Refresher Training Programme

for ICTC Counsellors

(Second Edition)

TRAINER'S GUIDE

April 2011

PLEASE DO NOT PHOTOCOPY THIS DOCUMENT FOR PARTICIPANTS

Developed by

National AIDS Control Organisation

Department of AIDS Control

Ministry of Health and Family Welfare

Government of India

New Delhi, India

List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ANM	Auxiliary Nurse Midwife
AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Treatment
ARV	Anti-Retroviral
AWW	*Anganwadi* worker
CCC	Community Care Centre
CHC	Community Health Centers
CLHIV	Child Living with HIV
COE	Centre of Excellence
CPT	Cotrimoxazole Prophylactic Treatment
CRC	UN Convention on the Rights of the Child
DIC	Drop-In Centre
DOTS	Directly Observed Treatment – Short Course
EID	Early Infant Diagnosis
FDC	Fixed Dose Combination
FSH	Follicle Stimulating Hormone
FSW	Female Sex Worker
HAART	Highly Active Antiretroviral Therapy
Hb	Haemoglobin
HIV	Human Immunodeficiency Virus
HSV 2	Herpes Simplex Virus 2
ICDS	Integrated Child Development Scheme
ICSI	Intracytoplasmic Sperm Injection
IDU	Injecting Drug User
IEC	Information Education Communication
IUI	Intra-Uterine Insemination
LAC	Link ART Centre

LH	Luteinising Hormone
LWS	Link Worker Scheme
MARP	Most-at-Risk Populations
MCP	Multiple concurrent partners
MSM	Men who have Sex with Men
NACO	National AIDS Control Organisation
NACP	National AIDS Control Programme
NFHS	National Family Health Survey
NRHM	National Rural Health Mission
NRTI	Nucleoside Reverse Transcriptase Inhibitor
NNRTI	Non-nucleoside Reverse Transcriptase Inhibitor
NREGS	National Rural Employment Guarantee Scheme
NSEP	Needle Syringe Exchange Programme
NYSK	Nehru Yuvak Seva Kendra
OI	Opportunistic Infection
ORW	Out-reach Worker
OVC	Orphans and Vulnerable Children
PI	Protease Inhibitor
PLHIV	Person Living with HIV
PPTCT	Prevention of Parent to Child Transmission
RCH	Reproductive and Child Health
RNTCP	Revised National Tuberculosis Programme
RTI	Reproductive Tract Infection
SACEP	State AIDS Clinical Experts Panel
SACS	State AIDS Control Organisation
STIs	Sexually transmitted infections
TI	Targetted Interventions
WHO	World Health Organisation
WLHIV	Women Living with HIV

List of Contributors

Ms Sanjanthi Velu
And the team
Johns Hopkins Bloomberg School of Public Health
Centre for Communication Programs
India

Dr. Po-Lin Chan
World Health Organisation
India

Dr. Vimlesh Purohit
World Health Organisation
India

Dr. Kamaxi Bhate
PSM Dept.
KEM Hospital, Mumbai, India

Dr. Shrikala Acharya
PSM Dept.
KEM Hospital Mumbai, India

Sree. Sachin Mahadik
PSM Dept.
KEM Hospital, Mumbai, India

Dr. Raghuram Rao
National AIDS Control Organisation
New Delhi, India

Dr. Avinash Kanchar
National AIDS Control Organisation
New Delhi, India

Dr. Melita Vaz
National AIDS Control Organisation
New Delhi, India

Ms Sumitha Chalil
National AIDS Control Organisation
New Delhi, India

Ms Nisha Kadyan
National AIDS Control Organisation
New Delhi, India

Mr. Vipin Joseph (CST)
National AIDS Control Organiation
New Delhi, India

Acknowlegments

Technical Reviewers from NACO

Dr. Raghuram Rao

Dr. Melita Vaz

Mr. Sanjeev Jain

Dr. Alok Agarwal

Mr. Aditya Singh

Technical Reviewers from SACS

Ms Sudeshna Bhojia, Gujarat SACS

Dr. Christopher Nathan, Andhra Pradesh SACS

External Technical Reviewers

Dr. Rohini Ramamurthy, Independent Consultant

Dr. Po-Lin, WHO-India

Mr. Suresh Nair, JHU-CCP

Dr. Sangeeta Kaul, Centres for Disease Control

Dr. Bipasha Biswas, St. Louis University, USA

Dr. Vartika Sharma, Population Council, New Delhi

Ms Vaibhavi, AVERT Society, Mumbai

Ms Rizwana Ghadially, Mumbai

Ms Dinu Mathew, Mumbai

Prof. Veena Yardi, Nirmala Niketan College of Home Sciences

Mr. Sony Thomas, Saksham Project, GFATM R7

Ms Shweta Bajaj, Saksham Project, GFATM R7

Technical Assistance

Mr. Rajesh Singh

Mr. Vipin Joseph (BSD)

Dr. Sunny Swarnkar

Dr. Reshu Agarwal

Ms Utpalakshi Kaushik

Ms Manali Jain

Mr. Vikas Gaur

Ms Lalitha Kandpal

Ms Ratna

Mr. Santosh Wani (MSACS)

Ms Sudeshna Bhojia (GSACS)

Mr. Prashant Malaiya (MPSACS)

Permissions

For Use of Images

World Health Organisation

United Nations Office on Drugs and Crime

Dr. Suresh Shastri (Karnataka Health Promotion Trust)

FXB-India (Suraksha)

For Use of Materials

Guilford Press

NOTE FOR SACS

Please plan the programme schedule jointly with the training institute.

Please provide the training institute with a list of TI projects in the state.

Please provide the training institute with a list of Social Welfare schemes in the state.

Please depute the counsellors in a timely manner and ask all trainees to attend the training programme with the following:

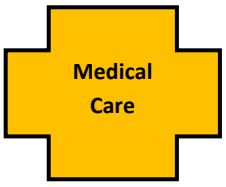
- Map of their district
- Information for last three months on their referrals to the ART centre, TB programme and STI clinic.
- Information for last three months on their referrals from the TB programme, STI clinic and TI projects.
- Information for last three months on their outreach activity.

The scheduling table indicates three sessions which should be handled by NACP personnel. Please identify SACS officials who are good communicators to take the session. Please ensure that there is a rotation of trainers where possible so that no single SACS official is burdened with too many days spent in training.

NOTE FOR TRAINERS

Please use this Trainer's Guide in conjunction with the Trainee's Handouts and the Powerpoint presentations that accompany the sessions.

While reading the handouts, please pay attention to the following notations and emphasize these points to trainees during your session.



This symbol indicates that counsellors should be aware of certain conditions under which the client may require to be seen by a doctor as early as possible. Counselling will not suffice.

This notation is specifically used to highlight counselling techniques and skills for trainees.

In hierarchical counselling, the counsellor discusses all methods of family planning but will stress the methods which have a higher effectiveness, or will describe the methods in order of how effective they are. To some extent you are already familiar with this idea in terms of the A B C typology of sexual risk reduction.

This sign indicates some critical message that needs to stand out from the text.

SCHEDULING

We have not prescribed any specific training schedule. Instead we have indicated timings for each session and a certain scheduling order to ensure that trainees may absorb certain basic information before proceeding to sessions that are based on those foundational sessions. We request you to respect these notes on the order that are reproduced both in the session plans as well as in the table below.

The training session mentions certain variations. Under no circumstances should training time for counselling practice be reduced – that is the role plays and the triad situations. Using the lecture method instead of a more active methodology is not considered a suitable replacement under any circumstance.

	REFRESHER WORKSHOP SCHEDULING		
	Introductory Modules		
Follow-Up Counselling at the ICTC	1 hour ▶ Group exercise (45 minutes) ▶ Experience sharing by counsellors (15 minutes)	▶ Materials Required ▶ Copies of the Follow-Up Case Scenarios ▶ Chart paper ▶ Markers ▶ Slides related to the session	The training team must schedule THIS session FIRST
Programmatic Linkages for the ICTC	45 minutes ▶ Lecture using slides (45 minutes)	▶ Slides related to the session	The training team must schedule THIS session BEFORE the session on Assistance Schemes for PLHIVs
Assistance Schemes for PLHIVs: A Special	45 minutes ▶ Lecture using slides (45 minutes)	▶ Slides related to the session	The training team must schedule the session on Programmatic Linkages for the ICTC BEFORE THIS session
	Technical Updates		
Programme Update on ART	1 hour ▶ Lecture using slides (1 hour)	▶ Slides related to the session	The most appropriate person to take this session is an MO from the ART centre, a CST official from the SACS or a Regional Co-ordinator.

Body Basics: Male and Female Anatomy	3 hours ▶ Body Mapping (15 minutes) ▶ Discussion (1 hour 45 minutes)	▶ Six white chart papers ▶ Cello-tape ▶ Marker pens (at least three colours) ▶ Sketch pens (at least three colours) ▶ Few A-4 size colour chart papers ▶ Extra Chart papers for participants to write. ▶ 45 white beads ▶ 15 red beads	The training team must schedule THIS session BEFORE the session on Basics on Family Planning Methods and BEFORE the session on Counselling Adolescents at the ICTC and BEFORE the session on Working with MSMs. The training team could alternatively increase this session's timings and include the contents of the session on Basics on Family Planning.
Basics on Family Planning Methods	1 hour ▶ Lecture using slides (40 minutes) ▶ Quiz (20 minutes)	▶ Slides related to the session ▶ Samples of various contraceptive devices such as the Copper T, Mala D, female condom, etc.	The training team must schedule the session on Body Basics BEFORE this session The training team must schedule THIS session BEFORE the session on Counselling Discordant Couples
	Counselling Modules		
Understanding Behaviour Change	1 hour ▶ Lecture using slides (20 minutes) ▶ Behaviour Change Stories (40 minutes)	▶ Slides related to the session ▶ Behaviour Change Story 1 (already printed in the handouts) ▶ Behaviour Change Story 2 (already printed in the handouts)	The training team must schedule THIS session BEFORE the session on Working with IDUs
Working with MSMs	2 hours ▶ The Truth of the Matter (20 minutes) ▶ Lecture using slides (30 minutes) ▶ Triad Counselling Practice on Risk Assessment and Risk Reduction (50 minutes) ▶ Summing up the Session (20 minutes)	▶ Slides related to the session ▶ Two posters one with the term "TRUE" and the other "FALSE. ▶ Copies of Triad Counselling Practice situations ▶ Envelopes ▶ Copies of the Chakrapani Article (already printed in the handouts) ▶ Blackboard/ Flipchart	The training team must schedule the session on Body Basics BEFORE this session
Working with FSWs	45 minutes ▶ Talk by Community member or peer counsellor (45 minutes)		The training team must schedule the session on Understanding Behaviour Change BEFORE this session

Working with IDUs	1 hour 45 minutes ▶ Brainstorming (10 minutes) ▶ Lecture using slides (30 minutes) ▶ Triad Counselling Practice on Risk Assessment and Risk Reduction (50 minutes) ▶ Summing up the Session (15 minutes)	▶ Blackboard/ Flipchart ▶ Posters ▶ Markers ▶ Cello Tape ▶ Powerpoint slides ▶ Copies of Triad Counselling Practice situations ▶ Envelopes	
Counselling Children at the ICTC	2 hours 15 minutes ▶ Lecture using slides (45 minutes) ▶ Practice Time (20 minutes) ▶ Demonstration(1 hour 10 minutes)		Slides related to the session A-4 size envelopes (one for each counsellor) Paper plates (one for each counsellor) Art supplies such as paints, crayons, pencils, Scissors Two or three tubes of Glue Copies of instructions for the practice session on working with children
Counselling Adolescents at the ICTC	1 hour 45 minutes ▶ Case Discussion: (10 minutes) ▶ Lecture using slides (30 minutes) ▶ Triad Counselling Practice on Risk Assessment and Risk Reduction (50 minutes) ▶ Summing up the Session (15 minutes)	▶ Slides related to the session ▶ Copies of Triad Counselling Practice situations	The training team must schedule the session on Body Basics BEFORE this session State-wise experts may be found through the ARSH programme
Counselling Discordant Couples	2 hours ▶ Sero-discordant Couples Parking Lot (20 minutes) ▶ Lecture using slides (20 minutes) ▶ Whose Line is it Anyway? (30 minutes) ▶ Sero-discordant Couple Triad Counselling Practice (50 minutes)	▶ Slides related to the session ▶ Sero-discordant Parking Lot statements ▶ Whose Line is it Anyway: Complaints ▶ Whose Line is it Anyway: Appropriate Counselling Lines ▶ Blackboard or Flip chart ▶ Copies of the Triad Counselling Practice situations	The training team must schedule the session on Basics of Family Planning BEFORE this session
	Modules related to Care and Support		

Nutrition Counselling	2 hours ▶ Nutrition Counselling Group Activity (50 minutes) ▶ Lecture using slides (25 minutes) ▶ Fish-Bowl on Nutrition Counselling (45 minutes)	▶ Slides related to the session ▶ Charts ▶ Markers ▶ Activity slips for the Nutrition Counselling Group Activity ▶ Fish-bowl Scenarios on Nutrition Counselling	
Home-Based Care	2 hours ▶ Group activity on Managing Common HIV-related Problems at Home (1 hour) ▶ Lecture using slides (25 minutes) ▶ Demonstration (20 minutes) ▶ Lecture using slides (15 minutes)	▶ Slides related to the session ▶ Chart papers ▶ Markers ▶ Cello tape ▶ ORS packets ▶ A jug with lid ▶ Water bottle (1 litre) ▶ Sugar ▶ Salt ▶ Spoon ▶ Slips for the Group activity on Managing Common HIV-related Problems at Home HIV-related problems ▶ Mattress and 2 bedsheets	
	Modules to Enhance ICTC Work		
Use of IEC Materials at the ICTC	1 hour 45 minutes ▶ Demonstration (15 minutes) ▶ Story Time (15 minutes) ▶ Lecture using slides (5 minutes) ▶ Role plays (55 minutes) ▶ Lecture using slides (15 minutes)	▶ Blackboard/ Flipchart ▶ Penis model ▶ ICTC Flipbook ▶ Poster from SACS ▶ Video film from SACS ▶ Television and Video player ▶ Slide projector ▶ Samples of condoms (male and female condoms) ▶ Lubricants ▶ Slides related to the session	
ICTC Outreach	1 hour 45 minutes ▶ Story Time (25 minutes) ▶ Lecture using slides (10 minutes) ▶ Mapping Outreach Work (20 minutes) ▶ Planning for Outreach Work (30 minutes) ▶ Lecture using slides (20 minutes)	▶ Slides related to the session ▶ Map of the district where the ICTC is located for each trainee ▶ Plain round *bindis* of two different colours. Each counsellor should have a packet of each type. ▶ Copies of the Outreach Planning Sheet (3 copies for each counsellor). ▶ Filled in copies of the Self-Diagnostic Tool on Outreach	The most appropriate person to take this session is a District Supervisor (in Category A and B districts) or a Basic Services official from the SACS.

Time Management at the ICTC	1 hour 45 minutes ▶ The Grains of Time (30 minutes) ▶ Story Time (10 minutes) ▶ Time Mapping (30 minutes) ▶ Lecture using slides (20 minutes) ▶ Personal Resolutions (15 minutes)	▶ A kilo of a big cereal grain such as *rajma* or *chhole* ▶ Flip chart or Blackboard ▶ Copies of the Monthly Calendar for all participants (You can generate the calendar for the following month from the internet or create it by hand) ▶ Chart paper ▶ Markers	
	Additional Time Allotments		
Morning feedback	30 minutes on the morning of Day 2, 3, 4 and 5	▶ Evaluation of Trainers (as per induction package)	
Evaluation	1 hour on Day 1 1 hour on Day 5	▶ Copies of Pre- and Post Workshop Evaluation ▶ Self-diagnostic tool on Outreach on Day 1 (provided in session on ICTC outreach but to be administered on Day 1 and compiled and sent to NACO) ▶ Evaluation of Training Programme (as per induction package) for Day 5	
Add-on sessions	2 hours	▶ Formats as specified by Saksham	This is optional as per feedback of SACS. Attendance of trainees is compulsory. Training institutes may accommodate ACE measurement here.
Yoga Session	1 hour for 2 to 3 mornings before training sessions begin	▶ Yoga mats	This is optional for the trainees. There is no need to count their attendance for these sessions.
Field Visits	0 hours		No field visits should be scheduled for refresher training programmes

NATIONAL AIDS CONTROL ORGANISATION

ICTC REFRESHER (II)

PRE- AND POST-TRAINING QUESTIONNAIRE

NAME: _____

LOCATION OF ICTC: _____

TODAY'S DATE: _____

DATE OF JOINING ICTC: _____

DATE OF INDUCTION TRAINING: _____

INSTITUTE WHO DID INDUCTION TRAINING: _____

AGE: _____

QUALIFICATIONS: _____

CONTACT NUMBER: _____

1. Which of the following statements about FOOD SAFETY are TRUE?
   (Please circle the right answers)

   a) Protect food from insects.

   b) Keep raw and cooked foods separate.

   c) Eat curd (yoghurt).

   d) Store food carefully.

