

HIV and AIDS Documentation and Communication Skills: *A Focus on Best Practices*

A COURSE GUIDEBOOK

MAY 2008

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SaFAIDS Southern Africa
HIV and AIDS Information
Dissemination Service

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1. Background

In the past decade, there has been an increased demand for the inter-sharing of “Good (or Best) Practices” in HIV and AIDS programming in the southern African region, including programmes addressing prevention, care, support, treatment and impact mitigation. The documentation of Best Practices and the extensive sharing of these practices throughout communities remains limited in the region. The scale-up of such documentation would serve as a springboard for diverse implementing bodies to replicate interventions that have proven effective elsewhere. The documentation and sharing of Best Practices has globally been shown to stimulate and improve programme design and delivery, based on lessons learnt, sustainability, and outreach to a larger pool of beneficiaries, using the minimal available resources.

To help drive the knowledge-sharing process that lies at the heart of documenting and sharing Best HIV and AIDS Practices, UNAIDS in 1997 began the production of its ‘Best Practice Collection’, a series of publications ranging from guidelines, updates and policy papers, to case studies, handbooks, and examinations of particular challenges and responses, all designed to promote learning, shared experiences and empowerment of people and partners engaged in the AIDS response.

The African Union’s (AU) HIV/AIDS Continental Strategic Plan positions the AU as an advocate and co-ordinator of a continental response to the emergency posed by HIV and AIDS, and aims to achieve this positioning through six major objectives. The AU Commission’s (AUC) strategies for this ambitious, yet realistic plan, include among other directions: To develop, in collaboration with partners - policies and strategies to ensure that African human and institutional capacity is strengthened to meet the challenges of fighting the HIV and AIDS pandemic. Within this dimension, the African Union Commission will lead efforts to catalyse faster action, south-to-south collaboration, and sharing of Best Practices.

The member states of the Southern African Development Community (SADC) have been responding to the HIV epidemic for more than two decades. Yet the combined experiences of the member states have not been fully harvested or systematically documented to guide member states and the region at large, in the design and implementation of HIV and AIDS interventions. One of the most useful avenues to strengthening the response is through sharing Best Practices on HIV and AIDS among member states. This will guide and maximise efficiency and effectiveness of the responses to the various facets of the epidemic. Under this premise, the member states of SADC have further reinforced their full commitment to the challenge of controlling HIV and AIDS in the region, through the development of a strong framework for a regional response to the epidemic, by implementing resolutions contained in the 2003 Maseru declaration. The Maseru Declaration on Combating HIV and AIDS recognises: “..that within the SADC Region there have been successes and Best Practices in changing behaviour, reducing new infections and mitigating the impact of HIV and AIDS , and that these successes need to be rapidly scaled up and emulated across the SADC region”.

Both the SADC Strategic and Business Plans on HIV and AIDS advocate for the sharing of Best Practices between and within member states.

It is in line with these regional and global strategic directions, that this guidebook has been developed by SAfAIDS, as it seeks to contribute to the regional knowledge base of “What works and What doesn’t, with specific focus on cultural constraints and circumstances”, and “What will help shape current and future programmes”, and enhance the wealth of ‘hands on’ experience-sharing and effective programme replication among community-based HIV and AIDS programmes.

2. Introduction to Guidebook

This section helps you to utilise the Guidebook effectively, within the various contexts of your organisation or community.

2.1 Guidebook Overview

The Guidebook explores the various processes that will enable you to conduct a successful course which can be adapted to suit various contexts, and yet maintain a systematic framework of skills building. It addresses:

- the goal, objectives, expected outcomes, methodologies and planning processes that guide the subsequent administration of the course
- exploration of components, and development of a documentation and communication plan
- interrogation of 'Best Practices' as both a concept and a reality
- development of methodology plans: tools for data collection and analysis of Best Practices
- writing skills
- dissemination strategies for documented work

A series of handouts, tools, and presentations have been included in the Annex to support each session, and may be adapted to suit for the course

2.2 Who is this Guidebook for?

Anyone working in the fields of HIV and AIDS-related prevention, care, treatment, support and impact mitigation can use this Guidebook to design and conduct a course on HIV and AIDS Documentation and Communication, with a special Focus on Best Practices. The Guidebook primarily targets:

- programme managers
- programme implementers, that includes community-based organisations (CBOs)
- programme co-ordinators

Its content will also prove useful to information officers, and media and communication specialists. The Guidebook is also useful for a variety of others intent on responding to the epidemic in their community by scaling-up knowledge and information sharing towards improved programme practice.

2.3 How can this Guidebook be used?

The Guidebook can be used by facilitators intent on building the capacity of HIV and AIDS programmers and managers in HIV and AIDS Documentation and Communication skills, with a special focus on Best Practices, through:

- Conducting a full course (5 days) or conducting a short-course (2-3 days)
- Hosting specific skills-building sessions on: HIV & AIDS Documentation and Communication Plan development; Best Practice Documentation Processes; Writing Skills; and Methodology Plan (identification of methods and respective data collection tools, data sources and types, analysis mechanisms, feedback systems), and Document Dissemination Plan Development
- providing supportive reference materials for documentation and communication activities with groups and teams on specific missions
- The Guidebook allows for creativity and innovation of the user.

3. Course Protocol

Before hosting the course, it is critical to have a full appreciation of the direction and intent of the course, including the methodology and expected outcomes. This will enable measurement of the effectiveness of the course and the identification of areas for follow-up and mentoring. The following brief will provide this basis:

3.1 Introduction

Documentation and communication are essential skills for all HIV and AIDS programme implementers, including programmers and managers.

Goal: The goal of the course is to create a pool of individuals (HIV and AIDS programmers and managers) with skills to document and communicate Best Practices in HIV prevention, care, treatment and/or support.

Design: This 5-day training course uses participatory methodologies based on successful adult education techniques to build on each participant's past knowledge and experiences in documentation and communication. A special focus is placed on the art of documenting Best Practices. The training *uses a competency-based evaluation of performance*.

- During the morning of the first day, participants are assessed using a pre-course questionnaire, to determine their individual and group knowledge of documentation and communication and to enable the trainer to gauge the level of detail required in the remainder of the course
- Practical sessions will be used throughout the course to build the set of required skills for documentation and communication
- A post-course evaluation will be conducted to assess the skills and knowledge gained by each participant

Expected Outcomes:

The course will generate a pool of HIV and AIDS implementers:

- Equipped with the necessary skills to document and communicate Best Practices in HIV and AIDS prevention, care, support and treatment
- With an understanding and appreciation of the SADC criteria for HIV and AIDS Best Practices
- Capacitated to transfer gained skills in HIV and AIDS Best Practice documentation and communication, to peers/partners at national level

3.2 Course Directives

Description: This is a course that aims to build the skills of HIV programme implementers and managers in documentation and communication of HIV and AIDS prevention, care, treatment and support programmes.

A special emphasis will be placed on documenting Best Practices, through increased knowledge of the SADC Best Practice criteria and skills; definitions of Best Practice; methodology and processes for Best Practice documentation and communication; and hands-on experience of these processes.

General Learning Objectives:

The course aims to equip participants to:

- Outline processes for developing HIV and AIDS Documentation and Communication Plans
- Demonstrate an understanding of criteria for evaluating Best Practices in HIV prevention, care, treatment and support.
- Demonstrate how to develop a Best Practice Methodology, including use of a Score Card to evaluate Best Practices in HIV and AIDS related prevention, care, treatment and support
- Describe the value of Peer Review, and strategies for using peer and stakeholder reviews in validating and endorsing the documentation process
- Demonstrate skills in developing Best Practice documents, and explore a variety of methods to disseminate and communicate Best Practices, to diverse audiences
- Enhance networking amongst participating organisations to cross-share experience and subsequently enhance collaborations in HIV and AIDS documentation efforts

Participant Selection Criteria:

Participants for this course should be experienced programme implementers and/or managers working in the field of HIV prevention, care, treatment or support. It is ideal if they have some experience in communications. All participants should have a basic level of writing in English.

Participants Composition:

The ideal number of persons involved in the course should be 25-35. Representatives from different communities, regions or countries will add to the wealth of experience sharing. A complement of 2-3 facilitators is ideal.

Selected participants should have base-line knowledge of documentation and communication, as well as HIV and AIDS related issues and dynamics in their region.

Overall Course preparation by Facilitator/s (see Chapter 5 for additional tips):

- Have a thorough understanding of your participant profile and countries represented, as well as numbers, so that quantities of handouts and other materials for exercises and reference are adequate and that information used is relevant to participants.
- Select information for use, such as during the Best Practice gallery (see below) from respective countries, so as to enhance relevance for the expected participants
- Ensure that translators and translated versions of handouts and other documents are made available, as necessary
- Check venue is prepared for the number of participants expected and technical equipment required for course is available, and working satisfactorily, such as cameras, dictaphones, power point projectors, video or DVD machines, and so forth.
- Prepare certificates of course completion, as necessary
- Check that all process monitoring and evaluating (M&E) tools are ready: registration sheets; end of course evaluation forms; pre- and post-evaluation sheets; daily mood metre, or any other M&E tools needed for the course
- Set-up a small "HIV and AIDS Overview Desk". Collect relevant documents that depict the status of the HIV and AIDS epidemic in the region and especially for the participating countries where the course is to be held. These should contain basic facts about the epidemic including: epidemiological information; driving factors of the epidemic; progress made by country and barriers to HIV and AIDS responses, as well as some key regional instruments and guidelines. This desk should be available throughout the course, for regular reference by participants.

Preparing for Practical Sessions :

Complementing the course learning are a series of practical activities.

In reviewing the Best Practice gallery: a series of Best Practice documents on various HIV and AIDS programmes and from various countries and settings will be shared among participants to trigger discussion around:

- What makes a programme a Best Practice
- Common features documented (criteria and standards) around Best Practices
- Writing styles
- Presentation styles of Best Practice documents

Field Visit: HIV and AIDS project field sites shall be visited simultaneously by teams of participants. The purpose of this activity is to:

- Offer participants an opportunity to employ skills learnt in Best Practice documentation processes : planning; data collection tool use; data collation; data analysis using Score Card; and team-play
- Generate discussion on : what works; how to adapt tools; and how to strengthen overall processes for Best Practice documentation

Writing exercise: activities to urge participants to adopt writing styles for documenting Best Practices

Peer critique: groups will share their writing samples and pictures of the documented field visits, and critique for learning purposes, shared in plenary discussion

Course Duration:

The full-course shall be 5 full days, with 40 hours completed.

3.3 Course Methodology

Methods of Training:

The following methods may be employed during the course:

- PowerPoint presentations, and use of flipchart and writing boards
- Brainstorming
- Buzz groups with activity cards
- Group work, with discussion guides
- Field visits, for dummy Best Practice documentation exercises
- Peer critique
- Open plenary, triggering broad discussions and debates

Facilitators are free to incorporate additional participatory methodologies, as suited to the respective topics of discussion.

Methods of Evaluation:

- Participants
 - Pre-course questionnaire
 - Post-course questionnaire Course Evaluation
 - Post-course questionnaire
- Facilitators
 - Evaluation of participants as they make presentations throughout the training, this will enable feedback to participants. See Annex VII for a Guide on this.
 - Course evaluation

4. Course Programme

The sample Course Programme Timetable below can be adapted to suit the target trainees, depending on the style of course or skills-building activity to be conducted. For a basic appreciation of HIV and AIDS Best Practice Documentation and Communication Skills a 3-day course (24 hour) would suffice, though a 5-day (40 hour) course is recommended, followed by periodical refresher short-courses and sessions.

Day 1: Introduction to Best Practices

TIME	ACTIVITY	FACILITATOR
08.30 - 09.00	Registration	
09.00 - 09.30	Introductions Welcome Remarks Objectives and Expectations	
09.30 - 10:30	Facilitation Skills and Approaches Overview of Documentation and Communication (D & C) <ul style="list-style-type: none"> • Exploring types of documentation • Overview of a D & C Plan 	
10:30 - 10:45	TEA	
11:00 - 11:30	Introduction to Best Practices	
11:30 - 13.00	Presentation on Best Practice Criteria	
13.00 - 14.00	LUNCH	
14:00 - 14:45	Discussion on Best Practices (participatory debate)	
14.45 - 15.30	Introducing Peer Review - stakeholder review, criteria and strategies for peer review team member selection, TORs,	
15.30 - 15.45	TEA	
15.45 - 16.30	Practical I: Reviewing Best Practice Gallery – examples of previously documented Best Practice documents	
16.30 - 16.45	Wrap up of Day 1	

Day 2: Beginning the Process

TIME	ACTIVITY	FACILITATOR
08.30 – 09.00	Recap	
09.00 – 10:30	Planning the Process: Team formation, Planning, Outlining the Writing Process, Peer Review Team	
10:30-10:45	TEA	
11:00– 13:00	Collecting and analysing information: Methodology, Tool Development and Score card	
13.00 – 14.00	LUNCH	
14.00 – 15.30	Practical II; Collecting and analysing information: Linking to the stories - writing exercise	
15.30 – 15.45	TEA	
15.45 – 16.30	Team Forming for field visit: debrief on 4 field sites, sharing of field visit objectives, team-planning	
16.30 – 16.45	Wrap up of Day 2	

Day 3: In the Field

TIME	ACTIVITY	FACILITATOR
08.30 – 09.00	Recap	
09.00 – 13.30	Practical III: Sites visited by teams for data collection	
13.00 – 14.00	LUNCH	
14.00 – 16:30	Practical III (continued) Field Visit	

Day 4: Review and Collation of Data

TIME	ACTIVITY	FACILITATOR
08.30 – 09.00	Recap	
09.00 – 10:30	Transforming Data Collection into Documents	
10:30-10:45	TEA	
	Practical IV: Writing in Groups	
13.00 – 14.00	LUNCH	
14.00 – 15.30	Practical IV (continued): Writing in Groups	
15.30 – 15.45	TEA	
15.45 – 16.30	Practical V: Peer Critique: Swapping stories and providing meaningful constructive feedback	
16.30 – 16.45	Wrap up of day 4	

Day 5: Sharing Documentation and Developing Dissemination Strategies

TIME	ACTIVITY	FACILITATOR
08.30 - 09.00	Recap	
09.00 - 10.30	Writing - Incorporating Feedback from Peer Critique	
10:30 - 10:45	TEA	
	Preparation of Best Practice document from field visits Plenary presentation	
13.00 - 14.00	LUNCH	
14:00 - 14:45	Discussing Dissemination <ul style="list-style-type: none"> • dissemination strategy/plan • methods of dissemination • seeking feedback, measuring change 	
14.45 - 15.30	Action Planning, Monitoring and Evaluation processes	
15.30 - 15.45	TEA	
15.45 - 16.30	Evaluation of training	
16.30 - 16.45	Closing and certificate presentation	

The above schedule can be re-worked into a 3-day course to enable trainees to competently apply skills gained and cascade them to their peers and partners.

