MODULE

7

in a series of 10

STI/HIV/AIDS in Comprehensive Reproductive Health Programs

MODULE 7

STI/HIV/AIDS IN COMPREHENSIVE REPRODUCTIVE HEALTH PROGRAMS

Module Contents

ACTIVITY TITLE	LEARNING OBJECTIVES	ESTIMATED TIME
Module Introduction	1. Name the learning objectives of the Module.	1 10 - 20 minutes
Sexually Transmitted Infections (STIs), including HIV	1. Name STIs, including HIV, encountered in situations of forced migration. 2. Name populations most vulnerable to STIs and HIV in the particular setting. 3. Describe the relationship between STIs and HIV. 4. Name basic elements of an STI/HIV program in a situation of forced migration.	30 minutes
HIV: Basic Facts	1. Identify risk factors for HIV transmission. 2. List basic facts about HIV/AIDS.	45 minutes
Sexual Health and Human Rights	1. Define sexual health. 2. Define stigmatization and discrimination, and describe their relationship to sexual health and human rights. 3. Describe impact of stigmatization of and discrimination.	45 minutes
Prevention and Care of STIs	1. List elements of STI prevention and care. 2. Identify resources needed for STI prevention and care. 3. Assess current situation regarding STI care.	1½ hours (90 minutes)
Voluntary Testing and Counseling (VCT)	1. List resources needed for VCT in the particular setting. 2. Determine the feasibility of VCT in the particular setting.	1 hour (60 minutes)
Mother to Child Transmission of HIV	1. Name 3 integrated strategies for preventing mother-to-child transmission of HIV. 2. Describe approach to replacement feeding in particular setting.	30 minutes
Universal Precautions and Safe Blood Supply	1. List universal precautions. 2. List actions to ensure safe blood supply.	1 hour (60 minutes)
Care of People with HIV/AIDS	1. Describe the continuum of care for HIV/AIDS. 2. List elements of comprehensive care for people with HIV/AIDS.	1 hour (60 minutes)
Action Planning for STI/HIV/AIDS	1. Identify the stakeholders in the action planning for STI/HIV/AIDS and articulate method for including stake-holders in action planning. 2. Apply the Causal Pathway Framework to design STI/HIV/AIDS in comprehensive RH services, including monitoring and evaluation plan, in specific setting. 3. Prepare provisional work plan for STI/HIV/AIDS in comprehensive RH services.	2½ hours (150 minutes)
Module Conclusion, Post-test, and Evaluation	1. Describe if and how the training achieved its objectives. 2. Describe purpose, content, use, and application of additional resource materials.	10 – 20 minutes
TOTAL TIME		**10 hours**

Summary of Module

Sexually transmitted infections (STIs), including HIV, spread fastest where there is poverty, powerlessness, and social instability. The disintegration of community and family life in situations of forced migration leads to the break-up of stable relationships and the disruption of social norms governing sexual behavior. Women and children may be coerced into having sex to obtain basic needs such as shelter, security, food, and money. In situations of forced migration, populations that have different rates of HIV prior to displacement may mix. Also, people forced to migrate commonly live in high density, low-income settings, conditions that increase the risk of HIV transmission.

The objectives of any effort in the area of STIs, including HIV/AIDS, should be to prevent and treat STIs, reduce the transmission of STI and HIV, and help care for those affected by AIDS. Safe motherhood, family planning, and other RH concerns should be integrated with STI/HIV/AIDS activities. Modules 5, 6, and 8 address these themes.

This Module focuses on creating shared understanding of the components of STI/HIV/AIDS interventions and services and their role in the specific setting. Participants work together to ensure stakeholder input to the design and management of STI/HIV/AIDS interventions and programs and to identify needs and resources for implementation of components of STI/HIV/AIDS programs. They apply guiding principles for STI/HIV/AIDS programming and a program design, monitoring, and evaluation framework (the Causal Pathway Framework) to identify effects, outputs, activities, and inputs to improve individual and agency capacity to implement STI/HIV/AIDS programming.

Anticipated Outcomes of Module

The **purpose** of this Module is to prepare participants, working as a team, to carry out the following responsibilities and duties:

- Design, monitor, and evaluate STI/HIV/AIDS services as part of comprehensive RH programs:
  - Apply guiding principles for good program design, monitoring, and evaluation to STI/HIV/AIDS services.
  - With community, analyze problem(s) and resources of the affected population regarding STI/HIV/AIDS.
  - Use needs and resources assessment results to design STI/HIV/AIDS services.
  - Design monitoring and evaluation plan for STI/HIV/AIDS and implement plan.
  - Use monitoring and evaluation findings to improve the program.

The **specific output** of the Module is:

- A design for STI/HIV/AIDS in comprehensive RH programs in the specific setting. The design will include impact (depending on time period of the project), effect, outputs, activities, and inputs; impact, effect, and output indicators; impact, effect, and output objectives; a plan for monitoring and evaluation; and agency and individual contributions, responsibilities, timing, and a preliminary budget.

Pre-training Activity for Participants

Complete and bring:

- STI/HIV Program Interventions Checklist.
- STI/HIV Services Provided.

Review and bring:

- Any agency guidelines or tools on STI/HIV from the participants' agencies.
- List of local slang terms for STI/HIV/AIDS.

NOTE: This Module must be preceded by Module 4 (Planning Comprehensive RH Programs).

Required Resource Materials for Participants (enclosed on CD-ROM)

- *Essentials of Contraceptive Technology* (Chapter 16).
- McGinn and Vaughan. *The Causal Pathway Framework*.
- *Reproductive Health in Refugee Situations.*
- RHRC. *Needs Assessment Tools.*
- UNICEF/UNAIDS. *Vertical Transmission of HIV—Rapid Assessment Guide.* New York and Geneva: UNICEF and UNAIDS, no date.
- UNAIDS. *Voluntary Counselling and Testing (VCT): UNAIDS Technical Update.* Geneva: UNAIDS, May 2000.
- WCRWC. *Refugees and AIDS: What Should the Humanitarian Community Do?*
- WHO/UNAIDS. *Key Elements in HIV/AIDS Care and Support*. Draft Working Document. Geneva: WHO and UNAIDS, 8 September 2000.

Related Additional Resource Materials

- Dallabetta, G., M. Laga, P. Lamptey (eds.). *Control of Sexually Transmitted Diseases: A Handbook for the Design and Management of Programs.* Arlington, VA: AIDSCAP/Family Health International, no date.
- Internal Rescue Committee, *Protecting the Future: A Guide to Incorporating HIV Prevention, Care, and Support Among Displaced and Conflict-affected Populations.* 2002 (in press: to be available in printed and CD-ROM format).
- Jewkes, R., M. Nduna and N. Jama. *Stepping Stones: A training manual for sexual and reproductive health communication and relationship skills.* Adapted from the original Stepping Stones manual by Alice Welbourn. Pretoria, South Africa: Medical Research Counsel. Edition II. 2002.

- NGO Networks for Health. Delivering Integrated FP/HIV/STI Services: Achieving More Together. Washington, DC: NGO Networks for Health, March 2001.
- Smith, A. *HIV/AIDS and Emergencies: Analysis and Recommendations for Practice. Humanitarian Practice* Network Paper 38. London: Overseas Development Institute, 2002.
- UNAIDS. *AIDS Epidemic Update: December 2001.* Geneva: UNAIDS, 2002.
- UNHCR/WHO/UNAIDS. *Guidelines for HIV Interventions in Emergency Settings.* Geneva: UNAIDS, 1996.
- WHO. *Guidelines for the Management of Sexually Transmitted Infections.* Geneva: WHO, 2001.

GUIDING PRINCIPLES FOR REPRODUCTIVE HEALTH PROGRAMMING FOR REFUGEES

- Integration of RH programs into primary health care.
- Multi-sectoral approach.
- Attention to gender and vulnerable groups.
- Respect for, protection, and promotion of human rights, including sexual and reproductive rights.
- Community and other stakeholder participation.
- Focus on development, capacity-building, and conflict reduction.
- Staff training and support.
- Good quality of care.
- Information, education, and communication.
- Coordination among agencies.
- Accountability: monitoring and evaluation.

ACTIVITY

MODULE INTRODUCTION

Learning Objectives

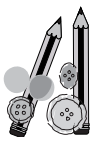
1. Name the learning objectives of the Module.

Methodology

Presentation, discussion, pre-test, and "competition".

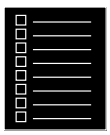
Suggested Time

10 - 20 minutes.



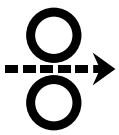
Materials

- Flip chart, markers.
- One to three copies of each of the additional resource materials listed in the module introduction and *Users' Guide.*



Preparation

- Make a flip chart page with the learning objectives of all the activities to be conducted in this Module and the anticipated outcomes.
- Prepare a written pre-test, based on the learning objectives (answers can be found in the key points of the different activities). See *Guide to Participatory Training* in the *Users' Guide* for more information on designing and using pre-tests. Make copies of the pre-test.
- Obtain copies (one to three) of the additional resource materials (see *Users' Guide*) and display them on a resource table.
- Revise and adapt the "research questions" (see below), according to the available additional resource materials. Write the research questions on a flip chart page.



Procedure

1. Begin with a discussion of "Where are we?" by asking:
   - What questions or concerns do you have about the training?
   - How can we resolve these?
   - What insights, new knowledge have you gained?
   - Which topics have not been relevant to your work?
   - Which topics are not being covered that you need to do your work?
2. Present the results of the previous day's pre- and post-tests and discuss, as appropriate. Return pre- and post-tests to participants.
3. Give a brief overview of the session. Present the learning objectives and anticipated outcomes. Ask for questions and comments. Ask participants to propose additional learning objectives or to state their own expectations.

