



Be kind to yourself. Be kind to others
Wees goed vir jouself. Wees goed vir ander
Eba ya mosaho wena. Eba ya mosaho ba bang



—Buka ya Tsamaiso ya Monolofatsi —

**Thupello e e khutsafaditsweng ya
moemedi wa phetoho (Ya dihora tse 4)**

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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.....	iii
Tsela ya ho o sebedisa tokomane ena	iii
Kakaretso le Sepheosa porojeke	iv
Overview of objectives, outcomes & activities	ix
Timeline for activities	x
Checklist for packing	xi
2. WELCOME SESSION	- 1 -
Ketsahalo #1: Kamohelo le boitsibiso	- 1 -
a) Facilitators introduce themselves and welcome the participants /Banolofatsi ba itsibisa ka bobona mme ba be ba amohela bankakarolo	- 1 -
b) Participants introduce themselves/Bankakarolo ba itsibisa ka bobona.....	- 1 -
Ketsahalo #2: Fana ka kakaretso ya thupello le hore ho tla tswella jwang	- 2 -
a) Present the background, purpose and structure of the workshop.....	- 2 -
b) Summarise what the workshop aims to achieve (outcomes).	- 3 -
c) Present the agenda	- 3 -
d) Take questions	- 3 -
Ketsahalo#3: Ho theha melao ya tsamaiso y a thupello.....	- 4 -
a) Display the Visual Aid and read through the initial suggestions.....	- 4 -
b) Ask the group to contribute additional ideas.....	- 5 -
c) Summarise	- 5 -
3. ABOUT STIGMA.....	- 6 -
Ketsahalo #4: Sekgobo ke eng?	- 6 -
a) Inform participants: What is stigma?	- 6 -
b) Do not open the floor for discussion yet. Divide participants into smaller groups.....	- 8 -
c) Describe the 'Stigma Tree' and explain how to make it	- 8 -
d) Collect cards & Construct the tree.....	- 10 -
e) Summarise and conduct a rapid assessment.....	- 10 -
f) Suggest avenues for help	- 11 -
Ketsahalo #5: Ho utlwala jwang ho bewa sekgobo	- 12 -
a) Describe the game& display the visual aid	- 12 -

b) Warn people about the possibility of feeling uncomfortable.....	13 -
c) Play the game.....	13 -
d) Stop the game and regroup	13 -
e) Group discussion&debriefing	14 -
4. RIGHTS and RESPONSIBILITIES in the healthcare workplace.....	15 -
Ketsahalo #6: Lekunutu le ditokelo tsa basebeletsi ba tsa bophelo bo botle.....	15 -
a) Display the Visual Aid with the main acts, laws etc. governing public administration/Bontsha Visual Aid e e nang le melao e e sehlohong, melao jj. taolo ya tsamaiso ya sechaba.	16 -
b) Discuss the Right and Responsibilities to a healthy and safe working environment	17 -
c) Display the Visual Aid on the Universal blood and body fluid precautions	18 -
d) Draw participants attention to the Post-exposure care and follow-up	18 -
e) Display the Visual Aid on protecting against TB infection	18 -
f) Discuss the Right to Dignity and Privacy/ Confidentiality.....	21 -
g) Display the Visual aid with the UNAIDS 90-90-90 strategy	22 -
h) Mention the importance of Reporting violations of rights and responsibilities	23 -
i) Summarise	23 -
5. BE THE CHANGE.....	24 -
Ketsahalo #7 Ho ba mohlala wa ho fokotsa sekgobo	24 -
a) Display the SWAT chart and read the content out to the group.....	25 -
b) Display and present the Saying No Effectively chart.	25 -
c) Present scenarios 1 & 2 on HIV and/or TB stigma to use in a SWAT exercise.....	26 -
d) Summary & Group discussion.....	27 -
Ketsahalo #8: puisano ya ho fokotsa sekgobo.....	34 -
6. CLOSING THE WORKSHOP	36 -
APPENDIX: TIPS FOR GOOD FACILITATING.....	38 -
Qualities of effective group facilitators	38 -
How to encourage and facilitate discussion: 7 key points	40 -
How to manage sessions	44 -

1. OVERVIEW FOR FACILITATORS

Tsela ya ho o sebedisa tokomane ena

Buka ena e fana ka mehato ya tsamaiso e e latelanang ya ditaelo tsa hore o ka tsamaisa jwang dithupello.

Dihloho kaofela tsa mongolo o motenya o moputswa ke mehato e e latelanang ya ditaelo e e sehlohong bakeng sa hao.

Mongolo kaofela o moputswa ke karolo ya tsona ditaelo tseno tse tenya tse putswa-jwalo he mongwalo o moputswa le ona ke taelo.

Mongolo kaofela o motsho ke mongolo ke wa hao- ke hore ke seo o se bolellang bankakarolo

Mongolo kaofela o o ntshofaditsweng ka mmala o thokwana ke tsebiso ya hao fela.

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

Kakaretso le Sepheosa porojeke

Lebitso la Porojeke: Patlisiso e e isang tikolohong e e matlafatsang bophelo bo botle mosebetsing: bonamodi ba ho ntshetsapele le ho leka ho fokotsa sekgobo sa HIV le TB mahareng a basebeletsi ba tsa bophelo bo botle mo Freistata, mo Aferika Borwa.

Hlaloso ya basebeletsi ba tsa bophelo bo botle: Batho kaofela ba sebetsang setheong sa bophelo bo botle ba kenyeletsang dingaka, baoki, bahlwekisi, basebetsi ba tshireletso, batsamaisi, le babang.

Hobaneng re etsa patlisiso ena: Morwalo o habedi wa TB le HIV o na le tshusumetso e e matla ho batho basebetsang ba tsa bophelo bo botle ba Afrika Borwa. Ka baka leo ho bohlokwa haholo hore basebeletsi ba tsa bophelo bo botle ba fumane tshebeletso ya ho hlolwa le ya phekolo ya HIV le TB¹. Empa, hlahlobo ya moraonyana tjena e bontshitse hore Sekgobo le kgethollo e e tsamaisanang le HIV le TB ke ditshitiso tse sitisang boleng ba ditshebeletso tsa bophelo bo botle ke bafani ba ditshebeletso le tshebediso ya ditshebeletso ke sechaba le bafani ba ditshebeletso ka bobona². Ho bewa sekgobo maemong a tsa bophelo bo botle e ka ba le ditlamorao tse mpe ho Basebetsi ba sechaba ba tsa bophelo bo botle (HCWs) le ditheo tsa bophelo bo botle: Ha ho etsahala hore basebeletsi ba tsa bophelo bo botle ba nang le HIV ba diehisa kapa ba qoba ho fumantshwa hlokomelo sena se ka eketsa tsela e mpe ya ho kgahlehela mafu le ho hlokafala mme ya imetsa morero wa tsa bophelo bo botle³. Tsena kaofela di bontsha hore ho ntshetsapele le ho hlahloba dinamolo tsa ho fokotsa sekgobo bakeng sa sechaba sa basebeletsi ba tsa bophelo bo botle ke taba e e sehlohong ya phuputso.

Mo ho fuputseng le ho buisaneng ka ha sekgobo sa HIV le TB, phuputso ya rona e tshehetsa dintlha tse bohlokwa le dipheo tse ka hare ho National Development Plan (NDP) 2030, le UN Sustainable Developmental Goals, le leano la 2020 la UN 90-90-90 le leano la Universal Test and Treat (UTT). E ikamahanya le National Strategic Plan ya HIV, STIs le TB ya 2012-2016.

Re etsa patlisiso ho kae: Patlisiso ya rona e etswadipetleleng tse robedi tsa Freistata. Dipetlele tse robedi tsena di kgethilwe fela ka ho se hlokomele ho tswa dipetleleng kaofela tsa Freistata. Kgetho fela e e sa hlokomeleng e tshwana le ha motho a kgetha dinomoro ho tswa katibeng: nomoro engwe le engwe e na le monyetla o o lekanang le tse ding ho ka kgethwa ho tswa katibeng. Re sebedisa mokgwa ona ka baka la hore o etsa hore diphetho tsa patlisiso di be matla ho feta mekgwa e meng ya ho kgetha. Ho tswa dipetleleng tse

¹WHO, 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

²Uys, 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.

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

robedi re ile hape ra kgetha tse nne ho fumana bonamodi ba ho fokotsa sekgobo(tse bitswang sehlopha sa namolo) le tse nne tse satleng ho fumana bonamodi (tse bitswang sehlopha sa taolo). Ka baka leo dithupello tse le tla ditsamaisang di wela tlase ha sehlopha sa namolo. Dipetlele tseno ke tsena tse latelang:

Sepetlele	Toropo	Palo ya basebetsi
Boitumelo	Kroonstad	590
JS Moroka	Thaba Nchu	346
Thebe	Harrismith	158
Diamant	Jagersfontein	86

Hore patlisiso e rerilwe jwang: ho bohlokwa haholo hore o tsebe hore sepheo sa phuputso ya rona ke ho fumana hore basebeletsi ba tsa bophelo bo botle ba beya ba babang sekgobo ho le ho kae. Ka baka leo ke patlisiso ya bophelo bo botle ya mosebetsing. Ha re tobane le sekgobo sa basebeletsi ba tsa bophelo bo botle ba se behang ho bakudi.

