

DAY 3

- © Sexually transmitted infections
- © Voluntary counseling & testing
- © Condoms

Day 3 considers sexually transmitted infections (STIs) in terms of clinical presentation, implications and syndromic management.

The session on voluntary counseling and testing (VCT) highlights important issues in program management and attempts to provide participants with insights into the complexities of HIV counseling and testing. The last part of the day provides a fun approach to condom demonstrations.

Learning objectives

By the end of Day 3, participants will be able to:

- © Describe common symptoms and signs of STIs
- © Understand the consequences of STIs
- © Explain the concept of a syndromic approach to STI management
- © Design a community-based approach to STIs
- © Discuss the advantages and disadvantages of HIV testing
- © Understand the counseling and testing process
- © Have an awareness of issues impacting confidentiality
- © Understand issues impacting condom use
- © Conduct condom demonstrations

Resource materials



Manual:

- ⊗ International Rescue Committee. (2003) Protecting the Future: HIV Prevention, Care and Support Among Displaced and War-Affected Populations. Chapters 7 & 8; Appendices B & D.

Handouts:

- ⊗ Course notes: Comprehensive clinical care for sexually transmitted infections. From: Reproductive Health Response in Conflict Consortium. (2004) Guidelines for the Care of Sexually Transmitted Infections in Conflict-affected Settings: Checklist for comprehensive STI care.
- ⊗ From: EngenderHealth. (2001) HIV and AIDS web course: Female Condom Instructions. www.engenderhealth.org/res/onc/hiv/hiv.pdf
- ⊗ How to talk about condoms with your partner. Adapted from: Grieco, A. (1987) Cutting the risks for STDs. Medical Aspects of Human Sexuality. March issue.

Additional resources:

- ⊗ EngenderHealth. (2003) Sexually transmitted infections web course. www.engenderhealth.org/res/onc/sti/sti.pdf
- ⊗ UNAIDS. (2000) Voluntary counseling and testing. Technical update. www.unaids.org/html/pub/publications/irc-pub01/jc379-vct_en_pdf.htm
- ⊗ Family Health International. (2003) Models of VCT Service Delivery. www.fhi.org > HIV/AIDS > Fact Sheets > Models of VCT Service Delivery
- ⊗ UNAIDS. (2002) HIV voluntary counseling and testing: a gateway to prevention and care – five case studies. www.unaids.org/html/pub/publications/irc-pub02/jc729-vct-gateway-cs_en_pdf.pdf



PowerPoint:

- 3.2a Why worry about STIs?
- 3.2c Diagnosis and management of STIs
- 3.2e Important STI service issues
- 3.2g STIs in conflict settings
- 3.3b HIV testing
- 3.3c VCT service delivery
- 3.3h VCT in conflict settings
- 3.4b Condoms
- Teaching aids Day 3



Posters:

Make the following to use with presentations and on wall display:

- ⊙ List of STI symptoms and signs (Make from text: 3.2b)
- ⊙ STI syndrome table (Make from text: 3.2c)
- ⊙ What people need to know about STIs (Make from text: 3.2e)
- ⊙ HIV testing flowchart (Make from text: 3.3b and PowerPoint 3.3b & 3.3c)



Audio-visual:

- ⊙ Audio CD: Tracks 01 to 06
- ⊙ Video: The Moment



Other:

- ⊙ HIV rapid test kits
- ⊙ Condoms: male, female, novelty
- ⊙ Penis model (a cucumber works well and adds humor)
- ⊙ Female anatomical diagram
- ⊙ Oranges/mangoes for condom game

DAY 3 – Session plan

Time	Topic	Materials
30 min	3.1 Introduction	
10 min	3.1a Introduction to the health services intervention area	Refer to wall displays
	3.2 Sexually Transmitted Infections	
15 min	3.2a Presentation: Why worry about STIs?	PowerPoint
30 min	3.2b Activity: Relating STIs to local context	Flipchart; Poster: STI symptoms & signs
40 min	3.2c Presentation: Diagnosis and management of STIs	PowerPoint; Poster: STI syndrome table
30 min	Break	
50 min	3.2d Activity: Identifying challenges to STI management	Flipchart
	3.2e Activity: Identifying ways to increase STI service utilization	Flipchart; PowerPoint; Poster: What people need to know about STIs
5 min	3.2f Activity: Addressing issues around partner notification	Flipchart
	3.2g Presentation: STI interventions in conflict settings	PowerPoint
	3.3 Voluntary counseling and testing	
30 min	3.3a Activity: Issues around knowing your HIV status	Audio CD
30 min	3.3b Presentation: HIV testing	PowerPoint; Posters: Immune system army; Phases of HIV/AIDS; HIV testing flow chart; HIV rapid test kits
10 min	3.3c Presentation: Contexts for VCT	PowerPoint
60 min	Lunch	
15 min	3.3d Activity: Identifying client concerns around VCT	Flipchart
40 min	3.3e Activity: Gaining insights into the counseling process	Audio CD
45 min	3.3f Activity: Planning VCT services	Flipchart
	3.3g Activity: Understanding confidentiality	Flipchart
60 min	Break	
5 min	3.3h Presentation: VCT in conflict settings	PowerPoint
	3.4 Condoms	
25 min	3.4a Activity: Identifying complexities around condom use	Video: The Moment
30 min	3.4b Activity: Teaching condom use	Condoms, penis model, oranges/mangoes, female anatomical diagram, PowerPoint (optional)
30 min	3.5 Conclusion	

3.1 Introduction



- ⊙ Brief overview of previous day with review of wall displays. Feedback on pre- and post-tests and evaluations
- ⊙ Select host team for the day
- ⊙ Pre-test
- ⊙ Overview of the day

3.1a **PRESENTATION:** *Introduction to the health services intervention area*

Presentation – 5 minutes.

