

REPORT
OF
SMAT TRAINING ON ADVOCACY AND COMMUNITY MOBILIZATION
For
**Prevention of Mother-to-Child
Transmission (PMTCT) of HIV**
Submitted to
UNICEF A' Field



By
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INTRODUCTION

Benue State government in collaboration with United Nations Children Fund (UNICEF), organized a 3 day SMAT training workshop on Advocacy and Community Mobilization for PMTCT of HIV for Agatu Catchment Area from the 17th to 19th June 2008

This elaborate training, which was held at the Obagaji Youth Centre was anchored by Health and Life International (HEALIN).

The training drew 43 participants from 35 communities of Agatu catchment area of Benue State.

Resource persons present at the training were Rev. Gloria Uchefuna of Health and Life International, Comfort Ori Aelin of General Hospital Markurdi, Benue State, Francis Amenaghamon of University of Ibadan, Oyo State and Lawal K.S. of Federal Information Centre, Lokoja.

PROJECT GOAL:

The goal of the training of the Social Mobilization Action Team (SMAT) on Advocacy and community mobilization for PMTCT of HIV was to enhance and facilitate community ownership to carry out prevention of HIV strategies in the communities, especially MTCT.

Project Objectives

- 1. To train and empower the Social Mobilization Action Team (SMAT) to carry out prevention of HIV strategies in the communities, especially MTCT.*
- 2. To enhance and build the capacity of the community health workers and stakeholders.*
- 3. To develop the capacity of collaborating CBOs for on-going community mobilization.*
- 4. To further enhance and facilitate community ownership of the Project.*

THE PROJECT TEAM & PARTICIPANTS:

A total of 43 persons representing 35 communities in Agatu catchment area participated in the training workshop.

The breakdown of the Participants included; 35 SMAT Chairpersons, 4 CBO representatives and 4 Health Workers.

Resource Persons

1. Rev. Gloria Uchefuna - (Port Harcourt)
2. Comfort Ori Aelin - (Markurdi)
3. Francis Amenaghawon - (Ibadan)
4. Lawal K.S - (Lokoja)

FACILITATORS

1. Dr. Silas Ochejele - Federal Medical Centre Benue State
2. Ubong J. Ekoh - Health & Life Int'l
3. Kemi Alarape - Health & Life Int'l
4. Esther Onyiriro - Health & Life Int'l
6. Gift Godwin - Health & Life Int'l (Coordinator)

PROJECT ACTIVITIES & OUTCOME

A. Mobilization of Social Mobilization Action Team:

Mobilization included sending out notifications of training start and end dates to SMAT members, selected health workers, stakeholders and community leaders/chiefs some of whom were SMAT members.



Rev. Gloria Uchefuna addressing participants at the opening of the workshop

B. Training workshop:

The training included plenary presentations, group works and role plays.

The training which ran for three days, built the capacity of participants in core skill areas required for promoting PMTCT at the community level.

1. DAY ONE:

OPENING:

Participants arrived at about 9.00am and registered for the workshop and were provided with writing materials and programme schedule. There was an opening prayer by a participant and a welcome address by Rev. Gloria Uchefuna who explained to participants the importance of the workshop and the commitment of UNICEF and Benue State Government towards improving on the health of their communities, especially that of children and mothers in the phase of HIV/AIDS. She also highlighted the need for community participation in the eradication of HIV/AIDS in their communities, hence the need to train their community-based Social Mobilization Action Teams (SMAT) for Prevention of Mother-to-Child Transmission of HIV.

Participants introduced themselves, and class rules were set to guide participation and facilitation of the workshop. Rapporteurs were also appointed among participants who were charged with the responsibility of reviewing and summarizing activities and key learning for each day.

Pre-test Questionnaires were then administered to assess participants' understanding and to serve as a baseline for their knowledge base in the areas of HIV/AIDS transmission and prevention, Voluntary counseling and testing, advocacy, community mobilization, team-building, etc.

Training objectives were shared with participants after their expectations were elicited by facilitator, and opening events and pre-training activities were concluded with a group photograph taken by participants and facilitators.

SESSION 1

Following tea break, the first training session was facilitated by Rev. Gloria Uchefuna on an Overview of HIV/AIDS. The session covered basic facts on HIV & AIDS including:

- Meaning of HIV & AIDS
- Modes of transmission
- Scope and prevalence of the pandemic
- Risk factors and vulnerable groups
- Modes of Prevention



Francis Amenaghawon then concluded the session with a question and answer session where misconceptions were cleared and issues clarified.

SESSION 2:

The second training session was on “**Advocacy**”, facilitated by Lawal K.S. The session covered:

- Conceptual definition of advocacy
- Skills in advocacy
- Elements of Advocacy
- Processes in advocacy
- Expected outcome of advocacy
- Rules/guidelines for advocacy



SESSION 3:

Following lunch break, the third training session was facilitated by Comfort Ori Aelin as a follow-up to the 2nd session. The session covered:

- Target audiences for advocacy in PMTCT
- Strategies and Channels for Advocacy in PMTCT.

The day’s activities ended at about 6.00pm with a 2nd tea break.

2. DAY TWO:

OPENING:

Participants began to arrive at about 7.30am and the training sessions commenced at about 9.00am, following the morning preliminaries – including an opening prayer and rapporteur reports by some volunteer participants.