Pele ha re ka etsa ho hong ka sekgobo sa HIV le TB mosebetsing, re tlamehile hore re tsebe hore sekgobo sa HIV le TB se leng teng ke se se kae, ka mantswe a mang re hloka ho tseba hore sekgobo ke se se kae mosebetsing. Ka baka leo re ile ra etsa phuputso ka lenane la dipotsiso ho lekanya sekgobo le tse ding tsa dintho (jwalo ka bong, dilemo, mosebetsi, tsebediso ya yuniti ya bophelo bo botle ya basebetsi mosebetsing ya basebetsi ya mosebetsi jwalojwalo.) dipetleleng tse robedi kaofela.

Batho ba re ba kgethileng ho nka karolo ka ho tlatsa lenane la dipotsiso ba kgethilwe ka tsela ya ho se hlokomele ho tswa mabitsong ohle a basebetsi ba sepetlele seseng le seseng. Morao ha ho qeta ka phuputso le ho sekaseka lesedi la phuputso, re sebedisitse diphetho tse re di fumananeng ho hlahisa dinamolo tsena ho fokotsa sekgobo. Jwale re boemong jwa ho kenya tshebetsong dinamolo tseno. Morao ha ho fela ha nako ya namolo e e ka nkang bonyenyane ntho e e ka etsang selemo re tla boela hape re lekanye sekgobo re sebedisa phuputso ena dipetleleng tseno hape mme re sebedisa basebeletsi ba tsa bophelo bo botle ba phuputso ya pele hape. Re tla bapisa diphetho tsa phuputso ya pele le diphetho tsa phuputso ya bobedi, ho bona hore na dinamolo di bile le phapang e di e entseng na (ke hore a na basebeletsi ba tsa bophelo bo botle ba a tseba ka sekgobo sa HIV le TB, le hore na sekgobo sa HIV le TB se fokotsehile dipetleleng na)?

Re tla latedisa le ho sekaseka tswellopele le lenaneo ka nako ya namolo ka ho botsa basebeletsi ba tsa bophelo bo botle ka ha sekgobo sa HIV le TB mosebetsing,le ho bona le hore baitemohela jwang diketsahalo tsa namolo.

Ka ho otloloha ho okeditsweng, re tla botsa baoki ba bophelo bo botle ba sebetsanang le basebetsi ba kulang ho botsa bakudi ba bona ba HIV le TB hore naho na le babang ba

dumelang ho bua le mmatlisisi puisanong ya lekunutu ka maikutlo le maitemohelo a bona ka sekgobo sa HIV le TB mahareng a basebeletsi ba tsa bophelo bo botle.

Dinamolo tse fapaneng ke tse dife?Ho na le dikarolo tse ngatanyana tsa dinamolo. Diketso tsa ho fokotsa sekgobo di tobana le mehato e meraro ya motho ka bong, ya sechaba le ya dikamano tse hlophisitwseng tsa dikarolo tsa ntho e itseng e hokahantsweng. Hape re na le tsela ya thibelo e kopaneng. Sena se bolela hore ho na le hore re se hlahe sekgobo sa HIV le TB hotswa lehlakoreng le le leng, re se hlaha mahlakoreng a mararo: la hlahlobo le phekolo ya bakudi, dikamano tse hlophisitwseng tsa dikarolo tsa ntho e itseng e hokahantsweng le tse tsamaisanang le bitshwaro sechabeng.

Namolo ya hlahlobo le phekolo ya bongaka e tla kengwa tshebetsong ke Ngaka Kerry Uebel- ke ngaka ya sekgowa wa lefapha la tsa bophelo bo botle la Freistata. O tla tshehetsa baoki ba yuniti ya bophelo bo botle ya basebetsi mosebetsing ho hlahlobo le ho phekola TB le HIV/AIDS, hape le ho tshehetsa ho hodisa lekunutu diyuniting tsa bophelo bo botle tsa basebetsi mosebetsing. O tla ba teng ho fanaka keletso ho dingaka tsa basebetsi mosebetsing ha bakopa keletso-le hore ba tshwara jwang ditaba tsa basebetsi ba tlang diyuniting tsa bophelo bo botle tsa basebetsi mosebetsing. Hape Ngaka Uebel o tla tshwara dikopano le baoki ba yuniti ya bophelo bo botle ya basebetsi mosebetsing nako le nako.

Hape o tla thusana le bona baoki bano ka dintlha le dipotso tse hlahang thupellong ya ho fokotsa sekgobo. Hape ka baka la hore ho ka etsahala hore re seke ra fumana dingaka tse tla tlang thupellong ho tla ho hodisa tsebo ya sekgobo sa HIV le TB mahareng a dingaka.

Dinamolo tsa dikamano tse hlophisitwseng di hokahanya le dinamolo tsa hlahlobo le phekolo ya bongaka le boitshwaro sechabeng. Ka ho ba lengaka ho tswa Lefapheng la tsa Bophelo bo Botle e e tshehetsang Basebeletsi ba tsa Bophelo bo Botle ba sebetsang yuniting ya bakudi ya basebetsi kapa ngaka e e sebetsang sepetlele kapa mooki ya sebetsang sepetlele ho hlola le ho phekola mosebetsi ya tshwaeditsweng ka TB kapa/le HIV – re ikemeseditse ho ntlafatsa tikoloho e basebeletsi ba tsa bophelo bo botle ba tlang ho yona ho batla hlokomelo mosebetsing.

Dinamolo tsa boitshwaro sechabeng di tobana le dingollano. Sena se kenyeletsa dipostara (tse hodisang ntwagaahlanong le sekgobo sa HIV le TB, le ho hodisa lekunutu diyuniting tsa bophelo bo botle tsa basebetsi mosebetsing), le dimpho tse ntsetsang pele ntwagaahlanong (jwalo ka dipene, dichokolet, ntho tse kgomarediawang ditsidifatsing, jwalojwalo) tse tshwailweng ka setshwantsho se tshwanang le setshwantsho se leng dipostareng tse emang kgahlanong le sekgobo. Ho ka ba hape le melaetsa ho tswa ho batsamaisi ba sepetlele e e sa dumelleng sekgobo sa HIV le TB hohlelele. Namolo e e sehlohong ya boitshwaro sechabeng e tla ba thupello e e tla e etellang pele.

Ka ha dithupello tsa ho fokotsa sekgobo: dithupello tsa ho fokotsa sekgobo di itshitlehile ka kgopolo e e sathehwang hodim'a taba e tsejwang e bitswang (*Phasallo ya Diqaleho tse Ncha*). Ho latela kgopolo ena ntho tse ncha le dikhopolo tse ncha diqala pele

ke ho nkwa ke batho ba se kae- batho ba lekeletsang ba hlaha ho leka ntho tse ntsha. Ha batho ba bona sena se etsahala ba kgona ho bona molemo wa namolo, babang ba bona ba tla qala ba nka ntho tse ncha kapa mehopolo e mecha. Ka mokgwa o jwalo mehopolo e ya phasalla, ka nako tse ding ka ho iketla mme ka nako tse ding ka potlako; ka nako tse e be fela ho sehlotswana sa batho mme ka nako tse ding e fihlelle batho ba bangata. Bolelele ba hore dinamolo di fihlella ho kae bo susumetswa ke hore baqadi ba ntho ke bomang, jwalo ka batho. Haeba baqadi ba bonwa e le batho ba nang le tshutshumetso, ba tsebahalang, tshepahalang le ho rateha- e tlaba hore he mehopolo e mecha e tla nkuwa ke batho ba bangata. Re bitsa batho bana batho ba tlisanang phethoho.

O tla sebetsa le bomang: Dithupello tsa rona tse fokotsang sekgobo di tobile bona batho bana ba tlisanang phetoho. Re tla ba batla ka tsela ya ho o nka karolo, ka ho botsa batho ba maemong a hodimo le mesbetsing e hodimo dipotso tsena: Ke batho bafe bao batho babang ba ba tshepang sepetleleng sena? Batho ba ya ho o mang ha ba hloka thuso? Ke mang mmampodi wa HIV sepetleleng sena? Ke mang ya a ka ratang mme a na le bokgoni ba ho ka thusa ho fokotsa sekgobo sa HIV le TB sepetleleng sena? Jwalo he re be re se atamela batho bao ba hlahisitsweng, ho ba botsa hore na ba ka ba le kgahleho ya ho o rupellwa ka ha sekgobo sa HIV le TB, le hore ba na le kgahleho ya ho se fokotsa sepetleleng sa bona na? Batho bano ba amohelang taletso le ho tla thupellong ba tla kopiwa ho fana ka mabitso a batho babang ba tlisanang phetoho, bao ba tla atamelwang ho karolo ya mokgahlelo wa bobedi wa diseshene tsa 2017.

Bankakarolo ba tla rupellwa ka dihlopha tse tharo: basebetsi ba kiliniking (mohlala, baoki, basebetsi ba amanang le tsa bophelo bo botle, le ba fanang ka meriana jwalojwalo). Botsamaisi le bookamedi (mohlala batho ba tswang lefapheng la tsamaiso ya basebetsi le ya ditshelete; bangodi jwalojwalo) le basebetsi ba tshehetsang babang (mohlala ba baballang dijo le tse ding, barumiwa, bahlwekisi jwalojwalo). Thupello e tla ba ka maleme a mararo a sebediswang haholo (Senyesemane, Seburu le Sesotho).

