an undetectable viral load, then this exercise may not be necessary. This is because having and maintaining an undetectable viral load means that the partner living with HIV cannot pass on HIV through sexual intercourse. However, it is important to note that not everyone will achieve and maintain an undetectable viral load. (This can be due to a number of reasons, including challenges with adherence as well as other personal reasons). Others may not feel confident or comfortable enough to conceive naturally. This is why we still include the information about this alternative/additional method of conception, in order to be inclusive and to enable all women to make informed choices about how they want to conceive, whatever their viral load. There is a podcast about U=U by Bakita Kasadha here: <https://salamandertrust.net/project/podcasts/>

then insert/inject the semen straightaway into the woman's vagina. This process should ideally be done during the woman's fertile time. Clinics can advise further on this.

- This method only applies if the couple decides they would rather not have unprotected sex for the purposes of conception.

16. Information Session: How can HIV be passed on to a baby?

Aim of session

A quick reminder of the relevant region/country guidelines for the management of HIV in pregnancy. For example, British HIV Association (BHIVA) or World Health Organization (WHO) Guideline on the Sexual and Reproductive Health and Rights of women living with HIV, regarding perinatal care, including support for the prevention of vertical or perinatal transmission.

Method/Process

Large group discussion.

- Ask participants the following questions:
- How can a baby get HIV?
- What are the different interventions available to prevent transmission of HIV to the baby?
- (Remind people to think about the quiz done earlier.)

Example:
Self-explanatory

TIP

In relation both to the syringe method and to condomless sex, remember to discuss the importance of informed consent from both parties. This is both from the point of view of good communications in ideally what should be a mutually respectful relationship⁸; and to avoid any future potential legal issues. Informed consent here refers to the fact that the partner who is not living with HIV knows that his partner is living with HIV and is happy/agrees to have condomless sex for the purposes of conception.

Timing: 30 minutes (including 15 minutes for info in shaded box below)

Session Lead: Lead trainers

Resources⁹

- **HIV i-base pregnancy guides and mini guides**
- **HIV i-base starting treatment mini guides**

TIP

This is just a re-cap from the questions covered in the earlier Quiz session so needs to be kept short.

Important information for lead trainer to highlight: When things don't go as planned.

Sometime things don't go as planned and a woman may have a miscarriage, she may need a late termination for some reason or her baby may be stillborn. Additionally, the woman may have anxiety and depression. Any of these events can be incredibly upsetting for the woman and all around her.

However, these events can happen to any women during a pregnancy and are not normally related to her having HIV.

Whatever has happened, it is not the woman's fault. Even though she may seek to blame herself, it is good if you can reassure her of this.

We don't have space in this manual to address this area in more detail.

However, here are some links to relevant information:

- <https://www.sands.org.uk/>
- <https://www.miscarriageassociation.org.uk>
- <http://nationalmaternityvoices.org.uk>
- <https://www.nct.org.uk>
- <https://www.who.int/maternal-health/why-we-need-to-talk-about-losing-a-baby>
- <https://vimeo.com/320250842>

⁸ We appreciate this may not always be possible in the context of actual, or fear of, intimate partner violence. See the resources and references section for more information on this.

⁹ In the UK these are useful: <http://i-base.info/hiv-positive/> If elsewhere, please check if more local resources are more suitable.

Timing: 30 minutes

Session Lead: Trainee facilitators

Resources

- Pre-prepared Pregnancy Timeline (Divided into 9 months)
- Small A4 versions of this timeline with answers to support the facilitators
- Pre-prepared pregnancy guideline milestone cards

TIP

During this session, please remember to share a few, rather than many participant experiences.



Timing: 10 minutes

Session Lead: Trainee facilitators

Resources

Pre-prepared flipchart paper & pens

TIP

- During this session, some participants can share relevant experiences but the facilitator needs to keep an eye on the time.
- Remember to talk about the importance of having birth plans
- Remember to mention the importance of choice of method of delivery, especially if a woman feels very strongly about a method that she has not been offered at the clinic.
- It's important to ensure that you do not raise expectations, as some clinics may have guidelines they cannot/are unwilling to change. In this case, there is the option to change clinics but this may not be practical depending on where someone lives.
- Please remember C-Section is only recommended for emergency situations by both BHIVA & WHO guidelines. They are no longer recommended for just having HIV.

17. What happens during pregnancy and after the baby is born?

Aim of session

Participants to think about what they/their peers need to consider during pregnancy. What issues could come up and how can they potentially deal with them. During this session, some participants can share relevant experiences which can be very useful, but the facilitator needs to keep an eye on the time. So it may be useful to share just a few rather than many experiences.

Large Group Exercise & Discussion

- **Pregnancy Timeline** – Participants place milestone cards on timeline and discuss questions as they arise.

Method/Process

- Place the pregnancy timeline flipchart on the floor
- Hand out the pregnancy timeline milestone cards to all participants
- Ask each participant to get up in turn, read out her card and say at what point on the timeline that milestone happens.
- Ask other participants if they agree.
- If everyone agrees, the participant can then place the card on the timeline.
- If some have a different view, have a brief discussion, agree then ask the participant to place the card at the correct place on the timeline. NB if the decision is incorrect, the lead trainers may need to guide them gently to the right decision.

18. Delivery: The benefits and disadvantages of different delivery methods

Aim of session

Participants to think about and discuss and identify the benefits and disadvantages of available delivery methods.

Method/Process

Before the session:

- Divide a flipchart into 4 sections.
- In the top 2 sections write: Pros (benefits) vaginal birth / Cons (disadvantages) vaginal birth
- In the bottom two sections write: Pros (benefits) C-section birth / Cons (disadvantages) C-section

In the session:

- Ask participants to call out the different benefits and disadvantages of each delivery method.
- Write comments on the corresponding part of the flipchart paper.
- Summarise the session and emphasise that no one way makes a person a better mother than the other, as both options have pros & cons.

19. Aftercare baby timeline

Aim of session

Participants to think about and discuss what happens after the baby is born, including continued engagement in healthcare.

Method/Process

- Place **After Baby is Born** timeline flipchart on the floor
- Hand out the baby timeline milestone cards to all participants
- Ask each participant to get up in turn, read her card out and say at what point on the timeline that milestone happens.
- Ask other participants if they agree.
- If everyone agrees, the participant can then place the card on the timeline.
- If some have different views, have a brief discussion, agree then place the card at the correct place on the timeline. NB if the decision is incorrect, the lead trainers may need to step in and explain where the card should be.

20. Aftercare: What else do you need to consider after the baby is born?

Aim of session

Participants to think about and discuss what happens after the baby is born, what to expect and to enable them to think of ways to plan ahead.

Method/Process

Small Group Exercise.

- Divide people into 4 groups. You can use the fruit names but this time ensure that people go into different groups from previously.
- Ask participants to write down all the things you need to consider after the baby is born.
- Give people 5 minutes to write down things they need to consider in their notebooks.
- Ask them to choose one person from their group to feedback.
- Begin with group 1.
- The rest of the groups then each feed back but only to *add* to what group 1 has already fed back.

