MODULE III

3. VOLUNTARY COUNSELING AND TESTING (VCT)

Session 3.1 Concept of VCT

3.1 CONCEPT OF VCT

OBJECTIVES

By the end of this session the participants will be able to:

- ❑ Explain the meaning of VCT
- ❑ Review the goals of VCT
- ❑ Describe benefits/barriers of VCT
- ❑ Explain VCT as the entry point for prevention and care services
- ❑ Understand the process of VCT

INTRODUCTION

HIV/AIDS presents many challenges to communities, families and individuals. Some people may feel hopeless and think that knowing their status cannot help them or their communities. They may assume that more people are infected than is actually the case. Many people are only aware of those in their community who are ill with AIDS and are not aware of those who are HIV infected and living healthy and productive lives. Often AIDS education and awareness programs appear to focus on the physical suffering, diseases, and symptoms associated with the end stage of AIDS.

VCT is both an entry and referral point for HIV prevention and HIV related care services for people whether they are sero positive or negative. People need counseling and psychosocial support for months or years. Therefore, VCT is designed to be a brief and focused intervention. The VCT intervention is based on a risk reduction model. The emphasis is on the initiation of small incremental behavior change to protect a person and their sexual partner/s from infection. In this context, VCT services are now being widely promoted and developed to provide the primary care health package.

TIME: 90 minutes

MATERIALS:
Marker; Newsprint; OHPs; Meta card

METHODOLOGY:
Brainstorming; Discussion; Mini lecture

CONTENTS

- Definition of VCT
- Review the goals of VCT
- Benefits and barriers about VCT
- VCT as the entry point for HIV prevention and care services
- The VCT process

PROCEDURES

1 Ask the participants what they know about the meaning of VCT. Record all the responses in the flip chart. Discuss the participants responses. Introduce the topic of VCT by the facilitator. Show the **M III: Session 3.1 OHP # 1a-1b** on meaning of VCT and explain the meaning.

2 Distribute meta card. Ask the participants to write one benefit and barrier of VCT. Collect all the cards and hang on the board. Open the floor for discussion. Summarize the session and show your **M III: Session 3.1 OHP # 2a** to **2d** on benefits and barriers of VCT.

3 Conduct a facilitative discussion on VCT as the entry point for HIV prevention and care services. Display **M III: Session 3.1 OHP # 3** and elaborate on the chart.

4. Ask the participants to share the knowledge about the process of VCT. Record their answers and clarify correct and incorrect responses. Put **M III: Session 3.1 OHP # 4** and elaborate the VCT process in detail. Give an opportunity to the participants for question and answer. Ask questions to the participants for their understanding and learning.

5 Summarize the session.

M III: Session 3.1 OHP # 1a

Definition of Voluntary Counseling and Testing

Voluntary counseling and testing (VCT) is an HIV prevention intervention, which gives the client an opportunity to confidentially explore his or her HIV risks and to learn his or her HIV test result.

Through VCT, clients learn their HIV status. Most people who access VCT find they are not infected with HIV! Clients who go through VCT become ambassadors for HIV prevention. They reduce their risk and encourage partners, family members and friends to access VCT.

M III: Session 3.1 OHP # 1b

HIV Counseling Definition

An interaction in which the counselor offers another person the time, attention and respect necessary to explore, discover, clarify ways of living more resourcefully.

Counseling is an issue-centered and goal-oriented interaction. Counseling is DIALOGUING and helping to provide options for decision-making and BEHAVIOR CHANGE. Good counseling helps another person to be AUTONOMOUS, meaning able to explore options, make decisions, and take responsibility for his or her own actions.

M III: Session 3.1 OHP # 2a

Benefits of VCT to the Individual

- Empowers the uninfected person to protect himself or herself from becoming infected with HIV
- Assists infected persons to protect others and to live positively
- Offers the opportunity for treatment of HIV and infections associated with HIV

M III: Session 3.1 OHP # 2b

Benefits of VCT to the Couple and Family

- Supports safer relationships – enhances faithfulness
- Encourages family planning and treatment to help prevent mother-to-child HIV transmission

Allows the couple/family to plan for the future

M III: Session 3.1 OHP # 2c

Benefits of VCT to the Community

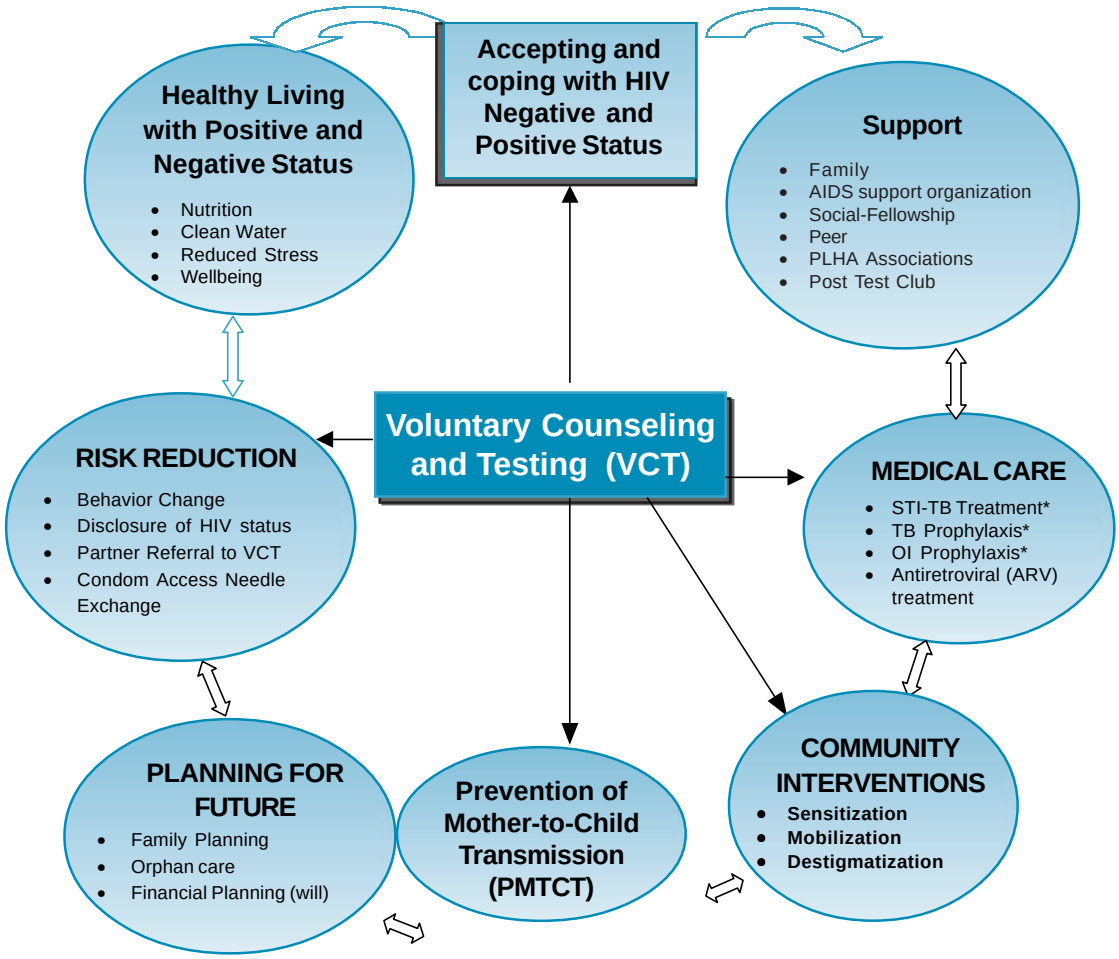
- Generates optimism as large numbers of persons test HIV negative
- Impacts community norms (testing, risk reduction, discussion of status, condom use)
- Reduces stigma as more persons "go public" about having HIV
- Serves as a catalyst for the implementation of care and support services
- Reduces transmission and changes the tide of the epidemic

M III: Session 3.1 OHP # 2d

Barriers to VCT

- Fear
- No cure or treatment
- Stigma
- No need: I'm faithful
- Partner with a negative HIV result
- Gender inequalities
- Lack of perceived benefit
- Lack of access to care and support services
- Lack of money to pay for testing and counseling.
- Other costs transportation and time

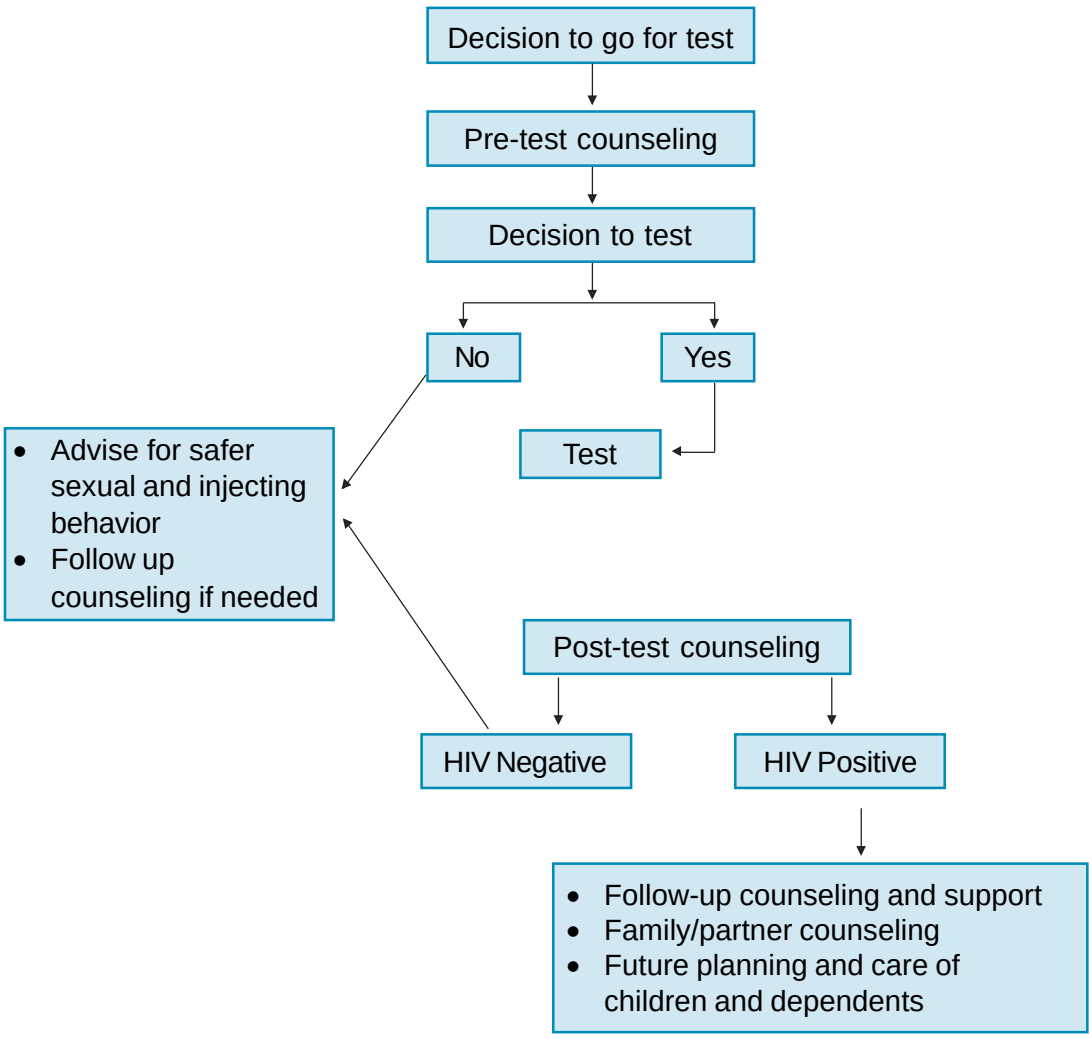
VCT as the Foundation for HIV Prevention and Care Services



* Sexually Transmitted Infections (STI), Tuberculosis (TB), Opportunistic Infections (OI)

The VCT Process

Development of Community awareness



Session 3.2 Overview of National VCT Guidelines and VCT Service in Nepal

3.2 OVERVIEW OF NATIONAL VCT GUIDELINES AND VCT SERVICE IN NEPAL

OBJECTIVES

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

- ❑ Describe the aim of national VCT guidelines and VCT service in Nepal
- ❑ Describe the key contents of VCT guidelines
- ❑ Explain the existing model of VCT services in Nepal

INTRODUCTION

Many people in Nepal do not know whether they are infected or not. Learning one's sero-status assisted with counseling can be powerful prevention and strategy. Preventions of HIV and AIDS is a priority of His Majesty's Government of Nepal. Considering this issue, Nepal's National HIV and AIDS strategy 2002 emphasizes the need to establish voluntary counseling and testing centers in the public and private sectors. The Ministry of Health, NCASC developed National Guidelines for Voluntary HIV and AIDS Counseling and Testing to meet the above mentioned objectives.

