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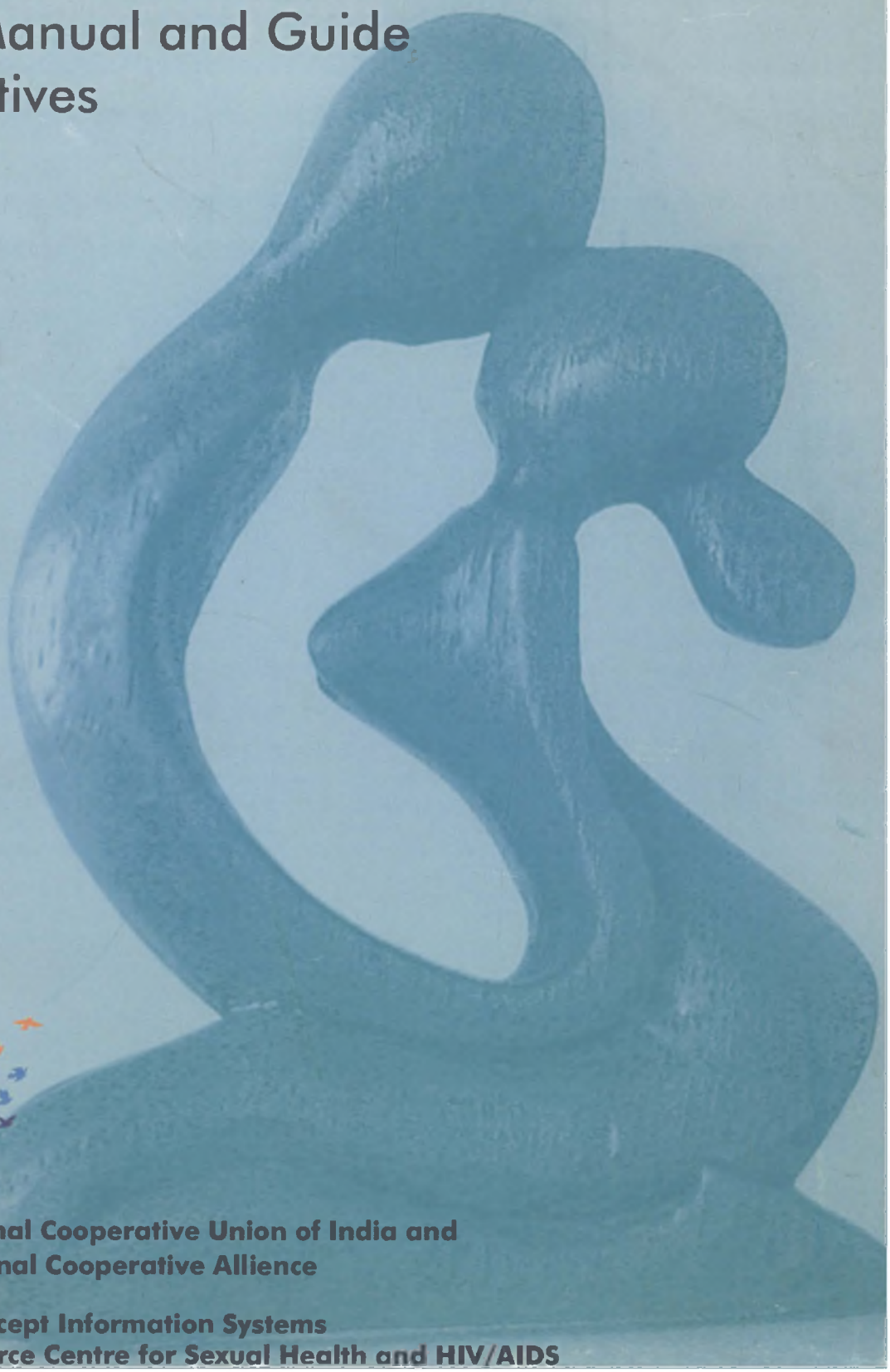
HIV & AIDS and World of Work

A Training Manual and Guide for Cooperatives



Produced by **The National Cooperative Union of India and**
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New Concept Team

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Foreword

The International Co-operative Alliance in Asia represents 57 co-operative organizations in 22 countries covering 520 million individual co-operative members. HIV/AIDS is no longer an urban disease. This is now spreading by alarming speed into rural areas affecting largely the farming community, especially people in their most productive years (15-45 years of age).

South and South-East Asia are now an epicenter of the HIV epidemic. Agriculture is the main stay of socio economic life of the people in the region. The impact of HIV/AIDS is seen on production systems and decline of agricultural knowledge and management skill as well as the mis-appropriate impact of disease on women, which cumulatively lead to the loss of rural household food security. The deterioration of traditional coping mechanism and dwindling of family and community resources does have a direct impact on agricultural production.

Therefore, there is an urgent need of strengthening the capacities and capabilities of members so that co-operative members as well as their communities can withstand and sustain the burden of HIV/AIDS.

Of all countries in the region, India is estimated to have the largest burden, with about 4.58 million infections. There are more than 5, 40,000 co-operatives in India with more than 230 million individuals as co-op members, both men and women in different age groups. The Indian co-operative movement is said to be the largest in the world.

Although there have been various HIV/AIDS prevention and care programme in general, nothing has been done so far co-op community by the co-operative sector. It has been seen that community based programmes can reach large number of people and can therefore be more result oriented. For this reason the International Co-operative Alliance Regional Office for Asia and the Pacific has taken initiative to address the HIV/AIDS awareness and prevention needs of Co-operative members of its entire member organisation in Asia & the Pacific Region.

Therefore, to set the environment for addressing the issue through the cooperatives, 3 National Workshop for sensitization of co-operative leaders, policymakers, directors and trainers to generate awareness for prevention of spread of HIV/AIDS among co-operative members have been organized in India, Thailand and Vietnam. Next step is to train the cooperative trainers at national, secondary and primary levels who in turn will spread awareness among cooperative ranks and file during their regular training sessions. The training and awareness on HIV/AIDS will become the part of the curriculum of the cooperative teachings.

Thus, Resource Centre for Sexual Health & HIV/AIDS (RCSHA), New Delhi was approached for funding and technical support to implement the programme in collaboration with National Co-operative Union of India (NCUI). It was decided to write a need based TOT manual especially for cooperative trainers. A team of experts have worked to give this present shape to the document.
The manual contains 5 chapters-broadly covering fundamentals of the pandemic. The trainers will be trained on how to disseminate correct and complete information in a simple way to the grass rot people. The training methodology consists of role play and games.
We are grateful to Dr.Tom Philip, Project Director of RCSHA and Mr. Bhagwati Prasad Chief of NCUI for their interest and effective collaboration and Savitri Singh, Advisor-Gender Programme of ICAAP for her initiatives to make the project a success. We sincerely hope that the manual will be useful for the training of cooperative trainers and will be accepted by the cooperatives as a training document.

Shil Kwan Lee

Regional Director
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Prologue

HIV has been identified as one of the foremost development challenges of the 21st century. Since the time, India saw the first HIV infected person in 1981, the country has built up a response to face and fight the epidemic. The National AIDS Control Programme has shaped up over a period of time to effectively stem the spread of the infection within the country. The primary focus of attention in HIV/AIDS prevention programmes in India has been to deliver targeted interventions for the highest-at-risk populations identified as Sex Workers, Men who have sex with Men and Injecting Drug Users. There has also been a lot of effort to prevent the spread of the infection among and through bridge populations like the Truck Drivers and Migrant Workers.

But lately, there is growing evidence that, the epidemic has been gradually moving from the High Risk groups into the general population, from urban centres into rural populations, and in the process acquiring a more feminine face as well. All this indicates that India is all set to have a generalized epidemic of HIV calling for immediate action beyond the classical and find a way to intensify work with the general population in India.

India has had a very strong and successful Cooperative Movement having a total of 5, 40,000 cooperatives with a member strength of 230 million people. When International Cooperative Union came with the proposal to train the Cooperative trainers in issues around HIV/AIDS prevention and care, it presented to us a novel opportunity to explore this form of organisation in reaching out to the rural masses. This activity is particularly important for a number of reasons:

- Cooperatives, as an organizational form has not been involved in the HIV/AIDS prevention programmes till now
- In the current state of the epidemic, the cooperatives present to us a potentially important vehicle to reach out to the general population.
- The activity fits within the existing framework of operations of the cooperative department and hence is naturally sustainable.

This activity would provide valuable lessons for the National response in shaping its future course.

This manual has been a joint effort from New Concepts and the training team and we acknowledge their efforts.

We are thankful to DFID India for their support and wish ICA all success in their endeavour.
We hope that the manual would be helpful for the users and we would welcome suggestions for improvement.

RCSHA Team

Contents

Acronym

AIDS	Acquired Immuno Deficiency Syndrome
ART	Antiretroviral Therapy
CSW	Commercial Sex Worker
DYC	District Youth Coordinators
ELISA	Enzyme-Linked Immunosorbent Assay
EUA	Exploration, Understanding and Action
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
MTCT	Mother-to-Child Transmission
NCUI	National Cooperative Union of India
OI	Opportunistic Infection
PLHA	Persons Living With HIV and AIDS
RCSHA	Resource Centre for Sexual Health and HIV/AIDS
STI	Sexually Transmitted Infection
TB	Tuberculosis
VCT	Voluntary Counseling and Testing
ILO	International Labour Organisation
UNIFEM	United Nations
UNAIDS	Joint United Nations Programme on HIV and AIDS
WHO	World Health Organisation

HIV & AIDS and Cooperatives

Background

HIV and AIDS is one of the greatest challenges of the 21st century. It is an emergency of an unprecedented nature. In the last decade the world of work has been recognized as a key arena where the battle against HIV and AIDS can be fought - and won. The Cooperative movement has a unique role to play in view of its expertise, gained over many decades, and its structure - bringing together governments, employers and workers. This manual explains why the world of work is so important and shows how it can respond.

The manual is designed to help the Cooperatives' partners understand the issues and apply the Cooperatives' arm of training on HIV and AIDS and the world of work. This manual may be used with little training and only intermittent support from Cooperatives offices and Institutions at the State level of the NCUI. This manual is therefore intended as an education and reference document as well as a tool for training, and an aid for all those seeking to promote action to limit the spread and impact of HIV and AIDS in the world of work.

Structure of the manual

The manual is divided into five sections

Section 1 : Environment Building

This section deals with sessions which are to be used to build an environment conducive to group learning. Through this section the group formation is completed and relationships are built which facilitate individual learning. Sessions take care of personal inhibitions and fears of individual participants which may otherwise affect their learning process adversely.

Section 2 : HIV and AIDS General Scenario

This section would cover HIV and AIDS: the epidemic and its impact on the world of work. An overall picture is given to participants on the history and spread of HIV and AIDS in the world, India and various states in India. A session here describes why HIV and AIDS is a workplace issue, and how it affects labour and employment; and the particular strengths of the Cooperatives in contributing to a positive response.

Section 3: HIV and AIDS Basic Knowledge

Section 3 deals with the basic knowledge on HIV and AIDS include its transmission, prevention, high risk behavior, myths and misconceptions about HIV and AIDS.

Section 4: Addressing concerns arising of HIV and AIDS

Through this section knowledge is imparted on how to address the concerns raised by the situation created because of HIV and AIDS. It includes issues like treatment and care, stigma and discrimination, counseling, and living positively with HIV and AIDS.

Section 5: Training Skills

Section 5 focuses on various training skills based on adult learning principles. It includes sessions on development of modules, improvising communication to make it more effective, and management of a session.

How you can use the manual

Sections 2, 3, and 4 are where participants will be first imparted basic knowledge on HIV and AIDS. Subsequently, they will be acquiring the skills in Section 5 where each participant will be conducting a session. Therefore, to use this manual effectively, a lot of practice has to be built-in. This will serve two purposes: participant will develop her/his public speaking/ facilitating / and interactive skills, and will also get an opportunity to repeat what she/he has learnt on HIV and AIDS.

Finally, participants will be asked to conduct a mock session or training session with cooperative members in the field, which will be observed by master trainers. This will give them an opportunity to receive final feedback and also get a 'feel' of the real audience.

This manual is a source of information on HIV and AIDS and the world of work, a reference guide to the Cooperatives Code, and a tool for training. It is ideal to use as a reference when planning training. You can work through the whole book or parts of it on your own, in a meeting or as a team exercise. You can see what other people have done, consider whether it could be adapted to your situation, and follow suggestions.

The main use of the manual will be in education and training. The rest of this module gives guidance on how to use it to provide training for all those in the world of work who wish to take action against the situation created by HIV and AIDS.

Active learning: Methods and activities

The Code notes that "methods should be as interactive as possible". We have tried to follow this advice in the manual, but what do we mean by 'active learning'?

In active learning, participants in education and training programmes are not passive recipients of information. Their own experiences and ideas are recognized as a valuable resource. This requires a new interaction between the facilitator on the one hand and the course participants on the other. Active learning is centered on the learner, not the trainer. Learning is negotiated and, usually, practical results are sought.

This is particularly important in the HIV and AIDS context. Individuals need to change their behaviour. Just knowing how the virus is transmitted is not enough. Acting on that knowledge is crucial. Active learning encourages this kind of change. The process of behaviour change will not occur in a fixed period of time or overnight. However the process of active learning encourages commitment and courage which are crucial ingredients for behaviour change to occur.

Learning activities suggested throughout this manual, are designed to assist active learning. These usually involve a role play, discussions, or other group activity, and should take between 45 and 90 minutes. Small groups, as we suggest below, should be no larger than four or five, and may sometimes be smaller - some activities can be done in pairs. There are more learning activities for each module than you will ever be able to use in one workshop. The wide range of activities allows you to select the ones most useful for the education or training context in which you are working. Some activities are quite general and ask learners

to develop policy. Others are more direct, even personal, and ask learners to get involved with the stories of individuals in order to explore attitudes and behaviour issues. It is a good idea to employ a mixture of these in a workshop.

