

PROGRAM SCHEDULE

Training Schedule for the 7-day Integrated Induction Training for HIV Counsellors

Session No.	Session Name	Duration	Time
Day 1			
	Introduction, Ice Breakers, Pre training evaluation	30 min	9:00-10:00
Session A	Orientation to the Training Programme	1 hr 30 min	10:00-11:30
	Tea		11:30-11:45
1	Basics of HIV/AIDS and HIV Diagnosis	1hr 45 min	11:45-1:30
	Lunch		1:30-2:00
2	National AIDS Control Programme Updates	1 hr	2:00-3:00
	Tea		3:00-3:15
3	Counsellor's Self-Awareness, Attitudes, Values, and Ethics in HIV Counselling	3 hrs	3:15-6:15
	Discussion on case studies by groups for session 9 (Understanding Vulnerability of HRGs and BPs)		Evening group activity
Day 2			
	Recap	15 min	9:00-9:15
4	Social Drivers of the HIV Epidemic: Gender, Sex, Sexuality, Violence, Migration	4 hrs	9:15-1:15 (with working tea)
	Lunch		1:15-1:45
5	Understanding marginalisation, vulnerability, stigma and discrimination in the context of HIV/AIDS	2 hrs	1:45-3:45
	Tea		3:45-4:00
6	Understanding vulnerability and risks of High Risk Groups (Core groups and Bridge Population)	2 hrs 15 min	4:00-6:15
	Screening of movie 'Queen' or 'Astitva' or any other movie in the context of gender		Evening movie time
Day 3			
	Recap	15 min	9:00-9:15
7	Enhancing Counsellor Competence	3hrs 30 min	9:15-12:45 (with working tea)
	Lunch		12:45-1:15
8	Body Basics and Family Planning	1 hr	1:15-2:15
9	Basics of STI/RTIs	1 hr	2:15-3:15
	Tea		3:15-3:30
10	STI syndromic management counselling	2 hrs 30 min	3:30-6:00
	Screening of movie 'Aa Muskura'		Evening movie time

Session No.	Session Name	Duration	Time
Day 4			
	Recap	15 min	9:00-9:15
11	Basics of PPTCT and programme guidelines	2 hrs 45 min	9:15-12:00 (with working tea)
12	Basics of HIV-TB co-infection and Programmatic Linkages	2 hrs	12:00-2:00
	Lunch		2:00-2:30
	Field Visit to (co-located)ICTC, ART, STI centre and debriefing	4 hrs 15 min	2:30-6:15
Day 5			
	Recap	15 min	9:00-9:15
13	Pre test and Post test counseling	3 hrs 30 min	9:15-12:45 (with working tea)
	Lunch		12:45-1:15
14	Behaviour Change Communication and Condom Demonstration	2 hrs	1:15-3:15 (with working tea)
15	Managing Mental Health Issues in the context of HIV	3 hrs	3:15-6:15
	Practice assignment on Counselling with Sero discordant Couples.		
	Ask the participants to plan and prepare for the breakfast session to be conducted two days later.		6:15-7:15/Evening
Day 6			
	Recap	15 min	9:00-9:15
16	Counselling Children and Adolescents	2 hrs 30 min	9:15-11:45
17	Counselling Sero-discordant Couples	2 hrs	11:45-1:45
	Lunch		1:45-2:15
18	Basics of Antiretroviral Therapy	1 hr 30 min	2:15-3:45
	Tea		3:45-4:00
19	Counselling for ART adherence and treatment including paediatric ART	4 hrs	4:00-8:00

Session No.	Session Name	Duration	Time
Day 7			
	Breakfast and Activity 'Kaun Banega Sanjeev Kapoor'		8:00-9:00
	Recap	15 mins	9:00-9:15
20	Nutrition in the context of HIV/AIDS	1 hr	9:15-10:15 (with working tea)
21	Linkages for effective counselling	2 hrs 20 mins	10:15-12:25
	Lunch		12:25-1:00
22	Post Exposure Prophylaxis (PEP) and Universal Precautions #	1 hr	1:00-2:00
23	SIMS	4 hrs	2:00-6:00 (with working tea)
	Post training evaluation (Valedictory)	45 min	6:00-6: 45

#This session may be covered during the field visit if needed.

PRE- AND POST-TRAINING ASSESSMENT TOOL

Sample Tool & Answer keys (Pre- & Post-Training Assessment)

Instructions: This tool consists of 4 sections. Please respond to all the questions/ items under each section. Please encircle your response clearly. You are not required to write your name anywhere on this tool but please do mention your ID number on top right hand corner of this page. Your responses will be kept confidential and used for program purposes only. **Each items of the tool should be attempted and no items should be unmarked.** [Time allowed: 30 min]

Total Marks = 50

SAMPLE ITEMS FOR REFERENCE ONLY.

Section A-I (Knowledge-Multiple choice items)

Instructions: Please read each statement and encircle the correct response.

[10 X 1 =10]

Sl No.	Statements	Response Options
1.	HIV positive pregnant women should preferably be initiated on ART/ARV Prophylaxis as early as:	(1) 6 weeks of gestation (2) 8 weeks of gestation (3) 14 weeks of gestation (4) 20 weeks of gestation
2	The STI that is NOT curable is:	(1) Molluscum Contagiosum (2) Pelvic Inflammatory Diseases (3) Hepatitis B (4) Genital Scabies

Section A-II (Knowledge – True/False items)

Instructions: Please read each statement and encircle the correct response.

[10 X 1 =10]

Sl. No.	Statements	Response Options
1	Caesarean section increases the chances of HIV transmission from a mother to her baby.	True1 False2
2	Female sterilization cannot protect a woman from HIV infection.	True.....1 False.....2

Section A-III (Myths and misconceptions – True/False items)

Instructions: Please read each statement and encircle the correct response.

[5 X 1 =5]

Sl. No.	Statements	Response Options
1	HIV cannot transmit through mosquito bites.	True1 False2
2	HIV can be transmitted by hugging a person with HIV.	True1 False2

Section B

Instructions: Please read each of the statements given below. Using a four-point rating scale, state to what extent you agree or disagree with each. If you agree on a particular statement then your code on the rating scale would be either '1' or '2'. '1' means you completely agree with the statement and '2' means you somewhat agree with the statement. On the other hand, if you disagree with a particular statement then your code on the rating scale would be either '3' or '4'. '4' means you completely disagree with the statement and '3' means you somewhat disagree with the statement. Please remember that there is no right or wrong answer to these statements. DO NOT LEAVE ANY STATEMENT UNMARKED.