Ha re qetile ka seshene ya pele ya thupello, re tla sala morao bankakarolo- ka nako tse ding re tla phakisitseng ho buisana le motho ka bong, mme ka nako tse ding mo dihlopheng tsa dipuisano le maloko a sehlopha se rupelletsweng hammoho. Sepheo sa ho latella ke ho bona haeba batho ba fetolang maemo ba kentse merero ya ho thibela sekgobosa HIV le TB eo ba e sebedisitseng ka nako ya thupello le hona ka tsela e jwang. Ka nako ya thupello re tla leka ho sheba ditsela tseo re ka ba tshehetsang ka tsona boikgathatsong ba bona-le hoja re na le thuso e lekantsweng re tla tshwanela ke ho hlokomela dikopo tsa dithuso. Hantlente diphetoho tse sehlohong tse hlokahalang ho etsahala ke tsa tsebo le maikutlo (hape re tshepa hore le tsa boitshwaro)- sena se hloka batho ba fetolang maemo ka bobona ho susumetsa babang mosebetsing ka ho ba mehlala ya ho fokotsa sekgobo. Ntho ena ha e hloke tshehetso e kalo ya ditshelete hore e etsahale.

Patlisiso e ka thusa basebeletsi ba tsa bophelo bo botle jwang: Sa pele, basebeletsi ba tsa bophelo bo botle dipetleleng tsa namolo ba lebeletswe hore ba itemohela

phokotseho ya sekgobo sa HIV le TB mosebetsing, e e tla e etsang tikoloho ya mosebetsi e e matlafatsang bophelo bo botle. Sa bobedi, basebeletsi ba tsa bophelo bo botle ba sebetsang yuniting ya bakudi ya basebetsi/mooki wa sepetlele ya phekolang basebeletsi ba tsa bophelo bo botle bakeng sa ditaba tse amanang le HIV le TB o tla iphumanela molemo ho tswa ngakeng ya lefapa la bophelo bo botle la Freistata. .

Qetellong dipetlele tsa namolo di lebeletswe ho ikunela molemo ka ho batikoloho ya mosebetsi e eikutlwelang ditokelo tsa botho le maikarabelo a ditokelo tsa bophelo bo botle ka ho fitisisa, le ho ikutlwela hlokeho yaho emisa sekgobo sa HIV le TB mahareng a basebeletsi ba tsa bophelo bo botle mosebetsing.

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
	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 <i>values</i> and <i>code of conduct</i> 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		
	<i>What is stigma?</i> handout		
	Main acts, laws, rules etc on which FSDoH values are based		
	<i>Rights and responsibilities</i> handout		
	SWAT chart handout		
	<i>Saying No Effectively</i> handout		
	<i>Scenario 1</i> handout		
	<i>Scenario 2</i> handout		
	<i>Details on how and where to file a complaint</i> handout		
	<i>Universal blood and body-fluid precautions</i> handout		
	<i>How can I protect against TB infection?</i> handout		
	<i>Post-exposure care and follow up</i> handout		
	<i>Specific steps to achieving goals</i> handout		
	Branded Pen and lanyard		
	Bottle of water		
	Branded chocolate		
	Branded armbands		

2. WELCOME SESSION

In this section⁴ we cover:

Activity #1: Welcome and introductions

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

Activity # 3: Establishing ground rules for the group

Ketsahalo #1: Kamohelo le boitsibiso

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 /Banolofatsi ba itsibisa ka bobona mme ba be ba amohela bankakarolo

b) Participants introduce themselves/Bankakarolo ba itsibisa ka bobona

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.

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)*.

Ketsahalo #2: Fana ka kakaretso ya thupello le hore ho tla tswella jwang

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:

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: Ke ka baka la eng re le mona? A re qaleng ka ho fana ka dintlhakgolo tsa morero wa porojeke le thupello ena.

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

Lemorao le morero:

Re mona kajeno ka engwe ya thupello ya ditsibi ka sekgobo sa HIV le TB le ho fokotsa sekgobo sa HIV le TB mosebetsing. Ho lwantshana le sekgobo mahareng a basebeletsi ba tsa bophelo bo botle ke tsela e e bohlokwa haholo, ho bopa tikoloho ya mosebetsi e e matlafatsang bophelo bo botle le ho ikutlwa hantle-hape, le ho ba tikoloho e e hlokomelang bahlokomedi.

Babang ba lona le se le tseba ho hong ka porojeke ya dipatlisiso ya rona ho tswa dihlahlobong tsa rona tsa sekgobo sa HIV le TB mosebetsing. Ho bao ba lona ba leng bacha ho porojeke ena: Sa pele re na le hlahlobo ya ho o lekanya sekgobo sa HIV le TB mosebetsing (ena e qetilwe); ya eba hore re rera le ho phahlalatsa dinamolo tsa ho fokotsa sekgobo (ona ke ona mokgahlelo o re leng ho ona hona jwale mme o tla nka *bonyenyane 1 se/emo*); qetellong, ke ho bona hore e be dinamolo di ile tsa etsa phapang, re tla lekanya maemo a sekgobo sa HIV le TB hape, re sebedisa hlalobo ya pele le bankakarolo ba pele.

O kgethilwe ho ba karolo ya thupello ena ka baka la hore kgethilwe ke basebeletsi babang ba tsa bophelo bo botle sepetleleng sena, hobane o le motho ya a ka thusang ho tliša

phethoho. Hobane o nkwa jwalo ka mohlala, re batla ho ho fa hlahisoleseding e itseng ka sekgobo le disebediswa tse itseng tsa ho lwantsha sekgobo sa HIV le TB mosebetsing.

Dihora tse seng kae tse latelang re tla buisana ka hore sekgobo ke eng, ho utlwala jwang ho bewa sekgobo le hore o ka thusa jwang ho se fedisa.

Re batla hore thupello ena e be ya dipuisano. Ho e etsa hore e kgahlise e be e thabise re kenyeleditse dipusano, dipapadi le mosebetsi. Dipapading re bitsa baithaopi, empa hore o seka wa shwabela ho ithaopa re tla ho lemosa pele,haeba ho nka karolo ho ka etsa hore o ikutlwe o sa phuthuloha.

Leha puisano ya sekgobo sa HIV le TB e le e etsoang ka kelello mme e le bohlokwa, ke tshepa hore re tla ba le nako e monate ho ithuteng hamoho.

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

Qetellong ya thupello ena o tshwanetse ke ho...

- Ho kgona ho hlalosa hore sekgobo se bolelang (Ke eng; dibopeho tsa sona tse pedi tse sehlohong ke tse dife le mehlala e bontshang dibopeho tse pedi tseno; tse ding tsa ditlamorao tsa sekgobo mosebetsing
- Ho itemohela hore ho utlwahala jwang ho beha ba bang sekgobo le hore ba bang ba ho behe sekgobo
- Ho tseba ditokelo le maikarabelo a hao tse e leng dinotlolo
- Hlwaya tse ding tsa ditsela tse bobebe wena tse ka bowena o ka lwantshang sekgobo saHIVleTB mosebetsing
- Ho Kenya tshebetsong se o ithutileng sona ho fumana tse ding tsa ditharollo le merero ya ho lwantsha sekgobo mosebetsing

c) Present the agenda

Ka hare ho pakana ya hao o tla fumana lenane. A re le shebeng ho bona hore thupello ena e bopilwe jwang ho fihlella sepheo le diphetho tsa porojeke.

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.)

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.

Ketsahalo#3: Ho theha melao ya tsamaiso y a thupello

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: Mo maemong a macha le dihlopha tse ncha tsa batho, ho a thusa hore ho be le melao e itseng kapa dikaelo tse itseng tse latelwang. A re boneng hore haebanyaneng re ka nahana ka melao e itseng ho etsa hore ho sebetse ha rona hammoho ho be hantle.

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

To start the process, we have a few suggestions:

- **LEKUNUTU**

Sekgobo ke taba e e maikutlo a tsoswang habonolo mme re tshwanelwa ke hotseba hore hlahisoleseding engwe le engwe e maloko a sehlopha a e arolelanang ke lekunutu mme ho tlamehile hore e bolokwe e le lekunutu.

- **BATHO KAOFELA BA TSHWANELA HO NKA KAROLO DIPUISANONG**

Empa, hopola batho ba na le tokelo ya ho se tshwaele kapa ho se arabe potso.

- **A RE HLOMPHANENG**

Bontsha babang hlomphe le ha o sa dumallane le bona. Haeba motho emong o bua ntho e o sa dumallaneng le yona, e re fela o na le kakanyo, tumelo kapa maikutlo a a fapaneng mme o be o se o bolella sehlopha hore ke afe.

O seke wa kena babang hanong ha ba bua.

Fa motho emong le emong sebaka sa ho nka karolo. O se ke wa ba mponeng.

- **IKUTLWE O PHUTHULUHILE HO BOTSA DIPOTSO**

Dipotso kaofela dibohlokwa. Ha hona potso e hothoeng ke ya bothoto. Haeba ha o na bonnete ba ntho e itseng ka makgetho a mangata ho na le motho emong ya a senang bonnete, ka baka leo ka ho botsa dipotso o thusa sehlopha.

- **A RE TIMENG DISELEFOUNO TSA RONA**

Haeba o shebile fonofono ya hao ka leihlo le leng o senya tswellopele ya sehlopha mme hape o etsa hore boiphihlelo ba hao bo be le bohlokwa bo bonyenyane.

- **E BA TENG THUPELLONG ENA KAOFELA**

Re radile hore nako ya rona hammoho e be ya dipuisano. Ho sitisa dikamano tsa sehlopha ha motho emong a tswa sehlopheng.