Even in larger groups and plenary sessions there can be active learning; there is no need to fall into the trap of one-way communication. Prepare questions to ask at regular intervals, stop and check that participants are following your line of reasoning, invite comments. The plenary can be broken up for short sessions of group work - just breaking up into pairs for a few minutes is a very effective way of keeping the whole group involved.

The manual is for you. Please do not feel you have to follow it rigidly. Adapt it. Use it to develop new learning activities and new education programmes.

Please remember the following points:

- ✓ The purpose of this manual and your using it is to bring about change. If people attend a workshop, or just read the manual, and nothing happens, then we have lost an opportunity to address the epidemic.

- ✓ To fight HIV and AIDS, we need to change what individuals think, even what they feel, about sensitive issues such as the relations between men and women, and sexuality.

- ✓ We also need to change what we do and talk about at the workplace - which means employers and trade unions changing too.

This kind of change cannot be measured in a workshop. So, although we have suggested finishing workshops with an evaluation activity, the real evaluation comes later - months later.

In following up the results of workshops, say six and twelve months later, we should ask:

- ? Have any workplace policies or agreements been developed?
- ? Is there a condom distribution facility?
- ? Have workers come forward voluntarily and asked for counseling and testing?
- ? Do women workers feel they can report sexual harassment?

If these types of change have occurred as a result of using this manual, small steps will have been taken to fight one of the greatest challenges of this century.

NOTE:
This manual is a guide and resource book for the trainers. They are free to innovate on techniques and methods, using their own training skills and experience with different groups. The duration of each session is also indicative and may be changed depending upon the understanding level of the trainees or the target group.

Session Plan

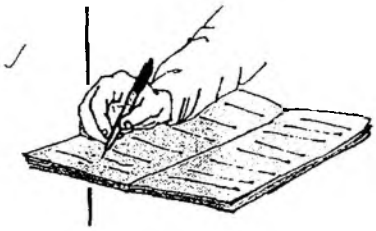
Day & Session	Objective/ Purpose	Time
DAY-I		
Session 1: Registration and Participants' Introduction	Enable the participants express their expectations from the training program Review the expectations of participants and trainers Discuss the training program objectives and how the objectives relate to the expectations and role of participants as HIV and AIDS trainers Share a personal strength among the participants and identify how these can be used in the training.	90 minutes
Session 2: Distribution and pinning of Red ribbons	Develop a feeling of being special - with red ribbon, Learn the relevance of red ribbon, Build rapport between trainer & participants	30 Minutes
Session 3: Group Formation	Form a cohesive group that works together during the training To let people overcome their inhibitions and bring them into a participatory mode.	45 Minutes
Session 4: Pre-Course Knowledge Assessment	Provide a self-assessment of knowledge Create a felt need to acquire more knowledge To bridge knowledge gaps among participants	30 Minutes
Session 5: HIV and AIDS Scenario	Generate awareness about HIV and AIDS and its history Acquire knowledge of HIV and AIDS scenario in India Explain classification of states being followed in India in the context of HIV and AIDS (High incidence, highly vulnerable, and vulnerable)	30 minutes
Session 6: HIV /AIDS : Workplace & Productivity	Learn the impact of HIV and AIDS on individual productivity. Linking HIV and AIDS with earning and livelihood	90 Minutes
DAY-II		
Session 7: HIV and AIDS : An introduction	Learn what is HIV and AIDS List factors affecting transmission of HIV Enumerate the four means of transmission of HIV virus Identify various ways to prevent HIV	60 Minutes

Day & Session	Objective/ Purpose	Time
Session 8: High Risk Behaviour	Describe what is high risk behaviour Learn various types and importance of high risk behaviour in the context of HIV/AIDS Learn what are life skills Apply various life skills to prevent high risk behaviour Establish linkages of behaviour with transmission / prevention of HIV	120 minutes
Session 9: HIV and AIDS - Myths & Misconceptions	Learn about various myths and misconceptions about HIV and AIDS Dispel myths and prejudices about HIV and AIDS	60 minutes
Session 10: Treatment & Support Services	Learn about treatment, its availability and other support services	60 minutes
Session 11: Living Positively with HIV/AIDS	To learn the importance and way to confront stigma and discrimination	45 Minutes
Session 12: Adult Learning Principles	Differentiate between child learning and adult learning Learn the advantages of experiential learning	90 Minutes
Day-III		
Session 13: Facilitation Skills	Acquire key facilitation skills	90 minutes
Session 14: Effective communication	Learn communication process - type and barriers, inter-personal communication Acquire effective skills in communication for training Use of audio-visual and local folk media	120 minutes
Session 15: Management of a session	Learn actual delivery techniques for best time management of conducting sessions	90 Minutes
DAY-IV		
Session 16: Designing a training session	Learn to design a training session	Half day
DAY-V		
Session 17: Giving & receiving feedback	Learn to give & receive feedback	15 minutes
DAY-VI		
Session 18: Practicing Skills	To practice delivery of designed sessions using various training methodologies To demonstrate various facilitation skills	Full day
Session 19: Evaluation and summing up	Recap the learning from the training Discuss the use of the manual in the context of their work and environment Provide specific feedback to trainees/facilitators.	Half day

Section 1 – Environment Building

Session 1: Registration and Participants' Introduction

It is important in the training and as professionals to create an atmosphere in which participants feel comfortable and free to share. All participants must be made to feel welcome. Therefore, it is essential to recognize this at the beginning and to ensure that participants know that their experiences are relevant and appreciated. Explain that because the course will involve emotional topics, it is vital that participants take care of themselves and each other. This can be accomplished in a range of ways, but everyone should feel free to ask for what they need as the training progresses.



Time : 90 minutes

Learning Objective

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

- ➔ Express their expectations of the training program.
- ➔ Review their expectations of themselves as participants and of their trainers.
- ➔ Discuss the training program objectives and how the objectives relate to their expectations and their role as HIV and AIDS trainers.
- ➔ Share a personal strength with their fellow participants and identify how their strengths and the strengths of others can be used in the training.

Method

Discussion, Group work

Preparation

- ✓ Prepare flip charts: For Course Objectives
- ✓ Name Tag (See Trainers' Notes.)

Say the following to participants:

During this training program, we will be building some new skills, but we can also tap skills that we may already have. We have a lot of experience in the group that we can use as well. Let's take some time getting to know each other and the skills we bring to this training.

Steps

- ↗ Give each participant a blank name tag. Ask the participants to put the following information on their name tag:
  - Their name
  - Where they are from

- A strength or unique talent they have

- Give the participants a few minutes to write on their name tags.
- Ask the participants for their name tags. Mix them up and hand them back to the participants. Be sure that no one has his or her own name tag. Inform participants that they will introduce the person who belongs to the name tag they received and state how the group can use that person's strength or unique talent during training. For example: This is Bina. She is great at bargaining. She can use that skill in negotiating behaviour change with people.
- Ask for their expectations. Identify the expectations that will be met through the objectives. If an expectation will not be met, explain why it will not be met during this training program.
- Introduce the training program objectives.

Objectives & Outcome

At the end of the six day workshop, participants would be able to:

1. Learn the importance of HIV and AIDS in the context of work and productivity
2. Acquire knowledge about HIV and AIDS - what is it, its transmission, and prevention
3. Acquire knowledge about availability of treatment and support services
4. Sensitize themselves and others about living positively with HIV and AIDS
5. Dispel common myths and misconceptions about HIV and AIDS
6. Learn ways to combat stigma and discrimination
7. Acquire knowledge about resources available within their state that can be used for inputs and networking to be effective trainers
8. Develop lesson plans and training design for community level
9. Use participatory methods in training based on adult learning principles
10. Learn rapport building - understand trainees and their needs
11. Organize for pre/post training assessment
12. Communicate effectively - group communication / inter-personal communication, use of body language in training, use of audio-visual and local folk media
13. Learn overall management of training sessions including Planning , Controlling, Organising and Leading
14. Plan for follow-up, monitoring, and handholding of trainees

- After completing the list of objectives, give each participant a copy of the Manual. Ask participants to refer to the Training Program objectives in their copy of the Manual.

Notes: _____

Session 2: Distribution and pinning of Red Ribbons

Time: 30 Minutes

Learning Objective

- Develop a feeling of being special – with red ribbon
- Learn the relevance of red ribbon
- To build rapport between trainer & participants

Method

Discussion

Preparation

- ✓ Red Ribbons in sufficient number
- ✓ Pins / Safety pins for red ribbons

Steps

- The participant who is introduced by a participant in the previous session comes and pins a red ribbon on his/her dress.
- This is completed till all participants have a red ribbon on their dress affixed by the participant who was introduced by them.

Say

"Now that each of us has a red ribbon with us, let's discuss what it signifies." "Any guess?"

- Let participants express what do they understand by red ribbon.
- Explain the concept and meaning of red ribbon as under :
  - The Red Ribbon is a symbol of our concerns for our brothers and sisters afflicted with AIDS and HIV related disease.
  - The wearing or displaying of the Red Ribbon also indicates that WE CARE.
  - A symbol for the people who have died from HIV and AIDS and the fight for a cure for the disease

Session 3: Group Formation

Time: 45 Minutes

Learning Objective

- To form a cohesive group that works together during the training
- To let people overcome their inhibitions and bring them into a participatory mode.

Method

Group Activity, Discussion

Steps/ Activity

- Let participants stand in a circle holding hands so that it becomes a closed circle.
- Two volunteers are taken from the group…one plays the role of a goat and the other plays the role of a hungry lion.
- The goat is made to stand in the middle of the circle.
- The lion is made to stand outside the circle.

Roles to be performed:

- Lion has to enter the circle to eat the goat
- Goat has to run away from the lion for survival
- Other participants have to help the goat against the lion

Game is played for about 10 minutes. In that time the trainer notes down what happens:

- How many times the lion is able to break the circle and 'eat' the goat
- How participants forming the protective circle help goat to survive against all odds…this may include offering tough physical resistance to lion
- How the goat is able to survive? Does goat strike a conversation with the lion? If yes, what were the contents of that conversation

Debrief of the game:

After ten minutes of play, participants are reassembled and asked to describe in two words how they are feeling. Many would say happy, relaxed, etc. Some may feel sorry for the goat. Record it on the board. Ask what they could have done to save the goat. Relate this game with HIV and AIDS.

- ✓ Goat – any of us could be in place of goat, vulnerable to get HIV and AIDS
- ✓ Protective circle – all of us are in a position to provide much required care and support to vulnerable sections of the society against the epidemic.
- ✓ Lion – is the epidemic of HIV and AIDS

Section 2 – HIV and AIDS: General Scenario

Session 4: Pre-Course Knowledge Assessment

Time: 30 Minutes

Learning Objective

- To provide a self-assessment of knowledge
- To create a felt need to acquire more knowledge
- To create a facilitating environment to bridge knowledge gaps among participants

Method

Participant self- assessment

Preparation

- ✓ Sufficient copies of pre-course test sheets
- ✓ Pencils/ pens to write the test

Steps/ Activity

- Explain the purpose of this pre-training test and allay apprehensions
- Distribute the test sheets
- Announce time limit for test – 10 minutes, and say start
- Once they complete, let them correct their answers while you read correct answers
- Let them score their sheets giving themselves 1 for each correct answer
- Ask them to count their total score
- On the board write : 20-25, 15-20, 10-15, 0-10
- Ask those participants to raise hands who have scored between 20-25, count them and write their number before 20-25. Similarly, record other scores.
- Connect these scores with knowledge gaps

☺ Say

"the main issue is not how much each one of us scores. The main issue is that the process of seeking knowledge is endless".

HIV/ AIDS Knowledge - Quiz

1. The majority of men, women and children worldwide living with HIV and AIDS reside in India.
   A. True
   B. False
2. AIDS has replaced malaria and tuberculosis as the world's leading cause of death due to infectious disease among adults.
   A. True
   B. False
3. Africa is the continent with the most adults and children currently living with HIV and AIDS.
   A. True
   B. False
4. A person can be infected with HIV for many years before any symptoms occur.
   A. True
   B. False
5. In developing countries, recent advances in treatment options have dramatically extended and improved the lives of most people living with HIV and AIDS.
   A. True
   B. False
6. In India sexual route is the most prevalent route of transmission.
   A. True
   B. False
7. If a person comes to know that she/he is HIV infected, s/he should her/his partner tested for HIV?
   A. True
   B. False
8. Use of condom while having sex is necessary only with commercial sex workers
   A. True
   B. False
9. Use of condom while having sex is necessary only as a birth control measure
   A. True
   B. False
10. A man/woman who acquires AIDS is of poor moral character
   A. True
   B. False
11. AIDS is like a snake, you don't know when it bites you to death.
   A. True
   B. False
12. AIDS is like a lion, you are safe if you maintain a safe distance and take precautions
   A. True
   B. False
13. AIDS is like a wild horse, it is romantic but can be tamed
   A. True
   B. False
14. HIV and AIDS have badly affected only few states in India. Therefore, people living in other states are safe.
   A. True
   B. False
15. Cooperatives main role is towards improvement in livelihood. HIV and AIDS are not directly linked to livelihood.
   A. True
   B. False

Session 5: HIV and AIDS Scenario

Time: 30 minutes

Learning objective:

- ➔ To Generate awareness about HIV and AIDS
- ➔ To Acquire knowledge of HIV and AIDS scenario in India
- ➔ To learn the classification of states being followed in India in the context of HIV and AIDS (High incidence, highly vulnerable, and vulnerable)

