

Strengthening Quality HIV/AIDS Counseling

Training course for
HIV/AIDS Voluntary Counseling
and Testing Service Providers



The Institute for Reproductive Health, affiliated with Georgetown University in Washington, DC, is a leading technical resource and learning center committed to developing and increasing the availability of effective, easy-to-use, natural methods of family planning.

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This version is a translation of the original manual developed in Spanish, which can be download from:

http://irh.org/sites/default/files/VCT_Training_Manual_SPA.pdf

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The Institute, recognizing the richness of resources developed by other leading organizations in the field of HIV/AIDS counseling, extensively consulted with existing materials and, with proper authorization, adapted information and educational activities from the following manuals and publications:

- The HIV AIDS/STI Counseling Manual. Project AIDS Action in Central America (Proyecto Acción SIDA de Centroamérica) PASCA
- Reducing Stigma and Discrimination Related to HIV and AIDS, Training for Health Care.
- Workers, EngenderHealth, 2004.
- Counseling Manual, Autonomous Region of the South Atlantic ACRIC and the Ministry of Health of Nicaragua Silais RASS, Nicaragua, 2006.
- Tools for evaluating Voluntary Counseling and Testing for HIV/AIDS. UNAIDS. 2000.
- ISOFI Toolkit: Tools for learning and action on gender and sexuality. Copyright 2007 Cooperative for Assistance and Relief Everywhere, Inc. (CARE) and International Center for Research on Women (ICRW).
- Counseling and Testing for HIV, Reference Manual. JHPIEGO, 2004.
- HIV/AIDS Stigma: Finding Solutions to Strengthen HIV/AIDS Programs, ICRW, 2006
- Pruebas Voluntarias del VIH con Consejería: Una Guía de Referencia para Consejeros y Capacitadores. Family Health International, 2005.
- Manual de Consejería, Programa Nacional de SIDA, Ministerio de Salud Pública de El Salvador 2005.
- Manual para facilitadores sobre consejería para VIH/SIDA. Programa Nacional ITS, VIH y SIDA. Ministerio de Salud Pública y Asistencia Social. Guatemala, 2005.
- Manual de Consejería sobre VIH/SIDA, Programa Nacional ITS/VIH/SIDA. Nicaragua 2005.

Introduction

This training manual was developed as part of a strategy for strengthening the competencies of health care providers who do Voluntary Counseling and Testing (VCT) for HIV. This strategy, designed by the Institute for Reproductive Health at Georgetown University, was implemented within the Program for Preventing HIV/AIDS in Central America and Mexico framework, directed by Population Services International (PSI) and its affiliate PASMO.

Given that principle objectives are to: (1) improve quality, access and utilization of voluntary counseling and testing (VCT) services for HIV/AIDS; and (2) reduce stigma and discrimination in highly vulnerable populations such as Commercial Sex Workers (CSW) and men who have sex with men (MSM), it was imperative to identify interventions directed toward health care providers. With this strategy for strengthening provider's skills and behavior change, an improvement in quality of care and access to VCT services among high vulnerability populations exposed to Sexually Transmitted Infections (STIs) was expected.

Selecting topics for this manual was based on needs assessments carried out in several Central American countries. This needs assessment included a base line, quality evaluation through "mystery client" methodology, and consultations with health care providers, CSW, and MSM using the PDQ Process (Partnership Defined Quality). The needs assessment showed the following about Voluntary Counseling and Testing:

- Evidence of discrimination based on sexual orientation and commercial sex activity
- Lack of support and information for counselors about how to manage on-the-job stress related to counseling and mental health support
- Lack of knowledge about a normative legal framework, norms and protocols that protect individual rights related to HIV/AIDS quality of care
- Inadequate evaluation of client risk assessment during VCT
- Limited time and heavy work load restricts the provider's ability to offer quality counseling
- Lack of privacy and confidentiality in VCT services

Given these identified needs, this training manual was designed with the following objectives:

- Update participants about standards and counseling procedures for HIV/AIDS Voluntary Counseling and Testing
- Standardize criteria about counseling procedures for VCT for HIV/AIDS
- Recognize aspects of stigma and discrimination associated with clients who ask for an HIV test and receive counseling services, especially in highly vulnerable population
- Strengthen health care provider's skills relating to counseling for VCT for HIV/AIDS.

This manual is intended for facilitators in charge of training health care providers who do HIV Voluntary Counseling and Testing services in governmental and non-governmental institutions, particularly physicians, nurses, social workers, psychologists, etc. who need to improve their counseling skills related to HIV/AIDS.

The training will address the most relevant topics providing a basis of knowledge and understanding for reducing stigma and discrimination in their health care centers. Thus, the training will focus on:

- How to recognize stigma and discrimination
- Analyze and become familiar with local standards, guidelines and procedures in VCT
- Knowledge and use of tools such as the VCT algorithm
- Knowledge and application of legal frameworks for client rights, especially confidentiality
- Knowledge and application of counseling principles

The manual explores these differences with participatory activities, role plays, counseling demonstrations and group activities. The two day course provides: (a) the normative and technical framework to sensitize health care providers about the VCT process as well as the stigma and discrimination that exists at their work sites; (b) a space for reflection about their own attitudes and behaviors; and (c) opportunities for hands-on practical experience.

The activities in this manual are designed to offer participants a safe training environment in which to share their experiences and learn to cope with the typical sensitive and stressful situations involved in their field of work.

The manual is organized as a support tool for the trainer to help providers who work in voluntary counseling and testing develop their skills in a standardized manner, within content and time frames.

The manual contains ten sessions, each with their respective educational guides and reading materials to support various topics. Each educational guide contains learning objectives for the topic, a list of necessary materials to develop those guides, and procedures for each activity. The support readings at the end of each guide contain key elements for each topic. They also serve to support the trainer for preparing each topic and as additional reading material for the participant.

The training course is designed to be given in 16 hours over two days. The ten sessions in the manual include various Activities or Tasks. Each session includes:

- Session objectives
- Topics, activities and time frame
- Session methodologies
- Facilitator notes
- Support materials for the session

We trust that your experience as facilitator and your field experience working with HIV/AIDS will contribute to the enrichment of discussions generated throughout the presentation of these topics.

Conducting the Course

Learning objectives

At the end of this course, the participants will be able to:

- Strengthen their basic HIV/AIDS knowledge about the national and global epidemic.
- Mention five features of national HIV and AIDS norms
- Identify the difference between information and counseling
- Describe the HIV pre-test and post-test counseling process
- Counsel clients during HIV pre- and post-testing
- Describe the counseling process for taking the test and for giving test results
- Recognize the link that gender, sexuality and culture have with HIV/AIDS
- Differentiate between stigma and discrimination and how they manifest in caring for CSW and MSM
- Recognize signs and symptoms of burnout in themselves, and identify strategies to avoid or reduce stress
- Apply a system of referral and counter-referral
- Identify aspects of routine work that need improvement for the sake of one's own health and that of the client

Course logistics

Keeping the number of participants to 20 or less is recommended, so that better participation may be guaranteed and all topics may be covered.

Course evaluation

The manual includes various instruments that allow trainers to plan and evaluate the course:

- A profile sheet for each participant that recounts personal and work information, allowing the facilitators to identify the best student for participating in this course
- A Pre- and Post-Test developed from the text, which will enable an evaluation of key concept comprehension and measure early behavior changes in the participant.
- An evaluation of the first day to make adjustments to the second day, according to group dynamics
- A final evaluation of the entire course designed to identify problems and make improvements.

Course Outline

Day One

Session/Time	Objective	Activity	Methodology	Materials
1. Course Introduction 60 minutes	<ul style="list-style-type: none"> Acknowledge the objectives and course schedule Get to know other participants and the facilitators Describe the Quality of Care Framework upon which this course is based 	<ul style="list-style-type: none"> Sign-in, fill out the Participant Profile and take the Pre-test Welcoming remarks Warm up exercises Discussion of objectives and expectations Review the schedule and logistics for the course Explain the participant materials Presentation of Quality of Care Framework and group work 	<ul style="list-style-type: none"> Course objectives Learning objectives Quality of Care elements 	<ul style="list-style-type: none"> Participant workbook Objectives in PowerPoint Presentation (PPT) or overhead transparency or flip chart paper Agenda Reading material for the facilitators on Quality Framework Handout: <i>Quality Patterns</i>
2. HIV/AIDS Overview and Update 60 minutes	<ul style="list-style-type: none"> Validation of the meaning of HIV/AIDS Update participants on the level of the national and global epidemic 	<ul style="list-style-type: none"> Illustrated presentation (PPT) and brainstorming ideas Question and answer period after the presentation Group work: The impact of HIV on my personal and professional life 	<ul style="list-style-type: none"> National and global context and statistics on HIV/AIDS Basic information about HIV/AIDS (what it is, how it's transmitted, biological and socio-economic factors, myths) The importance of VCT and diagnosing HIV 	<ul style="list-style-type: none"> PPT Support reading materials about HIV/AIDS Handout: <i>The impact of HIV/AIDS on my life</i>
3. Analysis of HIV/AIDS Policy 60 minutes	<ul style="list-style-type: none"> Familiarize participants with the official guidelines about prevention and services for HIV Analyze the concrete application of the standards by health providers 	<ul style="list-style-type: none"> Group work: analyze standards and how to integrate the point of the article into practice during counseling Illustrated lecture by facilitator and delegated participant from each group Summary by the facilitator 	<ul style="list-style-type: none"> Ethics, human rights laws that standardize behavior and penalize non-compliance Client rights and provider rights 	<ul style="list-style-type: none"> National standards and local protocols PPT Handout: Instructions for the Activity <i>Analysis of a Standard</i>

Session/Time	Objective	Activity	Methodology	Materials
4. Overview of Counseling 90 minutes	<ul style="list-style-type: none"> Understand the differences between information and counseling; role-play exercise Identify essential principles and techniques of counseling Identify the qualities of counseling 	<ul style="list-style-type: none"> Group work to discuss differences between information and counseling Discuss the principles of counseling Role-play about an information session vs. a counseling session How an HIV counseling session should be done 	<ul style="list-style-type: none"> Differences between information and counseling in terms of purpose, content and relation to the client Objects, characteristics and principles of counseling (impartiality, privacy, confidentiality, truthfulness) Counselor profile 	<ul style="list-style-type: none"> Flip chart paper and markers with instructions for group work (3 questions to discuss) Handout: <i>Information and Counseling</i> Checklist Handout: <i>Counseling Principles Full and Empty</i> Handout for group work
5. HIV Voluntary Counseling and Testing 120 minutes	<ul style="list-style-type: none"> Validation of participant's process on HIV counseling Role-play exercise with a VCT protocol and counseling skills using the checklist 	<ul style="list-style-type: none"> Presentation (PPT) with question and answer period Introduction to the checklist Role play by the facilitator while participants use the checklist Analysis of the role play and feedback 	<ul style="list-style-type: none"> Algorithm of the test Review of the test procedure Key concepts to cover in pre-test counseling (Risk evaluation, plan to reduce or prevent risk, VCT process, informed consent, use of the condom) Post-test features (guarantee of confidentiality, delivery of test results, support and referral, communication with the partner) Reactions when faced with the news 	<ul style="list-style-type: none"> PPT VCT Algorithm Role play Case study Handout: <i>Risk Evaluation</i> Checklist Questions to think about
Closure Day 1				

Day Two

Review 15 minutes	Review previous day and introduce Day Two objectives	Presentation with question and answer period	Go over the previous day's objectives by facilitator	Summary by the facilitator
Session/Time	Objective	Activity	Methodology	Materials
6. Exploring gender and culture 60 minutes	<ul style="list-style-type: none"> • Reflections on sexuality & gender and how our thought patterns influence our perceptions and actions 	<ul style="list-style-type: none"> • Presentation and guided discussion • Group work: Circle of Sexuality and our thought patterns • Brainstorming session 	<ul style="list-style-type: none"> • Differences between gender and sex • Traditional gender roles and stereotypes • Homophobia 	<ul style="list-style-type: none"> • PowerPoint Presentation (PPT)
7. Sex and Sexuality 60 minutes	<ul style="list-style-type: none"> • Identify the differences between stigma and discrimination • Internalize the concept of the vicious circle of stigma • Think about the impact of stigma and discrimination on the epidemic 	<ul style="list-style-type: none"> • Presentation and guided discussion • Group work: The vicious circle of stigma • Visit the Testimonial Corner 	<ul style="list-style-type: none"> • Definitions and examples of stigma and discrimination 	<ul style="list-style-type: none"> • PPT • Video • Handouts • Reading materials • Flip chart paper and markers to write testimonials
8. Stigma and Discrimination 120 minutes	<ul style="list-style-type: none"> • Recognize and learn techniques to manage stress and burnout • Know basic Universal Precaution measures • Learn about self-esteem and counseling assertiveness 	<ul style="list-style-type: none"> • Brainstorming about positive and negative emotions that affect a counselor • Review protocols and precautions in the workplace • Presentation on stress and burnout • Counselor's feelings and emotions • Exercise: "My emotional status" 		<ul style="list-style-type: none"> • PPT • Facilitator notes on relaxation techniques • Worksheet "My emotional status" • Reading material • Protocol on Universal Precautions

Session/Time	Objective	Activity	Methodology	Materials
9. Managing Stress and Preventing Burn Out 60 minutes	<ul style="list-style-type: none"> Familiarize participants with existing systems or suggest some to be used. Give them time to comment about existing ways to manage stress on the job 	<ul style="list-style-type: none"> Presentations and discussions 	<ul style="list-style-type: none"> Local referral systems Referral/counter-referral mechanisms available 	<ul style="list-style-type: none"> Directory of places for support services Handouts
10. Evaluation and Course Closure 30 minutes	<ul style="list-style-type: none"> Summarize the course events by reviewing the post-test and discussing results Review the follow-up activities pending and make appointments with personnel at their workplaces. 	<ul style="list-style-type: none"> Post-test Presentation of certificates Evaluation forms filled in Follow-up visits planned 	<ul style="list-style-type: none"> Interactive review of the post-test 	<ul style="list-style-type: none"> Post-test Evaluation form Certificates signed by authorities Follow-up visit matrix and schedule

SESSION 1 – Course Introduction

Objectives

At the end of this activity, participants will be able to:

- Know the course agenda and objectives
- Introduce facilitators and participants to each other
- Establish classroom norms and work environment

Topics/Activities and Time

1. Sign in and pre-test	10 minutes
2. Welcome and warm-up exercises	25 minutes
3. Description of course objectives	5 minutes
4. Description of course logistics and review of participant materials	5 minutes
5. Defining in-service quality of care	15 minutes

Total Time **60 minutes**

Materials

- Sign-in sheets and Pre-Test
- Material for warm-up exercises (if necessary)
- Participant workbook
- Agenda and Course Objectives on PowerPoint slide or on flip chart paper
- Easel, flip chart paper and markers

Methodology

Activity 1: Sign-in and Pre-test (10 minutes)

While participants enter, have them fill in and sign the attendance sheet. Give each participant a Participant Workbook, the Profile sheet (page 5) and the Pre-Test (page 6), to be filled in and returned to the facilitator before class starts.

Activity 2: Welcome and Warm-up Exercise (25 minutes)

Welcome the participants and invite a dignitary or local official to present their remarks and initiate the course. Conduct a warm-up exercise to present the facilitators and participants to each other. Make sure the exercise you choose for getting to know one another fits into the assigned time frame and make sure that in addition to names, each participant mentions their expectations for this course. Write the expectations on flip chart paper for future reference.

Activity 3: Objectives and Course Expectations (5 minutes)

Describe the course objectives using a PowerPoint Presentation or write them on flip chart paper, comparing them with the expectations that the participants expressed during the warm-up exercise. Introduce the concept of the "Question Parking Lot". With the support of slides 3 and 4 of the presentation, explain those components of the training process that will reinforce their VCT counseling competencies.

Activity 4: Course Logistics and Participant Materials (5 minutes)

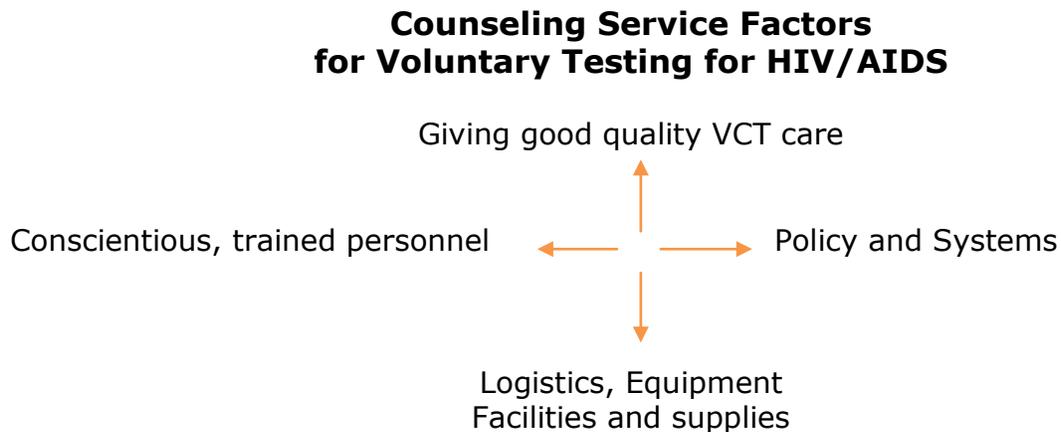
Explain the course schedule, breaks and lunch times. Describe the make-up of the *Participant's Workbook*, and how it will be used in the course. Determine if the participants have any concerns or questions and answer them.

Activity 5: Defining QUALITY of care in health services (15 minutes)

Using the diagram for Quality Care, introduce participants to the concept of quality. Begin the presentation by asking the following questions and writing their answers on flip chart paper:

- What do you think of when you hear the term QUALITY?
- What importance does QUALITY have on health care for clients in the health sector?
- Are there any circumstances in which your care could be different? Why? (ex: special client circumstances)
- What do we need to deliver good QUALITY health care?

Present the diagram below and read the necessary elements included in the following outline of QUALITY.



- Using flip chart paper or PowerPoint slides, explain the quality characteristics for each of these factors
- Ask participants to identify barriers to quality of care they may see in each of these elements. Note these barriers on flip chart paper.
- Add information about the level of quality of care in health services where your course is taking place.

In the case of some Central American countries, you may refer to the needs assessment results published by the Institute for Reproductive Health.¹ PowerPoint

¹ Final report of the results of a quality of care diagnosis in HIV health care services in El

slide number three in this chapter presents the findings all three countries had in common. If you are using this manual in other countries, eliminate this slide or prepare one that describes the deficiencies and/or strengths of VCT quality of service in your particular context.

If you do not have that information, consider using this slide as a point of analysis and discussion. The objective is NOT to find solutions to problems nor search for agreement among participant viewpoints. On the contrary, it is to guide a brainstorming session for identifying possible weaknesses and strengths in services, which may allow the facilitator to have an idea about how the participants view their own reality and to be able to incorporate these viewpoints in the coursework, if pertinent. To guide the discussion, you may ask some of the following questions:

- Does discrimination exist in your VCT services?
- What type of support networks exist for the counselor to help them manage stress and/or burnout and help strengthen their mental health?
- What are the environmental and working conditions like in your service?

