



Armed Forces Wives Welfare Associations

Handbook for Peer Educators

This handbook is a compiled version of available materials and materials developed exclusively for the PE system.

The handbook is divided into 6 parts and the last three parts shall be used as booklets which can be carried in the handbags of the Peer educators.

Part 1: HIV/AIDS & STI Basics

It contains the basic information on facts and figures on HIV/AIDS&STI. It also gives a brief description of frequently asked questions.

Part 2: Guidelines for Facilitation

This part also contains the materials on facilitation – the processes, the roles, understanding group dynamics, managing group conflicts, adult learning principles, adult learning processes etc.

Part 3: The Handouts, Game Cards, Quiz

It includes session wise handouts, group exercise guidelines and game cards would be included in this part.

Part 4: Guidelines for one to one contacts, one to group contacts and counselling

Part 5: Guidelines on how to access support services

Part 6: Guidelines on how to share basic information

Part 1

The Basics of HIV/AIDS & STI

Basics about Immune System

- The immune system in our body is a complex system that is responsible for fighting any disease.
- Our blood has two types of cells: red and white. The major function of the **Red Blood Cells or RBC** is to carry oxygen to different parts of the body and carry away carbon dioxide, which is the waste gas, produced in the body.
- The **White Blood Cells or the WBCs** on the other hand are the immune cells – which protect our body from attack by foreign organisms (virus, bacteria, fungus etc) and protect it from diseases.
- **White Blood Cells (WBCs)** are of two types – **B cells and T cells**.
- **B- cells** are **WBCs** which produce **antibodies** to destroy the invading foreign organisms (also called **antigens**)
- **T- cells** are **WBCs** which directly attack the foreign organisms and kill them
- HIV affects one of the types of T cells called CD4 cells. The virus progressively destroys the ability of the CD4 cells to counter some of the diseases.
- Thus HIV weakens the body's defense mechanism and leaves the infected person susceptible to various infections and cancers. In other words, "An HIV infected person can fall sick very easily." This is a progressive destruction and can take 3 months to several years in a person, but depends on the physical and physiological situation of an individual
- If an individual takes care of his nutrition and stress, it is possible to live for a longer time without major health problems. That is why it is possible to go on living even if a person is HIV positive. The few diseases that do occur in such people can be treated.
- As more and more CD4 cells are destroyed, the effectiveness of treatment is reduced. When the CD4 cell counts falls to 200 or less, then the individual develops AIDS.
- When the CD4 cells are destroyed, the infected person becomes susceptible to a range of opportunistic infectious diseases and cancers and the group of such conditions is called AIDS.
- Once infected the person remains HIV positive throughout the life
- Vaccination does not work for the HIV virus because it mutates (changes its form) at a very fast rate. (The rate of mutation -rate at which the virus changes its genetic makeup- is 1 in 10,000). A single virus can make 10 billion copies of itself in a day. Thus the antibody produced against one virus will be viable only for 10,000 viruses. It will not recognize the other forms of viruses present in the blood. Also, antibody formation is not an immediate process; by the time the antibody is formed, the virus has multiplied many times. Thus the infection progresses at a much faster rate than the antibody formation.

Routes of HIV transmission

- Unprotected sexual intercourse, both heterosexual or homosexual, with an infected partner (the most common route)
- Blood and blood products through, for example, infected blood transfusions and organ or tissue transplants
- Use of contaminated injection or other skin-piercing equipment - this can be through shared injecting drug use or 'needle stick' injuries
- Parent to child transmission (PTCT)- from infected mother to child during pregnancy, childbirth or during breastfeeding.



How can you get HIV? When are you at RISK?

- If you have **SEX WITHOUT CONDOMS**
- If you have **MULTIPLE SEX PARTNERS**
- If you reuse/share **NEEDLES AND SYRINGES** from others to inject drugs
- If you get a blood transfusion with **HIV INFECTED BLOOD**

- If you suffer from RTI/STI, there is an increased risk of getting infected with HIV
- **IF YOU ARE INFECTED** you can transmit it to your wife and unborn child.
- If your **PARTNER IS INFECTED**

HIV does NOT spread by...

- ✗ Kissing and touching
- ✗ Shaking and holding hands
- ✗ Embracing
- ✗ Sharing the same toilet
- ✗ Sharing meals / plates
- ✗ Sitting or sleeping in the same room
- ✗ Using a public phone
- ✗ Coughing or sneezing
- ✗ Using public swimming pools
- ✗ Saliva, nose fluid, ear fluid, tears, sweat, faeces, or urine.
- ✗ Mosquito bites
- ✗ Blood donation

Stages of Infection

- The **first stage** is when people are **asymptomatic**, that is when they have no signs/symptoms of their infection.
- The **second stage** is **symptomatic** - when people have symptoms of HIV infection.
- The **third stage** relates to support and care of people who are **terminally ill and nearing the end of their life**.

HIV & AIDS – Myths and Reality	
Myths	Reality
Having sex with virgin can cure AIDS	Nothing can cure AIDS
You can see if a person is infected	The virus infection is invisible for years
HIV can be cured	There is no medicine to cure HIV
HIV is a gay disease	Anybody can come into high-risk situation and so anybody can get the virus
Caring for people with HIV is risky	They need your care and it is not risky for you if you know how the virus is transmitted.
Sex education encourages early sex and sexuality	The earlier the children know about sex, the more responsibly they can act.

Details on AIDS

- As mentioned earlier, HIV selectively infects specific white blood cells (called CD4) that are an essential part of the body's immune defense system. In the case of HIV, the virus progressively destroys the ability of the CD4 cells to counter some of the many diseases to which the body is normally immune. However the body remains able to counter many other diseases and cancers. This is a progressive destruction and takes 3 months to several years in a person, but depends on the physical and physiological situation of an individual. If an individual takes care of this it is possible to live for a longer time without major health problems. This is why it is possible to go on living even if a person is HIV positive. The few diseases that do occur in such people can be treated. As more and more CD4 cells are destroyed, the efficacy of this treatment is reduced. When the CD4 cell counts falls to 200 or less, then the individual develops AIDS.
- When the CD4 cells are destroyed, the infected person becomes susceptible to a range of opportunistic infectious diseases and cancers and this group of conditions is called AIDS.

The Impact of AIDS

Ever since the first reports of acquired immunodeficiency syndrome (AIDS) in 1981 in the United States, human immunodeficiency virus (HIV) infection has reached pandemic proportions, resulting in more than 65 million infections and 25 million deaths worldwide.

No individual or country is beyond the reach of HIV. But for many reasons, the epidemic and its impact are increasingly concentrated in the developing world. At the end of 2006, there were an estimated 39.5 million people living with HIV globally. More than 95% of the new infections in 2006 were in low and middle income countries. Sub-Saharan Africa is the most affected followed by South-East Asia.

As these mostly young and middle-aged adults fall ill and die, the social and economic repercussions extend not just to their family but to the nation, and even beyond. The hard-won gains of development evaporate. In some African cities, AIDS patients fill half or more of the hospital beds. Life expectancy, the measure by which policy-makers traditionally assess progress in human development, is dropping back to the levels of the 1960s in high-prevalence countries. Children are orphaned, elderly relatives are left without support, and households and communities are impoverished. And the national and global economy loses managers, producers and consumers.

Sexually Transmitted Infections

In many countries throughout the world, sexually transmitted infections (STIs) rank among the top five conditions for which adults seek health care. These diseases are important for two reasons: 1. Because of their prevalence, and 2. because of their potential for causing serious complications. In women, they can lead to serious complications, including infertility, chronic pain, and even death, especially if they are not detected and treated early.

The advent of the HIV, which is, as you know, a sexually transmissible infection, has increased the importance of STI still further.

Recent evidence reveals that common STIs contribute to the spread of AIDS. Upon exposure to HIV, a person is more likely to become infected with HIV if already infected with any of these:

1. Chancroid
2. Chlamydia
3. Gonorrhoea
4. Herpes

5. Syphilis
6. Trichomoniasis
7. Donovanosis
8. Lymphogranuloma

STI symptoms can be discharge from the penis or the vagina, ulcers on the genitals, swelling on the groin and abdominal pain. Many STIs, especially in women, are without symptoms.

There are certain behaviour sexual patterns, which are likely to increase the risk of getting a STI. As we know, the main means of transmission is penetrative sexual intercourse, so high-risk behaviour must include:

1. having more than one sexual partner
2. changing sex partners often
3. having sex with casual partners, sex workers;
4. indulging in sexual practices such as anal sex.

There is no doubt that the most important risk is having many sexual partners. Some of the health factors are:

1. failure to follow 'safe sex' measures, such as using condoms
2. delay in getting STI treatment;
3. failure to bring in sexual partners for treatment;
4. Not taking the full-prescribed treatment for STI.

Perhaps the important fact is that most of the people are unaware about the knowledge of safe sex. Equally important are the reasons why people fail to get early STI treatment. Some of these reasons could be: STI may be symptom-free, especially in women; appropriate health facilities may not be available, or the stigma so often attached to STI will lead people to hide what they feel is shameful.

The Link between STI and AIDS

Sexually transmitted infections make it easier for HIV to pass from one person to another. Chancroid, chlamydia, gonorrhoea and syphilis may increase the risk of HIV transmission by two to nine times.

Carried by body fluids, HIV may leave one person's body and enter another's more easily through genital ulcers. Some studies have found that people with genital ulcers were more likely to be infected by HIV than people without ulcers. Their risk was two to five times greater. STIs may enhance HIV transmission because they increase the number of white blood cells - which are both targets and sources of HIV - in the genital tract, and because genital inflammation may cause microscopic changes that can allow HIV to enter the body. In people who have sexual intercourse with many partners, STI and HIV spread quickly.

Quiz on STIs and RTIs – Basic facts

1. Which of the following statements are true?

- a. Prevention and control of sexually transmitted infections (STIs) is one of the most effective methods to control HIV infection.
 True False Don't know
- b. Any abnormal white discharge in women is a symptom of STIs.
 True False Don't know
- c. A doctor can diagnose STIs based on the physical characteristics of abnormal white discharge (such as smell, colour, associated symptoms, etc.).
 True False Don't know
- d. Speculum examination cannot be done in some settings such as primary health centres.
 True False Don't know
- e. Many women with STIs do not have any symptoms.
 True False Don't know

The following questions MAY have multiple answers.

2. What is the difference between STIs and RTIs?

- a. There is no difference.
b. Both are infections of the genital organs.
c. Only women get RTIs.
d. STIs are infections of the genital organs due to unprotected sex while RTIs are infections of the genital organs due to other reasons.
e. STIs are caused mainly due to unprotected sex. They can also be transmitted from mother to child and through blood transfusions. RTIs can be due to three causes – unprotected sex, endogenous overgrowth (overgrowth of organisms that live within the body) and from service providers who do vaginal procedures.
f. Don't know

3. Which of the following are the main symptoms of STIs in men?

- a. Genital ulcers
b. Urethral discharge
c. Scrotal swelling
d. Painful urination
e. Burning sensation during urination
f. Painful scrotal swelling
g. Groin swelling
h. Itching in the genital area
i. Small eruptions in the genitals.
j. All of the above
k. Don't know

4. Which of the following are the main symptoms of STIs in women?

- a. Genital ulcers
b. Vaginal discharge
c. Painful urination
d. Abnormal vaginal discharge
e. Pain in the abdomen
f. Groin swelling
g. Itching in the genital area
h. Small eruptions in the genitals.
i. Continuous lower abdominal pain
j. Deep pain while having sexual intercourse
k. All of the above
l. Don't know

5. What are the consequences of untreated STIs?

- a. It spreads to all parts of the body.
b. It increases the risk of HIV transmission.
c. It has equal consequences for men and women.
d. It can spread to all sexual partners.
e. It can lead to infertility in women.
f. It can lead to infertility in both, men and women.
g. It increases the risk of cancer of the genital organs.
h. It increases the risk of cancer of the cervix in women.
i. Women with STIs may have still births.
j. Newborn babies of women with STIs can have severe eye infections.
k. Women with STIs may have repeated abortions.
l. Children born to women with STIs can have physical deformities.
m. Children born to women with STIs can be mentally retarded.
n. All of the above.
o. Don't know

6. Which of the following statements accurately defines syndromic case management?

- a. A method of treating STIs.
b. Treatment of STIs based on the symptoms.
c. Simultaneous treatment of all STIs that cause the same symptom.
d. Treatment of STIs based on the findings of laboratory investigations.
e. Giving high doses of antibiotics to cure STIs in the shortest time possible.
f. A method of treating STIs when laboratory investigations are not possible.
g. Don't know.

7. What advice will you give to a woman with abnormal white discharge?

- a. To take treatment if symptoms are troublesome.
b. To inform her that she needs treatment as it is a symptom of an infection.
c. To refer her to a doctor who can decide if she has an infection or not.
d. To inform her that abnormal white discharge can be either due to unprotected sex or due to other causes such as poor personal hygiene. Refer her to a doctor for speculum examination and treatment.
e. To inform her that her symptom can be due to STIs, which can increase her risk of getting HIV infection, and therefore she should go for treatment immediately.

- f. To advise her on personal hygiene measures that can prevent endogenous overgrowth in the vagina.
- g. To advise a woman to take her husband for treatment as it is important for both to be treated together.
- h. All of the above
- i. Don't know

8. What is risk reduction counselling in relation to STI treatment?

- a. This is a type of counselling given to people with high risk behaviour.
- b. This is a type of counselling given to people who do not know they have high risk behaviour.
- c. This is counselling to be given by all service providers (doctors, nurses, outreach workers, etc.) to people who have been referred or given treatment for STIs.
- d. This is a type of counselling that counsellors give to people who do not know about safer sex practices.
- e. This is a type of counselling that all service providers need to give to people who do not know about safer sex practices.
- f. This is the advice that a doctor should give to patients of STIs.
- g. Don't know

9. What advice should be given to STI patients for taking the medicines?

- a. Taking the medicines as long as the symptoms last.
- b. Completing the full course of treatment.
- c. Taking the medicines as long as the doctor has recommended even after symptoms disappear.
- d. To stop the medicines when there are side effects.
- e. To continue the medicines even when there are minor side effects.
- f. To consult a doctor again if there are side effects.
- g. Describing common side effects (such as gastritis, nausea, metallic taste in the mouth, etc.) and how to manage them.
- h. To identify and clarify myths and misconceptions regarding treatment of STIs (such as having sex with animals or virgins, herbal preparations, special diets, etc.)
- i. All of the above
- j. Don't know

10. What advice should be given to STI patients for treatment of sexual partners?

- a. To bring the sexual partner(s) for check up, and treatment if necessary, irrespective of whether they have symptoms or not.
- b. To treat the sexual partner(s) simultaneously if they have symptoms.
- c. To take the sexual partner(s) for check up and treatment if they have symptoms to a doctor of his/her choice.
- d. To give the same medicines for the sexual partner(s) that the STIs patient has been prescribed.
- e. To ensure that the sexual partner(s) is treated simultaneously irrespective of whether they have symptoms or not.
- f. All of the above
- g. Don't know

11. What advice should be given to STI patients for follow-up?

- a. To go back to the doctor for follow up after one week.
- b. To go back to the doctor for follow up whenever he/she has called.
- c. To go back to the doctor when the symptoms appear again.
- d. To go for follow-up to any doctor trained in treatment of STIs on the recommended day,

- in case the patient has left the place of treatment.
- e. To go back to the doctor if there are side effects of the medicines.
- f. All of the above.
- g. Don't know.

12. What advice should be given to STIs patients for safer sex practices?

- a. To use condoms for all future penetrative sexual acts, irrespective of the type of sexual partner.
- b. To use condoms during the course of treatment.
- c. To practice non-penetrative sex if condom use is not possible.
- d. To avoid sex during the duration of treatment.
- e. To use only good quality condoms.
- f. To use condoms while having sex with a non-married sexual partner.
- g. Describe steps in condom use.
- h. Ensure that the patient is able to describe correct steps in condom use, storage and disposal.
- i. To clarify myths and misconceptions related to condom use.
- j. Describe how to store condoms.
- k. Describe how to dispose condoms.
- l. To use double condoms while have anal sex.
- m. To avoid using any type of oil based lubricants condoms.
- n. To advice practicing masturbation rather than have sex with a non-married partner.
- o. To encourage masturbation as a safe practice.
- p. To clarify myths and misconceptions related to masturbation.
- q. All of the above.
- r. Don't know.

13. What is the link between STIs and HIV?

- a. STIs increase the risk of HIV transmission.
- b. Both are spread through unprotected sex.
- c. There is no link.
- d. Treatment of STIs decreases the risk of HIV transmission.
- e. People who have repeated STIs are sure to get HIV sooner or later.
- f. Practicing safe sex prevents both STIs and HIV infection.
- g. Practicing safe sex can prevent STIs but not HIV infection.
- h. Practicing safe sex can prevent STIs and sexual transmission of HIV infection.
- i. All STIs increase the risk of HIV transmission.
- j. STIs that result in genital ulcers, urethral discharge or abnormal vaginal discharge increase the risk of HIV transmission.
- k. HIV is also an STI.
- l. All of the above.
- m. Don't know.

