

## 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 programme
- Discussed norms and logistics for the training

### Key points

1. Participants know each other by name
2. Participants expectations are discussed in relation to objectives of the training
3. Ground rules are established and tasks assigned

### Materials and handouts

- 1.1.1 Programme objectives
- 1.1.2 Programme of the training

## Handout 1.1.1 – Programme Objectives

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### Interpersonal Communication

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#### **GOAL**

To increase the capacity and skills of participants to become a source of assistance for community members to make informed decisions and to prepare them for further referral

#### **OBJECTIVES**

At the end of the training the participants are able to:

1. Understand the difference between communication, education, motivation and information
2. Apply appropriate techniques for interpersonal communication and basic counselling
3. Understand the ethical aspects of interpersonal communication and counselling
4. Identify and address stigma and discrimination in their communities
5. Give psycho-social support to PLWHA and their families

## Handout 1.1.2 – Programme of the training

### Programme

#### DAY 1

TIME	TOPIC/activity	METHODOLOGY
08:00	Registration	
09:00	<b>Session 1.1 Introduction</b> Welcome Introduction of participants Expectations Objectives Programme overview Ground rules Practical information/administration	Plenary
10.30	Fill out baseline questionnaire	
11.00	BREAK	
11.20	<b>Session 1.2 Basic communication</b>	Facilitated discussion, exercises and group work
13.00	LUNCH BREAK	
14:00	<b>Basic communication</b> cont.	
15:30	BREAK	
15:50	<b>Session 1.3 Wildfire simulation</b>	Simulation exercise
17:00	End of session	

#### Day 2

TIME	TOPIC/activity	METHODOLOGY
09.00	Recap of previous day Overview of today's programme	Plenary by reporters Facilitator
09:15	<b>Session 2.1 How to give information</b>	Facilitated discussion, group work
10:30	BREAK	
	<b>How to give information</b> cont.	
13.00	LUNCH BREAK	
14:00	<b>Session 2.2 Talking about sensitive issues</b>	Facilitated discussion, group work
15.30	BREAK	
15.50	<b>Session 2.3 Understanding behaviour change</b>	Facilitated discussion, group work
17:00	End of session	

## Participants manual: Day 1- 5

### DAY 3

TIME	TOPIC/activity	METHODOLOGY
09:00	Recap of previous day Overview of today's programme	Plenary by rapporteurs Facilitator
09.15	<b>Understanding behaviour change cont.</b>	Facilitated discussion, group work, role play
10:30	BREAK	
10.50	<b>Session 3.1 The principles of counselling</b>	Facilitated discussion, group work
13:00	LUNCH BREAK	
14.00	<b>Session 3.2 Basic Counselling skills</b>	Exercises and group work
15:30	BREAK	
15:50	<b>Basic Counselling skills cont.</b>	Role play
17:00	End of session	

### DAY 4

TIME	TOPIC/activity	METHODOLOGY
09:00	Recap of previous day Overview of today's programme	Plenary
09.15	<b>Session 4.1 Understanding oneself</b>	Facilitated discussion and group work
10.30	BREAK	
10.50	<b>Session 4.2 Ethics in counselling</b>	Facilitated discussion and group work
12.20	<b>Session 4.3 Stigma and discrimination</b>	Presentation and facilitated discussion
13.00	LUNCH BREAK	
14.00	<b>Stigma and discrimination cont.</b>	Facilitated discussion, group work
15.30	BREAK	
15.50	<b>Stigma and discrimination cont.</b>	Role plays, exercises
17:00	End of session	

### DAY 5

09:00	Recap of previous day Overview of today's programme	Plenary
09.15	<b>Session 5.1 Care and support to PLWHA</b>	Plenary and group work
11.00	BREAK	
11.20	<b>Session 5.2 Evaluation and closing</b>	Individual: self-administered evaluation form Plenary: reflect on expectations, objectives, wrap up
13.00	LUNCH	

## Handout 1.1.4 – Self assessment form

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Name: \_\_\_\_\_

Please indicate your self-assessed standing by marking the respective cell as you rate yourself against the given objectives of this training programme. This rating represents your current standing i.e. where you rate yourself '**Before the Course**'. At the end of the training workshop, you will again rate yourself against these parameters and that will represent your standing '**After the Course**'. (1=Low, 5=High)

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### Kindly rate your ability to:

#### A. Understand the process of communication and the importance of having verbal and non-verbal communication skills

1. Describe the process, components and essentials of two-way communication

1	2	3	4	5
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2. List the qualities required for effective communication

1	2	3	4	5
---	---	---	---	---

3. Identify barriers to effective communication

1	2	3	4	5
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4. Be more conscious of non-verbal communication aspects

1	2	3	4	5
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5. Understand the difference between open and closed questions

1	2	3	4	5
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6. Demonstrate basic verbal and non-verbal communication skills

1	2	3	4	5
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#### B. Insight in the requirements to convey information

7. Understand the importance of giving information in the right way

1	2	3	4	5
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8. To explore ways of selecting and adapting information to make it relevant to different groups

1	2	3	4	5
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9. Understand the importance of using the right language

1	2	3	4	5
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10. Understand that the same information may be interpreted differently by different people

1	2	3	4	5
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11. Convey key points on a specific subject

1	2	3	4	5
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#### C. Overcome barriers to talk about sensitive subjects

12. Understand the influence of culture and tradition in discussing sensitive issues

1	2	3	4	5
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## Participants manual: Day 1- 5

13. Discuss sex and sexual behaviour with more confidence

1	2	3	4	5
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14. Understand the need to be sensitive about a persons feelings when we talk about sexual behaviour

1	2	3	4	5
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### D. Understand the process of behaviour change

15. Understand that it is not easy to change behaviour especially when it is based on strongly held beliefs and convictions

1	2	3	4	5
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16. Understand that it is possible to change and that motivation to change plays a key role in this

1	2	3	4	5
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17. Identify the steps in the process of behaviour change

1	2	3	4	5
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### E. Understand the principles of counselling

18. Define counselling

1	2	3	4	5
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19. Identify key features of counselling – principles, process, skills and values

1	2	3	4	5
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20. Explain the difference between education, motivation, communication and counselling

1	2	3	4	5
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### F. Offer basic counselling support to people in the communities

21. Name and explain the basic skills of counselling

1	2	3	4	5
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22. Demonstrate these skills appropriately in role play counselling situations

1	2	3	4	5
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### G. Understand how our own values and judgements can become barriers to effective communication

23. 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.