[15 × 1=15]

Four-Point Rating Scale:

1= Completely agree 2=Somewhat agree 3=Somewhat disagree 4=Completely disagree

Sl No.	Statements	Four Point Rating Scale			
1	HIV positive people have the right to marry.	<u>1</u>	2	3	4
2	Men who have sex with men should not be open about their sexual preference in society	1	2	3	<u>4</u>

Section-CI [Skill related knowledge]

Instructions: Please read each statement and encircle the correct response.

[10 X 1 =10]

Sl No.	Statements	Response Options
1	While listening to a client, a counselor should:	(1) Narrate his/her own experience (2) <u>Pay attention to client's perceptions</u> (3) Advice on good behaviour (4) Establish social relationship with the client
2	The appropriate referral for a patient, who has reported of severe weakness and chronic cough would be:	(1) <u>RNTCP</u> (2) Suraksha clinic (3) ART centre (4) Positive peoples network
3.	Identify and encircle the appropriate counselling techniques based on the dialogues given below. Counsellor: "In your situation, guilt feeling is normal. Many people, who face a similar situation, feel like you do."	(1) Reflecting (2) <u>Normalizing</u> (3) Paraphrasing (4) Summarizing

Thank you!

FACILITATOR GUIDE

SESSION A

Where are we and where we want to be? (Orientation to the training program)

Session Overview:

- Activity 1: Setting the mood for the session: (5 minutes)
- Activity 2: Triad interview to enable self assessment of counsellors: (30 minutes)
- Activity 3: Meri Manzil (My destination): (10 minutes)
- Activity 4: Manzil ka Raasta (Route to my destination): (15 minutes)
- Activity 5: Orientation to the training content: (15 minutes)
- Activity 6: Mind Mapping on perceived relevance of training (15 minutes)

Session Objectives:

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

- Do a self assessment of their existing knowledge and skills and its use in their current practice.
- List out their distinct roles and responsibilities as counsellors and the objective with which these roles and responsibilities are being performed.
- Develop a mind map of the relevance of this training in their service as a counsellor.
- To draw out the linkages between different topics being covered in the training.

Time allowed:

- 1 hour 30 minutes

Material required:

- Power point presentation
- White board markers, sheets, flip chart, chart paper

Method:

Preparation before the session:

- Keep the questions ready for Activity 4 (Manzil ka Raasta) and go through the power point presentation.
- Familiarise yourself with the available information about the profile of the participants well in advance.
- Read the roles and responsibilities of ICTC, STI and ART counsellors (Annexure I).
- Get yourself oriented to the training framework (Annexure II).
- Familiarise yourself with the strategy document of NACP-IV.
(<http://www.naco.gov.in/upload/NACP%20-%20IV/NACPIV StrategyDocument.pdf>)

Activity 1: Setting the mood for the session: (Do not take more than 5 minutes for this)

Start the session by telling the participants that it is the first time that we are having all three types of counsellors (ICTC, ART and STI/RTI) in the same training programme. Tell them that the training team hopes that this would be a learning experience for each one of the participants as well as for the team implementing this training programme.

Ask two or three participants how they feel about this idea of a combined training. Once they have expressed themselves tell the participants that it would be a rich experience if they would work in tandem. Tell the participants that they are free to share their individualised experiences through the course of the training since this would help them gain clarity as well as prove to be a learning opportunity for others.

Activity 2: Triad interview to enable self assessment of counsellors: (30 minutes)

1. Tell the participants that we will do an exercise to know each other better. Ask participants to get into groups of threes. Now introduce the concept of **triad interview**. Inform them that in this activity in each group of three, one participant would play the role of an interviewer, one of an interviewee and the third one would play the role of a rapporteur (who would take down brief notes in points). The roles would be switched after the first 4-5 minutes so that each group member performs all three roles. This way each one in the group would take turns to become interviewer, interviewee and rapporteur.

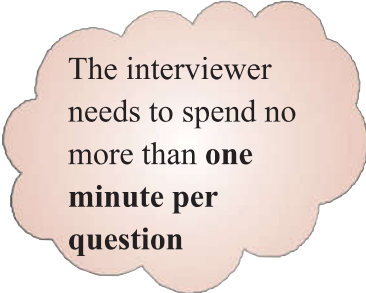


Ideas to divide the participants in triads (Spend not more than 2 minutes in this):

- (1) Ask the participants to quickly stand in order of their increasing height. The first three in the line would form the first triad and subsequently the next three the next triad till you have reached the end of the line.
- (2) Play a number game. Ask the participants to come out to stand in an area free of furniture, or in an open space. Tell them that you will call out a number, and they have to quickly group themselves in the size of the called out number. E.g., if you call out 'five', the participants would get into groups of five. After calling out a few numbers, call out the number 'three' so that they get into triads.

Tell the participants that the following areas need to be covered in the interview.

- a. Profile: Name, Age, Qualification, Professional experience
- b. How do you see your role as different from other co-professionals?
- c. How would you use your education and experience in the service as a counsellor?
- d. What in your view is your biggest strength being in this profession?
- e. Are there any clients or issues that you find easy to work with?
- f. Do you find it difficult to work with any kind of clients/issues?



The interviewer needs to spend no more than **one minute per question**



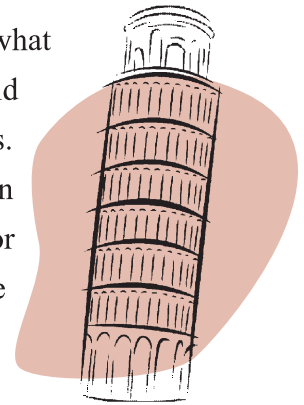
NOTE FOR THE FACILITATOR

The facilitator can keep a list of these questions in the local language, and either, display them on the screen or give a copy to each participant to save time that might be spent on understanding the language.