Gender and STI/ HIV /AIDS

A gender-based response to HIV/AIDS and STIs focuses on how different social expectations; roles, status and economic power of men and women affect and are affected by the epidemic. It analyses gender stereotypes and explores ways to reduce inequalities between women and men so that a supportive environment can be created, enabling both to undertake prevention and cope better with the epidemic.

As the HIV/AIDS epidemic and sexually transmitted infections (STIs) continue to advance worldwide, we are learning ever more about how they affect individuals, households, families, communities, organizations and nations. The individual loss has been enormous, particularly in those countries and regions affected early on. AIDS is increasingly recognized in developing countries as a serious concern for socioeconomic development as a whole. Its impact is seen in family and community structures and relationships and in sectors as varied as education, employment, health care, social welfare, agriculture and the judiciary.

Strategies to prevent the spread of HIV have focused on the promotion of condom use, reduction of numbers of sexual partners and treatment of STIs. Many of these responses, however, have failed to address social, economic and power relations between women and men, among men and among women. These relationships, together with physiological differences, determine to a great extent women and men's risk of infection, their ability to protect themselves effectively and their respective share of the burdens of the epidemic:

1. Women are physiologically more vulnerable to HIV infection than men. Young women are especially at risk and AIDS death rates are highest in women in their 20s.
2. Stereotypes related to HIV/AIDS and STIs and their association with marginalized groups (e.g., sex workers) contribute to blaming women for the spread of HIV. Fear of stigmatization inhibits people from taking preventive measures and leads women and men to assess their own risks inadequately. Moreover, many ideas and expectations regarding male and female (sexual) behaviour neither encourage men to act responsibly and protect themselves and their partners from infection nor stimulate women to challenge notions of female inferiority and social structures which keep them vulnerable.
3. Low social status and economic dependence prevent many women and young people (e.g., street-children) from controlling their own risk. With little negotiating power, they are often unable to insist on safer sex; being disproportionately poor, they may have little choice other than to barter sex for survival.
4. As society's traditional caregivers, women carry the main psychosocial and physical burdens of AIDS care. Yet they have the least control over and access to the resources they need to cope effectively; few men share domestic responsibilities and family care with their partners.

Women and men both have much to gain from increased gender sensitivity in general development policy, planning and programs, and particularly by national AIDS/STI program. At all levels a gender-based focus on problems and solutions is urgently needed. It is hoped that the analysis, information, ideas and examples will help stimulate many more gender-sensitive initiatives to help us cope with HIV/AIDS and STIs more successfully.

Women & HIV AIDS

What makes women more vulnerable?

- Although HIV/AIDS affects both men and women, women are more vulnerable epidemiologically, biologically and socially which makes HIV/AIDS a serious human rights issue for women.
- Globally, women and girls are more susceptible to HIV than men and boys, with studies showing they can be 2.5 times more likely to be infected with HIV as their male counterparts. Their vulnerability is primarily due to inadequate knowledge about AIDS, insufficient access to HIV prevention services, inability to negotiate safer sex, and a lack of female-controlled HIV prevention methods, such as microbicides.
- In India, violence and the threat of it also limits women's ability to protect themselves from HIV. Women also tend to marry or have sex with older men who may have more than one sexual partner. They also tend to require blood donations more frequently because of reproductive related issues like childbirth and abortions.
- At a biological level, women are also more vulnerable because the mucosal surface of vagina is more exposed during intercourse; because semen has a much higher concentration of HIV than vaginal fluid; and initiation into sex at a younger age makes women physiologically more susceptible to HIV.
- Additional factors that make women more vulnerable include the following:
 - Economic and financial dependency on men.
 - Poor reproductive and sexual health, leading to serious morbidity and mortality.
 - Neglect of health needs, nutrition, medical care etc. Women's access to care and support for HIV/AIDS is much ignored and limited. Family resources are nearly always devoted to caring for the man. Women, even when they themselves are infected, usually provide all the care.
 - All forms of coerced sex – from violent rape to cultural/economic obligations to have sex when it is not really wanted, increases risk of micro lesions and therefore increases the chance of getting STIs or HIV infection.
 - Stigma and discrimination in relation to AIDS (and all STIs) is much stronger against women who risk violence, abandonment, neglect (of health and material needs), destitution, ostracism from family and community. Also, women are often blamed for the spread of disease, and always seen as the "vector" even though the majority of women have been infected by their only partner/husband.

Which groups of women are most at risk in India?

- Up until a few years ago, transmission was thought to have centred on high risk groups like sex workers, intravenous drug users and migrant workers. Today evidence shows that married women are facing a greatly increased risk. Many Indian women will be married at a young age – 60% in rural areas marry before the age of 18 – yet they have higher rates of infection than their unmarried, sexually active peers. Reasons for this include the rare use of condoms, little negotiating power within marriage, and suspicion of infidelity while suggesting condom use.
- Women in monogamous relationships are placed at risk for infection when their husbands or partners engage in high-risk sexual activity. What makes the situation particularly complex is that these are women whose self-perception of HIV risk and HIV/AIDS awareness may be low, since traditionally HIV/AIDS education and prevention programs have targeted 'high risk' populations – sex workers, drug users and so on. This is ironic given that female sex workers form less than 1% of the infected female population in India.
- It is very difficult for married women to ask their husbands to use condoms during sex because of deeply ingrained social norms like arranged marriages and gender relations. Women's

vulnerability is further heightened because couples are not encouraged to discuss sex and sexuality, and women have limited ability around sexual negotiation in married relationships, limited information on protection, and limited access to services.

Factors affecting spread of HIV

Biological factors that increase risk of transmission

- Infectiousness of host
- High viral load: initial stage of infection and more advanced stages
- Presence in semen and genital secretions
- Exposure to blood, for example, genital ulcers, trauma during sexual contact, menstruation during sexual contact
- Breastfeeding by HIV-positive mother
- Susceptibility of recipient
- Inflammation or disruption of genital or rectal mucosa
- Lack of circumcision in heterosexual men
- Sex during menstruation, increasing a woman's risk
- Presence of an ulcerative or non-ulcerative STD
- Viral properties
- Virus may be resistant to antiviral drugs

Social factors facilitating transmission – Stigma and Denial

- Denial and silence regarding HIV are the norm.
- People with HIV are stigmatized for many reasons:
- HIV is a slow, incurable disease, resulting in illness and death.
- HIV is considered a death sentence.
- People often do not understand how HIV is spread and are irrationally afraid of acquiring it from those infected with it.
- HIV transmission is often associated with moral violations of social mores concerning sexual relations, so people with HIV are tainted with the notion of their having done something "bad."
- People do not want to admit that a fatal disease spread by behaviour branded as "immoral" could be rampaging through their community or country.
- People tend to stigmatize or blame certain groups for spreading HIV, for example, sexually promiscuous people or drug users.
- Stigma prevents people from speaking about or acknowledging HIV as a major cause of illness and death.
- Stigma prevents HIV-infected people from seeking care and from taking preventive measures.
- Even when counselling and testing are offered, people may not want to know if they are infected for fear of being stigmatized; this fuels the spread of the disease.

Psychosocial factors affecting transmission

- Drug use and alcohol consumption
- These lower a person's inhibitions and impair judgment, which may result in risky behaviour.
- Injecting illicit drugs frequently involves the sharing of needles and injection equipment, increasing the risk of HIV transmission.
- Young men facing pressure from peer groups to indulge in sex and drugs
- Cultural factors facilitating transmission
- Cultural traditions, beliefs and practices affect people's understanding of health and disease

and their acceptance of conventional medical treatment.

- Culture describes learned behaviour affected by gender, home, religion, ethnic group, language, community and age group.
- Culture can create barriers that prevent people, especially women, from taking precautions.
- For example, in many cultures, domestic violence is viewed as a man's right, which reduces a woman's control over her environment. This means she cannot question her husband's extramarital affairs, cannot negotiate condom use and cannot refuse to have sex.

Factors related to gender facilitating transmission

- Gender roles have a powerful influence on HIV transmission. In many cultures, men are expected to have many sexual relationships. There is social pressure for them to do so. This increases their risk of becoming infected.
- Because women often suffer economic inequities, as described elsewhere, they often need to use sexual exchange as a means of survival. This exposes them to unacceptable risks when they try to negotiate safe sex (for example, rejection, loss of support and violence).

Political factors facilitating transmission

- People in conflict
- AIDS is spread at times of instability, war, and violent struggles for power.
- Women are exposed to risk when men are away from family.
- Rape considered as a way to humiliate and control civilians or to weaken an enemy by destroying the bonds of family and society.

Economic factors facilitating transmission

- Poverty and informal economy
- Poor people lack access to information needed to understand and prevent HIV& AIDS. Low education levels leading to inadequate knowledge about HIV & AIDS prevention and control
- Ignorance of the basic facts makes millions of people worldwide vulnerable to HIV infection.
- Poverty forces individuals to undertake activities, which carry a higher risk to their health. Job insecurity resulting in exchanging sex for a job
- Having an "I don't care" attitude due to limited opportunities
- Fatalism – accepting every event as inevitable because of limited opportunities
- Having disposable income on a daily basis that can be used in exchange for sex

Social mobility factors

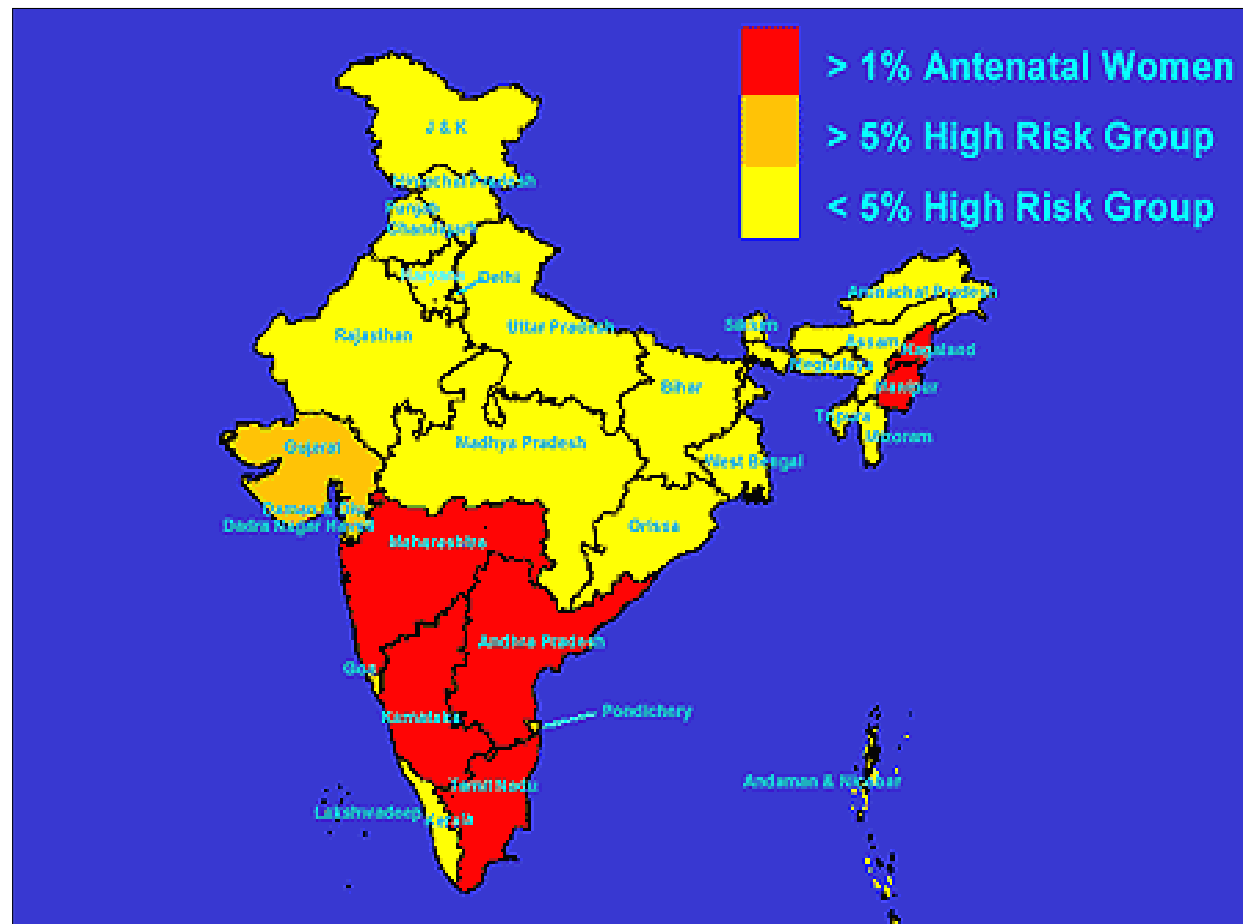
- Global economy: more people traveling and working away from home
- HIV/AIDS follows the routes of trade and commerce
- Men have unprotected sex with sex workers, contract HIV and return home to their wives, who contract HIV and pass it along to their infants in utero or through breast milk.
- The impact of HIV/AIDS is more severe in the informal economy group for the following reasons:
 1. Informal economy workers have little or no access to health services and social protection.
 2. These workers rarely enjoy financial security. They survive at the margins with few savings and little access to credit except for very expensive private moneylenders.
 3. The changeable situation of their work can mean that a few days of absence will result in the loss of a job or the right to trade.
 4. They do not go for treatment because they do not have accurate knowledge about AIDS.
 5. They do not have enough money to buy drugs and other necessary items.
 6. Helpful services are not near to them/are far away because of poverty
 7. There is ignorance about available treatment because of low levels of education.

- 8. They do not have adequate social support because of poverty
- 9. Their jobs are easily lost when they get sick.

Factors that decrease risk

- Correct and consistent use of condoms (Condom use also helps prevent re-infection by another group or subtype of HIV in those who are HIV positive).
- Antiretroviral therapy (ART) may decrease, but not eliminate, the risk of HIV transmission. Therefore, patients on ART need intensive counselling on continued risk reduction behaviours.
- ART has been shown to reduce vertical transmission from a mother to a baby by more than 50% when administered late in pregnancy or during labor.

HIV situation in India



Frequently Asked Questions: HIV/AIDS&STI

What is an STI?

Sexually transmissible infections (STIs) are infections primarily passed from person to person by sexual contact. They are caused by infective organisms such as viruses, bacteria or other agents. The most widely known are gonorrhoea, syphilis and HIV – the virus that causes AIDS – but there are more than 30 others.

What is HIV and how do you get HIV?

- HIV is a virus that affects the body's white blood cells, which defend a person's body from other illnesses
- HIV can be transmitted from a person who is HIV positive to another person in the following ways: Blood, through semen and through the vaginal fluids and from a mother to a baby during birth or through breastfeeding
- HIV is not transmitted through mosquitoes, sharing cups and plates, living with a person who is HIV positive.
- A person who is HIV positive looks healthy

How do you prevent the transmission of HIV?

- Abstaining from sex, using a condom every time you have sex, having one faithful partner for the whole of your life. When this question is answered, ask group what is the most realistic message for youth.

What are the symptoms of STIs for men and what are the symptoms for women?

- Clarify that an STI is an infection which is transmitted from one person to another through sexual contact
- State that it is important to go to the clinic to get treatment for STIs

What is the connection between HIV and STIs?

- STIs that cause open sores make it very easy for HIV to enter the body.
- A person is much more likely to get HIV if she/he has an STI.

What is AIDS and what are the symptoms of AIDS?

- AIDS is a collection of illnesses affecting the body when the body's defense system breaks down as a result of infection with HIV
- AIDS cannot be cured

What is the link between HIV and AIDS?

- HIV is the virus that enters the body through blood, sexual fluids or from a mother to a baby. On entering the body HIV starts breaking down the body's white blood cells to the point where the white blood cells can no longer protect the body against illnesses so that a person develops AIDS.

Where did HIV /AIDS come from?

We may never know where or how HIV and AIDS began. Many experts believe that AIDS was present in the United States, Europe, and Africa for several decades or longer before the earliest cases appeared in 1980 and 1981. HIV was first identified in 1984 by French and American scientists, but the human immunodeficiency virus did not get its name until 1986.

What is AIDS & what causes it?

AIDS stands for "acquired immunodeficiency syndrome," a disease in which the body's immune system breaks down. Normally, the immune system fights off infections and certain other diseases. When the system fails, a person with AIDS can develop a variety of life-threatening illnesses.

Is AIDS caused by HIV?

