

*Positive Prevention Orientation Package for
Implementing Agencies (IAs)*

Family Health International/Nepal
USAID Cooperative Agreement #367-A-00-06-00067-00
Strategic Objective No. 9 & 11

HIV/AIDS and Positive Prevention

Globally an estimated 33.2 million people are currently living with HIV/AIDS. In the year 2007 an estimated 2.5 million people around the world contracted the HIV/AIDS virus at a rate of over 6,800 new infections per day. This translates into approximately 1200 children under the age of 15 and 5800 adults aged 15 and above becoming infected with HIV daily. A staggering 40% of these new infections are occurring among young people aged 15-24 years, of which half are female.

More than 96% of persons infected with the virus come from low and middle income countries where AIDS is the 4th leading cause of death. HIV/AIDS has already claimed the lives of 25 million people across the globe, and in 2007 alone it has been projected that 2.1 million children and adults lost their lives to the virus.

South and South-East Asia are home to an estimated 4.0 million people living with HIV/AIDS (PLHA). Nepal currently finds itself in a state of “concentrated epidemic” with approximately 70,000 infected people. This classification of epidemic is assigned when HIV prevalence is less than 1% in the general population and is consistently over 5% in at least one defined sub-population.

In 2007, Nepal’s country report estimated an adult prevalence rate of 0.54%, with several sub-populations representing the majority of cases. These sub-populations have been highlighted as the most-at-risk populations (MARPs) and include, intravenous drug users (IDUs), female and male sex workers (FSW/MSW), clients of FSWs/MSWs, labor migrants, and men who have sex with men (MSM).

Traditionally, HIV prevention education has been targeted towards HIV negative individuals. Although this approach has been successful, it largely ignores the needs and vulnerabilities people living with HIV/AIDS (PLHA). Family Health International (FHI) is endeavoring on a new program component to address HIV/AIDS in Nepal aptly named Positive Prevention which is specifically designed to target PLHA. This program acknowledges the integral part that PLHA can play in the fight against HIV/AIDS. Dedicated to bringing PLHA to the forefront of prevention and education, Positive Prevention attempts to bring a face and voice to the virus in an effort to decrease rates of infection in HIV negative people, decrease incidences of super-infection and opportunistic infection in HIV positive people, and, additionally, to raise awareness and increase access to treatment such as community home-based care (CHBC), reduce stigma and discrimination, and improve the social and psychological well-being of PLHA.

Positive Prevention is a very new concept in Nepal as well as for FHI Nepal and the Advancing Surveillance, Policies, Prevention, Care and Support to Fight HIV/AIDS (ASHA) Project FHI is currently undertaking. The following guideline regarding workshops and training sessions have been designed as a step-by-step outline as to how to conduct a workshop intended to increase awareness about Positive Prevention and its relationship to other program activities and prevention strategies for partners and implementing agencies (IAs) here in Nepal.

Seven Guiding Principles for Positive Prevention ¹

1. PP is *based* on the realities and perspectives of PLHA. It acknowledges that they have the personal right to choose whether or not to have sex, and therefore require explicit information and practical support to ensure that the sex they choose is safer for both them and their sexual partners.
2. PP is *focused* on communication, information, support and policy change. It does not blame, judge, or stigmatize. HIV+ people are individuals with varying needs and desires.
3. PP requires the meaningful involvement and participation of PLHA. This means not only giving support and information to individuals and groups of PLHA, but also ensuring their participation in planning how best to apply the strategies to their local context. Strong, well resources organizations of PLHA, as well as individual HIV+ activists, working in partnership with governments and service providers can offer the expertise that derives from the lived experience of HIV. Acceptance and involvement at community level can increase the self-esteem and confidence of HIV+ people to protect their own sexual health and avoid passing HIV infection to others.
4. PP *requires* HIV service organizations, HIV support groups and NGOs integrate PP with existing HIV programs. It is important that information and/or support around safer sex, re-infections, reproductive choices, the effects of ARV treatment, and safer injecting drug use is available in all settings. This should include medical centers, treatment delivery sites, family planning clinics, home-based care programs and community centers.
5. PP *promotes* human rights. Rights to health, privacy, confidentiality, informed consent, freedom from discrimination must be respected at all times, alongside the duty to do no harm.
6. PP *recognizes* that HIV is fuelled by inequalities in power due to gender inequality, sexuality, knowledge, societal roles and poverty. HIV prevention strategies must be developed without further stigmatizing those marginalized in our communities.
7. PP *places responsibility for reducing transmission with us all*. Openness, communication and information about sex and sexuality are the most effective tools to reduce the spread of HIV.

¹ (2007) Positive Prevention with People Living with HIV/AIDS. International HIV/AIDS Alliance. Dexter Graphics, UK. September 2007.

Day 1

Positive Prevention Orientation Package for IAs

Day 1 – Session One: Introduction and Introductory Activity: Positive Prevention

Objectives:

- To introduce workshop objectives.
- To introduce facilitators and participants.
- To establish the expectations of the workshop from participants.
- To establish guidelines for group behavior

Materials Needed:

- Copies of orientation schedule to be handed out to participants
- Previously prepared PowerPoint Presentation indicating the objectives of the workshop and the objectives of Positive Prevention
 - *For PowerPoint presentation created for a Positive Prevention Orientation held January 23-25, 2008 see Appendix 1*
- Flip chart paper and markers
- One meta-card or piece of paper for each individual participant/each participating agency
- One pen/marker for each participant

Time Frame:

45 minutes

Activity Breakdown:

- 1) Facilitator(s) introduce themselves**
 - a. Facilitator(s) should introduce themselves and explain their role at FHI and within the Positive Prevention Program.
- 2) Participants should introduce themselves**
 - a. Facilitator(s) should have each participant introduce themselves and state which implementing agency they are representing.
- 3) Distribute the Workshop Schedule**
 - a. Facilitator(s) should now distribute the schedule outlining the next three days of the workshop and allow the participants a few moments to look it over.
- 4) Establishment of participant's expectations from workshop**
 - a. Facilitator(s) should distribute meta-card/paper and pen/markers to participants. Request that participants write down one or two outcomes they expect from the workshop.
 - i. Facilitator(s) should ask: *What would you most like to learn more about during this workshop?*
 - b. These papers should be collected by the facilitator(s) who can then randomly select responses and post them on a board or write them on a board or flip chart. This will establish a general idea of participant's expectations and encourage questions and/or dialogue.
 - i. Participant's expectations should be compiled by facilitator(s) and saved to use as a guideline for the duration of the workshop and to

use for comparison with the training evaluation conducted upon completion of the workshop to see if the participant's expectations have been met.