The Guideline document is based on the current best international practice and has been adapted to suit the local Nepalese context. The Guideline will be reviewed and updated in the context of any future change in the national or legal policies regarding HIV and AIDS in Nepal.

TIME: 75 minutes

MATERIALS:
Newsprint; Markers; OHPs; National Guidelines for Voluntary HIV and AIDS Counseling and Testing (2003)

METHODOLOGY:
Lecture; Discussion; Brainstorming

CONTENTS

- Aim of VCT guidelines and VCT services
- Key contents of VCT guidelines
- VCT service setting
- Monitoring tools
- Monitoring and Evaluation

PROCEDURES

1. Brainstorm with the participants about importance and aim of national VCT guidelines and VCT service in Nepal. List down the importance and aim of national VCT guidelines. Summarize the output and explain the goals of national VCT guidelines with the help of **M III: Session 3.2 OHP # 1.**
2. Outline the key contents of VCT guidelines showing **M III: Session 3.2 OHP # 2.**
3. Facilitator should cover the following topics and explain to the participants:
   - Guidelines for Pre-test and Post-test Counseling
   - Guidelines for HIV Testing
   - Guidelines for Referral
   - Standards for Implementation of Services
   - Notification of positive cases to the National Center for AIDS and STD Control, Kathmandu and to the Director, Regional Health Services
4. Encourage the participants to ask the questions and evaluate the session by asking some relevant questions.
5. Summarize the session.

Aims of the Guidelines

- To strengthen and support the expansion and extension of HIV VCT services in the public and private sectors
- To make quality HIV testing services more accessible and available to HIV infected persons, persons at increased risk of infection and the population as a whole
- To emphasize the need to provide information regarding the result of the HIV test to all clients
- To encourage/enforce the availability of anonymous as well as confidential HIV testing and counseling
- To ensure that HIV testing is informed, voluntary and consent is recorded
- To ensure the use of a prevention counseling approach aimed at personal risk reduction for HIV infected persons, persons at increased risk of infections and the population as a whole

Key Contents of VCT Guidelines

- Importance and aims of national VCT guidelines
- Principles for Effective Voluntary HIV/AIDS Counseling and Testing
- Guidelines for Pre-test and Post-test Counseling
- Guidelines for HIV Testing
- Guidelines for Referral
- Standards for Implementation of Services
- Notification of positive cases to the National Center for AIDS and STD Control, Kathmandu and to the Director, Regional Health Services
- Monitoring and Evaluation

3.3 PRE-TEST COUNSELING

OBJECTIVES:

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

- ❑ Explain the meaning and concept of pre-test counseling
- ❑ Discuss the aims of pre-test counseling
- ❑ Discuss the principles of pre-test counseling
- ❑ Explain the process of pre-test counseling by using components of VCT protocol
- ❑ Assess an individual's coping strategies and psychosocial support system
- ❑ Apply knowledge of basic counseling micro skills to the context of HIV pre test counseling

INTRODUCTION

A client who comes for an HIV test will often be anxious and nervous. It is therefore important that the counselor reduces the client's stress and anxiety by establishing a relationship of trust and explaining clearly what the client can expect from the visit. The counselor focuses on confidentiality and provides the information about the counseling time. At this stage, the counselor creates a conducive environment for the client to express their feelings and emotions. Therefore, in this session, the counselor needs to show genuine concern and empathetic responses towards the client. The counselor should exhibit professional behavior while conducting pre-test counseling, such as a respectful, helping and caring attitude, explaining the counselor's role clearly, addressing issues of confidentiality and explaining the anonymity of the testing process. If the client is clear about the expectations and the process, the counselor might reduce the client's anxiety and increase the client's ability to make an informed decision about taking the test. In other words, in pre-test counseling the counselor establishes the collaborative nature of the session and the commitment of the counselor to supportively address the client's HIV concerns and to explore risk reduction issues.

TIME: 360 minutes

MATERIALS:
Markers; Newsprints; OHPs; Video camera

METHODOLOGY:
Mini lecture; Discussion; Role-play

CONTENTS

- Meaning of Pre-Test Counseling
- Aims of Pre-Test Counseling
- Principles of Pre-Test counseling
- Process of Pre-Test Counseling
- Introduction and orientation of the session

PROCEDURES

1. Ask the participants what they know about the meaning of pre-test counseling. Note down all the points given by the participants in the newsprint and explain the meaning of pre-test counseling. Analyze the responses and display the **M III: Session 3.3 OHP # 1.**
2. With the help of **M III: Session 3.3 OHP # 2** explain the aims of pretest counseling.
3. Explain the principles of pre-test counseling with the help of **M III: Session 3.3 OHP # 3.**
4. Show the **M III: Session 3.3 OHP # 4** on the process of pre-test counseling and explain it. Ask the participants whether they have understood the chart properly or not. Allow the participants to ask questions about process of pre-test counseling and make them learn properly.
5. Explain **M III: Session 3.3 OHP # 5a and 5b** on how to conduct introduction and orientation of the session with the help of cue cards.
6. Show **M III: Session 3.3 OHP # 4** again. Ask if they have any confusions and queries.
7. Explain how to assess individual's coping strategies and psychosocial support system
8. Refer Module I session 2.4 on micro counseling skill. Apply knowledge of basic counseling micro skills to the context of HIV pre-test counseling.
9. Assess the learning and summarize the session.

M III: Session 3.3 OHP # 1

Meaning of Pre-Test Counseling

HIV pre-test counseling helps to prepare the client for the HIV test, explains the implications of knowing that one is or is not infected with HIV, and facilitates discussion about ways to cope with knowing one's HIV status. It also involves discussions of sexuality, relationships, possible sex and drug related risk behaviors, and serves to assess the client to prevent infection. It also serves to correct needs and misinformation from the subject of AIDS.

M III: Session 3.3 OHP # 2

AIMS

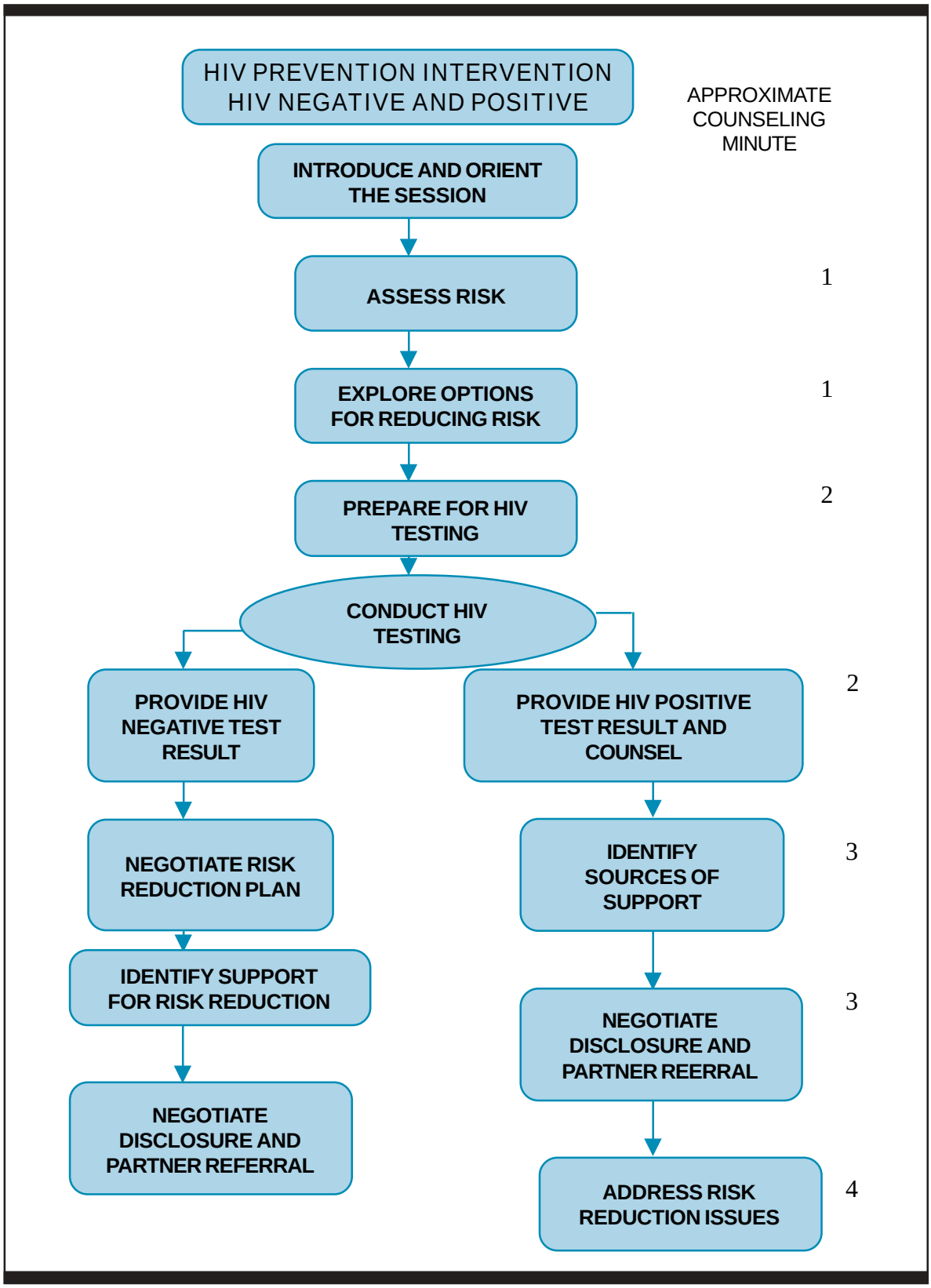
1. To ensure that any decision to take the test is fully informed and voluntary
2. To prepare the client for any type of result, whether negative or positive or indeterminate
3. To provide client risk reduction information and strategies irrespective of whether testing proceeds
4. To provide an entry point to treatment and care

M III: Session 3.3 OHP # 3

PRINCIPLES OF VCT COUNSELING

The following elements are essential for every pre- and post-test counseling encounter:

- Each individual should be provided with information that allows him/her to decide for himself/ herself whether to be tested (informed decision with informed consent).
- The HIV testing procedure should be organized to maximize confidentiality.
- HIV antibody testing should be linked with information and recommendations regarding HIV prevention, care, and support.
- Adequate pre- and post-test counseling should be provided to all individuals seeking a test.
- Disclosing HIV status should be discussed with all clients. If a client is found to be HIV-positive, he or she should be encouraged to disclose the result to sex partner(s). The need for additional and appropriate referrals should be addressed where possible.


