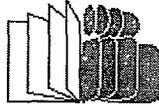


PD-ABR-062
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WORLD EDUCATION

Final Report

on

Phase II

of

PD&S Grant No 690-G-00-97-00238-00

for two activities

- 1 HIV/AIDS Knowledge, Attitude, and Practices Survey
- 2 Training of Trainers of HIV/AIDS Counselors

Leslie Long, Director
World Education
Windhoek, Namibia

October 9, 1998

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INTRODUCTION

On August 4, 1997, the USAID Regional Center for South Africa, Botswana, approved PD&S Grant No 690-G-00-97-00238-00 to World Education, Inc (WEI) for activities associated with WEI's implementation of USAID Namibia's Reaching out with Education for Adults in Development (READ) Project in Namibia

The grant was for three activities in Phase I, July 1, 1997 to September 30, 1997 and two activities in Phase II, October 1, 1997 to September 30, 1998. The estimated total for the two phases of the grant is \$393,632

In accordance with the reporting requirements in the Grant Agreement, as stated in Attachment 1, page 4, 1E 2 (a), we are pleased to submit this Final Report on the Phase II activities of this grant

ACTIVITY 1 HIV/AIDS KNOWLEDGE, ATTITUDES AND PRACTICES SURVEY

As reported in the Phase I Final Report, dated April 28, 1998, the purpose of this survey was to determine what changes have taken place in HIV/AIDS knowledge, attitudes, and practices since a similar survey was conducted two and a half years ago. Secondly, the results of the survey were to be used to refine the curriculum for the training of trainers of HIV/AIDS counselors and home-based care givers. Thirdly, through this activity, a WEI partner NGO, the Namibian Network of AIDS Service Organisations (NANASO), would develop skills in undertaking primary research relating to the AIDS epidemic in Namibia

WEI contracted Social Impact Assessment and Policy Analysis Corporation (Pty) Ltd (SIAPAC), a local consulting firm, to conduct the study. They collected most of the data during the period July 1, 1997 to September 30, 1997

During the months of October -December, 1997, SIAPAC experienced a significant problem with their research software--thus delaying the production of their report. Nevertheless, they did produce a First Draft of a Report and delivered it to us on October, 1997. This was followed by a Revised Draft Report which was delivered on December 31, 1997. These reports contained initial findings based on an analysis of the quantitative data

In collaboration with NANASO, SIAPAC held a public meeting on January 22, 1998, (please see Attachment B) at which the Revised Draft Report was presented and requests for comment were extended

Since then, SIAPAC completed the work of organizing the qualitative data collected during the survey. It also accumulated the comments on the Revised Draft Report. This has resulted in the Final Report which was delivered to World Education on April 24, 1998. Copies of the full report, "Trends in Youth Sexual Knowledge, Attitudes, and Practices 1995 to 1997", prepared by Social Impact Assessment and Policy Analysis Corporation (Pty) Ltd (SIAPAC), April, 1998, consisting of over 245 pages, have been previously delivered to the appropriate USAID offices. Please see Attachment C for a copy of the Executive Summary of this report

As stated above, one of the objectives of doing the KAP survey was to develop within NANASO a degree of organizational capacity to undertake similar research. To this end, not only was a large, country-wide survey planned but also planned was a more limited, more focused survey of a specific target group

However, a shortfall in their overall organizational budget led NANASO to use funds which they had initially wanted to use for the survey for other operational areas considered higher priority. Therefore, NANASO was unable to participate to the full extent originally planned in the country-wide survey. Further, it was decided not to undertake the limited, focused survey of a particular target group. As a result, the opportunity to develop organizational research skills within NANASO was not fully achieved.

As a result of not undertaking the targeted survey, there are some savings in KAP survey portion of the budget. As reported in the Phase II Progress Report, dated April 28, 1998, World Education proposed to USAID/Namibia a way to use this money in line with the overall purpose of the grant. USAID/Namibia approved these proposals. Please see Attachments D and E. A report on these activities follows below.

ACTIVITY 2 TRAINING OF TRAINERS OF HIV/AIDS COUNSELORS AND HOME-BASED CARE GIVERS

Please see Attachment F for a detailed, final report on this activity. This activity was implemented according to plan and in a manner that is achieving the results and the impact that have been desired.

As had been hoped, the Ministry of Health and Social Services recognized the importance and value of this work and directed that some of a grant given to them by UNAIDS be channeled to World Education to pay for some of the training and support visits planned for as well as to pay for a final assessment workshop which had not been part of our original proposal for the PD&S grant.

Through this activity, an initial cadre of trainers of trainers of HIV/AIDS counselors and home-based care givers have developed their skills. They were certified in a formal ceremony on June 12, 1998. Please see Attachment G. In addition, all of them have begun to train trainers in their own rights. Please see Attachment H. And so the ripple effect has begun.

To support this training and to support the training that is now being carried on by those participants who have completed the training, World Education and its partners in this effort developed a series of eight training Manuals. These materials have gone through extensive development and testing leading to numerous revisions. We are now pleased to make them available to those organizations who are engaged in the struggle against HIV/AIDS. For a list of the manuals and their contents, please see Attachment I.

Finally, as a result of the success of this program, World Education has been able to leverage funds from other organizations to support NANASO, a partner NGO, to continue this training with another group through another 10-month cycle. Further, the participants for this second cycle will come not only from the Ministry of Health and Social Service and the Ministry of Defence but also from the Ministry of Prisons and Correctional Services, the Ministry of Youth and Sport, and the Namibia Catholic Bishop Conference. We believe this to be a testament to the efficacy of the first cycle of training and to the interest and credibility that it has generated.

ADDITIONAL ACTIVITIES SUPPORTED BY THE GRANT

As noted above, there were some savings in the actual expenditures of this grant vis-a-vis the original budget. Having identified these savings, and having identified some additional activities related to the overall goal of the grant, on April 16, 1998 we proposed to USAID/Namibia that these savings be applied to the support of these additional activities.

