Be kind to yourself. Be kind to others

Wees goed vir jouself. Wees goed vir ander

E ba ya mosa ho wena. E ba ya mosa ho ba bang

— Facilitator Guide —

Short (4-hour) change-agent training

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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 is 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 why are we here? Let's start with a quick overview of the aims of the project and the workshop.

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

Background and purpose:

We are here today for some specialist training on HIV and TB stigma and on reducing HIV and TB stigma in the workplace. Combating stigma among healthcare workers is a very important way of creating a workplace that enables good health and wellbeing—that cares for the caregivers.

Some of you will already know something about our research project from our survey of HIV and TB stigma in the workplace. For those of you who are new to the project: First we have a survey to measure HIV & TB stigma in the workplace (this is completed); then we *design and roll out interventions to reduce stigma (this is the stage we are at now and it will last about 1 year)*; finally, to see if the interventions have made any difference we measure HIV & TB stigma again, using the same survey with the same participants.

You were selected for this workshop because you were nominated by other healthcare workers in this hospital as being a person who can help to bring about change. Because you are considered to be a role model we want to give you some information about stigma and some tools to help fight HIV and TB stigma in the workplace.

During the next few hours we will discuss what stigma is, how it feels, and how you can help to reduce it.

We want the workshop to be *very interactive*. To make it interesting and fun, we included discussions, role-plays, and exercises. In role plays we may call for volunteers, but so that you don't regret volunteering we will always warn you first if there is any chance that a role play could make you feels uncomfortable.

Although the topic of HIV and TB stigma is serious and important, I hope we can have a good time exploring it together.

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

At the end of this workshop you should…

- Be able to explain what stigma means (What it is; its 2 main forms and some examples that illustrate those forms; some of the effects of stigma on people; some of the effects of stigma on the workplace)
- Have experienced what it feels like to stigmatise and to *be* stigmatised
- Know your rights and responsibilities that are key to HIV & TB stigma and its reduction in the workplace
- Identify some easy ways that you, personally, can combat HIV & TB stigma in the workplace

c) Present the agenda

In your pack you will find an agenda. Let's look at it now to see how the workshop is structured to meet the project's aims and outcomes.

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.)

In your packs you will also find handouts. This is not a training manual—it is just the most important information for you to remember and refer to later.

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; Prestik/ masking tape to affix poster / flipchart papers to the wall

Describe the activity and why you are doing it: In new situations with new groups of people, it helps to have some rules or guidelines to follow. Let's see if we can think of some rules that can make our time together work well.

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

To start the process, we have a few suggestions:

- **CONFIDENTIALITY**
  Stigma is a sensitive issue and we should know that any information that group members share is and should be kept confidential. So we should not share with anyone outside the group what is said by anyone during our workshop.
- **EVERYONE SHOULD CONTRIBUTE TO THE DISCUSSION**
  But remember, people also have a right to not comment or to not answer a question.
- **RESPECT EACH OTHER**
  Show respect for others even when you disagree with them. If someone says something you disagree with, simply say that you have a different idea, belief or attitude and then tell the group what it is.

  Don't interrupt others when they are speaking.

  Give everyone a chance to participate. Don't take all the limelight.
- **FEEL FREE TO ASK QUESTIONS**
  All questions are important. There is no such thing as a silly question. If you are not sure of something it is almost always the case that someone else is also not sure, so by asking questions you actually help the group.
- **SWITCH OFF YOUR CELLPHONES**
  If you have one eye on your phone it spoils the group process, and also makes the experience less valuable for you.
- **BE PRESENT FOR THE WHOLE WORKSHOP**
  We have planned a very interactive time together. It really disturbs the group dynamic when somebody leaves the group.

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

Thank you. We now have a great list of ground rules to guide us in our work together. We are excited to be working with you and feel that we will work well together by following our group rules.

Right! Let’s start!

Cellphones all off?

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); Prestik/tape; permanent markers; Visual aid

Describe the activity and why you are doing it: Before we can tackle HIV and TB stigma in the workplace we need to know something about its meaning, causes, forms and effects. This activity helps us to understand HIV and TB stigma and to identify some causes and effects.

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 a set of negative and often unfair beliefs that people have towards something or someone different to them and different from what most people see as being good or best. So stigma refers to a*ttitudes* and *beliefs* that *lead* people *to reject, avoid, or fear* those they perceive as being different. **Stigma is a Greek word that in its origins referred to a kind of mark that was cut or burned into the skin.** It identified people as criminals, slaves, or traitors to be shunned.