HIV PREVENTION INTERVENTION
HIV NEGATIVE AND POSITIVE
APPROXIMATE COUNSELING MINUTE
INTRODUCE AND ORIENT THE SESSION
ASSESS RISK
1
EXPLORE OPTIONS FOR REDUCING RISK
1
PREPARE FOR HIV TESTING
2
CONDUCT HIV TESTING
PROVIDE HIV NEGATIVE TEST RESULT
PROVIDE HIV POSITIVE TEST RESULT AND COUNSEL
2
NEGOTIATE RISK REDUCTION PLAN
IDENTIFY SOURCES OF SUPPORT
3
IDENTIFY SUPPORT FOR RISK REDUCTION
NEGOTIATE DISCLOSURE AND PARTNER REERRAL
3
NEGOTIATE DISCLOSURE AND PARTNER REFERRAL
ADDRESS RISK REDUCTION ISSUES
4

Component 1: Introduction and Orientation to the Session

Objectives

- Reach an agreement with the client on the objectives of the session
- Orient the client to the VCT procedures for the counseling session
- Reduce client anxiety and emphasize that the focus of the session is a discussion of the client's HIV risks
- Help the client identify and understand his or her personal risks
- Identify the client's risk patterns, circumstances, and triggers that lead to risky behaviors

Component 1: Introductions and Orientation to the Session

Time: 2 – 4 minutes
Protocol

- Introduce self to client.
- Describe your role as counselor.
- Explain confidentiality.
- Review the rapid test process and meaning of results.
  - If negative, not infected as of 12 weeks earlier
  - If positive, infected with HIV
  - Accurate, same day test results
- Outline content of session.
  - Explore HIV/STD risks
  - Address options for risk reduction
  - Discuss testing and meaning of results
  - Provide test and results
  - Develop risk- reduction strategy and identify sources of support
- Review "map" of client stops/activities during this counseling and testing visit.
- Address immediate questions and concerns.

3.3.1 RISK ASSESSMENT

OBJECTIVES

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

- ❑ Describe the concept and purpose of risk assessment
- ❑ Identify the client's risk patterns, circumstances, and triggers that lead to risk behaviors
- ❑ Explain key components of risk-assessment protocol and develop skills to use cue cards.

INTRODUCTION

After the initial stage of exploration clients are expected to have increased their accurate knowledge about HIV and AIDS. The next stage is to accurately assess their risk for HIV. To assist the client's risk, the counselor should go through current and past client's sexual behavior, alcohol, drug-taking history, blood transfusion, non-sterilized invasive instruments etc. Based on the above information client risk behavior can be assessed.

TIME: 120 minutes

MATERIALS:
Newsprint; Markers; Condom samples; Penile model

METHODOLOGY:
Group discussion; Role-play; Exercise; Mini lecture

CONTENTS

- Definition of Risk Assessment
- Objective of Risk Assessment
- Patterns of risk
- Triggers and vulnerability
- Risk Assessment protocol and use of cue cards

PROCEDURES

1. Ask participants what they know about risk assessment. Record the responses. Explain to the participants the meaning of risk assessment by showing **M III: Session 3.3.1 OHP # 1.**
2. Ask the participants what could be the purpose of risk assessment. List down all the responses. Summarise the discussion and compare participant's answers by displaying **M III: Session 3.3.1 OHP # 2.**
3. Explain patterns of risk with the help of **M III: Session 3.3.1 OHP # 3.**
4. Display **M III: Session 3.3.1 OHP # 4** and explain circumstances, triggers and vulnerabilities.
5. Distribute and ask participants to read cue cards tips. (Inform the participants to read cue card tips given in their manual.)
6. Form a group of three and exercise on risk assessment cue card. Show **M III: Session 3.3.1 OHP # 5a and 5b.**
7. Use Observer check list **M III: Session 3.3.1 OHP # 6a**
8. Give feedback by the observer and facilitator to improve the skills.

Note: *Facilitator can use role-play instructions and the case studies given in the appendix 1. Use appendix 2 as observer checklists while conducting a role-play.*

Definition of Risk Assessment

- Risk assessment is the exploration of the factors that influence the client's behaviors that place him/her at risk for HIV infection.
- During risk assessment, the counselor seeks to understand the client's HIV concerns and develop an understanding of the client's risk.
- This exploration of risk helps the client understand his/her risk behavior.

The questions asked are intended to clarify how risk behavior occurs and what client characteristics, issues, and circumstances lead to risk behavior.

Purposes of Risk Assessment

- Help the client identify and understand his or her personal risks.
- Identify the clients risk patterns, circumstance and triggers that lead to risky behaviors.

A detailed clinical risk assessment can:

- Promote greater awareness and concern about STIs and HIV.
- Provide an opportunity to provide one to one prevention counseling and education

Determination of necessary health investigations:

- Give feedback for the client regarding levels of risk associated with various practices they may have engaged in.
- Explain implications for treatment.

Patterns of Risk

- Current and past sexual behavior (number of partners, type of partners, frequency of partner change, unprotected vaginal and/or anal intercourse);
- Current and past sexual behavior of the client's sexual partner(s), if known;
- Current and past drug and/or alcohol abuse by the client and the client's partner(s), if known;
- Client's history of blood transfusion (i.e., date and location, whether the blood was screened for HIV);
- Current and past exposure to non-sterile invasive procedures (injections, scarification, non-medical circumcision, tattooing)

Circumstances, Triggers, and Vulnerabilities

Risk Circumstances

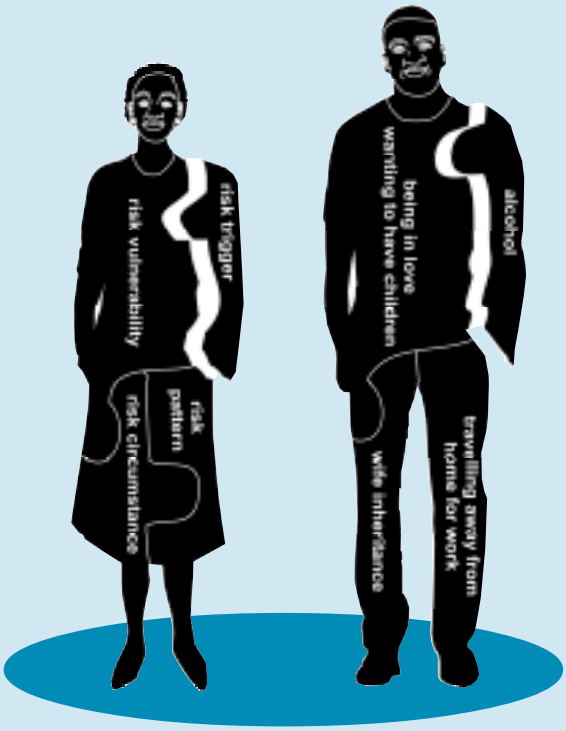
The client's circumstances influence patterns of risk. A risk circumstance is a situation in which the client finds himself or herself that may lead to engaging in risky behavior. For example, lack of money for school fees or food could be a risk circumstance that could lead to exchanging sex for financial support.

Risk Triggers

A risk trigger is an event that leads the client to engage in risky behavior. For example, being separated from a spouse could be a risk trigger that could lead to seeking out other sexual partners.

Risk Vulnerabilities

A risk vulnerability is an emotional or psychological state that leads the client to engage in risky behavior. For example, a person in love might believe that his or her partner could not be infected with HIV.



Assess Client's Risk for HIV Infection

Objectives:

- Help the client identify and understand what constitutes his or her personal risks
- Identify risk patterns, circumstances, triggers and vulnerabilities
- Assist the client in understanding the complexity of factors that contribute to the client's HIV risk behavior

Assess Risk

Time: 15 minutes

Protocol

- Assess client's reason for coming in for VCT.
- Assess client's level of concern about having/acquiring HIV.
- Explore most recent risk exposure/behavior.
  - When ?
  - With whom ?
  - Under what circumstances ?
- Assess client's level of acceptable risk.
- Assess pattern of risk (occurring regularly, occasionally, due to an unusual incident).
  - Number of partners ?
  - Type of partners ?
  - Frequency of new/different partners ?
  - Condom use ?
- Identify risk circumstances, triggers, and vulnerabilities.
- Assess partner's risk.
- Assess communication with partners.
- Assess indicators of increased risk.
- Summarize the client's situation and risk issues.
  - Risk pattern
  - Prioritize risk issues
  - Risk triggers and risk vulnerabilities
- Risk about injecting behavior
- Risk about blood transfusio
- Risk about occupational exposure
- Risk about other form of risk behavior

Observer Checklist Role Play Number 1

Introductions and Orientation to the Session		
Key counselor tasks	Task addressed ?	Comments and recommendations
Introduce self to client		
Describe your role as counselor		
Explain confidentiality		
Review the rapid test process: • If negative, not infected as of 12 weeks earlier • If positive, infected with HIV • Accurate, same-day test results		
Outline content of session: • Explore HIV/STD risks • Address options for risk reduction • Discuss testing and meaning of results • Provide test and results • Develop risk reduction and support plan		
Review "map" of client stops/activities during this counseling and testing visit		
Address immediate questions and concerns		
General Comments:		

Observer Checklist (cont'd)

Assess Risk

Key counselor tasks	Task addressed ?	Comments and recommendations
Assess client's reason for coming in for services.		
Assess client's level of concern about having/acquiring HIV		
Explore most recent risk exposure/behavior • When ? • With whom ? • Under what circumstances ?		
Assess client's level of acceptable risk Assess pattern of risk (e.g., happening regularly, occasionally, due to an unusual incident) • Number of sexual partners • Type of sexual partners • Frequency of new/different sexual partners • Condom use		
Identify risk triggers, vulnerabilities and circumstances		
Assess sexual partner's risk		
Assess communications with sexual partners		
Assess for indicators of increased risk		
Explore about other risk behavior • Injecting behavior • Blood transfusion • Occupational exposure		
Explore about other form of risk behavior • Tattooing • Scarification		
Summarize client's situation and risk issues • Risk pattern • Prioritize risk issues • Risk triggers and risk vulnerabilities		

General Comments:

3.3.2 RISK REDUCTION

OBJECTIVES

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

- ❑ Describe the concept of risk reduction
- ❑ Plan a strategy for risk reduction steps
- ❑ Explain risk reduction menu
- ❑ Discuss and practice condom negotiation skills
- ❑ Explain advantage and disadvantage of condom use
- ❑ Practice condom demonstration steps.
- ❑ Practice risk reduction protocol.

INTRODUCTION

Prevention counseling is intended to be interactive and meant to engage the client in a focused exploration of risk reduction and support options. The counselors should have an open and inquisitive approach to this portion of the session. This approach is intended to encourage the client to self reflect and examine his or her strengths, resources and options.

In order to intervene effectively in a moment of sexual related risk to prevent HIV infection, it is essential to understand how the client views what is happening, — in particular their intentions, their interests and the possible outcome of the event. For many young people sexual motivations are complex and may even be unclear or largely unformulated. The counselor is asking his clients to look at their own risk and negotiate a realistic and incremental risk reduction plan.

The risk reduction plan should be challenging, but not so much so that clients will fail to follow it or become frustrated. The plan can be useful in defining several goals, some of which may be easy to attend while others may be more difficult. It also can be useful to divide the new behavior into steps and encouraged clients to take these steps one at a time. Some clients may find it useful to have a written risk reduction plan so they can take it home.

TIME: 160 minutes

MATERIALS:
OHPs; Newsprint; Markers; Penile model; Condoms; Cue cards (Protocol)

METHODOLOGY:
Mini lecture; Brainstorming; Discussion; Role-play

CONTENTS

- Concept of risk reduction
- Strategy of risk reduction
- Condom negotiation skills
- Condom demonstration
- Risk reduction protocol

PROCEDURES

1. Ask participants about concept of risk reduction. Record and analyze the responses and show **M III: Session 3.3.2 OHP # 1** and explain the proper meaning of risk reduction.
2. Ask the participants about obstacles to reduce the risk. Record all the responses on the newsprint. Justify their answers and share the experiences.
3. Tell the participants about strategy of risk reduction briefly. Check their understanding on the topic and show **M III: Session 3.3.2 OHP #2a** and **2b** one after another and explain them.
4. Ask for two volunteers to act out a role-play of a couple discussing condom use. Provide a brief background situation such as those described in the following box.