Important note for facilitator: When discussing infant feeding, please follow your own country specific guidelines. And don't forget vaccinations.

¹⁰ The science around breastfeeding is rapidly evolving. For current information on the UK BHIVA guidelines on the management of HIV during pregnancy, see: <https://www.bhiva.org/file/5bfd30be-95deb/BHIVA-guidelines-for-the-management-of-HIV-in-pregnancy.pdf> Please see section 9.4 for more detailed guidelines on supporting women to take an informed choice around infant feeding. See also this article from the USA: <https://tinyurl.com/USBFarticle>

Timing: 15 minutes

Session Lead: Trainee facilitators

Resources

- Flipchart paper & pens
- Pre-prepared Baby Timeline (divided into 16 weeks) and an additional section titled Further Months
- Small A4 versions of the Timeline, with answers for the facilitator to refer to, if needed
- Baby milestone cards – pre-prepared

TIP

During this session, some participants can share relevant experiences but the facilitator needs to keep an eye on the time.

Timing: 15 minutes

Session Lead: Trainee facilitators

Resources

Flipchart paper and pens

TIP

- An easy way to ensure that people go into different groups is to use the 1-4 counting method where participants in the circle all say a number from 1 to 4, in turn. Then all 1s go into 1 group, the 2s into another etc.
- Issues they need to bring up should include: continued engagement in healthcare; contraception; formula feed access & preparation; issues around breastfeeding; testing other children; baby tests/medication. (In the UK, the recommendations are to formula feed their babies. However, the guidelines also make it clear that women who wish to breastfeed should be supported to do so. Amongst others, two key things are: to maintain an undetectable viral load period throughout the breastfeeding period as well as to stay engaged in healthcare as both mother and baby will need to attend for regular monitoring and viral load testing¹⁰.

21. Revisiting the carpark

Aim of session

To tick off answered questions and respond to anything not covered/answered within the training. (This is also good as a revision/reminder aid).

Method/Process

Go through questions on the carpark flipchart and tick off those already answered. This is also the time to respond to those not covered during the training.

22. Closing Circle for end of Day 2

A lead trainer should now explain that this is now the end of the second day's session.

Ask for each woman in turn to mention something new for her that she is taking away from Day 2; and one thing she is looking forward to doing that evening.

When everyone has mentioned something, thank everyone for coming, wish them a good evening, remind them of breakfast time tomorrow; and the time of the opening morning session. Remind them of their homework – preparing for the next day's exercises with their pair!

Aim of session

To draw day's sessions to a close:

Method/Process

- Participants sit in a semi-circle.
- Ask each participant in turn to say:
 - * One thing you are taking away from today? And also
 - * Tell something nice you are going to do this evening.
- Write these out on a flipchart

Timing: 15 minutes

Session Lead: Lead trainers

Resources

- Carpark flipchart with questions from earlier session.
- Pen to tick off answered questions.

TIP

If there are any challenging questions that you cannot answer, leave them on the carpark flipchart and say you will respond to them the next day. Then ensure that you do your research after the session so you have a response for the next day.

Timing: 10 minutes

Session Lead: Lead trainers

Resources

- Flipchart paper and pens.

TIP

It's important to end the day on a positive note, so use these questions to encourage participants to share something positive.

End of Day Two

Remember to check in with your co-lead trainers, to review the progress of the day, identify any glitches and work out ways of addressing them and/or improving on them for the next day.

EARLY EVENING FILMS:

Optional: invite participants to watch the films about the programme, available here: <http://tinyurl.com/RightsCameraAction>

Serena's Tears of Joy and Aruba's answers were made entirely by Mentor Mothers in London. The Pregnancy Journey was made by documentary film maker and participatory film trainer Dr. Dominique Chadwick.

Day Three

Stage D: exploring our own experiences

23. Warm-up exercise

Aim of the session

To relax participants, check participant comfort levels as well as deal with any minor concerns that may impede participants' engagement and participation in the training. Refer **major concerns to a designated member of the training team.**

Method/Process

Welcome participants and check if they had a good night etc. Lead participants in a warm up exercise, for example, a dance or something simple to follow and do exercises etc.

Example:

Produce a potato (if that is not possible, screw up a piece of paper and pretend it is a potato). Start by taking the potato yourself, saying your own name, then suggest one unconventional use for the potato (eg 'I can use this potato as a paper weight, as a pen holder, a handwarmer, to make my breasts look bigger!...). Then throw it across the room to someone else, asking her to say her name and think of a new use for the potato and then to throw it to someone else. Continue until everyone in the circle has had a go. You should have a lot of creative uses for a potato by the end of this.

24. Introduction to Creative Writing



Aim of the session

To introduce the importance of a safe and creative space in which to explore (discover/look at), share and document their experiences of living with HIV; to explore, the impact of creative writing exercises on health and wellbeing.

Method/Process

Ask participants what they think creative writing is. How is it different from writing a shopping list or filling in a form? You can ask participants to say out loud some examples of some forms of creative writing. (Examples can include poems/short stories/letters/rap)

Explain that creative writing has three main functions:

1. It keeps records of significant experiences which may be important or meaningful to the writer
2. It allows us to share experience with an interested group if we wish
3. It fulfils our need for free individual expression, which contributes to our mental and physical health.



Timing: 10 minutes

Session Lead: Lead trainer

Resources

A potato

TIP

Choose any exercise you know of, that is quick, simple to follow and fun.

Please note: the creative writing exercises are very powerful and can also produce deep emotions.



Timing: 10 minutes

Session Lead: Lead trainer

Resources

Flipchart paper and pens

TIP

Don't worry about spelling, grammar, or punctuation – it's more important that you write quickly, about whatever comes into your head. It is good if the trainer explains to participants that there is no right or wrong in creative writing, and that they shouldn't feel worried about it, and that they should also not judge each other. Reassure them that all writing, however brief or lengthy, is equally valid.



Timing: 20 minutes

Session Lead: Lead trainer

Resources

Pens. Notebooks. Print or write the words, on the list in the resources section, that represent some of our feelings onto small pieces of paper with one feeling written on each. Fold each one to make sure that the word remains secret from the rest of the group. Make enough for the facilitator to distribute one to each participant.

TIP

Encourage participants to express what they like about each other's description. For example: "I loved the way that she described Anger as a smell of smoky clothes."

Timing: 15 minutes

Session Lead: Lead trainer

Resources

Resources: A selection of postcards, of differing styles. Pictures of people work better than landscapes for this exercise. Pens. Paper. There are two examples of these in the Resources section (but it is good if you can find your own postcards to share.)

Example

Creative writing is writing that deals with our personal thoughts and feelings. In creative writing, we have total control over what we say and how we say it.

25. Writing Exercise: Writing about the senses

Aim of the session

A fun and accessible creative writing exercise to engage participants and to support us to think creatively about our past emotions.

