Currently a national programme in South Africa, I ACT offers a highly participatory curriculum of facilitated, open and closed group meetings and public educational sessions. I ACT facilitators are trained to create a safe and trusting meeting culture that engages all participants.

Meeting topics include:
- Learning about HIV
- Treatment literacy
- Acceptance of status
- Confidence for disclosure
- Prevention strategies, and
- Nutrition and healthy living

I ACT is currently coordinated jointly by the South African National Department of Health and South Africa Partners, an international charitable non-profit organisation dedicated to building mutually beneficial partnerships between the US and South Africa in the areas of health and education.

Provincial Departments of Health, lead partner organisations, local community groups and health facilities also guide I ACT’s development and implementation. This networked approach allows I ACT to create impact across geographic territories at the national, provincial and local levels.

The ultimate goal is to help people to learn, share, and live positively.

This guide provides information for those who are interested in replicating the I ACT model to address HIV and other chronic illnesses.

For more general information about the I ACT programme, please also reference:

www.iactsupport.org
SUGGESTED STEPS FOR I ACT IMPLEMENTATION

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<thead>
<tr>
<th>ACRONYMS</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
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<td>Faith-based Organisation</td>
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<td>I ACT</td>
<td>Integrated Access to Care and Treatment</td>
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<td>NGO</td>
<td>Non-governmental Organisation</td>
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<td>Opportunistic Infection</td>
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<td>People Living with HIV</td>
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<td>Sexually Transmitted Infection</td>
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<td>TOT</td>
<td>Training of Trainers</td>
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UNDERSTAND THE GOALS, CURRICULUM AND MEETING STRUCTURE

THE GOALS OF I ACT

I ACT promotes early recruitment and retention of newly diagnosed PLHIV into care and support programmes. I ACT strives to reduce the high rate of loss to follow-up from the time of HIV diagnosis to successful commencement of ART.

We build support for these goals through:
- Intentional involvement of PLHIV at all levels of I ACT programming
- Enhancement of PLHIV knowledge and skills
- Strengthened referral systems and complementary care services
- Connection among PLHIV and care and support structures
- Empowerment of PLHIV to be their own health advocates
- Encouragement of communities to take responsibility for health care improvement

The programme serves:
- Newly diagnosed PLHIV
- PLHIV who were diagnosed previously but have CD4 counts such that they are not taking ARVs
- PLHIV who qualify to take ARVs but lack the information or confidence to do
- PLHIV who are already taking ARVs but have not engaged in support services
- PLHIV who are already taking ARVs and are already receiving alternative care and support

I ACT also serves people who may not be HIV positive but are otherwise affected by HIV through facilitated open groups and educational sessions.
THE I ACT CURRICULUM

1. Connecting and Sharing, HIV/AIDS Basics
   - Setting agreements for group meetings
   - Setting a group vision for health
   - Understanding HIV/AIDS, TB, OI and STI
   - Provision of a nutrition log

2. Treatment Literacy
   - Understanding ARV and ART treatment
   - Treatment readiness and adherence
   - OI and TB prevention
   - Recognising TB symptoms
   - Learning TB treatment and adherence strategies

3. Acceptance of Status and Disclosure
   - Recognising denial of HIV/AIDS status
   - Defining stigma and discrimination
   - Reaching acceptance of HIV/AIDS status
   - Strategies for disclosure

4. Prevention with Positives
   - Understanding HIV and STI transmission
   - Prevention strategies
   - Condom demonstration
   - Preventing mother-to-child transmission of HIV

5. Nutrition and Self-care
   - Importance of exercise
   - Nutrition and diet
   - Strategies for food safety and healthy means of food preparation
   - Effective handwashing technique
   - Relaxation and stress reduction demonstration
   - Mental health and healthy living principles

6. Moving Forward
   - Reviewing key lessons of I ACT
   - Committing to health & planning for your future
   - Determining the future or closing of the group
   - Closing Appreciation

I ACT support group facilitators are encouraged to customise this curriculum to suit the needs of participants, shifting the order of topics, extending discussions beyond suggested time allocations and making other adjustments as required.

I ACT and Chronic Disease (Non-Communicable Diseases)
The I ACT model may be implemented to address other chronic diseases such as hypertension, diabetes, OIs and TB using a similarly structured 6-part curriculum:
1. Understand the illness
2. Treatment and adherence
3. Acceptance and disclosure
4. Prevention strategies
5. Healthy living principles
6. Planning to live positively with a chronic illness diagnosis
I ACT MEETING STRUCTURES

I ACT meetings are designed to be accessible points of entry into services with customised schedules, flexible levels of commitment and numerous opportunities for referrals.

Educational Sessions
- Presentation of key learning topics
- Usually less than 20 minutes per session
- Open to public participation
- Designed to convey information and attract participation in an I ACT group

Closed groups
- 6 meetings covering curriculum topics
- Approximately 2 hours per meeting
- Serve PLHIV, the majority of whom are not taking ARVs
- Participants commit to attend all 6 meetings to foster a supportive cohort
- After the first session no new participants are allowed to join
- Recommended maximum of 15 participants

Open groups
- 6 meetings covering curriculum topics
- Approximately 2 hours per meeting
- Serve participants who are PLHIV and others are affected by HIV
- Participants drop in for the meeting topics they are interested in; no obligation to attend all meetings, but it is encouraged that they do
- Recommended maximum of 15 participants

At the conclusion of open and closed groups, participants decide whether to continue meeting, with or without a support group facilitator.

Participants may continue discussions on other topics, for example, other chronic illnesses.