2. Once the activity gets over, ask one member from each group to share the responses of all three members. After a couple of presentations, there is likely to be repetition of points. In case of repetition, ask the presenters to share only any additional points that they may have. Ask one participant to come up and keep jotting down the common points on the flipchart for future reference in training. Ensure that you do not spend more than **10 minutes** on the sharing.
3. Tell the participants that this activity serves several purposes:
Firstly, it has helped us recognise our distinctive or unique role as a counsellor in a multidisciplinary team.
Secondly, it has helped us see how our current Knowledge, Attitudes, and Skills (KAS) are helping us in our work with clients.
Thirdly, it has also helped us talk about our strengths and difficulties.
This signifies where we stand today. Tell the participants that now if we also reflect on **where we want to be**, we would know exactly what we need to derive from this training. Inform them that this is what is going to be done in the next activity.

Activity 3: *Meri Manzil* (My destination) (10 minutes)

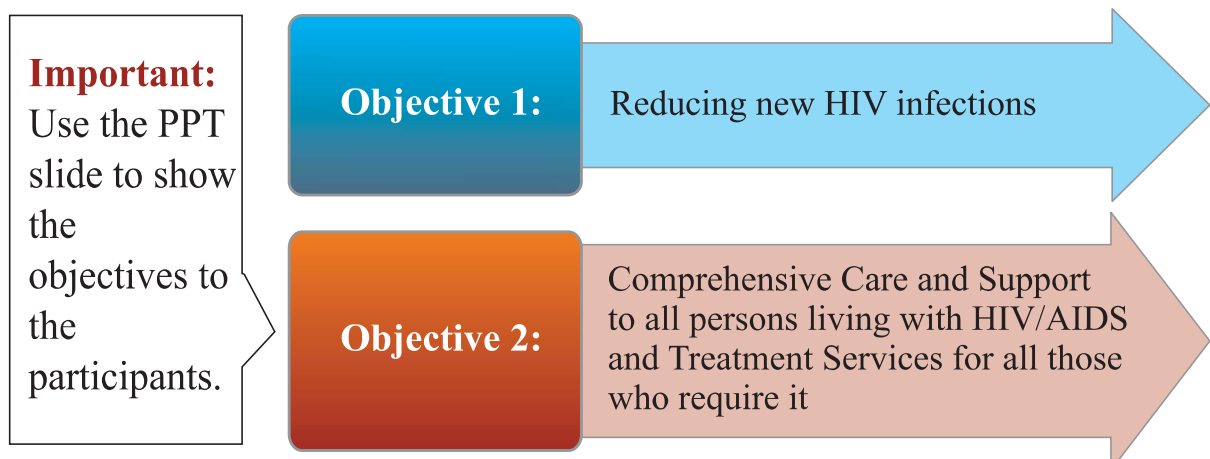
1. Tell the participants that we would begin this activity by talking about what we do as counsellors on a day-to-day basis, and tell them that you would want to know this separately from ICTC, ART and STI counsellors. Make three columns on the flip chart with ICTC, ART and STI written on top of one column each. Ask the ICTC counsellors to name any four or five tasks that they do on a regular basis, and jot down these roles in the ICTC column. Then similarly ask the ART counsellors to tell you the tasks that they handle on a day-to-day basis and jot them down in the ART column. Lastly ask the STI counsellors to tell you about the tasks that they handle and jot them also down in the respective column. Remember to be quick and not spend more than **5 to 7 minutes** on this task as this is just building up the momentum.



NOTE FOR THE FACILITATOR

The purpose behind this activity is to help counsellors see their work in the light of the larger national programme. The counsellors would be able to recognise the ultimate relevance of their intervention. This is likely to imbue them with a greater spirit and be able to look at the training programme as a step towards reaching their ultimate destination.

2. Now turn over the flip chart and ask the participants “What do you see as the purpose behind performing these roles?” The question could also be reworded as “What are we trying to ultimately achieve through these tasks; WHY are we doing these?” Give time to the participants to think and **ask one volunteer from the participants to jot down the responses on the flip chart.**
3. **After brainstorming for about 4-5 minutes, conclude the discussion by stating that our ultimate objective is two-fold:**



Inform the participants that irrespective of whether they are working at ICTC, ART or STI setups, all of them have the same destination or goal, which is derived from NACP-IV. Tell them that they need to always look at the larger picture of what their work is ultimately achieving. Assure them that their contribution is extremely significant in achieving these objectives, like many drops make the ocean. Tell them that the next question that arises is about how to equip themselves to achieve these objectives.

Going through the Strategy Document of NACP – IV would enable the facilitator to explain these objectives further.

Activity 4: *Manzil ka Raasta* (Route to my destination): (15 minutes)

1. Picking up from the previous activity, tell the participants that we have now reached a point where we are clearer about our *Manzil* (goal / destination) but it is also equally vital to understand the *Manzil ka Raasta* (route to the destination). Tell the participants that through this activity they would become acquainted with the pathway to their destination. Tell them that certain knowledge and skills are required to achieve the destination. To provide the participants a glimpse of the knowledge and skills required, tell them that they would be asked certain questions. Assure the participants that it is absolutely fine even if they do not know the answers or have only partial answers to these questions at this point of time.



IMPORTANT NOTE FOR THE FACILITATOR:

The idea behind asking questions is to **create among participants a curiosity or a need to learn, rather than to provide correct answers at this stage.**

Important:
Please use the
PPT while
asking the
questions

Question 1

Why are women more vulnerable to HIV infection?

After a couple of participants have shared the answer, ask all the participants to note down the question and their answer and wait for the session on "Social Drivers of the HIV epidemic: Gender, Sex, Sexuality, Violence, Migration" where they would be able to get the answer to this question.

Question 2

What steps should be taken to prevent the transmission of infection from an HIV positive mother to her child?

Like with question 1, after receiving 1-2 responses, ask everyone to keep in mind / write the question and their answer, and try to check it with what they learn in the session on "Basics of PPTCT and Programme Guidelines".

Question 3

What all steps should be taken by the counsellor for the management of STIs?

Provide a chance to a couple of participants to answer the question and then inform them that they should now wait for the session on "STI Syndromic Management counselling".

Question 4

What can a counsellor do if a client has lost hope for living and is feeling suicidal?

