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— 'n Gids vir Fasiliteerders —

Kort opleiding vir veranderingsagente
(4 ure)

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Disclaimer: This manual was prepared by researchers for a specific research project: *Towards a health-enabling working environment: developing and testing interventions to decrease HIV- and TB-stigma among healthcare workers in the Free State, South Africa.* The content and processes of this manual are not necessarily representative of views held by the University of the Free State, the University of Antwerp, or VLIR-UOS.

CONTENTS

1. OVERVIEW FOR FACILITATORS

How to use this manual

This guide gives you **step-by-step instructions** on how to facilitate the workshops.

All headings in **bold blue** are the 'main' step-by-step instructions to you.

All text in blue is part of these 'main' bold blue instructions—so blue text is also an instruction.

All text in **black** is your 'script'—it is what you say to participants.

All text that is shaded light grey is for your information only.

Please **stick to the guide closely** because we need to standardise the training as much as possible across the different intervention sites. You will have your own way of saying things, but do please make sure that you convey all the key ideas in the 'script'.

Know activities well. Do trial runs of every activity so that you are familiar with its content and with facilitation processes.

Each activity has a list of the materials you will need. **Please use the checklists provided when packing** for the workshops so that you have everything that you need.

Each activity has an estimated **time limit (below, and on the back cover of your file) please keep within it**.

Each activity is in a particular sequence for a reason—**please keep to the sequence of activities**.

There should always be at least **two facilitators per session** and you should work out who does what—including packing and preparation—before your sessions.

In the appendix are tips for facilitators, should you want to refer to them.

Overview of the project and its aims

Project name: Towards a health-enabling working environment: developing and testing interventions to decrease HIV- and TB-stigma among healthcare workers in the Free State, South Africa.

Definition of healthcare workers: *all* the people who work in a healthcare facility including doctors, nurses, cleaners, security staff, managers, etc.

Why we are conducting the research: The dual burden of TB and HIV has a severe impact on the South African **healthcare workforce**. So it is important that healthcare workers access HIV and TB testing and treatment.[1] However, a recent review demonstrated that HIV- and TB-related **stigma and discrimination** are "key barriers to both the delivery of quality health services by health providers and to their utilization by community members and health providers themselves"[2]. So stigmatization in the healthcare setting can have severe implications for HCWs, as well as for health facilities: when HIV-positive HCWs delay or avoid care this can increase morbidity and mortality and put further strain on the health system[3]. All this indicates that developing and testing stigma-reduction interventions for the important subpopulation of healthcare workers is a research priority.

In researching and addressing HIV and TB stigma, our study supports key goals and objectives in the National Development Plan (NDP) 2030, the UN Sustainable Developmental Goals, the UN 90-90-90 targets of 2020, and the Universal Test and Treat (UTT) strategy. It aligns with the National Strategic Plan (NSP) on HIV, STIs and TB 2012-2016.

Where we are conducting the research: Our research is being conducted in 8 Free State hospitals. The 8 hospitals were randomly selected from all the hospitals in the Free State. Random selection is like pulling numbers out of a hat: every number has exactly the same chance of being pulled from the hat. We use this selection method because it makes the results of the study stronger than any other selection method.

Out of the 8 hospitals we again randomly selected 4 that will get stigma reduction interventions (called the intervention group) and 4 that will *not* get the interventions (called the control group). So the workshops that you will be facilitating in belong to the intervention group. These hospitals are:

Hospital	**Town**	**Approximate Number of staff**
Boitumelo	Kroonstad	590
JS Moroka	Thaba Nchu	346
Thebe	Harrismith	158
Diamant	Jagersfontein	86

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[1] WHO, ILO, and UNAIDS, The joint WHO-ILO-UNAIDS policy guidelines on improving health workers' access to HIV and TB prevention, treatment, care and support services 2010: Geneva.

[2] Uys, L., et al., Evaluation of a Health Setting-Based Stigma Intervention in Five African Countries. *AIDS Patient Care & STDs*, 2009. 23(12): p. 1059-1066.

[3] Nyblade, L., et al., Combating HIV stigma in health care settings: what works? *Journal of the International AIDS Society*, 2009. 12(1): p. 15.

How the research is designed: It is very important to know that our research study aims to find out the extent to which healthcare workers stigmatise *other healthcare workers*. So it is *occupational health* research. We do not focus on stigma by healthcare workers towards patients.

Before we can do anything about HIV- and TB-stigma in the workplace, we have to know how much HIV-and TB-stigma exists, in other words we need to know the *extent* of stigma in the workplace. So we conducted a survey using questionnaires to measure stigma and a range of other factors (such as sex, age, job, use of occupational health services, etc.) in all 8 hospitals. The people who we approached to fill in the questionnaires were randomly sampled from a list of all staff in each hospital.

After the survey was completed and the information analysed, we used our findings to develop interventions to reduce HIV & TB stigma. Now we are at the point of implementing those interventions. After the intervention period is over—roughly 1 year—we will measure stigma again using the same survey in the same 8 hospitals, and with the same healthcare workers. We will compare the results of the first survey with the results of the second survey to see if our interventions have made any difference (i.e. Are healthcare workers more aware of TB- and HIV-stigma? Has HIV- and TB-stigma reduced in the hospitals?).

We will track and monitor progress and process during the intervention stage by asking healthcare workers about HIV- and TB-stigma in their hospitals and how they see and experience of the various intervention activities.

More generally, we will ask occupational health nurses to request their HIV and/or TB patients if any are willing to speak to a researcher in a private individual interview about their views and experiences of HIV- and TB-stigma in among healthcare workers.

What are the different interventions? There are several layers to the interventions. Stigma reduction activities target three levels—*individual, community, and structural*. We also have a *combination prevention* approach. That means that instead of tackling HIV-and TB-stigma from only one angle we tackle it from 3 angles: clinical, structural and socio-behavioural.

The clinical intervention will be implemented by Dr Kerry Uebel—a medical doctor with the Free State Department of Health (FSDoH). She will be supporting occupational health (OH) nurses to provide screening and treatment for TB and HIV/AIDS, as well as supporting them to promote confidentiality in their occupational health units. She will be available to give clinical advice to occupational health practitioners—when they ask for advice—on how to best handle the cases of staff members attending the occupational health units (OHUs). Dr Uebel will also host meetings of all OH nurses from time to time. She will also assist OH nurses with any issues and questions that arise from the stigma-reduction workshops. And because we might not get doctors to attend the workshops, she will try to promote awareness of HIV- and TB-stigma among doctors.

The structural interventions link with clinical and socio-behavioural interventions. By having a medical doctor within the Department of Health who supports Occupational Health Workers or staff doctors/nurses to test and treat TB- and/or HIV-infected staff—we aim to improve the environment in which healthcare workers can seek care in the workplace.

The socio-behavioural interventions focus on *communication*. This includes posters (promoting the fight against HIV- and TB-stigma), and promotional gifts (pens; chocolates, fridge magnets, etc) that are branded with the same image as the anti-stigma posters. There may also be messages from hospital managers communicating zero tolerance for HIV- and TB-stigma. The main socio-behavioural intervention is the stigma-reduction workshops that you will be facilitating.

About the stigma reduction workshops: The stigma reduction workshops are based on a theory called the *Diffusion of Innovations*. According to this theory, new things and new ideas (innovations) first get taken up by a few people—people who are quite experimental and keen to try new things (early adopters). When other people see this happening—and can see some benefit to the innovation—some of them will also begin to take up those new things or ideas. In this way ideas spread, sometimes slowly, and sometimes like wildfire; sometimes only among as small amount of people, and sometimes among a very wide population. The extent to which innovations (the new things or ideas) spread is very much influenced by *who* the early adopters are, *as people*. If early adopters are seen to be influential, popular, trustworthy and admirable—then the new ideas will be taken up by more people. We call these people *change agents*.

Who you will be working with: Our stigma-reduction workshops are targeted at these change agents. We will identify them in a participatory way, by asking people in prominent positions and jobs question such as: "Who are the people in this hospital that other people look up to? Who do they go to for help? Who is an HIV-champion in the hospital? Who is likely to want, and be able, to help reduce HIV- and TB-stigma in this hospital?" We then approach the people who have been identified to ask if they are interested in training on HIV- and TB-stigma, and interested in helping to reduce it in their hospital. Those people who accept the invitation and attend the training will be asked to nominate other change agents, who we will then approach for the second round of sessions in 2017.

Participants will be trained in 3 different groups: Clinical staff (e.g. nurses' allied health workers; pharmacists; etc.); Admin and management (e.g. people from Human Resources and Finances; secretaries; etc.); and Support staff (people in housekeeping; messengers; cleaners; etc.). In the smaller hospitals we may train the clinical and admin and management staff in one group. Training will be available in the three main languages of the province (English, Afrikaans & Sesotho).

When we have completed the first training session, we will follow up the participants—sometimes in a quick chat with individuals, and sometimes in a focus group discussion with the group members who trained together. The aim of following up is to see *if* and *how* the change agents implemented the plans to address TB- and HIV-stigma that they worked on during the workshops. During follow up we will also try to identify ways in which we may be able to support their efforts—although we have limited funding so we will have to be quite careful about requests for assistance. In any event, the changes that need to happen are mainly changes in knowledge and attitudes (and hopefully, behaviours)—and this needs change agents to *personally influence* others in the workplace by being role models for stigma reduction—it does not require much in the way of funding.

How the research could benefit healthcare workers: Firstly, the health care workers in intervention hospitals are expected to experience reduced HIV and TB stigma in the workplace, which should make it a health-enabling working environment. Secondly, occupational healthcare workers/ staff nurses treating healthcare workers for HIV- and TB-related issues will benefit from support from a medical doctor within the FSDoH. Finally intervention hospitals are expected to benefit from a workplace that is better sensitised to human rights and responsibilities, health rights and responsibilities, and the need to stop HIV- and TB-stigma among healthcare workers.

