HIV/AIDS-VCT

Competency Based Curriculum for VCT Counselors

National Center for AIDS and STD Control
Teku, Kathmandu, Nepal
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Ministry of Health
National Center for AIDS and STD Control
Teku, Kathmandu, Nepal
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Acknowledgement

Nepal's National HIV/AIDS Strategy 2002-2006 emphasizes Voluntary Counseling Testing (VCT) as an important component as well as a pivotal entry point for comprehensive HIV/AIDS prevention, care support and treatment services. The 2003 National Guidelines for Voluntary HIV/AIDS Counseling and Testing stipulate that all VCT counseling training needs government approval and must comply with certain minimum standards defined by the National Centre for AIDS and STD Control (NCASC). This Competency Based VCT Curriculum has been prepared as a model for training people involved and interested in and creating competent and skilled pre- and post- test counselors for VCT sites. It is intended as a first endeavor to develop a National Curriculum to set minimum standards for all VCT counselor trainings in Nepal.

We all know that an endeavor such as this draws heavily upon the knowledge, skills, experience and goodwill of countless persons. The NCASC, Teku, Kathmandu would like to express the sincere appreciation of the important contributions of around one hundred people, both at national and international levels. who have participated at various stages of the development process.

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretrovial
CXR	Chest x-ray
DOTS	Directly Observed Treatment Strategy
ELISA	Enzyme Linked Immunosorbent Assays
FHI	Family Health International
FSWs	Female Sex Workers
HIV	Human Immune Deficiency Virus
HMG/N	His Majesty's Government of Nepal
HW	Health Worker
IDUs	Intravenous Drug Users
IEC	Information, Education and Communication
INH	Isoniazid
MSM	Males having Sex with Males
NCASC	National Center for AIDS and STD Control
NGO	Non Governmental Organization
NPHL	National Public Health Lab
OHPs	Overhead Projector sheet/transparency
OIs	Opportunities Infections
PCP	Pneumocystis Carinii Pneumonia
PLHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
PTB	Pulmonary Tuberculosis
SACTS	STD AIDS Counseling and Training Services
STIs	Sexually Transmitted Infections
TB	Tuberculosis
UNAIDS	United Nations Joint Program on HIV/AIDS
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WHO	World Health Organisation

Introduction

The current human immune deficiency virus (HIV) infection rates in Nepal are alarming with an estimated 60,000 Nepalese infected with the HIV virus, and more than 3000 people reported as having Acquired Immune Deficiency Syndrome (AIDS). About 26 % of the HIV infected are women. Of the total HIV infected, seasonal migrants, sex workers and intravenous drug users contribute 40, 18and 14 %, respectively. A three to four fold increase in the number of AIDS cases is expected before the year 2005.

Even though the current prevalence appears to be low in the general population, major efforts will be required to prevent the epidemic from spreading from at-risk groups into the general population. Generalized epidemics take the population on a downward spiral of poverty and vulnerability factors that create ever-greater negative impact. Increased individuals infection lead to loss of productive life, which leads to worse localized poverty and heavier socio-economic and health care burdens on local communities. Local impacts can quicly become mational ones..

Particular challenges include: the emergence of modern socially and sexually liberal youth populations who are poorly informed of the attendant risks; the link between commercial sex and human trafficking; and the likelihood that rising rates of syphilis and other sexually transmitted infections (STIs) will form a bridge by which HIV can spread rapidly through sexual contact from IDUs to the wider population. A number of interventions, as for example condom use, STI control, preventing mother-to-child transmission and harm reduction among IDUs, have been proven effective in decreasing HIV transmission. Many people in Nepal do not know whether they are infected or not. High quality voluntary counseling and testing (VCT) has been demonstrated internationally to be a powerful prevention and care strategy.
There is clear evidence that VCT has several benefits such as: facilitating planning for the future; acceptance and coping with one's sero-status; facilitating behavior change in sero-negative and sero-positive people thus reducing HIV transmission, reducing mother-to-child transmission,and will making and or orphan care. VCT is also the platform for facilitating early management of HIV-related infections and STIs, identifying the need for prophylaxis and effective/safe use of HIV antiretroviral therapies.