Method/Process

Give each individual participant a piece of paper with a 'feeling' written on it, from the list of examples below. It doesn't matter if one feeling is given to 2-3 participants, depending on the size of the group. Ask participants not to let anyone else see their word.

The trainer then reads out loud the following questions. After each one, each participant should write down in her own notebook, as many ideas as she can think of, in response.

1. **What does this feeling taste like?**
2. **What does this feeling smell like?**
3. **What does this feeling look like?**
4. **What does this feeling feel like to touch?**
5. **What does this feeling sound like?**

Perform group feedback: where each participant reads out her responses without saying the word she was given. The rest of the group tries to guess the emotion until someone guesses correctly.

Example

Love / Anger / Joy / Peace / Pride / Fear / Sadness

26. Creative Writing: Postcard Exercise

Aim of the session

To build confidence in sharing for the main exercise; to practise writing creatively from an image; to highlight how differently we see the world around us.

Method/Process

Each participant chooses a postcard that appeals to her (participants can share a postcard if they sit together). Everyone has 3 minutes only to write a story or poem based on the postcard that she has chosen.

Afterwards go round in a circle. Each participant in turn shows her postcard to the rest of the group and reads out what she has written. Encourage participants to comment on each other's stories, focusing on what they liked and what they found effective. NB explain that if a participant prefers not to read out what she has written, this is fine.

Example:

“This woman looks like she’s having an argument with her husband over money. The red colour on the wall makes me think he is shouting at her.”

27. Main Writing Exercise and Feedback

Aim of the session

To give Participants a safe and creative space in which to look at, document and share their experiences of living with HIV. To look at, enrich and strengthen their role as effective Peer Mentor Mothers through the use of creative exercises.

Method/Process

- Explain that this is an opportunity for participants to record and share their own stories.
- Write the question ‘what helped you to cope after your HIV diagnosis?’ on flipchart paper. Give participants 15 - 20 minutes for writing their stories.
- Invite each participant in turn to read out what she has written.
- Ask each participant to give one short ‘Word of Advice’ to other women living with HIV, based on her own experiences. Write this on the flipchart.
- If there is time, and it feels appropriate, go through the ‘Creative Writing’ handout together – or it can be shared instead at the end of the day.
- Have a closing circle for a few minutes – see the note below.

Example:

‘I felt very alone after my diagnosis. It wasn’t until I managed to share with my sister that I began to feel better.’

Nb please note: these writing exercises can bring back strong / past emotions which can be painful. Give participants enough time to share. Make sure that at least one of you can go out of the room with a participant if she needs extra support. It is always a good idea to create a closing circle to bring this session to a close, to ensure emotions have been acknowledged and can start to settle.

It is really important both to acknowledge the pain of such memories; and then also to focus positively on the women’s stories as much as possible. If you shape their own experiences into the context of how strong they are, how much resilience they have shown, how many challenges they have overcome and how far they have already come to get here, this whole process can be really powerful and affirming.

Please bear in mind that people have different literacy levels and that some participants may need help with reading and may even feel more comfortable to speak while someone else transcribes her story.

TIP

Participants can name the characters in the postcards to help them to imagine the story behind the picture! Do respect the wishes of any participant who may prefer not to read out what she has written.

Timing: 45-60 minutes

Session Lead: Lead trainers

Resources

Pen, Paper, Flip chart paper, ‘Creative Writing’ handout

TIP

By focusing on the strategies they used to overcome challenges, participants can help to support and inspire other women in similar situations.

Stage E: exploring others' experiences

28. Differences between Peer Support and Peer Mentoring (Recap)

Aim of the session

Participants to understand the differences between peer support and peer mentoring as well as the importance of working within boundaries, seeking support and referrals, in their roles as Peer Mentor Mothers.

Method/Process

Large group discussion (this can also be done in small groups)

Before the session:

- On top of a flipchart paper write a title: **The Differences Between:**
- Divide the rest of the flipchart into two columns
- At the top of one column write **Peer Support** and at the top of the other, write **Peer Mentoring**

In the session:

- Then ask the group to brainstorm on the differences between the two

29. House on Fire Exercise

Aim of the session

To think about how to prioritise issues in order of importance, in everyday life. To help participants to support peer mentees to prioritise and work through their own issues. To understand that issues have to be dealt with in the *mentee's* own priority order, not according to the Mentor Mother's priority.

Method/Process

Before the session:

- On a flipchart, draw a burning house
- Underneath the house, write a list of about 6 or so important personal items identified by participants. For example: Money, certificates, handbag, photos, keys, mobile phone, passport, etc.

In the session:

- Ask people on their own to write down on 3 sticky notes, three items they would save from the list if the house was on fire
- Then ask people to say what their chosen 3 items are and why
- Then tick the items on the list as people mention it

Timing: 15 minutes

Session Lead: Trainee facilitators

Resources

Pre-prepared flipchart paper and pens. Flipchart with pre-written differences and similarities between Peer support and Peer mentoring. This can be put up when summarising what participants have mentioned/listed.

TIP

- Bring out the importance of boundaries; what do if someone indicates ideation of self-harm, suspected child protection issues, etc, and where to go for support & referral.
- Although there are many similarities between peer support and peer mentoring, one of the key differences is that peer mentoring is an advanced form of peer support where Mentors have received structured training and understand the importance of working within boundaries.... etc. See bullet point above.
- Highlight the importance of support & supervision for the Peer Mentor Mother herself.

Timing: 15 minutes

Session Lead: Lead trainer

Resources

- Pre-prepared flipchart
- Marker pens
- Pens
- Sticky notes

TIP

Ask participants to say briefly what they have learnt from the session. Summarise the session by saying that we all have our own *different* priorities, even if the overall problems and issues are the same. It is therefore important for us as mentor mothers to ask about, understand and remember to work with the peer mentees' *own* priorities when supporting them and *not* to focus on our own priorities.

30. Issues that could come up during a peer mentoring session and how these can be dealt with

Aim of the session

Participants to look at and explore the numerous issues that could come up during a peer mentoring session. To discuss how they could support their mentee with these issues.

Method/Process

Large group discussion

Before the session:

- Divide a flipchart into 2 columns. Write 'issues' at the top of the left column, and 'possible solutions' at the top of the right column.

In the session:

- Go round the group and ask each participant to identify an issue that could come up during a mentoring session. They can think of some of the issues they faced after diagnosis, whether it was during or before pregnancy.
- Write up all the issues they mention on the left half of the flipchart paper, leaving some space between each one (eg 3-4 issues to a flipchart)
- Then one by one discuss how you could deal with each issue.
- Write down the possible solutions to the issue in the right column of the flipchart.
- Then ask participants how they would decide which 3 issues to tackle first if their mentees have a long list. **The answer you are looking for here is by prioritising together with mentee. It can help to think through together what is *urgent* and what is *important*.**

31. Problem-Solving and Action Planning

Aim of the session

Practical example to further enhance participants' skills in solving problems as well as how to support their mentees in solving problems.

