Master Toolkit: Guiding Document

How to Use the AIDS & Mobility Europe Master Toolkit

aids&mobility europe

Executive Agency for Health and Consumers

EATG
EUROPEAN AIDS TREATMENT GROUP

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Foreword

This guide has been written for the AIDS & Mobility Europe (A&M) Master Toolkit so that you may benefit as much as possible from the work, experiences and learning the A&M project partners 2008-2011 have accumulated during the pilot implementation of the A&M transcultural mediator model for HIV prevention with migrant and mobile populations across six European project sites.

As a Turkish migrant to Germany who has worked for the health of migrants by taking personal action as a transcultural mediator, empowering my people and organising for change as a social entrepreneur, it is my pleasure to present this Toolkit to you.

***Ramazan Salman**, social scientist and health expert, born Istanbul 1960, first came to Germany in 1966 as the son of migrant labourers. After college, he founded the Ethno-Medical Centre e.V. (EMZ) in Hanover, which he has led as managing director since 1992. His goal has always been to work for the health of migrants. With the"MiMi: With Migrants for Migrants – Transcultural Health" project he developed a key technology for integrating migrants.*

He is a member of the Integration Commission of the State Parliament of Lower Saxony, was a delegate to the German Federal Integration Summit, the Committee of Experts on Mobility, Migration and Access to Health Care of the European Council, the World Economic Forum and the European Scientific and Technical Network on Health, Migration and People Living in Poverty (ENHMP)".

2006: Social Entrepreneur with the International Ashoka Society

2008: Schwab Foundation "Social Entrepreneur of the Year"

2009: German Federal Cross of Merit

2009: Rhodes Dialogue of Civilisations, Harvard University Summer

2010: Harvard University Summer

In addition, Salman works as a lecturer at a number of universities in Hanover, St.Gallen, Zurich, Rennes, Pecs and Heidelberg. He has authored seven practice compendiums on integration, migration policy and health promotion for migrants.

It is difficult to capture the lively, creative, challenging, dynamic, joyful and inspiring moments we experienced implementing the AIDS & Mobility Europe project with our total of 116 mediators in Istanbul, Rome, Tallinn, Copenhagen, London and Hanover in a collection of documents.

However, this package of core documents for implementing the model, complemented by background materials from previous work and references to similar models used elsewhere, will give you the backbone for your own version of a living, vibrant and successful HIV prevention project using transcultural mediators.

Whether you choose to use any or all of the materials provided, as they are or adapted to your own circumstances, we wish you every success as well as a satisfying and joyful journey.

For all the A&M project partners,

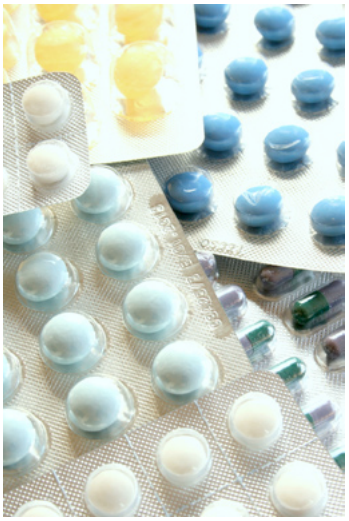
Ramazan Salman
Project Leader

Content

Introduction

The original AIDS & Mobility (A&M) project started in 1992 to provide HIV and AIDS prevention, care and support to migrants and mobile populations across Europe. In the early years, A&M built partnerships and a strong network of professionals and organisations to work together on HIV and migration. The project has built a network of non-government and government agencies and organisations, individual experts and other stakeholders since its inception.

It hosted meetings and developed activities that, for the first time, brought together experts on HIV and migration with migrants themselves. The project began to collect information on and research into the situation of migrants and mobile populations in relation to HIV and AIDS in Europe. A collection of country reports **Document B1** and a range of other materials **Documents B2-B4** document the findings. These and further materials are also archived and accessible on the HIV Clearinghouse website of AIDS Action Europe: www.hivaidsclearinghouse.eu for future reference.



The A&M project 2008-2011 was co-funded by the Executive Agency for Health and Consumers (EAHC) at the European Commission, the State of Lower Saxony, the Hanover Region and City as well as the Portuguese High Commissariat for Health. It differed from its precursors in one major aspect - it included a practical HIV prevention component.

Associated project partners in six European cities worked with migrant communities using capacity building through transcultural mediators to reduce HIV infection risk. Each site convened a group of relevant local stakeholders to serve as a platform for recruiting mediator trainees and for ensuring that local efforts were well integrated into related local activities in the fields of health, social services and migration in general, and HIV and young migrant and mobile populations in particular.

The transcultural mediator approach aims to improve health literacy and HIV awareness by involving migrants themselves in delivering health promotion to their own communities. After participating in training and receiving their transcultural mediator's certificate, these peer educators initiate, organise and conduct information sessions in their own languages, making their communities aware of HIV prevention and related topics. They are paid a modest compensation for this work.