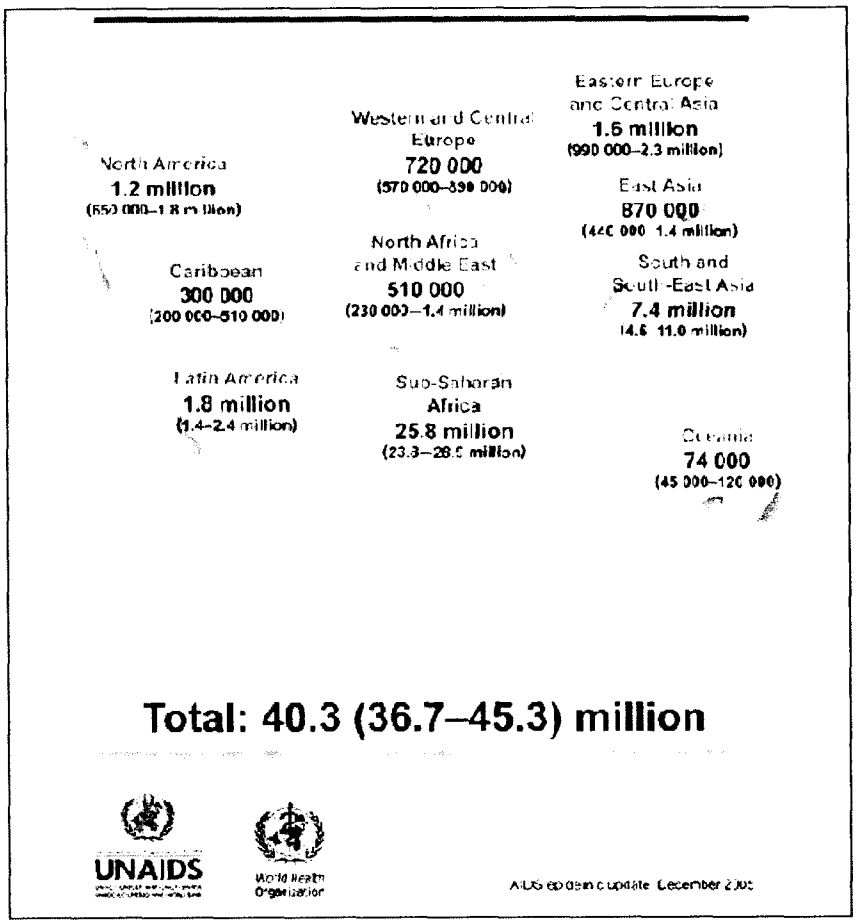
Method

Presentation

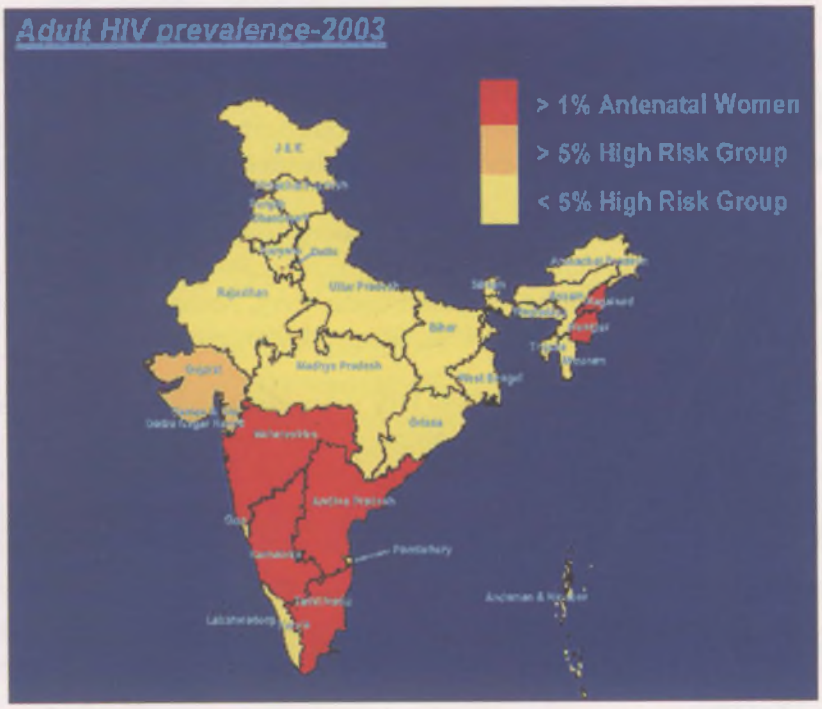
Preparation

Prepare Charts / Slides using following material.

- ✓ Statistics from UNAIDS and NACO sites on latest HIV and AIDS prevalence in:
  - Different regions of the world
  - In different states in India



Note: Use current available figures



Residence	Male	Female	Infected Population (Lakhs)	Per cent
Urban	13.29	7.98	21.27	41.43
Rural	18.03	12.04	30.07	58.57
Total	31.32	20.02	51.34	100.00

Note: Use current available figures

Current Estimates and Future Projections

- According to UNAIDS, India has 5.7 million people living with HIV - more than any other country in the world.[1]
- NACO estimates there were 5.21 million Indians living with HIV at the end of 2005 (compared to 4.58 million in 2002), of whom 39% were female.[2]
- By the end of July 2005, the total number of AIDS cases reported in India was 111,608, of whom 32,567 were women. 37% of reported AIDS cases were diagnosed among people under 30. Many more AIDS cases go unreported.[3]
- The UN Population Division projects that India's adult HIV prevalence will peak at 1.9% in 2019. The UN estimates there were 2.7 million AIDS deaths in India between 1980 and 2000. It has also projected that India will suffer 12.3 million AIDS deaths during 2000-15, and 49.5 million deaths during 2015-50.[4]
- A 2002 report predicted 20 million to 25 million AIDS cases in India by 2010, more than any other country in the world.[5]

[1] UNAIDS/WHO 2006 Report on the global AIDS epidemic
[2] HIV/AIDS epidemiological Surveillance & Estimation report for the year 2005, NACO, April 2006
[3] Monthly updates on AIDS, NACO, 31 July 2005
[4] Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat (2003) 'World population Prospects: the 2002 revision', Highlights, New York, February, p. 78-90
[5] National Intelligence Council (2002) 'The Next wave of HIV/AIDS: Nigeria, Ethiopia, Russia, India and China', September, p.3

The trends across the country show that there is no galloping HIV epidemic in India as a whole, as no evidence of upsurge in HIV prevalence has been observed in the country. However, there are sub-national epidemics in various parts of the country with the evidence of high prevalence of HIV among both STD clinic attendees and antenatal clinic attendees.

The HIV prevalence has seen a significantly increasing trend among STD clinic attendees in 16 sites and among antenatal clinic attendees in 7 sites located in the States of Andhra Pradesh, Maharashtra, Tamil Nadu, Gujarat, Pondicherry, Assam, Bihar, Chattisgarh, Delhi, Haryana, Himachal Pradesh, Kerala, Orissa, Goa, and Manipur.

There are a number of states in India where HIV prevalence among antenatal women is 1% or more, and these are considered to be high prevalence states. The prevalence data are derived from the screening of women attending antenatal clinics (ANC), meaning that these rates are only directly relevant to sexually active women. However, these rates can provide a reasonable estimate of HIV prevalence within the general population in each state.

Session 6: HIV and AIDS - Workplace & productivity

Time: 90 Minutes

Learning Objective:

- ➔ To learn the impact of HIV and AIDS on individual productivity.
- ➔ Linking HIV and AIDS with earning and livelihood

Method

Case Study, Group work, Discussions

Preparation

- ✓ Prepare and distribute following case study handout to participants.
- ✓ Chart on impact of HIV and AIDS on enterprises (Slide 2)

In one of the countries in Africa (Zambia), sickness due to HIV and AIDS has resulted in farmers not being able to tend their fields very often and optimally. As a result of that the production of maize has been reduced by 61%, the production of cotton has reduced by 47%, vegetables by 49% and groundnuts by 37%.

Imagine that this has happened in your village and in the neighbouring villages, and answer following questions.

- ? How many people will get their food
- ? What will happen to the younger generation and children
- ? What will be the new sources of earning

Allow the participants to reflect on the case study and to write their thoughts down. Provide about 10 minutes.

Steps/ Activity:

(Time 80 minutes)

- Ask participants to form 4 separate groups.
- In each group participants discuss among themselves and attempt to answer the following:
  If one of us was affected with HIV and AIDS
  - What would it mean in our cooperative?
  - Will it impact on our livelihood and work?
  - What would mean in our family, in our village?

- Each group will be given 15-20 minutes to brainstorm, and report their findings on a chart paper.
- One member from the group will present these findings to the larger group in 5 minutes. (20 minutes for all the four presentations)
- Assist them to put up their group outcomes on the walls [these will be referred to in the later sessions as well]
- Trainer will then summarise these findings, synthesize the learning on HIV/AIDS and livelihood, social acceptance, need for support, etc and end the session with the help of following chart in next 10 minutes.

Use Chart to Say the following to participants:

- *The ILO estimates that at least 25 million workers aged 15-49 – the most productive segment of the labour force - are infected with HIV.*
- *HIV and AIDS hit the world of work in numerous ways. In badly affected countries:*
  - *it cuts the supply of labour and reduces income for many workers.*
  - *increased absenteeism raises labour costs for employers;*
  - *valuable skills and experience are lost.*
  - *often, a mismatch between human resources and labour requirements is the outcome.*
  - *along with lower productivity and profitability, tax contributions also decline, while the need for public services increases.*
  - *national economies are being weakened further in a period when they are struggling to become more competitive in order to weather the challenges of globalization.*

Section 3: HIV and AIDS - Basic Knowledge

Session 7: HIV and AIDS: Introduction, Transmission, Prevention

Time : 60 Minutes

Learning Objective

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

- Learn what is HIV and AIDS
- List various factors affecting transmission of HIV
- Enumerate the four means of transmission of HIV virus
- Identify various ways to prevent HIV

Method

Presentation and discussion

Preparation

- Chart or Slide with following message

Steps/ Activity:

- Start this session by explaining:

"In the earlier session we saw how HIV/AIDS can possible affect our lives and work. Now we will explore what is HIV / AIDS. Before we proceed, let's review what do we understand by HIV and AIDS"

- "So, what do you understand by HIV / AIDS ?"

- Take their answers, and capture them on board / flip chart.
- Use the following information and slides to explain what HIV and AIDS is.

Our immune system

The immune system is our body's way of fighting disease. It is very complex and has many parts. When the immune system is weakened or destroyed by a virus such as HIV, the body is vulnerable to opportunistic infections .Understanding some basic facts about the immune system, however, can help us learn how to prevent disease as well as low down disease progression.

Our Immune System

- Protects the body by recognizing antigens on invading bacteria and viruses and reacting to them.
- Consists of lymphoid organs and tissues, including the bone marrow, thymus gland, lymph nodes, spleen, tonsils, adenoids, appendix, blood and lymphatic vessels.
- All components are vital in the production and development of lymphocytes or white blood cells.
- B-cells and T-lymphocytes (T-cells) are produced from stem cells in the bone marrow. B-cells mature in the marrow, but T-cells travel to and mature in the thymus gland.
- B-cells recognize specific antigen targets and secrete specific antibodies that coat the antigens by making them more vulnerable to phagocytosis or by triggering the complement system.
- T-cells regulate the immune system and kill cells that bear specific target antigens. Each T-cell has a surface marker such as CD4, CD8 and CD3 that distinguishes it from other cells.
- CD4 cells are helper cells that activate B-cells, killer cells (CD8) and macrophages when a specific antigen is present.
- Phagocytes include monocytes and macrophages—large white blood cells that engulf and digest cells carrying antigenic particles.
- The complement system consists of 25 proteins and is capable of inducing an inflammatory response when it functions with antibodies to facilitate phagocytosis or to weaken the bacterial cell membrane.

Few commonly asked questions and their answers

Q: Our blood cells are labeled by what two colors?
A: Red and white.

Q: What is the major function of red cells?
A: Red cells, called erythrocytes, carry oxygen through our system and carry away carbon dioxide.

Q: What is the major function of white blood cells?
A: White blood cells, called leukocytes, are our immune cells. Our immune system is made up of white cells that protect us from diseases.

Q: What are various types of cells in our immune system?
Some of the main cells in our immune system are:

The macrophage: Macro = Big, Phage = Eater. The Big Eater. This cell eats the invaders or germs (called antigens) and sends a signal to the captain of our immune system that an invader is present and that the immune system army needs to respond.

The T4 Helper Cell (CD4): Captain of our immune system. It receives the message from the macrophage when an invader (antigen) is present and orders two more cells (the B cell and the T8 killer cell) to search for, and destroy, the invader. The T4 Helper Cell is also the cell that HIV attacks and destroys. T cells are called 'T' because they mature in the thymus gland.

The B cell: Like a factory. It identifies the shape of the invader (antigen) and makes 'antibodies' (like keys), which fit the antigen. These antibodies can recognize immediately future antigens of this kind and stop them from making you sick in the future.

The T8 (CD8) or Cytotoxic or Killer Cell: Also called by the T4 Helper Cell to attack the invader and kill it directly.

Q: What is an *antigen*?
A: An antigen is a foreign invader or germ that enters our system. It can be a virus, a bacteria, fungus, protozoa, and so forth. Other antigens common in the community besides HIV. (Examples: cold virus, TB bacteria, etc.)

Q: What is an antibody?
A: An antibody is a response to an invading antigen. Antibodies are produced by B cells. They work like 'keys' fitting the shape of the antigen 'locks'. When an antigen enters the system again, it is recognized and attacked by antibodies.

Q: What is *HIV?*
A: HIV (Human Immunodeficiency Virus) is the virus that attacks the T4 Helper Cell. When it cripples enough T4 Helper Cells, the rest of the immune system is not called into action. Other antigens invade the body and cause disease. At this point, the infected person develops *AIDS.*

Q: Why are vaccines against HIV ineffective?
A: The basic principle of vaccination is inserting attenuated (weakened) forms of the organism, in the body so that our immune system is ready with the antibodies in case of a future attack. Antibodies work by recognising the surface proteins present on the organism when it invades the body. The principle of vaccination does not work for the HIV virus because it mutates at a very fast rate. (The rate of mutation -rate at which the virus changes it's genetic makeup- is 1 in 10,000). A single virus will make 10 billion copies of itself in a day. Thus the Antibody produced against one virus will be viable only for 10,000 viruses. Then it will not recognise the other viruses present in the blood. Antibody formation is also not an immediate process. By the time the antibody is formed, the virus has multiplied itself many time over and the antibody does not fit in the new arrangement presented by the viruses. Thus the infection progresses at a much faster rate than the antibody formation.