Method/Process

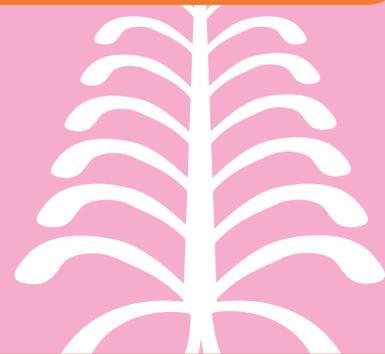
- Introduce **Problem-Solving and Action Planning Forms**
- Agree a priority issue from earlier list above and solve it using the **Problem-Solving and Action Plan model**.

Timing: 25 minutes

Session Lead: Lead trainer

Resources

Pre-prepared flipchart paper and marker pens



TIP

Ensure that the discussion comes back to prioritising the mentee's issues directly with her, so that she feels in charge, and knowing where to refer where necessary.

Timing: 20 minutes

Session Lead: Lead trainer

Resources

- Pre-prepared Problem-solving and Action Planning sections of the forms written out on 2 flipchart papers.
- Forms for hand-outs.

TIP

Good problems to work through are:

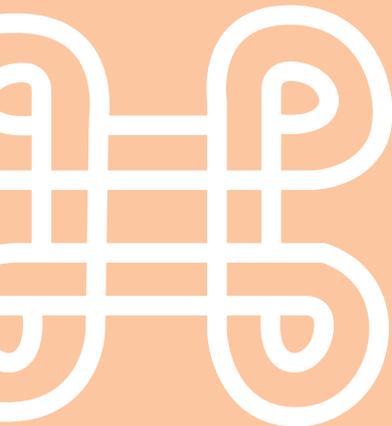
- Forgetting to take medication (adherence)
- How to find a partner

Timing: 120 minutes

Session Lead: Lead trainers

Resources

- Pre-drawn Flipchart with “My SRHR” written in the middle with a circle round it, A second pre-drawn flipchart with “My Quality of Life” written in the middle of it with a circle round it.
- Marker pens, Paper,
- ‘Safe house’ outline on photocopied sheets,
- Powerpoint available here: <http://tinyurl.com/4MToTpowerpoint> (NB do download and review this first and show it from your own computer – do not rely on the internet!)
- Projector, screen, pens, notebooks.



Stage F: realising our rights

32. An introduction to our Sexual and Reproductive Health and Rights

Aim of the session

To understand that this training is to support us and for us to support others to prioritise our own SRH&R above all – and that if we are happy, healthy and safe, then our babies and other children will be also. To share with the women the global values and preferences survey on the SRHR of women living with HIV, its findings, the safe house and the resulting WHO 2017 SRH&R Guideline. To show that we are part of a global movement. To enable everyone to connect with the house for themselves. To understand that we all have the right to voluntary, confidential informed choice over all that happens to us.

Method/Process

- Introduce the flipchart to participants. Explain that ‘SRHR’ means ‘sexual and reproductive health’. Ask them to discuss with their neighbour and think about 3 or 4 things in their lives that they think contribute to ‘my sexual and reproductive health’. Encourage them just to name the first things that come into their heads.
- After 3-4 minutes, go round the circle, asking the first participant to name one thing she has thought of. Write this in 1 or 2 words, using *positive* language (eg instead of ‘no condoms’ write ‘condom access’ somewhere on the flipchart and draw a line to it from the inner circle. Ask her neighbour to name something else and add this in 1 or 2 words to the flipchart also. Then ask each participant in turn to name something which hasn’t yet been mentioned and keep adding their responses to the flipchart until they start to run out of new ideas. The flipchart should now look very full. If no-one mentions it, don’t forget to add ‘the right to sexual pleasure’!
- Ask participants if they can see any pattern emerging from their answers. Points to draw out:
 - a) there are a lot of different responses;
 - b) the responses all fall into one or more of the following categories, or dimensions of our quality of life: physical, psycho-social; sexual; material; financial; spiritual; legal.
- Now produce your second flipchart, with “My Quality of Life” written in the middle. Write these seven words around the edges, with lines drawn to them, encouraging participants to remind you what they are as you do it. You could put both flipcharts up on the wall together, for participants to look at later if they like. Add any other dimensions that participants might think of that we may have forgotten in this list!
- Next, hand out copies of the ‘Safe House’ image – one for each participant. Ask participants to work in threes and look at the image together.

- Discuss amongst themselves:
 - What they can see in the image
 - Why they think the foundations are safety, support and respect
 - Why they think there are the 3 envelopes in the sky
 - What they think could/should be added to the house image (for example a safe home to live in itself)

Then explain where the house image came from – the Global Values and Preferences Survey, called “Building a Safe House on Firm Ground” – read the article about this in the Journal Of Virus Eradication (2016).

Then ask participants to turn their chairs to the front and present to them the powerpoint available here:
<http://tinyurl.com/4MToTpowerpoint>

- Power point presentation
- At the end of the presentation, explain that none of us needs to become a public advocate for our SRHR unless we want to – but there are many quiet ways of being an advocate behind the scenes. Ask participants to suggest a few. Here are a few, written in a blog by Bakita Kasadha: <https://www.bakitakk.com/mediacoverage/2019/2/27/reassuringly-restlessnbsprepresentation-or-tokenismnbsp>
- Ask participants to gather their chairs into small groups of 3-4 and share between them something that struck them from the powerpoint. Give them 5-8 minutes for this.
- Invite everyone back into the plenary space and ask each group in turn to share their thoughts.
- If violence against women and/or mental health issues come up, say we are going on to discuss these next.
- Finish this session with asking everyone to stand, then to play a lively game, to bring everyone’s attention back into the room.

Example:

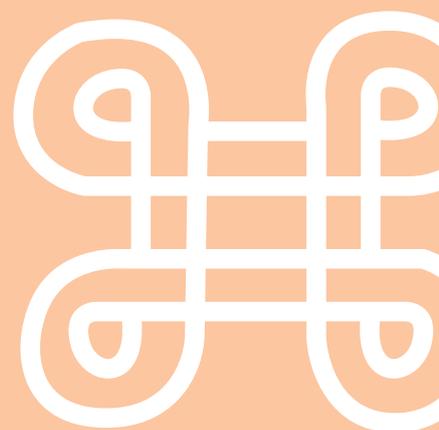
If participants feel stuck on what their SRHR are, you could ask them to consider: ‘what does safety mean to *me*?’

33. Revisiting the carpark

See Exercise 21 above for details.

34. Homework – preparation for Planning Next Steps session tomorrow

Hand out to all participants the 2-sided resource sheet, together with red, orange and green post-it notes. Read through this handout with them, to make sure they all understand what is needed. Identify 3 volunteers to draw the tree and make sure they have enough flipchart and marker pens in different colours to do so.



Timing: 15 minutes

Session Lead: Lead trainers

Resources

Carpark flipchart with questions from earlier session

TIP

As before, if there are any challenging questions that you cannot answer, leave them on the carpark flipchart and say you will respond to them the next day. Then ensure that you do your research after the session so you have a response for the next day.