The six project partners centrally evaluated the training as well as the community information sessions. Separate, overarching work packages on evaluation, networking, capacity building, dissemination and policy development supported the model and continued the work of previous A&M projects.

In the A&M network, partners share knowledge about HIV and migration, build up scientific research and other evidence and contribute to the development of training strategies and materials.

Why a Master Toolkit?

The A&M project 2008-2011 served as a pilot project to test whether the transcultural mediator model could be successfully implemented in a range of different sites and with diverse key populations. Partners decided at the beginning of the project that documenting the model and its materials would be a main result and output.

This Master Toolkit is the collection of Core Training materials and relevant additional information from the fields of HIV prevention and migrant health that the project partners consider essential sources for anyone interested in learning about or implementing a transcultural HIV and AIDS mediator project.

One of the most important insights from piloting the model in the six European sites was that success is closely related to how well the model could be adapted to local circumstances. Some of the materials in this toolkit have already been through a process of development and adaptation. The results are consensus versions that contain the core project method and structure as a solid basis for further local adaptation. We suggest you use them as a starting point and consider the insights and learning experiences of the A&M project partners documented in this toolkit as well as your own operating environment and experience when you adapt them for your own use.

We have produced this Master Toolkit in order to disseminate the transcultural mediator model for HIV prevention with migrants and mobile populations as far and wide as possible. As A&M project partners we believe that it is a useful and effective approach that should be considered as a component of every comprehensive HIV prevention program that includes migrants, mobile populations or ethnic, cultural, religious or language minorities as key populations. We encourage you to explore and use this toolkit in your HIV prevention efforts and to inform others in your network about it.

What is in the Master Toolkit?

This toolkit contains four main packages of materials:

1. *A&M Background materials*
2. *A&M Core Training materials*
3. *A&M Promotional materials*
4. *Supplementary materials*

These packages complement each other. Each serves a particular purpose, depending on what you need at the time:

The A&M background materials give an overview of HIV and AIDS and

migration. They include case studies, country reports, research and policy documents. They can be especially useful if you want to become more familiar with the topic and with the history of the efforts that governments, NGOs and the A&M network have already made.

The core training materials are practical tools that you can use to train transcultural mediators, reach your key populations, and for evaluating your project. They include a training curriculum, slide kits, the AIDS & Mobility Guidebook and evaluation forms. Most are available in a range of languages, representing the cultural groups who participated in the pilot project.

We also included examples of promotional materials to show how project partners recruited candidates for mediator training and participants for community information sessions. It is important to note that each site used very different promotion strategies depending on the local circumstances and key populations. Because these materials may work in one setting, but not at all in another, we encourage you to test and adapt their content and format before using them to promote your own project.

The last package of materials included in this toolkit contains a selection of models and materials that use similar principles and methods or have similar goals to the transcultural mediator model. We included them to show that different approaches can lead to success and that it is useful to consider existing options and the experiences of others before creating your own version of HIV prevention activities with migrant and mobile populations. Some of the important topics we suggest you consider are:

- Practical methods to reach your target group
- Practical methods to engage your target group
- Culturally appropriate games and group work ideas
- Accurate information about HIV, health and migrant support services in your country or region

While we recommend that you consider these additional resources and materials, we cannot take responsibility for the accuracy of the content.

We have selected these materials using the following criteria:

- Focus on transcultural mediator training for migrants
- Innovative, added value
- In line with the A&M project objectives
- Contributing new approaches to health education for HIV prevention
- Involving the target group, particularly young people

They are included with the permission of their copyright holders.

The individual items in each package are listed in the table below:

A&M Background Materials	
B1	A united Europe, a shared concern: HIV and population mobility in an enlarged European Union
B2	Access to Care: Privilege or Right? Migration and HIV Vulnerability in Europe
B3	AIDS & Mobility: Looking to the Future
B4	HIV/AIDS Care and Support for Migrant and Ethnic Minority Communities in Europe

A&M Core Training materials	
C1	Training Curriculum
C2	Slide Kit HIV
C3	Slide Kit Hepatitis
C4	Slide Kit STIs
C5	Guidebook
C6	Training Evaluation Questionnaire (Pre-test)
C7	Training Evalluation Questionnaire (Post-test)
C8	Community Education Session Report Form
C9	Community Education Session Evaluation Questionnaire
C10	Mediator's Certificate

A&M Promotional Materials	
P1	Flyer Networking
P2	Flyer Project – recruiting mediators
P3	Poster

Supplementary Materials	
S1	HIV/AIDS and immigration. Service advocate training manual
S2	Love.check: AIDS prevention game
S3	Social Mediator Training Workbook
S4	Peer training in a multicultural enviroment
S5	True Love - a fil for the african communities living in the Netherlands
S6	CHOICES - Protecting the health, choice and rights of ethnic minorities in Europe
S7	Empowerment in the field of migration
S8	The right to health: A resource manual for NGOs
S9	Preparing to teach sexuality and life-skills
S10	100 ways to energise groups: games to use in workshops, meetings and in the community