VCT also enables psychosocial support through referral to social and peer support.. Wider availability of voluntary counseling and testing centers helps more people to become aware of their HIV status. Those who have under gone testing may more readily promote understanding of and awareness of HIV infection and contribute to reducing stigma, discrimination and denial, which are major barriers for effective prevention. Increase visibility of HIV/AIDS can promote normal personal and community attitudes towards the disease, which is known as 'normalization' of HIV/AIDS. It is therefore important that VCT services be made available on a much larger scale than at present.

Background

Nepal's National HIV/AIDS Strategy 2002-2006 emphasizes VCT as an important component as well as a pivotal entry point for comprehensive HIV/AIDS prevention, care support and treatment services. The 2003 National Guidelines for Voluntary HIV/AIDS Counseling and Testing stipulate that all VCT counseling training needs government approval and must comply with certain minimum standards defined by the NCASC. This curriculum has been prepared as a model for training workshops for people involved and interested in counseling techniques. It is intended as a first endeavor to develop a national curriculum to set a minimum standard for all VCT counselor training in Nepal.

Overall objectives of the training are:

By the end of this training program the participants will be able to:

- Describe the HIV/AIDS situation in Nepal and in Asia
- Describe the rationale to scale up VCT services
- Demonstrate that VCT is an effective HIV transmission reduction strategy
- Demonstrate the role of VCT as an entry point to HIV treatment and care
- Provide information appropriate to clients' identified problems and needs
- Assist clients in making their own voluntary informed decisions
- Help clients to develop skills, needed to carry out their decisions
- Develop positive attitude towards clients and counseling services
- Improve the technical capacity of health workers to provide VCT
- Train a cohort of counselors for VCT in Nepal

The curriculum and the accompanying Reader for facilitators and trainees were developed by the National Center for AIDS and Sexually Transmitted Infections Control (NCASC) with technical assistance by Family Health International, Nepal Country Office and funded by USAID.

Course Structure

This curriculum was designed in accordance with the requirements of quality counseling and testing provided in the National Guidelines for VCT as approved by the His Majesty's Government of Nepal (HMG/N) and the duration of the training will be of 10 days. The manual is oriented primarily to counselors in VCT settings. It outlines the key activities and information involved in training VCT counselors. It is assumed that most trainers are experienced in the HIV/AIDS field and are therefore free to make adjustments where they feel are needed.

A Course Reader accompanies this manual for participants and trainers. The **Course Reader** has been developed in such a way that the trainer does not need to give separate handouts.

Resources

How the Curriculum is organized?

Each session contains

- Title of the session
- Objectives
- Introduction
- Time
- Materials
- Methodology
- Content
- Procedure (sample Lesson Plan)
- Activities and Handouts
- Overheads

Introduction

This section introduces the major theme of the session content, and orients the trainer to the overall lesson plan. It contains important background information for the trainer. It gives general and specific information that the trainer can use in the lecture activities and to facilitate discussions.

Objectives

The objectives set the learning goals for the sessions in specific, clear, and measurable terms. They can be used to focus the pre-test/post-test material and to orient the participants to focus of the sessions.

Procedure

The sample lesson plan contains the average time required, the content, methodology used, materials needed, and a way to evaluate the participants' learning. It helps the trainer to determine whether the content is appropriate for the audience, and to make sure that everything is prepared for the session.

Activities and Handouts

This section contains all of the activities included in the sample lesson plan. Each activity has the learning objectives and step-by-step directions on how to conduct the session. Any handouts needed are included after the activities.