USAID/Namibia approved our proposal for using these savings. As a result, through the PD & S funds, we provided the following training opportunities to individual Namibians

1 Ms Anne Mary Shigwedha, through support from the AIDS Care Trust, attended the training course on "Program Planning and Development for Sexuality Education, HIV/AIDS Prevention, and Reproductive Health Care" conducted by The Margaret Sanger Center International of Planned Parenthood of New York City, May 18 to June 19, 1998

In her report back to us, Ms Shigwedha described the content of the course, the teaching methodology, and listed the organizations in New York City that were visited. She reports that she has learned the following

"I have learned how to write project proposals (I.e. design, develop, present and defend comprehensive programme plans. [Human sexuality] was the most exciting topic which included reproductive anatomy and physiology of male and female, cultural perspectives. [Field visits were] a big eye opener to see the reality and hear from the people themselves. However, not all the institutions/organizations ideas might work here in Namibia due to financial reasons - but the ideas are fantastic "

2 Mr Apere David, Executive Director of AIDS Care Trust, and Mr Martin Tjituka, World Education HIV/AIDS Programme Manager attended a "Lessons Learned Conference" in Lusaka, Zambia organized by Project Concern International who were near the completion of a multi-year project to develop NGO capacities to deal with HIV/AIDS epidemic in Zambia

In his report to us, Mr David wrote,

"The aim of this workshop was to produce a manual which would outline aspects of successful HIV/AIDS orphans and vulnerable children interventions in Zambia. This manual would be designed for people, NGOs, CBOs actively involved in fighting the HIV/AIDS epidemic, spearheading the [work] with HIV/AIDS orphans and vulnerable children interventions and outline successful components of interventions

The workshop was a learning process for me. My participation contributed a great deal to the preparations of the manual. The Sam Nujoma AIDS fund will be documented in this manual as a fundraising strategy

In November, 1998, ACT [will] conduct two workshops on

- Gender and HIV/AIDS
- Behavior and attitudes

The same methodology will be applied. NGOs affiliated to NANASO will be invited. The aim will be lessons learned from the field "

CONCLUSION

The HIV/AIDS KAP Survey is now complete. The data and the findings are informing the development of the curriculum and the training being done by World Education by our NGO partners, and by the Ministry of Health and Social Services and the Ministry of Defense. The data and the findings have also been widely disseminated to others who are struggling to meet the challenge of the HIV/AIDS epidemic in Namibia. This information is of great benefit to all who are concerned with this problem

The training of trainers of HIV/AIDS counselors and home-based care givers was completed quite satisfactorily. All of the participants have been certified and have begun to train others to provide the critically important counseling and home-based care to individuals and their families living with AIDS. In addition, the reputation of this successful program has leveraged sufficient new funds to enable World Education and our partner NGO, NANASO, to offer a second cycle of this training to a broader set of stakeholders.

We have responsibly programmed savings on the three planned activities of the PD&S grant to provide additional training in the field of HIV/AIDS programming and capacity building to three Namibians.

In conclusion, we wish to thank USAID/Namibia for providing the funds for these activities. We believe that the impact of this investment will be felt well into the future.

ATTACHMENT A

PD &S Grant - PHASE II

	BUDGET	ACTUAL EXPENSES	VARIANCE
Counselling			
Direct Cost	\$88,564	\$83,149	\$5,415
Indirect Cost	\$33,088	\$31,597	\$1,491
	\$121,652	\$114,745	\$6,906
KAP Study			
Direct Cost	\$19,927	\$15,706	\$4,221
Indirect Cost	\$0	\$0	\$0
	\$19,927	\$15,706	\$4,221
Other (Approved use of funds for travel to Zambia and Margaret Sanger Institute)			
Direct Cost	\$0	\$7,394	(\$7,394)
Indirect Cost	\$0	\$0	\$0
	\$0	\$7,394	(\$7,394)
Management & Coordination			
Direct Cost	\$5,692	\$6,174	(\$482)
Indirect Cost	\$2,127	\$2,346	(\$220)
	\$7,819	\$8,520	(\$702)
TOTALS	\$149,397	\$146,366	\$3,031

More doing it with condoms

● CHRISTOF MALETSKY

MORE Namibians are using condoms, with the country seeing a marked improvement in the attitudes of young sexual partners

Primarily it is the attitudes of young men which have changed, the Social Impact Assessment and Policy Analysis Corporation (Siapac) has revealed

Male attitudes about challenging the AIDS pandemic have improved as have attitudes towards those with HIV-AIDS attitudes towards home based care, and attitudes towards condoms. Siapac's Managing Director David Cowrie said yesterday

Last year Siapac carried out a study into young Namibians' sexual knowledge and their attitudes and practices in order to compare the results with a similar survey the company did in 1995. Some 1 560 people were interviewed countrywide

Cowrie revealed the results of the survey during the 5th Annual General Meeting of the Namibia Network of AIDS Service Organisations (Ninaso) in Windhoek yesterday

He said although there were improvements the attitudes towards women having a responsible role in sexual decision making had not improved

"Female attitudes lagged behind, and did not show much change from 1995 to 1997, except for home based care, where attitudes showed a marked improvement," Cowrie reported

"In addition to showing a lack of change females overall tended to be less positive in their attitudes," he continued

Cowrie supported his statement by saying that for example, fewer than half of the female respondents approached had positive views regarding condoms

But attitudes tended to be more positive if the person questioned knew someone infected with the HIV virus

Worrying, though, is the fact that despite the fact that there was a movement towards people only becoming sexually active when they were older, those who were already having sex tended to have more partners

"Almost half of the males with a regular partner also had a casual partner," Cowrie said

On the positive front was an improvement in the number of respondents who had done something to avoid contracting a sexually transmitted disease or becoming pregnant

For regular partners condoms were used in half of all sexual events over the past month, rising to 80 per cent for casual partners. Cowrie said

Nevertheless, condom use during the last sexual event declined for both regular and casual partners, and few respondents know any condom brand names

Cowrie described their findings as a 'mixed situation', saying in many respects the knowledge base of women declined, with the exception of awareness of condoms, where knowledge was extremely high for both sexes

As part of its recommendations, Siapac expressed concern about the increased tendency of young people to have casual sexual partners. The research organisation applauded the positive trend regarding sex education, adding that the best way to improve the trend of young people delaying having sex until they were older was to continue to focus on educational activities

Sex education should be combined with increased condom use and partial and situational abstinence for those who were already sexually active, he said

The stick to one partner message may be causing some confusion as respondents appear to be moving towards a situation of short term regular partners who are quickly replaced by another short term regular partner. It is recommended that, should such a message continue to be used, it be reconsidered in light of the shortening of such relationships," Siapac said

Attachment B

BEST AVAILABLE COPY

BEST AVAILABLE COPY

Attachment c

Trends in Youth Sexual Knowledge, Attitudes and Practices: 1995 to 1997

Prepared by
**Social Impact Assessment and Policy Analysis Corporation (Pty) Ltd.
(SIAPAC)**

for

**World Education (Reaching out with Education to Adults for
Development, READ Project), the
Namibian Network of AIDS Service Organisations
and the Namibian-German AIDS Control Project**

financed by the
**United States Agency for International Development (USAID)
with additional support from the
German Agency for Technical Co-operation and Development (GTZ)**

April, 1998

Executive Summary

Finding 1 Changes From 1995 to 1997

While attitudinal change has improved among males, behaviour change has lagged behind or, in some cases, has actually worsened. Knowledge has not shown much change, but still remained quite high.