2. First-line ART regimens most commonly have
   (Please circle the right answer)

   a) One NRTI and two NNRTI

   b) Two NRTIs and one NNRTI

   c) One NRTI, One NNRTI and One PI

   d) One NRTI and One NNRTI

3. List 2 measures to prevent bedsores.

_____

_____

4. List 1 way in which a counsellor can help a child to manage anger.

_____

5. List 2 physical changes in adolescence in boys

_____

_____

6. List 2 types of activities a counsellor can do as part of outreach activities on Saturday afternoon.

_____

_____

7. List 4 documents that the patient should take to the ART centre when referred there.

_____

_____

_____

8. Name one ICTC register where counsellors can get data on sero-discordant couples

_____

9. Given below are some food items. Place them in the correct food group.

   Energy giving foods Body building foods Protective foods

   a) Fruit _____

   b) Milk _____

c) Cereals (like *dal*) _____

d) Fish _____

e) Vegetables _____

10. Given below are some developmental milestones. Place them against the correct age (one is a blank answer)

Controlling the head Walking with help Rolling over

a) Birth _____

b) 10 weeks _____

c) 14 weeks _____

d) 12 months _____

11. Given below are TWO sets of discordant couples. If all other things are the same, except the fact/ behaviour mentioned below, CIRCLE which couple has more risk of sero-transmission to the uninfected partner.

a) In the Choudhury couple, Mr. Choudhury has an STI

In the Patil couple, neither Mr. Patel nor Mrs. Patel has has an STI

b) The Appaswamy couple has oral sex only

The Roy couple B has anal sex and oral sex

c) Mr. and Mrs. Ali use condoms regularly

Mr. and Mrs. Irom sometimes forget to use condoms during sex

12. Case Studies

a) Rashid is an HIV-positive IDU who needs to get registered at the ART centre. But he lives on the street and has no proof of address.

i. What can the counsellor suggest to him as documentary proof of address?

_____

b) Today when you are doing outreach work in her village, you visit the home of Yashoda, a four-year-old who is infected with HIV since birth. Her grandmother reports to you that she has been passing stools (loose motions) for 2 days. She has been drinking dal water. But she is very weak. Her grandmother says that normally Yashoda is a very active and happy child. But now she is showing signs of being irritable. You also note that little Yashoda's eyes have sunk in.

   i. What KEY advice would you as an ICTC counsellor give to her grandmother.

   _____

c) Rajdulari is a PLHIV who has not begun taking ART yet. She sometimes visits you at the counselling centre to get condoms. She has come today to meet you because she is finding it difficult to eat food. She grumbles that she has no appetite as her mouth burns when she places food in her mouth.

   i. Name her POSSIBLE condition.

   _____

   ii. List 3 home-based remedies you can suggest to give her relief.

   _____

   _____

   _____

d) Raghav is a 40-year-old blacksmith. He has a cough which has been diagnosed as TB. From the DMC he had been sent to the ICTC where testing showed he has HIV infection. The ICTC counsellor told him to go to the ART centre for follow-up. At the ART centre, his CD 4 count is found to be 270.

   i. Is he eligible for ART? YES/ NO

e) When the counsellor is doing group pre test counselling in the ANC clinic, a client Rashida shows signs of being uncomfortable sitting. After the session, the counsellor has a one-to-one session with her. Rashida says she is experiecing burning sensation while urinating.

   i. Where should the counsellor refer her?

   _____

f) An IDU client has come to the ICTC in shabby, torn clothes. He has been referred by the TI NGO. When the counsellor screens him for TB, she realizes that he also needs to be tested for tuberculosis. The TI worker has left the client and gone somewhere else. But the counsellor wants the client to go to the DMC for testing immediately. When she tells the client this, he immediately refuses to go and says that he is scared to go there. He is worried about being ill-treated. The counsellor reassures him and she goes along with him to make sure he reaches the TB service. But she also speaks to the staff there on behalf of the client.

i. In this situation, the counsellor has played the role of _____

g) An ICTC counsellor has received a referral of a 15 year-old. The client was tested HIV-positive at a private hospital. He cannot access ART without a test result. So he comes to the ICTC with his mother. The mother reveals that she is a widow for the last 9 years. Her husband was in the armed forces and he died of HIV-related causes. The boy was not tested at birth or in early childhood.

i. List 3 **HIV risk assessment questions** the counsellor should ask the boy

_____

_____

_____

13. Name the counselling technique used in the following dialogues.

a) Counsellor says to the client: You are going to the ART Centre for the first time. At the centre, you may expect to see a lot of people as they are there to pick up their ART medicine. Some of them may look very sick. You will meet the counsellor and the nurse. They will require some documents from you."

_____

b) Counsellor: "HIV is passed on from male to male through sex. Have you ever had sex with another man?" _____

Client: Yes.
Counsellor: "What type of sex have you had?" _____

(There are 2 techniques here)

c) Counsellor (to mother of a 4-year-old child who has HIV): I'm sorry but I have some bad news for you. (Counsellor stops for half a minute). The bad news is this – your child's test result is positive. This, as I explained, means she has HIV in her system. I know that you require some time to think about this. I am here to support you as you absorb this news.

_____

d) Counsellor (to couple): It seems like the atmosphere in the room is very hot. I think we should stop for a minute to let things cool down.

_____

e) Bobby is a positive child client aged 12 years. Bobby was infected at birth. The counsellor has been working with his parents to help disclose his HIV status. His parents say they do not want to break the news because they feel ashamed they gave him HIV.

The counsellor says to the parents: In such a situation, your guilt and shame are normal feelings. Many people who face a similar situation feel like you do. Let us see how we can work this out.

_____

14. Explain how to make an ORS solution mentioning clearly the materials and the amounts.

_____

_____

_____

15. State True or False:

a) Only men who look feminine (like women) have sex with other men. _____

b) All MSMs have anal sex. _____

c) It is important to ask female sex workers about anal sex. _____

d) It is impossible for a female counsellor to work with MSMs. _____

e) When testing adolescents, the counsellor should get informed consent **from the client.** _____

f) Children who know their HIV-positive status are able to cope with their illness better. _____

g) In couples counselling for a sero-discordant couple, the counsellor should clearly tell the client not to have children. _____

16. Name the correct body part:

a) The sperms are produced here _____

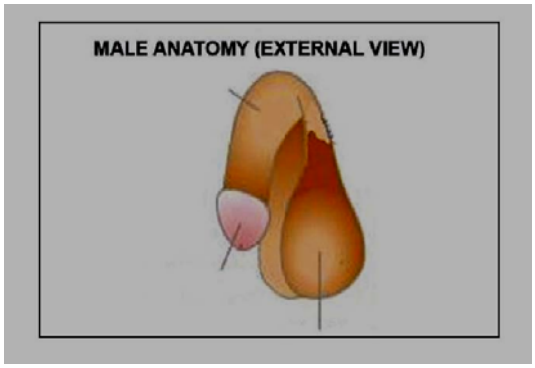
b) This is the opening through which the excreta is passed _____

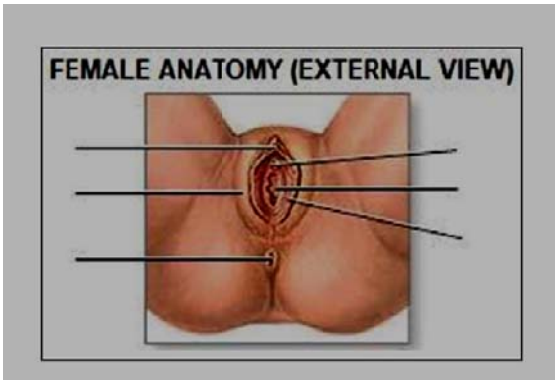
c) This is the small part in the woman when sexually stimulated gives intense pleasure _____

17. Put the correct terms on the diagram. (There are some extra terms)

Vagina Glans Penis Penis Clitoris Labia Majora Anus

Labia Minora Testes Urethral opening





18. Described below is a way of showing communication patterns

Mother-Child Communication M---C

Teacher-Student Communication T---S

Using the same way show the 4 conversations that are possible within a couples counselling session

C stands for counsellor

A and B are the respective partners

NATIONAL AIDS CONTROL ORGANISATION

ICTC REFRESHER (II)

ANSWER SHEET – NOT FOR PHOTO-COPYING

1. a, b, d (3 points)
2. b
3. To prevent bedsores. (any two of the following are correct – 2 points)
    a. Look everyday for damaged skin on the pressure points, that is the back, shoulders and hips. These may show up as a reddish area on a light-skinned individual and shades of purple or blue on a darker –skinned individual.
    b. Put extra soft material to support the bony areas, such as a soft cotton towel, under the sick person.
    c. Keep the bed clothes clean and remove all wet clothes and wet bed sheets.
    d. Give a regular sponge bath to the sick person. Pay special attention to the skin creases and bony areas.
    e. Massage the sick person with petroleum jelly (Vaseline) or oil, if not contraindicated.
    f. Refer to a medical professional when bed sores develop
4. List 1 way in which a counsellor can help a child to manage anger. (any one of the following is correct)
    a. Normalize the situation and the emotion for the child.
    b. Help them to identify ways to work off their anger such as taking a deep breath, running 5 times around the garden/ compound, hitting a 'punch-me' doll or a pillow, counting back from 20, throwing a cricket ball against a wall repeatedly, etc.
    c. Ask them to draw or enact their anger.
    d. Explore the reason for the child's anger
5. List 2 physical changes in adolescence in boys (any two of the following are correct – 2 points)
    - ✓ Fast bodily growth (height, weight, width)
    - ✓ Growth of sweat and oil-producing glands of the skin
    - ✓ Growth of hair in the pubic region, armpit, chest and face
    - ✓ Development of muscles
    - ✓ Change in tone/voice (Masculine voice).
    - ✓ Enlargement of penis
    - ✓ Production of sperms (within one year of the onset of adolescence)

6. List 2 types of activities a counsellor can do as part of outreach activities on Saturday afternoon. (any two of the following are correct – 2 points)

   - ✓ Visits to TI project sites/ hot spots
   - ✓ Visits to sites where there are many migrants/ truckers
   - ✓ Visits to other NGOs
   - ✓ Visits to key villages
   - ✓ Home visits to PLHIVs

7. List 4 documents that the patient should take to the ART centre when referred there. (4 points)

   a. ICTC test result
   b. Documentary proof of address
   c. 2 passport-size photographs
   d. Referral form

   The following should be scored as documentary proof of address and count for only one point (that is point b):

   - Voter card
   - Ration card
   - Electricity or telephone bill
   - Clients from rural areas may submit a letter from the Panchayat chief as proof of address.
   - For those clients who do not have documentary address proof, a letter from a NACO-recognised NGO working for outreach activities in the area will also suffice as address proof. This includes IDU and Migrant Worker Targetted Intervention projects

8. ICTC Register for Pregnant Women or ICTC Register for General Clients (under columns for partner testing)

9. Given below are some food items. Place them in the correct food group.

   a) Fruit Protective

   b) Milk Body-building

   c) Cereals (like *dal*) Energy-giving

   d) Fish Body-building

   e) Vegetables Protective

10. Place the developmental milestones against the correct age (1 point each)

    a) Birth Nil

b) 10 weeks Controlling the head

c) 14 weeks Rolling over

d) 12 months Walking with help

11. CIRCLE which couple has more risk of sero-transmission to the uninfected partner (1 point each).

    a) Choudhury

    b) Roy couple

    c) Mr. and Mrs. Irom

12. Case Studies

    a) For those clients who do not have documentary address proof, a letter from a NACO-recognised NGO working for outreach activities in the area will also suffice as address proof. This includes IDU and Migrant Worker Targetted Intervention projects

b) Refer her to the doctor immediately

c) Mouth Sores (Oral Candidiasis) (1 point for this answer and 3 points for the prevention question

This could be managed by

- ✓ Manage mouth sores at home by scrubbing the tongue and the gums gently with a soft toothbrush or cloth at least three or four times a day, and then rinsing the mouth with a mild salt solution, a dilute mouthwash or lemon water.
- ✓ Suck a lemon, if not too painful, to slow down the growth of the fungus.
- ✓ Wash the mouth with tea made from *neem* or *tulsi* leaves.
- ✓ Apply Gentian violet solution three or four times a day.
- ✓ Chew garlic or eat yoghurt
- ✓ Chop *tulsi* leaves, mix them with water and gargle.
- ✓ Avoid eating sweets and spicy foods.
- ✓ Maintain oral hygiene by rinsing the mouth with warm salt water, mint solution or a mouthwash solution after eating and in between meals.
- ✓ Maintain proper nutrition by eating protective foods rich in vitamins, especially oranges, lemons and tomatoes
- ✓ Avoid alcohol and smoking (and items containing alcohol and tobacco)

d) YES.

e) Refer to STI clinic

f) Advocate.

g) Score according to relevance to HIV infection: ask about blood transfusion, needle sharing, sexual route (3 points)

What is your name? What is your age? are wrong. So are questions about mother's status and father's status and behaviour.

13. Name the counselling technique (1 point each).

a) Anticipatory guidance

b) Counsellor: "HIV is passed on from male to male through sex. Have you ever had sex with another man?" Closed question

Counsellor: "What type of sex have you had?" Open-ended question

(2 points)

c) Sandwich technique .

d) Effective use of silence.

e) Normalisation

14. Explain how to make an ORS solution mentioning clearly the materials and the amounts. (6 points total)

1 glass of boiled water

1 teaspoon of sugar

1 pinch of salt

If counsellors mention 1 litre of water, then multiply the sugar and salt accordingly and score

15. State True or False:

a) False

b) False

c) True

d) False

e) False

f) True

g) False

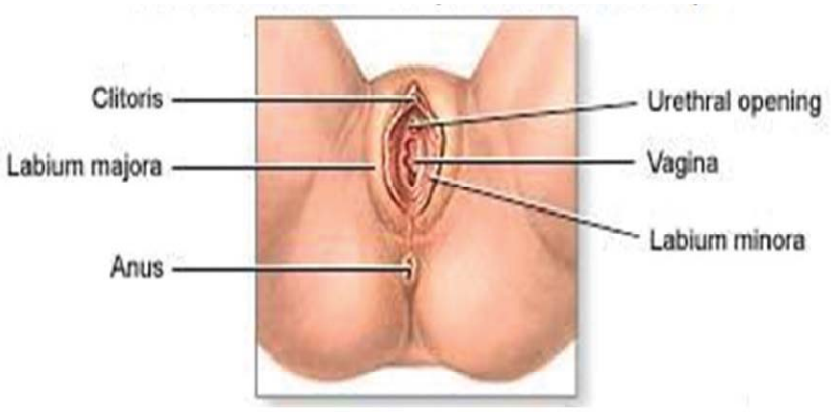
16. Name the correct body part:

a) Testes/ Testicles

b) Anus

c) Clitoris

17. Mark a point for each correctly labelled body part (9 points total)



18. A----B; A----C; B-----C; AB----C (4 points total)

INTRODUCTORY MODULES

Follow-Up Counselling at the ICTC

Session Overview

- Group exercise (45 minutes)
- Experience sharing by counsellors (15 minutes)

Session Objectives

At the end of this session, participants will be able to

- List different follow-up needs of ICTC clients.

Time Allowed

1 hour

Materials Required

- Copies of the Follow-Up Case Scenarios
- Chart paper
- Markers
- Slides related to the session

The training team must schedule THIS session FIRST

Method

Preparation before the session

1. You, as the trainer, will prepare sufficient copies of the Follow-Up Case Scenarios BEFORE the session.

Group exercise (45 minutes)

2. Explain that this activity focuses on identifying needs of clients beyond pre-test and post-test counselling.
3. Divide the participants into 5 groups. Give each group a Follow-Up Case Scenario and a chart paper. Ask them to discuss the following questions and write their answers on the chart paper. Allot them 10 minutes for this task. The discussion questions are:
    - What happened to the client?
    - What can the ICTC counsellor do in this situation?
4. Reassemble the groups and ask each group to present the results of their discussion. Invite other members to add their observations.
5. Display the charts prepared by all the groups together and ask participants to identify the follow-up points which are common to the different situations. Discuss these issues.
6. Review the issues already covered in induction and refresher training. These include issues such as partner testing and referral to the ART centre. Inform the participants that this refresher training will review a few of these issues as well as discuss some new ones.

Experience sharing by participants (15 minutes)

7. Explain the concept of Follow-up counselling using the slides.
8. Invite two or three participants to share their experience in doing Follow-up counselling.
9. Wrap up the session by inviting the participants to use the 5 days of training to learn new skills from the trainers and new perspectives from their fellow trainees.

Follow-Up Case Scenarios

Follow-Up Case Scenario 1

Mrs. Ruby is 6 months pregnant. She was diagnosed HIV-positive during her ANC check-up in the first trimester. Now she visits the government hospital with severe cough, and difficulty and ulcers which burn while eating. She also reports being very tired. She has not visited the ART centre.

- What happened to the client?
- What can the ICTC counsellor do in this situation?

✂----------

Follow-Up Case Scenario 2

Master Navneet, a 4th standard student, lost his father few months ago. Now his mother is also sick. The family does not take care of her. Navneet appears to be sad and stays away from his classmates. The Link Worker notices this and informs you during your outreach visit. She shares that the family members and neighbors suspect that Navneet's father died of AIDS. However, both Navneet and his mother have not been tested for it. The Link Worker requests your help to address the issues.

- What happened to the client?
- What can the ICTC counsellor do in this situation?

✂----------

Follow-Up Case Scenario 3

Miss Salma is a 25-year-old housemaid from a village. Often she engages in sex work at hotels. She tested negative for HIV one year back, when she went to the doctor following some vaginal discharge. She has again come to the doctor with vaginal ulcers and lower abdominal pain.

- What happened to the client?
- What can the ICTC counsellor do in this situation?

Follow-Up Case Scenario 4

Mr. Salim, a 36-year-old migrant worker, has been detected HIV positive one year back. His wife also was tested and was found HIV negative. The couple has 4 children. Now, Mrs. Salim is 3 months pregnant. They visit the ICTC and say that they do not want the child.

- What happened to the client?
- What can the ICTC counsellor do in this situation?

✂----------

Follow-Up Case Scenario 5

Ms Hufriz is an HIV-positive widow who began ART three years ago. She is very adherent to her ART drug regimen and follows up at the ART centre. From time to time she drops into your centre to visit you. On one visit, she informs you of her problems in making ends meet. Her husband's life insurance is a very small amount that she cannot stretch sufficiently. She is worried about rising prices. She grumbles to you that she would like to do a job but does not know how to find one as she has never worked before. She has passed her 12th class exam.