Materials: refer to wall displays

Socio-economic vulnerability factors underlying the HIV epidemic are categorized into three areas:

- ⊙ Unsafe behavior
- ⊙ Power issues
- ⊙ Health services issues

Based on these factors, interventions are categorized into three areas:

- ⊙ BCC programs to address unsafe sexual behavior
- ⊙ Development programs to address power issues related to relationships and resources
- ⊙ Health programs to provide services

There are two key aims involved in addressing HIV/AIDS:

- ⊙ Prevention of new infections
- ⊙ Care of PLWA

To address HIV prevention, we must consider the three transmission routes: sexual, blood and MTCT. Yesterday we discussed BCC in relation to sexual behavior. Today we focus again on the sexual route, looking at three interventions that fall into the health service delivery area and remembering that all three intervention areas are linked.

- ⊙ Management of sexually transmitted infections (STIs)
- ⊙ Voluntary counseling and testing (VCT)
- ⊙ Condom provision and promotion

Care of PLWA is also an important factor in HIV prevention and will be addressed in detail later on in the course.

3.2 Sexually Transmitted Infections



STIs are infections for which the main route of transmission is through sexual contact. HIV is also an STI, but in this discussion we will consider HIV as a separate problem and focus on STIs other than HIV.

3.2a **PRESENTATION:** *Why worry about STIs?*

Presentation – 15 minutes.

Materials: PowerPoint 3.2a: Why worry about STIs?



There are a number of reasons to be concerned about STIs:

1. The presence of an STI significantly increases the risk of getting or giving HIV.
Why is this? (*Ask participants*).

Research has shown that:

- ⊙ When a genital ulcer is present, there is a break in the skin or mucous membrane which provides an easy entry or exit point for the virus. Thus, for ulcerative STIs, the risk of HIV transmission is particularly high.
- ⊙ When an STI (ulcerative or non-ulcerative) is present in the partner who has HIV, the number of viruses in the genital secretions is greatly increased.
- ⊙ When an STI is present in the partner who does not have HIV, the STI increases the number of target cells (including CD4 cells) for HIV in the genital tract, thus increasing susceptibility.
- ⊙ In contexts where condom use is low, treatment of STIs can have a significant impact on HIV transmission.

2. STIs are a very common health problem.

In 1999, WHO estimated that 340 million people were newly infected with STIs. (These are the most recently available global estimates.) Eighty-five percent of new infections have been estimated to occur in developing countries. In developing countries, STIs and their complications are among the top five disease categories for which adults seek health care. Even without considering HIV, STIs cause the second highest burden of disease in women aged 15 to 44 years in developing countries, after maternal mortality and morbidity.

3. STIs can have serious medical consequences. (*Ask participants what these are.*)

STIs can lead to infertility in both men and women; serious illness, e.g., arthritis associated with gonorrhoea, heart problems and neurological problems associated with syphilis; chronic lower abdominal pain in women; cancers of the genital tract and anus; abortion; ectopic pregnancy; stillbirth; illness and death of the newborn.

4. STIs can have serious social consequences. (*Ask participants what these could be.*)

Relationship problems, violence, rejection, stigma of infertility and STI.

5. Even though STIs are potentially serious illnesses, many STIs are completely and easily curable with appropriate treatment. Some STIs, like herpes, are caused by viruses for which there is no cure; but even in these cases there are measures that people can take to protect themselves and others.

6. All STIs are preventable.



Activity

3.2b *Relating STIs to the local context*



Work in small groups.

Discussion – 10 minutes. Feedback in plenary – 20 minutes.

Materials: Flipchart sheets; Poster: STI symptoms and signs

Facilitator...

...introduces:

(Each group discusses a different question)

- a) List some local names for genital organs. (This exercise may not be culturally appropriate in some settings.)
- b) List some local names for STIs.
- c) What kind of symptoms and signs do people associate with STIs?
- d) What do people do or where do they go for help when they think they have an STI?



Activity 3.2b cont'd

...concludes:

People are often embarrassed to talk about STIs and may find it difficult to describe their problems. As health workers we need to be familiar with local terms and beliefs and sensitive to people's embarrassment, so that we can help them to feel at ease when they talk to us. It is also essential that we are careful not to come across in any manner that the person may perceive as judgmental.

Symptoms and signs that could indicate an STI include:

- ⊙ Genital discharge (pus or bad smelling fluid)
- ⊙ Sores or blisters on the genitals
- ⊙ Lower abdominal pain in women
- ⊙ Swelling and pain of the testes
- ⊙ Swelling of glands in the groin area
- ⊙ Itching of the genitals
- ⊙ Warts in the genital area
- ⊙ Pain or burning with urination
- ⊙ Pain during sex
- ⊙ Abnormal vaginal bleeding in women

These symptoms and signs can also be the result of other problems not related to an STI, but it is very important to get them diagnosed and treated promptly, whatever the cause.

3.2c PRESENTATION: *Diagnosis and management of sexually transmitted infections*



Presentation – 40 minutes.

Materials: PowerPoint 3.2c: Diagnosis and management of STIs

Posters: STI syndrome table; Comprehensive care of STIs

How are STIs diagnosed and treated? (Ask participants how STIs are diagnosed in their settings.)

There are over 30 organisms that can cause STIs. Many have similar symptoms and signs and it is usually not possible to tell exactly which organism is responsible without using a laboratory test. Studies have shown that even experienced clinicians cannot make an accurate diagnosis on physical examination only. Different organisms causing STIs are sensitive to different drugs. The only way to ensure that we prescribe the right drug is to do a laboratory test to identify the organism (and its sensitivity).

However, in many developing countries, laboratory tests to diagnose STIs are often not available. To address this problem, WHO developed a method of managing STIs called "the syndromic approach" or "syndromic management," which does not rely on laboratory tests. This approach has been tested in many countries since the 1970s and has been reviewed, adapted and improved many times.

Although there are many different STIs, they can be grouped together according to their symptoms and signs into seven main groups or syndromes. Each of these syndromes can be easily recognized on history and examination, i.e., without using laboratory tests. (*Go through table, illustrating syndromes with slides. Have syndrome table alongside on overhead projector screen or poster. Ask participants to follow on table in poster.*)

STI syndrome table

Syndrome	Causative organisms
Urethral discharge in men (urethritis)	Neisseria gonorrhoea Chlamydia trachomatis Non-specific urethritis pathogens
Vaginal discharge (vaginitis/cervicitis)	Bacterial vaginosis Trichomonas vaginalis Candida albicans Neisseria gonorrhoea Chlamydia trachomatis
Genital ulcers	Treponema pallidum (syphilis) Haemophilus ducreyi (chancroid) Herpes simplex virus type 2 Calymatobacterium granulomatis (donovanosis/granuloma inguinale) Chlamydia trachomatis L1-L3 (lymphogranuloma venereum)
Lower abdominal pain in women (pelvic inflammatory disease)	Neisseria gonorrhoea Chlamydia trachomatis Anaerobic pathogens
Testicular pain and swelling (epididymo-orchitis)	Neisseria gonorrhoea Chlamydia trachomatis Non-specific urethritis pathogens
Inguinal swelling	Chlamydia trachomatis Haemophilus ducreyi (chancroid)
Neonatal conjunctivitis (ophthalmia neonatorum)	Neisseria gonorrhoea Chlamydia trachomatis

By identifying the syndrome, the range of possible causative organisms is also identified, even though it is not possible through clinical examination alone to identify exactly which one is present in each case. (In fact, more than one may be present.) Treatment includes a combination of antibiotics that will cover the most common organisms causing the syndrome in that part of the world. For example, for genital ulcers in an area where syphilis and chancroid are the most common causes, the treatment could be penicillin (for syphilis) plus ciprofloxacin (for chancroid).

Advantages of the syndromic approach:

- ⊙ No laboratory tests are required: costs are reduced and patients do not have to wait or return for results.
- ⊙ Research in many different parts of the world has shown that the syndromic approach is effective, particularly for the management of urethral discharge in men and genital ulcers in both men and women.
- ⊙ The syndromic approach is simple to use and can be implemented at all levels of the health system.
- ⊙ The syndromic approach promotes standardization of patient management and facilitates training.

There are also some limitations associated with the approach. For example: (ask participants)

1. The syndromic approach relies on the health worker's abilities to recognize symptoms and signs of STIs. However, a high percentage of STIs are asymptomatic, especially in women. The only way to identify these infections is to conduct screening of women in the population using laboratory tests. In most developing countries this is not feasible at present, and many STIs in women remain undiagnosed and untreated. At present the only means to reach these women is through referral by their symptomatic partner. Men are more likely to have symptoms when they have an STI; therefore, it is especially important that men get treatment and that they refer their partners for treatment as well.

2. In a man, a genital discharge almost always signifies an STI. In a woman, however, the discharge could be the result of an STI or a physiological discharge (i.e., a normal discharge) or a problem not caused by an STI. For example, candidiasis and bacterial vaginosis can be transmitted sexually, but are most commonly the result of an overgrowth of normal vaginal organisms. In places where laboratory tests are not available, it can be very difficult for the health worker to know whether the discharge is caused by an STI or not. In such cases, the health worker often treats for STIs just to be safe and will advise the woman to bring her partner for treatment. It is important to explain to patients and partners the different causes of vaginal discharge, because sometimes one partner could unfairly accuse the other of being unfaithful if they think the discharge is caused by an STI.
3. A further important issue is associated with the diagnosis of vaginal discharge. There are a number of different STI organisms that can cause vaginal discharge. Candida, trichomonas and bacterial vaginosis cause vaginitis (inflammation of the vagina), which remains localized in the vagina. Gonorrhoea and chlamydia cause cervicitis (inflammation of the cervix) and may spread through the uterus to the Fallopian tubes and ovaries and into the abdominal cavity. It is not possible to tell accurately which organisms are responsible for the discharge without a laboratory test. This presents a dilemma: We can treat for vaginitis only and thus potentially not treat a serious infection that may have serious consequences. Or we can treat for vaginitis plus cervicitis and potentially overtreat, which means higher costs and possible side effects from unnecessary antibiotics. There has been considerable debate around this problem and it is not resolved yet. Each country usually establishes its own protocol, which should then be followed by all clinicians.
4. Problems associated with using a combination of drugs:
 - ⊙ Overuse of drugs resulting in higher costs, greater potential for side effects and development of resistance
 - ⊙ Potential drug interactions

However, these issues must be weighed against the potential consequences of not treating an infection.

5. There is also debate around the syndromic approach in general. Some clinicians are reluctant to use the syndromic approach because of its limitations or because they feel it is not "scientific" or because they were trained to manage STIs in a different way. Due to time constraints, we are unable to pursue a thorough discussion of all these issues, but the IRC manual and the additional resources provide further details.

It is important to remember that, despite its limitations, the syndromic approach does work well for urethral discharge and genital ulcers. At present the syndromic approach remains the only feasible option for managing STIs in resource-poor settings, including conflict-affected settings. Therefore, it is essential that the syndromic approach is implemented as effectively as possible. Hopefully, in the future, inexpensive, field-friendly and easy-to-use tests will be available to allow laboratory diagnosis of vaginal discharge even in resource-poor settings.

In conflict-affected settings, syndromic management of STIs represents part of a minimum response, in keeping with the Sphere¹ minimum standard for control of HIV/AIDS in disasters and the Minimum Initial Service Package (MISP).² The syndromic management of STIs has also been included as part of the emergency response phase of the Interagency Standing Committee Guidelines for HIV/AIDS Interventions in Emergency Settings. (*Refer to handout and additional resources from Day 2.*)

In summary, STIs are a common problem with serious consequences and management challenges. However, individuals as well as health services can help to reduce the spread of STIs.

1 The Sphere project presents a set of universal minimum standards in core areas of humanitarian assistance, developed by a wide representation of individuals and agencies. (Sphere Project, Sphere Humanitarian Charter and Minimum Standards in Disaster Response, Chapter 5: Minimum Standards in Health Services, Revised Handbook 2004. www.sphereproject.org)

2 The Minimum Initial Service Package (MISP) is a series of actions which, together with kits of equipment and supplies, are needed to respond to the reproductive health needs of populations in the early phase of an emergency. The objectives of the MISP are to: identify an organization(s) or individual(s) to facilitate its coordination and implementation; prevent and manage the consequences of sexual violence; reduce HIV transmission; prevent excess neonatal and maternal mortality and morbidity; and plan for the provision of comprehensive RH services. (Sphere Project, Sphere Humanitarian Charter and Minimum Standards in Disaster Response, Chapter 5: Minimum Standards in Health Services, Revised Handbook 2004. www.sphereproject.org)

What can individuals do to prevent the spread of STIs? (*ask participants*)

1. Protect themselves from getting an STI using ABCD approach:
Abstain, Be faithful to one uninfected partner, use Condoms, Damage and Disease control;
2. Prevent transmission of an STI to their partners:
 - a. Get STIs treated as soon as possible;
 - b. Use a condom until the STI has healed, or abstain;
 - c. If there is an ulcer in a place that is not protected by a condom, abstain until the ulcer has healed;
 - d. Urge partners to go for treatment.

What can health services do to reduce the spread of STIs?

Ask participants to spend a few minutes reading through the handout "Comprehensive STI Care." Then ask to what extent comprehensive STI care is provided in their work settings.

Activities 3.2d, e and f are run concurrently in different groups. Feedback is in plenary.

Small groups. Discussion – 20 minutes. Feedback – 3 x 10 minutes.



Activity

3.2d Identifying challenges to control of STIs

Facilitator...

...introduces:

Identify issues within the health system and society that pose challenges to curbing the spread of STIs. (We already identified some of the reasons in the "But why?" exercise on Day 1.)

...notes:

Health system:

- ⊙ Lack of drugs.
- ⊙ Ineffective drugs.
- ⊙ Poorly trained providers.
- ⊙ Poor quality service due to lack of supervision.
- ⊙ Attitudes of providers.

Society:

- ⊙ Ignorance about STIs.
- ⊙ Some STIs do not cause any symptoms so people do not know they are infected.
- ⊙ People do not realize that the symptoms they have are caused by an STI: they may think the symptoms are normal or caused by, e.g., witchcraft, working too hard, riding a bicycle or other myths. (Ask about local myths.)
- ⊙ People are embarrassed to go for treatment.
- ⊙ People are afraid to go for treatment because health workers may be judgmental or not maintain confidentiality.
- ⊙ People do not take drugs in the right quantities or for long enough.
- ⊙ People do not refer their partners for treatment. (Discuss reasons.)
- ⊙ People may prefer to visit informal providers or self medicate, and may thus not receive adequate treatment.

...concludes:

If we are going to succeed in curbing the spread of STIs, we must consider both health system and societal issues. It is essential for health workers and the public to understand that effective treatment of STIs is a very important means of fighting the spread of HIV. We have discussed what constitutes comprehensive STI care, but the important issue remains how to get people to access appropriate STI care.



Activity

3.2e Identifying ways to increase utilization of effective STI treatment services



Materials: Poster: What people need to know about STIs
PowerPoint 3.2e: Important STI service issues

Facilitator...

...introduces:

It is necessary to increase awareness about STIs among the general public. Begin by deciding what people in the community need to know about STIs and how best to convey this information to them. Make a list of the most important points and decide on the communication channels to use.

...notes: (Poster and PowerPoint)

People need to know the following:

- ⊙ That STIs are very common.
- ⊙ What the symptoms and signs are.
- ⊙ How STIs are transmitted and not transmitted.
- ⊙ Where they can get appropriate treatment.
- ⊙ The consequences of not getting appropriate treatment, especially HIV and infertility in both men and women.
- ⊙ The importance of the right treatment for the right amount of time.
- ⊙ The importance of partner treatment.
- ⊙ The importance of using a condom.

Further important issues for consideration:

- ⊙ In addition to improving service provision and utilization in the general population, STI prevention and care efforts also need to address specific target groups of core transmitters. These are groups of individuals who have higher rates of partner exchange than the general population, e.g., CSWs, military, truck drivers. Effectively treating an STI in one of these individuals can prevent the spread of the infection to a number of other individuals.
- ⊙ Men are an important target group because they show symptoms and signs more often, may have the means to access treatment more often and they frequently make the couple's decisions about sexual behavior. Due to power relations, it is often easier for a man to inform his partner that she should be treated than vice versa.
- ⊙ A large number of STI patients may seek care in the private or informal sectors, e.g., traditional healers, market drug vendors. Any program that is going to comprehensively address STIs should consider what can be done to involve these sectors. However, this may not be easy. Financial and professional power issues need to be handled sensitively. How can this be done? (*Ask participants*)



Activity

3.2f Addressing issues around partner notification



Materials: Flipchart

Facilitator...

...introduces:

Partner notification is a very sensitive issue. What are some of the problems related to partner notification in your setting? How can health services ensure that they are addressed? (NB. This activity focuses only on partner notification for STIs, not HIV – the implications are different as HIV is an incurable, fatal disease.)



Activity 3.2f cont'd

Facilitator...

...notes:

Potential problems:

- ⊙ Embarrassment
- ⊙ Fear of rejection
- ⊙ Violence
- ⊙ Relationship problems

The health worker must discuss options for partner notification with the patient. The patient should never be coerced into notifying the partner.

Options include:

- ⊙ The patient informs the partner of the STI.
- ⊙ A letter is sent from the health facility to the partner advising him/her to seek care.
- ⊙ A health worker visits the partner.
- ⊙ The patient is given additional medication to take home to the partner.

General increased awareness among the public may make partner notification easier.

3.2g **PRESENTATION:** *Examples from conflict-affected settings*



Presentation – 5 minutes.

Materials: PowerPoint 3.2g: STI interventions in conflict settings

The first large scale HIV/AIDS/STI intervention program to be implemented in a refugee crisis took place in Rwandan refugee camps in Tanzania during 1994–1996. The project included a strong focus on community awareness and improvement of STI case management. Over the course of the project, the number of reported syndromes at clinics increased from 20 per week to 250 per week. Increased attendance could be the result of increased awareness, increased confidence in the services and improved diagnosis.

The RHRC Consortium, through the American Refugee Committee, implemented a project to strengthen AIDS prevention in Port Loko, Sierra Leone during 2001–2003. Activities consisted of BCC campaigns, condom distribution and STI treatment targeting youth, commercial sex workers and the military. A post-intervention survey showed improvements in all target groups on knowledge of STI signs, sources of STI care and the need to seek medical care quickly. (RHR Consortium Monitoring and Evaluation Program. ARC International – Sierra Leone. Strengthening AIDS Prevention in Port Loko: Post Intervention Survey Report. August 2003)

Conclusion of STI session:

STIs are a significant public health problem in their own right and an important factor in the spread of HIV. The management of STIs is challenging from both health services and societal perspectives. Conflict-affected settings may add further complexity. As health workers and staff working with conflict-affected populations, we must be aware of these challenges and advocate for the allocation of adequate resources.

3.3 Voluntary counseling and testing

Some people have argued that because HIV/AIDS cannot be cured and most people do not have access to antiretroviral treatment, there is little point in their finding out their HIV status. Some say that this knowledge may even be to their disadvantage. We are now going to look at advantages and disadvantages of knowing your HIV status.



Activity

3.3a Issues around knowing your HIV status



Individual work – 5 minutes. Audio – 15 minutes. Feedback – 10 minutes.
Materials: Audio CD UWC interviews: Tracks T01 to T05

Facilitator...

...introduces:

Ask yourself and write down your thoughts:

- ⊙ If I had HIV, would I want to know? Why would I want to know?
- ⊙ If I am negative, how would this knowledge help me?
- ⊙ If I am positive, how would this knowledge help me?
- ⊙ What could be some potential disadvantages of knowing that I am HIV positive?
- ⊙ Who would I tell?
- ⊙ How would they react?

On the CD, some HIV-positive university students from South Africa relate their experiences in relation to knowing their status. As you listen, write down the advantages and disadvantages they mention.

...notes:

Advantages:

Overall:

- ⊙ Taking responsibility for themselves.

If negative:

- ⊙ Peace of mind.
- ⊙ Possible increased awareness of own vulnerability.
- ⊙ Possible motivation to avoid risky behavior.
- ⊙ Possibly more sympathetic toward people with HIV.

If positive:

- ⊙ Can get appropriate health care to prolong and improve quality of life.
- ⊙ Can take steps to live positively with the virus, e.g., nutrition, stress management.
- ⊙ Can access support services (support groups, financial assistance).
- ⊙ Can avoid the expense of unnecessary tests and ineffective treatments for unexplained illness.
- ⊙ Can take measures to protect partner(s) and unborn children.
- ⊙ Can make informed decisions about pregnancy and infant feeding.
- ⊙ Can maintain a sense of control and dignity.
- ⊙ Can make plans for the future.
- ⊙ If large numbers of people come for testing, awareness in the community can increase and the idea of testing can become "normalized," thus helping to reduce stigma.



Activity 3.3a cont'd

Disadvantages:

If positive:

- ⊙ Inability to cope psychologically: depression, anger, emotional breakdown, suicide

If status becomes known, may result in:

- ⊙ Stigma: humiliation, rejection
- ⊙ Distress for family
- ⊙ Rejection by family community (especially important for women who risk blame and abandonment)
- ⊙ Discrimination: job or study opportunities/financial assistance/insurance/immigration

...concludes

When raising awareness about VCT in the community, it is important to help people understand that while they should be prepared for some negative consequences, knowledge of their status does have important benefits.

"...The more you know about your situation, the more you can do about it..." Major Ruranga, PLWA activist, Ugandan Armed Forces.

3.3b PRESENTATION: *HIV testing*



Presentation – 30 minutes.

Materials: PowerPoint 3.3b: HIV testing

Posters: Immune system army; Phases of HIV/AIDS; HIV testing flowchart (Example in PowerPoint: Teaching aids Day 3)
HIV rapid tests kits

An HIV test is the only way a person can find out if s/he has HIV. It is impossible to tell if a person is HIV positive just by looking at him/her. While certain symptoms and signs may be suggestive of AIDS, these manifestations can also be the result of other illnesses.

How do HIV tests work?

The most common way to test for HIV is through a blood test. Tests can also be done on urine and saliva, but these are not widely available in developing countries. There are different kinds of blood tests. Some can detect the virus itself, but these are expensive and again not widely available in developing countries.

Usually HIV infection is detected by testing for the presence of HIV antibodies in the blood. There are two groups of tests that are commonly used to detect HIV antibodies: ELISA tests, and simple or rapid tests. ELISA tests require sophisticated equipment and are done in batches so people do not get the result immediately. Rapid tests do not require any special equipment, can be done individually and results can be available in less than 30 minutes.

Antibodies are specific protein molecules that the immune system makes as part of its defense against infection. (Refer to poster: Immune system army) HIV antibodies do not develop immediately after infection. (Refer to poster: Phases of HIV/AIDS) Most people with HIV will produce antibodies by about six weeks to three months after infection. In a small proportion it may take up to six months. The time between acquiring the HIV infection and the production of antibodies is called the "window period." If a person is tested during the window period, the HIV test will be negative. This is why people are advised to repeat the HIV test after three months if they test negative. Of course, they should not engage in any behavior that would put themselves or their partners at risk during the three months between the tests. (If a person is infected with HIV, the test may also be negative during the final stages of AIDS, when the immune system is so severely damaged that it cannot make antibodies anymore.)

(Ask participants for names of tests used locally.) Sometimes people are concerned that HIV tests are not accurate. The HIV tests that are currently available are very sensitive. This means that if there are antibodies in the blood, it is extremely unlikely that the test will fail to identify them. In other words, it is very unlikely that the test will give a false negative result (i.e., the person is infected with HIV but the test is negative). However, because the test is so sensitive, it may detect molecules in the blood that are similar to the HIV antibodies and thus give a false positive result (i.e. the person is not infected with HIV but the test is positive.) However, this will only happen in about 2 percent of cases but is the reason why a confirmatory test must be done if the first test is positive.

Show kit and demonstrate how test is done.

The meaning of test results

Use the HIV testing flowchart poster to explain the following:

- ⊙ If the first test is negative:
 1. the person is not infected with HIV, or
 2. the person is infected, but is in the window period, or
 3. the person has reached the final stages of AIDS, is severely ill and no longer makes antibodies.
- ⊙ Next step: Repeat the HIV test after 3 months.
- ⊙ If the first test is positive:
 1. the person is infected with HIV, or
 2. the person is not infected, i.e., the test was "false positive".
- ⊙ Next step: Do a confirmatory test: repeat the HIV test on the same blood specimen, but using a different type of test. (*Illustrate with names of different tests.*) The client is given the result only after the confirmatory tests is done.
- ⊙ If the second test is positive, the person has HIV.
- ⊙ If the second test is negative, both tests are repeated on a new blood sample and a third type of test is added. If all three tests are positive this time, the person has HIV. If there are still differences among the test results, the process gets repeated after 2 weeks, using a strategy recommended by WHO. (*See "Protecting the Future": appendix B.*)

The testing process

HIV testing should always be done in the context of a voluntary counseling and testing service. When a person goes for HIV testing, s/he should see a counselor for pre-test counseling before getting the blood test. This is to ensure that the person understands what HIV/AIDS is and what the consequences of a positive test could be. The counselor also provides him/her the opportunity to decide whether s/he really wants to take the test. In other words, the counselor helps the person make an informed decision.

3.3c PRESENTATION: *Context for VCT service delivery*



Presentation – 10 minutes.

Materials: PowerPoint 3.3c: VCT service delivery

VCT can be provided through a number of services. Options or models for VCT service delivery include:

- ⊙ Stand-alone or free-standing models
- ⊙ Integrated models
- ⊙ Mobile or outreach models
- ⊙ NGO models
- ⊙ Private sector models
- ⊙ Public sector/NGO partnership models

(Ask participants which models are found in their communities.)

Each model has advantages and disadvantages. (These are described in the document: "Models of VCT service delivery." Refer to additional resources.)

The community needs to be made aware of the different options for accessing VCT services. It is also important that if a health service does not provide VCT, it must be linked with services that do provide VCT.

VCT services cannot exist in isolation. They must be integrated with other aspects of HIV prevention and care, and with other health services. VCT is not an isolated event, but part of a process consisting of:

- ⊙ General HIV awareness and communication in the community
- ⊙ Pre-test counseling
- ⊙ HIV testing
- ⊙ Post-test counseling
- ⊙ Follow-up counseling and psychological support
- ⊙ Referral to other appropriate services (medical care, support groups, etc.)

Now that we have placed VCT services within a context, we are going to look at the counseling process in more detail:



Activity

3.3d Identifying client concerns around VCT



Work in pairs.

Discussion – 5 minutes. Feedback – 10 minutes.

Materials: Flipchart

Facilitator...

...introduces:

If you decided to go for VCT, what would you like the place to be like and how would you like the staff to behave towards you?

...notes:

Physical environment: comfortable, peaceful, private, confidential. Consider the target group when selecting the site: what would be accessible and would minimize the risk of stigma? Discuss the challenges of participants' settings (e.g., lack of privacy in refugee camp, access to services in urban refugee settings, etc.

Staff attitudes and behaviors:

- ⊙ Provide welcoming reception and introduction.
- ⊙ Attempt to set client at ease, using discretion and sensitivity towards nervous or embarrassed clients.
- ⊙ Reassure clients about confidentiality.
- ⊙ Show sensitivity to language difficulties.
- ⊙ Have a non-judgmental attitude, showing respect, interest and empathy.
- ⊙ Conduct active listening (verbal and non-verbal), providing emotional warmth and support.
- ⊙ Talk about sensitive issues in a straightforward manner appropriate to the culture, educational level and beliefs (spiritual and traditional) of the client.

...concludes:

Going for VCT can be a very stressful experience. As service providers, we need to do everything possible to be sensitive to the clients' feelings and needs, and to support people as much as possible.



Activity

3.3e Gaining insights into the counseling process



Work in groups of three.

Role play – 20 minutes. Feedback – 15 minutes. Audio CD – 5 minutes.

Materials: CD UWC interviews: Track 06

Facilitator...

...introduces:

UNAIDS defines counseling as "a confidential dialogue between a client and a counselor aimed at enabling the client to cope with stress and make personal decisions related to HIV/AIDS." Counseling is different from advising. When you advise someone, you tell him or her what you think they should do. When you counsel, you do not impose your own ideas and values, but guide the person to find solutions himself/herself.

Role play: One person is the counselor, another is the client. The third person observes and gives feedback, based on the checklists in "Protecting the Future": pp79-81.

- ⊙ Conduct pre-test counseling, then post-test counseling for a positive result.
- ⊙ The counselor should think about what information to give and how to provide support.
- ⊙ The client should think about what s/he would need from the counselor.
- ⊙ The observer should think about whether the checklist is appropriate.

Scenarios (optional):

Adolescent boy, high school; adolescent boy, illiterate; adolescent girl from prominent family; unmarried refugee man age 25, seeking resettlement; unmarried woman age 20, student; married village woman age 35, 3 children; married man age 40, community leader in displaced community; married refugee woman age 22, no children.

...gets feedback: facilitator asks:

How did you feel as the counselor?

How did you feel as the client?

As the observer, what did you learn?

...concludes:

It is not possible to teach people to become counselors in a few hours, so in this session we only highlight some of the important aspects of VCT programs. Health care workers do not automatically have the skills to be effective HIV counselors. Appropriate training is therefore essential. It is important to realize that you need to involve a skilled and experienced counselor if you want to train people in counseling skills. It is worth investing in good quality training: these skills can be used in helping all patients, not only in the context of VCT. Managers and funders may sometimes need to be convinced about the importance of investing in counseling training (and support). In addition to having the necessary skills, staff also need willingness and appropriate attitudes to engage in this work. For example, empathy and good listening skills are very important. Candidates selected for training as counselors must be carefully assessed, as not every personality will be suited to the task. It is also important to realize that counseling is a difficult and stressful job – counselors will need support: management and support of counselors should be a part of any counseling program.

Audio CD: Qualities of counselors – University of the Western Cape experience (5 minutes).

Activities 3.3f and 3.3g can be run concurrently in different groups.
Small group discussions – 15 minutes. Feedback in plenary – 30 minutes.



Activity

3.3f *Planning VCT services*



Materials: Flipchart

Facilitator...

...introduces:

Setting up a VCT service is not simple. Careful planning is needed. If you are going to establish a new VCT service in your community, what are some of the practical issues you would need to consider and plan for in order to ensure appropriate quality VCT services? Describe some of your organization's experiences, if relevant.

...notes:

- ⊙ Buy-in from stakeholders (community leaders, religious leaders, health staff, refugee committee, women's groups, adolescents).
- ⊙ Education of community.
- ⊙ Acceptance by community.
- ⊙ Appropriate venue.
- ⊙ Appropriate management systems.
- ⊙ Assured confidentiality.
- ⊙ Appropriate protocols.
- ⊙ Reliable supply of tests.
- ⊙ Staff capacity to do tests.
- ⊙ Staff capacity to counsel.
- ⊙ Means of monitoring quality of service (testing and counseling).
- ⊙ Appropriate links with other services for care.
- ⊙ Resources to sustain the services.
- ⊙ Support for counselors.

...concludes:

Poor quality services may do more harm than good. If the community members do not have confidence in the services, they will not use them and may even become resistant to the idea of VCT. On the other hand, we also need to be careful about creating demand if we do not have the capacity to meet that demand. If you are unsure about being able to consistently provide all the components of VCT and the appropriate links to support services, it may be better to delay initiation of the service. Instead, concentrate on other aspects of HIV programs and continue preparations to begin a comprehensive and sustainable VCT program.



Activity

3.3g *Understanding confidentiality*



Materials: Flipchart

Facilitator...

...introduces:

Clients are usually very concerned about confidentiality.

- ⊙ What is the meaning of confidentiality?
- ⊙ What are possible consequences when confidentiality is broken?
- ⊙ In the settings in which you work, what are the possible risks for breach of confidentiality?
- ⊙ What measures could be taken to ensure confidentiality?

...concludes:

Clients have a right to confidentiality and have the right to take legal action if confidentiality is breached. Breach of confidentiality by a health worker is highly unethical.

Breach of confidentiality can have serious consequences for clients, for example, stigma and discrimination toward individual and family, ostracism, trauma to family, breakdown of relationships, gender-based violence, abandonment, loss of job, etc.

The assurance of confidentiality is one of the most important aspects of VCT services. If clients do not have confidence in this aspect, they are unlikely to use the service. Encouraging VCT is one of the most important strategies for HIV prevention and care. Lack of trust in the VCT service can do significant harm to efforts to control the epidemic.

Various methods can be used to help ensure confidentiality, such as using codes instead of names on blood specimens and results, and controlled access to medical records. However, confidentiality depends to a large extent on ethical behavior by health program staff. There should be clear policies on confidentiality and these should be explained to all staff. As concepts of confidentiality may vary among different cultures, it may be necessary to include such issues in health worker training and supervision. Confidentiality in refugee settings may be difficult to maintain with people living in close proximity, thus making it imperative to take every possible measure to strive for adherence to confidentiality policies.

Sometimes confidentiality may be a controversial issue, for example, when a health worker is aware that someone continues to have unprotected sex when s/he knows that person is HIV positive. There are no clear answers in such situations.

3.3h **PRESENTATION:** *VCT services in conflict-affected settings*



Presentation – 5 minutes.

Materials: PowerPoint 3.3h - VCT in conflict settings

In Kakuma refugee camp in Kenya, the International Rescue Committee, in collaboration with the CDC, has established a VCT service now regarded as a model for similar refugee settings. Over 2,000 people received VCT services during the first 18 months of the project. Post-test clubs have proved to be popular, with nearly two-thirds of people tested joining the clubs. The quality of counseling is periodically assessed using a VCT quality control tool. The camp has two free-standing VCT centers, which are also used as community meeting places. Confidentiality is ensured using a coding system. Only the counselor has access to clients' cards. VCT data are entered into a database using codes and data entry is at a site away from the refugee camp.

3.4 Condoms



In the “But why?” exercise, we identified a number of problems around condom use. Now we are going to focus on two very practical issues: condom negotiation and how to use a condom.



Activity

3.4a Identifying complexities around condom use



Video - 15 minutes. Feedback - 10 minutes.

Materials: Video: The Moment

Facilitator...

...introduces:

As you watch the video, think about the following:

- ⦿ What are the messages in this video?
- ⦿ What factors are seen here that could influence condom use?
- ⦿ In your community, what factors influence condom use?
- ⦿ At what point in a relationship should a couple start talking about using a condom?

...notes:

Negotiating condom use can be particularly difficult for a number of reasons, for example:

- ⦿ Awkwardness in talking about sex.
- ⦿ It means you have to admit that you are planning to have sex. (moral/religious/relationship issues).
- ⦿ Assumptions associated with condom use: trust (“I love you so I trust you so I don’t have to use a condom”); promiscuity (“only loose women use condoms”); perceptions of manhood (“real men don’t wear condoms”).
- ⦿ Pressure to have children.
- ⦿ Need to have a condom available.
- ⦿ In many cultures, it is men who make the decisions about when and how to have sex.
- ⦿ Cultural expectations for the woman to be submissive.
- ⦿ Very difficult to address when issues of economic and social dependence are involved for women.

Sometimes it is helpful for people to practice ahead of time what they are going to say in the situation. The handout “*How to talk about condoms with your partner*” provides some suggestions.



Activity

3.4b Teaching condom use



Plenary – 30 minutes.

Materials: Condoms, penis model, poster or model of female anatomy, oranges or mangos; tissue for cleaning hands
PowerPoint 3.4b: Condoms. (Optional)

Facilitator...

...introduces:

a) Condom demonstration:

Ask for a volunteer to demonstrate putting a condom onto a penis model.

Check for expiry date and damage to package.

Demonstrate how to open package without damaging the condom.

Demonstrate use of female condom. (Use anatomical diagrams to explain the positioning of the inner and outer rings.)

Ask participants:

- ⊙ What precautions should be taken to ensure the condom is not damaged?
- ⊙ Name four consequences that can be prevented by using a condom.
- ⊙ What kind of myths are there around condom use in your community? How can you address these myths?

...notes:

- ⊙ Condoms can be damaged by heat, fingernails, oil-based lubricants like cooking oil, Vaseline and body lotions. To lubricate, use water-based lubricants like egg white, glycerin, KY jelly or saliva. The lubricant should be used on the outside only.
- ⊙ Condoms can prevent the following: unwanted pregnancy; HIV; many STIs; infertility from STIs.
- ⊙ Myths: unhealthy for the man; condom can get lost inside the woman's body; etc.
- ⊙ Male and female condoms should not be used together as this may result in weakening and tears of the latex and plastic.

b) Condom over fist:

Hand out condoms. Ask participants to put a condom over their fist. This helps to get them used to handling condoms and also demonstrates the condom's stretch quality and sensitivity to fingernails.

c) Condom game:

Each small group gets three condoms. Compete to see which group can fit the most oranges/mangoes into a condom in 5 minutes. In some cultures, it may be more appropriate and effective to place men and women into separate groups for this exercise.

Note: Examples of novelty condoms (e.g., colored, flavored, ribbed, etc.) can be shown. Alternately, this could be used as an ice breaker or energizer. These may not be appropriate in some cultural contexts.

3.5 Conclusion



- ⊙ Overview of the day with link to Day 4
- ⊙ Suggested reading
- ⊙ Post-test
- ⊙ Daily evaluation