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 completed display the flipchart page with new rules in a prominent place.

c) Summarise

Re a leboha. Hona jwale re na le lenane le leholo la melao ya hore tsamaisa mosebetsing wa rona hammoho. Re na le cheseho e kgolo ho sebetsa le lona mme re na le maikutlo a hore re tla sebetsa hantle hammoho ha re latela melao ya sehlopha.

Ho lokile! A re qaleng!

Na diselefouno tsa rona di timilwe?

3. ABOUT STIGMA

In this section we cover:

Activity #4: What is stigma?

Activity # 5: What it feels like to be stigmatised

Ketsahalo #4: Sekgobo ke eng?

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: Pele ha re ka tobana le sekgobo sa HIV le TB mosebetsing re hloka ho tseba hore sekgobo se bolelang, ntho tseo di se bakang, dibopeho le ditlamorao tsa sona. Ketsahalo ena e tla re thusa houtlwisisa sekgobo sa HIV le TB le ho lemoha tse ding tsa dintho tse bakang sekgobo le ditlamorao tsa sona.

a) Inform participants: What is stigma?

Ask: Ha ho le jwalo sekgobo ke eng?

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.

Sekgobo ke ditumelo tse hananang tse kgopo tseo batho ba nang le tsona ka ntho e itseng e e sa tshwaneng le bona kapa motho ya itseng ya a sa tshwaneng le bona, ho tswa ho ntho eo batho ba e nahanang hore e hantle kapa e phethehile. Jwalo he sekgobo se bolela maikutlo le ditumelo tse etsang hore batho lahle, ba qobe kapa ba tshabe bao ba nahanang hore ba fapane le bona. Lefoko la sekgobo la senyesemane (stigma) ke lefoko la Segerika le hlahong ya lona le bolelang letshwao la mofuta o itseng le le neng le sehilwe kapa le chisitswe hodim'a letlalo. Le ne le supa hore batho jwalo ka dihloko tsebe, makgoba kapa majelathoko ba qojwe.

Sekgobo e ka ba ka baka la hore batho ba na le diponatsheho kapa ditshobotsi tse itseng, jwalo ka matshwao a a bonahalang a HIV/TB. E ka ba ka baka la hore batho ba na le ditholwana tsa maikutlo a hananang a kgahlanong le batho babang jwalo ka basebetsi ba bafaladi. Hape **mafu a a tshwanang le TB a bewa sekgobo ka baka la HIV.**

Hobane sekgobo se **hlasela bohlokwa jwa motho, se ama tokelo ya motho ya ho hlompheha ha hae.**

Sekgobo se ka ba kantele kapa kahare.

Sekgobo sa kantele ke ha re bona ditumelo le diketso tsena tse kgopo mo lefatsheng le re potapotileng. Ka nako tse ding e ka ba rona ka borona ba nang le ditumelo tsena tse kgopo, mme e le rona ba etsang ketso tse senang mosa ho bao re ba bonang jwalo ka eka ba fapane mme ba sa lakatsehe.

Sekgobo sa kahare ke ha re fetolela ditumelo le dintho tseno tse kgopo le tse senang mosa tse re di bonang mo lefatsheng le re potapotileng kahare- hodimo ha rona-mme re be re sebedisa seo re se bonang lefatsheng le re potapotileng ho ipeha sekgobo ka borona. Re etsa ka baka la mabaka amangata, mohlala re ka nahana hore ha re bohlokwa kapa ra ipona re le ba nyatsehang.

Sekgobo se ka fapana ka matla-ka nako tse ding ha se a pateha mme ka nako tse ding se patehile kapa ke lekunutu.

Ka baka la sekgobo batho ba ka itemohela maikutlo- le diketsahalo tsa nnete- tsa bodutu, tshabo, ho inyatsa le tahlo. Ka nako tse ding batho ha ba lemohe hore maikutlo, mantswe le diketso tsa bona di beha batho babang sekgobo mme di ba utlwisahloko. Batho babang ba kgona ho pata maikutlo a bona a a behang batho sekgobo.

Ka bokgutswane, sekgobo ke lenaneo la mehato e e latelanang e e:

- **supang kapa tshwayang diphapano** – mohlala ha a tshwane le rona kapa o hohlola haholo;
- **hokahanyang diphapano tsena ho ntho e itseng e hananang**-mohlala ho kula ha mothoho etswa ke boitshwaro bo sa lokang; mme
- **Re arohanya le bona.** Ha re sa hlola re bona batho jwalo ka ba ntse: re qala ho ba bona fela ho latela dihlopha tse re ba amahanang le tsona. Ka mantswe a mang re ba bona jwalo ka batho ba emelang dihlopha tse re ba amahanang le tsona.

Sekgobo ha se fela ditumelo tse kgopo, se ka tlisa diketso tse kgopo kapa tse senang mosa, kapa boitshwaro bo kgopo kapa bo senang mosa. E re ka ha sekgobo e le lenaneo la ketsahalo eo ka yona batho ba bonahalang ba na le letshwao le itseng, la ho

hlompholola kapa taba ya ntho e e sa lakatseheng-**sekgobo se etsahatswang kapa kgesollo/kgethollo ke ketso, mme ka nako tse ngata ha e ye ka molao**- e etsahalang ha batho bao ba bonahalang ba na le letshwao lena la ho se lakatsehe ba tshwarwang ka tsela e e fapaneng le ka maemo a bokgopo ka hona. Mohlala, tshwaro e e sa lokang kapa e e seng molaong e e theihlweng hodim'a bong, bochaba, bodumedi kapa maemo a bophelo jwalo ka HIV kapa TB. *Kgethollo jwalo he ke boitshwaro.*

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

Jwale he ke ka baka lang batho ba behang babang sekgobo? Ntho ena e etsahala jwang? Ke ya tseba hore le na le dipotso le ditshwaelo tse kgatlisang. Ka baka leo re tlile ho ba le ketsahalo e e tla bulelang dipuisano. Re tlile ho etsa sefate sa sekgobo⁵. A re ikaroleng ka dihlopha tse nyenyane.

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

Mo dipampiring tsa mebala tse le di fumaneng, sehlopha seseng le seseng se tla ngola dintlha tse 3 ho engwe le engwe ya tse latelang:

- **Metso ke disosa** tsa sekgobo (dikarete tse pinki). Ke **ka baka leo** basebeletsi ba tsa bophelo bobotle ba behanang sekgobo.
- **Makala ke mefuta e e fapaneng ya sekgobo** (**dikarete tse tshela**). Ena ke ka tsela eo basebeletsi ba tsa bophelo bo botle ba ipehang kapa ba behang basebeletsi babangba tsa bophelo bo botle sekgobo. Hopola ho kenya diforomo tsa kantle le tsa kahare- tsa ka ntle ditshwae ke '**E**' ho sekgobo sa kantle le '**I**' ho sekgobo sa kahare.
- **Mahlaku ke diketsahalo** tsa sekgobo (dikarete tse diputswa bo bo lesedi). Sena ke se **se kaetsahalang** ha mosebeltsi wa tsa bophelo bo botle a ikutlwela sekgobo

Here are some examples to help you work with discussions:

Disosa tsa sekgobo

- Dikahlolo ka boitshwaro ba batho(menahoano e e hokahanyang HIV le TB le disosa tsa khethollo, haholo bofuma le ho motho ya fase Bophelong)
- Ho inkela qeto ka tsela eo batho baitshwereng ka teng- ho inkela qeto hona ho itshetlehile ka ditemoho le dikahlolo tse ka bang di fosahetse kapa di tswa ponong e e fapaneng ya bophelo (mohlala: batho ba senang boitshwaro,haholo ba nwang jwala, ba tsubang kwae hape baetela dibaka tsa bohloa)

⁵Adapted 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>.

- Tshabo ya tshwaetswo/ ho tshwaetsa-e e tswang tsebong e e sa fellang ya hore HIV le TB di fetella jwang le hore di phekolwa jwang.
- Thibelo ya tshwaetso ya bophelo bo botle e e pontsheng-tse ding tsa ditsela tsa ho laola tshwaetso jwalo ka phaposi tse arohanyeng tsa bakudi ba TB
- Dikutlwisiso tse fosahetseng-ho hloka tsebo ya nnete, ditshomo tse fosahetseng (mohlala HIV le TB ke thohako ya Modimo e e rometsweng ho ahlola motho; ho hloka tsebo ya hore sekgobo ke ntho e jwang le hore hobaneng se senya hakana?
- Ditlwaelo tsa sechaba tse sa hlopmpheng le ho keteka phapano
- Leeme-ho ba le lehloyo ho bao ba nang le ditlwaelo, setso le melawana ya bophelo fapaneng kapa ba ba fapaneng ka tsela e itseng le rona.

Dipopeho tsa sekgobo

- Ho bitsa ka mabitso, ho hlabisa dihlong, ho nyatsa, ho seba, ho supaka mononwa, ho tshwenya, ho tshehisa ka batho, ho fana ka mabitso,ho belaela, ho sehlokomele, ho lahla, ho beha bonnotshing, ho arohanya, ho ipeya hole le motho,ho seba ka basebeletsi babang ba tsa bophelo bo botle le maemo abona a bophelo le maitshwaro a thobalano (sekgobo sa kantle)
- Maikutlo a ho ikutlwela sekgobo ka ho hlajwa ke dihlong, ho se itshepe, ho inyatsa (sekgobo sa kahare).
- Sekgobo sa ho kopanela-basebeletsi ba tsa bophelo bo botle ba qobang ho amana le basebeletsi babang ba hlokomelang bakudi ba HIV/TB (Sekkgobo kantle).
- Ho se shebiwe/shebahale ho itshetlehileng ka sekgobo(Sekkgobo kantle).
- Sekgobo se lebeletsweng- ho ikgula le dihlong (sekgobo sa kahare).