- What happened to the client?
- What can the ICTC counsellor do in this situation?

✂----------

Programmatic Linkages for the ICTC

Session Overview

- Lecture using slides (45 minutes)

Session Objectives

At the end of this session, participants will be able to

- List the health services with which they should have programmatic linkages

Time Allowed

45 minutes

Materials Required

- Slides related to the session

The training team must schedule THIS session BEFORE the session on Assistance Schemes for PLHIVs

Method

Lecture using slides (45 minutes)

1. Explain the key points in the module using the slides and the dialogue given for your convenience.

Assistance Schemes for PLHIVs: A Special Linkage

Session Overview

- Lecture using slides (45 minutes)

Session Objectives

At the end of this session, participants will be able to

- List assistance schemes for PLHIVs for their non-health needs
- Describe how to link PLHIVs effectively to these schemes

Time Allowed

45 minutes

Materials Required

- Slides related to the session

The training team must schedule the session on Programmatic Linkages for the ICTC BEFORE THIS session

Method

Lecture using slides (45 minutes)

1. Explain the key points in the module using the slides and the dialogue given for your convenience.

TECHNICAL UPDATES

Programme Update on ART

Session Overview

- Lecture using slides (1 hour)

Session Objectives

At the end of this session, participants will be able to

- Describe the benefits and limitations of ART
- List the services available at different NACP care and support services: ART centre, LAC, CCC, LAC Plus, ART Plus and COE
- List measures to ensure better follow-up of ICTC patients to the ART centre

Time Allowed

1 hour

Materials Required

- Slides related to the session

Method

Lecture using slides (1 hour)

1. Explain the key points in the module using the slides and the dialogue given for your convenience.

Caution: This session usually raises many questions. It is advised to stick to both the prescribed content and time as much as possible

Body Basics: Male and Female Anatomy

Session Overview

- Body Mapping (15 minutes)
- Discussion (1 hour 45 minutes)

Session Objectives

At the end of this session, participants will be able to

- Label correctly an anatomy drawing of the male and female genital organs
- Describe the structure and functioning of the male and female genital organs
- State the problems related to physical, mental and emotional changes at puberty for males and females
- Correct myths and misconceptions related to the male and female genital organs

Time Allowed

3 hours

The training team must schedule THIS session BEFORE the session on Basics on Family Planning Methods and BEFORE the session on Counselling Adolescents at the ICTC and BEFORE the session on Working with MSMs.

The training team could alternatively increase this session's timings and include the contents of the session on Basics on Family Planning. But the team must make sure that the trainer thoroughly covers HIV aspect of family planning.

Materials Required

- Six white chart papers
- Cello-tape
- Marker pens (at least three colours)
- Sketch pens (at least three colours)
- Few A-4 size colour chart papers
- Extra Chart papers for participants to write.
- 45 white beads
- 15 red beads

Method

Preparation before the session

1. You, as the trainer, will ensure that the chart papers are ready for the body mapping. Attach the six white chart papers with the cello tape like a mat.
2. Ensure that the sitting arrangement for the participants and the trainer is made on the floor. The chart-paper mat is put in the centre and the participants and the trainer sit around it.

Body Mapping (15 minutes)

3. Invite the participants to sit on the floor around the chart paper mat.
4. Share the history of Body Mapping and the importance of this method with the participants. Emphasize that you would appreciate questions/doubts asked by the participants.
5. Ask one of the participants to volunteer for body-mapping. The volunteer lies down on the chart-paper mat. Ask other participants to draw the outline of the volunteer, using black colour marker pens. The volunteer may get up once the outline is done.

Discussion (1 hour 45 minutes)

6. Now that the 'Body Map' (Outline of the body) is ready, ask the participants their choice as to which body (i.e. male or female) they would like to learn first. Proceed with the choice of the trainees. Here we discuss the male body first.
7. Ask the participants about the changes that take place in the body and mind of a boy to become a man. Let them enumerate the changes, one by one. Ask one of the participants to make a list of these changes on a separate chart paper. Add to the list if anything is missing.
8. Move the discussion to the development of reproductive organs in men. These changes could be just listed on a piece of paper as mentioned earlier or drawn on the map as time permits. First, focus on the changes in the external genitalia and other external sexual characteristics.
9. Next, discuss the mental, emotional and physical changes during adolescence. Explain the role of pituitary hormones in bringing about these physical and mental changes. Show them the site of the pituitary gland in the base of the brain, within the head on the body-map. Explain how the hormones reach the internal and external reproductive organs through the blood stream and bring about the changes in the growing up period and later during the reproductive cycles.
10. Take a piece of A4 size paper and draw two holes, six inches apart. The upper hole is the urethral opening and the lower hole is the anal opening. Name these openings, then extend the urethral opening upwards as the urethral canal and draw the penis covering the urethra. Ask the participants the local names for penis and other genital organs.
11. Next, draw the scrotum on both the sides of the penis. Draw the testes inside the scrotum. Show the tubes on top of the testes called the vas deferens.
12. Discuss size and shape of the penis with the participants. Let them ask any queries or doubts about the same. Discuss the size of the testes and their role in the production of the sperms and male hormone.
13. Discuss the anal opening - the second external opening which leads from digestive tract. This opening can be a sexual organ for those who prefer anal sex. This includes homosexual relations as

well as heterosexual relations. Show this on a piece of A4 size paper with these drawings is to be kept on the body map at the site of the external genitalia.

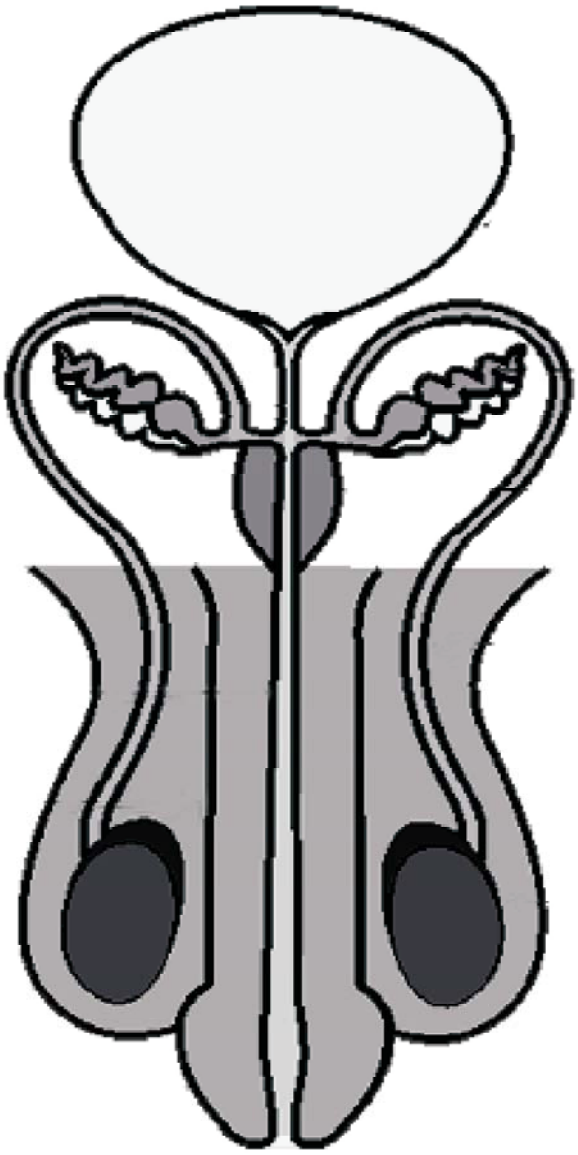


Image Courtesy of Sachin Mahadik, KEM Hospital, Mumbai

14. It is possible to draw directly on the Body-Map Chart but as the chart is to be used again during the session, too many drawings on the Body-Map can confuse the participants.
15. Discuss in depth about the size and shape of sperm while it is in the testes. Explain how immature sperms get carried to the seminal vesicles via the vas deferens.
16. Next discuss the importance of the seminal vesicles and their development during the adolescent period. Explain the process of “Night falls”.

17. Allow participants to raise the questions that they themselves had as a young boy or a girl or those asked by their clients. List these questions and discuss the misconceptions and the facts. For instance:

    - Why do some boys have late appearance of beard?
    - What is masturbation? Is it bad?
    - Will circumcision cause elongation of the penis?
    - How is Vasectomy done? Will there be ejaculation after vasectomy?
    - What is homosexuality? What is anal sex?
    - What are eunuchs ?

    (Answers provided in handouts)

18. After recapping the discussions, move to the female reproductive organs and functions. If the male genital organs are not drawn directly on the Body Map, the same chart can be used for learning about female genital organs.
19. Ask the participants to name the changes that take place in a girl's body during adolescence to be a woman. Let one of the participants lists these changes on a separate chart paper. The participants could draw these changes on the map or on A4 size paper as done earlier. To simplify the drawing of the genital organs, you could first draw two small openings - six inches apart - upper one is the urethral opening and lower one is anal opening. (Same as in male genital organs drawn earlier). The anal opening has a very tight muscle ring which closes the anus tightly - unlike in the vaginal opening. Drawn this on the A4 size paper.
20. Draw a 2 inch-long elongated vaginal opening - one inch below the urethral opening. Explain that urinary and vaginal openings are very delicate areas and to protect them there are thin skin folds called labia minora. Draw the labia minora around both the openings and around these, draw thick skin folds called labia majora. This drawing gives the entire picture of external genitalia in women. Place this A4 size paper with the drawing on the Body Map. (The internal organs will be drawn on another A4 size paper)
21. Discuss the clitoris - the sexually sensitive organ of women, situated underneath the labia minora, above the urinary opening.
22. Discuss about the hymen with the participants. Find out what they know about it and draw the position of the hymen on the paper. Discuss thinness of the hymen and notions about virginity in relation to hymen in society. <u>Stress that presence or absence of hymen does not indicate virginity</u>.
23. Show how the vaginal opening leads to the vaginal canal and at the top end of the canal, to the cervix (which is the lower end of the uterus). Demonstrated on the A4 paper how the walls of the

vaginal canal have folds and how these collapse. Explain that these vaginal folds increase the surface area and increases the chances of Reproductive tract infections including STI/HIV if the male partner is infected.

24. Draw the uterus at the end of the vagina above the cervix. Place this A4 drawing in relation to the previous paper of external genitals on the Body Map.

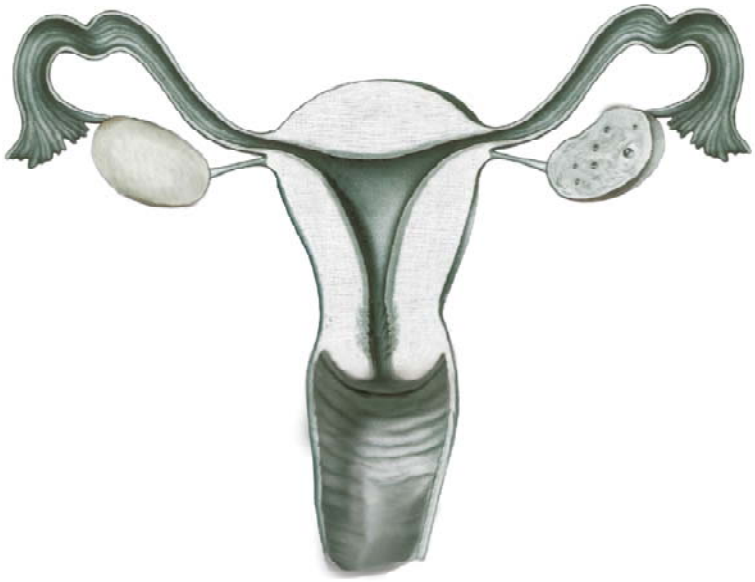


Image Courtesy of Sachin Mahadik, KEM Hospital, Mumbai

25. After participants have clarified their doubts, discuss menstruation. Ask the participants about the kind of words used in their local language for menstruation. Ask one of the participants to list these words. Debunk the common belief - that is evident from these words – that menstruation is 'impure, dirty and untouchable. Explain that it is nature's preparation in women for reproduction.
26. Next discuss conception. Ask trainees if they know how the sex of the child is determined in the womb. Most often their answers will lack clarity. It is possible through a small game using beads of two colours to make this concept clear. Invite two volunteers. Give one volunteer 30 white beads (representing the X chromosome of the ovum). Give the other volunteer 15 white and 15 red beads (representing the sperms having X or Y chromosome). Ask both volunteers to close their eyes. Invite other trainees to come up to them. Instruct the volunteers to give one bead to each trainee. The first volunteer can give only white bead to all the participants while the second volunteer may give either a white or red bead. At the end of the game, ask participants how many of them got both white beads and how many got one white and one red bead. Receiving both white beads is like a

girl child with XX chromosomes while receiving a white and a red bead is like a boy child with XY chromosomes.

27. Allow participants to raise the questions that they themselves had as a young boy or a girl or those asked by their clients. List these questions and discuss the misconceptions and the facts. For instance:

    - Should a girl/woman seek treatment if she has white vaginal discharge?
    - If there is no pregnancy after marriage, should the woman undergo investigations?

    (Answers provided in handouts)

Variations

- If the training team desires, the facilitator can discuss various family planning methods using the body map and samples of the contraceptive devices. Adjust the time against the session on Basics of Family Planning Methods
- If the training team desires, the facilitator can discuss various STIs – pointing to the sites of infection.
- Make an effort to link the discussion to forthcoming sessions dealing with MSMs and adolescents.

History of Body Mapping

The scientific knowledge about reproductive organs and processes was made simpler by some women's groups working in villages in Tamil Nadu in 1972. Maternal mortality in that area was very high and most of the deliveries were conducted at homes by local *dais*. The women's groups identified women in the villages who regularly conducted deliveries and were respected by the village communities. They took up training of local *dais* as Trained Birth Attendants - much before the government took this up as a part of the Maternal Child Health services.

Discussions with *dais* about their problems at work revealed that they were worried about death of a pregnant woman during delivery, as then they would lose their credibility. These *dais* had practical knowledge of conducting deliveries but they lacked essential knowledge of reproductive organs, the birthing process and measures for asepsis during delivery. None of the *dais* were educated.

Some women's groups decided to draw the structure of the internal organs on the human body itself to simplify the learning. Though this method became popular, it was not very acceptable and practical in larger groups. Hence the concept of body maps or body-size maps came into reality as they give easy understanding about the actual sizes and positions of the genital and reproductive organs within the human body.

The methodology they adopted was using their traditional *Rangoli* to impart knowledge because many of them had never held a chalk in their hands but all of them used *Rangoli* every day. The learning became simple by drawing an outline of the body with the help of *Rangoli* on the floor and then filling the external and related internal genital organs within it. At every level, *dais* and women health workers actively participated in this process of learning.

Why Body mapping method for counsellors

Many counsellors have not studied science after school. They may feel threatened by the complexity of the subject. In our society, it is not easy to discuss about body processes and there are taboos on discussing sex and sexuality issues. Trainees may or may not ask any questions or queries on their own, even though they are in the field of counselling for many years. They may not be comfortable discussing these issues in a group. It is essential to make them comfortable and elicit their complete participation while discussing the reproductive process.

Body mapping helps them shed their inhibitions and makes learning more active. This is because participants get involved and the process of learning is from **'Known to Unknown'** that is from external parts which are seen, to internal parts within the body.

Body mapping also allows the use and sharing of colloquial words for various genital organs, discussing the misconceptions and clearing their doubts. Using this knowledge while working with clients, reassuring them, explaining to them the natural body processes will help demystify scientific and medical jargon associated with reproduction.

Whether this session would clear all the doubts in their own minds and prepare them to answer the questions asked by clients will depend on the trainees' participation.

Basics on Family Planning Methods

Session Overview

- Lecture using slides (40 minutes)
- Quiz (20 minutes)

Session Objectives

At the end of this session, participants will be able to

- List different family planning methods available in India
- Describe the effectiveness of each method in relation to preventing pregnancy as well as in relation to preventing HIV infection

Time Allowed

1 hour

Materials Required

- Slides related to the session
- Samples of various contraceptive devices such as the Copper T, Mala D, female condom, etc.

The training team must schedule the session on Body Basics BEFORE this session

The training team must schedule THIS session BEFORE the session on Counselling Discordant Couples

Method

Lecture using slides (40 minutes)

1. Explain the key points in the module using the slides and the dialogue given for your convenience. Circulate the samples of the contraceptive devices.

Quiz (20 minutes)

2. End the session with the small comprehension check on the last slides.

COUNSELLING MODULES

Understanding Behaviour Change

Session Overview

- Lecture using slides (20 minutes)
- Behaviour Change Stories (40 minutes)

Session Objectives

At the end of this session, participants will be able to

- Describe the transtheoretical model of behaviour change
- List appropriate counselling techniques for each stage of behaviour change

Time Allowed

1 hour

Materials Required

- Slides related to the session
- Behaviour Change Story 1 (already printed in the handouts)
- Behaviour Change Story 2 (already printed in the handouts)

The training team must schedule THIS session BEFORE the session on Working with IDUs

Method

Lecture using slides (20 minutes)

1. Explain the key points in the module using the slides and the dialogue given for your convenience.
2. Ask the participants to open their handouts to Behaviour Change Story 1. Read this story paragraph by paragraph and help the trainees to relate the story to the behaviour change stages:

Precontemplation, Contemplation, Preparation, Action, Maintenance. A key is provided for your convenience.

Variation

Alternatively, you could begin the session by reading the first part of the story and then showing the slides.