The photographs above illustrate expectations collected from IA participants during a Positive Prevention orientation on January 23-25, 2008.

1. Some expectations collected during a workshop held January 23-25, 2008 include:
 - a. Ways to manage in situations where the majority of clients are illiterate
 - b. How to communicate information about HIV/AIDS in simple Nepali language
 - c. Become better versed in technical terms used in HIV/AIDS discourse
 - d. Report writing techniques of FHI
 - e. How to conduct counseling with HIV positive people
 - f. Detailed information on the S&D Toolkit
 - g. How to utilize the skills and knowledge gained from this workshop in the field
 - h. How to successfully conduct the Positive Prevention Program
 - i. Better understanding of Positive Prevention Program and strategies
 - j. How to communicate with HIV positive people in the community

- 5) Clarify the objectives of Positive Prevention and of this Positive Prevention Orientation**
- a. Facilitator(s) should clarify the objectives of Positive Prevention assisted by a previously prepared PowerPoint presentation.
 - b. The following content should be included in the PowerPoint presentation
 - i. Objectives of Positive Prevention Program**
 - 1. Reduce HIV/STI transmission among partners and spouses of PLHA
 - 2. Contribute to HIV/STI prevention activities in general and assist PLHA in proving their role in HIV/STI prevention, networking, and advocacy by representing the general population
 - 3. Contribute to better adherence, less development of ARV drug's resistance, lowered viral load and reduced transmission among PLHA
 - ii. Objectives of this workshop**
 - 1. To orient IA on Positive Prevention Program
 - 2. To inform about relations between Positive Prevention and other program activities under FHI/ASHA Project
 - 3. To orient on M&E systems, recording and reporting mechanisms as per the requirements
 - 4. To orient on communication, counseling and proper use of S&D toolkit
 - 5. To inform on the importance of different Appendices and Certification attached to the sub-agreement
 - 6. To discuss about problems at the implementation level and identify possible solutions
- 6) Review and Wrap up**
- a. Facilitator(s) should briefly review the expectations of participants and the main objectives of Positive Prevention and the Positive Prevention workshop.

Day 1 – Session Two: Orientation on ASHA Project

Objective:

- To introduce Family Health International and the ASHA Project.

Materials Needed:

- Previously prepared PowerPoint presentation outlining ASHA's projects, goals, objectives, and program areas.
 - *For PowerPoint presentation on ASHA Project created for a Positive Prevention Orientation held January 23-25, 2008 see Appendix 2*

Time Frame:

15 minutes

Activity Breakdown:

1) Exhibit PowerPoint presentation

a. Introduce Family Health International and its partner organizations

- i. The ASHA Project is funded by USAID.
- ii. The implementing team consists of FHI, Constella Futures International LLC, Association of Medical Doctors of Asia, NCASC, NPHL, and over 50 Local Partners

b. Introduce the ASHA Project

i. Discuss:

1. Goals

- a. To contain the HIV/AIDS epidemic in Nepal and to mitigate the effects of HIV on those infected and affected by HIV

2. Objective

- a. To increase the availability and use of HIV/AIDS prevention and care services by and to MARPs

3. Project/program areas

- a. The ASHA Project is running in 29 districts throughout Nepal with
 - i. 5 regional offices
 - ii. 13 CHBC sites/teams
 - iii. 27 STI sites
 - iv. 32 EPC sites
 - v. 32 VCT sites

ii. Discuss ASHA Project's commitment to achieving the 6th Millennium Development Goal

iii. Discuss ASHA Project's commitment to working in support of the National HIV/AIDS Strategy and National Action Plan 2006-08 regarding the following components:

1. Prevention
2. Treatment, Care and Support
3. Advocacy, Policy and Legal Reform

4. Leadership and Management
 5. Strategic Information
 6. Finance and Resource Mobilization
- 2) Conduct Q&A with participants**
- a. Facilitator(s) should encourage questions and provide answers to clarify any queries participants may have regarding the objectives, purposes, and undertakings of the ASHA project.
- 3) Review & Wrap Up**
- a. Facilitator(s) should briefly review the main points of the ASHA project.

Day 1 – Session Three: Brief Introduction on Positive Prevention

Objectives:

- To orient participants on the concepts, objectives, principles, and themes of Positive Prevention strategies.

Materials Needed:

- Flip chart paper and marker
- Previously prepared PowerPoint presentation
 - *For PowerPoint presentation on Positive Prevention created for a Positive Prevention Orientation held January 23-25, 2008 see Appendix 3*
- *(Optional)* Handouts outlining main concepts, objectives and principles of Positive Prevention

Time Frame:

Approximately 20 minutes

Activity Breakdown:

1) *Optional*: Distribute handouts to participants

- a. If supplying your participants with handouts is feasible within your budget, the facilitator(s) should distribute them before the presentation. This allows the participants to both follow along with the presentation and to jot down any notes or questions they may have.

2) Exhibit presentation on Positive Prevention

- a. Facilitator(s) should present previously prepared PowerPoint presentation outlining the following aspects of Positive Prevention
 - i. Objective
 - 1. Reduce HIV transmission and mitigate the impact of the HIV epidemic
 - ii. Principles
 - 1. Effective HIV programming demands taking advantage of the perspectives, expertise and accumulated experiences of PLHA
 - 2. The right of PLHA to be sexually active – but the need for safer sex
 - 3. Focus on communication, information, support and policy change
 - 4. Unique needs and concerns that require targeted approaches – one size does not fit all
 - 5. Requires meaningful involvement and participation of PLHA – participatory planning, give a face to HIV
 - 6. Service organization, HIV support groups and NGOs to integrate positive prevention with existing HIV programs