Stigma may be a result of **people having certain features**, such as visible symptoms of a HIV/TB. It may be the result of people having negative attitudes towards others, for instance, migrant workers. Stigma may be directed at those who are thought of as being

associated with certain groups of people—such as health workers who attend to TB patients. Also, **diseases such as TB are often stigmatised because of HIV**.

Because stigma **attacks a person's self-worth, it affects a person's right to dignity**.

Stigma can be externa or internal.

> **External stigma** is when we see these unfair beliefs and practices in the world around us. It may even be we, ourselves, who hold these unfair beliefs and who practice unkindness towards those who we see as being different and less desirable.
>
> **Internal stigma** is when we turn those unfair and unkind beliefs and things we see in the world inward—and upon ourselves—and then use what we see in the world around us to stigmatise ourselves. We do this for many reasons, for instance we may think that we are not worthy, or that we are to blame.

Stigma may differ in intensity—sometimes it is blatant and sometimes it is subtle or hidden.

As a result of stigma, people may experience feelings – as well as real incidents – of isolation, fear, inferiority, and rejection. Sometimes people don't realise that their attitudes, words and actions stigmatise others and cause them pain. And some people can hide their stigmatising attitudes.

In short, stigma is a process that:

- **points out or labels differences**—e.g. s/he is different from us; or s/he coughs a lot;
- **links these differences to something negative**—e.g. someone's sickness is caused by bad behaviour; and
- **separates** — 'us' from 'them'. We stop seeing people for who they really are: we begin seeing them only in terms of the groups that we associate them with. In other words, we see them as stereotypes.

Stigma is not just about unfair beliefs, it can lead to unfair or unkind actions or behaviours. Whereas **stigma is a process** whereby people come to be seen as having a "mark" of some sort of disgrace or undesirable quality—**enacted stigma, or discrimination is an act —and often an illegal act**—that occurs when people who are seen to have this undesirable quality or "mark" are treated differently and on unfair grounds. For instance, unjust or illegal treatment that is based on sex, race, religion, or a health condition such as HIV or TB. Discrimination is thus the *behaviour.*

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

So why do people stigmatise others? And how does this happen? I know you all have questions and interesting comments. So we are going have an activity that will open the floor to discussion. We are going to make a *Stigma Tree*.[5] First, let's divide into smaller groups.

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

On the colour papers provided, each group will write down 3 points on each of the following:

- The **roots** are the **causes** of stigma (the pink cards). This is about **why** healthcare workers stigmatise one another
- The **branches** are the different **forms of stigma** (the yellow cards). This is about **how** healthcare workers stigmatise themselves or other healthcare workers. Remember to include some external *and* some internal forms—mark cards **'E'** for external, or **'*I*'** for internal stigma.
- The **leaves** are the **effects** of stigma (the light blue cards). This is about **what can happen** when a healthcare worker experiences stigma.

Here are some examples to help you work with discussions:

Causes of stigma

- Moral judgments about people (perceived links between HIV & TB and other causes of discrimination, particularly poverty and low class)
- Assumptions about how people behave—assumptions that are based on perceptions and judgments that might be incorrect, or that might simply come from a different worldview (for instance: Disreputable behaviour, particularly drinking alcohol, smoking tobacco, and visiting sex-workers)
- Fear of contagion/ infection—stemming from incomplete knowledge about HIV and TB transmission and treatment
- Public health prevention—some infection control measures such as separate TB wards can be stigmatising
- Misconceptions—lack of factual knowledge, incorrect myths (for instance HIV or TB is a divine curse sent down to punish the behavior of a person; lack of awareness of what stigma looks like and why it is damaging)

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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.

- Social norms that do not respect and celebrate difference
- Prejudice—being hostile towards those with different norms, cultures, and values, or who are different to us in some way.

Forms of stigma

- Name-calling, shaming, blaming, gossiping, finger-pointing, teasing, ridicule, labelling, suspecting, neglecting, rejecting, isolating, separating, distancing, harassment, gossiping about another HCW's health and sexual behaviours (External stigma)
- Self-stigma: feelings of shame, self-doubt, guilt, self-blame, inferiority (Internal stigma)
- Stigma by association—health workers who avoid socialising with other health workers who attend to HIV/TB patients (External stigma)
- Stigma based non looks/appearance (External stigma)
- Anticipated stigma—withdrawal, shame, (Internal stigma)

Effects of stigma

- Internal stigma (self-stigma) can be an effect of External stigma—of stigmatising actions and words that people see in the world around them
- Self-exclusion—from services, from opportunities, refusing help, social withdrawal and isolation, hiding (Internal)
- Discrimination—being chased from work due to HIV or TB
- Embarrassment, shame, loss of social status, guilt, low self-esteem, self-blame
- Sadness, loneliness, worry, stress, depression, suicide, alcoholism
- Secrecy/hiding—fear of disclosure, not visiting occupational health unit for services such as HIV testing, TB screening etc.
- Denial—can block treatment and lead to harm (e.g. TB infection) to others
- Withdrawal—not telling others and refusing support/love/help

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.**

We are going to have a quick quiz. I will ask a question and give two possible answers for it—and I will say which answer belongs to which colour. Please indicate your answer by holding up the colour paper that matches what you think is correct. Does everyone have colour papers?