Findings In many important respects attitudes have improved, principally for males. Male attitudes about challenging the AIDS pandemic have improved, as have attitudes towards those with HIV/AIDS, attitudes towards home-based care, and attitudes towards condoms, while attitudes towards women having a responsible role in sexual decision-making did not improve. Female attitudes lagged behind, and did not show much change from 1995 to 1997 except for home-based care, where attitudes showed marked improvement. In addition to often showing a lack of change, females overall tended to be less positive in their attitudes. For example, regarding condoms, fewer than half of the female respondents had positive views. For both males and females, attitudes were more positive if the person personally knew someone who was HIV positive.

Regarding practices, while there has been a movement towards the delayed onset of sexual activity, those who were sexually active tended to have more partners. For males, the mean number of total sexual partners increased from 1995 to 1997, while both women and men tended to be more likely to be in regular sexual relationships. However, almost half of the males with a regular partner also had a casual partner. Further, both women and men were more likely to have casual sexual relationships in 1997 than in 1995.

On the positive front, there has been improvement in the percent of respondents who had done something to avoid a sexually transmitted disease or pregnancy. The percent of respondents who had ever obtained a condom improved, as did condom use. Many respondents who had used condoms had experienced a problem with a condom. For regular partners, condoms were used in half of all sexual events over the past month, rising to 80% for casual partners. Nevertheless, condom use during the last sexual event declined for both regular and casual partners. Few respondents could name any condom brands. However, one-third had attended or had listened to a condom demonstration.

Finally, with regard to knowledge, findings show a very mixed situation. In many respects the knowledge base of women has declined (albeit from a relatively high level), with the exception of condoms, where knowledge remained extremely high for both males and females.

Discussion Findings across 1995 to 1997 show that there have been some important attitudinal changes, as well as improved condom use practices. At the same time, the lack of change in women's attitudes, coupled with an increase in the number of sexual partners, are points of concern. While much of the increase in sexual partners is due to a growth in regular partners, evidence suggests that these partnerships are becoming shorter in duration. Coupled with the presence of many casual partners alongside regular partners, these findings suggest that, in some important respects, practices have *worsened*. There were few changes in levels of knowledge from 1995 to 1997.

Recommendations The fact that, in some respects, practices have worsened is perhaps one of the most important findings, especially in light of improved male attitudes (and in some cases female attitudes). It is therefore **recommended** that interventions that focus direct attention on practices, such as social marketing interventions, be supported. In this regard, consistency in condom use, including with short-term regular partners, is key. The increased presence of casual partners is also a point of concern. It is **recommended** that particular attention be devoted to improving consistency in condom use in casual sexual situations.

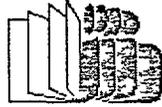
It is **recommended** that the positive trend regarding sex education be maintained.

The fact that respondents appear to be delaying the start-up of sexual activity is another positive trend which may require further attention. It is therefore **recommended** that this be a continued focus of education activities, when combined with increased condom use and partial and situational abstinence for those who are already sexually active.

The 'stuck to one partner' message may be causing some confusion, as respondents appear to be moving towards a situation of short-term regular partners who are quickly replaced by another short-term regular partner. It is **recommended** that, should such a message continue to be used, it be reconsidered in light of the shortening of such relationships.

Finally, qualitative findings suggest that there is some confusion regarding the implications of an HIV test which proves negative. It appears that some people believe that this means that they cannot contract the virus. It is therefore **recommended** that post-test counselling include a discussion of this issue.

Attachment D



WORLD EDUCATION READ PROJECT MEMORANDUM

DATE April 16, 1998
TO Matthew /Goagoseb
FROM Leslie Long, Project Director
RE Proposal for Unspent Phase II PD&S Money
CC Martin Tjituka, Gill Garb

We have determined that there will be approximately \$27,000 in unspent PD&S Phase II money. The reasons for this are as follows:

- 1 Use of Phase I money to pay for some Phase II activities
- 2 The actual expenditures for Phase II activities being less than anticipated in the budget
- 3 Use of UNAIDS money to pay for some of the Phase II activities

We have identified two activities, described below, which we believe " will complement the HIV/AIDS education and awareness work already accomplished " and " will inform the development of a strategy for the next stages of NGO institutional development " ¹
Therefore, we believe these activities are quite in line with the overall goal of the grant and request that you confirm that grant funds can be used to pay for them.

The activities are:

1 Provision of a subgrant to AIDS Care Trust, one of the partners in implementing the Training of Trainers or HIV/AIDS Counselors and Home-Based Care Givers. ACT has requested support for the sponsorship of an individual to attend a training program entitled "Program Planning and Development for Sexuality Education, HIV/AIDS Prevention, and Reproductive Health Care" to be offered by the Margaret Sanger Center International in New York City, May 18 to June 19, 1998. As we believe that this training will significantly enhance the capacity of all those partners that have been involved in the training of trainers of HIV/AIDS counselors, we request permission to use PD&S Phase II funds for this purpose.

The cost of this activity will be approximately \$7,300.

2 Consultations by Martin Tjituka and one or two HIV/AIDS NGO leaders in the program assessment and sustainability planning of Project Concern/Zambia's HIV/AIDS NGO capacity building project.

Last week, while at the NGO Sustainability Conference in Côte d'Ivoire, I met Mr. Mike Sinyinza who is a Project Officer for Project Concern in Zambia. Project Concern is implementing a USAID-funded project that is building the capacities of Zambian NGOs working in the field of HIV/AIDS. As they, too, are concerned with the impact of their work

¹ Approved Technical Proposal of the PD&S Grant paragraph 2 page 2-3

and with the sustainability of their partner NGOs, they are undertaking an extensive assessment of this work with their partners

It is our belief that Martin and some of the key individuals working within our HIV/AIDS partner NGOs would benefit greatly from visiting Project Concern and their partner NGOs in Zambia and discussing with them the lessons learned and their strategies/plans for the future

As this is a new idea which just occurred to us as a result of my contacts last week, we do not have all the details yet to present. However, in the interest of time, we would like to put it before you for your assessment

Attachment E



U.S. Agency For International Development

memorandum

DATE April 22, 1998

REPLY TO
ATTN OF Matthew W /Goagoseb, Project Assistant

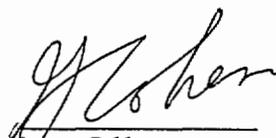
SUBJECT Unspent Phase II PD&S Money

TO Les Long

REF Your Memo dated April 16, 1998

The proposed two activities do contribute to the achievement of the overall objectives as set forth in the approved technical proposal dated July 29, 1997. The outcome of the activities will not only inform the development of a future strategy, but it will also enrich the achievements made under the HIV/AIDS Counseling training.