After receiving some responses from the participants, inform them that they can keep this question in their mind and wait for the session on "Managing Mental Health Issues in the Context of HIV".

Question 5

How could a counsellor go about minimising the high risk behaviour of clients?

Tell the participants that they have some ideas on how this could be done. For a detailed understanding they could wait for the session on "Behaviour Change Communication and Condom Demonstration".

Question 6

How can a client be helped to manage the side effects of ART?

After receiving some responses from the participants, inform them that they can keep this question in their mind and wait for the session on "Basics of ART".

2. Ask the participants how they feel at this point of time. **Tell the participants that the idea behind asking the questions was to provide them a glimpse of what they would be learning through the training programme.** Assure them that learning is a never ending process and the more one learns the greater is the sense of satisfaction/enrichment that one feels.

Activity 5: Orientation to the Training Content (15 minutes)

1. Tell the participants that sessions during the training could be divided into three categories:
 - ❖ One set of sessions tries to sensitise the participants regarding the **social factors (e.g., gender) which influence the HIV epidemic.** The sessions that fall within this category are:
 - Social Drivers of the HIV Epidemic: Gender, Sex, Sexuality, Violence, Migration.
 - Understanding Marginalisation, Vulnerability, Stigma and Discrimination in the context of HIV/AIDS.
 - Understanding Vulnerability and Risks of High Risk Groups (Core Groups and Bridge Population).
 - ❖ Another set of sessions provide participants with **knowledge** that would increase their own understanding and which could be used with the clients to increase their understanding as well. The sessions that fall within this category are:

- Basics of HIV/AIDS and HIV Diagnosis.
- National AIDS Control Programme updates.
- Body Basics and Family Planning.
- Basics of STI/RTI.
- Basics of HIV-TB co-infection and Programmatic Linkages.
- Basics of Antiretroviral Therapy.
- Basics of PPTCT and Programme Guidelines.
- Nutrition in the context of HIV/AIDS.
- Post Exposure Prophylaxis (PEP) and Universal Safety Precautions.
- SIMS.

❖ The third set of sessions is aimed at enhancing the participant's **skills** to work with clients. The sessions that fall within this category are:

- Counsellor's Self-Awareness, Attitudes, Values, and Ethics in HIV Counselling.
- Enhancing Counsellor Competence.
- Pre test and Post test Counselling.
- Managing Mental Health Issues in the Context of HIV.
- Behaviour Change Communication and Condom Demonstration.
- Counselling for ART Adherence and Treatment including Paediatric ART.
- STI Syndromic Management Counselling.
- Counselling Children and Adolescents.
- Counselling Sero-discordant couples.
- Linkages for Effective Counselling.

2. Conclude this activity by informing participants about how the different sessions complement each other. Inform them that they would have to use the inputs received from the training in an integrated manner. Assure them that if they consciously practice this, the integration would start happening naturally.

As a facilitator, give some examples of how the sessions are interlinked with each other. For instance, what the participants have learnt in the session on counselling micro skills would be used during pre-test and post-test counselling.

Similarly, while working with children, adolescents, couples, high risk groups; the same basic skills of counselling would be required. Tell the participants that the understanding from the session on social drivers of the epidemic would also have to be kept in mind while doing any counselling.



Activity 6: Mind Mapping to understand what counsellors believe they would be deriving from the training and using in their work (15 minutes)

1. Finally tell the participants that now they have an idea of what all would be covered in the training programme. There is also clarity about what our destination is.

The facilitator may say, “Thus, at this juncture it would be valuable to understand from you, what you see as the relevance of the training content to your area of work.” Inform the participants that this process of understanding relevance would also be carried out in each of the sessions individually. But this activity is being carried out to get an initial view on how they feel they would be using this training.

2. Divide the participants into groups as per their area of work, which means all ICTC at one place likewise STI and ART.
3. Give five minutes to each of the groups to think about what they think they will be taking back with them from the training. Ensure that every group has a final copy of the curriculum.
4. Tell the participants that as each of the groups would be sharing their points, you as a facilitator would be drawing a mind map which would remain with them till the end of the training.
5. You may begin with any group of counsellors and complete the mind map. Take about three to four minutes to draw the mind map for each of the groups. An example of how the mind map could be made is given below:



NOTE FOR THE FACILITATOR

Relevance for this activity: This activity would help the resource person solidify and ensure the continued interest of the participants. By having feedback about what participants find relevant in the training and thereby developing the mind map ascertains that participants have understood the relevance of the training in their respective area of services. The map created here would serve as easy reference for all the resource persons to understand what participants find relevant in the training. Apart from this, it would also be a set of relevant points for participants to look for in different sessions to come in the training.

The facilitator would finally ask the participants if they want any other area/s to be a part of the training programme. If they come up with any suggestion in consensus then the team may take some time out to address that need. Or it may be kept in the parking lot and addressed during leisure time of the training.

References:

Department of AIDS Control, Ministry of Health and Family Welfare, Government of India. National AIDS Control Programme Phase-IV (2012-2017): Strategy Document.

NACO. (2012). National Guidelines for Prevention of Parent-to-Child Transmission (PPTCT) of HIV. Retrieved July 27, 2014, from

http://www.naco.gov.in/upload/Publication/Basic%20Services/National%20Guidelines%20for%20PPTCT_01_05_2013.pdf

NACO. (2012, July). Operational Guidelines for ART Services. Retrieved July 27, 2014, from

<http://www.naco.gov.in/upload/Publication/Treatment%20Care%20and%20support/Operational%20guidelines%20for%20ART%20services.pdf>

NACO. (2007, October). Operational Guidelines for Programme Managers and Service Providers for Strengthening STI/RTI Services. Retrieved July 27, 2014, from

<http://naco.gov.in/upload/Policies%20&%20Guidelines/21,%20Operational%20Guidelines%20STI%20RTI.pdf>

NACO. (2007, July). Operational Guidelines of Integrated Counselling and Testing Centres. Retrieved July 27, 2014, from

<http://naco.gov.in/upload/Policies%20&%20Guidelines/20,%20Operational%20Guidelines%20for%20Integrated%20Counseling%20and%20Testing%20Centres.pdf>

NACO. (2012). Refresher Training Programme for Counsellors in STI/RTI Services: Trainer's Guide. Retrieved August 7, 2014, from

<http://www.naco.gov.in/upload/Publication/STI%20RTI%20services/STI%20Training%20material/STI%20Counsellor%20Refresher%20Training%20Trainer%27s%20Guide.pdf>

NACO. (2011, April). Refresher Training Programme for ICTC Counsellors (Second Edition): Trainee Handouts. Retrieved August 7, 2014, from

http://www.naco.gov.in/upload/Publication/Basic%20Services/ICTC%20REFRESHER%20II%20MODULE_2011/ICTC%20Refresher%20II%20Trainee%20Handout.pdf

ANNEXURE

Annexure I: Roles and Responsibilities of STI/RTI Counsellors

Information-Provision

Provide information about STI, HIV/ AIDS, Opportunistic infections, healthy lifestyles and explore any myths and misconceptions and clarify the same.