S11	Guide for HIV counselors. IOM HIV counseling in the context of migration health assessment
S12	Outreach work among marginalized populations in Europe
S13	Community engagement for antiretroviral treatment - trainers manual
S14	Synergizing HIV/AIDS and Sexual and Reproductive Health and Rights: a Manual for NGOs
S15	Positive in life – prevention leaflet for ethnic minorities in 7 languages
S16	Peer paths for empowerment for EU residents: tools for your rights: Toolkit for empowerment training of minorities
S17	Building blocks to peer success: a toolkit for training HIV positive peers to engage PLWHA in care
S18	Feel! Think! Act!
S19	FAMILY.matters
S20	Animations "The Story of Bobo"
S21	Training manual HIV/AIDS Treatment Literacy
S22	Training manual HIV/AIDS Treatment Advocacy
S23	Young, positive and telling it like it is
S24	Chasing dreams
S25	For life, with love

The Core Training materials are available in the following languages :

(in the file names, languages are indicated by the symbol listed in the right hand column)

Language	Abbreviation
Albanian	al
Arabic	ar
Danish	da
English	en
Farsi	fa
French	fr
German	de
Italian	it
Kurmanci	ku
Portuguese	pt
Romanian	ro
Russian	ru
Somali	so
Spanish	es
Turkish	tr
Urdu	Ur

The AIDS & Mobility Transcultural Mediator Model

Background

The A&M project 2008-2011 is based on the transcultural health mediator approach («Migrants for Migrants - MiMi») developed by migrants themselves at the Ethno-Medical Centre (EMZ) in Hanover, Germany, and established in 24 locations across the country. The EMZ based this approach on the existing, informal, community-based practice of bilingual, bi-cultural migrants informing and assisting the less socially integrated members of their communities to find their way through the systems, structures and services of their new home country. It formalised the training and certification of socially integrated, bilingual migrants as "transcultural mediators", involving local experts and service providers as guest speakers in the training and sourcing funding for community information sessions. The MiMi Project has been recognised as good practice in the monograph "Poverty and Social exclusion in the WHO European Region: health systems respond.[1]" Starting in 1992, the EMZ extended this approach to the field of HIV and AIDS.

Migrants and mobile populations are an important risk group for HIV infection in Europe. While the HIV epidemic differs considerably between Western, Central and Eastern Europe, as well as from country to country, migrants, mobile populations and ethnic minorities are vulnerable in each of these regions. Most HIV infections among migrants are found among people who originate in a country with a high HIV prevalence, mainly from sub-Saharan Africa and South-East Asia, but significant numbers also occur among other groups.

These populations are vulnerable to HIV infection through risk behaviour, but because they lack access to information and to health services in general, including prevention services.

While countries have established HIV prevention models (including harm reduction, safe sex promotion, information campaigns, HIV counseling and testing) addressing the needs of populations most at risk (including people who inject drugs, men who have sex with men, sex workers, young people and prisoners), many of them don't equally reach people with different cultural and language backgrounds.

The A&M transcultural mediator model offers an additional approach to fill this gap. At the same time it promotes integration and empowerment among migrants and mobile populations as well as cultural sensitivity and inclusiveness among participating and associated HIV prevention service providers.

During the sessions I discovered that most participants had very limited knowledge about hepatitis. Most admitted that they had a vague idea about the disease but did not know how it was transmitted and they were not sure of the part of the body the disease affected. (A&M Mediator, Copenhagen)

[1] Salman R. and Weyers S., Germany: MiMi Project – With Migrants for Migrants. In: *Poverty and social exclusion in the WHO European Region: health systems respond.* Copenhagen, WHO Regional Office for Europe, 2010.

Key Characteristics

The model has four defining characteristics, which can assist you with assessing whether it suits your requirements and with integrating it into your HIV prevention or migrant support activities:

- Peer-based approach
- Language and translation
- Cultural appropriateness
- Setting-based approach

The model relies on peers to communicate its key messages. Peers are "equals" who use their familiarity and connection with the culture of the key population as well as the trust and respect they receive to assist their communities in gaining new knowledge and skills and in adopting new behaviours.

Language differences are a central factor in the success or failure of any intercultural activity. Language not only transports facts, it expresses all aspects of a culture, including its particular biases, sensitivities and taboos. To offer community information sessions in the language of the key population is a core element of the model and requires a high level of skill and awareness on the part of the mediators. Translating the project's Core Training materials is also necessary to ensure that mediators have the tools to present and reinforce HIV prevention information and to enable project leaders to evaluate the activities.

To conduct HIV prevention in a culturally appropriate manner means to use communication methods shared by the culture of the key population and to balance the need to talk openly about drug use, sex, sexuality and gender relations with the need to respect the ways in which a culture can accept and deal with such sensitive topics. The aim is to encourage honest and open discussion leading to individual and community behaviour change while maintaining cultural respect and not alienating or excluding anyone.