AIDS is caused by the virus called the human immunodeficiency virus, or HIV. A virus is one of the smallest "germs" that can cause disease. If you have unprotected sex (sexual intercourse without consistent and correct condom use) or share needles or syringes with an infected person, you may become infected with HIV. Specific blood tests can show evidence of HIV infection. You can be infected with HIV and have no symptoms at all.

You might feel perfectly healthy, but if you're infected, you can pass the virus to anyone with whom you have sex or share needles or syringes.

Will you get AIDS if you are infected with HIV?

Most people infected with HIV progress to AIDS within 7-10 years, but the time between infection with HIV and the onset of AIDS can vary greatly. The severity of the HIV-related illness or illnesses differs from person to person, according to many factors, including the overall health of the individual.

Today there are promising new medical treatments that can postpone many of the illnesses associated with AIDS. This is a step in the right direction, and scientists are becoming optimistic that HIV infection will someday be controllable. In the meantime, people who get medical care to monitor and treat their HIV infection can carry on with their lives, including their jobs, for longer than ever before.

How can you become infected with HIV?

You can become infected with HIV in two main ways:

1. Having unprotected sexual intercourse - anal, vaginal, or oral - with an infected person
2. Sharing drug needles or syringes with an infected person

Also, women infected with HIV can pass the virus to their babies during pregnancy or during birth. They can also pass it on when breast feeding. Some people have become infected by receiving transfusions of blood and blood products. However, nowadays, all blood in licensed blood banks is carefully screened and tested for the following infectious diseases prior to transfusion: malaria, syphilis, Hepatitis B, Hepatitis C, and HIV. Hence the possibility of contracting HIV from blood transfusion has been greatly reduced. You cannot be infected by giving blood at a blood bank.

You can get HIV from sexual intercourse

HIV can be spread through sexual intercourse, from male to male, male to female, female to male, and from female to female.

HIV is sexually transmitted, and HIV is not the only infection that is passed through intimate sexual contact. Other sexually transmitted infections, such as gonorrhea, syphilis, herpes, and chlamydia, can also be contracted through anal, vaginal, and oral intercourse. If you have one of these infections and engage in sexual behaviours that can transmit the virus, you are at a greater risk of getting HIV.

HIV may be present in an infected person's blood, semen, or vaginal secretions. HIV can enter

the body through cuts or sores in the skin. HIV can also enter the body through the moist lining of the vagina, penis, rectum, or even the mouth, in which case cuts and sores in these areas greatly increase the risk of infection. Some of these cuts or sores are so small you may not even know they're there. Anal intercourse with an infected person is one of the ways HIV has been most frequently transmitted. Other forms of sexual intercourse, including oral sex, can spread it as well. During oral sex, a person who takes semen, blood, or vaginal secretions into his or her mouth is at risk of becoming infected.

Many infected people have no symptoms and have not been tested. If you have unprotected sex with one of them, you unknowingly put yourself in danger. Also, the more sexual partners you have, the greater your chances of encountering one or more who are infected and of becoming infected yourself. The only sure way to avoid infection through sex is to abstain from sexual intercourse or engage in sexual intercourse only with someone who is not infected and has sex only with you. Condoms have been shown to help prevent HIV infection and other sexually transmitted infections. But you have to use condoms correctly every time you have sex -- vaginal, anal, or oral.

You can get HIV from sharing needles

Sharing needles or syringes with an infected person, even once, is very risky. Many people have become infected with HIV and other germs this way. HIV from an infected person can remain in a needle or syringe and then be injected directly into the body of the next person who uses it. Sharing needles to inject drugs is the most dangerous form of needle sharing.

Sharing needles for other purposes may also transmit HIV and other germs. These types of needles include those used to inject medications and those used for tattooing or ear-piercing.

If you plan to have your ears pierced or get a tattoo, make sure you go to a qualified person who uses new or sterile equipment. Don't be shy about asking questions. Responsible technicians will explain the safety measures they follow.

HIV Testing

HIV testing is performed for a number of different reasons

- **Surveillance** – This is anonymous and unlinked serological testing which is used to collect epidemiological data that can assist in HIV prevention and service planning.
- **Blood screening** – Donated blood is screened for HIV to ensure the safety of clinical blood supplies.
- **Voluntary individual testing** – Individuals voluntarily choose to test in order to learn their HIV status.
- **Diagnostic testing** – This testing is conducted when clients present for management of an illness. This diagnosis forms part of the clinical management of the client. This should always be conducted with the patient's knowledge and consent. Counselling should be conducted prior to testing (pre-test counselling) and at the time of the provision of results (post-test counselling).

Informed consent

- Counselling and testing must be truly voluntary and individuals should be able to opt out or refuse counselling or testing if they do not think that it is in their best interest.
- It is recommended that testing always be accompanied by counselling. If a client declines counselling, it is advisable to try to raise the essential issues which are normally addressed in pre-test counselling. It should be emphasized that this form of information provision is not a substitute for counselling.
- It is important that health workers present pre-test information to clients in such a way that they

can clearly understand the benefits of counselling. Ideally, written consent should be obtained before testing takes place.

Confidentiality

- Counselling and testing centers have a policy to protect the confidentiality of clients. All levels of staff should be briefed on the policy, and the rationale for the existence of the policy. It is advisable when sharing information for referral purposes to obtain the written consent of the client. This consent should include specific information as to what information is to be shared and with whom it is to be shared. Although there are advantages of sharing information about HIV status, those being tested must be assured of the confidentiality of their test results. The risks and benefits need to be discussed and weighed.
- The decision to share or involve anyone else must be made by the person undergoing Voluntary Counselling and Testing. Anonymous testing protects the identity of clients. In clinics doing anonymous testing, rather than patient names, codes are allocated to the client and attached to the medical record and blood samples.

Legislation and public education to prevent discrimination

- Community education programs, legislation and public health policies, which are respectful of human rights, can assist in reducing the discrimination experienced by HIV-positive persons. Health workers may also require education with regard to discrimination, and all health services should have policies in place, which prevent discrimination toward patients by health workers. Voluntary Counselling and Testing uptake may be limited by the fear of discrimination. Fear of discrimination may also reduce the rate at which people return to collect their results.

Treatment and Care

The key issues are:

- Voluntary counselling and testing (VCT)
- Support for the prevention of onward transmission of HIV,
- Protection from stigma and discrimination
- Anti retroviral drugs (ARVs)
 - o Help a person to keep the immune system strong
 - o Once started, ART is to be taken for whole life
 - o Delay the onset of AIDS
 - o If not taken , more than 80% patients having AIDS die within 1-2 years
 - o Can prevent the transmission of HIV to the baby from infected pregnant mother
- Diet, exercise and positive attitude increase the longevity.

Part 2

Guidelines for Facilitation

Learning about Facilitation

What is Facilitation?

Facilitation is helping a group to accomplish its goals. There are a wide range of perspectives about the ideal nature and values of facilitation, much as there are a wide range of perspectives about the ideal nature and values of leadership. For example, some facilitators may believe that facilitation should always be highly democratic in nature and that anything other than democratic is not facilitation at all. Others may believe that facilitation can be quite directive, particularly depending on the particular stage of development of the group.

Whatever one's beliefs about the best nature of facilitation, the practice usually is best carried out by someone who has strong knowledge and skills regarding group dynamics and processes -- these are often referred to as process skills. Effective facilitation might also involve strong knowledge and skills about the particular topic or content that the group is addressing in order to reach its goals -- these are often referred to as content skills. The argument about how much "process versus content" skills are required by facilitators in certain applications is a very constructive argument that has gone on for years.

The Ground Rules

Ground rules are essential. They prevent trouble and help bail you out when trouble arises after all. In their introductory remarks, the facilitators need to explain that they will operate the session according to certain ground rules. Facilitators can either talk through the proposed ground rules or write them on a board or a piece of paper that they distribute to participants.

Most ground rules serve the purpose of providing some sense of structure for the group and allowing for a productive conversation. Others may serve an additional purpose of promoting a sense of comfort and confidentiality for participants. For this reason, you may want to suggest ground rules that will essentially "free" participants to say whatever is on their minds without any fear of retribution. Here is another example of one set of ground rules, generated in a similar training by the participants:

Proposed Ground Rules	
Yes	No
Speak your truth; tell what you know and believe. Speak from the edge of your knowledge.	Interrupting Naming unnecessary names
Ask questions of other participants.	Whining
Listen to what others mean to say.	Fixing blame without offering a solution.
Talk with respect for others and for yourself.	Personal attacks
Follow the moderator's guidance about time and whose turn it is to talk.	Hitting, spitting, hairsplitting

Secrets of Successful Facilitation

There are some consistent, common behaviours among effective facilitators. Following are effective ways of facilitation:

- **Effective facilitators are flexible.** They modify their small-group activities before and during use.
- **Effective facilitators are adaptive.** They modify their small-group activities along six critical tensions.
- **Effective facilitators are proactive.** Before using a small-group activity, they modify it on the basis of the characteristics of the participants and the purpose of the activity.

- **Effective facilitators are responsive.** They make modifications during the small-group activity to keep the different tensions within acceptable ranges.
- **Effective facilitators are resilient.** They accept whatever happens during the small-group activity as valuable data and smoothly continue with the activity.

To capture the flexibility demonstrated by effective facilitators, there is a need to understand the tensions on which this flexibility is based. There are six critical tensions (you can add more after your experience!!) within any small-group activity that can be powerful in enhancing or destroying its effectiveness. These tensions are mentioned below:

The Six Tensions in Small-Group Activities

Structure: How rigidly or flexibly should the small-group activity be implemented?

1. **Tightest:** Explain the rules in detail at the beginning and enforce them rigidly.
2. **Tight:** Announce the rules in the beginning and enforce them fairly strictly.
3. **Neutral:** Give an overview of the rules and enforce them flexibly.
4. **Loose:** Explain the rules only when needed and apply them loosely.
5. **Loosest:** Make up the rules as you go along and use them arbitrarily.

Pace: How rapidly or leisurely should the small-group activity be implemented?

1. **Fastest:** Constantly rush the participants and impose tight time limits.
2. **Fast:** Keep the activity moving at a fairly fast pace.
3. **Neutral:** Keep the activity moving at a comfortable pace.
4. **Slow:** Keep the activity proceeding at a fairly slow pace.
5. **Slowest:** Constantly slow down the activity.

Interaction: How do group members relate to each other?

1. **Most cooperative:** Maintain a high level of cooperation by focusing on external threats and obstacles.
2. **Cooperative:** De-emphasize scores and encourage the participants to help each other.
3. **Neutral:** Maintain a balance between cooperation and competition
4. **Competitive:** Keep scores and encourage participants to outperform their opponents.
5. **Most competitive:** Encourage cut-throat competition by constantly pointing out that winning is the only thing, and announce a reward to be given to the winner.

Focus: Which is more important, a positive procedure or efficient results?

1. **Most process-focused:** Keep the activity interesting, playful, and creative.
2. **Process-focused:** Keep the activity enjoyable.
3. **Neutral:** Maintain a balance between an enjoyable procedure and efficient results.
4. **Results-focused:** De-emphasize the enjoyment of the activity and focus on getting the job done.
5. **Most results-focused:** Constantly emphasize the goals, results, and outcomes of the activity

Concern: Are we most concerned about individual or group needs?

1. **Greatest individual concern:** Focus on individual needs and ignore group needs.
2. **Individual concern:** Focus a little bit more on individual needs than on group needs.
3. **Neutral:** Maintain a balance between individual needs and group needs.
4. **Group concern:** Focus a little more on group needs than individual needs.
5. **Greatest group concern:** Focus on group needs and ignore individual needs.

Control: Where should group members look for direction and validation?

1. **Most internal:** Take an unobtrusive role. Let the group decide what is valuable to them.

2. **Internal:** Take a background role. Avoid giving suggestions and feedback.
3. **Neutral:** Maintain a balance between participating and withdrawing from group activities.
4. **External:** Take a consultant role. Give suggestions and feedback.
5. **Most external:** Take a leadership role. Provide authoritative advice and evaluation.

Tactics to Overcome Tensions

The first step in making the tensions transparent is to avoid the extremes (positions 1 and 5 in the rating scale). Beyond that, you may use a variety of tactics to increase or decrease the elements in each tension. Here are a couple of sample tactics for each element:

To tighten the structure...

Begin with a detailed explanation of the rules of the activity. Stress the importance of adhering to these rules. Provide a printed copy of the rules to each participant. Frequently refer to these rules. To loosen the structure...

Acknowledge that the participants will be initially confused. Reassure them it is not absolutely necessary to stick to the rules. Don't present all the rules in the beginning. Introduce the rules only if and when they are required.

To speed up the pace...

Begin the activity promptly and get it rolling fast. Announce and implement intermediate time limits. To slow down the pace...

Announce and implement minimum time requirements. If a participant or a team finishes the task before this time is up, insist on review and revision. Introduce a quality-control rule that punishes participants and teams for turning in sloppy ideas or products.

To increase competition...

Use a scoring system to reward effective performance. Periodically announce and compare the scores of different individuals or teams. Reward the winning team with a valuable prize.

To increase cooperation...

Reduce the conflict among the participants and increase the conflict between the participants and external constraints (for example, time limits). Use multiple criteria for determining the winners: Reward individuals or teams for speed, quality, efficiency, fluency, creativity, novelty, and other such factors.

To increase the focus on the process...

Make the procedure more enjoyable by introducing game elements such as bonus scores and chance. From time to time, stop the procedure and undertake a process check. Let the participants suggest changes for making the procedure more interesting.

To increase the focus on the results...

Use a scoring system to reward efficient performance by individuals or teams. Stop the procedure and discuss the desired results. Have the participants commit themselves to getting the job done.

To pay more attention to individual needs...

If participants are at different levels of skill or knowledge, organize them into teams of approximately equal strength. Encourage timid people to participate more by providing them with additional information and responsibilities.

To pay more attention to group needs...

Identify dominant participants and give them additional roles (for example, keeping score or taking notes) to channel their excess energy. Have the team conduct periodic process checks to make sure everyone's needs are met.

To increase external control...

Turn the lights off to get everyone's attention before making important announcements. Use confederates among the participants and in different teams to ensure external command and control.

To increase internal control...

Explain your role as that of a facilitator rather than those of a leader or an expert. When participants ask you a procedural question (for example, "What should we do next?"), refer it back to the group with a question such as "What would you like to do next?"

A Procedural Model for Effective Facilitation

The tactics listed above for maintaining a balance among the six tensions in a small-group activity are for illustrative purposes only. Brainstorming additional tactics of this nature may actually be an excellent topic for an initial activity.

Knowing these tactics does not guarantee you will become an effective facilitator. You need to know when and how to use them. Here's a six-step procedural model for using the tension-adjustment tactics before, during, and after a small-group activity.

Step 1: Identify your preferences

Flexible facilitation does not mean that you should not have personal preferences, but you should be aware of these preferences and keep them under control. For example, most prefer a fairly loose structure, fast pace, cooperative interaction, results focus, individual concern, and external control. It is important to be aware of your biases and to realize they may not meet the needs of the group.

The best way to discover your biases is to recall your own small-group experiences in which you felt very positive or very negative and to analyze the factors that contributed to those feelings. You may also talk to your colleagues and participants for their opinions about your biases. Once you are aware of them, remind yourself to relegate them to the background whenever necessary.

Step 2: Identify participant preferences

Before planning a small-group activity, you need to collect information on the likely preferences of your participants along each of the six tension areas. The best source of information is a representative sample from the group. The best strategy for collecting the information is to interview the participants using the behavioural scale presented earlier.

To cross-check your information you may wish to talk to other facilitators, consultants, and trainers who are familiar with the group.

Step 3: Design or revise the small-group activity to suit participant preferences

Whether you are designing a new simulation game or using an existing one, integrate your understanding of the participants' preferences into the activity. Carefully work through the steps and rules of the activity to decide where they appear to be located along each tension. For example, if there are several complex rules that are rigid, the activity will be perceived to be too tight by most participants--unless their preference is for a high degree of structure.

When you identify tension areas at one extreme or another, use appropriate tactics to make suitable adjustments. During this step, you may want to work with a few members of your participant group and with a few knowledgeable colleagues to ensure that your design adjustments are appropriate.

Step 4: Conduct the small-group activity

With the appropriate initial adjustments, you should start the activity with confidence. Do not worry about making additional adjustments at this stage. Present an overview of the process and the desired products to get the group started.

Step 5: Make modifications on the fly

As your participants work through the activity, continuously monitor the levels of various tensions. If the six tensions are at optimum levels, do not interfere with the flow of the activity. However, there is no such thing as a perfect small-group activity, and some tensions are likely to become prominent from time to time. Wait a little while to see if the group makes its own adjustments. Most groups, especially experienced ones, work out their own system of reducing the tensions. With inexperienced groups, you may need to intervene with appropriate adjustments. Do this as quickly and as unobtrusively as possible. Continue monitoring the group and adjusting the simulation game as required.