Methodology

Activities have been designed to involve participants at the fullest. Different methodologies used include:

- Demonstration
- Discussion
- Brainstorming
- Group Work
- Role-play
- Presentation/Lecture
- Games
- Videos

Basic Criteria for the selection of participants:

Participants should meet the following requirements to participate in this course:

- Commitment to help people affected and infected by HIV and AIDS
- Involvement in community work
- Having personal interest in supporting people who are HIV-infected or affected
- Have good communication skills and interpersonal qualities
- Working in the VCT counseling centers or those who will be working in the next 3 months in VCT centers

Focus on developing competency of the participants

- Making sure that supervisors also receive counseling training as well as counseling supervision training is critical to maintaining the quality of clinical service and to strengthening the management of the program. Supervisors must see their roles as educational and supportive (as well as being able to provide appropriate challenge where necessary), but not interrogative.
- Training for counselors should be “competency-based”, bearing in mind the realities of the field situation. This means that before training programs can be designed, the relevant competencies must be defined. Careful consideration must be given to the procedures that counselors should follow and the skills they required.
- To assess the competency of the participants, supervisor’s checklist is developed which the training coordinator will use during the observation of the role play. The supervisor’s notes/remarks will be recorded properly and compared with the final evaluation.

Participants' Evaluation Criteria

Since this is a competency-based curriculum, it is essential to assess the participants' competency level before and after the training program. Keeping this is mind a competency assessment checklist is developed. The evaluator will assess the participants' knowledge and skills at the end of the training program by applying the checklist. See annex I

Training Evaluation Criteria

At the end of training participants will evaluate training using training evaluation form. The aim of the training evaluation is to get feedback and suggestions from the participants to improve the future training program. The form is attached in the Annex II.

Instructions for Training Preparation

Key Considerations for the Development and Delivery of Effective Training

It is important to identify the combination of skills that counseling staff and supervisors will need in order to support each other, so that together the entire staff at a VCT site will be able to deliver high-quality services to their clients.

The most important method in any situation depends on: the nature of the learning objectives (the learning of facts requires different teaching methods from the learning of communication skills); local cultural factors; and the style of teaching which learners are familiar with and capable of using.
Example: Even though trainees may be most familiar with lectures, this method cannot be used to teach communication skills.

The competencies identified with regard to training in counseling depend on **communication skills.** There will also be a need to develop attitudes and skills for coping with fear, anger and embarrassment. Learning objectives in these areas are only achieved when the teaching methods are interactive and involve the trainees in practicing communication skills and in expressing their feelings.

Effective training of counselors always has a closely supervised practical component. Therefore counseling training programs should be designed in such a way that ample opportunity is provided for this practical training both within the field and classroom settings.

Group size

Group size for classroom counseling training should not exceed 18 participants. An ideal number is 16. The smaller the group, the more quality time and opportunity are afforded for trainees to practice their skills. As a number of group activities require splitting the trainees into groups of threes, it is suggested that course trainee numbers are divisible by three.

Interactive training strategies:

This course employs interactive training methodologies, allowing instruction, practice and feedback to take place is crucial to address the sensitive and confidential issues discussed during HIV pre- and post-counseling.
The methodologies include:

- Role-play exercises (including those which can be audio or videotaped);
- Focused discussions;
- Educational games; and

Case-based small group learning activities.

Use of Audio-Visual Aids

Visual aids can be used to highlight oral presentations or points. For examples, key points can be noted on the blackboard and questions for debate or discussion (and responses) can be written on the board. The use of the board in this way promotes discussion and interaction. These materials should be clear, readable, and should not be filled with too many details.

Equipment required for training includes

- Whiteboard or large sheets of paper (e.g. flip chart)
- Photocopied trainees handouts arranged in a folder
- Transparencies used with an overhead projector
- PowerPoint and LCD projector
- Videotapes
- Posters/photographs

Presentation

A presentation is used to give information. Key points can be illustrated using visual aids. Trainers can promote interaction by:

- The use of partially individual/group exercise handouts which trainees complete,
- Encouraging questions from the group following the presentation,
- Group work to discuss and answer questions, or
- Assigning issues or tasks to small groups.

