

June/July 2009

HIV&AIDS & COUNSELLING

1. Biblical foundations: Counselling & safe spaces
2. Who is a counsellor?
3. Supporting orphans through communication & counselling
4. Family life education: Teaching adults to communicate with youth
5. Creating resilience through memory work
6. Customized family day events: promoting HIV counselling
7. Making it known – Graduate studies in community care & HIV
8. Tip of the Month – Monitoring & evaluation: Measuring outcomes

He alone is my rock and my salvation; he is my fortress, I will never be shaken.

Ps 62:2

Counsellors working in the context of HIV&AIDS are extraordinary people with extraordinary courage. AIDSLink82 questions 'who is a counsellor?' and looks at counselling issues including disclosure. Coming up we will address the themes of children, families and palliative care. Send your contribution, favourite weblinks, tips or news of events coming up to: international.aids-consultant@sim.org

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1. BIBLICAL FOUNDATIONS: COUNSELLING & SAFE SPACES

Opinions about when and how to disclose HIV status are varied and often emotive. Disclosing one's status can be very difficult and there are risks especially in uncalculated disclosures. Risk is not only for the one disclosing (or not disclosing) but for all those with whom they are connected. Fear of how others will react, of humiliation, ostracism, discrimination, rejection, and violence, can be paralyzing. Sadly the people often feared most are those who are closest relationally: spouse, family, neighbours, friends, colleagues, and church. Disclosure is best thought of as a process rather than an event. Safe spaces need to be created and timing 'just right'. So what is a safe space?

In times of fear and despair, we all need a clear message of hope. Although we do have to trust other people, our deepest sense of trust must be in God. He is a safe place of refuge to whom we can bring all our vulnerabilities including shame. Psalm 62 gives a model of how this can be done. Firstly King David boldly affirms his confidence in God as a true source of security when everyone around him is ready to pull him down. *He alone is my rock and my salvation; he is my fortress, I will never be shaken* (v.2). Then he identifies and describes his problem – not only what it is but how it makes him feel: like a tottering fence ready to fall!

However God is willing to embrace and protect fragile and vulnerable people who come to him in weakness. David re-engages with his own personal faith and urges others to do just what he has done: trust in God always. This is a command: *He is my mighty rock, my refuge. Trust in him at all times O people; pour out your hearts to him, for God is our refuge.* (Ps 62:7,8) "To pour out" is a very effective picture of what we can do through prayer – not just reciting a list of needs, using tidy phrases and correct language, but saying it like it is.

In good times and bad, in success and in failure, we should not only put our personal confidence and trust in God, but also journey with others in their suffering as they pour out their hurts and fears to him. Although God himself is a safe place of refuge, his people too can create safe spaces in which God's love can overflow and bring comfort to those in trouble and need (2Cor 1:3-6).

For reflection and discussion:

1. Read Psalm 62. What characteristics of God does David focus on in v11-12 when facing his own fears and fragility? How might these bring hope to people living with HIV?
2. What are the risks around disclosure that individuals and families encounter in your setting?
3. Do a SWAT analysis identifying strengths, weaknesses, opportunities and threats in the models of counselling and testing with which you are most familiar.
4. What practical steps could you and your team promote to create safer spaces for those working through the process of disclosure?

2. WHO IS A COUNSELLOR?

What does it mean to be a counsellor? In different countries and even within different organizations in the same country, those people who provide counselling are called by different titles and may have widely differing qualifications and skills. What title is best for people with non-formal training who provide psycho-social support for people living with HIV? There is no universal agreement on this. What names and roles do you know that may apply to “the counselor”?

Community-based Counselling for People Affected by HIV&AIDS (2005) by Mark Winiaski and produced by Catholic AIDS Action, Namibia provides guidance on counselling, covering techniques, substance abuse, mental health, grief and many other related issues. See: www.fhi.org/en/HIVAIDS/pub/guide/caacounseling.htm (4.45MB)

It states (p3), “The study of feelings and behaviours has become complex. Professions have emerged, such as psychology, psychiatry and social work, each with specialised training. The person asking for help has been called a “patient”, a “client” or a “consumer”. Relationships between counsellors and clients now come with rules that protect everyone’s interests. Because much counselling developed in Western countries, much of what is thought and written about counselling is based on Western cultures. Adaptations of Western counselling to African cultures, as well as the creation of an Afrocentric (Africa-based) model of counselling, are currently underway. Counsellors are part of that work. This book is part of that work. It is based on a theory that emphasises the importance of relationships. As a result, the quality of the counselling relationship is referred to many times. Your job is to read, decide what you think about the contents, use ideas that you think are wise, and then help your clients with competence and compassion.