- ‘Stigma’ is a set of negative and often unfair beliefs that people have towards something or someone different to them and different from what most people see as being good or best (show a blue paper for yes/ pink for no) [Correct answer: Yes/Blue paper]
- One can differentiate between **External and Internal stigma. Internal stigma** is when we turn unfair and unkind beliefs and things we see in the world inward—and upon ourselves—and then use what we see in the world around us to stigmatise ourselves. (show a blue paper for yes/ pink for no) [Correct answer: Yes, Blue paper]
- Fear of contagion/ infection—stemming from incomplete knowledge about HIV and TB transmission and treatment is one of the causes of stigma (show a blue paper for yes/ pink for no) [Correct answer: Yes, Blue paper]

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.

We should now understand more about what ‘stigma’ means. And also be able to identify some causes of stigma, various forms or types of stigma, as well as some of its effects on healthcare workers and the workplace.

f) Suggest avenues for help

If you feel that you are being stigmatised and you would like to talk about it, you could go to your Occupational Health Nurse, or to one of the Social workers attached to this hospital. You could also approach the EAP (Employee Assistance Programme) to speak to one of their counsellors.

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: Our earlier activity—*What is Stigma*—made us *think* about stigma. But it is not enough to just think about stigma. We need to feel what it is like to stigmatise and to be stigmatised. So this next activity is a *feeling* activity.

a) Describe the game & display the visual aid

Everyone is going to get a colour sticker put onto their foreheads. You may not know what colour sticker you get. Then you all need to move around the room greeting and briefly chatting to one another. You should behave towards people differently according to the colour of sticker you see on their foreheads (but please, always be polite).[6]

Read out the information on the visual aid:

Green sticker: this is a person who is very important to you. You are happy to see them and greet them very warmly. The green group are people who are highly esteemed, yet approachable, and they are the most desirable role models in society.

Yellow sticker: this is someone you pass every day. You want to greet them, but casually. The yellow group are people who are average in terms of being role models in society.

Red sticker: this is someone you do not want to see or greet as you think that s/he is different to you and may cause trouble. The red group have some kind of stigma attached to them and are the least desirable role models in society.

b) Warn people about the possibility of feeling uncomfortable

It can feel uncomfortable being more friendly than usual to a particular person in the group. It can also feel uncomfortable to stigmatise a colleague or someone who you like and respect. If you get a red sticker it could feel even *more* uncomfortable, because you will

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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.

be made to feel less desirable and stigmatised. So this is quite a challenging activity for everyone.

Please remember—it is only a game—and the purpose is to learn, not to give offense.

Please indicate if you would prefer to get a yellow sticker. We really don't mind and would prefer you to feel as comfortable as possible in this exercise.

After the exercise we will set aside time to discuss our experiences and debrief.

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.

"We will no longer be treating each other according to the colours. Thank you for your participation. The game is over."

Ensure that all participants take off their stickers.

e) Group discussion & debriefing

Facilitate a discussion. Now please reflect, individually—and as a group—on the feelings evoked by being treated as more, or less, desirable.

You can use some of the guiding questions below:

- What did it feel like to have the red, yellow or green sticker on your forehead?
- How did it feel to respond to the people with red stickers?
- How did you react to the way you were treated—individually or collectively?
- What is the effect of being treated differently?

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: It is important to know about the main acts, laws, rules and principles governing public administration, because FSDoH values and codes of conduct are based on these and aim to guide the values, attitudes and behaviours of healthcare workers in the workplace. By knowing your *rights and responsibilities* as a worker in the hospital you can avoid breaking rules, and be empowered to do what's right.

So this part of the training brings together your knowledge of Rights and Responsibilities in the healthcare workplace, with your new knowledge of stigma (the two main types—internal and external, some of its causes, forms and effects, as well as your experience of what it feels like to stigmatise and be stigmatised).

There will be time for discussions. If enough time is left over, you will also put your new knowledge to work in a small group discussion of a story/scenario.