I therefore propose that the request to use the unspent money on the proposed two activities be granted.

APPROVED 
Gary R. Cohen, Project Officer

DISAPPROVED _____
Gary R. Cohen, Project Officer

Attachment F

FINAL

**REPORT OF THE COUNSELLING/HOME-
BASED CARE TRAINING PROGRAMME**

For the period July 1, 1997-
June 30, 1998

Submitted to the United States Agency for International Development (USAID)
the Joint United Nations Programme on HIV/AIDS (UNAIDS)
the Ministry of Health and Social Services (MOHSS)
Namibian Network of AIDS Service Organisations (NANASO)
AIDS Care Trust (ACT) and
Ministry of Defense

Submitted by Martin Tjituka,
Programme Manager
World Education
August 28, 1998

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Executive Summary

The bottom-line of any project's success is not only whether the set goals and objectives are achieved, but also how long the impact of the said programme can be felt and appreciated after its completion

So, although the Training Team¹ looks back with a sense of satisfaction to the past 12 months and can emphatically announce that all the objectives set at the beginning of this programme were achieved, we also want to address the broader issue of sustainability. Following is a summary of the achievements of the programme and how we think it contributed, is contributing and will continue to contribute to the improvement of counselling and home-based care services in Namibia, which was the overall goal of the programme

- 3 Master Trainers were trained. These individuals went through a grueling programme of 11,694 person hours of actual training during which they trained and provided hands-on field support to 15 trainers, criss-crossed the length and breadth of this country for a total of 13,300 kilometres traveled and were required to display a high degree of administration and management skills as well as counselling and home-based care knowledge and skills through the presentation of case studies. As part of their continued training, they are now geared up to implement a whole new training programme on their own, in the absence of the consultant from Uganda, Rev. Sam Mulindwa-Sempungu. We can proudly state that Namibia, and the institutions they are working for, have a tremendous resource in these three individuals.
- 15 Trainers of counsellors and home-based care givers from 10 regions completed the 10 months Training of Trainers (TOT) course in June. The training of these trainers was designed to have a ripple effect in that they were required to train a group of counsellors from their areas of operation before they could be graduated. The understanding is that upon completion of this programme they would run two or three cycles of counselling training programmes before the turn of the century. An additional 18 trainers will be added to these 15 during the 1998/99 TOT. If these 18 also run one cycle of counselling training in 1999, 1,000 trained counsellors will be in place by the beginning of the year 2000.
- 4 curricula were developed and are being printed. These are as follows:
 - 1 curriculum to be used by master trainers for the training of trainers (TOT)
 - 1 curriculum to be used by trainers to train counsellors
 - 1 curriculum to be used by trainers to train home-based care givers
- The first group of 160 counsellors who are trainees of the 15 trained trainers already attended their 4 months training and some of these already

¹ The training team members are Rev. Sam Mulindwa-Sempungu, Ananias Nashilundo, Engelberth Mwanyangapo, Sepiso Slinger and Martin Tjituka. Ms. Loide Shivute provided managerial support from the side of the Ministry of Health and sometimes accompanied the team to the regions for field support.

graduated towards the end of August, 1998. These are the people who are expected to take the impact of the training programme one step closer to the grassroots

- An improvement in counselling services, especially in terms of counselling facilities and follow-up strategies for counselees are reported in all the different regions by the trainers and their supervisors. A good example is the Oshakati clinic which introduced counselling services for the first time after a nurse from this facility attended the counselling training in Engela

It is therefore with excitement that the Training Team presents this report. In one sense it's a final report, because it presents completion of the first 12 months of the Counselling Training Programme, but in another sense it is only a progress report, because it describes a programme which we believe is only the beginning of bigger things in the field of counselling and home-based care in Namibia.

1 INTRODUCTION

Faced with one of the fastest growing rates of HIV infection in the world, Namibia, with already limited human resources, is heading toward an unprecedented economic and social disaster during the next few years. During a recent speech to Parliament, the Minister of Health and Social Services, Dr. Libertine Amathula, is quoted as having said "Namibia's health and social condition is under a consistent threat". Since 1990, the number of new HIV infections in Namibia has been doubling every 12 months and the cumulative figure for reported HIV and AIDS cases is currently more than 40,000. 11,608 of those cases were reported in 1997 only. Recent sentinel studies based on women who attend antenatal clinics suggest that up to 15% of the sexually active Namibian population could be infected with the virus. That represents an estimated figure of more than 150,000 people being HIV positive². Assuming the epidemic continues to spread at its current rate, projections indicate that the number of people with HIV could rise to over 400,000 by the year 2000. Presently, Namibia is rated as the country with the third highest infection rate in the world, behind Botswana and Zimbabwe.

Already, AIDS is reported to be the leading deadly disease in Namibia for all age groups, surpassing malaria and tuberculosis for adults and diarrhoeal diseases for children (UNDP, 1997)³. According to Ministry of Health figures, 3,908 people were admitted to hospital with AIDS-related illnesses in 1997, and 3,677 AIDS deaths were recorded at hospitals all over the country in the same year. The onslaught on the nation's social, economic and moral fabric is a reality that is rapidly being felt. As reported in the joint UNDP Human Development Report for 1997, current efforts remain inadequate and an expanded response is urgently needed.

The window of opportunity to stem the tide of the disease is closing. Early strategic decisions at a national level to try to change behaviour by instilling fear of the

² Ministry of Health and Social Services, 1997, Epidemiological Report on HIV/AIDS in Namibia, Windhoek. GRN

³ United Nations Development Programme, 1997, Human Development Report 1997, Windhoek. UNDP

HIV/AIDS virus have backfired by creating what appears to be an unbreakable stigma which is currently associated with the disease. This has resulted not only in unchanged behaviours and continued rapid spread of the epidemic, but also in the erosion of traditional family and community support systems for victims of AIDS.

What has been learned through the experience of other developing countries is that promotion of prevention strategies remains the only feasible means to control the spread of HIV. Well-organised education programs that are broad-based and cut across all sectors of government and society are the best hope for Namibia's future in the face of this pandemic.

Such efforts, if they are to succeed in mitigating the impact of AIDS, require a lot of initial inputs in terms of materials, infrastructure and human resource development, as well as the cooperation of different societal institutions. According to Cohen & Trussel (eds), for HIV/AIDS prevention programmes to be effective and sustainable, it is critical to build local capacity in both the public and the private sectors. "Special efforts should be made to improve the technical, organisational, management and financial skills of individuals, as well as to strengthen institutional infrastructure" (1996: 161)⁴

This counselling and home-based care training programme is aimed at filling this gap. The programme presents an excellent opportunity for making a difference to the impact of AIDS on Namibia (albeit only the beginning), because it is a collaborative effort between different partners, namely, World Education, Ministry of Health and Social Services, Ministry of Defense, the Namibian Network of AIDS Service Organisations, and the AIDS Care Trust, and already initial indications are that we are on the right track.