Participants may also develop self-sustaining projects within their communities, for example, sewing groups, agricultural activities, exercise programmes.

Meeting Locations
Open and closed group meetings are generally held in community and health facilities. Groups also sometimes meet in the facilitator’s or a participant’s house, a school hall, a community center, waiting area, church or other location.

Meetings should be held in accessible yet private venues to deter fears of stigma or discrimination. Educational sessions are held where people might need help, including waiting rooms of local health clinics, churches, taxi stands and community centers.

The underlying principle is to take the I ACT meeting to where people are – to build greater participation, comfort and trust by meeting in a familiar environment.
COORDINATE WITH THE NATIONAL PROGRAMME DIRECTOR

All who are interested in implementing I ACT in their locality are encouraged to contact the National Programme Director for guidance.

I ACT is a programme of SA Partners with a National Programme Director who’s objectives include:

- Implement the I ACT programme nationally by partnering with the NDoH, PDoH and lead partner organisations to coordinate I ACT groups within the continuum of other existing health care services
- Serve as technical advisor to lead partner organisations, PDoH and other implementers of the I ACT programme
- Coordinate National Technical Working Group in partnership with the NDoH
- Facilitate I ACT’s adoption as a national standard for care and support
- Ensure I ACT curricula are kept up-to-date and relevant

National Programme Director: Tony Diesel
South Africa Partners: 21 Pearce Street, Berea, 5241, East London, South Africa
Phone: 043-721-2573
Email: info@iactsupport.org
Those interested in organising new I ACT groups are strongly encouraged to first connect with and if possible, situate the I ACT groups alongside related PDoH programmes.

It is essential for all I ACT services to be strongly affiliated and coordinated with the PDoH or equivalent governmental health authority and lead partner organisations.

<table>
<thead>
<tr>
<th>Province</th>
<th>Lead Partner Organisation</th>
<th>Website</th>
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<td>Masibumbane Development Organisation</td>
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<tr>
<td></td>
<td>Living Hope</td>
<td><a href="http://www.livinghope.co.za">www.livinghope.co.za</a></td>
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PDoH and lead partner organisations provide:

- Outreach and coordination among CBOs, NGOs, FBOs, health facilities and other providers of HIV support
- Regional goal setting and implementation plans
- Recruiting, selection, training and mentoring for facilitators and trainers
- Technical assistance to local implementing organisations
- Documentation, monitoring and evaluation of the programme
- Coordination of implementation with other Provincial governmental departments including education, social services and correctional services

Lead partner organisations also:

- Support the PDoH’s HIV, AIDS, HCT, STI and TB services
- Support the Provincial Care and Support Manager, Provincial Manager for HCT and the PDoH Information Systems Monitoring and Evaluation Manager
- Work closely with I ACT trainers and training coordinator

The PDoH and lead partner organisations set guidelines for I ACT implementation to suit the needs and resources of the locality. The following Provincial staffing roles are also usually involved in I ACT implementation.

Provincial Department of Health Care and Support Manager or other appointed official

- Oversees the I ACT programme within the PDoH structures
- Facilitates Provincial Working Group meetings and ensures regular meetings among implementing partners and PDoH
- Coordinates service delivery among I ACT providers
- Assures programme quality across districts
- Recommends and implements best practices with trainers
- With lead partner organisations, addresses issues in programme implementation
- Presents programme materials to the District HIV, AIDS, STI and TB managers

PDoH Information Systems, Monitoring and Evaluation Manager:

- Receives data from facilitators and/or the Lead Partner organisation
- Establishes data collection systems to record, monitor and track the outcomes
- Assists in evaluating programme effectiveness and future directions for growth
- Ensures data collection supports the District Health Information System (DHIS) and the National Indicator Data Set (NIDS) of the NDoH
- Communicates other trends to the National DoH and the National Technical Working Group

Training Coordinator

- Schedules all facilitator training
- Ensures access to training tools and manuals
- Plans logistics including the training venue (Often the regional training center – RTC)
- Ensures facilitators receive certificates of graduation upon completion of training
COMPLETE A SITUATIONAL ANALYSIS

It is essential to conduct a situational analysis and map local, existing support groups before implementing I ACT in a new province, region or locality.

The situational analysis assists with:

- Selection of local partner organisations to host I ACT groups and recommend facilitators
- Preventing the duplication of services
- Opportunities to ‘piggy back’ I ACT onto existing support programmes

See Appendix 1 for a Sample Situational Analysis, Interview Guide.

Experience from the Field:

When I ACT’s pilot project launched in the Eastern Cape in 2009, the situational analysis and mapping required a questionnaire survey and several in-depth interviews. The PDoH and local AIDS Training, Information, and Counselling Centres (ATICC) were consulted. 12 larger ‘umbrella’ institutions and 36 local organisations providing HIV and AIDS support were first identified. From these 48 organisations, 32 were selected for survey and interviews. The selection criteria included:

- Organisations that work in the field of HIV with focus on awareness, treatment, care and support, orphan and vulnerable children and their caregivers, food access and other services
- A set of organisations with a geographic spread that is not confined to one area within neighborhood
- A set of organisations that ensured diverse representation of NGOs, CBOs, FBOs, grant makers and others

Fieldworkers met with senior management of selected organisations and completed the survey questionnaires. Fieldworkers were reimbursed for transportation fares and lunches and received a fee for each completed questionnaire. 8 organisations were interviewed to provide more specific information about support group complexities and fill gaps that were outstanding from the organisational questionnaire.