The setting-based approach means that a transcultural mediator project identifies not only a group of people to work with (the key population), but considers the geographic, social, cultural and religious environment occupied by and the infrastructure used by this group. This means that a project will adapt to and use the opportunities offered by the "setting", for example recruiting mediators through a community radio station, involving a respected leader in the mediator training, or offering community information sessions at popular meeting places, cultural centres, places of worship or youth clubs.

I felt I was really doing something for society and Kurdish people... I think participants were also happy about these sessions because it's not easy to find answers for these kinds of questions... (A&M Mediator, Copenhagen)

The experience from six European cities

Project partners in Istanbul, Rome, Tallinn, Copenhagen, London and Hanover trained 116 transcultural mediators from more than 30 African, Latin American, Asian, Middle Eastern, African and European backgrounds who speak over 40 languages in total. Each site offered its own opportunities and challenges. The following is a summary of themes that emerged during discussions among the A&M project partners.

The settings that project partners already had access to offered valuable opportunities for recruiting mediators and organising community sessions. In Istanbul, for example, many migrants are foreign students at a particular university. The A&M partner organisation Yeniden used their connections with the University to recruit a group of very enthusiastic and committed young people.

In London, the Naz Project's knowledge of African migrant church communities made it possible to organise events connected to community celebrations. In Rome, the partner organisation National Institute for Health Migration and Poverty (NIHMP) works in a clinical setting that provides services to migrants and has existing contacts with mediators and other migrants who were interested in also being trained on the topic of HIV.

Other opportunities to support the project included offers of free training facilities, guest speakers and training equipment. It seemed that using existing contacts to the key population and then expanding them and building on them offered the best opportunities to get the transcultural mediator model started.

The main challenges for the implementing partners arose partly from logistical difficulties and partly also from the particular setting or operating environment.

Partner organisations had to deal with delays in recruiting mediators, delays in getting materials ready, holiday periods and cultural calendars as well as difficulties in finding suitable trainers and guest speakers, resistance to the rather firmly structured nature of the model or reaching enough participants from the same cultural group for community information sessions.

The lessons learnt during the pilot project in the six sites are mostly about being organised, flexible and open to ideas from mediators and local partners. They include:

- Be ready to adapt the model before you start, then adapt it again several more times as you progress: you may have to abandon what seemed to be good ideas at the outset and change your plans to fit the realities of migrant and mobile community settings.

- When you plan the time line of your project, study the setting and make a calendar of important events that could hinder or help your project: school and university holidays, religious and cultural holidays, community feasts and celebrations, the working hours and free time of the people likely

If there ever was another AIDS training program I would highly appreciate it, as I know now that I have enough knowledge to teach those who are less fortunate in its education. It was a great experience also in terms of culture as we get to know a lot of different people from different countries and this is quite nice. We got to meet a lot of new faces and make new friends. (A&M Mediator, Istanbul)

to become mediators. Distances to and from training facilities and meeting places are also important.

- Have all the materials ready before you start, including translations, training materials, guest speakers and information sources: once you have recruited your mediators, they are likely to be very keen to be trained and certified.

- After they are trained, it is important that mediators have the opportunity to start organising their community sessions straight away. Any delays can lower their motivation considerably.

- Be flexible about the types of community information sessions mediators will organise: they may happen informally alongside family and community events or they may include more than one cultural group. It is still possible to insist on core components such as accurate information, reporting and evaluation.

- Plan to have enough time and money to support mediators in running community information sessions. Some may need you to accompany them the first few times, and they will benefit from coaching, debriefing meetings, follow-up calls or other types of structured support. Be open to mediators working in pairs if they are not yet confident to lead sessions on their own.

Assessing your situation

The experience of the pilot project has shown that the model does not work equally well in all settings. For example, its quite highly structured process worked well in communities who were used to planned and regulated ways of working. They even expected and needed structure to feel confident and comfortable with the process. In communities with a history of bad experiences with authorities, the same structure was perceived as too rigid and inflexible.

The size and mix of migrant and mobile populations in a setting also influences well the way the model works. It worked well in places with large migrant communities who experience language and cultural barriers and who recognise the risks to their communities from HIV. In other settings, where migrants were more transient, with small numbers from each ethnicity, HIV was not a high priority for them and it was difficult to assemble big enough groups for community information sessions.

Some partner organisations also found it difficult to engage capable trainers or give mediators the level of support they needed.

For these reasons it is important that you make a detailed assessment of your situation before deciding to use the model.

The following questions are a checklist you can use to see if you have covered the main topics we found to be important. Under each heading is a main question with a "yes" or "no" answer, with more detailed questions underneath. Your "no" answers are a good guide to areas you will benefit from exploring in more detail. Where possible we have included some advice about where to find this information.

Epidemiology

Do you know which population groups are diagnosed with HIV infection in your country or region?

What is the prevalence of HIV infection for the whole population?	
What proportion of HIV infections are found among people who inject drugs, men who have sex with men, sex workers and young people?	
How many of them are migrants?	
From which backgrounds are they?	