2 BACKGROUND & CONTEXT

The present report focuses on the impact of the Counselling Training Programme after close to 12 months of implementation. Most of the activities that were reported in the previous report will therefore be mentioned briefly here to provide background, and the focus will rather be shifted to what seems to be their impact or contribution.

3 GOAL AND OBJECTIVES

3.1 Goal

To mitigate the impact of HIV/AIDS on communities through improved counselling/home-based care services and the establishment of an effective referral system.

3.2 Objectives

⁴ Cohen, B. and Trussel, J., (eds), 1996, Preventing and Mitigating AIDS in Sub-Saharan Africa, Washington: National Academy Press.

- 1 To equip at least 3 Namibian trainers with advanced skills in training other trainers for future counselling and home-based care training programmes
- 2 To equip at least another 12 counsellors and home-based care workers from selected NGOs and government ministries with skills to
 - in the case of trained counsellors, to mobilize targeted communities to identify community educators who will be trained by these trainers to provide basic counselling to their respective communities, and
 - in the case of trained home-based care workers, to competently apply their skills in their different work settings to provide the necessary care for people living with AIDS and motivate and train relatives and friends how to care for AIDS patients in the home setup
- 3 To plan, organise and execute training of trainers (TOT) counselling and home-based care training programme which has a multiplier effect
 - *The three master trainers will transfer their new skills and knowledge to trainers in their ministries and institutions and serve as a resource for their country in the future
 - *At least 12 trainers drawn from the MOHSS, MOD and NGOs will train community counsellors and home-based care givers in the different regions of Namibia
- 4 To do on-the-job progress assessment and provide feedback to both the co-facilitators and well as the workshop participants during field visits after the workshop
- 5 To develop an indigenous training curriculum for trainers of counsellors and home-based care workers for future use

4 MAJOR PROGRAMME COMPONENTS

4.1 Needs Assessment

4.1.1 OBJECTIVES

A pre-implementation needs assessment exercise was undertaken with the following two objectives in mind

- 1 To find out what is being done in the field of HIV/AIDS counselling and home-based care in the different regions of Namibia
- 2 To find out what are the specific needs of the different organisations, institutions and participants who will participate in the counselling training course with a view of incorporating these into the curriculum

The needs assessment was done in two phases

- 1 A workshop on 29 -30 July 1997 with participants from 10 different regions

2 Field visits to the head offices of the 4 health regions, namely Rundu, Oshakati, Otjivawarongo and Windhoek on 3 - 8 August 1997

The information collected through these two activities formed the basis for the design of the curriculum, and provided guidance to the training team on the areas that needed specific attention

4 1 3 OUTCOME

Several observations and recommendations were made as an outcome of the needs assessment exercise, but overall, there was a confirmation of the following three assumptions of the implementing partners

- 1 Counselling services that are provided, are insufficient because all the health workers who fulfill the role of counsellors, are not properly trained counsellors and are overloaded with other tasks, which result in counselling being neglected
- 2 A properly monitored and updated follow-up system of tested and/or counselled clients is lacking in all the centres where counselling is done. Also, referral of clients between different service providers like private doctors and health facilities is done haphazardly and many cases therefore fall between the cracks. Some participants felt that many cases of people who commit suicide after they find out that they are HIV positive, could be prevented if there was a functioning referral system in place
- 3 Community involvement in home-based care activities is minimal if compared to the potential of communities to deal with disasters. A programme of sensitizing and educating community and family members in how to care for their loved ones who are living with HIV and AIDS, while taking all the necessary precautions for self-protection, was suggested as one of the ways how community participation could be increased

4 2 Curriculum Development

Following the needs assessment exercise, and informed by the data that was collected during that process, the training team developed a curriculum for the first phase of the training of trainers course. This was done during a three-week workshop on 11 - 29 August 1997. This was followed up by a week-long session on 16 - 21 February 1998 where the second and third phases of the TOT were developed. During TOT 3, on 2 - 13 March 1998, the trainers, with guidance from the training team developed the curricula that will be used by them to train counsellors and home-based care providers. The following curricula are therefore in place

1 Training of trainers curriculum	4 phases of a 10 months training programme
2 Training of counsellors curriculum	3 phases of a 4 months training programme
3 Training of home-based care givers	3 phases of a 4 months training programme

Due to time limitations, the TOT curricula are being field tested during the TOT workshops, while the current training activities of the trainers in their respective regions serve as field testing opportunities for the counsellors and home-based care givers curricula. Feedback are collected continuously and will be incorporated in the final printed curricula

4 3 Official launching

As part of TOT workshop 1, an extra 3 days were added to the programme to orientate participants to the training programme and to give them a chance to express their commitment to the 10 months training programme

On the third day, leaders from the different participating organisations as well as the two donor bodies, attended a launching ceremony where the Deputy Permanent Secretary of the Ministry of health, Mr Onesmus Akwenye officiated launched the programme on behalf of the Permanent Secretary of the Ministry of health

4.4 Training Workshops

The counselling and home-based care training programme was implemented over a 10-month period in four phases. Each of the first 3 phases consisted of a 2-week TOT workshop and related field work. During the field work, the training team visited all the trainers to provide them with feedback and hands-on support.

The following is a summary of the Training of trainers workshops.

Wshop Number	Date held	Topic
1	1 - 18 September 1997	<ul style="list-style-type: none">• Official launching of programme• Orientation of new trainers to counsellings training and self-assessment• Facts of HIV/AIDS• Basic counselling skills
2	17 - 28 November 1997	<ul style="list-style-type: none">• Deepening of counselling skills and• Development of understanding of the issues related to home-based care
3	2 - 13 March 1998	<ul style="list-style-type: none">• Training methodology,• Facilitation and curriculum development skills
4	8 - 12 June 1998	<ul style="list-style-type: none">• Review of case studies, trainer assessment evaluation,• Graduation

Phase 4 provided the trainers with an opportunity to present their case studies. Results of the continuous evaluation were discussed and all the trainers were declared successful and certified as Trainers of Counsellors and Home-Based Care Givers.

During the training, emphasis was placed on the application of different components of the counselling model. Also included in the programme were field trips to communities in and around Katutura as well as to health centres and other relevant institutions like the Blood Transfusion Services. These field trips were used to give an opportunity for the participants to reflect on strategies of community involvement and to see first hand the quality and variety of counselling services provided at those sites that were selected.