5. Be Prepared

Below are some tips to keep in mind as you prepare for the Course.

Tip 1: Enhance your Knowledge Base

In addition to this Guidebook, read around Best Practice documentation and communication and familiarise yourself with Best Practice documents within your region, country and community. Explore the needs of your participants, within their environment.

Tip 2: Know the Participants

Identify exactly who will be trained, and how many. Manageable numbers are between 20-30 participants; this will allow for adequate learning and sharing. Know the predominant language among participants, and prepare any translations as necessary. Identify the level of experience and skills-base of participants, on the topics at hand. Ensure a balance of participants, by gender, by position, by geographical representation, as necessary.

Tip 3: Build a Facilitators' Team

It is always beneficial to co-train with another person. Ideally 2-3 facilitators will offer a balance to the course, removing the risk of monotony for participants and allowing for re-energising of facilitators in between sessions. The facilitators' team should be identified as early as possible, and be involved in all steps of the course preparation to ensure uniformity of direction in conducting the course. Together, prepare a checklist to guide the preparations.

Tip 4: Finalise Programme and Methodology

Finalise the programme and methods to be used for training, evaluation and participant follow-up after the course. Ensure a balance of learning and sharing.

Tip 5: Collate Materials

Aligned with each topic to be covered in the programme, identify materials needed for:

- conducting an activity, e.g. equipment, field site identification
- participants' use e.g. paper & markers, charts, handouts, question guides
- the overall course e.g. certificates, registration forms/packages, camera, training assets

Prepare enough copies, where relevant and always have "Plan B" in case an original activity does not materialise. If for instance a power point presentation had been planned and the power point fails, have the presentation available on hard copy and use the flip chart instead.

Tip 6: Secure Contacts

If you are having an invited guest speaker or making a field visit, ensure that invitations and letters of introduction are sent and followed-up well in advance, and that the person/field site is secured. Ensure that the logistics related to participants are in order (transport, accommodation)

Tip 7: Check the Venue

Make sure the venue is secured and set out appropriately.

Tip 8: "Energise"

Maintaining a united, enthusiastic and vibrant spirit among and between participants and the facilitators is key for optimal learning and sharing. Inter-space course activities with energisers and "snappy" fun activities.

Facilitating Better.....make it an enjoyable experience

Before training

- KNOW the topic, review all materials and think about your own knowledge and experience around the topic
- Have a PLAN for each session that you will conduct
- PREPARE your session well in advance
- Learn about your PARTICIPANTS
- Know your VENUE
- Have your HANDOUTS ready
- Choose the EQUIPMENT you wish to use before hand, and check that it is working
- Familiarise yourself with the PARTICIPATORY METHODS you will employ during the training, and prepare any materials you will need for this

During training

- Be **ENTHUSIASTIC**
- **FACE** your participants, make eye contact
- **SPEAK** audibly; do not shout, and pronounce clearly
- **WRITE** legibly, not using bright colours or shorthand
- Keep within your allocated **TIME**, avoid rushing and respect the next facilitator
- Allow time for **QUESTIONS** and **INPUT** from participants, facilitate the sharing process
- **LEARN** from the participants
- **DRESS** appropriately; avoid tight and exposing clothing and heavy make-up or jewellery that will distract participants and interfere with your freedom of movement
- Do not make vulgar or insensitive **JOKES**
- Avoid referring to participants' **PERSONAL LIVES** (unless agreed in advance)
- Control **DOMINANT** participants and encourage **SHY/PASSIVE** ones
- Use **ENERGISERS**, especially if the weather is too hot, the topic difficult or the session too long

6. Day One - Introduction to Best Practices

Materials:

- Registration package: registration form, course brief, pre-course questionnaire
- Name tags
- Blank sheets of paper and Markers
- PowerPoint projector/or Flipchart/ Writing Board and PowerPoint presentations
- Handouts (Annex III)
 - Handout 1: HIV and AIDS Documentation and Communication
 - Handout 2: Introduction to Best Practices

Session 1.1: Sharing Objectives and Expectations

Purpose:	Setting the pace for the course
Objectives:	To align course objectives and participants' expectations To clarify what expectations can be met during the course
Duration:	30-45 minutes

Step 1: Following registration, official welcome and opening of the course, ensure that each participant has a complete registration package. Then conduct an "introductions" activity – you may use an ice-breaker.

Step 2: Share the course objectives and ask participants to share their expectations. Write these on a flipchart and review together. Seek consensus on what expectations can – and cannot - be met during the course.

Step 3: Collect all completed registration forms. These will be important follow-up tools, enabling you to increase networking between and among participants and facilitators.

Session 1.2: Overview of Documentation and Communication

Purpose:	Creating an understanding of development of an HIV and AIDS Documentation and Communication (D&C) plan
Objectives:	To explore types of documentation To gain skills in developing an HIV and AIDS D&C Plan
Duration:	1 hour

Step 1: Introduce the session and its purpose. Link it with the rest of the sessions for the day. Open a brainstorming session, with questions: "What different types of documentation are we familiar with? Do we know of?". Note responses on a board or flipchart. Ask participants to write each type of document on a colour card. Put them up on the wall. Arrange cards in line with the categories of data i.e. Organisational Documents, IEC, Advocacy Material, Best Practice and Case Studies, Print and Electronic Media, Conference, Communication, Community Media.

Step 2: Share presentation on Types of Documentation, and link to what has been brainstormed in previous step. Allow for questions. Use Handout 1 to prepare your presentation.

Step 3: Make a presentation on Documentation and Communication Plan development. Share: definition of the plan, value for the plan and steps in developing the plan. Use Handout 1 to prepare for this presentation. Engage participants throughout the presentation, e.g. encourage them to suggest subsequent steps in the plan as you are sharing it.

“Snapshot” Sample Planning Exercise

Using the following guiding questions, take participants through the planning cycle, and guide them to appropriate response:

- identify why/give a reason for documentation e.g. behaviour change communication
- identify when/what period should it take place in e.g. aimed at World AIDS Day
- select who/the target group is e.g. youth as future leaders
- note how much/ budget e.g. poster versus t-shirts
- determine how/package e.g. poster, caps
- define what/information is needed to design poster e.g. messages, pictures, colours
- define where/information sources for poster e.g. surveys, focus groups discussions, operationalresearch
- identify who will be responsible, by when
- determine how will disseminate e.g. community centres, schools, sports grounds, entertainment centres, campaigns
- calculate quantities, as per distribution strategy, needs and area of reach
- design feedback mechanisms, to inform future documentation targeting youth

Step 4: Address any questions. Use this session to encourage as much participation from as many participants as possible, to set the pace for their regular involvement throughout the course.

Wrap up the session and give participants Handout 1 for their reference.

Session 1.3: Introduction to Best Practices

Purpose:	Develop an understanding of HIV and AIDS Best Practices and their value to epidemic related programming
Objectives:	To share the definition and value of Best Practice documentation To appreciate the Cycle of Best Practice Documentation
Duration:	45 mins

Step 1: Ask participants to share their understanding and experiences on “Best Practices”. Share a presentation on the definition, elements, purpose and overall value of Best Practices. Incorporate participatory approaches during the presentation.

Step 2: Share an overview on the Cycle of Best Practice Documentation, including identification; reflection; data collection; document write-up; peer review; finalisation, and the dissemination and monitoring and evaluation components. Use Handout 2 for the presentations in this session. Stress that in Day 2, more discussions will be held around this Cycle.

Step 3. Encourage open discussion around participants' views on:

- the value of Best Practice sharing, within their area of programming
- the various steps in the cycle of Best Practice documentation.

Wrap up the session and distribute Handout 2 to participants.

Session 1.4: Appreciating Best Practice “Criteria”

Purpose:	Increase appreciation of Best Practice Documentation Criteria, with allowance for additional sub-criteria
Objectives:	To share the conventional Best Practice Criteria
Duration:	1 – 1½ hours

Step 1: Ask participants to get into Buzz Groups (of three) and discuss, within 10 minutes: 5 aspects of an HIV and AIDS programme/project that may make it qualify as a “Best Practice”

Open a plenary discussion for sharing what possible criteria and standards would need to be considered when identifying and documenting an HIV and AIDS Best Practice programme/project

Step 2: Share the Criteria on Best Practices. Align these, where possible with participants' feedback from Step 1. Open discussion on:

- expended definitions and meaning for each criteria
- what benefits are embedded in meeting each criteria.

Step 3: Wrap up session and break for lunch, informing participants that in the next session a lively and rich debate on Best Practice documentation will be anticipated. Distribute Handout 3.

Session 1.5: Best Practices – Debate and Experience-Sharing

Purpose:	Generate experience-sharing and learning around Best Practice Documentation, through dialogue
Objectives:	To stimulate participants' experience-sharing To appreciate the Cycle of Best Practice Documentation
Duration:	45 minutes

Step 1: Ask participants, one or all of the following questions to trigger sharing

- have we documented any Best Practices?
- If yes, please share the experience

Allow for plenary discussion around issues that emerge from the sharing of these experiences. If no one, or very few participants have had experience with Best Practice documentation in the past, you may ask:

- can we have five volunteers to share a specific HIV and AIDS programme or project that they are well-versed with, such as focusing on nutrition, OVC, working with schools, etc.
- (once the five, or more, are identified), ask in your programme what elements would make you to explore further to determine whether if the project/programme is a Best Practice, and why?

Allow this to evolve into a plenary discussion

Step 2: On a flipchart, note key issues raised during the discussions, for reference during the remainder of the course. This is part of integrating participants' experiences into course content.

Step 3: Briefly clarify "Best Practice' versus 'good practice'. Allow some discussion around this.

Wrap up the session with a recap of the highlights of the discussion and affirm those raised that are in congruence with the course content

Session 1.6: Peer Review - Vital step in documentation

Purpose:	Increase appreciation of Peer Review processes towards the validation of Best Practice documentation
Objectives:	To introduce the concept and importance of Peer Review
Duration:	30 minutes

Step 1: Elaborate on the Peer Review process, as part of the Best Practice Documentation Cycle: establishment of Peer Review Teams, composition, and purpose

Step 2: Wrap up the session, allow for questions and distribute Handout 4, which is a sample Peer Review Team terms of reference

Session 1.7: Practical I – Reviewing a Best Practice Gallery

Purpose:	Create greater awareness of what Best Practice Documents entail
Objectives:	To reinforce criteria, standards and commonalities of Best Practice documents To stimulate objective analysis of Best Practice documents
Duration:	1 – 1½ hours

Step 1: Ask participants to get into groups (if 30 participants, arrange in 5 groups of 6 participants). Share with each group a guide for review of Best Practice Documents.

The guide will contain the following:

Best Practice Gallery – Review Guide

Instruction: Go over the documents you have been given

Purpose: Analyse content, flow and style of writing, layout, packaging

Guiding Questions:

- what makes the documented programs/projects “Best Practices”?
- what are common features amongst the documented Best Practice programmes/projects?
- have criteria and standards been used? And how clearly are they documented?
- what are writing styles like?
- what are presentation styles like?
- Share any other comments

Step 2: Distribute at least 3 Best Practice documents (within 5-6 years of publication) to each group, for review as described in Step 1. These can be distributed the night before to allow participants time to read through. Give the groups 20 minutes to discuss.

Step 3: Ask a representative of each group to share the group’s feedback on the Review, and encourage plenary discussion on issues raised. Note key issues emerging on a flipchart.

Step 4: Use key highlights from feedback of the review of the Best Practice gallery to do a wrap up and overview of the day’s sessions.

7. Day Two – Beginning the Process

Materials:

- Blank sheets of paper and Markers
- Power Point projector/or Flipchart/ Writing Board and Power Point presentations
- Handouts (Annex II)
 - Handout 5: Best Practice Documentation - Methodology Framework
 - Handout 6: Sample Data Collection Tools
 - Handout 7: Sample Score Card
- Writing Exercise Cards
- For Practical II: Identify field sites with in-country/ community partners
- Overview of project/programme in each identified field

Session 2.1: Recap of Day 1 (20-30 mins)

Step 1: Ask participants to each share one thing that they learnt or found interesting during Day One. Note these down. Participants cannot repeat what previous participants shared. Encourage each participant to share one statement.

Step 2: Combining participant's feedback and ten key points you have already prepared the night before, summarise the highlights and key messages of Day One.

Step 3: Referring to the course programme, introduce the programme for Day Two.