1	2	3	4	5
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24. To get different perspectives on the issues of marginalized groups

1	2	3	4	5
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25. To identify one's own values and attitudes towards sex and sexual behaviour

1	2	3	4	5
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### H. Understand the meaning and implications of ethics in counselling

26. Understand and be sensitive about ethical issues in counselling

1	2	3	4	5
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27. Discuss human rights implications of confidentiality

1	2	3	4	5
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### I. Understand how and why stigma and discrimination is associated with people living with HIV and AIDS

28. Define stigma and discrimination

1	2	3	4	5
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29. Understand some of the root causes of stigma in the community

1	2	3	4	5
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30. Understand the consequences of stigma in the community

1	2	3	4	5
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31. Recognise our own stigmatising language and behaviour

1	2	3	4	5
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32. Identify ways to treat HIV positive people in a non stigmatising and non discriminatory manner

1	2	3	4	5
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### J. Understand care and support needs of people living with HIV and AIDS

33. Identify the physical, emotional, social and spiritual needs of people living with HIV and AIDS and their family

1	2	3	4	5
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34. Assess the needs of people living with HIV and AIDS and their family members

1	2	3	4	5
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35. Identify ways of meeting the needs of people living with HIV and AIDS and their family members

1	2	3	4	5
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**Name:** \_\_\_\_\_

**Educational Qualification:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**Unit/Organisation:** \_\_\_\_\_

## 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
- List the qualities required for effective communication
- Identify barriers to effective communication
- Be more conscious of non-verbal communication aspects
- Understand the difference between open and closed questions
- Demonstrate basic verbal and non-verbal communication skills

### Key points

1. There is a great deal more about communication than words that are exchanged back and forth
2. Effective communication depends on skills in non verbal communication, ability to listen, ability to show emotional support, ability to ask questions and ability to summarize the conversation

### Materials and handouts

1.2.1 Handout on basic communication

## 1.2.1 Handout on basic communication

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### 1. Communication

Communication is a process through which people exchange ideas, facts, feelings or impressions in ways that create a common understanding of a message. NGO workers need to communicate more effectively than other workers, because they deal with health and other problems, they need to give and get information, and establish rapport with the community to reach decisions and solve problems.

Effective Inter Personal Communication (IPC) between NGO workers and community people is an important factor in improving living conditions and addressing health and social issues.

Effective communication may not come naturally or easily. Even though the NGO worker and the community person may belong to the same geographical area, there are likely to be differences in their social status, educational backgrounds and cultural background. Due to this, messages may not be interpreted correctly. Factors such as lack of privacy and time constraint also affect inter- personal communication.

It is important to understand that communication styles of men and women are different. Women communicate more through non-verbal, body language. They also tend to communicate more through metaphors or symbolic forms of expression, especially when they want to speak about their bodies. Women are not comfortable talking about sexual and reproductive issues. NGO workers, too, may not be comfortable talking about these issues in day-to-day language, which is why it is important for NGO workers to develop communication skills to tackle this.

Communication styles also indicate the respect one has for others. The objective of communication should be sharing of information in a way which is understood by the listener, respecting and valuing him or her, and helping him/her to gain control of the situation i.e. empowering him/her.

Listening to the person and then explaining the facts on the specific subject of discussion to him/her in a language understood by him/her is most important.

NGO workers have to be aware that they may have power in their relationship with community people. This may be due to differences in class, education and status.

Effective communication, listening to people, empathizing with them, sharing information and enabling them to come to decisions related to their specific problems helps in bridging the gap. It is important to remember that behaviour varies from person to person, one household to another and one cultural/social group to another.

### 2. Inter - Personal Communication

Interpersonal communication means sharing of words, feelings and communication between two or more people. Establishing a common interest or common meaning of words between two persons is the key to successful inter-personal communication. This communication must take place in close proximity i.e., face to face with each other and must always be two-way.

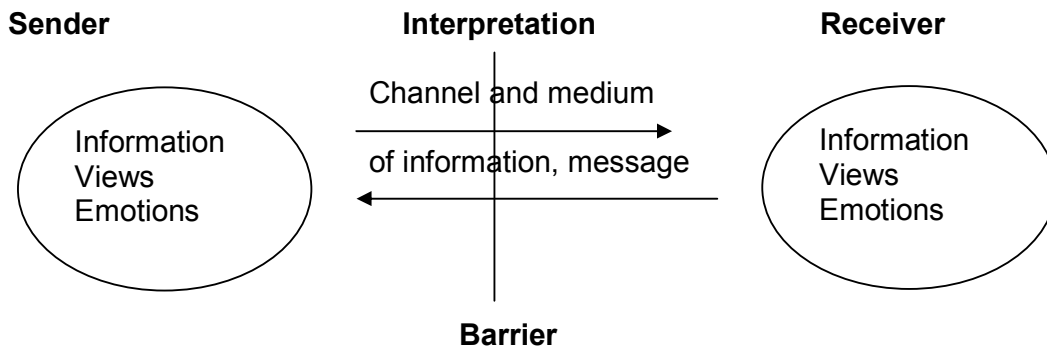
## Participants manual: Day 1- 5

Interpersonal communication is face to face, a verbal and non-verbal exchange of information, feelings, between two or more people.

In one-way communication, only the sender sends the message. The receiver, or the audience, does not interact. An example of one-way communication is a lecture. There is no feedback about whether the receiver of the message has understood the message.

In two-way communication, the sender sends the message. The receiver comprehends and understands what is being said in the message and then sends feedback to the sender. Two-way communication is always better than one-way communication because there is interaction between the sender and receiver as it allows for an opportunity to ensure that the message has been interpreted correctly.

Figure 1: Two-way communication:



### 3. The Communication Process

Inter-personal communication can be made effective by reviewing each component of the communication process.

Components of the two-way communication process are:

#### **Communicators**

For two way communication there is a sender and a receiver. The sender is the originator of the message. To be effective the sender must be clear about

- the objective of the communication
- the needs, interests and abilities of the receiver
- the content or usefulness of the message and
- the channel to be used.