4. Administer the pre-test. Try to find time to score and tabulate pre-test results before the day's session ends. If not, do it in the evening, so the pre- and post-test results can be presented and discussed with participants the following day.
5. Point to the flip chart page prepared in advance with the research questions below.
   - □ What are laboratory tests for different STIs?
   - □ What resources and training are needed for laboratory testing of STIs?
   - □ What drugs can be used to treat the different STIs?
   - □ What are some of the concerns about the syndromic approach to STI case management?
6. Tell participants that they can find the answers to these questions in the additional resource materials on display on the resource table.
7. Encourage participants to "research" the answers during breaks and other free time during the day. At the close of the day, participants who have found answers to the questions will win a prize.
8. Encourage participants to write down the information on how to obtain the resource materials and to obtain copies for use in their jobs.

ACTIVITY

SEXUALLY TRANSMITTED INFECTIONS (STI), INCLUDING HIV

Learning Objectives

1. Name STIs, including HIV, encountered in situations of forced migration.
2. Name populations most vulnerable to STIs and HIV in the particular setting.
3. Describe the relationship between STIs and HIV.
4. Name basic elements of an STI/HIV/AIDS program in a situation of forced migration.

Job Responsibilities

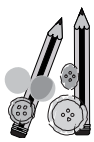
1. Apply guiding principles for good program design, monitoring and evaluation (DME) to STI/HIV/AIDS services; With community, analyze problem(s) and resources of the affected population regarding STI/HIV/AIDS.

Methodology

Presentation and discussion.

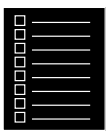
Suggested Time

30 minutes.



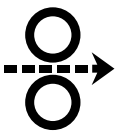
Materials

- Flip chart, markers.
- Reproductive Health in Refugee Situations (Chapter 5).
- Essentials of Contraceptive Technology (Chapter 16).
- Pre-training activity (STI Services Provided).
- Overhead transparency projector (optional).



Preparation

- If an overhead projector is not available, make flip chart pages based on the slides included in the presentation "STIs, including HIV" (see page 7.9).



Procedure

1. Remind participants that STIs, including HIV, prevention and management is a key component of comprehensive RH services in situations of forced migration.
2. Give the presentation "STIs, including HIV" using the overhead transparencies or the flip chart pages prepared in advance.

3. Facilitate a brief discussion on STIs and HIV in the participants' specific setting, by asking the questions below. Refer participants to their pre-training activity (STI/HIV/AIDS Services Provided). Note responses on a flip chart or ask a participant to do so.
   - What are the most common STIs in your setting?
   - What are local slang names for STIs?
   - What is the estimated prevalence of HIV?
   - Among which groups of the population do you find STIs and HIV?
   - Do the service data reflect the real prevalence? Are there groups of people who might have STIs and/or HIV that are not reflected in the data? Why?
   - Which are the most vulnerable groups for STIs and HIV in this setting? Why?
   - What are the factors in your setting that contribute to STI and HIV transmission?
   - What are the factors in your setting that prevent agencies from offering treatment for STIs?
4. Summarize the discussion or ask a participant to do so. Refer participants to *Reproductive Health in Refugee Situations* (Chapter 5) and *Essentials of Contraceptive Technology* (Chapter 16) for more information on STIs and STI and HIV program interventions in refugee settings. Explain that subsequent activities will address in detail many concerns and issues regarding STI and HIV interventions and programs.

STIs, INCLUDING HIV

SLIDE 1: SEXUALLY TRANSMITTED INFECTIONS (STIS)

- Syphilis.
- Gonorrhea.
- Chlamydia.
- Trichomoniasis.
- Chancroid.
- Candidiasis.
- Herpes.
- Hepatitis B.
- Genital warts (Human Papilloma Virus [HPV]).
- Herpes.
- Human Immunodeficiency Virus (HIV).

Sexually transmitted infections (STIs) are infections that are passed from one person to another during sexual intercourse. Some STIs, such as syphilis, gonorrhea, and HIV, the virus that causes AIDS, can also be passed from mother to child. Public health specialists have begun to use the term STI (infection), rather than STD (disease), because people may be infected without any symptoms or obvious sign of disease.

All sexually active men and women as well as those who have been sexually abused (including children) are at risk of developing a sexually transmitted infection.

There are 25 different microorganisms that make up the world of STIs. Common ones include gonorrhea, chlamydia, syphilis, trichomoniais, and HIV.

SLIDE 2: EFFECTS OF STIS

- Health.
- Social.
- Economic.

Health effects of undetected and untreated STIs include pelvic inflammatory disease (PID), with its complications of infertility, ectopic pregnancy with subsequent maternal mortality, chronic pelvic pain, an increased risk of subsequent pelvic infections and a higher risk of hysterectomy. Infertility as a result of PID accounts for 50 to 80 percent of the infertility in Africa; in Latin America, about 35 percent. In developing countries, one out of seven males with gonorrhea has recently been reported to develop urethral stricture. Urethral stricture is a progressive condition that sooner or later calls for urological

correction. Treponema pallidum, the cause of syphilis, can cross the placental barrier and infect the fetus. Neisseria gonorrhoeae and chlamydia trachomatis also cause morbidity in the mother and neonate. Cervical cancer, a global problem, is attributable in many cases to human papilloma virus (HPV) which is transmitted sexually. When screening services for cervical cancer are lacking, women present at an advanced stage of the disease leading to high rates of morbidity and mortality.

Recognizing but not treating STIs can also have painful social consequences. If a person admits to having an STI, he/she can be accused of infidelity or other socially unacceptable behaviors. For many, social stigma and personal damage (due to infertility and/or miscarriage result in divorce or commercial sex work. In addition to the impact of infertility, significant conflicts arise between couples, their families who become aware, and friends who are part of their support system. There is also the psychological and emotional burden of trust that is undermined, and the subsequent energy expended by partners to resume harmonious relationships. The number of incidents of violence and abusive behavior or retribution as a result of discovering an STI probably remains undocumented. What can be understood from experience is that an STI brings emotional consequences for those involved, including depression and its medical and social effects.

STIs also have economic consequences. The direct costs of diagnosing and treating STIs can exceed the per capita national health-care budgets in many low-income developing countries. For example, the cost of treating a woman for syphilis, chlamydial infection, chancroid, or gonorrhea may exceed the per capita national health-care budgets. The indirect costs are also high. In terms of lost life and productivity, it has been estimated that five percent of the total disability adjusted healthy life years lost in sub-Saharan Africa is due to STIs, excluding HIV. HIV alone accounts for 10 percent of healthy life years lost. A World Bank report notes that the sum of the days lost due to HIV, syphilis, and chlamydial infection almost equals the number of days lost due to malaria and measles. The costs in infant morbidity, debility, and mortality add to the economic burden placed on a society as a result of STIs. For example, it is estimated that in a country where the prevalence of syphilis in pregnant women is 10 percent, some five to eight percent of all pregnancies that extend beyond 12 weeks suffer an adverse outcome from syphilis.

SLIDE 3: MANY STIs ARE CURABLE

Estimated yearly global incidence of curable STIs in 15 to 49 year olds

North America	2 – 3%
Latin America and the Caribbean	7 – 14%
Western Europe	1 – 2%
Eastern Europe and Central Asia	3 – 8%
East Asia and the Pacific	1 – 2%
South and Southeast Asia	17% and 4%
North Africa and the Middle East	4 – 7%
Sub-Saharan Africa	11 – 35%

(Source: WHO. Sexually transmitted diseases three hundred and thirty-three million new, curable cases in 1995. Press release, WHO/64Geneva: WHO, 1995.)

STIs rank among the top five diseases for which health care services are sought. With the exception of viral STIs (HIV, herpes, and HPV), STIs can be cured, if they are detected and treated. Globally, it is estimated that as many as 333 million new cases of curable STDs occur each year. 65 million of these new infections occur in sub-Saharan Africa. Rates of STIs vary considerably from region to region and among specific groups within a country.

SLIDE 4: GREATEST IMPACT OF STIs ON WOMEN AND CHILDREN

The greatest impact of STIs is on women and children. The majority of curable STIs in women cause subclinical or asymptomatic infection. For example, gonorrhea usually causes symptoms in men, prompting them to seek treatment, whereas women are frequently either asymptomatic or have minor symptoms. In women between 15 and 44 years of age, the morbidity and mortality due to STIs, not including HIV, are second only to maternal causes. The prevalence of curable STIs in women is highly variable by region and risk behavior.

SLIDE 5: ESTIMATED NUMBER OF ADULTS AND CHILDREN LIVING WITH HIV/AIDS AS OF END OF 2001

Total = 40 million

Human immuno-deficiency virus (HIV) is the virus that causes AIDS. Acquired immuno-deficiency syndrome (AIDS) is the end result of an HIV infection. People with AIDS can get sick very easily with certain diseases like pneumonia or tuberculosis. Most people die from diseases that their bodies can no longer fight.

Twenty years after the first clinical evidence of AIDS was reported, it has become the most devastating disease humankind has ever faced. Since the epidemic began, more than 60 million people have been infected with the virus. HIV/AIDS is now the leading cause of death in sub-Saharan Africa. Worldwide, it is the fourth biggest killer.

At the end of 2001, an estimated 40 million people globally were living with HIV. About one-third of those currently living with HIV/AIDS are aged 15 – 24. Most of them do not know they carry the virus. Many millions more know nothing or too little about HIV to protect themselves against it.

(Source: UNAIDS. *AIDS Epidemic Update: December 2001.*)

SLIDE 6: ESTIMATED NUMBER OF ADULTS AND CHILDREN NEWLY INFECTED WITH HIV DURING 2001

Total = 5 million

In many parts of the developing world, the majority of new infections occurred in young adults, with young women especially vulnerable. Young women are vulnerable because:

- Women are the receptive sex partner so have longer exposure to virus;
- Youthful mucosa is less resistant; and
- Young girls are often sought by older men who have already had other partners and therefore more likely to carry infectious agents.

(Source: UNAIDS. AIDS Epidemic Update: December 2001.)