Overview of objectives, outcomes & activities

Objectives of the research:

- To determine the extent and nature of HIV- and TB-stigma by healthcare workers towards healthcare workers in public hospitals in the Free State
- To reduce HIV-and TB-stigma among healthcare workers in interventions public hospitals in the Free State
- To improve the environment in which healthcare workers seek care

Outcomes for healthcare workers (change agents) attending the workshops

At the end of the training, change agents should be able to:

- Explain what stigma is
    - Differentiate between internal and external stigma
    - Identify the causes, forms and effects of stigma
- Explain what it feels like to stigmatise and be stigmatised
- Explain healthcare workers' rights and responsibilities that are key to HIV & TB stigma and its reduction in the workplace
- Implement S.W.A.T (a series of steps to help change agents to stop HIV and TB stigma in the workplace)
- Identify some easy ways that they, personally, can use to combat stigma in the workplace

ACTIVITY	**#**		**INTENDED OUTCOMES FOR PARTICIPANTS**
Welcome session	1	Welcome and introductions	
	2	Overview of the workshop & process	Participants properly informed about the workshop aims and structure; also what the intended outcomes are for them
	3	Establish ground rules	Participants agree on acceptable conduct by group members during the workshop
About stigma	4	What is stigma?	Participants can explain what stigma is
			Participants can differentiate between internal- and external stigma
			Participants can identify the causes, forms and effects of stigma
	5	What it feels like to be stigmatised	Participants can explain what it feels like to stigmatise and be stigmatised
Rights & Responsibilities in the healthcare workplace	6	Confidentiality & Rights and responsibilities of healthcare workers	Participants are informed about main acts, laws, rules and principles that govern public administration, and that the FSDoH *values* and *code of conduct* are based on Participants can explain healthcare workers' rights and responsibilities that are key to HIV & TB stigma and its reduction in the workplace
Be the change	7	Being a role model for stigma reduction Scenarios 2 & 3	Participants can explain how to implement S.W.A.T.—a series of steps to help change agents to stop HIV and TB stigma in the workplace
	8	Communicating to reduce stigma	Participants identify some easy ways that they, personally, can use to combat stigma in the workplace

Timeline for activities

Activity	**Time allocation**	____________________ **(Name of facilitator)**	____________ **(Date)**
		Facilitator notes & comments	
Welcome session (Activity #1,2,3)	**30 min**		
About stigma	**80 min**		
Act #4: Info (What is stigma?)	20 min		
Act #4: Stigma tree	30 min		
Act #5: What it feels like to be stigmatised	30 min		
Break (10min)			
Rights & Responsibilities in the healthcare workplace	**30 min**		
Act #6: Info (Laws etc on which FSDoH core values are based; key issues in these laws relating to stigma	30 min		
Break (5min)			
Be the change	**75 min**		
Act #7: Info (SWAT and 'Say No')	15 min		
Act #7: Scenarios 1 & 2	45 min		
Act #8: Communicating to reduce stigma	15 min		
Closure (including Evaluation)	**10 min**		
	240 min		

Checklist for packing

Activity	**Resources/Materials:**	**Check**	**Facilitator**
Transport arranged	Car/fleet rental		
	Petrol advance		
	Toll gate advance/ chip		
Accommodation booked	Reservation number		
	Meal allowance		
Appointments made	Hospital contacts		
	Participants contacted		
	Participants confirmed		
Snack packs	Bought/arranged		
Facilitator pack	Camera to photograph stigma trees, facilitators, etc.		
	Facilitator guide		
	Visual aid pack		
	Marking pens (Black, red, green and blue)		
	Flip chart stand		
	Flip chart paper/ for "To-do list"/"Notes"		
	Coloured cards (Yellow, blue and pink)		
	Yellow, green and red stickers		
	Prestik		
	Name Stands		
	Evaluation forms		
	Stigma tree 'missing key aspects'		
Participant	Agenda		
	Brief summary of the project		
	What is stigma? handout		
	Main acts, laws, rules etc on which FSDoH values are based		
	Rights and responsibilities handout		
	SWAT chart handout		
	Saying No Effectively handout		
	Scenario 1 handout		
	Scenario 2 handout		
	Details on how and where to file a complaint handout		
	Universal blood and body-fluid precautions handout		
	How can I protect against TB infection? handout		
	Post-exposure care and follow up handout		
	Specific steps to achieving goals handout		
	Branded Pen and lanyard		
	Bottle of water		
	Branded chocolate		
	Branded armbands		

2. WELCOME SESSION

In this section[4] we cover:

Activity #1: Welcome and introductions

Activity # 2: Providing an overview of the workshop & process;

Activity # 3: Establishing ground rules for the group

Activity #1: Welcome and introductions

Time: 10 min

Materials: LARGE nametags; Perspex name-tag holders; (pack some blanks & the rest with participant names; before the workshops all participants should be consulted as to the name that they prefer have on their tag)

a) **Facilitators introduce themselves and welcome the participants**

b) **Participants introduce themselves**

Ask participants to say their name; where they work in the hospital; and what their main job is.

Each person should then offer a personal statement, e.g.: "Name one of the things that you most like to do when not at work" OR "Name one thing your co-workers do not know about you".

Start with one person and let the group work around the circle.

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[4] Much of the content in this section is taken from KEMRI-ITM, *Brighter Future II Facilitator Guide*, and the ILO *Toolkit on HIV Related Stigma Reduction in Health Care Settings (Draft).*

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Activity #2: Provide an overview of the workshop & process

Outcomes: At the end of this activity participants will …

- Be properly informed about the workshop aims
- Be properly informed about the workshop structure/ agenda
- Be properly informed about the intended outcomes for them of the workshop

Time: 10 min

Materials: Participant packs (containing: Agenda; Brief summary of the project; *What is stigma*? handout; Rights & Responsibilities handout; *SWAT* chart handout; *Saying No effectively* handout; 3 Scenarios handout; Branded pen on lanyard; Branded chocolate; Bottle of water)

Marking pens; Flipboard sheet called *To-Do-List (an ongoing record of critical issues discussed throughout the workshop and also a reminder of questions to be answered; issues that need attention; requests; reminders; etc*); Prestik/Masking tape & scissors for sticking the list to the wall;

Describe the activity and why you are doing it: So, waarom is ons vandag hier? Kom ons begin met ‘n vinnige oorsig van die doelwitte van die projek en die werkswinkel.

a) **Present the background, purpose and structure of the workshop**

Agtergrond en doelstelling:

Ons is hier byeen om spesialisopleiding in MIV- en TB-stigma te ontvang. Ons gaan ook kyk na maniere waarop ons MIV- en TB-stigma in die werkplek kan verminder. Die bekamping van stigma onder gesondheidswerkers is ‘n belangrike manier waarop ‘n werkplek, wat goeie gesondheid en welsyn aanmoedig, geskep word – ‘n werkomgewing wat omgee vir diegene wat vir ander moet omgee.

Sommige van julle sal reeds iets omtrent ons projek oor die opname van MIV- en TB-stigma in die werkplek weet. Vir dié van julle wat nuut is in die projek: Ons het begin met ‘n voortoets om te bepaal wat die MIV- en TB-stigma in die werkplek is (dit is voltooi); ons ontwerp en implementeer hierna ingrepe om stigma te verminder (ons is tans hiermee besig en die proses sal ongeveer een jaar duur); om te sien of die ingreep enige verskil gemaak het, meet ons ten slotte weer die MIV- en TB-stigma, met behulp van dieselfde meetinstrumente en deelnemers.

Jy word as iemand wat verandering teweeg kan bring gesien en daarom is jy gekies om aan die werkswinkel deel te neem. Ander beskou jou as ‘n rolmodel en ons wil daarom vir jou inligting en instrumente gee wat jou kan help om MIV- en TB-stigma in die werkplek te bestry.

Ons gaan gedurende die volgende paar ure saam gesels oor wat stigma is, hoe dit voel om gestigmatiseer te word en hoe jy kan help om stigma te verminder.

Ons wil baie interaksie gedurende die werkswinkel hê. Om dit interessant en pret te maak, het ons besprekings, rollespel en oefeninge, ingesluit. Ons gaan 'n beroep op vrywilligers doen om ons tydens die rollespel te help. Ons sal julle egter altyd waarsku indien daar enige moontlikheid bestaan dat 'n rollespel kan maak dat jy ongemaklik voel. Ons wil nie dat jy dalk spyt kry dat jy jou hulp as vrywilliger aangebied het nie.

MIV- en TB-stigma is 'n ernstige en belangrike onderwerp. Ek glo egter dat ons die tydperk wat ons dit gaan verken, sal geniet.

b) Summarise what the workshop aims to achieve (outcomes).

Jy sal aan die einde van die werkswinkel in staat wees om:

- Te verduidelik wat stigma is (Wat dit is; die twee vorms asook voorbeelde ter illustrasie daarvan; sommige van die effekte wat stigma op mense en op die werksomgewing kan hê)
- Te verduidelik hoe dit voel om te stigmatiseer en teen gestigmatiseer te word
- Gesondheidswerkers se regte en verantwoordelikhede, wat kernbelangrik is m.b.t MIV- en TB-stigma en die verlaging daarvan in die werkplek, te verduidelik
- Maklike maniere te identifiseer wat jy, persoonlik, kan gebruik om stigma in die werkplek te verlaag.

c) Present the agenda

Julle sal ‘n agenda in julle leêr vind. Kom ons kyk saam daarna ten einde te sien hoe die werkwinkel uiteengesit is om die projek se doelwitte en uitkomste te bereik.

Quickly work through the agenda and follow that with any logistics or announcements (when the break will be; when & where refreshments will be served; how long the workshop will take etc.)

Julle sal ook inligtinglstukke in jul leêrs vind. Dit is nie ‘n volledige handleiding nie, maar slegs die belangrikste inligting om te onthou en later as verwysing te gebruik.

d) Take questions

Answer any questions about *the purpose or structure of the workshop*.

IMPORTANT: Do not attempt to answer questions that you know will be dealt with later on (e.g. questions about what stigma is, its causes and effects). Write down any questions that you cannot answer at the moment on the *To-Do-List* so that you remember to address them later on.

Activity #3: Establish ground rules

Outcomes: At the end of this activity participants will …

- Agree on acceptable conduct by group members during the workshop

Time: 10 min

Materials: Flip chart; Visual aid = poster with initial ideas for rules; markers to write with; Prestick/ masking tape to affix poster / flipchart papers to the wall

Describe the activity and why you are doing it: Dit help om reëls of riglyne te hê wat ‘n mens kan volg in situasies waar nuwe groepe gevorm is. Kom ons kyk of ons aan reëls kan dink wat gaan maak dat ons lekker saam sal werk.

a) Display the *Visual Aid* and read through the initial suggestions

To start the process, we have a few suggestions:

- **VERTROULIK**

  Stigma is ‘n sensitive onderwerp. Enige inligting wat binne die groep gedeel word moet as vertroulik hanteer word – niks wat gedurende die werkswinkel gesê word, mag aan enige persoon buite die groep oorgedra word nie.

- **ALMAL MOET AAN DIE GESPREK DEELNEEM**

  Onthou dat ‘n persoon die reg het om geen opmerking te maak of vraag te antwoord nie.

- **RESPEKTEER MEKAAR**

  Toon respek vir ander, selfs al verskil jy van hulle. Indien iemand ‘n mening huldig waarvan jy verskil, sê eenvoudig dat jy ‘n ander idee, waarde of houding oor die saak het en vertel dan vir die groep wat dit is.

  Moenie ander onderbreek wanneer hul praat nie.

  Gee aan elkeen ‘n kans om deel te neem. Moenie die kollig steel nie.

- **VOEL VRY OM VRAE TE VRA**

  Alle vrae is belangrik. Daar bestaan nie so iets soos ‘n dom vraag nie. Indien jy nie seker omtrent iets is nie, is die kanse baie goed dat iemand anders ook onseker is. Met jou vraag help jy dus die hele groep.

- **SKAKEL JULLE SELFONE AF**

  Die groepdinamika word verstreur indien jy een oog op die foon hou. Jy ontsier ook die leerervaring vir jouself.

- **WOON DIE HELE WERKSWINKEL BY**
  Ons het ‘n opwindende tyd saam beplan. Die hele groep word ontwrig indien iemand die groep verlaat.

b) Ask the group to contribute additional ideas

Assist participants to negotiate any new rule that is suggested. Once the group agrees to a new rule the second/assistant facilitator should write it on a flipchart sheet. When the process is complete display the flipchart page with new rules in a prominent place.

c) Summarise

Dankie. Ons het nou ‘n lang lys met reëls wat ons werksaamhede gaan lei. Ek is opgewonde om die werkswinkel saam met julle aan te pak en glo ons sal goed saamwerk indien ons die reëls nakom.