Risk Assessment and Risk Reduction

Assist clients to correctly assess their risk for STI and HIV, motivate and help them to make plans for reducing their risk, and help/enable/empower the client through the process of adaptation of healthy behaviours and coping with the same.

Treatment-Related Services

Act as an interface between client and provider, organise the treatment schedule, follow up, compliance to treatment, condom usage, partner management, and syphilis screening and other lab tests for STI/RTI.

Services to HRG Members

Ensure that every HRG receives the essential STI/RTI service package including early diagnosis and treatment of current STI episode, quarterly regular check-up, presumptive treatment of sex workers and biannual syphilis screening by closely working with respective TI NGO and through outreach

HIV and Other Referrals

Explain and encourage HIV testing, establish referral services to other centres and network for expanded STI and HIV Care and Support - General Laboratory, ICTC, PPTCT, ART, CCC, and TB HIV.

Patient-wise Documentation

Ensure documentation of history taking, counselling and risk reduction plans and filling up and maintaining patient-wise cards and clinic register.

Monthly Documentation

Collect, compile reports on computer from both Gynaec and STI OPDs and prepare and submit timely monthly CMIS formats in consultation with Medical Officer-in-charge.

Monitoring Supplies

Closely monitor the drug kit and condom consumption, and place appropriate indent in consultation with Medical Officer-in-charge and other designated staff, if available.

Supervisory Visits

Facilitate visits of the clinic by supervisory teams.

Roles and Responsibilities of ART Counsellors

Before we understand the roles and responsibilities of ART counsellors it would be useful to understand the major objectives and functions of ART Centres as the roles and responsibilities of ART counsellors are based on these objectives:

Objectives of ART Centre:

- Identify eligible persons with HIV requiring ART through laboratory services (HIV testing, CD4 Count and other required investigations).
- Provide free ARV drugs to eligible persons with HIV continuously.
- Provide counselling services before and during treatment for ensuring drug adherence.
- Educate persons and escorts on nutritional requirements, hygiene and measures to prevent transmission of infection.
- Refer patients requiring specialised services or admission.
- Provide comprehensive package of services including condoms and prevention education.

Functions of ART Centre:

Functions of ART centre can be categorised as medical, psychological and social as indicated below

Medical Functions

- To diagnose and treat Opportunistic Infections.
- To screen PLHIV for eligibility to initiate ART.
- To monitor patients on ART and manage side effects, if any.
- To provide in-patient care as and when required in linkage with other hospital departments.
- To facilitate linkages between other service providers.
- To facilitate easy access to specialist's care as necessary.

Psychological Functions

- To provide psychological support to PLHIV accessing the ART centre.
- To provide counselling for adherence to ARV drugs.
- To educate PLHIV on proper nutrition.
- To advise for risk reduction behaviour including usage of condoms.
- To provide problem solving and other counselling services.

Social Functions

- To facilitate PLHIV to access available resources provided by government and NGO agencies.
- To facilitate linkages between other service providers and patients, like educational help for the children and Income generation programmes.

Role of the ART Counsellor:

Key Functions: The ART counsellor is the key person responsible for providing overall psychosocial counselling support to PLHIV including children and their families who frequent the CSCs. The counsellor will work closely with ORWs and Peer Counsellor and equip them with skills on developing support groups, providing counselling support on selected thematic areas.

Specific roles and responsibilities of the Counsellor:

- Provision of advance level counselling on selected themes to PLHIV beneficiaries and their families. Understand the sub-group-specific special needs in counselling (e.g., PLHIV from HRGs, CLHIV) and provide advanced psychosocial and family counselling on emotional and spiritual well-being of PLHIV.
- Provide treatment, education and adherence counselling at the CSC with PLHIV clients/caregivers who visit CSC.
- Counselling on positive prevention, including discordant couple counselling.
- Counselling on reproductive health and child bearing.
- Drug/alcohol and substance abuse counselling.
- Give basic information on legal rights and if required refer them to District Legal Service Authority (DALSA).
- Nutrition/dietary counselling and conduct nutrition assessment.
- Information sharing (related to the HIV disease and quality of life).
- Counselling of children and adolescents infected and affected by HIV by assisting in varied activities such as life skills training, talent promotion, recreational activities, child protection issues, formation of children support groups, youth clubs, sports activities, and family support groups.
- Ensure that PLHIV, wherever necessary, are linked to other services/service providers both within the CSC and outside (as part of linkages established by the CSC), and linkage with social entitlements is facilitated.
- Facilitating the process of capacity building of peer counsellors.
- Help the ORW/peer counsellor in organising and facilitating Support Group Meetings (SGM).
- Assist/develop the communication activities of CSC.
- Assist with the development of content/strategy for sensitisation meetings with different stakeholders as part of the advocacy initiatives.
- Undertake field visits along with peer counsellor and ORW to meet with members of PLHIV community and their families.
- Ensure compliance with the ethical norms in counselling as established in line with the NACP guidelines.

Roles and Responsibilities of ICTC Counsellors

The ICTC counsellor is the bedrock of the HIV control programme and therefore the most important functionary in an ICTC. The counsellor reports to the ICTC manager/in-charge. Following are some broad roles and responsibilities of ICTC counsellors:

Preventive and health education

- Ensure that each client is provided pre-test information/counselling, post-test counselling and follow-up counselling in a friendly atmosphere.
- Ensure that strict confidentiality is maintained.
- Ensure that all IEC materials such as posters are displayed prominently in the ICTC.
- Ensure that communication aids in the form of flip books and condom demonstration models and fliers are available in the ICTC.