Together the surveys and interview results yielded a strong understanding about the existing HIV and AIDS services offered and this information fed into creating a district resource database.
- Feel relieved
- Stress free
- Happy
- Able to help others
- Knowledgeable and being a resource
- Gain confidence
- Live positive life
- Access to treatment
- Get more support
- Exposure to networks
- Friends
After gaining information through the situational analysis interviews, applications and presentations to organisational leadership, implementing partner organisations are selected by the PDoH, Lead Partner Organisation, Provincial PEPFAR Liaison Officer and other key stakeholders according to the following criteria:

- Management demonstrates understanding and support for I ACT
- Organisations support referrals and are willing to share information with I ACT facilitators, NGOs, CBOs and FBOs and health facilities including Counselling and Testing and ARV sites
- Organisations may be willing to host I ACT meetings within their facilities
- Organisations may decide to complete a written Memorandum of Understanding or contract to document partnerships in providing services

Identify potential implementing partner organisations and present general information about the I ACT programme to organisational leadership. Consider using an application to gain more detailed information and further narrow the search for potential implementing partners.

See Appendix 2 for a sample application for Implementing Partners.

Experience from the Field:
The following criteria was used to evaluate possible implementing partner organisations when I ACT was developed as a pilot project in the Eastern Cape:

- Connection and strong working relationship with the PDoH
- Geographic reach across local communities
- Community support for the organisation and existing programmes
- Complementary programmes and services including support groups for PLHIV
- Staff include community care workers who could be redeployed to support I ACT
- Organisation has dynamic and positive contact with local health facilities
- Leadership is strongly committed to I ACT.
**SELECT SUPPORT GROUP FACILITATORS**

*I ACT* is implemented by support group facilitators who are carefully recruited and hired to skillfully offer the *I ACT* curriculum.

*I ACT* support group facilitators are based in the communities in which they teach and are selected by the PDoH and lead partner organisation. A fair and transparent hiring process is required.

See Appendix 3 for a Sample Facilitator Job Description.

Support group facilitators:
- Demonstrate commitment to the curriculum and facilitation strategies
- Recruit participants
- Plan, organise and implement all programme offerings
- Work closely with *I ACT* trainers for coaching, mentoring and support
- Submit the completed data forms to their regional coordinator

Many facilitators are PLHIV, alumni of the *I ACT* open or closed groups, and/or volunteers within implementing partner organisations. In this way, *I ACT* supports the growth and empowerment of community leaders and the Greater Involvement of People Living with HIV and AIDS (GIPA) Principle.

Many *I ACT* facilitators are also employed by local organisations or health facilities not as a ‘facilitator’ but in another role, for example, Lay Counsellors, Wellness supporters, Community Health Workers, Home-Based Caregivers. Potential facilitators are encouraged to consider how the *I ACT* support groups might complement existing job responsibilities. In many cases, staff have become support group facilitators because the programme builds skills and services that support their job.

**Experience from the Field:**

In *I ACT’s first year of operations*, the following priorities were used to identify, recruit and select facilitators in the Eastern Cape:
- Ability to read and write and complete simple calculations
• Maturity and experience
• Fluency in local language and ability to understand English
• Prior involvement with community care programme
• Good interpersonal skills
• Respect for others and commitment to maintain confidentiality
• Enthusiasm for the work involved
• Physically fit to carry out the work
• Seeking opportunities to advance career
• Must be from the same community he or she is serving
• PLHIV preferred.
TRAIN SUPPORT GROUP FACILITATORS

*I ACT* strongly invests in the training of all support group facilitators to ensure that the *I ACT* curriculum is implemented consistently and with high quality. Facilitator training is also linked to *I ACT*’s commitment to support the empowerment of newly diagnosed PLHIV.

*I ACT* support group facilitator training includes two components:

5-Day Content Training
- Detailed review of the 6 curriculum topics with a focus on the key clinical issues facing PLHIV including acceptance of status, disclosure, stigma and treatment
- Designed to challenge common misunderstandings and misinformation
- Allows sufficient time to discuss, practice and absorb training content
- Taught by *I ACT* trainers using *I ACT Content Training Manual*
- Evaluated through pre- and post-course assessment

5-Day Skills Training
- Knowledge to facilitate, organise and maintain effective and sustainable *I ACT* groups
- Strategies to manage group dynamics and challenging behaviours
- Guidelines for self disclosure and setting appropriate boundary setting
- Resources for self-care
- Allows sufficient time to discuss, practice and absorb training content
- Taught by *I ACT* trainers using *I ACT Skills Training Manual*
- Evaluated through pre- and post-course assessment

See Appendix 4 for the pre- and post-training assessment form. See Appendix 5 and Appendix 6 for Content and Skills Training Evaluations of Trainers.
I ACT Trainers ensure that I ACT services are offered effectively and support group facilitators receive on-going mentoring and support.

Trainers are carefully selected by the PDoH and lead partner organisations. Selection criteria for trainers includes:

- Excellent understanding of HIV, AIDS, STIs, TB and related diseases
- Expert-level knowledge of group management and training techniques
- Completion of the I ACT Content and Skills training courses
- Previous experience as a trainer

Trainers are expected to:

- Demonstrate expert-level knowledge and experience related to the I ACT curriculum and facilitator training strategies
- Identify and recruit future support group facilitators
- Mentor, coach and train support group facilitators
- Assist with data collection and reporting
- Work closely with PDoH, lead partner organisations and training coordinator

In general, implementation of I ACT requires at least 2 trainers from PDoH departments and 1 or 2 trainers from NGOs, CBO or health facilities that already offer training services. The Provincial Regional Training Centres may also require trainers.