Diketsahalo tsa sekgobo

- Sekgobo sa kahare (sekgobo se o ipehang sonaka bowena) e ka ba ditlamorao tsa sekgobo sa kantle-sa diketso le mantswe a a beyang batho sekgobo ka seo batho ba sebonang se ba potapotile
- Ho intshetsa kantle ka bowena-ho tswa ho ditshebeletso,menyetla, ho hana thuso, hoikgula sechabeng le bonnotshi, ho ipata(sa kahare)
- Kgethollo-ho tejelwa mosebetsing ka baka la ho ba le HIV kapa TB
- Tsieleho,dihlong,ho lahlehelwa ke maemo sechabeng, ho itshebela tlase, ho

inyatsa

- Maswabi, bodutu, ho tshwenyeha, kगतello ya maikutlo, tepello, ho batla ho ipolaya, ho ba lekgoba la bojalwa
- Ka sephiring/e patehileng-ho tshaba ho senola, ho se etele yuniti ya bophelo bo botle ya basebetsi bakeng sa ditshebeletso tsa ho etsa diteko tsa HIV le ho hlahloba TB jwalojwalo.
- Ho latola-e ka thibela phekolo mme ya lebisa kotsing (Mohlala tshwaetso ya TB) ho babang)
- ho ikgula-ho se bolelle babang le ho hana tshehetso/ lerato/thuso

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.

Re tlile ho ba le selotho se potlakileng. Ke tla botsa potso mme ke be ke fana ka karabo tse pedi tse kgonahalang bakeng sa sona- mme ke tla bolela hore karabo efe ke ya mmala ofe. Ka kopo bontsha karabo ya hao ka ho phahamisa pampiri ya mmala o o tshwanang le e o e nahanang hore ke yona. Na ebe batho kaofela ba na le dipampiri tsa mmala?

- 'Sekgobo' ke ditumelo tse hananang tse kgopo tseo batho ba nang le tsona ka ntho e itseng e e sa tshwaneng le bona kapa motho ya itseng ya a sa tshwaneng le bona, ho

tswa ho ntho eo batho ba e nahanang hore e hantle kapa e phethehile (bontshapampiri e e putswa bakeng sa ee/ e e pinki bakeng sa tjhe) [karabo e nepahetseng: Ee pampiri e putswa]

- Motho o kgona ho tseba phapang mahareng a **sekgobo sa Kantle le sekgobo sa Kahare**. Sekgobo sakahare ke fa re fetolela ditumelo tsa leeme le tse hlokanang mosa tse re di boning lefatsheng kahare- hodim'a rona-hape re be re sebedisa seo se re potapotileng le fatsheng ho ipeha sekgobo (bontsha pampiri e e putswa bakeng sa ee/e pinki bakeng sa tjhe)[karabo e nepahetseng: Ee pampiri e putswa]
- Ho tshaba ho tshwaetswa/ho tshwaetsa-ho tsa tsebong e e sa fellan ya hore HIV le TB di phasalla jwang le hore di phekolwa jwang ke engwe ya tsa sekgobo (bontsha pampiri e putswa bakeng sa ee/le e pinki bakeng sa tjhe) karabo e nepahetseng: Ee pampiri e putswa]

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.

Re tshwanela ke ho utlwisisa haholo hore sekgobo se bolelang. Hape re kgone le ho tseba tse ding tsa disosa tsa sekgobo, dibopeho tse fapaneng le mekgwa e fapaneng ya sekgobo le tse ding tsa dintho tse di se etsang ho basebeletsi ba tsa bophelo bo botle le mosebetsing.

f) Suggest avenues for help

Haeba o ikutlwela hore e bewa sekgobo mme o batla ho bua ka seno, o ka bua le mooki wa tsa bophelo bo botle wa basebetsi mosebetsing kapa mosebeletsi wa sechaba ya sebetsang sepetleleng sena. Hape o ka ikopanya le batho ba Lenaneo le Thusang Basebetsi ho bua le emong wa baeletsi ba bona.

Refer participants to their handout

Ketsahalo #5: Ho utlwala jwang ho bewa sekgobo

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: Ketsahalo ya rona ya ho qala ya hore-Sekgobo ke eng- e re entse hore re nahane ka sekgobo. Empa ho nahana fela ka sekgobo ha ho a lekana. Re hloka ho utlwa hore ho utlwala jwang ho beha sekgobo le ho bewa sekgobo. Ka baka leo ketsahalo e latelang ke ketsahalo ya maikutlo.

a) Describe the game& display the visual aid

Motho emong le emong o tla beha pampiri e e kgomarelang diphatleng tsa bona. Ha oa tshwanela ho tseba hore o fumane pampiri e kgomarelang ya mmala ofe. Morao le hloka ho tsamaya tsamaya ho potoloha phaposi le dumedisana le ho buisana. O tshwanela ke ho tshwara bathoka khetollo ho latela mmala wa pampiri e e kgomarelang e o e bonang phatleng tsa bona (empa ka kopo, e ba le boitshwaro bo botle).⁶

Read out the information on the visual aid:

Pampiri e tala e kgomarelang: Enwa ke motho ya bohlokwa haholo ho wena. O thabetse ho mmona mme o modumedisa ka mofutho o moholo. Batho ba sehlopha se se tala ke batho ba hlomphehang haholo, empa ba kgonang ho atamelwa mme ke mehlala e e ratehang haholo sechabeng.

Pampiri e tshehla e kgomarelang: Enwa ke motho yo o mo fetang tsatsi le leng le leng. O batla ho ba dumedisa, empa ka ho se tsotelle. Batho ba sehlopha se se sehla ke batho ba mahareng ha ho tliwa hobeng mohlala sechabeng.

Pampiri e kgubedu e kgomarelang: Enwa ke motho yo o sa batleng ho mmona kapa ho mo dumedisa, ka baka la hore o nahana hore ha tshwane le wena, le hore a ka hoetsetsa mathata. Sehlopha se se kgubedu se na le sekgobo se itseng se ba se bewang, mme ke mehlala e e sa rateheng ka ho fitisisa sechabeng.

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

Ho ka utlwahala ho sena ho phuthuloha ka ho ba le setswalle se keneletseng le motho ya itseng mo sehlopheng. Hape ho ka utlwahala ho sena ho phuthuloha ka ho beha mosebetsimmoho sekgobo kapa motho yo o mo ratang le ho mo tshepa. Haeba o fumane pampiri e kgomarelang e kgubedu o ka ikutlwa o sa phuthuloha haholoholo, ka baka la hore o entswe hore o ikutlwe o sa ratehe haholo le ho bewa sekgobo. Ke ka baka leo sena e leketsahalo e e nang le phephetsoe kgolo.

Hopola hore sena ke papadi fela mme morero ke ho ithuta eseng ho fahla/kgopisa motho.

Ka kopo hlahisa haeba o tla batla pampiri e kgomarelang e tshehla. Ha ese ntho tshwenyang mme re rata hore o ikutlwe o phutholohile ka moo ho ka kgonahalang ka hona ketsahalang ena.

Morao ha ketsahalo re tla behela nako thoko ho buisana le ho botsa dipotso ka maitemohelo a rona le ho tlisa qhanoloho.

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.

“Ha re sa hlola re tlile ho tshwarana ho latela mebala ya dipampiri. Re lebohela ho nka karolo ha hao. Papadi e fedile.”

Ensure that all participants take off their stickers.

e) Group discussion&debriefing

Facilitate a discussion. Jwale ka kopo nahanisisa o le mong hape jwalo ka sehlopha ka maikutlo a hlahisitsweng ke ho tshwarwa ka tsela e phahameng kapa e tlase ya ho rateha.

You can use some of the guiding questions below:

- O ile wa ikutlwa jwang ha o na lepampiri e kgubedu, tshehla kapa e tala phatleng ya hao?
- Ho ile ha utlwala jwang ho araba batho ba dipampiri tse kgubedu?
- O ile wa arabela jwang tsela e o ileng wa tshwarwa ka yona-o le mong kapa ka sehlopha.
- Ketsahalo ya ho tshwarwa ka ho kgetheha ke efe?

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.

Ketsahalo #6: Lekunutu le ditokelo tsa basebeletsi ba tsa bophelo bo botle

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: Ho bohlokwa ho tseba ka melawana e e sehlohong, melao, ditaelo le melawana ya tsamaiso ya sechaba, ka baka la hore melawana ya boitshwaro le tsela ya ho itshwara di theilwe hodim'a ha tsona tseno mme e na le sepheo sa ho laela melawana ya boitshwaro, maikutlo le boitshwaro ba basebeletsi ba tsa bophelo bo botle mosebetsing. Ka ho tseba ditokelo tsa hao le maikarabelo a hao jwalo ka mosebetsi sepetleleng o ka kgona ho thibela ho tlola ditaelo, mme wa matlaatswa ho etsa ho lokileng.