Session 2.2: Planning the Process

Purpose:	Influence mental mapping and processes for planning the Best Practice documentation process.
Objectives:	To understand the importance of each stage in the planning process To appreciate considerations for each stage in the planning process
Duration:	1 – 1½ hours

Step 1. Refer to the Best Practice Planning Cycle shared in Day 1, and present on the planning process for Best Practice Documentation:

- documentation team formation
- checklist development
- design literature and background investigation plan
- development of framework of final document write-up details
- identification of partners and any liaison necessary
- definitions of the writing and dissemination process
- establishment of peer review mechanism

Step 2: Divide participants into groups of 5-6 and allocate 2 of the above 7 stages of planning to each group to discuss:

- what will be considered during that stage
- the importance of the stage, in the whole planning process

Responses expected:

E.g. Team Formation:

what to consider - skills and experience balance

why important - the right team will effectively document

E.g. Peer Review team establishment:

what to consider - govt, research, implementer, PLHIV, balanced representation

why important - team members will be familiar with the documentation process from the onset and this speeds up review process, buy-in gained early; peer review is validated and gives weight to document

Allow 20-30 minutes for this activity.

Step 3: Ask groups to briefly share their feedback on each of the stages they deliberated on. Discuss the qualities of a Best Practice Documentalist, such as: appreciates the value of the documentation process; good understanding of the project/programme being documented; enthusiasm; ability to pick up details (the “not so obvious”); creative and innovative in using audiovisual illustrations to reflect facts; some writing skills; analytical skills; ability to draw strengths and positives for long-term programme/project sustenance; and can envisage wide dissemination and replication of documented information.

Wrap up the session with group consensus on what should be considered during each stage and why the stage is important during the planning process.

Session 2.3: Methodology Plan

Purpose: Enhance capacity to design methodology for Best Practice Documentation

Objectives: To understand the methodology planning process
To identify key methods and tools for documenting Best Practices

Duration: 1 - 1½ hours

Step 1. Do a revision of basic research methodology with participants:

- sample population
- sampling methods
- types of data
- methods of data collection
- respective tools for different data collection methods e.g. Interview using Interview Guide (closed or open)
- data sources
- data analysis methods
- data presentation

Link the above to HIV and AIDS programming activities. Distribute Handout 5.

Step 2: Share the 3 data collection tools in Handout 6 with participants. Take participants through each and link them to:

- basic methodology (data gathering and analysis)
- criteria of Best Practice documentation

Open discussion and question and answer on the tools.

Ask participants to share additional tools that can be used, or have been used by them, for Best Practice documentation. Emphasise that the shared tools are samples that can be modified to suit the context of the documentation.

Step 3: Share the sample Score Card (Handout 7), as a tool for thematic analysis of data collected during documentation process for Best Practice, with participants. Allow 10 minutes for them to review it in Buzz Groups (of 3).

Step 4: Take participants through the Score Card, and encourage sharing of queries and comments from the Buzz Group discussions.

Step 5: Inform participants that during the field visit practical, they are encouraged to use the four tools (3 =data collection, 1 = data analysis) as a pre-test, and give detailed feedback on:

- the user friendliness of the tools
- the adaptability of the tools to different projects/programmes
- the “sensitivity” of the tools

Wrap up the session.

Session 2.4: Practical II: Linking the Stories – Writing Exercise

Purpose:	To strengthen participants’ skills of using ‘stories’ in documentation
Objectives:	To learn how to identify and develop qualitative stories as part of documentation process To build interviewing skills and technique to capture relevant voices
Duration:	1 - 1½ hours

Every community and individual has a memory of itself.

Not a history, nor an archive, nor an authoritative record...

A living memory, an awareness of a collective identity woven from a thousand stories.

This session aims to introduce to participants the importance of using “stories’ and case studies in documentation. In contrast to the scorecard and other strategies to document, the use of stories focuses on describing the qualitative experience of individuals involved in the project or programme (the experiences of implementers, beneficiaries or other key stakeholders).

Stories:

- Present information in a rich qualitative context
- Remain longer in the memory
- Connect people, develop creativity and increase confidence
- Communicate common values and rule sets

The use of stories and storytelling are powerful transformational tools in organisations and a key part of documentation. According to the theory, the story co-ordinates three types of knowledge:

- facts or information from the current situation
- knowledge about similar situations
- generic expectations about what makes a complete story, such as believing that people do what they do for a reason

Given a set of known facts in an unfolding situation, knowledge about similar situations, and expectations about what is needed to make a complete story, the reader can know when important information is missing, and where inferences must be made

Therefore, given the importance of stories, individuals documenting Best Practices need to be able to collect, document and position stories, which strengthen the overall documentation. To achieve this, documentalists need to be able to use a combination of participant observation, and interviewing techniques.

Step 1. Use open discussion to consider the importance and value of stories and local voices in documents

- Why is it important to add a qualitative angle to the documentation?
- What information can be captured in a 'story'

Step 2: Present a variety of techniques and approaches for writing stories and capturing local voices (Power-point presentation).

Step 3: Ask Participants to break into groups of two. Hand out scenarios. Each group is to practice interviewing and writing the story presented in the scenario

Step 4: Review stories captured and discuss elements that would strengthen the report.

Wrap up the session.

Session 2.5: Team Forming for Field Visit

Purpose & Objective: Establish teams and engagement for the planning processes for the field visit that will be a "Dummy" Best Practice Documentation

Duration: 1 - 1½ hours

Step 1: Debrief the plenary on the purpose of the field visit practical exercise:

- to engage in a dummy Best Practice documentation process of planning, data collection, analysis and write-up
- to utilise the tools shared in Session 2.3 and assess the:
 - user friendliness of the tools
 - adaptability of the tools to different projects/programmes
 - "sensitivity" of the tools

Step 2: Divide the participants into 3-4 teams of 5-6 participants. Larger teams are more difficult to manage, and smaller teams may be compromised in terms of skills and experience balance.

Depending on the calibre of participants, you may wish to ensure each team has a writer, a researcher, an organiser, and a programmer, and that participants in each team are from different areas, to enhance cross-sharing.

Step 3: Share the background of each field visit site with participants, and hand out the field visit site overviews (one pager) to the relevant teams. Encourage teams to draw from the information and knowledge shared and gained during Day 1 and earlier in Day 2.

Step 4: Allow 45 minutes for the teams to meet and plan the documentation activities they will conduct at their respective field site on Day Three. Be available for teams to approach you for guidance during this process.

Step 5: Back in plenary, check that teams are comfortable with their roles and have managed to plan adequately for Day Three. Answer any questions.

Wrap up with a recap of the key highlights of Day 2.

8. Day Three – In the Field

Materials:

- For Practical III:
 - Prepared transport and logistics for field trip
 - Paper and pens for scribing
 - Participants folder: carry the tools and planning documents
 - May take a camera or dictaphone

Session 3.1: Recap of Day 2 (20-30mins)

Step 1: Ask participants to each share one thing that they learnt or found interesting during Day Two. Note these down. Participants cannot repeat what previous participants shared. Encourage each participant to share one statement.

Step 2: Combining participants' feedback and 10 key points you will already have prepared the night before, summarise the highlights and key messages of Day Two.

Session 3.2: Practical III - Field visit (5-6 hours)

Step 1: Referring to the course programme, introduce the programme for Day Three.

Check with each team that they have:

- a clear plan of action for the visit
- all the tools, paper and documents needed to facilitate their data collection
- camera or other observation data-capture tool ready
- a through appreciation of the process to take place in the field

Step 2: Participants embark on the practical with your encouragement and support

Agree to meet for formal plenary on Day Four.

9. Day Four – Review and Collation of Data

Materials:

- Paper and markers
- Handouts
 - Handout 6: Writing Skills
 - Handout 7: Sample Framework of Best Practice Document/Report
- For Practical IV and V:
 - “Writing in Teams” Guide
 - Peer Critique Guidelines

Session 4.1: Recap of Day 3 (20-30mins)

Step 1: Ask participants to each share one thing that they learnt or found interesting during Day Three. Note these down. Participants cannot repeat what previous participants shared. Encourage each participant to share one statement.

Step 2: Combining participants’ feedback and 10 key points you have already prepared the night before, summarise the highlights and key messages of Day Three.

Step 3: Referring to the course programme, introduce the programme for Day Four.

Session 4.2: Transforming Collected Data into Documents Practical IV - Writing in Groups

Purpose: Enhance capacity of participants to transform collected data into Best Practice style documents and reports

Objectives: To practice writing skills, within the context of Best Practices

Documentation Duration: 3- 4 hours

Step 1: Before embarking on the documentation of the Best Practice Document, share with participants some good writing tips. Ask each participant to share one good writing tip and list them on a flip chart. Discuss the importance of the writing tips. Share the writing tips listed in presentation.

Give out Handout 6 and Handout 7.

Step 2: Discuss methods of data analysis for qualitative and quantitative data. Share different forms of data presentation. Using colour cards, ask each participant to write one form of data presentation that can be derived from the data collected: e.g. trends, graphs, pie charts, quotes, cases, and photos.

Distribute “Writing in Teams” Guide

Step 3: Emphasise the importance of peer review and incorporation of comments for finalisation of the Best Practice document. Feedback and recommendations from the peer review group will respond to the following questions:

- Is it a true description of the programme, project or activity?
- Does the document provide adequate description so that the practice can be replicated?
- Are their gaps in the evaluation?
- Is the report accurate and credible?
- Is the practice valuable to the sector and other implementing organisations?
- The peer review group is expected to provide recommendations on how to strengthen the document.

Wrap up the session and link with Session 4.2

Session 4.3: Practical V - Peer Critique

Purpose:	Enhance capacity of participants to constructively critique Best Practice documents towards improved writing and presentation
Objectives:	To nurture peer review techniques and capacity to offer meaningful feedback to Best Practice documents
Duration:	3- 4 hours

Step 1: Share the “Peer Critique” guide with participants - read through it together. Emphasise that the exercise is focused on learning and on, motivational and meaningful suggestions for improved writing, and not an opportunity for embarrassment or negative criticism.

Advise participants that this exercise will also serve to nurture their capacity to be Best Practice Document Peer Reviewers.

Step 2: Ask groups to swap their draft documents and begin reviewing, using the guide. Allow approximately one hour for this process.

Step 3: Groups return to plenary and a representative from each group shares their feedback. Each group is given 5 minutes to share the following key points:

- strengths in writing and use of creative methods of data sharing (pictures, maps, illustrations), and areas for improvement
- gaps that need to be filled to ensure a comprehensive Best Practice document, and accuracy and credibility of report
- does the document allow for adequate information to make replication easy?
- how valuable is the report to the sector and other like-minded implementing organisations?
- any other issues, towards improving the document reviewed and encouraging the other group

Step 4: Ask participants for their sentiments on the usefulness of the exercise. Allow some open discussion on the previous two sessions. Wrap up the day and briefly introduce participants to the programme for the final day of the course: Day Five.

10. Day Five - Sharing Documentation & Developing Dissemination Strategies

Materials:

- Paper and markers
- Exercise cards for dissemination exercise
- Handouts:
 - Handout 8: Dissemination of Best Practice Documents
 - Handout 9: Dissemination Strategy and Tools – Sample
 - Handout 10: Action Planning Guide
- Course monitoring/evaluation tools:
 - Post-course questionnaires
 - Participants' course evaluation forms
 - Facilitator's evaluation forms

Session 5.1: Recap of Day 4 (20-30mins)

Step 1: Ask participants to imagine that the issues and skills learnt and activities in Day Four are items in a "One-Stop-Shop" called "Peer Review". Each participant is asked to pick an item that appeals to them the most from Day Four, and share this with all – the item (issue) must be related to the peer review process.

Step 2: Summarise all "items" and highlight key elements for peer review and peer review teams, in Best Practice documentation.

Session 5.2: Writing – Incorporating Feedback from Peer Critique

Purpose:	To share with participants strategies for incorporating peer critiques into their work
Objectives:	To learn how to assess and use peer critiques to improve writing
Duration:	1- 1½ hours

Step 1: After the groups have swapped and critiqued their written documents based on field visits, the groups will review the feedback received from the peer review activity.

Feedback on:

- strengths in writing and use of creative methods of data sharing (pictures, maps, illustrations), and areas for improvement
- gaps that need to be filled to ensure a comprehensive Best Practice document
- accuracy and credibility of report
- does the document allow for adequate information to make replication easy?
- how valuable is the report to the sector and other like-minded implementing organisations?
- any other issues, towards improving the document reviewed and encouraging the other group

Step 2: Each group will attempt to adjust their documents based on the feedback.

Step 3: Summary presentation: Techniques for using peer critiques

Session 5.3: Presentation of Field Visit – dummy Best Practice documents

Purpose:	To offer participants an opportunity to share their Best Practice documentation processes and outcomes
Objectives:	To practice sharing of Best Practice documents and the processes engaged
Duration:	1- 1½ hours

Step 1: Invite members from each group to share their findings from the field visits, including:

- methodology and planning process undertaken
- tools used and if adapted, how
- findings
- analysis and score card use
- conclusions
- way forward
- framework of draft documentation of dummy Best Practice

* Remind participants that as they are being trained as trainers, there are key facilitation skills and approaches that they need to be developing and be conscious of refer to form on Annex VII. Request that other participants also use the form to critique one another and share feedback with peer participants, to promote their growth in facilitation skills and approaches.

Step 2: Open the plenary for feedback and comments (oral peer critique)

Step 3: Wrap up sessions with key highlights of the sharing process. Remain encouraging and find strong points in each group's presentation.

Session 5.4: Dissemination – The Next Stage

Purpose:	Create an appreciation among participants of the importance of well-planned and timely dissemination processes
Objectives:	To understand the basics of document (or product/material) dissemination To gain skills for development of a dissemination plan or strategy
Duration:	45 mins

Step 1: Open a general discussion about dissemination of Best Practice documents, and you may ask participants :

- “What do we do now that we have a document that is developed and ready”?
- “When do we begin planning dissemination?”
- “What does dissemination planning involve?” Is it important? Why?
- “Who do we disseminate to?” Why?

Step 2: Share the basic steps for developing a dissemination strategy and plan, and go over a sample with the participants.