Step 6: Debrief the group

Even after the activity is completed, you still have a critical step to undertake. Conduct a debriefing session with all participants immediately, and with a few selected participants later, to collect information on their perceptions of different tension levels. This can be done in a few minutes by asking the participants questions based on the rating scale such as, "When did you feel the activity was too tightly structured?" or "When did you feel the facilitator interrupted you too often?" Take notes on the participants' responses and use them to balance the same activity with future groups or activities with the same group.

The effectiveness of small-group activities depends heavily on the flexibility of the facilitator. Whether you are a newcomer or an old-timer, you can improve your effectiveness by attending to and adjusting structure, pace, interaction, focus, concern, and control of your small-group activity.

Few More Tips:

Any Questions?

Most participants' brain seem to stop functioning when you invite them to ask questions. They all become suddenly bashful and avoid eye contact.

Possible causes: fear of asking a foolish question or appearing to be the only confused person in the room. Suggested solution: Give everyone an index card. Ask participants to write a question which a confused person may ask. Then ask participants to turn the card with the written side down and pass it to someone else. Participants continue passing the cards in random fashion until you yell "Stop!" after about 15 seconds. Make sure everyone has a card. Now select a participant at random and ask her to read the question on the card. Suggest that the participant may pretend to read the card -- but actually ask his or her own question. Give a brief answer and continue by selecting another participant.

Does not talk?

Who presents a tougher challenge to the facilitator: the participant who talks too much or the one who talks too little? It is easy to ignore the silent ones than the excessive talkers. Remember, however, that you pay now or pay later. Silence does not always mean consent. It may mean that the uncommunicative participant is plotting future sabotage. Encouraging the silent types to talk

will help ensure a much more inclusive solution and speed up the implementation. Also it will set a model for equal participation from everyone.

Here are some suggestions for dealing with participants who don't participate:

- Reduce the anxiety level by using an alternative format. For example, break the large group into dyads for preliminary sharing of ideas. Then ask each pair to give a summary report of their discussion.
- Ask the participants to write their concerns, comments, suggestions, or whatever on index cards. Then ask the team to cluster these cards and organize them into themes.
- Direct questions to the silent participant. Ask questions related to the silent participant's areas of expertise and interest.
- Ask the silent participant to react to someone else's statement.
- Ask everyone to take turns to make a 1-minute presentation.
- Reinforce comments from the taciturn participant (without appearing to be patronizing).
- Before the meeting or during a break, talk to the silent participant. Emphasize the importance of her or his participation and collaboratively work out strategies to increasing the level of participation.
- Before the meeting or during a break, assign the role of identifying and drawing out the reluctant participant to a one or two team members.
- Call on the silent participant by name. Frequently use the name of this participant.

How do you feel?

The purpose of this question is to give an opportunity for the participants to get their feelings and emotions off their chest and get ready for the intellectual analysis in the latter phases of debriefing. Skipping the step can be hazardous: The participants can be so preoccupied with their own internal conversations about their feelings that they do not mindfully participate in the external conversation. Also, their responses to other questions (such as What happened during the activity? or What did you learn from the activity?) are likely to involve emotional outbursts or griping comments.

Many facilitators avoid or skip any discussion about feelings and emotions during the debriefing. Usually, they project their reluctance to the participants and explain that this particular group does not like to discuss touchy-feely issues because they are engineers (or accountants or managers or whatever). If you really believe in tapping into emotional intelligence and combining it with the other forms of intelligence, you probably would not skip this phase of debriefing.

But this does not mean that you should overemphasize the discussion of feelings. Explain that your aim is just to give people an opportunity to briefly vent their frustrations or share their elations and move on to the other phases of debriefing. Treat the statements as bits of information and not as personal attacks. Don't get defensive. Discourage the participants from attempting in depth psychoanalysis of different feelings.

If you are still uncomfortable asking How do you feel?, change your question to What are your reactions to the activity?

Trust Development

A novice facilitator panics easily. When something doesn't appear to work, he or she concludes that the sky is falling. Within seconds, this facilitator rushes with an alternative, only to get caught in a vicious circle.

An experienced facilitator refuses to panic. When something doesn't appear to work, he or she concludes that it is still cooking. This facilitator waits patiently until things fall in place and the activity flows smoothly.

Two pieces of advice to help you leap from the novice to the expert state:

- **Trust the team.** Most teams are self-correcting systems. For example, they will bring the disruptive members under control without your having to throw a temper tantrum.
- **Trust the process.** Focus on the overall results and not on the temporary glitches. Sooner or later, the bad things will be swamped by the good things.

Remember the upside-down strategy: Don't do something, just stand there. And keep your mouth shut!

Talks too much?

When someone dominates a discussion, the other participants hold back their ideas. Team members get bored. Instead of coming up with solutions that incorporate a wealth of diverse opinions, the team ends up with a mediocre decision.

Here are some suggestions for dealing with participants who talk too much:

- Avoid discouraging the excessive talker. Instead, encourage the others to participate more.
- Go around the group, giving each participant a turn to talk.
- Divide the group into pairs for preliminary sharing of ideas. Then ask each pair to give a summary report of their discussion.
- Impose air-time limits on participants. Give the participants equal seconds of talking time.
- Interrupt the person with a question directed to someone else.
- Acknowledge the comment and involve others: "Suresh, that was an interesting insight. Sunil, what are your views on this issue?"
- Before the meeting or during a break, enlist the help of the excessive talker in encouraging the silent participants to open up.
- At the start of the meeting, establish equal participation by all members as a team goal. Encourage the participants to help monitor and manage personal participation.

It Takes Two

Here's an idea for reducing disruptive behaviours -- and minimizing their impact during team meetings: *Work with a co-facilitator.*

One of you can focus on the participants while the other focuses on the content. When you are focusing on the participants, you can move close to somebody who is reading a newspaper or proofreading a report or carrying on a side conversation. You can intervene at appropriate times to call on some reluctant participant for his or her comment. You can take a problem participant aside to clarify some instructions or request more cooperation.

Here's another idea for reducing disruptive behaviours -- and minimizing their impact: *Ask each participant to work with a buddy.*

Divide the participants into pairs. Make each participant responsible for his or her partner's behaviour. The partners coach each other to ensure appropriate behaviour.

Part 3

The Handouts, Game Cards, Quiz

Handouts - 1

Key Components of a Training of Trainers Workshop

There is no ideal model of a TOT program, but it should include the following key components:

Exploration of the rationale for peer education, including its benefits and barriers

Although some of the future trainers of peer educators might be familiar with the practice of peer education, it is essential to ensure that, at the start of the training, they not only understand the concept and benefits of this approach, but are also aware of its limitations or pitfalls.

Building basic knowledge of the program's content

A trainer of peer educators needs basic knowledge about the health issues that the program addresses. Whenever questions related to the program's content arise – whether during training or when supervising peer educators in their field work – the trainer should be capable of responding to them adequately.

Exploration of personal values around the health issues being addressed, including attitudes towards gender-based norms and biases

Trainers of peer educators must recognize what their own values and biases are, so they can help the trainees begin to understand their own. It is difficult to lead a group in training through a process of self-awareness without having done some of this work on a personal level before.

Training in communication and group-work skills

Facilitating a training course and working interactively with a group of trainees requires a good knowledge of communication techniques. Future trainers must be able to serve as a model for communication techniques and group work, since the best training is conducted by example.

Basic guidelines for planning, implementing, monitoring and evaluating a peer education program

The planning and implementation of a peer education program is not just the responsibility of the project manager. It is essential that all those involved in the program, including the trainer and the peer educators, have a basic understanding of processes such as needs assessment or monitoring and evaluation. Future trainers also need solid guidelines on how to select, supervise and support peer educators.

Referral to health services

Peer education programs do not occur in a vacuum, but are components within a larger framework of resources. Trainers need to be aware of the clinics, information sources, structure of supportive services, etc., that exist in their area and include this information as part of a comprehensive peer education program. They should instruct both peer educators and other members of the community on how to access them.

Handouts - 2

Understanding HIV

Even before HIV causes AIDS, it can cause health problems. Learning about how the virus can affect your body and getting care early, before health problems worsen, can help you live longer and have fewer health problems.

The Immune System & Human Immunodeficiency Virus (HIV)

The body's health is defended by its immune system. White blood cells called lymphocytes (B cells and T cells) protect the body from "germs" such as viruses, bacteria, parasites, and fungi. When germs are detected, B cells and T cells are activated to defend the body.

This process is hindered in the case of the acquired immunodeficiency syndrome (AIDS). AIDS is a disease in which the body's immune system breaks down. AIDS is caused by the human immunodeficiency virus (HIV). When HIV enters the body, it infects special T cells, where the virus grows. The virus kills these cells slowly. As more and more of the T cells die, the body's ability to fight infection weakens.

A person with HIV infection may remain healthy for many years. People with HIV infection are said to have AIDS when they are sick with serious illnesses and infections that can occur with HIV. The illnesses tend to occur late in HIV infection, when few T cells remain.

What is "Window Period?"

The window period is the time from HIV infection to when the usual lab tests can detect the antibodies to the virus in an HIV-infected person.

The window period can last from six weeks to six months. Different bodies take different lengths of time to produce and release the antibodies.

During the window period, the commonly used tests cannot detect the antibodies to the virus. Therefore, if someone is tested during that period, the test result will be negative even though they are infected. Some labs describe the findings as "non-reactive."

Why is it important to know about the window period?

- During the window period, a person can be carrying the virus and not know. That person can unknowingly infect another person through unprotected sexual contact.
- People who know about the window period will know why one has to be careful about giving and taking blood. Those who are careful about remaining HIV-free will know of the importance of donating blood at regular intervals so as to maintain a good supply at the blood bank.
- If a person has been exposed to the virus and takes the test soon after, the test results may show up negative. People who do not know about the window period may think that they have not been infected. They may spread the virus to other people.
- Those who know about the window period will understand that they must take a second test after about six months to know if they are infected with the HIV virus or not.
- These people will know that they must abstain from sex, or practice very safe sex, until they learn whether they were infected at that time that concerns them.
- People who understand the significance of the window period cannot be deceived by another who produces a lab report in order to get unprotected sex. They will understand that a lab report

verifying a negative test result, even if reliable and genuine, only speaks of an infection months ago, not an infection (or infections) that may be only a few nights old or a couple of weeks old.

- These people will know that if they have unprotected sex while waiting to have their second test, they are exposing themselves to HIV once again. And, of course, if they were really infected in the first case, they will be spreading the infection to other partners.

Reasons to use condoms

1. Condoms are the only contraceptive that also helps prevent the spread of sexually transmitted infections (STIs) including HIV when used properly and consistently.
2. Condoms are one of the most reliable methods of birth control when used properly and consistently.
3. Condoms have none of the medical side-effects of some other birth control methods may have.
4. Condoms are available in various shapes, colours, flavours, textures and sizes - to increase the fun of making love with condoms.
5. Condoms are widely available in pharmacies, supermarkets and convenience stores. You don't need a prescription or have to visit a doctor.
6. Condoms make sex less messy.
7. Condoms are user friendly. With a little practice, they can also add confidence to the enjoyment of sex.
8. Condoms are only needed when you are having sex unlike some other contraceptives which require you to take or have them all of the time.

Myths about Condoms

Myth 1 - Condoms Don't Work

Some persons have expressed concern about reported failure rates among couples using condoms for pregnancy prevention. Analysis of these studies indicates that the large range of efficacy rates is related to incorrect or inconsistent use. In fact, condoms are highly effective for pregnancy prevention, but only when they are used properly. Research indicates that only 30 to 60 percent of men who claim to use condoms for contraception actually use them for every act of intercourse. Further, even people who use condoms every time may not use them correctly. Incorrect use contributes to the possibility that the condom could leak from the base or break.

Myth 2 - Condoms Frequently Break

Some have questioned the quality of latex condoms. In relation to quality control, NACO has brought in specification parameters as prescribed by WHO. The non-lubricated condom has already been phased out. All the states have been asked to monitor the quality of condoms at the time of procurement. Random sample of condoms is drawn from the field and their quality is tested.

Most of the breakage is due to incorrect usage rather than poor condom quality. Using oil-based lubricants can weaken latex, causing the condom to break. In addition, condoms can be weakened by exposure to heat or sunlight or by age, or teeth or fingernails can tear them.

Myth 3 - HIV can pass through Condoms

A commonly held misperception is that condoms contain "holes" that allows passage of HIV. Laboratory studies show that intact condoms provide a continuous barrier to microorganisms, including HIV, as well as sperm.

Myth 4 - Education about Condom Efficacy Promotes Sexual Activity

A World Health Organization (WHO) review cited 19 studies of sex education programs that found no evidence that sex education leads to earlier or increased sexual activity in young people. In fact, five of the studies cited by WHO showed that such programs can lead to a delay or decrease in sexual activity.

In a recent study of youth in Switzerland, an AIDS prevention program focusing on condom use did not increase sexual activity or the number of sex partners. But condom use did increase among those who were already sexually active. A 1987 study of young U.S. men who were sent a pamphlet discussing the STIs with an offer of free condoms did not find any increase in the youth's reported sexual activity.

Preventing HIV Infections & Other STIs: Recommended Prevention Strategies:

Abstaining from sexual intercourse is the most effective HIV prevention strategy. For individuals who are sexually active, the following are highly effective:

1. Engaging in sexual activities that do not involve vaginal, anal, or oral intercourse
2. Having sexual intercourse only with one uninfected partner
3. Using condoms correctly from start to finish with each act of intercourse.

Other HIV Prevention Strategies

Condoms for Women: The female condom is now available, though costly. Research and studies are in progress to determine its effectiveness in preventing transmission of HIV and its use. If a male condom cannot be used, consider using a female condom.

Advantages and Disadvantages of Condom Use:

Advantages

1. Prevents STIs, including HIV/AIDS
2. Prevents unwanted pregnancies.
3. Can slow down ejaculation and prolong pleasure.
4. Feels cleaner.
5. Feels more secure.
6. Shows you care about your partner.
7. No need to spend money on medications to treat STIs.
8. Saves you the cost and embarrassment of an STI.
9. They are widely available.
10. Requires no medical screening advice – can use on your own.
11. They are often free or not very inexpensive.
12. They encourage male participation in safe reproductive health practices.

Disadvantages

1. May provide less enjoyment due to decreased sensation.
2. Hard to bring up the subject of condom use.
3. Can interrupt love-making.
4. Have to plan ahead to buy condoms and have them ready.

5. Condom could slip off
6. Less lubrication during sex.
7. Costs money.
8. Disposal may be a problem.

Clarifications on myths

Higher priced condoms/Imported condoms are of better quality: All condoms have the same specification and they only differ in packaging and branding. The featured condoms however do have special features like smell, flavour, dots, spirals, etc.

Lubrication is not enough: All condoms come with adequate lubrication. In case there is a felt need of extra lubrication any water-based lubricant can be used like glycerin, KY Jelly or saliva.

Anal sex does not need condom: This is a serious myth. Virus can gain entry from any part of the body. In fact, anal sex has a higher degree of chance to transmit HIV. So it is always advisable to use condoms while anal sex too.

Thicker condoms are required for anal sex: Anal sex does require more lubricant as contrary to vaginal sex, anus does not produce any natural lubricant. It is advisable to use water-based lubricants to complement condoms while practicing anal sex.

Oral sex does not need condom: The mouth has chances of having cuts and bruises or ulcers. Thus to prevent any kind of transmission of biological fluid it is advisable to use condoms for oral sex too. For oral sex various fruity flavoured condoms are very popular.

Putting condom in mouth is dangerous: Condom is made of latex and the water-based silicon lubricant is non-allergic, non-reactive and also biologically safe. Thus it is absolutely safe to take a condom inside mouth but certainly not safe to gulp it.

Oil based lubricants can be used for condoms: Oil-based lubricant can actually damage the condom and cause more harm than good. If required, it is always advisable to use water-based lubricant like glycerine, saliva, etc.

Condoms can be washed and reused: All latex condoms are for single use only.

Care and Support

Living healthy and productive lives

- People living with HIV/AIDS can live healthy and productive lives when they have access to information, treatment, care and support.
- **Information** includes knowing what your rights are in terms of employment, welfare, education and family life, and having clear information about treatment and how to get treatment. It also means knowing about property rights, personal laws related to divorce, alimony and custody of children. Personal laws gain importance in the context of women, as they are likely to face more discrimination and harassment on being diagnosed with HIV/AIDS.
- **Support** means acceptance, affection, respect and love from friends and family and from the community. It also means supportive laws to protect against discrimination and stigmatization.
- **Care** includes moral support and access to necessary medical treatments, a healthy diet, clean water and accommodation. Although key human rights, such as the right to information, the

right to life and the right to health create entitlement to care and support, most young people (especially young women) living with HIV/AIDS do not have full access to these services. The situation is worse for young people belonging to marginalized groups, such as sex workers, homosexuals and injecting drug users. The realization of human rights and other constitutional rights is not simply a matter of state action to develop laws and policies that protect against discrimination and stigma. Advocacy for public policies and legal action is also very important.