Jwalo he karolo ena ya thupello e kopanya hammoho tsebo ya hao ya ditokelo le maikarabelo a hao sebakeng sa mosebetsing wa tsa bophelo bo botle, ka tsebo ya hao ya e ncha ya sekgobo (mefuta e meholo e mebedi- sa kantle le sa kahare, tse ding tsa disosa, mekgwa le ditlamorao le maitemohelo a hao hore ho utlwahala jwang ho beha sekgobo le ho behwa sekgobo

Ho tla ba le nako ya dipuisano. Haeba ho na le nako e e lekaneng e e setseng, o tla kenya tsebo ya ha e e ncha tshehetsong dihlopheng tse nyenyane tsa ho buisana ka pale/ketsahatso

- a) **Display the Visual Aid with the main acts, laws etc. governing public administration/Bontsha Visual Aid e e nang le melao e e sehlohong, melao jj. taolo ya tsamaiso ya sechaba.**

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)

Mona ho latela e meng ya melawana e e sehlohong, melao, ditaelo le melawana e e laolang tsamaiso ya sechaba le tsa phano ya ditshebetso. Melawana ya boitshwaro le tsela ya ho itshwara ya Lefapha la Bophelo Bo Botle la Freistata e thehilwe hodim'a yona melawana ena.

Ha ke tle ho e bala kaofela hona jwale, ka baka la hore o nale leqephe kahare ha faele ya hao.

Sheba ya ho qetela mo lenaaneng: *ya National Patient's Rights Charter*⁷. E na le ditaelo tsa maitshwaro a seporofeshenale a hlakisitsweng ke Health Professional Council of South Africa-ditaelo tse amang basebeletsi ba tsa bophelo bo botle kaofela.

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.

Ho na le dintlha tse tharo tse re tla tobanang le tsona hona jwale. Re tla boela re sheba hore di amana jwang le sekgobo

Melawana ena ha e se fela e e buang ka hore o tshware bakudi jwang. Hape di bua ka...

1. Hore o ka thusa jwang ho hlola **tikolo ya mosebetsi e e etsang hore ho be le kgonahalo ya bophelo bo botle.**
2. **Maikarabelo a hao ho wena kabowena le bophelo ba hao bo botle; le**
3. **Hore o tshwara basebetsi-mmoho le wena jwang nameng le maikutlong,** mohlala o ba tshwara jwang ha kula kapa ba tswa kotsi ba le mosebetsing kapa ha ba fumantshwa hlokomelo ya bophelo bo botle

b) Discuss the Right and Responsibilities to a healthy and safe working environment

National Patient's Rights Charter e re, tikoloho e e bolokehileng le e e hlwekileng ya mosebetsing ke e netefatsang ho na le tshireletsoho kgahlanong mefuta kaofela a kotsi ya tikoloho, jwalo ka kgotleleho kapa tshwaetso.

Phuputso e bontsha hore tshabo ya tshwaetso e amahane haholo le sekgobo. Haeba o tshaba hore motho e mong a ka ho tshwaetsa ka HIV kapa TB, jwale o tla be o se o mo beha sekgobo.

Jwale he a re nahaneng ka hore ho ka behwa eng bakeng sa fokotsa kotsi- le tshabo-ya tshwaetso.

Ho latela ditokelo tsa hao tsa hore o dule o bolokehile jwalo ka mosebeletsi wa tsa bophelo bo botle, Lefapha la Bophelo bo Botle la Freistata le na le maikarabelo a ho tlamela ka disebediswa tse hlokahalang ho etsa hore tikoloho ya mosebetsi e bolokehe le ho hlweka ka mo ho ka kgonahalang ka teng: ntho tse tshwanang le dihanekausu, dimask, meqomo ya Sharps, ntho tse hlwekisang le sesepa.

Re a tseba hore ho na le mathata, dikgeo le dikgaello. Empa o hloka ho toba hore ho ka etsuwang ka ho ho leng hona ka baka la hore basebeletsi ba tsa bophelo bo botle le bona ba na le maikarabelo a ho fokotsa kotsi ya tshwaetso.

Jwale a re shebeng hammoho tse ding tsa ntho tse bohlokwa empa e le tsa motheo tse mosebeletsi wa tsa bophelo bo botle a tshwanetseng ho di etsa ho fokotsa kotsi ya, le tshabo ya tshwaetso

Hopola hore re shebane le sekgobo sa HIV le TB. Jwale he are shebang hore ke eng se leng ka tlase ho taolo ya rona le hore re ka nka maikarabelo jwang ho fokotsa kotsi ya ho tshwaetswa ke HIV. Ya pele ke ya hore re sebetsa jwang ka madi le maro a mmele. Dihlokomediso tsa motheo tse mosebeletsi e mong le e mong wa tsa bophelo bo botle a hlokanang ho tseba ka tsona le ho di etsa ke tsena.

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

Read it aloud. Remind the participants about the handout in their packs.

HLOKOMEDISO YA MACHABA YA MADI LE LERO LA MMELE⁸

- Ela hloko ha o tshwara le ha o lahla disharps(dinale kapa disebediswa tse ding tse bohale;
- Hlapa matsoho a hao pele le morao ha ketso ;
- Sebedisa dithibela tse sireletsang ha o ka ama madi le maro a mang a mmele . Dithibela tsena – di tsejwa jaka PPE (Personal Protection Equipment /Disebediswa tse Sireletsang Motho).
- Lahlamatlakala a a silafaditsweng ke maro a mmele le madi ka tsela e e bolokehileng. Sena se bolela hore o kenya dinale ka meqomong ya sharps; le hore o qoba ho kwahela dinale hape jj.)
- Hlwekisa disebediswa le disebediswa tse ding tse silafetseng hantle;
- Tshwara masela a a sialfetseng hantle.

d) Draw participants attention to the Post-exposure care and follow-up

Hlokomediso ya machaba ya madi le lero la mmele di sebediswa jwaloka thibelo. Ho hlokahala hore o latele mehatoe e tshwanelehang ya hlokomelo ya morao le e e latelang haeba o ile wa amana le madi le lero la mmele ka tsela e e leng hore e ka kenya bophelo ba hao kotsing, mohlala haeba o ka tswa kotsi ya ho hlajwa ke nale

Ha re na ho kena tabeng ena ka baka la hore ha e se ya bohlokwa thupelong ena, empa ka baka la hore ho bohlokwa ho wena hore o tsebe, re ho keneditse leqephe pakaneng ya hao.

e) Display the Visual Aid on protecting against TB infection

Jwale a re shebe hore o nka maikarabelo jwang a ho fokotsa kotsi ya ho tshwaetswa ke TB

Ha nako e le hona o ka qala ka ho botsa bankakarolo ditshwaelo tsa bona pele

Basebeletsi ba tsa bophelo bo botle le bona ba tshaba ho tshwaetswa ke TB le sekgobo se e ka bang ditlamorao tsa ho ba le TB.

Are shebeng hore maikarabelo a hao a ho fokotsa kotsi ya ho tshwarwa ke TB ke afe.

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

Ha o ka sheba bongata ba dintlha bo tsamaelana le tsebo ya hao ya TB

- Tseba matshwao a mane(4) a TB;
- Tseba hore TB e phasalla jwang
- Tseba hore o ka etsang ho thusa ho qoba ho phasalla ha TB.

NKA SIRELETSEHA JWANG KGAHLANONG LE TB ⁹

Tseba matshwao le diponatsheho tse nne tse sehlohong:

- Ho hohlela ho ho sa emiseng(ho ho fetang dibeke tse pedi);
- Ho lahlehelwa ke boima ba mmele;
- Ho ba le feberu e e fetang beke;
- Ho fufulellwa bosiu .

Tseba hore TB e phasalla jwang:

- O ka fumana TB ka ho hema mafafatsane a a kenang moyeng ha motho ya a nang le tshwaetso a hohlela.

Tseba hore o etsa eng ho qoba ho phasalla ha TB:

- Boloka tikoloho ya hao hlwekile e sena mafafatsane TB ka mo ka kgonahalang ka teng.
 - ✓ Tseba bakudi ba hohlelang, le bao o ba belaelang hore ba ka ba le tshwaetso ya TB;
 - ✓ Ba tlose dibakeng tse sebediswang ke bohle, jwalo ka diphaposi tse ho letwang ho tsona, mo ho fetwang hona, diofising jj. mme o ba etse hore ba lete ka ntle, kapa o ba tlose ho bakudi ba bang;**TB ha e rate letsatsi kapa moya o o phodileng, jwale he sebaka nang le letsatsi, se bulehileng, moya o foka ka bolokolohi ke sebaka se setle haholo;**
 - ✓ Bula difenstere hore sepetlele se fumane moya o o fokang hantle
 - ✓ Sebdisa mekgwa e metle ya ho hohlola mme o rute bakudi mekgwa e metle ya ho hohlola



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

- Haeba o sebetsa le bakudi ba TB, tsela e lokileng ya ho itshireletsa ke ikwahela dinko le molomo ka mask ya tshireletso (kapa leka ka hohlhohle ho ikwahela ka yona mask eno) Sesira dinko le molomo se le seng se se ka sireletsang wena le ba bang hore ba seka ba tshwaetswa ke mafafatsana a TB a a mo moyeng ke sesira dinko le molomo sa N95 kapa FFP2. Empa disira dinko le molomo tsena di hloka

- kengwa ka tsela e e kgethehileng le hlokomelwa ka kgetheho, jwale he.....