It is important that the message is sent in a language that is understood by the receiver of the message. The receiver listens to the message, has to understand its content and then respond to it.

#### **Message**

Message is the idea, feeling or information that is to be sent to the receiver. It may be verbal or non- verbal. For effective communication, the message should be clear and free from ambiguity.

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### ***Channel***

Channel is the medium of communication, and can be audio, visual or both. Communication should be adjusted to local cultural patterns and cultural media, for example, use of folklore through folk theatre, folk music etc. to communicate effectively with village folk.

### ***Effect or outcome***

These are changes that occur in the receiver as a result of receiving the message: e.g. at the end of a health education session there may be

- Changes in a receiver's knowledge - for example, when a man is provided health education on methods to prevent an STD, he may have greater awareness on condoms.
- Changes in the receiver's attitude - the man cited above now begins to appreciate the need to be careful in having unprotected sex
- Changes in action - the man may now be willing to use condoms when having sex

### ***Barriers in Communication***

These are beliefs/attitudes of sender/receiver and other distracting features like noise, over crowding, heat or cold in the room. The other barriers which affect communication are socio-cultural gaps leading to differences in language, terminology and mannerisms, and structural factors like lack of privacy, workload, and lack of sensitivity of the NGO worker to the particular environment of the person s/he is talking to. The barriers could be external or internal.

#### ***External Barriers:***

- Noise/disturbance
- Ambience or atmosphere
- Time constraints for sender and receiver

#### ***Internal Barriers***

For sender:

- Inadequate knowledge
- Inadequate skills
- Self image
- Frame of mind
- Attitudes, mind set
- Biases/ prejudices
- No listening skills
- Inappropriate verbal or non-verbal language .
- Inappropriate use of audio-visuals

For receiver

- Frame of mind e.g. disturbed or distracted mind when in pain or suffering
- Attitudes, mind set .
- Biases / prejudices .
- Closed to learning
- Content.is irrelevant to the receivers' experiences, so he | she cannot relate to it
- Does not feel respected

#### **4. Non-Verbal and Verbal Communication Skills**

Communication can be verbal or non-verbal. All that we communicate has 70% of non-verbal and 30% of verbal communication.

##### **4.1 Non-verbal communication skills**

###### **1. Eye contact:**

Maintaining eye contact helps to put a person at ease and helps the person to talk openly about her/ his problems. One should balance the intensity of eye contact by not staring.

Remember: Look at the person when the person is talking. It is okay to look elsewhere occasionally, but one should not let the eyes wander aimlessly, away from the person, for long stretches.

###### **2. Facial Expression:**

Appropriate facial expressions assure the person that you are listening and responding to her talk/sharing. Sometimes persons judge whether the NGO staff is accepting them based on his/her facial expression.

###### **3. Body language:**

Be relaxed. However, if the NGO staff sits in a too relaxed position (with his/her feet on a stool/table), the person may feel that the NGO staff is casual and disinterested in her/him. If your body language indicates excessive tension, the person may feel that either you are not confident about addressing his/her issue, or that you are impatient and find it difficult to discuss the issue. Body tension can however be used positively by leaning forward towards the person to show attentiveness.

###### **4. Physical distance between the NGO staff and the person:**

The person finds it easier to talk openly, if the distance between staff and person is 3 to 4 feet. The person may experience pressure, fear or tension, if the distance is less than 2 feet or more than 4 feet.

###### **5. Active listening and observation:**

Listening is of two types, active and passive, and it has great impact in the process of communication. Active listening means an understanding what the person is communicating, including the feelings and thoughts behind the spoken words. One cannot depend on person's verbal expression alone to understand the real problem. The staff needs to observe the expressions and feelings reflected on the person's face, body language, body movements, tone of voice and the silences and pauses. Unexpressed thoughts and feelings can only be picked up through non-verbal communication.

###### **6. Appropriate use of smiles:**

People feel encouraged to talk to a person who smiles and nods while responding. But smiling continuously or inappropriately could be interpreted as a negative response and can discourage a person from sharing.

##### **Essentials for Non-verbal skills**

- Be relaxed
- Have an open and approachable facial expression
- Lean towards a person
- Maintain eye contact
- Touch a person appropriately to communicate concern

## **4.2 Verbal communication skills**

### **1. Allowing the person to complete the sentence without interrupting:**

If the staff interrupts the person while talking, s/he may feel that the staff is trying to use his/her power to correct the person's shortcomings. However, if the person is wandering away from the subject it is necessary to intervene politely and direct the conversation back to the topic.

### **2. Use of encouragers:**

The client is assured that the counsellor is listening if the counsellor makes use of verbal encouragers like "uh.. uh" , "okay, then. . ." during the conversation at appropriate points.

### **4. Appropriate use of voice:**

The tone of voice is important for effective communication. Counsellors should learn the skills of voice modulation, the speed of speech etc.

### **5. Quality of information given to the client:**

Using language familiar to the client is an important aspect of verbal communication. It is necessary to consciously avoid using technical words. To simplify technical information for clients is the most challenging task of a counsellor working in a health setting.

### **6. Asking effective questions**

Effective questions are used to encourage exploration and clarification of thoughts, feelings and attitudes; to obtain specific information and to help a person focus his/her thoughts. Questions provide information about lifestyle of a person and their surroundings, cultural beliefs and values. Questions may be closed or open.

**Closed ended questions** often require a yes or no answer. They usually prompt a short answer and are used to get concrete information such as demographic data, and to close a conversation.

**Open ended questions** require more than a yes or no answer. They help people to open up and express their feelings, encourage more detailed conversations, and give a person more control over what she is able to share with you.