SLIDE 7: ESTIMATED ADULT AND CHILD DEATHS FROM HIV/AIDS DURING 2001

Total = 3 million

(Source: UNAIDS. *AIDS Epidemic Update: December 2001.*)

SLIDE 8 - 9: WOMEN, ADOLESCENTS, AND HIV

Region	% of HIV-positive adults who are women
North America	20
Australia and New Zealand	10
Latin America and the Caribbean	30
Caribbean	50
Western Europe	25
Eastern Europe and Central Asia	20
East Asia and the Pacific	20
South and Southeast Asia	35
North Africa and the Middle East	40
Sub-Saharan Africa	55
Total	**48**

ESTIMATED NUMBERS OF WOMEN AND MEN AGE 15–24 LIVING WITH HIV/AIDS AS OF DECEMBER 2001

Region	Young Women	Young Men	Young People
Africa, sub-Saharan	5,700,000	2,800,000	8,600,000
East Asia & Pacific	87,000	200,000	2800,000
South & South-East Asia	930,000	590,000	1,500,000
Latin America	170,000	260,000	420,000
Caribbean	72,000	59,000	130,000
North Africa & Near East	110,000	41,000	150,000
Eastern Europe & Central Asia	85,000	340,000	420,000
North America	47,000	100,000	150,000
Western Europe	33,000	55,000	89,000
TOTAL	**7,300,000**	**4,500,000**	**11,800,000**

Note: Figures are rounded

(Source: UNAIDS. *AIDS Epidemic Update: December 2001.*)

Although gender differences in patterns of HIV infection vary substantially around the world, globally, HIV infection affects almost as many women as men. Among young people 15 – 24, often more young women are infected than young men. In some regions, adolescent girls are as much as six times more likely than adolescent boys to be infected.

SLIDE 10: THE STI-HIV RELATIONSHIP

- STIs increase the transmission of HIV.
- Risk factors for all STIs are also risk factors for HIV:
  - Multiple sex partners;
  - Failure to use condoms;
  - Failure to seek health care; and
  - Gender inequities.

Studies show that STIs enhance HIV transmission. The presence of an STI increases the risk of HIV transmission during unprotected sex as much as ten times. A study in rural Tanzania found that treating STI-symptomatic individuals using the syndromic approach reduced HIV incidence in the study population by 42 percent.

(Source: Grosskurth H, Mosha F, Todd J, et al. *Impact of improved treatment of sexually transmitted disease on HIV infection in rural Tanzania*: randomized control trial. Lancet 1995;346:530-536.)

Since HIV is a sexually transmitted infection, behaviors such as multiple sexual partners, failure to use condoms, failure to seek health care, and self-treatment increase risk for transmission. Sociocultural and environmental factors also increase the risk of STIs and HIV. These include poverty, gender inequities, commercial sex, community norms, stigma, and lack of appropriate or adequate health services.

SLIDE 11: POVERTY, POWERLESSNESS, AND SOCIAL INSTABILITY

- Sexual violence and exploitation.
- Prostitution.
- Displacement of rural populations to high-populated areas.
- Lack of information.
- Military presence.

HIV spreads fastest in conditions of poverty, powerlessness, and social instability. These conditions are often compounded in situations of forced migration. During civil strife and flight, refugees, especially women are girls, are at increased risk of sexual violence, including rape. The disturbance of community and family life among refugees may disrupt social norms governing sexual behavior. Adolescents may take sexual risk and face exploitation in the absence of traditional sociocultural constraints. Women and children may be coerced into having sex to obtain their survival needs. Vulnerability to HIV increases when human rights are violated.

In situations of forced migration settings, populations from low prevalence areas may now be living close to a population with high prevalence. Peace-keeping forces, military and police may also be susceptible to infection and a source of HIV exposure in refugee settings.

Slide 12: PROGRAM RESPONSE

- Universal precautions.
- Safe blood transfusion.
- Free condoms.
- STI care.
- Information, education, and communication (IEC).
- Care for people with AIDS.

These should be included as basic elements of response to every refugee situation.

(Sources: McGinn, Purdin, and Goodyear. *Public Health in Complex Emergencies Training Course: Reproductive Health Module; Introduction to Reproductive Health Issues in Refugee Settings: An Awareness Building Module; A Five-Day Training Program for Health Personnel: Reproductive Health Programming in Refugee Settings; Control of Sexually Transmitted Diseases: A Handbook for the Design and Management of Programs; UNAIDS. AIDS Epidemic Update: December 2001; Refugees and AIDS: What Should the Humanitarian Community Do?*)

ACTIVITY

HIV: BASIC FACTS

Learning Objectives

1. Identify risk factors for HIV transmission.
2. List basic facts about HIV/AIDS.

Job Responsibilities

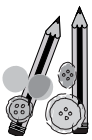
1. Apply guiding principles for good program design, monitoring and evaluation (DME) to STI/HIV/AIDS services; with community, analyze problem(s) and resources of the affected population regarding STI/HIV/AIDS.

Methodology

Game and discussion.

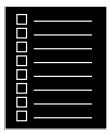
Suggested Time

45 minutes.



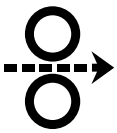
Materials

- Flip chart, markers.
- Large box or suitcase, with objects listed in "HIV/AIDS Game" (see page 7.19).
- *Refugees and AIDS: What Should the Humanitarian Community Do?*
- *Essentials of Contraceptive Technology* (Chapter 16).



Preparation

- Obtain the objects listed in "HIV/AIDS Game" or make pictures.



Procedure

1. Place the suitcase or box with the objects on a table, so that participants cannot see in the box.
2. Divide the participants into two teams.
3. Give the following instructions:
   - When given the signal, one member of a team goes to the box and takes out an object, without looking.
   - The members of that person's team have 30 seconds to say what is the relationship between the object and the risk of HIV transmission.
   - If the answer is correct, the team wins a point.
   - If the answer is not correct, or the team does not answer within 30 seconds, the other team has a chance to answer.

- If the other team is correct, it wins a point.
- If neither team is correct, the object is set aside for discussion later.
- After all objects have been withdrawn from the box, the team with the most points wins.

4. When the game is over, clarify any misunderstandings or questions about the objects, including those that the teams could not explain the relationship to risk of HIV transmission, and facilitate a discussion to review the basic facts about HIV and AIDS by asking the questions below. Note responses on a flip chart or ask a participant to do so.
   - What are the routes of transmission of HIV?
   - Which four bodily fluids transmit HIV?
   - What are the stages of HIV infection?
   - What are tests for HIV infection?
   - What are treatments of HIV infection?
   - What are treatments for AIDS?
5. Summarize the discussion, or ask a participant to do so, being sure the Key Points on the following page are covered. Refer to the resource materials *Refugees and AIDS: What Should the Humanitarian Community Do?* and *Essentials of Contraceptive Technology* (Chapter 16) for more information on HIV transmission.

KEY POINTS

- HIV spreads through: 1) unprotected sex; 2) blood exposure, including intravenous (IV) drug use; and 3) from an infected mother to her baby. Unprotected sex is the most common route of transmission of HIV.
- The four bodily fluids that transmit HIV are: 1) semen; 2) vaginal fluids; 3) blood; and 4) breastmilk.
- STIs substantially increase the risk of HIV transmission during sexual contact.
- HIV infection usually progresses through stages:
  - 1) In the first few weeks after exposure, when the virus multiplies rapidly;
  - 2) Sero-conversion, about 3 months after exposure, when the body forms antibodies. However, the antibodies are not able to overcome the infection. Many people have a flu-like illness at the time of sero-conversion, with fever and enlarged lymph glands;
  - 3) Latency, which can last for months or years. During this period, the virus reproduces slowly. Eventually, the amount of virus increases, overwhelms the antibodies and infected people develop clinical disease, often with a wide range of symptoms; and
  - 4) AIDS, or the final stage of HIV infection, occurs when the immune system is very weak. The weak immune system allows microorganisms to take the opportunity to infect the person, so these infections are called opportunistic infections.
- There are two kinds of tests for HIV:
  - HIV antibody tests, including the ELISA, rapid tests, and the "Western blot," which are less expensive and used for screening blood, for surveillance, and for voluntary testing and counseling programs; and
  - Tests that detect the presence of the virus itself, which are expensive and require sophisticated laboratory support.
- At present, there is no cure for AIDS. There are treatments for the relief of symptoms, treatments for opportunistic infections, prophylactic medications to prevent opportunistic infections, and antiretroviral drugs that attack HIV itself.

6. Allow five minutes for participants to review the resource materials. Encourage participants to use them throughout the workshop and in their work.
7. Remind participants that they will discuss the basic facts in more depth as they learn about and plan for specific interventions to prevent and manage HIV infection in the specific setting.

(Adapted from: Moses, P. et. al. *Curriculo Para Promotoras y Promotores de Salud: Modulo 2: El VIH y El SIDA.* Baltimore, MD: AIDS Administration/Department of Health and Mental Hygiene, State of Maryland, 2000.)

HIV/AIDS GAME

Obtain the following objects and place them in a large box or suitcase, so participants cannot see them. If you cannot find all the objects, you may draw a picture of the object (or substitute it for something equivalent). You may also add objects relevant to the specific situation, i.e., objects that represent common incorrect beliefs about HIV transmission or common means of HIV transmission.

Object	Explanation
Empty cup or glass	No risk of transmission.
Insect repellent	HIV is not transmitted by insect bites.
Door knob	No risk of transmission
Toilet seat	No risk of transmission.
Swimming suit	No risk of transmission.
Oral contraceptives	Do not protect against HIV.
Male condom	When used correctly, protects against HIV transmission.
Female condom	When used correctly, protects against HIV transmission.
Tooth brush	May possibly be contaminated with blood with HIV. Should not share.
Razor for shaving	May possibly be contaminated with blood with HIV. Should not share.
Latex glove	Effective barrier against HIV.
Empty beer bottle	HIV is not transmitted through drinking alcohol or sharing glasses, but drinking alcohol may lead to unwise decisions in relation to unprotected sex or needle sharing.
Baby doll	May protect against HIV transmission because an HIV+ woman can transmit HIV to her baby during pregnancy, delivery, or breastfeeding.
Syringe	Sharing needles and syringes transmits HIV.
Telephone	No risk of transmission.
Baby bottle	An HIV+ woman may transmit HIV to her baby during breastfeeding.

