

## Session 1.1 – Introduction

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### Aim

To introduce the participants to each other and to the course programme

### Outcome of this session

By the end of this session participants will have:

- Been welcomed and introduced
- Discussed their expectations
- Reviewed the training objectives and the agenda
- Discussed norms and logistics for the training

### Session overview

2 hours

Step	Time	Activity/method	Content	Resources needed
1	30	Group activity	Introduction of participants	
2	15	Individual	Expectations	cards
3	5	Facilitator Presentation	Objectives	Overhead sheet 1.1
4	20	Review	Matching objectives and expectations	Flipchart
5	10	Facilitator Presentation	Programme overview	Overhead sheet 1.2
6	10	Brainstorm	Ground rules	Flipchart
7	15	Facilitator presentation	Practical information (logistics, rapporteurs, ice breakers)	
8	15	Individual	Baseline questionnaire	Questionnaire

### Resources needed

Flip chart and paper

Markers

Tape

Overhead projector

Overheads/slides

## Facilitator manual: Day 1- 5

### Facilitator's notes

#### Step 1:

Aim of this activity is that people start to feel at ease. Ask all participants to stand in a circle and ask them to throw a ball or something similar to each other. The person who catches the ball has to introduce him/herself stating:

- Name
- Where s/he lives
- Where s/he works
- What HIV/AIDS work s/he does
- What s/he did last weekend (this is to make it more personal)

After everyone has been introduced, continue throwing the ball at each other and the person who throws the ball has to name the person s/he throws the ball to. (This is to get people to know each other's names)

#### Step 2:

Hand out a card to each participant and ask them to put **one** expectation of the course on a card. Anyone who has more than one expectation can get more cards. Stress that the name should not be put on the card as this will prevent people from being open. Assemble the cards, read them aloud and group them if possible (people may have similar expectations). Write the expectations (grouped) on the flipchart

#### Step 3:

Present objectives, slide 2, 3, 4

#### Step 4:

Discuss if expectations and objectives match. If there are expectations that cannot be met, make this clear.

#### Step 5:

Present programme overview from the participant handout 1.1.2

#### Step 6:

For the benefit of everyone, all people taking part in the training course need to agree on some rules of behaviour. Ask the group to suggest them and write them on a flip chart. These could include:

- Respect each other and each others views
- Each person may choose not to involve him or herself in a particular activity
- Each person should raise their hand before speaking so that we don't interrupt each other
- What takes place in the sessions is confidential. **This is very important!!!**
- Participants and trainers should never be late
- Mobile phones have to be switched off

Make sure everyone agrees to these rules and paste them on the wall throughout the training course. Discuss what to do if someone breaks the rule (such as sing a song, recite a poem).

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### **Step 7:**

Discuss the logistics of the course. Break times, lunch information, accomodation, payment of travel cost etc.

For each day there should be two rapporteurs selected. It is their task to do the recap on the following day emphasising the learning points from the discussions.

Each day after lunch an icebreaking session takes place. For each day, two people are responsible to do a five minute icebreaker.

In all, 16 people are needed for the raporteurs and icebreakers. Ask for names and put on a flipchart.

### **Step 8:**

Ask participants to fill out the baseline questionnaire in their manual and explain that at the end of the course they will fill this in again so we can see what knowledge they have gained in the training.

## Session 1.2 – Basic communication

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### Aim

To understand the process of communication and the importance of having verbal and non-verbal communication skills

### Outcome of this session

By the end of this session participants will be able to:

- Describe the process, components and essentials of two-way communication
- Identify barriers to effective communication
- Demonstrate basic verbal and non-verbal communication skills

### Session overview

3 hours 10 minutes

Step	Time	Activity/method	Content	Resources needed
1	5	Presentation	Aims and objectives	
2	45	Brainstorm and Facilitator presentation	Process of communication	Flipchart, overhead
3	90	Group work, role plays	Non verbal communication	Chairs
4	50	Group work, role plays	Verbal communication: asking questions, paraphrasing	Handout 2.1.1

### Resources needed

Flip chart and paper  
Markers  
Tape  
Overhead projector  
Overheads/slides

### Facilitator's notes

#### Step 1:

Discuss aims and objectives of the session (slide 6)

#### Step 2.1:

Ask the group to think about the word communication, note down suggestions on a flipchart.

Wind up with slide 7: Communication is a process through which people exchange ideas, facts, feelings or impressions in ways that create a common understanding of a message Explain further that without communication, people cannot relate to one another. It applies to every aspect of people's lives.

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### Step 2.2:

Hand out condoms to each of the participants and do not communicate anything, wait for sometime and observe their response.

Then ask the group to share their thoughts, feelings. Generally the response is that they did not know what they were supposed to do. Explain that this is an example of one way communication.

If people are not explained what an action, an object or a message is for, they will not be able to ask questions for clarification or to understand what the message is. If questions and clarifications can be asked, there is two-way communication. Wind up by asking if one of the participants volunteers to do a condom demonstration. (if no one volunteers do it yourself and tell the participants that at the end of the workshop, each one of them will have done a condom demsontration)

### Step 2.3:

Ask participants to define one way communication write on flipchart, show slide 8.

Draw on a flip chart the figure of two way communication (handout 2.1.1) and explain the communication process as described in the handout. Mention all the components of the communication process:

- Sender
- Receiver
- Message
- Channel
- Effect or outcome
- Barriers in communication: external barriers and internal barriers.

Ask the participants to give examples of each of the components and recapitulate by showing slide 9 - 15.

Finally ask participants to recall the last big problem they had - any kind of problem. Ask them to picture in their minds the person they chose to go to for help with their problem. Ask them to think about the qualities that person has that made them choose to talk with that person rather than anyone else.

List them on a flipchart.

Example:

- Clear speech
- Easy language
- Ability to express ideas and feelings clearly
- Respect for the other person
- Positive attitude
- Non-judgemental
- Good listener
- Knowledgeable
- Friendly
- Showed interest

Remark that a good communicator has a number of good qualities. One quality common to all good communicators is their ability to send their message effectively across to the receiver, show slide 16. Finalise with slide 17 and discuss.

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### **Step 2. 4:**

Now ask participants what different types of communication they know. For example: Verbal, non verbal, intra-personal communication (thoughts), inter-personal communication, mass media.

### **Step 3: non verbal communication**

#### **Activity 1: (35 min)**

##### **1.1 Present slide 18 on types of communication.**

When we think of communicating with people we normally think about spoken conversations, but there is a great deal more to communication than words that are exchanged back and forth.

Tell the participants that we are going to do a little experimenting with non-verbal aspects of communication, to help us discover things about our own personal comfort levels during person to person communication, and to help us become more conscious of how non-verbal communication can influence the effectiveness of our communication.

##### **1.2: Close and far (15 min)**

Ask participants to stand up and form two straight lines facing each other, about 1 meter apart. Name one side Line A and the other Line B. Invite Line A to tell person facing them in Line B about what time they got up this morning, what they had for breakfast, etc. for 2 minutes.

Then invite both lines to take one step backward so they are approximately 1.5 meter apart. Invite Line B to tell person opposite them in Line A the same thing for 2 minutes.

Now invite each line to take two steps forward so they are approximately 30 cm apart. Invite Line A participants to tell Line B what they notice about what the Line B person opposite them is wearing, for 2 minutes.

Have the lines take one step backward again. Now ask: What did you notice? At what distance were you most comfortable? At what distance were you least comfortable? How close do you normally stand to someone when you are talking with them?

##### **1.3 :Height Advantage (5 min)**

Ask participants to pair up with the person they are facing in the line, and sit down next to each other. Ask one person in each pair to remain seated while the other stands. Have the person standing talk for 1 minute to the person seated about the last exercise. Have them switch positions, and repeat the exercise.

Call time. Ask: What was that like? How did you feel when you were standing? How did you feel when you were seated?

##### **1.4: Body Language (5 min)**

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Instruct pairs to sit so their chairs are facing each other directly. Now instruct one person in each pair to turn his or her body so s/he is turned away from the other person. Invite them to talk together for 2 minutes, then call time.

Ask: What was that like? How did it feel to be turned away from the other person? How did it feel to have someone turned away from you?

### **1. 5: Touching (5 min)**

Invite participants to turn to a person of the same sex (if you have an uneven number ask one group to form with three people) and talk together for 1 minute about the funeral of a friend while holding hands. Have them explore other ways of touching that would feel natural, while talking about the funeral. Ask: How do you offer comfort through touch? How did you feel while holding hands? What felt comforting? What felt intrusive?

Conclude exercise by saying that our bodies play a vital role in communication, show slide 19. Stress that it is important for each of us to know our comfort levels with personal space, touch, and proximity to others. It is equally important to be aware that the people we communicate with have individual comfort levels, and to do our best to notice and honour them. While touch is often an important part of communication, it is determined largely by cultural norms and by individual style, and there are no universal standards about how it should be used. Emphasize the importance of respecting cultural norms, work place rules, laws, and the comfort levels of both parties.