**Leading questions** push people in a certain direction, they imply the 'better' answer.

## **5. Qualities of a good communicator**

A Good Communicator has:

1. Knowledge
2. A positive, supportive attitude
  - Shows interest and acceptance
  - Is non-judgemental
  - Is sensitive to culture, age, gender
  - Gives trust, confidentiality
  - Has self-confidence, but is aware of own limitation
  - Competence – trained in communication

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### 6. Participant activity handout: Questioning quiz

1. You always practice safer sex, don't you? Closed / open / leading
2. What are some of the difficulties you would have using a condom?  
Closed / open / leading
3. Do you take your medication? Closed / open / leading
4. You should tell your wife, shouldn't you? Closed / open / leading
5. When were the occasions that you shared needles? Closed / open / leading
6. What do you know about HIV? Closed / open / leading
7. Do you understand how HIV is transmitted? Closed / open / leading
8. Do you protect yourself from HIV? Closed / open / leading
9. What are the different ways you could protect yourself from HIV?  
Closed / open / leading
10. How do you clean your injecting equipment? Closed / open / leading
11. Have you ever had a blood transfusion? Closed / open / leading
12. Who could you talk to for support if you were to test HIV positive?  
Closed / open / leading

## 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
- The need to counsel those seeking to go for an HIV/AIDS test, as well as the necessity to create a supportive environment
- Why the epidemic affects all of us, not just others

### Key points

1. Very difficult decisions have to be made once a person knows that he or she has been exposed to HIV infection
2. A supportive environment is needed to enable people to make these decisions

### Materials and handouts

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## **Overheads 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

### Key points

1. The way information is given has a direct influence on whether it is understood and remembered
2. Appropriate information is selected and adapted to meet the need of the target group
3. The language to use should be simple, respectful and such that user and listener are comfortable with it
4. Everyone interprets information in his/her own way, therefore we have to make sure that the information is understood in the right way.

### Materials and handouts

2.1.1 Worksheet on information giving

## **2.1.1 Worksheet on information giving**

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### **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?**

### **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?**

### **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?**

## 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

### Key points

1. As NGO workers we have to be comfortable in using words to describe sexual behaviour and sexual organs that are understandable for our target audiences
2. The words we use have to be respectful, gender sensitive and have to take the local culture into account

### Materials and handouts

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## 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

### Key points

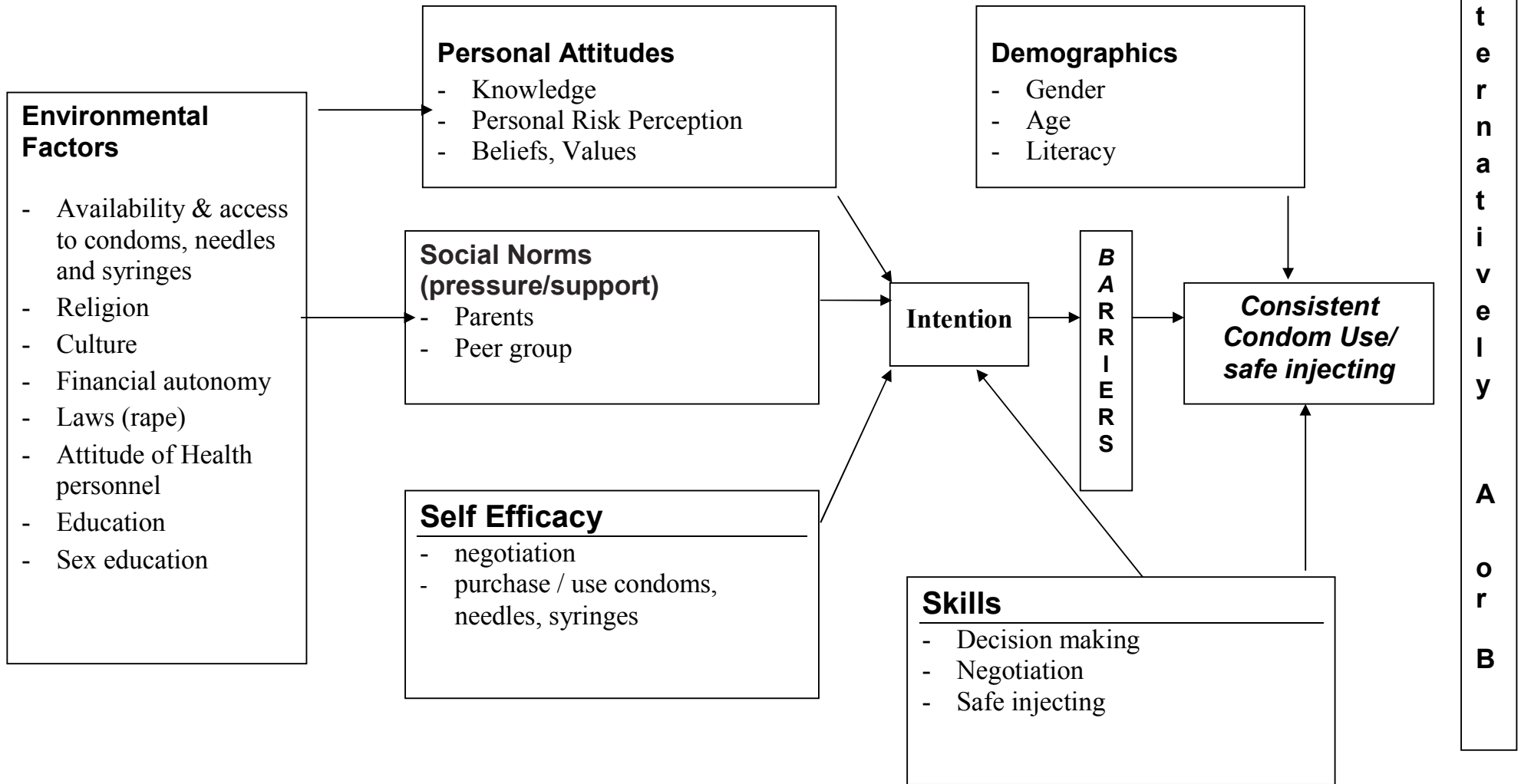
1. It is difficult to change behaviour that is based on strongly held beliefs
2. It is possible to change behaviour if people are motivated in the right way
3. We have to find positive motivation factors to help people change behaviour
4. For behaviour change to occur, the determining factors have to be addressed

### Materials and handouts

Handout on factors determining behaviour change

2.3.2 Handout on stages in behaviour change

Handout 2.3.1 - Factors that determine behaviour change



## 2.3.2 Handout on stages in behaviour change

### Communication for Behaviour Change and Process of Behavioural Change

In programmes to prevent HIV/AIDS one objective of communication with community people/target groups is to bring about desirable changes in their attitudes and behaviour so that they can prevent or control the "unhealthy condition/situation". For instance abstinence from sex or use of condoms for prevention of STDs, avoiding getting treatment from quacks, safe injecting behaviour. Some of these messages are given to people through group meetings and one-to-one interpersonal communication.