🗀 (Slide 1)

HIV stands for

Human Immunodeficiency Virus

The virus that weakens the body's immune system

✓ Chart or Slide with following message

🗀 (Slide 2)

AIDS Stands for

Acquired – not born with
Immune – body's defence system
Deficiency – not working properly
Syndrome – a group of signs and symptoms

As evident by its name, AIDS is not a single disease, but a syndrome – a set of diseases, which results from the destruction of the body's defensesby the Human Immunodeficiency Virus – HIV.

This is an opportunity for the group to be reminded that HIV is an infection that travels or is transmitted. AIDS is not transmitted. AIDS is not passed on. AIDS can't be caught. AIDS is developed.

Picture of HIV

After few years of being infected with HIV, a situation will come when the body is unable to fight infections any more. That is the time when the person is said to have AIDS

Some examples of **opportunistic infections** are diarrhea, eye infection, invasive cervical cancer, Kaposi's sarcoma- a type of skin cancer, lymphoma,, pneumonia, and **tuberculosis (TB).**

Sub-session on HIV Transmission

Learning Objective

At the end of the session Participants will be able to :

➔ list the main routes of HIV Transmission

Method

Presentation & discussion

✂🖉🖱🗐✍

Preparation:

✓ Prepare Chart/ Slide with following message:

🗀 (Slide 2)

These body fluids have been proven to spread HIV:

- **Blood**
- **Semen**
- **Vaginal fluid**
- **Breast milk**

☺ Say,

"The Human Immunodeficiency Virus (HIV) causes an infection which leads to Acquired Immune Deficiency Syndrome (AIDS). This virus is passed from one person to another through blood-to-blood and sexual contact. In addition, infected pregnant women can pass HIV to their baby during pregnancy or delivery, as well as through breast-feeding. People with HIV have what is called HIV infection. Most of these people will develop AIDS as a result of their HIV infection."

↗ Now show the chart / slide prepared and explain its contents.

☺ Say,

"There are some other body fluids that may transmit the virus that healthcare workers may come into contact with. These are"

- *cerebrospinal fluid* ***surrounding the brain and the spinal cord***
- *synovial fluid* ***surrounding bone joints***
- *amniotic fluid* ***surrounding a foetus***

The Human Immunodeficiency Virus (HIV) is transmitted through body fluids – in particular blood, semen, vaginal secretions and breast milk. Transmission occurs through these routes:

- **unprotected sexual intercourse** - oral, vaginal, anal – with an infected partner (the most common route)
- **blood and blood products** through, for example, infected blood transfusions and organ or tissue transplants
- **use of contaminated injection or other skin-piercing equipment** - this can be through shared drug use or 'needle stick' injuries
- **Parent to child transmission** (PTCT) from infected mother to child at birth or during breastfeeding.

↗ Show the following slide / chart or write these on board/chart as you say this data

HIV: Percentage of infection by transmission route

HIV: percentage of infections by transmission route[1]	
Blood transfusion	3-5
Mother to child transmission	5-10
Sexual intercourse	70-80
Injecting drug use	5-10
Health care (needle stick injuries)	<0.01

[1]Department for International Development, *Prevention of Mother to Child Transmission of HIV, A guidance note* (London, 2001)

(Source: DFID)

Sub-session on HIV and AIDS Prevention

Learning Objective

At the end of the session participants will be able to

➔ identify and list various ways to prevent HIV

Method

Slide show, Discussion

Preparation

Make charts / slides as under:

🗀(Chart/slide1)

ABC of Safe Sex

- **A** - Abstinence
  Delay sexual initiation among young people
- **B** - Be faithful
  Remaining faithful after marriage
- **C** - Condom use
  Condom use promotes safer sex practices and condom use among people who are sexually active.

🗀(Chart/slide 2)

Recommendations for prevention of parenteral (through blood) transmission

(1) Avoid blood transfusion as far as possible.
If a blood transfusion can not be avoided,
Use only HIV tested blood

(2) Avoid injections for treatment when proper and equally effective oral medications are available.

(3) When the use of skin piercing instruments such as needles, syringes and blades cannot be avoided
Use only sterilized instruments.

(4) Do not share razor blades.

(5) Do not take drugs
If you cannot avoid taking drugs, **Do not take injecting drugs**
If you cannot avoid taking injecting drugs, **Do not share needles and syringes or other injecting equipment**
If sharing needles can not be avoided, **Boil the needles and syringes** and other injecting equipments

☺ Say,
"HIV is a fragile virus, which can only survive in a limited range of conditions. It can only enter the body through naturally moist places and cannot penetrate unbroken skin.
Prevention therefore involves ensuring that there is a barrier to the virus – condoms, for example, or protective equipment such as gloves and masks (where appropriate) – and that skin-piercing equipment (like needles / syringes) is not contaminated."

↗ Show slide/chart 1 and explain as under

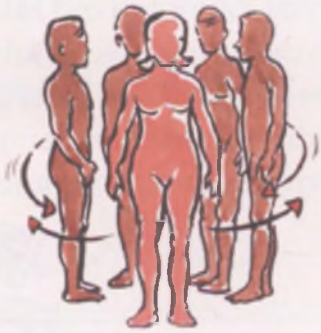
Prevention of Transmission via Sex

☺ Say,
"If you have a mutually faithful relationship with your sexual partner, if you are both HIV sero-negative, and if neither of you is exposed to contaminated blood, e.g., intravenous drugs or sharing needles, you are not at any risk of a sexually transmitted HIV infection."

"If you intend to have sexual intercourse and are not in a mutually faithful sexual relationship, your chance of acquiring HIV infection is influenced by the following main factors:

- **The choice of your sexual partner(s).** The risk of infection is directly related to the likelihood that your partner (male/female) may be infected. However, there is no way by looking at someone to know if they are infected. Therefore, only through the use of condoms can you be sure that you are not exposing yourself to a risk of infection.

- **The number of sexual partners.** The greater the number of partners with whom you have sexual intercourse, the greater the likelihood that you will encounter a partner with HIV infection. Therefore reduce the number of sexual partners to the greatest extent possible, and avoid having sex with people who have many sex partners.



- **Proper and consistent use of condoms** for from start to finish for all sexual penetrations (vaginal, oral and anal)

- **The type of sexual behaviour practiced.**
Abstinence is the most sure way of preventing sexual transmission of HIV infection. However, for many people this is not acceptable or realistic. The use of condoms and other safer sexual practices such as those listed below are the only ways of decreasing the risk of becoming infected with HIV or transmitting HIV to a sexual partner: **Restriction of sexual contact** to activities that do not involve the sharing of semen, vaginal and cervical secretions, or blood (e.g., hugging, caressing) will eliminate the risk of acquiring HIV infection. **Other "safer sex" practices** include non-penetrative sex, masturbation, massage, kissing and hugging."

↗ Show chart/slide 2 and explain as under

Prevention of Transmission via Blood

☺ Say,
"For prevention of HIV transmission through infected blood and blood products, the approaches that have proven effective include recruiting voluntary non-paid donors, screening donated blood for HIV (using an Antigen test against the normal antibody test) and educating health care workers to reduce unnecessary transfusions."
"Drugs should be avoided. However, use of one syringe to inject drugs to many is the most fatal practice for transmission of HIV which should be avoided".

Step/ Activity

To summarize this session, please distribute following test paper (fill-n the blanks) and ask participants to complete it in 5 minutes. Then take 10 minutes to review each of the 'blanks' and discuss possible answers and their reasons.

Fill In The Blanks Exercise - DIRECTIONS:
Use the following words to complete the paragraph below.
Each word is used only once.

- Understanding
- Safe
- Blood
- AIDS
- Flu
- Catch
- Body fluids
- Immune
- Virus
- Person
- System
- Tears
- Disease
- Cure
- Learn
- Cold

..... is a communicable disease. A communicable disease is one that can be spread from ..... to person. The disease is caused by a..... The HIV virus is spread from person to person by sharing of ..... Body fluids include ..... and semen. Other body fluids are urine, saliva, and ..... The body fluids which spread the HIV virus are blood, semen, and vaginal secretions. The HIV virus is different from the viruses that can cause a ..... or the ..... The HIV virus is not like the cold and flu viruses because it is more difficult to ..... Our body's ..... system works to fight off the cold and flu. The HIV virus is difficult because it attacks the body's immune ..... AIDS is a serious ..... There is not yet a ..... for the disease. The most important thing to do to prevent the spread of HIV is to ..... about the disease and how it spreads. After we learn about how the disease is spread, then we must practice.....lifestyle behaviours. Another important thing to remember is that a person who has the HIV virus is a person who still needs our help and .....

Prevention of Transmission through RTI/STI

Presence of RTI/ STI are known to increase the chance of HIV transmission. Network with local heath worker to explain the RTI/STI related issues to the target group.

Session 8: High Risk Behaviour

Time : 120 minutes

Learning Objective:

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

- Describe what is high risk behaviour
- Learn various types and importance of high risk behaviour in the context of HIV/AIDS
- Learn and use life skills for prevention of High Risk behaviours
- Establish linkages of behaviour with transmission / prevention of HIV

Method

Discussion

Initiate a discussion by saying,

" Now that we know what is HIV and AIDS, how it is transmitted, and how it can be prevented, let's discuss and share suggestions on how one's behaviour can potentially increase the risk of exposure".

- Facilitate discussion with use of following chart

Chart

Exercise: Who is at a high risk of contacting HIV?

Rank from 1 - 10 (1 means having the highest risk for getting HIV and 10 means having the lowest risk for getting AIDS). The same rank can be given to more than one person listed below.

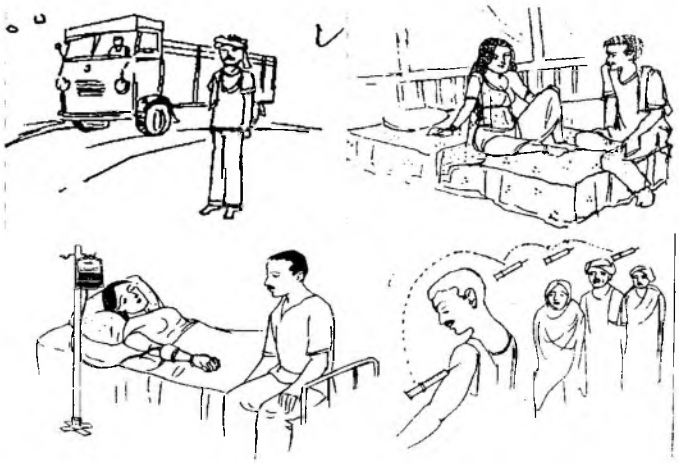
Please remember that it is not what you are but what you do that puts you at risk of getting HIV infection.

- School student with a classmate who has AIDS
- Medical doctor
- Family member of a person with AIDS
- Someone with multiple sex partners
- A man who has sex with a man.
- Two lesbians who have sex with each other.
- The unborn child of an infected mother
- Nurse
- Sex worker
- Voluntary blood donor
- Intravenous drug user
- Person with STI
- A street child

☺ Summarise by saying,
"Each and every one of us is at risk of getting HIV infection/AIDS. Certain behaviours which carry high risk are:

- *Having sex with multiple partners especially when condoms are not used.*
- *Injecting drugs by sharing contaminated needles.*

It is not who the individual is but rather what an individual does that puts him/her at risk. Adolescents and youth are at a greater risk of getting infected because in their age they have a natural curiosity towards opposite sex, and are likely to 'experiment'. People who receive HIV contaminated blood and blood products are also at risk."



Sub session: Life skills for prevention of High Risk Behaviour

Learning Objective

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

- Learn what are life skills
- Apply various life skills to prevent high risk behaviour

Method

Discussion, Exercise, summing up

Material

Chart paper, markers, old magazines, scissors, gum

Activity
Discuss the concept of knowledge, attitude and skill.
Define life skills.
Tell :
World Health Organization(WHO) has defined life skills as "the abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life".

Introduce 10 core life skills

- problem solving,
- critical thinking,
- communication skills,
- decision-making,
- creative thinking,
- interpersonal relationship skills,
- self-awareness skills,
- empathy
- coping with stress
- coping with emotions

Explain each of the above in the context of prevention of High Risk Behaviour & HIV/AIDS

a) Critical thinking skills/Decision-making skills - include decision-making/problem solving skills and information gathering skills. The individual must also be skilled at evaluating the future consequences of their present actions and the actions of others. They need to be able to determine alternative solutions and to analyze the influence of their own values and the values of those around them.

b) Interpersonal/Communication skills - include verbal and non-verbal communication, active listening, and the ability to express feelings and give feedback. Also in this category, are negotiation/refusal skills and assertiveness skills that directly affect ones' ability to manage conflict. Empathy, which is the ability to listen and understand others' needs, is also a key interpersonal skill. Teamwork and the ability to cooperate include expressing respect for those around us. Development of this skill set enables the adolescent to be accepted in society. These skills result in the acceptance of social norms that provide the foundation for adult social behaviour.

c) Coping and self-management skills refers to skills to increase the internal locus of control, so that the individual believes that they can make a difference in the world and affect change. Self esteem, self-awareness, self-evaluation skills and the ability to set goals are also part of the more general category of self-management skills. Anger, grief and anxiety must all be dealt with, and the individual learns to cope loss or trauma. Stress and time management are key, as are positive thinking and relaxation techniques.

Let the participants form four groups.

Provide them with the following four situations. Give them 30-45 minutes to discuss and address the situation and to come up with a plan. Tell them that they can use all the material provided to them [handouts, etc] and that at the end of 30-45 minutes they would need to present either through a simple skit, and or use of materials; and that each group will be given [illegible] minutes to present.