Behaviour Change Story 2 (40 minutes)

3. Divide the participants into 8 groups. Ask the groups to read the handout titled Behaviour Change Story 2 and answer the questions after the story. Give them 20 minutes for the task.
4. Discuss the story in the larger group. An answer key is given for your convenience.

Behaviour Change Story 1

This is an exercise to apply the Transtheoretical Model. Read the story and identify statements which show the different stages of change the person is at:

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance

'I have been gaining weight for some 10 years now ever since the age of 28. Then I was slim. But the weight gain began very slowly. At first my family would tell me that I was putting on weight. But I would ignore their comments. Once I actually threw and broke a china cup when my father went on and on about how he could not distinguish between my mother and me in the dark as we were the same size. When professional colleagues mentioned my weight, I would joke, "I usually skip meals when I am depressed. Therefore, the fact that I am getting fat means that I am happy," or simply "Now there is more of me for you to appreciate." I would dismiss their comments by saying that I was eating healthy.'

'But a lot of this changed three years ago. My father passed away from a heart condition. He had been a little on the stout side. I began to realise just how out-of-shape I was. As he also had diabetes, I began to worry about family history issues. I even took a blood sugar test and breathed with relief when I was found to be in the normal range. I noticed how breathless I would become after climbing a few stairs. I noticed that a favourite sari *could not be worn till I made a new blouse as I had already altered the seams once. Whereas before I did not mind people clicking my photographs, I suddenly became conscious that certain angles made me look fat. I began to dislike having my photograph taken.'*

'Still I did not do much. But then I met with a colleague who had experienced good outcomes with a brand new diet. I was impressed. I thought wistfully about how nice it would be if I could also do so. I began to read about the diet. I liked the book so much that I went out and bought it. I even began experimenting with the recipes.'

'When I felt ready to make the change, I went out and brought some of the foods necessary for my new diet. I opened my diary and measured my weight. I was 78 kilos at that time. I started my new diet from the first of January. I would weigh myself every Monday morning and note it on the calendar. I felt really happy when I had dropped 10 kilos at three weeks of dieting. At this point my clothes began to hang on my body. So I went out and bought a new suit. I felt lighter and more energetic. I began to walk about more. This was something I had lost the habit for as I used to get breathless. The more I walked of course, the more I lost weight.'

'Now it is August. I am 18 kilos lighter. I have had to buy new clothes. But I feel good.'

Key to Understanding Behaviour Change Story 1

1. **Identify the different stages**

   a. Stage of pre-contemplation: *But I would ignore their comments... I would dismiss their comments by saying that I was eating healthy.'*

      Here the person displays a complete lack of readiness to change her behaviour or lifestyle. Well-meaning comments from friends are ignored.

   b. Stage of preparation: *I began to read about the diet. I liked the book so much that I went out and bought it. I even began experimenting with the recipes.*

      Here the individual begins making tentative steps towards changing the behaviour but has not yet made a full commitment.

   c. Stage of maintenance: *Now it is August. I am 18 kilos lighter.*

      Here the individual has lost weight and has managed to maintain it for more than 6 months.

2. **Some ways to help the person move from pre-contemplation to contemplation of behaviour change**
   a. **Consciousness-raising:** Presenting facts and figures linking over-weight with heart disease and other health problems
   b. **Dramatic relief:** Presenting stories about how good people feel after they have managed to lose weight, how their personal well-being improves; Role-playing during counselling about how other people might respond to the "new and reduced You."
   c. **Self-re-evaluation:** Encouraging the client to think of how being fat negatively impacts her life (e.g., she has to endure nicknames, she is no longer comfortable to have her photo taken, she has difficulty finding clothes that fit, she does not have energy to play with her children, she tires easily, she is at greater risk of heart disease, her boss has overlooked her for a promotion as he/ she prefers a smart looking employee)
   d. **Environmental-re-evaluation:** Encouraging the client to think about how her fat stature negatively impacts other people in her life (e.g., her children miss playing with her, her family is embarrassed)

3. **An example of counter-conditioning for this individual**

One example of counter-conditioning for this individual is to substitute unhealthy eating with healthy eating, that is green salads in place of high-cholesterol foods which are deep fried. As the person may enjoy deep fried items, the replacement foods should provide comparable enjoyment to her. Another example is to bake or steam food items instead of frying them.

4. An example of contingency management for this individual

The individual mentions: *I would weigh myself every Monday morning and note it on the calendar. I felt really happy when I had dropped 10 kilos at three weeks of dieting. At this point my clothes began to hang on my body. So I went out and bought a new suit.*

Here the individual is using the technique of contingency management on herself. She rewards herself when she has reached a level of behaviour change that is meaningful to her. She also uses a calendar to track her progress.

Behaviour Change Story 2

Practice Time

I began smoking when I was 14 years old. I used to steal cigarettes form my father's pocket. Later I began to also "borrow" money from my mother's purse to buy cigarettes. In college I found out that for the same money I could buy a small 'pudi' of stuff that was better. I enjoyed myself.

*My best friend warned me that I was going down the wrong track. I laughed at him. I told him that I was not like those "druggies," "smackiyas" or "*charasis*". I could stop at any time. Yes! I could stop. I had tried to stay away from the stuff during exams. The longest I could do was 7 days. But soon I was back to taking the "stuff" again.*

*When I began working at the age of 21, I had already begun taking a cocktail of pharmaceutical stuff. You crush it together, dissolve it and inject it. This was clean stuff, not like those "*charasis*" I worked in sales. It was difficult to keep my focus. But I managed. More than half my salary would disappear.*

My mother started to notice my behaviour patterns. She would grumble that I was not the good child she had known before. Then one day she found me injecting myself in the bathroom. The whole family started harassing me. By now I knew I was hooked. The family tried many things. They took me to a "baba" who prayed over me. They began accompanying me to work but I would find a way to escape. They locked me in the house one day. But my withdrawal pain was very great. I started screaming and cursing. This frightened them and they let me out.

A friend came over to talk to me. She tried to make me see the light. But all I could think of was how to avoid the withdrawal pain. I looked forward to my "nasha," my "intoxication."

My family left me alone. But they would leave pamphlets about drug NGOs around the house. I would throw them in the waste-paper basket.

Then one day my mother came to me and in tears asked me if I could give her a birthday gift. She said I could afford this one. I loved my mother. So I said, "Yes." She took me to a support group meeting. I did not like the idea of being in Narcotics Anonymous. But I had promised my mother. So I decided to wait for 20 minutes. There were two speakers who had to speak. I kept looking at my watch.

Five minutes before I was ready to walk out, an older man got up to speak. He had a soothing voice. I began to listen to his testimony. His words were very familiar to me. He could have been saying my life story. He described his own trouble with drugs. I realized how much I had sunk down. My mother looked over at me and held my hand. I had no thought now to leave.

After the meeting she requested that man to speak to me. I was now starting to get twitchy. I needed my fix. But I spoke to that man a little. He took my telephone number. He would call me every week and speak to me gently about turning my life around. His message slowly sunk in.

One day, I decided that I would go to a drug agency to get straight. I told my friend from Narcotics Anonymous. He told me that he would go along with me as a support. I agreed. I knew that if I was alone, I would be tempted to give up.

My first week at the drug centre was like sitting in a fire. There are no words to describe it for you. But later it got better. I learned to control my need for the drugs through yoga prayer and hard work. I was allowed to smoke cigarettes because I still got twitchy. When I went out, I was encouraged to go with another addict friend so we could support each other to remain sober. I still have the certificate that the centre gave me for remaining sober for 50 days. Even Sachin's half-century could not be better!

It has been 8 months since I have taken drugs. I am with my family now. We spend a lot of time together because I still worry about meeting my old friends who would lead me back to my bad habits. I still think about the drugs. So I began learning how to paint as a distraction. This works sometimes.

I look forward to the future. The centre has warned me about sliding back, about relapse. I go to Narcotics Anonymous meetings. Being around other ex-addicts helps.

Read the story and identify sentences in the story which show the person passing through the different stages of behaviour change according to the Transtheoretical Model: Precontemplation, Contemplation, Preparation, Action, Maintenance.

Identify the different types of techniques used in this story

Solution Key

Comments on Behaviour Change Story 2

For trainer's guidance only. Not intended for verbatim use.

1. **Identify the different stages**
2. **Identify the different techniques used**

a. Stage of pre-contemplation:
Paragraphs 1, 2 and 3 are stage of pre-contemplation because the person does not see any need to change.

b. Stage of contemplation:
This individual went through a long phase of contemplation. We recognise this from the fact that though many people told him about the need to change, all he could see were the disadvantages of withdrawal pain.
The technique mentioned here is Dramatic Relief (when the speaker at the Narcotics Anonymous meeting tells his life-story)

c. Stage of preparation:
Paragraph 10 is the stage of preparation: "One day I decided…" In the case of this individual, it is a very brief moment. He decides to go in for de-addiction. He informs his friend. He agrees to the concrete plan of going to the centre with his friend. (Contrast this with the earlier description of throwing the pamphlets into the waste-paper basket in Paragraph 6.)

d. Stage of action:
Paragraph 11 describes the person in the stage of action. – He has taken actions to be drug-free but has not yet maintained it for 6 months.
The techniques mentioned here are Stimulus Control (being in the company of new friends. yoga, prayer) and Counter-Conditioning (smoking cigarettes instead of using harder drugs)

e. Stage of maintenance:
Paragraph 12 describes the person in the stage of maintenance – He has been drug-free for more than 6 months. (Contrast this with the earlier description in Paragraph 2 where he could not stay without drugs for more than 7 days.)
The technique mentioned here is Stimulus Control (being in the company of friends, painting, going to Narcotics Anonymous meetings) to avoid relapse prevention.

Working with MSMs

Session Overview

- The Truth of the Matter (20 minutes)
- Lecture using slides (30 minutes)
- Triad Counselling Practice on Risk Assessment and Risk Reduction (50 minutes)
- Summing up the Session (20 minutes)

Session Objectives

At the end of this session, participants will be able to

- Describe the type of sexual behaviours that are visible among MSMs
- List the reasons which increase vulnerability in MSMs
- Demonstrate skills of risk assessment and risk reduction for MSMs

Time Allowed

2 hours

Materials Required

- Slides related to the session
- Two posters one with the term "TRUE" and the other "FALSE.
- Copies of Triad Counselling Practice situations
- Envelopes
- Copies of the Chakrapani Article (already printed in the handouts)
- Blackboard/ Flipchart

The training team must schedule the session on Body Basics BEFORE this session

Method

Preparation before the workshop

1. You, as the trainer, will place two posters on either side of the training hall with the terms "TRUE" and "FALSE."
2. Prepare sufficient photocopies of the Triad Counselling Practice situations. Each envelope will have a set of 3 situations (numbered A, B and C). For a group of 30 counsellors you will have to prepare 10 envelopes.

The Truth of the Matter (20 minutes)

3. Ask the participants to stand. Inform them that you will read out a statement to them. When they hear the statement, they have to individually decide whether it is true or false, and according to their view, they have to move towards the appropriate poster.
4. Read out each of the following statements and give the participants a minute to move towards the poster of their choice. You may ask some participants why they elected to move towards True or False. But do this briskly.
    - Only male counsellors can work with MSMs.
    - It is possible through counselling MSMs to change their nature and help them to stop desiring men.
    - All MSM have anal sex.
    - All masculine-looking men have sex with women only.
    - Only males who look feminine or behave in an obviously feminine manner have sex with other men.
    - All hijras sell sex.
    - A man who has sex with females or who is heterosexually married cannot have sex with males.
    - A feminine looking homosexual male is only a receptive partner.
5. After all the statements have been read out, ask the participants briefly what they think of the exercise.
6. Politely inform them that every single statement you read is false. You may focus on one or two particular statements. However, inform the group that more details follow in the session.

Lecture using slides (30 minutes)

7. Explain the key points in the module using the slides and the dialogue given for your convenience.

Optional: Group Reading (40 minutes)

The training team may opt to use this optional exercise if they would like to explore the concept of vulnerability of MSMs. Adjust the time against the Lecture and the earlier activity. Do not reduce the Triad Practice Time

8. Make four groups and distribute to each trainee a copy of the article by Chakrapani. Ask the groups to focus on one section each. Give them 15 minutes for this task.
    a. Group 1: Violence from police
    b. Group 2: Violence from the community
    c. Group 3: Violence from the family
    d. Group 4: Violence from the health system
9. Ask the groups to answer the following questions
    - In the article section that your group read what were some of the problems faced by the MSMs?
    - How do these problems make them vulnerable to HIV?
    - What could counsellors do about this situation?
10. Discuss the points raised by the groups briefly. Focus in particular on how the structural factors make it difficult for people to change their behaviour – even those who are keen to do so.

Triad Counselling Practice on Risk Assessment and Risk Reduction (50 minutes)

11. Ask the participants to form groups of 3 members each. Ask the group members to label themselves as A, B and C.
12. Distribute the envelopes containing the set of counselling practice slips among the groups and ask each group member to take the slip as per their respective labels.
13. Instruct the groups as follows:
    - There will be three rounds of counselling practice and each member will have a chance to be counsellor, client and observer.
    - The observer will provide feedback to the counsellor based on the relevant checklists.

- Each role-play should be for about 10 minutes and feedback for about 2 minutes.

14. Begin Round 1: Trainee A will act as the client, Trainee B will be the counsellor and the Trainee C will be the observer. At the 10 minute-mark, ask the observer to the give feedback. Ask groups who finish early to continue with the same counselling situation till you are ready to start the next round. Listen in on different counselling triads without commenting.
15. In Round 2, Trainee B will act as the client, Trainee C will be the counsellor and the Trainee A will be the observer. The pattern is the same.
16. Complete Round 3 in the same manner enabling the participants to shift roles.
17. End the triad practice with a debriefing using the following questions:

    - How did you feel about the situation as a client?
    - How did you feel about the situation as a counsellor?
    - What important clues did the client mention?
    - What useful strategies did the counsellor use?

Trainer's Quick View of the Triad Counselling Practice

Round	**A**	**B**	**C**
1	Client	Counsellor	Observer
2	Observer	Client	Counsellor
3	Counsellor	Observer	Client

Summing up the Session (20 minutes)

18. Sum up the session: Emphasize the importance of not making assumption and not placing people into convenient boxes. If time permits, ask two volunteers to demonstrate any one triad situation, and critique it.

Triad Counselling Practice Situations on Risk Assessment and Risk Reduction for MSMs

Group Member A

Charudatt is a 26-year-old man working in a hotel. He has come from the STI clinic. He does not immediately tell the counsellor why he visited the clinic. So the counsellor must ask questions.

Charudatt slowly reveals that he had a painful ulcer on his penis. Only when the counsellor asks the right questions does he mention that he sometimes has sex with hotel guests. The counsellor has to probe specifically for anal and oral sex, for whether Charudatt is a penetrative partner, or a receptive partner, or both.

DO NOT SHOW THIS SLIP TO THE COUNSELLOR

✂----------

Group Member B

Orion is 32 years old. He is a part-time actor. He was referred to the ICTC from the DMC under Provider-Initiated Counselling and Testing. He does not immediately tell the counsellor about his life. So the counsellor must ask various questions to find out his risk pattern.

Orion is good-looking but he still does not get many parts in the television serials. Recently, a television producer promised him a part but on condition that he "co-operates." "Co-operation" meant that Orion had to do a nude dance at a beach party with "top class" guests. After the dance, some men came up and made a pass at him. Orion did not want to refuse them because he worried that he might not get the television role. So he had sex with all of them.

DO NOT SHOW THIS SLIP TO THE COUNSELLOR

✂----------

Group Member C

Gautam is a 42-year-old policeman. He has to patrol the parks in the city every third night. His health has been failing. So the medical officer in the policeman's health centre has sent him to the ICTC for a test. Gautam has come to the centre with his wife. He does not immediately tell the counsellor about his life. So the counsellor must ask various questions.

When the counsellor asks the right questions, Gautam explains casually that he takes *hafta* from many petty vendors in the parks. When he comes upon gay men, he takes payment "in kind." The counsellor must ask exactly what "payment in kind" means before Gautam explains that he has sex with them. Gautam likes the tight feeling of anal sex. He likes to penetrate. He feels his wife does not give him the same pleasure any more. He also likes the fact that he can order "those gays."

DO NOT SHOW THIS SLIP TO THE COUNSELLOR

Working with FSWs

Session Overview

- Talk by Community member or peer counsellor (45 minutes)

Session Objectives

At the end of this session, participants will be able to

- Describe the type of sexual behaviours that are visible among FSWs
- List the reasons which increase vulnerability in FSWs

Time Allowed

45 minutes

Method

Talk (45 minutes)

1. Invite a community member or a peer counsellor to share issues related to working with FSWs.

Working with IDUs

Session Overview

- Brainstorming (10 minutes)
- Lecture using slides (30 minutes)
- Triad Counselling Practice on Risk Assessment and Risk Reduction (50 minutes)
- Summing up the Session (15 minutes)

Session Objectives

At the end of this session, participants will be able to

- Describe the type of drug-use behaviours that are visible among IDUs
- Describe the type of sexual behaviours that are visible among IDUs
- Demonstrate skills of risk assessment and risk reduction for IDUs

Time Allowed

1 hour 45 minutes

The training team must schedule the session on Understanding Behaviour Change BEFORE this session

Materials Required

- Blackboard/ Flipchart
- Posters
- Markers
- Cello Tape
- Powerpoint slides
- Copies of Triad Counselling Practice situations

- Envelopes

Method

Preparation before the workshop

1. You, as the trainer, will prepare sufficient photocopies of the Triad Counselling Practice situations. Each envelope will have a set of 3 situations (numbered A, B and C). For a group of 30 counsellors you will have to prepare 10 envelopes.