ACTIVITY

SEXUAL HEALTH AND HUMAN RIGHTS

Learning Objectives

1. Define sexual health.
2. Define stigmatization and discrimination, and describe their relationship to sexual health and human rights.
3. Describe impact of stigmatization of and discrimination.

Job Responsibilities

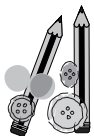
1. Apply guiding principles for good program design, monitoring and evaluation (DME) to STI/HIV/AIDS services.
2. With community, analyze problem(s) and resources of the affected population regarding STI/HIV/AIDS.

Methodology

Small group and large group discussions.

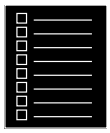
Suggested Time

45 minutes.



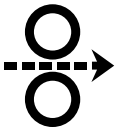
Materials

- Flip chart, markers.
- *Refugees and AIDS: What Should the Humanitarian Community Do?*
- Pre-training activity (agency program guidelines on STI/HIV).



Preparation

- Make a flip chart page with the definition of sexual health: "The integration of the physical, emotional, intellectual, and social aspects of sexual being, in ways that are enriching and that enhance personality, communication, and love." (WHO)



Procedure

1. Divide participants into small groups of three to four people. Introduce the activity by saying:
   - We are going to talk about sex. Sex is always an interesting topic.
   - In most societies there are taboos and unwritten rules about discussing sex.
   - We have to agree today that although it may not be usual to discuss sex in detail, we are professionals who want to prevent the spread of STIs and HIV, to promote sexual health, and to protect human and reproductive rights. So, we need to be able to talk about sexual matters.

2. Ask each group to discuss the following questions below in relation to their own society.
   - Is it easy to talk about sex? Is this different for men and for women, for different age groups?
   - Where and how do we usually talk about sex?
   - What are socially acceptable ways to talk about sexual intercourse? For example, in English people say, "sleeping with" when they mean "having sexual intercourse with". Point out the problem with the euphemism as misleading or confusing because it is possible to sleep with someone without having sex and possible to have sex without sleeping with someone.
   - What does "sexual health" mean to you?
3. Allow five minutes.
4. Ask each group to give its suggestions about the meaning of sexual health. Note suggestions on a flip chart page.
5. After showing the flip chart page prepared in advance with the WHO definition of sexual health, ask:
   - What can we do to promote sexual health? What is the basis for effective education about safer sex?
6. Summarize the discussion, or ask a participant to do so, being sure the Key Points below are covered.

KEY POINTS

- To promote sexual health, we need to understand sex, sexuality, STIs, and the social factors that influence sexual behavior.
- Effective education about safer sex is based on what people really do, rather than on what society says people should do.
- Sexuality is about more than sexual practices and includes the relationships in which they occur.

7. Ask the groups to discuss the following questions:
   - What are some of the reasons why men have sex?
   - What are some of the reasons why women have sex?
   - Which of these reasons are acceptable according to society's rules and norms?
   - Which of these reasons are unacceptable? Why?
   - What sexual practices are common and acceptable for men? For women?
   - How common is homosexuality? What forms does it take? What are attitudes toward male and female homosexuality?
8. Allow 15 minutes. Ask each group to summarize its discussion. Note responses on a flip chart.

9. Process by asking:
   - What happens to men and women who engage in sex behaviors that break society's rules?
   - What do the terms "stigmatization" and "discrimination" mean? How do they apply to people who do not follow social norms about sexual behavior?
   - How do stigma and discrimination affect people who do not "follow the rules?"
   - What are the implications for the promotion of sexual health?
   - What are human rights principles regarding discrimination? How do they apply to the promotion of sexual health?
   - How do the other guiding principles of comprehensive RH programs in situations of forced migration (attention to gender and vulnerable groups, community participation, quality of care, etc.) apply to the promotion of sexual health and the prevention and care of STIs?
   - How do your agencies' program guidelines on STI and HIV address discrimination and stigmatization?
10. Summarize the discussion and review the Key Points below.

KEY POINTS

- People have sex for many reasons. There is a spectrum of what is sometimes called "transactional sex." Someone may exchange sex for love, protection, financial security, luxuries, essentials such as food or clothing, or money. This may be a single incident or a long relationship.
- When people have sex for reasons that society considers unacceptable, or when they engage in sexual practices that society considers unacceptable, they may be ostracized (hated, outcast), ignored, and/or treated unfairly. In other words, they may be stigmatized and discriminated against.
- Stigmatization is the process of devaluing an individual; of shaming, humiliating, disgracing, and/or robbing the person of his or her dignity. Stigma builds on and reinforces prejudices and social inequalities. Sex workers, homosexuals, sexually active teens, and others may be stigmatized.
- Discrimination occurs when a distinction is made against a person that results in unfair and unjust treatment on the basis of belonging to, or being perceived to belong to, a particular group, such as sex workers or homosexuals.
- Discrimination and stigmatization can deny people access to the information and services they need to protect their own and the community's sexual health.
- The principle of non-discrimination is central to human rights thinking and practices. The basic characteristics of human rights are that they are inherent in individuals because they are human and that they apply to people everywhere.
- Discrimination against people who do not follow (or who are believed not to follow) "acceptable sexual norms" is a violation of their human rights.
- Non-discriminatory health care is a human right.

11. Facilitate a discussion on stigmatization of and discrimination against people living with HIV and AIDS by asking the questions below. Note responses on a flip chart or ask a participant to do so.
    - What forms of stigma and discrimination do people living with HIV and AIDS face?
    - How are men living with HIV and AIDS perceived by their families? By the community? By health care providers? By other institutions?
    - How are they treated?
    - How are women living with HIV and AIDS perceived?
    - How are they treated?
    - How can we address stigma and discrimination in our programs? Give examples.
    - What are positive responses to people living with HIV and AIDS that protect against stigma and discrimination?
12. Summarize the discussion or ask a participant to do so, being sure the Key Points below are covered.

KEY POINTS

- The forms of stigma and discrimination faced by people with HIV/AIDS are multiple and complex.
- Individuals may be stigmatized and discriminated against because of their HIV status, and also because of what this status means.
- Discrimination against people living with HIV and AIDS, or those thought to be infected, is a violation of their human rights.
- To address stigma and discrimination we can 1) develop interventions that prevent stigma and prejudice from being formed; 2) ensure that no person is denied access to information, services, support, and care on the basis of their HIV status.
- Positive responses to people living with HIV and AIDS include community actions that offer solidarity and provide support and care for people living with HIV and AIDS.

(Source: UNAIDS. *Overview of HIV/AIDS-related stigma and discrimination: Fact Sheet*. http://www.unaids.org/factsheets.)

ACTIVITY

PREVENTION AND CARE OF SEXUALLY TRANSMITTED INFECTIONS

Learning Objectives

1. List elements of STI prevention and care.
2. Identify resources needed for STI prevention and care.
3. Assess current situation regarding STI care.

Job Responsibilities

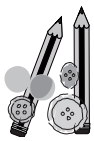
1. Apply guiding principles for good program design, monitoring and evaluation (DME) to STI/HIV/AIDS services.
2. With community, analyze problem(s) and resources of the affected population regarding STI/HIV/AIDS.

Methodology

Presentation, small group work, and discussion.

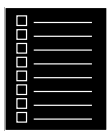
Suggested Time

1½ hours (90 minutes).



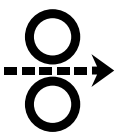
Materials

- Flip chart, markers.
- *Reproductive Health in Refugee Situations* (Chapter 5 and Annexes 3, 4, 5, 6, and 8).
- *Refugees and AIDS: What Should the Humanitarian Community Do?*
- *Essentials of Contraceptive Technology* (Chapter 16).
- RHRC. *Needs Assessment Tools.*
- Pre-training Activity (STI Program Interventions Checklist and STI Services Provided; Agency guidelines and tools on STI/HIV).
- Overhead transparency projector.



Preparation

- If an overhead projector is not available, make flip chart pages based on the slides included in the presentation "STI Prevention and Care" (see page 7.26).
- Review, adapt, and modify the STI Situations (see page 7.29) as needed. Make four to five copies of the STI Situations, and cut the papers into the individual situations.



Procedure

1. Remind participants of the basic elements of program response to STIs and HIV in every situation of forced migration: universal precautions; safe blood transfusion; free condoms; STI care; IEC; and care for people with HIV/AIDS.

2. Explain that this activity focuses on the components that relate to the prevention of sexual transmission of STI/HIV: condom distribution, STI care, and IEC. Subsequent activities address universal precautions, safe blood transfusion, voluntary testing and counseling (VCT) for HIV, interventions to reduce mother-to-child transmission (MTCT) of HIV, and care for people with AIDS in more detail.
3. Give the presentation "STI Prevention and Care".
4. Facilitate a brief discussion on STI prevention and care in the specific refugee setting, by asking the questions below. Refer participants to their pre-training activity (STI Program Intervention Checklist and STI Services Provided). Note responses on a flip chart or ask a participant to do so.
   - Which elements of STI prevention and care do we currently have in place? In the planning stages?
   - Which elements are missing?
   - What actions can we take to improve the quality of existing services? To establish those services and interventions that are not yet in place?
   - What tools and resources can we use?
   - How do your agencies' guidelines and tools on STI/HIV address prevention and care of STIs?
5. Divide participants into 5 groups. Assign each group one of the "STI Situations" (page 7.29). Each group should:
   - Use the resource materials to discuss and answer the questions
   - Include needs and resources assessment and monitoring activities, as appropriate
   - Incorporate the guiding principles for comprehensive RH services.
   - Select a person to present a summary of its work.
6. Allow 20 minutes for this activity.
7. Allow each group five minutes to present its work. Encourage questions and comments.
8. Remind participants to refer to and use the resource materials.