Step 3: Group participants in groups of 4-5 for a quick “dissemination exercise”. Hand out one of the following cards to each of the groups. Give 15 minutes for this activity, and ask them to discuss and complete the gaps:

CARD 1:

Document type: Best Practice document on Youth who have used Agriculture to Provide Nutrition Security for their village

Target : List at least 3 possible target groups for this document

Dissemination: For each of the above target groups, share at least two ways in which
Channel the dissemination of the document can be done

CARD 2:

Document type: Press release on 16 Days of Activism Against Gender Based Violence

Target: List at least six groups which could be targeted by a press release on this issue

Dissemination: For each of the above identified groups, list at least three ways in
Channel which they can receive the press release in a timely and meaningful manner

CARD 3:

Document type: Position paper on the right to ART for children

Target: List five possible targets for this type of document

Dissemination: For each of the above identified groups, list at least two ways
Channel through which they would ensure they receive the position paper

CARD 4:

Document type: What document type/s could this be? (scripts for radio, theatre)

Target : Community leaders, school children, persons with low to no literacy levels, persons with visual impairment

Dissemination: Performing Arts. What other dissemination channel can you choose,
Channel depending on the document type you select for the target group?

CARD 5:

Document type: What type/s of document/s could this be? (proposals, reports)

Target: Donors, board members, partners

Dissemination: Email, personal delivery, in consultative meetings, fax
Channels:

Step 4: Discuss outcomes of the group work. Wrap up the session by going over the key elements of Dissemination Planning or Strategising

Step 5: Distribute Handouts 8 and 9. Wrap up the session, and address any queries. Introduce the next session on Action Planning.

Session 5.5: Action planning – Taking Action and Monitoring & Evaluation

Purpose:	Facilitating participants to take action towards transforming HIV and AIDS documentation practices in their programming
Objectives:	To support participants in planning how to transform knowledge and skills learnt during the course, into cascading action within their organisation and among their partners and peers To support participants in integrating a monitoring and evaluation system into planning processes of their documentation initiatives
Duration:	45 mins - 1 hour

Step 1: Remind participants of the Course Objectives and that one of the key outputs of this course is to cascade and share the knowledge and skills gained, with their peers and partners.

Step 2: Split participants by country, or by organisation, or other common feature of their professional arena. Avail an Action Planning sample table (below) and allow at least 15 minutes of brainstorming and noting at least three to five action points that can be taken forward by participants in their respective organisations. Some examples of action that can be taken are listed in the sample table below.

Encourage participants to keep these issues in mind when doing their action plans: feasibility of activity; activity 'fit' with organisational core business and areas of competency, budget issues and capacity issues (human and technical resource)

Action – Planning Table

Activity (related to Best Practice documentation)	Alignment With Organisational Core Business	Time Frame	Responsibility	Budget line
e.g. Develop an organisational HIV and AIDS documentation and communication plan	e.g. Supports the organisation's HIV and AIDS Knowledge management system	e.g. Next quarter in work plan	e.g. Select relevant team/department/unit	e.g. Admin budget
e.g. Host a staff development series of five sessions on Best Practice documentation	-	-	-	-

Step 3: Once they have completed their points, ask for volunteers to share some of their committed action points, and allow for a brief plenary discussion lasting 15 minutes.

Step 4: Now ask the same groups to link a Monitoring & Evaluation Plan (see sample below) with their proposed Action Plans.

Sample M&E Plan for Documenting Best Practices

Activity by Stage	Indicator	Expected result	Responsible data input	Tools/ mechanisms to measure change/result
<p>During planning</p> <p>- e.g. Monitoring progress of each planning stage</p>	<p>e.g. Number of calls for submissions circulated as per timelines</p> <p>e.g. Number and types of tools developed and tested, as per timelines</p>	<p>Each step in planning stage achieved as per planned timelines</p> <p>e.g., such as: Calls sent out representatively; Tools developed, tested and approved</p>	<p>e.g. Respective members of planning team</p>	<p>e.g. Planning checklist, monitored each planning meeting</p> <p>e.g. Feedback from calls for submissions</p>
<p>During documentation</p> <p>- e.g. Collecting information through interviews</p> <p>- e.g. Collection of information through literature review</p>	<p>e.g. Number of FGDs, by type and place, held as per methodology plan</p> <p>e.g. Number of documents by type, reviewed as per methodology plan</p>	<p>e.g. Relevant FGDs held with adequate numbers of participants, representative of area being covered</p>	<p>e.g. Research team members</p>	<p>e.g. Methodology plan</p>
<p>Post documentation</p> <p>- e.g. Dissemination of Best Practice document and reach</p> <p>- e.g. Usefulness of Best Practice document for programmers</p>	<p>e.g. Numbers in target audience, by type, by geographic position, who received the Best Practice document</p> <p>e.g. Number of new initiatives established following dissemination of the Best Practice document</p> <p>e.g. Number of programmes that adopted new methods (specific indicators for measuring this)</p>	<p>e.g. Audience reached</p> <p>e.g. Programme adopting improved implementation strategies</p>	<p>e.g. Target audience</p> <p>e.g. Organisations implementing relevant programmes</p>	<p>e.g. Feedback slips completed by recipients of Best Practice document</p> <p>e.g. National M&E databases</p> <p>e.g. Workplans of programmes over a period of time (comparative method)</p>

Monitoring the planning and the actual documentation activities will offer the documentation team ample opportunity to change their original plans, in the advent that they are faced with hindrances posed by the external environment (unavailability of intended participants for a particular FGD, timing of visits to the site and so forth), and thus help the team to determine alternative processes to achieve their intended objectives.

During post-documentation, the feedback collected from 1) recipients of the document, 2) review of workplans and programming documents, and in the long-run 3) national data, can offer input on measure of 'change' and measure of 'improved programming', the latter remaining core to the purpose of the documentation process.

Close the session by offering much encouragement for 'Taking Sustained Action', and a reminder that Monitoring and Evaluation processes remain **key** to the success and eventual measure of usefulness and intended positive change, of the Best Practice Documentation process.

Avail the facilitator's support via electronic communication as necessary

Session 5.6: End of course evaluation – participants and facilitators

Hand out the post-course questionnaires and the end of course evaluation forms for participants to complete.

It is important to collect the above two completed tools as they are significant for monitoring and evaluating the training process.

11. Course Closure

Closure of the course is a critical step. The process of promoting HIV and AIDS Best Practice Documentation and skills-building needs to remain a fluid and cascading one; this course should facilitate and inspire participants to share the skills gained with their partners and peers.

A key action point for participants is their commitment to developing an organisational HIV and AIDS Documentation and Communication Plan, if this does not exist, and integrating Best Practice Documentation within their programming strategies.

The closure of the course can include:

- **Official closing, to complement the official welcome at the start of the course**
- **Presentation of Certificates to participants who have attended the full course**
- **Recapping and reinforcing the critical added value of networking links between participants and facilitators**
- **Encouraging participants to transfer skills gained, to their partners and peers**
- **Steering participants towards implementation of Action Plans around HIV and AIDS Documentation and Communication, with a focus on Best Practices**
- **Offering participants your support via email or other communication platforms, as they implement their action plans**

Facilitators should ensure that they have collected the following completed monitoring and evaluation tools, for record keeping and to inform future courses and networking with participating organisations:

- registration forms
- participants' pre- and post-course questionnaires
- participants' course evaluation forms
- facilitators' course evaluation forms
- flipchart and other sheets, recording the discussions during the course
- copies of the drafted dummy Best Practice documents, as outcomes of the filed visit practicals during the course

ANNEXURES
Annex I. Registration Form

NAME	SEX	NAME OF ORGANISATION AND ADDRESS/COUNTRY	DESIGNATION	TEL/CELL	FAX	EMAIL

ANNEXURES
Annex I. Registration Form

NAME	SEX	NAME OF ORGANISATION AND ADDRESS/COUNTRY	DESIGNATION	TEL/CELL	FAX	EMAIL

Annex II. Pre-Course Questionnaire

Participants should complete this form before the course begins. This same template can be used to assess post-course knowledge gained at the end of the course. This form can also be used as the Post-Course Questionnaire

1. What is documentation?

2. List the 7 steps in a documentation process.

a) _____	b) _____
c) _____	d) _____
e) _____	f) _____
g) _____	

3. List at least 3 benefits of a well written documentation and communication plan?

4. What is a "Best Practice"?

5. What are 3 benefits of documenting Best Practices in HIV and AIDS work?

a) _____
b) _____
c) _____

6. Who identifies a Best Practice?

a) _____
b) _____
c) _____
d) _____

7. What are some criteria for identifying a programme or project as a Best Practice?

a) _____	b) _____
c) _____	d) _____
e) _____	f) _____
g) _____	

8. Who should be part of a Best Practice documentation team? Why/ what skills do they need?

9. Identify possible methods for data collection?

- a) _____
- b) _____
- c) _____
- d) _____

10. In qualitative data collection, what should you include in your data collection to bring out the voice of the people?

- a) _____
- b) _____

11. List types of documents you are familiar with. And for each document, list possible target audiences (people who will access or use or find the document type useful on a regular basis)

12. What is the role of a peer review team?

13. Besides producing a Best Practice document, how else can this information be packaged?

14. How can Best Practice information be disseminated? Share at least 5 ways

Annex III. Course Handouts

Handout 1. Developing an HIV and AIDS Documentation and Communication (D&C) Plan

The 1st step in documentation is development of a Documentation and Communication (D&C) Plan, as part of your organisational Knowledge Management System.

Steps in Establishing a D&C Plan

Set Goals and Objectives for the Documentation:

- Identify need – why are we developing this, what information/programming gap is being closed?
- Identify target – who are we developing this for?
- Identify the type of products – what are we developing, is it print, audiovisual, drama?
- Identify responsible persons – who will do what in the process?
- Identify when – set timelines
- Identify how – what resources will be needed (human, financial, equipment) and how they will be secured
- Use the Usefulness/Appropriateness Table (see below) to decide on documentation product

Data collection and analysis:

- Use existing (secondary) data (reports, M&E data, archives, literature review, research reports, photo galleries) , or Collect fresh (primary) data (quick surveys, studies, interviews, pictorials)
- Decide what type of data is needed (pictures, statistics), and when is best time and way of collecting it
- Who and by when, and what are methods for data collection and analysis

Writing it up/Putting it all together

- Writing style
- Type of document

Pre-test/Peer Review

- With stakeholders and beneficiaries
- Incorporate feedback

Production

- Packaging
- Quantities

Dissemination and Feedback

- Develop a dissemination plan: determine target, ways of dissemination, locations and quantities for dissemination, tracking dissemination, methods for feedback from recipients
- Develop a Feedback retrieval and storing plan

Monitoring and Evaluation, offer feedback and inform future documentation and systems strengthening

Types of Documentation

The various forms of documentation should be stored and managed within an institutional or organisational Knowledge/Information Management System.

The following are some forms of documentation, within some basic categories:

Mass media - Print media:

- press releases
- articles (newspapers, journals, newsletters, magazines)
- radio scripts

Mass media - Electronic media:

- website postings
- electronic forums
- television and radio shows and airings
- mobile/cellular phone text messages
- audio tapes, video tapes, DVDs, CDs
- documentaries and films

Organisational – administration and programming:

- minutes of meetings
- progress and evaluation reports of activities/project/programmes
- proposals
- action and implementation plans
- organisational profile
- contracts/terms of reference or memorandums of understanding
- good/Best Practices and case studies
- abstracts
- conference papers
- poster presentations
- oral presentations

Community & Target specific - Information, Education and Communication (IEC):

- brochures
- posters and stickers
- books and booklets
- manuals and trainings packages
- fact sheets
- banners
- drama scripts

Advocacy:

- position papers
- sign on letters
- petitions

Criteria Table: Usefulness & Appropriateness of Documentation Products

**sample table*

Products	Criteria				Final decision
	Suits our goals, objectives and audiences	Suits our budget	Suits our skills	Suits our timeframe	
Video	Yes	No (need to fundraise)	No (need a documentalist)	Yes	-
Brochure	Yes	Yes	Yes	Yes	✓
News column	No	Yes	No	Yes	-
Radio programme		Yes (free airtime donated)	Yes	Yes	✓
Other (add other possible products)					

Handout 2. HIV and AIDS Best Practices

For HIV and AIDS organisations, the development of Best Practice documents is important for sharing knowledge, experiences and lessons learnt, both internally and externally.

“Don’t reinvent the wheel, but learn in order to improve it, and adapt it to your terrain to make it work better.” While this metaphor is clearly too simple, it certainly captures the essentials of what Best Practice is all about. - Aidsnet, 2005

“Best Practice” documents are unique documents that describe and evaluate, against specific criteria, elements of a programme, project or activity which have contributed towards successful interventions.