Reg! Kom ons begin!

Is julle selfone af?

3. ABOUT STIGMA

In this section we cover:

Activity #4: What is stigma?

Activity #5: What it feels like to be stigmatised

Activity #4: What is Stigma?

Outcomes: At the end of this activity participants will …

- Be able to explain what stigma is
- Differentiate between external and internal stigma
- Identify the causes, forms and effects of stigma

Time: 60 min

Materials: Laminated poster very firm cardboard paper with large tree diagram; colour cards/ different colour papers/post-its (blue, yellow, pink); Prestick/tape; permanent markers; Visual aid

Describe the activity and why you are doing it: Voordat ons kan begin om aandag aan MIV- en TB-stigma in die werkplek te gee, moet ons eers verstaan wat stigma is, wat dit veroorsaak, wat die verskillende vorme is wat dit aanneem asook die effek wat dit kan hê. Die volgende aktiwiteit sal ons help om MIV- en TB-stigma beter te verstaan en om die oorsake en effek daarvan te identifiseer.

a) Inform participants: What is stigma?

Ask: So what is stigma?

Allow a few participants to answer the question and write down some key concepts on the flip chart. Please note that this is not a brainstorming session. You are merely drawing from the participant's experience and allowing them to participate in the session.

'Stigma' is negatiewe, en dikwels onregverdige, waardes wat mense omtrent iets of iemand koester wat anders is as hulself of van wat die meeste mense as goed beskou. Stigma verwys dus na die *houdings* en *oortuigings* wat daartoe lei dat mense ander - wat hul as anders beskou - *verwerp, vermy of vrees***.** **Stigma is 'n Griekse woord wat na 'n merk verwys wat in die vel gesny of gebrand is**. Hierdie merk het mense as kriminele, slawe of bedrieërs wat vermy moet word, uitgewys.

Stigma kan die gevolg wees van kenmerke wat die persoon toon, bv. **sekere sigbare simptome van MIV/TB**. Dit kan ook voorkom omdat daar negatiewe houdings teenoor ander, bv. trekarbeiders, gekoester word. Stigma kan ook gerig word teenoor die wat met sekere groepe of mense **assosieer**, soos bv. gesondheidswerkers wat TB-pasiënte behandel. **Siektes, bv. TB, word verskeie keer a.g.v MIV gestigmatiseer.**

Stigma **tas die persoon se eiewaarde aan en affekteer daarom ook ‘n persoon se reg op menswaardigheid**.

Stigma kan ekstern of intern wees.

Eksterne stigma is wanneer ons hierdie onregverdige oortuigings en praktyke in die wêreld rondom ons sien. Dit kan selfs onsself wees wat onvriendelik is teenoor mense wat ons as anders of minder wenslik sien.

Interne stigma kom voor wanneer ons hierdie onregverdige oortuigings en praktyke in die wêreld rondom ons sien na binne keer – ons rig dit op onsself – ons stigmatiseer onsself. Daar is verskeie redes waarom mens dit doen. Mens kan byvoorbeeld dink dat hulle nie waardig is nie of dat hulle te blameer is.

Die intensiteit van stigma kan verskil – dit kan soms blatant wees en soms subtiel of versteek.

Persone kan as gevolg van stigma gevoelens (of selfs werklike insidente) van isolasie, vrees, minderwaardigheid of verwerping ervaar. Mense besef nie dat hul houdings, woorde en dade ander stigmatiseer en hul pyn berokken nie. En sommige mense kan hul stigmatiserende houdings wegsteek.

Stigma is in kort ‘n proses wat:

- **verskille uitwys of etiketteer** —bv. ‘Sy is anders as ons’ of ‘Sy hoes baie’
- **koppel die verskille aan iets negatief** — bv. ‘Haar siekte is deur haar slegte gedrag veroorsaak’
- **bring skeiding** — ‘ons’ en ‘hulle’. Ons hou op om mense te sien vir wie hul is en sien hul slegs in terme van die groep waarmee ons hul vereenselwig.

Stigma handel nie slegs oor onregverdige waardes nie, maar kan ook tot onregverdige dade en gedrag lei. **Stigma is ‘n proses** waardeur mense mettertyd gesien word met ‘n “merk” van skande of ongewenste kwaliteite. ‘**Enacted’ stigma, of diskriminasie is 'n daad (en dikwels 'n onwettige daad)** wat plaasvind wanneer mense wat gesien word met hierdie ongewenste gehalte of "merk" verskillend en op onregverdige basis behandel word. Byvoorbeeld mense wat onregverdig of onwettig behandel word op grond van hul geslag, ras, godsdiens, of as gevolg van ‘n gesondheidstoestand soos byvoorbeeld MIV of TB. Diskriminasie is dus *gedrag.*

b) Do not open the floor for discussion yet. Divide participants into smaller groups.

Waarom stigmatiseer mens ander? En hoe gebeur dit? Julle moet seker baie vrae en interessante opmerkings hieroor hê. Ons volgende aktiwiteit sal die weg vir besprekings baan. Ons gaan 'n *Stigmaboom* [5] maak. Kom ons verdeel net eers in kleiner groepe.

c) Describe the 'Stigma Tree' and explain how to make it

Elke groep moet drie punte met betrekking tot die volgende op die kleurgekodeerde kaarte neerskryf:

- Die **wortels** is die **oorsake** van stigma (die pienk kaarte). Dit handel oor **hoekom** gesondheidswerkers mekaar stigmatiseer.
- Die **takke** is die verskillende **vorme van stigma** (die geel kaarte). Dit handel oor **hoe** gesondheidswerkers hulself of ander gesondheidswerkers stigmatiseer. Onthou asseblief om voorbeelde van eksterne en interne vorms van stigma in te sluit – merk die kaartjies met 'n '**E**' vir eksterne en '**I**' vir interne stigma.
- Die **blare** is die **effek** wat stigma het (die ligte blou kaarte). Dit handel oor **wat kan gebeur** indien 'n gesondheidswerker stigma ervaar.

Here are some examples to help you work with discussions:

Oorsake van stigma

- Morele oordele wat oor mense gefel word (waargenome verbintenisse tussen HIV & TB en ander oorsake van diskriminasie, in die besonder armoede en om van 'n laer klas te wees)
- Aannames wat omtrent mense se optrede gemaak word – aannames wat op persepsies en oordele, wat onwaar is, gebou is, of wat dood eenvoudig vanuit 'n ander wêreldbeskouing is (Byvoorbeeld: Berugte gedrag. In die besonder die gebruik van alkohol, om sigarette te rook en om sekswerkers te besoek)
- Vrees vir besmetting/ of dat mens kan aansteek — die oorsprong hiervan is gebrekkige kennis omtrent HIV- en TB- oordrag en behandeling.
- Publieke gesondheid voorkomingsmaatreëls —sommige infeksiebeheermaatreëls, soos byvoorbeeld aparte TB-sale, kan stigmatiserend wees.
- Wanpersepsies - gebrek aan feitelike kennis, verkeerde mites (Byvoorbeeld dat

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[5] Adapted from: Kidd R & Clay S. (2003). *Understanding and challenging HIV stigma: toolkit for action*. Washington DC: CHANGE Project. Available at: http://www.icrw.org/publications/understanding-and-challenging-hiv-stigma-toolkit-action.

HIV en TB ‘n vloek is wat gestuur word om gedrag te straf; gebrekkige bewustheid omtrent hoe stigma lyk en waarom dit gevaarlik is)

- Sosiale waardes wat nie verskille respekteer en vier nie
- Vooroordeel - vyandiggesind teenoor diegene met verskillende norme, kulture en waardes of wie van ons verskil op een of ander wyse

Vorms van stigma

- Naam-roeping, verkleineer, blameer, skinder, vingerwysing, terg, spot, etikettering, vermoedens, verwaarloos, te verwerp, te isoleer, te skei, distansieer, teistering, skinder oor ander gesonheidswerkers se gesondheid en seksuele gedrag
- Self-stigma—gevoelens van skaamte, self-twyfel, skuld, self-blaam, minderwaardigheid
- Om jouself uit te sluit - van dienste, geleenthede, om hulp te weier, sosiale onttrekking en isolasie, wegkruip
- Stigma deur assosiasie — gesondheidswerkers wat vermy om met gesondheidswerkers wat MIV/TB pasiënte verpleeg, te sosialiseer (Eksterne stigma)
- Stigma a.g.v voorkoms — byvoorbeeld gewigsverlies (Eksterne stigma)
- Verwagte stigma - onttrekking, skaamte, isolasie (Eksterne stigma)

Effek van stigma

- Interne stigma (self-stigma) kan ‘n effek van Eksterne stigma wees – van stigmatiserende aksies en woorde wat mense in die wêreld om hulle sien
- Self –uitsluiting – van dienste, geleenthede, om hulp te weier, sosiale onttrekking en afsondering, wegkruip (Interne)
- Diskriminasie — werkontslag a.g.v jou MIV/TB-status
- Verleentheid, skaamte, verlies van sosiale status, skuldgevoelens, 'n lae selfbeeld, self-blaam
- Hartseer, eensaamheid, bekommernis, stres, depressie, selfmoord, alkoholisme
- Geheimhouding / wegkruip - vrees vir bekendmaking, besoek nie die beroepsgesondheideenheid vir dienste soos MIV-toetsing, TB-sifting ens.
- Ontkenning - kan behandeling stuit en lei tot skade (bv. TB-infeksie) aan ander
- Onttrekking - om ander nie te vertel en weier ondersteuning / liefde / hulp

d) Collect cards & Construct the tree

Collect the cards from each group—one group at a time, so they can speak about their own ideas.

Stick the cards onto the right places on the large ready-made tree diagram. You may need to open the floor to debate about whether a factor is a cause, a form/way of stigmatising, or an effect.

Open the floor for discussion. Make use of some of the points in the list of examples (on the previous page) to add any key aspects that might be missing from participants' contributions.

In your summaries be sure to point out areas of overlap (for instance, self-stigma (internal stigma) can be a cause as well as an effect of stigma seen in the surrounding environment.

If you have time, then do another round.

e) Summarise and conduct a rapid assessment

Summarise the main points of the discussion using the cards on the stigma tree. The second/assistant facilitator should photograph the tree and write down key notes of the summary on the flipchart.

Then (if time allows), to ensure that everyone is on board, **conduct a quick, simple formative assessment.**

Ons gaan vinnig 'n vasvra hou. Ek gaan 'n vraag vra en twee moontlike antwoorde gee. Ek sal vir julle sê watter kleur by watter antwoord pas. Dui asseblief jou antwoord aan, deur die gekleurde papiertjie wat by die antwoord pas, in die lug te hou. Het elkeen gekleurde papiertjies?