However, this is not enough to transform the reality at the grassroots. When it comes to improving the daily lives of people living with HIV/AIDS the community, family and friends have to play an important and dynamic role.

Care and Support for People Living With HIV/AIDS (PLHA)

- Care and support are based on an active concern for the well being of others and ourselves. People directly affected by HIV/AIDS need care. People with HIV/AIDS, families and communities are involved in care and support.
- They all need support to face the challenges of illness. The aim of HIV/AIDS care and support is to improve the quality of life of PLHA, their families and communities. Care and support are also important because they assist efforts to prevent the spread of HIV/AIDS.
- Comprehensive care meets the needs of the PLHA, their families and communities. This "holistic" care method requires a variety of information, resources and services to address a range of needs – not just medical needs.
- Components of Comprehensive Care
 - o Diagnosis
 - o Treatment
 - o Referral and follow up
 - o Nursing care
 - o Counselling
 - o Support to meet psychological, spiritual, economic, social and legal needs.

Peers and People Living with HIV/AIDS

Assuming the responsibility to provide information, care and support to their peers living with HIV/AIDS is a task in which youth can make a very big difference. Offering friendship, providing access to information on care, setting up home visiting programs for those who are sick and organizing support services are some of the possible actions they can take. A good place to start showing your solidarity may be within your group or family or with colleagues and relatives.

Don't fear or falter!

- If you know that someone in your group has HIV or AIDS, make sure that friends who are already aware of his/her condition know that it is safe to touch, hug, share food and be together socially.
- If your HIV/AIDS infected friends want you to maintain confidentiality, respect their wishes.
- Don't forget to show your concern, affection and love.
- If the person is sick, help out with cooking, shopping, getting medication, cleaning or simply talking about his/her feelings

Addressing Stigma

- To address stigma and discrimination at the work place, create awareness about rights in the work place of people living with HIV/AIDS.

- Advocate for behaviour and conduct that are supportive of PLHA. A good starting point is to listen to experiences of PLHA.
- Listen carefully and list the ways in which they think they could have been helped. Add any others that you can think of and discuss it together.
 - o Say hello
 - o Invite him/her to lunch or dinner, a movie or a walk
 - o Just listen
 - o Hold his/her hand
 - o Discuss the future
 - o Celebrate special days and anniversaries
 - o Ask how you can help
 - o Run errands and pick up medication
 - o Give a hug
 - o Clean the house
 - o Give a small token of affection and care
 - o Invite others to spend time together

Information

- Some people call information the “cheapest form of therapy”. Developing appropriate HIV/AIDS information/resource services focused on the needs of PLHA is not difficult. A simple information leaflet, a discussion in a peer group, a list of important phone numbers and people who can help can make a big difference.
- PLHA and those living with them or caring for them need up-to-date information on a range of issues. For example, caretakers need information to help them understand the progression of HIV and to know what advice to give; people with HIV need information to be able to seek early treatment for common illnesses.
- Counselling can be very useful for anyone in a difficult and stressful situation. This includes anyone going for an HIV test, anyone diagnosed HIV positive and caregivers looking after someone who is ill. If young people wish to work with PLHA they can get training in counselling skills and develop networks that provide support.

Handouts - 3

About Human Sexuality

Sexuality is the way you think, feel and behave as a person/as a man or a woman in relation to other people of the same sex and of the opposite sex. The sexual act is only a part of sexuality. It involves the whole person, not just someone's outward, or physical, appearance. Human sexuality involves a whole range of emotions. Sexual or genital intercourse is not the "end all and be all" of human sexuality, and mere sexual intercourse should not be mistaken for love. Love is a more encompassing emotion, and sexual intercourse without love is just a physical act. Thus, getting to know your sex partner's feelings, thoughts, needs, and desires can deepen the relationship and enhance both your own and your partner's enjoyment of sex.

Sexuality and AIDS

To be able to implement the project it's crucial that the project implementing staff is open and comfortable to discuss sex and sexuality themselves. Especially while working in the field of HIV/AIDS this becomes relevant as almost nine out of every ten people with HIV in India were infected with through sex. It is impossible to talk about AIDS without talking about sex. Hence, when we talk about AIDS we will have to address the issue of sex and sexuality. Many of the issues people have around sex and sexuality influence our ability to effectively prevent HIV/AIDS program, it is necessary to understand what these issues are and use them to help make our program success.

The World Health Organisation defines sexual health as the integration of physical, emotional, intellectual and social aspects of sexuality in a way that positively enriches and promotes personality, communication and love. Thus, when exploring the issues that may influence a person's ability to protect herself from HIV, it's important to look at each of these areas. Self-esteem, body image, social roles and relationships are just a few of the determinants of our sexuality. Through examining these factors we can come to a greater understanding of the patterns of sexual relationships within the community and the socio-economic situations that affect the way that sexuality is expressed. From the standpoint of HIV/AIDS, this will show us what risk behaviours are being practiced and, more importantly, the social attitudes, which will help or hinder positive behaviour change.

How is HIV Transmitted through Sexual contact?

There are high concentrations of HIV virus in blood and in the male reproductive fluid, semen. The HIV virus is also found in vaginal secretions and breast milk. To a lesser extent, the virus has been isolated in saliva, urine, and other body fluids. Therefore, any exchange of the body fluids is considered risky behaviour, though some behaviours or activities are higher risk than others. However, you need to think about and talk with your partner about the risk involved before sexual activity begins. The following is a list of some of the higher risk sexual activities:

Anal intercourse:

This is by far the riskiest sexual behaviour, regardless of whether your partner is male or female. The skin inside the rectum is thin and vulnerable to small rips or tears, which may cause bleeding. If semen is absorbed into the rectal skin, HIV infection can occur. Should you be the receptive partner in anal intercourse, your partner must use a condom. If you are the insertive partner, you should always wear a condom and use a water-soluble lubricant.

Vaginal intercourse:

The same principles described in anal intercourse apply here. Should semen be absorbed into a woman's vagina, HIV infection could occur. The vaginal walls are more muscular than those of the

rectum, so there is more protection against infection. However, the risk is very real, especially if a condom is not used. If a woman has HIV infection, and a man does not, vaginal secretions can cause infection in the event of an "exchange" of bodily fluids. This means that, if vaginal secretions enter the tip or shaft of a man's penis through a break in the skin or become absorbed through a break in the skin around a man's genital area, he could become infected with HIV.

Condoms and Safer Sex

Condoms come in a variety of sizes and colours. In an era of HIV/AIDS, condoms are an absolute necessity for sexually active men and women. They offer virtually the only protection against HIV infection. If you use a lubricant, make sure that it is water-soluble. Anything else, such as oil, hand lotion, or Vaseline will cause the condom to break. If the condom breaks, it offers no protection against possible transmission of HIV.

Condoms provide a barrier between you and your sexual partner. There has been extensive research regarding the effectiveness of condoms in preventing pregnancy. Condoms are about 95% effective if used properly. This means that there was a leak, a tear, or a break or that the condom was not properly used in 5% of cases. This means that when you are using a condom with your sexual partner, there is roughly a 5% chance he or she may be exposed to HIV. Thus, the reliability of a condom is something to consider. However, with care, experience, and learning how to put on a condom correctly, a person should be able to improve on the 95% effectiveness rate.

Some people do not like to use condoms because they feel that condoms take away from the pleasure during sex. However, the idea is to make condoms a part of lovemaking and a regular part of sexual intercourse. There are ways of doing that if you are creative - you can check "safe sex" pamphlets, books, and videos for hints on how to make your sex more enjoyable while still reducing your risk.

Special note for those having sexual partners with HIV:

If both partners are HIV infected, condoms must still be used during sexual intercourse, since there is a danger of re-infection - that is, there is a danger of giving MORE viruses, possibly of a different, more virulent strain, to your partner, whose immune system is already trying to fight the HIV virus.

Handouts - 4

Peer Education can help in HIV / AIDS Prevention and Care

1. By improving the confidence, self-esteem and sense of self-worth of peer educators, who then serve as role models for the rest of the community / key population group.
2. By enabling members of the key populations to emerge as social change agents and health educators
3. By providing information about STIs, HIV/AIDS and behaviour related to the risk of infection
4. By helping each peer through discussions, sharing information and experiences related to risk behaviour of HIV infection and STI infection
5. By encouraging compassion and non-discriminatory attitudes and practices towards the persons with HIV/AIDS and their families including how to provide basic care for persons living with HIV/AIDS.
6. By developing group norms among peers to support each other to resist behaviour that puts them at risk of infection of STIs and HIV.
7. By holding awareness-raising campaigns and drives in the community
8. By developing a network for home-based care of people living with HIV/AIDS

Handouts - 5

Adult Learning: Adults respond best to learning that is:

- Active
- Experience-based
- Recognizing the learner as an expert
- Independent
- Real-life centered
- Task-centered
- Problem-centered
- Solution-driven
- Skill-seeking
- Self-directing
- Internally and externally motivated

Principles of Adult Learning

Adult learning occurs best when it:

Is self-directed

Adults can share responsibility for their own learning because they know their own needs.

Fills an immediate need

Motivation to learn is highest when it meets the immediate needs of the learner.

Is participative

Participation in the learning process is active, not passive.

Is experiential

The most effective learning is from shared experience; learners learn from each other, and the trainer often learns from the learners.

Is reflective

Maximum learning from a particular experience occurs when a person takes the time to reflect back upon it, draw conclusions, and derive principles for application to similar experiences in the future.

Provides feedback

Effective learning requires feedback that is corrective but supportive.

Shows respect for the learner

Mutual respect and trust between trainer and learner help the learning process.

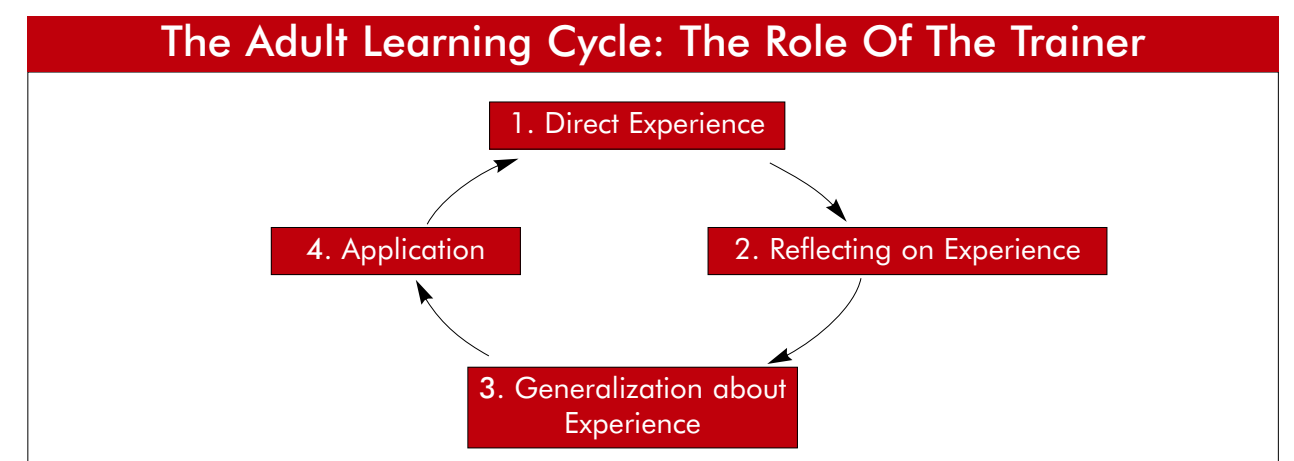
Provides a safe atmosphere

A cheerful, relaxed person learns more easily than one who is fearful, embarrassed, or angry.

Occurs in a comfortable environment

A person who is hungry, tired, cold, ill, or otherwise physically uncomfortable cannot learn with maximum effectiveness.

Learning Styles Inventory Interpretation Sheet		
LEARNER ROLE	LEARNER NEEDS	TRAINER BEHAVIOURS
A. DEPENDENT Occurs in introductory courses, new situations, new languages, courses, where learner has little or no information upon entering the course	Direction External reinforcement Encouragement Esteem from authority	Lecturing Demonstrating Assigning Checking Testing Reinforcing Transmitting content Grading Designing materials
B. COLLABORATIVE May occur when learner has some knowledge, information, ideas, ideas and would like to share them or try them out	Introspection Interaction Practice Observation Participation Peer challenge Peer esteem Experimentation	Collaborating Questioning Modeling Providing feedback Coordinating Evaluating Managing
C. INDEPENDENT May occur when learner is knowledgeable and wants to continue to learn on his/her own, or has had successful experience working alone in a new situation; may feel trainer cannot offer much expertise	Internal awareness Experimentation Non-judgmental support	Allowing Providing requested feedback Providing resources Consulting Listening Negotiating Evaluating Delegating Encouraging Environment setting



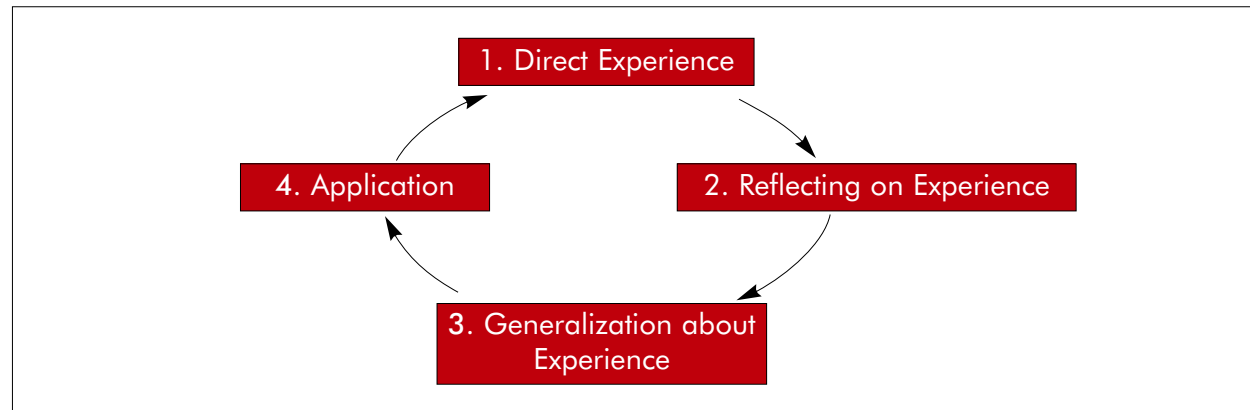
Learning is the transformation of information into useful knowledge.

The learning cycle requires the learner to progress through four different phases of the learning process. Effective learning requires the ability to apply the things you learn in phase 3, where you form principles based on your analysis in phase 2 of an experience you had at phase 1. This does not come easily for everyone, especially those who are used to learning from lectures. Adult learning requires the active participation of the learner in the learning process.

The role of the trainer, then, is to help the learner through this process of learning. A good trainer must have the competence to understand what goes on at each phase and to facilitate the learning process.

In this handout, we will go through each of the four phases and identify:

- appropriate training activities
- the role of the trainer
- the kinds of questions a trainer can ask the learner.



What Happens In Phase 1: The Experience

The learner uncovers new information that requires a response on his or her part.

Activities to use

Group problem solving	Skills practice
Case study	Games
Role plays	Group tasks
Field visits	

Trainer's role

The trainer's primary role is that of a structurer. She or he must present the objectives of the activity and clarify norms, rules and time limits. Information should be presented in a way that is meaningful to participants and that will stimulate their interest (for example, with visual aids and by asking questions).

For small group activities, the trainer needs to be very clear about the task. The task including discussion questions, should be written on a flipchart or a handout.

Group members should be assigned (or volunteer for) roles of secretary, discussion leader, time-keeper, and reporter. Although most of the processing goes on during the next phase, the trainer can ask some questions now. These might include the following:

- Are there any questions about the task?
- Is there anything else you need to know?
- How's everything going?
- Have you thought about...?
- Could you be more specific?
- Can you say more about that?
- Can you think of another alternative?
- Are you ready to record your work on a flipchart?
- How much more time do you need?

What Happens In Phase 2: Reflecting On The Experience

The learners sort out the information developed in phase 1. They will use this information to develop key "learnings" about the subject matter in the next phase, but first they need to analyze the experience.