Support Material

Agenda

[Day 1, Date and Time]

(Lunch at 1 pm and breaks at 10:30 am and 3:30 pm)

- Welcome and introduction to the course
- HIV/AIDS in global context and in [name your country]
- Overview of HIV/AIDS and its prevention
- Counseling or information: What is the difference?
- Update on standards and protocols in counseling services
- The counseling process for testing and delivery of test results
- Developing essential counseling techniques

[Day 2, Date and Time]

(Lunch at 1 pm and breaks at 10:30 am and 3:30 pm)

- Rights and sexual diversity
- Stigma and Discrimination in CSW (Commercial Sex Workers) and GBT (Gay, Bisexual and Transsexuals), and MSM (Men who have Sex with Men)
- Service provider stress and burnout and self-help measures
- Practicing pre-test counseling and presentation of test results
- Referral systems
- Continuing quality process
- Evaluation and course closure

Participant Profile

Please fill in this form and give it to the facilitator

1. Name

2. Workplace and Location

3. Job description

4. Years of experience in HIV/AIDS counseling

5. Education:
 Primary school High School not completed High School completed
 University not completed University completed Other

6. Academic Titles:

7. Please mark with an "X" all that accurately describe your current responsibilities:
 Give information about HIV/AIDS in the clinic or the community
 Counsel about HIV/AIDS
 Conduct lab tests for HIV/AIDS
 Inventory, supervision and assure adequate supplies
 Training and updating personnel in the health center/clinic
 Supervise health care providers
 Carry out health care statistics and/or informatics
 Other: _____

8. From those you marked above, please indicate the three tasks or areas of responsibility that occupy at least 20% of your time:
Task or Responsibility:
1). _____
2). _____
3). _____

9. Please mark the following areas in which you have received training within the last three years:
 Quality of Care/Counseling
 Voluntary Counseling and Testing
 Sexually Transmitted Infections
 Other (list)

Knowledge and Perceptions - PRE-TEST ---- ANSWER KEY

Name: _____ Job Title: _____

Work place: _____

*For the Participant: Carefully read each question and mark the correct answer. **For the facilitator - the correct answers are in BOLD type.***

1. AIDS is:

- a. a chronic infection caused by HIV**
- b. an hereditary illness
- c. an infection that is transmitted by coughing
- d. an illness that is immediately fatal

2. What are the principle consequences of having HIV in your body?

- a. Immediate death
- b. Mental disease or defect
- c. Progressive destruction of the immune system**
- d. Loss of hearing

3. Counseling is the process by which:

- a. we help a client to make informed decisions
- b. we help a client establish a prevention plan
- c. we point out the client's bad behavior so that he'll change
- d. Both a and b are correct**

4. The two universal principles for pre- and post-test HIV counseling are:

- a. Sympathy and trust in the client
- b. Accessibility and low cost services
- c. Confidentiality and privacy**
- d. Comfort and space in the counseling room

5. A good counselor possesses the following characteristics:

- a. Empathy, trying to understand the other, putting yourself in their shoes
- b. Consistency and congruency with words and actions
- c. The capacity to solve the client's problems
- d. Both a and b above**

6. To deliver good VCT services, the following is necessary:

- a. Rapid test results and confirmations in the same laboratory
- b. Flexible hours for specific groups
- c. Spaces that guarantee privacy during the counseling session
- d. All the above**
- e. Only b and c above

Knowledge and Perceptions - PRE TEST (continued)

- 7. Three basic points a counselor should impart to a client with HIV-
Negative results are:**
- The estimated life span for a person who lives with HIV
 - The window period
 - The periodic testing time
 - Both b and c**
- 8. The most important thing a counselor should impart to a client with HIV-
Positive results is the need to:**
- Get a confirmation test**
 - Suspend all sexual relations with the partner
 - Stop work and/or studies to avoid wasting physical energy
 - Isolate all personal items from other family members
- 9. Some things that counselors should talk about with men who have sex
with men (MSM) when evaluating their risky sexual practices are:**
- what kinds of sex they have
 - the number of sex partners they currently have
 - sex under the influence of alcohol and/or drugs
 - number of children they have
 - Only a, b and c above**
- 10. Some basic things a counselor should investigate with the client before
the HIV test are:**
- Educational level
 - History of transfusions, tattoos and/or Sexually Transmitted Infections (STIs)
 - Family members who live with HIV
 - Only a and b above**
- 11. Universal precautions related to blood and body fluids in hospitals or
health centers are applied to:**
- people suspected of having HIV
 - everyone**
 - commercial sex workers and gay men
 - people with infections
- 12. Sexuality is defined as:**
- a central factor in every human's life that encompasses sex, gender,
pleasure, intimacy and reproduction.**
 - a condition determined by heterosexuality
 - an exclusive aspect for men who have sex with men
 - applicable to those people who have already had intercourse

13. Some reproductive rights of sexuality include the right to:

- a. respect bodily integrity
- b. a satisfactory and pleasurable sexual life
- c. procreate
- d. all of the above**

14. Some definitions for gender include:

- a. Characteristics or opportunities related to being a woman or a man**
- b. Biological factors from birth that determine your personality
- c. Patterns developed only after you become an adult
- d. Scientific evidence that shows the biological characteristics of women and men

15. Gender is learned and reinforced during:

- a. adulthood
- b. childhood, only
- c. childhood and adolescence
- d. throughout all life stages**

16. Name three basic questions a counselor should ask a commercial sex worker (CSW) during the VCT session:

- a. _____
- b. _____
- c. _____

17. Mention three examples of discrimination in the health center toward MSM and CSW.

- a. _____
- b. _____
- c. _____

18. Name three forms of discrimination toward a person who comes to the health center for their HIV test

- a. _____
- b. _____
- c. _____

19. Identify three symptoms of work stress that are apparent in health personnel:

- a. _____
- b. _____
- c. _____

20. Name three factors in the work environment that contribute to a counselor's stress on the job:

- a. _____
- b. _____
- c. _____

Support Material

Strengthening the Quality of HIV AIDS Voluntary Testing and Counseling In Health Services

Course Description

COURSE OBJECTIVES

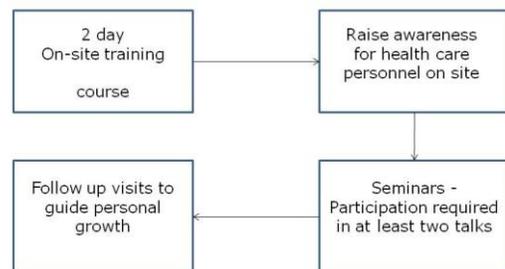
- Update personnel on the standards and procedures of VCT for HIV/AIDS
- Assemble criteria for counseling procedures regarding the HIV test
- Strengthen VCT skills
- Understand stigma and discrimination in the VCT as it relates to MSM and CSW
- Strengthen emotional and mental health of counseling personnel

Training Activities

Based on results of a needs assessment and CDC methodology

- Discrimination based on sexual orientation and sex work
- Lack of guidance for the counselor in stress management, mental health and spaces for quiet contemplation
- Risk assessment not evaluated during counseling
- Lack of time and overburdened workers impede quality counseling
- Lack of information and counseling on risk reduction for targeted populations
- Lack of privacy and confidentiality
- Lack of knowledge about health rights and laws, norms and protocols for HIV/AIDS

Accreditation process for health providers in VCT Quality of Care



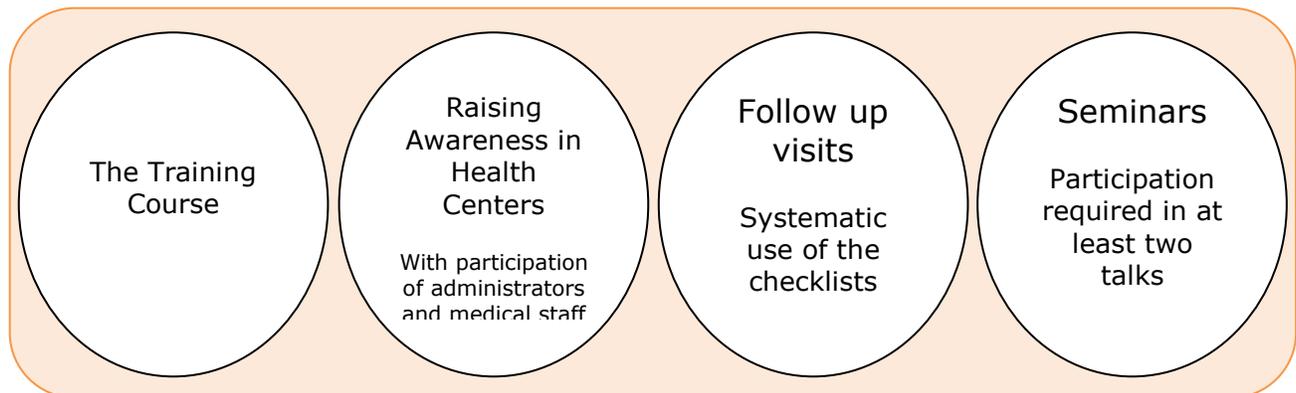
Support Material

Description of the VCT Certification Strategy

The VCT certification strategy is a four-step process that participants must follow consecutively in order to complete all four activities. The strategy includes strengthening providers and other clinical colleagues' knowledge, attitudes and skills regarding client care.

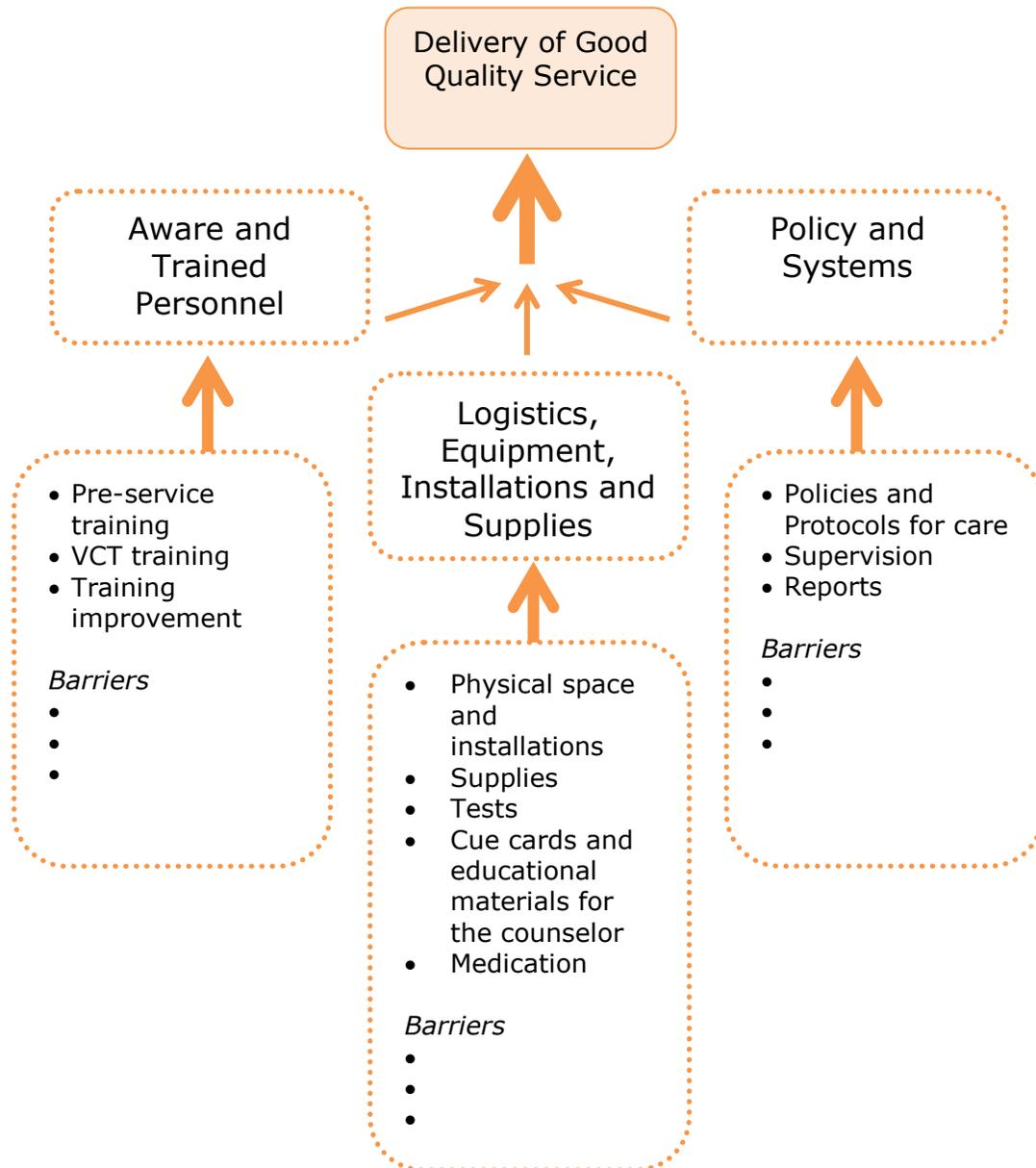
The process begins with an on-site two day training course. One month later the trained personnel conduct an awareness session at their work site, and at two and four months after the initial training, IRH personnel will visit each trained counselor at their work site to reinforce key information and evaluate skills with a structured checklist. The last step in the certification process is the active participation in at least two seminars to reinforce topics covered in the initial training course. These courses should be done by majority agreement outside of work hours (Saturday or Sunday, or evenings).

The importance of using a Certification approach is that partnering with the provider is prolonged over time, which keeps motivation high for improving competency until substantial changes are achieved.



Support Material

WORKSHEET: Service Elements for Voluntary Counseling and Testing for HIV



Support Material

Quality of Health Care Services

What comes to mind when you hear the word quality?

The word quality comes from the Latin *qualitas - atis* and means *a degree of worth or excellence*. This definition is the prototype for classifying distinct levels of any product or service related to a defining reference point, for example: better than the previous time, better than the year before, worse than the other hospital, the same as the other nurse, better than all the clinics that I've visited, etc.

Definitions of Quality Health Care

Quality health care satisfies the needs and expectations of the client through a combination of goods and services.

Source: PAHO; Program of Quality Assurance for Health Services, 1999

Health care quality is a feature of medical attention defined as "the use of the best resources to obtain beneficial improvements with the least exposure to risk at the least possible cost."

Quality is a subjective concept. Each client has their own perception about what quality services means, which is influenced by their own socio-cultural, economic and psychological environment.

Elements of Quality

To understand a little more about quality of counseling services, three intimately linked elements are analyzed:

- a) the technical element
- b) the interpersonal element and
- c) the administrative element

The technical element considers the application of health care knowledge and techniques. The interpersonal element accounts for the relationships established between service providers and clients; the administrative element refers to available resources and their usefulness to improve client care.

Socio-cultural context within the three elements must be considered, all of which influence health service delivery. For example clients who want counseling for STIs and HIV require more private space and better provider discretion than those clients who consult for common illnesses and are mainly interested in receiving a service to resolve their illness.

Quality of Care in Health Services (continued)

What importance does quality have in health services?

People everywhere are continually evaluating the quality of services they receive, and, from that assessment, they are choosing providers and facilities that offer the best possible care. This occurs with all kinds of services, including health care.

Good quality offers practical benefits for clients and programs:

- **Safety and usefulness.** By making the best use of resources with the least possible risk, clients will have their expectations met.
- **Client satisfaction.** Quality services attract, satisfy and retain clients. They come in for a new consultation and come back for follow up services.
- **Increased use of services.** A client will return as many times as needed to receive services if they have their expectations met.
- **Health personnel are satisfied in their jobs.** Personnel feel capable and valued when clients are satisfied with their services.
- **Programs and facility have better reputations.** They attract and retain more clients and become more competitive in service delivery. Clients tend to easily remember negative aspects of their consultancy.
- **Guarantee better access to services.** Good quality helps programs complete their goals for universal access and their responsibility for protecting their clients. Example: Transsexuals and men who have sex with men voluntarily look for services if they feel motivated to do so. These services should attend to clients according to their individual needs.

Summary: Quality services, in addition to providing therapeutic interventions for illnesses, may reinforce preventative measures while simultaneously promoting fairness and equality for all clients.

Source: www.infoforhelth.org

Are there circumstances where services should differ?

"The client is the reason a service, a product or a company exists"

Health care should be based on the client: administrators and service providers should adopt a focus that responds to medical standards and also treats clients as they want and expect to be treated. It's also important to care for the needs and wants of service providers, keeping them motivated so that quality may be a continuing process (centered around the client).

When focused on the client, services promote dignified and competent treatment, thus delivering more effective and efficient care in terms of biological, psychological and sociological health.

Quality of Care in Health Services (continued)

Dignified treatment includes:

- Respect of human rights and individual personal characteristics. For example, CSW and MSM have the right to their uniqueness.
- Complete, truthful, appropriate and easily understandable information
- Courtesy on the part of service providers

Source: www.ssa.gob.mx

What does health service need to have quality?

Quality can be improved in many ways. Establishing norms, conducting training courses, raising awareness, continuing personnel supervision, strengthening logistics processes, increasing available equipment and supplies, or applying policies and systems are all potentially effective ways to improve the quality of care. (Demonstrated in the PowerPoint flowchart in this manual.)

Health services should be based on principles of quality administration. These principles include:

- **Strengthening systems and processes.** Viewing an organization as the interaction between systems and processes to understand problems will strengthen the institution.
- **Motivating personnel participation as a team.** All health care providers can work together to guarantee quality service.
- **Decision making based on dependable data and information.** Guaranteeing quality services and measuring the progress of those services.
- **Improving communication and coordination.** Working together and sharing information between different employees can improve quality services.
- **Leadership committed to excellence.** Providing quality leadership inspires employees to produce quality services.

Source: www.infoforhelth.org

SESSION 2 – HIV/AIDS Overview and Update

Objectives

At the end of this activity, participants will:

- have updated their information about HIV/AIDS
- be aware of the national and global impact of the epidemic

Topics/Activities and Time

1. Illustrated lecture	30 minutes
2. Group exercise	30 minutes
Total Time	60 minutes

Materials

- PowerPoint Presentation
- Participants handouts
- Flip chart paper and markers

Methodology

Activity 1: Overview and update on HIV/AIDS (30 minutes)

The facilitator will present national HIV information with current statistics and ask the participants to write down any questions and/or comments to be discussed at the end of the presentation. A PowerPoint presentation is included in this manual to help the facilitator, in print format as well as CD. The facilitator will read the contents of the presentation and update them to reflect the reality of his or her country and the level of interest of the participants.

Activity 2: The impact of HIV/AIDS on my personal and professional life (30 minutes)

The facilitator will form groups of three to five people and assign each group one of the lists of questions (see next page). Each person will be asked to answer the questions for themselves. Afterward, each person will share the answers within their group. To finalize the discussion the participants should write down a summary of key features of all the answers and share in plenary session. The work time should be 15 minutes for individual reflection and sharing within their group, then 15 minutes for all groups to present their summary in plenary.

Group One:

Personal experience with HIV/AIDS

- What was your first reaction and what did you think when you heard the term HIV/AIDS for the first time?
- Have you since changed the way you think or feel about it? How so?
- Do you know anyone close to you who has the HIV virus or who has died from AIDS?
- Has any of this changed your life? How so?

Group Two:

What if you had HIV or AIDS?

- What would motivate you to want to know your HIV status?
- How would your life change if you knew you were HIV positive?
- What would be the most difficult thing for you to live with if you were positive?
- If you were HIV positive, how would you want your family to treat you? Your health center personnel to treat you?
- How would being HIV positive affect your relationship with your partner?

Group Three:

Professional experience with HIV/AIDS

- How did you feel the very first time you cared for a client who was HIV positive?
- What was your main concern the *first* time you cared for a person that could possibly be infected? And now, what are your concerns?

Support Material

HIV Overview

Strengthening Competencies for Health Care Providers in Voluntary Testing and Counseling

Certification Course

[Place, date]

HIV AIDS Statistics

[Inserts country specific data]

The Epidemic Status in [insert country name]

- Seroprevalence: __MSM insert
- Seroprevalence: __CSW country
- Country prevalence: map here
- ___per 1,000 habitants (optional)

The Epidemic Status in [insert country name] [time period]

- Total accumulated cases: ___
- Population group most affected: ___
- Percentage of cases according to sex: ___%

Diagnosis of VCT services by IRH

- | | |
|--|--|
| <ul style="list-style-type: none">• <u>Ministry of Health</u>• Limited knowledge of• National standards• Insufficient training on• Stigma and Discrimination S & D• Lack of IEC materials for MSM and CSW• Supervision oriented toward service productivity• Informal referral system | <ul style="list-style-type: none">• <u>NGOs</u>* Use their own standards* Insufficient training* Insufficient supervision* Referral system not available |
|--|--|

HIV OVERVIEW

What is HIV?