(Go to your country's surveillance authority to find these data, or visit www.ecdc.eu)

Demography of migration

Do you know the proportion of migrants, mobile populations and ethnic minorities in the overall population?

How many migrants live in your setting?	
From what backgrounds are they?	
What languages do they speak?	
How long have they lived in the setting (new arrivals, 1st, 2nd, 3rd generation)?	
Do they live in certain areas? Where?	

(These data should be available from your country's institution for population statistics, or go to http://epp.eurostat.ec.europa.eu/statistics_explained/index.php/Migration_and_migrant_population_statistics)

Community infrastructure

Do you know which community structures exist in the communities of migrants, mobile populations and ethnic minorities as well as among groups affected by HIV in your setting?

Are there migrant, cultural or religious associations or organisations? Who are they?	
Who are the visible, influential and respected community leaders?	
Do these communities provide some of their own social or support services? Which services, and who provides them?	
Which mainstream health and social services do migrants access?	
Are there local ethnic community media such as radio stations, newspapers, notice boards, internet-based social media? List their details.	
What are the communities' preferred ways of communicating and working on projects?	
How do you find and access the communities you want to work with?	
Are there associations or networks of people living with HIV, women, mothers, young people, gay men, people who use drugs, sex workers? List their details.	
How can you get them involved?	

Key persons

Do you know who the key persons are among migrant communities, people living with and affected by HIV, health professionals, scientists and local decision-makers?

Who among your target population is likely to be interested in the topic of HIV prevention and migration?	
Who is influential or well networked?	
Who are the public health units, medical doctors or clinics specialising in HIV, hepatitis and sexual health?	
Who are the advocates for people living with HIV and populations at risk?	
Which local politicians or community leaders are interested in the topic?	

Cultural Factors

Do you know the cultural, religious and social values, attitudes and customs of the communities you want to work with?

Which of these could benefit the project?	
Which could hinder it?	
How will the project respond and adapt?	
Are there cultural or religious practices that pose an additional risk for HIV, hepatitis or STI transmission (e.g. female genital mutilation, body modifications etc.)?	

Partners

Do you know the other agencies working in the field of HIV prevention and migrant health?

Which organisations already work on HIV prevention?	
Which work on migrant health?	
Which agencies provide training?	
Which ones could contribute to the project as partners?	
Is someone already doing this work?	
Could you join forces to avoid duplication?	

Specialist Knowledge and Skills

Do you know which knowledge and skills you have on your team and which you need to invite from the outside?

Who has knowledge of HIV prevention, testing, treatment, care and support?	
Who has knowledge of safe sex, safe drug use and behaviour change?	
Who has marketing and promotional skills?	
Who has training, supervision and coaching skills?	
Who has evaluation and data analysis skills?	

Organisational capacity

Can your organisation manage project planning, implementation, evaluation, networking, reporting, financial administration and ongoing support of mediators?

Does your organisation have the necessary personnel?	
Does your organisation have the necessary administrative systems?	
Does your organisation have the necessary finances (for trainers' fees, catering, room hire, printing, advertising and promotion, training materials etc.)?	
Does your organisation have the necessary equipment and infrastructure?	
Do management and the governing body (board, management committee) support the project?	

The Model in Practice: Step-by-Step Process

Creating a local training platform and partnerships

A successful transcultural mediator project depends on communication, dissemination, collaboration and participation. It is unlikely that a single agency can provide all the necessary knowledge and skills, manage the project and reach the key population effectively.

A supportive group of stakeholders who share similar goals (e.g. equal rights, healthy migrant populations, minimising the impact of HIV and AIDS), who have a diverse range of expertise as well as good networks can advise, assist and support the implementing agency.

The purpose of this local training platform is to:

- Support and promote the project
- Connect to networks, including links to expert trainers and guest speakers for mediator training
- Recruit and invite candidates for mediator training
- Advise on the local political, administrative, legal and social regulations, policies and conditions
- Advise on locally relevant adaptation of, e.g. mediator honorariums and protection of confidential data
- Advise on adapting the model to relevant cultural and social contexts

Membership of the platform may include:

- Funding bodies
- Government organisations
- Non-government organisations
- Relevant HIV prevention and other health service providers
- Migrant or refugee community organisations or representatives
- Faith-based groups or organisations
- Rights-based advocacy groups or organisations
- Academics and health, training, legal and other experts
- Representatives of people living with or affected by HIV
- Relevant social service providers
- Key persons from any field who can promote, support or advise the project

The training platform advises the project, it is not a management committee. The terms of reference for the group should make this very clear in order to avoid raising false expectations among members. It is important that the members of the platform to commit to practical support in the form of promotion, recruitment of trainers and mediators as well as to providing expert advice.

Recruiting mediators

Organising your own community information sessions on HIV and related topics, preparing and facilitating them as well as continuously working across cultural differences requires not only the necessary knowledge about the content, but also confidence, flexibility and self-motivation.

The following criteria for selecting participants can help avoid training mediators who will be overwhelmed by the demands of their task.