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

Main acts, laws, rules and principles that govern public administration

The FSDoH *values* and *code of conduct* are based on these

- The Constitution of RSA (Act 108 of 1996)
  - ✓ The Bill of Rights (*Section 27* of the Constitution)
  - ✓ The values and principles governing public administration (*Section 195* of the Constitution)
- The National Health Act (No. 61 of 2003), *Section 30 (2)*
- Occupational Health and Safety Act (No. 85 of 1993)
- Occupational Health and Safety Policy for the National Department of Health, Draft, 1993
- The National Patient's Rights Charter, 2008 (Health Professions Council of South Africa—Rules of professional conduct)

Here are some of the main acts, laws, rules and principles that govern public administration and service delivery. The FSDoH *values* and *code of conduct* are based on these**.**

I am not going to read them all out now, because you have them in a handout in your file.

Look at the last one on the list: the *National Patient's Rights Charter*.[7] It contains the rules of professional conduct set out by the Health Professions Council of South Africa—rules that apply to *all* healthcare workers.

There are the 3 issues that we will concentrate on now. We will also see how they relate to stigma

The rules are not only about how to treat patients. It is also about…

1. How you can help towards creating a **health-enabling workplace environment.**
2. **Your responsibility towards yourself and your own health**; and
3. **How you treat your fellow healthcare workers physically and emotionally**, for instance, how you treat them when they get sick, or get injured on duty, or access health care;

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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 *Rights and Responsibilities for a healthy and safe working Environment*

The National Patient's Rights Charter says that a **safe and healthy workplace environment** is one that **ensures** healthcare workers' **physical AND mental health or well-being**.

A safe and healthy **physical** workplace environment is *one that ensures protection from all forms of environmental danger, such as pollution or infection.*

Research shows that **fear of infection is closely connected to stigma**. If you fear that someone will infect you with HIV or TB, then you may become stigmatising towards him or her.

So let's think about what can be put in place to minimise the risk—and the fear—of infection.

In terms of your right to be protected as healthcare workers, the FSDoH is responsible for providing the necessary equipment to make the workplace environment as safe and healthy as possible: things like gloves, masks, sharps bins, disinfectant, and soap.

We know there are problems, gaps and shortages. But all rights come with responsibilities! You still need to focus on what *can* be done with what is available because **healthcare workers are co-responsible for minimising the risk of infection**.

So let's look together at some very important—but very basic—things **every** healthcare worker should do to minimise risk of, and fear of, infection.

Remember that we are focusing on HIV- and TB-stigma. So let's first look at what we have control over and how we can take responsibility to minimize the risk of **HIV infection**. The first one is how we deal with blood and body fluids. Here are some basic precautions that every healthcare worker needs to know about, and to do.

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

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

UNIVERSAL BLOOD AND BODY-FLUID PRECAUTIONS[8]

- Be really careful when you handle and dispose of sharps (needles or other sharp objects);
- Wash your hands before and after a procedure;
- Use protective barriers when you come into direct contact with blood and other body fluids. These barriers—known as PPE (Personal Protection Equipment) include thing such as gloves, gowns, and masks.
- Safely dispose of waste contaminated with body fluids and blood. This means that you put used needles into sharps bins; that you avoid re-capping needles, etc.)
- Properly disinfect instruments and other contaminated equipment;
- Properly handle soiled linen.

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

The Universal blood and body fluid precautions are used as prevention. You need to follow proper **p***ost-exposure care and follow-up steps* if you are exposed to blood and body fluid in a way that could harm your health, for instance, if you get a needle-stick injury.

We are not going to go into this because it is not central to this training, but because it is important for you to know, we have provided a handout in your packs.

e) Display the Visual aid on protecting against TB infection

Now let's look at how we can take responsibility to minimize the risk of ***TB* infection**

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

Healthcare workers also fear being infected with TB, and TB stigma that can result from this fear.

Let's look at what your responsibilities are to minimise your risk of **contracting TB**.

As you will see, a lot of the points have to do with your *knowledge* of TB:

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

- Know the 4 main signs and symptoms of TB;
- Know how TB is spread; and
- Know what to do to help avoid the spread of TB.

HOW CAN I PROTECT AGAINST TB INFECTION[9]

Know the 4 main signs and symptoms of TB:

- Chronic cough (lasting for more than 2 weeks);
- Unintentional weight loss;
- Fever for more than a week;
- Night sweats.

Know how TB is spread:

- You can catch TB by breathing in droplets that get into the air when an infected person coughs.