35. Closing Circle for end of Day 3

A lead trainer should now explain that this is now the end of the third day's session.

Ask for each woman in turn to mention something new for her that she is taking away from Day 3; and one thing she is looking forward to doing that evening.

When everyone has mentioned something, thank everyone for coming, wish them a good evening, remind them of breakfast time tomorrow; and the time of the opening morning session. Remind them of their homework – see session 34 above, as well as, for those who need to, reading through the next day's exercise with their pair. None of them will be asked to run any main sessions tomorrow, but it would be good for them to be familiar with what is planned. NB if you are going out together, suggest that they do their reading first; and remind them of where and when to meet to go out.

End of Day Three.

We suggest that you might have a social evening this evening. For instance, a meal together, followed by some singing and/or dancing. The ideal is if you are able to get a room in a local restaurant where you can use your own portable music afterwards. Or, if it's the summer time, can you book to do this on a riverboat? This can be a really valuable part of the workshop bonding and networking process.

'Most mentor mothers are also amazing movers'!

Day Four

Stage G: monitoring, evaluation and planning ahead

Nb if you have more time before participants have to leave, you can add an extra 30 mins each to sessions 37 and 39 and go on to mid-afternoon.

36. Warm-up exercise

See Exercise 23 above for details.

Suggestion: since this is the last day, you could play a fun memory game. The lead starts by saying: “I’m going on a journey and I’m planning to pack... “ and she names one thing, for instance “a pair of spectacles”. Then her neighbour says ““I’m going on a journey and I’m planning to pack a pair of spectacles and a....” (eg a mango, or an elephant or a unicycle, or a condom or.....) - ie something wholly unrelated to the previous thing. Then each next participant repeats in turn “I’m going on a journey and I’m planning to pack... “, including all the items that have been mentioned by the previous speakers before, then adding her own new item to the list. This gets harder and harder as you go round the circle – if any woman finds it too hard, encourage others to join in with helping her to remember the list, so that it’s less of a competition and more of a fun collaborative way of reciting the funny list together. The game finishes when it gets back to the first speaker, who is supposed to remember the whole list.

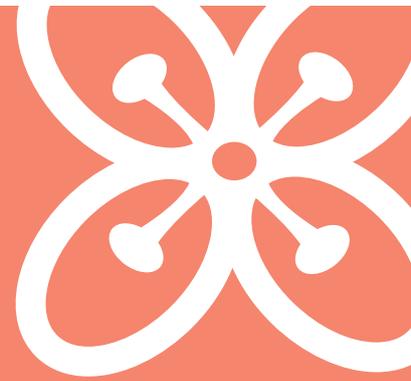
37. An introduction to Monitoring and Evaluation

Aim of the session

Enable participants think about objectives of the workshop, how we ensure it is going according to plan and has the desired impact. What changes we hope happen for MMs and how best we identify and document those changes.

Method/Process

- Begin by explaining to participants what the aim is and how it is focused on all of us sharing our experiences
- Ask participants what they understand by monitoring and evaluation and write their answers on a flipchart to capture any significant words (key terms of M&E from the M&E handout)
- Afterwards explain and ask participants to give examples of when they have been involved with any of those key terms
- Ask why we monitor and evaluate as MM (capture items from handout and any others that participants identify) Make sure participants understand how important M&E is for reporting to donors and for new funding bids.



Timing: 10 minutes

Session Lead: Trainee facilitators

TIP

You can encourage participants to reflect on how working together as a team can make tasks like this much easier and more fun.

Timing: 60 minutes (this can go on for 90 minutes if you have less time pressure for participants to leave by lunch. So you need to decide how far you want to go with this session. The same applies to session 39.)

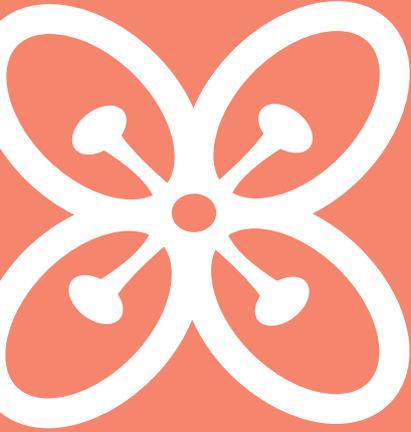
Session Lead: M&E trainer

Resources

- Monitoring and Evaluation handout
- Flip chart, pens, markers, feedback forms (if you want to use for illustration)
- SMART & SPICED information with Change Matrix from ALIV[H]E framework
- Post-training evaluation form (to show as an example)

TIP

The idea is to make this as practical as possible, so that participants understand and recognise their role and that of others in engaging in the M&E process.



- Ask who is responsible for M&E in the MM workshop – relate it to the feedback forms for the workshop and any other feedback in the process of training. Explain how being trained helps us make changes in the community. Look at the Change Matrix from the ALIV[H]E framework and let MM give their thoughts.
- Ask about how one would plan to have an M&E plan (see checklist on M&E handout)
- Then look together at the SMART and SPICED handout with the change matrix. Go through the part about SMART and SPICED indicators together first. Then ask participants to go into groups of 3 and ask them to think about: 3 questions that healthworkers ask them regularly; and 3 questions that they would like healthworkers to ask them regularly.
- Then come back to the full group and ask each group to call out one example of each. Write these up on a flipchart. Then when you have 2 examples written up from each small group (ideally with no repeated questions), go through the examples and ask the whole group whether the question is SMART or SPICED. Examples of a SMART question might be: “Have you been taking your ARVs regularly? Do you use a condom every time you have sex?” Examples of a SPICED question might be: “Do you find pill-taking difficult? What do you find hard? Would you like to discuss ways that could help you to take them?” “How is your sex life – are you enjoying sex?” Both sets of questions are important but if your healthworker isn’t asking you your questions too, these may be SPICED questions – ie questions important to you that may not be being considered or measured by your healthworker. By talking about these SPICED questions, we can start to measure them ourselves – and get our healthworkers to measure them too. If they are important to us, they are important to ask!
- Ask all the participants if they can ask of other questions important to them which they hardly or never get asked. Add these to a new flipchart of SPICED questions.
- When they have run out of ideas, explain that once we have asked questions, we then need to look at whether the answers to them change over time, so that we can see if things have improved or got worse. This is called “evaluation”. So, for example on Day 1 of this workshop they completed a survey. Later today they will be asked to fill in a new form, which will assess to what extent the training process has been effective or not. These two ‘before and after’ forms are part of an evaluation process for this workshop. Hand out the ‘post-workshop evaluation’ forms – one for each participant, so she can see what you mean.
- Say that we are now moving into this workshop evaluation process during the closing sessions. Ask participants if they have any queries before you go further. If any ask about the Change Matrix image on the handout, say we will look at that together in a couple of sessions’ time.

38. Process Evaluation

Aim of the session

To begin to monitor and document some of this Training of Trainers training learning and outcomes. This documentation will enable trainers to check in with participants if they managed to put learning into action as expected; and if not, what the barriers were.