I ACT strongly invests in TOT through a mandatory 5-Day training:

- Reviews key points for I ACT content, facilitation strategies, group activities and time allocations
- Presents detailed and updated resources related to I ACT content
- Allows sufficient time to discuss, practice and absorb training content
- Taught by I ACT master trainers who are staff members of SA Partners with advanced training on all aspects of the I ACT programme
- Evaluated through pre- and post-course assessment
PARTICIPANT RECRUITMENT AND REFERRALS

Support group facilitators use a variety of techniques to introduce I ACT to the community and to recruit and refer potential participants.

Support group facilitators often first share information about I ACT with local public health facilities, CBOs, NGOs, FBOs and other existing support programmes in their communities to recruit participants and gain referrals. Many facilitators find that the best places to recruit group members are clinic waiting rooms and locations for HCT.

Support group facilitators are also encouraged to visit private health provider offices (Doctor’s consulting rooms, private hospital and clinics, workplaces) to enlighten health practitioners of the benefits of I ACT.

Support group facilitators regularly conduct brief educational sessions in public spaces where potential participants may be. Facilitators provide information on a relevant topic and then advertise the upcoming I ACT group to their audience.

Participants also learn about upcoming I ACT meetings through word-of-mouth. Family members of PLHIV often encourage their loved ones to attend I ACT meetings.

Many of I ACT’s potential participants, especially those who have not disclosed their status publicly, have major concerns about stigma and discrimination. It is NOT productive to refer to I ACT meetings as “HIV/AIDS support groups” – this deters participation.
ESTABLISHING OPEN OR CLOSED GROUPS

The I ACT curriculum is primarily presented through open and closed group meetings established to help PLHIV and others affected by HIV.

Depending on the needs of the community, support group facilitators will establish closed or open groups, each with a maximum of 15 participants, though the average appears to be 6 to 8 participants.

Open groups are ideal for people who will not be able to attend the 6 meeting topics or are already knowledgeable of HIV. PLHIV are encouraged to participate in closed groups, to maximise the opportunity for support. Participants must be willing to abide by the group rules or norms. It is also essential that all participants understand and commit to maintain confidentiality.

It is important to be thoughtful and deliberate about when groups meet as scheduling impacts attendance:

- Meetings should not conflict with community and seasonal events
- Meetings can be scheduled to suit participant needs, for example 3 meetings a week for 2 weeks; 2 meetings a week for 3 weeks; or, 1 meeting each week for 6 weeks

Support group facilitators utilise the Guide to Group Meetings Flipbook for Open and Closed group meetings. This comprehensive Guide includes presentation materials, in-class activities, teaching guidance, handouts and forms for successful group meetings. Facilitators also use standardised forms to collect data from participants and to evaluate the impact of group meetings and educational sessions.

See the CD attached to this Implementation Guide for the Guide to Group Meetings.
MENTORING AND SUPPORT

Support group facilitators are observed during their first open or closed group meetings and then mentored throughout their time by their supervisors, I ACT trainers, RTC staff and other selected project coordinators. It is advised that debriefing is made available to I ACT facilitators through Mirror Sessions.

I ACT trainers and mentors observe and assist support group facilitators during their first I ACT groups. Facilitators are assessed and given support to strengthen their presentation skills, knowledge of I ACT curriculum, planning and preparation for sessions and ability to connect support group members to local resources. As facilitators’ experience with the curriculum grows over time, trainers and mentors continue to mentor facilitators, offering coaching, technical assistance and one-on-one consultations to provide feedback and support. Learning plans are created to address any gaps in knowledge or skills.

Key scientific phrases and concepts are not easily translated into local languages. It is important that facilitators have ongoing opportunities to discuss the curriculum with mentors and other facilitators to ensure they are presenting topics in local languages accurately.

It is important to recognise that support group facilitators, like participants, may have suffered severely traumatic events, for example, the death of loved ones, deteriorating health, extreme ostracism, sexual assault, gender-based violence or community violence. I ACT meetings may trigger painful memories and post-traumatic stress disorder. It is important to ensure that there is debriefing available through Mirror Sessions. Mirror Sessions were developed with the assistance of the University of Fort Hare Psychological Services Centre and involve:

- “Caring for the carer” series of 10 workshops
- Building facilitators’ capacity to deal effectively with the challenging issues raised by the participants
- Providing ongoing support and counselling for facilitators, who are often PLHIV
DATA COLLECTION AND MONITORING

Data collection and monitoring methods are customised to suit the needs and capacity of District and Provincial health departments and implementing partners.

Once standardised data collection and monitoring strategies are determined by PDoH and implementing organisations, facilitators and trainers receive training and assistance to ensure accurate data collection and timely reporting.

See the CD attached to this Implementation Guide for the Reporting Forms used by support group facilitators and trainers to collect data and monitor I ACT groups.

Experience from the Field:

In South Africa, data monitoring is undertaken by the Health Information Systems Programme (HISP) or similar department/organisation.

I ACT is currently in the process of integrating its data collection to the open source software of the District Health Information System (DHIS) 14. Training and development of data processors and data collection tools is being undertaken by the HISP in all provinces that request it.
**SUMMARY POINTS FOR I ACT IMPLEMENTATION**

*I ACT* participants build confidence and develop strategies for living positively with HIV/AIDS. The intention is to enable participants to become informed advocates for their health and to reduce the loss to follow up rate.

*I ACT* is best implemented in communities where there is a need for a support group intervention that is structured, curriculum-based and finite. *I ACT* presents detailed information on key topics and also offers an interactive exchange and networking among participants. While developed to address HIV/AIDS, *I ACT* could similarly be applied to provide support for those with other chronic illnesses.