Situation 1

A group of young people in the community who are exposed to information through various media. They are bombarded with different types of human relationships through such media. How would the group plan to address the questions that are in the minds of these youth and help them to learn how to build:

a. Healthy inter-personal relationship skills
b. Self awareness building skills

Situation 2

A young couple who have been recently married. The male partner's work takes him out of the village often. The female partner has some inkling about safe sex and the need to use the condom. But she does not know how to broach the subject to her male partner. How would the group plan to assist the couple to:

a. solve the problem
b. creatively think
c. arrive at commonly acceptable decision

Situation 3

A group of to be mothers are attending an ante-natal clinic. A few of them are expected to have complicated deliveries. These mothers may need blood transfusion. How would the group plan to inform these mothers about safe blood transfusion, by

a. using effective communication skills
b. showing empathy

Situation 4

Members of a cooperative [men and women] are interested in knowing more about their own health and possible illness and diseases. They have heard of HIV but do not know the correct facts. They are also apprehensive about broaching certain topics openly within the cooperative. They have about two hours time. How would the group plan to provide them the correct information on

a what is HIV
b. what is high risk behaviour
c. Information and skills needed to prevent HIV

After each of them have presented congratulate them on their effort and then sum up.

Session 9: HIV and AIDS - Myths & Misconceptions

Time: 60 mins

Learning Objective

At the end of the session participants would be able to :

- ➔ Learn about various myths and misconceptions about HIV and AIDS
- ➔ Dispel myths and prejudices about HIV and AIDS

Method

Self-assessment, slide show, discussion

Preparation

- ✓ Keep the following quiz test ready

? Myths and Facts - Quiz

Write whether the following statements are Myths or Facts

1. HIV and AIDS is only a gay disease.
   A. Myth
   B. Fact
2. You can get HIV from breathing the air around an HIV infected person.
   A. Myth
   B. Fact
3. HIV is transmitted through contact with an HIV-positive person's infected body fluids.
   A. Myth
   B. Fact
4. A monogamous person cannot contract HIV.
   A. Myth
   B. Fact
5. HIV or AIDS can be cured.
   A. Myth
   B. Fact
6. Contact with sweat or tears has never been shown to result in transmission of HIV.
   A. Myth
   B. Fact
7. You can get HIV by kissing an HIV-infected person.
   A. Myth
   B. Fact
8. People usually know that they have HIV within two to five days of being infected.
   A. Myth
   B. Fact
9. A person can be infected with more than one STD.
   A. Myth
   B. Fact
10. Since I only have oral sex, I'm not at risk for HIV and AIDS.
    A. Myth
    B. Fact
11. I would know if a loved one or I had HIV.
    A. Myth
    B. Fact
12. HIV can be transmitted from one person to another when sharing needles for drugs.
    A. Myth
    B. Fact
13. A person infected with an STI has a higher risk for transmitting and contracting HIV infection.
    A. Myth
    B. Fact
14. Getting tested for HIV is pointless.
    A. Myth
    B. Fact
15. Birth control methods do not prevent the transmission of sexually transmitted diseases (STD) such as HIV.
    A. Myth

B. Fact

16. Abstinence is the only 100% effective safeguard against the spread of STIs.
    A. Myth
    B. Fact
17. Antiretroviral drugs don't keep you from passing the virus to others.
    A. Myth
    B. Fact
18. HIV and AIDS affects adults, not children.
    A. Myth
    B. Fact
19. A man can be cured of HIV by having sex with a girl who is a virgin.
    A. Myth
    B. Fact
20. Youth are particularly vulnerable to HIV.
    A. Myth
    B. Fact
21. Condoms reduce the risk for contracting STIs, including HIV infection.
    A. Myth
    B. Fact

✓ Keep the following Chart / slide ready

🗀(Chart/slide 2)

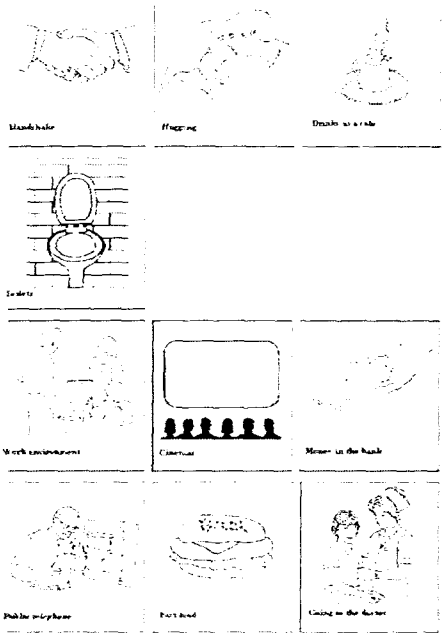
HIV is not transmitted by

× kissing, hugging, shaking hands
× mosquito or insect bites
× coughing and sneezing
× sharing toilets or washing facilities
× using utensils or consuming food and drink handled by someone who has HIV
× donating blood

☺ Start session by saying,

"There are many misconceptions about HIV and AIDS. Some of you would remember how TB was considered till about 10-15 years ago. Due to various myths associated with it, family members avoided to disclose the disease. Such concealment affected its treatment resulting in the disease proving fatal. Though, it is a common knowledge today that TB is curable."
"HIV is facing similar situation today. Though it in NOT curable, but it is certainly avoidable. There are many myths / misconceptions prevailing in the society about it. To clear some of those, please note that (show chart / slide):

HIV is not transmitted by:
× *kissing, hugging, shaking hands*
× *mosquito or insect bites*



- *coughing and sneezing*
- *sharing toilets or washing facilities*
- *using utensils or consuming food and drink handled by someone who has HIV*

Steps/ Activity

- Ask why it will not be spread by these activities. Relate their answers with the modes of transmission discussed in earlier sessions.
- Now distribute the quiz prepared for this session and let everyone write the quiz.

Discussion

- Take-up each question from the quiz. Discuss it with the participants. Obtain their views, and provide correct answers.
- Ask, if they have any other information on transmission / prevention of HIV and AIDS. Write that on board/chart. Discuss each one of them in detail to establish whether t is a fact or a myth.

Section 4 - Addressing concerns of HIV and AIDS

Session 10: Treatment & Support Services

Time 60 Minutes

Learning Objective

➔ To expose participants to basic knowledge on treatment, its availability and other support services.

Method

Presentation, discussion

Preparation:

Make following charts/slides

(Chart/slide 1)

Treatment and care consists of a number of different elements including

- Voluntary testing and counseling Centres (VCTCs),
- Food and nutrition,
- Support for the prevention of onward transmission of HIV,
- Protection from stigma and discrimination

(Chart/slide 2)

HIV positive people have differing needs according to the stage of their infection

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

Step/ Activity

- Show chart/slide 2 and explain. Then show Chart/Slide1 and explain each of the terms given there as under:

Voluntary counseling and testing Centre (VCTC)

HIV and AIDS **Voluntary counseling and testing Centre (VCTC)** has the potential to be a powerful tool for reducing risky behaviors. It also serves as a key entry point to care and support services, making it an important complement to other HIV and AIDS prevention and care strategies. There are VCCT Centres run by NACO / State Aids Control Societies at many places. A list of such centers currently available is provided.

Food and nutrition

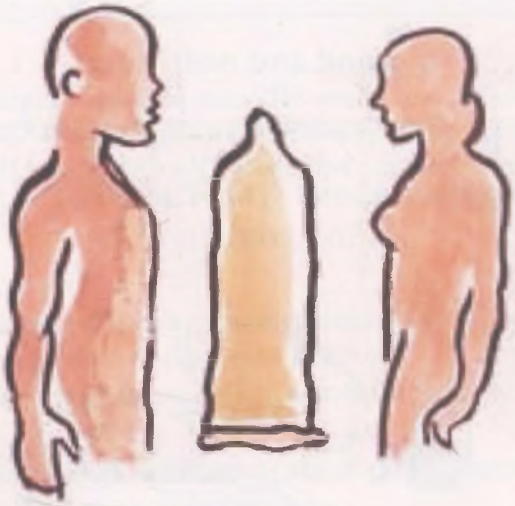
Nutrition is an essential part of any HIV care package. Nutritional care and support include an adequate quantity and quality of food. Good nutrition may help prolong the period of time between HIV infection and the onset of Opportunistic Infections.

Support for the prevention of onward transmission of HIV

When educating people about onward transmission of HIV, two modes of transmission need to be considered (a) Transmission of HIV from one adult to another and (b) Parent to child transmission of HIV (Prevention of Parent to Child Transmission - PPTCT).

Adult transmission of HIV

People who are HIV positive should receive counseling to help prevent them from transmitting HIV to another adult. Sexual behaviour counseling should include information about safer sexual behaviour through condom use, fidelity and voluntary abstinence. Condoms are important in preventing the onward spread of HIV, and they must be readily available to those who need them. It is also important for the HIV positive person to understand that she or he needs to be protected from being infected again as every time HIV enters the body, it makes the immune system weaker.



Parent to child transmission of HIV

Mother to child transmission (MTCT) of HIV can occur during pregnancy, at the time of delivery, and after birth through breastfeeding. An important part of the prevention of further transmission of HIV is the education of a mother to be, about the different options she has, and what implications the options have for her health and her baby's health.

In general HIV positive women should avoid any unnecessary invasive procedures during labour and delivery. Caring for the health of the mother not only helps the HIV positive woman, but may also help to prevent her child from becoming infected.

If a woman is going to breast-feed, exclusive breastfeeding is now recommended during the newborn's first months of life.

For PPTCT (Prevention of Parent to Child Transmission), antiretroviral drugs such as Nevirapine have the potential of cutting HIV transmission by up to 50 percent. Antiretroviral drugs are usually given to the mother during labour and to the child within 72 hours of birth.

Protection from stigma and discrimination:

Stigma and discrimination associated with HIV and AIDS are one of the greatest barriers to preventing further infections, providing adequate care, support and treatment and alleviating the impact of HIV and AIDS. Stigma and discrimination are triggered by many factors, including lack of understanding of the disease, myths about how HIV is transmitted, prejudice, lack of treatment and social fears. Stigma and discrimination can deter people from getting tested, lead to others being infected and prevent people who are infected from receiving adequate care and treatment.

Steps /Activity

-
- Divide the group into two sub-groups.
- Give case study Ramnath to one group and Case Study Fanta to other group. They have to discuss among themselves (time 15 minutes) and then one person from the group has to present their findings to the larger group. (time 10 minutes)

Treatment Issues in HIV/ AIDS

- Some drugs are available which act against HIV
- These are called Anti retroviral drugs (ARVs)
- Anti retroviral drugs (ARVs) help a person to keep the immune system strong
- These drugs are to be taken under medical supervision
- Once started, ARVs are to be taken for whole life
- ARVs delay the onset of AIDS .If not taken , more than 80% patients having AIDS die within 1-2 years of developing symptoms
- Can prevent the transmission of HIV in the baby from infected pregnant mother

Story of Ramnath

Ramnath is a truck driver. He transports wood from the forests to the big cities. He travels along a popular route so he has several choices about what town he wants to spend the night in. His wife and four children live in the capital of the country. He comes home every week for a day or two. Ramnath has a girlfriend in a small town along his route. Occasionally, Ramnath has sex with a commercial sex worker while he is away from home. Ramnath has many friends who also drive trucks. They pass each other often on their trucking route and spend time together at the *dhabas* in some of the small towns along the way. Many of his friends have similar arrangements in that they have girlfriends and they may have sex with a commercial sex worker occasionally. Ramnath recently discovered that a friend of his has died of AIDS. This was the third trucking friend to die in a year. Ramnath had sex with the same commercial sex worker as his friend who just died. Ramnath is worried that he may have been infected. Ramnath is unsure what to do. If he is HIV positive, what will happen to him and his family?

Discuss the following questions:

- ? What options are available to Ramnath?
- ? What will it mean for him and his family if he is HIV positive?
- ? What is happening along the trucking route?
- ? What are the implications if more truckers die due to AIDS?
- ? What will happen to the transportation of food and materials?
- ? What is the economic impact of losing many truckers to AIDS?
- ? What could be your role as a VCCT counselor in this case?

Story of Fanta

Fanta is 17 years old. She attended school until she was 15. She then had to return to her town to help her mother take care of her grandmother and her brother and sisters. She lives in a small town that is only 30 kilometers from a major city. She has had the same boyfriend, Ghisu, for two years. He is 24 years old. Ghisu leaves town more often now to look for a job in the city. Fanta has been using birth control pills for the last two years. She is getting worried that Ghisu will leave her soon. She knows he has slept with other girls because she had to go to the doctor to be treated for syphilis. She has decided to stop using the pill so that she will get pregnant. She believes that Ghisu will marry her if she is pregnant.

Discuss the following questions:

- ? What are the risks for Fanta?
- ? What options are available to her for work or leaving her town?
- ? Who else is affected by her decisions?
- ? What could happen to her if she does get pregnant?
- ? What are the issues regarding youth and HIV and AIDS?
- ? What kind of access do youth have to information and resources?
- ? What happens to youth who are infected with HIV?
- ? How is the community affected when 15- to 25-year olds are infected with HIV?
- ? What could be your role as a VCCT counselor in this case

This story also has a fact that can be used in an interesting way- the fact that Fanta is using OCPs, many youth believe that they protect them from HIV as well.