Psycho-social support

- Provide psycho-social support to help HIV-positive clients cope with HIV and its consequences.
- Ensure that the extended family of the HIV-positive client is sensitised on how to deal with HIV-positive members of the family.
- Conduct weekly visits after obtaining consent, to the homes of HIV-positive clients facing severe crisis.

Referrals and linkages

- Maintain effective coordination with the RCH and TB programmes as well as with the antiretroviral therapy (ART) programme, and visit key persons in the facilities run by these programmes once in a fortnight so as to strengthen linkages and minimise loss of clients during referrals.

Supply and logistics

- Report to the ICTC manager on the adequacy of stocks of condoms and prophylactic nevirapine tablets and syrup available in the ICTC as well as in the facility.

Monitoring

- Maintain counselling records and registers, and prepare monthly reports which are to be sent to the SACS.
- Facilitate the establishment of linkages and referrals to the ICTC from within and outside health-care settings.

Annexure II :**Training Schedule**

Sl. No.	Name of the session	Duration
Session A	Orientation to the Training Programme	1 ½ hrs
1	Basics of HIV/AIDS and HIV Diagnosis	1 hr 45 min
2	National AIDS Control Program updates	1hr
3	Counsellor's Self-Awareness, Attitudes, Values, and Ethics in HIV Counselling	3 hrs
4	Social Drivers of the HIV Epidemic: Gender, Sex, Sexuality, Violence and Migration	4 hrs
5	Understanding Marginalisation, Vulnerability, Stigma and Discrimination in context of HIV/AIDS	2 hrs
6	Understanding Vulnerability and Risks of High Risk Groups (Core Groups and Bridge Population)	2 hrs 15 min
7	Enhancing Counsellor Competence	3 ½ hrs
8	Body Basics and Family Planning	1 hr
9	Basics of STI/RTI	1 hr
10	STI Syndromic Management Counselling	2 ½ hrs
11	Basics of PPTCT and Programme Guidelines	2 hrs 45 min
12	Basics of HIV-TB co-infection and Programmatic Linkages	2 hrs
13	Pre test and Post test Counselling	3 ½ hrs
14	Behaviour Change Communication and Condom Demonstration	2 hrs
15	Managing Mental Health Issues in the Context of HIV	3 hrs
16	Counselling Children and Adolescents	2 ½ hrs
17	Counselling Sero-discordant Couples	2 hrs
18	Basics of Antiretroviral Therapy	1 ½ hrs
19	Counselling for ART Adherence and Treatment including Paediatric ART	4 hrs

20	Nutrition in the context of HIV/AIDS	1 hr (session) + 1 hr (breakfast)
21	Linkages for Effective Counselling	2 hrs 20 min
22	Post Exposure Prophylaxis (PEP) and Universal Safety Precautions	1 hr
23	SIMS	4 hrs

*An additional two hours would be allocated for the screening of the film **Aa Muskura** on the evening of the 2nd or 3rd day of the training.

An additional two and a half hours would be allocated for the screening of the film **Queen** on the evening of the 3rd or 4th day of the training.

SESSION 1

Basics of HIV/AIDS and HIV Diagnosis

Session Overview:

- Reading the PPTs – 1 hour 30 minutes
 - What is HIV/AIDS?
 - HIV/AIDS care and treatment.
 - Laboratory diagnosis of HIV infection.
 - Situations when HIV antibody assays cannot be used to diagnose HIV infection.
 - Counselling issues related to HIV antibody result provision.
 - Assays for staging HIV disease and monitoring the efficacy of ART.
 - Ensuring the quality of HIV testing in ICTC services.
- Discussion – 15 minutes

Session Objectives:

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

- Demonstrate improved knowledge of the natural history of HIV/AIDS.
- Understand the HIV/AIDS scenario in India.
- Appreciate the role of ICTC, DSRC, and ART.
- Discuss the current and proposed scaling-up of HIV/AIDS care including antiretroviral therapy (ART).
- Understand misconceptions about HIV and other associated diseases.

Time allowed:

- 1 hour 45 minutes

Material required:

- PPT slides and LCD Projector
- Pen / Paper
- Activity sheet
- Question box

Method:

Preparation before the session:

You as the facilitator:

Keep a box (like an empty shoe box) with a slit on top, in which the participants can put their chits of questions as and when they arise and especially if they feel hesitant to ask the facilitator directly.

In the session:

- Read and explain the PPTs to the participants.
- During the presentation, ask questions to keep participants actively involved in the presentation, e.g. before showing patterns of infection among vulnerable subgroups, ask the participants which groups they think are the most vulnerable to HIV infection.
- Summarise the key points of the session.
- Ask the group if they have any questions and remind them of the question box.
- Mail a copy of the handout on 'Basics of HIV/AIDS and HIV Diagnosis' to the participants one week prior to the training programme.
- Keep copies of handouts ready in-case the participants need to refer it again.

Activity 1: (Slide 4)

The HIV transmission game

Objective: To help participants experience how quickly HIV can spread.

Methodology: Role-play

Time allotted: 20 minutes

- Prepare folded slips of paper, one for each participant and one for yourself—25% marked with a '+' (plus) sign, 75% with a '-' (a minus) sign. Keep one for yourself too, making sure it has a '+' sign on it.
- Ask each participant to take a slip of paper from a box or a hat. Emphasise that no one should look at his/her slip of paper until the end of the exercise.
- Ask the participants to move freely about the room, stopping to greet participants by shaking their hand. Do this yourself as well.
- After each person has greeted 4 or 5 participants, stop the activity and ask everyone to look at their slips of paper.