- 'Stigma' is negatiewe, en dikwels onregverdige, waardes wat mense omtrent iets of iemand koester wat anders is as hulself of van wat die meeste mense as goed beskou (toon 'n blou papiertjie vir ja/ pienk vir nee) [Korrekte antwoord: Ja/Blou papiertjie]
- Mens kan tussen **Eksterne- en Interne stigma** onderskei**. Interne stigma** kom voor wanneer ons die onregverdige oortuigings en praktyke wat ons in die wêreld rondom ons sien na binne keer en dit op onsself rig – ons stigmatiseer onsself (toon 'n blou papiertjie vir ja/ pienk vir nee) [Korrekte antwoord: Ja/Blou papiertjie]
- Vrees vir besmetting/ of dat mens kan aansteek — die oorsprong hiervan is gebrekkige kennis omtrent MIV- en TB- oordrag en behandeling - is 'n oorsaak van stigma (toon 'n blou papiertjie vir ja/ pienk vir nee) [Korrekte antwoord: Ja/Blou papiertjie]

One facilitator should write down the number of correct answers. He/She should ideally also note the names of people who do *not* answer correctly so that these people could be followed up afterwards if possible and aspects of stigma could be discussed with them again.

Ons behoort nou beter te verstaan wat met stigma bedoel word. Ons behoort die oorsake van stigma te identifiseer, die verskillende vorms wat dit aanneem, asook sommige van die effekte wat dit op gesondheidswerkers en in die werkplek het.

f) Suggest avenues for help

Indien jy voel dat jy gestigmatiseer word en jy sou graag daaroor met iemand wou praat kan jy jou beroepsgesondheidverpleegkundige of een van die maatskaplike werkers wat tot die hospitaal verbind is, spreek. Of jy kan die werknemerhulpprogram nader en vra om met een van hul beraders te praat.

Refer participants to their handout

Activity #5: What it feels like to be stigmatised

Outcomes: At the end of this activity participants will …

- Be able to explain what it feels like to stigmatise and be stigmatised

Time: 30 min

Materials: Green, yellow & red stickers; visual aid

Describe the activity and why you are doing it: Ons vorige aktiwiteit – *Wat is Stigma* – het ons oor stigma laat *dink*. Dit is egter nie genoeg om net oor stigma te *dink* nie. Ons moet beleef hoe dit voel om te stigmatiseer en gestigmatiseer te word. Die volgende aktiwiteit betrek dus ons *gevoelens*.

a) Describe the game & display the visual aid

Elkeen gaan ‘n gekleurde plakkertjie kry wat ons op ons voorkop gaan plak. Jy mag nie weet watter kleur jy gekry het nie. Ons gaan dan almal in die vertrek rondbeweeg en bietjie met mekaar gesels. Ons gaan mekaar behandel op grond van die kleur van die plakkertjie op ons voorkop. Ons is egter altyd beleef teenoor mekaar, asseblief.[6]

Read out the information on the visual aid:

Groen plakker: Dit is ‘n person wat vir jou belangrik is. Jy is bly om die persoon te sien en groet hulle baie hartlik. Die groen groep is die mense wat hoog aangeskryf word, maar steeds baie toeganklik is. Hulle is die mees gesogte rolmodelle in die samelewing.

Geel plakker: Dit is iemand wat jy elke dag raakloop. Jy wil hulle in die verbygaan groet. Hierdie mense is gemiddelde rolmodelle in die samelewing.

Rooi plakker: Jy wil nie hierdie persoon sien of groet nie, omdat jy dink dat die persoon anders as jy is en probleme kan veroorsaak. Die rooi groep het ‘n vorm van stigma wat aan hulle gekoppel is en is die minste wenslike rolmodelle in die samelewing.

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[6] This exercise is adapted from Gender & Development Network. Equity and inclusion awareness training guide. Available: https://gad-network.squarespace.com/s/Equity-and-Inclusion-awareness-raising-training-guide.pdf.

b) Warn people about the possibility of feeling uncomfortable

Dit kan ongemaklik wees om meer vriendelik as gewoonlik teenoor ‘n spesifieke persoon op te tree. Dit kan ook ongemaklik wees om ‘n kollega of iemand waarvan jy hou, te stigmatiseer. Jy kan selfs *meer* ongemaklik voel wanneer jy ‘n rooi plakker kry, aangesien mense jou minder aanvaarbaar gaan laat voel en omdat daar teen jou gestigmatiseer gaan word. Hierdie kan nogal ‘n moeilike aktiwiteit wees.

Onthou asseblief – dit is slegs ‘n speletjie – en die doel hiermee is om te leer en nie om aanstoot te gee nie.

Gee asseblief ‘n aanduiding as jy eerder ‘n geel plakker wil hê. Ons gee glad nie om nie en al wat vir ons saak maak, is dat jy so gemaklik as moontlik gedurende die aktiwiteit moet wees.

Ons gaan aan die einde van die aktiwiteit ‘n tydjie opsy sit om ons ervarings te bespreek en te ontlaai.

Notes for facilitators

Stickers can be strategically placed. For example, put a green sticker on participants who have been quieter in the workshop and a red sticker on those who have been most vocal.

This is an experiential exercise and it can lead to some quite strong feelings.

Be aware that some people may become angry at the way they are treated. Make sure they understand it is only a game and that the game is appropriately ended.

c) Play the game

First put the yellow stickers on all the participants who have requested it

Ask the others to close their eyes while you put stickers on their foreheads.

Ask them to move around the room to greet and briefly chat with one another (allow five to ten minutes). Tell them that they can also form small groups—they don’t have to only interact with people one by one.

d) Stop the game and regroup

Stop the game and get people to stand in groups—allowing for a good mix of different colour stickers in each group.

Let everyone know the game is over and that now you will discuss the feelings the game evoked.

"Ons gaan voortaan nie meer vir mekaar volgens die kleure wat op ons voorkoppe geplak was, hanteer nie. Baie dankie vir julle deelname. Die speletjie is verby."

Ensure that all participants take off their stickers.

e) Group discussion & debriefing

Facilitate a discussion. Reflekteer asb. as individu – en as 'n groep – op die gevoelens wat in jou ontlont is toe jy as meer of minder wenslik hanteer is.

You can use some of the guiding questions below:

- Hoe het dit vir jou gevoel om die rooi, geel of groen plakker op jou voorkop te hê?
- Hoe het dit gevoel om teenoor die persone met rooi plakkers te reageer?
- Hoe het jy gereageer op die manier waarop jy behandel is – as individu of as 'n groep?
- Watse uitwerking het dit om anders hanteer te word?

The second/ assistant facilitator should write down on the flipchart some of the main insights from the group.

4. RIGHTS and RESPONSIBILITIES in the healthcare workplace

In this section we cover:

Activity #7: The principles and values that govern public administration and service delivery and— based on these principles and values—the rights and responsibilities of healthcare workers.

Activity #6: Rights and responsibilities of healthcare workers

Outcomes: At the end of this activity participants will …

- Have received information on key principles governing public administration and service delivery
- Be able to explain healthcare workers' rights and responsibilities that are based in FSDoH strategy, and that are key to HIV & TB stigma—and to reducing it—in the workplace.
- Be able to explain their responsibility to prevent HIV- and TB-infection in the workplace
- Be able to explain how stigma can affect the UNAIDS' 90-90-90 strategy

Time: 30 min

Materials: *Principles, rights and responsibilities* handouts (Main acts, laws, rules and principles governing public administration and FSDoH values; How to file a complaint; Universal blood & body fluid precautions— including First steps in dealing with a needle-prick injury; Protect against TB infection); Visual aids (Main acts, laws, rules and principles governing public administration and FSDoH values; TB symptoms for self-referral; Images for infection control; 90-90-90 Strategy)

Describe the activity and why you are doing it: Dit is belangrik om te weet wat die belangrikste wette, reëls en beginsels is wat die publieke administrasie beheer. Die Vrystaatse Departement van Gesondheid se waardes en gedragskode is hierop gebaseer en het ten doel om die waardes, houdings en gedrag van die gesondheidswerkers in die werkplek the rig. Indien jy jou *regte en verantwoordelikhede* as 'n werker in die hopsitaal ken, kan dit verhoed dat jy die reëls breek en jou bemagtig om te doen wat reg is.

Hierdie gedeelte van die opleiding bring dus jou kennis rondom die Regte en Verantwoordelikhede in die werkplek en jou nuwe kennis omtrent stigma (die twee tipes – interne en eksterne, sommige oorsake, vorms en effek, asook jou ervaring van hoe dit voel om te stigmatiseer en teen gestigmatiseer te word) saam.

Daar sal tyd wees vir besprekings. Indien daar genoeg tyd oor is sal daar geleentheid wees om jou nuwe kennis in 'n groepbespreking of storie/scenario te toets.

a) Display the Visual Aid with the main acts, laws, etc. governing public administration

Belangrikste wette, reëls en beginsels wat die publieke administrasie beheer

Die waardes en gedragskode van die Vrytaatse Departement van Gesondheid is hierop gebou

- Die Konstitusie van Suid-Afrika (Wet 108 van 1996)
  - ✓ Die Handves van Regte (*Seksie 27* van die Konstitusie)
  - ✓ Die waardes en beginsels wat die publieke administrasie beheer (*Seksie 195* van die Konstitusie)
- Die Nasional Gesondheidswet (No. 61 of 2003), Seksie 30 (2)
- Wet op Beroepsgesondheid en Veiligheid (No. 85 of 1993)
- Beroepsgesondheid en Veiligheidsbeleid van die Nasionale Departement van Gesondheid, Konsep, 1993
- Die Nasionale Pasiëntregte Handves, 2008 (Raad vir Gesondheidsberoepe van Suid-Afrika - Reëls vir professionele gedrag)

Hier is van die belangrikste wette, reëls en waardes wat die publieke administrasie beheer. Die *waardes* en *gedragskode* van die Vrystaatse Departement van Gesondheid is hierop gebou.

Ek gaan nie almal lees nie. Dit is in jul leêr.

Kyk na die laaste een op die lys: die *Nasionale Pasiëntregte Handves* [7] Dit bevat die reëls vir professionele gedrag , soos in die Raad vir Gesondheidsberoepe van Suid-Afrika vervat – reëls wat op *alle* gesondheidwerkers van toepassing is.

Die reëls handel nie slegs oor hoe pasiënte behandel moet word nie. Dit gaan ook oor…

1. Hoe jy kan help om 'n **werkplekomgewing te skep wat gesondheid bevorder**.
2. **Jou verantwoordelikheid teenoor jouself en jou eie gesondheid**; en
3. **Hoe om mede-gesonheidswerkers fisies en emosioneel te hanteer,** byvoorbeeld hoe om hulle te hanteer indien hulle siek word, of beseer raak of hoe om gesondheidsorg te bekom.

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[7] HPCSA - Health Professionals Council of South Africa. 2008. *National Patient's Rights Charter, Booklet 3: Guidelines for good practice in the healthcare professions*. HPCSA: Pretoria.

b) Discuss the *Right and Responsibilities for a healthy and safe working Environment*

Die Nasionale Pasiëntregte Handves sê dat ‘n **veilige en gesonde werkomgewing** een is wat gesonheidswerkers se **fisiese- en geestesgesondheid of –welsyn verseker.**

‘n Veilige en gesonde **fisiese** werkomgewing is een wat beskerming teen alle vorme van omgewingsgevaar, soos byvoorbeeld besoedeling of besmetting, verseker.