NGO workers often get frustrated that in spite of their efforts to spread awareness, people and society do not change and do not behave in a desired manner to prevent diseases. It is important to understand that awareness about health problems and issues alone does not bring about behavioural change. Therefore it is necessary to understand the process of behavioural change. For instance, it is a known fact that smoking causes cancer but how many are willing and able to stop smoking just on the basis of this information?

**The process of behavioural change is presented in the following diagram (example of behaviour change for prevention of STDs)**

Stages of behaviour change	Responses at each stage to get to the next stage
1. Unaware	<ul style="list-style-type: none"> <li>• Provide basic information on situation (e.g. causes and consequences of untreated STDs)</li> <li>• Help them understand the need to know whether they have an STD.</li> </ul>
2. Informed / awareness	<ul style="list-style-type: none"> <li>• Point out that unsafe sexual practices can cause STDs in anybody.</li> <li>• Emphasize the need to seek treatment as soon as any symptoms of an STD are noticed.</li> <li>• Reassure the groups that most STDs can be cured with complete and proper treatment.</li> <li>• Inform them that safer sex practices can help prevent STDs.</li> </ul>
3. Concerned	<ul style="list-style-type: none"> <li>• Give them information on symptoms of STDs and where treatment is available.</li> <li>• Encourage them to ask questions so that you can clarify doubts.</li> <li>• Outline different ways in which they can safeguard themselves.</li> <li>• Demonstrate the use of condoms as a preventive measure. Give information on where to buy condoms.</li> </ul>

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4. Knowledgeable	<ul style="list-style-type: none"><li>• Convince them that early and complete treatment can cure most STDs totally. Listen to any doubts/problems that they may have about treatment.</li><li>• Give information about or refer them to clinics that are easily accessible to them.</li><li>• Reiterate that STDs can be prevented by adopting safer sexual practices.</li></ul>
5. Motivated to change	<ul style="list-style-type: none"><li>• Encourage them to complete the treatment and remind them to visit the clinic regularly.</li><li>• Reiterate the need to continue treatment even if the symptoms have disappeared.</li><li>• Encourage them to use a condom every single time, with every partner.</li><li>• Clarify doubts and help resolve problems related to condom use.</li></ul>
6. Trial of new behaviour	<ul style="list-style-type: none"><li>• Appreciate their efforts towards caring for their own as well as their partner's health - using a condom, going to a doctor, completing the treatment.</li><li>• Encourage them to continue health-seeking practices</li></ul>
7. Sustained behaviour change	<ul style="list-style-type: none"><li>• Tell they are doing the right thing</li><li>• Encourage environment that promotes new behaviour</li></ul>

## **Overheads of presentations of day 2**

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## 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

### Key points

1. Counselling is an interactive and facilitating process which enables the client to make decisions that result in a plan of action to solve the problem
2. Counselling is empowering a client to make decisions by providing clear, accurate and appropriate information
3. The process of counselling can be captured in the acronym GATHER : greet, ask, tell, help, explain, return.

### Materials and handouts

- 3.1.1 Handout on the principles of counselling
- 3.1.2 Handout on difference between education, motivation, communication, counselling
- 3.1.3 Handout on the process of counselling

### 3.1.1 Handout on the principles of counselling

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#### **Counselling**

Counselling is creating new perspectives and change within a person to enable that person to think differently about his/her own situation, or to change an aspect of his/her behaviour in order to cope with the problem that he/she is facing, or to change the conditions in the immediate environment.

#### **Counselling is:**

- A process of communication, involving two or more persons who meet to solve a problem, resolve a crisis or make decisions involving personal intimate matters and behaviour. It encourages an exchange of information as a means of clarifying and resolving problems.
- A process of building a relationship through which the client experiences confidence in the counsellor.
- An interactive and continuous process.
- Not about meeting the client only once - the counsellor encourages the client to make regular visits if required.
- A facilitating process which enables the client to make decisions that result in a plan of action to solve the problem. Only the client can make good decisions about the situation, as only he/she knows more than anyone else about his/her own life, needs and feelings.
- Empowering the client to make decisions by providing clear, accurate and appropriate information. The counsellor also enables the client to apply this information to his/her life situation. This makes the relationship a vital partnership.
- Exploring with the client, what is bothering him/her, and what are the stumbling blocks that prevent her from taking a decision.

#### **Purpose of counselling:**

The purpose of the counselling session is primarily concerned with exploring facts, providing relevant need-based information to the client and thinking together about the consequences. Information should be tailored, personalised and specific in order to enable the client to make an informed, accurate and good decision. The counselling process does not end here, it further supports the client to handle his/her feelings if he/she suffers from the consequences of wrong decisions.

Counselling has both process and content components, and both are dependent on each other.

#### **Principles of Counselling**

##### ***Uniqueness / Individuality of the client***

The person who seeks help shares some characteristics of the society he/she represents, but is also unique in terms of family background and coping mechanisms. The client should be made aware that he/she is a unique human being. This uniqueness must be respected at all times.

## Participants manual: Day 1- 5

### ***Unconditional acceptance***

In order to respect this uniqueness, the client must be unconditionally accepted with all his/her positive and negative behaviour, attitudes and views. The counsellor accepts the client without bringing in his/her own values, cultural background, ideologies, biases and prejudices while counselling. The client can feel this acceptance from the counsellor through body language and non-verbal communication. When the client experiences the counsellor's unconditional positive regard, the process of change gets initiated.

### ***Non-judgemental attitude***

Both the client and the counsellor come from different social, cultural and economic backgrounds, and different value systems. Thus a non-judgmental attitude is crucial. The counsellor may not agree with the values of the client but he/she has to allow clients the right to hold their own value system. Before exploring the background and the problem situation, the counsellor should not label or judge the clients' motivation, capacity to develop and change according to the situation. Non-judgmental attitude need not be one-way - if the client is being adamant, refuses to see other view points, the counsellor has to be forthright, but not coercive or pressurising.