Rapporteur Sessions

Following group discussions, the trainer can develop a list of points made which can be used to summarize the presentation. Alternatively, the trainer can call upon a trainee to be a ***rapporteur*** to document a list of summary points that can be derived from the use of brainstorming lessons learned from the presentation.

Large Group Discussions

These should be led by the trainer and involve the whole group. The advantages of such discussions include:

- Trainees are involved in problem-solving;
- Trainees are active participants, which stimulates interest;
- Learning process becomes more personal, requiring the trainer to provide feedback on individual opinions and ideas;
- Trainer is able to evaluate the trainees' understanding and absorption of material; and

- Trainees have an opportunity to share already established expertise and skills.

Large group discussions require a skilful trainer who:

- Asks questions or suggests topics, maintains objectivity, and directs the discussion to keep it relevant to the learning objective,
- Stresses confidentiality,
- Ensures that all group members have equal opportunities to participate and that no one person (including the trainer!) dominates the discussion,
- Perceives and responds to differences in the group, such as skill level, education, and comfort with the topic,
- Is aware of cultural and gender issues,
- Encourages trainees to answer questions and share expertise,
- Needs to be flexible if the group begins to explore other relevant issues,
- Is respectful and non-judgmental of the trainees' ideas and opinions in order to allow for open expression of concerns,
- Keeps to the time, leaving adequate periods for discussion,
- Obtains feedback and responses from the group to provide evaluation mechanisms for the session, and,
- Provides an appropriate balance of supportive and challenging facilitation in which to foster learning.

Small Group Discussions

These are usually groups of 4 to 6. Some of the advantages of such discussions are:

- Trainees have more opportunity to talk and are less likely to be embarrassed than if they were in a large group,
- Atmosphere is more conducive to a discussion of feelings,
- Trainees gain self-confidence through sharing information, and,
- More ideas come from the group.

The trainer does not lead the group, but must be skilful in structuring the discussions so that the trainees accomplish the stated objectives. It is important to provide clear guidelines at the beginning of the discussion such as:

- Which topics are to be discussed?
- Will the group draw conclusions or make decisions?
- Can opinions or feelings of the trainees be shared beyond the small group?
- Will the group be expected to report its discussions to the larger group?
- How much time does the group have?

The trainer may also ask the group to appoint a ***facilitator*** and a ***rapporteur.*** Small group discussions and/or work with pairs should be followed by a large group discussion so that general conclusions can be drawn.

Working in Pairs

Working in pairs can also be effective when in-depth sharing or analysis of particularly personal or sensitive issues is required. Individuals may feel more free to disclose their attitudes and opinions with one trainee rather than within the larger group.

Role-plays

Ideally, role-plays should be arranged by dividing trainees into triads. Each triad should nominate a "counselor", a "client" and an "observer". Trainees should be rotated between these three roles so that they have an opportunity to experience each role. Accordingly there should be three rounds of cases with one case being conducted per round.

The trainer should only hand the cases to the trainees who are playing a client. Counselors and observers should not be permitted to read the cases. The trainer should inform clients that they do not wish them to share the cases with either counselors or observers in order to make the role-play as realistic as possible.

Counselors are to practice applying the knowledge and skills learned through the lectures and other activities by completing the nominated task. If during the role-play they become confused or uncertain they should be instructed to refer to their notes, review their material and recommence when ready. They should not ask for assistance from their client or observer. If necessary, they should be instructed to put up their hand for assistance from a facilitator. At the conclusion of the role-play the counselor should discuss what they were happy with in their practice and what they would liked to have done differently.

Clients are to play the role of the case outlined in the case study. They should attempt to allow the counselor to practice obtaining the information rather than simply reading out what is written in the case study. Facilitators should instruct the clients to inform the counselor if they are role-playing a person of different gender e.g. if a trainee is female and playing a male client she should inform the counselor that she is a male client. Clients should provide feedback to the counselor at the conclusion of the role-play.