Navorsing toon dat die **vrees vir infeksie nou aan stigma gekoppel is**. Indien jy vrees dat iemand jou met MIV of TB kan besmet, kan jy dalk stigmatiserend teenoor hom of haar optree.

Kom ons dink oor wat ons in plek kan stel om die risiko en die vrees vir infeksie te verlaag.

In terme van die reg tot beskerming as gesondheidswerkers, is dit die verantwoordelikheid van die Vrystaatse Departement van Gesondheid om die nodige toerusting te verskaf, ten einde die werkplekomgewing so veillig en gesond as moontlik te maak met items soos handskoene, maskers, dromme vir skerp voorwerpe, ontsmettingsmiddels en seep.

Ons is van die probleme, leemtes en tekorte bewus. Maar alle regte gaan met verantwoordelikhede gepaard! Jy moet egter steeds fokus op wat gedoen kan word met wat beskikbaar is, omdat **gesondheidswerkers mede-verantwoordelik is vir die verlaging van die risiko vir infeksie.**

Kom ons kyk saam na ‘n paar baie belangrike – maar baie eenvoudige – dinge wat **elke** gesondheidswerker behoort te doen om die risiko en vrees vir infeksie te verlaag.

Onthou: ons fokus is op MIV- en TB-stigma. Laat ons kyk na dit waaroor ons beheer het en waarvoor ons verantwoordelikheid kan neem , ten einde die risiko van MIV infeksie te verminder. Die eerste is hoe om met bloed en liggaamsvloeistowwe om te gaan. Hier is ‘n paar basiese matreëls waarvan elke gesondheidswerker bewus moet wees en moet doen.

c) Display the Visual Aid on Universal blood and body fluid precautions

Read it out loud. Remind participants about the handout in their packs.

UNIVERSELE BLOED EN LIGGAAMSVLOEISTOWWE MAATREËLS[8]

- Wees baie versigtig wanneer jy van skerp voorwerpe ontslae raak (naalde en ander skerp objekte)
- Was jou hande voor en na 'n prosedure;
- Gebruik beskermende versperrings wanneer jy in direkte kontak met bloed en ander liggaamsvloeistowwe kom. Hierdie versperrings, bekend as Persoonlike Beskermende Toerusting (PPE -Personal Protection Equipment) sluit items soos handskoene, toga's en maskers in.
- Raak veilig van afval wat met bloed of ander liggaamsvloeistowwe besmet is, ontslae. (Dit beteken dat jy gebruikte naalde in die dromme vir skerp voorwerpe plaas, dat jy die hergebruik van naalde vermy ens).
- Ontsmet besmette instrumente en toerusting behoorlik
- Hanteer vuil linne behoorlik

d) Draw participants' attention to *Post-exposure care and follow-up*.

Die Universele bloed en liggaamsvloeistowwe maatreëls word voorkomend gebruik. Jy moet die nodige na-blootstelling sorg- en opvolgstappe volg, indien jy aan bloed en liggaamsvloeistowwe blootgestel is op 'n manier wat skade aan jou gesondheid kan berokken, soos byvoorbeeld as jy jouself met 'n naald steek.

Ons gaan nie hierop ingaan nie, omdat dit nie kernbelangrik vir hierdie opleiding is nie. Dit is egter vir jou belangrik om daarvan bewus te wees en daarom het ons vir jou 'n uiteensetting daarvan in jou leêr geplaas.

e) Display the Visual aid on protecting against TB infection

Kom ons kyk hoe ons verantwoordelikheid kan neem, om die risiko van **TB infeksie** te verlaag.

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[8] *ILO code of practice on HIV/AIDS and the world of work*, Geneva, June 2001, p 23

If there is time you can start off by asking participants for their input first

Gesondheidswerkers kan bang wees dat hul met TB besmet gaan word en hierdie vrees kan dan tot TB stigma lei.

Kom ons kyk wat jou verantwoordelikhede is ten einde die risiko van TB besmetting te verlaag.

Soos jy sal sien het baie van die punte wat genoem gaan word te doen met jou *kennis* van TB:

- Ken die vier belangrikste tekens en simptome van TB;
- Weet hoe TB versprei; en
- Weet wat om te doen om die verspreiding van TB te voorkom.

HOE KAN EK TEEN TB INFEKSIE BESKERM[9]

Ken die vier belangrikste tekens en simptome van TB:

- Kroniese hoes (hou vir langer as twee weke aan);
- Onbeplande gewigsverlies;
- Koors vir langer as ‘n week;
- Nagsweet.

Weet hoe TB versprei:

- Jy kan TB kry wanneer jy druppeltjies, wat in die lug vrygelaat word wanneer ‘n persoon met TB hoes, inasem.

Weet wat om te doen om die verspreiding van TB te voorkom:

- Hou die omgewing so skoon as moontlik van TB druppeltjies.
  - ✓ Identifiseer pasiënte wat hoes en die wie jy vermoed met TB besmet is;
  - ✓ Beweeg hulle uit die gemeenskaplike areas soos wagareas, gange, kantore ens. Laat hul buite wag of sonder hulle van die ander pasiënte af. **TB hou nie van die son of vars lug nie. ‘n Lekker sonnige, oop area met goeie ventilasie is die beste;**

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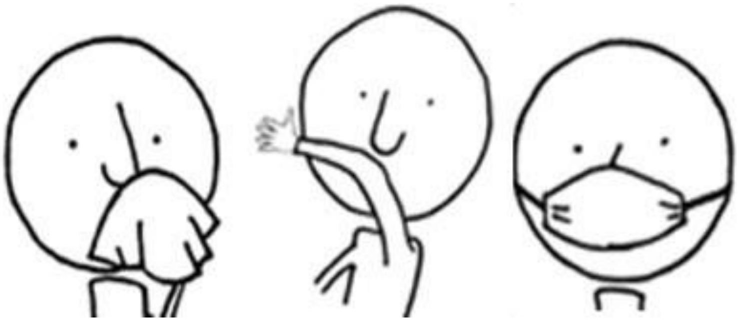
[9] http://familydoctor.org/familydoctor/en/prevention-wellness/staying-healthy/occupational-health/health-care-workers-avoiding-infections-at-work.html

- ✓ Maak die vensters oop, sodat die hospitaal goed geventileer is.
- ✓ Pas hoesetiket toe en leer dit vir pasiënte



- Indien jy rondom TB pasiënte werk is die beste beskerming om 'n masker wat spesiale beskerming verleen te dra. Die enigste masker wat jou en ander teen die TB druppeltjies sal beskerm is die N95 of FPP2. Hierdie maskers het egter spesiale verstelling nodig, so….

Dit is makliker om te voorkom dat TB verspei deur mense wat hoes, of wie jy vermoed met TB besmet is, gewone maskers te laat dra. Die maskers stop die verspreiding van TB druppeltjies direk by die bron (die mond, die hoes) voordat hul verklein en in die omliggende lug versprei.

- Weet dat **TB genees kan word** indien persone die korrekte medikasie neem en voldoen aan die vereistes waarvolgens hulle dit moet gebruik *vir die periode soos voorgeskryf*. Neem verantwoordelikheid - voldoen aan die vereistes en raai ander aan om dieselde te doen.

f) Discuss the Right to Dignity and Privacy /Confidentiality

Ask participants: Wat sê die Nasionale Pasiëntregte Handves van 'n veilige en gesonde werkomgewing? Dit is een…… wat die *fisiese welsyn* (ons het nou net 'n paar genoem: Universele bloed en liggaamsvloeistowwe maatreëls, persoonlike beskermende toerusting (PPE), oop vensters ens.) van gesondheidwerkers verseker. Dit is ook 'n omgewing wat **geestesgesondheid of -welsyn verseker.**

Ask participants: So hoe lyk so 'n omgewing? 'n Omgewing wat die **geestes**gesondheid of -welsyn verseker.' Is daar plek vir stigma in 'n veilige en gesonde werkomgewing?

Allow participants an opportunity to reflect on the question.

Reiterate: Stigma is in stryd met die basiese menseregte Waardigheid en Privaatheid.

Ask participants: Onthou julle nog die stigmaboom en die effekte van stigma?

- Self –uitsluiting – van dienste, geleenthede, sosiale onttrekking - om ander nie te vertel en ondersteuning / liefde / hulp te weier; afsondering
- Verleentheid, skaamte, verlies van sosiale status, skuldgevoelens, 'n lae selfbeeld, self-blaam
- Hartseer, eensaamheid, bekommernis, stres, depressie, selfmoord, alkoholisme
- Geheimhouding / wegkruip - vrees vir bekendmaking, besoek nie die beroepsgesondheideenheid vir dienste soos MIV-toetsing, TB-sifting ens.
- Ontkenning - kan behandeling stuit en lei tot skade (bv. TB-infeksie) aan self en ander

Kan jy sien hoe groot die effek van stigma op die geestesgesondheid en –welsyn van persone is?

g) Display the Visual aid with the UNAIDS 90-90-90 strategy

Ask participants:

- Sal ons *90% van alle persone wat met MIV leef diagnoseer*, indien hulle onttrek en hulp weier? Sal mense in hulle massas gaan om getoets te word, indien daar twyfel oor *vertroulikheid* bestaan? Waar hul *privaatheid* nie gerespekteer word nie?
- Sal *90% van die persone wat met MIV gediagnoseer is en in aanmerking kom, ART ontvang* as hulle te skaam is om hul behandeling te gaan haal? Indien hulle nie vrywillig hul status in die openbaar bekend wil maak nie? Navorsing toon dat persone wat openlik met ‘n siekte saamleef – spesifiek MIV – meer geneig is om behandeling te verkry en te vra vir die ondersteuning wat hulle van hul familie, vriende en mede-werkers benodig.

  Onthou dat indien jy van die persoon aan wie jy jou status bekend maak, verwag om jou persoonlike gesonheidsinligting privaat te hou, *jy vir hulle moet vertel*, sodat hulle sal weet om nie die vertroue wat jy in hul geplaas het te verbreek nie. Indien iemand hul status aan jou bekend maak, moet jy altyd die vertroue wat hulle in jou geplaas het, eer en hul inligting verttroulik hou.[10]
- Sal *90% van diegene op ART ‘n onderdrukte viruslading teen 2020* hê indien hulle bevrees is om hul medikasie openlik te gebruik? As hulle faal, omdat daar teen hulle gestigmatiseer word? Indien hulle hulself onttrek en in ‘n toestand van ontkenning verkeer – hulp weier?

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[10] International Labor Organization (ILO) and World Health Organization (WHO) 2005 Joint ILO/WHO guidelines on health services and HIV/AIDS. Geneva: ILO/WHO; Free State Department of Health 2003. HIV and AIDS Workplace Policy. Bloemfontein: FSDoH; Occupational Therapy Association of South Africa (OTASA) 2003 OTASA HIV/AIDS: A Legal and Ethical Framework.