## **Activity 2: Active listening (45 min)**

### **2.1: (5 min)**

Present slide 20 on active listening and tell we do some role playing. Stress that people should take their roles seriously again after the laughter of the last exercise.

### **2.2 : (8 min)**

Instruct participants to pair off with someone they haven't paired off with before and suggest that they sit facing each other, and decide who in each pair will be A and who will be B.

Tell the A's they will be an older village man/woman. The B's will be a NGO worker. Tell the A's that they are to talk for 4 minutes about their son who has been working abroad and is being sick a lot. For these 4 minutes, the B's (NGO worker) should not say a word. They must simply show the A's that they are listening through body language and facial expressions.

Make sure all of the A's asked their B partner at least one question.

### **2. 3: (8 min)**

Instruct the B's to take the next 6 minutes to do 2 things:

First, tell their A partners, in 3 minutes, what they heard them say with words. Second, tell their A partners, in the remaining 3 minutes, anything they observed about the A's tone of voice, posture, facial expressions.

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### 2.4: (10 min)

Ask all of the A's in the group: Did your NGO worker let you know that s/he heard accurately what you said to him or her? Did s/he repeat your own words back to you, or use different words to let you know you were understood? (5 min). Did your NGO worker correctly notice things about your tone of voice, posture, facial expression, etc.? Were any of these observations important clues to how you were feeling? (5 min)

### 2. 5: (10 min)

Now Ask B's, the NGO workers: How was it to listen to the village person's verbal communication and observe his/her non-verbal communication at the same time? Were you able to do it? (5 min)

Did the non-verbal communication add any important information that you could not have learned through words alone? Did the non-verbal communication give you any clues about what the person might be feeling? (5 min)

### Activity 3: Emotional communication: reflecting feelings (10 min)

Reflecting Feelings is a communication skill that has to do with the emotional content of a conversation. Many people are often tempted to solve emotional situations by giving information. However, most people need to have their feelings acknowledged and discussed before they are able to truly hear and receive information. Ignoring or making light of a person's feelings can cause a person to stop communicating with you and stop hearing what you are saying.

Present slide 21 to define reflecting feelings, and its purpose. Show slide 22 for techniques for Reflecting Feelings Techniques.

Give an example on the discussion between the village person and the NGO worker.

Village person: my son is so often ill, I am wondering what might be wrong.

Teacher: It sounds like you're **worried** about your sons continuous illness or

It seems to me you are feeling a bit **anxious** about your sons illness.

Ask what words the participants would use to reflect feelings.

### Step 4: Verbal communication 50 min

#### 4.1: Asking questions

We all know that the best way to get necessary information from a person is to ask questions. Present slides 23, 24, 25, 26 on questions.

Ask participants to think of open ended, leading and closed ended questions and discuss when and why you would use each type of questions.

**4.2** Ask participants to look in their manual Handout on questioning and ask them to fill it in. Discuss answers.

#### 4.3 : Paraphrasing

Present slide 27 and explain paraphrasing.

Ask participants to pair up and discuss a subject on which they disagree (for instance sex education should be given in school from age 11 onwards). Ask the first participant to make 2-3 statements on the subject. The other has to paraphrase the statements without making any judgement or interpretation of his/her own. The first

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one gives feedback on whether he was paraphrased accurately. Reverse roles. After this, discuss:

- Was it easy to paraphrase a statement on which you disagree?
- How did you feel when you had to restrain yourself from speaking about how you feel yourself about the issue?
- As a listener, how accurate was your understanding of the speaker's statement?
- Were you able to get a better understanding of your partner after you paraphrased his/her statement?
- How did you feel at the end of the conversation. How does this feeling compare to your usual emotional state after discussing a controversial issue?
- How did you feel when your statement was paraphrased?

## Session 1.3 – Wildfire simulation

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### Aim

In order to be able to work effectively within the epidemic, it is important for participants to experience what it feels like to be exposed to HIV infection personally.

### Learning objectives

The simulation enables the understanding of:

- The speed of transmission of HIV, the notion of a sexual network and ways to stop HIV sexual transmission
- What it may imply to be exposed to or infected with HIV: stigma and discrimination, emotional turmoil, need for support
- Various social factors that influence help seeking behaviour for men and for women, and the need to counsel those seeking to undertake an HIV/AIDS test, as well as the necessity to create a supportive environment
- Why the epidemic affects everyone, not just others

### Session overview

1 hour 50 minutes

Step	Time	Activity/method	Content	Resources needed
1	90	Large group activity	Wildfire simulation exercise	envelopes

### Resources needed

- Space for 15 - 25 participants to stand in a circle, chairs for all participants
- 20 envelopes, each containing a card. Ten of the cards should read "your result is positive" and ten "your result is negative"

### Facilitator's notes

- Wildfire is complex and full of sensitive personal issues. The facilitator needs to have counselling skills and ability to cope with emotions, and a non-judgemental attitude. The facilitator should have attended the simulation as a participant and must review the notes thoroughly in advance.
- Consider the following variables in preparing for the exercise: whether or not participants are all male, all female or mixed; consider the best approach to 'handshakes to simulate having sex with someone'; the relative level of knowledge and the types of attitudes participants have about the HIV epidemic; the familiarity of participants with voluntary counselling and testing procedures and services; the degree to which an atmosphere of openness and a willingness to share feelings has developed among the participants.
- Make a small card in which you have written all the steps so you can look at it during the exercise.
- Ask beforehand one participant in private to become the HIV infected person that you will tap on the shoulder during the exercise.

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### **Step 1:**

Discuss the aim of the simulation game and explain that Wildfire is a participatory exercise that simulates the spread and some of the repercussions of HIV/AIDS. In order to be able to work effectively within the epidemic, it is important for participants to experience what it feels like to be exposed to HIV infection personally. Emphasize the need for confidentiality and mutual trust within the group for people to feel they can be open in the exercise.

### **Step 2: Explain the procedure:**

- 1) Ask participants to put down anything they are holding and to stand in a circle facing inward. Approach one participant and shake the person's hand. Tell him/her and the rest of the group that for this exercise a handshake is equivalent to having unprotected sexual intercourse.
- 2) While still holding the participant's hand, explain that we need some mechanism to indicate personal exposure to HIV and a light scratch on the palm of the hand during the handshake is the chosen method. Stress that a scratch on the palm indicates that the person has had unprotected penetrative intercourse with someone who has had intercourse with an infected person. It does not necessarily mean that the person is infected since the virus is not transmitted during every act of unprotected intercourse.
- 3) Demonstrate the hand scratch to the person with whom you are shaking hands and display it to all the other participants. Stop your handshake. Tell everyone that this was only a demonstration and that no one, at this stage, has been exposed to HIV in the exercise.
- 4) Ask people to shake hands gently since, for many, the thought of having unprotected intercourse is difficult.

### **Step 3: Select a participant to be HIV-infected.**

- 1) Tell the group that you will shortly ask them all to close their eyes and that you will then walk around the circle several times during which you will touch one person on the shoulder. For the course of the exercise, the touched person will be HIV-infected. The person whose shoulder you touch is not to tell any other group member. However, he or she will scratch the palm of every person's hand shaken during the exercise.
- 2) Tell the group that if, during the course of the exercise, any of them is scratched on the palm, that person must then scratch the palms of other people he or she shakes hands with. Remind people every time they shake hands they are having unprotected sexual intercourse.
- 3) Walk around the group and lightly touch someone on the shoulder.

### **Step 4: Participants experience the invisibility of infection.**

- 1) After touching a single person, ask the participants to open their eyes and see if they can identify the person in the group who is HIV-infected. Bring out the point that one cannot tell if a person is infected by looking at him or her.
- 2) Briefly discuss with the group how they felt as you walked around the circle. You should concentrate on facilitating the group to provide answers and information rather than giving it yourself. Bring out the point that even in a game, people are fearful of being HIV-infected and do not want to be touched.

**Step 5: Demonstration of sexual networking.**

- 1) Remind participants that there is one person HIV-infected for the exercise. Tell them that as the game begins this person will scratch the palms of those with whom he or she shakes hands. Those whose palms are scratched then scratch the palms of all the hands they shake after they are scratched.
- 2) Stipulate the maximum number of handshakes per participant: up to 3 handshakes per person for a group of 10 to 15 participants, and up to 4 handshakes per person for a group of 15 to 25. Ask everyone to participate.
- 3) Step out of the circle and ask the participants to begin shaking hands with whomever they wish up to the stipulated number.