7. Promotes human rights – health, privacy, confidentiality, informed consent, freedom from stigma and discrimination
8. Behavior change is difficult for everyone...including PLHA
9. Knowledge of HIV status does not equal to safer practices
10. Positive prevention must be a shared responsibility
11. “Doing things with us” vs. “Doing things to us”

iii. Themes

1. Individually focused health education and support
2. Ensuring access, scaling up and improving service delivery
3. Community mobilization
4. Advocacy and policy change

iv. Strategies

1. Conduct Community Assessment
 - a. Activities:
 - i. Conduct a rapid community assessment in coordination with concerned stakeholders
 - ii. Dissemination
2. Local Advocacy and Networking
 - a. Activities:
 - i. Conduct coordination meetings with DACC, DDC, Hospital and other stakeholders to advocate for and create enabling environments
 - ii. District-level sharing events, workshops and sensitization trainings
3. Conduct Positive Prevention Program
 - a. Activities:
 - i. Conduct one-to-one education sessions, group discussions, demonstrations and interaction programs on positive prevention, condom promotion, partner reduction, health service seeking behaviors/practices, use of IEC/SBC materials
 - ii. Orientation for HIV positive speakers
 - iii. Trainings using stigma and discrimination (S&D) toolkit
 - iv. Provide orientation sessions to FCHV and PLHA volunteers and mobilize in the community as community speakers

- v. Operate drop-in-center (DIC) to serve as a center to promote HIV/AIDS related positive prevention programs
- vi. Refer MARPs for STI, VCT and care, support & treatment (CST) services and increase demand for such services through community mobilization and outreach campaigns
- vii. Distribute condoms as required in coordination with DPHO
- viii. Organize community forums/campaigns and events to discuss HIV/AIDS issues with PLHA and community members through positive speakers' bureau and local artists
- ix. Observe/celebrate special days and events

4. Build Capacity of Organization to Implement HIV Programs

a. Activities:

- i. Organize basic orientation training on HIV related community mobilization orientation
- ii. Participate in various trainings and workshops organized by ASHA Project monthly meetings

- b. Facilitator(s) should encourage questions concerning all aspects of Positive Prevention.

3) Discuss impressions of Positive Prevention

- a. Encourage questions and dialogue regarding the Positive Prevention presentation
- b. Allow participants to engage in discussion regarding the activities that they have personally partaken in as well as any constraints they are facing.
 - i. For example, ask participants: *What are one or two locations or situations at your organization where challenging situations occur?*
 - ii. This question can be followed up with: *What are some suggestions to how this challenging situation can be positively mediated?*
- c. Facilitator(s) should write down comments and constraints voiced by participants on flip chart to use for further discussion, to be referred to during later sessions of the workshop, or for later use in improving workshop content for the future.



Prava Chhetri records comments and potential constraints voiced by IA participants regarding the implementation of Positive Prevention.

4) Review & Wrap-up

- a.** Facilitator(s) should briefly review the main points of Positive Prevention.

Day 1 – Session Four: Orientation on Positive Prevention

Objective:

- To orient participants on Positive Prevention and its importance for HIV/AIDS prevention.

Materials Needed:

- Flip chart paper and markers
- Previously prepared PowerPoint presentation
 - *For PowerPoint presentation created for a Positive Prevention Orientation held on January 23-25, 2008 see Appendix 4*
- (Optional) Pre-made handouts on Positive Prevention

Time Frame:

2 hours

Activity Breakdown:

- 1) **Establish participants knowledge regarding Positive Prevention**
 - a. Facilitator(s) should begin this session by ascertaining how much the participants know about the concept of Positive Prevention. The facilitator(s) can ask participants questions about their knowledge and perceptions of Positive Prevention and record the responses on the flip chart paper. These responses can be used again later to illustrate misconceptions, clarify ideas, or for personal reference in creating this session for future workshops.
- 2) **Optional: Distribute handouts to participants**
 - a. If supplying your participants with handouts is feasible within your budget, the facilitator(s) should distribute them before the presentation. Handouts should include additional information which is not available in the presentation. Distributing handouts before the presentation allows the participants to both follow along with the presentation and to make notes or write down any questions which they might have.



Here a participant uses her handout to follow along with the PowerPoint presentation. Providing handouts to compliment a presentation allow participants to follow along and write down notes or comments regarding content which s/he may not understand or for later discussion and review.

3) Exhibit presentation on Positive Prevention

- a.** The facilitator(s) should present the PowerPoint presentation they have previously prepared on Positive Prevention. This presentation should elaborate on the points covered in Session Three – Day 1 and include additional information such as:
 - i.** Research conducted on Positive Prevention
 - ii.** Program findings of Positive Prevention

4) Review & Wrap-up

- a.** Facilitator(s) should briefly review the main points which have been covered on Positive Prevention research and findings.

Day 1 – Session Five: Orientation on Monitoring and Evaluation

Objective:

- Orient participants on the requirements for monitoring and evaluating and on the system of the ASHA Project.

Materials Needed:

- Previously prepared PowerPoint presentation on Monitoring and Evaluation
 - *For a PowerPoint presentation on Monitoring and Evaluation created for a Positive Prevention Orientation held January 23-25, 2008 see Appendix 5*
- Previously prepared PowerPoint presentation on Community Assessment
 - *For a PowerPoint presentation on Community Assessment created for a Positive Prevention Orientation held January 23-25, 2008 see Appendix 6*
- Handouts, i.e. project indicator forms (PIFs), collation forms, etc.

Time Frame:

Activity Breakdown:

- 1) **Exhibit PowerPoint Presentation on Monitoring and Evaluation which includes the following main points:**
 - a. Monitoring and Evaluation matrix which includes the following strategies and activities to be accompanied by indicators:
 - i. Build Capacity of IAs to Respond to the HIV Epidemic
 1. In coordination with FHI/Nepal, arrange orientation for all staff on the use of FHI/Nepal stigma and discrimination toolkit and positive prevention project
 2. Participate in relevant meetings organized for the project staff in coordination with FHI/Nepal
 3. Organize monthly meetings to review and plan project activities
 - ii. Conduct Local Advocacy and Networking
 1. Organize district level sharing workshops with local stakeholders
 2. Organize district events in coordination with DACC
 - iii. Conduct Positive Prevention Program
 1. Conduct trainings using Stigma and Discrimination tool-kit with non-HIV focused organizations
 2. In coordination with FHI/Nepal, conduct orientation for HIV positive speakers
 3. Organize community forums to discuss HIV/AIDS issues with PLHA and community members (including non-HIV focused institutions) through Positive Speaker's Bureau
 4. Conduct quarterly meetings with local HIV anonymous groups