Dit is belangrik dat ons, as ‘n nasie, die onderdrukte virusladingdoelwit sal nastreef! Omdat ons weet dat **MIV positiewe persone wat ARVs gebruik, minder aansteeklik vir MIV is**, indien hulle die korrekte behandeling ontvang en daaraan voldoen (die medikasie *lewenslank* volgens die instruksies gebruik).

h) Mention the importance of Reporting violations of rights and responsibilities

Dit is baie belangrik dat ons mense wat voordurend teen ander stigmatiseer of nie ophou met hulle stigmatiserende gedrag nie, aanmeld. Ons gaan ‘n bietjie later hieroor praat en vir julle handige inligting gee oor hoe om die skending van regte aan te meld.

i) Summarise

The main facilitator should briefly summarise key insights.

The second/assistant facilitator should write down the key points of the summary on the flipchart.

5. *BE* THE CHANGE

In Section 5 we cover

Activity #7: Being a role model for stigma reduction

Activity #8: Communicating to reduce stigma

Describe the activity and why you are doing it: In hierdie afdeling gaan ons poog om ***gepaste oplossings*** vir MIV- en TB-stigma onder gesondheidwerkers te vind.

- Ons het die reg van gesondheidswerkers dat inligting omtrent hul gesondheid en/of MIV- of TB-status vetroulik gehou moet word, bespreek.
- Nou moet ons maniere vind waarop hierdie regte aktief gehandhaaf word. So ons moet maniere vind waarop **jy** – as die voorloper wat deur jou kollegas benoem is - MIV- en TB-stigma in die werkplek sal bestry, wanneer jy dit teëkom.

In die volgende twee aktiwiteite gaan ons saamwerk en jou bemagtig om voor te loop, ten einde MIV- en TB-stigma in die werkplek te verminder.

Dit sal vir jou maklik wees om die aksies in jou alledaagse werkslewe uit te voer. Dit bou op jou sterk punte en vereis nie bykomende hulpbronne nie.

- Onthou asseblief om aantekeninge te maak en hou dit asseblief byderhand, sodat ons later daarna kan verwys.

Activity #7: Being a role model for stigma reduction

Outcomes: At the end of this activity participants will …

- Be able to explain how to implement S.W.A.T. (a series of steps to help change agents to stop HIV and TB stigma in the workplace)

Time: 60 min

Materials: Visual aid (SWAT chart; *Saying No Effectively chart*); Scenarios 1 & 2

Describe the activity and why you are doing it: S.W.A.T.[11] is stappe wat jy kan volg om MIV- en TB-stigma in die werkplek te beëndig.

Mense verander mense – as jy as rolmodel optree en stigma as individu beveg elke keer wanneer jy dit teëkom, sal jy die mees doeltreffende en langdurige impak op die welstand in die werkplek, asook die bevordering van ‘n ondersteunende omgewing wat die gesondheid en welstand van gesonheidswerkers aanmoedig, hê.

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[11] Adapted from KEMRI-ITM, *Brighter Future II Facilitator Guide* p.163-165.

a) Display the SWAT chart and read the content out to the group

SWAT CHART

S = **Sê** "Nee" vir stigmatiserende persepsies, taal en gedrag

Weier gedagtes, persepsies, taal en gedrag wat jouself of ander stigmatiseer.

W= Verduidelik "**W**aarom" jy stigma wil stop

Bied 'n goeie rede aan waarom jy stigma wil stop. Die verduideliking vir die *Waarom*, help ander om jou ware kommer te verstaan, en hulle verhoed om op 'n negatiewe manier te reageer.

A= Voorsien "**A**lternatiewe"

Wanneer jy alternatiewe en ander strategieë voorstel, betoon jy vriendelikheid en wys jy dat jy steeds oop is om in 'n verhouding tot die persoon te staan.

Gebruik 'ek' soveel keer moontlik, sodat die persoon kan weet dat jy opreg is en uit ondervinding praat. Bevorder deernis en Ubuntu onder die gesondheidswerkers.

T= "Talk" Praat dit deur

Deur openlik oor mekaar se gedagtes, persepsies, gevoelens en vrese oor MIV, TB en die stigma wat daarmee gepaard gaan te praat, word verhoudings bevorder en verlig enige spanning wat dalk kon opbou.

b) Display and present the *Saying No Effectively* chart.

Now let's take a closer look at ***S* –** *Saying No effectively*. Read each characteristic until they have all been completed. As you read the characteristic, you can model some of the behaviours.

1. Moenie bang wees om van ander te verskil nie.
2. Gebruik en herhaal die woord 'nee', dikwels.
3. Kommunikeer sterk "nee" met jou liggaamstaal (gebruik byvoorbeeld hand en liggaaamsgebare om die punt te beklemtoon).
4. Jou stemtoon moet ferm wees.
5. Wys dat jy in beheer is.
6. Kyk die persoon in die oë. Moenie af kyk nie.
7. Staan regop en moenie vroetel nie.
8. Jou gesigsuitdrukking moet ernstig wees.
9. Moenie dubbele boodskappe oordra nie (moet byvoorbeeld nie glimlag wanneer jy "nee" sê nie).
10. Aanvaar dat mense oor die reg beskik om "nee" te sê en leer om self ook "nee" te sê.

c) Present scenarios 1 & 2 on HIV and/or TB stigma to use in a SWAT exercise

Ons gaan nou oefen hoe om die SWAT stappe toe te pas.

Display the SWAT chart visual aid again

Instruct participants: Ek gaan twee senarios waarin daar stigmatiserende opmerkings en/of gedrag is, lees. Julle moet die maniere vind waarop "'n kampioen" onder hierdie omstandighede sal reageer.

Die scenarios is ook in jul leêrs.

Julle gaan in spanne van twee saamwerk. Jou maat is die persoon aan jou linkerkant.

- Julle gaan eers saam beide scenarios bestudeer en en die geleenthede, wat jy as veranderingsagent kan benut om MIV- en TB stigma te verminder, 'diagnoseer'. Byvoorbeeld areas waar regte en verantwoordelikhede geskend is, kennis ontbreek, stigma afspeel ens. (julle sal X minute gegun word om hierdie gedeelte van die oefening te doen).
- Dan gaan julle oefen hoe om die vier SWAT stappe toe te pas, deur net EEN van die areas wat julle identifiseer, te gebruik. Een kan die rol van die persoon wat stigmatiseer speel en die ander dié van die veranderingsagent. Moenie net *praat* oor wat julle sal doen nie. *DOEN dit!* Modelleer die SWAT stappe vir mekaar in die vorm van 'n rollespel (julle het X minute om hierdie taak te voltooi).

Ons gaan na X minute vir julle 'n geleentheid gee. Wanneer dit julle beurt is, staan asb. op en wys vir ons jul voorbeeld. Onthou om asb. dit wat jy sê, te bedoel!

Read the scenarios out loud to the group:

SCENARIO 1: Mpho raak siek en word in dieselfde hospitaal as waar sy werk, opgeneem. Sy word aangesê dat sy ‘n MIV-toets moet neem. Haar kollegas besoek haar die volgende dag. Oppad uit vra die siekboegverpleegster/ beroepsgesondheidsverpleegkundige wie Mpho se beste vriendin is en vra dan die persoon om agter te bly. Sy vertel aan die vriendin dat Mpho se MIV-toets positief is, maar dat Mpho nie haar status wil aanvaar nie. Sy vra die vriendin om vir Mpho te oorreed om vir berading te gaan. Die sogenaamde ‘beste vriendin’ vertel vir ‘n ander verpleegster met wie sy vriendelik is. Die siekeboegverpleegster/ beroepsgesondheidsverpleegkundige stel ook Mpho se hoof in kennis, aangesien daar baie TB-pasiënte in die saal waar Mpho werk, is en omdat sy MIV positief is, is Mpho meer in gevaar om TB aan te steek. Mpho se hoof reageer heftig met die woorde: ‘Hierdie hospitaal is baie besig en ons het alreeds ‘n geweldige personeeltekort: ‘Ek kan nie bekostig om verpleegsters wat siek is, te vermaak nie’. Sy sê dat sy die bestuurder in kennis sal moet stel en Mpho in ‘n ander afdeling sal moet plaas.

SCENARIO 2:

Lesego is ‘n chirurg. Sy is MIV-positief. Sy was besig om in die dokters se aantrekkamers te verklee toe sy hoor dat haar kollegas negatief van mense met MIV en TB praat. Hulle sê dat dit gevaarlik is om gesondheidswerkers wat aan TB lei in die omtrek te hê, aangesien hulle pasiënte en ander gesondheidswerkers kan aansteek. Hulle sê dat dieselfde beginsel vir gesondheidswerkers met MIV geld. Daar is ‘n verpleegster wat dit blykbaar algemeen bekend maak dat sy MIV positief is en ARV’s neem. Hulle vra: “Maar hoe sal ons weet dat sy waarlik op ARV’s is? Sy kan dit aan enigeen van ons oordra as sy ‘n uitslag of seer op haar hand het.” Hoe sou jy jou medekollegas benader, indien jy Lesego was?

Time participants: Warn participants when they should move from one scenario to the next, and again when they should start to practice their role plays

d) Summary & Group discussion

Summarise and discuss the activity with the group using some of the ideas they presented, and also (if the participants don’t also mention them) ideas from the *facts and fictions* table, below.

The second/ assistant facilitator should write down key points of the summary on the flipchart.

You can use these questions to guide the discussion:

- Wat het gebeur?
- Watter geleenthede is daar om die sienings van gesondheidswerkers wat ander stigmatiseer te verander? (stel foutiewe inligting reg; "Dit kan met enigeen gebeur"; plaas jouself in die ander persoon se skoene; verander houdings en beveg wanbegrippe deur tot aksie oor te gaan. Ondersteun of maak byvoorbeeld vriende met 'n persoon wat MIV/TB positief is.
- Wat het jy nodig om jou te help om ander se menings te verander?
- Watter probleme mag jy dalk teëkom wanneer jy mense se menings wil verander of stigma wil beveg?

VERY IMPORTANT: Make sure all the participants understand that there can NEVER be a situation where the hospital may force you to test for HIV or TB, and the Occupational Health Unit/ Sick bay/ Staff doctors or nurses testing/treating healthcare workers, cannot make your health status public without discussing with you beforehand and getting your consent.