Method/Process

- Briefly explain what this session is about (the session aims)
- Then ask participants the following questions: What have you learnt in this training and how are you going to use it?
- Write answers on a flipchart (these will help trainers when carrying out the follow-up 6-month review with participants.)

39. Planning Next Steps

Aim of the session

To plan together how to keep in touch and what other activities participants might want to do together.

Method/Process

- Explain that we are now going to share together the results from the homework that participants were asked to do last evening. Ask the 3 volunteers who drew the tree to spread it out on the floor.
- Now ask all the participants to place their 'now' (red/pink) post-its on the lower part of the trunk. These show the activities that they would like to happen soon.
- Once they are all on or around the lower trunk, ask them to review them all and see if there are any similarities in what has been written. If so, ask them to group the similar ones together, so that they form little groupings, according to topic. Explain that if there are a few post-its that stand alone, this is absolutely fine.
- Then ask the participants to look at the handout they had earlier, with the Change Matrix on it. Can they reflect together quickly which of the four quadrants of the matrix does each grouping relate most to? The 4 quadrants are Q1: individual level; Q2: institutional provision (eg health service, employment, education, bank, benefits, social services, etc. Q3: societal level (family, community, church, mosque etc.); Q4: policy level: eg legal issues such as immigration status, local hospital's policy regarding breastfeeding, peer mentors, etc. Add an extra, LIGHT BLUE post-it to each grouping marked with the relevant Quadrant number.
- Next, repeat the same four steps above for the middle of the tree trunk, this time with the post-its that the participants prepared to happen 'soon' (yellow/orange) post-its.
- Then repeat the same four steps above for the 'later' (green) post-its.

Timing: 20 minutes

Session Lead: M&E Lead Trainer

Resources
Flipchart paper and pens

TIP

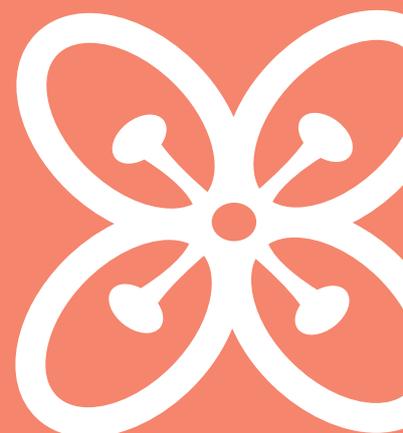
Use different coloured pens.

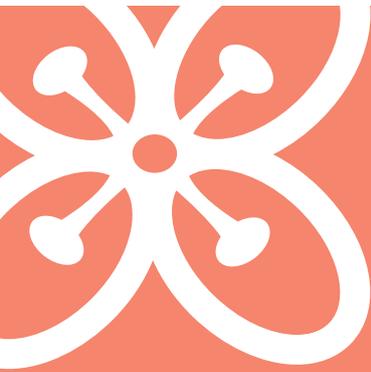
Timing: 60 minutes (this can go on for 90 minutes if you have less time pressure for participants to leave by lunch. So you need to decide how far you want to go with this session. The same applies to session 37.)

Session Lead: Lead trainers

Resources

- Pre-prepared flipchart of tree, (drawn by 3 participants)
- marker pens,
- Post-it® stickers from participants' homework from Day 3 evening
- SMART and SPICED information





By this time, your tree trunk should be full of many great ideas, grouped at each level (now / soon / later) into smaller groups, with a Quadrant number by each one. Review together which quadrant numbers appear most at each level. Is there a pattern here? Are there more quadrant numbers represented than others? Why do you think this might be?

- **Ask the participants' permission to take photos of all they have written so far and where they have been placed, so you have a full record of these afterwards. You are about to move the post-its, so don't miss this step!! This is their work – this is why you should ask their permission to record it.**

NB The next two stages of this exercise depend on how long you have taken so far. You may need to just take 2-3 examples of post-its to work with each, rather than all of them, so that participants at least get an idea of the process, rather than go through them all. This will depend in part on the depth of discussions and the previous experience of participants with this sort of work.

- **NEXT, introduce our six friends.** Explain that we all have six friends in our pockets to help us at any time. These are WHAT, WHO, WHY, WHERE, WHEN and HOW.
- We have already identified WHAT, WHO and WHEN for our ideas so far. Now we are going to use the other 3 friends to explore (a few of) these further.
- Lay out on the floor your pre-prepared flipchart of this six friends chart. Ask participants to choose one activity each from the NOW, SOON and LATER post-its and place them in the left-hand IDEAS column of this flipchart.
- Then ask participants to break into 3 groups and each of them work on one of the ideas, so that they can identify WHY, WHERE and HOW for each idea. They can write their answers on more post-its and stick them on the flipchart in the right boxes. Encourage them to make comments as positive as possible: eg – for WHY – they could change “to stop stigma” into “to promote understanding and respect”.
- When all 3 groups have finished this, review their responses all together, to check that everyone understands what is going on and that there are not any major difference of opinion.
- **With the participant's permission, PLEASE TAKE A PHOTO OF ALL THIS AGAIN NOW FOR YOUR RECORDS, before you move anything.**
- NEXT, introduce the idea of creating SMART indicators. Explain that these 3 ideas are all SPICED ideas, because the participants have thought them up themselves. You all now have the chance to turn them into SMART indicators of your work together. Indicators which are both SPICED and SMART are the best indicators because they are most important and relevant to the participants.
- Lay out on the floor your pre-prepared flipchart for creating SMART indicators. This time **make copies of the WHAT/WHO ideas post-its you have used on the flipchart above.** Place these copies in the ideas boxes in the left hand column on this new flip chart.

- Now for each idea in turn, make it SMART – with the participants in the whole group, encouraging them to think about each column in turn, to describe the first idea in SMART terms. Again, do your best to turn any negative statements into positive ones throughout. Then look at the second idea together, increasingly encouraging them to take the lead in thinking up a SMART description, so they can see that they can do this for themselves.
- Keep going with the six friends and SMART exercises for as long as you have time.
- **AGAIN, with participants' permission, take photos of the charts when they are finished, so that you have a record of all decisions the group has made together.**
- When you have run out of the 60 minutes, say that if they like, they can do more of this sort of thing in a separate planning day – and this is the beginning of them becoming peer researchers, so that they can start to influence the policies and programmes in their own communities, for themselves and others.

40. Hand Exercise

Aim of the session

An exercise to create a keepsake for participants to take away from the training, to not only remember everyone, but to also remind them of all the good qualities they possess as a woman/mother. Because they are first and foremost women. Beyond HIV, which does not define who they are.

Method/Process

- Ask participants to draw an outline of their hand on an A4 size paper and write their name on it.
- All the papers are then simultaneously passed counter-clockwise around the circle, so that each participant in turn can write something short regarding a good quality/characteristic/virtue about the person on the paper inside the hand outline (eg kindness, patience, friendliness).
- The quality the writer chooses should be something she has noticed in each woman during the 3-day training.
- Eventually every participant will end up with her own hand drawing again, covered with writing from all the other participants. She can take this home with her.