Transcultural mediator training participants should at least:

- Have a general interest in the topic of HIV
- an excellent working knowledge of the national language in the host country
- bilingual or multilingual skills
- good access to their communities
- the desire to improve the health of migrants

I agreed to take part in the project because I thought it would somehow get me out from university captivity. I said 'Yes! It's time to get out and look at the world outside'. During my own presentations the responsibility was over to me, so I felt the significance of letting people know the right information. (A&M Mediator, Istanbul)

The experience from the pilot project has shown that there are many different ways of recruiting candidates for mediator training. They fall into two main categories: word of mouth and advertising.

Word of mouth includes spreading a call for people interested in becoming mediators through the networks of members of the local training platform, key persons from migrant communities, project workers and volunteers, and users or providers of existing HIV prevention or migrant support services.

Advertising can take a wide variety of forms, such as:

- Posters or notices on community notice boards, at places of worship, schools, colleges, universities, government and non-government service providers, health services and in relevant neighbourhoods
- Advertisements in mainstream or local community, NGO, school, college or university newspapers and newsletters
- Flyers or brochures distributed in relevant neighbourhoods, meeting places or through networks
- Online advertising using banner advertisements
- Online promotion through email and social media
- Mainstream or community radio and TV social service announcements, interviews or reports.

We did not know that these people were willing to work with us:
'fluently bilingual, socially integrated and motivated immigrants and young people with a background in migration' (Training Coordinator, Copenhagen)

A combination of recruitment methods will probably work best. You can find some examples of promotional materials in the toolkit **Documents P1 – P3**.

Organising training and trainers

Mediator training works best when participants and trainers can fit it into their lives reasonably easily. While mediators come from all walks of life, they are likely to be well-integrated, active members of the community who already have work, study or family commitments. Making the schedule too tight can make it impossible for people to attend, spreading it out too far or interrupting it can cause a loss of motivation. It helps to consider the following factors:

- Time of day: evenings and weekends are most common, but other times may also work, depending on the participants and trainers.
- Breaks, food and child care – supplying a light meal and/or child care can make an evening training session more attractive and accessible
- Public, religious, cultural and school or university holidays

Finding a suitable venue can also contribute significantly to the success of the training. The venue should be in an easily accessible location, minimising travelling times for as many participants as possible (consider public transport and parking). It is also useful to think about what the venue represents: a neutral, separate, quiet, friendly space with good lighting, ventilation and seating, like the meeting room of a public library or community centre will work better than a cluttered office, a value-laden place of worship or the noisy back room of a restaurant.

The A&M mediator training follows a core curriculum **Document C1**. It covers the following information topics:

- Migration, HIV and AIDS
- HIV and AIDS: transmission, disease progression and testing
- Living with HIV and AIDS, treatment, care and support
- Viral hepatitis and STIs: transmission, prevention, testing and treatment
- Prevention: Safe sex, condoms and safe drug use (harm reduction)
- Sexual health and family planning
- "Why don't we talk about sexuality?"

as well as teaching these skills:

- Adult education methods and using media for community information sessions
- Preparing an AIDS & Mobility community information session, including a practical example and tips for organising
- Public speaking and presenting.

The core information on HIV and AIDS, safe sex, safe drug use, viral hepa-

Before I started the training I was very anxious to know about the disease, its effects and all other necessities. I thought that I already knew enough, but as I went through the training my knowledge of AIDS and healthcare has tremendously increased. I am very proud of the knowledge I acquired at that time, hoping to use what I learnt to teach others. (A&M Mediator, Istanbul)

titis and Sexually Transmissible Infections (STIs) is contained in the three-part Slide Kit **Documents C2-C4**. The Slide Kits can be used in training, and also adapted and used by mediators for community information sessions.

The Slide Kits are complemented by a Guidebook in plain language **Document C5**. Mediators can distribute the booklet to the key population, but it can also be used in training.

It is not necessary for the project personnel to teach all components of the curriculum, but it is important to take responsibility for the overall facilitation of the training. Some topics you need to cover particularly rely on local knowledge, including:

- Migrants' access to health care in your country/region
- HIV, viral hepatitis and STI testing services and public health clinics
- HIV and viral hepatitis treatment services, including Post-Exposure Prophylaxis (PEP) for HIV
- Where to obtain condoms and sterile injecting equipment

Inviting or engaging expert trainers and guest speakers is likely not only to improve the quality and diversity of the training, but also to assist mediators to network with other relevant institutions and specialist services. Some partner agencies may offer to contribute trainers and materials for free, other experts may ask for payment. When you select trainers and guest speakers, ensure that they not only know the topic they are presenting well, but that they also have skills and experience in adult education (and in working with people from migrant backgrounds in particular), and that they are able to make the training interesting and engaging.

Evaluating the training

Evaluation is often a core requirement of project funding. However, even without this requirement, evaluation is a useful part of any project: it describes the group of participants in detail and makes the successes of the project visible. It can also point to areas for improvement and it gives all stakeholders and participants the opportunity to reflect on their contribution and celebrate their achievements.