In line with the basic training philosophy followed by the implementing organisations, the training methodology used was a participatory approach that stressed the previous experiences of the participants as adults and built upon those. Adult learning techniques were used to facilitate the learning process.

4.5 Field Support Visits

The purpose of field support visits were as follows

- 1 To give hands-on feedback and guidance to the trainers on their ability to apply what they learn through the workshop
- 2 To give the training team the opportunity to assess the progress of each trainer while doing a specific task, and provide support for accelerated on-the-job learning
- 3 To create a platform for the training team and the supervisors of the trainers to meet, discuss programme progress and different regions' abilities to accommodate and support the trainers' efforts to implement the ideas from the training programme

Following is a table listing all the support visits and impact of those visits

Trip #	Date	Summary	Topical focus
1	28 Sept - 14 Oct 1997	16 sites were visited	<ul style="list-style-type: none"> • To assess the availability and suitability of counselling facilities and support for trainers • To support trainers with their practice of basic counselling
2	Dec 1997 - Feb 1998	14 sites were visited	<ul style="list-style-type: none"> • To support trainers with their practice of counselling • To provide guidance and support to the trainers in the application of their home-based care skills
3	16 Mar - 15 May 1998	5 training sites were visited	<ul style="list-style-type: none"> • To assess the trainers training and facilitation skills and provide hands-on feedback and guidance during their initial training of counsellors and home-based care providers

5 EVALUATION OF IMPACT

The bottom-line is that 3 trainers were trained to be able to take over counselling and home-based care training activities in Namibia, and another 15 are being trained to be able to train other trainers and counsellors/home-based care givers from NGOs and the government in their respective regions. Through their one-on-one style of mobilising decision-makers of the participating organisations, the training team managed to rally support and commitment to the training programme. This will go a long way to address the shortage of skills, the attitude of apathy in many regions towards counselling, and the establishment of counselling and home-based care as the

launching pads for care to those living with HIV/AIDS and prevention for those who are not yet infected

In that sense, the activities related to the counselling and home-based care programme proved to be successful, and laid a foundation for the remaining activities, and for additional activities that may be implemented beyond the scope of the present programme. The following are specific incidences of impact reported to the Training Team

- *All the regions except one gave freedom to their trainers who are participating in the training programme to implement training programmes, and agreed to adapt their responsibilities so that they can focus on the training of counsellors and home-based care providers and the improvement of counselling services in these regions. It is anticipated that further sensitisation about the devastation from AIDS will bring more agreement on opting for this approach*
- *As mentioned earlier, at least 150 counsellors already attended their first phase of a 4 months training programme, which was aimed at deepening their skills in counselling and home-based care. These trainings that are organised by the trainers are budgeted for by the different regions which is an indication of the value they attach to counselling and home-based care training*
- *During the field support visits, several regions (Oshikoto, Karas, Omaheke, Erongo) reported an improvement in their counselling services because the trainers returned with new ideas. The biggest change has to do with follow-up of counselled clients*
- *Due to the introduction of monitoring forms, clients are now monitored and numbers are kept of those who return and those who don't*
- *Several health facilities started to put a premium on creating an environment that is conducive for confidentiality, and the trainers feel that it makes the clients want to come back because they are treated like with dignity*
- *The Karas and Northwest regions reported an improvement in the involvement of community members in the activities of some of their health centres. At least 2 regions are involving community representatives in their training of counsellors and home-based care givers and that is likely to contribute to better referrals between communities and the health centres in future*

6 OBSERVATIONS AND LESSONS

1 From the feedback by the counsellors and home-based care givers being trained, it seems that the strongest aspect of this training, compared to previous training programmes, is the way in which theoretical work is combined with practical application of the theory. The trainers come for one-week training, have to apply that theory for one month in their work situation, and return for reflection and some more theory. Then they return to the field for another month, before returning for the final theoretical training and certification.

2 There was consensus among the different partners that the 15 trainers are only a drop in the bucket and a second cycle of training should be implemented. New partners like the Ministry of Prisons and Correctional Services and the Ministry of Youth have expressed interest in participating in a second cycle of the training programme.

7 CHALLENGES AND RECOMMENDATIONS,

Two major challenges that were experienced throughout the implementation period of the programme will be highlighted here

- Institutionalisation of the trainers' training activities into the structures of the different partners, and especially the Ministry of Health and Social Services is not sufficiently done. There are still some districts where support for the training activities of the trained trainers are insufficient. These include things like inclusion of the activities in the annual budget and supervision.

It is therefore recommended that the health authorities at central level communicate officially to the health regions about the status of the training programmes in the Ministry structures, with some guidelines on how to integrate these activities within the existing district and regional level structures

- The involvement of community members to be trained as volunteer counsellors and home-based care providers. Currently, the trainers from the government ministries, (Health and Defence) understandably are focusing on upgrading of skills and knowledge of health workers in the employ of their respective ministries.

It is recommended that especially the Ministry of Health should make provision for the training of community members, because such a collaborative effort will be beneficial both to the Ministry as well as the involved communities

8 CONCLUSION

As we look back on a successful programme and forward to the second cycle of the programme, we are increasingly reminded that the implementation of this programme was indeed a collaborative effort of many individuals and institutions.

It is therefore fair to highlight the contributions of these individuals and institutions here.

- The United States Agency for International Development (USAID) provided the largest portion of the funds through their Project Development and Support (PD&S) support mechanism.
- The Joint United Nations Programme on HIV/AIDS (UNAIDS), at the request of the Ministry of Health and Social Services, channeled funds initially programmed for support to the Ministry, to the programme. In a sense this financial contribution was made by both UNAIDS and the Ministry of Health.
- The Ministry of Health contributed the largest number of participants to the training programme. Given the cost of the time of these participants, their transportation to and from Windhoek from 10 different regions, the supervision time and workshop costs for the training of the counsellors in the different locations, it is a considerable investment. The Permanent Secretary endorsed the programme and the Under Secretary, Dr Nestory Shivute, pro-actively supported the programme in many ways. Other Ministry officials

from the NACP also made valuable contributions Abner Xoagub, Loide Shrivute and Elizabeth Aupindi all deserve recognition

- The staff of World Education and NANASO worked tirelessly and assisted tremendously with the administrative and management components of the training programme
- Rev Sam Mulindwa-Sempungu's expertise, dedication and guidance as a consultant to the training programme are highly appreciated