- **Human Immunodeficiency Virus**
[insert video]
- It fuses with and destroys cells
- Delayed infections; Separate symptoms may appear years later
- Progressive, quantitative and qualitative deterioration of the immune system, directly affecting CD4 cells

The CD4 Cell Count

Normal Number of cells in the blood; reflects the state of the immune system. When the CD4 count in adults is 200 or less/mm ³ risk for opportunistic infection increases	600-1,200
	500
	400
	300
AIDS Opportunistic infections may begin	200
	100
	<50

Some ways that the virus is transmitted

Ways of Transmission

- Vaginal, anal, oral penile penetration without condom
- Multiple sex partners without protection
- Sharing syringes or needles with infected person
- Sharing sex toys with infected person
- Mother to fetus transmission

HIV is NOT transmitted...

- HIV is not transmitted through friendship
- HIV is not transmitted by using one cup
- You cannot get HIV through kissing
- You cannot get HIV if you go to the same school
- You cannot get HIV through a mosquito bite
- You cannot get HIV through tears
- You cannot get HIV through swimming in one pool
- You cannot get HIV by working together
- You cannot get HIV through sport



What is AIDS?

Acquired
Immune
Deficiency
Syndrome

- CD4 cell count less than 200 cells/ml
- Signs or symptoms of one or more opportunistic infections

HIV or AIDS - What's the difference?

HIV+

- Positive status
- Can transmit the virus
- Low viral load
- More than 200 cells/ml
- Has not developed
- Opportunistic infections
- TARV according to lab &
- Clinical criteria

AIDS

- Positive status
- May transmit the virus
- High viral load
- Less than 200 cells/ml
- Has opportunistic infections

Biological and socio-economic factors associated with HIV transmission

Biological factors

- The person's viral load is affected
- Presence of Sexually Transmitted Infections (STIs)
- Nutritional state (maternal malnutrition)
- Anal mucosal susceptibility
- Large mucosal surface area exposed during sexual intercourse
- Under maturation of vaginal mucosa in girls and adolescents
- The virus is more abundant in sperm cells

Socio-economic and cultural factors

- Gender construct and its manifestations
- Cultural beliefs and practices that put a person at risk ("decent women don't carry or use condoms")
- Lack of knowledge about ways of transmission serum status
- Economy, class and levels of poverty
- Migration and social mobility - concentration in high areas of tourism, commerce and dense population
- Limited access to health services, especially VCT for HIV

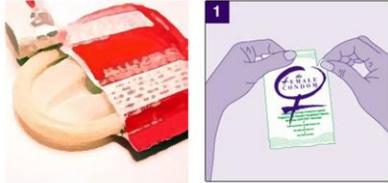
Socio-economic and cultural factors (cont.)

- Marginalization of high risk and vulnerable groups
- Drug and alcohol abuse
- Moral, cultural and ideological burden around sexuality, especially STIs, HIV and AIDS, limiting access to clear, complete, truthful information on the topic. This situation limits informed and voluntary decision making

Prevention (Sexual Transmission)

- Correct and continuous use of condoms
- Delay initiation of sexual relations
- Abstinence
- Mutual faithfulness/ reduce number of partners

Preventing Sexual Transmission Correct and continuous condom use



Prevention (Vertical Transmission)

- ARV during pregnancy and birth
- Elective cesarean, when safe and feasible
- Low risk childbirth practices
- Nutritional counseling for lactating mothers about reducing risk
- Where permitted, early termination

Blood Transmission

- Blood transfusions
 - - Quality control
 -
- Don't share syringes and needles
- Danger reduction programs
- Safe storage of needles

Work related accidents

- Prevent exposure to contaminated blood and body fluids
- Universal precautions always

Why are VCT services important?

- An entry point into other prevention and health care services; support for people infected and affected by HIV.
- Knowledge of sero-status is crucial to help people modify their behaviors so they stay negative or don't infect their partners.

Support Material

Notes for the facilitator: What is HIV and AIDS?

What is HIV?

- **H**uman
- **I**mmunodeficiency
- **V**irus

HIV (Human Immunodeficiency Virus) is a virus that attacks the immune system, the body's defense system. This system consists of white blood cells that defend us against infections. HIV reproduces itself inside healthy white blood cells, damaging the body's immune system and making us more susceptible to illness.

Many years may pass before the HIV damages a person's immune system enough to cause AIDS. People can go years with no symptoms after having been infected. People who appear perfectly healthy may not know they carry the virus, and can transmit it to others. The only way to know if you have HIV is to have a blood test.

What is AIDS?

- **A**cquired You're not born with it, you get it from outside the body
- **I**mmune Related to the body's immune or defense system
- **D**eficiency Weakness, damage, without possibility to react
- **S**yndrome A group of signs and symptoms together

AIDS (Acquired Immune Deficiency Syndrome) is the advanced phase of the HIV infection. A person who is HIV positive becomes diagnosed with AIDS when their immune system is so weak that they are unable to combat infections like pneumonia and some kinds of cancer. These illnesses are called "opportunistic infections" because they take advantage of a weak immune system. Finally, these opportunistic infections, not AIDS, are the cause of death.

There is currently no cure for AIDS. Anti-retroviral medications and healthy behaviors can improve the quality and length of life for some people with AIDS, but they don't cure it. The medications don't work the same for everyone, and some people may suffer side effects.

How is HIV spread?

There are two ways that HIV is spread: sexual intercourse and blood. Blood-borne transmission happens with contaminated blood during transfusions, with contaminated syringes or contaminated instruments, and from mother to child during pregnancy or birth. HIV can be found in any bodily fluid, but only four of those fluids contain a high enough viral content to pass along the HIV:

- Blood

- Vaginal secretions
- Semen (including before ejaculation)
- Breast milk in infected mothers

What are some behaviors that put you at risk for getting HIV?

The most common ways that people can expose themselves to the virus are:

- Unprotected oral, anal or vaginal sexual intercourse
- Sharing contaminated needles for injecting IV drugs
- Non-sterile needles for piercing or tattoos

Drug and/or alcohol use can put people at risk because it's more difficult to practice safe behaviors, for example, to correctly use a condom every time you have intercourse.

How can we avoid getting or transmitting HIV?

- **Abstinence** - Just don't have sex including oral, anal, and penile-vaginal intercourse. For more information about abstinence see www.plannedparenthood.org
- **Latex or polyurethane barrier methods** - Use protection when practicing safe sex, like condoms (male and female) and latex gloves.
- **Needle exchange/clean syringes** - Always use new needles and syringes. When that's not possible, clean the needles and syringe with a 0.5% chlorine solution and rinse with clean water before and after use. For more information www.harmreduction.org
- **Drugs and alcohol** - Know your limits. Knowing when to stop will help you to reduce your risk for unsafe behavior.
- **Tattoos and body piercing** - When getting a tattoo or piercing make sure to have it done by a specialist who sterilizes the instruments (he or she should open the new package in front of you), uses new disposable needles and clean jewelry, uses new (individual) disposable ink vials, and wears gloves. Don't have piercing done with a cartridge because it can't be sterilized. Keep every tattoo or piercing in your body clean and infection free.
- **Pregnancy** - If an HIV+ woman thinks she is pregnant, she should immediately connect with her health care provider to discuss options. Medications do exist to reduce the risk of her baby contracting the virus. For more information visit www.plannedparenthood.org

Why should you get an HIV test done?

Many countries have laws that say an HIV blood test should be voluntary, confidential and with counseling, meaning the client decides if they want a test or not, and that this decision should be based on up to date, quality information by the person doing the testing (informed decision making). The test results are confidential and the client has the right to be informed about the meaning of the results, has the right to confidentiality, and the right to share results with partners.

Everyone who has been or is involved in activities where blood or bodily fluids are exchanged should get an HIV test to know their status. If the results are negative, the client can learn how to protect themselves to avoid infection. If the results are positive, the client can take advantage of advances in medical anti-retroviral science, learn from knowledgeable health care providers who can offer counsel on the best ways to stay healthy, and learn how to not pass along the virus to others.

What does the HIV test consist of?

The HIV test detects the presence of HIV antibodies in the blood, not the virus itself. The antibodies are proteins that are produced in the blood to attack the infection.

The human immune system takes time to identify a virus and begin to produce antibodies, so, for the test to be accurate, it's important to wait three to six months after exposure to the virus taking the HIV test. The time period between possible exposure and when enough measurable antibodies begin to form is called the "window period".

The Window Period

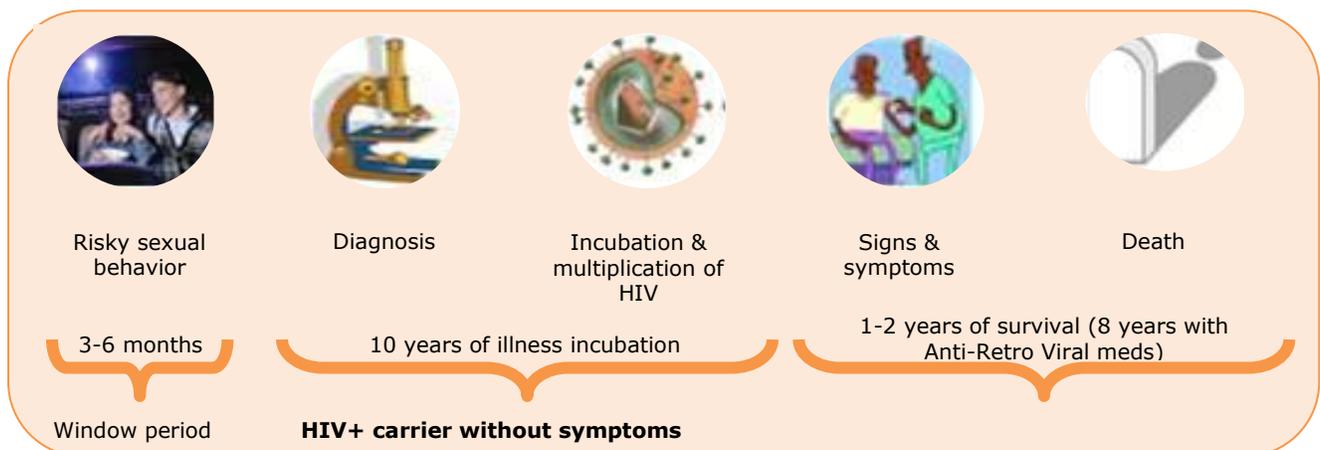
This is the time from when a person acquires HIV until the virus is detected in the blood (3 - 6 months). During this time, antibodies may not exist in high enough numbers to be detected in a blood test. If the test results are negative, a person should come back for a follow-up test 3 months after the initial one. The patient should abstain from risky behavior until those later test results are in. Although procedures are different in each country, it is recommended that health care providers suggest a repeat test if they believe the patient is in the window period.

For more information, clients are recommended to make use of their local health services network, to learn what kinds of tests are available, or to locate a health center which may be more accessible.

The Window Period

The phase, about three months, between when a person is exposed and when enough antibodies show up in the blood to be detected is called the "window period". Even though the antibodies can't be detected, the virus is busy replicating itself in the body. So, even if your test results are negative at first, you still need to take care of yourself.

www.hivtest.org



*Average times and phases in which events may occur

SESSION 3 – Analysis of HIV/AIDS Policy

Objectives

At the end of this activity, participants will be able to:

- Familiarize themselves with HIV AIDS norms in their setting
- Understand the link between human rights and health care
- Identify norms and procedures established by national and global organizations

Topics/Activities and Time

1. Group work to analyze national norms for HIV AIDS 30 minutes

Total Time 30 minutes

Methodology

Activity 1

Using a creative way to count off, form five groups and assign each group to read and analyze an article from the national law concerning norms in HIV/AIDS services. Give each group an article from the norms or protocol from their country, focusing on those that have the most to do with health care providers (for example, topics on privacy and confidentiality) along with the questions to answer. Each group reads and analyzes the articles of law that have been assigned to them.

Each group then has 15 minutes to answer the questions in the handout and write the answers on flip chart paper, to be presented in plenary session to the other participants.

For the first 15 minutes, the facilitator will present a PowerPoint data show discussing articles of law (or protocols or norms) from the country in which the course is being held. After that, each group will present their articles (or protocols or norms) with answers to the questions in plenary session.

Materials

- Copies of pertinent articles
- PowerPoint presentation
- Flip chart paper and markers

NOTE:

Norms from Nicaragua, Guatemala and El Salvador are used in this session. The trainer should rely on the norms from the country where the course is being held. It is possible that other documents, in addition to the norms, exist that could also be analyzed and added. There may also be internal organizational rules or protocols that may be used instead of country norms.

Support Material

Worksheet: HIV AIDS Norms

Instructions:

Read and analyze national norms regarding HIV assigned to your small group. Discuss within your group and answer the questions on this worksheet. You will then summarize the most important aspects, write them on flip chart paper, and share with other participants in plenary session.

Discussion questions

- What do the articles assigned to you mean (what is your interpretation of the law as presented here)?
- How are these articles applied in your work situation?
- How do you comply with these articles in the law?
- How difficult or easy is it to comply with the mandate in these articles? What would help to comply?
- What are the implications for clients when the law is not followed? And for you, on a personal level?

Group 1: The Law for preventing HIV (example from El Salvador)	
	Content
Article 15	Diagnosis and Counseling Every test, and thus the final results of that test, to diagnose an HIV infection should be analyzed while respecting confidentiality, and accompanied by counseling and evaluation before and after the test, except for those unforeseen occasions under this law.

Group 2: The Law for preventing HIV (example from El Salvador)	
	Content
Article 19	Information on test results The treating physician or health personnel trained in HIV AIDS who inform a client about their sero-positive condition must also inform the client about the infectious characteristics of the disease and the methods of transmission and prevention, the rights of the client to integral and adequate health care, and the obligation to protect the partner, be they casual or habitual, all under the guarantee of their right to confidentiality.

Group 3: Statute for the prevention of HIV AIDS	
	Content
Article 22	<p>The Requirement for Specialized Human Resources Public or private organizations who offer health services should be staffed with qualified and specialized personnel in the prevention, education, control, and investigation in the fight against HIV AIDS.</p>

Group 4: Statute for the prevention of HIV AIDS	
	Content
Article 29	<p>Universal Precaution Norms Personnel living with HIV/AIDS who perform risky procedures are obligated to comply with the established norms of Universal Precautions and should inform their condition to the administration of the health center where they work, so that they may be transferred to a risk free area.</p> <p>Every person who performs procedures that may pose a risk for the person being attended, is obligated to comply with established Universal Precaution Standards.</p> <p>Public and private institutions performing procedures that may pose risks for the person being attended is obligated to comply with established Universal Precaution Norms.</p>

Group 5: Statute for the prevention of HIV AIDS	
	Content
Article 8	<p>Confidentiality The principle and right to confidentiality prescribed by law, additionally established therein, also implies:</p> <p>That the file, or medical record, of any person with HIV/AIDS must be managed under strict measures of confidentiality and in total observance of legal and statutory regulations governed by hospitals, laboratories and public or private health care institutions, in such a way that impedes access to the information contained therein, to persons not directly involved in the care of the patient.</p>

Support Material

Note: Adjust your presentation according to the information available in your country.

Examples from Guatemala

General Law for combating HIV/AIDS and the promotion, protection and defense of human rights

Links exist between human rights and health

Common objective:

To promote and protect the rights and well being of all people

Confidentiality, voluntary testing and delivering test results

- Article 19:
Respect the clients, keep their results confidential, and complete evaluation and counseling before and after the test.

- Article 13:
By making known preventive practices, all scientifically proven and current methods will be promoted, guaranteeing access and availability of same.

- Article 36:
Discrimination against people living with HIV/AIDS is strictly prohibited.

Penalization for noncompliance

- Whoever perpetrates the following will be sanctioned according to the health code or penal code:
- People who are mandated by the Health System to keep epidemiological records and do not complete them
- People who knowingly share personal HIV status information with others without the patient's consent
- Professionals and other health or social service personnel who deny services to anyone with HIV/AIDS

Support Material

HIV/AIDS Policy Norms from Nicaragua

Law, Policy and Norms for HIV/AIDS in Nicaragua

Law, Policy and Norms

- Law for Promoting, Protecting and Defending of Human Rights in the face of AIDS (Law 238)
- General Health Law (Law 423)
- Work Code (Law 185)
- Natural Law for Social Security (Law 975)
- National Plan for Development
- National Policy on Population
- National Strategic Plan for STI, HIV, AIDS
- Counseling Manual (National)
- Universal Precautions Manual of Basic Techniques
- Guidelines for Anti-retroviral treatment

Law for Promoting, Protecting and Defending Human Rights in the face of AIDS (Law 238)

Undeniable links exist between human rights and health

Purpose:

To guarantee the respect, promotion and defense of human rights in preventing infection by the human immunodeficiency virus (HIV) and the treatment of the Acquired Immunodeficiency Disease (AIDS)

The Right To fair treatment

Article 3:

In the prevention and management of HIV/AIDS, human rights, tolerance, privacy and personal autonomy must be guaranteed.

The Right

To informed consent and privacy

- Article 5:
Persons requesting testing will give their written authorization for the test personally or via representatives or guardians in their case.
- Article 7:
The HIV antibody test results should be communicated privately and personally or by way of counseling with informed consent according to the norms that regulate this process

The Right to Prevention Specialized and current resources

- Article 11:
Public or private entities involved in the fight against HIV/AIDS will promote the specialization of human resources and research for the purpose of keeping abreast of policy and advances about this pandemic.

The Right to Prevention Protection of health care providers

- Article 16:
It is the obligation of the State, or private companies to adopt measures, standards and universal precautions to prevent HIV infections in personnel who work in their facilities.

Rights of people living With HIV AIDS

- Article 19:
The State will promote health care services to people who live with HIV/AIDS, and will guarantee counseling, testing, support and treatment individually or in groups. This care may be in hospital, at home or ambulatory and will be designed for attending to the physical, psychological and social needs of the client.

SESSION 4 – Overview of Counseling

Objectives

At the end of this activity, participants will be able to:

- Determine the differences between counseling and information
- Identify how basic counseling principles are applied on the job as VCT counselors.

Topics/Activities and Time

- | | |
|--------------------------|------------|
| 1. Group exercise | 35 minutes |
| 2. Role plays | 35 minutes |
| 3. Counseling principles | 20 minutes |

Total Time **90 minutes**

Methodology

Activity 1: The difference between information and counseling (35 minutes)

Using the reference material in this session, summarize on flip chart paper the key points for the three topics mentioned below. Conduct group activity to analyze the differences between information and counseling. Using a creative technique, divide participants into four groups. Each group selects a note-taker to record the key points and conclusions of the group, and a presenter to share the conclusions noted on the flip chart paper in plenary.

Topics for discussion and consideration in working groups:

- Write three differences between information and counseling.
- Describe the purpose of each one.
- Explain in which situation you would use each one or the other.

Invite each of the presenters to take turns presenting their group's conclusions. Each group has five minutes to present their conclusions. At the end of all presentations, review the key points about information and counseling, especially as they relate to voluntary testing and counseling for HIV. Use a flip chart page to show these key points.

Materials

- Flip chart paper with three questions to convey the difference between information and counseling.
- Worksheet "Principles of Counseling" for all participants
- Flip chart paper sheets and markers for group work

NOTE:

Counseling is an important tool in the prevention of HIV and promotion of VCT services, in an environment where privacy is guaranteed and individual human rights are protected. Counseling for voluntary testing offers individuals the space to reflect with the counselor about risk and sexual behaviors regarding STIs and HIV. Based on that information, health personnel can work with clients to develop a plan to reduce risk and modify their behavior.