41. Post-Training Evaluation

Aim of the session

To complete post-training evaluation form which will be used for M&E. This is to compare with the pre-training evaluation form, to see if there has been a change in skills, knowledge or confidence before & after training.

Method/Process

Participants complete the post-training evaluation form.



TIP

When working with the Change Matrix above, often we find it hard to think about what change needs to happen at policy level (Quadrant 4) because this is something we may not feel too familiar with. Don't worry. Explain that if they want to, in a later planning workshop they could explore this further if they would like to.

Timing: 25 minutes

Session Lead: M&E Lead Trainer

Resources

- Enough pieces of A4 size paper – one for each participant
- Coloured markers/pens
- See example of hand in Resources section – but do all draw your own

TIP

It is important that participants only write positive qualities/comments about the person.

Timing: 15 minutes

Session Lead: M&E Lead Trainer

Resources

Post-training evaluation form

42. Closing Circle for the end of Day 4

Aim of the session

Bring training to a close

Method/Process

Ask participants a question that relates to the ending of the training and going back home.
Each participant, including the trainers, responds to the question.

When everyone has mentioned something, if there is time, suggest a final round of the Watermelon song – or another cheerful song.

Hand out the certificates to each participant in turn, clapping for each one as she receives it.
Then thank everyone for coming and wish them safe journeys.

FOLLOW-UP MEETING FOR CO-TRAINERS / ASSESSORS BEFORE YOU LEAVE THE WORKSHOP VENUE

Please let us know how your workshop went!!!! We would love to hear from you, learn from you and keep in touch. Our contact details are near the start of the manual.

Timing: 20 minutes

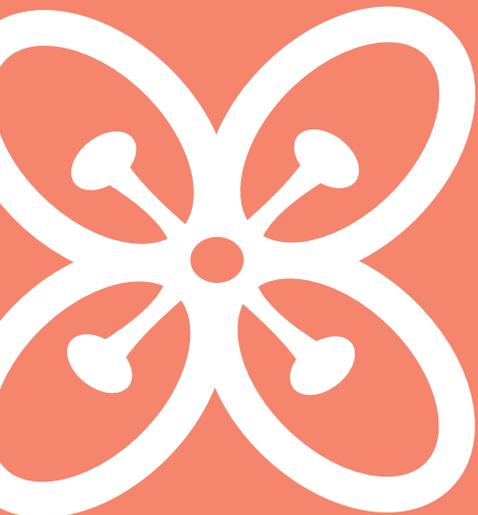
Session Lead: Lead trainer

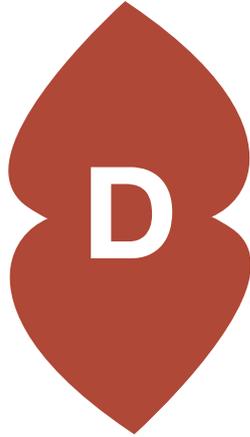
Resources

- Pre-prepared question; song.
- Attendance certificates for all participants

TIP

Use a question that will elicit positive responses. For instance, 'name one positive or useful thing that you learnt during this training that you would like to share with a friend.'





A BRIEF SUMMARY OF RESOURCES, TIMING AND EQUIPMENT

Your Notes



D Brief Summary of Resources, Timing and Equipment

A full list of all resources, and useful references, are found in Volume 2 of this manual. They can be downloaded from <https://tinyurl.com/4MManualFinalVol2Aug2019>

The Programme in Detail, with suggested timings for a four-day workshop can also be found in the resources section, so that you can amend it for yourself if needed.

Note about equipment: please see elsewhere in the Resources section for equipment you need to have on hand throughout the sessions. Below we just list session-specific resources.

Colour code: Sessions shaded in this colour are led by a pair of trainee facilitators. In these sessions, each trainee facilitator needs to be assessed by one of a pair of assessors.

No	Session name	Led by*	Session-specific resources needed (please see the resources section for more details)	Time Needed (based on 14 trainees) and suggested timings
Stage A: welcome to the workshop				
Day One				
1	Welcome and Introductions	2 LTs	Pre-prepared flipchart of workshop aims (see introduction for wording) An example of an ice-breaker	15 mins 1700-1715
2	Housekeeping and Logistics	3rd LT	A pre-prepared list of all the info you need to provide participants	10 mins 1715-1725

*(LT = lead trainer; TF = trainee facilitator; GS = guest speaker)

3	Training Process and Consent	3 LTs	Consent forms Pre-training survey forms One copy each of this manual for all TFs List of who is running which session(s) for all TFs Handouts	25 mins 1725-1750
4	Pair Allocation and Guardian Angel Exercise	LTs	Pre-prepared list of pair allocations Bonding exercise	10 mins 1750-1800
Dinner				60 mins 1800-1900
5	Linking Peer Mentoring to the (UK) National Standards of Peer Support	LT or GS	Slide presentation on peer support	20 mins 1900-1920
6	Homework	LT		5 mins 1920-1925
7	Closing Circle for end of Day 1	LT		10 mins 1925-1935
Lead trainers meet to review opening session and check for any adjustments needed				<60 mins 1945-2045
Trainees meet in allocated pairs to prepare for sessions they are due to facilitate on Day Two				<60 mins 1945-2045
Day Two				
8	Warm up Exercise / Energiser	2 TFs	Pre-prepared energiser	10 mins 0845-0855
9	Agreeing Group Working Agreements / Ground Rules	2 TFs	Pre-prepared flipchart with some general rules	10 mins 0855-0905
10	Gives/Gets/Ghastlies	LTs	Pre-prepared flipchart	10 mins 0905-0915
Stage B: developing our skills				
11	Group Facilitation skills	LT or GS	Slide presentation on group facilitation skills	120 mins 0915-1115
Tea break				30 mins 1115-1145
12	Ice Breaker 1: Creating a 'carpark'	2 TFs		10 mins 1145-1155

Stage C: understanding the pregnancy journey

13	Ice Breaker 2: Quiz	2 TFs	Pre-prepared short quiz and your answers Snacks	20 mins 1155-1215
14	Preconception Planning: What do you need to consider when planning a pregnancy?	2 TFs	Latest info about ARTs, conception and pregnancy Planning for pregnancy handout for you	15 mins 1215-1230
15	Information Session: Defining different methods of conception	LT	Syringe (without the needle) Small pot Non-spermicide lubricated condoms (male and female) i-base HIV and pregnancy and treatment booklets NAM info sheet on how to do DIY pregnancy	15 mins 1230-1245
Lunch				75 mins 1245-1400
16	Information Session: How can HIV be passed on to a baby?	LT	i-base mini guides	30 mins 1400-1430
17	What happens during pregnancy, and after the baby is born?	2 TFs	Pre-prepared pregnancy timeline Small A4 versions of this timeline with answers for the facilitators Pre-prepared pregnancy guideline milestone cards	30 mins 1430-1500
18	Delivery: The benefits and disadvantages of different delivery methods	2 TFs	Pre-prepared flipchart	10 mins 1500-1510
19	Aftercare baby timeline	2 TFs	Pre-prepared baby timeline Small A4 versions of this with answers for the facilitators Pre-prepared baby milestone cards	15 mins 1510-1525
20	Aftercare: What else do you need to consider after the baby is born?	2 TFs		15 mins 1525-1540
21	Revisiting the carpark	LTs	Carpark flipchart from earlier session	15 mins 1540-1555
22	Closing Circle for end of Day 2	LT		10 mins 1555-1605
Tea break				