Brainstorming (10 minutes)

2. First, ask the trainees to answer the following question and note all their answers on the flipchart WITHOUT COMMENTING:
    a. Why do people take drugs?
3. Leave the chart up for display with a comment that the trainees will learn about these issues during the session and they will have a chance to see how close or far their answers are from reality.

Optional: Group Discussion: Why is it so? (30 minutes)

The training team may opt to use this optional exercise if they would like to explore the concept of vulnerability of MSMs. Adjust the time against the Lecture and the earlier activity. Do not reduce the Triad Practice Time

4. Make eight groups and distribute to each group a couple of slips. Ask the groups to read the slips and give them 10 minutes to answer the following questions:
    a. Explain how the factor on the slip places an IDU at risk of HIV.
    b. Is there anything an individual counsellor can do to remove this factor?

        i. Sharing needles
        ii. Unsafe Sex
        iii. Gender
        iv. Socio-economic conditions
        v. Lack of access to services
        vi. Early age of initiation

vii. Marginalisation
viii. Criminalisation of IDUs

5. Give each group a poster and a marker to record their discussions.
6. Reassemble the trainees into the larger group and have each group report its discussion. Invite comments from other groups.
7. Correct any misinformation that the groups mention. Use the material from the trainee's handouts to explain further.

Lecture Using Slides (30 minutes)

8. Explain the key points in the module using the slides and the dialogue given for your convenience. At appropriate points, refer to the group discussions and brainstorm to correct any ideas. If possible, actually use a marker to correct the wrong information on the brainstorm posters. (While you should not interrupt the flow of ideas during the brainstorm earlier, at this point, you should make sure that accurate information is provided).

Triad Counselling Practice on Risk Assessment and Risk Reduction (50 minutes)

9. Ask the participants to form groups of 3 members each. Ask the group members to label themselves as A, B and C.
10. Distribute the envelopes containing the set of counselling practice slips among the groups and ask each group member to take the slip as per their respective labels.
11. Instruct the groups as follows:
    - There will be three rounds of counselling practice and each member will have a chance to be counsellor, client and observer.
    - The observer will provide feedback to the counsellor based on the relevant checklists.
    - Each role-play should be for about 10 minutes and feedback for about 2 minutes.
12. Begin Round 1: Trainee A will act as the client, Trainee B will be the counsellor and the Trainee C will be the observer. At the 10 minute-mark, ask the observer to the give feedback. Ask groups who finish early to continue with the same counselling situation till you are ready to start the next round. Listen in on different counselling triads without commenting.
13. In Round 2, Trainee B will act as the client, Trainee C will be the counsellor and the Trainee A will be the observer. The pattern is the same.
14. Complete Round 3 in the same manner enabling the participants to shift roles.
15. End the triad practice with a debriefing using the following questions:

- How did you feel about the situation as a client?
- How did you feel about the situation as a counsellor?
- What important clues did the client mention?
- What useful strategies did the counsellor use?

Trainer's Quick View of the Triad Counselling Practice

Round	**A**	**B**	**C**
1	Client	Counsellor	Observer
2	Observer	Client	Counsellor
3	Counsellor	Observer	Client

Summing up the Session (15 minutes)

16. Sum up the session: Emphasize the importance of not making assumption and not placing people into convenient boxes. Emphasize the need to be non-judgmental. If time permits, ask two volunteers to demonstrate any one triad situation, and critique it.

Triad Counselling Practice Situations on Risk Assessment and Risk Reduction for IDUs

Group Member A

Ummeed is a 19-year-old college student. He has been having sex with his girlfriend who is 18 years old. Recently he developed an itching sensation in his groin area. He first tried applying some creams. But they did not work. With great hesitation, he came to the hospital where he got some treatment at the STI clinic. But he was asked to visit the ICTC. When the counsellor asks questions, Ummeed answers but with few words.

Only when the counsellor asks the right questions does Ummeed mention that he also sometimes mixes pharmaceutical drugs and injects them at college parties.

DO NOT SHOW THIS SLIP TO THE COUNSELLOR

✂----------

Group Member B

Chandan is 14 years old. He is a beggar on the street. He was caught by the police and taken to a shelter for children. He has been brought into the ICTC by the home because he showed signs of STI around the anus.

Chandan has needle marks on his arms. He is full of big talk of becoming a big man. But he does not want to talk too much about how he got the needle marks on his arms and the STI on his anus.

DO NOT SHOW THIS SLIP TO THE COUNSELLOR

✂----------

Group Member C

Gaurav has been sent to the ICTC from the blood bank where he is a regular blood donor. The blood bank has lost its counsellor recently. It appears that Gaurav has HIV and Hepatitis. He has many needle marks on his arms.

Gaurav is 40 years old. He works at the local truck transport centre where he loads and unloads. He uses his earnings to pay for his injecting habit. He has a wife and two children. He lives in his home with his family but does not give them any money. Some days he goes to work and some days he is at home in his “nasha.” He is not very interested in changing his behaviour. He reveals that sometimes he beats his wife. He asks the counsellor when he will be fit so he can donate blood and earn some money.

DO NOT SHOW THIS SLIP TO THE COUNSELLOR

Counselling Children at the ICTC

Session Overview

- Lecture using slides (45 minutes)
- Practice Time (20 minutes)
- Demonstration(1 hour 10 minutes)

Session Objectives

At the end of this session, participants will be able to

- Describe the development process in children
- Describe how to match counselling according to the development process in children
- Demonstrate strategies for working with child clients
- Explain parental issues in relation to counselling children at the ICTC
- List key issues related to disclosure of HIV status of child clients

Time Allowed

2 hours 15 minutes

Materials Required

- Slides related to the session
- A-4 size envelopes (one for each counsellor)
- Paper plates (one for each counsellor)
- Art supplies such as paints, crayons, pencils,
- Scissors
- Two or three tubes of Glue
- Copies of instructions for the practice session on working with children

Method

Preparation before the workshop

1. You, as the trainer, will keep the art supplies ready.
2. Make copies of the role play situation for the group demonstration.

Lecture using slides (45 minutes)

3. Explain the key points in the module using the slides and the dialogue given for your convenience.

Demonstration (20 minutes)

4. Demonstrate how to make paper bag puppets.

Practice Time (1 hour 10 minutes)

5. Distribute the art materials.
6. Make four groups and instruct the trainees that in the next part of the session, they will have to use the puppets to create a story to suit role play situations on counselling children. Give each group its role-play situation and the materials for making puppets. Give the groups 30 minutes to prepare their puppets and their puppet show. Encourage creativity in puppet-making and story-building. Explain that the idea is to use puppetry and story-telling with the child as a therapeutic medium.
7. Invite each group to perform its puppet skit. Encourage dramatization that is suitable to children.
8. Assess the groups' performance on the following criteria:

    a. Did the group work with both parent and child?
    b. Was the counselling different in tone of voice and content for the two clients?
    c. Was the child counselling session age-appropriate?

INSTRUCTIONS FOR PRACTICE SESSION ON WORKING WITH CHILDREN

This is a chance for you to practice different techniques for working with children. Some of you will have to act as children in the role plays. Use the techniques you have been taught to demonstrate how you will work with the child client described in the following session.

Jaimala is a 4-yearold child. She is brought to the ICTC for HIV testing. She was missed on the EID protocol because her HIV-positive parents left the district to avoid stigma. Now her health is failing. To check if she is eligible for ART, she must take the HIV test. She does not like hospitals and is crying bitterly when her parents bring her to you. You know that she will be even more scared when it comes to drawing the blood.

As a group, develop a role-play showing how you will work therapeutically with this child.

✂----------

INSTRUCTIONS FOR PRACTICE SESSION ON WORKING WITH CHILDREN

This is a chance for you to practice different techniques for working with children. Some of you will have to act as children in the role plays. Use the techniques you have been taught to demonstrate how you will work with the child client described in the following session.

Jaimala is a 4-year-old child. She was brought to the ICTC for HIV testing because her health is failing. She was missed on the EID protocol because her HIV-positive parents left the district to avoid stigma. She tested positive. Her parents took her to the ART centre where she started ART. She came to your hospital today because her father wanted to get checked for his own condition. He brings her to the ICTC just to "chat." You learn from him that Jaimala does not like taking the medicine and is making a fuss to take it. She has not been very regular (adherent) in having medicines. You realise how dangerous this is for her health. Her father explains that she sees he is sick and feels that he should have the medicine. She is currently doing better. So she is refusing the drugs.

As a group, develop a role-play showing how you will work therapeutically with this child.

✂----------

INSTRUCTIONS FOR PRACTICE SESSION ON WORKING WITH CHILDREN

This is a chance for you to practice different techniques for working with children. Some of you will have to act as children in the role plays. Use the techniques you have been taught to demonstrate how you will work with the child client described in the following session.

Jaimala is a 7-year-old child on ART. She had been tested at your ICTC and is fond of you. She realises that she is the only one in her schoold taking medicines. She does not want to be different from her friends. So she is refusing to take medicines.

As a group, develop a role-play showing how you will work therapeutically with this child.

✂----------

INSTRUCTIONS FOR PRACTICE SESSION ON WORKING WITH CHILDREN

This is a chance for you to practice different techniques for working with children. Some of you will have to act as children in the role plays. Use the techniques you have been taught to demonstrate how you will work with the child client described in the following session.

Jaideep is a 7-year-old child who was sent as a provider-initiated referral from the STI clinic. You read the case paper and realise that he has an anal STI. This shocks you. You have many questions for both Jaideep and his father. Jaideep goes to the village middle school. His father reports that Jaideep is very resistant to going to school all of a sudden. He has also begun wetting his bed (urinating while asleep).

As a group, develop a role-play showing how you will work therapeutically with this child.

Counselling Adolescents at the ICTC

Session Overview

- Case Discussion: (10 minutes)
- Lecture using slides (30 minutes)
- Triad Counselling Practice on Risk Assessment and Risk Reduction (50 minutes)
- Summing up the Session (15 minutes)

Session Objectives

At the end of this session, participants will be able to

- List the characteristics of adolescence
- Analyse the ethical issues related to HIV testing of adolescents
- Demonstrate skills in counselling adolescents

Time Allowed

1 hour 45 minutes

Materials Required

- Slides related to the session
- Copies of Triad Counselling Practice situations

The training team must schedule the session on Body Basics BEFORE this session

Method

Preparation before the workshop

1. You, as the trainer, will prepare sufficient photocopies of the Triad Counselling Practice situations. Each envelope will have a set of 3 situations (numbered A, B and C). For a group of 30 counsellors you will have to prepare 10 envelopes.

Case Discussion: (10 minutes)

2. Display the slide with the case study on the projector. Ask the participants the following questions:

    a. Explain ALL the ways this boy could have got infected.
    b. List 6 risk assessment questions the counsellor should ask the boy.

3. Discuss the different responses and check for any misconceptions about route of infection.

Lecture using slides (30 minutes)

4. Explain the key points in the module using the slides and the dialogue given for your convenience.

Triad Counselling Practice on Risk Assessment and Risk Reduction (50 minutes)

5. Ask the participants to form groups of 3 members each. Ask the group members to label themselves as A, B and C.
6. End the triad practice with a debriefing using the following questions:

    - How did you feel about the situation as a client?
    - How did you feel about the situation as a counsellor?
    - What important clues did the client mention?
    - What useful strategies did the counsellor use?

Trainer's Quick View of the Triad Counselling Practice

Round	**A**	**B**	**C**
1	Client	Counsellor	Observer
2	Observer	Client	Counsellor
3	Counsellor	Observer	Client

Summing up the Session (15 minutes)

7. Sum up the session. If time permits, ask two volunteers to demonstrate any one triad situation, and critique it.

Triad Counselling Practice Situations on Risk Assessment of Adolescents

Group Member A

Emaan is a well-developed young girl who is brought by her parents to the hospital for a Medical Termination of Pregnancy. She was referred from the Gynaecology department to the ICTC. Emaan is only 14 years old. Her parents are very scared that their family shame will be found out. But Emaan knows that she is pregnant through her uncle who is abusing her.

You must role-play Emaan for the counselling session. Give the counsellor details only when she asks for them.

DO NOT SHOW THIS SLIP TO THE COUNSELLOR

✂----------

Group Member B

Quentin is 18 years old. He has been having sex with his college friends. He attended a talk on AIDS and got scared. As he does not have much pocket-money, he found out the test is done free of cost at the ICTC. So he goes there.

You must role-play Quentin for the counselling session. Give the counsellor details only when she asks for them.

DO NOT SHOW THIS SLIP TO THE COUNSELLOR

✂----------

Group Member C

Kapil has come from the STI Clinic to the ICTC for testing. He is 16 years old. So he is accompanied by his mother. He developed an abscess on his arm which appears to be festering aroung a needle puncture site. He injects drugs but does not want his family to know. So he resolves not to tell the counsellor anything.

You must role-play Kapil for the counselling session. Give the counsellor details only when she asks for them.

DO NOT SHOW THIS SLIP TO THE COUNSELLOR

Counselling Discordant Couples

Session Overview

- Sero-discordant Couples Parking Lot (20 minutes)
- Lecture using slides (20 minutes)
- Whose Line is it Anyway? (30 minutes)
- Sero-discordant Couple Triad Counselling Practice (50 minutes)

Session Objectives

At the end of this session, participants will be able to

- Describe the issues and concerns specific to sero-discordant couples
- Demonstrate couple counselling skills in relation to sero-discordant couples
- Explain options related to family planning and pregnancy open to sero-discordant couples

Time Allowed

2 hours

Materials Required

- Slides related to the session
- Sero-discordant Parking Lot statements
- Whose Line is it Anyway: Complaints
- Whose Line is it Anyway: Appropriate Counselling Lines
- Blackboard or Flip chart
- Copies of the Triad Counselling Practice situations

The training team must schedule the session on Basics of Family Planning BEFORE this session

Method

Preparation before the workshop

1. You, as the trainer, will photocopy the lists for the Exercise on Whose Line is it Anyway?
2. Prepare sufficient photocopies of the Triad Counselling Practice situations. Each envelope will have a set of 3 situations (numbered A, B and C). For a group of 30 counsellors you will have to prepare 10 envelopes.

Sero-Discordant Parking Lot (20 minutes)

NOTE: This exercise is inspired by the famous Parking Lot Exercise related to Stigma and Discrimination.

3. Take your participants out to an open space (like a parking lot or a garden).
4. Mark a single straight line with a chalk.
5. Request participants to stand on this line.
6. Explain that you will read out an action or behaviour in a discordant couple. For each behaviour you read out, they should SILENTLY take a step forward if they think this will reduce the possibility of transmission from a positive person to their negative partner. If they think the action will increase the possibility of transmission they should step backwards.
7. Read out each behaviour statement and allow the participants to take a step forwards or backwards. Explain that no trainee can choose to remain in the same place. They MUST MOVE. When participants move, ask them to explain why they moved forwards or backwards.
8. Ensure that you cover each behaviour statement. Some statements generate more debate. So try to avoid too much time on any one statement.

Lecture using slides (20 minutes)

9. Explain the key points in the module using the slides and the dialogue given for your convenience.

Whose Line Is It Anyway? (30 minutes)

10. Divide the trainees into groups of 4 and hand each group a copy of the Complaints sheet and the Appropriate Counselling Lines sheet for the exercise: Whose Line is it Anyway?
11. Inform them that, as a group, they have to decide which response would be the most appropriate for each situation. Remind them that there may be more than one appropriate line. Sometimes a combination may work better. The groups may have 15 minutes to complete the task.
12. Debrief the groups by having each group select one complaint and describe the line they thought was most appropriate. They must also explain their reason for selecting a line. Other groups may

also share the lines they have chosen. However, monitor the time so that every group has a chance to participate. Use the key provided to suggest appropriate responses.

Sero-Discordant Couple Triad Counselling Practice (50 minutes)

13. Ask the participants to form groups of 3 members each. Ask the group members to label themselves as A, B and C.
14. Distribute the envelopes containing the set of counselling practice slips among the groups and ask each group member to take the slip as per their respective labels.
15. Instruct the groups as follows:
    - There will be three rounds of counselling practice and each member will have a chance to be counsellor and a client couple.
    - Each role-play should be for about 10 minutes and feedback for about 2 minutes.
16. Begin Round 1: Trainee A will act as the positive member of the client couple, Trainee B will be the negative member of the client couple and the Trainee C will be the counsellor. At the 10 minute-mark, ask the client couple to the give feedback to the counsellor. Ask groups who finish early to continue with the same counselling situation till you are ready to start the next round. Listen in on different counselling triads without commenting. The focus is this case study is on handling the fact that the negative partner has got their negative test result. The couple initially starts by saying everything is fine. But then the negative partner starts asking how the other member got infected.
17. In Round 2, Trainee B will act as the counsellor. Trainee A will act as the negative member of the client couple, and Trainee C will be the positive member of the client couple. The pattern is the same. The second case focuses on the fact that one member of the couple does not want to use a condom.
18. Complete Round 3 in the same manner enabling the participants to shift roles. The third case focuses on the desire of the couple to have a child.
19. End the triad practice with a debriefing using the following questions:
    - How did you feel about the situation as a client?
    - How did you feel about the situation as a counsellor?
    - What important clues did the client mention?
    - What useful strategies did the counsellor use?