For further discussion: How are counselling methods being adapted to your context? Send your response to international.aids-consultant@sim.org



3. SUPPORTING ORPHANS THROUGH COMMUNICATION & COUNSELLING

Supporting orphans and other vulnerable children through communication and basic counselling (2008), produced by the International HIV/AIDS Alliance for the Ministry of Gender, Labour and Social Development, Uganda is a personal and professional development tool for non-professional counsellors who work with orphans and vulnerable children (OVCs) and need to know how to provide some basic counselling as part of psychosocial support for children. Particularly helpful are the suggestions for counselling OVCs through play, art and games. The guide also includes helpful references to related resources including web addresses. It is downloadable (1.3MB) from: www.aidsalliance.org/graphics/secretariat/publications/OVC_%20counselling_guide.pdf

AIDS Alliance, as part of the CORE Initiative project in Uganda, has also produced *Move together now: Community and youth mobilisation for HIV prevention* (2009). This aims to equip users with competencies to build the capacity of communities and young people to work together to address sexual and reproductive health (including HIV) needs of young people in Uganda. It provides tools and processes for mobilising young people and communities at various stages and planning activities for HIV prevention with examples from Africa. The resources for further information and tools in Annex 1 are particularly helpful. Downloadable (2.56MB) from: www.aidsalliance.org/custom_asp/publications/view.asp?publication_id=380

4. FAMILY LIFE EDUCATION: TEACHING ADULTS TO COMMUNICATE WITH YOUTH FROM MUSLIM & CHRISTIAN PERSPECTIVES

To address the needs of adults wanting to provide accurate public health information in collaboration with faith-based organizations, Family Health International/YouthNet has produced *Faith-Based Family Life Education (FLE) Curricula*: See: www.fhi.org/en/Youth/YouthNet/Publications/FLE/index.htm

1. *Teaching Adults to Communicate with Youth from a Muslim Perspective* (2007) (3.5MB).
2. *Teaching Adults to Communicate with Youth from a Christian Perspective* (2006) (2.5MB)

These manuals contain six workshops and a participant handbook designed for a Muslim and Christian audience respectively. Participants practise communication skills and learn factual information as linked to religious teachings and appropriate Qur’an and Bible verses. The manuals encourage open discussion about sexuality, reproductive health, and HIV in the context of faith

communities. They provide a forum to clarify Muslim and Christian values while addressing: 1) Communicating with young people – introduces the workshop series, ideas about working with youth, and specific FLE communication steps; 2) Growing and changing – summarizes basic sexual development and reproduction and begins working with role plays, practicing the FLE communication steps; 3) Prevention of sexually transmitted infections and HIV – covers basic information on STIs, including HIV; 4) Safety and your future – addresses gender roles, livelihood issues, the sensitive issue of unintended sex, and alcohol and drug use; 5) Family life – discusses relationships and marriage, planning a family, and contraceptive methods; and 6) Resources, responsibilities, graduation, and next steps – emphasizes next steps for participants, and referring youth to resources.

5. CREATING RESILIENCE THROUGH MEMORY WORK

Memory work is a practical approach that encourages families to communicate openly about HIV, in order to strengthen children's resilience. It provides a framework for parents, relatives or friends to save vital information about the family's background. The receptacles for memory work can take many forms such as books, boxes, quilts, suitcases, jars, and baskets.

The work of the memory boxes rests on the concept that it is good for children to know their family history, however painful this might be, on condition that this history is recounted in a warm, nonjudgmental setting. If children know the history of their parents, they are better able to overcome the suffering caused by their parent's illness or death. They access this knowledge through memory—their own and of those close to them. In many cultures, children are taught not to ask questions. Parents and caregivers often assume that their children are "too small to understand". Yet a dialogue between adults and children around sickness and death can be beneficial. Families need to create space for conversations on these issues to take place.