- Ask all those who have a '+' (plus) sign on their paper to come forward. Explain that these people are playing HIV positive individuals. Reinforce the point that there is no risk of catching HIV through normal social greeting—this is a game to show how fast HIV can spread.
- Then ask all participants who greeted anyone with a '+' (plus) sign on their slip of paper to come forward to join their friends. Explain that this game is pretending that these people are playing individuals at high risk of being infected with the HIV virus.
- Next, address the remaining participants. Explain that the status of these people is unknown. They may be friendly with HIV-infected individuals before they had acquired the infection; but in any case, they are at risk.
- Finally, ask the following questions, according to this game:
 - How many people were originally infected with the HIV virus?
 - How many are at high risk of being infected?
 - How many others are at risk of being infected?
 - How many remain uninfected?
 - What does this activity tell us about the spread of HIV in the community?

Key messages:

- HIV is the acronym for Human Immunodeficiency Virus. A person infected with HIV is medically known as an HIV-positive person.
- AIDS stands for Acquired Immune Deficiency Syndrome. AIDS is the advanced stage of HIV infection. It is a disabling and incurable condition caused by HIV.
- HIV-infected people may remain asymptomatic for as long as 10 or more years. It may take a person anywhere from 6 months to 10 years after getting HIV infection to develop AIDS, and thus the person may not show any signs or symptoms of the infection. On an average, 50% of the HIV-infected take about 8 years to progress to AIDS. People in this phase can play an important role in the spread of HIV as they remain infectious but can be identified only by a blood test.
- A person infected with HIV has AIDS only if and when:
 - Their immune system is totally destroyed.
 - They suffer from many opportunistic infections.
- The three most commonly reported OIs in the South-East Asia Region are TB, Pneumocystis carinii pneumonia and extra pulmonary cryptococcosis (usually meningitis). The prevention and treatment of OIs delays the progression of HIV infection.
- HIV infection is diagnosed largely by the detection of antibodies against HIV in the blood of infected patients.
- There are three main types of HIV antibody tests:
 - ELISA.
 - Western blot assay.
 - Rapid HIV tests.
- The testing for HIV needs to follow the mandate given below:
 - **Voluntary testing**—the client must give informed consent for the HIV test to be performed after pre-test counselling and in the absence of coercion.
 - **Confidentiality**—is maintained by three general methods:
 - Linked testing.
 - Linked, anonymous testing.
 - Unlinked, anonymous testing.
- **ART is**
 - Life-long.
 - Not to be given with single or dual drug but with a combination of three or more drugs due to the rapid emergence of drug resistance.
- **Counsellor's role and ART:**
 - Assess readiness for ART.
 - Treatment literacy.
 - Adherence.

SESSION 2

National AIDS Control Programme updates

Session Overview:

- Reading the PPTs – 1 hour
 - The global, regional and national HIV/AIDS epidemic.
 - Prevalence and incidence of the epidemic.
 - Concentrated v/s generalised epidemic.
 - Categorisation of states and districts according to HIV prevalence.
 - Goals, objectives and focus areas of NACPIV.

Session Objectives:

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

- Understand the global and national HIV/AIDS epidemic.
- Review the list of categorisation of states and districts based on HIV prevalence.
- Describe goals, objectives and focus areas of NACPIV.

Session covers the following points:

- Unpacking **global, regional and national** HIV/AIDS epidemic scenario.
- Meaning of a **concentrated v/s generalised** epidemic.
- Epidemiology of HIV.
- HIV positivity amongst **HRG**.
- **Categorisation** of states and districts based on the HIV prevalence.
- **NACP-IV**-goals, objectives and focus areas.
- Functions of the NACO.
- Principles of ‘**getting to zero**’.

Time allowed:

- 1 hour

Material required:

- PPT slides and LCD Projector
- Pen / Paper
- Activity sheet
- Question box

Method:

Preparation before the session:

You as the facilitator:

Keep a box (like an empty shoe box) with a slit on top, in which the participants can put their chits of questions as and when they arise and especially if they feel hesitant to ask the facilitator directly.

In the session:

- Read and explain the PPTs to the participants.
- During the presentation, ask questions to keep participants actively involved in the presentation, e.g. before showing patterns of infection among vulnerable subgroups, ask the participants which groups they think are the most vulnerable to HIV infection.
- Summarise the key points of the session.
- Ask the group if they have any questions and remind them of the question box.
- Mail a copy of the handout on 'National AIDS Control Programme updates' to the participants one week prior to the training programme.
- Keep copies of handouts ready in-case the participants need to refer it again.

SESSION 3

Counsellor's Self-Awareness, Attitudes, Values, and Ethics in HIV Counselling

Session Overview:

- Activity 1: Rapid Fire Round (10 minutes)
- Session 1: Introduction (4-5 minutes)
- Activity 2: How to be (or not be!) an Effective Counsellor (30 minutes)
- Session 2: Effective and Ethical Counselling (PPT Presentation) (20 minutes)
- Activity 3: Manure and Pests (20 minutes)
- Session 3: Counsellor's Attitudes, Values and Beliefs (PPT Presentation) (25 minutes)
- Activity 4: Inside out (case discussions) (60 minutes)
- Summarisation: (10 minutes)

Session Objectives:

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

- Become aware of one's values, attitudes and beliefs.
- Understand the components of effective counselling.
- Learn counselling ethics and apply the same in HIV counselling.
- Understand the significance of counsellor's self awareness, values, attitudes and beliefs in HIV counselling.
- Become aware of one's strengths and challenges.
- Prevent personal biases to influence HIV counselling.

Time allowed:

- 3 hours

Material required:

- PPT slides
- LCD projector
- Copies of Handouts
- Translated print outs of Activity Annexure
- White board / Chart papers
- White board markers / Permanent markers

Method:

Preparation before the session:

You as the facilitator:

- Translate the questions in Annexure 1 in your local language for Activity 1.
- Print out the figure and questions given in Annexure 1 and photocopy the same as per the number of participants for Activity 1.
- Translate the statements in Annexure 2 in your local language for Activity 3.
- Print out the statements given in Annexure 2 and photocopy the same as per the number of participants for Activity 3.
- Translate the cases given in Annexure 3 for Activity 5.