The pre- and post training evaluation forms **Documents C6 and C7** developed for the A&M mediator training collect data on the demographic and personal characteristics of training participants as well as rating their awareness and knowledge of HIV. Trainee mediators fill them in anonymously before beginning and after completing the training. The data must be treated confidentially.

Depending on the size of your project and the number of mediators you train, you may set up a database for storing and analysing the data or use simpler, more direct methods. Aggregating and analysing the information from the forms can show:

- The range of cultural backgrounds of a group of mediators
- Their age, gender, educational background and other demographic variables
- How much awareness of HIV they had before and after the training
- Their motivation for becoming a mediator.
- How they rated the content and quality of the training

Apart from using the results to improve the training, it may be useful to compare the demographic data about mediators to the population you are trying to reach, in order to check whether you succeeded in recruiting the right group of people.

Mediators come from a great number of different nationalities, cultural and language backgrounds. Most of them are between 15 and 30 years old. This means that two of the most obvious characteristics required for transcultural mediators targeting young people were met. There are almost equal numbers of men and women in this overall group, with transgender people also represented. Not surprisingly for the age group, most are single, some a partnered or married, but most are not (yet) parents. When we asked them about their motivation, many indicated that they participated in the training to be better informed about the topics offered on HIV and AIDS and related subjects, because they believe that information and education can assist in HIV prevention and because they want to contribute to informing others. After the training, most indicated that they were satisfied, that their expectations were met to a large degree and that they had learned a lot of new information. (A&M Mediator Training Evaluation)

Community information sessions

Similar to scheduling training, community information sessions also work better when the needs, preferences and circumstances of the key population are taken into account. Mediators will choose very different times and venues depending on the setting they work in.

Sometimes it works to use existing gatherings of people such as community events and celebrations to hold community information sessions. Sometimes it is necessary to offer participants a time and place away from their community to learn about and discuss the sensitive topics connected to HIV, sexual behaviour and drug use.

It was very difficult to gather young people for teaching. All those I asked showed interest in attending, but many of them could not find time. Even those who promised to come started cancelling as the teaching day drew near! (A&M Mediator, Copenhagen)

It is possible to balance recognising mediators' cultural expertise and support their creative ideas while at the same time ensuring that the community education sessions still serve their central purpose: educating migrants and mobile populations about HIV and how to prevent its transmission.

It is part of the mediators' task of organising community information sessions to promote and publicise them in order to attract their audience. Many different methods, using both word of mouth as well as online and other media, can be applied. This toolkit contains some examples in **Documents P1-P2**.

We developed the Slide Kits **Documents C2-C4** and the Guidebook **C5** for mediators to adapt and use in their community information sessions.

The A&M project developed bilingual evaluation forms in the languages used in the pilot project for participants in community information sessions. They serve not only to document the demographic characteristics of the audience, but also their knowledge and awareness of HIV, how much they thought they had learnt and whether they intended to change their behaviour in any way as a result.

Evaluation works better if mediators understand its purpose and have had some experience of learning how to collect and interpret evaluation data and how to benefit from the results. The A&M implementation process requires mediators to submit a community session report form **Document C8** and attach the community session evaluation forms **Document C9** they collect. This is a condition for receiving their honorarium for that session.

I anticipated that involving communities in promoting HIV and AIDS awareness was not an easy task. Parenting groups, places of worship and festivals were the most effective settings for reaching the target communities. This may be due to the fact that the majority of black and minority ethnic communities have faith/religious backgrounds. It was important to see that the information and messages being distributed were sensitive to their sacred places of worship for them to welcome them. (A&M Mediator, London)

The A&M evaluation form for participants in community information sessions is designed to be comprehensive. If you think that your participants may find it hard to fill in, it is better to choose the most relevant questions rather than not using it at all.

Compensating transcultural mediators for at least some of the time and effort they spend to effectively reach the key population is a key component of this model. It recognises the important and specialised task they perform and acknowledges the time and effort they put into their training as well as into the community information sessions themselves. It also signals professionalism and quality to external parties, including agencies or communities who would like to invite a mediator to hold a community education session in their setting. And finally, it can act as an incentive for attracting future mediators.

The level of compensation depends on the prevailing economic circumstances, the costs that mediators may incur (e.g. travel expenses, room and equipment hire, refreshments, materials) as well as on the financial resources of the project. As an example, mediators were reimbursed at a rate of up to 200 Euros for a fully evaluated session of at least 2.5 hrs duration (Germany, 2008-11).

Certifying mediators

All partner organisations participating in the pilot implementation of the A&M model formally certified their transcultural mediators. Mediators received their certificates after completing 50 hours of training and successfully organising, conducting and reporting on their first community information session. There is no central accreditation system for A&M mediators. Each local organisation applied these two criteria and designed their certificates and certification events according to their needs and the local cultural context.