5. Operated Drop-in-Center (DIC) that can serve as a center for activities, education, information as well as group sessions, and condom distribution. The DIC should be integrated with other non-health sector activities through collaboration with other partners and stakeholders in the district
 6. Support PLHA in accessing referral services, including EPC, OI management, nutritional advice and ART as indicated
- b. Positive Prevention reporting requirements:**
 - i. Reporting indicators**
 1. Key Process Indicators
 - ii. Recording Tools**
 1. Data Collection Tool
 - iii. Reporting Tools**
 1. Prevention PIF
 - c. Capacity building training**
 - i. Key Process Indicators**
 - ii. Operational Definition**
 - iii. Data Reporting Tools**
 - d. The supporting documents to facilitate training**
 - i. Specific learning objectives**
 - ii. Course outline or curriculum**
 - iii. Expected knowledge, skills and/or competencies to be gained by participants**
 - iv. Attendance sheet as per standard**
 - e. Steps to be followed before opening the programming based PIFs**
 - i. Open a new Excel Sheet**
 - ii. Go to Tools menu and click on 'Options'**
 - iii. There will be many buttons, but you will click on the button marked 'Security'**
 - iv. Click on to 'Macro Security' located on the bottom**
 - v. Make the Security Level low by clicking on the button labeled 'Low' and click 'Ok'**
 - vi. Now close the excel sheet and open the required Programming based PIF**
 - f. Reporting timeline**
 - i. Monthly data includes:**
 1. Start to end date of the reporting month – i.e. calendar month
 - a. Reporting Deadline
 - i. For Pos:
 1. Between the 5th to the 7th of the next month
 2. For MIS by the 12th

2) Q&A

- a. Facilitator(s) should take a few minutes to address any questions or comments participants may have regarding the Monitoring and Evaluation matrix, reporting tools, recording tools and reporting deadlines.

3) Exhibit PowerPoint Presentation on Community Assessment

- a. Facilitator(s) should exhibit previously prepared PowerPoint presentation on Community Assessment. This presentation should include the following components of successfully conducting a community assessment:

- i. Identifying the HIV/AIDS problem

- 1. What is the nature of the HIV/AIDS program in our area?
 - a. Who is most at risk?
 - b. Why are they most at risk?
 - c. Where is the most at risk population located?
 - d. How can we address the most at risk?

- ii. Key activities

- 1. Talking with the local people
 - 2. Respecting local wisdom and knowledge
 - 3. Respecting local language
 - 4. Look, listen, and learn
 - 5. Incite discussions
 - a. This is a way of asking questions and gathering information without seeming invasive or rude
 - 6. Take your time when you are speaking with people; this will make them more comfortable and willing to open to you

4) Q&A

- a. Facilitator(s) should take a few moments to answer any questions and to address any comments on community assessment.

5) Review & Wrap-Up

- a. Facilitator(s) should review the main points of monitoring and evaluation and community assessment.

Day 1 – Session Six: End of the Day Review & Wrap-up

Objectives:

- To ensure participants comprehension of all major points covered during the day's sessions.
- To assign homework to participants regarding S&D toolkit.

Materials Needed:

- *(Optional)* Previously prepared PowerPoint presentation which highlights the main points of today's sessions.
 - This can also be used on Day 2 of the workshop for Session One: Recap and Briefing
- Photocopies of various sections of the Stigma Discrimination Toolkit to be provided to members of each participating agency

Time Frame:

10-20 minutes

Activity Breakdown:

- 1) Exhibit PowerPoint presentation; in lieu of presentation facilitator(s) can verbally review main points of the day's sessions.**
- 2) Q&A**
- 3) Homework assignment**
 - a. Provide the members of each participating agency with a different section of the Stigma Discrimination Toolkit.
 - b. Request that the members of each participating agency work collaboratively to create a presentation for their section of the Stigma Discrimination Toolkit to be presented tomorrow during Session Five.
- 4) End of Day 1**

Day 2

Positive Prevention Orientation Package for IAs

Day 2 – Session One: Recap & Briefing

Objectives:

- To refresh the participants on the previous days activities.
- To inform participants of the topics to be covered in today's sessions.

Materials Needed:

- *(Optional)* Previously prepared PowerPoint presentation outlining the main points of yesterday's sessions
- *(Optional)* Previously prepared PowerPoint presentation illustrating the session topics of Day 2

Time Frame:

10 – 20 minutes

Activity Breakdown:

- 1) Exhibit PowerPoint presentation if prepared; in lieu of presentation facilitator(s) should verbally review previous days activities**
 - a. Facilitator(s) should review basic concepts covered in the sessions conducted throughout the previous day. A brief review will refresh the participants on the topics and prepare them for today's sessions.
- 2) Q&A Session**
 - a. After the presentation, facilitator(s) should allow a few moments to address any questions participants may have regarding the previous days activities.
- 3) Exhibit PowerPoint presentation if prepared; in lieu of presentation facilitator(s) should verbally give an overview of the sessions to be held today, Day 2.**
 - a. Facilitator(s) should give a brief overview of the topics to be covered during today's sessions. This will mentally prepare participants for the days activities.

Day 2 – Session Two: Advocacy

Objective:

- To orient participants on basic concepts of advocacy and facilitate the Positive Prevention partners about the role and importance of advocacy in their respective programs.

Materials Needed:

- One large ball of woolen rope
- Blank sheets of large flip chart paper
- One marker for each set of groups

Time Frame:

2 hours

Activity Breakdown:

1) Advocacy and Networking Game

- Facilitator(s) requests that all participants stand up and form a circle.
- The facilitator(s) then gives the large ball of woolen rope to one individual.
- The individual holding the woolen ball of rope is asked to take the loose end of the rope in one hand, and with the other throw the woolen ball to another participant while saying one thing about HIV/AIDS advocacy as per their understanding and knowledge.



As seen here, a participant holds the loose end of the rope with one hand, while throwing the ball of rope to another participant with the other hand.

- The individual to whom the woolen ball was thrown proceeds to do the same, and so on and so forth until the last participant receives the ball.



The web begins to develop as the ball of rope gets smaller.