Know what to do to help avoid the spread of TB:

- Keep the environment as clear of TB droplets as possible.
  - ✓ Identify coughing patients, and those you suspect may be TB-infected;
  - ✓ Move them out of common areas, such as waiting rooms, corridors, offices, etc. and make them wait outside, or isolate them from other patients; TB does not like the sun or fresh air, so a nice sunny, open, well ventilated, area is best.
  - ✓ Open windows so that your hospital is well ventilated
  - ✓ Practice cough etiquette and teach patients cough etiquette

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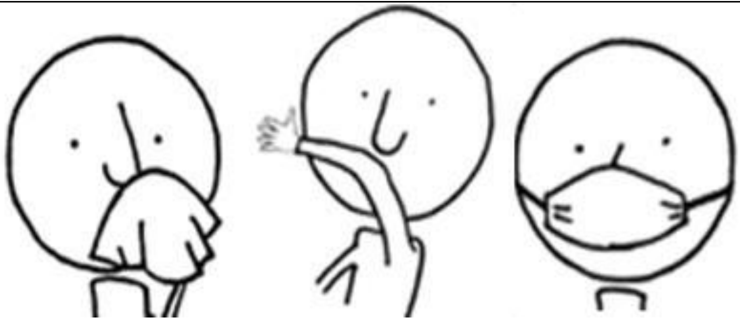
[9] http://familydoctor.org/familydoctor/en/prevention-wellness/staying-healthy/occupational-health/health-care-workers-avoiding-infections-at-work.html



- If you work around patients with TB, the best protection is to wear (or try your best to wear) a special protective mask. The only mask that will protect you and others from getting infected with TB by droplets in the air are N95 or FPP2. But these masks need special fitting and maintenance, so…..

It is easier to stop TB from spreading by getting people who are coughing, or you know/ suspect, are TB-infected to wear an ordinary mask. These masks will stop the spread of TB droplets right at the source (the mouth, the cough) before they smaller and spread (disperse) into the surrounding air.

- Know that TB can be cured when people are on the correct medication, and when they adhere (take the medicine as instructed, for the instructed period of time). So take responsibility and adhere to your treatment and advise others to do the same.

f) Discuss the Right to Dignity and Privacy /Confidentiality

Ask participants: What does the National Patient's Rights Charter say about a safe and healthy workplace environment? It is one that………. ensures healthcare workers' *physica*l well-being (we have just spoken about some: Universal blood and body fluid precautions, Personal Protective Equipment, Opening windows etc.) It is also about ***mental* health and well-being.**

Ask participants: So what does such an environment look like? 'An environment that ensures **mental** health and well-being.' Is there room for stigma in a healthy and safe environment?

Allow participants an opportunity to reflect on the question.

Reiterate: Stigma violates the basic human rights to Dignity and Privacy.

Ask participants: Do you still remember the effects of stigma from doing the stigma tree?

- Self-exclusion—from services, from opportunities, social withdrawal—not telling others and refusing support/love/help; isolation;
- Embarrassment, shame, loss of social status, guilt, low self-esteem, self-blame;
- Sadness, loneliness, worry, stress, depression, suicide, alcoholism;
- Secrecy/hiding—fear of disclosure, not visiting occupational health unit for services such as HIV testing, TB screening etc;
- Denial—can block treatment and lead to harm (e.g. TB infection) to self and others;

Do you see the huge negative effects stigma has on people's *mental* health and wellbeing?

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

Read out the strategy

Ask participants:

- Will we *diagnose 90% of all people living with HIV* if they exclude themselves and refuse help? Will people flock to test if they doubt that *confidentiality* is kept? Where their *privacy* is not respected?
- Will *90% of eligible people diagnosed with HIV receive ART* if they are too embarrassed to go and get their treatment? If they don't *voluntarily disclose*? Research shows very clearly that people who live openly with an illness—especially HIV—are more likely to access treatment and ask for the support they need from their family, friends, and co-workers.

  It can be difficult to disclose and people doing so need to be mindful: **if you want the person you disclose to to keep your personal health information confidential—then *you need to tell them*, so that they *know* that they must not break the trust you put in them**. At the same time, if someone discloses to you, then you should always honour their trust and keep their information confidential.[10]
- Will *90% of those on ART have a suppressed viral load by 2020* if they are too afraid to take their medication openly? If they default because they find themselves being stigmatised? If they are in denial and withdraw – refusing support?

It is important that we work towards the suppressed viral load goal as a nation! Because we know that **people with HIV become less infectious**, when they are on the correct medication, and when they adhere (take the medicine as instructed, *for life*).

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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.