A client can prepare for negotiating condom use with his or her partner by thinking about the following points:

- Timing. Condom use should usually be discussed before the situation gets passionate, so partners may have a thoughtful discussion and not an argument. Both partners need to feel comfortable with the decision.
- Communication. It is important to keep an open mind. You should be prepared to listen to your partner's concerns.
- Be prepared. Think about the possible arguments your partner might use and responses to these arguments—this will increase your confidence. Have alternative solutions and approaches, as well as a supply of condoms.
- Be confident.

Find strength in numbers. Let your partner know that individuals who care about themselves and their partners use condoms.

PROCEDURES (contd..)

5. Check the participants understanding whether they have any knowledge and skills about condom use.
   - Ask them for advantages and disadvantages of condom use and write down their responses in newsprint and show **M III: Session 3.3.2 OHP # 3**
   - Before demonstrating condom use, show **M III: Session 3.3.2 OHP # 4** and explain to the participants about condom demonstration.
   - Explain the steps of condom demonstration by showing **M III: Session 3.3.2 OHP # 5**.
   - Ask participants to participate in the exercise voluntarily. Give him/her penile model and a packet of condom.
   - Ask another participant to work as an observer so that he/she can provide feedback.
   - Show **M III: Session 3.3.2 OHP # 6** and **7** and explain the right way of using the condom.
6. Show and explain **M III: Session 3.3.2 OHP # 8** about objectives of reducing risk.
   - Show **M III: Session 3.3.2 OHP # 9** and explain to the participants how to use protocol (see annex V for details of cue cards/protocol)
     - Pair the participants and ask them to volunteer for the role-play for the protocol on explaining options for reducing risk.
     - Provide the feedback on their exercise.
7. Ask for a volunteer to read the objectives for this component of the counseling session
8. Summarize the session.

What is Risk Reduction ?

A personalized risk reduction plan is a key element of behavior change-oriented HIV counseling. The process is interactive and respectful of client's circumstances and readiness to change Rather than telling clients how to change their risky behaviors, counselors can develop an individualized risk profile for each client and, through discussion, assist the client in developing a specific risk reduction plan. Counselors must allow sufficient time to complete each step of the process and not appear rushed or hurried.

Strategies for Risk Reduction Steps

Global Risk Reduction steps which are unlikely to be effective in changing behavior	Specific risk-reduction steps which are likely to be more effective in changing behavior
Always use condoms	• Buy a condom today and try it on • Carry a condom next time you go out • Starting today, put condoms beside the bed • Starting tonight, request your partner/s to use a condom or tell them you will not have (vaginal/anal) sex
Have fewer or less risky partners	• Stop having sex with specific partners who are having unprotected sex with other people • Break up with specific partners before getting together with someone new
Have safer sex	• Talk honestly about your HIV status with specific partners and ask about his/her HIV status • Next time your are out with friends and may have sex, avoid getting “high” on drugs or alcohol • Only kiss, pet, practice foreplay or manual stimulation or other forms of non penetrative sex etc., with specific partners • Tomorrow, ask specific partners if they have had a recent HIV test and been tested for other sexually transmitted diseases
Stop injecting drugs abstinence message Safe injecting ?	• Contact a drug treatment center and make an appointment • Obtain clean equipment today so you can use it next time • Make sure each time you “use” it is with clean equipment, and do not share your equipment, (needles/syringes/water cotton, spoons etc).

Risk Reduction Menu

Risk Reduction Menu	Carry a condom white traveling for work
Eliminate a high-risk partner 	Drink less alcohol when going out with friends 
Stop going to high-risk venue (bar, club) 	Participate in new low risk activities (participate in sports) 
Ask partner to be tested 	Attend a support group (post-test club) 
Communicate with partner about being faithful 	Speak with a friend about my HIV issues/concerns 
Abstain until you know the status of your partner  	

Advantages and Disadvantages of Condom Use

Advantages

- Latex condoms stop HIV, other STI "germs," and semen from coming in contact with a sex partner's body and thus prevent disease transmission and pregnancy.
- Feel clean inside.
- No need to refrain from having sex while an STI sore heals.
- No painful bleeding because of infections. Might bleed from sex though
- No need to go to the clinic to be treated for an STI.
- Feel safer, more secure.
- No need to spend money on medications.

Disadvantages

- Condom could break or slip off
- Less enjoyment due to reduced sensation.
- Latex more abrasive to woman's vaginal walls than bare skin.
- Less lubrication during sex.
- Sex workers may lose customers who refuse to wear condoms.
- Condoms cost money.

Condom Demonstration

Assessing Client's Condom Skills

Sample Dialogue

State to Client:

- "Using condoms is an effective way to reduce the risk of HIV infection and other STDs. Generally, people have a lot of different thoughts and beliefs about using condoms."
- "I'd like to take a few minutes to focus on what you think and know about using condoms when you have sex."
- "To be certain that you are using condoms properly, would you like me to demonstrate for you, or would you like to demonstrate for me the proper use of a condom?"

State to client at the beginning of the condom demonstration:

"A condom as you might know is very effective against sexually transmitted infections, including HIV. But, you must use a new condom the right way in each sexual act for the condom to be effective in preventing disease transmission. This demonstration will allow you to practice proper condom use."

Remember:

If you conduct a condom demonstration for the client it should not dominate the counseling session!

Condom Demonstration Steps

Emphasize: That latex and vinyl are the only materials from which condoms are made that are proven to be effective barriers to HIV. You will need a penile model for the demonstration.

1. Show how to inspect the condom by checking the condom package to make sure it is not punctured and not expired. (If the condom package is punctured or expired, throw the condom away and repeat inspection with a new condom.)
2. Open the condom package carefully with your fingers. (Stress that you should never use a sharp object because it may puncture the condom.)
3. Find the tip of the condom with the forefinger and hold it so that the ring hangs down like a little hat.
4. Hold the tip with the forefinger and thumb as you place the condom on the penis model, ring on the outside.
5. Roll the condom down to the base of the penis with the other hand.
6. Tell the client that after sex, hold the condom at the base and pull the hard penis away from the partner. Do not spill any liquid on the partner.
7. Slide the condom off.
8. Tie the condom in a knot and dispose it away from human contact.

INSTRUCTIONS FOR CONDOM USE

Latex and vinyl condoms are an effective method to protect you, your partner(s), and your family from HIV, the virus that causes AIDS.

Condoms can also be used:

- To prevent getting other sexually transmitted diseases (STDs).
- To space births so your partner and children stay healthy.

Some people find that practicing the condom use steps before sex prevents mistakes.

Take time to look through these steps for effective condom use

Remember NEVER:

- **Never use** oils or oil-based lotions (lubricants) to make the penis or vagina slippery.
- **Never put** herbs or drying agents in the vagina. This can increase the chance of condoms breaking during sex.
- **Never reuse** a condom.

Never use condoms that are sticky or dried out.

Remember ALWAYS:

- **Always buy** condoms that are made from latex or vinyl.
- **Always store** condoms in a cool, dry place.
- **Always check** the expiration date.
- **Always throw** out old condoms.

1. Check the date on the condom before you have sex

2. Open package with fingers. Never use teeth of fingernails as they could put a hole in the condom

3. Find the tip of the condom with the forefinger and hold it so that the ring hangs down like a little hat.

4. Hold the tip with the forefinger and thumb as you place the condom on the penis, ring on the outside

5. Roll the condom down to the base of the penis with the other hand.

6. Check to make sure the condom is on right.

7. After sex, hold the condom at the base and pull the hard penis away from the partner. Do not spill any liquid on the partner.

8. Slide the condom off without spilling the liquid inside.

9. Tie the condom in knot and dispose away from human contact.

Component 3: Explore Options for Reducing Risk

Objectives:

- Describe client's successes and challenges in reducing risk
- Identify examples of risk reduction options and barriers
- Assess client's competency in using condoms
- List resources for community support for practicing safer behaviors
- Understand and address behaviors as they relate to risk

Component 3: Explore Options for Reducing Risk

Time:10 minutes

Protocol

- Explore client's communication with friends or partners about risk.
- Review previous risk-reduction attempts.
- Identify successful experiences with practicing safer sex.
- Identify obstacles to risk reduction.
- Explore triggers and situations, which increase the likelihood of high-risk behavior.
- Place risk behavior in the larger context of client's life.
- Assess condom skills.
- Identify entire range of options for reducing risk.
- Role-play, build skills, problem solve.
- Address examples when the client's beliefs and behavior are at odds or when feelings are mixed about changing behavior.
- Summarize risk-reduction options or discussion.

Conduct Role-Play Number 4

Component 1: Introduction/Orientation to Session
Component 2: Assess Risk
Component 3: Explore Options for Reducing Risk
Component 4: HIV Test Preparation
Component 5: Conduct Test
Component 6: Provide HIV Negative Result
Component 7: Negotiate Risk Reduction Plan
Component 8: Identify Support for Risk Reduction
Component 9: Negotiate Disclosure and Partner Referral

General directions for conducting role-plays

You will be partnered with two other people for the role-play. Your instructor will assign each of you a role – the counselor, the client, or the observer. Your group will sit together and conduct the role-play. Afterwards, you will participate in a group discussion.

Directions for each role

Counselor:

- Quickly review the main points of the counseling protocol section before the role-play begins.
- Take your time.
- Use the questions.
- Stay organized.

Client:

- Before the role-play, read through the client scenario. Refer to the scenario when responding to the counselor. Although the information given in the scenario does not cover all the questions you may be asked, try to make an appropriate response that does not contradict the facts outlined for you. **Try to be a very reasonable and uncomplicated client; this is a learning experience not a test of the counselor's skills and abilities.**

Observer:

- Before the role-play, read through the observation checklist. Also read the client scenario. During the role-play, quietly observe and make notes but, if the counselor is having difficulty or is not using the protocol, you may offer suggestions to the counselor. You may also offer suggestions to the client if his or her responses do not follow the client scenario.

This Role-Play

For this role play, you will begin with the section **"Introduction and Orientation to the Session"** and immediately follow with **"Assess Risk," "Explore Options for Reducing Risk," "HIV Test Preparation," "Conduct Simulated Rapid Test,"** and end with **"Providing Client with HIV Negative Result."**

CASE STUDIES

Male Client: Role Play 2- Protocol Components 1,2 and 3

Hari, who is 23 years old, moved to the city from his village about two years ago. He works very hard at his teaching job and coordinates games for a boy's football club after work and weekends. Until he met his girlfriend, Maya, he and his friends used to have fun, especially on payday, hanging out at clubs, drinking a few beers, dancing and meeting girls. Sometimes he would have sex with these girls, but he usually would wear condoms. A couple of times he had too many beers and forgot to use a condom. Then about six months ago, Hari began dating Maya, who is 21 years old and also a teacher. He quickly fell in love with Maya and felt the relationship was getting serious. Because he felt in love and committed to Maya, he did not use a condom when they first had a sex four months ago. As time went on and Hari thought about his past and the future he was imagining with Maya, he became terrified that he may have exposed himself and Maya to HIV. As a youth in his village he had a couple of girlfriends. Hari wasn't too worried about these girls as he knew them and their families all his life and he usually used condoms to prevent pregnancy. But he was very concerned about the two club girls he had sex with without condoms. The more he thought about it, he realized he did not know if Maya had had sex with anyone else. They never talked about HIV/AIDS, but he had talked with his brother about getting tested and may talk with Maya after he finds out his result.

Female Client: Role Play 1- Protocol Components 1 & 2

Geeta has a steady boyfriend (Badri) whom she met while studying at the university two years ago. They both finished their studies last year and both have found good jobs. Recently they have started to talk about marriage and having children. They use condoms now to prevent pregnancy.

About three months ago, Geeta went home to attend a friend's wedding. She met up with an old boyfriend, and they had sex without a condom. Geeta regrets her decision to have unprotected sex and is very concerned about what it could mean for her relationship with Badri.

Geeta and Badri never really talked about AIDS or STDs. They have not talked about other people they have had sex with. Geeta is not sure if Badri has had sex with any other women since they have been together.