STI PREVENTION AND CARE

SLIDE 1: COMPONENTS OF STI PREVENTION AND CARE

- Needs and resources assessment/situation analysis.
- Condom distribution.
- STI care.
- Information, education, and communication.

SLIDE 2: NEEDS AND RESOURCES ASSESSMENT

- Prevalence of STIs and HIV.
- Specific risk areas within the community.
- Cultural and religious beliefs, attitudes, and practices.
- Existing resources.

Conduct a needs and resources assessment to plan appropriate STI prevention and care interventions and services. Look at STI management protocols and identify people who have been trained in STI prevention and management. The RHRC *Needs Assessment Tools* can help you design and conduct an assessment.

SLIDE 3: CONDOM DISTRIBUTION

- Male and female condoms.
- Procurement.
- Distribution: continuous access.

Condoms should be made freely available to those who seek them. If available, the female condom should be used as an additional method of protection. In addition to health facilities, condoms should be available in a wide range of places where men, women and youth gather: bars, markets, food distribution centers, shops, women and youth groups, and so on. Instructions for condom use should accompany condoms, and staff at the sites where condoms are available should be trained in their promotion, distribution, and use.

SLIDE 4: STI CARE

- Integrated into PHC.
- STI screening in antenatal care, especially syphilis.
- Promotion of safer sex: education and counseling.
- Case finding.
- Case management.
- Partner notification and treatment.

Early establishment and integration of STI services within primary health care is a priority. STI care involves promotion of safer sex as well as early and effective case finding, case management, and partner notification.

SLIDE 5: QUALITY STI CARE

- Protocols: case definition and management.
- Trained providers.
- User-friendly, confidential services.
- Consistent supply of drugs and condoms.
- Monitoring.

If testing is not possible through laboratory tests, treatment of symptomatic STI cases should be standardized on the basis of syndromes and not dependent on laboratory analysis. A treatment protocol (consistent with national protocols) based on syndromic case management should be prepared and adopted. Health care providers, including volunteer workers, should receive training in prevention of STIs. Clinical providers need training in the syndromic approach to STI management. Take into account the needs of different groups (women, adolescents, other vulnerable groups) when designing services to help make clients feel welcome and follow clinical recommendations for care.

SLIDE 6: CASE MANAGEMENT: SYNDROMIC APPROACH

- Based on signs and symptoms.
- Exception: syphilis screening in antenatal care.

In syndromic management, the choice of treatment for an STI depends on the particular pattern of signs and symptoms. For example, a woman presenting with the syndrome "vaginal discharge" will be treated for gonorrhea, trichomonas, and chlamydia. Syndromic management can be learned by primary health care workers and allows treatment of symptomatic patients in one visit. However, it cannot assist in the management of asymptomatic infections. It also means that patients may take medicines for STIs that they do not have. There is considerable debate among public health experts about the appropriateness of the syndromic approach for diagnosis, particularly in settings where the prevalence of STIs is low. Whenever possible, laboratory testing for STIs is preferred. *Reproductive Health in Refugee Situations* (Chapter 5, Annex 4) has more information on syndromic management protocols.

SLIDE 7: IEC

- Abstinence, delay of first sex, reducing number of sexual partners.
- Use of condoms.
- Promote individual behavior change.
- Create a social environment where safe sex is the norm.

Develop and disseminate a wide range of materials to promote STI prevention: posters, pamphlets, drama, puppet shows, song, radio, etc. Train different groups of people to serve as peer educators: married women, laborers, youth, sex workers. Support education, awareness raising, and advocacy by people living with HIV and AIDS. Train health workers (clinical and volunteers) in one-on-one counseling for behavior change, decision-making, and support. For youth, STI prevention efforts should also focus on delay of first sex and abstinence.

STI prevention efforts must also focus on ensuring broad community sensitization about STI and HIV and reducing the stigma associated with STIs and HIV. Provide opportunities for social activities for adults and youth and train facilitators to conduct community discussion and action exercises, and incorporate STIs into these activities. Safe sex should be the community norm.

STI SITUATIONS

Sekou, an 18-year-old, single male, presents at the clinic with a large genital ulcer.

- What will the provider do?
- What kind of training and resources does the provider need to do this job with good quality?

Marie, a 22-year-old commercial sex worker knows about HIV and AIDS, yet feels that she is powerless to do anything to protect herself.

- What kind of interventions can address Marie's needs and concerns?
- What kinds of training and resources are needed for these interventions?
- Who should be involved in the design, management, and evaluation of the intervention?

Joseph, a 30-year-old married man with three children is being treated for gonorrhea. His wife needs treatment also.

- What will the provider do?
- What kind of training and resources does the provider need to do this job with quality?

A local religious leader approaches you, the RH coordinator, and expresses his willingness to collaborate in STI/HIV prevention efforts.

- How will you respond?
- How will you go about developing interventions in collaboration with the leader?
- What resources and training will you need?

After a group education session about STIs and HIV, a group of adolescents proposes that they become condom sales people: they can earn some income and educate the community at the same time.

- How will you respond?
- How will you go about developing interventions in collaboration with the leader?
- What resources and training will you need?

ACTIVITY

VOLUNTARY TESTING AND COUNSELLING

Learning Objectives

1. List resources needed for VCT in the particular setting.
2. Determine the feasibility of VCT in the particular setting.

Job Responsibilities

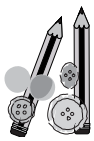
1. Apply guiding principles for good program design, monitoring and evaluation (DME) to STI/HIV/AIDS services.
2. With community, analyze problem(s) and resources of the affected population regarding STI/HIV/AIDS.

Methodology

Small group discussion and analysis, presentation and discussion.

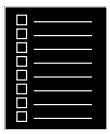
Suggested Time

1 hour (60 minutes).



Materials

- Flip chart, markers.
- *Reproductive Health in Refugee Situations* (Chapter 5, Annex 1).
- *Refugees and AIDS: What Should the Humanitarian Community Do?*
- *Voluntary Counselling and Testing* (VCT).
- Pre-training Activity (Agency guidelines on STI/HIV).



Preparation

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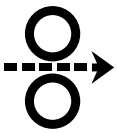


Procedure

1. Divide participants into three groups. Give each group flip charts and markers, and explain the instructions for this activity.
   - □ Discuss the establishment and promotion of voluntary counseling and testing (VCT) services in this particular setting.
   - □ Discuss the criteria for and the benefits of VCT.
   - □ Use the resource materials *Reproductive Health in Refugee Situations* (Chapter 5, Annex 1), *Refugees and AIDS: What Should the Humanitarian Community Do?, Voluntary Counselling and Testing (VCT),* and pre-training activity.
   - □ Outline the essential elements of and guidelines for a VCT program.
   - □ Outline the resources and actions required to establish and promote VCT: who, what, where.
   - □ Assess the feasibility of establishing a VCT program in the specific setting.

2. Allow 20 minutes for this activity. Ask each group to select a person to present a summary of its work.
3. Allow each group five minutes to present its work. Encourage questions and comments. Be sure the Key Points below are covered.

KEY POINTS

- Mandatory HIV testing is a violation of human rights and it leaves those who are identified as HIV-positive open to discrimination and persecution.
- VCT can be a useful tool for both prevention and care.
- Good quality VCT services must include:
  - Assessment of the availability of testing in the country of origin and host country;
  - Informed consent;
  - Pre-test counseling;
  - Post-test counseling;
  - Confidentiality;
  - A strategy to confirm positive tests with more specific tests; and
  - A strategy and activities to promote VCT.
- Criteria to determine the feasibility of VCT in a specific setting include:
  - Technical capacity;
  - Staff capacity;
  - Capacity for treatment and care;
  - Administrative capacity; and
  - Availability of resources.

4. Facilitate a discussion to arrive at a consensus about the feasibility of establishing VCT services in the particular setting. If it is determined not to be feasible at this time, discuss at what point in the future it might be possible.

ACTIVITY

MOTHER-TO-CHILD TRANSMISSION OF HIV

Learning Objectives

1. Name three integrated strategies for preventing mother-to-child transmission of HIV.
2. Describe approach to replacement feeding in particular setting.

Job Responsibility

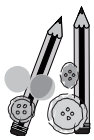
1. Apply guiding principles for good program design, monitoring, and evaluation (DME) to STI/HIV/AIDS services.
2. With community, analyze problem(s) and resources of the affected population regarding STI/HIV/AIDS.

Methodology

Large group discussion.

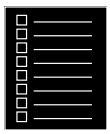
Suggested Time

30 minutes.



Materials

- Flip chart, markers.
- *Reproductive Health in Refugee Situations* (Chapter 6, Annex 2; Chapter 3, pp. 26 – 27).
- *Refugees and AIDS: What Should the Humanitarian Community Do?*
- *Vertical Transmission of HIV – Rapid Assessment Guide.*
- Pre-training activity (agency guidelines and tools on STI/HIV).



Preparation

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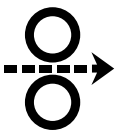


Procedure

1. Facilitate a discussion on mother-to-child transmission (MTCT) of HIV and infant feeding in the specific setting by asking the questions below. Note responses on a flip chart or ask a participant to do so.
   - □ What are three strategies to prevent MTCT?
   - □ What are examples of activities related to each strategy?
   - □ Under what conditions should replacement feeding be used instead of breastfeeding?
   - □ Can these conditions be met in this specific setting?

- What approach to replacement feeding should we take in this specific situation?
- How do your agencies' guidelines on STI/HIV address MTCT?

2. Summarize the discussion, being sure the Key Points below are covered. Refer participants to *Reproductive Health in Refugee Situations* (Chapter 6, Annex 2; Chapter 3, pp. 26 – 27), *Refugees and AIDS: What Should the Humanitarian Community Do?, and Vertical Transmission of HIV—Rapid Assessment Guide* for more guidance on prevention of MTCT and infant feeding.
3. Allow participants five minutes to review the resource materials. Ask for comments and questions.