Session 11: Living Positively with HIV and AIDS

Time: 45 Minutes

Learning Objective:

To learn the importance and ways to confront stigma and discrimination

Method

Slides show, Discussion,

Preparation :

(Chart/slide 1)

OPPORTUNITYISNOWHERE

(Chart/slide 2)

Values + Beliefs + Assumptions

= State of Mind

(Chart/slide 3)

Living Positively with HIV and AIDS

How many *moments in life*
v/s
how much *life in each moment*

- Start session by displaying Chart/Slide 1 and ask the participants to read it. Some may read it as , **"Opportunity is now here"**, others may read it as, **"Opportunity is no where"**. Initiate a discussion as to why same letters were read differently by different people. Avoid using the words OPTIMISTIC / PESSIMISTIC while connecting this to state of mind. Clearly tell them, that it only indicates "current" state of mind.
- Ask the question, "What determines our state on mind?" Give them about 3-4 minutes to answer
- Capture answers on board/chart.
- Now display Chart/Slide 2, and ask participants to identify their inputs (already on the board/ chart) with each of these elements, viz., Values, Beliefs, Assumptions.

☺ Explain

- **Values** : Learning imbibed from the time of our upbringing. E.g. Touching feet of elderly people as a sign of respect. Values are what differentiate good from evil in our mind.
- **Beliefs** : Beliefs are what we are made to believe in. E.g. God is omnipresent.
- **Assumptions** : They are our thoughts about people, organizations, etc. They may be based on hearsay, self-observation, or any other source, BUT without any logical test. For example, all Sardars are jolly, all policemen are thieves in uniform, etc.

☺

HIV and AIDS has a stigma and discrimination attached to it. Such discrimination may be a cause of depression for the patient, as discrimination is an input to patient's state of mind. There are other depressing inputs: long drawn sickness can be one, no employment can be one, what else can add to a person's depression while suffering from HIV and AIDS?

Take few answers from the participants.

☺ Say:

"Therefore, chances are that in such a depressing state of mind an HIV and AIDS patient is always likely to read Opportunity is no where". And with such a state of mind the person's misery and suffering will seem to be much longer to her/him."

Section 5 - Training Skills

Session 12: Adult Learning Principles

Time: 90 Minutes

Learning Objective

- ➔ To differentiate between child learning and adult learning
- ➔ To learn the advantages of experiential learning

Method-1

A. Adult Vs. Childhood Learning

Step 1 Tell participants that they are going to describe to each other

1. How they learned as a student in primary school
2. How they have learned as an adult

Step 2 Give participants the following exercise:

Exercise #1: (15 minutes)

Draw two pictures showing each of the following two situations as you remember them:
How you learned as a pupil in primary school.
How you learned as an adult participant in an enjoyable training experience

Remind them before start of exercise that they have exactly 15 minutes to complete the exercise. Explain that they are to do this without using words! Since they will have only 15 minutes to complete the two drawings, they should work quickly and not worry about being artistic. Their drawings should be big enough to be visible to all in the room.

Step 3 Distribute two large sheets and a marker to each participant only after giving the instructions in Step 2.

Step 4 Ask each person to show his or her drawing. If possible, post the drawing on the wall in two categories — **primary school and adult ones** .

Step 5 Ask participants to examine the drawings and compare:
1. the student/teacher relationship
2. the relationship among learners
3. the learning environment

Step 6 Help the participants prepare a list of differences between classroom and adult learning. Compare their list with Handout comparing Pedagogy and Andragogy.

Step 7 Ask which kind of learning is more appropriate (useful) for the kind of training they will be doing. Encourage discussion.

After the exercise is completed, debrief and discuss the learning derived .

B. Characteristics of Adult Learning

1 hour, 30 minutes

Step 1 Tell participants that you would like them to work in pairs on the following task:

> **TASK #2:** (Time: 30 minutes)
>
> Using the interview questions in Handout, collect information about your partner's personal learning experiences: those they have had as adults outside of school - on their own initiative.

Step 2 Process the interview experiences of the participants by asking the following questions:
- ? How did the learning take place?
- ? Did the learner have a choice in the learning method?
- ? How would you describe the learning environment?
- ? How did the learner know that learning actually took place in the end?
- ? What did you learn about your partner's motivation to learn something new?
- ? Where did the motivation come from?
- ? What were your reasons for wanting to learn?

Step 3 Lead the group in developing a list of characteristics of the learning experiences they discussed. Write this on the chart on the wall.

Step 4 Ask participants if they have ever drawn a "thought map" or what some people call a "cognitive map." Elicit or explain that this is a way to explore your own ideas (concepts) about something—and have fun at the same time.

Step 5 Demonstrate the process on white board /chart by quickly (and with their words) drawing a "thought map" for the word "_____."

Step 6 Ask participants to draw their own "thought maps" on a sheet of paper. Explain that you will give them the term for the center circle or "starting place," but that after that, each map will be different. Ask why each thought map will be different.

Answer: Because everyone has different thoughts about an idea.

Announce that the term for the center circle is "adult learning."

TASK #3: (Time: 30 minutes)

1. List the first five words that come to mind when you think of adult learning.
2. For each of the five words you listed in #1, identify two words that come to mind and add them to your map.
3. Repeat by identifying two new word associations for each of the ten words you listed in #2.
4. Draw your cognitive map using the example provided in Handout 1C, A Thought Map.
   (Trainer should draw a cognitive map on a flipchart as an illustration, if necessary.)
5. Display your cognitive map on a wall when done.

Step 7 Post these examples and ask:
? whether the map drawing was fun
? what they learned from this activity
? how they might use "thought mapping" in their work

C. Principles of Adult Learning

30 minutes

Step 1 Point out to participants that up until now they have been exploring the concepts of learning and change, the concept of adult learning, and the differences between adult and child learning.

Step 2 Tell them that they will be working in pairs on the following task:

TASK #4: (Time: 15 minutes)

Referring to the previous discussions about adult learning draw conclusions about the way adults learn best.

Step 3 Ask a member of each pair for one conclusion or "principle of adult learning." If all agree, write it on newsprint. Continue among the pairs until all ideas are listed.

Step 4 Tell participants that the term andragogy is commonly used to describe the kind of learning that is particularly appropriate for adult situations. Write the word on newsprint.

Step 5 Explain that this term was first developed in Europe as part of a theory of education but has become particularly well-known through the writings of an American educator, Malcolm Knowles. In fact, he has been called the father of andragogy.

Step 6 Distribute or show transparency of Handout 1D, **Principles of Adult Learning**, which is based on the work of Malcolm Knowles. Ask the participants to compare Knowles' ideas with theirs.

Step 7 Point out to participants that up until now, the session has been dealing with ideas. Now it is time to think about how they will apply these new ideas in their work as trainers.

D. Application and Wrap-Up

40 minutes

Step 1 Divide the participants in small groups give the following task:

> **TASK #5:** (Time: 15 minutes)
>
> Imagine that you are working with a trainer who has not studied adult learning. What practical advice would you give so that she or he could conduct training based on the principles we have discussed? Be as specific as possible and write your tips on a flipchart.

Step 2 Have each group present its list of tips/practical advice on a flipchart to the other participants. Check to see if there are any clarification questions as each group presents its list.

Step 3 Point out the most common areas of advice that the participants have. Ask what advice is the easiest for trainers to follow and what is the most difficult.

Step 4 Wrap up the entire session by asking the following questions:

- ? What do you feel you have learned today?
- ? Are there areas where you feel you need more work for a stronger understanding?
- ? What needs to happen for you to continue developing your understanding of today's topic?
- ? How do you think your training practices might change as a result of today's activities?

Method 2

Steps/ Activity

- Have the group stand and line up in a straight line.
- Tell them to re-arrange the line so that they are in line by their birthday. January 1 on one end and December 31 at the other end. Year of birth is immaterial.
- The catch is that they must do all this without talking or writing anything down.
- Time allowed 10 minutes

Trainer's intervention - Allow additional time if you see the group making good progress.

Trainer's Observations:

- Trainer to take note of the following:
  - How much time do they take to evolve a sign language?
  - Do they succeed in dividing the area into 12 zones, each indicating one month?
  - Do they use objects in the room to their advantage? For example one notebook to indicate January, two to indicate February, etc.
  - How quickly people understand to move into the zone represented by their month of birth?
  - Within the zone representing their month, how quickly they organize themselves in order of their birth date?
  - Who took leadership positions?
  - What kind of leadership emerged?

- At the end of the exercise, ask participants to announce their date and month of birth. (For example October 26, etc.)
- Make it clear that they need not tell their year of birth. Check whether they are standing correctly. Incase there are few errors count those numbers.

☺ Debrief:

- Ask participants to describe their experience. How did they do it or What prevented them from doing it? Have a discussion around those reasons. {Hint: they could have evolved a methodology to fist stand according to month of birth as bunch of people, and then within that bunch form a line in order of their birth day, and finally joining last of first zone (January) with first person of second zone (February), and so on.}.

- During this discussion pick points being made by them which conform to *evolving systems, finding new ways of doing things, leadership, common understanding, group/team performance, overcoming constraints, compliance by all, etc.* and write these on board/chart.

☺ Now say,

Classroom learning is through lectures/handouts and experiential learning is where you experience the teachings yourself. Learning by children is different from adult learning. Adults because of their other mental preoccupations learn differently. Principles which facilitate these learning are called Adult Learning Principles

↗ Show following Chart / slide

🗀(Chart/slide)

Adults respond best to learning that is:

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

A. Experiential Learning Cycle

🕒1 hour, 20 minutes

Step 1 Tell participants that a very powerful and effective way of learning is called the Experiential Learning Cycle. Write the term on newsprint.

Step 2 Draw the cycle on newsprint as you explain each phase: experience, reflection, generalization, and application.

Step 3 Point out that often people experience something without really learning from it. (Elicit examples.) For maximum learning to occur, the remaining phases must occur, with or without the help of a teacher.

Step 4 Elicit or explain that reflection means considering your thoughts and feelings and perhaps discussing these with friends. Write "thoughts and feelings" in parentheses under "reflection." Ask for other synonyms for "reflection."

Step 5 Elicit or explain that in the "generalization" phase, learners make conclusions—lessons they have learned from their reflections on the experience. Write "lessons learned" in parentheses under "generalization." Ask for other synonyms for "generalization."

Step 6 Finally, explain that quite often learners fail to apply new learning once they are back at work. (Elicit examples.) Therefore it is very important, while still in the learning setting, to have them decide how they will apply their new learning when they return to the outside world.

Step 7 Post Handout 1D, Principles of Adult Learning, beside the cycle and ask which of these principles can be seen in the Experiential Learning Cycle.
Answers: Adults learn best to meet an immediate need, when they can reflect upon their experiences, etc.

Step 8 Ask whether experiential learning is trainer-centered or learner centered.
Answer: Learner-centered.

Step 9 Elicit that the role of the trainer is to help the learner progress through the phases. Ask how they might do it.
Answer: By asking thought-provoking questions.

When planning training classes for adults, it is beneficial to use a check-list that highlights the major points to be considered in the lesson. This check-list will allow you to organize your questions and goals in developing a curriculum for your training classes.

Step 10 Ask participants to work in small groups on the following task:

TASK #1 (Time: 20 minutes)

Pretend you are facilitating a role play. Think of questions you might ask participants to ensure that they advance through all four phases of the Experiential Learning Cycle, beginning with the introduction of the role play and ending with the discussion after the role play.

Step 11 Have participants present their questions, combining their lists into a single one for each phase.
Possible answers:
Experience: Are the role assignments clear?
Reflection: What happened during the role play?
Generalization: What did you learn from the role play?
Application: How is this useful to you?

Step 12 Ask participants to analyze one of the training experiences they have had in this workshop; for example, the exercise where they drew pictures to compare schooling with training for adults. Have participants identify the experience, the reflection, the generalization, and the application phases of that exercise.
Possible answers:
Experience: Recalling learning in school and learning in a training situation and drawing pictures of each.

Reflection: Looking at everyone's pictures, comparing and discussing them.
Generalization: Agreeing on how learning in school differs from the way adults need to learn.
Application: Deciding which approach is most appropriate for a trainer to use.

Step 13 Ask participants to agree upon a definition of experiential learning.
Answer: Learning by reflecting and then drawing conclusions from your own experience in order to apply them to similar situations in the future.

Step 14 Elicit and write a list of implications of the Experiential Learning Cycle for trainers.

Implications of the Experiential Learning Cycle for trainers

Clear goals

- What is the point of the training?
- What are the expected outcomes of the training?

Example: The point of the training could be to increase safety and prevention of accidents in the workplace. You should also clarify this for the trainees.

Content

- What content will support the stated goals?

Example: If the goal is "to reduce individual high-risk behavior," what information should you present to reach that goal?

Appropriate delivery mechanism

- How should you present material?

Example: Teaching methods that draw on the knowledge of older workers in class and generate discussions with younger workers may be a very successful way to transfer knowledge, but that notion should be put to the test under given circumstances.

Assessment

- How will you know if trainees have learned the content?
- How will you know if the learning goal was achieved?

Example: Asking relevant questions and testing whether correct answers are given. There can be little formal mechanisms like quiz / tests. We can ask, " who will summarize the learning to the group". The summary coming from one of the participants can provide a right assessment.

Remediation

- What kind of an intervention should you plan or implement to provide additional support for the trainee?

Example: If lack of understanding persists after having received initial instruction on a task, you should provide additional information, experience, discussion, etc. Remediation instruction should continue until the trainee displays mastery of the task or information.

Sub-Session : Training Techniques

Time : 2 and half hours

Learning Objective

- Describe commonly used training techniques
- Identify various techniques that are appropriate for different groups/sections in cooperative sector.
- Explain the processes a trainer should follow in implementing at least four training techniques

Materials

Flipchart, Markers. Names of training techniques written on slips of paper: presentation, demonstration, case study, role play, simulation, small group discussion; Hat, bag, or box

A. Linking Training Techniques with Learning Needs

Time: 1 hour

Step 1 Greet participants and read aloud the posted Learner Objectives for the session.

Step 2 Elicit and write on newsprint a list of training techniques which participants have used as trainers, learners or observers.

Step 3 Introduce the need of dividing the learning into knowledge, skills, and attitudes

Ask the participants the difference between knowledge, skills, and attitudes.
Possible answers are:
Knowledge: Retaining facts and information.
Skills: the ability to do something (including both cognitive and manual skills).
Attitudes: Expressing feelings and values in a given situation; showing emotions.