- e. When the last person receives the ball, an interwoven net will be formed linking all of the participants. The purpose of this is to illustrate how advocacy can reach and connect many different people through networking. Moreover, it illustrates strength in unity.



When the ball has run out of rope, an intricate web will have formed illustrating how advocacy can reach many people through networking. This is a fun and interactive way to demonstrate the positive impacts of advocacy and networking.

2) Group Work: Defining Advocacy

- a. Divide the participants into equal groups
- b. Provide each group with a piece of the large flipchart paper and a marker
- c. Request that each group work together to come up with their definition of advocacy by writing key points on the provided sheet of paper.



Group of participants working together to generate their definition of advocacy.

- d. Have each group choose one person to present the groups ideas to the rest of the participants.



One member from each group is selected to present their definition of advocacy. Here one woman is seen explaining her group's definition.

3) Explanation & Discussion

- a. Following the presentations, the facilitator(s) should lead a group discussion on advocacy based on the participant's responses and any additional information that the facilitator(s) feels should be added to the responses.

4) Review & Wrap-up

- a. Facilitator(s) should end this session by reviewing the main points of advocacy and networking.

Day 2 – Session Three: HIV/AIDS & STIs

Objective:

- To brief participants on the basic concepts on HIV/AIDS/STI and service components that have been, and are being, conducted under ASHA Project Nepal.

Materials Needed:

- Previously prepared PowerPoint presentation
 - *For PowerPoint presentation entitled “Role of VCT, STI, ART services” created for a Positive Prevention Orientation held January 23-25, 2008 see Appendix 7*
- Video: HIV Replication – Animated video on HIV and CD4 cells (*If possible*)

Time Frame:

2 hours

Activity Breakdown:

1) Exhibit PowerPoint presentation

- a. Facilitator(s) should begin this session by presenting the main HIV/STI components implemented by ASHA Project Nepal. This presentation should cover the main aspects of:
 - i. Positive Prevention
 1. For people who are not aware of their HIV status or who are HIV negative
 - a. Purpose: Not to get infected with HIV
 2. For people who are HIV positive and who know their status
 - a. Purpose: Not to infect others or not to get infected with another type of virus
 - ii. VCT Services
 1. Entry point for the Continuum of Care (COC)
 2. Individual discussion on HIV related issues in detail
 3. Couple counseling
 4. Counseling for disclosure
 5. Make people visiting VCT centers aware of ways “not to get the infection” and “not to transmit infection to others”
 - a. One of the most effective ways is correct and consistent use of condom
 - iii. STI Services
 1. The presence of STI(s) in an individual increases the risk of contracting HIV – new or re-infection
 2. Most STIs are treatable
 3. Treating STIs decreases the chances of getting HIV 2 to 9 times
 4. People need to be aware of how to prevent STI contracting and transmitting STIs

- a. There is a need to always be aware whether or not a partner has an STI
 - b. STI infection needs to be treated immediately by visiting an STI service center
 - c. Correct and consistent use of condoms is an effective means of avoiding contracting and transmitting STIs
- iv. Care and Treatment
 - 1. This ranges from Community and Home Based Care (CHBC) to the ART services which are provided in a specialized center
 - 2. Treatment of opportunistic infections (OI)
 - 3. Provision of Antiretroviral Therapy (ARVT)
 - 4. Counseling and other psychosocial supports
 - 5. Nutrition, education and support
- v. Opportunistic Infections (OIs)
 - 1. There are the infections which make an HIV-positive person sick; and can result in death
 - 2. All OI(s) infect when immunity is lowered
 - 3. Most of OI(s) are simple to cure or prevent and drugs are very cheap
 - 4. WHO classifies HIV according to OI(s) which appear according to the lowered immunity level
- vi. Anti Retro-Viral Therapy
 - 1. Provided according to the criteria of National ART guidelines:
 - a. CD4 count is $<200/\text{cu. mm}$ *or*
 - b. WHO IV stage
 - 2. Why don't all HIV-positive people receive ART?
 - a. It's not necessary
 - b. Most ART drugs are not free of side effects
 - c. Minimize the chances of developing ART resistance
 - d. Minimize the economic burden on the country

2) Discussion and Q&A

- a. Following the presentation the facilitator(s) should provide an opportunity for participants to ask questions and voice their concerns regarding VCT, STI and care and treatment services, as well as general services run by ASHA Project.

3) Display HIV Replication Video

- a. This video will provide the participants with a visual image of the HIV virus and how it replicates within the cells of the human body. It illustrates replication and at which phase of replication ARV becomes required, in addition to the action ARV takes when it enters the body.



Dr. Durga Prasad Bhandari presents the animated HIV Replication film to IA participants at a Positive Prevention Orientation held in January, 2008.

- b.** Following the presentation of the video, allow for a brief Q&A to clarify any points which are unclear to participants.
- 4) Review & Wrap-up**
- a.** Facilitator(s) should end this session with a brief review of the main components implemented under ASHA regarding VCT, STI, care and treatment services, in addition to the major points concerning the CD4 cell as illustrated by the animated video.

Day 2 – Session Four: Community and Home Based Care (CHBC)

Objective:

- To brief participants on community and home-based care
- To emphasize the importance of good nutrition and physical exercise for PLHA

Materials Needed:

- Previously prepared PowerPoint presentation
 - *For PowerPoint presentation created for a Positive Prevention Orientation held January 23-25, 2008 see Appendix 8*
- An individual who can demonstrate various yoga positions *or*
- A previously selected clip from an instructional yoga video *or*
- An instructional handout which demonstrates step-by-step various yoga positions (*This item may also be used in conjunction with the aforementioned yoga demonstration items*)

Time Frame:

1 hour and 15 minutes

Activity Breakdown:

1) Exhibit PowerPoint presentation

- a. Facilitator(s) should begin by displaying PowerPoint presentation which explains the basic components of CHBC
 - i. Who is involved in CHBC?
 1. Health care workers, PLHA, social workers, religious groups, counselors, DOTs staff, communities, etc.
 - ii. What are the basic activities of CHBC workers?
 1. Self care
 2. ART adherence
 3. Education on nutrition
 4. Emotional, social and spiritual support
 5. End of life care
 6. Future planning
 7. Referral for TB screening
 8. Symptomatic treatment
 9. Referral
 - iii. Essential Medical Services for PLHA
 1. Regular health checks
 2. Management of opportunistic infection
 3. TB screening and treatment
 4. ART
- b. Facilitator(s) should make a point of highlighting linkages between CHBC and the Positive Prevention program.