Ho bonolo ho emisa ho phasalla ha TB ka ho etsa batho ba hohlelang kapa ba o ba tsebang/ belaelang, hore ba tshwaeditswe ke TB ho kenya dimask tse tlwaelehileng. Dimask tsena di thibela ho phasalla ha mafafatsana a TB ho tswa mohloding/ motswedding (molomong, ho hohleleleng) pele a ka fetoha a ba manyenyane a phasallela tikolohong ya moya

- Tseba hore TB e a phekoheha ha batho ba sebedisa meriana e e nepahetseng, le hape nka phekolo ya bona ka tsela e e nepahetseng (ho nwa meriana ya bona ka tsela e ba laetsweng, ho fihlella nako e ba e laetsweng). Jwalo he nka maikarabelo mme o latele taelo ya phekolo ya hao hape o eletse ba bang ho etsa jwalo.

f) Discuss the Right to Dignity and Privacy/ Confidentiality

Ask participants: National Patient's Rights Charter ya reng ka tikoloho e e bolokehileng le e e hlwekileng ya mosebetsing ke e e jwang? E re tikoloho e **e netefatsang hore bophelo ba mmele wa basebeletsi ba tsa bophelo bo botle bo** (re qeta ho bua ka hlokomediso ya machaba ya madi le lero la mmele; disbediswa tse sereletsang motho, ho bula difestere jwalojwalo) Hape ke ka bophelo bo **botle ba kelelo le ho phela hantle**

Ask participants: Jwale he tikoloho eno e bonahala e le jwang? Ke tikoloho e e netefatsang ho phela hatle ha ha kelelo le ha mmele. Na ebe ho nale sebaka sa sekgobo tikolohong e e hlwekileng le e e bolokehileng?

Allow participants an opportunity to reflect on the question.

Reiterate: Sekgobo se hatikela ditokelo tsa motheo tsa batho ho ba le seriti le sephiri.

Ask participants: Na o sa hopola ditlamorao tsa sekgobo morao ha etsa sefate sa sekgobo?

- Ho ikhetholla ka bowena- ho tswa ditshebeletsong, menyetleng, ho ikgulela morao sechabeng – ho se bolelle ba bang le ho hana tshehetso
- Ho tlontloleha, ho hlajwa ke dihlolong, ho lahlehelwa ke maemo sechabeng, ho ikutlwa o le molato, ho itshebela tlase, ho ipeha molato;
- Ho hlonama, Ho jewa ke bodutu, ho tshwenyeha, ho imelwa ke kellelo, ho tepella maikutlo, ho batla ho ipolaya, ho ba lekgoba la bojalwa
- Sephiri/ho ipata-tshabo ya ho ihlahisa, ho se etele Yuniti ya bophelo bo botle ya mosebetsing bakeng sa ditshebeletso tse tshwanang le teko ya HIV, ho hlola TB jj;
- Ho latola—ho ka thibela phekolo mme hape ha isa kotsing(mohlala tshwaetso ya TB) ho wena le ba bang;

Na o bona ditlamorao tse kgolotse mpe tseo sekgobo se nang le tsona Bophelong bo botle ba kelellong le mmeleng?

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

Ask participants:

- Na ebe re tla kgona ho hlahloba 90% ya batho bohle ba phelang ka HIV haeba ba ipehela thoko hape ba hana thuso? Na batho ba tla mathela ho etsa diteko ha ba na le dipelaleo tsa hore ha hona lekunutu? Mo lekunutu la bona le sa hlomphelelang na?
- *Na ebe 90% ya batho ba hlahlobilweng ba nang le HIV ba tshwanetwang ba ka fumana phekolo ya ART haeba ba hlajwa ke dihlolong tsa ho ya le ho lata phekolo ya bona?* Haeba ba sa ihlahise ka boithaopo na? Diphuputso di bontsa ka ho hlaka hore batho ba phelang ba sa pate ho kula –haholo HIV-ba kgona ho fumana phekolo le ho kopa tshehetso e ba e hlokanang ho tswa malapeng a bona, metswalleng ya bona le basebetsi-mmoho le bona

Ho ka ba boima ho ihlahisa mme batho ba etsang jwalo ba hloka ho nahanisisa seno: **haeba o batla hore motho yo o ihlahisang ho ena a boloke hlahisoleseding ya hao e le lekunutu- o tshwanela ke ho mo mmollela, hore ba tsebe hore ba seka ba senyaa Tshepo e o na le yona ho bona.** Hape ka yona nako eno ha motho a ihlahisa ho wena o tshwanetse ka nako tsohle ho hlomphelelang Tshepo ya bona le ho boloka hlahisoleseding ya bona ya lekunutu ¹⁰

- Na ebe 90% ya batho ba leng phekolong ya ART ba tla ba le kokwanahloko e e hateletsweng ka 2020 haeba ba tshaba ho nka merian ya bona? Haeba ba tlodisa ho

¹⁰International 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.

nwa meriana ya bona ka baka la ho bewa sekgobo? Haeba ba iphapanya me ba kgutlela morao-ba hana tshehetso?

Ho bohlokwa hore re sebeletseng ho isa sepheong sa kokwanahloko e e hateletsweng jwalo ka sechaba! ka baka la hore re a tseba hore batho ba nang le HIV ba ba le tshwaetso e tlase, ha ba sebedisa meriana e e tshwanetseng, hape ba nwa meriana ya bona ka tsela e e tshwanetseng (bophelo ba bona kaofela).

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

Ho bohlokwa haholo ho tlaleha batho ba tswelang ho beha ba bang sekgobo kapa ba sa emise maitshwaro a bona a ho beha sekgobo. Re tla bua ka sena mpraonyana hape re ho fe hlahisolseding ya hore o tsamaisa jwang tlaleho ya ho hatakelwa ditokelo.

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/ Hoba mohlala wa ho fokotsa sekgobo

Activity #8: Communicating to reduce stigma/ Puisano ho fokotsa sekgobo

Describe the activity and why you are doing it: Mo karolong ena ya thupello re leka ho fumana ditharollo tsa nako e telele tsa sekgobo sa HIV le TB mahareng a basebeletsi ba tsa bophelo bo botle.

- Re buisane ka ditokelo le maikarabelo a basebeletsi ba tsa bophelo bo botle hore hlahisoleseding ya bona ka maemo a bona a bophelo le HIV e bolokehe e le lekunutu
- Jwale he re hloka ho fumana ditsela tsa ho tsehetsa ditokelo le maikarabelo ano. Ka baka leo re tlameha **ho ho** fumanela ditsela, jwalo ka mmampodi ya kgethilweng ke basebetsimmoho le wena-ho lwantsha sekgobo sa HIV le TB ha o kopana le sona mosebetsing.

Mo ketsahalong tse pedi tse latelang re tlile ho sebetsa ha mmoho ho fumana ditsela tse ka ho matlafatsang hore e etse jwalo ka mmampodi bakeng sa ho fokotsa sekgobo sa HIV le TB mosebetsing.

Mehato e bonolo ho wena hore o kgone ho e phetahatsa letsatsi le leng le le leng mosebetsing wa hao, ho latela matla a hao mme ha e hloke disebediswa tse ekeditsweng.

- Ka kopo hopola ho ngola dintlha tse kgutsafaditsweng , mme o boloke dintlha tseno, ho etsetsa hore o kgone ho kgutlela ho tsona moraonyana.

Ketsahalo #7 Ho ba mohlala wa ho fokotsa sekgobo

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 ke mehato e e latelenang e o ka e sebedisang ho emisa sekgobo sa HIV le TB mosebetsing.

Batho ba fetolwa ke batho babang- ka baka leo haeba o ka etsa hore o be mohlala mme wa sebetse o le mong ho lwantsha sekgobo mo hohle mo o kopanag le sona hona- o tla ba le ketsahalo e e matla haholo mme e na le sepheto se selelele sa ho phela hantle mosebetsing ho basebeletsi ba tsa bophelo bo botle.

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

CHATE YA SWAT

S = E emetse hore che ho dipuo tsa temoho le boitshwaro ba sekgobo

Hanana le menahano, ditemoho, puo le maitshwaro a ho ipeya sekgobo ka bowena le ho behababang sekgobo

W= E hlalosa hore hobaneng

E fana ka hlaloso e hantle ya hore hobaneng o batla ho fedisa sekgobo. Ho hlalosa hore hobaneng, ho thusa motho emong ho utlwa le ho utlwisisa matshwenyeho a hao, le ho thibela hore ba se ka ba arabela ka tsela e fosahetseng

A= Ho fana ka mekgwa e e fapaneng

Ho fana ka mekgwa e meng e e fapaneng le merero ya mahlale e meng ho bontsha hore o sa batla ho ba le sekgotsi mme o na le dikamano le motho/batho.

O sebedise “nna”hangata, mo ho ka kgonahalang ka teng, hore motho ya pele ha hao a tsebe hore o bua ho tswa pelong ya hao le maitemohelong a hao. Hodisa monahano wa kgauhelo le Botho mahareng a basebeletsi ba tsa bophelo bo botle.

T=Bua ka yona

Ho ntshetsa ntle menahano ya lona, ditemoho, maikutlo le ho tshaba HIV, TB le dikgobo tse tsamaisanang le tsona ho thusa dikamano le motho emong kapa batho babang ho hola mme e nolofatsa ho satalla ho ho ka bang teng.

b) Display and present the Saying No Effectively chart.

Jwale a re shebeng *S-Hore Che Ka Matla* Read each characteristic until they have all been completed. As you read the characteristic, you can model some of the behaviours.