*I ACT* is implemented in local community and health facility settings. *I ACT* is easily 'piggy backed' with existing services, for example Preventing Mother-to-child Transmission (PMTCT) of HIV/AIDS groups and primary health care activities. The programme can reach a broad range of localities – including informal settlements and rural communities that are typically underserved.

It is essential to gain the support of national, provincial, district and local stakeholders before establishing *I ACT*. This requires:

- Coordinated guidance from *I ACT*’s national, provincial and district-level leadership
- Dialogue with local leaders especially in areas overseen by traditional community structures
- Information sharing and a willingness to make referrals among *I ACT* implementing organisations, support group facilitators, and other service providers in local NGOs, CBOs, FBOs and health facilities

Supportive structures must be in place for *I ACT* support group facilitators, who are often PLHIV. The training and support needed to develop facilitators should be viewed as a long-term investment in building the strength of PLHIV and the communities they serve. This framework supports the GIPA Principle.
The following timeline highlights the steps taken to implement the I ACT programme.

Month 1:
- Review the goals, curriculum and meeting structure for I ACT
- Consult with the I ACT National Director and with PDoH and lead partner organisations

Month 2 and 3:
- Complete a situational analysis to map existing organisations and support groups
- Select implementing partner organisations and sign Memoranda of Understanding if needed

Month 4 and 5 or longer:
- Implementing partner organisations identify and recruit potential support group facilitators from CBOs, NGOs, PLHIV organisations, other service providers
- Facilitators are selected and hired using a fair and transparent process
- Trainers are selected and prepared to offer I ACT training
- Support group facilitators receive I ACT Content Training
- Support group facilitators begin to receive on-going mentoring and supervision by trainers and other affiliated I ACT leaders

Months 6 and 7:
- Support group facilitators offer education sessions at existing community-based support groups and health care facilities to educate and recruit participants for 6-week open and closed group

Month 8 and 9:
- Support group facilitators receive Skills Training
- Open or closed group meetings begin
- Trainers and mentors observe first facilitated open or closed group meetings and offer individual support for facilitators

Month 10:
- First closed group meetings completed and support group facilitators submit reporting forms

Month 10 and 11:
- Planning, recruiting and marketing for next open or closed group meetings begins
APPENDIX 1:
SAMPLE SITUATIONAL ANALYSIS, INTERVIEW GUIDE

NAME OF ORGANISATION:

NAME OF PERSON/S BEING INTERVIEWED:

CONTACT DETAILS:

FIELDWORKER:

INTRODUCTION

Thank you for agreeing to an interview. I am representing Integrated Access to Care and Treatment, I ACT, a programme that provides PLHIV and others who are affected by HIV/AIDS with the necessary information, knowledge and understanding of HIV to enable people to live healthy positive lives. We promote the early recruitment and retention of newly diagnosed PLHIV into care and support programmes to reduce the high rate of loss-to-follow-up from the time of diagnosis to commencement of ART.

I ACT offers educational sessions and 6 open- and closed-group meeting topics including acceptance of status, disclosure, treatment literacy and nutrition. Our meeting facilitators are highly trained for content knowledge and group dynamic management.

As we consider developing I ACT in this locality, we need to better assess the need for such a programme. We are talking to several organisations to determine the scope of their work, especially with regard to HIV and AIDS support services and to canvas opinion about the needs of PLHIV who have not commenced treatment.

We are not in any way wanting to take on work that other organisations are already doing but rather to determine whether there are opportunities to partner and add to community resources with I ACT.

I hope that provides some clarity about I ACT. Do you have any questions?
Could I now ask you some questions about your organisation?

1. I'd like to find out more about your organisation and the work you do.

   a. Can you tell me a little about the history of your organisation, when it was started and what motivated its inception. *(Questions b and c may not be necessary if the interviewee answers very fully)*

   b. What is the focus of the work of your organisation and what are the services your organisation offers?

   c. Who is your organisation's target group?

   d. How many people are involved in your organisation?
      i. As employees?
      ii. Volunteers?
      iii. Beneficiaries or participants?
      iv. Others

   e. What is the geographic or physical area that the organisation covers?

   f. Who supports your organisation with funding?

   g. Do you have support from government via the Department of Health or Department of Social Development?

2. We are interested in existing support groups for PLHIV.

   Is your organisation involved with Support Groups?

   *IF THE ANSWER IS YES, continue with the questionnaire. SKIP Question 2.2. IF THE ANSWER IS NO, PROCEED to Question 2.2*

2.1 If the organisation is involved with Support Groups:

   a. How many Support Groups does your organisation offer?

   b. What does your organisation provide to the support groups?

   c. What needs does your organisation meet through your support groups?