**Step 6: Demonstration of the randomness of exposure to HIV.**

- 1) After the handshakes stop, step back into the centre. Ask all those who had their palms scratched during the course of the exercise and the person who had her or his shoulder touched at the beginning to step into the middle of the circle. Ask the others to return to the outer circle seats.
- 2) Seat the inner circle. Encourage the group to discuss what it is like to be in either position, those on the outside first, followed by those on the inner circle.
- 3) Possible questions for **outer circle**: How was your behaviour different from that of the people in the inner circle? How did you end up in the outer circle while the others are in the inner circle? How do you feel about the people in the inner circle?
- 4) Possible questions for **inner circle**: What are you thinking now that you realise it is possible that you are infected? What are you feeling now that you realise it is possible that you are infected? Would you tell anyone you may be infected? Whom? How likely do you think it is that your confidentiality will be respected? What can be done to strengthen this? Would you tell your sexual partner or partners you might be infected? What support would you need at this stage? To whom will you turn?
- 5) **Outer circle**: Will you continue having unprotected sexual intercourse?
- 6) **Inner circle**: Will you continue having unprotected sexual intercourse?
- 7) **Outer circle**: Would you have sexual intercourse again with a person in the inner circle? (If necessary, remind everyone in the inner circle that they have been exposed to the virus but it is not yet known if transmission has taken place). At some stage during the discussion, participants may ask about the possibility of an HIV antibody test. Reassure them that voluntary and confidential testing with counselling is available.

**Step 7: Knowledge of one's HIV status: voluntary/confidential testing with counselling.**

- 1) Offer the test to all in the inner circle; discuss the testing procedure, and the meaning of positive and negative results. If a participant does not want to be tested, the facilitator should explore the reasons for this decision. The person could be asked:
  - You are possibly infected. Do you have all the information you require to decide what you are going to do in light of this?
  - Are you going to ensure that no one else is put at risk from your behaviour?

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- What support will you need to sustain your behaviour? The person should then be asked to move to the outer ring.
- 2) Ask people in the outer circle what choice they would have made and why. Shuffle the test result envelopes and pass them to those in the inner circle, asking participants not to open their envelopes but to hold them. This symbolises the waiting time between taking the test and receiving the results. Questions include:
- What does it feel like to be waiting for your result?
  - What support would you need during this period?
  - Would you tell anyone you had taken the test? Whom?
  - Would you continue with unprotected sexual intercourse? Why/why not?
  - Would you be able to concentrate fully at work and/or home?

### Step 8 : Testing without consent

- 1) Before asking those in the inner circle to open their envelopes, give envelopes to a number of the women in the outer circle telling them that they are pregnant and have been tested without their knowledge or consent.
- 2) Give envelopes to a smaller number of men telling them that they were tested without their knowledge or consent while being treated for TB or a sexually transmitted infection or when they joined the military. Explore how these individuals feel about being tested without their consent. Then ask all to open the envelopes.

### Step 9: Developing strategies to live with the news that one is not infected.

- 1) Ask each person his or her test result. Discuss with each person with a negative result what impact this has had on her or him:
- How does it feel to get a negative result?
  - Are you going to change your behaviour in order to remain uninfected?
  - Do you have all the information you require about safe sex?
  - Where would you get further information?
  - What support will you need to sustain your safe behaviours?
- 3) The facilitator discusses the window period for HIV antibody testing and the need for a follow-up test if people have had unprotected penetrative intercourse during the previous three months. Ask those with a negative result to replace their cards in their envelopes and to give them back to the facilitator, then ask them to join the outer circle.

### Step 10: Developing strategies to live with the news that one is HIV-infected.

Each person with a positive result is now encouraged to discuss his or her reactions. The facilitator asks questions such as:

- Which thoughts crossed your mind when you received your result?
- What is your immediate reaction to the result?
- Will you tell people your result?
- How do you think they will react?
- Will you tell your spouse/partner/sexual partners?
- Will you tell your children? Will you tell your work colleagues?
- Employer?

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- What support do you need for all this?
- Do you want to have children? How will this test result affect that?

The positive aspects of knowing one's infection status should be discussed: the possibility of making changes to remain well, the possibility of planning for one's future and that of one's children, the prompt diagnosis and treatment of opportunistic infections. The difference between being infected and having an HIV-related illness, including AIDS, should be made clear. There should be some discussion of how to disclose infection status and the possible consequences of disclosure. When the discussion has covered all of the concerns, ask those participants who received a positive result to place their results in the envelopes.

### **Step 11: Taking back the infection**

Take the envelopes back one by one reminding the participants that this has been an exercise only and as they pass the envelope to you they also “pass back the virus”. When taking back the envelopes, ask each participant to stand and step out of the inner circle. Ask them how they feel and whether they need any help. Then ask them to move to the outer circle.

### **Step 12: Developing strategies for living with the virus in our midst.**

- 1) After everyone has moved to the outer circle, ask all participants to stand in a circle again. Explore with the participants some strategies for living with the virus in our midst. Questions could include:
  - How can we co-exist with this virus, live with it in our midst without becoming infected?
  - How can you help members of your family or friends to protect themselves?
  - How can you support those who are already affected?
- 2) Ask each participant to reflect on the exercise and say a word or name a colour to express her or his feelings or thoughts. Emphasise that the exercise is now over. At the end, participants may feel like giving each other some kind of support: a word, a smile, a touch, and a hug, or “handshakes without scratching”. A break, preferably a meal break, must be taken after this exercise to give participants time to think about the exercise and how it affected them.
- 3) The exercise can affect participants profoundly, and it is important to be sensitive to this in the hours and days that follow. Participants may wish to spend time in “support” groups immediately after the exercise and this option should be offered.

**Overheads and speakers notes of presentations of day 1**

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## Session 2.1 – How to give information

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### Aim

To give participants insight in the requirements to convey information

### Outcome of this session

By the end of this session participants will be able to:

- Understand the importance of giving information in the right way
- To explore ways of selecting and adapting information to make it relevant to different groups
- Understand the importance of using the right language
- Understand that the same information may be interpreted differently by different people
- Convey key points on a specific subject

### Session overview

3 hours 40 minutes

Step	Time	Activity/method	Content	Resources needed
1	15	Recap	Key learning from day 1	
2	5	Presentation	Aims and objectives	
3	60	Large group interaction	Information giving	Worksheet 2.1
4	40	Group work	Right language	
5	40	Game	Interpretation of information	
6	60	Group work	Key messages from fact sheets 1,2,3,5	Fact sheets

### Resources needed

Flip chart and paper  
Markers  
Tape  
Case sheets  
Fact sheets

### Facilitator's notes

#### Step 1:

Recap highlights – make sure rapporteurs only mention key learning aspects, not the whole process of the day

#### Step 2:

Present aims and objectives of the session (slide 2)

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### Step 3:

#### 3.1:

Begin the exercise by narrating the following story about Ibrahim. In the story, the directions given him are confusing. This is deliberate. So do not try to simplify the directions. Narrate the story exactly as given.

*Ibrahim once came all the way from Hyderabad to meet his friend Mohammed in Karachi. He came to the correct locality, but could not find the building in which his friend lived. He asked a passer-by, who looked like a local, for help. "Oh, it is only a few minutes' walk from here," was the reply. "First walk straight for one minute, then take the second left, take the immediate right, when you come to a circle, take the lane opposite and then turn left, and then the third right, and the second building is the one you are looking for."*

At the end of the story, ask the participants the following questions.

- Do you think Ibrahim will be able to find the building? Why not?
- Is this story relevant to our work? In what way?

Sum up with the following points:

- While the information given by the passer-by may have been correct, it is not going to help Ibrahim to find the building. In fact, he is likely to get even more confused. This is because the information was not given in a manner in which he could understand it or remember it correctly.
- This clearly shows that the way information is given has a direct bearing on whether it is understood and remembered. This is an important point to keep in mind, since a part of communication consists of giving information. We need to give information in such way that the people we talk to are able to understand our messages and remember them, and are motivated to practise health-seeking behaviour.

#### 3.2:

Distribute copies of worksheet 2.1 to the participants and tell them this activity has been adapted from a training for outreach workers working with truck drivers in India. Divide the group in three and ask each of the groups to do a role play on the situation described. After each of the role plays facilitate the discussion and note down on the blackboard the main points that emerge from the discussion. Use the points given in the analysis below to guide the discussion.

### Situation One

At the dhaba, Narender, a truck driver, brings his helper to you for treatment. Narender tells you that Vishwas, the cleaner, has been ill for the last few days. He asks you to give Vishwas some medicines. Your initial enquiries lead you to think that Vishwas may be suffering from an STD.