Step 4 Explain that behavior involves a combination of knowledge, skills, and attitudes. Training techniques are designed to change people's behaviors by developing knowledge, skills, and attitudes.

Step 5 On newsprint, quickly draw the chart [from Handout], Choosing Appropriate Training Techniques, but leave the boxes blank.

Step 6 Have participants use brainstorming to fill in the boxes.

Step 7 Distribute Handout 4A for comparison with their work.

Step 8 Answer any questions and encourage discussion.

Sub-Session: Understanding Training Techniques

1 hour 30 minutes

Step 1 Divide participants into five groups and have a representative from each group draw a slip of paper with the name of a training technique from the hat, box or bag. Have each group work on the following task:

> **TASK #1** (Time: 45 minutes)
>
> For your technique, provide the following:
> 1. A definition of the technique
> 2. Advantages and disadvantages of the technique
> 3. The steps a trainer should follow to use this

Step 2 Let the groups present their work. Encourage questions and discussion. Ask what difficulties they have had and possible solutions.

Step 3 Distribute Handout on Training Techniques and Handout on Activities Continuum, for additional ideas.

Step 4 Wrap up the session by asking which techniques participants would like to practice during the workshop's practicum, and why.

C. Open and Closed Questions

30 minutes

Step 1 Elicit definitions and examples for "closed" questions and "open" questions.
Answers: Closed questions can be answered by very short responses, often just one word. Open questions require a longer, more thoughtful answer.
Example: Do you agree with this? How is this different from that?
Why do you feel that way?

Step 2 Ask participants to work in pairs for the following task:

TASK #1 (Time: 10 minutes)
Discuss the work your partner does in her or his organization. Round 1 - use only closed questions Round 2 - use only open questions

Step 3 Assist participants in reflecting upon the role play experience by asking the following questions:
- What happened when you asked closed questions?
- What happened when you asked open questions?
- What were the differences in the quality of your conversation when using the two types of questions?

D. Paraphrasing

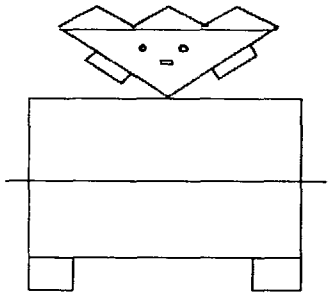
40 minutes

Step 1 Ask participants if they can define the word paraphrasing. Write the term and definition on newsprint.
Possible answers:
Restating what someone has said, using different words; it confirms that speaker and listener have the same understanding of what was said, and it lets the speaker know that the listener has been paying close attention.

Step 2 Elicit ways to begin paraphrasing and write them on newsprint.
Possible answers:
" In other words..."
" What I'm hearing you say is that..."
" Do you mean that..."

Step 3 Allow participants to experience the usefulness of paraphrasing by trying to follow directions with and without it. Ask for two volunteers.

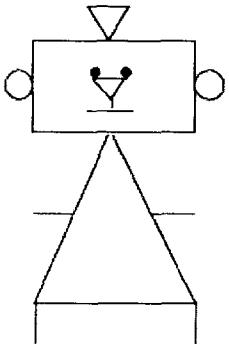
Step 4 Show the diagram below to volunteer A, but don't let volunteer B see it.



Have volunteer A, dictate to volunteer B instructions for replicating the drawing on newsprint at the front of the room. Position the volunteers so that they cannot see each other but so that the rest of the participants can see both drawings. Volunteer A can give each direction only once and volunteer B cannot ask for any clarification.
The observers need to make sure that volunteer B doesn't ask any questions. Post the completed replication on the wall.

Step 5 Ask the volunteers how they felt during each part of the exercise.
Ask the observers for additional ideas.

Step 6 Now ask for two new volunteers to repeat the exercise with another drawing (see below). However, this time volunteer B must paraphrase everything volunteer A says to check his or her understanding. If volunteer B has misunderstood then volunteer A may give the instructions again. Observers need to make sure that volunteer B doesn't ask any questions but only uses paraphrasing. Post the second replication.



Step 7 Ask for a summary of the benefits of asking open questions and of paraphrasing.

Step 8 Elicit and write a list of situations in which participants can use open questions and paraphrasing.

Brainstorming and summing up

- Qualities of a good facilitator
- Other facilitation skills

Appendix

Strategies for a good facilitation

I. Getting alongside the Group

- Building and maintaining rapport
- Encouraging participation
- Relating the learning to the jobs/ tasks performed
- Actively listening and observing group/individual behaviour
  Matching body language and voice
- Questioning to draw out, clarify and explore issues
  Avoid leading, closed ended and multiple questions

II .Effectively managing information

- Providing correct information
- Using co facilitator/ member of the group for different parts of the Session
- Objectives and Methodology adopted
- Structuring the information
- Effective communication
- Paraphrasing/ summarizing thorough check understanding
- Learning material used / provided

III .Dealing with challenging situations

- *Lack of involvement of the group*
  Go around the group and encourage for participation
  Use safer/ less threatening areas for discussion until the group feels more confident/ mature
- *Lack of involvement of individual participants*
  Encourage, talk privately and ask direct questions
- *Avoidance of issues*
  Describe the consequences of avoidance
- *Cynicism*
  Encourage to express feelings to the group
  Ask the group for views on the issue

- *Interruptions/ Talking*
  Be firm to maintain discipline
  Remind the Ground rules
  Use body language effectively

- *Irrelevant contributions*
  Be sure of its irrelevance
  Thank for the contribution and request for others to contribute
  Refocus on objectives

- *Anger*
  Acknowledge the anger and empathize with the person
  Try to identify the source and reasons
  Reflect back neutrally and in an unemotional language

- *Lack of tolerance*
  Find out the reasons
  Remind the ground rules for behaviour

- *Individuals who resist consensus*
  Find out reasons
  Remind the consequences of not having consensus

Session 14: Effective communication

Time: 120 minutes

Learning Objective

Learn the communication process, types and barriers in communication
Acquire skills for effective communication in training
Use of audio-visual and local folk media

Method

Inputs, exercises, discussion and summing up.

Preparation:

🗀(Chart/slide 1)

Communication

- Communication is a process of arriving at a common understanding between a **source person** (the one who originates the information, feeling, idea) and the **receiving person**.

🗀(Chart/slide 2)

Elements of a Communication process

- Source - Originator of a process of exchange of information
- Receiver - Receiver of the information
- Content / Message - The information which is being communicated
- Medium - Channel through which information is given
- Distortion - which may occur between the source content and received content. This may be caused due to various factors.
- Feedback - Where information's understanding is passed-on from the receiver to source person.

- Show slide/chart 1 and explain.
- Show slide/chart 2 and explain

Activity/Steps

- Ask participants to stand in a circle.
- Tell them that you will give a message to one of them.
- This person will whisper this message to the person on his right.
- Next person will again whisper it to the person on his right, and so on.

☺

Message to first person: "Jaswant's mole is truly a hole in his story which is only a figment of his imagination in his version of the history".

- Once all the participants in the circle are covered ask the last person to repeat the message loudly. Now ask the first person to say the original message load.
- Highlight the differences and distortions.
- Ask why did the message get changed.
- Record on board/chart - likely reasons to be given by the participants "lack of attention", "could not hear properly", "could not reconfirm".
- Relate these responses with distortion due to perceptions, and with absence of feedback.

Reducing Distortions

Distortions can ruin a communication, especially if you are communicating with people on an issue as sensitive as HIV/AIDS. Communication on HIV/AIDS usually involves dealing with young people or groups that are marginalised. It also involves serious issues of trust and confidentiality, as it relates to peoples personal and intimate behaviours. You could reduce these distortions and increase the effectiveness of your communication by:

- Communicating with small groups and being direct.
- Using language easily understood and spoken by the target group.
- Increasing the similarities between the sender and the receiver.
- Keeping the message short and clear.
- Putting yourself in the receiver's shoes.
- Using multiple ways of communicating - verbal, written, audio or visual.
- Keeping confidences and listening.

Types of communication

Communication can be categorised into four different types, depending on the nature of the interaction.

- **Intrapersonal communication** is a type of communication whereby a person interacts with himself/herself. This type of communication is intrinsic or reflective.
- **Interpersonal communication** is a type of communication where there is one-to-one interaction or interaction among a small group. This is the most commonly used/practiced from of communication.
- **Intergroup communication** is a type of communication where interaction between different groups takes place.
- **Mass communication** is a type of communication where a large body (millions of people) of people is addressed.

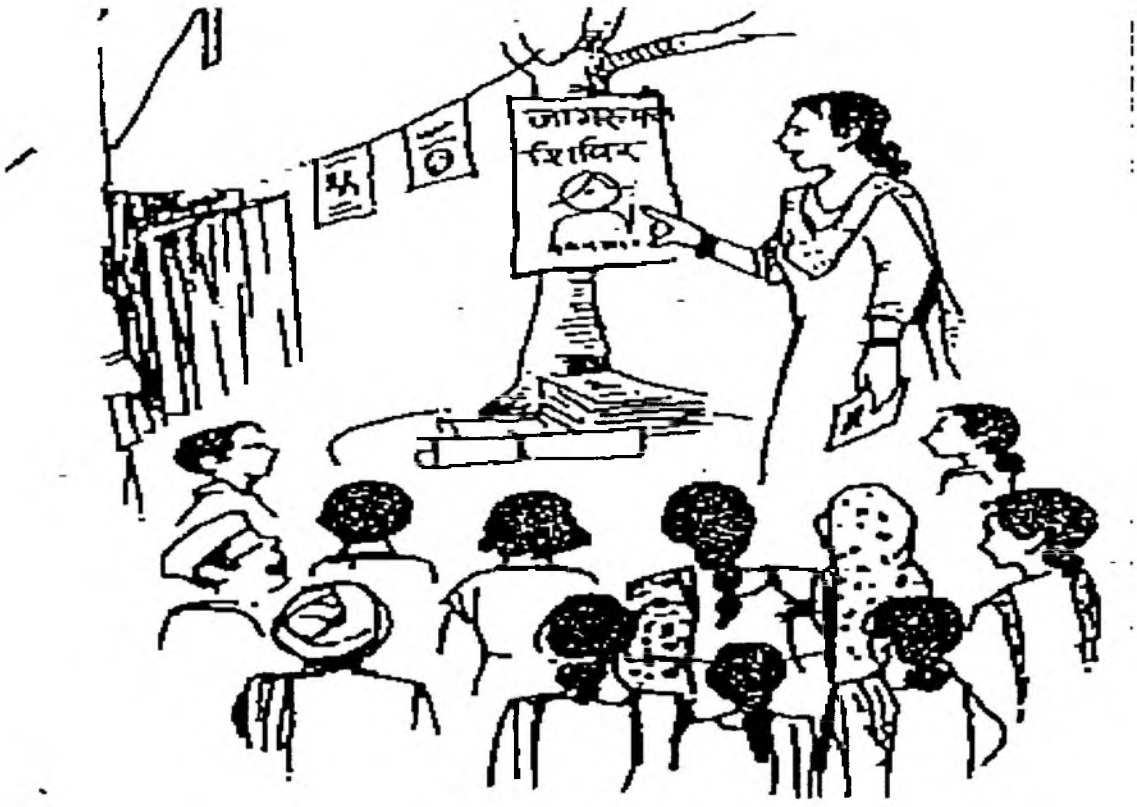
Verbal and Non-Verbal Communication

Communication can be verbal and non-verbal.

In **verbal communication**, we use words/language in the written or spoken form. **Non-verbal communication** is often given secondary importance, but it is much more important than verbal communication. It includes a series of gestures, such as facial expressions, signs, body movements, eye contact, tone of voice, and sounds. In normal interpersonal communication 5-10 per cent of total communication is verbal while 90-95 per cent is non-verbal.

People can receive valuable information through non-verbal cues such as:

- Eye contact
- Facial expressions
- Head nodding or shaking
- Shaking hands
- Playing with objects
- Making sounds
- Signs and gestures
- Touch
- Silence



↗ Show following Chart/Slide

🗀**(Chart/slide)**

Value of using visuals

- You remember 10 percent of what you hear
- You remember 50 percent of what you hear and see
- You remember 90 percent of what you hear, see and do
- Visuals are used effectively to strengthen communication.
- Visuals help people remember what they hear.
- The trick is in relating what you hear to a picture.

Visual aids enhance communication

Suppose you have just given a talk on how HIV is transmitted.
What do you feel will be the reaction to:

- Only a talk;
- Talk with the help of posters showing of what virus is and how it attacks the human body;
- A talk and video or magnet board demonstration of how the virus infects the human body.

Question: Which of the above situations will be ideal and why?

Session 15: Management of a session

🕒Time: 90 Minutes

Learning Objectives

➔ Actual delivery techniques for best time management of conducting sessions

Method

Time Management, planning an exercise in team work followed by discussion and synthesis.

✂🖉🖱🗐✍

Preparation/ Materials Required

About 130 - 150 sheets of waste paper. One side printed paper can be used. Organize papers in 4 sets of 20 each, and about 8-10 sets of 5 each

Steps/ Activity

- Divide the participants in four sub-groups.
- Make a paper boat.
- Tell that they have to make similar boats for which paper will be supplied by you.
- Tell them they will have only 10 minutes to make boats.
- The group which makes maximum boats will be the winner
- Handover 20 sheets to each group. Tell them they can ask for more once they use all these.
- Start time / stop clock
- During next ten minutes trainer makes a note of :
  - Whether groups work individually? Each one is making complete boats.
  - Or some group develops a system where one person is making one fold, next makes next fold...kind of an assembly line
  - Whether somebody within the group keeps a record of time (which is only ten minutes)
  - Whether somebody in the group keeps a record of sheets used v/s quality boats made.
  - Whether some leadership emerges within the group.
- Stop time. Make sure all groups stop their work completely.
- Count their "good" boats. Incomplete or improper ones are to be counted in wastage
- Compare four groups' performances on account of boats made and wastages.
- Ask the best performing group to explain what they did. Add to it through your record notes specially highlighting their actions related to planning, organizing, controlling, or leading.
- Similarly ask other groups for comments on their performance and relate them with functions of management and explain :

Functions of Management

- **Planning** : Preparing a systematic approach to what is required to be done. Setting goals, and action plan.