   d. Target group: How many people attend the support groups?
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>e. How are support group participants recruited or drawn into your groups?</td>
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<tr>
<td>f. Are there PLHIV that are missed, forgotten, ignored or marginalised in the support group process?</td>
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<tr>
<td>g. Venue: What venues do your use for support groups?</td>
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<tr>
<td>h. Frequency: How regularly do they meet?</td>
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<tr>
<td>i. Procedures: Who convenes these support groups?</td>
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<tr>
<td>j. Who are the facilitators of your organisation’s Support Groups?</td>
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<tr>
<td>k. How are your facilitators recruited and selected?</td>
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<td>l. Are your facilitators recruited on the basis of living openly with a positive HIV status?</td>
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<tr>
<td>m. Do the facilitators have any training in facilitation?</td>
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<tr>
<td>i. Are there any suggestions that your organisation might have for the development of skilled facilitators?</td>
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<tr>
<td>ii. What are the things that make for a good facilitator?</td>
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<tr>
<td>iii. How do you develop these skills?</td>
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<tr>
<td>n. Do the facilitators receive a stipend or are they provided with any other incentives? How are facilitators are compensated?</td>
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<td>o. How do you manage the emotional load and provision of support to the facilitators? Does your organisation have procedures for debriefing?</td>
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<td>p. Are there internal governance structures and portfolios within the support groups? Chairperson, secretary, organiser, treasurer?</td>
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<tr>
<td>q. Sustainability: Sustainability of support groups is often a challenge. How have you managed to keep support groups going?</td>
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</table>
r. Do you have criteria for new people to join the support groups?

s. How do you integrate new people into the Support Group?

t. Is there incentive other than support and information that the support group participants receive (lunch, taxi fare, other)?

u. What is the content of the support groups? What topics do you cover?

v. Monitoring: Is there supervision or monitoring of support groups and their facilitators? If you have supervision, how is this conducted?

w. Does your organisation provide opportunities for support to family and friends of PLHIV?

x. Marketing: How are support groups marketed? How do PLHIV get to know about your Support Groups?

y. Are the groups known within the community?

z. Stigma: How have you dealt with the issue of stigma in the support groups?

aa. Networking: Do you work with other NGOs or with the clinics in the support group process at all?

bb. Do you work with the local clinic in any way? Which clinic(s)?

2.2 If the NGO is not involved in support groups:

a. Have you considered Support Groups?

b. Why did your organisation decide against the establishment of Support Groups?

c. Do you refer PLHIV to other NGOs or health facilities which offer Support Groups services? Which NGOs, groups or clinics do you use?
3. What lessons has your organisation learned through your experience of Support Groups, or from other NGOs who run support groups?

Have there been any particular challenges or successes?

What do you think makes a support group successful?

Are there things to be avoided when running support groups, things that present challenges or make the support group vulnerable?

4. A key issue that we want to address through I ACT is the provision of information to PLHIV who have not yet commenced ARV treatment. We would like to provide information as close as possible to the time of the diagnosis whilst the person is still healthy. We want to prevent loss-to-follow-up and to maintain good health, prolonging the onset of the need for ARVs.

We would like to hear from you what information you think would be relevant to include in such a programme.

We have reached the end of our questionnaire.

Thank you very much for your support and for the time you have provided.
### APPENDIX 2: SAMPLE APPLICATION FOR IMPLEMENTING PARTNERS

<table>
<thead>
<tr>
<th>NAME OF ORGANISATION:</th>
<th>Listing of Current Services:</th>
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<tbody>
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<tr>
<th>CONTACT PERSON:</th>
<th>Years in Operation:</th>
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<thead>
<tr>
<th>CONTACT DETAILS:</th>
<th>Annual Budget:</th>
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<tr>
<td>Telephone:</td>
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<tr>
<td>Fax:</td>
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<tr>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>Mailing Address:</td>
<td></td>
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<thead>
<tr>
<th>Physical Address (if different):</th>
<th>Why does your organisation want to be a partner in offering the I ACT programme?</th>
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<tr>
<th>Brief organisational overview:</th>
<th>How would you integrate the I ACT curriculum into your current activities?</th>
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</table>
Do you currently have staff or volunteers that could be deployed as I ACT facilitators? If so, who are they and do they meet the criteria for facilitators (see below)?

<table>
<thead>
<tr>
<th>Criteria for Support Group Facilitators</th>
<th>Name</th>
<th>Skill level</th>
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</thead>
<tbody>
<tr>
<td>1. Ability to read and write; do simple calculations</td>
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<td>2. Maturity – Experience</td>
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<td>3. Fluency in local language and understand English</td>
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<td>4. Prior involvement with community care programme</td>
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<td>5. Good interpersonal skills</td>
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<td>6. Respect for others and commitment to maintain confidentiality</td>
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<tr>
<td>7. Enthusiasm for the work involved</td>
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<tr>
<td>8. Physically fit to carry out the work</td>
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<td>9. Potential to advance career</td>
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<tr>
<td>10. Must be from the same community he or she is serving</td>
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<td>11. PLHIV preferred</td>
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APPENDIX 3: FACILITATOR JOB DESCRIPTION

SUPPORT GROUP FACILITATOR JOB DESCRIPTION

The aim of Integrated Access to Care and Treatment (I ACT) is to promote early recruitment and retention of newly diagnosed PLHIV into care and support programmes. In particular, it seeks to reduce the high rate of loss to follow-up from the time of HIV diagnosis to commencement of ART.

I ACT offers educational sessions, open, and closed group meetings to provide information and support to PLHIV and others impacted by HIV at health facilities and within communities.