Female Client: Role Play 3 – Protocol Components 1, 2, 3 and 4

Juneli is 21 years old and a teacher. She loves working with children and hopes to have a family of her own someday. When Juneli was in teacher's training, she dated a nice man for over a year. They stayed together often, and usually used condoms to prevent pregnancy. She thought he would someday become her husband. Their relationship ended after his father died is an accident and he needed to return to his village to care for his brothers and sisters. After finishing her training, Juneli moved to the city to find a teaching position. She was new to the city and lonely. She eventually made some friends and would go out with them. Once she met a man she thought was nice and she dated him a few times. They eventually had sex, but she ended the relationship because he would drink too much. He refused to wear a condom when he was drinking, and she was frightened she would become pregnant.

She was transferred to a new school and met Shyam, a teacher at the same school. Shyam is a wonderful man, a fine teacher and wonderful with the children. He even coaches a boy's football club on the weekends. They began dating about six months ago and first had sex about four months ago. He has told her he loves her and is committed to her. They are talking about their future together. When they first had sex, they did not use a condom. Juneli thinks this was because it was a way to be really intimate and demonstrate their mutual love. As they have begun to talk about their future together, Juneli has been thinking about her past and wonders about Shyam's past. They have never talked about their other partners. She wants to get herself tested for HIV before she asks him to be tested.

Case Study For Role Play

Gopal is a Rickshaw driver 35-year old married man with two children. He has been having an affair with another married woman (Sabitri) since last three years . A friend / partner of Sabitri has recently been diagnosed as HIV positive. Gopal is worried about life, wife and children. He comes for counseling to seek health.

Case Study For Role Play

You are 25 year – old unmarried male. You have just returned from overseas as contract worker. You have been sexually active while overseas and suspect that you may have a sexually transmitted disease or HIV. Family wants to get you married recently but you are in dilemma. You approach the VCT center seeking help.

Case Study For Role Play

A young lady aged 21 comes into the VCT Clinic accompanied by her mother to receive her HIV test results. The test result is negative. In the previous counseling session the mother explained that her daughter had been sexually abused by her uncle who is HIV positive. The mother says that they have been living with her brother ever since her husband died and can not afford to move anywhere else. In a private session with the daughter, the counselor learns that the abuse has continued and that her uncle has expressed that she must continue to have sex with him while they are living in his house.

Case Study For Role Play

A young boy aged 19 enters the VCT site seeking for HIV testing. He is not accompanied by his parents and expresses that he does not want them to know about his taking the test. He tells you that he has been sexually active for the last three years and recently had sexual intercourse with a young boy.

Observer Checklist Role Play 4

Introductions and Orientation to the Session

Key counselor tasks	Task addressed?	Comments and recommendations
Introduce self to client		
Describe your role as counselor		
Explain confidentiality		
Review the rapid test process: • If negative, not infected as of 12 weeks earlier • If positive, infected with HIV • Accurate, same day test results		
Outline content of session: • Exploration of HIV/STD risks • Address options for risk reduction • Discussion of testing and meaning of results • Provide test and results • Develop risk reduction and support plan		
Review “map” of client stops/activities during this counseling and testing visit		
Address immediate questions and concerns		

General Comments:

Observer Checklist (continued)

Assess Risk		
Key counselor tasks	**Task addressed?**	**Comments and recommendations**
Assess client's reason for coming in for services.		
Assess client's level of concern about having/acquiring HIV		
Explore most recent risk exposure/behavior • When • With whom • Under what circumstances		
Assess client's level of acceptable risk		
Assess pattern of risk (e.g., happening regularly, occasionally, due to an unusual incident) • Number of partners • Type of partners • Frequency of new/different partners • Condom use		
Identify risk triggers, vulnerabilities, and circumstances		
Assess partner's risk		
Assess communication with partner(s)		
Assess for indicators of increased risk		
Summarize and reflect back client's story and risk issues • Risk pattern • Prioritize risk issues • Risk triggers and risk vulnerabilities		

General Comments:

Observer Checklist (continued)

Explore Options for Reducing Risk		
Key counselor tasks	**Task addressed?**	**Comments and recommendations**
Review previous risk reduction attempts		
Identify successful experiences with practicing safer sex		
Identify obstacles to risk reduction		
Explore triggers and situations which increase the likelihood of high risk behavior		
Place risk behavior in the larger context of client's life		
Assess condom skills		
Identify entire range of options for reducing risk		
Role play, skill build, problem solve		
Address examples when client's beliefs and behavior are at odds or when feelings are mixed about changing behavior		
Summarize risk reduction options and discussion		

General Comments:

Observer Checklist (continued)

HIV Test Preparation		
Key counselor tasks	**Task addressed?**	**Comments and recommendations**
Discuss client's HIV test history and behavioral changes in response to results		
Address client's feelings about testing for HIV		
Explore with whom client has shared his/her decision to come for VCT services. • Partners, family and friends		
Discuss the client's understanding of the meaning of positive and negative HIV test resultsClarify client's misunderstanding about the meaning of HIV test results.		
Assess client's readiness to be tested and receive the test results • Response to positive results • Response to negative results		
Assess who will provide the client support if he/she were HIV infected		
Discuss positive living • Staying well living longer • Obtaining support • Medical care and follow-up		
Weigh and discuss the benefits of knowing your sero-status (knowledge is power)Preparing for the future		
Determine client's test decision		
Identify and address examples when beliefs and behavior are at odds or when feelings are mixed about being tested and dealing with the results.		
If the client elects to be tested, describe the tests and the interpretation/reading of the test		
Direct client to lab to receive test and instruct him or her to return to the counselor or where to wait should the counselor be with another client.		

3.4 POST TEST COUNSELING

OBJECTIVES

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

- ❑ Explain the objectives of post-test counseling
- ❑ Explain suggested steps for giving test results
- ❑ Explain interventions when clients are unable to cope with emotional reactions
- ❑ Explain the objectives and steps of giving negative test result
- ❑ Explain the objectives and steps of giving positive test result
- ❑ Give indeterminate result
- ❑ Give at least three considerations for post HIV test counseling

INTRODUCTION

Post-test counseling helps the client understand and cope with the HIV test result. The counselor prepares the client for the result, gives the result and then provides the client with any further information required, if necessary referring the client to other services. The counselor further discusses strategies to reduce HIV transmission. The form of the post test counseling session depends on what the test result is. When the result is positive, the counselor needs to provide the result in a manner that the client can comprehend, and as gently and humanely as possible, providing emotional support and assisting the client to develop coping strategies. Counseling is also important when providing an HIV negative result. Whilst the client is likely to feel relief, the counselor must also emphasize and clarify a few important issues. It is important that counselors are aware of any potential exposure risks that occurred within the window period and inform clients that they should practice safer sex until their HIV status can be clarified by a subsequent test. Clients should be informed of the need for and date of retesting. The counselor can assist the client in further formulating a strategy to remain HIV negative.

TIME: 360 minutes

MATERIALS:
Newsprint; Markers; Cue cards; OHPs

METHODOLOGY:
Mini lecture; Discussion; Role-play; Exercise

CONTENTS

- Objectives of post test counseling
- Steps for giving test results
- Interventions to enable client to cope with emotional reactions
- Strategies for risk reduction during post test
- Giving “negative test” result
- Practice giving ‘negative test result’ using cue card
- Identify support for risk reduction plan
- Negotiate disclosure and partner referral
- Giving “positive test” result
- Identify source of support
- Negotiate risk reduction plan
- Risk reduction issues
- Indeterminate result
- Consideration for post HIV test counseling

PROCEDURES

1. Introduce the topic reflecting on importance and meaning of post test counseling. Explain and emphasize that posttest counseling depends much on how effectively pre test counseling was conducted.
2. Ask the participants what would be the possible aims of post-test counseling. Record the responses. Discuss and show **M III: Session 3.4 OHP # 1** and explain the objectives of post-test counseling
3. Explain the steps for giving test result with the help of **M III: Session 3.4 OHP # 2a, 2b** and explain that those steps are equally applicable for pre- and post test result.
4. Show **M III: Session 3.4 OHP # 3** and explain properly about how counselors can intervene to cope with emotional reactions.
5. Ask the participants about the implications of negative test results. Record the responses and summarize the topic.
6. Explain objectives of giving negative test result **M III: Session 3.4 OHP # 4** and show **M III: Session 3.4 OHP # 5** on frequent HIV negative test. Then show **M III: Session 3.5 OHP # 6** for steps providing HIV test result.
7. Show **M III: Session 3.4 OHP # 7** on “negotiate risk reduction plan” and explain the points.
8. Show **M III: Session 3.4 OHP # 8** on “ identify support for risk reduction plan” and explain it.
9. Show **M III: Session 3.4 OHP # 9** on “ negotiate disclosure and partner referral” and explain it.
10. Encourage the participants to ask the questions.
11. Summarize the session.

PROCEDURES (Contd..)

12. Inform the participants that they will now engage in a role-play of posttest counseling for HIV negative result. Organize the class into groups. Each group is to comprise of counselor, client and observer. Explain that all the participants must participate during role-play. If time permits rotate the roles among each other. **See M III: Session 3.4 Appendix 1** case for role-play.
13. Explore by asking the question. "What would be the possible client reaction to positive result?" Record the responses in newsprint. Justify the answer with the help of other participants and show **M III: Session 3.4 OHP # 9.**
14. Show **M III: Session 3.4 OHPs # 10 –14** and explain all **OHPs**. Ensure that participants have understood and learnt the displayed post-test protocols properly for the next session.
15. Ask a group of participants to come forward for the role-play for "Provide HIV positive Test Result" shown previously **M III: Session 3.4 OHP # 10 b**. Give this protocol to the participants.
16. Ask the next group for the role-play on "identify sources of support" by using protocol **M III: Session 3.4 OHP # 11** and practice the protocol. Ask if there are any questions before going to next role-play.
17. Ask the new group to come for role-play on "negotiate disclosure and partner referral" by displaying protocol **M III: Session 3.4 OHP # 12** and ask if there are any questions before going to next discussion.
18. Ask the new group to come for role-play on " Address risk reduction issues" by displaying protocol **M III: Session 3.4 OHP # 13** and ask if there are any questions before proceeding another session.
19. Briefly explain about indeterminate result and its implications to the participants. After the discussion show **M III: Session 3.4 OHP # 14** on indeterminate result and explain it.
20. Ask the participants what they know about posttest counseling. List down all the points in the newsprint. Clarify all the points. Show **M III: Session 3.4 OHP # 15** and explain.
21. Summarize the session with question and answers

M III Session 3.4 OHP # 1

Objectives of Post Test Counseling

To help the person to reach an acceptance of his/her test result. Give the client the test result only when you have enough time to counsel them adequately.

M III Session 3.4 OHP # 2a

Steps for Giving Test Results

- Begin the post-test session by asking how the client has been feeling and congratulating the client for returning or waiting to hear their test results;
- Ask the client if they have any questions, understanding that most clients will want to hear their test result as soon as possible;
- When the client is ready, give the test result in a neutral tone of voice, and wait for the client to respond before proceeding;
- It is important to ensure that the client has understood the test result and integrated the information cognitively, and emotionally before proceeding.

M III Session 3.4 OHP # 2b

Steps for Giving Test Results

- Assess cognitive understanding by asking the client to tell you what the test result means, checking for any misperceptions or misinformation;
- Assess emotional understanding by asking the client how he or she is feeling at that moment, and allowing expression of emotional reactions
- Proceed to behavioral integration only when the client is ready to talk about what they are planning to do next.

M III Session 3.4 OHP # 3

Interventions to Enable Client to Cope with Emotional Reactions

- Identify, explore and validate the client's ability to cope with past crises.
- Assist client with concrete problem solving technique.
- Encourage the client to make a specific short-term plan.
- Engage the client's significant others to assure that the plan is enacted and that the client returns for follow-up.
- Encourage the client to express their feelings about the current situation during the counseling session, and then redirect the client's attention to taking action and problem solving.
- Ask the client to identify their options and to choose a course of action.
- Encourage the client to utilize existing social support.
- Provide the client with appropriate referrals to community resources.