Lead trainers meet to review today's sessions and check for any adjustments needed				<60 mins 1615-1715
2 Trainees: preparation for tomorrow's session				
All trainees: Optional early evening films				
Stage D: exploring our own experiences				
Day Three				
23	Warm-up Exercise	LT	A potato	10 mins 0900-0910
24	Introduction to Creative Writing	LT		10 mins 0910-0920
25	Writing Exercise: Writing about the senses	LT	Small pieces of paper List of words to go on them	30 mins 0920-0950
26	Creative Writing: Post Card Exercise	LT	Postcards of people Two examples of these	15 mins 0950-1005
27	Main Writing Exercise and Feedback	LT	Creative Writing handout	60 mins 1005-1105
Tea break				30 mins 1105-1135
Stage E: exploring others' experiences				
28	Differences between Peer Support and Peer Mentoring (Recap)	2 TFs	Pre-prepared flipchart	15 mins 1135-1150
29	House on Fire Exercise	LT	Pre-prepared flipchart	15 mins 1150-1205
30	Issues that could come up during a peer mentoring session and how these can be dealt with	LT	Pre-prepared flipchart	25 mins 1205-1230
31	Problem-Solving and Action Planning	LT	Pre-prepared flipcharts Forms for handouts	30 mins 1230-1300
Lunch				75 mins 1300-1415

Stage F: realising our rights				
32	An Introduction to Sexual and Reproductive Health and Rights	LT	Pre-prepared flipchart Presentation on Sexual and Reproductive Health and Rights (SRHR) 'Safe house' outline on photocopied sheets	120 mins 1415-1615
Tea break				30 mins 1615-1645
33	Revisiting the carpark	LT	Carpark flipchart from earlier sessions	15 mins 1645-1700
34	Homework – preparation for Planning Next Steps session tomorrow	LT	2-sided handout	10 mins 1700-1710
35	Closing Circle for end of Day 3	LT		15 mins 1710-1725
Lead trainers meet to review today's sessions and check for any adjustments needed				<60 mins 1725-1825
2 Trainees: preparation for tomorrow's session All trainees to read through tomorrow's sessions				
All trainees and trainers: Evening get-together in eg local restaurant				
Stage G: monitoring, evaluation and planning ahead Nb if you have more time before participants have to leave, you can add an extra 30 mins each to sessions 37 and 39 and go on to mid-afternoon.				
Day Four				
36	Warm-up Exercise	2 TFs		10 mins 0900-0910
37	An Introduction to Monitoring and Evaluation	M&E trainer	Monitoring and Evaluation handout SMART and SPICED information with ALIV[H]E Change Matrix Post-training evaluation form	60 mins 0910-1010
38	Process Evaluation	M&E trainer		20 mins 1010-1030
Tea break				30 mins 1030-1100
39	Planning Next Steps	LTs	Pre-prepared flipchart of tree, (drawn by 3 participants) Post-it® stickers from participants' homework from Day 3 evening SMART and SPICED information	60 mins 1100-1200

40	Hand Exercise	LT	Example of hand drawing – but do all draw your own	25 mins 1200-1225
41	Post-Training Evaluation	M&E trainer	Post-training evaluation form	15 mins 1225-1240
42	Closing Circle for end of Day 4	LT	Attendance certificates for all participants	20 mins 1240-1300
Lunch and trainees' departures or optional extra workshop hour after lunch				1300 onwards
Before Assessors Depart				
Follow-up meeting for Co-trainers / Assessors before you leave the venue				

Please check the table of session numbers, titles and resources needed in the resources section; especially notice the sessions with material that needs to be pre-prepared. Trainees should keep all materials with them, once they have received them, for all the sessions.

For all sessions:

- One copy each of this manual for all the lead trainers and for all the trainee facilitators.
- Reasonable-sized meeting room, ideally with daylight, which is large enough for easy flow but not too large.
- Space on walls with permission to stick up materials produced in the workshop.
- Somewhere to project slides.
- Computer, projector, (ideally with speakers) – check this all works first, including the right connectors/adapters.
- Chairs in a circle, which can easily be moved around.
- Flipchart paper packs x 2 or 3.
- Flipchart stand.
- A range of coloured marker pens.
- Masking tape or Blu-Tack® or drawing pins to stick materials up on walls.
- A range of coloured sticky (Post-it®) notes.
- Smart phone and/or camera to take photos.
- Larger pieces of coloured card (a mixture of A5 and A4 size).
- Pens and notebooks – ideally A5 size – one for each participant.
- Maybe a soft ball or small bean bag to throw around.
- A potato.
- A pair of scissors.
- A round of sellotape®.
- Masking tape.
- A5 Exercise book and pen for each trainee facilitator.
- A ream of plain paper for participants to write their writing on and draw their hands on.

Extra resources for specific sessions:

Please see the table of session numbers, titles and related resource list in the resources section for details.

If you have any queries about this training at any stage, do feel free to contact us! We will be very happy to hear from you. Our contact information is near the front of the manual.

Salamander Trust is a deliberately small organisation, registered as a charity and with Companies House in the UK. It aims to protect, promote and enhance the health and rights of people marginalised as a result of their gender, HIV status or sexual & reproductive health. Its logo reflects what it seeks to do: 'On the RIGHT(s) Track - **T**rainning, **R**esearch & **A**dvocacy informed by **C**ommunity **K**nowledge

The 4M Network has as its logo 'My Health, My Choice, My Child, My Life'. It started in 2016 when, supported by the Salamander Trust, it trained 46 women as Mentor Mothers across the UK. In 2017 it conducted a national training of trainers workshop, which trained 14 women as Mentor Mother Trainers.

The 4M work is aimed at developing and delivering training workshops for women living with HIV training and skilling them up to become 'Mentor Mothers' to support other women living with HIV.

4M Network was developed and is led by women living with HIV; and is guided by a steering group, which includes women living with HIV, healthcare clinicians, academics & researchers.

The 4M training programme has also been conducted with partners in Uganda and in Kenya.

The 4MNetwork in 2019 is working in the UK with MAC funding to expand the network and with MIND to promote perinatal mental health awareness in HIV.

In 2019 the 4MNetwork also celebrated the next stage of its development by becoming an independently registered Community Interest Company.



Salamander Trust
ON THE RIGHT(S) TRACK