KEY POINTS

- Comprehensive RH services in situations of forced migration should include three integrated strategies to prevent MTCT:
  - Prevent HIV infection in young people and women of childbearing age through community education, male involvement, screening and treatment of STIs, condom promotion, access to safe blood, and VCT;
  - Prevent unwanted pregnancy among women with HIV infection through improving the quality of RH and FP services, encouraging pregnancy planning and counseling for HIV-positive women. HIV should never be used as a reason to pressure women into having or not having children;
  - Prevent transmission of HIV from an infected mother to her infant through antiretroviral drugs during pregnancy, elective caesarean section, avoiding unnecessary invasive procedures, and avoiding breast-feeding and using replacement feeding, when certain conditions can be met.
- Replacement feeding should be used when it is acceptable, feasible, affordable, sustainable, and safe.
- Exclusive breastfeeding (nothing but breastmilk, not even water) is likely to be the safest option for a baby if criteria for replacement feeding cannot be met.
- All HIV-infected mothers should receive counseling and support for whatever option they choose.

ACTIVITY

UNIVERSAL PRECAUTIONS AND SAFE BLOOD SUPPLY

Learning Objectives

1. List universal precautions.
2. List actions to ensure safe blood supply.

Job Responsibilities

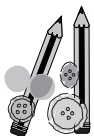
1. Apply guiding principles for good program DME to STI/HIV/AIDS services.
2. With community, analyze problem(s) and resources of the affected population regarding STI/HIV/AIDS.

Methodology

Role-play and discussion.

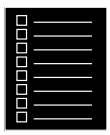
Suggested Time

1 hour (60 minutes).



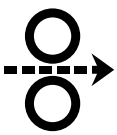
Materials

- Flip chart, markers.
- *Reproductive Health in Refugee Situations* (Chapter 5).
- *Refugees and AIDS: What Should the Humanitarian Community Do?*
- RHRC *Needs Assessment Tools* (Health Facility Checklist).
- Pre-training Activity (Agency guidelines and tools on STI/HIV).



Preparation

- None.



Procedure

1. Divide the participants into two groups. Give the instructions below for this activity.
   - One group addresses universal precautions; the other group addresses safe blood supply.
   - Using the resource materials *Reproductive Health in Refugee Situations* (Chapter 5) and *Refugees and AIDS: What Should the Humanitarian Community Do* as guidance, develop a brief (no more than 10 minutes) role play on the assigned topic.
   - The role play should include good practices, bad practices, and "absent practices" (those that should be followed, but are deliberately not included in the role play).
   - Draw upon their knowledge and experience in the specific situation.

- All members of the group should participate in the development of the role play. Not all members need to be part of the role play.

2. Allow 30 minutes for the groups to prepare and rehearse their role plays.
3. Ask one group to present its role play.
4. Follow the presentation with a discussion. Ask participants in the "other" group to use the resource materials to identify:
   - Which steps and elements of the topic were followed;
   - Which ones were not; and
   - The actions can be taken in the specific situation to ensure that appropriate measures are taken.
5. Repeat steps 3 and 4 with the other group.
6. Refer participants to the Needs Assessment Tools (Health Facility Checklist). Ask:
   - Which tools and questions can be used to assess the equipment, supplies, and protocols for universal precautions and safe blood supply in a health facility?
7. Summarize the activity by reviewing the key points below.
8. Remind participants to use the resource materials throughout the workshop and in their work.

KEY POINTS

- Elements of universal precautions include protocols, supplies, and training for:
  - Hand-washing;
  - Gloves and protective clothing;
  - Safe handling of sharps;
  - Safe disposal of waste;
  - Safe handling of corpses;
  - Cleaning, disinfecting, and sterilization; and
  - Treat all blood as infectious.
- Elements of safe blood supply include protocols, training, and supplies to:
  - Screen all donated blood for HIV, syphilis, and hepatitis B virus;
  - Screen donors for risk factors of HIV infections.

ACTIVITY

CARE OF PEOPLE WITH HIV/AIDS

Learning Objectives

1. Describe the continuum of care for HIV/AIDS.
2. List elements of comprehensive care for people with HIV/AIDS.

Job Responsibility

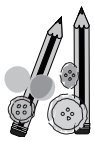
1. Apply guiding principles for good program DME to STI/HIV/AIDS services.
2. With community, analyze problem(s) and resources of the affected population regarding STI/HIV/AIDS.

Methodology

Presentation and discussion.

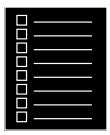
Suggested Time

1 hour (60 minutes).



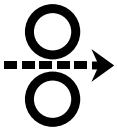
Materials

- Flip chart, markers.
- *Reproductive Health in Refugee Situations* (Chapter 5).
- *Refugees and AIDS: What Should the Humanitarian Community Do?*
- *Key Elements in HIV/AIDS Care and Support.*
- RHRC *Needs Assessment Tools.*
- Pre-training activity (agency tools and guidelines on STI/HIV/AIDS).



Preparation

- Make a flip chart page with the "HIV/AIDS: The Continuum of Care" (see page 7.39).



Procedure

1. Pointing to the flip chart prepared in advance with the figure of the "HIV/AIDS: The Continuum of Care", facilitate a discussion on the HIV/AIDS continuum of care by asking the questions below.
   - How does this model of the continuum of care correspond to what is in place in this particular setting? At what levels is care currently provided? What is the nature of the care? What are the links between the levels of care?
   - What are the medical, social, and emotional needs of people living with HIV/AIDS? What role do stigma and discrimination play in these needs? At what level of care should these needs be addressed?

- What are the needs of the families of people living with HIV/AIDS?
- What is the connection between care and prevention? What role do care and support of people living with HIV and AIDS have in community prevention efforts?
- What is the role of VCT in the continuum of care? What is the "entry point" to the continuum of care in settings where VCT is not feasible?
- What is the role of antiretroviral treatment in this particular setting?
- How can we apply the guiding principles of comprehensive RH services to care and support of people living with HIV/AIDS?
- What are some of the ethical issues involved? For example, should clinic records indicate whether a person is HIV positive or not? Should we include antiretroviral treatment as part of the continuum of care? Why or why not?
- Who should be involved in establishing or improving a continuum of care? What roles will the various stakeholders play?
- How do your agencies' guidelines on STI/HIV address comprehensive care for people living with HIV/AIDS?

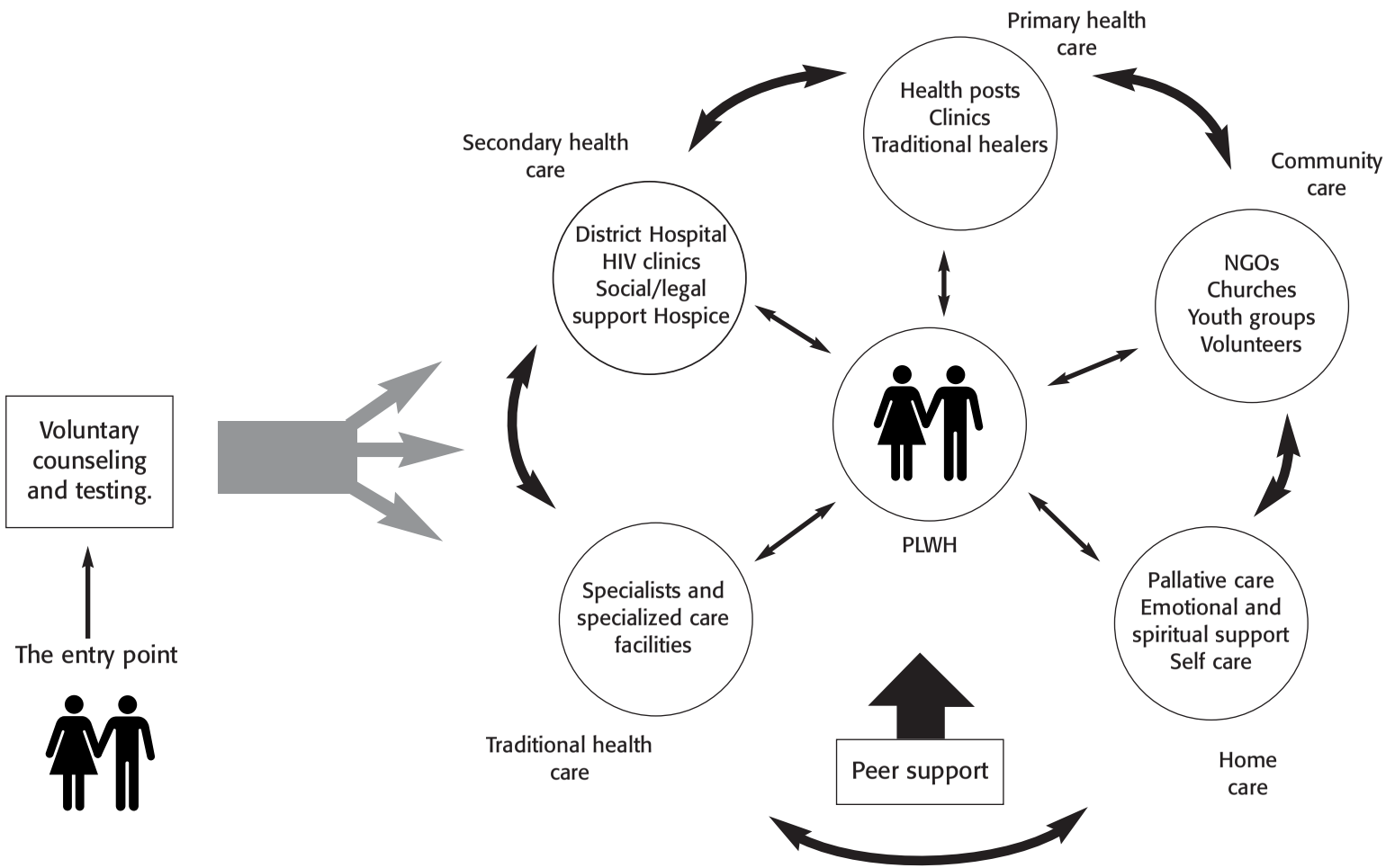
2. Summarize the discussion or ask a participant to do so, being sure the Key Points on the following page are covered. Refer participants to the resource materials for more information on comprehensive care for people living with HIV/AIDS.