Trainer's Quick View of the Triad Counselling Practice

Round	**A**	**B**	**C**
1	Positive Client	Negative Client	Counsellor
2	Negative Client	Counsellor	Positive Client
3	Counsellor	Positive Client	Negative Client

Key to Sero-Discordant Parking Lot Statements

(<u>Not</u> for photocopying)

- **Positive Partner takes ART regularly** (move forward). But in some cases the partners may become careless about practising safe sex.
- **Positive Partner treats STI** (move forward).
- **Negative Partner does not treat STI** (move backward).
- **Positive Partner is in the Window period and has sex with Negative Partner** (move backward).
- **Positive Partner is in the Advanced HIV disease phase and has sex with Negative Partner** (move backward).
- **Positive Partner has sex using a condom** (move forward).
- **Partners decide to abstain from sex** (move forward).
- **Male partner is circumcised** (move forward). This is not a suggestion that every male should get circumcised. This is a sensitive issue because of religious associations. But all counsellors should be aware of the facts.
- **Discordant couple has sex frequently with a condom** (This is tricky). The more frequent sex, the greater the likelihood of transmission. Using a condom consistently will reduce the risks.
- **Negative partner is a female and the couple has sex frequently** (move backward).
- **Negative partner is a female aged 15 years and the couple has sex frequently** (move backward).
- **Positive partner shares their ART medicine with the negative partner** (move backward). The positive partner needs to take all the medicine for the viral load to remain low.

Whose Line is it Anyway
Complaints

1. "When do you think my partner got infected with HIV?"
2. "I don't want to use a condom because I want to get pregnant."
3. "I don't want to use a condom because I do not feel as much "sex" as I would be able to without wearing it."
4. "How could my husband/ wife do this to me? I feel like killing him/ her."
5. "Please tell me how AIDS came into our life, into our relationship."
6. "I am so upset and angry and sad and worried. I am upset at my partner for bringing this into my life. I am sad because our child will miss one parent. I am worried that I might also have it."
7. "I am so angry at him/ her because he/ she had sex with someone else."
8. "I am so angry at him/ her because he/ she has brought this thing into the family."
9. "We know that one of us is infected. But we want to have a child."
10. "I knew when I got married that my life with this person would be useless. Look at how I am trapped now."
11. "I have HIV but my wife does not. What should I do next? She is pregnant. I understand that she should get tested for the sake of the baby. But what if she finds out that I am infected! I am scared about knowing her result. I am also guilty about my own behaviour. Tell me what to do please."
12. "I am so confused. I do not know how to react."

Whose Line is it Anyway
Appropriate Counselling Lines

1 Normalize feelings, reactions, and experiences

- "You are not the only one who feels this way. Other husbands (or wives) also feel like you do right now."

2 Effectively use silence while conveying a supportive and calm face.

- "It seems like the atmosphere in the room is very hot. I'd like us all to be silent for just a little while so that we can regain our composure."

3 Focus on the present and future.

- "It is easy to recall past incidents that have been painful in the relationship. But these cannot be rewritten or undone. All that we really have control over is our current and future direction."

4 Avoid and deflect questions that aim at identifying the potential source of infection.

- "While the question of how and when HIV got in is something that everyone asks, you should also realize that HIV is present and we have to deal with it. Knowing where it came from does not really help our decision-making for the immediate present and the future."

5 Express confidence in the couple's ability to deal with HIV-related issues.

- "It appears to me that together you have survived some difficult times. I am sure that once you have a chance to catch your breath, the same strength will help you in this current situation also."

6 Work with intense emotions

- "Many couples show the same initial reactions as you, but I have seen that over time this gradually changes, and they adjust."

7 Redirect and reframe questions that are blaming or potentially hostile

- "It is common to feel many mixed-up emotions at the same time. Often we are angry with others when we are actually upset with ourselves for not being able to do something?"

Key to Whose Line is it Anyway

1. "When do you think my partner got infected with HIV?"
    - First normalize the feelings. Deflect the question that is targetted at the source of infection. Then focus on the present and the future.
    - "It is common for people to be curious about where their partner got infected. But this question will shift the focus away from dealing with handling the infection. Isn't it better to think about the future right now. Let us try to stabilize your partner's health first."

2. "I don't want to use a condom because I want to get pregnant."
    - First normalize the feelings. Then discuss the issues.
    - "Wanting to have a child is a normal human urge. Let us discuss the issues."

3. "I don't want to use a condom because I do not feel as much "sex" as I would be able to without wearing it."

4. "How could my husband/ wife do this to me? I feel like killing him/ her."
    - This is an intense emotion that you should work with.
    - "Many partners in a sero-discordant couple often feel really strong emotions. These do not stay at the same level. Let us explore what is upsetting you."

5. "Please tell me how AIDS came into our life, into our relationship."

6. "I am so upset and angry and sad and worried. I am upset at my partner for bringing this into my life. I am sad because our child will miss one parent. I am worried that I might also have it."
    - Reframe these emotions and responses.
    - "It is common to feel many mixed-up emotions at the same time. Often we are angry with others when we are actually upset with ourselves for not being able to do something?"

7. "I am so angry at him/ her because he/ she had sex with someone else."
8. "I am so angry at him/ her because he/ she has brought this thing into the family."
9. "We know that one of us is infected. But we want to have a child."
10. "I knew when I got married that my life with this person would be useless. Look at how I am trapped now."

11. "I have HIV but my wife does not. What should I do next? She is pregnant. I understand that she should get tested for the sake of the baby. But what if she finds out that I am infected! I am scared about knowing her result. I am also guilty about my own behaviour. Tell me what to do please."
    - First normalize the feelings. Reflect some of the feelings the client is feeling. Then focus on the present and future.
    - "In such a situation many people feel very confused and have mixed feelings. You have expressed confusion, worry about your wife's sero-status, and guilt about being positive. Let us discuss what are the important steps you need to take right now."

12. "I am so confused. I do not know how to react."

Sero-discordant Couple Triad Counselling Practice Situations

Situation 1

Trainees A and B, you are Mr. and Mrs. Khan. Mrs. Ahuja is pregnant and tested positive at the ICTC in her first trimester. The ICTC counsellor advised Mr. Ahuja to get to know his status by also getting tested. He knows his result but has come back with his wife to understand how he is negative when his wife is positive. He starts asking the counsellor repeatedly to tell him how she got infected. Trainees, please give the counsellor enough clues so she/ he can use the right counselling skills.

DO NOT SHOW THIS SLIP TO THE COUNSELLOR

✂----------

Situation 2

Trainees A and C, you are Mr. Roy and Mr. Dev. You are a male-male couple. One of you is on ART. The other is negative. But now the positive partner does not want to use a condom. This is very troublesome for the negative partner. They start arguing in front of the counsellor. Trainees, please give the counsellor enough clues so she/ he can use the right counselling skills.

DO NOT SHOW THIS SLIP TO THE COUNSELLOR

✂----------

Situation 3

Trainees B and C, you are Mr. and Mrs. Ahuja. You are discordant couple. You know your status for 2 years. The positive partner is stable on ART. Now you want to have a child. You know that PPTCT is helpful in having a negative child. So you go to the ICTC for help on how to have a child who is negative. Trainees, please give the counsellor enough clues so she/ he can use the right counselling skills.

DO NOT SHOW THIS SLIP TO THE COUNSELLOR

MODULES RELATED TO CARE & SUPPORT

Nutrition Counselling

Session Overview

- Nutrition Counselling Group Activity (50 minutes)
- Lecture using slides (25 minutes)
- Fish-Bowl on Nutrition Counselling (45 minutes)

Session Objectives

At the end of this session, participants will be able to

- Explain the relationship between HIV and nutrition
- Assess and address issues related to nutritional status
- Identify appropriate nutrition actions to manage HIV-related symptoms
- Provide comprehensive nutrition counselling to clients

Time Allowed

2 hours

Materials Required

- Slides related to the session
- Charts
- Markers
- Activity slips for the Nutrition Counselling Group Activity
- Fish-bowl Scenarios on Nutrition Counselling

Method

Preparation before the workshop

1. You, as the trainer, will cut up the Nutrition Counselling Group Activity slips and the Fish-Bowl Scenarios on Nutrition Counselling and keep these handy BEFORE the session.

Nutrition Counselling Group Activity (50 minutes)

2. Make four groups and give each group one Activity slips for the Nutrition Counselling Group Activity. Provide them charts and markers. Explain that nutrition counselling is much more than what to eat. Ask them to take 10 minutes to identify suggestions for PLHIVs on the topic they are assigned:

    a. Counselling on Weight Loss: What to Eat when One is Losing Weight
    b. Counselling on Food Preparation: How Best to Prepare Food
    c. Counselling on Ensuring Food Security: : How Best to Ensure that there is Sufficient Food
    d. Counselling on Ensuring Food Safety: How to Prepare Food Safely

3. Reassemble the groups and ask one representative to come forward and present the group findings. Ask other groups if they want to add something. Correct any wrong or missing information.
4. In this manner, ask each group to present their activity.
5. The trainer should focus not so much on the local dishes mentioned as much on the principles underlying the suggestions. For instance, do not focus on suggestion of whether it is better to eat chicken or meat, so much as focus on the principle that there is need for sufficient protein in the diet.

Lecture using slides (25 minutes)

6. Turn to the slides and summarise the key points using the dialogue given for your convenience. Begin by explaining that the recommendations on the slide should be viewed as general principles, and that there could be regional variations. Explain that a good counsellor must understand two things:

    a. When common symptoms may be managed through nutrition
    b. When the client must seek medical help (that is the situations where giving nutrition advice is inappropriate)

Fish-Bowl on Nutrition Counselling (45 minutes)

7. Request 2 volunteers for the fish-bowl demonstration: one to act as counsellor and the other as client. Ask them to role-play any one of the Fishbowl Scenarios on Nutritional Counselling. Allow them 5 minutes to plan the role play.
8. Invite a second pair of volunteers to repeat the same situation.
9. After both role plays, debrief with the following questions:

    a. What were the key observations?
    b. Was the counsellor able to do a proper assessment of the client's nutritional status?
    c. Did the counsellor provide sufficient information about nutrition management of HIV-related situation? Give examples.
    d. Did the counsellor cover food safety, food preparation, etc.?

10. Repeat with another role-play situation.
11. After the discussion, sum up the exercise and close the discussion.

Nutrition Counselling Group Activity

a. Counselling on Weight Loss: What to Eat when One is Losing Weight

✂----------

b. Counselling on Food Preparation: How Best to Prepare Food

✂----------

c. Counselling on Ensuring Food Security: : How Best to Ensure that there is Sufficient Food

✂----------

d. Counselling on Ensuring Food Safety: How to Prepare Food Safely

Fish-bowl Scenarios on Nutrition Counselling

Scenario 1:

Umar, a 25-year-old man, is tested positive for HIV at your ICTC. During follow-up counselling he reports that he has painful white patches on his tongue because of which he is not able to eat.

✂----------

Scenario 2:

Meena is a 42-year-old woman who was diagnosed as HIV-positive five years back. During the follow-up counselling session at ICTC you learn that she has lost four kilograms of weight in the last month. She reports to you that since the last one month she does not feel like eating food and her clothes are getting loose.

✂----------

Scenario 3:

On Saturday afternoon, during outreach you interact with Sandhya, a 26-year-old female sex worker who is HIV-positive. She reports that she is experiencing recurrent diarrhoea for the last month. She has a history of drinking alcohol.

✂----------

Home-Based Care

Session Overview

- Group activity on Managing Common HIV-related Problems at Home (1 hour)
- Lecture using slides (25 minutes)
- Demonstration (20 minutes)
- Lecture using slides (15 minutes)

Session Objectives

At the end of this session, participants will be able to

- Describe the importance of home-based care for PLHIVs.
- List simple measures for managing conditions such as diarrhoea and fever at home.
- State clearly the conditions under which home-based care is no longer sufficient.
- Demonstrate ways to care for a bed-ridden PLHIV in the home.
- Explain the properties of some common Indian herbs.

Time Allowed

2 hours

Materials Required

- Slides related to the session
- Chart papers
- Markers
- Cello tape
- ORS packets
- A jug with lid
- Water bottle (1 litre)
- Sugar
- Salt

- Spoon
- Slips for the Group activity on Managing Common HIV-related Problems at Home HIV-related problems
- Mattress and 2 bedsheets

Method

Preparation before the workshop

1. You, as the trainer, should ensure that you have all the items needed to prepare the Oral Rehydration Solution BEFORE the session.
2. Cut up the slips for the Group activity on Managing Common HIV-related Problems at Home and keep these handy BEFORE the session.
3. Place a mattress in the front of the training hall and cover it with a clean bedsheet.

Group activity on Managing Common HIV-related Problems at Home (1 hour)

4. Ask the participants to form seven groups.
5. Introduce the activity, "Home based care includes the things that PLHIVs do to take care of themselves at their own home. Every group will be given a HIV-related problem and they have to identify two things: (1) Can this problem be managed at home? (2) If it can be managed at home, list the ways to manage it. (3) List the home remedies for managing this condition at home."
6. Give each group one slip, a chart paper and markers. Allow them10 minutes for the task.
7. Reassemble the groups and ask one representative to come forward and present the group findings. Ask other groups if they want to add something. Correct any wrong or missing information.
8. In this manner, ask the other groups to present their HIV-related problem.
9. At the end summarize briefly that a good counsellor will give appropriate messages to clients to manage their symptoms at home and will also teach clients to recognize when home-based care is not enough.

Lecture using slides (25 minutes)

10. Explain the key points in the session using the slides and the dialogue given for your convenience. Demonstrate how to prepare the Oral Rehydration Solution at the appropriate point in the session.

Demonstration (20 minutes)

11. Invite a volunteer to come forward and lie down on the mattress.
12. Ask trainees to demonstrate how they might help a person who is bed-ridden and sick. Be sensitive to trainees' concerns about physical contact.

Lecture using slides (15 minutes)

13. Conclude the session with the remaining slides.

Group activity on Managing Common HIV-related Problems at Home

Problem 1: Diarrhoea

- Can this problem be managed at home?
- If it can be managed at home, list the ways to manage it.
- List the home remedies for managing this condition at home.

✂----------

Problem 2: Mouth Sore (Candidiasis)

- Can this problem be managed at home?
- If it can be managed at home, list the ways to manage it.
- List the home remedies for managing this condition at home.

✂----------

Problem 3: Fever

- Can this problem be managed at home?
- If it can be managed at home, list the ways to manage it.
- List the home remedies for managing this condition at home.

✂----------

Problem 4: Nausea and Vomitting

- Can this problem be managed at home?
- If it can be managed at home, list the ways to manage it.
- List the home remedies for managing this condition at home.

✂----------

Problem 5: Cough and Difficulty in Breathing

- Can this problem be managed at home?
- If it can be managed at home, list the ways to manage it.
- List the home remedies for managing this condition at home.

✂----------

Problem 6: Weight loss

- Can this problem be managed at home?
- If it can be managed at home, list the ways to manage it.
- List the home remedies for managing this condition at home.

✂----------

Problem 7: Genital Problems

- Can this problem be managed at home?
- If it can be managed at home, list the ways to manage it.
- List the home remedies for managing this condition at home.

✂----------

MODULES TO ENHANCE ICTC WORK

Use of IEC Materials at the ICTC

Session Overview

- Demonstration (15 minutes)
- Story Time (15 minutes)
- Lecture using slides (5 minutes)
- Role plays (55 minutes)
- Lecture using slides (15 minutes)

Session Objectives

At the end of this session, participants will be able to

- State the importance of using IEC materials
- List the types of IEC materials available and their uses.
- Demonstrate how to use the ICTC flipbook.

Time Allowed

1 hour 45 minutes

Materials Required

- Blackboard/ Flipchart
- Penis model
- ICTC Flipbook
- Poster from SACS
- Video film from SACS
- Television and Video player
- Slide projector
- Samples of condoms (male and female condoms)
- Lubricants
- Slides related to the session

Method

Preparation before the workshop

1. Obtain any video film that SACS distributes to the ICTCs for display.
2. Ensure that the television and the video recorder is working and that the video film is running.

Demonstration (15 minutes)

3. Begin the session with a small live demonstration relevant to the immediate surroundings of the training hall. You will have to customize this for your setting. Give the following directions to participants and ask them to reach the spot

   To go to the ICTC you will have to go towards the west for about 500 meters and then turn right. You will see a dispensary on your left. Keep going ahead and then take a right turn after you reach a school. Now keep going ahead till you reach an intersection and take a left. You will see the district hospital on your right. The ICTC is inside the district hospital.
4. Ask the participants if they have understood where the ICTC is located.
5. Draw a map with help from the participants based on the instructions you have given.
6. Read the explanation again, pointing towards relevant portions of the map.
7. Ask participants the following questions:

   Q.1. Was it easy to understand the location of the ICTC by just listening?
   Q.2. Did the map help?
   Q.3. What did we learn from this exercise
8. Explain:

   It is easier for the participants to understand when there is a map as visual aids help us understand things better and remember for longer. In a similar way, clients understand things much better when visual aids are used during the counselling session as words are often not enough to explain things. As in the exercise, the counsellor might assume that the client is able to follow and understand things. But that might not be the case.

Alternatively, ask counsellors to explain how they would ask clients to reach the nearest ART centre, or how they would describe the route to their ICTC to someone at a TI-project during outreach.

Story Time (15 minutes)

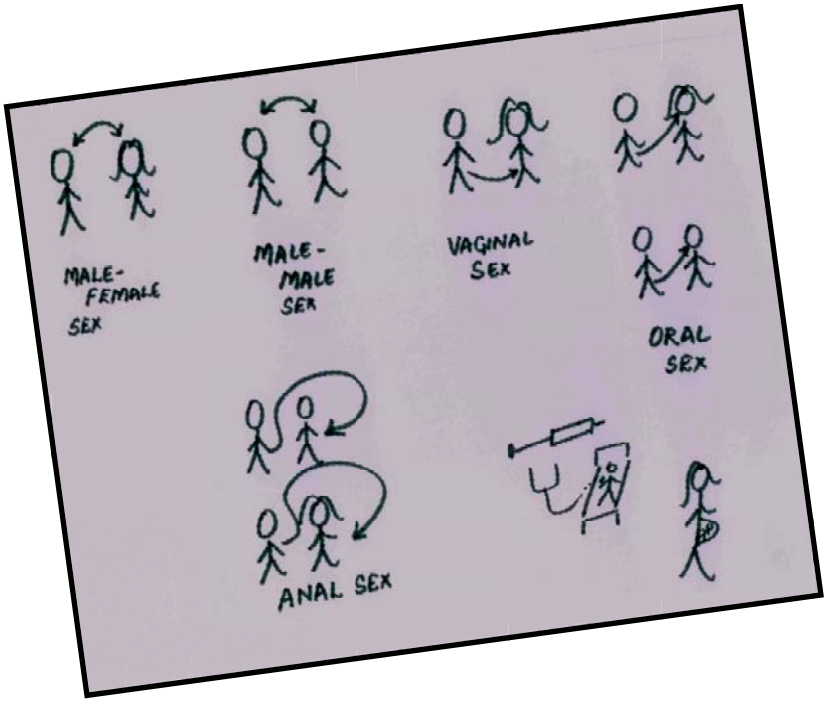
9. Read the following story aloud to the counsellors.