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

It is very important to report people who continuously stigmatise others or who do not stop their stigmatising behaviours. We are going to speak about this a bit later on and give you some useful information to handle reporting of violation of rights.

i) Summarise

The main facilitator should briefly summarise the 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 this section of the workshop we try to find ***sustainable solutions*** to HIV and TB stigma among healthcare workers.

- We have discussed the rights and responsibilities of healthcare workers' to have their health information and/or HIV or TB status kept confidential
- Now we need to find ways to actively uphold those rights and responsibilities. So we must find ways for ***you***—as a champion who has been nominated by your colleagues—to combat HIV and TB stigma when you encounter it in the workplace.

  In the next two exercises we are going to work together to empower you to act as a champion for reducing HIV and TB stigma in the workplace

  The actions are easy for you to achieve in your everyday working life, based on your strengths, and do not require extra resources.
- Please remember to make notes, and keep these notes, so that you can refer to them later.

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 a series of steps you can use to help you to stop HIV and TB stigma in the workplace.

It takes people to change people—so if you can act as role models and work as individuals to combat stigma whenever you come across it, you will have the most effective and most long-lasting effect on wellbeing in the workplace—and on encouraging a supportive environment that promotes the health and wellbeing of healthcare workers.

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

SWAT CHART

S = Say "NO" to stigma perceptions talk and behaviour

Refuse thoughts, perceptions, talk and behaviours that stigmatise yourself or others

W= Explain "Why" you want to stop stigma

Provide a good explanation as to why you want to stop stigma. Explaining *Why* helps the other person/s hear and understand your real concerns and prevents them reacting in a negative way.

A= Provide "Alternatives"

Providing Alternatives and other strategies shows that you still want to be friendly and have a relationship with the person/s.

You should use "I" as often as possible, so that the person in front of you knows that you are speaking from your heart and from your own experience. Promote the idea of compassion and Ubuntu among healthcare workers.

T= "Talk" it out

Talking openly about each other's thoughts, perceptions, feelings and fears of HIV, TB, and stigmas that are associated with them helps the relationship with the other person/s to grow and eases any tension that may have developed.

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

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. Don't be afraid to disagree with people
2. Use and repeat the word "no" often
3. Send a strong nonverbal "no" with your body language (for example: use hand and body gestures to emphasise the point)
4. Project a firm tone of voice
5. Show you are in control
6. Look directly at the person's face and eyes. Don't put your head down.
7. Stand straight and tall. Don't fiddle with things
8. Use a serious facial expression
9. Don't send mixed signals (such as smiling while you are saying "no")
10. Accept other people's right to say 'No' and learn how to say 'No' yourself

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

We are now going to practice the SWAT process.

Display the SWAT chart visual aid again

Instruct participants: I am going to read through two scenarios with stigmatising comments and/or behaviours. Your task is to find ways to react as a "champion" in these situations.

The scenarios are also in your packs.

You are going to work in two's. Your partner will be the person on your left.

- First you will go through the scenarios together and 'diagnose' both scenarios to find the opportunities that you, as a champion, can use to reduce HIV- and TB-stigma. For example, areas where rights and responsibilities are violated, where there is a lack of knowledge, where stigma is happening, etc. (for this part of the exercise you will have X minutes)
- Then, using only ONE of the areas that you identified, practice how to apply the 4 SWAT steps. One person can take the role of the stigmatiser. And the other person can take the role of the change agent. Don't just *talk* about what you will do. Actually *do* it! Role model your SWAT steps to one another (for this part of the exercise you will have x minutes).

After X minutes we will go around the room and when it is your team's turn, please stand up and demonstrate (actually do your role-play) of your example. Remember— Say it like you mean it!

Read the scenarios out loud to the group:

SCENARIO 1: Mpho becomes ill and is admitted into the same hospital where she works. She is told that she has to take an HIV test. The following day her colleagues visit her. As they are leaving, the sick-bay nurse/ occupational health nurse asks which one of them is Mpho's best friend—and then she asks this best friend to remain behind. The sick-bay nurse/ occupational health nurse then tells the best friend that Mpho tested HIV positive, but does not want to believe the test results. She asks the best friend to help persuade Mpho to go for counselling. The so-called 'best friend' tells some other nurses who she is friendly with. The sick-bay nurse/ occupational health nurse also informs Mpho's supervisor, because there are quite a few TB beds in the ward where Mpho works—and since she is HIV-positive Mpho is at a greater risk of TB. The supervisor reacts angrily, saying, "this clinic is very busy and we already have a critical staff shortage; I can't afford to entertain nurses who are sick anymore." She says she will have to notify the manager and move Mpho to another ward.