2) Discussion: Importance of good nutrition and physical exercise for PLHA

- a. Facilitator(s) should begin by emphasizing the importance of good nutrition for PLHA

Day 2 – Session Five: Communication and Stigma and Discrimination Toolkit Orientation

Objectives:

- To brief participants on basic communication concepts
- To facilitate comprehension of FHI’s Stigma and Discrimination Toolkit.

Materials Needed:

- Copies of S&D Toolkit
- Blank sheets of flip chart paper
- Marker
- One piece of large paper for each group/participating agency
- One marker for each group

Time Frame:

2 hours and 20 minutes

Activity Breakdown:

1) Short presentation on communication

- a. This briefing should emphasize the importance of the audience. In this session the facilitator(s) will talk about the importance of:
 - i. Understanding the audience
 - ii. Interacting with the audience
 - iii. Tailoring messages to the audience.
- b. Facilitator(s) should also discuss the necessity for modifying communication techniques based on audience feedback.

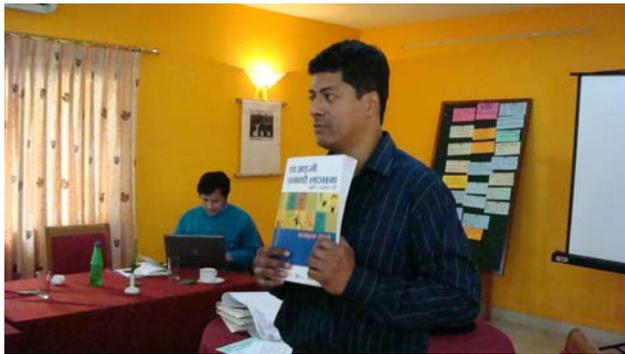
2) Participatory Activity

- a. Facilitator(s) will ask participants how they define communication
- b. A Co-facilitator or selected individual will record the responses on a piece of flip chart paper



Facilitator Pranab Rajbhandari conducts an interactive discussion on communication with participants while a co-facilitator records the responses.

- c. These responses will be used to discuss and define communication
- 3) Discussion and Group Activity**
- a. The facilitator(s) will begin by discussing types of stigma and discrimination and its potential impact.
 - b. The facilitator(s) will then divide the participants into groups of even or similar size
 - i. Each group will be assigned a certain role such as:
 1. PLHA
 2. Family of PLHA
 3. Neighbors of PLHA
 4. Community members of PLHA
 - ii. Assuming the identity of their assigned role, each group will discuss the reactions, both positive and negative, that their role might have to finding out an HIV Positive status.
 - iii. These reactions will then be discussed.
- 4) Stigma and Discrimination Toolkit Briefing**
- a. Facilitator(s) will briefly review main points of S&D Toolkit and engage participants in Q&A.



The facilitator presents the Stigma and Discrimination Toolkit to participants.

- 5) Group Work Activity**
- a. Facilitator(s) should divide participants into groups of even or similar size
 - b. Each group will be asked to explain selected photographs related to stigma and discrimination incidences as mentioned in the S&D toolkit
- 6) Presentations (as per assignment given at the end of Day 1)**
- a. Each participating agency will present their S&D presentation as per assignment given at the end of Day 1



- i. If time is limited, facilitator(s) should select presentations for this session based on a random lottery; the remaining presentations and any additional information which time has not allowed for during this session can be covered in the morning of Day 3.

7) Review & Wrap Up

- a. Facilitator(s) should end this session by reviewing main points regarding communication and Stigma and Discrimination Toolkit

Day 2 – Session Six: End of the Day Review & Wrap-up

Objective:

- To ensure participants comprehension of all major points covered during the day's sessions.

Materials Needed:

- *(Optional)* Previously prepared PowerPoint presentation which highlights the main points of today's sessions.
 - This can also be used on Day 3 of the workshop for Session One: Recap and Briefing

Time Frame:

10-20 minutes

Activity Breakdown:

- 1) Exhibit PowerPoint presentation; in lieu of presentation facilitator(s) can verbally review main points of the day's sessions.**
- 2) Q&A.**
- 3) Brief rundown of sessions to be held on Day 3**
 - Facilitator(s) should briefly explain the topics to be covered during sessions conducted during Day 3
- 4) End of Day 2**

Day 3

Positive Prevention Orientation Package for IAs

Day 3 – Session One: Recap & Briefing

Objectives:

- To refresh the participants on the previous days activities.
- To inform participants of the topics to be covered in today's sessions.

Materials Needed:

- *(Optional)* Previously prepared PowerPoint presentation outlining the main points of sessions conducted during Day 2.
- *(Optional)* Previously prepared PowerPoint presentation illustrating the session topics of Day 3

Time Frame:

10 – 20 minutes

Activity Breakdown:

- 4) Exhibit PowerPoint presentation if prepared; in lieu of presentation facilitator(s) should verbally review previous days activities**
 - a. Facilitator(s) should review basic concepts covered in the sessions conducted throughout the previous day. A brief review will refresh the participants on the topics and prepare them for today's sessions.
- 5) Q&A Session**
 - a. After the presentation, facilitator(s) should allow a few moments to address any questions participants may have regarding the previous days activities.
- 6) Exhibit PowerPoint presentation if prepared; in lieu of presentation facilitator(s) should verbally give an overview of the sessions to be held today, Day 3.**
 - a. Facilitator(s) should give a brief overview of the topics to be covered during today's sessions. This will mentally prepare participants for the days activities.

Day 3 – Session Two: Positive Prevention Speaker’s Bureau: Roles and Responsibilities

Objectives:

- To orient participants on the Positive Speaker’s Bureau
- To orient participants on the roles and responsibilities of a Positive speaker
- To orient participants on the roles and responsibilities of the audience to a Positive speaker.