A Best Practice

- presents and describes in detail, an example of a programme, project or activity which has been shown to contribute towards making interventions successful
- can be viewed as a continuous process of learning, feedback, reflection and analysis of what works (and does not work), and the reasons why.
- means accumulating and applying knowledge about what is working and not working in different situations and contexts.
- should be evidence-based, show transferability, and provide a practical, efficient and effective solution to the situation. Success factors are important in terms of describing the context in which the programme is successful

The purpose of documenting a Best Practice includes:

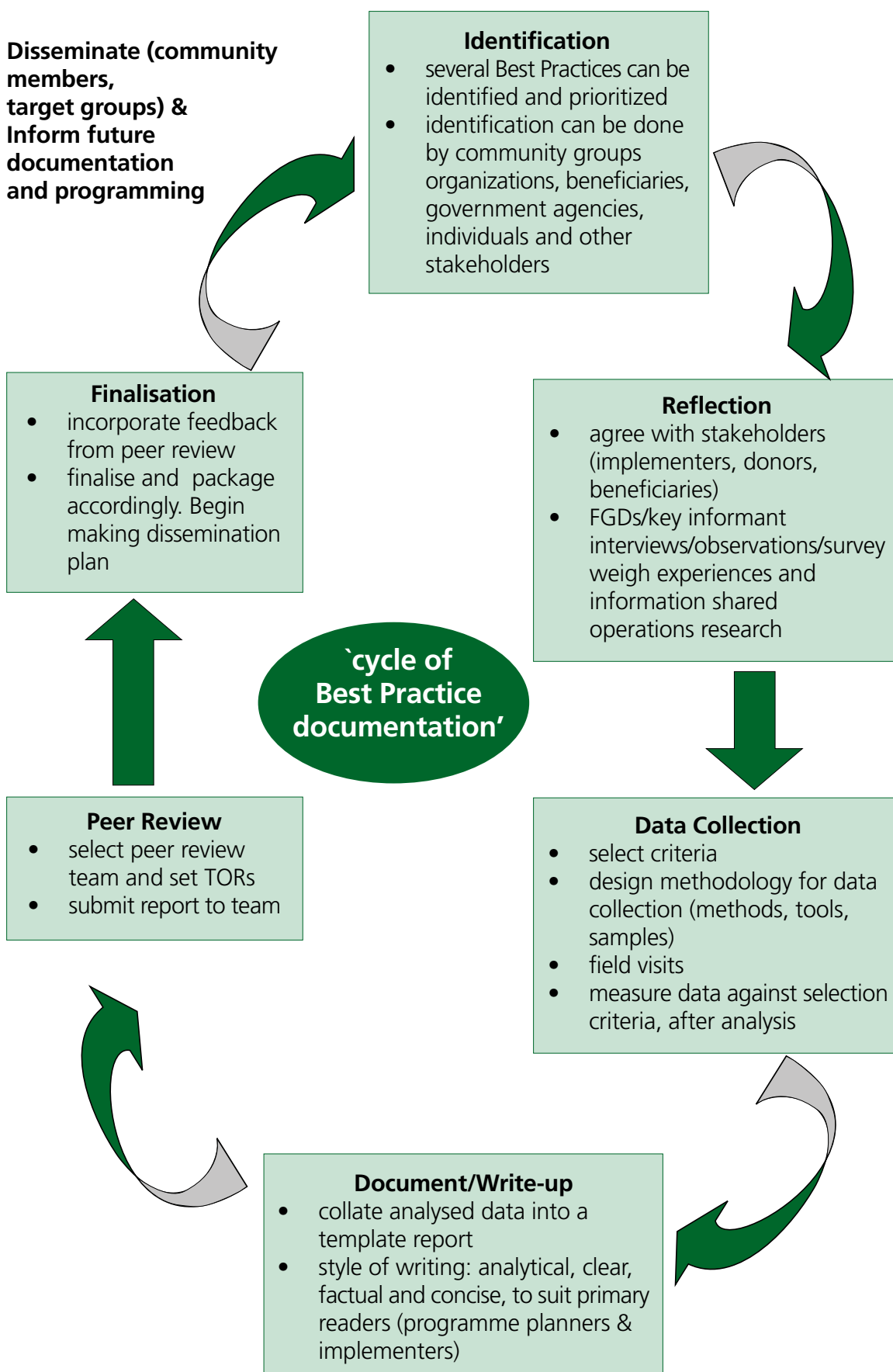
- to avoid duplication of effort (within the same target area) by sharing information and lessons learned
- to promote knowledge exchange and learning to improve and adapt effective strategies of intervention, within specific environments

To ensure that a particular practice can be called a “Best Practice”, the organisation needs to follow a comprehensive and systematic process of identification, reflection, data collection, write-up, peer review, evaluation and finalisation. Feedback is a critical step, once the Best Practice has been identified and documented, as it is the key to wider dissemination and stimulation of replication among peer-stakeholders. Whatever definition or process is used to identify and document a Best Practice, the elements of accumulating knowledge and building on the basis of the practice of others, remain core to Best Practices.

Adopting a Best Practice approach is demanding, and requires thorough planning and implementation, as well as quite rigorous evaluation. The biggest challenge is perhaps to bring forward the level of honesty and trust. Sharing programme successes and failures with partners is not an easy thing in an environment where agencies and NGOs are often competing over the same resources. Every NGO or initiative that has shown the commitment and dedication to embark upon a systematic implementation of Best Practice approaches should therefore be commended for its willingness and courage to do so. Beyond doubt, it will benefit partners in low income countries and make one’s own work all the more rewarding at the same time.¹

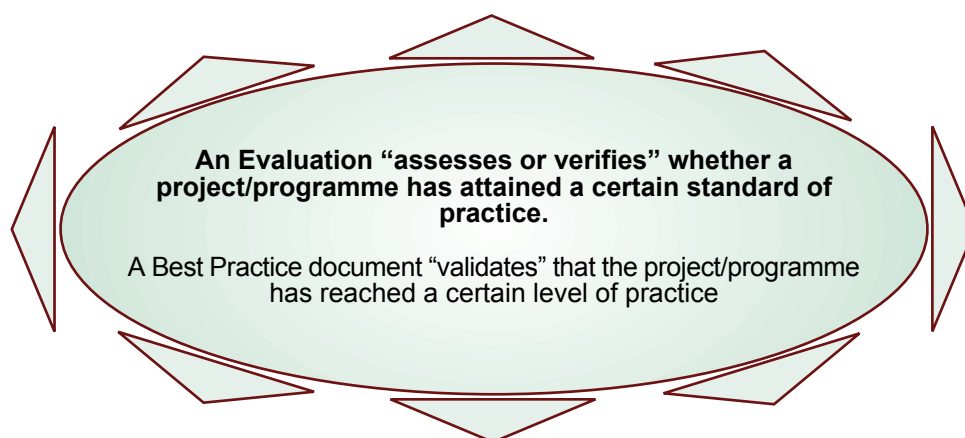
¹ Manual on Best Practices, AIDSNET, 2005

Basic Steps towards Systematic Best Practice Documentation



The Difference Between Best Practice (BP) Documentation and Evaluation

Documenting a “Best Practice” is not the same as an evaluation of a project/programme. An evaluation is conducted to determine the extent to which a project/programme has achieved its goal/objectives, or has failed or succeeded. It is often after an evaluation that a project/programme is identified as a Best Practice. A Best Practice project/programme is documented as such, as verification of its success.



Why do we document BPs?

HIV and AIDS Best Practices are documented mainly to **contribute towards, and inspire, improved HIV and AIDS programming**, as well as to:

- widen the base of knowledge and available literature, on good project and programme establishment and implementation
- avail examples of “What Works” in HIV and AIDS programming, with programmers and policy makers, to guide them in improved programming and meaningful decision making on programme policies and management (avoid re-inventing the wheel)
- prevent repeating errors in programming, as the Best Practice documents share lessons learnt, to guide programmes towards a lower margin of error in programming style, and to enhance greater effectiveness and outputs
- encourage “Best Practice project/programme” implementers to maintain optimal programming standards
- stimulate new and better ways of programming, by inspiring replication/establishment of similar projects/programmes, within relevant contexts

What are some challenges in BP documentation? How can they be addressed?

- **Availability of Print information:** This may not be readily available for timely documenting, even if it is apparent that the project/programme is “working”. In this case, one can rely on audiovisual data collection methods, and information sources that offer testimonies to the various criteria
- **Language:** Documentalists may not know language of some data sources, in the area where data collection is to take place and this can impede collection of the right information at the right time and from the right sources. Ensure that translators are

available, preferably from the area and that they are familiar with the project/programme being documented. A team member well-versed in the language necessary to get relevant data, is of value

- **Cultural sensitivity:** Collecting data from communities and beneficiaries without an appreciation of their cultural (and religious) norms, may be futile. Make efforts to understand the cultural dynamics of the area prior to entering the area for documenting, as a team. Recruiting a team member already familiar with the culture of the area is also useful.
- **Acceptance and Endorsement :** Getting consensus from authorities, or peers in the response being documented e.g. if OVC Project XYZ is documented as a Best Practice, other projects working with OVC may question why Project XYZ was selected and not theirs. To prevent this conflict and ensure consensus and appreciation of the documentation process as a benefit to all peer-projects/programmes, it is critical to:
 - Create partnerships in area/country of intended documentation, before entry, and clarify value and purpose of documentation
 - Share criteria used for identification of project/programme to be documented
 - Gain consensus from national AIDS bodies and relevant authorities
 - Establish a Peer Review Team which will review the document

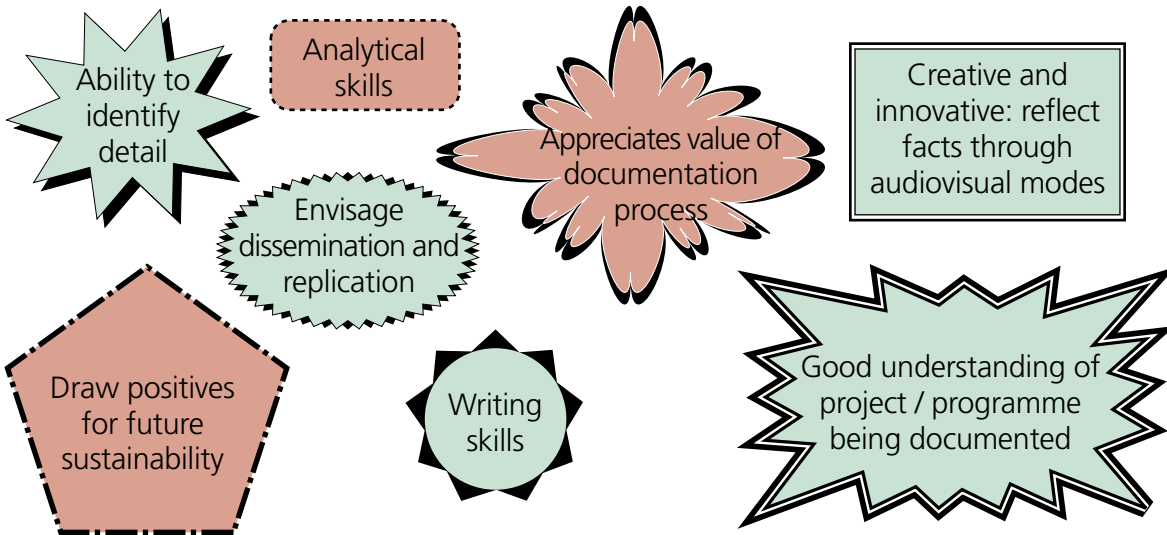
Best Practices versus Good Practice

Over the past few years there has been a debate as to whether this form of documentation should be called “Best Practice ” or “Good Practice” documentation. The debate has emerged from concern that it may be difficult to really define what is “BEST”, when projects/programmes are implemented in different countries and contexts, with different objectives, different population groups, different opportunities and involving widely varying challenges in the cultural, political, socio-economic and resource environments. Therefore many organisations have chosen to adopt the term “good” instead of “best”, thereby taking into consideration that one practice, while highly successful within one context, may not be so replicable or successful in a varied context.

However, using the terms interchangeably, remains acceptable.

Qualities of a Best Practice Documentalist

Some qualities necessary for the successful documentation of Best Practices include....



Handout 3. Criteria for Evaluating Best Practices

Effectiveness

This is an activity's overall success in producing its desired outcomes and reaching its overall goal

Ethical Soundness

An ethical practice is one that follows, or does not break, principles of social and professional conduct. Important principles in HIV and AIDS work include compassion, solidarity, confidentiality, consent, responsibility and tolerance. Practices should support equity and distributive justice.

Relevance

Relevance is about how closely the practice is focused on the HIV and AIDS response in the context of the society/environment in which it is implemented. It includes factors such as cultural traditions, religious beliefs, the political system or economic organisations – in so far as they affect vulnerability, risk behaviour, or the successful implementation of a response.

Acceptability

This measures the extent to which the intervention is accepted by communities, implementers, the cultural and social spaces of the area where intervention has been launched, and is closely related to relevance and ethical soundness.

Efficiency

Efficiency of a programme measures the capacity of the programme to produce desired results with minimum expenditure of energy, time and resources. It also includes innovative utilisation of available resources to realise in a timely manner the goals and objectives of the programme at hand.

Cost Effectiveness

Cost Effectiveness is related to efficiency. It measures whether the services are provided in a non-wasteful and cost saving manner

Sustainability

Sustainability is the programme's or project's ability to continue, and to do so effectively, over the medium to long-term, especially without total reliance on external resources.

A Best Practice is not reserved only for "truths" or "gold standards", but it can be anything that works, in full or in part, and can be useful in providing lessons learnt. Therefore a Best Practice does not necessarily need to meet all the criteria listed above.

Best Practices should ideally have a "rights-based approach". One of the central features of a rights-based approach is that it comes with responsibilities. This also means that that states and duty bearers are responsible for ensuring that the rights of all people are equally respected, protected and fulfilled.

Handout 4: Peer Review Terms of Reference – Sample

** The draft guideline below can be adapted to suit the type of Best Practice being documented, by country/region*

1. Background

Share background to a Best Practice documentation programme and its purpose, as an introduction to the project/programme being documented as a Best Practice. Emphasise that the Peer Review mechanism is a critical stage in the process of Best Practice documentation.

2. Documentation Process Overview

Share an overview of the key steps taken during the documentation process, with reference to in-country and community partnerships and collaborations. Highlight where the Peer Review stage fits into the whole documentation process.

3. Peer Review Teams – Structure and Composition

A Peer Review Team can be established in the country where the documentation has taken place. The Team can comprise representatives of in-country:

- National AIDS Commissions (or similar body)
- Ministries of Health, or other relevant Government bodies
- People Living with HIV (PLHIV)
- Civil Society (NGOs) working in the area of HIV and AIDS, and with specific focus on the area related to the country’s Best Practice
- HIV and AIDS researchers or community-based intervention experts

Each Peer Review Team should preferably be comprised of no more than five peer reviewers

4. Peer Reviewer - Terms of Reference

In this section define:

- the role of each Peer Review Team member.
- what documents will be shared with the Team, by when and in what format
- review guidelines to be used by the Team, so as to avoid re-writing of the document by the Peer Review Team, and ensuring valuable feedback is received. This will feed into the Team’s review strategy
- what format feedback should be shared back with the documenters

5. Peer Review - Time Frame

Highlight how long the peer review process should take, and define timelines for initial feedback and for final feedback. Link this with your dates for finalising the documentation process as per your plan.