SCENARIO 2:

Lesego is a surgeon. She is also HIV-positive. She is dressing in the doctor's changing room when she overhears staff talking negatively about people with HIV and TB. They are saying that healthcare workers with TB are a danger to have around because they can infect patients and other healthcare workers. They say it's the same with healthcare workers who have HIV: there is one nurse who is open about her HIV status and she says is on ARVs. But they are asking, "How do we know she is really on ARVs? She could pass it on to any of us if she has a rash or sores on her hands." If you were Lesego, how would you approach these staff members and what would you say to them?

Time participants: Warn participants when they should 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:

- What happened?
- What are some opportunities for changing the views of healthcare workers who stigmatise others? (correcting lack of knowledge; “It could happen to anyone”; putting yourself in someone else’s shoes; changing attitudes and combating misconceptions through action e.g. supporting or befriending the person infected with HIV/TB)
- What do you need to help you to change people’s views?
- What are some of the difficulties you think you may have in changing views and combating stigma?

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		
Say “No”	**Explain why**	**Provide alternatives**
OH nurse:		
You cannot force someone to have an HIV test	A person has the right to choose whether to test or not for HIV	Provider-initiated counselling, testing and counselling (PICTC) also UTT sites
She must not disclose a patient’s HIV status to anyone at all, without his or her consent	A person has the right to disclose their HIV status when they want, how they want and to whom they choose	Encourage Mpho to disclose her status to family, friends, colleagues, managers, etc.
She should not ask another person to persuade a patient to go for counselling	It is the nurse’s responsibility to inform and encourage the patient to go for HIV counselling and testing	PICTC; also UTT sites
She may not tell the supervisor about an employee’s HIV status regardless of where the employee works	The OH nurse may request that an employee is moved without providing a medical reason why this should be done. Health workers living with HIV are at great risk of catching TB. Those who don’t have TB should take IPT (IPT or isoniazid) for up to 36 months to prevent TB infection The employee taking IPT can decide whether they would like to move to a different ward/department	Provide Isonizaid Prophylaxis (IPT)

Mpho's best friend:		
Should not gossip about another person's HIV status	A person has the right to disclose their HIV status when they want, how they want and to whom they choose. Gossip can cause stigma in the workplace	Encourage Mpho to disclose her status to family, friends, colleagues, managers, etc. when and how she chooses
Supervisor:		
Intolerant of colleagues who have HIV and are sick	HIV is no longer a death sentence	Workplaces have a responsibility to foster a culture of acceptance Encourage antiretroviral therapy Provide information that a person living with HIV who is on ARVs can lead a normal life and is able to work productively
She should not think about disclosing the employee's HIV status to the manager	A person has the right to disclose their HIV status when they want, how they want and to whom they choose	Encourage Mpho to disclose her status to family, friends, colleagues, managers, etc.

Scenario 2		
Say "No"	**Explain why**	**Provide alternatives**
To staff talking negatively about colleagues who have HIV and TB	Anyone can become infected with HIV and/or TB	Provide accurate information: * It is possible to cure TB in people living with HIV as long as patients adhere to treatment * People who are HIV positive and on antiretroviral treatment can live a normal life, people who are HIV positive and on antiretroviral treatment also have less chance of contracting TB * People who are HIV/TB co-infected, on antiretroviral and TB treatment, are less infectious for TB *People who are HIV positive and on antiretroviral treatment are less infectious for HIV * It is possible to cure TB. Over time, the TB germ slowly works out how to resist being killed by the major TB drugs, especially when the drugs are not taken properly. Some strains or specific varieties of TB have become resistant to at least one of the major anti-TB drugs. These strains are called drug-resistant TB. * There is a possibility of transmission of TB when one is on treatment, but the risk is reduced to 2 to 3 weeks after starting treatment. The risk is further reduced when the person's sputum tests negative for TB after two or more months on treatment. Of course, people must adhere properly in order to reduce their infectivity * There is no risk of HIV passing through open sores unless they

Scenario 2		
Say "No"	**Explain why**	**Provide alternatives**
	Gossip fuels internal and external stigma	are covered in blood and the person touching them has open wounds on their fingers Perhaps it is the association between sex and HIV that makes it so stigmatised. We should be compassionate about HIV—it is not always easy or possible to negotiate condom use; all sorts of social factors such as poverty, lack of proper knowledge, gender-based violence and intimate partner violence can contribute to HIV infection.

e) Reporting violations

At this stage it is important to mention reporting. It may be difficult for you to:

- report a lack of personal protective equipment (PPE) like gloves and masks, or other necessary things like disinfectant and soap in your facility;
- report your own ill health, or report a workplace injury like a needle-stick injury—sometimes we think it's not a big deal for us and we forget that it may impact on others;
- tell your supervisor about a co-worker who has not followed procedures after a workplace injury, or who is showing the symptoms of TB or advanced HIV-infection; and
- report a healthcare worker who spreads rumours, or who gossips without thinking of the consequences, or who does not uphold confidentiality about another healthcare worker's health status.