Materials Needed:

- Previously prepared PowerPoint presentation
 - *For PowerPoint presentation created for a Positive Prevention Orientation held January 23-25, 2008 see Appendix 9*

Time Frame:

1 hour

Activity Breakdown:

- 1) **Orient participants on the importance of establishing ground rules for Positive speakers’, respondents, and participants**
 - a. The facilitator(s) should clearly explain the importance of establishing behavioral guidelines to an audience before a Positive speaker begins his or her presentation. The following principles regarding the audience of a Positive speaker should be emphasized:
 - i. Audience members should fully understand what the Positive speaker (if openly disclosed) will be discussing and to what extent.
 - ii. Audience members should be reminded to be respectful of the speaker and to refrain from asking intrusive or offensive personal questions.
 - b. The facilitator(s) should clearly explain the importance of establishing behavioral guidelines for the Positive speaker during his or her presentation. The following principles regarding a Positive speaker should be emphasized:
 - i. It is the speaker’s responsibility to make it clear to the audience at the very beginning what he or she will be talking about and to what extent.
 - ii. The speaker does not have to answer any questions or respond to any comment which makes s/he uncomfortable. The speaker should only answer questions and respond to comments that s/he is comfortable with.
 - iii. A speaker should try and focus on positive and negative consequences and veer away from personal success/achievement stories. These types of stories can distract audience attention from the messages regarding HIV/AIDS and cause them to focus more on the achievements of the speaker. It is important for the speaker

to stay on point and to end his or her presentation on a positive note.

2) Exhibit PowerPoint presentation on Positive speaking

a. The presentation should highlight the importance of Positive speaking and include detailed information on the following aspects:

- i.** The primary aim of Positive speaking
 - 1. Not only to give factual information, but to share the reality of living with HIV
 - 2. To challenge perceptions of who can and cannot be infected
- ii.** Motivation
 - 1. Benefits to the audience
 - 2. Benefits to the speaker
- iii.** Good Speaking and Storytelling
 - 1. What makes a good speaker?
 - 2. Elements of good storytelling
- iv.** Body language, voice work, style
- v.** Structuring talks
 - 1. Know your audience
 - 2. End with a way forward and a positive message
- vi.** Possible topics to handle
 - 1. Reasons for getting tested for HIV
 - 2. Coping with an HIV diagnosis
 - 3. Telling friends and family
 - 4. Dietary requirements
 - 5. Access to treatment and care
 - 6. Impact on employment/income/housing
 - 7. Discrimination
 - 8. Grief and loss
- vii.** Handling difficult audience situations
 - 1. How to identify the signs of a disinterested/disruptive audience
 - 2. Reasons for disinterested/disruptive audience
 - 3. How to over come disinterested/disruptive audience
- viii.** Tips for future speakers
 - 1. Preparing how much information you want to disclose to the audience
 - 2. Preparation for media or media-related situations



A Representative from NAPN shares a personal experience with participants.

2) Group discussion on Positive Prevention Bureau

- a. Facilitator(s) should encourage a group discussion about the Positive Prevention Bureau and allow them to raise questions
 - i. Should the Positive Prevention Bureau be comprised of only Positive people?

3) Review & Wrap-up

- a. The facilitator(s) should briefly review the purpose of the Positive Speakers Bureau and the main points of Positive speaking.

Day 3 – Session Three: Monitoring and Evaluation – Part 2

Objectives:

- To orient participants on FHI's monitoring and evaluation guidelines
- To illustrate to participants how to properly fill out various reporting and recording forms

Materials Needed:

- PowerPoint presentation on ASHA Project's recording and reporting requirements
 - *For a PowerPoint presentation created for a Positive Prevention Orientation held January 23-25, 2008 see Appendix 10*
- Forms and formats to be distributed to each participant
- CDs containing different PIF and formats to be distributed to each participant
- Laptop/Desktop computers fitted with a practical session to be distributed to each IA
- Program officers to assist with practical session

Time Frame:

2 hours

Activity Breakdown:

- 1) **Exhibit PowerPoint presentation on ASHA Project's recording and reporting requirements**
 - a. Facilitator(s) should request the participants to recall the session on M&E from Day 1 Session 5
 - b. Facilitator(s) should exhibit the PowerPoint presentation outlining ASHA Project's recording and reporting requirements
- 2) **Practical Exercise – Filling out M&E forms**
 - a. Facilitator(s) should distribute forms and formats to participants
 - b. Facilitator(s) should then request participants to fill them in
- 3) **Practical Exercise – Filling out PIF forms assisted by practical session fitted to individual laptops**
 - a. Facilitator(s) should distribute CDs which contain various PIF and formats to the participants
 - b. Facilitator(s) should distribute one computer to each IA
 - c. Assisted by a Program Officer, the IA team will complete the practical session which has been fitted to the computer



4) Review & Wrap-up

- a.** Facilitator(s) should briefly review the main points of monitoring and evaluation and PIF.

Day 3 – Session Four: Reporting Forms and Deadlines

Objective:

- To orient participants on reporting forms and deadlines

Materials Needed:

- Reporting forms
 - Fortnightly program update and security update
 - Quarterly narrative report
- Monthly and quarterly work plan forms
- Reporting deadlines

Time Frame:

1 hour

Activity Breakdown:

- 1) Brief participants on necessary reporting and planning forms and reporting deadlines**
 - a. Facilitator(s) should exhibit reporting and planning forms and thoroughly discuss each individual form.
 - b. Facilitator(s) should present reporting deadlines and emphasize the importance of meeting deadlines.
- 2) Q&A Session**
 - a. Following the presentation, facilitator(s) should allow a few moments to address any questions or concerns participants may have regarding the reporting and planning forms.
- 3) Review & Wrap-up**
 - a. Facilitator(s) should briefly review the main point of reporting and planning forms, in addition to deadlines.