Basic Communication Skills

BEING PRESENT: physical and psychological openness leads to communication and trust

- Be aware of body language
- Be natural and relaxed

LISTENING: Active listening helps you identify and understand the child's needs and makes them feel respected and loved

- Listen to verbal and non-verbal messages
- Listen with empathy
- Avoid distractions and stay focused while listening
- Avoid being judgmental
- Be aware of your attitude
- Avoid giving instructions

EMPATHY: Having empathy leads to a better understanding of the child's needs, trust, and open communication between child and caregiver

PROBING / QUESTIONS: Asking questions enables issues and concerns of the child to be identified

- Ask open-ended questions that do not have yes or no answers? Begin with who, where, why or how eg. How are you feeling this morning rather than Do you feel well this morning?
- Avoid asking too many questions

(Supporting Orphans & Other Vulnerable Children. p31)

For the grieving process to unfold in a meaningful way, children's perceptions and feelings need to be validated by supporting adults. A conversation with a caring person may begin to resolve some of the child's general disorientation. Naming the cause of the suffering assists in mourning and facilitates healing. It is by making sense of their lives, however traumatic they may be, that the children develop resilience. By reconstructing their life stories the children create meaning. This helps them to gain control over their lives. Children who are told what happened in their family are better able to reconstruct their life stories.

Sinomlando is a memory project designed and implemented by the University of KwaZulu Natal, South Africa. For further information and training resources see:

www.ukzn.ac.za/sorat/sinomlando/training/training-manuals.html

www.ukzn.ac.za/sorat/sinomlando/research/memory-boxes.html

6. CUSTOMISED FAMILY DAY EVENTS: PROMOTING HIV COUNSELLING

Learning HIV status can be one of the most challenging things to do. INTRAC's publication: *Praxis Note 44 - Customised Family Day Events: Promoting HIV Counselling and Testing in the Workplace and Beyond* (Dec 2008) by Spencer Birungi of Stop Aids Now! Uganda, describes how organizations can organize customized family day events to encourage people to know their status and to offer voluntary counselling and testing (VCT) services. It wrestles with the fact that although Uganda has had success in lowering prevalence rates due to intensive HIV prevention efforts, leadership commitment, a multi-sectoral approach and promotion of the ABC prevention model, almost 80% of

HIV positive people in Uganda remain unaware of their status. More action is needed to encourage people to access HIV counselling and testing services. This document is available (184kb) at: www.intrac.org/resources_database.php?id=362

In addition, explore other publications on the INTRAC website. INTRAC is a non-profit working in the international development and relief sector. They support non-governmental and civil society organizations by exploring policy issues and strengthening organizational effectiveness.

7. HIV COUNSELLING & TESTING FOR YOUTH: SERVICE PROVIDERS

HIV Counselling and Testing for Youth: A Manual for Providers (2005) is designed for service providers and counsellors working with youth. Approximately one-third of clients who seek testing are youth, and they often have different needs than do adults. With this booklet, service providers and counsellors can improve their skills and assist youth with the difficult issue of HIV counselling and testing. It emphasizes integrated services with handy references and charts on other STIs, youth-friendly services and other information. See: www.infoforhealth.org/youthwg/trainingmaterials.shtml

8. MAKING IT KNOWN – GRADUATE STUDIES IN COMMUNITY CARE & HIV

A Masters Program in Theology: Community Care and HIV/AIDS is delivered by St Paul's University, Limuru, Kenya and accredited by the University of Wales Lampeter, UK. The key objective of this program is community transformation and is for church leaders, human resource managers, pastors, teachers, health care workers, community workers, and with others who practise in HIV&AIDS care at some level in the community. Entrance requirements are a first degree from a recognized university completed at least two years ago, or a relevant professional qualification and at least five years of relevant professional experience. There is an orientation at St Paul's University in May/June on first enrolment with intensive schools each January and August. The course requires at least 10 hours per week for three years whilst carrying on your normal employment. Part 1 over two years, includes distributed learning materials and attendance at six residential schools (each 1-2 weeks covering a total of 46 days). An area tutor provides support at monthly half day meetings together with other students in your locality. Part 2 is major research project for the third year. For further information contact: administrator@spill.ac.ke www.stpaulslimuru.ac.ke

9. TIP of the MONTH – M&E: MEASURING OUTCOMES

INPUTS

ACTIVITIES

OUTPUTS

OUTCOMES

IMPACT

A log frame helps guide the planning of a project journey from where we are now to where we want to go. It should be a summary and not contain more detail than is necessary. When developing a log frame, always keep in mind the resource and capacity constraints faced by those responsible for collecting monitoring and evaluation information. There is no point designing procedures which are too complex or costly and that will cause frustration and disappointment in the outcomes. A balance should be struck between what is desirable in an ideal world and what is practicably feasible.

Outcomes in the log frame are the medium term result(s) that activities aim to achieve in terms of benefits to the targeted groups and usually occur at the change of behaviour or practice level. It answers the "so what?" question. For example: We trained 100 youth and increased their knowledge but did or did they not, change their behaviour? Outcomes are usually measured as part of a mid-term or end of program evaluation rather than in regular monitoring.



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