### ***Self-Determination***

This is an important principle of counselling. The client must always take responsibility for decision-making. The counsellor encourages the client to think of possible consequences, through self-determination and by providing accurate, appropriate information and also by providing available options. Through the counselling process the client develops the capacity of self-searching and empowerment, reflecting on any positive actions she has taken in the past and derives strength out of these.

### ***Confidentiality***

This is the most important principle in counselling. Assurance for maintaining confidentiality encourages the client to verbalise his/her problem, and share medical and personal information with the counsellor, because he knows that this information will not be revealed to any other person without his prior permission.

### **Qualities of a Counsellor**

#### ***Empathetic:***

Understanding and caring about how another person feels in a particular situation

#### ***Consistent:***

Being consistent in what one says and does

#### ***Respectful:***

Showing respect to clients without evaluating or judging them, even when their attitudes, judgements and behaviours differ from yours. Allowing freedom of expression and not imposing or forcing your views on others

#### ***Discreet:***

Keeping all information about the client confidential

#### ***Responsible:***

Carrying out commitments to people and tasks: taking the necessary steps to reach agreed upon goals

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### **Honest:**

Speaking truthfully to a client. Providing complete, accurate and unbiased information

### **Informed/knowledgeable:**

Being well informed on the subject under discussion

### **Understanding:**

Having a broad understanding of clients values, situations and individual circumstances; Awareness of different cultures and practices among different people

### **Committed:**

Believing that sexual health is a basic human right

### **Self-assured:**

Feeling comfortable with your own sexuality so you can listen to intimate information about other's sexuality without discomfort or insecurity

### **Friendly:**

Responding warmly to the needs of other people and showing caring for a wide range of clients regardless of their age, history, social status or personality

### **Efficient:**

Working efficiently under time pressure with minimal supervision

### **Flexible:**

Being open to the unexpected, including clients who change their minds. Being tolerant of a wide range of behaviours.

### 3.1.2 Handout on difference between education, motivation, communication, counselling

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**Motivation:**

Health care providers sometimes use **motivation** techniques to encourage clients to follow their advice. Counseling, in contrast, explicitly aims to avoid judging clients' decisions or telling clients what they should do.

**Promotion:**

Health programs can **promote** services or health behaviours by informing individuals, groups or communities about available programs and services, and by raising awareness of their benefits. For example, a health program might promote awareness of healthy life style, family planning and methods of STI prevention in communities in which awareness is low. Promotion may include raising awareness of existing services, the availability of supplies and medication, the hours that a facility is open to the public, and the benefits of healthy behaviours. Usually, providers do the talking, imparting positive messages about services.

**Information:**

Health care providers often provide clients with **information**. For example, Healthy living style, healthy behaviours, safe sexual practices and family planning. Clients may receive information about healthy and unhealthy behaviours effecting their life, reversible and irreversible contraceptive methods and STIs, including HIV. In the case of family planning, for example, providers should explain how to use various methods, the advantages, disadvantages, possible complications, and risks. They should provide information using clear, straightforward language. The aim is to increase clients' knowledge about sexual and reproductive health so that clients can make informed choices. Health workers can provide information in many different ways, including informal talks, conferences and guided discussions. It is generally helpful to use visual aids, pamphlets and other materials. Providing information is often confused with counselling, but there are several important distinctions. For example, providing information to clients is often unidirectional: the provider speaks and the client listens. In contrast, counselling requires two-way communication. Information provided during a counselling session should be tailored to the client's specific needs, including her/his knowledge level and her/his individual medical, emotional and social situation.

**Education:**

Education goes beyond simply providing information. It may involve two-way communication aimed at broadening clients' understanding and knowledge of many different issues. In the context of healthy life style, behavioural, sexual and reproductive health including HIV/AIDS, education is the process of actively acquiring new resources and skills related to, sexuality, safe sex, universal precautions, and/or STI/ HIV prevention .In an effort to change attitudes and behaviours. Unlike most sexual health counselling, education can often occur in a group setting, in which case the educator does not have the opportunity to address individuals' personal and private needs.

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### Counselling:

Counselling involves private and direct contact that allows clients to express their needs, explore their personal situation, receive information and referrals, and make decisions about their sexual, reproductive health or any other issue. Ideally, clients should actively participate by asking questions, revealing their concerns, sharing their specific needs, and making their own decisions. Counselling can help clarify doubts, reduce fears and debunk myths, or address conflicts related to issues such as behaviour related health issues, sexuality, contraceptive use, STIs and HIV. Even though promotion, motivation, information, and education are important kinds of communication, only counselling places the client first, ensuring that their individual circumstances, personal interests, and feelings take centre stage.

Counselling is not:

- **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.

### 3.1.3 Handout on the process of counselling

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#### Process of counselling: GATHER

Counselling has six elements or steps, encapsulated in the word **GATHER**. Each letter is meaningful and helps in progressing the process of counselling.

#### **G: Greet the client**

It is the first step towards comforting and respecting the client, enables rapport building and expresses friendliness towards the client:

- Give clients your full attention as soon as you meet them
- Be polite, friendly, and respectful, introduce yourself and offer them a seat
- Ask how you can help
- Tell clients that you will not tell others what they say
- Explain what will happen during the visit
- Conduct counselling where no one else can hear

**Key words for greeting:**

Welcome to ....  
My name is ....  
I am pleased you have come  
How can we be of help to you  
Have you visited us before?  
Please have a seat here.

#### **A : Ask**

Enable the client to put into words the problem he/she is facing. Asking open-ended, questions helps the counsellor in gathering the facts of the problem and exploring details. It encourages the client to express his/her feelings which in turn will enable him/her to identify the problem.

- Ask clients about their reasons for coming
- Help clients decide what decisions they face
- Help clients express their feelings, needs, wants, and any doubts, concerns or questions
- Keep questions open, simple and brief
- Ask clients what they want to do
- Listen actively to what client says. Follow where the client leads the discussion
- Show your interest and understanding at all times. Express empathy, avoid judgements and opinions
- Ask for any information to complete client record.