But these things *need* to be reported—so that everyone will come to understand that **the right of healthcare workers to a safe and healthy workplace environment is not just an idea: it is an ideal that everyone has a responsibility to work towards.**

Remind participants: In your participant packs you will find details on how you can file a confidential report or complaint, and where you can go for help at your hospital.

The process will take courage, time and effort—so why not start with these basic steps:

1) Tell your grievance to someone who you can trust—a co-worker, priest, friend in the workplace, or a role model who you trust
2) Ask that person to help you to identify who can, and is willing, to support you in the process of making a formal complaint.

3) With the help of your support persons, contact your health and safety representative, or the hospital’s social worker, or your wellness programme representative, or your union representative—and arrange to see them together with your support people

4) Gather all the evidence you can to support your complaint (get the details written down; contact any witnesses; etc.)

5) File a formal complaint (if you are not good with forms, get help from one of the people who are supporting you.

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: It is not enough to learn all these things if we have not developed some ideas for putting them into action. So in this activity we are going to make you aware of the promotional materials we will distribute in your hospital to help you as role models and game changers in the workplace.

It is important to point out that we do not expect you, as change agents, to do anything that does not match who you are as a person and that will require a lot of extra effort. All you need to do is please **communicate** with fellow healthcare workers at your hospital about:

- The workshop that you attended and what you have learnt
- The posters displayed in the hospital

  Point out the shwe-shwe pattern
  Ask the participants: What does the hand say about what we learnt? (Yes, 'Say NO to stigma'!); And which form of stigma do we wish to combat with: 'Be kind to yourself'? (Yes! Internal stigma). And with 'Be kind to others'? (Yes, well done! External stigma)

- The promotional materials. We gave each one of you an extra pen and wrist band to use to communicate about HIV- and TB-stigma. But please remember that our focus is to reduce HIV- and TB-stigma in the *workplace*, so **please do not give this to** your child, grandchild, friend —**only give these to a healthcare worker at this hospital**.
- Apply the SWAT steps wherever you can
- Report violations. And help others to report:

  If someone feels that they are being stigmatised and would like to talk about it, they could go to your Occupational Health Nurse, or to the Social worker attached to this hospital. They could also approach the EAP (Employee Assistance Programme) to speak to one of their counsellors

We, together with the people who nominated you, believe in you and trust that all of these interventions will work together help to reduce HIV & TB stigma in the workplace.

Inform participants that we will follow up:

We will attempt to follow up everyone from time to time to see how they are going, and to gather best practices so that these can be distributed more widely among the group and spread to other groups. Sometimes we will contact you personally for a quick chat, and sometimes we will be holding focus groups.

Please keep your folder with your action plans and your ideas so that we can also re-visit those. And if you have any ideas that you think would work, but would like our input on them, please contact us—our numbers are in your participant pack.

6. CLOSING THE WORKSHOP

Time: 15 min

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

Thank: Thank you all very much for attending this workshop. We have really enjoyed your contributions and working together with you.

The part that each one of you can play as role models and game changers is very important to fighting HIV and TB stigma among healthcare workers. Because of your standing in this community the changes that you help to bring about can result in ongoing, positive change.

We strongly recommend that you keep contact with group members to support one another in your efforts.

Remind: We will be in contact with you again. Sometimes we will contact you individually for a quick chat and sometimes we will hold focus group discussions. **So please keep a record of your experiences of working to reduce stigma in the workplace. Also, please keep your file with all the information in it.**

Offer: Please call us if there is something you would like to know, or if you wish to discuss an intervention—our contact details are in your folders.

Wish: We wish you the best of luck in your efforts to combat stigma in the workplace, and look forward to working with you again.

Ask: We are interested in how you experienced this workshop: what worked well for you and what did work so well. Your feedback will be valued and could help improve the training.

Please take the next five minutes to fill out this short evaluation form and hand it back to me. We do not ask for your name on the form—so your feedback will be anonymous.

When you hand in your completed evaluation, please remember to collect your lunch pack.

Acknowledge: You will receive a *Certificate of Attendance*. We will deliver it when we return for the focus groups. We will use the attendance register to get your name perfectly right on your certificate. So please check the attendance register to make sure that we will be able to read your handwriting, and that your name reflects what you want to see on your certificate.

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).