Activities to use

Small group discussion	Large group discussion
Participant presentations	Reporting from small groups

Trainer's role

The trainer's role is to help the learner reflect on what happened during phase 1 and what the experience meant. The trainer should be sure that important aspects of the experience are not ignored. An effective way to help the learner reflect is to ask questions about what happened and how the learner reacted. Phase 2 is when learners share their ideas and reactions with each other. These are examples of the kind of questions the trainer might ask:

- What happened?
- How did you feel when...?
- Did anyone feel differently?
- What did you notice about...?
- How do you feel about the experience?
- Did anyone else feel the same way about that?
- Do you agree/disagree with what they are saying? Why?
- Does anyone else have something to add...?
- Does this surprise you?
- Do you realize that...?
- Why didn't you...?

Notice that the trainer uses open-ended questions to stimulate discussion.

What Happens In Phase 3: Generalizing About The Experience

The learners interpret what was discussed during phase 2 to determine what it means and what lessons can be learned and to draw principles.

Activities to use

Synthesis discussion in large group	Demonstration
Lectures	Reading assignments

Trainer's role

The trainer's role is the conventional role of the educator—to guide the learner. More than in any other phase, the trainer needs to be knowledgeable about the subject matter and be a credible information source. This does not mean that the trainer needs to provide all the answers during this phase. In fact, the learners will probably internalize the learning better if they find the answers for themselves. As a guide, the trainer helps the learner focus on the implications of the experience and reflection phases so that the learner can acknowledge having learned something new. There are two basic approaches to doing this: 1) the trainer can provide a summary for the learners (as in a lecture or reading assignment) or 2) the trainer can ask probing questions that enable the learners to reach their own conclusions (as in a consensus-seeking discussion). The latter approach requires strong facilitating skills.

Some useful questions the trainer might ask include the following:

- What did you learn from this?
- What does all of this mean to you?
- Is there an operating principle here?
- How does all that we're talking about fit together?
- Have you gained any new insights about...?
- What are some of the major themes we've seen here?
- Are there any lessons to be learned?

What happens in phase 4: Application

In order for the learner to feel the training is significant, the new learning must relate to her or his own life situation. During phase 4, the learner makes the connection between the training setting and the real world—the two are rarely the same. This link can be strengthened through practice and planning for application after training.

Activities to use

Action planning Practicing new skills
Field visits Discussion

Trainer's role

The trainer's primary role is that of a coach to the learner. As the learner tries doing things on her or his own, the trainer can provide advice and encourage the learner to try to improve new skills. The key question to ask here is, "How should I do this differently next time?"

Some questions the trainer can ask include:

- What have you enjoyed most about this?
- What do you find most difficult?
- How can you apply this in your situation at home?
- Can you imagine yourself doing this in two weeks?
- What do you look forward to doing most after training?
- What do you think will be most difficult when you use this?
- If you were to do this in your own project, how would you do it differently?
- How could this exercise have been more meaningful to you?
- Do you anticipate any resistance when you return?
- What can you do to overcome resistance from others?
- Are there areas you would like to practice more?
- What are some of the questions you still have?
- How could you do this better?

Choosing Appropriate Training Techniques

Kinds of Learning	Training Activities	Evaluation Activities
Facts/information	Readings, songs, lectures, brainstorming, TV, radio	Written exams Oral exams
Skills (manual, thinking, planning, etc.)	Demonstration or instructions followed by practice with feedback to correct mistakes	Observation on the job or in practicum or role play; observation checklist might be useful
Attitudes/values	Discussion, role play, role-modeling, values, clarification exercise	Indirectly, by observing behaviours, especially on the job

Handouts - 6

Communication can involve ordinary conversation, such as explaining a point, asking a question or just talking to pass the time. However in Health communication we communicate for a special purpose- to promote improvements in health behaviour through the modification of the human, social and political factors that influence behaviours. Communication on HIV/AIDS too has the same purpose. However it is a little bit more complex because it entails communicating about sex and sexuality.

Communication Process: use OHP to give an overview of the entire communication process.

Over the years, a communication model with nine elements has evolved. Two elements represent the major parties in a communication- sender/source and the receiver. Another two represents the communication tools- message and channel. Four represent major communication functions- encoding, decoding, response, and feedback. The last element represents noise in the system.

Explain the characteristics of the sender/source

Sender is the party sending the message to another part (also called the source of communication). People are exposed to communication from many different sources and are more likely to believe communication from a person or organisation that they trust. Some of the factors that build trust are: credibility, age & sex, culture, language, education, communication skills.

Explain the meaning of the term "encoding".

Encoding is the process of putting thought into symbolic form. This could be in the form of any of the senses known to human beings like speech, image, touch, smell etc. The thought expressed in the overhead uses a combination of text and visuals to convey a particular thought.

Describe the formats of a message.

Message is set of symbols that the sender transmits. The message consists of what is actually communicated including the actual appeals, words, pictures, and sounds that you use to get ideas across. The effectiveness of a message depends upon the nature of advice given, the way in which we organise the content of the message; the format used (mass media, interpersonal) the wording, pictures and the non-verbal signals that are sent out.

Explain the role of channel in the communication process.

Channel is the communication channel through which the message moves from the sender to the receiver. This is also referred as the communication method. There are two main groups of methods: interpersonal and mass media. Mass media includes TV, Radio, Newspaper etc while interpersonal communication involves all those forms where direct interaction between the sender and the receiver takes place.

Illustrate the process of decoding

Decoding is the process by which the receiver assigns meaning to the symbols transmitted by the sender. For effective communication to take place it is important that the decoding process match that of the encoding process. The greater the overlap between encoding and decoding, the clearer is the communication process.

Discuss the role of receiver in the communication process.

Receiver is the party-receiving message by another party (also called the audience). The first step in planning any communication is to consider the intended audience. All communication must

keep in mind the levels of education, visual literacy, use of media habits, prevailing culture, interest, age, and sex of the receiver while designing and communicating messages. A method that will be effective with one audience may not succeed with another. Two people may hear the same radio program, see the same poster or attend the same lecture but interpret the same differently.

Explain the meaning of "Response" and "Feedback".

Response is the set of reactions that a receiver has after being exposed to a message. Feedback is the part of the receiver's response that the receiver communicates back to the sender. This usually determines whether a communication effort has been successful or not.

Explain the role of "Noise" in the communication process.

Noise is the unplanned distortion during the communication process, resulting in the receiver's receiving a different message than what the sender sent. Decisions such as whether to listen to one radio program or another are deliberate ones. But others take place without conscious thought such as whether to look at a poster while walking down a street. Since the human brain receives a lot of messages simultaneously, it is possible that your message is left out because that brain filters it away as it decides what it wants to pay attention to and what to ignore.

Non-Verbal Communication

- Maintain eye contact with everyone in the group as you speak. Don't appear to favour certain people in the group.
- Move around the room without distracting the group. Avoid pacing or addressing the group from a place where you can't be easily seen.
- React to what people say by nodding, smiling, or other actions that show you are listening.
- Stand in front of the group, don't sit—particularly at the beginning of the session. It's important to appear relaxed and at the same time be direct and confident.

Verbal Communication

- Ask questions that encourage responses. Open-ended questions help: "What do you think about...," "Why...," "How...," "What if...," etc. If a participant responds with a simple "Yes" or "No," ask "Why do you say that?"
- Ask the other participants if they agree with a statement someone makes.
- Encourage participation by words like "Excellent!" , "very appropriate!" etc.
- Be aware of your tone of voice, and speak slowly and clearly.
- Modulate your voice and shift emphasis to avoid monotony
- Be sure the participants talk more than you do.
- Use examples, anecdotes etc. to make the topic interesting
- Don't answer all questions yourself. Participants can answer each other's questions. Say, "Does anyone have an answer to that question?"
- Paraphrase by repeating statements in your own words. You can check your understanding and reinforce statements.
- Summarize the discussion. Be sure everyone understands it and keep it going in the direction you want. See if there are disagreements and draw conclusions.

Reinforce statements by sharing a relevant personal experience. You might say, "That reminds me of something that happened last year..."

Handouts - 7

Ice Breakers, Warm-ups, Review and Motivator Games

For the following activities, it often helps to break the group into couples or trios. The smaller groups allow for more discussion, keep participants from mentally wandering off, builds rapport, and allows for "one-on-one" relationships.

You can also break a large group into small groups by having them discuss the activity with the person behind them, or having people take a different seat when they return from breaks or activities. The idea is to get them to meet and learn about other people besides their friends or favorite partner.

Icebreakers

The Magic Wand

You have just found a magic wand that allows you to change three work related activities. You can change anything you want. How would you change yourself, your job, your boss, coworkers, an important project, etc.? Have them discuss why it is important to make the change. Another variation is to have them discuss what they would change if they become the boss for a month. This activity helps them to learn about others' desires and frustrations.

Marooned

You are marooned on an island. What five (you can use a different number, such as seven, depending upon the size of each team) items would you have brought with you if you knew there was a chance that you might be stranded. Note that they are only allowed five items per team, not per person. You can have them write their items on a flip chart and discuss and defend their choices with the whole group. This activity helps them to learn about other's values and problem solving styles and promotes teamwork.

The Interview

Break the group into two person teams (have them pick a partner that they know the least about). Have them interview each other for about twenty minutes (You can also prepare questions ahead of time or provide general guidelines for the interview). They need to learn about what each other likes about their job, past jobs, family life, hobbies, favorite sport, etc. After the interviews, reassemble the group and have each team introduce their team member to the group. This exercise helps them to learn about each other.

Who Done That?

Prior to the meeting, make a list of about 25 items relating to work and home life. For example, a list for a group of trainers might have some of the following:

- Developed a computer training course
- Has delivered coaching classes
- Is a mother
- Enjoys hiking
- Has performed process improvement
- Served in the Armed Forces
- Is a task analysis expert

Ensure there is plenty of space below each item (3 or 4 lines) and then make enough copies for each person.

Give each person a copy of the list, and have him or her find someone who can sign one of the lines. Also, have them put their job title and phone number next to their names. Allow about 30 minutes for the activity. Give prizes for the first one completed, most names (you can have more than one name next to an item), last one completed, etc. This activity provides participants with a list of special project coaches and helps them to learn about each other.

The ADDIE Game (Analysis, Design, Development, Implement, Evaluate)

Make up a reasonable problem scenario for your organization where people need to get introduced, e.g. "The manufacturing department is bringing in 20 temporaries to help with the peak season. They want us to build a short activity that will allow the permanent employees to meet and introduce themselves to the temporaries." Break the group into small teams. Have them to discuss and create a solution:

Analyze the problem - Is it a training problem? If they decide that it is not a training problem, then remind them that most problems can be solved by following an ADDIE type approach. Perform a short task analysis

- How do people get to know each other?

Design the activity - Develop objectives, sequence.

Develop the activity - Outline how they will perform the activity and trial it.

Implement - Have each small team in turn introduce themselves in front of the group using the activity they created.

Evaluate - Give prizes to the most original, funniest, etc. by having the group vote.

This activity allows them to learn about each other's problem solving styles and instructional development methods. It also introduces the members to each other. This method can also be used to introduce the ADDIE method to new trainers. Time - about 60 minutes.

Finish the Sentence

Go around the room and have each person complete one of these sentences (or something similar):

The best job I ever had was...

The worst project I ever worked on was...

The riskiest thing I ever did was...

This is a good technique for moving on to a new topic or subject. For example, when starting a class and you want everyone to introduce themselves, you can have them complete "I am in this class because..."

You can also move on to a new subject by asking a leading question. For example if you are instructing time management, "The one time I felt most stressed because I did not have enough time was ..."

Reviews

Frame Game

Give each learner four blank cards and instruct them to fill in four different responses on the subject: "What were the main topics or learning points of the material we just covered?" Give them about five minutes to complete the exercise, then collect the cards, shuffle them, and randomly deal

three cards to each learner. (Note: If desired, the trainer can make up four cards of her own, but they should be philosophically unacceptable with the principles presented.) Ask everyone to read the cards they just received, and then to arrange them in order of personal preference.

Place the extra cards on the table and allow them to replace the cards in their hand that they do not like. Next, ask them to exchange cards with each other. They must exchange at least one card.

After about three minutes, form them into teams and ask each team to select the three cards they like the best. Give them time to choose, then have them create a graphic poster to reflect the final three cards. Select or vote on best poster that best represents the topic.

Rearrange the Classroom (Change)

Prior to class, set the desks up in the old "traditional" classroom row style. Except, that you should set your stage (podium, flip chart, etc.) in the back of the class. Start your presentation (you will be behind them, facing their backs). Explain to them that this is how a lot of change is implemented in organizations. The leaders get behind their employees and attempt to "push" them into change. And the attempt to change is about as successful as trying to conduct a class this way.

Also, point out that this is how a lot of traditional organizations are set up, in nice even rows (departments), where it is hard to communicate and learn from each other. But, real teams develop when we break out of our boxes and design organizations that have cross functional teams working with each other. Ask them to rearrange the room so that real learning, communication, and teamwork can take place. Depending upon your learners, you might have to give them a few pointers to get started, but then get out of the way.

During the next break or after lunch, have them rearrange the room again, using some of the techniques that they learned. This can be repeated several more times, depending upon the length of the presentation. But, each time they change the setting, it needs to reinforce something that they previously learned.

WARNING: Do not attempt this activity in a theater-like-setting where the seats are bolted to the floor! :-)

Warm Up / Wake Up

Ball Toss

This is a semi-review and wake-up exercise when covering material that requires heavy concentration. Have everyone stand up and form a resemblance of a circle. It does not have to be perfect, but they should all be facing in, looking at each other. Toss a ball to a person and who has to tell what he/she thought was the most important learning concept was. The person then tosses the ball to another person who in turn has to explain an important concept. Continue the exercise until everyone has caught the ball at least once and explained an important concept of the material just covered.

Process Ball

This is similar to the above exercise, but each person tells one step of a process or concept when the ball is tossed to them. The instructor or learner, in turn, writes it on a chalkboard or flip chart. For example, after covering "Maslow's Hierarchy of Needs," you would start the ball toss by having everyone give one step in the pyramid of needs, e.g. Safety, Physiological, Esteem, etc.

Part 4

Guidelines on one -to-one interaction, one-to-group interaction and Counselling

One to one interaction is a method through which the support needed for a person is provided by a trained person through interpersonal communication. This differs from other communication methods in having only two participants that is the sender and the receiver. The close physical proximity is another characteristic of this method of communication.

Contents

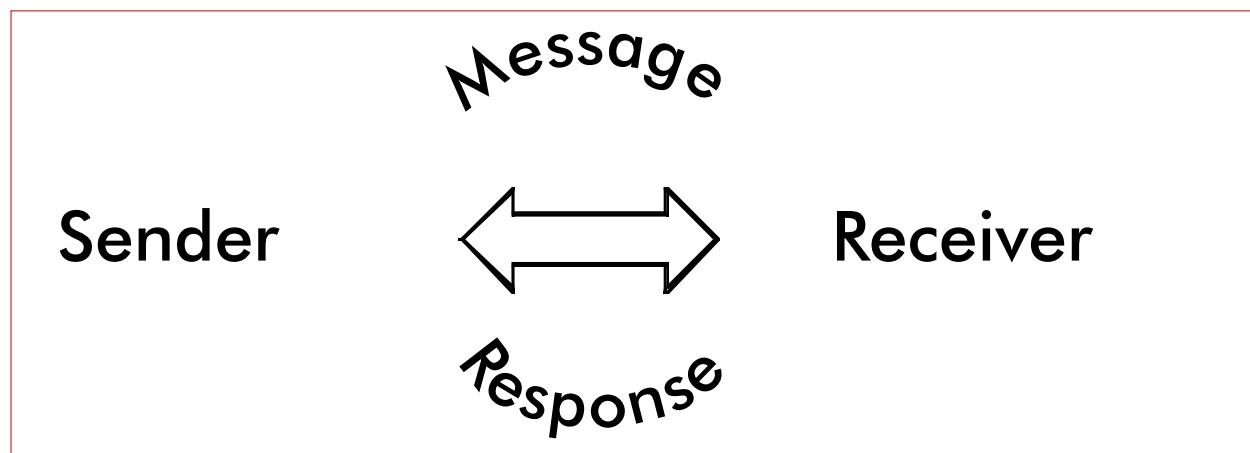
One to one education is mainly aimed for behaviour change at the individual level. During the interaction, information regarding the transmission and prevention of HIV and other issues in which the person is interested should be provided. The information that could be given are information regarding HIV/AIDS, prevention methods, correct usage of condoms, availability of condoms, STIs and their prevention, relation between STI and AIDS, STI treatment centers, importance of treatment completion and partner treatment. The HIV testing centers and other care and support services available could be also informed. Care shall be taken so that the information given is precise and what the client wants. IEC materials with the required information could be distributed during the interaction.

Requirements

A trained person in handling issues related to HIV/AIDS and STDs
Materials (IEC)

Steps in one to one interaction

There are four basic units in the communication method: the sender, the receiver, the message and the response.



Gaining information

In the process of one to one communication we try to gain information of the other person. Through this we could interact with the person in a better way. We can better predict how they will think, feel, and act if we know who they are. We gain this information passively by observing them or actively by interacting with them.