**Key words for asking**

Could you please tell me your reasons for coming  
What have you heard about counselling  
What questions do you have about HIV/AIDS  
What do you hope we can do today

## Participants manual: Day 1- 5

### T: Tell

List the different options or enable the client to list these options. Give the client accurate, tailored and personalised information about options available to him/her. The information given to the client will enable informed decision-making and will also enable the client to review the situation in different dimensions.

- Help clients understand their possible choices
- Describe the advantages and benefits as well as the disadvantages of each choice
- Personalised information is information put in terms of the client's own situation and helps the client understand what the information means to him/her personally

#### **Information for a man deciding how protect himself against HIV infection**

**Good:** Having certain other STDs can raise the chance of HIV infection

**Better** (tailored): For a person with more than one sex partner, the best protection against getting STDs during sex is using a condom every time

**Best** (tailored and personalised): You mentioned that you have two girlfriends now. The best way to protect yourself and your girlfriends is using a condom every time you have sex with either of them

### H: Help

Help the client to think about the positive and negative aspects of each option and to assess the results of choosing each option. Enable the client to take the right and appropriate

decision which suits his/her situation by making use of available resources and support systems. Also support the client to handle his/her feelings, if he/she suffers from the consequences of wrong decisions.

- Tell clients the choice is theirs
- Help the client to think about the result of each possible choice
- To help clients choose ask them to think about their plans and family situations
- Repeat information if necessary
- Check whether the client has made a clear decision

#### **Key words for helping: What have you decided to do?**

- The question makes clear a decision is needed
- The question makes clear the client decides
- By answering clients make a commitment to carry out their own decision
- The clients answer tells you what the client wants
- If the answer is not clear, you can ask more questions, you can discuss the choice further
- **So you have decided to ...** - reflect back the clients decision for the client to agree or disagree

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### **E: Explain**

Explain how to carry out the clients decision. Often the counsellor gives instructions. When explaining, try to tailor and personalise the instructions. Also enable the client to adopt new behaviours.

- Make sure clients remember the instructions by giving them short, simple, separate, specific, point what to remember, first things first, organise, show as well as speak
- Explain side effects (if appropriate)
- Check understanding by asking to repeat important instructions
- Give print materials to take home, review it with the client first
- Give supplies (if appropriate)
- Tell clients to come back whenever they wish

#### **Key words for explaining:**

Do you think you can do this?

If the client sees a problem, you and the client can discuss ways to overcome them

### **R: Return**

All clients should be invited to return whenever they wish for whatever reason. At the same time, clients should not be made to come back when not necessary. Returning clients deserve as much attention as new ones. Counselling a returning client should be flexible and tailored to meet each client's reason for returning for follow-up. So: find out what the client wants and respond to what the client wants. Ask the clients if he has anything to discuss

- Ask if the client is satisfied
- Help the client handle any problems
- Arrange for referrals in case the required help is not within the realm of the counsellor.

#### **Key words for return:**

Please come by any time, for any reason

I hope we see you again.

## 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

### Key points

1. Every counselling situation is unique because every client is different and has different problems that need different solutions. But there are certain skills and techniques that every counsellor needs to have
2. Macro skills are clarification, asking questions, empathy, reassurance, summarising and recapitulating
3. Micro skills are paraphrasing, reflection of feeling, use of silence, focussing, confrontation.

### Materials and handouts

- 3.2.1 Handout on counselling skills
- 3.2.2 Worksheets on reflecting feelings
- 3.2.3 Case scenarios for role play

## 3.2.1 Handout on counselling skills

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### Macro skills for counselling

#### 1. Clarification

Use questions such as

- "Did you say ?"
- "According to you ?,"
- "Was it -",

to ensure that the counsellor has understood the client's message correctly. It is important to ask for such feedback from the client frequently during communication with him/her.

#### 2. Asking open-ended and probing questions

Ask questions which will encourage the client to speak at some length and not give monosyllabic answers like 'yes' or 'no'. Questions like:

- "Could you tell me in detail what happened?",
- " Could you elaborate?"

encourage clients to share more information. As far as possible avoid questions beginning with 'why' and 'where'. Also avoid asking leading and directive questions. It may be necessary to ask probing questions to get relevant information about the problem situation. It also helps to clarify certain concepts, beliefs, concerns that otherwise may not be openly shared by the client.

#### 3. Empathy

Empathetic understanding involves accurately sensing the client's feelings and being able to see things the way he/she does. It is the ability to see and feel the world from the perspective of another person while remaining objective.

#### 4. Reassurance

The client could be agitated, depressed or anxious so the counsellor needs to reassure the client through verbal and non-verbal communication and encourage her/him to cope by saying

- "Don't lose hope" or
- "Don't worry, things will change for the better".

#### 5. Summarising

Clients who are disturbed and experiencing mental or emotional shock tend to talk faster, and about many things at the same time. They are also searching for answers, which may lead to a confused state of mind at the end of the counselling session. The counsellor should summarise the issues and clarify things with the client to ensure that the counsellor has understood correctly. As the last step in counselling, the counsellor lists out all the important and main points of the discussion.

#### 6. Recapitulating

Asking the client to recapitulate the information given is usually done in a concluding session, after information about an investigation or treatment procedure is given to the client. This serves a dual purpose. One, it gives the counsellor a chance to find out if the information has been understood by the client. Two, it helps to gauge if the

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client is listening to the information being imparted or is pre- occupied with his/her own thoughts.

### **Micro skills in counselling:**

#### **1. Paraphrasing of content**

To paraphrase is to say the client's words and thoughts in your own words.

Client : I know I shouldn't be so hard on myself. But I can't seem to stop blaming myself... .

Counsellor: You are aware that being critical of yourself isn't helpful, even though you haven't found a way to stop doing it.

#### **2. Reflection of feeling**

Counsellor reflects the client's feelings, in her own words, to reassure the client that the counsellor has understood her/his feelings accurately. It also helps the client to recognise her feelings.

Client: I feel very agitated about how my husband is treating me and I really don't know how to change him.

Counsellor: You seem to be very angry with your husband because of his behaviour towards you. You also seem to be worried about how you can help him change this behaviour.

#### **3. Appropriate use of silence**

Silence in a counselling session gives the client an opportunity to reflect, integrate feelings, think through an idea, or absorb new information. It is not always comfortable to allow the silence to continue, but the counsellor should not interrupt prematurely because of his/her own discomfort.