Observers are to observe the process of the role-play and provide feedback to the counselor at the conclusion of the role-play. Observers should be asked to first give positive feedback and then constructive criticism. This helps to increase confidence and avoids discontent between trainees. Facilitators should remind observers that they are not to interrupt the role-play.

Five minutes should be allowed at the conclusion of each round for discussion and feedback within the triad.

This is to be followed by requesting the class to form three small groups. One small group should comprise all the trainees who played counselors for that round, another group should comprise all the trainees who played clients and another group should comprise all the trainees who played observers.

A facilitator should be allocated to debrief each small group. One facilitator will debrief the counselors, one facilitator will debrief the clients and one facilitator will debrief the observers.

The small group facilitators should ask the trainees to share their role-play experiences and guide the discussion to the following three questions:

i. What made clients feel comfortable?
ii. What micro skills were particularly important for the counselor to employ?
iii. How did counselors manage to balance provision of information with being responsive to the needs of the client's emotions?

The small group debriefing should last no longer than 10 minutes each round. Trainees should then return to their triads and swap roles. Different case studies should then be provided to the trainees who swap to being counselors.

If only one or two facilitators are available then the debriefing should be performed as one large group following each round. Following the triads debriefing each other, the trainees should be asked to return to one large group. Trainees should be asked to share their role-play experiences and discussion should focus on the three questions above.

Finally, it is important to remind the trainees that they are in the process of learning. Whilst they may feel overwhelmed at the beginning, each time they use the knowledge and skills they are acquiring they will become more confident and improve their abilities.

Overview of role-play process

Trainees divide into triads

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Each triad nominates a “counselor”, a “client” and an “observer”

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ROUND ONE

Clients receive case study 1

Conduct the role-play exercise

Debrief within the triad for 5 minutes

Debrief within small groups of counselors, clients and observers for 10 minutes

- What made clients feel comfortable?
- What micro skills were particularly important for the counselor to employ?
- How did counselors manage to balance provision of information with being responsive to the needs of the client’s emotions?

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Trainees should then return to their triads and swap roles.

- Counselors should become observers
- Observers should become clients
- Clients should become counselors

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ROUND TWO

Clients receive case study 2

Conduct the role-play exercise

Debrief within the triad for 5 minutes

Debrief within small groups of counselors, clients and observers for 10 minutes

- What made clients feel comfortable?
- What micro skills were particularly important for the counselor to employ?
- How did counselors manage to balance provision of information with being responsive to the needs of the client’s emotions?

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Trainees should then return to their triads and swap roles.

- Counselors should become observers
- Observers should become clients
- Clients should become counselors

↓

ROUND THREE

Clients receive case study 3
Conduct the role-play exercise
Debrief within the triad for 5 minutes
Debrief within small groups of counselors, clients and observers for 10 minutes

- What made clients feel comfortable?
- What micro skills were particularly important for the counselor to employ?
- How did counselors manage to balance provision of information with being responsive to the needs of the client's emotions?

Case Studies

The case studies are designed to give counseling trainees an understanding of the effect of HIV infection on the individual, and to enable them to deal with problems they may encounter in the practice setting. The trainers need to develop case studies that are specific to the local setting. Where included, case studies are located in the session plan for each individual sub-module; some of these are followed by a discussion of key points pertaining to the case study. Case studies for printing and providing to trainees are found in a separate section of this trainer's manual.

The case studies provide a detailed description of an event, different characters and settings. The case studies may be followed by a series of questions that will challenge the trainees to discuss the positive and negative aspects of the event.
The advantages of case studies are that they allow an examination of a real or simulated problem that mirrors the outside world and allows trainers to develop confidence and problem solving skills.

External trainers/Guest speakers
Use of a range of external trainers or guest speakers presents both advantages and disadvantages. Some of the advantages include:

- Trainees have access to "experts" in their respective fields
- Trainees establish important linkages to external individuals and agencies that will assist them in their clinical work
- External presenters add variety to the program of regular trainers.