KEY POINTS

- Comprehensive care for people living with HIV/AIDS and their families includes:
  - Clinical management, at the health facility levels, including treatment of opportunistic infections;
  - A supportive community environment, including support groups and legal advice;
  - Education and counseling for individuals and families;
  - Supportive home-based care to promote and maintain hygiene and nutrition; and
  - Palliative care to assist people with advanced HIV infection and AIDS-related illness.
- Care and support can help create positive community attitudes toward HIV prevention and decrease stigmatization.
- Key ethical issues to consider include: Informed consent for testing and treatment, respect for dignity, privacy, and confidentiality, quality of care, equality in access.
- Decisions about the role of antiretroviral treatment involve consideration of many issues, including cost, requirements for patient follow-up, laboratory monitoring, provider training, and equality of access.
- Teachers, health care provider, community and religious leaders, traditional healers, and individuals and families affected by HIV/AIDS are among the key stakeholders to consult when establishing a continuum of care.

3. Divide participants into three groups. Give each group flip chart pages and markers. Give the instructions for this activity:
   - Develop a plan for home-based and community-based care of people living with HIV/AIDS.
   - Use the resource materials *Reproductive Health in Refugee Situations* (Chapter 5), *Refugees and AIDS: What Should the Humanitarian Community Do?, Key Elements in HIV/AIDS Care and Support, Needs Assessment Tools,* and the pre-training activity.
   - Include a needs, assets, and feasibility assessment: describe tools and who will be involved
   - Identify existing community groups that can contribute, and how and what they can contribute
   - Describe:
     - Recruitment, training, and support of volunteers;
     - The links between home, community, and the clinical levels of care;
     - The elements of care;
     - Related education efforts at the home, family, and community levels; and
     - Efforts to reduce stigma and discrimination.
4. Allow 20 minutes for this activity.
5. Allow each group five minutes to present its plan. Encourage questions and comments.

HIV/AIDS: THE CONTINUUM OF CARE



(Source: WHO/UN AIDS, Miller D., *Key Elements in HIV/AIDS Care and Support.* September, 2000.)

ACTIVITY

ACTION PLANNING FOR STI/HIV/AIDS

Learning Objectives

1. Identify the stakeholders in the action planning for STI/HIV/AIDS and articulate method for including stakeholders in action planning.
2. Apply the Causal Pathway Framework to design/plan STI/HIV/AIDS in comprehensive RH services in situations of forced migration:
   a. Determine impact, effect, outputs, activities, inputs.
3. Apply the Causal Pathway Framework design M&E plan for STI/HIV/AIDS in comprehensive RH services:
   a. Determine impact, effect, and output indicators, impact, effect, and output objectives, and M&E plan.
4. Prepare provisional work plan for STI/HIV/AIDS in comprehensive RH services.

Job Responsibilities

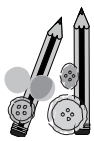
1. Apply guiding principles for good program design, monitoring and evaluation (DME) to STI/HIV/AIDS.
2. With community, analyze problem(s) and resources of the affected population regarding STI/HIV/AIDS; Use needs and resources assessment results to design STI/HIV/AIDS services.
3. Design M&E plan for STI/HIV/AIDS in comprehensive RH services.

Methodology

Small group work, presentation, and discussion.

Suggested Time

2½ hours (150 minutes).



Materials

- Flip chart, markers.
- *The Causal Pathway Framework.*
- RHRC. *Needs Assessment Tools.*
- *Refugees and AIDS: What Should the Humanitarian Community Do?*
- *Reproductive Health in Refugee Situations* (especially Chapter 9 and Annexes).
- *Reproductive Health during Conflict and Displacement* (Appendix VI: Outline for a Project Proposal).
- Other resource materials.
- Pre-training activity.

Preparation

- Prepare a flip chart page of the "Provisional Work Plan" (see page 7.47).
- Make arrangements to have the final version of the action plan/logframe typed and distributed to participants.

NOTE: This Module must be preceded by Module 4 (Planning Comprehensive RH Services).

Procedure:

1. Review the Causal Pathway Framework (CPF), its elements, and steps in using it for design, monitoring, and evaluation (DME) of comprehensive RH services (see Module 4 and the Causal Pathway Framework.)
2. Facilitate a discussion on the desired impact and effects of STI/HIV/AIDS programs and interventions in comprehensive RH services in the particular setting by asking the questions below. Note responses on a flip chart or ask a participant to do so:
   - What is the desired **IMPACT** of all STI/HIV/AIDS interventions in this specific situation?
   - What are the **EFFECTS** that will cause this **IMPACT** to occur?

   They will suggest things like: "improve education" or "increase income" or "make services better" and many other things. These things may impact behavior, but only behavior will lead to the desired impact. The facilitator can ask, "So a woman with a secondary school education can not have an STI?" And the participants will say, "Yes, she can, unless she uses condoms or is in a mutually monogamous relationship with an uninfected partner." "So a woman who increases her income can not be infected with HIV?" "Yes, she can , unless …." What are effects that will cause this impact to occur?
3. Summarize the discussion and reach consensus on the desired impact and effects (see Key Points on the following page), and write it on the flipchart.

KEY POINTS

IMPACT

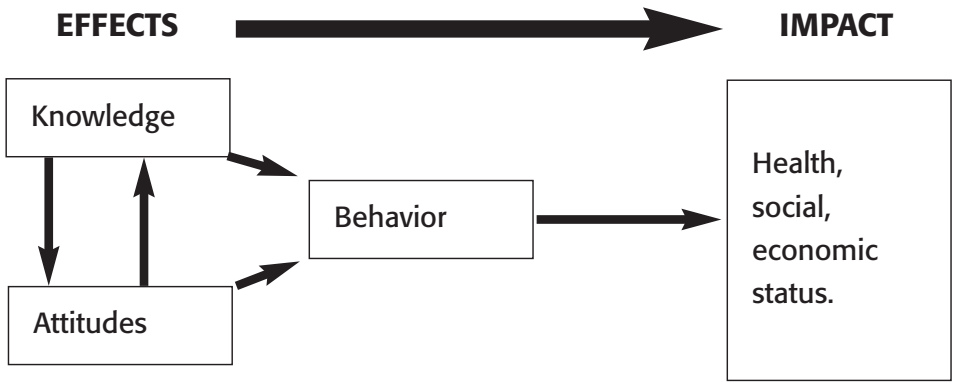
- "Improved health and well-being through reduced prevalence of STI and HIV" (or an equivalent statement) could be the desired **IMPACT** of STI/HIV/AIDS interventions.
- However, it may not be possible to measure **IMPACT**, because most projects end before impact can be demonstrated, and because it is often too technically difficult or expensive to measure. It is still useful to define the impact in measurable terms as an aid to clear thinking.

EFFECT

We reserve the term **"EFFECT"** for the population we are trying to help. It does not include our staff or other workers, even if they are volunteer community workers and therefore part of the community. Even though it's important to change behavior of community health workers or peer educators, these should be considered **OUTPUTS.**

- **EFFECTS** that can cause this **IMPACT** to occur (restated according to the specific situation) can include:
  - All people in target population report condom use at last intercourse with a non-regular partner;
  - People infected with STIs get effective treatment for the infections; and
  - People of reproductive age report abstaining from sex or remaining monogamous with a single partner.

- Important Note:
  It is important that the participants recognize that ONLY behavior can actually lead to the desired **IMPACT**. That is, the arrow in the Causal Pathway Framework goes from behavior only, not knowledge.



- Knowing that using condoms can prevent STIs and HIV does not mean you will not get STIs or HIV. Knowledge (knowing that condoms prevents STIs and HIV) and attitudes (believing that using condoms is good for you) are important steps in the process, but the behavior (populations' use of condoms) is the only way to lead to desired **IMPACT**.

4. Divide participants into small groups and assign each group one of the behavior-related **EFFECTS** related to STI/HIV/AIDS. Give each group flip chart pages and markers and the instructions below.
   - Work "backwards" to define the **OUTPUTS, ACTIVITIES,** and **INPUT** for each of its assigned **EFFECTS.** Use as much detail as possible for **OUTPUTS** and **ACTIVITIES**. Details on **INPUT** will be addressed in a next step.
   - Use the resource materials, the outcomes of discussions during previous activities, and their pre-training activities.
   - Incorporate the guiding principles for comprehensive RH services (rights, protection, attention to gender, community participation, quality of care, etc.).
   - Write its results on flip chart page and select a person to present its work.
   - Allow 20 minutes for this task.
   - Allow each group five minutes to present its work. Encourage questions and comments.
5. Adjust and modify the outputs, activities, and inputs until a consensus is reached.
6. Ask:
   - Can we summarize the logic behind our proposed STI/HIV/AIDS interventions? What is our "causal hypothesis"?
7. Write the agreed upon causal hypothesis on a flip chart page.
8. Explain that the groups will next develop indicators, objectives, a monitoring and evaluation (M&E) plan, and provisional work plans in subsequent activities.

KEY POINTS

OUTPUTS

What must be in place to enable people to make the changes described in "EFFECTS"?

- Outputs of the **EFFECTS** listed above might include:
  - All health care providers use approved protocols to assess, treat, and counsel all clients with STIs and HIV/AIDS;
  - All health workers carry out universal precautions.
- Condoms are available for distribution in all potential outlets.
- All blood drawn for transfusion is screened for HIV.

ACTIVITIES

What does the project have to do to produce each of these OUTPUTS?

- **ACTIVITIES** for these **OUTPUTS** might include:
  - Provide affordable condoms at easily accessible sites;
  - Provide peer support and training on skills for negotiating condom use with partners;
  - Develop assessment, supervision, training curricula and plan for STI and HIV protocols for health care workers,

INPUTS

Required resources for completion of your activity.