Activity 2: Preparation and presentation of a role play (35 minutes)

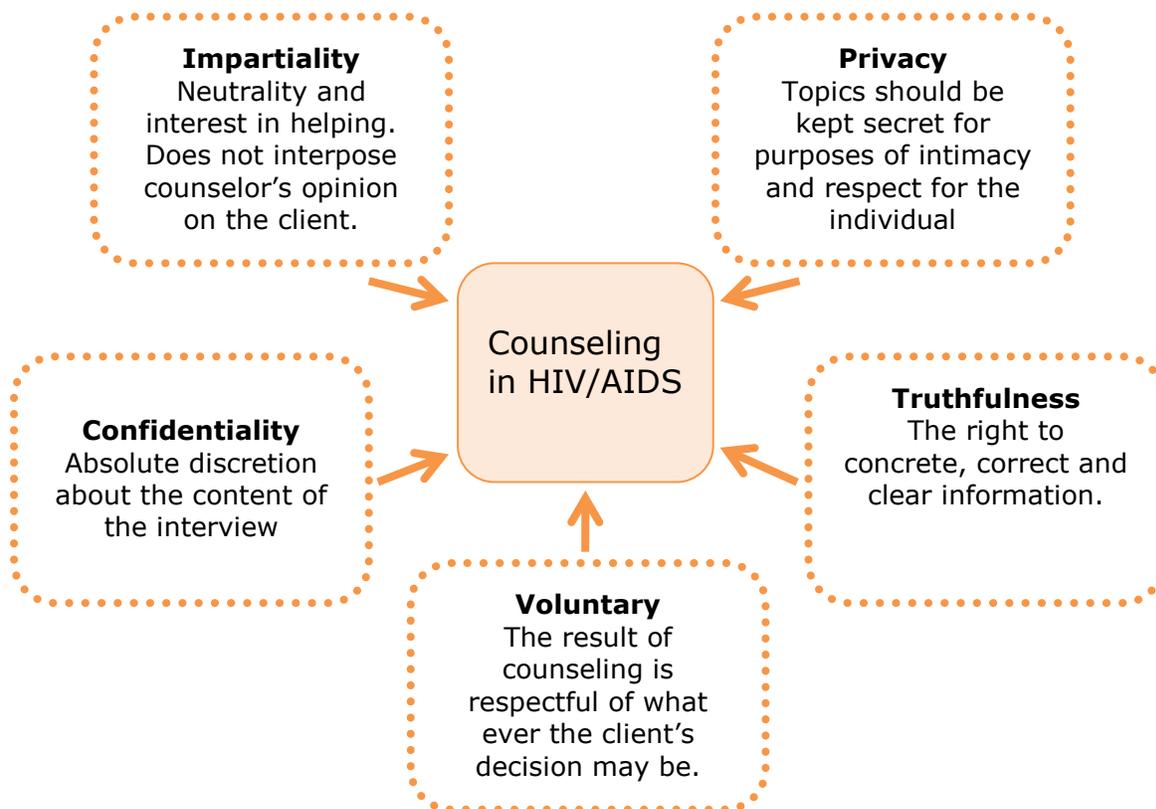
Assign two groups to prepare an informative session role play about HIV/AIDS and two groups to prepare the pre-test counseling role play. Indicate that they should all prepare their role play, but only two will be randomly selected to perform in plenary session: one representing an informative session and the other a brief counseling session.

To prepare the role play, suggest that the groups first identify the most important points they want to present. For example, for an informative activity, what is HIV? What are the differences between HIV and AIDS? How does one acquire, or not, the virus? For the pre-test counseling session, list the key aspects to be covered during the visit.

Ask the randomly selected groups to then perform their assigned role plays, and invite participants in other groups to comment or add to the information presented. To close the activity, thank the groups for their efforts and participation. Summarize with a PowerPoint presentation, or on Flip chart paper, the profile of a counselor, which appears in the Support Materials section of this session.

Activity 3: Counseling Principles Filling in the working sheet "Principles of Counseling" (20 minutes)

Divide the participants into groups (by colors, numbers, objects or letters) and distribute the worksheet "Principles of Counseling". Ask each group to discuss the individual answers on the worksheet and to fill in the work sheet based on their answers as a group.



Close the session with a brief presentation on counseling principles, whether that be in PowerPoint or on flip chart paper, emphasizing the importance of these principles for the person receiving counseling. Distribute the worksheet "Counseling Principles" with the concepts already defined

Facilitator notes for concluding the activity

What is involved in a voluntary testing counseling session on HIV/AIDS

A voluntary testing counseling service should meet the following requirements:

- Personnel responsible for counseling should meet the counselor profile
- The environment should encourage privacy. Only the client and the counselor should be present and their discussion should not be heard by others.
- The setting should be clean and pleasant, with comfortable chairs, and no desks to separate the client and the counselor.
- Training and updates on interpersonal communication techniques, STIs, HIV and AIDS should be available to counselors.
- Personnel in charge of counseling should have regular supervision.
- Strengthen incentives for good counselors.
- Provide updates for personnel in charge of counseling.
- All counseling services should be linked to laboratory services that can perform HIV testing. These services should be based on standards which guarantee principles of confidentiality and the voluntary aspect of the test.

Support Material

Counselor Profile

Role of the Counselor

- Counseling personnel are the backbone of any preventive HIV AIDS program and for people living with AIDS.
- They may be health care workers, nurses, auxiliary nurses, educators, physicians, psychologists or social workers.
- They form part of a wide range of services:
 - Consult with clients and their families about infections
 - Listen to concerns and offer support and information
 - Study options to be able to counsel on how to deal with infections

Counseling Qualities

- Emotional stability
- Self-esteem and assertiveness
- Experience in care and support services
- Flexibility in care
- Wide tolerance of sexual diversity
- Respect for the client
- Management of professional ethics
- Conflict resolution abilities
- Empathy with the client

Role of the counselor in Pre- and Post-test HIV Counseling

- Be present for the client
- Know how to listen
- Avoid judging the client and always be respectful
- Be trustworthy and maintain confidentiality at all times

Support Material

Qualities of a good counselor²

Comprehension: Accepting different values and circumstances from a wide variety of persons with different experiences and backgrounds.

Consistency: Being congruent with what you say, what you do, and who you are.

Conviction: Believing that education in HIV AIDS plays a major role for improving family health and that it is a basic human right.

Discretion: Maintaining confidentiality with what a person says. Being respectful of information received, whether in the waiting room, the office or in the community.

Efficiency: Working effectively under pressure or stressful conditions with a minimum of supervision. Committing to a disciplined work ethic of helping others.

Empathy: Knowing how to put yourself in the place of another; understanding how the other person might feel under certain circumstances.

Flexibility: Being open to improvisation, to a person changing their mind or their decisions, and to be tolerant of different kinds of behavior.

Honesty: Speaking truthfully to a person. Truthfulness is the basic characteristic for

assuring freedom of decision and responsible, informed consent.

Respect: Allowing a person the freedom to state their case in their own way; to not impose, invade or force your way.

Responsibility: Committing yourself to people, tasks and what ever is necessary to achieve agreed upon objectives.

Security: Feeling comfortable with yourself, given that you are intimately exposed to the person you are counseling; to have convictions about what you are doing.

Sociability: responding to another's needs and relating to a variety of clients of different ages, backgrounds and personalities.

Unconditional positive attitude: Knowing how to transmit the acceptability of another without appraising them nor approving or disapproving of their attitudes, judgment or behavior, even if you don't agree with it.

NOTE: Training is the result of adopting and adapting what you've learned in terms of medical, legal, social and psychological terms regarding sexual health. This knowledge will help you work more effectively.

Nevertheless, no training course can make you a nice person who responds to the needs of others, who feels comfortable with themselves, and who is committed to a disciplined work ethic of helping others.

A good counselor needs to know his or her own abilities and limitations in their daily work environment. We don't speak about "good" or "bad" counselors - just "capable" and "non capable" ones.

² Adapted from *Manual de consejería en VIH/SIDA del Programa Nacional de ITS, VIH, SIDA Nicaragua 2005* and from *Manual de consejería para personal de salud, Programa Regional de Atención de las ITS, VIH, SIDA, Minsa Silais Raas/ACRIC, Bluefields 2005*

Support Material

Definition of Terms, Information and Counseling

Information

- The process of providing information is frequently confused with counseling. However, information is generally a process of uni-directional communication.
- It provides data about different aspects of sexuality, like HIV/AIDS/STIs and related topics, in clear and honest ways, explaining advantages, disadvantages, possible complications and risks involved.
- Many different informative activities exist, such as; informal talks, formal conferences, and/or guided discussion groups that may be supported by posters, handouts and other educational materials.

Counseling

- Direct and private contact with a client allows them to explain their needs. He or she is motivated in the counseling session to participate, ask, and expose their struggles, expectations and feelings.
- Through counseling, the client may have their doubts cleared up, their fears diminished and conflicts related to sexuality, STIs, HIV or AIDS demystified.
- Support and follow-up is often given to clients who require it.
- Even though information is an important component of communication, only through counseling may individual circumstances be addressed, personal interests and feelings be taken into consideration.
- Counseling should be given in an atmosphere of privacy and confidentiality.

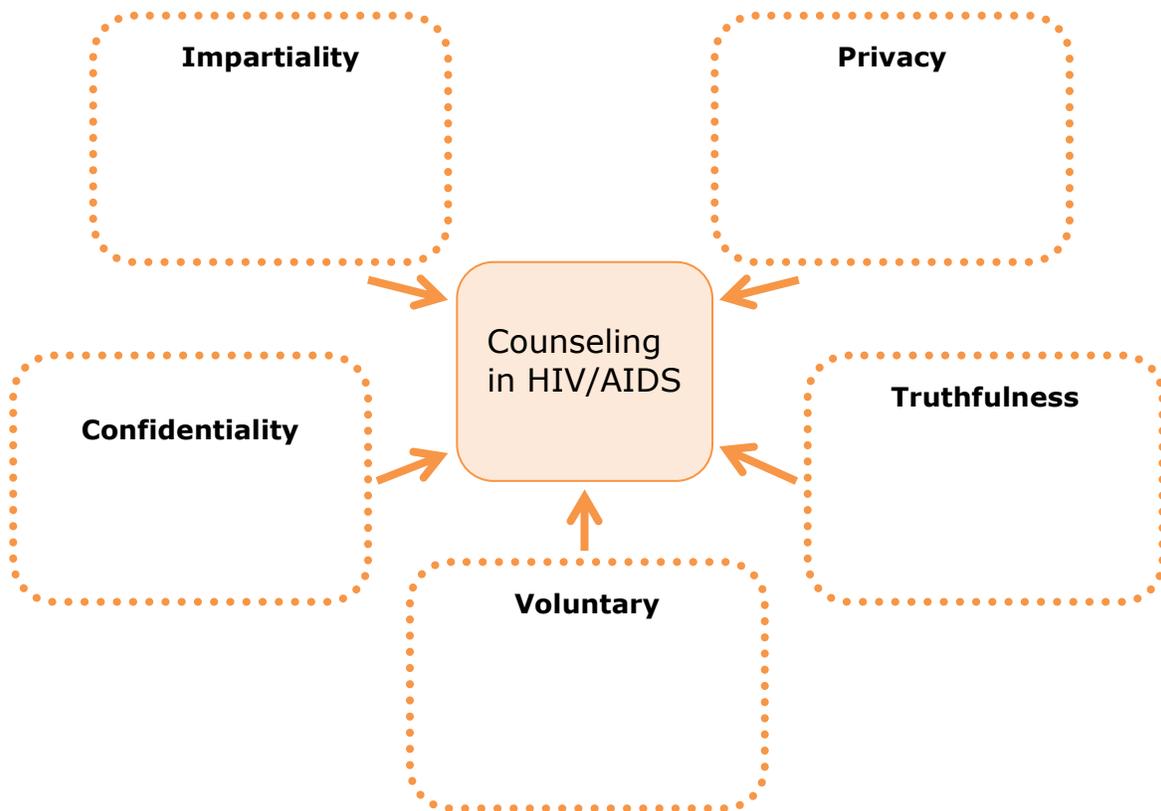
INFORMATION	COUNSELING
<p>Purpose: • Expand client knowledge related to the HIV virus, the benefits of taking the test, and where to get further information and/or services. • Clarify doubts, reduce concerns and address myths related to HIV/AIDS and STIs</p>	<p>Purpose: • Motivate the client to actively participate, and help them to know their options in order to make informed decisions and to assume appropriate behavior that benefits their own health and that of others</p>
<p>Content: • The procedure about how and where to get the HIV test, the importance of knowing your status, the ways that HIV is transmitted and prevented, and its consequences.</p>	<p>Content: • Client will understand topics related to transmission, prevention, and infection, along with psychological, social and family support</p>
<p>Relationship with the client: • This is a uni-directional form of communication.</p>	<p>Relationship with the client: • Empathize with the emotional state of the client. Consider the individual circumstances and feelings of each client.</p>

Content adapted from HIV/AIDS Counseling Manual, National AIDS Program, Ministry of Health, Guatemala, 2005

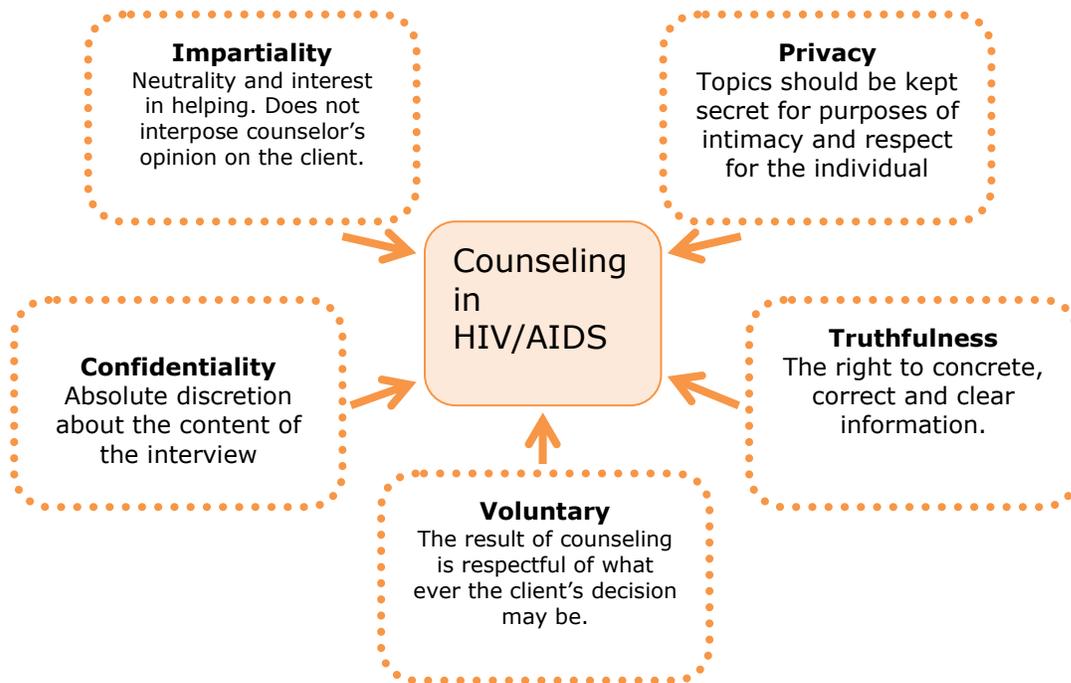
Support Material

Principles of HIV/AIDS Counseling

1. In the blank spaces below write what you understand each of the words to mean in the context of HIV/AIDS counseling.
2. What are the main principles that you use most during counseling? Which are the ones you use least?
3. Do you apply all these principles to every client? Or are there some cases or situations where they may not apply? What are those cases or situations?



Principles in HIV/AIDS Counseling³



Voluntary Testing and Counseling should:

- Inform clearly and objectively all aspects related to the HIV/AIDS infection and other STIs.
- Motivate the client to modify their behaviors and to reduce their risk of acquiring an HIV infection or other STIs.
- Support the client in understanding the significance of a positive test result and the possibilities for medical management to treat the infection.
- Motivate the client to follow self-care guidelines
- Evaluate the level of exposure to the virus and other diseases
- Promote ways to improve physical, psychological and social well-being of the person
- Inform about and interpret the lab tests, but do not attempt it without previous training.
- Reinforce positive qualities of the person to build their self-esteem and feelings of self-worth.
- Motivate the person to get involved in self-help groups.
- Make this person aware of the importance of notifying their partners and/or sexual contacts

Good counseling techniques should be offered in an open climate of acceptance, where the client does not feel judged and therefore may be more receptive to the clear and truthful information they need.

³ Adapted from HIV/AIDS Counseling Manual, PASCA, 2005

SESSION 5 – HIV Voluntary Counseling and Testing

Objectives

At the end of this activity, participants will be able to:

- Identify appropriate ways to address the test, with specific messages to target clients in specific circumstances
- Be aware of how people with a positive HIV test live and cope differently.

Topics/Activities and Time

1. Group exercise - Counseling specific populations 25 min
2. Case study - Reaction when learning test results 25 min
3. Pre and Post-test counseling 25 min
4. Skills practice for VCT 45 min

Total Time

120 minutes

Methodology

Activity 1: Group Exercise - analysis of counseling for specific populations (25 minutes)

Explain that appropriate counseling methods for diverse populations will be examined, along with how to assure pertinent HIV prevention messages for each group.

Divide the participants into five groups, using any grouping technique. Assign one of the client profiles to each group.

Client profiles:

- An adolescent girl who comes in with an STI
- A female Commercial Sex Worker
- A pregnant HIV+ woman
- An intravenous drug user
- A man who has sex with men who has just received negative HIV results

Each group has 10 minutes to review the following questions about their particular client:

- What might be some of the specific problems that this client could be facing?
- How will you address this client's particular concerns?
- What are the most essential informative points this person needs to have?
- What kinds of options do you think this person has?

Materials

- Flip chart paper with the description of 5 clients.
- Flip chart paper with questions for discussion
- Flip chart paper sheets and markers for group work

NOTE:

The VCT Checklist used in this manual does not pretend to replace local protocols designated by various health programs, but it is representative of them. The objective is to condense key points to remind the counselor what should be covered during a counseling session. The list is not detailed on purpose to avoid the burden of too much information on a tool that is designed solely to cover the most salient and important themes. This Job Aide will be used by a supervisor to observe practices, and may also be used for self-evaluation for a services provider.

- Would you refer this person? Where?
- Ask each group to present their answers in a plenary session. Each group has 5 minutes to present. After all have presented, summarize by pointing out the importance of client-focused counseling to attend to individualized needs.

Reiterate the importance of giving special attention in terms of gender, special circumstances for adolescents, MSM, Commercial Sex Workers, pregnant women and drug addicts.

To close this activity, if time permits, ask each participant to read their handout, "Risk Evaluation".

Activity 2: Case Study (25 minutes)
How does a person react to the news that they are HIV+?

The facilitator divides the participants in groups of 4-5 people and hands out one case study per group. Explain that the case studies show how different people react differently to the news that they are HIV+. Ask each group to indicate what kind of counseling they would give according to the context of the case study.

- Group 1: I am HIV+ and my wife doesn't know
- Group 2: I am HIV+ and my parents don't know - they don't even know I'm gay.
- Group 3: I am HIV+ and I'm pregnant
- Group 4: I am HIV+ and I'm a sex worker

Activity 3: Pre and Post Voluntary Counseling and Testing (VCT) (25 minutes)

The facilitator introduces the VCT flowchart that, supported by a PowerPoint presentation, describes the steps and goals of VCT along with the special role of counselor. Later, distribute the VCT checklist which contains the key aspects to be covered during a counseling session.