Some of the disadvantages of using external trainers or guest speakers include:

- When inadequately briefed, speakers may launch in to their standard lecture response
- Speakers may present non evidence based on erroneous information
- Speakers may be inappropriate in terms of language and target audience
- Some speakers may be uncomfortable with the use of more interactive learning methodologies
- Speakers may not adhere to the time frame provided.

To maximize the use of external trainers or guest speakers:

- Ensure they are adequately briefed, verbally as well as in writing, in terms of what are expected of them. Provide a guideline that specifies the content to be covered, the style of methodology to be used, the level and type of language, and the timeframe by which to adhere. In addition, clearly describe the type of trainees they are working with and the overall aims of the training program.
- Choose speakers who are known to be effective for your goals. Alternatively,
- "groom" them to attain the desired outcome.
- Ensure that the regular trainer remains present where possible whilst the external speaker presents. This ensures continuity if there are any issues arising. In addition, regular trainers are also able to thus observe and provide useful feedback to the external trainer/guest speaker.
- Always ensure that external trainers/guest speakers are given feedback from both the organization and trainee evaluations in order to continue to improve their sessions.

Checklist of what is needed for the Training (Supplies and Space)

Sample Checklist of Materials/Advance Preparation

- ❑ Timetable
- ❑ Room
- ❑ Adequate seating
- ❑ Personnel (trainers, resource persons, administrative support)
- ❑ Participant notebooks and pens
- ❑ Flipchart paper and stand
- ❑ Markers
- ❑ Cello tape
- ❑ Newsprint/handouts
- ❑ Manuals/resource books
- ❑ Copies of activity sheets that have been made to hand out to each trainee
- ❑ Overheads
- ❑ Overhead projector and markers
- ❑ Box for collecting written questions trainees have felt unable to ask
- ❑ Box for collecting evaluation forms
- ❑ Condoms (allow two per trainee)
- ❑ Penis and vagina models for condom demonstrations
- ❑ Injecting equipment (needle, syringe, two small bowls, red food coloring and water)
- ❑ Meta Cards
- ❑ Powepoint, LCD projector

5-10 minutes	Host Welcome and Presentation
	Invite your host to formally welcome participants and trainer(s) to the VCT training course **Invite** your host to give participants an overview of HIV in the country where the course is being conducted. This presentation should not take more than 5-10 minutes. **Host Presentation** can possibly include the following country specific information/ statistics: • Welcoming remarks to trainers, participants and observers • Overview of the HIV epidemic in country • Statistics on VCT (i.e. demographics) • Government commitment to supporting and expanding VCT activities • Current campaigns and activities to combat HIV/AIDS • Challenges and or obstacles to implementing and sustaining VCT programs and services • Projected VCT activities in the upcoming year • A word of encouragement and support to trainers and participants

35 minutes	Trainer Welcome and Introductions
15 minutes Pre-hung Newsprint " Goal and Objectives" Participant's manual pg.1	Trainer(s) Welcome and self-introductions**Welcome** participants to the training and ask that they fill out their name tents **Refer** participants to the goal and objectives of the training on newsprint and in the participant manual on page 1 **State**: The goal of this training is to teach people who will serve as Voluntary Counseling and Testing (VCT) counselors how to conduct an HIV prevention counseling session by following the VCT protocol. **Continue** and **state** the objectives of this training are: • To provide participants with the skills required to conduct a quality Voluntary Counseling and Testing (VCT) session and • To prepare participants to become familiar with the challenges VCT may present at their site and within their community and country **Introduce** yourself briefly. Include your educational background and your experience in counseling, training and the geographic area. *(For example: Hi my name is Michele and I have a masters degree in training with 15 years experience in VCT. I work for a training group in the USA and live in Denver Colorado; were the Rocky Mountains are located)* If you are co-training. **Invite** your co-trainer(s) to introduce themselves. If there are observers, **Invite** them to briefly introduce themselves and state their purpose for observing the training. **State :** Prior to hearing from all of you, first let's go over some quick "housekeeping" information: **Provide** housekeeping information (i.e. locations for bathrooms, phones, emergency exits, etc.)
20 Minutes Pre-hung Newsprint (to include items on the right see:)	Participants' self-introduction **Invite** participants to introduce themselves. They should include the following • Name • Agency • Years of general counseling experience • Years of experience specifically related to HIV testing • What you hope to learn from the training (expectations)