M III Session 3.4 OHP # 4

Giving 'Negative Test' Result

- Explain the implications of a negative test result
- Identify and prioritize the behaviors that correspond to the client's risk
- Motivate the client to develop a risk reduction plan
- Encourage clients to discuss their HIV status with current and future partners

M III: Session 3.4 OHP # 5

Frequent HIV Negative Testers

- Often engage in high risk behaviors
- Have deep seated anxiety and belief that they are HIV positive
- Should be reassured, if not responding then refer to specialist for psychological / psychiatric / mental health follow-up

Component 5: Provide HIV-Negative Test Result

Time: 8-10 minutes

- Inform the client that the test results are available
- Provide results clearly and simply
- (Show the client his or her test result)
- Explore the client's reaction to the test results
- Review the meaning of the results
- Note the need to consider the test result in reference to the most recent risk exposure
- If client has ongoing risk, convey concern and urgency about the client's risks (as appropriate)

Component 6: Negotiate Risk-Reduction Plan

Time : 4 - 6 minutes

- Identify priority risk-reduction behavior.
- Explore behavior(s) that the client will be most motivated about or capable of changing.
- Identify a reasonable yet challenging incremental step toward changing the identified behavior.
- Break down the risk-reduction action into specific and concrete steps.
- Identify supports or barriers to the risk reduction step.
- Problem-solve issues concerning the plan.
- Role-play the plan.
- Confirm with the client that the plan is reasonable and acceptable.
- Ask the client to be aware of strengths and weaknesses in the plan while trying it out.
- Recognize the challenges of behavior change.
- Document the risk reduction plan with a copy to counselor.

Component 7: Identify Support for Risk Reduction Plan

Time: 2 – 3 minutes

- Emphasize the importance of discussing the intention and content of the plan with a trusted friend or relative.
- Identify a person to whom the client feels comfortable disclosing the plan.
- Establish a concrete and specific approach for the client to share the plan with his or her friend or relative.
- Convey confidence in the client's ability to complete the plan.

Component 8: Negotiate Disclosure and Partner Referral

Time: 2 – 3 minutes

- Explore client's feelings about telling partner(s) about HIV negative test result.
- Remind client that his or her results do not indicate partner's HIV status.
- Support client to refer partner for testing.
- Anticipate potential partner reactions.
- Practice and role-play different approaches to disclosure.
- End session, providing the client with motivation and encouragement.

Emotional Reactions after Positive Results

- Helpless
- Hopeless
- Depressed
- Anxious
- Panic
- Anger
- Despair
- Why me
- Discontented
- Cry
- Denial
- Confused
- Repetitive
- Acceptance
- Suicide
- Pain (mental)
- Guilt feeling
- Loss of family and friend
- Fear of death
- Shock/disbelief

Giving 'Positive Test' Result

- Provide the client with an HIV-positive test result in a clear, compassionate, supportive manner
- Identify medical follow-up and referrals necessary to help clients "live positively"
- Identify how to address the client's ability to cope with the results and identify sources of support
- Support the client in informing his or her partner(s) about his or her HIV status

Component 9: Provide HIV-Positive Test Results

Time: 3 – 5 minutes

- Inform client that the test results are available.
- Provide results clearly and simply.
- Review the meaning of the result.
- Allow the client time to absorb the meaning of the result.
- Explore client's understanding of the result.
- Assess how client is coping with result.
- Acknowledge the challenges of dealing with a positive result.
- Discuss living positively.
- (If the client is not prepared for this discussion provide him or her with a pamphlet.)

Component 10: Identify Sources of Support

Time: 4 – 10 minutes

- Assess whom the client would like to tell about his or her positive test results.
- Identify a family member or friend to help the client through the process of dealing with HIV:
  - Coping and support
  - Planning for the future
  - Positive living
  - Medical follow-up
- Identify the client's current health care resources.
- Address the need for health care providers to know client's test result.
- Explore client's access to medical services
- Identify needed medical referrals
- Discuss situations in which the client may want to consider protecting his/her own confidentiality
- Discuss options of support groups (post test club)
- Provide appropriate referrals

Component 11: Negotiate Disclosure and Partner Referral

Time: 3 – 5 minutes

- Explore client's feelings about telling partners about his or her HIV positive test result.
- Remind client that his or her result does not indicate the partner's HIV status.
- Identify partners that are at risk and need to be informed of their risk of HIV infection
- Discuss possible approaches to disclosure of serostatus to partners
- Support client to refer partner for testing.
- Practice and role-play different approaches to disclosure.
- Anticipate potential partner reactions.
- Provide the client with support.

Component 12: Address Risk Reduction Issues

Time: 3 - 5 minutes

- Assess client's plan to reduce risk of transmission to current partners
- Explore client's plan for reducing the risk of transmission to future partners
- Address disclosure of HIV status to future partners
- Encourage the client to protect others from HIV

Indeterminate Result

- Where the result is indeterminate and either the results of further testing are being awaited or further testing is not possible, it is not possible to say with any degree of assurance that the person is HIV infected.
- The counselor should then advise the person to present again after one month (for repeat testing)
- Prevention and support is needed while waiting for an indeterminate result.
- The uncertainties associated with this period may lead to acute and severe psychosocial difficulties and the counselor must be prepared to assess and manage such issues.
- Convey that because the result is indeterminate, the client may be capable of passing the virus to others if he or she has the infection, or get infected if he or she does not take protective measures. Recommend that clients:
  - Practice safer sex with all partners;
  - Prevent transmission of HIV through blood by not sharing personal items such as toothbrushes, razors, etc.;
  - Tell their partner(s) they have tested indeterminate and that they are awaiting results of another test;
  - Discuss pregnancy or plans for pregnancy with the counselor and/or a health care provider.
- Do not donate blood, plasma, or serum;
- Do not donate organs (e.g., eyes, kidneys) for transplant.

Female Client: Role Play 4 – Protocol Components 1-9

Meena is 22. She moved from her village to the city for work about one year ago. She stays with her aunt and her family. She had a steady boyfriend in her village, but they both went different directions after completing school. She and the boy from her village had sex, but they almost always used condoms to prevent pregnancy. When she first came to the city, she was lonely and went out most weekends with the other young people from her work. They would drink and dance. About four months ago, she had sex two times with a friend from work who went to the club with her. They did not use condoms the first time they had sex because they had both been drinking. The second time she insisted he use a condom. She soon found out this man had another girlfriend and stopped dating him.

About three months ago, Meena became close to a man named Bikash. He works with her cousin. Bikash is a very serious person and has a good job with the government. They have begun to talk about having a future together. They very recently began having sex and use condoms each time, but he really doesn't like them and is pressuring her to let him stop using condoms. She knows little about his previous partners.

Meena and Bikash have never really talked about HIV, AIDS or STIs. They have not talked about other people they have had sex with.

Male Client: Role Play 5 – Protocol Components 1-4 and 10-13

Raja is a 30 year old man whose wife died two years ago from what the doctors said was pneumonia. Raja has a three-year-old son. Raja works for a company that repairs computers. Raja is seeing a woman named Shanti; he met her about six months ago at his church. The woman's husband, a businessman, died in an automobile accident a few years earlier. He is very fond of this woman and she is very good to his son. Shanti is 26 years old and has 2 years old twins (girls).

Raja and Shanti are having sex but have always used condoms. He would rather not use condoms, but he is concerned because during the first year after his wife's death he was full of grief and lonely, and there was a period of time where he would go to clubs and occasionally have sex with women he would meet at the clubs. He usually, but not always used condoms with these women. Raja has not had sex with another woman since he met Shanti. Raja would like a future with Shanti. He would like to ask Shanti and the girls to live with him and his son. He would first like to get himself tested for HIV because he loves Shanti but does not know what he will do if he is infected. He and Shanti have not yet talked about this, but he senses it is weighing on both of their minds.

Observer Checklist for HIV negative test result

Provide HIV Negative Test Result		
Key counselor tasks	**Task addressed?**	**Comments and recommendations**
Inform client that the test results are available.		
Provide results clearly and simply (show the client his or her result).		
Explore client's reaction to the result. Review meaning of the result.		
Note the need to consider the test result in relation to most recent risk exposure.		
If client has ongoing risk, convey concern and urgency about client's risks (as appropriate).		
Negotiate Risk Reduction Plan		
Identify priority risk-reduction behavior.		
Explore behavior(s) that the client will be most motivated about or capable of changing.		
Identify a reasonable yet challenging incremental step toward changing the identified behavior.		
Break down the risk reduction action into specific and concrete steps.		
Identify supports or barriers to the risk reduction step.		
Problem solve issues concerning the plan.		
Role-play the plan.		
Confirm with the client that the plan is reasonable and acceptable.		
Ask the client to be aware of strengths and weaknesses in the plan while trying it out.		
Recognize the challenges of behavior change.		
Document the risk reduction plan with a copy to counselor.		

Observer Checklist (continued)

Identify Support for Risk Reduction

Key counselor tasks	Task addressed?	Comments and recommendations
Emphasize the importance of the client discussing with a trusted friend or relative the intention and content of the plan.		
Identify a person to whom the client feels comfortable disclosing the plan.		
Establish a concrete and specific approach for the client to share the plan with his or her friend or relative.		
Convey confidence in the client's ability to complete the plan.		

Negotiate Disclosure and Partner Referral

Key counselor tasks	Task addressed?	Comments and recommendations
Explore client's feelings about telling partners about HIV-negative test result. Remind client that his or her result does not indicate partner's HIV status. Support client to refer partner for testing. Anticipate potential partner reactions. Practice and role-play different approaches to disclosure. End session providing the client with motivation and encouragement.		

Role-Play Number 5

Component 1 : Introduction/Orientation to Session
Component 2 : Assess Risk
Component 3 : Explore Options for Reducing Risk
Component 4 : HIV Test Preparation
Component 5 : Conduct Test
Component 10 : Counseling Client with HIV Positive Results
Component 11 : Identifying Sources of Support
Component 12 : Negotiate Disclosure and Partner Referral
Component 13 : Risk Reduction Issues

General directions for conducting role-plays

You will be partnered with two other people for the role-play. Your instructor will assign each of you a role – the counselor, the client, or the observer. Your group will sit together and conduct the role-play. Afterwards, you will participate in a group discussion.

Directions for each role

Counselor:

- Quickly review the main points of the counseling protocol section before the role-play begins.
- Take your time.
- Use the questions.
- Stay organized.

Client:

- Before the role-play, read through the client scenario. Refer to the scenario when responding to the counselor. Although the information given in the scenario does not cover all the questions you may be asked, try to make an appropriate response that does not contradict the facts outlined for you. **Try to be a very reasonable and uncomplicated client. This is a learning experience not a test of the counselor's skills and abilities.**

Observer:

- Before the role-play, read through the observer checklist. Also read the client scenario. During the role-play, quietly observe and make notes but, if the counselor is having difficulty or is not using the protocol, you may offer suggestions to the counselor. You may also offer suggestions to the client if his or her responses do not follow the client scenario.

This Role-Play

For this role-play, you will be begin with the section **"Introduction and Orientation to the Session"** and immediately follow with **"Assess Risk", "Explore Options for Reducing Risk", "HIV Test Preparation", "Conduct Simulated Rapid Test",** and you will end with **"Providing Client with HIV Positive Result."**

Observer Checklist for Role Play Number 5

Introductions and Orientation to the Session		
Key counselor tasks	**Task addressed?**	**Comments and recommendations**
Introduce self to client.		
Describe your role as counselor.		
Explain confidentiality.		
Review the rapid test process: • If negative, not infected as of 12 weeks earlier • If positive, infected with HIV • Accurate, same day test results		
Outline content of session: • Exploration of HIV/STD risks • Address options for risk reduction • Discussion of testing and meaning of results • Provide test and results • Develop risk reduction and support plan		
Review “map” of client stops/activities during this counseling and testing visit.		
Address immediate questions and concerns.		