Certification recognises mediators' commitment and dedication as well as formally confirming their ability to present HIV prevention information to their communities. It acts as an incentive to complete the training and offers a certain measure of quality assurance to the project as well as to external agencies who are interested in engaging mediators to conduct community information sessions on HIV prevention. It can also assist mediators to advance their personal careers.

Many A&M project partners organised a formal event to mark the occasion of certification. They invited stakeholder representatives, local community leaders, politicians and other dignitaries and handed out certificates **Document C10** in a formal ceremony.

Since the completion of the training, working in the field has been an exciting experience for me: it made me realise that I am not just a member of the community but also a professional Health Mediator. (A&M Mediator, London)

At the beginning of the course I was so nervous and worried as I feared that I would not be able to organise the community sessions. After the second session I was energised and ready for more - I will pass on the knowledge, to whoever needs it, wherever I go! (A&M Mediator, Copenhagen)

I did find reaching youth and teenagers very challenging. Providing "edutainment" activities and some sort of reward may have improved my chances! (A&M Mediator, London)

Continuing community information sessions

The concept of the A&M model includes the intention that community information sessions will continue: not only after each mediator has completed their first session necessary required to become certified, but also beyond the duration of an initial, funded project.

Through their own networks and connections with the key populations, mediators are asked to actively pursue their own opportunities to hold community information sessions in collaboration with the organisation carrying out the project and external agencies.

Projects may have more or less financial resources allocated to paying mediators. Ideally, interested external parties will also begin to fund community education sessions.

If a project goes really well, mediators may attract their own funding sources for community sessions. In these cases, the task of the project is to support them with ongoing training, coaching and debriefing as well as with processing, storing and analysing the data from the evaluation forms they submit with their reports.

A&M partners develop a range of mechanisms for this support, such as individual coaching and supervision, regular or special mediator meetings, training updates as well as annual project meetings or conferences that combine these elements.

There are many ways of selecting topics for training updates for mediators. A&M partners found that, following the initial training, mediators themselves sometimes request topics they would like to learn more about. As mediators are faced with the task of promoting community information sessions and also finding their own sources of funding, training in promotion, social marketing and fundraising may be appropriate. You may also consider inviting mediators to share their individual experiences and teach each other new and interesting ways of getting HIV prevention information across to different communities.

You can develop an ongoing support and training structure for mediators who continue to conduct community information sessions according to their needs, your own organisational capacity and the setting you work in.

Evaluating information sessions

While evaluating mediator training, as described earlier in this guide, can tell you how well you have implemented the project, evaluating community education sessions will allow you to count and describe the groups your mediators reach and how successful they are at communicating HIV prevention information.

Because participants in community information sessions are often not prepared to have their names or contact details recorded, it has not proven feasible within the pilot phase of the A&M project to test the long-term change in participants' knowledge, skills and behaviour.

However, administering the questionnaire **Document C9** at the end of the session at least indicates people's satisfaction with the session, how much they think they learned and their intention to change behaviour.

In order to track the results through community information session evaluation forms, which mediators will return over an extended period of time, it is useful to set up an electronic database that can also be used for analysis.

The current A&M paper-based evaluation forms in this toolkit still require that you enter the data manually. If you have access to the necessary technical support, you may be able to create an electronic version, provided participants have the opportunity and motivation to fill them in at a computer terminal or online at home.

To analyse your evaluation data, you need someone with the expertise to ask questions of the dataset using the software chosen to create your database. At the basic level, you can report on the demographic characteristics of participants in the community information sessions of your transcultural mediator project. You can also report on their level of satisfaction with the sessions and on their self-reported changes in knowledge as well as their intentions to act on it.

It can be very useful to conduct these analyses and involve the mediators and other project stakeholder in their interpretation. Their collective recommendations can then be used to adjust and improve the project.

A&M Pilot project data 2009/10: 90% of community information session participants said that they had learnt something they had not yet known at the event.

A&M Community session participants indicating how much new information they learnt (n=1038)

A&M Pilot project data 2009/10: 65% of community information session participants said they were ready to change their attitude and had recognised that they had to do something additional for their health.

(A&M community session participants indicating to what degree they intend to take charge of their health (n=1038)

Conclusion

We hope that this guide and the contents of the toolkit will enable you to implement, or at least consider the transcultural mediator model in your efforts to prevent HIV, viral hepatitis and STIs among migrants, mobile populations and ethnic minorities. Even more rewarding for us would be if this work inspires you and the populations you work with to overcome disadvantage and take charge of the HIV, viral hepatitis and STIs as important health issues in your communities.

The A&M project has been a success, reaching more than 2800 migrants with community information sessions conducted by 116 trained transcultural mediators, many more than its original target of 2400. The project has also been a rich learning experience for all project partners and we hope that we have been able to capture much of this learning in this guide and the other documents contained in this Master Toolkit.

The transcultural mediator model has been designed to be adapted to local contexts from the very beginning. It does not have to be applied rigidly, and it will benefit if you creatively adapt and develop it. Please share your experiences and project results with others working in this field: please report and disseminate your results and experiences so that we can all continue to learn from each other.

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