.....
Documenting organisation	In-country partner	Peer Reviewer
	Country.....	Country.....
Date.....	Date.....	Date.....

Handout 5: Best Practice Documentation - Methodology Framework

Methodology Brief

To document Best Practices in a standardised manner, a uniform, rigorous scientific approach needs to be taken. Attention should be paid to the method of data collection, data collection instruments, the target group, the sample size and the method of analysis. Below is a summary of the methodology-plan which may be adapted for use by Best Practice documenters.

Sample Methodology Plan

Method	Tool	Target/Data Source	Number	Sampling Method	Method of analysis
Literature review	Checklist of key documents for review	<ul style="list-style-type: none"> • WWW search engines • Project documents e.g. reports • National data sources 	As appropriate	As appropriate	Scoring
Focus Group Discussions (FGDs)	Interview guide	<ul style="list-style-type: none"> • Project's /programme's beneficiaries - men, youth, women and children • Stakeholders meeting 	1 per group per location	Random selection, as per specific country	Scoring by themes
Interview – Project/programme Implementers	Interview guide	Project/programme implementers and leadership	All available	Purposive selection	Scoring by themes
Interviews – Key Informants	Interview guide	<ul style="list-style-type: none"> • National bodies, Policymakers- Govt. ministries, Civil society • Province/District-political, community, traditional leadership 	At least 10 at each level	Purposive selection	Themes and scoring
Observation *	Cameras, ² Recorders Existing photos	<ul style="list-style-type: none"> • Project/ programme's activities (sitting in sessions) • Beneficiaries 	One per target group	As appropriate	
Face-to-face interviews	Interview Questionnaire	Beneficiaries (community members)	At least 10 – per focus area	Random selection	Themes

* Written consent must be sought for each photograph taken under this activity. A Consent Form should be developed for this purpose.

Handout 6: Writing Skills

Introduction

With all the information collected for your specific documentation and communication product, you are now ready to start writing. This Handout highlights the key elements of good writing in order to assist you in producing polished and professional work.

Some Initial Tips

- Keep the objective of your communication and your target audience in mind at all times - Stay focused.
- The key to getting your message across is in keeping your writing simple and avoiding unnecessary jargon. Make sure that the information you are incorporating into your work is correct.
- Be careful not to send out work that is full of typing errors and spelling mistakes. Refer to a dictionary whenever you are uncertain about the meaning or spelling of a word, and, most importantly, get someone competent, preferably an experienced editor, to proof read your work and make any stylistic changes needed.

Remember that while it takes some effort to produce good work, it is better to take the time to review, correct and then produce something which does not put the reader off and makes them question the credibility of the information.

Starting Principles

No matter which documents you want to develop, there are some key issues to consider when it comes to writing:

1. **Know Your Audience:** The language you select depends on your target audience. The nature of your target audience will influence your style, the format of your work and the use of language. However, for Best Practice documentation, your style will be formal, your use of language will be factual and straightforward, and you will likely follow a set format.

It is important, at all times, to keep your target audience in mind in order to guide your writing accordingly.

2. **Use a Standardised Format:** Your organisation may have its own particular style and format for the production of its communications. A sample Best Practice Documentation Framework is given in Handout 8. If your organisation is to produce several Best Practice documents, it is best if the format for all of them is standardised. Agreed styles, fonts and formats help you to streamline your work and make it look clean and sharp.

Standardised formats normally prescribe what to do in terms of:

- Which kind of English to you use i.e. British English or American English
- The format for dates i.e. 12th September 2007 or September 12th, 2007
- The format for referencing i.e. whether as footnotes at the bottom of a page or as a list at the end of a work
- Font size and style
- Use of certain terms and phrases such as HIV and AIDS rather than HIV/AIDS, PLHIV rather than PLWHA
- Use of capital letters (upper case) i.e. Internet rather than internet.

3. **Keep Language Simple and to the Point:** Make sentences short and meaningful. Try to stick to one main idea in a sentence. Do not get lost in description, keep to the point. Wherever possible, avoid jargon. It may be that jargon cannot always be avoided, however, you will lose your reader's attention if you use excessive jargon. Finally, do not try and impress the reader by using complex or little known words. You do not want the reader to feel inferior or to think that you are showing off!
4. **Expand on Acronyms and Abbreviations:** Acronyms are pronounceable names/words made up from a series of initial letters. For example, UNESCO (United Nations Educational, Scientific and Cultural Organisation) is an acronym, as is AIDS (Acquired Immunodeficiency Syndrome). HIV (Human Immunodeficiency Virus) or CEO (Chief Executive Officer), on the other hand, are abbreviations, or a shortened form of a phrase or series of words. The abbreviation, itself, does not make a pronounceable word. When you use an acronym or abbreviation for the first time in a document or communication, it is important to give its full definition. When writing a formal report, it is normal to create an acronyms and abbreviations list at the beginning of the report so that people can refer to it for the full meaning. As with jargon, do not use acronyms and abbreviations unnecessarily.
5. **Stay Focused on Your Topic:** It is important to keep the objective of your writing and your target audience in mind at all times. This will help you to keep focused and reduce the risk of you going off the subject or including superfluous information in your material.
6. **Use a Writing Plan:** Plan your writing before you start. Most writing is structured around a beginning (which includes an introduction), a middle (the body of your subject), and an end (the conclusion). Some documents may have a more complex structure which includes elements such as an Executive Summary or Appendices for the provision of more detailed information on a particular aspect of a topic. However, draw up a plan no matter what you are going to write, and then refer back to it for guidance.
7. **Get Your Work Checked:** It is vital that you have your work checked both for accuracy and in terms of the style, format and use of English. In the first instance, someone within your organisation, or an expert on the topic you have written about, should check that the information you have written up is correct. Secondly, a person competent in the language you have written in – must check your work for typing and spelling errors and to see that what you have written makes sense. Most writers, no matter how professional, are unable to see their own mistakes. If possible, get your work checked by someone who has experience in editing. They, too, can help to iron out any formatting difficulties. Work that is inaccurate, mis-spelt, full of typing errors and poorly laid out looks sloppy and creates a bad impression.

Handout 7: Sample Framework of Best Practice Document/Report

Cover page:

Title of project/programme being documented, logos of organisations involved, date of documentation

Summary:

1 page summary of the document

Acknowledgements:

This page will acknowledge all those involved in the realisation of the documentation process, including partner organisations, donors, groups of information providers, documentation team, authors of the document, other contributors, reviewers, editors and designers

Acronyms:

List all acronyms with their full expansion

Table of Contents:

List contents and aligned page numbers

List of Figures:

List figures in the document and their page numbers; this include graphs, pictures, diagrams and tables

Background and Context:

Describe the background to the documentation, and the context in which the documentation was initiated

Purpose and Methodology

Elaborate on the process that took place to document the Best Practice and the overall purpose and direction taken in developing the document

Introduce the Project/ Programme being documented:

Use a 'catchy' title that will bring to the fore the uniqueness of the Best Practice and will entice the reader. Describe an overview of the project/ programme and highlight the key strengths and major development contributions that the documented project/ programme has made in the response to HIV and AIDS in the community/country or the region (depending on coverage of the project/programme).

Outline the Best Practice Elements:

Give a catchy title and in this section highlight: project/programme start-up; description; how the project/programme elements align with the seven standard criteria of Best Practice project/programmes, emphasising the uniqueness of the project/programme and reinforcing why it is a Best Practice; key successes of the lessons learnt from the project/programme's and some challenges being faced.

Conclusions:

Highlight the main points of the document and end document with a powerfully encouraging and inspiring statement

References:

References of documents reviewed for the documentation process

Annexes: Include data and analysis tools, consent forms, and any other relevant reference material that an interested reader may want to see.

Handout 8: Dissemination – Part of the documentation process

Basics of Material Dissemination:

The purpose of meaningful dissemination of a document is to ensure that the right document is reaching the right person, in the right way and at the right time.

Dissemination is part of the Documentation and Communication Plan. A Dissemination Plan or strategy should be mapped out even before a material is fully developed and ready for dissemination.

The **dissemination plan** is dependent on the type of product; timing' packaging; target and location of target audience; the budget and the impact intended.

Rushing the dissemination process can lead to unnecessary mistakes and can be costly, with the wrong information reaching those who may need it the least. Good dissemination relies on good planning and accurate information.

Often during the documentation process, the procedures and strategies surrounding dissemination of the material/document being developed, is not fully thought through, or is left too late. This reduces the effectiveness of the document, as its usefulness can only be determined once it is disseminated to the right audiences, who will be able and willing to utilise its content in a timely manner.

Methods of Dissemination:

While dissemination may seem simple, it requires time to plan and organise, and if done correctly and systematically, will enhance the effectiveness of the document and the utilisation of its content.

Methods of dissemination include:

<i>Modern Media</i>	television, radio, newspapers, internet (www), emails, mobile sms, and mass media
<i>Traditional media</i>	the arts (poetry, song, dance, theatre/drama), postage, personal delivery, and word of mouth (sharing one-on-one or using a loudspeaker/megaphone)
<i>Events</i>	campaigns, workshops, meeting, conferences, and other spaces where large numbers of people (usually peers) are together for a common purpose
<i>Information Points</i>	resources centres, stands

Steps in developing a Dissemination Plan/Strategy:

There are some basic steps that need to be taken to systematically develop a dissemination strategy and ensure that the documents developed are reaching the right audience, at the right time and thus serving the purpose they have been developed for.

These steps are as follows:

- determine budget for the dissemination
- identify the target audience for the product/material/document
- identify the ways or methods of disseminating to the target group, considering the type of product/material/document
- determine the quantities to be disseminated, by mode of dissemination
- determine points of distribution, points of receipt, and onward distribution as necessary
- establish a tracking mechanism to gather feedback on the dissemination

Handout 9: Dissemination Strategy – Sample Guide

Logos: Place logos of your organisation and the donor supporting the dissemination on the cover page

1. Purpose:

Outline the reason for the development of the strategy

2. Title:

Give the title of the document (for which the strategy has been developed)

3. Profile of the document:

Describe the type of document, what its purpose is and any other defining details, including whether if it has been translated or presented in different formats

4. Dissemination Objectives:

Define the objectives for disseminating the document

5. Funding for Dissemination:

Explain where the budget for the implementation of the strategy has come from (donor) and you may add the amount

6. Frequency:

Share the frequency of the document being developed - this is particularly useful where the document is part of a series, or a periodical that may be developed or updated every year, or bi-annually.

7. Coverage:

Share the geographical coverage that the dissemination process intends to reach with the document - by community, country, or region, as relevant. Also share primary and secondary coverage (informed by primary and secondary recipients/audiences for the document). This is important information for monitoring and evaluation purposes related to the document.

8. Target: define the target audience for the document.

- Primary recipients will be those that receive the document directly through the key dissemination methods, and
- Secondary recipients or target audience are those who receive it via a proxy, such as a primary recipient CBO, and further distribute the document to their community PLHIV group members.

Both groups of targets are important to note for measuring the reach of the document and for future evaluation of its usefulness.

9. Quantities and Descriptions:

Outline the numbers of documents, and their description e.g. languages, whether on CD, or in print format, that the dissemination strategy will be managing

10. Dissemination Responsibility:

The roles and responsibilities of who will be doing what and at what stage during the dissemination process are critical. The strategy should define these, to avoid overlap and overlooking of certain steps in the dissemination processes.

Define :

- who dispatches the documents;
- who collects data on the dissemination (using tools);
- who keeps the records of dissemination (database, files);
- who supervises the process;
- and which partners are involved and in what capacity.

11. Dissemination Monitoring and Evaluation Tools:

Design simple tools to collect key information around the dissemination, such as:

- name of recipient (organisation) of document (by community, country, region);
- type of recipient organisation;
- number disseminated (by language or mode);
- purpose for which the document was used, following receipt;
- number further distributed by recipient (primary target) organisation;
- feedback slips to gather information from users (after 4-6 months of dissemination) on the usefulness of the document.

The tools can be completed by: recipients; partners who are doing onward dissemination of the document; distribution hubs and resource centres; country or community focal persons for your organisation; or by the individual at your organisation who is responsible for distributing the documents. Whatever methods are to be employed, they should be clearly defined in the Dissemination Strategy, as a foundation for the document M&E system.

The times/periods within which the tools should be completed, following dissemination of the document also need to be clearly articulated in the strategy.

12. Example - Document Allocation Plan

Recipient Points	Quantities (per edition)		Date of dissemination	Person/s responsible	Date feedback, tools to be collected
	Language A	Language B			
Country /Community A <ul style="list-style-type: none"> • Country/Community programme partners/groups • Technical Partners • Government departments • Other groups • Distribution hubs • Resources centres • Media houses • Workplaces Country /Community B <ul style="list-style-type: none"> • A/A Country /Community C <ul style="list-style-type: none"> • A/A 					

Sample - Document Recipient Form

Below is a sample Document Recipient Form. This form can be completed and submitted to the disseminating organisation by recipients and partners who will further disseminate the document. It will also give you information on secondary dissemination and recipients of the document. It can be adapted to suit the needs of your organisation.