SESSION 4:

Following the presentation of previous day’s review, the fourth training session – The **Nature of Community Mobilization** was facilitated by Francis Amenaghawon. The session covered:

- The purpose of community mobilization
 - Resource multiplier
 - Capacity building
- Benefits of Community Mobilization
- Features of Community Mobilization
- Steps in Community Mobilization
- Targets for Community Mobilization



SESSION 5:

Right after tea break, the fifth training session which was on ***Issues in Community Mobilization for PMTCT*** was facilitated by Comfort Ori Aelin and Lawal K.S. The session covered:

- The nature and magnitude of Mother-to-child transmission
- Low ANC attendance
- Denial
- Stigma & Discrimination
- Resource Mobilization
- Rights of PLWHAs (especially in relation to PMTCT)
- Male Involvement
- Community Support structures
- Teambuilding
- Information sharing & transparency
- Social Challenges



The session was facilitated using PowerPoint presentations, and participants were allowed to ask questions and clarify issues around the presentations.

SESSION 6:

Following lunch break, the sixth training session was on Target Audiences for Community Mobilization in PMTCT and was facilitated by Rev. Gloria Uchefuna. The session covered:

- Target audiences for Community Mobilization in PMTCT
- Strategies & channels for Community Mobilization in PMTCT

This session also examined strategies for irrationalizing and applying SMATs in PMTCT at community level, including:

- Definition of roles and responsibilities
- Assignment of roles & responsibilities
- Building Capacity of SMAT Members
- Coordination of Reviews
- Periodic review & Adjustments

The session also explored “education within the context of community mobilization” through the use of drama, comics, road shows, music and dance.



Participants acting role-plays after a presentation on Issues in Community mobilization by Uwuiaren Edith

Challenges of community mobilization were also explored including difficulties in adaptability, cost effectiveness and precise measurement of outcomes.

The roles of networking, partnership and negotiation in community mobilization were also emphasized in relation to PMTCT.

The day ended with a group assignment for participants to be presented on day 3.

Group work:

Participants were divided into 3 groups and assigned to work on the following task:

- 1. Choose a specific community**
- 2. Identify an issue in PMTCT**
- 3. How would you carry out advocacy and community mobilization in that community?**

3. DAY THREE:

OPENING:

Participants arrived at about 7.30am and the session commenced at about 9.00am and attendance for the day was taken. There was an opening prayer by a participant and review of day two by rapporteur.

SESSION 7:

Following the presentation of previous day's review, the 7th training session on the **Community Dialogue Tools** was facilitated by Rev. Gloria Uchefuna. The Community dialogue process was also explained and orientation about community dialogue examined.

GROUP WORK:

After presentations by the facilitator – Rev. Gloria Uchefuna, the participants went into their groups to complete the tasks given on day 2. This continued till lunch break, after which participants made their group presentations.

Francis Amenaghawon facilitated review of the group work, after which Comfort Ori Aelin facilitated post test assessment and evaluation of workshop to close the day.

Key Outcome of Workshop

- 1. Social Mobilization Action Teams from 35 communities in Agatu catchment Area of Benue State were trained and empowered to carry out the prevention of HIV strategies in the communities, especially PMTCT.**

2. *Four (4) CBOs and 4 Health workers were empowered for more efficient on-going community mobilization.*
3. *The training also succeeded in enhancing and facilitating community ownership of the PMTCT project.*
 4. *There was Increased general knowledge of HIV/AIDS especially MTCT*
 5. *Participants' skills and capacity enhanced for advocacy, community mobilization and community dialogue as tools for creating an enabling environment for prevention of mother-to-child transmission of HIV.*

EVALUATION:

- The training was evaluated at two levels – a pre- and post-test evaluation showed that level of comprehension increased by over 87%, with total mean score of participants increasing from 13.22% to 24.45%.
- In response to the Training Evaluation questionnaire, all the participants rated the training environment, conditions, welfare, food, training facility and general logistics as very high.

KEY CHALLENGES:

- The training was originally scheduled to start up by 7:30am but due to the bad terrain most of the participants was not able to make it in time which caused some unavoidable delays before the training sessions earnestly kicked off.
- Due to the busy nature of State ministries due to the transition process in the State governance, an elaborate opening ceremony could not be organized due to logistics difficulties and non-availability of key government functionaries.

RECOMMENDATIONS

- There is need to follow-up the SMAT training with Community Dialogue in order to avoid the need and the cost for further Advocacy and re-sensitization of both the SMAT leaders and their communities.
- It is worthy of note that the community mapping does not just end with Agatu catchment area but a whole LGAs. There is an urgent need therefore, to scale up the training to the other more LGAs which were left out.
- There is need to make subsequent trainings more participatory with contents and delivery methodologies adapted to local contexts.
- Participants also recommended an expansion of the training to include more healthcare workers and opinion leaders in the State.

CONCLUSION

The program was successful, and the intended goal and objectives were achieved. It is evident that this well-laid foundation has demonstrated the commitment of the Agatu communities to the PMTCT project. There is therefore a great need for effective follow-up, scale up and sustenance of the efforts already invested in the state PMTCT initiative through the use of Social Mobilization Action Teams (SMATs).