*COUNSELLING/HOME-BASED CARE TRAINING PROGRAMME
PARTICIPANTS LIST*

<i>Name</i>	<i>Partner Organisation</i>	<i>Region</i>
<i>Facilitator/Consultant</i>		
<i>1 Rev Sam Mulindwa</i>	<i>World Education</i>	<i>--</i>
<i>Co-Facilitators</i>		
<i>1 Sepiso Slinger</i>	<i>NANASO</i>	<i>Khomas</i>
<i>2 Engelberth Mwanyangapo</i>	<i>MOHSS</i>	<i>Oshana</i>
<i>3 Ananias Nashilundu</i>	<i>NDF</i>	<i>Erongo</i>
<i>Trainers</i>		
<i>1 Monica Shikongo</i>	<i>ACT</i>	<i>Khomas</i>
<i>2 Rev Ipinge Shuuya</i>	<i>ACT</i>	<i>Khomas</i>
<i>3 Agnes Mwilima</i>	<i>MOHSS</i>	<i>Caprivi</i>
<i>4 Milka Shetekela</i>	<i>MOHSS</i>	<i>Kavango</i>
<i>5 Diana Shilongo</i>	<i>MOHSS</i>	<i>Oshana</i>
<i>6 Timothy Kaulinge</i>	<i>MOHSS</i>	<i>Ohangwena</i>
<i>7 Martin Imene</i>	<i>MOHSS</i>	<i>Oshikoto</i>
<i>8 Thusnelde Shukwa</i>	<i>MOHSS</i>	<i>Omusati</i>
<i>9 Ateria Evard</i>	<i>MOHSS</i>	<i>Kunene</i>
<i>10 Christophine Katjita</i>	<i>MOHSS</i>	<i>Erongo</i>
<i>11 V Mogotsi</i>	<i>MOHSS</i>	<i>Omaheke</i>
<i>12 Gabriel Uirab</i>	<i>MOHSS</i>	<i>Khomas (Katutura Clinic)</i>
<i>13 Lucy Bock</i>	<i>MOHSS</i>	<i>Khomas (Central Hospital)</i>
<i>14 K Ohlman</i>	<i>MOHSS</i>	<i>Karas</i>
<i>15 Julia Ilovu</i>	<i>MOHSS</i>	<i>Khomas (Social Services)</i>

AIDS counsellors need wheels to fight disease

CHRISTOF MALETSKY

A LACK of transport is hampering Namibian health workers in their campaign to combat HIV, the virus that causes AIDS

Several newly trained trainers of counsellors and home based care givers on Friday complained that insufficient transport was a severe obstacle and was preventing them from doing their job effectively

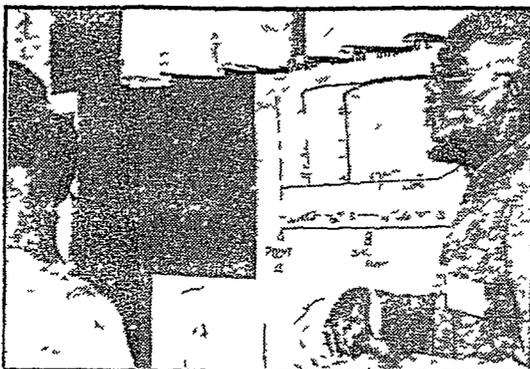
The group of 18 have just completed a 10 month course on counselling and will now educate people infected with HIV/AIDS on how to behave so that they do not infect other members of the community. They will also offer advice to communities on how to live better with HIV/AIDS sufferers

An HIV/AIDS counselling consultant from Uganda Reverend Sam Mulindwa-Sempungu trained participants

Speaking at a function outside Windhoek at the end of the course he said the success of the trainers and counsellors would largely depend on the attitude of communities

Sister Akujaha a youth counsellor at Gobabis hospital, said that since joining the campaign she had counselled many young people and had found that communication and a lack of transport were the major obstacles

An estimated 180 000 Namibians are infected



DEVELOPING UNDERSTANDING Gabriel Urab, who trains HIV/AIDS counsellors, explains how the killer disease develops to some of the people who attended a graduation ceremony for trainers of counsellors on Friday

with HIV and according every two years to Health and Social Services. There are some men who do not want to live with the reality of having Deputy Minister Zedekia Mujoro the prevalence was doubling AIDS and continue to in-

fect others Mujoro said. He noted a trend in which rural women had become easy targets of such men. These men had money and attended funerals and weddings in rural areas where they preyed on uninformed women whom they infected

World Health Organisation Resident Representative Dr Patricio Rojas said many people even some in key positions did not believe the killer disease had reached epidemic proportions

Rojas described the new trainers as agents of change in the society and said health was no longer solely the business of doctors

HEALTH

Training Course To Provide Advisors With Skill HIV/AIDS Counselling Still Below Par - Participants

By Saima Nanyem

WINDHOEK

THERE is lack of pre and post-counselling of HIV/AIDS sufferers here in Namibia, participants in a counselling training programme currently underway at the Katutura

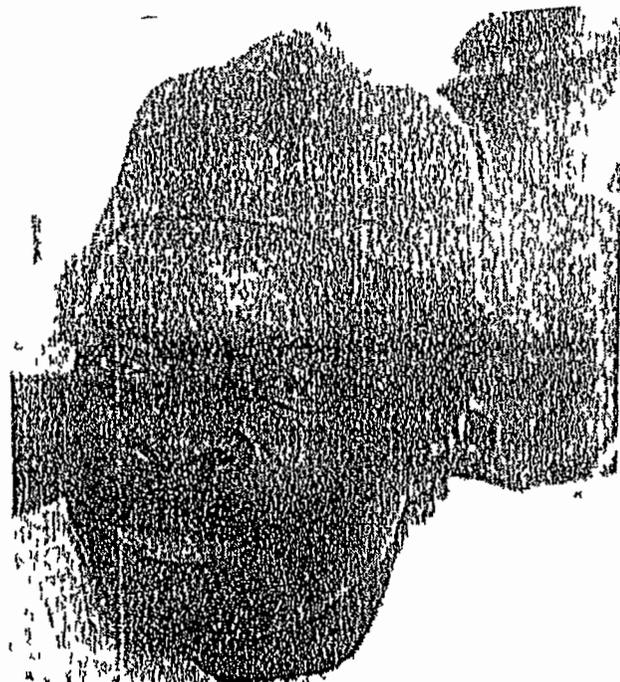
nurses home told New Era

The training is aimed at providing counsellors with knowledge and skill, enabling the strengthening of existing structures in offering proper counselling and home care services at institutional and community levels to people affected by HIV/AIDS

The four month-long symposium, which started

last Monday, will be looking at the facts of HIV/AIDS, explore sex and sexuality and women vulnerability to HIV infection

It will also touch on the concept of counselling as well as demonstrate the counselling model, examine sexual behavioural practices in Namibia and identify strategies for behavioural change promotion at individual, family and community levels



NAIIAS ANGULA

The participants together with the facilitators, will define the problems people living with Aids face as well as identify different problem solving techniques discuss the importance of reporting and record-keeping among others