General Comments:

Observer Checklist for Role Play Number 5 (continued)

Assess Risk		
Key counselor tasks	**Task addressed?**	**Comments and recommendations**
Assess client's reason for coming in for services.		
Assess client's level of concern about having/acquiring HIV.		
Explore most recent risk exposure/behavior • When • With whom • Under what circumstances		
Assess client's level of acceptable risk.		
Assess pattern of risk (e.g., happening regularly, occasionally, due to an unusual incident). • Number of partners • Type of partners • Frequency of new/different partners • Condom use		
Identify risk triggers, vulnerabilities and circumstances.		
Assess partner's risk.		
Assess communication with partner(s).		
Assess for indicators of increased risk.		
Summarize and reflect back client's story and risk issues. • Risk pattern • Prioritize risk issues • Risk triggers and risk vulnerabilities		

General Comments:

Observer Checklist for Role Play Number 5 (continued)

Explore Options for Reducing Risk		
Key counselor tasks	**Task addressed?**	**Comments and recommendations**
Review previous risk reduction attempts.		
Identify successful experiences with practicing safer sex.		
Identify obstacles to risk reduction.		
Explore triggers and situations, which increase the likelihood of high risk behavior.		
Place risk behavior in the larger context of client's life.		
Assess condom skills.		
Identify entire range of options for reducing risk.		
Role-play, skill build, problem solve.		
Address examples when client's beliefs and behavior are at odds or when feelings are mixed about changing behavior.		
Summarize risk reduction options and discussion.		

General Comments:

Observer Checklist for Role Play Number 5 (continued)

HIV Test Preparation		
Key counselor tasks	**Task addressed?**	**Comments and recommendations**
Discuss client's HIV test history and behavioral changes in response to results		
Address client's feelings about testing for HIV		
Explore with whom client has shared his/her decision to come for VCT services. • Partners, family and friends		
Discuss the client's understanding of the meaning of positive and negative HIV test results Clarify client's misunderstanding about the meaning of HIV test results.		
Assess client's readiness to be tested and receive the test results • Response to positive results • Response to negative results		
Assess who will provide the client support if he/she were HIV infected		
Discuss positive living • Staying well living longer • Obtaining support • Medical care and follow-up		
Weigh and discuss the benefits of knowing your serostatus (knowledge is power) Preparing for the future		
Determine client's test decision		
Identify and address examples when beliefs and behavior are at odds or when feelings are mixed about being tested and dealing with the results.		
If the client elects to be tested, describe the tests and the interpretation/reading of the test		
Direct client to lab to receive test and instruct him or her to return to the counselor or where to wait should the counselor be with another client.		

Observer Checklist for Role Play Number 5 (continued)

Provide HIV Positive Test Results		
Key counselor tasks	**Task addressed?**	**Comments and recommendations**
Inform client that the test results are available.		
Provide results clearly and simply.		
Review the meaning of the result.		
Allow the client time to absorb the meaning of the result.		
Explore the client's understanding of the result.		
Assess how the client is coping with the result.		
Acknowledge the challenges of dealing with an initial positive result.		
Discuss living positively. (If the client is not prepared for this discussion, provide him or her with available pamphlets.)		

Identify Sources of Support		
Key counselor tasks	**Task addressed?**	**Comments and recommendations**
Assess whom client would like to tell about his or her positive test results.		
Identify person, family member, or friend to help the client through the process of dealing with HIV.		
Identify current health care resources.		
Address the need for health care providers to know client's test result.		
Explore client's access to medical services.		
Identify needed medical referrals.		
Discuss situations in which the client may want to consider protecting his or her own confidentiality.		
Discuss options of support groups (e.g. post test club).		
Provide appropriate referrals.		

Observer Checklist for Role Play Number 5 (continued)

Negotiate Disclosure and Partner Referral		
Key counselor tasks	**Task addressed?**	**Comments and recommendations**
Explore client's feelings about telling partners about his or her HIV positive test result.		
Remind client that his or her result does not indicate the partner's HIV status.		
Identify partners that are at risk and need to be informed of their risk for HIV infection.		
Discuss possible approaches to disclosure of HIV status to partners.		
Anticipate potential partner reactions.		
Support client to refer partner for testing.		
Practice and role-play different approaches to disclosure.		
Provide the client with support.		

Address Risk Reduction Issues		
Key counselor tasks	**Task addressed?**	**Comments and recommendations**
Assess client's plan to reduce risk of transmission to current partners.		
Explore client's plan for reducing the risk of transmission to future partners.		
Address disclosure of HIV status to future partners.		
Encourage the client to protect others from HIV.		
Anticipate potential partner reactions.		
Support client to refer partner for testing.		
Practice and role-play different approaches to disclosure.		

Key Considerations for Post HIV Test Counseling

- Cross check all results with client file and blood samples
- Provide results only “face to face”
- Be aware of the manner in which you call clients from the waiting area
- Provision of written test results is not advised

3.5 INJECTING DRUG USERS (IDUs) COUNSELING

Session 3.5 Injecting Drug Users (IDUs) Counseling

OBJECTIVES

By the end of the session participants will be able to

- ❑ Understand what is drug counseling and IDUs issues
- ❑ Demonstrate qualities that are needed to manage drug problem

INTRODUCTION

Injecting drug users inject drugs into veins, or inject substances under the skin (skin popping). Drug injecting is often a group activity between IDUs. A common practice is to use the same syringe and needle for all the members of the group. Sharing is also common among regular sexual partners. If one member of the group, or a partner of a group member has HIV infection, the infection will rapidly spread throughout the group if needle sharing is practiced. The chances of infection through the injecting route are much higher than the sexual route of transmission. Once HIV enters into the circuit of IDUs, the spread within the IDU community is rapid.

TIME: 45 minutes

MATERIALS:
Newsprint; OHPs; Markers

METHODOLOGY:
Mini lecture; Group work; Interaction

CONTENTS

- Concept and issues of drug counseling
- Skills of drug counselor

PROCEDURES:

1. Ask participants what they know about drug counseling. Record all the responses and present your view on the concept of drug counseling with the help of **M III: Session 3.5 OHP # 1**
2. Divide the group and tell them to discuss the process and issues of any counseling. Send them in to seperate rooms for the discussion. Guide the discussion and clarify the task if they are not clear.
3. Ask them to present their discussion in front of the total participants.
4. Record all the valid issues of IDUs and show **M III: Session 3.5 OHP # 2** and Summarize the topic with your view.
5. Discuss the skills required to counsel a drug user. Show **M III: Session 3.5 OHP # 3** and explain the IDU counselor skills.
6. Summarize the session by jotting down the learning points.

Concept of Drug Counseling

Drug Counseling aims to use interpersonal communicate to help IDUs clarify their feelings and thinking so that they will take action to protect themselves and their partners against drug abuse. It helps the person to reintegrate with the family and community and continue healthy living.

Issues of Injecting Drug Users

- Unable to concentrate on the real problem
- Sickness and its effect
- Peer group pressure
- Psychosocial problem
- Strong social stigma and discrimination
- Financial problem
- Unemployment
- Unaware or poor knowledge about HIV and poor link with HIV services
- Unsafe sex practices
- Lack of means to reduce risk (needle exchange program)
- Immediate need gratification personality
- HIV and drug related cognitive impairment
- Addiction
- High

Qualities Necessary for IDUs Counselor

1. Ability to listen is absolutely essential. Listening is much more than hearing.
2. Empathetic and with the ability to sense the client's private world as if it were the counselor's own neither agrees nor disagrees. Just understands and appreciates the view.
3. Non-judgmental and being open to and aware of the other person's rights. Unbiased involvement is essential to constructive approach to the client's problem.
4. Patience, with the ability to tolerate slow or no progress in the client.
5. Flexible and able to adapt his role and pace according to the client's needs.
6. Emotionally mature and able to maintain a balance and not get unduly swayed.
7. Genuine with sincere interest in the care and well-being of the client.
8. To be in command of the counseling sessions and guard against manipulation by the clients.
9. Knowledge about street language and local language. (see annex VII for attitude of IDUs).

3.6 SEX WORKERS COUNSELING

Session 3.6 Sex Workers Counseling

OBJECTIVES

By the end of the session participants will be able to:

- ❑ Understand about sex workers and their issues

INTRODUCTION

Sex workers encompass a diverse group of people, so it is therefore difficult to generalize about their behaviors and attitudes towards HIV prevention and care. For example, they may be injecting drug users, married women or men, forced workers (i.e. they are coerced into the work and even taken to other countries), college students, unattached minors and may be of all genders (i.e. male, female or transgender). They may work temporarily as sex workers or full time. Effective VCT interventions need to recognize sex workers not only as sex workers, but also the other dimensions of their lives as partners, wives or husbands, and as parents.

TIME: 45 minutes

MATERIALS:
Newsprint; OHPs; Markers

METHODOLOGY:
Mini lecture; Group work; Interaction

CONTENTS

- ➢ Concept and issues of sex workers

PROCEDURES

1. Ask participants what they know about sex workers. Record all the responses. Show **M III: Session 3.6 OHP # 1** and present your view on the concept of sex workers counseling
2. Divide the group and send them into syndicate room for the discussion. Ask them to discuss on the problem and issues of sex workers counseling. Guide the discussion and clarify their task if they are not clear.
3. Ask them to present their discussion by turn in front of the total participants.
4. Record all the valid issues of sex workers and show **M III: Session 3.6 OHP # 2** and summarize the topic with your view.
5. Discuss about the skills required to counsel a sex worker and explain the sex workers counselor skills by the facilitator.
6. Summarise the session by writing down the learning points.

Definition

Sex workers encompass a diverse group of people, so it is difficult to generalize about their behaviors. They may work temporarily as sex workers or full time. For example, they may be injecting drug users, married women or men, forced workers, college students and may be of all genders.

Issues of Female Sex Workers

- Husband wife conflict
- Sexual deviation
- Financial problem
- Peer pressure
- Girls trafficking
- Illiteracy and unemployment
- Cultural and social discrimination and stigma
- Risk taking behavior
- Unsafe sexual activity due to client (pressure to have unprotected sex)
- Widow or separated or deserted
- Sexual harassment and sexual exploitation
- Rape
- Weak or no government policy
- Personalities
- Less educated/illiterate
- Less or no BCI activities
- Police harassments
- Poor sexual health services
- Unfulfilled sexual desire (Single or away from wife or husband for a long period of time)

3.7 MALES HAVING SEX WITH MALES (MSM), MIGRANT (MOBILE) and PEOPLE LIVING WITH HIV and AIDS (PLHA) COUNSELING

OBJECTIVES

By the end of the session, the participants will be able to

- ❑ Describe MSM, migrant and PLHA counseling
- ❑ Understand issues and problems of given topics

INTRODUCTION

MSM

The term males who have sex with males (MSM) was developed as an overarching term to cover all the different groups and sub groups of men who have sex with men. In part the term MSM can be seen as a reaction to the language that has developed in Western cultures to describe and/or medicalize sexual acts between men e.g. 'gay', 'homosexual'. Also, the emergence of 'gay culture' in Western societies during the 20th century has encouraged the belief that people are either 'gay' (homosexual) or 'straight' (heterosexual). This may be true for some people in some parts of the world, but for many men, having sex with other men is just one part of their sexual life and does not determine their social or sexual identity. MSM can include the following:

- Males who exclusively have sex with other males
- Males who have sex with other males but mostly have sex with women
- Males who have sex with both males and women without any particular preference
- Males who have sex with other males for money or because they do not have access to sex with women (e.g. men in prison, men in the military]
- Males who are exclusively the insertive partner in anal sex
- Males who are exclusively the receptive partner in anal sex
- Males who are both insertive and receptive
- Males who do not have anal sex but practice other activities such as oral sex and mutual masturbation
- Males who assume different roles and practice different activities at different times of their lives

MIGRANT

Migration and mobility have increased over the past several years and are likely to continue to increase as:

- Land and air transport become more readily available
- Economic imbalances between communities push people to move in search of better lives or to survive
- Closed societies and borders such as in Eastern, Europe and China have opened up
- Wars continue to displace people
- Organized trafficking continues to flourish.