### What information will you give Narender and Vishwas?

- Need to motivate Vishwas to seek treatment – thus information should convince that treatment is available; that illness should be treated as soon as possible; that treatment should come from qualified medical practitioner.
- Vishwas may not be comfortable to discuss this in presence of Narender. There are 3 options: 1) ask driver to leave gently and discuss treatment with

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Vishwas alone; 2) if Vishwas does not seem to mind, take in drivers help in convincing Vishwas 3) you could talk in general about STDs and treatment and impress both men that anyone who suspects he has an STD should seek treatment.

### Situation Two

You are telling a truck driver about the importance of using condoms to prevent STDs. Another driver who is sitting nearby overhears your conversation and tells you that condoms are useless because they slip out, and also tear sometimes.

#### What information will you give the truck drivers in this situation?

- First of all acknowledge that slipping or tearing a condom can be a genuine problem – but stress that this happens only when the condom is not being used properly. You can demonstrate how strong a condom is, by filling it with water.
- Then use a condom model and demonstrate the correct way to use a condom
- Motivate the drivers that for the sake of the health of not only themselves but also of their family, they should use condoms

### Situation Three

You are talking to a group of truck drivers about treatment for STDs. Some of them tell you that even though they have been taking the tablets, the medicines do not seem to be working.

#### What information will you give in this situation?

- Convince drivers that most STDs are fully curable but the whole course of treatment has to be taken (explain why)
- Make drivers understand that it sometimes take time before the drugs start to have an effect on a person who is used to take a lot of medicines. Therefore it is necessary to go to a qualified doctor who will examine a person and prescribe an appropriate treatment
- Refer to the local clinic.

In this way discuss all the situations and role plays with the large group before summing up the exercise. After all the three situations have been discussed with the large group, sum up the exercise by making the following points:

One of the key job of communicators is to provide information to target groups such as truck drivers, IDU and commercial sex workers or individual 'clients' so that they become aware of the risks for STIs and HIV infection and other infections posed by their behaviour and are motivated to change their behaviour. Information should help them:

- To learn to recognise the symptoms of STIs
- To learn to recognise the symptoms of other infections (for IDU)
- To be motivated to seek proper treatment
- To be aware of the options available to them to prevent occurrence of STIs and other infections.

This exercise gave us an opportunity to think about what information to give so that it is most appropriate to the particular person/group we are interacting with. Show slide 3.

## Facilitator manual: Day 1- 5

Appropriate information is information that is selected and adapted to meet the needs of the group; which takes into account their level of awareness, as well as the time available for the interaction.

This exercise also gave us the opportunity to think about how we should give information. The way we give information should be such that our groups understand it and find it interesting and useful. We also need to be sensitive and tactful while giving information so that our groups do not feel targeted or offended.

### Step 4:

Divide the participants in two groups. Tell them they have to debate on the kind of language they should use in their work. Group A has to put forward arguments to use scientific language and words, group B has to argue in favour of using simple language.

Give the groups 5 minutes to prepare the arguments and select one member to lead the debate.

Have the debate between the two leaders, the facilitator notes down the main points in favour of each type of language. In this way the arguments for and against each type of language will emerge.

Sum up the exercise with the following points:

- If we use colloquial language, people would immediately understand what we are saying. But some of these words may be abusive and disrespectful, especially towards women. Which is why we should not use this type of language
- Being familiar with the colloquial language, helps the communicator to understand what the person is saying
- If we use scientific and technical words, people may not understand what we are saying and may thus lose interest in the topic of discussion
- They may also misunderstand what we are saying and this creates confusion and may add to misconceptions
- Language must be: Simple and easily understood; Respectful, non abusive and gender sensitive; Such that user and listener are comfortable with it; Must not be hurtful or ridiculing people (slide 4)

### Step 5:

Ask participants to sit in a circle. Tell them to close their eyes and say:

**I have six leaves in my hands.**

After a minute ask them to open their eyes and ask them to draw on their notepads the message you gave (individually, not peeking at others' drawing, give them 2 minutes). Ask five participants to show what they drew.

Then lead the group in the discussion:

- Were all drawings the same
- Had everyone drawn the same kind of leaves
- Did all draw hands in the same way
- Why did different people draw different things even though they had been given the same information
- What can we learn from this about communication and information?

Sum up with slide 5.

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### Step 6:

Divide the participants in four groups. They get 30 minutes to prepare for the role play.

Group 1 takes fact sheet 1 and has to decide how to give the information of the fact sheet to a commercial sex worker who is 23 years old and illiterate.

They do a role play with one NGO worker and one sex worker.

Group 2 takes fact sheet 2 and has to decide how to give the information of the fact sheet to a man who has come to the NGO worker because he thinks he has an STI. They do a role play with one NGO worker and a man.

Group 3 takes fact sheet 3 and has to decide how to give the information of the fact sheet to a young male adult – out of school. In the role play the NGO worker will do a condom demonstration to the young man.

Group 4 takes fact sheet 5 and has to decide how to give the information of the fact sheet to a returnee migrant who wants to get tested, but wants to know the procedure before he goes. In the role play the NGO worker will tell the man what VCT is all about.

After the role play, lead the discussion by asking:

- Was the information understandable for the listener
- What kind of words were difficult, what easy
- Was the information too much or too little
- Did the “NGO worker” check if the information had been understood
- Were the “NGO workers” comfortable in using words related to sex?
- How can we ensure that we convey the information in such a way that we feel comfortable with giving the information and the ‘listener’ will understand what we explain.

## Session 2.2 – Talking about sensitive issues

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### Aim

To learn how to overcome barriers to talk about sensitive subjects

### Outcome of this session

By the end of this session participants will be able to:

- Understand the influence of culture and tradition in discussing sensitive issues
- Discuss sex and sexual behaviour with more confidence
- Understand the need to be sensitive about a persons feelings when we talk about sexual behaviour

### Session overview

1 hour 30 minutes

Step	Time	Activity/method	Content	Resources needed
1	90	Group work and plenary discussion	Use of sexual language Cultural and social barriers	Flipcharts

### Resources needed

Flipchart  
Markers  
Paper and pens

### Facilitator's notes

#### Step 1:

##### 1.1

Introduce the exercise with the aims of the session. Tell them that we will examine the kind of words we have to describe sexual subjects. We will be discussing sexual terms and sexually explicit language may be used, including colloquial language that may be offensive for some people. Note that people may not feel comfortable using these terms, but as HIV/AIDS workers and communicators we have to learn to overcome our discomfort. Make sure that you do this introduction well and that people understand why we are doing this.

##### 1.2

Divide the participants into four groups. Give them a flipchart each and tell them this is a competition. The facilitator will give a series of words and your task is to see which group can create the longest list of words or phrases that are synonyms of the words given by the facilitator – they may use any kind of words used in communities: technical, slang, local language etc.

## **Facilitator manual: Day 1- 5**

### **1.3**

One by one write the following words on the flipchart and give the groups 3 minutes for each word. Penis, vagina, masturbation, vaginal intercourse, anal intercourse, oral sex, breasts, semen, erection, condom.

### **1.4**

Ask the participants to read out their lists. First ask one group to read the list, then ask other groups to read additional words that they have. Start every time with a different group. Judge together for each word which group has won.

### **1.5**

Facilitate a discussion starting with:

- How did you feel using these words
- Which words were hardest to say
- What kind of people use these words (doctors, adults with each other, youth with each other, women, men etc.)
- Why are there such different responses to each word?
- What are the cultural and sexual attitudes that are revealed in the language we use?

### **1.6**

Ask each group to identify cultural barriers to discussing sex and sexual behaviour – keeping in mind how they would feel when a counsellor would ask them questions about their sexual behaviour. After 20 minutes, ask each group to present these barriers and list these down on a flipchart. In plenary discuss ways to overcome these barriers.

## Session 2.3 – Understanding behaviour change

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### Aim

To understand the process of behaviour change

### Outcome of this session

By the end of this session participants will be able to:

- Understand that it is not easy to change behaviour especially when it is based on strongly held beliefs and convictions
- Understand that it is possible to change and that motivation to change plays a key role in this
- Identify the steps in the process of behaviour change

### Session overview

2 hour 35 minutes

Step	Time	Activity/method	Content	Resources needed
1	20	Plenary	Behaviour change	Overheads
2	50	Group work	Factors that determine behaviour change	Handout
<b>End of day 2</b>				
3	15	Participants	Recap of day 2	
4	40	Group work	Steps in behaviour change	Handout
5	40	Role play	Condom negotiation skills	Condoms and candles

### Resources needed

Handout on role on factors that determine behaviour change and on the process of behaviour change.

Condoms

Candles

### Facilitator's notes

#### Step 1.1:

Discuss aims and objectives of the session (slide 9)

#### Step 1.2:

Start the activity by asking the following question:

How many drink alcohol?

*It is likely that few people consume alcohol*

Next, ask those who do not drink alcohol

Would you drink alcohol if you were told that this would increase your life span by twenty years?