Activity 1: Rapid Fire Round (10 minutes)

Tips to the facilitator:

- Please translate the statements in **Annexure 1** in the local language and provide the same to the participants on a sheet of paper.
- **You may give the following instructions to the participants:**

“I will read out and present some statements. The same statements are there in the handout given to you. Please keep the handout and a pen ready. Listen to the statement that I read, and respond to each statement in your handout with ‘**Agree**’ or ‘**Disagree**’. Please respond very quickly with the first response that comes to your mind. If you are in doubt while responding to any statement, please select one of the two options that you feel relatively closer to. **You do not have to share your answers with anyone, thus please be honest** to yourself while responding, without worrying about what the ‘right’ or ‘wrong’ answer is. So, here we go with the activity, ‘Rapid Fire Round’.”
- After the instructions, read aloud from the PPT slides each statement clearly. Pause for a second or 2 after each statement, while the participants respond in their respective handouts. Proceed to the next statement quickly, and continue with all the 15 statements.
- **Do not discuss any of the statements or participants’ responses** as being ‘right’ or ‘wrong’. At the end of the statements, inform the participants that the remaining session and a few other sessions would clarify the issues that may have come up in this activity. Thus **avoid any discussions** to stick to the time as well as to prevent any participants feeling defensive. In case any participant has further questions after the entire session, do address them in a break.

Session 1: Introduction (4 - 5 minutes)

Read out the session objectives and introduce the session to the participants saying that every profession requires different tools in addition to knowledge and skills of the profession. E.g., a doctor needs tools like stethoscope / thermometer; a carpenter needs a saw / hammer and so on. Ask the participants what tools does a counsellor need? What is it that a counsellor brings to the counselling process that cannot be done through books / computer/ internet or IEC material alone? Give a moment to the participants to think. If the participants answer with things like ‘condoms’, ‘penis model’, and so on; appreciate their replies, and say that there is more that a counsellor uses. The most important tool that a counsellor has is one’s own ‘**self**’. To be an effective counsellor requires us to be aware of different aspects of our self. The exercise done in activity 1 was to help counsellors become aware of their different beliefs, attitudes and values.

Key points to emphasise:

- The client feels heard, understood, cared for and guided by an effective counsellor, which is because the **self** of the counsellor can connect with a client,
- The counsellor also uses one's **self** to inspire the client to lead healthier lifestyles and feel more self assured and hopeful, which is much more than any source of merely giving information can do.
- The counsellor **needs to be aware** of different aspects of one's **self**.

Activity 2: How to be (or not be!) an effective counsellor: (30 minutes)

Divide the participants into 2 groups.

- Please try to remember a difficult time in your life when you felt very sad, helpless, ashamed or guilty.
- Have you ever talked to someone (e.g., friend, relative, mentor or counsellor) about it?
- Sometimes talking to someone makes us feel better, but it can also make us feel worse!

Ask Group 1:

- What qualities in that person helped you feel better, take wiser decisions and make healthier choices?
- Please list the qualities of such a person or what the person did to help you.
- You do not have to describe the 'event' that made you feel bad.

Ask Group 2:

- *What qualities in that person made you feel worse, lose hope, feel ashamed / guilty/ demoralised/ angry, or make unhealthier choices?*
- *Please list the qualities of such a person or what the person did that made you feel worse.*
- *You do not have to describe the 'event' that made you feel bad.*

Tips to the facilitator:

- Explain the activity and split the groups in the first 3-4 minutes.
- Each group is given 10-12 minutes for discussion.
- From group 1's discussion will emerge the qualities of an ethical and effective counsellor, and from group 2's – that of unethical / ineffective counsellor.
- Group 1 can present soon after their group discussion, and Group 2 can present when the slide on 'Features of Ineffective Counselling' is shown.
- Both the groups to present their points for 5-6 minutes (white board or flip chart).
- Do not get into elaborate discussions on the group 1's presentation because the following session shall cover these points.

Session 2: Effective and Ethical Counselling (PPT presentation) (20 minutes)

Read the PPT slides in an interactive manner and relate it to the group presentations of Activity 2.

Tips to the facilitator:

- Make sure to complete activity 2 and session 2 in a total of 50 minutes.
- In case of shortage of time, the points which are already covered during the group presentations may be skipped from the PPT or only briefly mentioned.

Activity 3: Manure and Pests: (20 minutes)

Ask all the participants to stand up. Tell them to imagine being a very healthy tree that is merrily swinging with the breeze. Ask each participant to act like a healthy and happy tree. Give a moment for this.

Now ask everyone to imagine being an unhealthy tree, the one that has hardly any leaves, and no fruits, and is merely existing but not at all happy. Ask everyone to act like that tree.

Now say that, we all know that there are various factors (like manure, sunlight, water) that help a tree grow healthy and bear fruit. There are also some factors (like pests, storms, soil erosion) that hinder the growth of a tree or damage it. Similarly, there are different factors that help human beings grow personally and professionally, and factors that hinder our growth.

What are such helpful and harmful factors – internal and external – for your growth? Please enlist these factors on the left and right side of the tree diagram provided to you. Your individual responses will remain with you and do not have to be shared with anyone.

Tip to the facilitator:

Please translate the questions given in **Annexure 2** in the local language and provide the same to the participants along with the tree diagram.

- Being aware of one's own strengths and weaknesses helps one become a more effective counsellor.

Session 3: Counsellor's Attitudes, Values and Beliefs (25 minutes)

- While our behaviour is visible; our attitudes, values and beliefs are not directly visible to others.
- As part of our personal growth, we need to make constant efforts to become aware of our attitudes, values and beliefs.
- This is because our attitudes, values and beliefs:
 - influence our appraisal of and responses to events / situations / persons / objects
 - determine the way we feel
 - guide our day-to-day behaviour
 - are enduring, yet amenable to change

Key points to emphasise at the end of Session 3:

- The counsellor needs to be aware of one's own values, morals, attitudes and prejudices as you did in the rapid fire round.
- Counselling in the field of HIV involves dealing with highly sensitive and personal issues like sexuality and gender. This requires a counsellor to be aware of one's own beliefs, values and feelings around sexuality and gender to be able to understand a client better.
- A counsellor needs to have a greater cognitive flexibility and is required to understand how their personal belief system might influence the counselling process. For example, a counsellor coming from a strong religious background where his/her religion prohibits consumption of liquor, might find it difficult to respect a client with alcohol addiction, and thus, feel unable to empathise with and remain nonjudgmental with the client. The counsellor needs to be aware of one's own biases so as to control one's emotions while counselling.