Day 3 – Session Five: Attachment D and Certifications Enclosed in Sub-agreement

Objective:

- To orient participating IAs on the Certifications enclosed in the Sub-agreement
- To orient participating IAs on Attachment D

Materials Needed:

- Previously prepared PowerPoint presentation on Certifications enclosed in the Sub-agreement
 - *For a PowerPoint presentation created for a Positive Prevention Orientation held January 23-25, 2008 see Appendix 11*

Time Frame:

30 minutes

Activity Breakdown:

1) Exhibit previously prepared PowerPoint presentation

- a. This presentation should focus on the main aspects of FHIs Standard Operating Procedures (SOPs) and include the following components:
 - i. Reporting requirements
 - 1. Financial
 - a. Recipient Monthly Financial Reports (RMFR)
 - i. Six workdays to FO
 - ii. 10 workdays to CO
 - b. Final Financial Report
 - i. 30 days after subproject completion date and marked as “FINAL”
 - c. The sub-recipient must return unspent cash advances within 45 days of the Sub-agreement completion date
 - 2. Technical and Programmatic
 - a. Quarterly Narrative Reports
 - b. Final Narrative Report
 - i. Must be submitted 30 days prior to the sub-project completion date
 - c. Materials/Products
 - i. Drafts of the following must be submitted for review/approval and also as final copies
 - 1. Quarterly Implementation Plan
 - 2. Quarterly Narrative Report
 - 3. Workshop/Training Report
 - 4. Training curriculum, materials and handouts
 - 5. The final narrative report
 - ii. Technical directions
 - 1. Responsibilities of Project Monitor

2. Things to be kept in mind by sub-recipient to accept any input from the Project Monitor
 - iii. Special provisions
 1. Sub-recipient is solely responsible for the outcome of the project
 2. Responsibility of patient care
 3. No coercion of participants
 4. Prior approval for any deviation of SOW
 5. Immediate report to FHI in the event of any serious problems
 6. Official language of award document is English
 7. Donor and FHI logos must be used in publications
 8. All equipment remains property of FHI
 - a. Security, care and maintenance are the sole obligation of the sub-recipient
 - i. Any loss, theft or damage must be reported to FHI immediately
 9. Accounting, audits and records
 10. Disputes
 11. USAID Standard Provisions must be incorporated
 - iv. Illustrative FHI reporting package for Sub-agreements
 1. Order of Precedence
 - a. Sub-agreement schedule/shell
 - b. Attachment D: SOP & Special Provisions
 - c. Attachment E: Standard Provisions
 - d. Attachment B: Budget
 - e. Attachment A: Program Description
 - f. Attachment C: Banking Information
- 2) **Thorough explanation of each attachment**
 - a. Facilitator(s) should ensure they thoroughly explain each attachment in the Sub-agreement
 - b. Facilitator(s) should emphasize that where there is any conflict in clauses of the attachments, Attachment D will be the consulting document for decision.
 - 3) **Q&A**
 - a. Facilitator(s) should take a few moments to allow questions from participants and to clear up any confusion or misunderstanding regarding the Sub-agreement and any of its attachments
 - 4) **Review & Wrap-Up**
 - a. Facilitator(s) should review the main points regarding attachments and certifications of the sub-agreement

Day 3 – Session Six: Action Plan Format

Objective:

- For participants to develop action points to be undertaken upon return to their agency

Materials Needed:

- Action Plan format
- Copies of the Sub-Agreement Attachment

Time Frame:

30 minutes

Activity Breakdown:

1) Develop Action Plan Format

- Distribute one piece of flip chart paper and markers to members of each IA
- Facilitator(s) should request that each IA team comes up with a plan of action to be put into place upon their return from this workshop

कार्यवाही / काल	संबंधित काम	कब तक	किससे करें	आवृत्ति (दि, जो मही)	आवृत्ति/व्ययन कि मात्र
प्रमाणित/सिखा	सुदूरपश्चिम/सुदूरपश्चिम	Feb/Mar	Staff Team	TL/PO/Hi	
सुदूरपश्चिम/सुदूरपश्चिम	सुदूरपश्चिम/सुदूरपश्चिम	Feb	Staff Team		
सुदूरपश्चिम/सुदूरपश्चिम	सुदूरपश्चिम/सुदूरपश्चिम	Feb	Staff Team		
सुदूरपश्चिम/सुदूरपश्चिम	सुदूरपश्चिम/सुदूरपश्चिम	Regular	Staff/Board	Hi	
सुदूरपश्चिम/सुदूरपश्चिम	सुदूरपश्चिम/सुदूरपश्चिम	Regular	Staff	Hi/ASH	
सुदूरपश्चिम/सुदूरपश्चिम	सुदूरपश्चिम/सुदूरपश्चिम	Feb/M/A	CM/FC/		

Action Plan developed by participants from a Positive Prevention Orientation held in January, 2008.

- These action plans should be developed on their basis of their understanding and with help from activities under each strategy from their sub-agreement

2) Discussion of Action Plans

3) Review & Wrap-up

Day 3 – Session Seven: Training Evaluation and Orientation Conclusion

Objectives:

- To assess the major learning points of the orientation
- To assess the participants views on the orientation
- To bring the orientation to a conclusion

Materials Needed:

- Evaluation forms
- Expectation cards created on Day 1
- Completion certificates

Time Frame:

30 minutes

Activity Breakdown:

1) Evaluation

- a. Facilitator(s) should distribute evaluation forms to be completed by participants
- b. Upon completion these forms should be collected and placed in a manila envelope to be reviewed and analyzed later

2) Review of Expectations

- a. Facilitator(s) should ask whether the participants feel their expectations have been met
- b. Facilitator(s) can refer to expectation responses collected on Day 1 to see if they have been met

3) Distribute Certificates

- a. Facilitator(s) should now congratulate participants for completing the workshop and distribute their certificates

4) Review & Wrap-Up

- a. Facilitator(s) should briefly review all major points covered over the last three days
- b. Facilitator(s) should then thank participants for their attendance and participation

Results from post-training assessment Positive Prevention Orientation held January 23-25, 2008

Major Learning Points:

- S&D and use of S&D toolkit
- Reporting and recording tools and PIF
- Basic information on CHBC
- Positive Speakers Bureau
- Advocacy process
- Basic concept of Positive Prevention
- Information about ASHA Project

Most Enjoyed Topics:

- CD4 cell/HIV replication video
- S&D
- Nutrition, hygiene

Most Enjoyed Training Methodology:

- Interactive participation
 - Group work
 - Group discussions
 - Games
 - Use of examples

Most enjoyed part of training:

- Review and wrap-up at the end of the day

Suggestions for Improvement:

- Minimize the use of English
- Increase two way interactions and discussions
- For group work: make small groups consisting of members from different organizations
- More sessions of reporting and recording tools
- Refresher trainings on Positive Prevention
- Facilitator(s) should speak more loudly and clearly
- Too many topics were covered in too short of a time