Voluntary Counseling and Testing for HIV/AIDS Checklist

EVALUATION OF CONTENT OF THE PRE-TEST COUNSELING

<ul style="list-style-type: none"> • The counselor assesses client's level of risk, together about: <ul style="list-style-type: none"> • If identified as STI and sexual partners • If there are partners • If partner has been tested • If risk levels are lower and there are other reasons • Type of sexual relations: protected oral, anal, vaginal • Condoms used • If there are other reasons 	<ul style="list-style-type: none"> • Assure the confidentiality of client's information • Ask reason for visit • Explore client's knowledge about HIV and the forms of transmission and clarify misconceptions • Evaluate client perception of individual risk and help identify practices that increase their risk • Give client information about the HIV test • Verify client understood the information • Discuss with client barriers and strategies to overcome them • Review HIV prevention messages • Encourage client to incorporate partner in risk prevention plan • Give client time to express his or herself, ask questions and reflect on his or her answers • Obtain voluntary consent for the test • Discuss and agree on follow-up visit with client 	<ul style="list-style-type: none"> • Describe the testing process • Explain the meaning of positive and negative result • Clarify result implications • Explain the results period • Refer to our clients' support network • Provide information and demonstrate correct use • Encourage correct responses with partner
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The facilitator, or an experienced counselor invited to the class for this session, will then perform a role play using one of the case studies. While they are performing, the participants should use the checklist to make sure all aspects of the counseling session are covered

At the end of the role play, the distinct aspects of VCT will be discussed with the participants. The participants will give feedback based on the filled-in checklist. The facilitator has the option of writing key aspects of the list on flip chart paper and requesting feedback from participants to see if they covered everything.

Activity 4: Practicing VCT Skills

(45 minutes)

The facilitator asks the participants to practice a counseling session. Everyone will have the opportunity to play the role of counselor, using the case studies they have been assigned. Organize the participants in groups of three and explain that one plays the role of counselor, the other is the client, and the third person observes the session using the checklist to mark observations. Write down the following instructions on the flip chart paper:

- Whoever plays the client will follow the indications of the case study for either #1 (Female Commercial Sex Worker), #2 (gay man) or #3 (transvestite), whatever is assigned to you, so that you can give information to the counselor. Don't read your role aloud and stay in role the entire time.
- The participant who assumes the role of counselor should use the checklist to help cover all the important points to be addressed during the session.
- Whoever has the role of observer should also use the checklist (version #2 for evaluating the role) so that s/he can later offer feedback to the "counselor". This version has spaces for 3 observations.

The participants have a total of 30 minutes to rotate through all the roles, allowing each person about 10 minutes to develop their role as counselor. To give each person an opportunity to counsel, the facilitator will blow a whistle or make another noise to indicate rotation of roles.

At the end of the practice, the facilitator and participants will analyze the experience with audience participation. To direct the critique, select questions you consider to be most important.

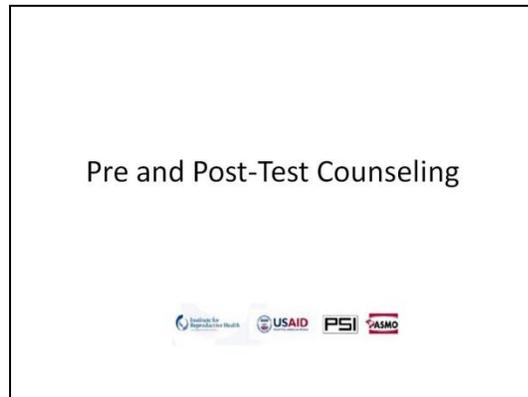
Questions for the counselor to think about

After the counseling session, ask yourself the following:

<ul style="list-style-type: none"> • How do you think the client felt at the end of the counseling session? • Do you think they'll return? • How do you feel about the session? • What do you think was good about it? • Is there anything you would do differently? • What ideas or thoughts came to you during the session? • What emotions came up for you? • How did you respond to the emotions or feelings of the client? • Was there anything that was especially difficult for you during this session? • Was there anything that you especially liked about this session? 	<ul style="list-style-type: none"> • What do you think the client was thinking about you? • How do you think the client felt about you? • Did this client remind you of someone? • What did this client expect of you? • Who did you represent for this client during the counseling session? • Is there any risk involved in caring for this client? • Who did the client represent for you? • What was the objective you wanted to achieve with this client? Did you? • Is there anything more you could have done to achieve your goal? What?
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Support Material

Pre and Post-Test Counseling



Offering Counseling

Components of assessment protocols before the voluntary test:

- a) presentation and orientation to the counseling session
- b) risk evaluation
- c) risk reduction options
- d) preparing for the test
- e) giving the results

Presentation and orientation to the counseling session

- Present yourself
- Guarantee confidentiality
- Explain the testing process
- Encourage vocalization of questions or concerns

Risk evaluation

- Explore client's knowledge about STIs and HIV
- Review recent sexual activities
- With the same person, or various
- With unknown persons
- Frequent or no protection used
- Previous STIs

Options for risk reduction

-
- Faithfulness, abstinence, correct and consistent condom use
- Evaluate the capacity of the client to complete any/all of the above

Negative test results

- Inform the client that you have the results
- Explain the meaning of a negative result
- Explain that this result shows no virus detection related to recent activity
- Review infection reduction activities
- Encourage mutual faithfulness
- Explain the results show client's negativity, not the partners status

Positive test results

- Tell them the test results
- Identify support sources
- Negotiate about how to tell the partner(s)
- Talk about risk reduction practices
- Give information about follow-up and health care services

If client denies results

Give them information and encourage them to return

What is HIV Counseling?

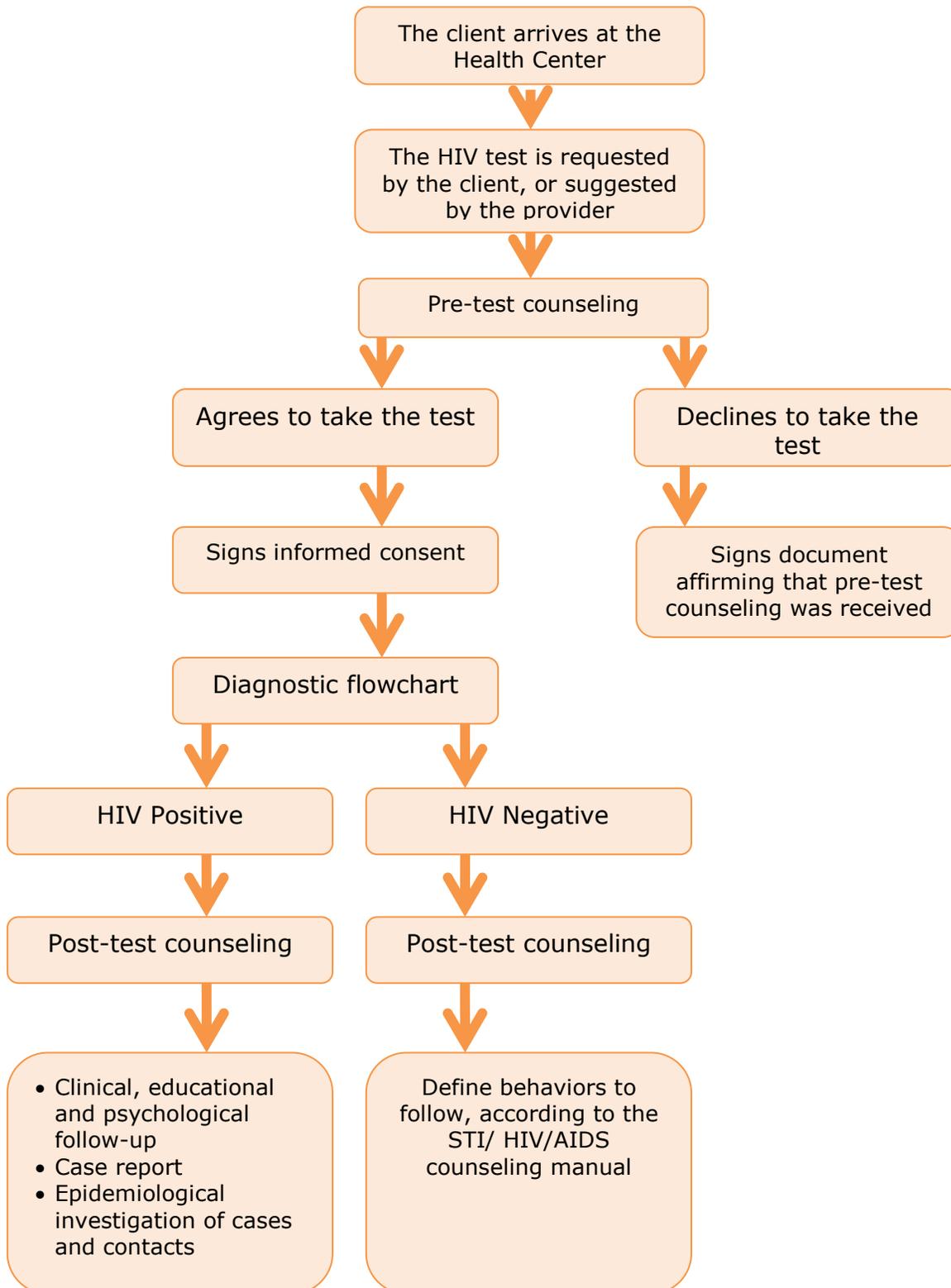
- A guided exchange by the counselor to help individuals understand how to change their behavior, which reduces the risk of acquiring or transmitting HIV

Role of the counselor

- Don't pressure clients; help them to see how to improve quality of life
- Be capable of informing
- Understand how it must feel to have a positive diagnosis
- Respect beliefs, without prejudice, giving true and clear information
- Show how to correctly use condoms
- Clarify doubts and concerns
- Guide toward services
- The counselor also has the freedom to opt out of a counseling session

Support Material

Flowchart for HIV/AIDS Counseling



Support Material

Example case for the process of HIV/AIDS Counseling

Mercedes is 25 years old. She has recently moved to the city and arrived at your health center looking for help managing her STI and to ask for condoms. She has previously had an HIV test, which was negative. She tells you she services about 30 clients a day, with all kinds of sexual practices, and with very little perception of the risks involved.

To write on the flip chart paper-

While observing the role play, did the counselor:

- Investigate past history?
- Demonstrate prejudice or discrimination?
- Share information about the possible test results?
- Investigate about sexual practices and offer orientation about risk reduction?
- Demonstrate the skills for introducing and offering the test?
- Share information about the test process and results?
- Offer information about how HIV+ people live with the results?

Support Material

Reading materials for participants

Risk Evaluation

After having explored what the client may know about HIV/AIDS, cleared up concepts and counseled about relevant topics, the counselor needs to evaluate the client's risk for infection. This involves sharing very personal information that this client may not have shared with anyone before. The counselor should investigate tactfully explaining that her/his only intention is to understand those particular client circumstances that may be relevant to health services. It is important to ask pertinent questions and avoid conversations that do not contribute to client risk evaluation. To assess a client's personal risk, the following should be explored:

- Present and past sexual conduct (number and types of partners, frequency of change in partners, anal, oral and/or vaginal sex without protection).
Asking about present and past sexual conduct:
 - Are you currently sexually active?
 - Do you have a stable partner, a new one or multiple partners?
 - Do you exchange sex for money or drugs?
 - Do you have same sex partners? Opposite sex?
 - Do you regularly or just occasionally use condoms? Use them correctly?
 - What kinds of sex practices? Vaginal, anal, oral? With or without protection?
 - Have you ever had a sexually transmitted disease?
- History of blood transfusions and if the blood was analyzed for HIV.
Ask the client:
 - Have you ever received a blood transfusion or an injection? When?
 - Do you know if the blood was tested or if it was contaminated?
- Present or past exposure to invasive non-sterile procedures, like injections, non-medical circumcisions, tattoo, scarring, etc.
Ask the client:
 - Have you ever had tattoos or any non-medical interventions that may have exposed you to an infection?
 - When did you have this intervention?
- Present or past use of drugs or alcohol by either the client or partner(s). Explain that this question is not to judge them, but to establish if they have been or are at risk. Drug and/or alcohol consumption may increase risk of non-protected sex and injectable drug use is a way to transmit the infection.
Ask the client:
 - Do you use drugs or alcohol? How frequently?
 - Do you know if your partner(s) uses?
 - Which drugs do you (or your partner) use?
- If the client is sexually active, determine if they use protection from unwanted pregnancy, or if you need to offer family planning services.

Ask the client:

- Do you want to avoid a pregnancy?
- How are you protecting yourself (or partner) from getting pregnant? What method?
- If the answer is “no”, ask the client if they want to know about different family planning methods and to choose one appropriate for them.

In addition to active listening, showing empathy and acceptance, the counselor can use other techniques such as analyzing, repeating, paraphrasing, and summarizing to obtain more precise information. Open-ended questions are more productive than questions that can be answered with a “yes” or a “no”, and may allow the counselor to get more details and show more non-prejudicial interest. **Examples:**

- Open-ended question: “What can you tell me about your sexual relationships?”
- Closed question: “Are you currently having sex?”

Based on the information gathered, the counselor can help clients to identify and recognize the connections between transmission and their own personal conduct, or practices that put them at risk for acquiring or transmitting HIV.

Risk Reduction Plans

If you have determined that your client has risky behaviors, you can use this information during the intake session to put together a practical and personalized plan to help your client change these kinds of behaviors.

A personalized risk reduction plan is a key HIV counseling element oriented toward changing behaviors. It is an interactive process and respects a client’s circumstances and their willingness to change. Instead of telling the client how to change risky behaviors, counselors develop an individualized risk profile for each client and in the course of discussions, and help the client develop their own specific risk reduction plan. During this phase, clients should have had an opportunity to explore and understand their risk level and to have thought over how to modify their behaviors, preferring to protect themselves and the people around them.

The risk reduction plan may be challenging, but not so much so that the client fails or becomes frustrated in trying to achieve it. The plan can be useful for defining various goals, some of which may be somewhat difficult to achieve, and others which may be very difficult. It may also be useful to divide the new behaviors into steps and to encourage the client to take one step at a time. This approach will help clients see their progression at every level.

Support Material

Counseling specific groups

Young people and adolescents: Investigations done by ENDESA demonstrate that young people initiate sexual activity quite early, and that a very high percentage of them don't know the risks associated with sexual intercourse.

- Encourage negotiation in sex practices that carry zero risks, such as abstinence, or behaviors with the least risk of infection.
- Promote the benefits of revealing the adolescent's HIV status to family and friends.
- Reinforce the importance of self-esteem and self-respect.
- Work with the adolescent on a risk reduction plan according to their own needs.
- Try to include a family member or their partner in the counseling session if this helps the young person build a support network.
- Promote the importance of getting their HIV status tested.

Commercial sex workers:

- Reinforce the importance of negotiating for safer sex.
- Consider socio-economic factors that lead a person to this line of work.
- Reinforce the importance of self-esteem and self-respect.
- Give them condoms and emphasize the importance of safe sex.
- Take into account the strengths and weaknesses that help them have some control over their lifestyle, to contribute to a safer & healthier environment.
- Promote the importance of getting their HIV status tested.

Men who have sex with men:

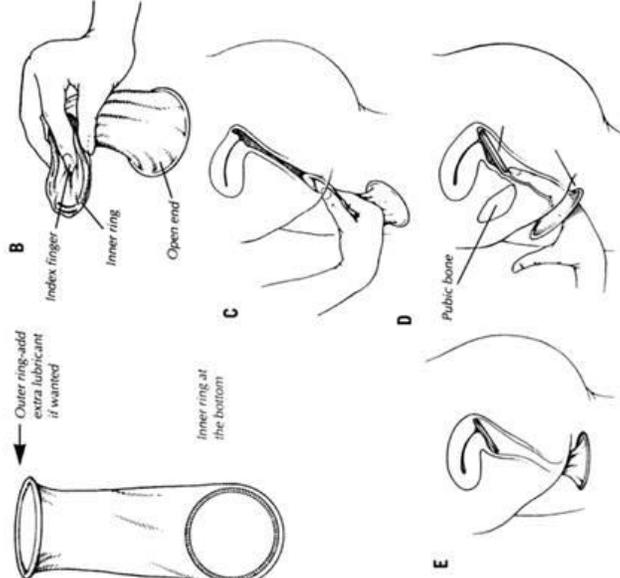
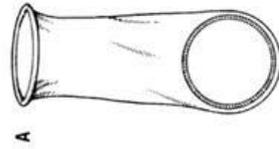
- Reinforce the importance of negotiating for safer sex.
- Consider socio-economic and/or cultural risk factors that lead to greater vulnerability for acquiring sexually transmitted infections.
- Reinforce the importance of self-esteem and self-respect.
- Counsel that having fewer sexual partners will lower the chances of transmission or re-infection.
- Give them condoms and emphasize the importance of safe sex.
- The orientation of a homosexual or bisexual person should be respected, and behaviors that contribute to improving their quality of life should be emphasized.
- Encourage faithfulness with their partner.
- Promote the importance of getting their HIV status tested.

Correct and continuous condom use

Male condom



Female condom



Support Material

Case Studies

Case study #1: Young commercial sex worker

Appearance, residence

Johanna is 22 years old and has no children. She recently arrived in the capital from another town, but has lived here before. She recently got a job as a waitress in a bar. She came to the health center today to get tested because she's worried about the unprotected sex she's been having with some clients for the past three months. She had been to this health center before, four months ago, for a sexual health work-up, but has since lost her identity card (and if she is forced to get examined in order to receive the ID card, she will refuse).

Risk behaviors

- Sometimes she'll use a condom with her clients, sometimes not.
- She has had several sexual relationships with clients (men) these last 6 months.
- She does have a stable partner, and does not use a condom with him.
- Nobody has shown her how to use a condom.
- Her partner works as a bricklayer and he hasn't had an HIV test.
- She has had anal, oral and vaginal sex.
- About a year ago she had yellowish vaginal secretions and painful urination, but that was treated with an 8-day antibiotic course and disappeared. She currently has no secretions.
- She has had forceful/violent sex (beatings and painful penetration) with her clients.

Concerning HIV/AIDS and family planning

- A year ago she had an HIV test and the results were negative.
- She is using the contraceptive pill, but only has two left.
- She has heard about AIDS from a friend and on the radio - the only thing she knows is that a person dies from it.
- She has heard of AIDS is an illness, but didn't know that HIV was the cause.
- She believes that one can be infected with AIDS if you touch or are in close contact with an infected person.
- She wonders if condoms really are effective in preventing HIV.

Case Studies

Case study #2: Young gay man

Appearance, residence

Eddie is 23 years old, gay, and lives in the capital. He is a university student and lives with his folks. He dresses and acts like a gay man (uses a rainbow colored bracelet, lots of chiffon, etc). He comes here to the health center to get an HIV test because he saw some information at the university that convinced him to come in.

Risk behaviors

- He has weekly sexual intercourse with different men.
- He does not have a stable partner.
- He practices oral and receptive anal sex without protection but does use lubricant.
- He does not use drugs or alcohol.
- He had gonorrhea once, two years ago, and was treated for it by a private MD.
- He does not currently have any secretions.
- He knows how to use a condom, but doesn't like to use them.
- When asked, he says he does not have a girlfriend.

Concerning HIV/AIDS

- He has never had an HIV test.
- He knows HIV is transmitted by sexual intercourse without protection during vaginal sex, but didn't know that it can also be transmitted anally.
- He knows that AIDS is a fatal disease.

Case Studies

Case study #3: Young transvestite

Appearance, residence

John (Scarlett) is 23 years old, works in a beauty salon in the capital, and comes into the center dressed as a woman, but without make-up. He wants to get an HIV test. When he has no clients in the salon, he works nights as a prostitute.

Risk behaviors

- S/he practices oral and receptive anal sex, and uses a condom with lubricants for his occasional sex contacts.
- S/he does have a stable partner and does not use condoms with this person
- S/he does not use alcohol or drugs.
- S/he had gonorrhea once three years ago and was treated. S/he does not currently have any secretions.

Concerning HIV/AIDS and family planning

- The last time s/he had the test was about 4 years ago and the results were negative.
- S/he has heard that AIDS is a fatal disease, but that it only effects gay men.