15 Minutes	Agenda & Ground Rules
Blank newsprint entitled “Ground Rules”	**Refer** participants to the agenda on pages 2-5 in their manuals **Quickly review** the topics below that will be covered during the training: **Agenda items include:** • VCT protocol • Individual protocol components • Review of counseling skills • Rapid test overview • Role plays • Quality assurance **State:** As you’ve in the review, there will be interactive group activities such as role-plays that will enable you to learn and practice each component of the VCT protocol. We have allotted time to discuss major issues that may arise as a result of practicing the protocol in both small groups and in our large group. **Remind** participants that you discussed the goal ad objectives of this training and a review of the following days training **Inform** participants that order to help everyone meet the goals and objectives for this training you want everybody to agree to some “ground rules” **Ask** for volunteers to give some recommended ground rules and list them on the blank newsprint titled “Ground Rules” **Listen** and or **prompt** for the following: • **Commit to participate**: This training should be used as an opportunity to practice new skills. Therefore, successful completion will require making a commitment to actively participate. • **Manage time:** Trainer(s) will maintain structure and keep time; but ***everyone*** will share responsibility for arriving on time in the morning, after break and after lunch. • **Speak slowly:** Trainer(s) and participants need to speak loudly and slowly so that they can be clearly understood. • **Turn pagers and cell phones off or set them to vibrate:** Pagers and cell phones may distract the trainer(s) as well as other participants. • **Respect all opinions:** Participants may differ and may disagree on issues. However, respecting these differences should be embraced for the diversity it brings to the training.

30 Minutes	Ice Breaker
7 Minutes	**State:** In order for us to learn more about each other we will conduct a brief exercise **State:** (verbatim or in your own words) Throughout our lives, we each have heard messages from our mothers, fathers, aunts and uncles abut how to stay healthy and what we should do if we get sick. Some of us may have also heard messages about sex or delaying sexual activity. These messages were probably treated as expert advice from our elders ... … Try to remember some of the culturally specific messages about health and sex you heard as a child from your mother, father or any close relative … Allow Participant a brief moment to reflect

Trainer's Note: This icebreaker is meant to help participants get acquainted, and think about diverse cultural norms. To assess participants' comfort level discussing sexual issues, it is important to notice which participants are sharing both health-related messages, and messages about sex or sexual activities.

This icebreaker was designed to gently guide participants into talking about sex, which is critical in being able to effectively assess clients risk for HIV ad potential barriers to protecting themselves form HIV.

7 Minutes	**Share** a personal example. For example, my mother says that the baby is in the boy's bladder and if you have sex he will give it to you, and that I should never let a boy near my vagina! **State:** In a moment I'd like you to stand up, and turn to a person near you and reach out to shake hands. As you shake hands, please introduce yourself and share a piece of wisdom from one of your childhood "experts" on health and sexually. **Demonstrate** with co-trainer or a participant: "Hi, I'am (state your name) and my mother always told me that the baby is in the boys bladder and if you have sex he will give it to you, therefore, never let a boy (assuming you are female) touch my vagina or I would become pregnant. **State**: As soon as you have exchanged names and words of wisdom with one partner, move on to another partner, introduce yourself and continue to share your childhood wisdom with as many participants as possible before I state that our time is finished. **Ask** if there are any questions before they begin. **State:** Please stand up and begin to introduce yourself and share two pieces of wisdom passed on to you in childhood

Trainer's Note: In an environment where participants are meeting each other for the first time, it may be necessary to walk around the room and encourage participants to interact as you participate in the icebreaker

15 Minutes	**Call time:** after approximately 7 minutes or when you see that all participants have had a change to introduce themselves to the major of participants. **Ask** participants to return to their seats **Process/Review the exercise** by asking some or all of the following questions: 1. What are some of the most interesting pieces of advice you heard? 2. Did you hear messages that would protect you from getting infected with HIV 2a What similar messages have you heard about how sexually transmitted diseases are transmitted?