Gaining information happens during the introductory piece of conversation with the person. In this stage, participants are concerned with making favorable impressions on each other. They may use standard greetings or observe each other's appearance or mannerisms. Information regarding the person could be collected after the initial introductions.

Understanding the context

The information we say may convey different meaning in different context. Better one to one interaction happens when one fully understands what someone says in a given context. So understanding the context and the mental status of the person conversing with us is important for opening a channel for effective communication.

Establishing relation

In this stage the individuals start establishing a relation by asking questions and decide if they wish to continue the relation. At this stage self-disclosure is the best method for establishing a relation. Sharing of details of informants could help in gaining the confidence of the person. By this stage the relationship becomes less formal, the interactants begin to see each other as individuals.

Sharing information

The words we say can mean very different things depending on how they are said. The messages are of two types, the content message, which refers to the surface level meaning of a message and relationship message, which refers to how a message is said. Both are complementary to each other.

It is also very important to understand that the majority of the communication takes place through non-verbal way. In the communication process the verbal part of the message actually means less than the non-verbal part. The non-verbal part includes body language and tone.

Basic characteristics of each unit of one to one communication

- Sender:** In this case the sender would be the person who is working as the peer educator
- Peer educator should be a person well trained in handling issues related to HIV/AIDS and STDs.
 - She should have awareness on the personal, social, interpersonal, legal and other practical issues.
 - The person should be from the community itself, as she will have clear understanding of the community and their needs.
 - The person should be empathetic in order to understand the needs of the client
 - She should be genuine and treat others with courtesy, compassion, respect and acceptance
 - She should be flexible, open-minded and sincere
 - She should be non judgmental
 - She should have an analytical capacity to analyze the situation and help the client to find a solution for the problem.
 - The person should be successful in establishing a relationship with the other
 - She should be able to listen effectively to what the client has to say
 - Should interrupt the client when it is useful and appropriate
 - Should facilitate in untangling the thoughts, feelings and worries of the client
 - Should be able to provide correct information
 - Should maintain the confidentiality that the client desires
 - Should maintain a professional approach while dealing with the client

- Receiver:** In this case the receiver is the client or the person seeking the support of the peer educator.
- The client would be confronting a problem
 - She would be afraid to share the problem with her friends and relatives
 - She would wish to maintain confidential as she fears that it would cause personal and social problems
 - She would be reluctant to talk about sensitive issues like sex and sexuality
 - She may not be properly aware of the terminologies to be used
 - She may be experiencing a mental trauma even though she appears unwavering externally

- She may wish to get an immediate solution for the problem
- She may respond negatively towards the response which she may not feel acceptable

Message: Here the message would be the one the peer educator conveys to the client

- The message should be sharp and precise
- It should be relevant to the topic discussed
- The message should convey what the client wants
- Messages should not be overcrowded
- Only one message to be provided at a time
- If there are more than one message to be conveyed, prioritize the messages and deliver one by one
- Messages should enable the client to draw a solution for the problem
- Messages should be delivered in a language understandable to the client

Response: Here the response is how the client reacts to the message conveyed by the peer educator

- The response would be a quick reflection of what the person think, feel or act.
- It could be highly emotional
- Rationality in the response would be less
- The response could be positive if the message is conveyed and utilized properly
- The response would be the forerunner of the follow up action
- The response would be a retort or an emotional outflow
- It could be reflection of thoughts, feelings and worries

Skills needed for one to one communication

Skill in communication involves a number of specific strengths.

Listening skill

- Listen openly and with empathy to the other person
- Judge the content, not the person, comprehend before you judge
- Use multiple techniques to fully comprehend (ask, repeat, rephrase, etc.)
- Don't get distracted while talking
- Ask the other person for as much detail as he/she can provide; paraphrase what the other is saying to make sure you understand it
- Attend to non-verbal cues, body language, not just words; listen between the lines
- Don't control conversation; acknowledge what was said; let the other finish before responding

Analyzing skills

- Check for understanding; paraphrases; ask questions for clarification
- Focus on the problem and its content, not the person
- Attend to emotional as well as cognitive messages (e.g., anger); aware of non-verbal cues, body language, etc

Responding skills

- Respond in an interested way that shows you understand the person's problem and concerns
- Stop talking: Ask the other person for as much detail as he/she can provide; ask for his/her views and suggestions
- Provide specific answers rather than going for general information
- Don't react to emotional words, but interpret their purpose
- Decide on specific follow-up actions and specific follow up dates

Barriers in one to one communication

- **Emotions-** Often messages are interpreted differently for different people. Extreme emotions are most likely to hinder against effective communication because the message maybe misinterpreted.
- **Filtering-** In certain cases the sender manipulates the information that he communicates to the receiver. Filtering information may mislead the receiver into thinking into something favorable that has only been conveyed.
- **Overloaded with information-** Too much information about the same subject matter may be confusing. In such circumstances the receiver would often misunderstand or not understand at all what the sender is telling.
- **Defensiveness-** Defensiveness normally consists of attacking what the sender tells, putting out sarcastic remarks, questioning their motives or being overly judgmental about the subject matter.
- **Cultural difference-** Sometimes culture may be a huge hindrance for effective interpersonal communication. When two people with different cultures communicate, they often do not understand each other's cultures and may misunderstand the true meaning of what each other's trying to convey.
- **Jargon-** Everyone may not understand each other's jargon words. Jargon should be avoided when talking to someone who isn't familiar to you.

How to overcome barriers

- **Simplify language-** By structuring your language to clear simplistic sentences; the receiver would be able to understand what the sender is saying easily.
- **Restrain emotions-** Hold back emotions whilst discussing a certain sensitive issue. By speaking through a neutral manner, it would allow mutual understanding to occur and for both sender and receiver to communication in a rational manner.
- **Active listening-** Often, when the sender says something, the receiver normally hears but not listen. Place yourself in the senders' position and try to understand exactly what they are trying to convey across to you.
- **Feedback-** Done by the sender, as a word of confirmation by using closed ended questions such as "Did you understand what I just said?" or "Is what I said clear to you?"

Certain don'ts in one to one communication

- Do not attempt to communicate with a person while she is busy.
- Don't be judgmental
- Don't provide hearsay as information. The information should be accurate and sharp
- Don't make assumptions about the community's problems.
- Don't brush aside any problem as insignificant because you personally think so.
- Don't instill the idea in the community that only some problems can be addressed.
- Find creative ways of eliciting discussion.
- Don't forget minimum courtesies due to people
- Don't undertake activities in a mechanical fashion.
- Do not give away confidential information about the person to others.
- Don't be sympathetic
- Do not impose their own values on the clients
- If the information is not fully known to the person, try to inform the person after collecting the information from other sources.

A sample one to one interaction

Case: Sita is a woman in the neighborhood who needs information on STI care. She approaches a peer educator, Leela.

Leela: Hi, Sita. Where did you go yesterday evening?

Sita: I went with Mittu and Rittu to buy them school bags

Leela: When do the schools reopens?

Sita: On 4th of June and my busy days starts. Are you free now?

Leela: Yes, course. Oh! you wish to talk to me.

Sita: Neeraja told me that you are working as a nurse. Please will you help me? I am having a problem.

Leela: Yes, I am now working as a volunteer for the HIV work in our basti. I am trained by doctors and others working in HIV. I am also working closely with the doctors in our clinic.

Sita: I am having a very shameful disease. So I don't wish to talk about it to anyone else, even to the doctor. I thought you will have some medicines for that.

Leela: Sita, No diseases are shameful. It is a human health problem. And don't worry about it. I ensure that what ever be your problem you can share with me and it is fully safe with me. Don't worry.

Sita: Leela, I am having a discharge which is very thick and foul smelling. It is creating me a lot of problem. What shall I do?

Leela: The excessive vaginal discharge is due to some sort of STI which is transmitted through sex. It gets transmitted when one have sex with many with out using condoms. Have you heard about condoms?

Sita : Yes, the rubber we use for not getting pregnant.

Leela: Exactly. Condoms could prevent STIs. Now you have to consult the doctor in the clinic.

Sita: I don't like to see the doctor and tell him about the problem. He may examine me.

Leela: No Sita, I will come with you . Tomorrow it is the OP of the lady doctor. I know her personally. She is very nice and will treat your disease and give you medicines. You have to treat it at the earliest or else it will cause more complications. Did you understand what I said?

Sita: Yes, but, you will come with me?

Leela : Yes, of course. I will wait for you near that vegetable shop. You come at 9 am so that there won't be much rush. Sita, (patting her) don't worry at all. It will be alright soon. After your consultation we can ask Dhiru bhai to see the doctor. He may also have the infection. So see you tomorrow.

One to Group interaction

This is a communication method in which one person facilitates information dissemination on selected subjects in a group comprising of people sharing common interest. It would be more effective if the groups are selected on the basis of age, gender, educational background etc. This communication channel generally aims at increasing the knowledge of the group on a particular subject, initiating attitudinal change, initiating certain levels in the behaviour change process.

Significance

Could elicit more information of the group's view on the subject than that could be possible from one to one interaction

Sharing of knowledge

Breaking of attitudinal blocks

The participants would become more aware of the views and concerns of the group

Individuals could recognize that his/her concern is not an isolated case but there are many who face the same problem

Peer influence and skills for assessing personal risk are acquired through small sessions.

Facilitates free flow of interaction, which will increase the assertiveness of the weaker persons in the group.

Process

1. Selection of the group

The group has to be carefully selected. The group should be homogenous. The people participating in the group interaction should have at least a few areas in common in terms of behaviour or concerns. Ideally the group should be selected on the basis of gender. If a mixed group is selected, the free flow of interaction may not occur due to inhibition in talking about sensitive issues.

2. Selection of the subject

The subjects should be selected based on the common interest of the group. It should be selected in a participatory manner and in consensus with the majority of the group. Ideally it is advisable not to select more than two subjects for one session to prevent overcrowding of information.

3. Presentation of the subject

The presentation of the subject could be oral or visual. Incorporating visuals in between the lecture is ideal as visuals have more impact on the audience. The information presented should be precise and relevant to the topic selected. It should be more or less a sharing of information rather than teaching something.

4. Discussion

Open discussion should be facilitated after the presentation of the subject. The facilitator should be skilled enough to ensure sound participation of the group in the discussions. Equal attention should be given to the views of all the people irrespective of their experience or educational status.

5. Follow up

It is more effective if follow up sessions could be arranged after the first session with the same participants. This will enable to track down the changes occurred in the attitude as well as the behaviour of the group.

A Few Practical Tips

Who should be the participants	Those who are having common background and interest. It could be male- female groups, young-middle aged groups
What is the ideal time/context	When the participants are relatively free and willing to attend
What should the facilitator tell them	The facilitator could pass information relevant to subjects selected. It should be conveyed in a very simple language and understandable to the audience.
What should the facilitator show them	Visuals related to the subject could be shown. Materials like postures, wall charts, flip charts, albums, flash cards and other types of IEC materials could be displayed. Audio/video clippings could be shown. Demonstrations could be also done.
How should the facilitator tell them	The facilitator should conduct in a way that is more like a sharing of information than teaching something
What should the facilitator ask them	The facilitator should ask them whether they have any doubts. Often people have misconcepts and the facilitator should be able to clear the misconcepts

Points to be considered

- Time and convenience of the participants should be considered.
- Groups should be small comprising 8-10 participants.
- Visual materials should be used if possible. It has more impact than lectures.
- After the presentation of the subject, discussion on it should be encouraged. This would help in the expression of the views and perception of the group.
- Group dynamics to be observed
- The avoidance of domination or inertness in the group is necessary.
- Free flow of discussion should be encouraged.
- Deviation from the subject and cropping up of discussions on other issues are bound to happen. The facilitator should take care to bring back the discussion to the subject under consideration
- Sessions should be made interactive
- Sessions should be started only after a warming up exercise

Counselling

Counselling is a process, in which the counsellor provides to another individual or group (the client), guidance and encouragement in creatively managing and resolving practical, personal and relationship issues. Counselling emphasizes the conscious use of the client-counsellor relationship. It includes an extensive range of theoretical approaches, skills and modes of practice.

Counselling is a way of enabling the client to understand different choices or solutions to the problem and help the client in choosing the best option. It does not involve giving advice or directing a client to take a particular course of action.

Process

Counselling takes place when a counsellor sees a client in a private and confidential setting to

explore a difficulty or the problem the client is having. By listening attentively and patiently the counsellor can begin to perceive the difficulties from the client's point of view and can help them to see things more clearly, possibly from a different perspective.

In the counselling sessions the client can explore various aspects of their life and feelings, talking about them freely and openly in a way that is rarely possible with friends or family. Bottled up feelings such as anger, anxiety, grief and embarrassment can become very intense and counselling offers an opportunity to explore them, with the possibility of making them easier to understand. The counsellor will encourage the expression of feelings and as a result of their training will be able to accept and reflect the client's problems without becoming burdened by them.

Acceptance and respect for the client are essentials for a counsellor and, as the relationship develops, so too does trust between the counsellor and client, enabling the client to look at many aspects of their life, their relationships and themselves which they may not have considered or been able to face before. The counsellor may help the client to examine in detail the behaviour or situations, which are proving troublesome and to find an area where it would be possible to initiate some change as a start. The counsellor may help the client to look at the options open to them and help them to decide the best for them.

Steps in counselling

- Listen effectively to what the counselee is saying
- Facilitate bringing out the counselee's feelings and worries about a situation
- Give different options available for the problem
- Discuss the pros and cons of each options
- Facilitate the counselee in selecting a suitable option
- Help the counselee in putting the option into action
- Provide follow up services
- Help the counselee in assessing the result of the action plan taken for the problem
- If found not suitable, help the counselee to test the second best option
- Follow up

Qualities needed for a counselor

- The counselor should be well trained in counselling and other aspects
- Should have current updated knowledge in the issues handled
- Should be a good listener
- Should be empathetic and not sympathetic
- Should be non judgmental
- Should be successful in establishing a relationship with the other
- Should be able to provide correct information
- Should maintain the confidentiality
- Should maintain a professional approach while dealing with the client

Counselling in the context of HIV/AIDS

HIV counselling is a confidential process that enables a person to assess his or her relative risk of acquiring or transmitting HIV. Counselling also helps a person determine whether to be tested and provides support when a person receives the test results.

There are two types of counselling given to a person who come for testing, pre test counselling and post test counselling.

Pretest counselling

Pretest counselling is the counselling offered to a client to help him to decide whether to get tested or not. It is important to note that before taking an HIV test, a client should be aware that if the result is positive, he or she would have an illness that carries a social stigma. In some settings, people with HIV have been thrown out of their homes, fired from jobs, victimized in their community, and physically assaulted. Clients need to think through these possible problems before they decide to be tested.

- Pretest counselling provides an opportunity for counselors and clients to talk about the HIV testing process, the meaning of positive and negative test results, the client's potential risks, ways to reduce risk, and the client's intended plan of action once he or she has received the test results.
- Pretest counselling should not focus on getting the client to admit to various behaviours, which may be considered socially unacceptable or which he or she may feel uncomfortable discussing. It is essential to discuss all of the behaviours that may increase the risk of HIV infection in a client-centered, nonjudgmental way, as well as to discuss ways to reduce risk.
- Pretest counselling and education will help both the health care provider and the client assess the client's understanding of HIV/AIDS, testing, modes of transmission and prevention, along with his or her ability to handle the results.
- In addition, counselors should attempt to work with clients to develop personalized HIV risk-reduction plans, focusing on realistic, incremental steps toward behaviour change.

Posttest counselling

All individuals who are tested for HIV should have access to a posttest counselling and education session at the time they are given the test results. This session will help both the health care provider and the client assess the client's understanding of the results of this test.

- When giving negative test results, the counselor reminds clients that the results may not be accurate if the client has engaged in behaviours that put him or her at risk during the three months before testing or since the test was done.
- When disclosing a negative test result, the counselor explains what the test result means, answer any questions, address the client's emotional response, and discuss strategies for remaining HIV-negative. This could include further discussion of the client's risk-reduction plan.
- If the test is positive for HIV, the counselor begins to help empower the client to participate in the many difficult decisions that HIV infection poses by providing clear, honest, factual information in terms the client can easily understand.
- If a client tests HIV-positive, the counselor explains what a positive result means, addresses the client's emotional response, answers any questions, discusses treatment options and self care, and
- The counselor also discusses how the client can avoid transmitting the virus to others.
- Women who test positive should be counseled on options available to prevent parent-to-child transmission (PPTCT) of HIV.
- Refers newly diagnosed clients who may require immediate assistance in attaining additional counselling for emotional distress, peer support, or assistance with financial concerns, future planning, child care issues, housing, or other practical concerns.