Checklist

Voluntary Counseling and Testing for HIV/AIDS

Checklist

EVALUATION OF THE PRE-TEST COUNSELING:

To evaluate client risk, inquire about:

- If client had an STI and received treatment
- If tested previously
- Number of partners
- If partner has been tested
- If past results are known and what these were
- Type and frequency of sexual relations
- Type of sexual relations practiced (oral, anal, vaginal)
- If condoms used
- If alcohol or drugs are used

Assure the confidentiality of client's information

Ask reason for visit

Explore client's knowledge about HIV and the forms of transmission and clarify misconceptions

Evaluate client perception of individual risk and help identify practices that expose them to risk

Give client information about the HIV test

Verify client understood the information

Discuss with client a risk reduction plan

Identify with client barriers and strategies to overcome risks

Review HIV prevention measures

Inquire and talk about condoms as a preventative method against STIs and HIV

Encourage client to incorporate partner in risk prevention plan

Give client time to express him or herself, ask questions and reflect on his or her answers

Obtain voluntary consent for the test

Discuss and agree on follow-up visit with client

- Describe the testing process
- Explain the meaning of positive and negative result
- Discuss result implications
- Explain the window period
- Probe for and identify any support needs

- Provide information and demonstrate correct use
- Encourage condom negotiation with partner

Checklist (continued)

EVALUATION OF POST-TEST COUNSELING:

If the result is: **NEGATIVE**

Make sure the environment and the moment are appropriate for giving the result

Explain the result clearly and discuss the meaning

Verify client understanding

Summarize actions and plan for next steps

Reinforce or offer additional information as needed

Reinforce information on window period

Sample questions:

- What immediate steps can you take to protect yourself and others?
- What are some barriers to these measures of protection?
- Do you think you can abstain from sex or use only condoms?
- Could you reduce your number of sexual partners?
- Have you discussed condom use with your partner?
- Could you decrease the use of alcohol/drugs?

Encourage client and discuss a personal risk reduction plan, follow up on plan

Identify other resources that the client prefers

If the result is: **POSITIVE**

Make sure the environment and the moment are appropriate for giving the result

Explain the result clearly and discuss the meaning

Verify client understanding

Summarize actions and plan for next steps

Reinforce or offer additional information as needed

Evaluate the emotional state of the client

Give the result in a natural and direct form

Give time for the result to be absorbed and for the client's emotional reaction

Discuss the personal, family-related, and social implications and the importance of informing his or her partner

Sample questions:

- Have you thought of sharing the results with someone?
- How does this change your life?
- Have you considered new forms of protection?
- Have you heard of antiretroviral treatment?
- Do you have friends or someone in your family or community that can help you?
- Do you know someone that is or was in the same situation?
- Have you heard of support services for HIV-positive individuals?

Check for availability and type of emotional support the client needs



SESSION 6 – Exploring Gender and Culture

Objectives

At the end of this activity, participants will be able to:

- Distinguish between "gender" and "sex"
- Explore the ideas of gender roles defined by society
- Recognize gender stereotypes

Topics/Activities and Time

- | | |
|---------------------------------------|--------|
| 1. Man or Woman: apparent differences | 25 min |
| 2. Our mental structures | 25 min |
| 3. Closure | 10 min |

Total Time **1 hour**

Methodology

Materials

- Flip chart paper with the description of 5 clients.
- Flip chart paper with two lists of mental structures, one for men, other for women
- Handout that lists mental structures for men and women

Activity 1: Man or Woman - Apparent differences (25 minutes)

Ask participants to think about the first word that comes to mind when they hear the words "man" or "woman". Write their answers on a flip chart paper sheet under either of two columns: MAN or WOMAN.

MEN	WOMEN
• Police	• Kitchen
• Father	• Faker
• Power	• Shopping
• Strength	• Mother
• Freedom	• Wife
• Businessman	• Breasts
• Penis	• Joker
• Testicles	• Sexy
• Generous	• Beautiful
• Selfish	• Organized
• Dominant	• Jealous
• Strong	• Uterus
• Noble	• Soft
• Beer, wine	• Passive
• Family supporter	• Generous
• Decision maker	• Menstruation
• Violence	• Pregnancy
• Unfaithful	• Childbirth
• Husband	• Housekeeper
• Beard	• Passive
• Mustache	• Obedient
• Lazy	• Vagina
• Brave	• Tolerant
• Adam's apple	• Doesn't drink or smoke in excess
• Funny	

Make sure you have some words written on a list that describe biological features (like a penis or breasts or menstruation). Biological components are highlighted on the previous list.

When the lists are complete, ask the participants if any of those roles could be reversed. The following questions can assist you to analyze and guide the discussion:

- Can the words used to describe “men” also be used to describe “women”?
- Can the words used to describe “women” also be used to describe “men”?
- What are some things that only a man can do? A woman?
- Can a woman be a police officer? Husband? Father? Powerful? Free? Strong? Funny? Generous? Family financial support? Unfaithful?
- Can a woman drink alcohol? Have a penis? If women can be police officers (or other example), why aren’t there more of them?
- Can a man cook? Shop? Be sexy? Be submissive? Beautiful? Have breasts? Be funny? Be a warm and big-hearted person? Menstruate? Be sexy? Be a wife? Be fair? Be passive? Tolerant? Obedient?
- If men are capable of cooking and shopping, why don’t they do more of these activities? Why do men who work as chefs not cook for their families?

Close the discussion by explaining that these lists prepared by participants illustrate the differences between sex and gender. Later, present and explain the definition of sex and gender by the World Health Organization (WHO): “Sex refers to the biological characteristics that define a human being as woman or man. Gender refers to economic, social and cultural qualities and opportunities related to being a man or a woman at a particular time.”

Activity 2: Our mental structures (25 minutes)

Divide the participants in groups of 3-5 people and distribute a handout about mental structures to each group, one relating to women and the other to men. Ask them to discuss the handout within their group and fill in the worksheet. This should take about 10 minutes each, for a total of 20 minutes. Later, ask each group to present a 5 minute summary presentation of their work to plenary session.

Stage	Biological characteristics that brand us as boys/men	Messages or teaching I received from my family/community about what it means to be a man	Stage	Biological characteristics that brand us as boys/men	Messages or teaching I received from my family/community about what it means to be a man
Childhood			Childhood		
Adolescence			Adolescence		
Adulthood			Adulthood		

After finishing the group work, the facilitator will write the information presented by each group on the large matrix previously drawn on the flip chart paper. While noting the details, the facilitator should avoid repetition from the groups.

To guide the discussion, the facilitator can ask some of the questions included in this session (see below) to jump start and facilitate discussion after the groups have all presented their findings. This discussion should take about 30 minutes.

Begin debate between groups and be prepared to argue some themes that may come up.

- Are there differences in the way boys and girls are raised? What are they? (Discuss some examples).
- Do these differences continue through all age groups?
- How are physical characteristics and lifestyle teaching related? Can you give some examples?
- How are what we're taught and the messages we receive influence our attitudes and perceptions? How do they influence our behavior? How do they influence the relationships we form? And those we avoid?
- Can messages and training create limitations for women? For men? How does this make us vulnerable to HIV/AIDS?
- Do our perceptions of appropriate behavior for a man and a woman affect our professional performance? Does it affect our ability to give good quality service?

The facilitator should highlight the following points during or at the end of the discussion:

- If women and girls receive messages that promote and value submissiveness, it affects their ability to negotiate condom use (when, with whom, and where). This also could have a negative effect on the development of their self-esteem, which affects their ability to be independent and manage their lives.
- Many men are taught that to be a "real man" he has to be aggressive, to have various partners, to take risks, and to not show his feelings (being emotional is for women or sissies). This makes him more vulnerable to not only contract HIV or other STIs, but also leads to a propensity for drug and alcohol abuse, as well as the use of violence as a problem solving strategy. Additionally, a side effect of not being allowed to show emotions may include mental health problems.
- As health care providers, if we do not approach our work with an open mind, we may end up judging people and this will show in the way we provide services. For counseling to be effective, a person must be treated with respect, appropriate questions should be asked and the client must be allowed to answer. If we are judgmental we create an atmosphere of intimidation and mistrust, and we lose an opportunity to help a person develop a risk reduction plan for their behavior.

Activity 3: Closure

(10 minutes)

To close this session about gender and sex, congratulate the participants for their contributions, and encourage them to be more aware of their own roles and expectations of gender in their own daily lives. Later ask, how will you change your work performance as a result of this new awareness?

Handout the worksheets to each participant and invite them to write how they have changed their understanding of sexuality after this exercise. Also ask them to write an action or a change that they will make in their own daily lives this week thanks to their participation in the session.

Make sure they do not write their names on the paper to maintain anonymity. They can voluntarily express out loud what they wrote, after everyone has finished, if they would like to.

Note to the facilitator:

This exercise explores what it means to be a man or a woman in the culture of these participants. You may also challenge them to think about how concepts of gender are things that change constantly and may improve over time.

The facilitator should realize that the purpose of this session is for exploring how distinct cultures and/or communities construct gender roles based on biological characteristics, which result in stereotypes and rigid mental structures about what is appropriate behavior for a man or a woman. These stereotypes and structures influence a person's perceptions, attitudes, behavior and, in the health providers case, quality of their service.

It is important to consider that if the activities aren't managed well in this session, they could go beyond the assigned time frames. The facilitator must observe careful time management and ensure that the discussion remain focused on the topic, to achieve maximum reflection within the designated period.

Support Material

Notes for the facilitator

Some phrases/words that have been suggested in other workshops

MEN	WOMEN
<ul style="list-style-type: none">• Police• Father• Power• Strength• Freedom• Businessman• Penis• Testicles• Generous• Selfish• Dominant• Strong• Noble• Beer, wine• Family supporter• Decision maker• Violence• Unfaithful• Husband• Beard• Mustache• Lazy• Brave• Adam's apple• Funny	<ul style="list-style-type: none">• Kitchen• Faker• Shopping• Mother• Wife• Breasts• Joker• Sexy• Beautiful• Organized• Jealous• Uterus• Soft• Passive• Generous• Menstruation• Pregnancy• Childbirth• Housekeeper• Passive• Obedient• Vagina• Tolerant• Doesn't drink or smoke in excess

Support Material

Reading material

Frequently, “gender” and “sex” are considered the same. In reality, they are quite different. The difference is in what our bodies do physically, for example produce sperm or give birth, and in what our society expects us to do.

Sex is determined by our bodies: a person is either a woman or a man after she or he is born. Gender depends on historical, economic, and cultural factors and is constantly changing. This means that people can have different ideas about what gender means, depending on the context. People learn what it means to be a man or a woman from many different sources, including their family, community, social institutions, schools, religion and even the media.

Traditional gender roles frequently result in people unable to achieve their complete potential. Men as well as women may benefit from a viewpoint that doesn’t limit what they can or cannot do. Stereotyping means classifying individuals or groups into categories according to very simplified and standardized ideas or images.

For example, in many cultures education for girls and women is not a priority like it is for boys and men. According to UNICEF, girls who have been denied education are more vulnerable to poverty, violence, abuse and death during labor and childbirth, as well as at higher risk for illnesses including HIV/AIDS (State of the World’s Children, 2004)

In another example, men are expected to exhibit traditional characteristics of masculinity in many cultures. Many times this results in sexual promiscuity, high consumption of alcohol or drugs, and violence - all of which are unhealthy behaviors for men and their families.

Everyone can be “feminine” in some way and “masculine” in others. A wide diversity of masculinity and femininity exists beyond the narrow margins to which we have become accustomed. There are many ways to be a man or a woman. Our goal is to promote a flexible and tolerant attitude toward gender instead of reinforcing rigid roles and expectations.

Gender is hierarchical; in most societies it gives more power to men than women. It also conserves power structures. Women’s work revolves around the physical, emotional, and social well-being of others particularly their partners/husbands and children. Men’s work revolves around their role as financial provider, which induces them to find paid work outside the home. For example, many women like to cook, and many cook better than men. So, why are the majority of hotel and restaurant cooks men? And why are women who cook in homes not paid?

We’ve detailed how it’s better to improve the autonomy and agency of women, but not to the exclusion of men. Working with men has shown us that if we work together to promote a greater definition of gender, both may be empowered - and in this way reduce discrimination and stereotypes for both men and women. We

have much work to do to find a way to reduce discrimination and allow more people to have the same free choice and opportunities.

Society frequently defines what is correct for men and women. It is not an individual's fault that the system works that way. However, when we recognize injustice, we can do something to change that. It is a very personal process. First, we have to recognize what's going on in our own lives, and later we can start making changes.

Most people feel that culture, religion, tradition and social norms stipulate gender roles. But where will change happen, if not in our own individual cases? How do fashion styles change if not for one or two people who decide to wear something totally different? Ideas about gender affect us privately as individuals and publicly; which means we have the opportunity to change on a personal level, as well as a societal level.

Support Material

Worksheet

Our mental structures: how we become men

Stage	Biological characteristics that brand us as boys/men	Messages or teaching I received from my family/community about what it means to be a man
Childhood		
Adolescence		
Adulthood		

Our mental structures: how we become women

Stage	Biological characteristics that brand us as girls/women	Messages or teaching I received from my family/community about what it means to be a woman
Childhood		
Adolescence		
Adulthood		

SESSION 7 – Sex and Sexuality

Objectives

At the end of this activity, participants will be able to:

- Understand sexuality as an integrated concept
- Explore how gender and sexuality intersect
- Imagine why and how we can integrate concepts of sexuality in our work

Topics/Activities and Time

- | | |
|--------------------------------------|--------|
| 1. Defining sexuality | 15 min |
| 2. Circles of Sexuality | 25 min |
| 3. Personal and professional changes | 20 min |

Total Time **1 hour**

Materials

- Flip chart paper and markers
- Worksheet on Circles of Sexuality
- Flip chart paper with the written WHO definition of sexuality
- Handouts with the definitions for Circles of Sexuality

Methodology

Activity 1: Defining Sexuality

(15 minutes)

The facilitator asks participants to think of all words they associate with sexuality, and writes them on the flip chart paper. Encourage the participants to think about more words by asking them: Do you see any positive associations in these words? What kinds of sexuality topics are not openly discussed in public? Try to pull out the hidden aspects of sexuality by asking, What are some of negative consequences or actions associated with sexuality?

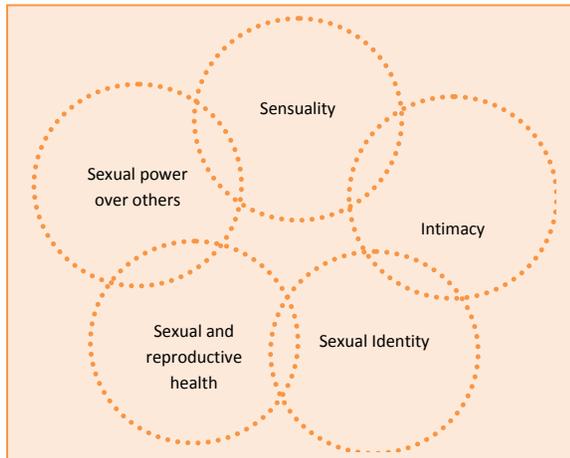
Examples of word associations used in other workshops			
<ul style="list-style-type: none"> • Kissing • Massage • Caring • Infertility • HIV • Touching • Fantasy • Sharing • Spacing births • Rape • Ovaries 	<ul style="list-style-type: none"> • Hugging • Sexual harassment • Loving/liking • Abortion • Date aggression • Masturbation • Passion • STIs • Sperm 	<ul style="list-style-type: none"> • Self esteem • Orgasm • Sexual attraction • Withdrawal • Pregnancy • Lesbians • Homosexuality • Body image • Impotence • Bisexuality 	<ul style="list-style-type: none"> • Anal sex • Communication • Emotional vulnerability • Flirting • Incest • Undesired pregnancy • Contraceptives • Need to be touched • Pornography

When the group has run out of ideas, show the Circles of Sexuality diagram for the next activity.

Activity 2: Circles of Sexuality

(25 minutes)

Show the participants the circle diagram, mentioning that they represent one definition of sexuality, and that everything related with human sexuality can fit into any of the circles. Briefly explain the definitions of each circle, and ask them to give an example of sexuality concepts, thoughts or behaviors that could fit into one of the circles. After this brainstorming session, ask the group to think about the following: where do the words we wrote down earlier fit into these circles; Do all words fit?



To continue, divide the participants in small groups of 4-5 persons and give them markers and flip chart paper that you have previously prepared for this exercise, with the five circles, including the definitions for each. Ask the small groups to put each of the words in an appropriate circle. Tell them that a word may fit in more than one circle; the circles are not mutually exclusive.

Reunite the entire group after 5 minutes to share their definitions. Guide a participatory plenary session of about 15 minutes by asking the following:

Reunite the entire group after 5 minutes to share their definitions. Guide a participatory plenary session of about 15 minutes by asking the following:

- Were there other word associations? Was it necessary to add other words or did more occur to you?
- Which circles have the most words and why?
- Do we have a tendency to focus our work around certain circles and ignore others? Why is that?
- Which of the five circles of sexuality is most familiar? Less familiar? Why is that?
- Are there any of these circles that you had not previously considered to be related to sexuality? Explain.
- Are there any circles that make you feel more (or less) comfortable than others? Which ones do you think are more difficult to talk about? Why is that? Can you imagine talking about these topics with your own children? With your parents? With your peers?

Share with all participants the WHO definition of sexual rights.

Activity 3: Personal and professional change

(20 minutes)

Initiate a discussion with the group using some or all (including your own) of the following questions as a starting point to stimulate group participation.

- A common argument is that in our culture, religion or society we don't tolerate conversations about sexuality. How does that affect our lack of communication about this topic? How does it affect our ability to deliver quality health services?
- What do sexual rights mean in the context of our job performance?
- Is there a gap between sexual rights and real life? Why? What can we do as individuals to help close that gap? What can we do as professionals?

To finish the discussion, thank the participants for their contributions. Encourage them to be more aware of how they express their own sexuality and how they can make changes in different situations.

Now handout a blank card and envelope to each participant and invite them to write how their understanding of sexuality has changed after this exercise. Have them also write an action or change they would like to make in their own life this week, as a result of their participation in this session. Remind them that the exercise is totally anonymous, but they should note their name on the outside of the closed (sealed) envelope, to be given to them later on during follow-up visits.

In the weeks to come, during the follow-up visits, each person will open his or her envelope to continue self-evaluation and to establish new commitments for themselves about how to apply this gender/sexuality focus in their personal and professional lives. After all have finished, anyone can voluntarily express what they wrote down to the group.

To close the session, the facilitator can use the notes in the support material to connect the discussion and thoughts with the VCT counseling tasks that participants do in their health centers.

Support Material

Blank card and envelope for the participant

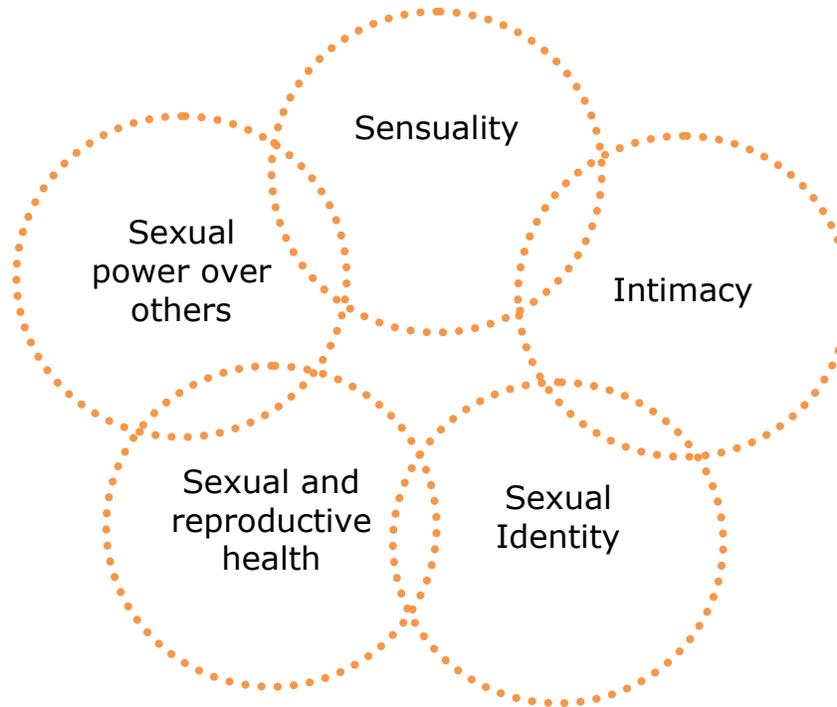
Card and envelope for the participant

A change I will make in my personal life

A change I will make in my professional life

Support Material

Definitions for the Circles of Sexuality *Reading Material*



Sensuality: Refers to the awareness and sensitivity to our own and other people's bodies, particularly the body of our sexual partner. Sensuality enables us to feel good about how our bodies look and feel and what they can do. Sensuality also allows us to enjoy the pleasures our body can give us and others.