AIDS and migration are two of the crucial social issues facing today's changing world. Traditionally migration has been viewed as a rational and informed choice for individuals seeking improved living conditions.

Understanding the poverty and economic transitions often associated with migration and mobility helps us to understand why "migrant populations are at a higher risk than the overall population for poor health in general and HIV infection in particular. Contributing factors to HIV vulnerability may include the following: limited access to health services; health services which are not well versed in the traditions and practices of migrants; limited exposure to public health campaigns around HIV/AIDS.

Mobility and migration are not in themselves risk factors for HIV transmission but can create conditions in which people are more vulnerable.

TIME: **120 minutes**

MATERIALS:
Newsprint; OHPs; Markers

METHODOLOGY:
Mini lecture; Interaction; Group work

CONTENTS

- Concepts of MSM, migrant and PLHA counseling
- Problems and issues of MSM, migrant and PLHA counseling

PROCEDURES

1. Explain the purpose of the session very briefly.
2. Ask participants why they know about MSM and its meaning. Make clear about the concept of MSM.
3. Ask participants about the meaning of MSM. Record the responses. Clarify the meaning or concept of MSM by facilitators.
4. Follow the similar process and clarify the meaning and concept of PLHA and migrant.
5. Divide the group into four and give a task for each group to discuss and come-up with the problem and issues of MSM, PLHA and migrants. Each group must choose a group representative who will present the group'sdiscussion into plenary.
6. Facilitate the class to ask the questions and queries if they have any. Finally show **M III: Session 3.7 OHP # 1, and 2** on the issues of MSM, and migrants and relate the points, why these issues are important to know while conducting counseling session.
7. Open the floor for questions and summarize the session.

Issues of MSM

- Men who are exclusively inceptive partner in anal sex
- Men who are exclusively receptive partner in anal sex
- Stigma and discrimination
- No legal protection or policy formed by the government
- No respect of human rights
- Negative attitude towards their behavior (MSM) by the society or counselor
- Hidden behavior
- Some cross dressing

Issues of Mobile Populations (Migrants)

- Poverty
- Social discrimination and exploitation
- Natural Calamities (Disaster)
- Loss of beloved ones
- War and insurgency
- Trafficking (labor and girls)
- Unemployment
- Poor health services
- Attraction towards the mobilization
- High risk group
- Irresponsible due to being away from home
- Loneliness
- Visit red-light area
- Peer pressure
- Unprotected sex

3.8 PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT) OF HIV

By the end of the training session, participants will be able to:

- ❑ Discuss the epidemiological data related to the Prevention of Mother to Child Transmission (PMTCT)
- ❑ Understand the concept and role of the VCT counselor in PMTCT program.
- ❑ Explain the advantages and disadvantage of the VCT for prospective parents.
- ❑ Understand the psychosocial consequences of HIV among women
- ❑ Identify skills needed to provide effective counseling to women and their partners for identifying the risks of MTCT

INTRODUCTION

Mother-to-child transmission of the virus - during pregnancy, delivery or breastfeeding - is responsible for more than 90 percent of HIV infection in children. It is not possible to tell whether a newborn infant has already been infected with HIV. Tests detect anti-bodies to HIV rather than the virus itself. The child of an infected mother may have maternal anti-bodies in his or her blood until 18 months of age. Anti-body tests cannot identify whether an infant is infected with HIV until after the age of about 18 months. MTCT rates vary considerably. In the industrialized world, the risk of an infant acquiring HIV from an infected mother ranges from 15-25 percent, compared with 25-40 percent in developing countries, and differences in breastfeeding rates may account for much of this variation. The additional risk of infection when an infant is breastfed is around 10-15 percent.

TIME: **120 minutes**

MATERIALS:

OHPs; PowerPoint; Presentation; case study sheets; newsprint; Board Markers; Cello tape

METHODOLOGY:

Mini lecture; Interaction; Group work

CONTENTS

- Epidemiology of mother to child HIV transmission
- Role of a VCT counselor
- Advantages and disadvantages of VCT for prospective parents
- Psychosocial consequences
- Risk of PMTCT
- Skills of PMTCT counseling

PROCEDURES

1. Briefly explain the importance of PMTCT through mini lecture.
2. Review epidemiological profile of prenatal HIV transmission by displaying **M III: Session 3.8 OHP # 1**
3. Ask the participants what they know about the PMTCT concept. Write down the responses and discuss on them. Display **M III: Session 3.8 OHP #2**
4. Distribute the meta card, and ask the participants to unite what could be the role of a VCT counselors in PMTCT counseling. Collect all the meta-cards and separate them under Informative, Supportive and Preventive role. Display **M III: Session 3.8 OHP #OHP 3** and discuss the given roles.
5. Ask the participants about advantages and disadvantages of VCT for prospective parents. Record all the responses in whiteboard and discuss the points. Display **M III: Session 3.8 OHP #4** and readout the points.
6. Display **M III: Session 3.8 OHP #5** on Psychosocial Consequences of HIV among pregnant women and explain it.
7. Divide the group and ask them to discuss what are the possible risk of PMTCT. Give 10 minutes time for discussion 10 minutes presentation for each group. Review the discussion and display **M III: Session 3.8 OHP #6** or power point to explain risk factors for PMTCT.
8. Explain that more or less the same skills need to be implemented in micro skills session (Previous chart)

M III: Session 3.8 OHP # 1

Magnitude of PMTCT Challenge in Asia

India	500,000
China	70,000
Myanmar	23,000
Thailand	18,000
Cambodia	9,000
Malaysia	1,700
Laos	800
Vietnam	600

M III: Session 3.8 OHP #2

VCT in PMTCT is a dialogue between a client who is a prospective parent and a care provider/counselor.

M III: Session 3.8 OHP #3a

Role of VCT Counselors in PMTCT Counseling

Informative:

To insure that the client has a correct understanding of the facts that enable him or her to make an informed decision. HIV prevention education should be included as part of routine antenatal care.

a) Knowledge and information (basic facts) on HIV/AIDS in pregnancy
b) Basic facts on issues of HIV/AIDS MTCT and modes of transmission
c) The importance of and objectives of VCT for individuals and couples who are prospective parents

Supportive:

To help the client make voluntarily informed decisions about HIV/AIDS prevention and care and to provide the support for the feelings/ emotions of the client/clients as needed. Voluntary informed decisions include:

a) HIV testing
b) Planning pregnancy or termination of pregnancy
c) PMTCT intervention, e.g. delivery options entering into ARV program, infant feeding options
d) Disclosure issues

Role of VCT Counselors in PMTCT Counseling

Preventive:

The counselor increases the clients' awareness about measures they can take to protect themselves and others and to emphasis on MTCT of HIV and related future plans:

a) Risk assessment and risk reduction

b) Prevention of re-infection or spread of infection

c) Assist the client to understand their role in PMTCT starting from where the client is

d) Drawing of future plans includes working with individuals couples and families by putting emphasis on working with the client not for the client

Advantages and Disadvantages of having an HIV Test Among Pregnant Women

Advantages of having an HIV Test

- Knowledge of the result can reduce stress
- HIV+ client, if they are expecting, make a decision on how to reduce the chances of the baby getting infected through the use of antiretrovirals during pregnancy, labor and options of delivery procedure and then exploring other infant feeding options
- Positive living
  a. Symptoms can be identified and treated promptly
  b. Client can also protect self from further infection
  c. Client can improve their health by good sanitation, healthy diet, etc
- Planning for the future of one's family might be made more easily
- Making choices about her sexual behavior and future childbearing

Disadvantages of having an HIV Test

All the possible implications of a positive test result should be discussed

- Stress and uncertainty: HIV+ client may feel to handle positive result e.g. the client may live in anxiety, watching for the development of signs and symptoms of HIV/AIDS, maintaining a secret.
- The client may feel stigma if information is shared with family and friends.
- Making and maintaining relationship is difficult, especially marital relationship.
- Restrictions are placed on mortgage and life insurance and job opportunities.

Psychosocial Consequences of HIV Among Pregnant Women

1. Women often discover their status by accident after the spouse or partner or child is already symptomatic. This presents the woman with a double crisis.
2. Women are often wrongly accused of having brought the infection into the family; this often raises the conflicts with her spouse and may lead to domestic violence.
3. The woman's infection may be the first indications that she or her partner has had another partner, and disclosure of this within the family unit may be traumatic.
4. Fear of social stigma, abandonment and extreme feeling of isolation and loneliness may compel a woman to keep her condition secret.
5. Fear of violence which may compel a woman to hide her status from her partner.
6. Infected women may be extremely concerned about the welfare of their children and underestimate their own needs.
7. Infected women may have tough and often painful decisions about their personal lives. Such decision includes:
   - Who will take care of their own death?
   - Whether to take prophylaxis antiretroviral drugs
   - Whether to breast feed
   - Whether to disclose their HIV status to their partner
   - Whether to avoid pregnancy or contraception option
   - Whether sexual relationship should continue and whether condom will be used
8. There are some reports that the incidence of postnatal depression is increased in HIV + women

The emotional reaction of HIV infected women

Women may require counseling assistance to cope with the following psychological reaction.

1. Anger towards the person who may have infected her.
2. Grief at her loss of health and status, changed body image and sexuality, the possibility of having to give up having children and of dying and leaving her children alone.
3. Guilt relating to how she may have been the cause of her child's illness and burden of her family members for caring for a sick person.
4. Postnatal depression.

What cultural and socio-economic factors demand attention?

Partner, cultural and socio-economic demand may result in women's:

1. Needing to seek permission of male partner to test
2. Lack of protection from HIV (condom use)
3. Lack of control over decisions on infant feeding
4. Lack of control related to family planning

Risk Factors for PMTCT

Strong Evidence	Limited Evidence
Maternal • High viral load • Viral characteristics • Advanced disease • Immune deficiency • HIV acquired during pregnancy • Breastfeeding	**Maternal Nutrition Status** • Maternal Nutrition Status • Vitamin A deficiency • Anemia • STIs • Chorio-amnionitis • Frequent unprotected sex • Multiple sex partners • Smoking • Injecting Drug use
Obstetric • Vaginal delivery versus caesarean Section • Prolonged rupture of Membranes • Intrapartum hemorrhage	Invasive Obstetrical Procedures Monitoring Episiotomy
Infant • Prematurely • Breastfeeding	• Lesions of the Skin and/or mucus membranes (oral trust) including the gastrointestinal tract

HIV Transmission during Pregnancy

- Has viral, bacterial, and parasitic (especially malaria) placental infection during pregnancy
- Gets infected with HIV during pregnancy, developing high viral load at that time
- Has severe immune deficiency associated with AIDS
- Has malnutrition during pregnancy which may indirectly contribute to MTCT

M III: Session 3.8 OHP #6c

HIV Transmission during Labor and Delivery

- Long duration following rupture of membranes often in the form of ARM,
- Acute chorioamnionitis (resulting from untreated STDs or other infections),
- Invasive deliveries techniques that increase the baby's contact with maternal blood e.g., episiotomies etc.
- First infant in a multiple birth

M III: Session 3.8 OHP #6d

HIV Transmission through Breastfeeding

- The pattern of breastfeeding: babies who are exclusively breastfed have a lower risk of being infected than those who are mixed fed
- Breast pathologies: mastitis, cracked nipples, bloody nipples and other breast infections
- Breastfeeding duration: the longer it is continued, the higher the risk of transmission
- Maternal viral load: the risk is believed to double, 30% if a woman becomes infected with HIV for the first time whilst breastfeeding
- Maternal immune status, advanced AIDS
- Poor Maternal nutritional status

M III: Session 3.8 OHP #6e

Timing of HIV transmission during breastfeeding

- Transmission can take place at any point during breastfeeding
- About 70% of postnatal transmission occur within the first 4-6 months
- HIV has been detected in colostrum and mature breast milk but relative risk of transmission is not established
- Risk is cumulative (the longer the duration of breastfeeding, the greater is the additional risk). The overall risk of transmission via breastfeeding is 10% over 24-36 months of feeding.