*It is likely that all or most of the non-drinkers are not going to change their behaviour as the incentive offered goes against their strongly held beliefs. It also does not offer immediate benefit.*

## Facilitator manual: Day 1- 5

Then, ask those who drink alcohol:

Would you stop drinking alcohol if you were told that this would increase your life span by twenty years?

*Again, it is likely that many of the drinkers are not going to change their behaviour as the incentive offered does not offer immediate benefit.*

Now tell the whole group:

Imagine that you are all very seriously ill. Your doctor tells you that the only way you can recover is by drinking alcohol at least once a day. Under these circumstances would you consider changing your behaviour, that is, would you consider drinking alcohol?

*It is likely that although the doctor's advice goes against their strongly held beliefs, more participants would be willing to change their behaviour. This is because the incentive offered is a very strong and immediate one. It could mean the difference between life and death.*

**Note: if you think drinking of alcohol is not a good example, you could also use wearing a burqa, wearing a hijab or wearing a head cover. Or think of some other issue that reflects strongly held beliefs.**

Finally, ask the participants if they can see any connection between these questions and their work. Sum up the discussion with the help of the following points:

1. One of the things that this exercise showed us was that it is difficult to change behaviour which is based on strongly held beliefs and values. As an NGO worker we deal with the same problem on a daily basis. For example, many of us have first-hand experience of groups being unwilling to use condoms because they believe that it is unmanly to do so.
2. Another point made by this exercise was that it is possible to change such behaviour if people are motivated in the right way. As NGO workers we have first-hand experience of this as well. One of our biggest challenges is to find ways and means of motivating our target groups in such a way that their resistance is overcome and they see the importance of adopting safer sex practices.
3. We can meet this challenge by enhancing our skills in information giving. Because it is the right information communicated in the right way, that is the key to motivation, and ultimately to behaviour change.
4. At the same time, we must also accept that it is not possible to change each and every individual's behaviour. Because in addition to motivation, which we can provide, there are other factors which are necessary for behaviour change - such as a supportive environment, which as an NGO may not always be possible to ensure.
5. Above all, we need to keep in mind that behaviour change is a process that takes time. And yet, as we all know, we outreach workers have limited time with our groups. The challenge therefore is to find ways to make the most of each interaction in order to take our target groups towards health-seeking behaviour.

Show slide 10.

## Facilitator manual: Day 1- 5

### Step 2:

Show slide 11 and handout 2.3.1

Explain the slide, ask with every factor if they have examples.

Then divide the group in four small groups and ask them to discuss what the determining factors would be for behaviour change for: Commercial sex workers to use condoms; intravenous drug users to stop sharing needles; MSM to use condoms; PLWHA to be open about their status. Give them 30 minutes and ask each group to present and discuss outcome.

### Step 3: recap of day 2, programme of day 3

Recap highlights – make sure rapporteurs only mention key learning aspects, not the whole process of the day

### Step 4:

Show slide 12 and explain the process of behaviour change.

Divide the group in 3 small groups. Ask the participants to use the handout on behaviour change and the steps in behaviour change. Ask the groups to fill in what happens in each stage of awareness to behaviour change (they can decide on the topic of behaviour change) and what the role of communicators can be in each of these stages given in the worksheet. Group 1: IDU; group 2: Commercial sex workers; group 3: out of school youth in difficult circumstances. Give them 20 minutes. Then ask them to present results and discuss.

### Step 5:

Ask the participants to pair up with someone of the same sex. One of the pair takes the role of a commercial sex worker who has to convince her client that he should use a condom. The other person is the client who does not want to use a condom and tries to convince the sex worker to do it without. At the end one of the pair has to do a condom demonstration, putting the condom on the candle. Give 10 minutes for this. Come back in the group and ask for reactions on the exercise:

- What arguments were used to convince the client?
- What arguments were used to convince the sex worker?
- What arguments work best? (often this has to do with finding a motivational factor for the other party– such as protection of your family (sex worker) or I pay more for not using a condom (client))
- What can we learn from this?

## Overheads and speakers notes of presentations of day 2

## Session 3.1 –The principles of counselling

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### Aim

To give participants a general introduction to the principles of counselling and to its place in supporting people living with HIV and AIDS.

### Outcome of this session

By the end of this session participants will be able to:

- Define counselling
- Identify key features of counselling – principles, process, skills and values
- Explain the difference between education, motivation, communication and counselling

### Session overview

2 hours

Step	Time	Activity/method	Content	Resources needed
1	5	Facilitator presentation	Introduction to the topic	Overhead
2	35	Facilitator presentation	Definition of the principles of counselling, qualities of a good counsellor	
3	40	Group work and game	Difference in education, motivation, communication, counselling	
4	40	Facilitator presentation	The process of counselling (Gather)	

### Resources needed

Flip chart and paper  
Markers  
Tape  
Overhead projector  
Overheads/slides

### Facilitator's notes

#### Step 1:

Present aims and objectives of the session

#### Step 2:

Write on a flipchart the word principle and ask what participants understand by this word (principle = guideline that governs a particular behaviour or activity)

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Then write the word counselling and ask what participants understand by this word (the process of assisting someone in making an informed choice that result in a plan of action to solve a problem).

Present the overhead slides 3-6. When coming to slide 7 on the qualities of a counsellor, before showing the slide ask participants to name these qualities, and list them on a flipchart, then present the slide. Discuss the differences between qualities of a good communicator and qualities of a good counsellor.

Then ask participants to name different types of counselling and discuss what they are:

- Pre-test counselling
- Post-test counselling
- Crisis counselling
- Preventive counselling
- Bereavement counselling
- Family counselling

### Step 3:

#### 3.1 (30 min):

Divide the participants in small groups and ask them to write down what is:

- Motivation
- Health Promotion
- Information giving
- Education
- How these are different from counselling

They can use the handout 3.1.2 for this assignment.

Ask the representative of the groups to present the definitions, list down the replies of the participants on flip chart / white board and discuss the outcome.

Summarize with the slides 9-12 and an agreement on what counselling is not (slide 13):

- **Counselling is not giving advice:** Advice is mainly one-way. Counselling is a two way interaction.
- **Counselling is not guidance:** The counsellor avoids telling the client how to solve the problems or what decisions to make or action to take.
- **Counselling is not health education:** Although education can be an important part of counselling, the information provided in counselling is tailored to the needs of an individual client.
- **Counselling is not ongoing therapy:** The counselling intervention focuses on immediate problem.
- **Counselling is not a conversation:** It is not just people exchanging information and opinions.
- **Counselling is not interrogation:** The client is not being questioned to find out the truth.
- **Counselling is not preaching:** It should not be a forum to voice or promote a counsellor's opinions.
- **Counselling is not confession:** the client is not being pardoned or forgiven.
- **Counselling is not just information giving:** The client does not come to the counsellor solely for information though information may be given sometimes. There is also a need for psychological support.

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### 3.2: (10 min)

Motivation, Education, Counselling “What am I Doing Game”. Ask participants to stand in a circle and read out each statement, twice if necessary. After each statement, ask one person in the group to identify what it is the facilitator is doing.

- I am talking to a village chief about why AIDS education is important to the village. What am I doing? (motivation)
- I am a satisfied user of the condom, and I am talking to my neighbour about why I like it, from where I got it, and how it is free. What am I doing? (motivation)
- I am listening to a woman complaining that her husband’s family is opposed to modern methods of family planning, including condoms, and discussing with her some options. What am I doing? (counselling)
- I am explaining a range of contraceptive methods to a woman who wants to prevent pregnancy and infection with HIV (education)
- She is trying to decide on a method. What am I doing? (counselling)
- I am talking to a group of women gathered at the village well. I ask them about the health problems that they have (motivation)
- Then I tell them how to prevent getting infected with HIV. What am I doing? (education)
- I am asking a woman in an antenatal clinic if she knows that a baby can get HIV in the womb from its infected mother. What am I doing? (education)
- I am explaining to an HIV-positive mother in the child health clinic why she should breastfeed her baby. What am I doing? (motivation)
- I am talking to a group of patients with AIDS-like symptoms at a hospital. I am telling them what the HIV blood test is and what the results can indicate. What am I doing? (education)
- I am talking to a woman about her concerns that her husband has several “girlfriends.” The woman is worried that he might “bring home” an illness. What am I doing? (counselling)

### Step 5 (40 min):

Present the slides (14 – 20) on the process of counselling (see also handout).