Some model issues and answers to guide you

Scenario 1		
Sê "Nee"	**Verduidelik "Waarom"**	**Voorsien alternatiewe**
Beroepsgesondheidsverpleegkundige:		
Jy mag niemand dwing om te toets vir MIV nie.	'n Persoon het die reg om te toets vir MIV of nie.	Verskaffer-geïnisieerde berading, toetsing en berading (Provider-initiated counselling, testing and counselling (PICTC) asook UTT punte
Sy mag nie 'n persoon se MIV-status sonder hul toestemming bekend maak nie.	'n Persoon het die reg om hul MIV-status bekend te maak wanneer hul wil, hoe hul verkies en aan wie hul wil.	Moedig Mpho aan om haar status aan familie, vriende, kollegas, bestuurders ens. bekend te maak.
Sy mag niemand vra om 'n pasiënt te oorreed om vir berading te gaan nie.	Dit is die verantwoordelikheid van die verpleegkundige om die pasiënt aan te moedig om vir MIV-berading en toetsing te gaan.	PICTC en UTT punte
Ongeag waar die werknemer werk, mag sy nooit 'n werker se MIV-status aan haar toesighouer bekend maak nie.	Die beroepsgesondheidsverpleegkundige mag vra om 'n werknemer te skuif, sonder om 'n mediese verklaring daarvoor te bied. Gesondheidswerkers met MIV loop groot gevaar om TB aan te steek. Die wat nog nie TB het nie behoort IPT of isoniazid vir 36 maande te	Verskaf Isonizaid Prophylaxis (IPT)

	neem, ten einde TB-infeksie te voorkom. Die werknemer wat IPT gebruik kan self besluit of hy/sy na ‘n ander saal/afdeling wil skuif.	
Mpho’s se beste vriendin:		
Behoort nie oor iemand se MIV-status te skinder nie.	‘n Persoon het die reg om hul MIV-status bekend te maak wanneer hul wil, hoe hul verkies en aan wie hul wil.	Moedig Mpho aan om haar status aan familie, vriende, kollegas, bestuurders ens. bekend te maak soos sy verkies.
Toesighouer:		
Onverdraagsaam teenoor kollegas wat MIV het of siek is.	MIV is nie meer ‘n doodsvonnis nie.	Die werkplek het die verantwoordelikheid om ‘n kultuur van aanvaarding te kweek. Moedig antiretroviraleterapie aan. Versprei die inligting dat mense met MIV wat ARVs gebruik, ‘n normale, produktiewe lewe kan lei.
Sy moet nie daaraan dink om die werknemer se MIV-status aan die bestuurder bekend te maak nie.	‘n Persoon het die reg om hul MIV-status bekend te maak wanneer hul wil, hoe hul verkies en aan wie hul wil.	Moedig Mpho aan om haar status aan familie, vriende, kollegas, bestuurders ens. bekend te maak.

Scenario 2		
Sê “Nee”	**Verduidelik “Waarom”**	**Voorsien alternatiewe**
Vir personeel wat negatief van kollegas, wat aan MIV en TB ly, praat.	Enigeen kan met MIV of TB geïnfekteer word.	Voorsien korrekte inligting: * Dit is moontlik om TB in pasiënte wat MIV positief is, te genees met dien verstande dat Hulle aan die behandeling voldoen. * Mense wat MIV positief is en ARV behandeling gebruik, kan ‘n normale lewe ly en hulle het ‘n verminderde kans om TB aan te steek. * Mense wat mede-besmet is met HIV/TB en wat op ARV en TB behandeling is, is minder aansteeklik vir TB. *MIV positiewe persone wat ARVs gebruik, is minder aansteeklik vir MIV. * TB kan genees word. Die TB kiem ontsyfer stadig maar seker hoe om weerstand te bied teen die groot TB middels – veral wanneer die middels nie korrek geneem word nie. Sommige stamme of spesifieke rasse van TB het bestand geword teen ten minste een van die grootste anti-TB-middels.

	Skinder hits interne- en eksterne stigma aan.	Hierdie stamme word dwelm-weerstandige TB genoem. * Daar is 'n moontlikeid dat jy TB aan ander kan gee wanneer jy behandeling gebruik, maar die risiko word twee of drie weke vandat die behandeling begin is, verlaag . Die risiko word verder verlaag wanneer die persoon se sputumtoets negatief toets vir TB na twee of meer maande van behandeling. Mense moet natuurlik die behandeling korrek volg ten einde hul infeksierisiko te verlaag. * Daar is geen risiko dat MIV deur oop sere sal versprei nie, tensy die wonde vol bloed is en die persoon wat daaraan vat, oop wonde op hul vingers het. Miskien is dit die assosiasie met seks wat MIV so stigmatiserend maak. Ons moet medelye betoon met MIV - dit is nie altyd maklik of moontlik om die gebruik van kondome te onderhandel nie; allerhande sosiale faktore soos armoede, gebrek aan behoorlike kennis, geslagsgebaseerde geweld en intieme lewensmaatgeweld kan tot MIV-infeksie bydra.

e) Reporting violations

Dit is belangrik dat ons nou oor 'aanmelding' sal praat. Dit kan vir jou moeilik wees om:

- 'n gebrek aan persoonlike beskermende toerusting (PPE) soos handskoene en maskers of enige ander noodsaaklikhede, soos ontsmettingsmiddel en seep aan te meld;
- jou eie swak gesondheid of 'n besering by die werkplek , soos 'n naaldprik, aan te meld. Ons dink soms dat dit nie 'n groot ding is nie en ons vergeet dat dit gevolge vir ander mag inhou;
- vir jou toesighouer te vertel van 'n kollega wie nie die regte prosedure na 'n besering by die werk gevolg het nie of wie die simptome van TB of gevorderde MIV-infeksie het; en
- 'n gesondheidswerker wat stories versprei, of skinder sonder om aan die gevolge te dink, of nie 'n ander gesondheidswerker se gesondheidstatus as vertroulik hanteer nie, aan te meld

Hierdie sake *moet* gerapporteer word, sodat almal tot die besef sal kom dat **die reg van gesonheidswerkers op 'n veilige en gesonde werkplekomgewing nie slegs 'n idee is nie, maar 'n ideaal wat almal se verantwoordelikheid is om na te streef.**

Remind participants: Julle sal in jul leêrs besonderhede oor hoe jy 'n vertroulike verslag of klagte kan indien, asook waarheen jy in jou hospitaal vir hulp kan gaan, vind.

Die proses sal moed, tyd en moeite te neem —so waarom begin jy nie met hierdie basiese stappe nie:

1) Vertel jou grief aan iemand wie jy kan vertrou. Dit kan ‘n mede-werker, pastoor, vriend in die werkplek of ‘n rolmodel wie jy vertrou, wees.

2) Vra die persoon om jou te help met die identifisering van ‘n persoon wat instaat en gewillig is om jou te ondersteun in die proses om ‘n formele klagte te lê.

3) Kontak jou gesondheid en veiligheidsverteenwoordiger, of die hospitaal se maatskaplike werker, of die koördineerder van jul welstandsprogram, of unieverteenwoordiger met die hulp van die persoon wat jou ondersteun en reël dat hulle die verteenwoordigers saam met jou gaan sien.

4) Versamel al die bewyse wat jou klagte ondersteun (skryf die besonderhede neer; kontak enige getuies; ens)

5) Lê ‘n formele klag (indien jy nie goed met vorms is nie, kry hulp van een van die persone wat jou ondersteun)

Activity #8: Communicating to reduce stigma

Outcomes: At the end of this activity participants will …

- Be aware of the social marketing/promotional campaign that aims to support them in their stigma-reduction communications
- Be able to explain some easy ways that they, personally, can use to communicate how to reduce HIV- and TB-stigma in the workplace

Time: 15 min

Materials: Stigma-reduction social marketing materials Flipchart;

Describe the activity and why you are doing it Dit is nie genoeg om van als te leer, indien ons nie idees ontwikkel hoe om dit uit te voer nie. Ons gaan julle in hierdie aktiwiteit bewus maak van die promosiemateriaal wat ons in die hospitaal versprei om julle te help om rolmodelle en "game changers" in die werkplek te wees.

Dit is belangrik om uit te lig dat ons nie van jou as veranderingsagent verwag om enigiets te doen wat nie by jou as persoon pas of wat baie ekstra inspanning van jou sal verg nie. Al wat ons verwag is dat jy met ander gesondheidswerkers in hierdie hospitaal sal **kommunikeer** oor:

- Hierdie werkswinkel en wat jy hier geleer het
- Die stigma plakkate wat in die hospitaal vertoon word
  Point out the shwe-shwe pattern
  Ask the participants: Hoe hou die hand verband met dit wat ons geleer het? (Ja, 'Sê NEE vir stigma!') Watter vorm van stigma wil ons voorkom met 'Wees goed vir jouself'? (Ja! Interne stigma). En met 'Wees goed vir ander'? (Ja. Mooi man! Eksterne stigma)
- Die promosiemateriaal. Ons gee vir elkeen van julle 'n ekstra pen en armband om oor MIV- en TB stigma te kommunikeer. Onthou asseblief dat ons daarop fokus om MIV- en TB stigma in die *werkplek* te verlaag. **Moet dit dus asseblief nie** vir jou kind, kleinkind of vriend gee nie. **Gee dit slegs vir gesondheidswerkers by hierdie hospitaal.**
- Pas die SWAT stappe waar jy kan toe
- Meld oortredings aan. Help ook ander om dit aan te meld:

  Indien jy voel dat jy gestigmatiseer word en jy sou graag daaroor met iemand wou praat kan jy jou beroepsgesondheidverpleegkundige of een van die maatskaplike werkers wat tot die hospitaal verbind is, spreek. Of jy kan die werknemerhulpprogram nader en vra om met een van hul beraders te praat.

Ons, tesame met die persone wat jou benoem het, glo in jou en ons vertrou dat al die ingrepe saam sal werk om MIV- en TB-stigma in die werkplek te verlaag.

Inform participants that we will follow up:

Ons sal van tyd tot tyd poog om met julle op te volg ten einde te verneem hoe dit met die ingrepe gaan en om die beste praktyke te versamel om onder mekaar en ander groepe te versprei. Ons mag jou dalk skakel om vinnig te gesels of ons kan ‘n fokusgroepbespreking hou.

Bêre asb. jou lêer en jou planne, sodat ons weer daarna kan kyk. As jy enige idee het oor hoe om stigma te beveg en jy wil dalk ons mening daaroor verkry, is jy welkom om ons te kontak. Ons kontakbesonderhede is in die lêer.

6. CLOSING THE WORKSHOP

Time: 15 min

Materials: Workshop evaluation form; Snack/lunch packs; Certificate of Attendance

Bedank: Baie dankie dat julle die werkswinkel bygewoon het. Ons het jul insette waardeer en dit was lekker om saam te werk.

Die rol wat elkeen van julle as rolmodel en "game changer" gaan speel, is baie belangrik om MIV- en TB-stigma onder gesondheidswerkers te beveg. As gevolg van jou posisie in die gemeenskap kan die veranderinge wat jy te weeg bring, lei tot voortgesette, positiewe verandering.

Ons beveel dit ten sterkste aan dat julle in kontak met mekaar sal bly om mekaar in jul pogings te ondersteun.

Herinner: Ons sal weer met julle in verbinding tree. Ons mag jou,as individu dalk skakel om vinnig te gesels of ons kan 'n fokusgroepbespreking hou**. Hou asb. boek van al jou ervarings om stigma in die werkplek te beveg. Bêre asb. ook jou lêer met al jou inligting daarin.**

Bied aan: Skakel ons gerus as daar iets is waaroor jy ons wil uitvra, of indien daar 'n ingreep is wat jy met ons sou wou bespreek. Ons kontakbesonderhede is in die lêer.

Wens: Ons wens julle alles van die beste met jul pogings om stigma in die werkplek te beveg. Ons sien daarna uit om julle weer te sien.

Vra: Ons stel daarin belang om te weet hoe julle hierdie werkswinkel beleef het: wat het goed gewerk en wat het minder goed gewerk. Jul terugvoer word waardeer en sal ons help om die opleiding te verbeter.

Vul asb. hierdie kort vraelys vir ons in. Dit behoort julle nie langer as 5 min te neem nie. Jy het ook nie nodig om jou naam op die vorm aan te toon nie. Jou terugvoer is dus heeltemal anoniem.