According to Counsellor/trainer at the Ministry of Health Social Services, Gabriel Uirab, the programme was initiated in conjunction with World Education Forum, Namibia Defence Force (NDF), Aids Care Trust and Namibia Network of Aids Support Organisation (NANASO) to train health-workers and people from different regions in the country interested in giving basic care needs to the community

The symposium is attended by 19 people from different institutions and

communities such as the Windhoek Central and Katutura hospitals, community members from Khomasdal and the Katutura Multi-purpose Youth Centre

One of the participants from Khomasdal, Ingrid Getze, said it was the first time she was attending such a training programme and said she joined this training through a counsellor from the Katutura hospital Getze said she was unemployed at present but was now occupied at the Clay House Project as a social worker distributing condoms to the people who were living in squatter camps

She further said that counselling was a very difficult job but since she liked working with people, she was determined to overcome

Through training, she learnt a lot of things which

she would never had known and added "after the training I will go to the North as I like working with the people at grassroots level"

"This training is amazing and I have learnt a lot of things from it," another participant, Julie Neidel, a registered nurse at Windhoek Central hospital said

Neidel said there was a lack of pre and post counselling because people did not follow-up counselling

Suzette Kharuxas, a volunteer for eight months at the Windhoek Multi-Purpose Youth Resource Centre, said she had attended a number of AIDS workshops which had helped her through her work

Suzette pointed out the need for young people to involve themselves in a training kind of a training added "young people are very ignorant and they want to talk about things that are affecting them"

She added that counselling was not an easy job "You need to be trained and mature to know what to say to patients After the training will start with a role-play drama to show the danger of HIV and continue with role-play work at the field

Kharuxas said that the training has improved her counselling skills as well as broadened her understanding of the importance of confidentiality field

BEST AVAILABLE COPY

Attachment H

Attachment I

HIV/AIDS COUNSELLING & HOME BASED CARE TOT PHASE 1



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World Education/NANASO
HIV/AIDS Community Education Initiative

1997 - 1998

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HIV/AIDS COUNSELLING & HOME - BASED CARE T0T PHASE 2



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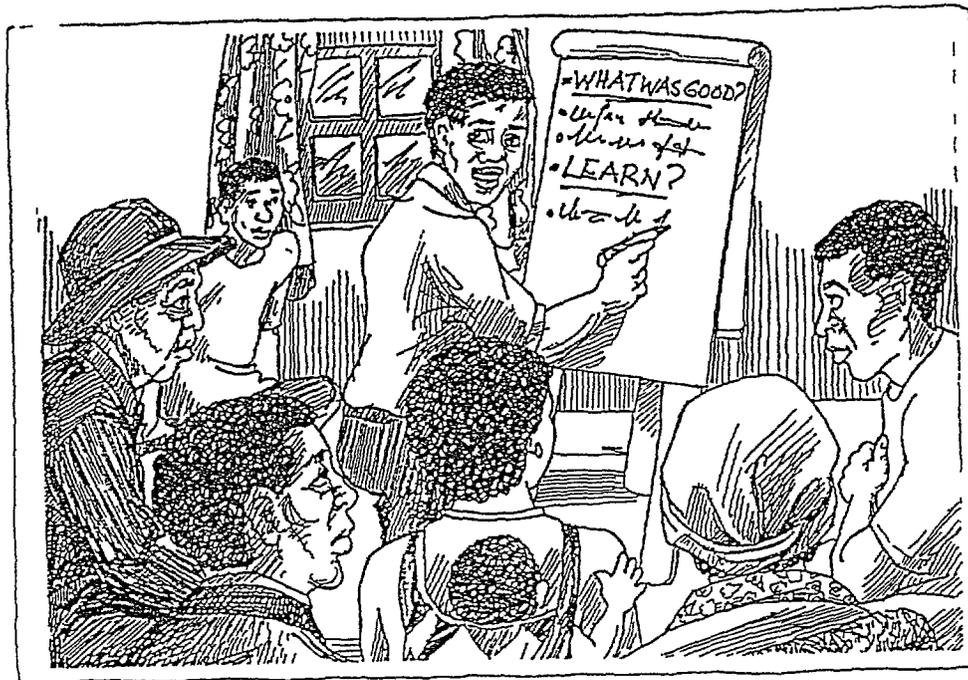
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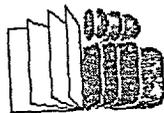
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HIV/AIDS COUNSELLING & HOME - BASED CARE TOT PHASE 3



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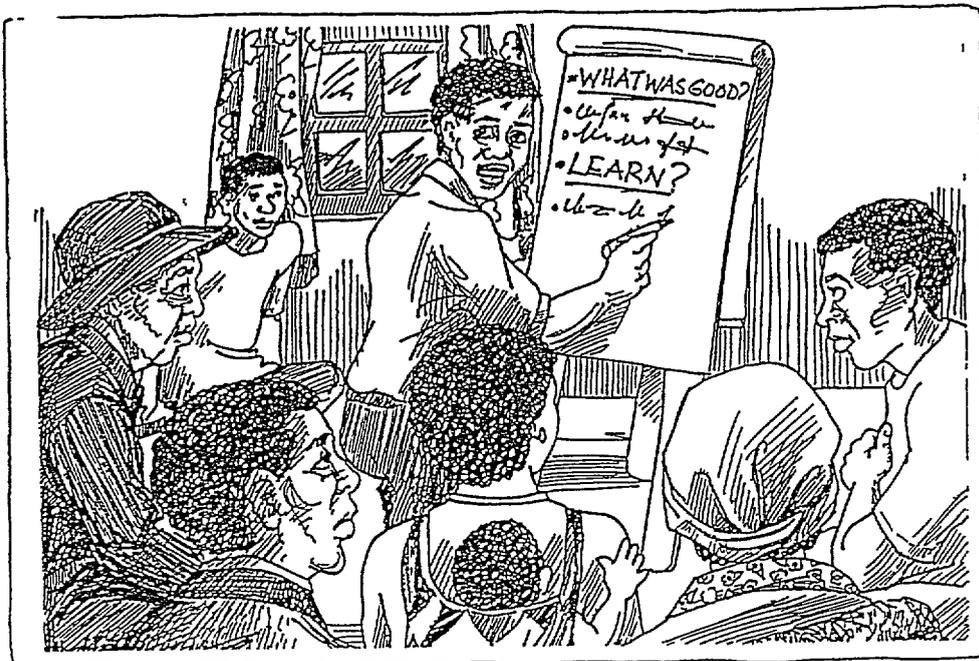
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**HIV/AIDS COUNSELLING & HOME - BASED
CARE
ToT PHASE 4**



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