Client: How could this happen to me? What have I done to deserve this? (begins to cry, looking down)

Counsellor: (softly after 10 to 15 seconds) Would you like to talk about this?

#### **4. Focussing**

Counsellor should help the client to focus his/her thoughts on the most important issue at hand. The aim of focusing is to prioritise what needs immediate attention.

Client: My daughter is not well... You know, I went to my native place and my uncle died. He was very fond of my daughter. He left the land in my daughter's name. So I was busy with getting the paperwork done. I am going back next month. We have a big house in the province.

Counsellor: Okay, now, shall we come back to your daughter's health? I think you want to discuss that.

#### **5. Confrontation**

Confrontation is honest feedback to the client about inconsistencies in his/her behaviour, action or communication, and this needs to be completely non-judgmental.

Client: No one in my office likes me, there's no one I can talk to...

Counsellor: Now that's an exaggeration, surely...

## 3.2.2 Worksheet on reflecting feelings

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### Client statement worksheet:

For each statement, write down the feeling/s that you think the client may be experiencing.

1. "I was so sick in bed. My mother was the only person at home. Instead of taking me to the hospital, she went to do business at the marketplace."

Feelings:

2. "Why is my antibody test taking so long? You said it would take 2-3 weeks. It has already been 3 weeks. Do you think that means it is positive?"

Feelings:

3. "Why in the past when I visited home, everyone used to greet me. Now, since I have been cured nobody does. Now I know who my true friends are. "

Feelings:

4. " I can't ask my husband to use condoms. He will refuse. He will think I am accusing him of something or that I am unfaithful."

Feelings:

.

5. "Oh no! How can I have this virus, HIV? I just got promoted. What am I going to do?"

Feelings:

### Counsellors Worksheet

Counsellors can use these kinds of statements to identify and reflect feelings of the counsellor.

You seem ----- (feeling) because ----- (reason)

I wonder if you're seeming ----- (feeling) because -----  
----- (reason)

Do you feel ----- (feeling) because ----- (reason)

It seems you are feeling ----- (feeling) because -----  
--- (reason)

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Think of other statements:..

### 3.2.3 Handout on case scenarios

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**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.

**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.

## **Overheads of presentations of day 3**

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## Participants manual: Day 1- 5

## 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

### Key points

1. People have to become aware of their own values and judgements towards people belonging to specific (at risk) groups they will be working with.
2. Once aware of these values and judgements we can develop strategies to overcome the negative values and judgements that are barriers for effective communication

### Materials and handouts

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## Session 4.2 – Ethics in counselling

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### **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

### **Key points**

1. 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.
2. 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.

### **Materials and handouts**

4.1.1 Handout on case scenarios for ethics in counselling

## 4.2.1 Handout on case scenarios

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### Case study 1

You are working in a drop-in-centre for IDUs. You know one of the IDUs is HIV positive. He is in need of money and is going to sell his blood. You talk to him about the danger of infecting others with this blood. He does not care and goes ahead. You also know the person in the blood bank where he goes.

What are the issues. What will you do?

### Case study 2

You are working in an NGO as outreach worker with young adults. One of the people you work with is HIV positive. He is going to have an arranged marriage. Neither his fiancée nor his or her family knows about his status. He does not want to disclose to anyone, but does want to get married.

What are the issues. What will you do?

### Case study 3

You are working in an NGO that supports HIV positive people. One of them is seriously ill and has been admitted to hospital. In the ward, the section where he is laying is marked and over his bed a sign states HIV positive.

What are the issues. What will you do?

### Case study 4

A migrant returns from the Middle East. His contract has not been renewed because he has tested HIV positive. He is married and has two daughters. His wife wants another baby. He has not told anyone about his status. He comes to you for advice.

What are the issues. What will you do?

### 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

---

### 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

### Key points

1. The main causes of stigma relate to incomplete knowledge, fears of death and disease, sexual norms and a lack of recognition of stigma.
2. Socio-economic status, age and gender all influence the experience of stigma.
3. People living with HIV and AIDS face physical and social isolation from family, friends and community. This includes a loss of rights, decision-making power and access to resources and livelihoods.

### Materials and handouts

4.2.1 Fact sheet on stigma

4.2.2 Image of a problem tree

## 4.2.2 Problem tree

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## **Overheads of presentations of day 4 and 5**

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## Participants manual: Day 1- 5

## 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
- Identify ways of meeting the needs of people living with HIV and AIDS and their family members

### Key points

1. People living with HIV and AIDS and their families need support in different areas: physical, emotional, social and spiritual.
2. Organisations will have to link up in order to ensure that all of these needs are being addressed.

### Materials and handouts

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

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### Aim

- 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

### Key points

1. Evaluation of a training course is very useful for participants, to enable them to reflect on their expectations and share comments; and for the facilitators, to improve on their performance and the contents of the course
2. The evaluation will enable the participants and facilitators to prepare for changes that can be incorporated in the training during the next few days.

### Materials and handouts

#### 5.2.1 Evaluation form

### Handout 5.2.1– Evaluation form

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*Your evaluation comments will be used to review and adapt the module and its implementation, where necessary. We appreciate your time and effort to provide this important feedback.*

1. In general: did the training meet your expectations? Was the training relevant for you? Did you learn useful new things? Please explain.

2. The objectives of the training were as follows:

*At the end of the training the participants are able to:*

- Understand the difference between communication, education, motivation and information
- Apply appropriate techniques for interpersonal communication and basic counselling
- Understand the ethical aspects of interpersonal communication and counselling
- Identify and address stigma and discrimination in their communities
- Give Psycho-social support to PLWHA and their families

Did the training meet all of the objectives? Please explain.

3. Which sessions/topics were most useful or did you like most? Why?

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4. Which sessions/topics were least useful or did you like least? Why?

5. Which topics did you miss and need to be included? Why?

6. Do you feel the facilitators were well prepared for their tasks (with regard to contents, methodology and group dynamics)? Please make suggestions for improvement.

7. Please write here any other comment or suggestion you may have.

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8. During the training days next week, which are the specific topics/sessions that you feel you need to discuss again in order for you to be able to facilitate the workshop yourself? Please explain.

*THANK YOU!*