Experience of one counsellor

When I began my career as a counsellor, I used to do HIV counselling in an STI department of a medical college. The doctors would refer STI patients to me for information and motivation for HIV testing. I noticed after a couple of weeks that the patients would keep looking down while I would go on talking. I realized that it might be because they were mostly males while I was a female. Moreover, I was as young as them. The challenge was how to get them to listen to me and my message, especially as I was not a doctor.

So I got hold of a small white board from the Head of Department and I used some markers to draw and explain the sexual routes of contact, including vaginal sex, anal sex and sex between men. Here I was helped by a professional article called Doodle Counselling. It mentioned that simple sketches would be helpful in getting the point across to the client. So I would draw stick figures on the small white board.

Even though I was very new to the job of counsellor, I realized that I was making some impact because the clients who would initially refuse to look at my face would look at my face towards the end of my 20-minute session. Some of them would also ask questions.



Here are some of the doodles I used. Please do not laugh at how rough they are. The important thing is they got the point across.

10. Trainer should change the slide now. Pause for the trainees to see the slide. Then continue with the story

    Later on the Head of the STI department asked me to make a small flipbook based on the counselling messages I used. Here I had to work with the artists in the Art Department of the college. I felt slightly embarrassed at my crude art-work. But the artists said that it helped them to visualize the professional drawings they had to produce. When I left that job, I had left a lasting impression for the next counsellor.

11. Ask the following questions and note the responses on the black board/ flipchart:

    Q.1. Why did the counsellor start drawing?
    Q.2. What impact did the drawings have on the counselling session?
    Q.3. Based on the story what are some of the reasons in favour of using IEC?

Lecture using slides (5 minutes)

12. Summarise the key points of using IEC through the slides

Role plays (55 minutes)

13. Frame four groups and hand the following items to them:

    a. Group 1: Penis model
    b. Group 2: ICTC Flipbook
    c. Group 3: Poster obtained from SACS
    d. Group 4: IEC film obtained from SACS, television and video player

14. Give each group 10 minutes to examine the items and to prepare a role play on using these items in a counselling situation.
15. Discuss and debrief the role-plays after each one using the following questions.

    a. How were the IEC materials used to enhance counselling?
    b. What could be done to improve their use in counselling?
    c. When/ where/ with whom is it most appropriate point in ICTC counselling to use this method?
    d. What are some things that counsellors may have to do to incorporate these methods in their ICTC?

Lecture using slides (15 minutes)

16. Conclude the session with the last slides.

ICTC Outreach

Session Overview

- Story Time (25 minutes)
- Lecture using slides (10 minutes)
- Mapping Outreach Work (20 minutes)
- Planning for Outreach Work (30 minutes)
- Lecture using slides (20 minutes)

Session Objectives

At the end of this session, participants will be able to

- Make a quarterly plan for conducting outreach on Saturday afternoons
- List Do's and Don't's of community outreach
- Assess their own performance in outreach activity

Time Allowed

1 hour 45 minutes

Materials Required

- Slides related to the session
- Map of the district where the ICTC is located for each trainee
- Plain round *bindis* of two different colours. Each counsellor should have a packet of each type.
- Copies of the Outreach Planning Sheet (3 copies for each counsellor).
- Filled in copies of the Self-Diagnostic Tool on Outreach

Method

Preparation before the workshop

1. Each counsellor should be asked to study her/his records before coming for the training programme and identify villages where there 3 or more cases of HIV-infected individuals. She/ he should also carry a map of the district.
2. You, as the trainer, will collect from SACS a map of the districts where the trainees' ICTCs are located.
3. Prepare sufficient copies of the Outreach Planning Sheet BEFORE the session.
4. Study the results of the Self-Diagnostic Tool that the counsellors have filled on the first day.

Story Time (25 minutes)

5. Read the following story aloud or request a volunteer to read it aloud to the group. The group should stop to answer the questions at the end of each section of the story:

   Here is a story about a group of people. We will hear about them and stop to discuss the story two or three times. The narrator is a 13-year-old girl.

   When I was in School, my brothers attended a different school from mine. We were not too far apart in age so our text books passed from one to the other. When my brother reached that all-important Class X so much changed. It was study all the time. One day my brother came home all excited. He told over parents that his school principal had begun his visits to the homes of Class X students. Every year the principal would visit all 240 Class X students. His goal? To ensure that families were providing a suitable home environment during this critical period for the student.

6. The group now stops to discuss the following questions. Here you, the trainer, can just ask each question and allow a few trainees to respond. <u>But keep the discussion brief.</u>

   Discussion Questions

   Q.1. What was the principal's reason for paying a visit to each student?
   Q.2. What are some of the things he might observe during his visits?
   Q.3. How might his visit help the family of the student?
   Q.4. How might the visits help the principal?
   Q.5. Are there any problems from these visits?

   Sample Answers (for Trainer)

   Q.2. What are some of the things he might observe during his visits?
   - ❖ Some parents put too much pressure on the child.
   - ❖ Some parents make sacrifices to support the child.

- ❖ Some families are poor and children have no place to study.
- ❖ Some homes have many educational resources.

Q.3. How might his visit help the family of the student?

- ❖ The family will feel important and involved.
- ❖ The family will get some deeper insight into the educational system.
- ❖ The visit will give them a chance to communicate about special needs of the student or negative feedback about teaching.

Q.4. How might the visits help the principal?

- ❖ The visits might help him to understand the home life of his students.
- ❖ The visits might convey the school polices and practices to the family.
- ❖ The visits might convey to school teachers problems students face at home that prevent them from studying.
- ❖ The visits might enable him to compare across students and develop strategies to reach out more effectively to students of different backgrounds.

Q. 5. Are there any problems from these visits?

- ❖ Poor families may feel shame and burdened.
- ❖ Students could be apprehensive and worried about what complaints either their families or the principal might reveal.
- ❖ The principal might visit at an awkward time.

7. The group now returns to the story. You could ask another volunteer to read.

So my family began to await the principal's visit. Each day my mother dusted the house. My father purchased some chivda*. My brother arranged his books neatly on his shelf. Every evening all of us would wear neatly pressed clothes. But after two weeks there was still no visit. My mother gave us the* chivda *as it was getting stale.*

Then one evening five weeks later he came. My brothers and I were playing hide-and-seek outside with our friends. Our clothes were wet with sweat. Our feet were dusty and clad in rubber slippers. Our mother had begun making the dough for the evening meal and her hands were covered in flour. Our father had gone to visit a close relation. None of us were ready.

8. The group stops again to discuss the next set of questions briefly.

Discussion Questions

Q.6. What happened in the story? How did the family prepare for the visit initially?
Q.7. What happened when the principal actually arrived?
Q.8. How could the principal have managed the visit better?
Q.9. Was there any benefit from arriving without proper notice?
Q.10. Was there any disadvantage from arriving without proper notice?

Sample Answers (for Trainer)

Q. 8. How could the principal have managed the visit better?

- ❖ Could have allotted a day and time.

- ❖ Could have informed students of a rough visiting schedule.
- ❖ Could have taken the student's phone number and called before reaching.

Q.9. Was there any benefit from arriving without proper notice?

- ❖ The principal observed things as they actually were. The family did not have a chance to cover up or pretend.
- ❖ The family saved on the cost of the eatables.

Q.10. Was there any disadvantage from arriving without proper notice?

- ❖ The family felt upset because they were unprepared.
- ❖ The principal lost some time while waiting for the children to wash up.
- ❖ He did not meet the father.

9. The group now returns to the conclusion of the story.

The principal was very gracious. He apologised for arriving without notice. He assured my mother he had only come to talk and not to eat. He explained that he had already visited 4 homes in the neighbourhood. He explained he did not eat at any students home for 3 reasons: He wanted to avoid showing favouritism by eating at one house and not another; he would have an upset stomach if he ate everywhere; lastly he did not want families to feel under pressure to provide eatable items. My mother, while initially flustered, relaxed and began to respond to the principal.

He asked many questions about how my parents felt about the upcoming Class X exams, and what they were doing to help my brother. He also asked my brother about his home routines. He shared some of his past experiences with how other families have handled this situation. Finally, he gave my mother a couple of type-written sheets on how families can support Class X students. He pointed out two or three hints on the sheet. My mother found that the things he mentioned were practical. She assured him that she would help my brother in some of the things he suggested. Then we helped him with the directions to the house of the next student he was planning to visit and we wished him good-bye.

10. The group stops to discuss the last set of questions.

Discussion Questions

Q.11. What techniques did the principal use to reassure the family?
Q.12. Would you rate this visit as good or bad? Why?
Q.13. Are there any similarities between home visits made by an ICTC counsellor and that described in the story?

Sample Answers (for Trainer)

Q.11. What techniques did the principal use to reassure the family?

- ❖ He apologized.
- ❖ He explained that his purpose was to talk.

- ❖ He put his refusal to eat or drink anything in the context of many visits each day and not wanting to show favouritism.
- ❖ He stuck to the main reason of the topic by asking questions about study habits.
- ❖ He gave the family a suggestion sheet.

Q.12. Would you rate this visit as good or bad? Why?

Q. 13. Are there any similarities between home visits made by an ICTC counsellor and the story?

- ❖ The last two questions are meant for the trainees to give free-floating answers. The trainer will just list the answers as they are mentioned without commenting.

Lecture using slides (10 minutes)

11. Explain the key points in the module using the slides and the dialogue given for your convenience.
12. Discuss the brainstorm question briefly.

Mapping Outreach Work (20 minutes)

13. Ask the counsellors to remove the map of their district and asks them to mark neatly where their ICTCs are located.
14. Next ask them to mark neatly all the TI projects. Trainees can decide on what colours to use to mark projects for MSMs, FSWs and IDUs. (The trainer must have a list of TI projects and contact person details for back-up reference.)
15. Distribute packets of *bindis* to the counsellors. There are various ways to do the next step of mapping.

    a. Method 1: You can distribute to each counsellor two packets of *bindis* – one blue colour for males and one red colour for females. Here the trainer will ask the counsellors to show from where within the district their clients come using the *bindis*. If there are many clients coming from a particular block or *taluk*, they can put more than one *bindi*.
    b. Method 2: You can distribute to each counsellor *bindis* of three sizes – tiny, medium and large. The size of the *bindi* indicates how many clients come from a particular place.

16. Ask the group to discuss what they see on the map. For instance, an ICTC close to an MSM project may see many female clients and very few male clients. This may mean that the counsellors are not yet reaching the MSM community. Another example is a village or *taluk* where there are many *bindis* showing the presence of females but very few male referrals. This might be due to many reasons: high out-migrant population, clients are mostly sex workers,

poor motivation of spouses. It is important not to jump to any conclusions but to confirm the reasons. One of the main ways to confirm this is through actual field work!

17. The counsellors should mark out key villages next and study their position in relation to the ICTC as well as to the TI projects. If there is more than one key village, the counsellors should list them in order of importance.

Planning for Outreach Work (30 minutes)

18. Distribute three copies of the Outreach Planning Sheet to each counsellor and tells them that by the end of the session they will have a plan for each week.
19. First the counsellor should look at the key villages, decide the order in which he/ she will make visits to the key villages and explain the reason for prioritizing the village. The trainer can explain that it is okay to start with a village that is easy to access. But the plan should include all key villages within a three-month period. (If present, the district supervisor can plan to visit, along with the counsellor, the key villages in rotation for the next 8 to 12 Saturday afternoons.) The counsellor will mark the village visit in the particular date column. Advise them to call the DS to remind them about the village activity a week before.
20. Next ask the counsellors to look at the various TI projects near their ICTC. They must select 2 different types of TI projects (e.g., one trucker's project and one MSM TI NGO). They must then look up the list of TI projects, if available, and enter the details of the contact person into their chart. They must plan at least one visit to each TI project for the first month. This will depend on the distance and transportation available. Advise the trainees to contact the TI contact person a few days before the visit and make an appointment to meet them. The trainer should also emphasize that if the contact person is not present, the counsellor should still go ahead with the visit after checking who else they can meet at the TI project. The important point is to take the first step and visit the project.
21. For the second and third months, ask the counsellors to select two more TI projects and repeat the process of entering contact details.
22. At this point, ask the counsellors to hold up their chart. Each chart will have some markings. Then ask the counsellors to identify, without revealing the names aloud, those HIV-positive clients who require a home visit. If they live close to the TI projects then the counsellor may be able to visit them on the same day. If not, columns for other days may be marked. At this point the counsellors' charts should appear quite full.

23. Advise the counsellors to go back and complete the process at home. Inform the counsellors not to take the task lightly as the district supervisor (or AD-ICTC) will be instructed to check and sign this sheet when they make a supervisory visit.

Lecture using slides (20 minutes)

24. Return to the slides starting with the activity: *A Thousand Worries*. Here ask the counsellor to fill the sheet in their handout. Then ask them what are the fears and concerns they have about field work. Discuss briefly how they can manage these fears and concerns. Mention that it is normal for people to fear entering into new or strange situations. Also, some of the concerns about health and safety exist even within the four walls of the institution
25. Continue explaining the key points in the module using the slides and the dialogue given for your convenience.
26. Conclude with discussing how to report and evaluate Outreach work:
    - On the Outreach Planning Sheet, there is a simple scoring system at the bottom of each monthly table. For each *completed* outreach activity, the counsellor should mark 5 points. If there is a fifth Saturday in a month, outreach activity need not be planned for that fifth Saturday only; but the counsellor is still working.
    - The next level of recording of Outreach activity is to mention what happened during the visit. For a home visit, it could be patient education and motivation. For a village visit, it could be number of contacts as well as education and referral invitations to the ICTC. For a TI visit, it could be number of contacts as well as awareness-building of ICTC services.
    - The trainer should emphasize that finally there is only meaningful way to evaluate the effectiveness of outreach work – that is in terms of number of referrals that are generated from the visits, the number of persons contacted who follow-up. Further, it is not sufficient to be satisfied with one or two referrals. A good counsellor would be able to see an increasing number of such referrals and follow-ups.

SELF-DIAGNOSTIC TOOL ON OUTREACH

1) My ICTC is in a Category A / B./ C. D. district *(Please circle the right number)*

2) Please mention the name _____

3) In the last two months, I have gone for Saturday outreach ____ times *(Please put the number)*

4) As part of outreach, I did the following

(Please put the number. If you have not done this activity write 0)

a) Visited ____ TI projects *(Please mention the type MSM/FSW/IDU)*

b) Visited ____ hotspots

c) Visited ____ NGOs *(Please mention the name _____)*

d) Visited ____ key villages

e) Visited ____ positive clients

5) The result of my outreach was *(Please put the number)*

a) ____ referrals from TI projects

b) ____ referrals from hotspots

c) ____ referrals from NGOs

d) ____ referrals from key villages

e) ____ follow-up visits from positive clients

f) ____ partners of positive clients motivated for testing

6) I maintain a record of my field work : Yes / No *(Please circle the right answer)*

NAME OF COUNSELLOR _____

DATE _____

OUTREACH PLANNING SHEET

IMP: Each visit should have a contact person/ client address

J/F/M/A/M/J/ J/A/S/O/N/D 2011/12/13/14	First Saturday	Second Saturday	Third Saturday	Fourth Saturday
Visits to TI project sites/ hot spots				
Visits to sites where there are many migrants/ truckers				
Visits to other NGOs				
Visits to key villages				
Home visits to PLHIVs				
SCORING For each completed outreach activity, give yourself 5 points. If there is a fifth Saturday in a month, outreach activity need not be planned for that day only.				
KEY OUTCOMES Here you should briefly mention highlights of the activity completed.				