Document Recipient Form

A. Receipt of document

Name of Country/Community Partner Organisation:		
Contact details:		
City/Community/Village:	Country:	
Date document received from disseminating organisation	Edition received :	No. of copies received:

B. Onward Distribution of book by Partner Organisation

Number of copies distributed by type of recipient organisation					
Type of Org.	No. Of copies	Type of Org.	No. Of copies	Type of Org.	No. Of copies
University/College		AIDS Service Organisation		Private Sector	
Library		Community Based Organisation		Govt. Body	
School		Faith Based Organisation		Individual	
Health Institution		Non Governmental Organisation		Other	
Multilateral e.g. (UN)		Donor Organisation			
Total number of document copies distributed:					
Total number of groups/organisations to whom the document was distributed:					
List the names and districts of groups/organisations that the document has been distributed to:					
Briefly outline any challenges you have experienced during distribution of the document:					
C. Comments on Use of the Document					
Share any feedback or comments on how the document is being used by yourselves and your partners:					
Share any feedback or comments on how the document is being used by groups/organisations to whom you distributed it to:					
Full name (of the person who completes this on behalf of your partner organisation):			Signature:		Date:

Annex IV : Best Practice - Sample Data Collection and Analysis Tools

Sample Tool 1: Interview Guide: Key Informants

EFFECTIVENESS

1. What is the purpose or aim of the project/programme?
2. How does the project's/programme's goal or aim relate or fit into the national HIV and AIDS strategic plan?
3. What are the strategies for achieving the goal? (Probe for implementation plans, services rendered and defined target groups – geographic and demographic catchments)
4. How are the project's/programme's services accessed by beneficiaries? (Probe for clarity on community outreach plan or disbursement / distribution plan,)
5. What systems are in place to ensure effective implementation? (Probe financial, programming, procurement, human resource allocation, equipment, staff development, skills transfer and project sustainability)
6. How does the project's/programme's approach integrate with other programmes i.e. inclusion of other services, multitasking? (To see whether or not programme is vertical and assess multiplier effect- does one stone kill many birds?)
7. How were the project's/programme's priorities determined? (Probe for information on needs assessments, community and other stakeholder involvement, project addressing urgent needs of community)
8. How is the community involved in the project/programme? (Participation in planning, monitoring, implementation and evaluation- probe for information on mechanisms put in place to solicit for feedback from community groups – probe for other ways that community contributes to the project, assess project acceptability – social, political, cultural and religious)
9. How does the project/programme take into cognisance gender dynamics at community level (probe for composition of structures, participation and beneficiaries)
10. How is the project/programme monitored? (Ask for monitoring tools if any and frequency e.g. coverage, reporting forms, tally sheets, monitoring committees, quality assurance or quality bench marks)
11. How is the project/programme evaluated? (Measurement of impact – probe for knowledge of main indicators and baseline information, frequency of conducting evaluations)
12. Who are the implementers of the project/programme? (Probe for information on sectoral expertise amongst staff, volunteers, out sourcing as necessary, adequacy of staff, roles and responsibility)

ETHICAL SOUNDNESS

13. How does the project/programme ensure inclusion of vulnerable groups? (probe for value statement on how interests of young people, women, CSWs, LGBTI, people living with disabilities and PLHIV are taken care of)
14. What policies are in place to ensure that the project/programme upholds and respects human rights? (probe for policy or consideration of confidentiality, informed consent and safety issues)
15. What policies are in place to ensure continuity of services? (probe for systematic weaning or phase out strategies, skills transfer)
16. What policies are in place to ensure equitable distribution of services? (Those with greatest need access the service)
17. How is the project/programme audited and who does the auditing? (probe for transparency i.e. project allowing for both internal and external programme and financial audits, frequency of audits)

REPLICABILITY

18. What are some of the success stories that can be shared?
19. What are some of the project's/programme's challenges?
20. What are some of the lessons learnt? And how have these learning points been used to strengthen the project/programme?
21. What plans are in place to scale up the project's/programme's? (to reach more beneficiaries or to have more impact on currently reached beneficiaries)

SUSTAINABILITY

22. How is the project/programme vision aligned to current trends? (national and regional trends, epidemic, economic, developmental - political correctness- MDGs, Universal access etc)
23. What is the funding pattern of donors? (basket funding, % of funding from local sources and donors,)
24. How does the project/programme strategy ensure financial sustainability? (probe for information on fundraising strategies, user fee, community initiatives)
25. What do you see as the future of the project/programme?

INNOVATIVENESS

26. What do you think is the most unique aspect of this project/program?
27. Ask for any other additional information deemed relevant but not covered in the questions

THANK YOU FOR YOUR TIME, SUPPORT AND PATIENCE

Sample Tool 2: Focus Group Discussion Guide (FGD): Communities/Beneficiaries

Introduce the purpose of the FGD, and get verbal consent. Assure FGD members that the information they shall share shall be treated anonymously.

EFFECTIVENESS

1. What is the purpose or aim of the project ? (goal, objectives, Community Involvement)
2. How were you involved in the establishment of the project /programme? (conceptualisation, consultations, needs assessment, prioritization of needs, relevance of needs, usefulness, timeliness of project/programme, planning)
3. What do you think are the benefits of this project/programme for you as women / men / young people and your communities?
4. How do you view this project/programme? (is this YOURS, or was it imposed, or donor driven, or neutrally accepted because you don't have a choice)
5. How do the project's/programme's services/activities cater for the needs of different age-groups, sexes, and social classes within your community?
6. How does the project/programme take into cognisance gender dynamics in your community? (probe for composition of structures, participation and beneficiaries – girls, boys, women & men), benefits
7. How has access to the project's/programme's services/activities been influenced by the economic or political trends in your community?
8. How are project/programme implementers working with you to determine project/programme needs to meet your needs?
9. How are you participating in the project/programme implementation and in checking that the project/programme is progressing well (monitoring and evaluation processes)?
10. How do you share your feedback or feelings about the services/activities you are receiving, with project/programme implementers? How often?
12. How does your community contribute towards the services/activities that this project/programme offers? (cash, kind, other support, e.g. advice and networking)
13. Describe the process that takes place for community members to access the services/activities provided by the project/programme? (probe must be specific to the BP you are documenting, this will measure how implementers are 'doing things' e.g. are human rights being adhered to etc)
14. What factors hinder your community members from accessing the services, or engaging in the activities that this project/programme is offering?
15. What would you like to be done in this project/programme, to make it of greater benefit to your community?

COST EFFECTIVENESS

16. Are services provided in a timely manner?
17. Is there an increase in the number of people in this community whose lives have been changed as a result of benefiting from the programme?
18. Is there a positive life story that you can share with us?
19. Is the way the service is provided, cost effective? How can it be improved?
20. Do you find that the project has adequate personnel providing the service? (numbers and skills.)

RELEVANCE

21. What are the views of your traditional and religious leaders on this project/programme? (project was introduced to traditional systems, consensus sought, part of consultative process, commitment, support offered by traditional systems)
22. Are all the services provided necessary? Which ones are not?

ETHICAL SOUNDNESS

23. Are your rights and those of others respected in this programme. Why?
24. In your opinion is the distribution of services between men and women, rich and poor, married and unmarried, adults and children fair
25. Is their transparency in the operations of this organisation?
26. Do you feel that the organisation and its staff are accountable to beneficiaries
27. Are people treated with respect, and their opinions listened to by programme staff

INNOVATION

28. In your opinion, is this programme creative and innovative, different from other projects?
29. Can you share with us a story that demonstrates this innovation?

SUSTAINABILITY

30. In the absence of donor support, do you think this programme should continue? Why (are there skills in the community, is community contributing to the programme in cash or kind?)
31. Is the programme well known to the community?
32. What are some of the challenges faced by yourselves in this programme and how have these challenges been addressed by yourself and the NGO?

THANK YOU FOR YOUR TIME, SUPPORT AND PATIENCE

Sample Tool 3: Interview Guide: Project/programme Implementers

After adequate introduction and explanation of purpose of exercise, say how long the interview may last. There may be need to have some documents handy to clarify issues during or after the interview.

EFFECTIVENESS

1. What is the purpose or aim of the project/programme?
2. How does the project/programme's goal (or aim) relate to, or fit into, the National HIV and AIDS strategic plan?
3. What are the strategies to achieving the goal? (Probe for implementation plans, services rendered and defined target groups – geographic and demographic catchments)
4. How are project's/programme's services accessed by beneficiaries? (Probe for clarity on community outreach plan or disbursement / distribution plan)
5. What systems are in place to ensure effective implementation? (Probe financial, programming, procurement, human resource allocation, equipment, staff development, skills transfer and project sustainability)
6. How does the approach of the project/programme integrate with other programmes i.e. inclusion of other services, multitasking? (To see whether programme is vertical, assess multiplier effect- 'does one stone kill many birds?')
7. How were project's/programme's priorities determined? (Probe for information on needs assessments, community and other stakeholder involvement, project addressing urgent needs of community)
8. How is the community involved in the project/programme? (Participation in planning, monitoring, implementation and evaluation - probe for information on mechanisms put in place to solicit for feedback from community groups – probe for other ways that community contributes to the project, assess project acceptability – social, political, cultural and religious)
9. How does the project/programme take into cognisance gender dynamics at community level? (Probe for composition of structures, participation and beneficiaries)
10. How is the project/programme monitored? (Ask for monitoring tools if any and frequency e.g. coverage, reporting forms, tally sheets, monitoring committees, quality assurance mechanisms or quality bench marks)
11. How is the project/programme evaluated? (Measurement of impact – probe for knowledge of main indicators and baseline information, frequency of conducting evaluations)
12. How is monitoring and evaluation data used? (frequency of use for project review, timely dissemination to relevant stake holders)

13. Who are the implementers of the project/programme? (Probe for information on sectoral expertise amongst staff, volunteers, out-sourcing as necessary, adequacy of staff, roles and responsibility)

ETHICAL SOUNDNESS

14. How does the project/programme ensure inclusion of vulnerable groups? (Probe for value statement on how interests of young people, women, CSWs, LGBTI, people living with disabilities and PLHIV are taken care of)
15. How are human rights upheld or respected during establishment and implementation of the project/programme? (Probe for policy, consideration of confidentiality, informed consent and safety issues)
16. How is continuity of services, support or care ensured after end of current funding cycle? (Probe for systematic weaning or phase-out strategies, skills transfer mechanisms)
17. How is equitable distribution of services ensured? (Those with greatest need access the service)
18. How is the project/programme audited and who does the auditing? (Probe for transparency i.e. project allowing for both internal and external programme and financial audits, frequency of audits)

COST EFFECTIVENESS

19. How are project's/programme's resources distributed? (Admin versus programme costs)
20. How is the service - cost measured within this project/programme? (Probe for methods of tracking inputs, outputs in relation to outcomes so as to enable calculation of cost per client)
21. To what extent are available resources adequate to support delivery of project's/programme's services? (Probe for adequacy of human and financial resources, equipment and supplies)
22. What are the cost saving and cost reduction measures of the project/programme? (use of low cost, improvised substitute, engaging volunteers for some of the services, does it have an increased financial burden on beneficiaries)
23. To what extent does cost sharing take place in the project/programme? (user fees, payment of some of the services like training, transport)
24. What is included in the minimum care package of the service/s provided by the project/programme? (compare with the standard care package policy for the country, procedure guides)
25. How timely is the delivery of services?

REPLICABILITY

26. How are project's/programme's activities and processes documented? (get copies of reports, case studies collected, documentaries, manuals, books etc)
27. What are some of the success stories that can be shared to depict positive impact or influence of the project's/programme's services on beneficiaries?
28. What are some of the project/programme challenges?
29. What are some of the lessons learnt from this project's/programme's, and how have these been used to strengthen the project's/programme's?
30. What plans are in place to scale-up the project/programme? (to reach more beneficiaries or to have more impact on currently reached beneficiaries, quality & quantity)

SUSTAINABILITY

31. How is the project's/programme's vision aligned to current trends? (national and regional trends, epidemic, economic, developmental - political correctness- MDGs, Universal access etc)
32. How is the project's/programme's marketed to stakeholders? (assess for active education and awareness building amongst stakeholders, language and medium used, are you getting the expected responses)
33. How does the project/programme strategy ensure financial sustainability? (probe for information on fundraising strategies, user fees, community initiatives)
34. What do you see as the future of the project/programme?

INNOVATIVENESS

35. What do you think is the most unique aspect of this project?
36. Ask for any other additional information deemed relevant but not covered in the questions above.
37. Share with us a success story that demonstrates the success of your programme.