- Inputs for completion of these activities might include
  - Staff
  - Funding
  - Community good will and commitment

9. Review the essential steps in the design of an M&E plan (selection of indicators, development of objectives, statements of assumptions). (See Module 4 and the Causal Pathway Framework.)
10. Facilitate a discussion on indicators, objectives, and assumptions for the desired **IMPACT(S)** of STI/HIV/AIDS programs and interventions by asking the questions below. Note responses on a flip chart or ask a participant to do so:
    - What indicator(s) can we use to measure if we have achieved the desired **IMPACT** of STI/HIV/AIDS interventions in this specific situation?
    - If it is not possible to measure **IMPACT,** what indicator(s) can we use to measure if we have achieved the desired **EFFECT** of STI/HIV/AIDS interventions in this specific situation?
    - What is the SMART objective corresponding to this **IMPACT** or **EFFECT**?
    - Upon what assumptions is this objective based?
    - Can we hold ourselves accountable for this objective? Can we commit ourselves to measuring this **IMPACT** or **EFFECT**?
    - What data sources and methods will we use for this indicator?
    - How will we establish a baseline?

11. Summarize the discussion and reach consensus on the indicators, objectives, assumptions, and data sources and methods for the desired impact and effects (see Key Points below).

KEY POINTS

IMPACT INDICATORS AND OBJECTIVES

- Indicators for the desired impact of STI/HIV/AIDS interventions can include:
  - Incidence of STIs in the population; and
  - Incidence of HIV in the population.
- A SMART objective corresponding to this indicator could be:
  - Reduce the incidence of STIs from X to Y per 1,000 population by (date).
- Data sources and methods for this indicator include population – based random sample surveys.
- Important Note:
  - It is a rare service delivery project that has the capacity to perform a series of population-based random sample serology surveys, which is required to measure incidence. See Key Point on page 7.42 on the difficulty of measuring **IMPACT** in most projects due to technical difficulty or expense. Health facility records will provide the number of cases in a particular time period, but do not reflect incidence in a population. A measure commonly used is infection rates (of syphilis or HIV, etc.) among women entering for antenatal care. While women entering for antenatal care can be viewed as a sort of proxy for the population, its limitations must be understood.
- Since it may not be possible to measure **IMPACT** in most projects, it will be very important to consider measuring **EFFECTS,** which can lead to this **IMPACT**.

EFFECT INDICATORS AND OBJECTIVES

- **Effect indicators measure knowledge, attitudes, skills, intentions and behaviors of the population we are trying to help.**
- Indicators for the desired **EFFECT** (behavior) of STI/HIV/AIDS interventions can include:
  - Percent of people in target population [i.e. adolescents, commercial sex workers, women of reproductive age, etc] who report having used a condom at last intercourse;
  - Percent of people infected with STIs who get effective treatment for the infections; and
  - Percent of people of reproductive age who report abstaining from sex or remaining monogamous with a single partner.
- Indicators for the desired **EFFECT** (knowledge) of STI/HIV/AIDS interventions can include:
  - Percent of youth aged 15 – 24 who correctly demonstrate how to put on a condom, using a wooden penis model.
- SMART objectives corresponding to these indicators might include:
  - To increase the proportion of the adolescents who report using a condom at last intercourse from X% to Y% by the end of the project; and
  - To increase the use of STI testing and treatment services by men aged 15 – 24 in the project area from X% to Y% in one year.
- Data sources and methods for this indicator include population demographic surveys or a population census that asks questions pertaining to this behavior and health facility records.
- A baseline can be established through a population based survey and health facility records.

12. Ask participants to return to their **EFFECTS** groups. Agree on a program time frame that all groups will use for this activity (e.g., the planned program will achieve its **EFFECTS** within the next three years). Give each group flip chart pages and markers and the instructions below:
    - Work "backwards" to define the indicators for the **EFFECTS** and the corresponding **OUTPUTS,** develop the SMART objectives for each, state the assumptions behind the objectives, and outline data sources and collection methods.
    - Specify any complementary data collection efforts.
    - Use the resource materials, the **OUTCOMES** of discussions during previous activities, and their pre-training activities.
    - Incorporate the guiding principles for comprehensive RH services (rights, protection, attention to gender, community participation, quality of care, collaboration, capacity building, etc.)
    - Write its results on flip chart page in the form of an M&E plan. Select a participant to present its work.
    - Allow 30 minutes for this activity.
    - Allow each group five minutes to present its work. Encourage questions and comments.
    - Adjust, modify, and consolidate the M&E plans.

    Explain that participants now have a logical framework ("logframe") for STI/HIV/AIDS. The next step is to develop a provisional work plan, specifying timing, estimated costs, and agency and individual contributions (Inputs) and responsibilities for Activities. Show the flip chart prepared in advance with the "Provisional Work Plan."
13. Ask participants to return to their **EFFECTS** groups and complete a provisional work plan for each SMART objective corresponding to an **EFFECT,** using their pre-training activity. Give each group flip chart pages and markers. Ask each group to select a person to present its work plan.
    - Allow 20 minutes for this activity.
    - Allow each group five minutes to present its plan. Encourage questions and comments.
    - Adjust, modify, and consolidate the work plans.
14. Facilitate a discussion on next steps and follow up, by asking the questions below. Note responses on a flip chart.
    - What do we need to do next as individuals and as organizations to follow-up with the work we have done today?
    - How can we use the logframes, M&E plans, and work plans to prepare proposals? Refer participants to *Reproductive Health during Conflict and Displacement* (Appendix VI: Outline for Proposal).
    - What kind of help (technical assistance, material and financial support) do we need to follow up? What are potential sources of this help?
15. Arrange to have final logframes, M&E plans, and work plans typed, copied, and distributed to participants before they return to their sites. (Or, add this step – typing, copying and distribution – to the work plan with its corresponding responsible agency, individual, and time.)

PROVISIONAL WORK PLAN

Start date: End date:

SMART Objective (for Effect):

Indicators:

Activity	Input	Estimated costs	Proposed agency and/or individual contribution	Proposed agency and/or individual responsible	Proposed completion date	Notes/ comments

ACTIVITY

MODULE CONCLUSION, POST-TEST, AND EVALUATION

Learning Objectives

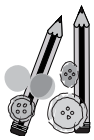
1. Describe if and how the training achieved its objectives.
2. Describe purpose, content, use, and application of additional resource materials.

Methodology

Presentation and discussion.

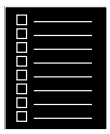
Suggested Time

10 – 20 minutes.



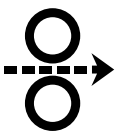
Materials

- Flip chart, markers.
- Flip chart page prepared for introduction session with workshop learning objectives and anticipated outcomes.
- Prizes for "research contest" winners (e.g., candies, pens, pencils, notebooks, key chains, other inexpensive items, etc.).



Preparation

- Prepare a written questionnaire (or question guide to be discussed with participants) to evaluate the workshop/session process. (Objectives accomplished? Most useful aspect? How will you use what you learned on the job?, etc.)
- Written questions can be included in the post-test.
- Make copies of the post-test (the same as the pre-test)



Procedure

1. Close the workshop (or session) with a review of the learning objectives and anticipated outcomes, on the flip chart page prepared in the introduction session. Facilitate a discussion by asking:
   - Have we accomplished these objectives?
   - If not, what has not been accomplished?
   - How can we apply what we learned to our jobs?

2. Lead a reflections session, by asking each participant to complete at least one of the following sentences:
   - Today I learned _____.
   - Today I re-learned _____.
   - Today I noted _____.
   - Today I discovered _____.
   - Today I realized _____.
   - Today I was surprised _____.
   - Today I was glad _____.
   - Today I was disappointed _____.
3. Administer the post-test. Score and tabulate the results and compare with those of the pre-test. Present to participants and discuss the following day. If it is the last day, try to tabulate and present before the workshop adjourns.
4. Ask participants to present the results of their "research" of the additional resource materials. Award prizes to all who answered. (Or put the names of all who answered into a container, and award prizes to the first three names drawn from the container.)

PRE-TRAINING ACTIVITY: STI/HIV/AIDS

Please complete the tables below and bring them to the workshop.

Checklist of STI/HIV/AIDS Program Interventions

Activity	What have we done?	What else do we plan to do?	Comments
STI/HIV/AIDS situational analysis/needs assessment undertaken.			
Trained people from community identified.			
IEC/BBC programmes in place.			
Universal precautions are in place.			
Free, good quality condoms are regularly available and accessible.			
System of condom distribution in place.			
Safe blood transfusion services in place.			
Guidelines disseminated.			
HIV test kits available.			
Staff trained.			

(Source: *Reproductive Health in Refugee Situations*, p. 55, 114, 115.)

PRE-TRAINING ACTIVITY: STI/HIV/AIDS (cont.)

Please complete the tables below and bring them to the workshop.

Checklist of STI/HIV/AIDS Program Interventions

Activity	What have we done?	What else do we plan to do?	Comments
Management protocols for STIs defined and disseminated.			
System for sustainable supply of drugs established.			
Drugs for STI treatment on hand.			
Staff trained/retrained in syndromic management.			
System for partner notification and treatment instituted.			
HIV voluntary counseling and testing (VCT) services are in place (as appropriate).			
Home-based care for people with HIV/AIDS is in place.			
Counselling and support services for people with HIV/AIDS are in place.			

(Source: *Reproductive Health in Refugee Situations*, p. 55, 114, 115.)

STI/HIV/AIDS SERVICES PROVIDED (PLEASE SPECIFY TIME PERIOD)

Time period:

	Outlet/place of service	Number		Comments
Units of blood transfused.				
Units of blood for transfusion tested for HIV.				
Condoms distributed.				
Cases treated for STIs (specify syndrome).		Male	Female	

Comments:

Please review and bring:

- Any agency guidelines or tools on STI/HIV/AIDS.
- Local slang words for STI/HIV/AIDS.