FACILITATOR RESPONSIBILITIES:
- Attend 5-day Content Training
- Attend 5-day Skills Training
- Attend additional trainings and/or planning meetings related to the I ACT programme as needed
- Present 6 topics (or more) to an existing support group under evaluation
- Establish and run I ACT group meetings in the open and closed format
- Offer I ACT educational sessions
- Participate in all scheduled mentoring and supervision sessions
- Submit weekly documentation forms and monthly progress reports to lead organisation’s I ACT Programme Coordinator
- Maintain regular communication with the I ACT Programme Coordinator regarding challenges or strengths
- Establish and maintain good working relations with referral sites, facilities and service providers
- Perform referrals for I ACT group participants as needed
- Mobilise and market I ACT groups to the community and to health facilities
- Conduct community mapping for resources available in your locality that can be included in the resource sheet to be used for referrals
- Maintain regular communication with your associated partner organisations regarding your I ACT work

COMPENSATION:
As compensation, SGF will receive a stipend of [AMOUNT] per session; up to 6 sessions per month. From time to time, we will organise trainings and/or planning meetings related to I ACT. You will receive a [AMOUNT] /day stipend for each day you attend trainings and/or planning meetings.
APPENDIX 4:
PRE- AND POST-TRAINING ASSESSMENT
(To be completed by Support Group Facilitators)

Name: 
Date: 

Multiple Choice (Please choose only one response for each question)

HIV/AIDS

1. HIV can be transmitted:
   - a. If a mosquito stings an HIV positive person, and then stings someone who is HIV negative
   - b. By using a toothbrush used by a person living with HIV
   - c. If an HIV positive woman exclusively breastfeeds a baby
   - d. By kissing

2. If someone has unprotected anal sex with a person who is HIV positive, he or she will definitely become infected:
   - a. True
   - b. False
   - c. Not sure

3. Which bodily fluids can transmit HIV?
   - a. Blood, vaginal secretions, semen, pre-ejaculate, breast milk and saliva
   - b. Blood, semen, urine, vaginal secretions and breast milk
   - c. Blood, semen, vaginal secretions, pre-ejaculate and breast milk
   - d. Blood, semen, breast milk and tears

4. A person who has PCP and extra pulmonary TB is in:
   - a. Stage 1 HIV disease
   - b. Stage 2 HIV disease
   - c. Stage 3 HIV disease
   - d. Stage 4 HIV disease

5. PEP is:
   - a. An opportunistic infection
   - b. Medications that can be taken after possible exposure as a result of a sexual assault or accidental unprotected sexual activity to decrease the risk of HIV infection.
   - c. An anti-TB medication
   - d. WHO Stage 3
STIs, TB and OIs

1. Which of the following statements is true:
   - a. Many people who have a sexually transmitted infection show no symptoms at all and do not think they have an STI
   - b. Most sexually transmitted infections are transmitted by using a toilet that has been used by a person with an STI
   - c. People who have a sexually transmitted infection always have some symptoms
   - d. Condoms do not offer protection against sexually transmitted infections

2. Having another sexually transmitted infection increases the risk of HIV transmission infection:
   - a. True
   - b. False
   - c. Not sure

3. Co-trimoxazole is taken to:
   - a. Reduce viral load
   - b. Treat shingles
   - c. To prevent PCP
   - d. Deal with medication side effects

4. TB is transmitted by:
   - a. Shaking hands
   - b. Sharing eating utensils
   - c. Kissing
   - d. Breathing-in the TB bacteria

5. If a person has Stage 4 HIV disease and TB:
   - a. The person will always start ARVs and anti-TB treatment at the same time
   - b. TB treatment is usually started first, and then the person can go on ARVs
   - c. The person usually goes on ARVs, and then starts anti-TB treatment
   - d. The best thing to do is always start taking ARVs and anti-TB medications at the same time

Counselling Skills

1. Which of the following is a closed-ended question:
   - a. How did you decide to be tested for HIV?
   - b. Are you aware of how HIV is transmitted?
   - c. Have you ever used drugs?
   - d. How has it been for you to be on ARVs?

2. Reflective listening is:
   - a. Having the client listen to the counsellor
   - b. Listening to someone without saying anything
   - c. Paraphrasing what a client says to be sure you understand
   - d. Not sure

3. A counsellor’s role is to:
   - a. Be non-judgemental
   - b. Give advice
   - c. Warn clients about their behavior
   - d. All of the above
   - e. Not sure

4. Which of the following is an open-ended question:
   - a. Do you use condoms?
   - b. Are you aware of how HIV is transmitted?
   - c. Have you ever used drugs?
   - d. How has it been for you to be on ARVs?

5. A client tells you that he is nervous about disclosing his HIV status to his family. Which of the following is an appropriate response?
   - a. You shouldn’t tell them. It would be too much for them to handle
b. Lots of people tell their families and they feel much better
c. What are some of your concerns about telling them?
d. I’m nervous about telling my family too
e. Don’t know

Risk Behavior Strategies

1. Being client-centered means:
   □ a. Doing whatever the client asks you to do
   □ b. Telling the client exactly what he or she should do
   □ c. Letting the client make decisions about what concerns she or he wants to focus on in a conversation
   □ d. Not sure

2. Harm reduction means:
   □ a. Allowing the client to choose his or her own goals
   □ b. Any change made by a client that lowers risk
   □ c. Supporting a client regardless of what changes they make – or don’t make
   □ d. All of the above
   □ e. Not sure

3. Which of the following is NOT an example of harm reduction:
   □ a. Wearing a seatbelt in the car
   □ b. Eating less fatty foods
   □ c. Having a sex partner pull out before ejaculating during sex
   □ d. Taking ARVs 5 days per week
   □ e. Not sure

4. If you don’t know the answer to a question asked by a client it is better to make something up than say you don’t know.
   □ a. True
   □ b. False
   □ c. Not sure

5. If a group member tells you that she uses condoms with her partner most of the time, an appropriate response would be:
   □ a. Tell her she is not doing enough to protect herself
   □ b. Praise her for being able to use condoms and talk about what it is like for her to use condoms
   □ c. Make her so scared that she will use condoms all the time
   □ d. I use condoms all the time and so can you