Intimacy: The ability and need to be emotionally close to another human being and accept closeness in return. While sensuality is the need to be physically close to another human, intimacy is the need to be emotionally close.

Sexual Identity: A person's understanding of who he or she is sexually, including the sense of being male or female, culturally-defined gender roles, and sexual orientation. Sexual orientation refers to whether a person's primary attraction is to people of the opposite sex (heterosexuality), the same sex (homosexuality), or to both sexes (bisexuality).

Sexual and Reproductive Health: One's capacity to reproduce, and the behaviors and attitudes that make sexual relationships healthy and enjoyable. This includes factual information about reproduction, sexual intercourse and different sex acts, contraception, sexual expression, and reproductive sexual anatomy, among others.

Sexual Power Over Others: Using sex or sexuality to influence, manipulate or control other people, such as seduction, flirtation, harassment, sexual abuse or rape.

World Health Organization definition of Sexual Rights

Share with participants the World Health Organization's working definition for what constitutes sexual rights:

- Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction.
- Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships.
- While sexuality can include all of these dimensions, not all of them are always experienced or expressed.
- Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical and religious and spiritual factors.

Sexual rights embrace human rights that are already recognized in national laws, international human rights documents and other consensus statements. They include the right of all persons, free of coercion, discrimination and violence, to:

- The highest attainable standard of sexual health, including access to sexual and reproductive health services
- Choose, receive and give information related to sexuality
- Receive education about sexuality
- Receive answers about bodily integrity
- Choose your partner
- Decide whether or not to be sexually active
- Consensual sexual relationships
- Consensual marriage
- Decide whether or not to have children, and when
- Practice a healthy sexual life that is pleasurable and safe

The responsible exercise of human rights requires that everyone respect the rights of others.

Source: WHO draft working definition, http://www.who.int/reproductivehealth/gender/sexual_health.html

Support Material

Notes for the Facilitator

Services should respond to a client's integrated health needs, offering treatment that respects their dignity with the highest technical quality possible. The client's reason for consulting your services should be resolved on time, considering costs. Quality health care service providers take into account each client's level of awareness of their own health process, and encourage a sense of self-esteem and autonomy so the client can make decisions about their own body to exercise their health rights.

Health care providers are in a unique situation to bring information and/or refer the client to where they can receive information. Correct information that is not prejudicial contributes to the education of clients.

During counseling, a provider must not judge the client about their chosen partner, whether or not they choose to be sexually active, nor judge their opinions about whether or not they want children. Questions and counseling should be oriented toward evaluating behaviors and creating a plan to promote safe and healthy sexual practices.

Sometimes sexuality is misunderstood and can be a difficult concept to articulate. Up to a certain point, we can only understand it intuitively without verbalizing it.

There are many different ideas about what sexuality is and how you describe it. The World Health Organization's (WHO) defines sexuality as the following:

- Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction.
- Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships.
- While sexuality can include all of these dimensions, not all of them are always experienced or expressed.
- Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical and religious and spiritual factors.

The nature of one's sexuality is created by a unique combination of biological and social factors and is constantly changing. Because it's socially constructed and not entirely innate in us, there are huge variations across generations, cultures, ethnic groups, etc. Sexuality can have a different meaning for people in various stages of life, and there are differences with regard to age, gender, culture and sexual orientation.

Often when people see the words 'sex' or 'sexuality,' they think of sexual intercourse or other sexual activity. **Sexuality is much more than sexual feelings or sexual intercourse.** It is an important part of who every person is. It

includes all the feelings, thoughts, and behaviors of being female or male, being attracted and attractive to others, and being in love, as well as being in relationships that include sexual intimacy. It also includes enjoyment of the world as we know it through the five senses: taste, touch, smell, hearing, and sight.

Gender and sexuality are both closely linked to identity and self-expression. The way we express our sexuality is often determined by our gender; often men are expected to be sexually promiscuous, while women are expected to protect their virginity and reputation for chastity, and deny that they feel sexual pleasure. In many places, there is an assumption that a woman's or a man's sexuality is uncontrollable. For example, if a man rapes a woman, it is assumed he could not control his sexual urges.

Sexuality is part of life. Whether for physical, emotional and psychological well-being, livelihood or reproduction, **sexuality is central to human existence.** Choices available to men and women with regard to sexuality are often related to giving and taking power.

Sexuality is a human right. Everyone has the right and the responsibility to allow others to meet their sexual desires in the way they want. Sexual rights include your right to express and satisfy yourself, while not discriminating against others or having fear of discrimination against you. Sexual rights guarantee that people can express their sexuality free of coercion, discrimination and violence, and encompass mutual consent and respect.

Our cultural understanding and norms related to sexuality influence the age of marriage, whether people are allowed to leave their homes freely, a nation's policies on access to information about contraception and family size, and whether certain kinds of people experience work-related discrimination, such as people involved in sex work, or who are living with HIV.

SESSION 8 – Stigma and Discrimination

Objectives

At the end of this activity, participants will be able to:

- Understand the difference between stigma and discrimination and its manifestations
- Be aware of attitudes and behaviors that stigmatize and discriminate against clients in the health center
- Identify how these attitudes and behaviors impact an individual's and a center's capacity to detect and prevent HIV

Topics/Activities and Time

1. Presentation on stigma and discrimination	10 min
2. Group reflections	20 min
3. Role Play	30 min
4. Signs of stigma and discrimination	15 min
5. Testimonials corner (optional)	15 min
6. Video on stigma and discrimination (optional)	20 min
7. Closure of the session	10 min

Total Time

120 minutes

Methodology

Activity 1: Interactive presentation

(10 minutes)

Using the PowerPoint presentation, the facilitator defines stigma and discrimination, and discusses these concepts in plenary session with the participants. Later, ask for and offer some examples to the group about how we often perpetuate a vicious circle of discrimination.

Materials

- PowerPoint presentation
- Worksheet on The Vicious Cycles of Stigma
- Role play information
- Handouts on "HIV in my personal life" filled out in the 2nd session
- Video with list of discussion questions
- Reading materials for all groups

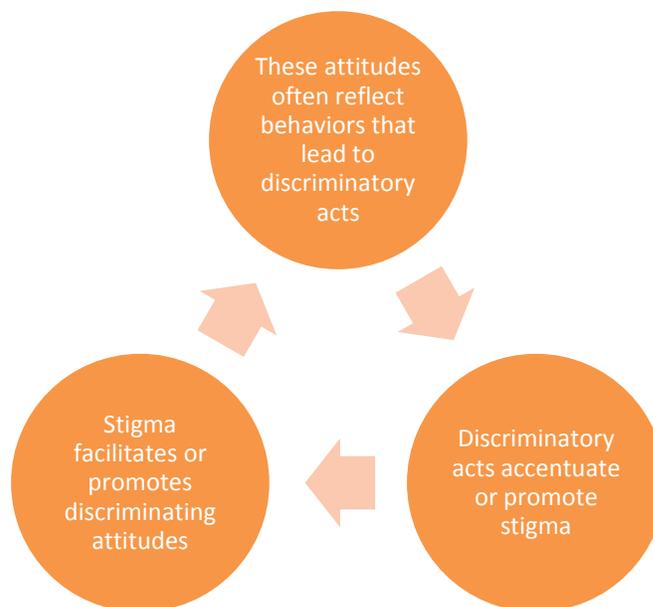
Activity 2: Group reflection

(20 minutes)

Divide the participants into groups of 3-4 people (an alternative is to pair off), explaining that they will identify signs of stigma and discrimination for each of the following groups (written on the flip chart paper). Ask them to give an example as they develop their handout on "Vicious Circles of Stigma".

- Race (indigenous groups)
- Person living with AIDS (PLA)
- Different sexual preferences
- Age
- Commercial Sex Worker (CSW)

Vicious Cycle of Stigma and Discrimination



Distribute the worksheet, "The Vicious Cycle of Stigma" and ask each participant to individually think of an example. Later, they will share their individual examples in the group setting and elect one person to fill out the worksheet. The facilitator will then ask volunteers from each group to share their examples in plenary session.

Activity 3: Role play

(30 minutes)

Choose a volunteer to play the role of a client who comes in to ask for an HIV test. The facilitator will play the role of service provider at the Health Center. The point of this exercise is to have the volunteer feel what it's like for a client in a typical situation at the Health Center when one arrives to ask for services. This role play is based on real situations.⁴

At the end of this demonstration, thank the volunteer and initiate a discussion with all participants about the role play. First, ask them to describe the situation that was represented, what they observed, and then using the following support points, analyze the role play:

- How could stigma and discrimination affect the client and at the same time the provider (have an impact on the one discriminated against as well as the one doing the discrimination)? How does it affect the provider on a personal as well as professional level? Now is the time for the facilitator to remind the participants about the first exercise they did back in Session 2, where they filled in the worksheet "The Impact of HIV on my Personal Life" and ask them to make connections or notice differences with this role play and that worksheet.
- How does stigmatization impact the client on prevention activities? And on spreading the disease?
- What can providers do to create a positive impact at the service level? At the community level? On a daily basis, with neighbors, in your home?

Conclude the activity with the PowerPoint presentation. You may stop the presentation to do the following activity with the participants.

Activity 4: Signs of Discrimination and Stigma

(15 minutes)

The facilitator will divide the participants in groups of 5, to identify signs of stigma and discrimination in each of the following themes:

- Race
- Sexual preferences
- Commercial sex workers (CSW)
- People living with AIDS (PLA)
- Age

Later, each group will present their examples for the slides 11-14 of the PowerPoint Presentation for this session.

Activity 5: Visiting the "Testimonial Corner" (optional)

(15 minutes)

Ask the participants to circulate around the room, where written testimonials from clients and providers have been taped to the walls during a previous quality of care

⁴ The information in this case comes from real clients. It has been drawn from a needs assessment carried out by the Institute for Reproductive Health and interviews with "mystery clients" obtained at many Health Centers in Central America.

consultancy with these groups. The facilitator will give a brief introduction to the testimonials. The idea is to show participants the reality of, and feelings from, vulnerable groups and health care providers. The facilitator will then ask the participants if they think these testimonials reflect reality or not; and what differences or similarities they see from their own experiences.

**Activity 6: Video on Stigma and Discrimination: A real case? (optional)
(20 minutes)**

Before dividing the participants into 4 groups, the facilitator explains the context of the video that will be shown, Which is about a homosexual client who comes in for a medical check-up, complaining about a cold and sore throat. This HIV+ client is well-known to the Health Center, but it is the first time this particular provider has attended him.

You might want to show the video twice to give the participants the opportunity to remember the content. Ask them to go into groups and distribute the worksheets with questions to be answered. After about 20 minutes gather everyone into a plenary session to discuss their answers.

Activity 7: Conclusion (10 minutes)

Continue with the rest of the PowerPoint presentation slides, to show how discrimination is evident on all levels: political, norms, media, health systems and finally at a health center that gives HIV/AIDS counseling. In closing, ask the participants what they can offer as service providers to bring about a change in their Centers to help eliminate discrimination, which will eventually help to combat this epidemic.

Support Materials

Stigma and Discrimination



Prejudice

- To pre-judge without awareness of reality, or of the elements, reach, limits or harm this judgment may produce
- Prejudice leads to stigma and discrimination

Stigma

- An attribute seen as discrediting a person or group (Goffman, 1963)
- A social process that creates or perpetuates social inequity and which is used to legitimize discrimination

Stigma

- Associated with positive or negative social stereotypes
- Based on one or more factors, like age, caste, class, color, ethnic group, religious beliefs, and sex
- It is a means of social control that defines norms and punishes those who don't follow them

Discrimination

- Negative actions resulting in stigma, that disregard or reduce lifestyles opportunities for the person being stigmatized

The difference between stigma and discrimination

- Stigma represents attitude or belief: "what we think"
- Discrimination is an act or conduct: "How we operate based on our attitudes or what we believe"

Example of stigma

To believe or think that:

- Getting HIV/AIDS is a punishment from God
- Only gays or whores get HIV
- A woman who has condoms and asks her partner to use them is either promiscuous or immoral
- Homosexuality is an aberration

Example of discrimination

Based on beliefs

- Create rumors, teasing and / or scold the person
- Denying or rescheduling health care services
- Committing an act of violence against the stigmatized person
- Social isolation of the person

Causes of stigma and discrimination

- Lack of correct information in terms of how HIV is spread
- Proliferation of erroneous messages due to fears
- Values, standards or moral judgments create perception that HIV/AIDS is due to personal choices (one chooses bad conduct, so they get infected)

Effects of discrimination and stigma on health care services

- Limits access to voluntary counseling and testing and other health services
- Creates barriers to other support services
- Leads to poor quality service
- Leads to a reduction in health services

How does stigma and discrimination reflect in standards and health policy

- Obligatory HIV tests
- Loss of work
- Denial of health services
- Police harassment
- Violation of human rights
- Eviction from a home
- Rejection and social exclusion

How does stigma and discrimination contribute to the spread of HIV/AIDS?

- Discourages people from getting tested and knowing their HIV status
- Discourages people from telling their partner their HIV status
- Discourages acceptance of preventive measures and support services

How does stigma and discrimination contribute to the spread of HIV/AIDS?

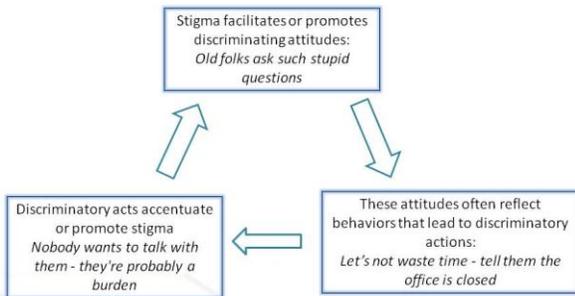
- Obstructs treatment for pregnant women to prevent vertical transmission of HIV
- Lowers perceptions of risk and adoption of healthy behaviors (since I'm not a sex worker, I won't get infected)
- Silence, discrimination and denial of reality, just like mistrust, undermine preventive, intervention and treatment efforts and increases the spread of the epidemic in individuals, families, communities and nations.



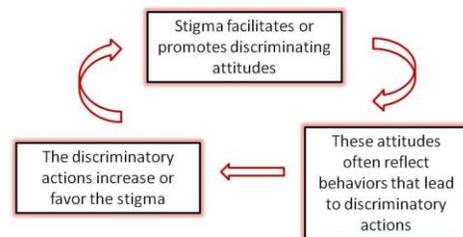
GROUP EXERCISE



Stigma and discrimination exists in a vicious cycle

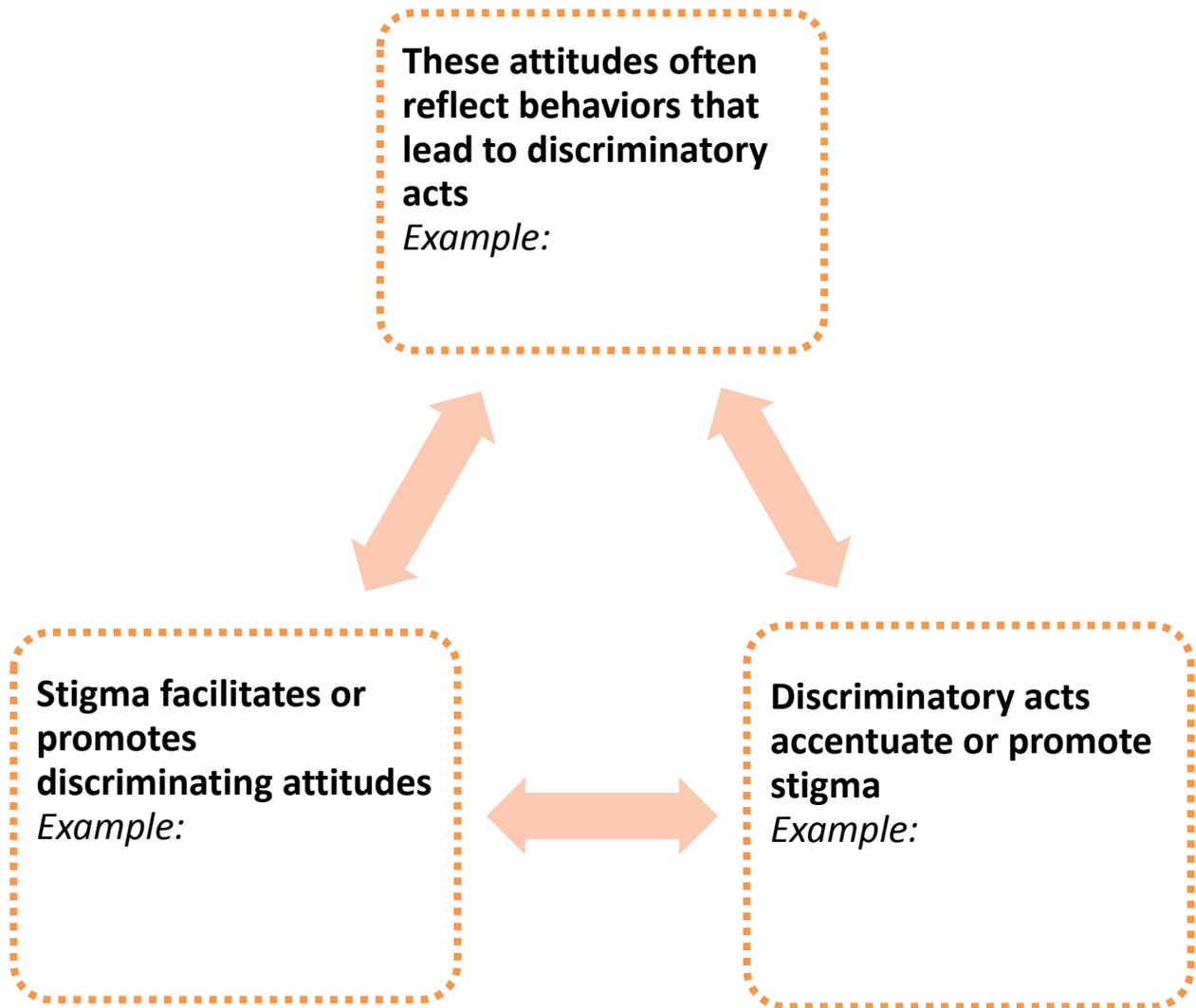


The Vicious Cycle of Stigma and Discrimination



Support Material

The Vicious Cycle of Stigma and Discrimination



Support Material

Before beginning this exercise, have the testimonials of clients and providers written down on flip chart paper and tape them around the room at reading level.

Confidentiality and privacy

- There is no place to receive my medications. Not only is another nurse there, but other clients are looking on.
- Some places have privacy, but so what? After the group presentation, everyone sits around talking about each other.

Access

- When I went in for my appointment, which they told me was for 6 in the morning, nobody attended me until noon!
- The lab told us to be there at 8:30am for the blood sample. But, for people who live far away, and can't get there at 8:30, they don't give any other options.

Provider interaction

- When we went to give our blood sample the techs said to each other, "Be sure to wear 4 pairs of gloves."
- When I told the provider my sexual preference, she took out her Bible and told me I was going to Hell, and to ask forgiveness from God.
- Just for being transgender or a sex worker, I am physically harassed on the street and verbally at the health center, where they don't listen to me. That is my reality at the health center.
- Treatment is definitely different for us. We are too much in the public eye for the community, and yet we are invisible when asking about our health rights.

Communication

- When you use all those technical terms, it's like you're from the moon. What did you say? Also, the time is way too short for what's needed.