Trainer's Note: When processing/reviewing this exercise and asking what similar messages were head about how or why people become HIV infected or ill with AIDS, expect to hear comments like offending the family, immunizations, condoms, being cursed, a wife inheritance. Based on comments from participants, you may briefly discuss myths about how HIV is contracted. However, be careful that in dispelling myths you do not review HIV 101 (which is a pre-requisite for this course)

	3. By a show of hands, how many of you were able to remember and share something told to you in childhood about sex and sexuality? 3a. For those of you who did not raise your hands, why do you think sex ad sexuality were not discussed with you as a child or young adult?
1 Minute	**Summarize** the exercise by acknowledging different pieces of good advice that we learned as children. Stress that the ideas and beliefs we learn from persons close to us have some influence on our views, beliefs, expectations, and behavior, just as community-held beliefs and norms influence the behaviors that either transmit HIV or prevent the transmission of HIV
15 Minutes	**Pre-course Knowledge Assessment** **State:** Before we get started I'm going to ask you to take a few minutes to complete a knowledge assessment form- this will help us determine the effectiveness of the training. Please answer as best you can, and if you do not know the answer, feel free to write: "I don't know" **Distribute** pre-course assessment forms

Competency Based Training Program for VCT Counselor
PROGRAM SCHEDULE

Day 1

Session	Time	
		Registration
		Welcome speech
		Introduction
		Tea-Break
		An Overview to Volunatry Counseling and Testing (VCT)
		Lunch Break
		Review of Basic Facts about HIV/AIDS
		Tea Break
		Progression of HIV infection in the Human body

Day 2

Session	Time	
		The HIV and AIDS epidemic
		Tea Break
		Introduction to the National AIDS Response
		Review of Basic Facts of STIs
		Lunch Break
		Management of HIV related illness
		Tea Break
		Prevention of HIV infection and universal precaution

Day 3

Session	Time	
		HIV testing
		Tea Break
		The concept of counseling
		Self awareness
		Lunch Break
		Values and attitude of counselor
		Tea Break
		Counseling skills

Day 4

Session	Time	
		Counseling skills
		Tea Break
		Counseling skills
		Lunch Break
		The process of counseling
		Tea Break
		The process of counseling

Day 5

Session	Time	
		Motivating change in behaviour
		Tea Break
		Concept of VCT
		Overview of national VCT guidelines and VCT services in Nepal
		Lunch Break
		Pre-test counseling
		Tea Break
		Risk assessment

Day 6

Session	Time	
		Risk reduction
		Tea Break
		Pre-test counseling Role Play
		Lunch Break
		Pre-test counseling Role Play
		Tea Break
		Pre-test counseling Role Play

Day 7

Session	Time	
		Post-test Counseling
		Tea break
		Post-test counseling Role Play
		Lunch Break
		Post-test counseling Role Play
		Tea Break
		Post-test counseling Role Play

Day 8

Session	Time	
		Injecting Drug Users
		Tea Break
		Sex workers counseling
		MSM,Migrant, PLHA counseling
		Lunch Break
		PMTCT
		Tea Break
		Care, support and referrals

Day 9

Session	Time	
		Living Positively with HIV/AIDS
		Tea Break
		PLHA case Sharing
		Lunch Break
		Ethical code of conduct
		Tea Break
		Record keeping and documentation
		Site management

Day 10

Session	Time	
		Field Visit
		Tea Break
		Field Visit
		Lunch Break
		Field visit experience sharing Participant's Evaluation
		Tea Break
		Graduation and closing