THANK YOU FOR YOUR TIME, SUPPORT AND PATIENCE

Tool 4 - Key Assessment/ Analysis Tool - Score Card

* This Score card is measured from a total of 100

Variable	Data Source	n/a	0	1	2	3	4
1. EFFECTIVENESS (25 points)							
1.1 Project/Programme's Design/Structure (10 marks)							
Goal/s is/are clearly articulated and well understood by beneficiaries and implementers.	Interviews/ FGDs/ Lit review						
Project/programme is in line with the National HIV and AIDS strategic plan	Lit. review / Interviews						
Strategies are in place and clearly articulate how the goal can be achieved/supported by clear implementation plan.	Lit. review/ Interviews						
Clear strategies are in place to evaluate impact of the project	Lit. review/ Interviews						
Project/programme has clear results as defined by implementers, beneficiaries and stakeholders and in line with original objectives	Lit. review/ Interviews						
Project's /programme's services/activities are clearly defined.	Lit. review						
Project/programme has clear systems in place (financial, community outreach, distribution/disbursement, equipment).	Lit. review/ Interviews						
Baseline/assessment ground-work was undertaken prior to project's /programme's commencement.	Lit. review						
Project/programme has clearly defined targets.	Lit. review						
Project's/programme's objectives are SMART.	Lit. review						
Project/programme embraces an integrated approach (vs. vertical).	Lit. review/ Interviews						
There is sectoral expertise to manage and implement the project/programme.	Interviews						
1.2 Community Involvement (10 marks)							
Project's/programme's priorities are based on actual needs of the community – evidence of needs assessment done.	Lit. review/ Interviews/ FGDs						
Community knows and understands the objectives of the project/programme.	Interviews/ FGDs						
Community participated in the initiation/conceptualisation of the project/programme, setting priorities.	Lit. review/ Interviews/ FGDs						
Community participates in the project's/programme's planning, monitoring and evaluation.	Lit. review/ Interviews/ FGDs						
Community participates in the project's/programme's implementation, as volunteers or paid staff.	Lit. review/ Interviews/ FGDs						
There is a sense of ownership of the project/programme, among communities. Community feels the project and its outcomes belong to them.	Lit. review/ Interviews/ FGDs/ Observation						
Community contributes in cash or in kind towards project's/programme's activities.	Lit. review/ Interviews/ FGDs						
There is gender sensitivity. (Both men and women are involved equally).	Interviews / FGDs Observation						
Community is satisfied with the project's/programme's services. (both men and women)	Interviews / FGDs/ Observation						

Variable	Data Source	n/a	0	1	2	3	4
1.3 Monitoring and Evaluation (M&E) (5 marks)							
Systematic methods of tracking inputs and outputs are in place.	Lit. review/ Interviews						
Key stakeholders, including the community, participated in the development of the project's/programme's indicators.	Lit. review/ Interviews/ FGDs						
Project's/programme's activities are periodically monitored and evaluated including coverage.	Lit. review/ Interviews						
Quality assurance/quality benchmarks are in place and are being followed.	Lit. review/ Interviews						
Participatory monitoring and evaluation methods are being used that include the community.	Lit. review/ Interviews/ FGDs						
M & E (impact, assessments, outputs) data are analysed periodically.	Lit. review/ Interviews						
Results of impact evaluations are used to make meaningful adjustments to the project/programme.	Interviews						
2. ETHICAL SOUNDNESS (10 points)							
Confidentiality, as a principle, is upheld in interactions with project's/programme's service beneficiaries.	Lit. review/ Interviews/ FGDs						
The interests of vulnerable groups (LGBTI, people living with disabilities, CSWs), are respected and protected.	Interviews/ FGDs						
Project/ programme does not directly or indirectly violate human rights.	Interviews/ FGDs						
Project/programme has a Value Statement for protection of interests of various vulnerable groups.	Lit. review/ Interviews/ FGDs						
Project/programme always embraces the concept of informed consent when dealing with human beings as participants.	Lit. review/ Interviews/ FGDs						
There is evidence of equitable distribution of project's/programme's resources (finances, geographic distribution, sex).	Lit. review/ Interviews/ FGDs						
The autonomy of clients is protected and respected during project/programme roll-out.	Lit. review/ Interviews/ Observations						
There is an ethical standard ("do no harm" principle) embedded in the project's/programme's policies.	Lit. review						
There is a minimum service provision package (clearly defined, access irrespective of colour, creed, sex, religion, political affiliation).	Lit. review/ Interviews						
Project/programme is transparent (allows for external and internal programmatic and financial audits).	Lit. review/ Interviews						
3. COST EFFECTIVENESS (12 points)							
Distribution of project's/programme's resources is cost effective (administration versus programming) and is proportionate to available resources.	Lit. review/ Interviews						
There is evidence of increased number of community members whose quality of life has been improved by the project's/ programme's resources and services.	Lit. review/ Interviews						
There is evidence to enable calculation of 'cost per client' measure. (cost known)	Lit. review/ Interviews						
A standard package is provided at a reasonable cost.	Interviews Lit. review/ Interviews						
Services are delivered in a timely manner.	Interviews						

Variable	Data Source	n/a	0	1	2	3	4
There are adequate human resources for programme's activities	Interviews						
The strategy used by the project/programme has resulted in multiplier effects (cost - benefit).	Lit. review/ Interviews/ FGDs						
Project/programme has introduced cost saving / reduction systems.	Interviews/ FGDs						
4. RELEVANCE (12 points)							
Project/ programme is socially and culturally acceptable.	Interviews / FGDs						
Project/programme takes cognisance of specific contexts (literacy, messaging, lifestyle, economic, political, approach, environmental factors, risk groups and areas).	Interviews / FGDs						
Project/ programme does not conflict with the religious norms of the community and has support from political and traditional leadership.	Interviews / FGDs						
Beneficiaries perceive the project/programme as relevant and timely in addressing their most urgent needs.	Interviews / FGDs						
The project/ programme is in line with demographic, social, political, and economic trends.	Interviews / FGDs						
Project/programme addresses gender dynamics.	Interviews / FGDs						
Project is appreciated by vulnerable groups.	Interviews / FGDs						
Project/programme is perceived as valuable and credible by the community.	Interviews / FGDs						
5. REPLICABILITY (11 points)							
Project/programme can be replicated in similar contexts.	Lit. review / Interviews						
Project/programme sets an example for similar programmes.	Interviews						
Project/ programme is adaptable in different contexts and levels using local resources.	Interviews / Observations						
Project/programme is replicable in part or in totality.	Lit. reviews/ Interviews						
Project/programme exhibits evidence of proper documentation in terms of goals, processes, evaluation, cost and resources.	Interviews / Observations						
Project can be scaled-up to reach more beneficiaries.	Interviews / Observations						
Project can be scaled-up to improve quality of service	Interviews / Observations						
6. INNOVATIVENESS (10 points)							
Project/programme is unique (different methodology from other organisations).	Interviews/ FGDs/ Observations						
Project/programme has a new way of reaching beneficiaries.	Interviews/ FGDs						
The utilisation of available resources is done in a creative manner.	Interviews/ FGDs/ Observations						
The strategy of implementation, used by programme implementers, is innovative.	Interviews						
Project/ programme concept is new to the community (as perceived by the community).	Interviews/ FGDs						
Project/programme is contributing to the base of knowledge.	Lit review/ interviews						
Project's/programme's approach and systems are scientifically/ economically sound and safe.	Lit review						

Variable	Data Source	n/a	0	1	2	3	4
7. SUSTAINABILITY (20 points)							
7.1 Programme sustainability (10marks)							
Project/ programme is supported by beneficiaries, community ownership, contributions in cash and kind.	Lit. review/ FGDs/ Interviews						
The community expresses confidence that the programme will continue without donor support.	FGDs						
Skills transfer takes place in relation to the project/programme.	Lit. rev/ Interviews						
Project's/programme's vision is in line with the development patterns of HIV and AIDS and national trends (social, economic & cultural	Lit. review/ Interviews/ FGDs						
Project's/programme's vision is in line with national trends (social, economic and cultural)	Lit. review/ Interviews						
Planning and implementation takes into account the issue of sustainability. (sustainability plan)	Lit. review/ Interviews						
7.2 Financial sustainability (7marks)							
Project/programme implementers are aware of potential donors (local and international).	Interviews						
There exists a positive attitude and willingness to achieve sustainability.	Interviews/ Observations						
Project/programme has the ability to access diversified resources to contribute to its services/activities. (fundraising plan in place)	Interviews						
Cost sharing mechanisms are built into service delivery where appropriate.	Lit. review/ Interviews						
A percentage of financial support comes from the community, organisation has had stable funding over time.	Lit. review						
7.3 Marketing and Awareness Building (3 marks)							
Project/programme is actively marketed to stakeholders and funders.	Lit. review/ Interviews						
Project/programme actively educates and builds awareness amongst stakeholders about its own services/ activities.	Lit. review/ Interviews						
Appropriate language is being used in information, education and implementation programmes.	Lit. review/ FGDs						
TOTAL							

SCORING SCALE

4	Excellent
3	Very good
2	Good
1	Just satisfactory
0	Needs urgent attention
n/a	Not applicable to the project

- Total score above 80% is truly a Best Practice (BP)
- Total score from 65% – 79% is a Best Practice that needs minor improvements in certain areas
- Total score from 50% - 64% is a good practice because of specific areas - but it may not be a total package. It can be documented but it needs major improvements for it to qualify as a BP
- Total score below 40% - 50% is not yet a Best Practice but has the potential to become a Best Practice

Any score below 40% is not a Best Practice and should not be documented

Annex V: Participants' Post-Course Evaluation

* This form is to be completed by Participants

Please indicate your opinion of the course components using the following rating scale:

5 = Strongly Agree

4= Agree

3= No opinion

2= Disagree

1= Strongly Disagree

COURSE COMPONENT	RATING
1. The pre-course questionnaire helped me to study more effectively.	
2. The exercises were helpful in teaching me about HIV and AIDS documentation and communication	
3. There was sufficient time scheduled for learning exercises	
4. There was sufficient time scheduled for practicing use of tools and related skills.	
5. The training approach used in this course made it easier for me to learn about Best Practice Documentation	
6. The trainers clearly stated their learning objectives.	
7. The trainer (s) communicated clearly and effectively.	
8. The trainer (s) used a variety of training methods (lectures, role plays, case studies, small group discussions etc)	
9. The trainer (s) used a variety of audiovisual materials (flipcharts, computer slides, transparencies, videos, models etc)	
10. The trainer(s) were interested in the subjects they taught.	
11. The course content (or the content of the sessions) provided enough knowledge for Best Practice Documentation	
12. The information presented in the course was mostly new to me.	
13. The sessions were well organized.	
14. The trainer(s) asked questions, integrated participatory approaches and involved me in the sessions.	
15. The content of the course was directly related to my work.	
16. The course made me feel more competent or skilful for my work.	
17. I am now confident that I can assist peers and partners with developing HIV and AIDS Documentation and Communication Plans	
18. I am now confident that I can take part in Best Practice documentation	



1. What topics, if any, should be added to improve the course?
Please explain why.

2. What topics, if any should be deleted to improve the course?
Please explain why

3. The course length (5 days) was (circle one)

- 1) Too long 2) Too short 3) Just Right

4. Which of the learning materials were the most useful (circle one)

- 1) The Guidebook 2) The Handouts 3) The data collection tools
4) The Score Card 5) The Exercises 6) Other

5. Please share any additional comments that you may have about the course :

Annex VI: Facilitators' Post-Course Evaluation

** This form is to be completed by each facilitator or co-facilitator at the training event, within one week of conducting training*

Please complete this brief questionnaire

Name of Training: _____

Country/ Region covered: _____

Dates of training : _____

Type of Training conducted: _____

Number of days conducted : _____

Key activities conducted during training: _____

1. Do you feel that the objectives of the training were achieved?

Yes

No

Why? _____

2. Which activity(s) did you feel was the most valuable? Why? (Please list)

3. Which activity(s) did you feel was the least valuable? Why? (Please list)

4. Name three things that you learned during this training experience that you will use in your future training and programming activities

5. How would you describe the participant’s level of participation? Please share relevant details.

6. What strengths, areas for future strengthening and opportunities did you identify among participants (within respective organisations) for developing HIV and AIDS Documentation and Communication Plans and Documenting Best Practices, in their future programming?

7. In your opinion, how can the training be improved?

8. Please rate the following on a scale of 1-10 (1=very bad; 10=very good):

- a. Accommodation 1 2 3 4 5 6 7 8 9 10
- b. Food 1 2 3 4 5 6 7 8 9 10
- c. Facilities & space for training 1 2 3 4 5 6 7 8 9 10
- d. Quality of programme 1 2 3 4 5 6 7 8 9 10
- e. Preparations & Materials 1 2 3 4 5 6 7 8 9 10
- f. Participation levels 1 2 3 4 5 6 7 8 9 10

9. What would you have liked to spend more time on as a facilitator? Why was this not possible during this training?:

Annex VII: Evaluating Participants as they Present – Improving Facilitation Skills

Facilitation Quality Checklist for Training Task

NB: To be used by facilitator (evaluator) during participant presentations

Name of Participant (who is being assessed as a “Facilitator”):

Name of the Evaluator (in this case the facilitator of whole course):

Workshop:

Date:

* below “Facilitator” refers to the participant who is presenting or facilitating a session during the course and being trained to be a D&C trainer of trainers

Methods	YES	NO
1. Did the Facilitator wear appropriate clothing ?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did the Facilitator face participants/ sit at the same level as the other participants?	<input type="checkbox"/>	<input type="checkbox"/>
3. Did the Facilitator use a participatory method ? (game, skit, song, story, other - SPECIFY: _____)	<input type="checkbox"/>	<input type="checkbox"/>
4. Did the Facilitator introduce the topic well (who s/he is, topic, time)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Did the Facilitator learn from the participants’ experiences ?	<input type="checkbox"/>	<input type="checkbox"/>
6. Did the Facilitator speak loud enough that everyone could hear?	<input type="checkbox"/>	<input type="checkbox"/>
7. Did the Facilitator use proper eye contact with everyone?	<input type="checkbox"/>	<input type="checkbox"/>
8. Did the Facilitator use less offensive language or sensitive to participants feelings	<input type="checkbox"/>	<input type="checkbox"/>
9. Did the Facilitator speak slowly and clearly ?	<input type="checkbox"/>	<input type="checkbox"/>
10. Did the Facilitator use any props (flipcharts, note cards, pictures)?	<input type="checkbox"/>	<input type="checkbox"/>
11. Did the Facilitator use energizers and games to promote participation and energy during the session?	<input type="checkbox"/>	<input type="checkbox"/>

Discussion

YES NO

- 12. Did the Facilitator give participants **adequate time** to answer questions before reading the answers from the Talking Points? YES NO
- 13. Did the Facilitator **encourage discussion amongst participants**? YES NO
- 14. Did the Facilitator **prevent domination** of the discussion by one or two people? YES NO
- 15. Did the Facilitator **encourage shy/timid participants** to speak/participate? YES NO

Contents

- 16. Did the facilitator use the Course Guidebook **CORRECTLY**? YES NO
 1 2 3 4 5 6 7 8 9 10
 Poor Excellent
- 17. Did the facilitator present the content of the Topic **CLEARLY**? YES NO
 1 2 3 4 5 6 7 8 9 10
 Poor Excellent
- 18. Was the content of the training theme **COMPLETE**? YES NO
 1 2 3 4 5 6 7 8 9 10
 Poor Excellent
- 19. Overall, **how interested were the participants** about the topic of Documentation and communication of best practice? (Evaluate this by observing their non-verbal communication) YES NO
 1 2 3 4 5 6 7 8 9 10
 Not Interested Very Interested
- 20. **OVERALL EVALUATION OF THE** Facilitator's **PERFORMANCE**: YES NO
 1 2 3 4 5 6 7 8 9 10
 Poor Excellent

Comments:
