

## **AIDSTAR-Two – Trip Report Honduras - April 26-30, 2011**

---

May 2011

5 key words:

AIDSTAR-TWO, Honduras, HIV, RESPECT, MARPS

This report was made possible through support provided by the US Agency for International Development, under the terms of Contract Number GHH-1-00-07-00068-01. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

---

AIDSTAR-Two  
Management Sciences for Health  
4301 N. Fairfax Drive  
Arlington, VA 22203  
Telephone: (703) 524-6575  
[www.msh.org](http://www.msh.org)

## AIDSTAR-Two Project Trip Report

### 1. Scope of Work:

Destination and Client(s)/ Partner(s)	San Pedro Sula, Honduras
Traveler(s) Name, Role	Mateo C. Rutherford and Antonio Purcel De Ogenio, PTC Bilingual Trainers
Date of travel on Trip	April 26 – April 30, 2011
Purpose of trip	Training RESPECT Intervention
Objectives/Activities/ Deliverables	<p>Facilitating the training workshop on counseling services based on risks of HIV, to attend specific and individual needs of beneficiaries, using the methodology of RESPECT.</p> <p>Development of the assessment including evaluation of the workshop participants.</p>
Background/Context, if appropriate.	<p>AIDSTAR-Two/Honduras provides funding and technical assistance to 6 NGOs that are engaged in providing HIV prevention services to most at risk populations MARPs (MSM, CSW, Garifuna population) located along the north coast in the departments of Cortes, Atlántida and in the cities of Tegucigalpa and Comayagua. The NGO projects are mainly aimed at behavior change at individual and community level in order to reduce the risks associated with HIV infection. The projects are implemented on a performance based model.</p> <p>Under this frame of work the NGOs develop their actions to obtain the following results:</p> <ol style="list-style-type: none"> <li>1) Reduced high-risk behaviors for HIV / STI transmission in MARPs.</li> <li>2) Increased the access to a basic package of HIV prevention services, including rapid HIV testing with pre and post-test counseling for MARPs.</li> </ol> <p>In order to achieve the second result, NGOs provide services for fingerstick rapid testing and pre and post test counseling, having received training and accreditation by the Secretary of Health as a previous requirement to perform such service.</p> <p>The counseling and voluntary HIV testing is provided according to national standards which include some of the following: Standards for HIV / AIDS Counseling, Consent for HIV testing Form, Epidemiological Surveillance Information Sheet (for HIV seropositive results) rapid HIV testing algorithm, Information System Register (Monthly Journal of Counseling Report: CS-1 Instrument, Monthly Counseling Report: Instrument CS-2)</p> <p>As part of these services, NGOs have also established coordination mechanisms with the Health Units of the Secretary of Health, regarding the reference to Comprehensive Care Centers (IAC) of people diagnosed with HIV, the Units for Integrated Care of Sexually Transmitted Infections (UMIETS), and the incorporation of services to the information system.</p> <p>In 2009, under the AED/COMCAVI project these NGOs were trained in the methodology of risk-based counseling for HIV, specific and individual, using the methodology of RESPECT, but its implementation did not materialize through the</p>

*The contents of this report are for the use of AIDSTAR-Two staff only and should not be shared without permission from the individual who completed the report.*

## AIDSTAR-Two Project Trip Report

NGOs interventions, for this reason AIDSTAR-Two's goal for this period is to return to this purpose so that counseling services are provided effectively and contribute more significantly in the processes of individual behavior change for HIV prevention. RESPECT was initially studied and implemented as an HIV test counseling method in 5 STI clinics across the United States. It can, however, be implemented in other prevention settings designed for individual level interventions such as Comprehensive Risk Counseling and Services (CRCS), Prevention with Positives (PWP), Partner Counseling and Referral Services (PCRS). It is currently the HIV test counseling model for the states of Idaho and Hawaii as well as in countless community based testing services and health departments throughout the United States and Puerto Rico. RESPECT requires a Quality Assurance Plan for its implementation if conducted with direct financing from the CDC. The Quality Assurance plan is part of the core elements of the intervention and in the training we recommend: Direct counselor observation with feedback, case conferencing, periodic record reviews, training and continuing education be considered in the Q/A planning. The main challenge to its effective implementation stems from more experienced counselors feeling that they already do RESPECT style counseling and lapsing into their previous counseling techniques. Continual use of the protocol prompts with direct observation and feedback should help to alleviate these issues.

The respect training curriculum is dynamic and participatory. Participants review all stages of the 2-session intervention, engage in activities to sharpen their skills around using contradictions and cognitive dissonance to increase client awareness of behaviors that put them at risk for HIV infection or transmission, they participate in three role plays with direct observation and feedback from the trainers, they view two video demonstrations of the RESPECT intervention implemented in an HIV test counseling model, participants engage in a discussion related to integration challenges and opportunities in their particular work environments and target populations.

In general, participants showed movement in knowledge and skills based on a pre-post retrospective evaluation conducted at the end of the training. They expressed the need to integrate the RESPECT counseling model with basic HIV education, which they felt many of their clients in Honduras need. Some of the suggestions and recommendations discussed is to separate the education from the counseling sessions via videos or presentations in waiting rooms, the use of flyers for clients who are literate. This would allow the RESPECT model to be used more efficiently during the counseling session.

**2. Major Trip Accomplishments:** Should include the major programmatic goals realized, relevant metrics, and stories of impact from the trip.

Successful completion of the RESPECT Training by 13 participants (grade of 90% or higher on final exam), plus an additional 6 participant/observers (19 completed training evaluations).

Contact established with NGOs, AIDSTAR-Two and Secretary of Health Staff for follow-up Technical Assistance as needed.

## AIDSTAR-Two Project Trip Report

**3. Next steps:** Key actions to continue and/or complete work from trip.

Description of task	Responsible staff	Due date
Finalize and report participant grades on final exam	<b>Mateo Rutherford</b>	<b>Done</b>
Complete Trip Report	<b>Mateo Rutherford</b>	<b>Done</b>
Be available for Technical Assistance regarding implementation of the RESPECT intervention. Provided copy of the Video Transcript in Spanish, as requested.	<b>Mateo Rutherford</b>	<b>4/29/2011</b>

**4. Contacts:** List key individuals contacted during your trip, including the contacts' organization, all contact information, and brief notes on interactions with the person.

Name	Contact info	Home organization	Notes
Perla Alvarado	perladenysa@hotmail.com	AIDSTAR-Two	Helped us coordinate all the details of the training before hand.
Esther Vargas	<u>vargaslopez2003@yahoo.com</u>	AIDSTAR-Two	Helped coordinate room set-up and logistics immediately before and during the training.
Iliana Guevara	iguevara@msh.org	AIDSTAR-Two	Helped coordinate room set-up and logistics immediately before and during the training.

**5. Description of Relevant Documents / Addendums:** Give the document's file name, a brief description of the relevant document's value to other staff, as well as the document's location in eRooms or the MSH network. Examples could include finalized products and/or formal presentations, TraiNet Participant List, Participant Contact sheet, and Meeting/Workshop Participant Evaluation form are examples of relevant documents.

File name	Description of file	Location of file
Appendix A	RESPECT Training Agenda	Attached
Appendix B	Final exam scores	Attached

## **AIDSTAR-Two Project Trip Report**

### **APPENDIX A:**

# **Participant Agenda: 2-Session RESPECT**

### **DAY 1**

**8:00 Welcome/ Check-in**

**8:30 INTRODUCTION**

**9:15 OVERVIEW OF 2-SESSION RESPECT: BACKGROUND**

**10:00 BREAK**

**10:15 OVERVIEW OF 2-SESSION RESPECT: DEMONSTRATION DVD**

**11:00 SESSION ONE: STAGE 1- Introduce and orient client**

**11:30 SESSION ONE: Stage 2- Enhance client's sense of self risk**

**12:00 Lunch**

**1:00 ACTIVITY**

**1:30 SESSION ONE: STAGE 2 (Continued)**

**2:45 SESSION ONE: STAGE 3- Explore specifics of most recent risk incident-**

**3:05 BREAK**

**3:20 ROLE PLAY STAGES 1-3**

**3:45 SESSION ONE: STAGE 4- Review previous risk-reduction experiences-**

**4:15 SESSION ONE: STAGE 5- Summarize the risk incident and risk patterns-**

**5:00 ADJOURN-**

### **Day 2**

**8:30 Review/Check-in**

## **AIDSTAR-Two Project Trip Report**

**9:00 SESSION ONE: STAGE 6- Negotiate a risk-reduction step**

**10:00 SESSION ONE: STAGE 7- Identify sources of support and provide referrals**

**10:15 SESSION ONE: STAGE 8- Close the session**

**10:30 BREAK**

**10:45 ROLE PLAY STAGES 1-8**

**12:00 LUNCH**

**1:00 ENERGIZER ACTIVITY**

**1:15 QUALITY ASSURANCE**

**2:00 SESSION TWO REVIEW**

**3:00 BREAK**

**3:15 INTEGRATING THE MODEL**

**4:00 CLOSING ACTIVITY**

**4:30 COURSE EVALUATIONS**

**4:45 ADJOURN**

## AIDSTAR-Two Project Trip Report

### APPENDIX B: Participant final exam scores

Marlene Jeanett Ordóñez –	97.5%
Martha Luz Berrio Mejía –	97.5%
Ana Ruth Lezana Amador –	97.5%
Evlin Maria Chacon Grodiz –	97.5%
Leonel Maruicio Cruz López –	97.5%
Sonía Guity –	95%
Ángel Lenin Flores Orellana –	102.5%
Dunia Elizabeth Lenus Díaz –	102.5%
Esmeralda Orellana Martinez –	100%
Lesly Balbina Buelto Zapata –	100%
Eda Rubi Cáceres Montes –	105%
Ramón Valladores –	102.5%
Antonia Elizabeth Sosa Corea –	92.5%

Please note that participants who answered correctly the extra credit question may score higher than 100%.