Onthou asb. om jou kospakkie te neem, wanneer jy jou evaluasievorm inhandig.

Acknowledge: Jy sal 'n *Bywoningsertifikaat* ontvang. Ons gaan dit met die fokusgroepbesprekings saambring. Ons gaan die inligting op die Bywoningsregisters gebruik om die korrekte naam op die *Bywoningsertifikaat* aan te dui. Maak dus asseblief seker dat jou handskrif leesbaar is en dat dit die naam is wat jy op jou sertifikaat verkies.

Give each participant a snack/lunch pack.

APPENDIX: TIPS FOR GOOD FACILITATING

In this section we cover:

- Qualities of effective group facilitators;
- How to encourage and facilitate discussion: 7 key points;
- How to manage sessions

The success of these workshops depends on your facilitation skills and practices.[12] As a facilitator you are critical to the learning and experiences of participants.

Qualities of effective group facilitators

✓ ***Skills in handling groups***

- Provide a supportive learning environment
- Value the inputs participants bring to the group and give positive feedback when participants contribute
- Be able to handle sensitive issues and conflicts
- Be aware of the influence of participants' own values and attitudes
- Be able to identify situations which are not friendly or unacceptable to the participants
- Be non-judgmental
- Create a trustful and confidential atmosphere within the group, outside the group, and make sure that ground rules with respect to confidentiality are clear and emphasised.

✓ ***Skills in communication***

- Be able to facilitate discussion
- Be able to observe and listen
- Be approachable
- Be able to establish warm relationships with group members and display that warmth

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[12] Content in Section 1 is adapted from: International Labour Organisation (ILO) *Toolkit on HIV Related Stigma Reduction in Health Care Settings* (*Draft*); KEMRI-ITM, *Brighter Future II Facilitator Guide*.

- Foster trust (e.g. no personal criticisms; no criticisms of the Department of Health or any of its policies; don't laugh at jokes that are aimed at others, etc.)
- Be helpful
- Acknowledge what you don't know. The facilitator is not always the expert! But know where to look for an answer and/or where to refer people to.

✓ ***Being well organised***

- Have aims, methods and processes clearly in your mind
- Start and finish on time. If you can't, then apologise, and explain why there is a delay. Negotiate with the group if extra time is needed.
- The more preparation, the smoother the training sessions will go, and you will save time

✓ ***Being enthusiastic***

- Be enthusiastic about the content of the training
- Be enthusiastic about working with people
- Be enthusiastic about the process

✓ ***Being able to conduct role plays***

- Be able to model skills (e.g. do not discriminate; do not let someone feel stigmatised)
- Be able to help participants practice skills and role plays
- Be able to convey to participants that they are safe

✓ ***Be able to work as a team***

- It is very important to share responsibility for facilitating and to work *with* your co-facilitator according to prior agreement on how tasks should be shared. For instance, one person could take on the role of main facilitator and the other person could take on a more supporting role, for instance, recording key inputs from participants on a flipchart, assisting participants to organise themselves into teams.

Important points for facilitators to remember:

- ✓ Acknowledge and respect diversity of participants
- ✓ Acknowledge and respect diversity of views
- ✓ Be aware of your own perspectives and values. But never push these on participants
- ✓ Build on the existing skills, experiences, and knowledge of people
- ✓ Do not act as the expert (the job of a facilitator is to guide and assist the learning process)
- ✓ Provide information and help people to learn skills
- ✓ Help the group move along; make sure the workshop plan is followed and the group does not digress too much from the topic or activity at hand
- ✓ Provide a lot of encouragement

How to encourage and facilitate discussion: 7 key points

Discussion is the core activity. As a facilitator you need to be good at facilitating discussion. Here are a few tips:

1. Open Questions and Probing

- ✓ One of your main tasks as a facilitator is to ask effective questions:
  - Open questions encourage many different opinions and help get all participants talking and contributing.
  - Open questions cannot be answered with a simple *yes* or *no*. Questions that make people talk are questions that start with *what*, *when*, *how*, etc.
  - Probing is asking more questions to encourage participants to give more information on an issue, find out the views of other people, find out how people feel about an issue, or look for solutions to the problem.

2. Active Listening

- ✓ After asking each question, listen carefully to what each person says. Give him/her your full attention and concentrate on what she/he is saying.
- ✓ If you listen actively, participants will know that they are being heard and understood. This encourages them to be more open about sharing their experiences, thoughts, and feelings.
- ✓ Active listening involves:

- Eye contact – look at the person to show interest and understanding.
- Encouragers – Signals to the other person that you are listening, e.g., nodding your head, saying things like “Yes. … Okay….I see….That’s interesting…..Tell me more….”
- Rephrasing to check that you have understood what the person is saying.

3. Rephrasing

- ✓ Rephrasing is summarising what someone has said in your own words, for instance: "If I understand it correctly, you are saying that..."
- ✓ The aim of rephrasing is to show the speaker you value what she/he has said, to help clarify it, and to help others add on their own ideas.
- ✓ Rephrasing helps to ensure that you and the group have heard correctly what the person said. It also helps the assistant facilitator to record key inputs from participants on the flipchart – it gives him/her a clear summary of what was said in a few words.

4. Encouraging Participation

In some workshops you will find a few participants dominating. Look for ways to get others involved and the talkers to talk less:

- ✓ Use the ground rules as the basis for encouraging everyone to contribute..
- ✓ Thank the big talker for his contribution and say, “We would like to hear from everyone.”
- ✓ Ask questions to the silent and praise their responses. This will encourage them to talk.
- ✓ Divide into pairs (buzz groups) to get everyone talking.
- ✓ Go round the circle getting one point from each person.

5. Handling Sensitive Issues

You have to be prepared to manage sensitive issues

- ✓ Get as much information as possible beforehand, on what the potentially sensitive areas are going to be, so that you can work out strategies to bring them out and handle them.
- ✓ Start with yourself. Prepare yourself to discuss these issues without feeling uncomfortable.
- ✓ Build an open atmosphere in which participants feel comfortable talking about these issues.

- ✓ Challenge slogans and general statements, but at the same time allow people to use the words they feel comfortable with, even if they are not politically correct. The aim is to get people to talk openly, rather than shutting them up.
- ✓ Usually participants will have more questions than you can answer. Be prepared for this, and don't worry admitting that you don't have an answer to some questions. But show you are willing to find out the answers, or refer people to other sources of information.
- ✓ Sometimes participants use workshops to vent their frustrations with their workplace. The facilitator should listen, then politely remind participants that she/he is not qualified to address such work related concerns. Ask the group for the best avenue of referral in such cases (suggest possible avenues you may know of: HR Department; Union representatives)
- ✓ Have contact details available for local counselling services should you need to refer a participant to them. Unless the facilitator is a qualified counsellor or lay counsellor, he/she should not attempt to counsel anyone (for instance on disclosure, abuse, etc.). Listen to the person respectfully, but as soon as it is polite to do so, inform them that you are only a trainer and not qualified to offer proper help. Then say you know of someone who can help.

6. Managing Conflict

Participants may disagree on some issues and these sessions may lead to conflict. This situation can be difficult to handle, or you can turn it into an advantage – using the passion around the issues to understand them better. Your aim as a facilitator is to 'stop the fighting' and get participants to explore the issues –

- ✓ Emphasis that it is OK to differ. But re-state that everyone need to keep to the ground rules (e.g. active listening and respect) to create and maintain the right spirit.
- ✓ Ask the speakers to state their concerns and the reasons for them – to help everyone fully understand the issues and avoid making assumptions.
- ✓ Ask everyone to listen to the speakers – and rephrase what each has said to make sure everyone has heard the views clearly.
- ✓ Help participants identify common ground – things they agree on; and points of difference that need further discussion – or people can agree to disagree.

7. Handling harsh or negative responses to issues raised or opinions expressed [13]

- ✓ Don't silence them. This will only re-confirm prejudice. Let them come out.

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[13] ILO. 2012. Toolkit on HIV Related Stigma Reduction in Health Care Settings (Draft)

- ✓ Even the best exercises are unlikely to completely change people's attitudes in a short period. However, you can offer alternative perspectives about these issues that will encourage people to think and question their own attitudes.
- ✓ Don't let discussions get out of hand. Allow people to speak their minds, but do not allow them to reinforce negativity.
- ✓ Don't be disappointed in yourself when people don't change their attitudes right away. This usually takes time.

How to manage sessions

✓ **Manage Energy**

Check on energy level at regular points – and respond if energies are low.

- Observe participants' body language. Are they yawning? Do they look bored? Tired?
- Ask - "*How are you feeling? Is it time for an energiser or a break*?"
- When people are tired, do an energiser, or take a break.
- Use your own energy as a facilitator – communicated through a strong voice and active body language - to energise the group.

✓ **Manage Space**

Change the space and the organisation of the chairs to suit your activity and provide variety.

- At the start of the training do the following:
    - Try to ensure that the room you are allocated is private and that your session will not be interrupted.
    - Prepare the room and materials.
    - Manage climate, e.g. open windows if it gets stuffy or use a heater if the room is cold.
    - Remove tables to allow participants to move around and make the sessions less formal.
    - Set up the chairs in a circle or semi-circle so that everyone can see each other.
    - Set up a table for materials – handouts, markers, tape, flipchart paper, cards, etc.
    - Arrange the materials—put up blank flipchart sheets for recording, write up flipchart instructions for exercises, etc.

✓ Manage Time

In a short training program there is not enough time to go into depth with all the issues. You will need to manage time carefully or your overall objective will be lost.

- Work to the time limits for each activity/ session. Don’t allow sessions to drag on too long! Tell participants how long each activity should take and if you subsequently change the time allocation, explain to participants why.
- In establishing the ground rules, get the group to take co-responsibility for time management.
- Remember—small group work takes more time than you expect. Give small groups enough time to do their work. Don't rush them.
- Don’t go too fast. Let the group help you set an appropriate pace.
- Close on time!

✓ Manage responsibility

There should be 2 facilitators who equally share responsibilities and take turns in the lead role.

- Divide responsibilities prior to the session (e.g. one person can lead the session, while the other acts as assistant, e.g. writing on the flipchart / helping to prepare and hand out materials.
- Support each other – if one facilitator runs into trouble, the other can help him/her out.
- Help each other keep time.
- Following each session - discuss the session, what went well, what went less well and how things can be improved next time round. Also take some time to plan for the next day/ session.

✓ Manage feedback to the group

One facilitator should take notes of discussion points on the flipchart. This provides a permanent visual record, helping participants see what has been discussed and what needs to be added. Writing down points triggers other ideas; and provides the basis for a summary of the discussion. Here are a few tips on recording:

- Write only the main points or key words, not everything that participants say.
- Use participants’ own words so that they recognise their own contributions.
- Write big and clear (ideally capital letters) so people at the back of the room can see.

- Use different colours e.g. black for the main text and red for underlining key words.

Give Effective Summaries: At the end of each exercise, after participants have fully discussed the issue, you should give a brief summary of what participants have mentioned that they learned. The summary is important – this is the time you help participants consolidate what they have learned – so make sure you give yourself enough time to do it well.

Be sure to also give positive feedback about their contributions, this is motivating and will increase their self-efficacy (i.e. their belief in themselves to perform stigma reduction activities later on).