Part 5

Guidelines on How to use Support Systems

Support systems

HIV/AIDS is considered as a social issue and over a period of time, different types of services have been set up to address the issues which includes clinical services, legal services, care and support services, gender based services, children related services and so on.

In India the responses towards HIV/AIDS are planned, implemented and managed through a national program – National AIDS Control Program (NACP). The apex body at the national level to manage the program is the National AIDS Control Organisation (NACO), which is set up under Ministry of health and family welfare and at state level the State AIDS Control Societies (SACS).

So far two phases of NACP are completed and the third phase is at the verge of initiation. Since it is a national program most of the programs across the country are standardized and made available at multiple levels. Profiles of some of the key services, which, can be accessed at multiple levels, are given below.

Targeted Interventions (TI)

The TI Program is designed to reduce the rate of transmission among the most vulnerable and marginalized population. Direct intervention programs envisage multi-pronged strategies, including behaviour change communication, counselling, provision of health care support, treatment of sexually transmitted infections (STI), condom promotion and creation of an enabling environment. It is a comprehensive and integrated approach to marginalized and vulnerable populations such as sex workers, injecting drug users (IDU), men having sex with men (MSM), truckers, migrant labor, street children etc. The TI program is being implemented by the non-governmental organisations (NGOs) and community based organisations (CBOs) with the support of SACS and their project support units.

Training for health care providers

The overall objective of the training program is to impart knowledge and to develop skills of healthcare providers in order to prevent and manage the HIV/AIDS; to reduce the impact of the epidemic not only upon the infected persons but also upon the health care sector at all levels. The trainings are directly organised by the SACS team in association with the state and district level health machinery.

The impact of these training programmes has been encouraging. The Government hospitals are gradually becoming non-discriminatory in their approach to HIV/AIDS cases and these patients are being admitted in the general wards. More and more doctors are now treating AIDS cases in their respective areas and the referral of cases to tertiary hospitals is gradually reducing. Overall, these training programmes have led to better management of AIDS cases in hospitals and ownership of the programme at institutional level.

Sexually Transmitted Infections/Sexually Transmitted Diseases Control and Management

STD control program is planned to provide services for the general population. Because of the strong links between HIV and STI, the STD control program became a part of NACP. It envisages specialised facilities for diagnosis and treatment through more emphasis on health seeking behaviour of the individuals having STI and the removal of the social stigma attached to the problem of STI, and thus HIV/AIDS. The main objectives of the program emphasises reduction of STI cases and thereby control of HIV transmission; and prevention of short-term and long-term morbidity, mortality and stigma due to STDs.

The strategies adopted include strengthening of existing STD Clinics, identification of new clinics, ensuring availability of specialised services, equipment and medicines. Training of Medical and Para medical staff to equip them to extend better services is part of the program. The services are available in all the state health care providing systems – including taluk hospitals and primary health centres (PHCs).

Family Health Awareness Campaign

The Family Health Awareness Campaign is a strategy, through which, the target population (age group of 15-49 years – male and female) are sensitized towards problems of Reproductive Tract Infection / Sexually Transmitted Infections (RTIs/STIs), especially in the rural and marginalized population. This is organised once in a year in partnership with different organisations in the state.

Information, Education and Communication (IEC)

Communication continues to be one of the most important strategies in addressing HIV/AIDS and related issues. In the absence of a vaccine or a cure, prevention is the most effective strategy for the control of HIV/AIDS. IEC programs for the general population through various channels and mediums aim to increase the awareness level on HIV/AIDS, its social impacts and also provide information on services available. It also focuses on behaviour change of the population in terms of health seeking and safe sex practices. SACS in association with different partners organise IEC programs on a regular basis.

Family Life Education Program for School students

The School AIDS Education program is an important program that focuses on student youth to raise their awareness levels. It also helps young people to resist peer pressure and develop a safe and responsible life-style. This program reinforces family values and respect for the opposite sex.. The program is supported by SACS and is implemented by various partners.

Blood Safety Program

The overall objective of the Blood Safety Program is to ensure easily accessible, adequate supplies of safe and quality blood and blood components for all irrespective of their economic or social status. It also ensures organized blood banking services at the state / district level, motivates people for donating blood voluntarily and enforces quality control of blood. The SACS monitor the blood banks at multiple levels and ensure that HIV free blood is available in all the banks.

Voluntary Counselling and Testing (VCTC)

Counselling and voluntary testing has emerged as an important strategy for the prevention of the spread of HIV infection. The VCTCs are centers where people can obtain free HIV testing as well as avail counselling services. Persons who desire to get tested on account of past risk behaviour, can do so at the nominal cost of Rs. 10. It is felt that by getting tested and counselled, infected people may adopt preventive measures so that they do not pass on the infection to others and uninfected persons may be more careful to avoid risk behaviour in future. Post-test counselling helps people to cope with their HIV status, reduce risk of transmission of HIV to others, and get access to care and plan for the future.

Surveillance

Surveillance involves sentinel surveillance in which blood collected for other purposes is subjected to HIV testing in an unlinked anonymous manner after removing all identifying data. Serial blood samples are collected from all STD clinic attendees and pregnant women from certain designated sentinel sites, which are usually Medical College hospitals or government hospitals for a period of 3 months. This exercise is repeated annually.

Care and Support Program

This involves comprehensive care including treatment of opportunistic infections, counselling and referral where appropriate. Care at home with involvement of the community and NGOs and integration of this model into the existing health services is envisaged. All health care providers are given training in the management HIV/AIDS. Medical and Nursing care at hospitals have been strengthened. Those who need hospitalization are cared for in Government hospitals. Now AIDS patients are being treated in all Medical Colleges, District Hospitals and many Taluk Hospitals. AIDS patients are treated in general wards and are usually not isolated. This has resulted from improved training of Doctors and other hospital staff. Drugs for treating opportunistic infections are provided to all these institutions. In addition to this low cost community care centers have been set up in different parts of the state by the SACS.

Positive people's network

Indian Network of Positive People (INP+) is a national, community-based, non-profit organization representing the needs of people living with HIV/AIDS (PLHA).

Formed in 1997 by twelve people living with HIV in India, INP+ aims to improve the quality of life for People Living with HIV/AIDS in India. The fundamental principle guiding the work of INP+ is the centrality of PLHA in decision-making processes that affect their lives. Consequently, INP+ is organized and managed by people living with HIV/AIDS in India. INP+ along with the state level member networks together form a federated structure, which constitutes INP+. INP+ closely works with the Positive Women's network (PWN+) to address that women living with HIV in India.

The essence of INP+ is to provide a voice for PLHA at the local, regional and national levels in order to facilitate systemic change in critical areas such as care and support, access to treatments and addressing issues of discrimination facing PLHA in Indian society.

Anti Retroviral Therapy

Antiretroviral drugs are provided free by the Government through selected ART centres set up throughout the country. The list of the ART centers can be accessed from the SACS.

Prevention of Parent to Child Transmission HIV

Prevention of Parent to Child Transmission (PPTCT) is one of the most important strategies for the control of the HIV epidemic. Now it is possible to reduce the risk of transmission from the mother to the child during delivery by administering anti retro viral drug therapy to the mother and baby. Selected centers are providing these services to the pregnant women. Counselling services are also available in these centers. The list of the service centers can be accessed from the SACS.

Accessing the support systems

The above mentioned services are available in all the states at multiple levels and it is being managed by the SACS. One can think of accessing services in different steps.

Step 1 – Identify SACS address and other contact details

Step 2 – List all the services available in the locality and state which is supported by SACS and other resource agencies

Step 3 – Make an official visit to these agencies and brief them about the PE system and aims to them

Step 4 – Officially ensure that you will be accessing the services on a need-based manner

Step 5 – Document the communications on a regular basis and share it with the peer educators in the unit.

Step 6 – Always keep in touch with the officials in the service centers

Step 7 – Do regular follow up of the service seekers and update the service providers about their status.

More over accessing services depend on information level and motivation level of the persons in need of the services. As a peer educator one needs to update the information about the services available and keep motivating the persons in need.

Part 6

Guidelines on
How to Share Basic
Information

Introduction

HIV epidemic is a growing epidemic. It has affected all sections of society. Therefore, it is essential that everyone have at least the basic information on HIV/AIDS.

If you are clear about basic information on HIV/AIDS, you could help others by sharing it with them. Your help could be life saving. Would you like to become a volunteer who would help others to get basic information?

If 'Yes', then before you start sharing basic information, your understanding of HIV/AIDS should be clear.

Your information is likely to be clear, if you have done one or both of the following –

- Attended a Peer Education training program based on the module
- Read and understood the booklet – 'Basic Information on HIV/AIDS'

You might also have obtained reliable information from other sources.

This booklet explores methods that are open to you for sharing information with others. There is no one best method. This booklet does not even list all the possible methods. Ultimately whatever works for you and others is the best method.

If you have decided to share your knowledge with others, it might be useful to look at helping others through a step-by-step approach.

Once you gain more experience, you might be able to modify these steps to suit your style of communication and the needs of the people whom you communicate with.

What is listed below is a simple approach that consists of 5 sequential steps.

- **Self-preparation:** As the name indicates, this involves preparing yourself for your roles and responsibilities as a volunteer to help others.
- **Assess receptivity:** Your communication will be useful when the person who is receiving your communication is receptive. Therefore before you start your communication, it is important to assess the receptivity of your audience.
- **Decide approach:** Ensure that your approach fits the requirement of your audience.
- **Deliver:** Your communication is likely to be effective if the 3 previous steps were thorough.
- **Follow up:** Delivering your communication is only the beginning. Follow up is needed for your communication to be more effective.

1. Self-preparation

Self-preparation is preparing yourself for your task. In this context your task is to communicate basic information on HIV/AIDS to others. What are the areas where you need preparation? One way to find this out is to try to find answers in the situations described below.

Imagine that there is a training program on HIV/AIDS. Imagine that in this training program you are a member in the audience. What will you expect from the speakers? Please list your expectations before reading the rest of this document.

People might differ in their expectations. But there is likely to be common areas which most people share. The following list is by no means complete. It is just a small list of common expectations from audiences.

- **Speakers should not be boring!**

People have this expectation not only from training programs; they do not want others to be boring in social interactions also. The main cause of boredom is when the speaker continues to speak without giving the audience a chance to speak. There are speakers who can hold audience's attention for long periods of time. But such skills are very rare. Individuals who have such skills have cultivated it with constant practice over long periods of time. But for most people the simple rule for speaking is 'make your speech more like conversation'. You can constantly throw questions to audience, get their response and discuss the response. You could also ask their comments at frequent intervals in your speech.

'Speakers should not be boring' is essentially about becoming better speakers. A good speaker is someone who has attentive listeners. If your audience is not listening, the entire purpose of your speech is lost. There are plenty of books available on public speaking and other types of communication. All HIV related work need not be speeches. It could be discussions with small groups or conversations on a one-to-one basis. All these are different forms of communication. The first step in attaining greater proficiency in one or more forms of these communications is simple (but vital) – you as an individual must have a strong desire to become a better communicator. If you have this desire, then you can find the ways through which you could improve your communications. There are many sources like books and websites, which provide resources to become better communicators. A detailed discussion on this issue is beyond the scope of this document.

- **Speakers should know what they are speaking on**

This is essentially about being informed. These days when information is growing or exploding rapidly, no one person can know everything about any issue. But it is possible to know at least the minimum that is needed. Nothing disappoints (or irritates) an audience more than the realization that the speaker is not knowledgeable on the topic of speech. If you do not know the answer to a question, it is easier to respond with a simple 'I do not know the answer to that question – but I will try to find out and share it with you later'. Of course, if you promise to find out, you must make an effort to find the answer and communicate the answer to the person through some appropriate channel (maybe phone call or mail etc.).

However, if you would like to be a volunteer, you must thoroughly prepare yourself for the responsibility that you have undertaken. The minimum that you could do is to read and re-read the basic information module that comes along with this document. If there are doubts, please ask through the arrangements that have been set up as part of the training program.

If you would like to know more about HIV/AIDS, Internet is the best resource. If you have access to Internet, you could search for any information that you want. The best advice for people who do not have Internet is to either visit commercial outlets that provide Internet services or better still, get one of your own.

There could be many more expectations, but these two are the most basic expectations from audiences.

2. Assess receptivity

Communication can be provided only when there is receptivity. This applies whether it is communication to one individual or communication to a large number of people. Communication is about what is received and understood by the audience or listeners rather than what the speaker says. Therefore, if the audience is not receptive, they may not bother to understand what you say or worse still may understand your messages in a wrong way.

How to assess receptivity?

Is it possible to assess receptivity before you start your communication session – whether it is a speech or a discussion?

Audience receptivity could be higher when they have some notion of what to expect and that notion is something that they desire. For example, for a sports fan, an opportunity to communicate with outstanding champions will have high receptivity because the sports fan knows that he/she could seek opinion on any issues relating to their favourite sport.

Seasoned speakers assess audience receptivity through work done well before the presentation, quick assessment done just before presentation and by cues obtained during presentation. Often it is a matter of personal judgment. This document does not give any particular approach to assessing receptivity. But this document would like to recommend to you to be constantly aware of the need to assess audience receptivity before you start your communication and while your communication session is progressing.

Is it possible to increase receptivity?

Yes. It is possible to increase receptivity. How?

There are three sets of actions that could increase audience receptivity.

- Actions before your session
- Actions during your session and
- Actions after your session

Before your session: Communicate what you plan to communicate and emphasise why it is important to them. Please note this carefully. The core issue is why it is important to them. This could be done through post or email few days before the sessions. If this is not possible, it could be done just before the session starts.

During your session: Keep the number of core points as small as possible. People cannot remember vast number of points. If you can drive home two or three key points in one-hour session, you have achieved a lot. Get audience feedback on these key points from time to time. Engage the audience in different ways so that they have opportunity to examine these key points (e.g. asking them questions, inviting questions from them, forming small groups for discussion etc.)

After your session: Provide some ways the audience could contact you or some other reliable source for more information or clarifications. This particular training program will set up some systems for all the participants, which will be finalized during the training program. You could set up your own systems according to your convenience. Some systems could be very simple – you could merely share your phone numbers and specify some time when you will be available to attend calls. If you get a large number of calls, you could fix appointments for telephonic discussions so that it does not disturb your daily schedule.

3 Decide approach

The core work that a volunteer does is communication. Communication could be done through many different approaches. Your communication has succeeded when the audience has understood what you wanted to convey. Your communication could be rated as brilliant if it influences the behaviour of the audience so that they modify their behaviour based on what they have learnt!

The type of approach will depend on

- How much time the audience has (not to be confused with how much time you have!)
- The number of people in the audience
- The characteristic of the audience – whether they have roughly similar background or not. Do they have similar levels of education? Are they more or less matched in age? Is it an all men group or an all women group or a mixed group?
- Whether the audience is looking forward to the communication or they have no information on what to expect
- Whether you are likely to interact with the audience in future
- Whether the audience has internet access (increasingly becoming more significant)
- And many more factors (you are welcome to add to this list)

The most important skill to use while deciding the approach is your commonsense. It goes without saying that content that is appropriate for an all adult women group may not be appropriate for a mixed group with adult men and children in different age group. A useful rule of thumb for deciding the approach is to 'Always keep the need of your audience as the primary concern'.

There could be many approaches. Traditional approaches are face to face. Increasingly Internet is being used as the primary channel of communications. Internet and phones could also be used for follow-ups. Some approaches are listed below.

- **One to one interactions** – You could communicate with only one friend or acquaintance
- **One to small group discussions** – You could be discussing with a small group of people (typically less than 10)
- **Presentations to groups (groups of around 20 people)** – Formal presentations with question & answer sessions
- **Presentation to large groups** – Formal presentations with or without question & answer sessions
- **Workshop situations** – Where people have more opportunities to interact and go through discovery based learning

4. Deliver

Efforts in preparation lead to effortless in delivery.

The first mantra for good delivery is preparation, preparation and more preparation.

The second mantra for good delivery is to learn from your experience and constantly improve both your preparation and delivery.

The third mantra – There is no third mantra!

Preparation will depend on the type of approach that you have chosen.

5. Follow up

Let us assume that you have gone through all the necessary steps.

- You have understood the nature of your audience and the needs of your audience
- You have decided on the approach to be used based on the needs of your audience
- You have prepared, prepared and prepared and
- You have delivered an effective communication package

Is there anything else to be done? Yes – follow up.

Follow up is crucial to effective communication. Though your audience understood your communication and appreciated it, the work is far from over. If your communication has been effective, the audience might think about it and doubts will come up randomly. Clarifications and discussions on these doubts is the key to consolidate the learning.

How to follow up?

This depends on the communication channel that is open between you and the individuals who need to interact with you on a long-term basis.

- You could use face-to-face discussions if you meet regularly – e.g. neighbour, colleague etc.
- You could choose telephonic discussions if that is appropriate
- If both of you use internet, then you have an excellent medium for discussions and follow-up.