Treatment Literacy

1. The goal of ARV treatment is:
   □ a. To cure HIV
   □ b. To increase the CD4 count and the viral load
   □ c. To keep the person in Stage 3 of HIV disease
   □ d. To increase the CD4 count, decrease the viral load, and improve overall health

2. In South Africa, a person living with HIV can start taking ARVs when:
   □ a. The person is diagnosed with HIV
   □ b. The CD4 count is blow 350 or in WHO Stage 4 of HIV disease
   □ c. The CD4 count is 600
   □ d. When the person has symptoms

3. Adherence to ARVs is important because:
   □ a. They cure STIs
   □ b. There are many medications available
   □ c. It can prevent resistance
   □ d. Do not know

4. Combination treatment refers to:
   □ a. Treating multiple illnesses at the same time
   □ b. Combining the treatment of TB and HIV
5. During the first 3 months of pregnancy, pregnant women should not take Efavirenz because:
   - a. It can cause birth defects
   - b. It can cause premature labor
   - c. It causes nausea
   - d. It is a new medication

Nutrition

1. What is nutrition important for?
   - a. Decreasing risk of infections
   - b. Helping to prevent heart diseases, fatigue, and diabetes
   - c. Increasing your strength and energy
   - d. All of the above

2. Potatoes, maize, rice, oil and sugar are some examples of energy-giving foods. Which one of the following nutrients best describes this group of food?
   - a. Protein and Vitamins
   - b. Carbohydrates and Proteins
   - c. Fats and Minerals
   - d. Carbohydrates and Fats

3. Which of the following describes why nutritional care and support should be part of any comprehensive care and treatment for people living with HIV/AIDS?
   - a. Good nutrition cures TB
   - b. Proper nutrition helps to maintain immune functions to work properly
   - c. A balanced diet provides nutrients to kill HIV
   - d. Not sure

4. Making sure that uncooked food is kept separately from cooked food is an option to reduce one’s risk for:
   - a. PCP
   - b. HIV transmission
   - c. Food-borne illness
   - d. TB transmission

5. It’s important for persons infected with HIV to be careful about the food they eat. Germs in food can make you sick and cause mild to life-threatening illnesses. Which of the following foods is most likely to contain harmful germs?
   - a. Pasteurised milk
   - b. Boiled vegetables
   - c. Raw or undercooked eggs
   - d. Thoroughly cooked meat
APPENDIX 5: CONTENT TRAINING EVALUATION
(To be completed by Support Group Facilitators)

Please rate the usefulness of each section as Not Useful (1) Somewhat Useful (2) Useful (3) or Very Useful (4). Circle your preferred option:

<table>
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<tr>
<th>Section</th>
<th>Rating</th>
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</table>
What was most helpful about this training?

Did you acquire the information and skills that you hoped to acquire from this training? If not, what was missing?

Please comment on the material covered and its relevance for your work.

Please comment on the activities and their level of connection to your background or culture.

Please comment on the training materials: (Slides, handouts, additional resources manual)

Please rate the trainers in the following areas as Unsatisfactory (1) Satisfactory (2) Good (3) or Excellent (4). Circle your preferred option:

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<tr>
<td>Knowledge of topic</td>
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<td>Thoroughness of presentation</td>
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<td>Adequate time for questions/feedback</td>
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<td>Engaging presentation style</td>
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General Comments about the trainers:

General Comments about the overall training experience:

Thank you for your time and participation!
APPENDIX 6: SKILLS TRAINING EVALUATION
(to be completed by Support Group Facilitators)

Please rate the usefulness of each section as Not Useful (1) Somewhat Useful (2) Useful (3) or Very Useful (4). Circle your preferred option:

<table>
<thead>
<tr>
<th>Section 1: Introduction and Expectations</th>
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<tbody>
<tr>
<td>Section 2: Presentation Skills</td>
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<td>Section 3: Counselling Skills</td>
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<td>Section 4: Creating Effective Groups</td>
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<td>Section 5: Group Development</td>
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<tr>
<td>Section 6: Facilitation</td>
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<tr>
<td>Section 7: Group Dynamics, Challenging Behaviours and Self-Care</td>
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<tr>
<td>Section 8: Implementing the Guide to Group Meetings and Practise Session)</td>
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<tr>
<td>Section 9: Community Networking and Graduation</td>
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What was most helpful about this training?

Did you acquire the information and skills that you hoped to acquire from this training? If not, what was missing?
Please comment on the material covered and its relevance for your work.

Please comment on the activities and their level of connection to your background or culture.

Please comment on the training materials: (Slides, handouts, additional resources manual)

Please rate the trainers in the following areas as Unsatisfactory (1) Satisfactory (2) Good (3) or Excellent (4). Circle your preferred option:

- Knowledge of topic
- Clarity of presentation
- Thoroughness of presentation
- Responsiveness to participants
- Adequate time for questions/feedback
- Engaging presentation style

Please rate your comfort level in the following areas as Not Comfortable (1) Somewhat Comfortable (2) Comfortable (3) Very Comfortable (4). Circle your preferred option:

- Understanding of IACT Content
- Comfort in facilitating group meetings

Please describe any areas that you would still like to learn more about or want more support with:

Thank you for your time and participation!
We gratefully acknowledge the organisations and individuals who contributed to the formation of this implementation guide. Integrated Access to Care and Treatment would not exist without their collective work.

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For more information about the I ACT programme please see www.iactsupport.org email info@iactsupport.org or contact:

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- I ACT Adolescent Manual
- I ACT Adult Manual
- Mentoring of I ACT Facilitators
- Trainers’ Resources