## Session 3.2 – Basic counselling skills

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### Aim

To enable participants to offer basic counselling support to people in their communities

### Outcome of this session

By the end of this session participants will be able to:

- Name and explain the basic skills of counselling
- Demonstrate these skills appropriately in role play counselling situations

### Session overview

2 hours 40 min

Step	Time	Activity/method	Content	Resources needed
1	5	Facilitator presentation	Introduction to the topic	Overhead
2	35	Facilitator presentation	Basic skills in counselling	Overhead
3	120	Role plays	Practical application of counselling skills	Cases

### Resources needed

Overhead projector  
Overheads/slides  
Handouts and cases

### Facilitator's notes

#### Step 1:

Give aims and objectives of the session (slide 22)

#### Step 2:

Discuss slides 23 and 24 on counselling skills. Use handout 3.2.1. Ask participants to give examples of each aspect.

#### Step 3.1 (40 min):

Ask participants to read each client statement, and write down the feeling or feelings that the client might be experiencing.

Then ask participants to give a possible reason why the client might be feeling this way. Give participants approximately 10 minutes to complete Counsellor's worksheet. Brainstorm on other phrases they might use to identify and reflect feelings.

Ask each participant to choose a partner. One partner should play the client and the other the counsellor. Explain that participants will practice identifying and reflecting

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feelings using the client statements and counsellor worksheet. The client is to read statement 1 from their worksheet. The counsellor should look at his/her own notes on the worksheet 1 and worksheet 2 and use them as well as the feelings the client is now presenting to respond with a phrase that reflects the client's feeling.

When this is complete the client and counsellor switch roles for 2. The pairs are to continue this process until they have completed all 5 statements on the worksheet. Encourage participants to try different phrases each time they play the role of counsellor. Ask the pairs to briefly discuss this activity and give feedback to each other. Once completed ask participants to return to the large group.

Ask the following questions to the group and close with a summary of the major points. Points of discussion:

- How easy and comfortable did you feel identifying and reflecting feelings?
- What made you feel uncomfortable?
- How will identifying and reflecting feelings be useful for the client?
- What were the differences in identifying feelings in the Client Statements Worksheet" and during the live role-plays?

Clients give many verbal and non-verbal clues about their feelings without expressing them directly. When the counsellor puts the client's feelings into words and relates the feeling to a real problem or situation, the client becomes more aware of his feelings. This will help the client make effective decisions about his/her future.

### **Step 3.2 Role play counselling (60 min):**

Divide in small groups of 4 persons each of which one will be the counsellor, one the client and two observers.

The counsellor will begin with an open question, using some or all of the skills already learned. The observers will look at the skills and concepts used in the counselling session.

#### **The cases:**

Case 1:

Female sex worker aged 32, married

Recently diagnosed with gonorrhoea.

Uses condoms occasionally with clients but never with husband.

Case 2:

A 25 year old bisexual male, married.

The wife is unaware of his occasional relationship with men.

He is currently involved with someone who is HIV positive

He does not feel comfortable discussing his bisexuality.

Case 3:

A male university student, aged 21.

Occasionally visits a commercial sex worker.

Currently has a girlfriend.

Never uses a condom.

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Case 4:

A divorced woman, aged 31.

She has three children.

She is dating a man who refuses to wear condoms.

She occasionally has other sexual partners.

After the role plays, the observers reflect on what they saw (how did the counsellor perform and how did the client react. What was the body language – what was the impact of the body language) and discuss this in their own group. They can also discuss how they can improve, each group formulates learning points.

### **Step 3.3: (20 min)**

In plenary, the observers present the learning points and these are compared and discussed.

## Overheads and speakers notes of presentations of day 3

## Session 4.1 –Understanding oneself

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### Aim

To understand how our own values and judgements can become barriers to effective communication

### Outcome of this session

By the end of this session participants will be able to:

- Identify one's own values and attitudes towards specific groups or people such as people living with HIV/AIDS, commercial sex workers, intravenous drug users etc.
- To get different perspectives on the issues of marginalized groups
- To identify one's own values and attitudes towards sex and sexual behaviour

### Session overview

1 hour 30 minutes

Step	Time	Activity/method	Content	Resources needed
1	15	Recap	Key learning from day 3	
2	45	Plenary	Perceptions	Flipchart
3	30	Plenary	Statements	Statements

### Resources needed

Flip chart and paper  
Markers  
Statements

### Facilitator's notes

#### Step 1:

Recap highlights – make sure rapporteurs only mention key learning aspects, not the whole process of the day

#### Step 2:

Present aims and objectives of the session (slide 2).

Tell the group that you will mention certain terms and they have to immediately respond with the first words that come to mind. For example, if you give them the word "rose" they could say "sweet", red, romance, thorns or any other word they associate with rose.

Start the game with the term "Husband". Encourage immediate responses and have another trainer note them down on the blackboard. Next, give them the them "Wife". Make sure that the responses are written down on the blackboard. Do the same for AIDS, Intravenous drug user, HIV positive person, Prostitute (*The word prostitute rather than commercial sex worker has been deliberately used to make the game more effective*), homosexual.

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Once the game comes to an end, spend some time in analysing the responses that the group has come up with. Draw attention to the words listed on the blackboard under these words and ask the following questions.

- Are the responses mostly 'negative'? Have words such as "illiterate", "dirty", "abusive" been used?
- If so, what do they convey about our attitudes towards these groups that we work with?
- Do the responses reflect our prejudices / biases?
- Do we really believe that our target groups have the same 'negative' qualities?
- What impact will our attitudes towards these groups have on our work?

Sum up the discussion with the help of the points given below:

- This game helps us explore how we see the groups that we are working with. Often we may not even be aware that we see them negatively. We may not be conscious of our biases and prejudices. And yet, these biases and prejudices may make us condemn our target groups.
- We must realize that our biases and prejudices towards our groups can hinder our communication with them. For example, if we see commercial sex workers negatively, they will soon realize this and will, in turn, not be responsive. We may take care to see that our words do not communicate our negative attitude, but somewhere along the way, our body language or tone of voice may reveal our true feelings.
- We need to be aware of our negative perceptions, our biases and prejudices, and work towards overcoming them. Talking to our groups, sharing experiences with colleagues, perhaps reading studies can give us a better understanding of the way our groups live and work. By finding out more about our groups, we can also make sure that our perceptions are based on facts and not simply on some typical images that we have in our minds about a group.

Now go back to the words listed on the flipchart. Ask the group the following questions to take the analysis further:

Did anyone use words such as "husband" or "worker" to describe 'HIV positive person'?

Were words such as "daughter" or "citizen" used to describe "Prostitute"?

Was the word father used to describe an intravenous drug user?

If such words have been listed, appreciate this and point out that they

indicate that we do see these people as people like us -- as people who have families, as people who are citizens of our country.

If such words have not been listed, ask the group what this indicates about the way we look at 'our target groups'.

Use the following points to sum up this part of the exercise:

- Often, we are so caught up in our work that we tend to see the groups we work with as 'targets' for information, rather than as people, as human beings like the rest of us. Our 'limited' view of them makes us forget that they too have families and friends, their own concerns and interests, hopes and fears.

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- This limited way of seeing our groups is bound to affect our work. Our groups will not really respond to us once they realize that we are not interested in them as human beings but only because they are the right 'targets'. Consider how we would feel, if our groups also took a limited view of us and began seeing us only as "*AIDSwallas*"

It is therefore essential for us to make a conscious effort to see everyone in our target groups as an individual with a distinct and unique personality. We need to develop an attitude of respect towards them, and be sensitive to their feelings and beliefs.

### Step 3:

Statements and sentences: Agree / disagree / don't know

1. Call all participants to the centre of the room.
2. Indicate a long line on the ground where one end represents "I agree" and the other "I disagree". The centre of the line represents "I don't know or I am neutral".
3. Now read each statement slowly and clearly and instruct the participants to position themselves along the line according to whether they agree or disagree with the statement or don't know.
4. Then invite participants, after each statement, to comment on why they positioned themselves as they did and encourage debate between the opposing positions.
5. There are no right or wrong answers, and we get to acknowledge how strongly we feel about issues and how different we are and that's OK.
6. Debrief by allowing participants to say how they felt doing the exercise – OK or perhaps uncomfortable. Both are typical and discomfort should be sensitively acknowledged, as, for many people, discussing sexual issues and one's own feelings is difficult.

### Statements:

1. Women with HIV infection should not have children
2. Men have stronger sexual urges than women do and when not with his own partner, need another partner to feel satisfied
3. Women should never have extra-marital relations
4. People who have more than one sexual partner are promiscuous
5. People who are HIV positive shouldn't have sex
6. Needle exchange programmes will promote intravenous drug use

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7. Men having sex with men indulge in abnormal sexual behaviour
8. IDUs should be compulsory tested for HIV
9. Sex education in school leads to children engaging in sex
10. Talking to women about condoms makes no sense as the decision is not in their hands
11. It is OK to isolate HIV positive people in a separate ward

## Session 4.2 – Ethics in counselling

---

### Aim

To familiarize participants with the meaning and implications of ethics in counselling

### Outcome of this session

By the end of this session participants will be able to:

- Understand and be sensitive about ethical issues in counselling
- Discuss human rights implications of confidentiality

### Session overview

1 hour 30 minutes

Step	Time	Activity/method	Content	Resources needed
1	5	Presentation	Aims and objectives	Overhead
2	55	Group work	Ethics in counselling	
3	30	Brainstorm	Confidentiality	

### Resources needed

Overhead projector  
Overheads/slides  
Flip chart and paper  
Markers

### Facilitators notes:

#### Step 1:

Present aims and objectives of the session (slide 4)

#### Step 2:

##### 2.1 What are ethical issues in counselling?

Put up blank flipcharts on different walls of the room and write an ethical issue at the top of each sheet: Confidentiality; Respect for a person's rights; Professional Conduct plus one blank flip chart.