- **Organising**: Developing an organization which can produce desired results. Typically this will include who will do what.

- **Controlling**: Keeping a track of progress with respect to plan, and constant review of utilization of resources.

- **Leading**: Providing leadership and motivation to people.

These functions are applicable to any task, including a training session. While planning for a training session you will:

Plan: Who is the audience. What will be the objectives of training. How those objectives will be met keeping the target audience in mind

Organise: Organise session progress with right materials, and preparation. How participants will be used in training.

Control: Keeping a tab of time. Watch session's progress. Keep checking whether the participants are in the right mode (explorer). Is their interest alive or do they need a break? Is there cross-talk happening?

Lead: In the context of training means right amount of facilitation so that all participants are able to speak and share without hesitations and no participant dominates the whole proceedings. Maintenance of session's discipline is also a part of leading a session.

Sub session - Session Plan framework

Time 30 minutes

Objective

Discuss session plan designing and the following framework

Framework for a session design

1) *Training needs to be addressed*
2) *Dividing the needs into*
   a) Knowledge
   b) Skills
   c) Attitudes
3) ***Defining Learner objectives***
4) ***Methodology***
5) ***Activities***
   a) Experience
   b) Reflection
   c) Lessons learned
   d) Application
6) ***AV aids***
7) ***Summarising/consolidation***

Steps for a training session: Based on the experiential learning cycle

- **Set the learning climate**
  - Gain the learners' attention and interest.
  - Create an informal rapport with the learners.
  - Recall relevant previous experiences.
- **Present the objectives**
  - Provide a link between previous session/s and this one.
  - Present objectives to the learners

  (Objective is what the participants will be able to do after the session which they were not doing earlier? It may be a change in knowledge, attitude or skill)
- **Plan the learning activities**
  - Let the learners know what they will do during the session in order to attain the objectives.
  - Initiate the learning experience
  - Introduce an activity in which the learners "experience" a situation relevant to the goals of the training session. The "experience" might be a role play, case study, simulation, field visit or group exercise.
  - Let the learners use this experience to draw data for discussion during the next step.
  - If the session begins with a presentation, follow it with a participatory activity.
- **Reflect on the experience**
  - Guide the discussion on the experience.
  - Let the learners share their reactions to the experience.
  - Initiate a participatory problem-solving discussion
  - Give and receive feedback from each other and from the trainer
- **Discuss lessons learned from the experience/activity**
  - Learners identify key points from the experience and the discussion.
- **Discuss how the learners might apply what they've learned**
  - Let the group discusses how the information/skills will be useful in their own lives.
  - Help the learners identify problems they might expect in applying what they have learnt
  - Guide the discussion on how to overcome difficulties in applying the new learning.
- **Closing the session**
  - Briefly summarize the events of the training session.
  - Refer to the objectives to determine how well they were reached.

- Discuss what else is needed for better retention or further learning
- Provide linkages between this session and the rest of the training program.
- Make sure the learners leave with a positive feeling about the session.

Session 16: Designing training sessions

Time : Half day

Learning Objective

Learn to design training session and methods.

The methods are Slide show, Group work and discussion of outputs.

Steps

Explain:
Now we will apply techniques learnt so far.

- Form small groups of 4-5 persons each
- Ask each group to pick a subject on HIV/AIDS of their choice.
- Ask each group Prepare a session of 20-30 minutes to be delivered by their members.
- Trainer to make sure that all topics on HIV/AIDS get covered.
- Participants- present their prepared sessions.

Before we break for our group working we need to remember some of the salient features of a good training session as discussed earlier. These are : (with these words, show the following slide)

Checklist on Conducting Sessions

- Introduction of the topic
- Spell out objectives
- Plan of the session
- Content to be specific and relevant to the objectives
- Delivery to be related to the work and experiences of the audience
- Delivery to be lively (Use of examples, anecdotes, etc)
- Clear , coherent and two way communication
- Effective use of body language (eye contact, gestures etc)
- Use of audio, visual aids
- Use of Training method mix
- Encourage and invite participation
- Time management
- Summarization

Session 17: Giving & receiving feedback

Time: 10 minutes (each group)

Method

Facilitators and other participants provide feedback and help each group to fine tune their sessions. Facilitators help to prepare. The session ends scoring with logistics and plan of work for the next day.

Learning Objective

➔ To provide inputs on giving and receiving feedback.

Show following chart/slide

(Chart/slide)

Giving & Receiving feedback

Giving Feedback
- Don't be judgmental
- State what a person did, not why he did that
- Specifically highlight good points
- Suggest what can be improved upon (not what was lacking)
- Don't criticize, only comment

Receiving Feedback
- Don't be defensive
- Shortcoming is in the job done, not in the person
- Respond, don't react.

Checklist for the observation of a training session

Introduction of the session

Objectives
- Clearly stated in behavioral terms
- Accurately reflect key areas of knowledge, skills and attitudes

Content

Selection of content

- Based on assessed training needs
- Relevant to learners' lives

Organization of content

- Connection to previous session
- Logical sequence within session
- Synthesis at the end of the session, referring to objectives

Process

Experiential Learning

- Learning begins with an experience
- Learners given opportunity to react to an experience and discuss information
- Learners draw conclusions based on their discussion or exercise
- Learners make connection between session content and application in their lives

Learning Climate

- Positive rapport between trainer and learners
- Engagement of participants' interest in the subject matter
- Active participation of learners
- Feedback is given to participants with honesty and tact
- Environment free from embarrassment

Facilitation Techniques

- Trainer uses questions to promote discussion
- Learners are encouraged to ask questions
- Use of paraphrasing and summarizing
- Effective flow of discussion
- Adequate and clear directions for group work / exercises etc
- Effective use of non-verbal communication

Visual Aids

- Appropriate selection and use of visual aids
- Organized, legible writing on the flipchart

Training Techniques

- Appropriate choice of techniques for attainment of objectives
- Techniques appropriate to kind of learning
  Knowledge
  Attitude
  Skill
- Sequence of techniques leads to practical application of subject matter

Timing

- Trainer is aware of time limits and facilitates accordingly
- Learners are made aware of time limits for small group activities
- Sufficient time is allotted for mastery of the subject matter

Consolidation / Summarization of key learning

Session 18: Practicing Skills

Time: One day.

Learning Objective:

- To conduct training session in the field with line audience
- To demonstrate various facilitation skills

Method

The groups that have been formed in the earlier session should now work together to conduct the sessions.

Steps/Activity

- Ensure that all the members of the group are aware of the specific role that they will play.
- Ensure that all the materials required for conducting the session, including flipcharts, slides etc are prepared
- Check with the organizers about who your audience is going to be.
- Let the groups know who their observers are going to be and the role of the observers.

The observer is to be given the following based on scoring check list prepared in previous session.

Check list for scoring and noting observations.

- Introduction
- Formulation of objectives
- Describes the session plan
- Content delivery-clear and to the point
- Facilitation skills-encouraging response and providing response
- Understanding of questions raised
- Encouraging participation
- Communication (use of language and terms, body movement, eye contact)
- Debriefing
- Position taken up while delivering content
- Use of support tools and materials
- Support from other members of group.
- Consolidation of sessions

Session 19 : Evaluation and Summing up

Time : 180 minutes

Learning objective:

Recap the learning from the training

Discuss the use of the manual in the context of their work and environment

Provide specific feedback to trainees/facilitators.

Method

1. expressions through graphics
2. Role play
3. written material
4. post test

Activity 1

- Make small groups
- Ask each group to discuss learning-in terms of knowledge, attitudes and skills
- Ask each group to choose one form-role play; dumb-charades; wall newspaper; presentation etc.
- Let the groups discuss, prepare and present

Allow each group to present.
Encourage, applaud and appreciate.
Let the group discuss
Sum up at the end.
Tell the participants that there are blank chart papers put at different places in the room and they should feel free to go and write what they feel at the moment and about the 5 day experience.

Activity 2

- Divide the participants in five groups
- Show the chart given below
- Each group takes up one Type of Action and prepares their action plan
- All action plans are presented by the respective group

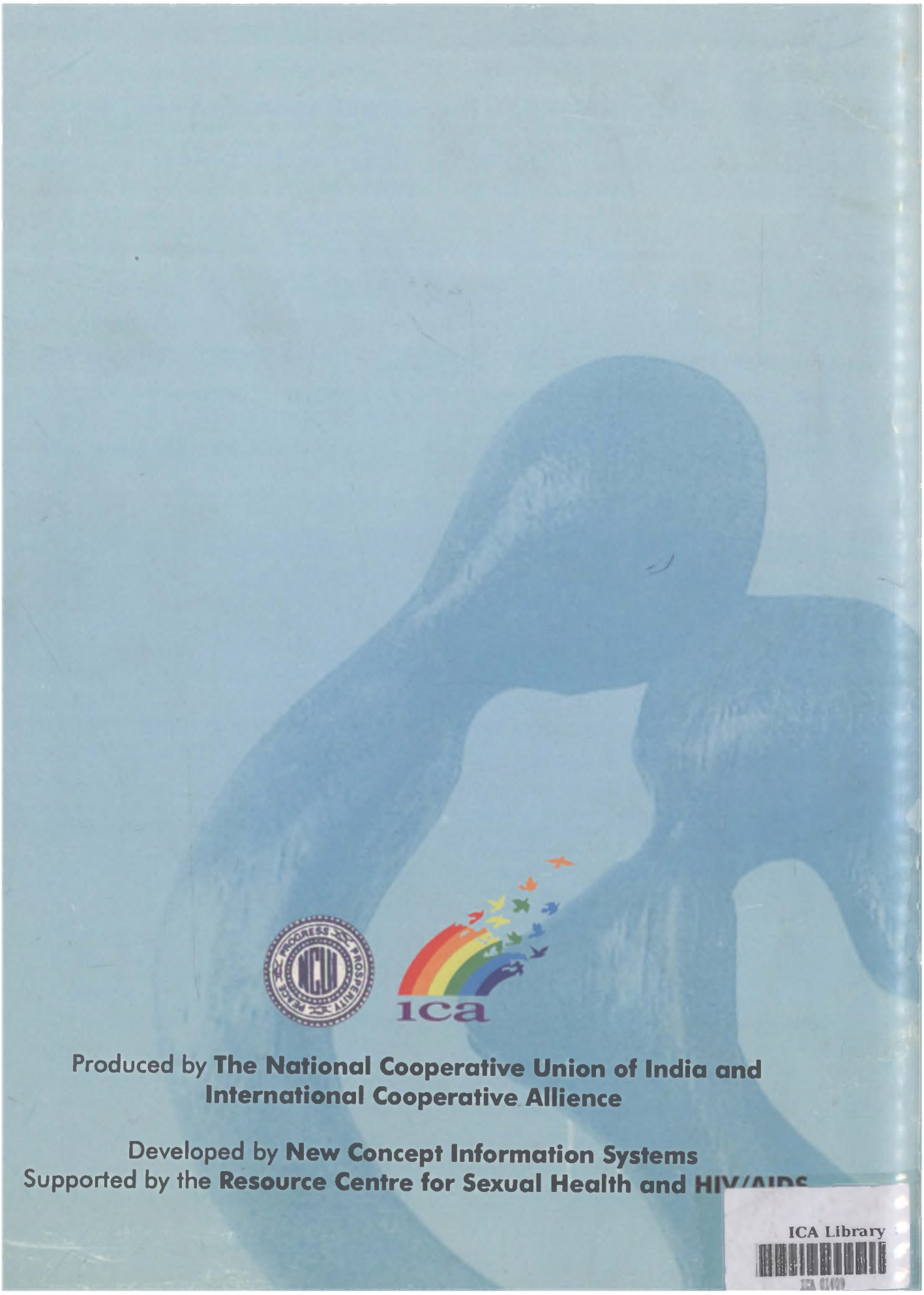
What can be done to mainstream HIV/AIDS in Agriculture and Rural Development?

Type of Action	Examples of what to do
Community Driven Development and Mobilization	Communities which have identified HIV as a problem should be encouraged to develop locally owned programs to address HIV/AIDS. Sensitize communities about HIV/AIDS, and provide adequate information to address stigma and discrimination against groups with high risk behavior who are often marginalized as well as people living with HIV/AIDS. Educate youth.
Advocacy and Dialogue at Community level	Continuous sensitization of community leaders and local politicians. Reaching local leaders (e.g. village Panchayat leaders) to increase awareness and address issues related to stigma and discrimination and encourage open discussion of these issues in rural communities.
Increased Outreach to Rural Communities, and migrant workers	The Agriculture and Rural Development sector can harness its expertise in reaching rural populations, to disseminate information and awareness about HIV/AIDS to rural communities. Migrant workers and their families should be reached with prevention interventions (Education, VCTs, treatment of STIs) as this group plays an important role in the spread of the epidemic.
Targeting vulnerable rural populations and those with HIV/AIDS.	Given the disproportionate burden borne by the rural poor, safety nets could be targeted to the poorest households, especially households affected by HIV, before they dispose of assets and engage in other adverse coping mechanisms. These community-based programs should be linked to/or part of National and State programs (e.g. the Rural health mission in India).
Partnership and technical cooperation	Work with National and State level AIDS control organizations and programs for technical support, including coordination with NGOs and development partners to provide technical and financial support.

- Sum-up-by reiterating main points and learning and simple dos and don'ts as trainers.

Activity 3

- Give the post training questionnaire to fill up and collect them.
- Have a open discussion on the training
- Close the session with an enthusiastic song/ candlelight ceremony signifying not the end but a new beginning!



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