District Supervisor's Signature: _____

(in absence of District Supervisor, any other SACS official can sign this sheet)

SAMPLE FILLED-IN OUTREACH PLANNING SHEET

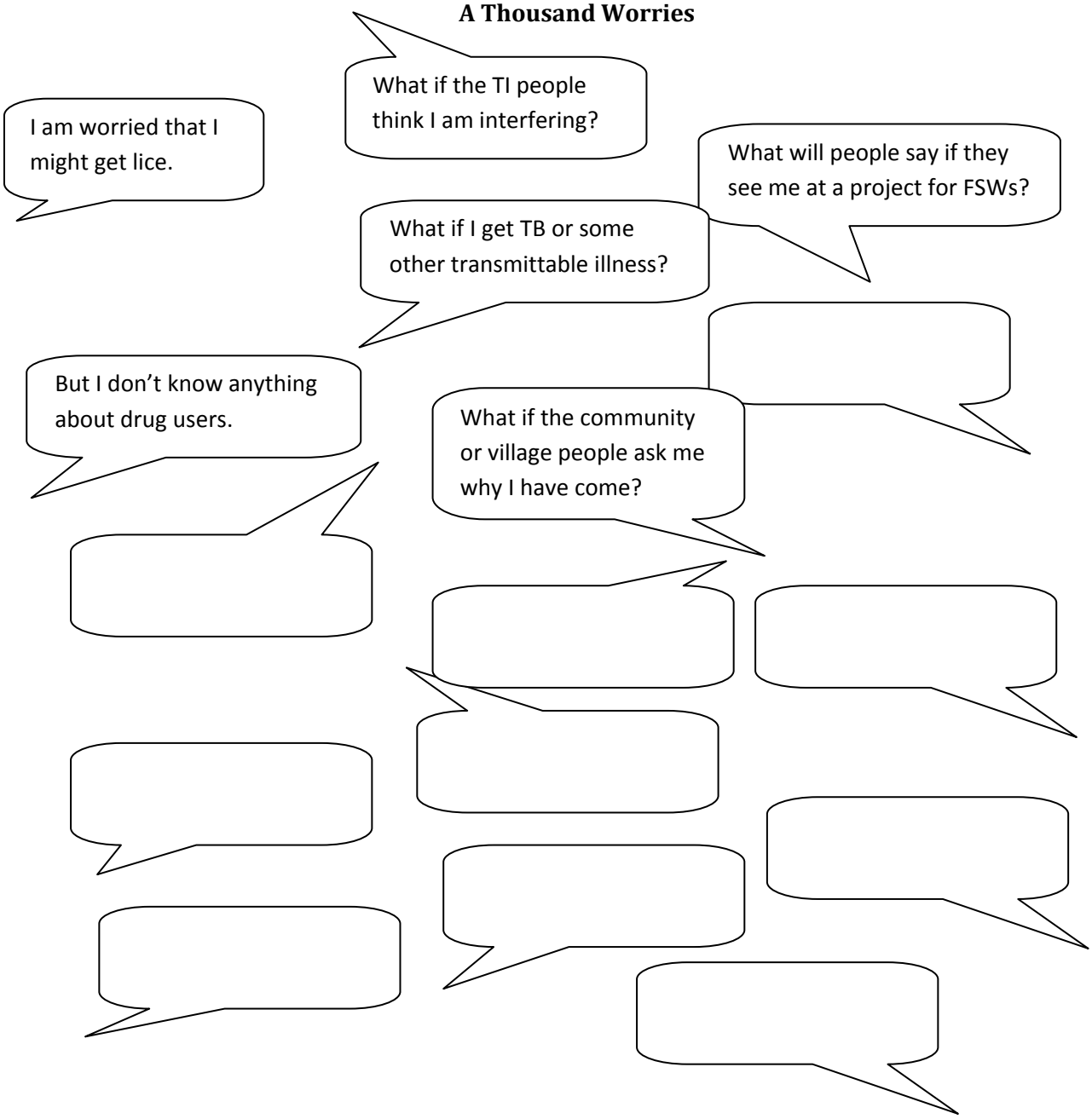
IMP: Each visit should have a contact person/ client address

J/F/M/A/M/J/ J/A/S/O/N/D 2011/12/13/14	First Saturday	Second Saturday	Third Saturday	Fourth Saturday
Visits to TI project sites/ hot spots		Saathi MSM – TI Project Contact Person: Vikas G (Tel: xxx)		
Visits to sites where there are many migrants/ truckers				Lakhimpur Truck Stop
Visits to other NGOs				
Visits to key villages	Village Rampur Activity with DS ANM: Poonam V (Tel: xxx)			
Home visits to PLHIVs			Village Shaadipur Saxena family LFU client	
SCORING For each completed outreach activity, give yourself 5 points. If there is a fifth Saturday in a month, outreach activity need not be planned for that day only.	**5**	**0** **Could not go because of *bandh***	**5**	**5**
KEY OUTCOMES Here you should briefly mention highlights of the activity completed.	Met sarpanch. Spoke to 4 women Stuck IEC material on wall of *Anganwadi*		Motivated client to return to ART centre. Discussed scheme for transportation assistance	Met field contact. Spoke with a few community members, Distributed 12 condoms

District Supervisor's Signature: _____

(in absence of District Supervisor, any other SACS official can sign this sheet)

A Thousand Worries



Time Management at the ICTC

Session Overview

- The Grains of Time (30 minutes)
- Story Time (10 minutes)
- Time Mapping (30 minutes)
- Lecture using slides (20 minutes)
- Personal Resolutions (15 minutes)

Session Objectives

At the end of this session, participants will be able to

- List activities that deserve priority by way of suitable time investment
- Discuss ways of managing their time working at the ICTC
- Describe strategies to reduce the impact of time-wasters at the ICTC

Time Allowed

1 hour 45 minutes

Materials Required

- A kilo of a big cereal grain such as *rajma* or *chhole*
- Flip chart or Blackboard
- Copies of the Monthly Calendar for all participants (You can generate the calendar for the following month from the internet or create it by hand)
- Chart paper
- Markers

Method

Preparation before the workshop

1. You, as the trainer, will prepare sufficient copies of the monthly calendar for all participants BEFORE the session.
2. Prepare envelopes of about 42 *rajma* or *chhole* grains for each participant.

The Grains of Time (30 minutes)

3. Give each participant a sheet of paper and ask them to list the various activities they do each week at the ICTC. This should include
    - Client time
    - Outreach
    - Follow up
    - Meeting time
    - Reports time
    - "Dead time" (when they do not do anything)
4. Ask them to take the beans and use each bean to approximate one hour of time (Counsellors are expected to work 9 to 5, Monday to Saturday which means a maximum of 42 hours per week. This excludes lunch.). The counsellors must now divide the beans among the activities they have listed out.
5. Ask them to turn to the person sitting next to them and to share their findings.
6. The next step is to identify the priority activities as a couple and to decide what number of beans should be devoted to each priority activity.
7. At this point, ask the trainees to identify their priority areas and note them on a flip chart. Make sure that the points include client activities such as counselling, follow-up and outreach. Ask them also to indicate the order of priority.
8. Finally ask the trainees to brainstorm how they can reach the stage where the beans that they place against a particular activity from their own personal time usage can come close to ideal. Note these on another flip chart.

Story Time (10 minutes)

9. Narrate the following story. Pause at appropriate points to ask the trainees the same question asked by the main character in the story.

One day, an old professor of the School of Public Management in France, was invited to lecture on the topic of "Efficient Time Management" in front of a group of 15 executive managers

representing the largest, most successful companies in America. The lecture was one in a series of 5 lectures conducted in one day, and the old professor was given one hour to lecture.

Standing in front of this group of elite managers, who were willing to write down every word that would come out of the famous professor's mouth, the professor slowly met eyes with each manager, one by one, and finally said, "We are going to conduct an experiment".

From under the table that stood between the professor and the listeners, the professor pulled out a big glass jar and gently placed it in front of him. Next, he pulled out from under the table a bag of stones, each the size of a tennis ball, and placed the stones one by one in the jar. He did so until there was no room to add another stone in the jar. Lifting his gaze to the managers, the professor asked, "Is the jar full?" The managers replied, "Yes".

The professor paused for a moment, and replied, "Really?"

Once again, he reached under the table and pulled out a bag full of pebbles. Carefully, the professor poured the pebbles in and slightly rattled the jar, allowing the pebbles to slip through the larger stones, until they settled at the bottom. Again, the professor lifted his gaze to his audience and asked, "Is the jar full?"

At this point, the managers began to understand his intentions. One replied, "Apparently not!"

"Correct", replied the old professor, now pulling out a bag of sand from under the table. Cautiously, the professor poured the sand into the jar. The sand filled up the spaces between the stones and the pebbles.

Yet again, the professor asked, "Is the jar full?" Without hesitation, the entire group of students replied in unison, "NO!"

"Correct", replied the professor. And as was expected by the students, the professor reached for the pitcher of water that was on the table, and poured water in the jar until it was absolutely full. The professor now lifted his gaze once again and asked, "What great truth can we surmise from this experiment?"

With his thoughts on the lecture topic, one manager quickly replied, ***"We learn that as full as our schedules may appear, if we only increase our effort, it is always possible to add more meetings and tasks."***

"No", replied the professor. The great truth that we can conclude from this experiment is:

If we don't put all the larger stones in the jar first, we will never be able to fit all of them later.

The auditorium fell silent, as every manager processed the significance of the professor's words in their entirety.

The old professor continued, "What are the large stones in your life? Health? Family? Friends? Your goals? Doing what you love? Fighting for a Cause? Taking time for yourself?"

What we must remember is that it is most important to include the larger stones in our lives, because if we don't do so, we are likely to miss out on life altogether. If we give priority to the smaller things in life (pebbles and sand), our lives will be filled up with less important things, leaving little or no time for the things in our lives that are most important to us. Because of this, never forget to ask yourself,

What are the Large Stones in your Life? And once you identify them, be sure to put them first in your "Jar of Life".

With a warm wave of his hand, the professor bid farewell to the managers, and slowly walked out of the room.

Take care of the large stones first – the things that REALLY matter. Set your priorities. The rest are just pebbles and sand. If you put the sand or the pebbles into the jar first, there will be no room left for the stones.

The same goes for your life. If you spend all your energy and time on the small stuff, you will never have room for things that are truly most important.

Pay attention to the things that are critical in your life. Take time to play with your children. Take your partner out for dinner. Take time to have a chat with your loved ones. There will always be time to go to work, clean the house and give a dinner party.

Sometimes the less important things in life can distract us, filling up our time and keeping us away from what really matters. I encourage you to take a moment and ask yourself, is your jar of life full of sand & pebbles or is it filled with large stones?

(This story is freely available on the internet at the following sites:
http://justinlim.wordpress.com/2006/11/28/of-rocks-pebbles-and-sand-who-are-the-rocks-in-your-life/
http://fortyplustwo.com/2009/04/28/the-jar-of-life-stones-pebbles-and-sand/)

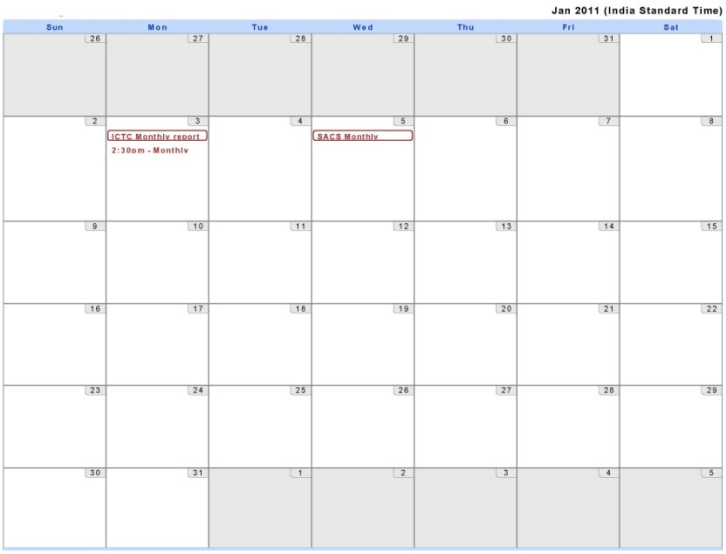
10. First, allow the story to sink in for a minute without comment. Then ask a couple of counsellors to react. But do not encourage too long a discussion at this point.
11. Briefly inform the trainees that they can use the story of the pebbles and the sand for understanding the priorities in their personal lives as well, however this session will focus on their professional activities as a counsellor.
12. Ask them to name some of the big stones that they should attend to first at the ICTC.
13. Ask them also what are some of the smaller, less important things that they do – that might fill up their jar – like the sand and the water fills up the jar. The meaning of these questions is obvious – that they should attend to the big stones before they look at the sand or water.

Variations

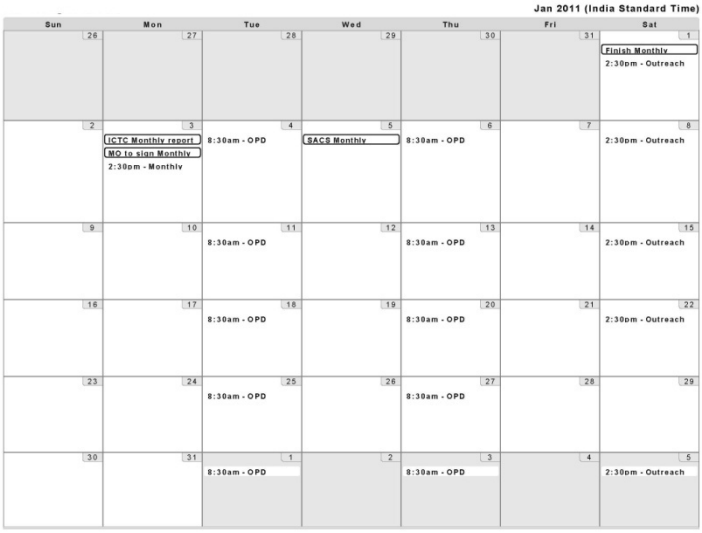
- Variation: You might also want to demonstrate the story.

Time Mapping (30 minutes)

14. Inform the trainees that one of the easy ways to build a time plan is to use a monthly calendar. The next training activity is time mapping which will use a monthly calendar to allocate sufficient time for priority activities at the ICTC. (This activity is linked up to the issue of deciding what is important in life – and more pertinent to the training context, in the ICTC practice.)
15. Distribute a copy of this to each trainee.
16. Ask the trainees to first fill in those time commitments that cannot be shifted: e.g., the Monthly Review meeting, the ICTC monthly reports that are due on the 3rd of the month at the SACS. Ask the trainees to think about and fill in the smaller tasks associated with each of these activities such as tallying the monthly figures, getting the Medical Officer's signature and preparing for the monthly meeting.



17. Next, ask the participants to block the weekly engagements such as Saturday outreach work, ANC days and counselling for Link ART Centre clients. This will differ for the different counsellors. Some counsellors may have a special day on which they have a greater counselling load. For others it may be different.



18. Next, ask the participants to identify slots for other activities. For instance, some counsellors may prefer to ask clients referred from TI projects to follow up on days that are light in terms of OPD load, or they may prefer to counsel identified FSWs and IDUs in the afternoon – to ensure giving them proper time as well as to make it convenient for the client group (For instance, some brothel-based sex workers may wake up late in the morning after the previous night's work, or IDUs may prefer coming later than other clients or it may be preferable to call children in the afternoon when the counsellor can engage in interactive counselling strategies such as drawing and story-telling.)

19. At this time, also use one or two of the available free slots for follow up at the ART centre. This could be in person, if the ART centre is within walking distance, or it could be by telephone. The counsellor should have a list handy of clients referred and check whether they have reached. The next task is to follow up by telephone those clients who have not reached the ART centre even after 3 weeks. Counsellors can also use some of the available time slots to check with the DMC for follow up on TB referrals.
20. Debrief the activity with the following question:
    - Do you think this method will work in helping you to prioritise your activities?
    - What are some of the things that might keep your from executing your monthly plan as per the calendar?
    - How can you track that you are on schedule for the plans?

Lecture Using Slides (20 minutes)

21. Summarise using the key points using the slides and the dialogue given for your convenience.

Personal Resolutions (15 minutes)

22. Conclude the session by asking the counsellors to choose three actions that they will implement to improve their use of time at the ICTC.
23. Ask one or two to share their personal resolutions.

Daily Time Map

Time	Activity

ANNEXURES

NOTE ON THE MODULE DEVELOPMENT

This second version of the ICTC Refresher Module was prepared based on the feedback of Basic Services officials from different SACS in May 2010. It replaces the first edition which has been used since September 2008.

A needs assessment was conducted with the Basic Services officials which identified the following 15 areas:

1. Follow-up counselling
2. Technical update on ART
3. Exposed baby care
4. HIV-TB counselling
5. Home-based care
6. Counselling sero-discordant couples
7. Time management at the ICTC
8. Male and female anatomy
9. Counselling members of high-risk groups
10. Counselling children
11. Counselling adolescents
12. ICTC Outreach
13. Use of IEC materials
14. Linkages with different facilities
15. Income-generation activities

Various module writers – from within NACO and from outside NACO - were commissioned to develop the handouts for the sessions. Attempts were made to strengthen the contents of the materials by referring to programme data and surveillance figures. After the handouts were developed, they underwent technical review both within NACO as well as outside NACO. Changes were incorporated. The Trainer's Guide which contains the sessions' plan as well as the accompanying Powerpoint presentations were prepared by officers within NACO. These match the handouts closely.

The package was field-tested in April 2011 with 15 counsellors from Maharashtra and 13 counsellors from Madhya Pradesh. The trainees participating in the field-testing had more than 2 years of field experience within the AIDS programme. Feedback on the sessions was gathered through written feedback forms as well as daily feedback to an independent assessor. Feedback was also gathered from five independent observers and from the resource persons who participated in the workshop.

The feedback revealed that most sessions covered thematic areas relevant to the Terms of Reference of the counsellors. However, the session on Exposed Baby Care was not appropriately prepared, and a decision was taken after the field-testing to follow a different process for undertaking this session. Hence, the current package does not carry this topic. Further, the theme of HIV-TB counselling was found to have a mixed feedback because it was seen as too

repetitive by some counsellors. So it will be incorporated as an add-on for those states who have not yet undertaken the intensified training package for their personnel.

The participants mentioned strong appreciation for the exercises conducted during the sessions. However, they expressed strong opinions on the manner of presentation of the handouts. Therefore, following field-testing, the contents were reformatted to present the material in a more reader-friendly manner. It was also observed from the pre- and post-testing data that the counsellors were poor at identifying the counselling skills built into the training sessions. Therefore, certain editorial mechanisms were utilized to explicitly flag these for the reader. The power-point presentations were also suitably amended to alert the trainer to key points.

The observers provided critical commentary on both the handouts as well as their perception of how the sessions were received. Their feedback resulted in breaking up certain long sessions into more manageable learning chunks, simplifying (and sometimes shortening) the sessions, re-ordering the sessions plans for some themes and developing answer keys for certain topics.