Divide into groups and assign each group to a topic. Ask groups to brainstorm points for their ethical issue and record them quickly. Ask them to start writing their first thoughts immediately, not stand talking for a long time without writing. After 10 minutes ask them to move to the next chart and add points to the ones already written. Continue until groups have contributed ideas to all of the questions (any other ethical issues which do not fit into any of the topics can be written on the blank flipchart.)

Then review each sheet and discuss questions, concerns, or misinformation.

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### 3.2 Cases for ethics

Divide the group in 4 groups and ask them to discuss a case study each for 15 minutes (see handout 4.2.1). Explain one issue as an example, for instance, does an employer have the right to test a migrant worker and send him back if he is HIV positive? Does an HIV positive woman have the right to become pregnant and run the risk that the child may be orphaned at a young age? One person will report for each group. After each presentation, have a discussion in plenary.

#### Step 3:

The case studies all involve aspects of confidentiality. Brainstorm in the group the questions:

- What happens if you disclose a person's HIV status to his/her partner?
- What are some of the likely repercussions of breaching confidentiality?
- What can we do about the counsellor's dilemma?
- How feasible is condom promotion?
- What can we offer to people who are infected and want to get married?

#### Summarize with some ethics of confidentiality:

People have a right to confidentiality. To divulge information which is highly personal, could be detrimental not only for the individual but also for people around them such as partners and family members. The requirement of confidentiality forbids any reference to, or discussion about, a client except within a professional relationship, and only with consent of the client.

An often difficult situation for the counsellor is to keep the status of the client from the family. The conflict or dilemma occurs in taking the larger public interest into consideration. For instance what happens if the positive person continues to put people around him/her at risk of getting infected.

Professional ethics requires the counsellors to maintain strict confidentiality concerning all personal information obtained from clients.

## Session 4.3 – Stigma and discrimination

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### Aim

To explore how and why stigma and discrimination is associated with people living with HIV and AIDS

### Outcome of this session

By the end of this session participants will be able to:

- Define stigma and discrimination
- Understand some of the root causes of stigma in the community
- Understand the consequences of stigma in the community
- Recognise our own stigmatising language and behaviour
- Identify ways to treat HIV positive people in a non stigmatising and non discriminatory manner

### Session overview

3 hours 20 minutes

Step	Time	Activity/method	Content	Resources needed
1	15	Brainstorm	What is stigma and discrimination	Flipchart
2	30	Presentation	Stigma and discrimination	Overheads
<b>Lunch</b>				
3	60	Group work	Causes and consequences of stigma and discrimination	Cards and pens
4	15	Brainstorm	Concerns of a HIV positive person	Flipchart
5	60	Role play		
6	30	Group work	Stigmatizing language and discriminatory actions	Flipchart, NACP booklet

### Resources needed

Overhead projector  
 Overheads/slides  
 Flip chart and paper  
 Markers  
 NACP guide on ethical terms

## Facilitator manual: Day 1- 5

### Facilitators notes:

#### Step 1:

Present aims and objectives of the session.

Write the word stigma and the word discrimination on a flipchart and brainstorm about the meaning. Stigma is a social label that alters the way individuals view themselves and are viewed by others. Discrimination follows stigma and is the unfair and unjust treatment of an individual or group based on real or perceived HIV status.

#### Step 2:

Give the presentation, slides 7-19

#### Step 3:

##### 3.1:

Explain that we will be exploring HIV and AIDS-related stigma using the image of a tree to represent the problem. The base, or trunk, of this tree will represent the problem: stigma related to HIV and AIDS. The roots of the tree will represent the causes of stigma related to HIV and AIDS in their community (cultural, economic, social) and the leaves and branches will represent the consequences.

##### 3.2:

Divide participants into four groups. Two groups get one colour paper and work on the roots (causes), the other groups get another colour paper and work on the leaves (consequences).

##### 3.3:

Instruct the "consequences" group to brainstorm a list of consequences of HIV stigma and start them off with four main consequences:

- People will not disclose their HIV status
- People will not go for testing
- People lose their jobs
- People will withdraw from community activities

From these four (and they can add more) they will have to ask 'and so what happens' to list the further consequences

Instruct the "causes" group to brainstorm a list of causes of HIV stigma and start them off with four main causes:

- Lack of knowledge/ignorance
- Fear
- Moral judgements
- Prejudice (gender)

From these four (and they can add more) they will have to ask 'but why exists this cause' to list the underlying causes.

Each item should then be written on coloured card. Give the small groups 30 minutes to brainstorm their list and prepare their presentation where they put the cards leading up (consequences) and leading down (roots). Instruct them that they have to consider the causes and effects not only on individuals but also on families and communities, and include **gender** aspects.

## Facilitator manual: Day 1- 5

Encourage the "roots" group to dig as deeply as they can to explore the underlying causes. For example, one root of HIV stigma may be its association with "sex work," the causes of which might be "poverty," "lack of resources to support one's family," or "men seeing women as sex objects."

Going deeper, the roots of "poverty" might be "restrictive government policies," "scarcity of community resources," "colonialism," "legal restrictions of women's right to own property," or "unequal resources worldwide."

Encourage the leaves group to think of consequences on different levels. For example, some of the leaves may be "health facilities turn HIV-positive people away," "people are losing their jobs," "women are getting kicked out of their homes," "women are being blamed by the community," or "women are getting beaten by their husbands." Follow each branch leading out of the consequences and write additional ones. For example, "people die," "children are orphaned," "children have no means of support, education or occupational training, resulting in poverty," etc.

### 3.4

Have each group present their work and compare the work of the two groups working on the same aspect.

### 3.5

Facilitate the group discussion by exploring more deeply and discussing some important causes or consequences that may not have been presented.

Once the tree is complete ask the following questions, using the tree as reference:

- How does stigma lead to discrimination?
- Why is stigma associated with HIV and AIDS?
- Is there stigma related to HIV and AIDS in your community? If yes, how is it expressed?
- Are certain groups of people in your community stigmatised because they are thought to be more likely to have HIV or AIDS?
- What is the gender dimension of stigma and discrimination?
- Does HIV discrimination exist in the health centre/hospital? If yes, what are some examples?
- How does discrimination affect quality of care for clients coming to the hospital?

### Step 4:

Tell participants that we will be examining stigma and discrimination from the perspective of someone who is HIV-positive or presumed to be. In a large-group brainstorm ask the following questions, writing participants' responses on flipchart paper:

- What are some of the concerns that an HIV-positive person in your community might have?
- What concerns might an HIV-positive person have about coming to a health care facility in your community?

Possible responses:

- Fear of telling partner and family
- Fear, anger, sadness and other emotions related to death
- Fear of revealing their HIV status to their health care provider

## Facilitator manual: Day 1- 5

- Concerns about confidentiality if they tell people about their HIV status
- Fear of losing one' s job if others find out they are infected
- Concern about maintaining health and questions about expected life span
- Questions about possible treatments for self and prevention of mother-to-child H/V transmission
- Confusion or misinformation about how s/he became infected
- Concern about pregnancy and mother-to-child H/V transmission
- Concern about transmitting HIV to others.
- Fear of stigma in the community
- Fear of violence or abandonment by partner and family
- Hopelessness or suicidal thoughts
- Concern about the future for her/his partner and children
- Lack of economic or social support

### Step 5:

After the brainstorming session, divide participants into small groups of four or five people and explain that they will be developing small plays to demonstrate HIV and AIDS discrimination in their community. Each play should show discrimination and how the situation could be addressed to reduce stigma and discrimination in the community. Give the groups 15 minutes to prepare.

Let the groups show their plays and discuss:

- Do you think these are realistic scenarios?
- What ethical and rights dilemmas did these scenarios explore?
- What did you observe in the behaviour of the people portrayed that did not or did reflect discrimination against the person known or presumed to be infected with HIV?
- What would you do differently to ensure that people with HIV, or those presumed to be HIV-positive, are not discriminated against?