Testimonials from providers:

- I feel pretty limited about giving quality care. There are too many patients, not enough time, and we don't have enough space, it all effects quality.
- We are working our fingers to the bone. They want quality but they demand quantity.
- They measure us by numbers served. We don't have time for counseling - we have to do PAPs, blood tests, vaccinate kids and lots of other things.
- I wish they would at least give us what we need: educational materials, reagents for the lab, time, supplies, a better environment.
- After attending ten patients, you're just not at your best, like when you started.
- Without an appropriate area, there is no hygiene, safety or quality criteria.

Support Material

Video on Stigma and Discrimination: A real life case?

Group 1: Analyze the case as it relates to the impact on the patient

- What is the patient's attitude in this situation?
- What impact could the doctor's attitude have on the patient? What are the consequences of this attitude for the patient?
- If this patient were to denounce this experience, what would the consequences be for the doctor?

Group 2: Analyze the case as it relates to the impact on the doctor

- What is the doctor's attitude in this situation?
- What might be motivating this doctor's attitude?
- How can myths, beliefs and wrong concepts by health personnel be corrected (not just health personnel, but everyone involved in the health center)?

Group 3: Analyze wrong concepts and identify ways to enlighten personnel

- Write a list of wrong concepts that may occur in your health center
- Do these situations really happen in real life?
- What other situations of discrimination do you know occur at health centers?
- What kinds of actions can be taken to change health personnel attitudes?

Group 4: Analyze the case as it relates to health personnel awareness

- If you encountered these kinds of attitudes in your health center...
- What actions or activities could you do to change the situation?
- What can you do **personally** to contribute to a positive change in attitude and avoid these kinds of situations?

SESSION 9 – Managing Stress and Preventing Burnout

Objectives

At the end of this activity, participants will be able to:

- Identify feelings that might come up for health personnel as a result of counseling's emotional toll
- Be aware that a counselor's job can generate a lot of tension and contradictory feelings
- Understand how getting overly involved in your work can affect your mental health

Topics/Activities and Time

1. Identifying states of mind and emotions 30 min
2. Managing stress and emotional burnout 30 min

Total Time

60 minutes

Materials

- Flip chart paper with the list of behaviors to observe
- Flip chart paper with a list of state of mind and emotions
- Worksheet with situations for managing stress
- Worksheet of HIV counselor emotions or feelings

Methodology

Activity 1: Identifying moods and emotions

(30 minutes)

Divide the participants in groups of five for analyzing emotions that a counselor might have felt at some time. Assign one state of mind or emotion to each person in the group. Ask each participant to talk about their assigned "state of mind" (How do you feel with this emotional load?) and later, ask the others in the group to search for alternative ways to manage that assigned mood so that it won't affect the job. Participants take turns talking about their "state of mind" and receiving suggestions about how to get through them. Explain the kind of behaviors that this group should observe. Take 15 minutes to do this exercise.

The states of mind or emotions to be shared/assigned:

- Depression
- Anxiety
- Frustration
- Impotence
- Discouraged

Within the group discussion, participants will be on the lookout for the following behaviors:

- Willingness
- Solidarity
- Teamwork
- Comradeship
- Empathy
- Team availability

Bring all the groups together to share their analysis. The facilitator will direct the discussion that shouldn't be more than 15 minutes.

To close this activity, the facilitator will summarize the concepts about stress and burnout with a 5 minute PowerPoint Presentation.

Activity 2: Managing Stress and Preventing Burnout (30 minutes)

Once again divide the participants into groups (can be the same group as before). Give each participant the worksheet for managing stress. Ask the group to read the list of situations that may lead to stress or burnout, and ask them to add others that may occur to them for their case. Later, each group will discuss possible strategies to manage these situations, and identify the barriers that may exist that prevent them from putting their strategies to use. The groups have about 20 minutes to fill and analyze their worksheets.

SITUATION	STRATEGY
Work overload (too many clients)	
Takes too much time for lunch or breaks (avoidance maneuvers)	
Does the work totally isolated from others	
Physical conditions of the work place	
Health Center work environment	
Lack of skills or knowledge	
Differences between colleagues or other health center personnel	

To close this activity, the facilitator brings the groups to share their analysis. Ask for volunteers to share their situations and strategies. Ask others to share the barriers that came up and different strategies to combat them. This should take about 15 minutes.

Support Material

Syndrome of Burnout

Syndrome of Burnout



Syndrome of Burnout

- People who work in HIV/AIDS counseling often suffer from burnout
- The problem isn't that it happens, it's when there is no resolution
- The Burnout Syndrome can be a result of suffering for people who live with the HIV virus
- This syndrome can have emotional and physical manifestations

Syndrome of Burnout

- Professional Burnout is defined as loss of interest and enthusiasm, impersonalizing, lower personal achievements, and emotional exhaustion
- This syndrome exposes the professional to health risks
- Burnout is a consequence of excessive energy demands at the workplace

How to identify signs of burnout

Evasion

- Taking too much time for lunch or breaks, long chatting sessions with friends, hoping for more days off or sick days as ways to avoid the reality of the job

Psycho-somatic symptoms

- 1) physical or emotional exhaustion
- 2) impersonalizing everything
- 3) just "make do" or "get by"

Addictions

- Might be to caffeine, cigarettes, alcohol, marijuana, or more potent drugs; burnout can make one feel sleepy all the time

Bored or apathetic

- This is often the first symptom of burnout. If you're feeling apathetic or like it makes no sense to get up and fight the same old battles every day, or that your work doesn't mean anything, then you may be losing perspective of the problem.
- **Avoiding clients**
- Not answering the phone is one example of avoiding clients. If you hide from an encounter with a client outside work, you may be avoiding the problem also.
- **Fantasizing about another job**
- We often think that working at another place would be so gratifying, so much easier, with more vacations and more free time. If you find yourself obsessing about a new job, you may have burnout.

Symptoms

- Depression
- Intolerance of frustration
- Desperation
- Inability to have fun
- Insomnia
- Disproportionate rage
- Increased irritability
- Excessive compassion

Symptoms

- You find yourself staring off into the distance for a long time
- You escape your office often to smoke or snack
- You never feel motivated, even after a few cups of coffee
- You're tired of avoiding clients

Self-care measures

- Always use Universal Precautions for preventing infections (especially in closed spaces)
- Use a mask when attending patients with tuberculosis
- When you visit a hospitalized client, always use a cover gown
- Search out a peer with whom you can discuss particularly difficult cases

Strategies for managing stress

- Get professional help when cases affect your personal life
- Create a support system where you can express your feelings
- After each client, take 5 minutes to process the information
- Do some relaxation therapies
- Biofeedback
- Keep up to date with courses and skills competency
- Take note of what situations provoke stress for you
- Read things that make you feel good
- Share those topics that cause you stress with colleagues or family or friends

Support Material

Worksheet:

Managing Stress and Preventing Burnout

Strategies for the counselor to follow for managing stress/preventing burnout

Instructions: In your working group, read the list of situations that may cause emotional stress and burnout, and add others that may occur to you. Later, discuss possible strategies to manage stress and identify barriers that may exist which prevent you from putting these strategies into practice.

SITUATION	STRATEGY
Work overload (too many clients)	
Takes too much time for lunch or breaks (avoidance maneuvers)	
Does the work totally isolated from others	
Physical conditions of the work place	
Health Center work environment	
Lack of skills or knowledge	
Differences between colleagues or other health center personnel	

Adapted from: Trainer's Manual: Counseling Supervision Training, Family Health International, 2005

Stress is defined as anything that increases a person's level of alertness. It refers to physical, mental or emotional tension caused by an overload in an individual's body or mind. The source of stress is often an outside circumstance or event that exerts strong pressure on internal or external resources of an individual. For example, when an unprepared person receives the news that s/he is HIV positive, they may experience an unmanageable amount of stress.

Burnout is a gradual process in which an individual separates from work or other important life relationships; a prolonged mental, physical or emotional response resulting in lower productivity, confusion, exhaustion, cynicism, and the feeling that you are no longer capable of offering anything.

Support Materials

Worksheet

Emotions and feelings a provider may have during HIV counseling

The provider may feel any or all of the following emotions during counseling:

Confusion

- Worried about what to do or how to act with a client during counseling
- Getting over involved in the personal life and problems of the client
- Mixing your own personal feelings with those of the client
- Struggle between your desire to help and your fear of contracting the virus when you work in prevention or with people who live with HIV

Impatience or desperation with a person who:

- Has difficulty understanding
- Has difficulty expressing themselves
- Is always arguing with you or with the Health Center personnel
- Has “strange behaviors” that bother you

Fatigue

- Working with these populations is exhausting and just wears you out
- Health personnel who work in counseling need to recharge their batteries

Exhaustion

- Tiredness accumulates and becomes chronic
- Empathy for clients disappears and the enchantment with your job is gone
- You require different and creative activities to recharge your batteries

Rage

- You always feel angry and/or feel like you just can't take it anymore (even if unconsciously).
- Extreme frustration in your workplace, with your colleagues and your supervisor

Impotence

- You feel like you just don't know what to do or say to help your client; especially when their needs are beyond the Center's ability to provide.
- When you feel totally frustrated because there is no cure for HIV/AIDS

Robot

- When work becomes so boring you can barely stand it; all the good things about being a counselor, that brought you to this point, have disappeared and been replaced by a mind-numbing routine

Ambivalence

- An intermediate situation where you want to participate on the one hand, and on the other you distance yourself and don't commit for various reasons including difficulty with your own personal sexual identity

Competitiveness/Envy

- Comes up usually due to difficult relationships of power and status between physicians, auxiliary staff, and health authorities. It generally damages work routines, pits one group against the other, and the situation effects the quality of client care.

Stress/Pressure**Aggravated by:**

- The psycho-social impact of working in HIV/AIDS programs, including the rejection and stigma this may create due to religious, cultural or other reasons.
- Work and activities overload for the counselor in a health care institution, or the inability to adapt to the new role you are asked to play.
- The difficulty of talking about sex without taboo, and the social consequences of that difficulty.
- Pressure to complete goals and lack of training for professional performance.

Fear of contracting HIV

- Myths, beliefs and prejudices of health care providers and health personnel in general toward people living with HIV, which generate feelings of insecurity or rejection of clients. These emotions affect quality of care and can create anxiety, pressure and other problems.
- It can be a side effect of the stigma of being a homosexual if you work in HIV prevention.

Positive Feelings and Emotions

- Many positive feelings are experienced, including achievements, attained goals, gratefulness of clients, etc. But, the overload of work and the unpleasant atmosphere along with a lack of recognition from supervisors lowers the value of these positive feelings.
- Positive feelings and emotions should be salvaged and valued.
- Be aware of the negative ones and learn to manage them.

Support Material

Strategies for managing stress

- Laugh. Laughter can be an antidote and relieve tensions.
- Writing down what you're feeling or experiencing can be a way to free ourselves from negative feelings and put everything in perspective.
- Talk with someone who you trust.
- Practice breathing and relaxation exercises
- Practice meditation or some other sport or physical activity
- Directly confront the problem that affects us before it gets worse
- Rest
- Avoid people, situations or places that evoke negative emotions/reactions
- Share your work load
- Be present, be here and now, avoid distractions and the habit of doing many things at once.

Avoid activities that aggravate stress

- Avoid defeatist attitudes
- Be fair with yourself. Avoid self-punishment or feelings of guilt.
- Balance your lifestyle; make time for yourself. Avoid letting the work absorb you completely
- Avoid being defensive; on the other hand, express yourself, your opinions or feelings assertively

Strategies to consider and put into practice

- Take control over the situation that drains you (identify a solution or change):
 - What kind of control can you have or how can you influence the situation?
 - Can you do something to resolve it?
 - Who can help or support you?
 - If you can change the situation, what will the advantages/disadvantages be?
- Adapt yourself to the draining situation (if it can't be changed or resolved)
 - Do some relaxation exercises
 - Make limits for yourself and assertively communicate them
 - Take breaks or interrupt the routine
 - Stay focused on achieving a solution, but keep an open mind to alternatives
 - Under the circumstances, avoid abusing alcohol and other substances, abuse of food or looking for guilt in others
- Avoid stressful situations
 - Determine if the best alternative is to avoid or just leave the situation
 - Establish the benefits and disadvantages of choosing this alternative

SESSION 10 – Evaluation and Course Closure

Objectives

To close this course, ask participants to do the post test and fill in the evaluation form:

- Resolve any concerns or doubts participants may have
- Gather feedback from participants
- Inform participants about the next steps for certification and define dates for follow-up

Materials

- Post test
- Evaluation
- Certificates of attendance

Topics/Activities and Time

1. Fill in the post test
2. Fill in the evaluation form
3. Answer questions and clarify concerns
4. Presentation of certificates

Note:

For this exercise it's ideal to have 10-20 participants, half women and half men

Total Time

30 minutes

Methodology

Distribute the knowledge post test and the course evaluation to each participant and indicate that they have 20 minutes to fill in both forms.

Ask the group if they have any questions or additional comments to make before proceeding to close the course, thank them all for their participation.

Present the certificate of attendance to each participant and summarize once again the process of certification, using the support material to describe the different components.

Knowledge and Perceptions - POST TEST

Name: _____ Job Title: _____

Name of workplace: _____

Suggestion for the participant: Carefully read each question and mark the correct answer

2. AIDS is:

- a. a chronic infection caused by HIV
- b. an hereditary illness
- c. an infection that is transmitted by coughing
- d. an illness that is immediately fatal

2. What are the principle consequences of having HIV in your body?

- a. Immediate death
- b. Mental disease or defect
- c. **Progressive destruction of the immune system**
- d. Loss of hearing

3. Counseling is the process by which:

- a. we help a client to make informed decisions
- b. we help a client establish a prevention plan
- c. we point out the client's bad behavior so that he or she will change
- d. **Both a and b are correct**

4. The two universal principles for pre-and post-test HIV counseling are:

- a. Sympathy and trust in the client
- b. Accessibility and low cost services
- c. **Confidentiality and privacy**
- d. Comfort and space in the counseling room

5. A good counselor possesses the following characteristics:

- a. Empathy, trying to understand others by putting yourself in their shoes
- b. Consistency and congruency with words and actions
- c. The capacity to solve the client's problems
- d. **Both a and b above**

6. To deliver good VCT services, the following is necessary:

- a. Rapid test results and confirmations in the same laboratory
- b. Flexible hours for specific groups
- c. Spaces that guarantee privacy during the counseling session
- d. **All the above**
- e. Only b and c above

Knowledge and Perceptions - POST TEST (continued)

- 7. Three basic points a counselor should impart to a client with HIV-
Negative results are:**
- The estimated life span for a person who lives with HIV
 - The window period
 - The periodic testing time
 - Both b and c**
- 8. The most important thing a counselor should impart to a client with HIV-
Positive results is the need to:**
- Get a confirmation test**
 - Suspend all sexual relations with the partner
 - Stop work and/or studies to avoid unnecessary wasting of time
 - Isolate all personal items from other family members
- 9. Some things that counselors should talk about with men who have sex
with men (MSM) when evaluating their risky sexual practices are:**
- what kinds of sex they have
 - the number of sex partners they currently have
 - sex under the influence of alcohol and/or drugs
 - number of children they have
 - Only a, b, and c above**
- 10. Some basic things a counselor should investigate with the client before
the HIV test are:**
- Educational level
 - History of transfusions, tattoos and/or Sexually Transmitted Infections (STIs)
 - Family members who live with HIV
 - Only a and b above**
- 11. Universal precautions related to blood and body fluids in hospitals or
health centers apply to:**
- People suspected of having HIV
 - Everyone**
 - Commercial sex workers and gay men
 - People with infections
- 12. Sexuality is defined as:**
- a central factor in every human's life that encompasses sex, gender,
pleasure, intimacy and reproduction.**
 - a condition determined by heterosexuality
 - an exclusive aspect for men who have sex with men
 - applicable to those people who have already had intercourse

Knowledge and Perceptions - POST TEST (continued)

13. Some reproductive rights of sexuality include the right to:

- a. respect bodily integrity
- b. a satisfactory and pleasurable sexual life
- c. procreate
- d. all of the above**

14. Some definitions for gender include:

- a. Characteristics or opportunities related to being a woman or a man**
- b. Biological factors from birth that determine your personality
- c. Patterns developed only after you become an adult
- d. Scientific evidence that shows the biological characteristics of women and men

15. Gender is learned and reinforced during:

- a. adulthood
- b. childhood, only
- c. childhood and adolescence
- d. throughout all life stages**

16. Name three basic questions a counselor should ask a commercial sex worker (CSW) during a VCT session:

- a. _____
- b. _____
- c. _____

17. Mention three examples of discrimination in the health center toward men who have sex with men and CSW.

- a. _____
- b. _____
- c. _____

18. Name three forms of discrimination toward a person who comes to the health center for their HIV test

- a. _____
- b. _____
- c. _____

19. Identify three symptoms of work stress that are apparent in health personnel:

- a. _____
- b. _____
- c. _____

20. Name two factors in the work environment that contribute to a counselor's stress on the job:

- a. _____
- b. _____

Knowledge and Perceptions - POST TEST (continued)

*Instructions: Carefully read the perceptions listed and answer for **yourself** by marking "yes" "no" or "don't know" (?)*

PERCEPTIONS		Yes	No	?
1.	It bothers me to interact with gay men in my job			
2.	I think a gay health care provider is just as competent as a straight one			
3.	Commercial sex workers are just indifferent to their health, and never bother with health provider recommendations			
4.	Discrimination is what people with low self esteem stoop to			
5.	I believe it's important that a person take the HIV test, even without counseling			
6.	The only people vulnerable to HIV are CSW and MSM			
7.	Only vulnerable populations should receive HIV counseling			
8.	Post test HIV counseling is only important if the HIV results are positive			
9.	Every Commercial Sex Worker should be obligated to take the HIV test			
10.	Vulnerability to contracting the virus is much less for housewives faithful to their husbands, compared to unmarried women.			
11.	As long as a CSW continues prostituting, there is nothing a health care provider can do to reduce their vulnerability			
12.	According to the law, an employee who does not have HIV can deny working with a colleague who is HIV+			
13.	A health care provider who suffers from stress and burnout has that problem because they're not dedicated to their job			
14.	Sex is defined at birth			
15.	Gender is a genetic attribute			

Support Material

Strengthening Quality HIV AIDS Counseling

Course Evaluation Form

Profession or job title: _____

Health Care institution where you work: _____

Please fill in the following form according to the following rankings:

1. - Very Good 2. - Good 3. - Average 4. - Poor

Please rate the following according to whether the course met the objectives

OBJECTIVES		
1	Updated on scientific evidence regarding HIV and AIDS	
2	Updated on national norms and laws concerning HIV/AIDS	
3	Reinforced general counseling principles	
4	Knowledge of the counseling process focusing on CSW and MSM	
5	Knowledge updated on flowchart for Voluntary Testing and Counseling	
6	Developed necessary skills for individualized HIV counseling	
7	Feels capable of using the tools from this course to offer HIV/AIDS counseling	
8	Learned about stigma and discrimination and how that affects health care provision for VCT	
9	Received necessary information to be able to transfer basic HIV AIDS information to clients	

RANK FACILITATORS ACCORDING TO PRESENTATIONS AND CONTENT		
10	The facilitators knew the content	
11	The facilitators used effective presentation styles	
12	The content was relevant to the objectives	
13	The training methods were effective	
14	The handouts were useful	
15	The counseling tools and other support materials were useful	
16	The physical environment facilitated learning	
17	The amount of time programmed for this course was: 1. Appropriate _____ 2. Too short _____ 3. Too long _____	

Support Material

Course Evaluation Form (cont.)

18	Were the topics and exercises that were used in this course adequate for your level of knowledge and experience? (Please explain your answer)
19	Which topic or theme of this course was <i>most</i> relevant for you in your daily job performance?
20	Which topic or theme of this course was <i>least</i> relevant for you in your daily job performance?
21	What suggestions do you have for future courses?
22	Do you need other information to perform your job as an HIV/AIDS counselor?
23	More comments:

Thank you for your feedback. Your comments will help us to improve this course.