Summarize the session by reviewing with participants the key points from the discussion related to:

- Causes and consequences of HIV stigma
- Behaviours or practices in the community that are discriminatory
- The ways NGOs, health care staff and communities can ensure that people with HIV, or who are thought to have HIV, are not discriminated against. Discuss strategies (for instance try to portray HIV in a similar way as Hepatitis B as this does not carry stigma).

### Step 6:

#### 6.1

Start by stating the objective of this part of the session: to identify language and practices used that contribute to the stigmatisation of and discrimination against people living with HIV and AIDS and to identify non-stigmatising language to use when talking about HIV and people living with HIV and AIDS. Also to identify ways to treat HIV-positive clients in a non-stigmatising or non-discriminatory way.

Make two flipcharts one with Stigmatising/discriminatory and one with Non Stigmatising/ Non discriminatory.

## Facilitator manual: Day 1- 5

### 6.2

Split participants into four small groups. Each group will brainstorm one of the following:

Group 1: Stigmatising words/phrases/language related to HIV or people living with HIV.

Group 2: Actions or practices you might see in the community that stigmatise or discriminate against HIV-positive people.

Group 3: Non-stigmatising words/phrases/language related to HIV or people living with HIV.

Group 4: Actions or practices you might see in the community that are non-stigmatising/non-discriminatory to HIV-positive people.

Explain that each group should come up with as many points as they can, but at least five, and write each one on a separate card. Give examples of stigmatising and non-stigmatising language and discriminatory and non-discriminatory actions to get the groups started. Give them 20 minutes for this activity.

### 6.3:

Have groups put their response cards under the appropriate heading on the flipchart, left the words, right the actions. Keep the groups at the wall and have them review all the cards written by other groups. Once all participants have had the time to review the cards, lead a group discussion in which you ask about the origins of stigmatising language and actions and examples of appropriate ways to treat HIV-positive persons?

During the discussion, present the NACO guide on ethical terms:

- The use of HIV/AIDS versus HIV and/or AIDS: Point out how the former makes no distinction between being HIV-positive and having AIDS. Stress that in order to make people aware that HIV-positive people can live healthy and productive lives, without illness, we should not combine the two acronyms.
- AIDS victim, sufferer, etc: Similarly these terms do not recognize that HIV-positive people can live healthy, productive lives, and that they are not necessarily in need of other's pity.
- High-risk group: This phrase has contributed to the stigmatisation of certain groups in society, such as commercial sex workers and truck drivers, as the source of the HIV epidemic. It has also contributed to people's reluctance to get tested or disclose their HIV status because they do not want to be associated with these groups. Finally, it has contributed to denial about the risk behaviours of those who do not identify with any of the so-called "high-risk groups."

## Facilitator manual: Day 1- 5

<b>Stigmatising language</b>	<b>Non stigmatising language</b>
AIDS victim Bad blood AIDS sufferer AIDS carrier AIDS is a death sentence High-risk groups AIDS orphan HIV/AIDS	HIV-positive person Person living with HIV People living with HIV or AIDS HIV and AIDS HIV-positive patient Positive living
<b>Discriminatory actions</b>	<b>Non Discriminatory actions</b>
Change of facial expression when finding out you talk with a HIV positive person Gossiping behind the back of a HIV positive person Denial of full, unconditional, high quality care Isolating HIV-positive patients in a corner	Warm greetings, showing care and compassion Touching an HIV-positive person Respect, privacy, dignity, right to opinion Listening Emotional support Positive non-verbal communication

## Overheads and speakers notes of presentations of day 4 and 5

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## Session 5.1 – Care and support to people living with HIV and AIDS

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### Aim

Participants will gain knowledge and skills in providing effective support for people living with HIV and AIDS in the community

### Outcome of this session

By the end of this session participants will be able to:

- Identify the physical, emotional, social and spiritual needs of people living with HIV and AIDS and their family
- Identify ways of meeting the needs of people living with HIV and AIDS and their family members

### Session overview

1 hour 30 minutes

Step	Time	Activity/method	Content	Resources needed
1	15	Participants	Recap of day 4	
2	5	Facilitator presentation	Aims and objectives of the session	Overheads
3	20	Facilitator presentation	Maslow hierarchy of needs	Flipchart
4	60	Group work	Care for people living with HIV and AIDS	

### Resources needed

Overhead projector  
Overheads/slides  
Flip chart and paper  
Markers

### Facilitators notes:

#### Step 1:

Recap highlights – make sure rapporteurs only mention key learning aspects, not the whole process of the day.

#### Step 2:

Explain aims and objectives of the session.

#### Step 3:

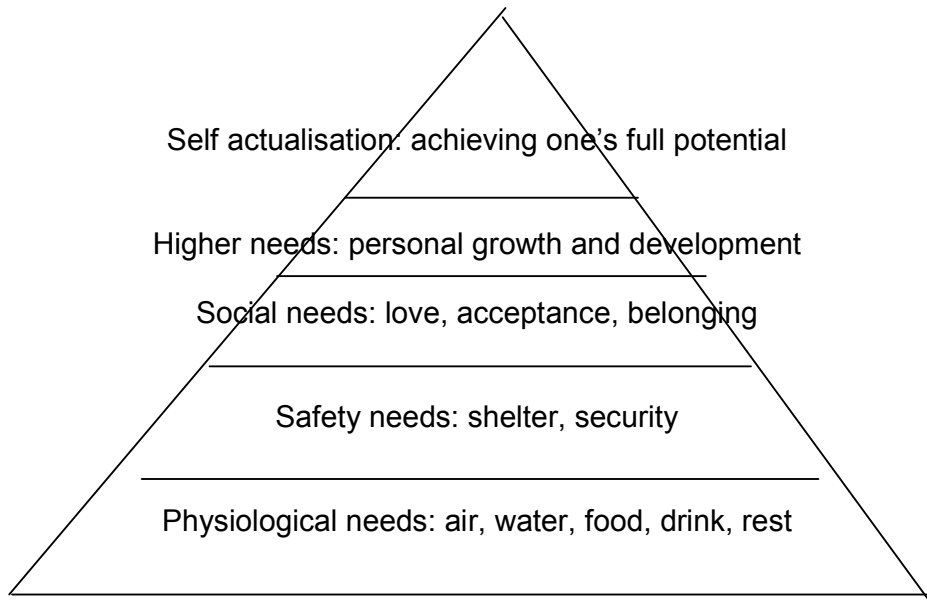
Draw and present the Maslow Hierarchy of Needs and together discuss what are the activities of daily living are for men, women and children and how these fit into the Hierarchy of Needs. Take the earthquake victims as an example to build the hierarchy of needs.

## Facilitator manual: Day 1- 5

### Step 4:

Divide the group in four and ask each of the groups to discuss: physical needs of a person living with AIDS and the needs of his/her family; spiritual needs of a person living with AIDS and the needs of his/her family; social needs of a person living with AIDS and the needs of his/her family; psychological needs of a person living with AIDS and the needs of his/her family. All groups also need to come up with strategies of meeting these needs. Give them 30 minutes to work on this. After this ask each group to present results and discuss ways of meeting these needs.

Adapted from: Maslow Hierarchy of needs



### Needs assessment of a person living with HIV or AIDS

**Physical needs:** food, water, shelter, clothes, medication, home, hygiene, knowledge, physiotherapy

**Spiritual needs:** pastoral work, spiritual fulfilment, religion, conflict resolution, Access to spiritual care, guidance or reassurance

**Social needs:** job promotion, self actualisation, privacy, to associate freely, love, sex, friendship, to be active in meaningful ways, to be accepted and treated as normal, comfort, to belong

**Psychological needs:** Understanding, love, comfort, acceptance, company, counselling, reassurance, treatment

## Session 5.2 – Evaluation, wrap-up and closing

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### Aims

- To evaluate the course in terms of contents, objectives and expectations fulfilled, as well as facilitation
- To close the course

### Outcome of this session

At the end of the session the participants will be able to:

- Express their opinion on the course and its facilitation
- Plan what they will do with what they have learned in their organisation and work

### Session overview

1 hour 40 minutes

Step	Time	Activity/method	Content	Resources needed
1	30	Individual work	Self assessment and evaluation	Forms
2	40	Plenary	Wrap up and feed back	Form
3	30	Plenary	Closing and certificates	Certificates

### Resources needed

Self assessment and evaluation forms (in participant manual)

Flip chart and paper

Markers

Certificates

### Facilitator's Notes

#### Step 1:

Ask all participants to again fill out the self assessment form they filled in on the first day. Ask the forms back. Also ask them to fill out the evaluation form and give it to you.

#### Step 2:

Write on a flip chart:

- What is the best thing you learned
- What will you do with what you learned in your organisation

Ask all participants to reflect on this in the plenary.

#### Step 3:

You have invited someone to do the closing of the session. Ask this person to hand out the certificates or do it yourself.