1. O seke wa tshaba ho sa dumallane le batho
2. Sebedisa le ho boeletsa lefoko “che”hangata.

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

3. Sebedisa “che” e e matla ka mmele wa hao, ntle le ho sebedisa mantswe (mohlala sebedisa letsoho le mmele ho hatella ntlha)
4. Hlahisa lentswe le tiileng
5. Bontsha hore maemo a ka tlase ho taolo ya hao
6. Sheba motho ka mahlong. O seke wa shebela fatshe
7. Ema o sasametse o hlanotse sefuba. O seke wa tshwara tshwara dintho
8. Sebedisa sefahleho se se bontshang hore o nahana haholo
9. O seke wa kopanya matshwao ha o bua (mohlala jwalo ka ho bososela ha o re “che”)
10. Amohela tokelo ya batho babang ya hore “che” mme o ithute hore “che” le wena ka bowena

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

Jwale re tlile ho etsahatsa ketsahalo ya SWAT.

Display the SWAT chart visual aid again

Instruct participants: Ke tlile ho bala ditshwantshiso tse pedi tse nang le ditshwaelo tsa ho beha sekgobo /maithswaro. Mosebetsi wa hao jwalo ka mmampodi ke ho fumana ditsela tsa ho arabela maemo ana.

Ditshwantshiso di teng kahare ho dipakana tsa hao.

Le tlile ho sebetsa ka bobedi. Molekane wa hao e tla motho ya letsohong le le tshehadi la hao.

- Sa pele le tla bala ditshwantshiso hammoho mme le hlahlobe ditshwantshiso tse pedi ho fumana menyetla, e wena jwaloka mmampodi, o ka e sebedisang ho fokotsa sekgobo sa HIV le TB. Mohlala, dibakeng tse o ditokelo le maikarabelo a hatakilweng hona, mo ho hlokahalang tsebo, mo sekgobo se etsahalang hona. (Bakeng sa karolo ena le tla ba le metsotso e e itseng)
- Jwale le sebedisa fela karolo e le engwe e le e boneng le tla sebedisa mehato e mene ya SWAT. Motho e mong a nka karolo ya ho ba motho ya a behang sekgobo. E mong a nka karolo ya ho ba moemedi wa phetoho. O seke wa bua fela hore o tlie ho etsang. Etsa hona ka nnete. Bontsha mohlala wa hao wa mehato ya SWAT emong ho emong(bakeng sa ketsahatso ena le tla ba le metsotso e e itseng)

Morao ha metsotso e e itseng re tla potapota phaposing ka nako ya sehlopha sa hao, re kopa o eme ho bontsha mohlala o le mong wa lona. Hopolo- Ebue ka tsela e e bontshang hore o tiile!

Read the scenarios out loud to the group:

TSHWANTSHISO 1:

Mpho o qala a kula mme o amohelwa sepetlele se a sebetsang ho sona. O bolellwa hore o tshwanetse ho etsa teko ya HIV. Letsatsi le le latelang basebetsimmoho ba hae ba mo etela. Ha ba tswa, mooki wa yuniti ya bophelo bo botle ya basebetsi ya mosebetsing o botsa hore ke mang yo e leng motswale wa sebele wa ha Mpho – a be a se kopa motswalle enwa wa sebele ho salla morao. Mooki o bolella motswalle enwa wa sebele hore Mpho o na lekokwana ya HIV, empa ha a batle ho amohela diphetho tsa teko. O kopa motswalle wa sebele ho mo kgodisa ho ya keletsong. Motswalle wa sebele 'a bolelwang' o bolella baokibabang ba e leng motswalle ya hae. Mooki wa yuniti ya bophelo bo botle ya basebetsi ya mosebetsing o bolella mookamedi wa ha Mpho- ka baka la hore a na le HIV o kotsing e kgolo ya ho ka tshwaetswa ke TB. Mookamedi o araba ka ho teneha a re, "Tliniki ena e sebetsa haholo mme re na le kgaello e hodimo ya basbetsi; hape ha ke kgone ho mammellana le baoki ba ba kulang." A re o tla tsebisa motsamaisi mme a ise Mpho ho ya ho sebetsa phaposing e ngwe ya bakudi.

TSHWANTSHISO SCENARIO 2:

Lesego ke ngaka e e sehang. Le ena o na le HIV. Ontse a apara phaposing ya fetola diaparo ha autlwa emong wa basebetsi abua ka batho ba nang le HIV le TB. Ba re basebeletsi ba tsa bophelo bo botle ba nang le TB ba kotsi ha o sebetsa moo ba leng teng ka baka la hore ba ka tshwaetsa bakudi le basebetsi ba tsa bophelo bo botle babang. Ba re ntho e a tshwana le mosebetsi ya anang le HIV: ho na le mooki ya senotseng maemo a hae a HIV mme a re o sebedisa diARV. Empa ba ipotsa hore; "Re tseba jwang hore o tiile o sebedisa diARV. A ka e fetisetsa ho rona haeba a na le lekgopho kapa diso matsohong." Ha o ne o le Lesego, o ne o tla buwa jwang le basebetsi bana mme o ne o tla reng ho bona.

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:

- Ho etsahetseng?
- Ke menyetla efe e e leng teng ya ho fetola maikutlo a basebeletsi ba tsa bophelo bo botle ba beyang babang sekgobo?(ho lokisa ho hloka tsebo, “e ka etsahalela motho emong le emong” ho ipea maemong a motho emong, ho fetola maikutlo le ho lwantsha kutlwisiso e e fosahetseng ka diketso mohlala ho tshehetsa le ho ba le setswalle le motho ya nang le HIV/TB)
- O hloka eng ho thusa ho fetola maikutlo a batho?
- Ke mathata afe ao o nahanang hore o ka ba le ona mo ho fetoleng maikutlo le ho lwantsha sekgobo?

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

Tshwantshiso 1		
Ho re “Che”	Hlalosa hore hobaneng	Ho fana ka mekgwa e meng e e fapaneng
Mooki wa basebetsi:		
Okeke wa qobella motho emong ho etsa diteko tsa HIV	Motho o na le tokelo ya ho kgetha hore o etsa teko ya HIV kapa che	Keletso e e qalwang ke mofani wa ditshebeletso, ho etsa teko le ho fana ka keletso(PICTC) hape le dibaka tsa machaba tsa teko le phekolo
Ha a tshwanela ho kunutlola maemo a HIV a mokudi ka hohle-hohle ntle le tumello ya bona	Motho o na le tokelo ya ho senola maemo a hae a HIV ha a batla, le ka tsela e a batlang ka yona ho motho ya kgethang ho mmolella	Kgothatsa Mpho ho senola maemo a hae ho ba lelapa, metswalle, basebetsimmoho, batsamaisi jwalojwalo
Ha a tshwanela ho kopa motho emong hore a kgodise mokudi ho ya ho fumana keletso	Ke maikarabelo a mooki ho bolella le ho kgothatsa mokudi ho ya ho fumana keletso le ho etsa teko ya HIV.	Keletso e e qalwang ke mofani wa ditshebeletso, ho etsa teko le ho fana ka keletso(PICTC) hape le dibaka tsa machaba tsa teko le phekolo (UTT sites)
Ha a tshwanela ho bolella mookamedi ka maemo a mosebetsi emong a HIV ho sa kgathelesehe hore o sebetsa ho kae	Mooki wa basebetsi o kgona ho kopa ho suthisa mosebetsi ntle le ho fana ka mabaka a bongaka hore hobaneng seno se hloka hlahla ho etswa. Basebeletsi ba bophelo bo botle ba	Fana ka phekolo ya ho thibela TB ya Isoniazid

	nang le HIV bakotsing ya ho katshwaetswa ke TB. Ba basenang TB ba tshwanelwa ke ho fumantshwaphekolo ya ho thibela TB ya Isoniazid ho fihlella ho dikgwedi tse 36 ho thibela tshwaetso ya TB. Basebetsi ba ba sebedisang pheko ya ho thibela TB ya Isoniazid ba nka qeto ya hore ba batla ho iswa phaposing ya bakudi e engwe/lefapha le leng.	
Motswalle wa ha Mpho wa sebele:		
Ha a tshwanela ho seba ka maemo a motho a HIV.	Motho o na le tokelo ya ho senola maemo a hae a HIV ka nako e a batlang ka yona, ka tsela e a batlang ka yona ho motho ya kgethang ho mmolella	Kgothatsa Mpho ho senola maemo a hae ho ba lelapa, metswalle, basebetsimmoho, batsamaisi jwalojwalo ka nako e a batlang ka yona ka tsela e a kgethang ka yona
Mookamedi:		
Ha a sa mamelle basebetsimmoho ba nang le HIV mme bakula	HIV ha e sa hlola e le kahlolo ya lefu	Kgothatsa tsebediso ya di ARV. Fana ka hlahisoleseding hore motho ya anang le HIV a sebedisa diARV o kgona ho phela hantle mme o kgona ho sebetse hantle fela
Ha tshwanela ho nahana ka ho senola maemo a HIV a mosebeletsi ho motsamaisi	Motho o na le tokelo ya ho senola maemo a hae a HIV ka nako e a batlang ka yona, ka tsela e a batlang ka yona ho motho ya kgethang ho mmolella	Kkgothatsa Mpho ho senola maemo a hae ho ba lelapa, metswalle, basebetsimmoho, batsamaisi jwalojwalo

Tshwantshiso 2		
Hore “Che”	Hlalosa hore hobaneng	Ho fana ka mekgwa e meng e e fapaneng
Ho basebetsi ba buang hampe ka basebetsimmoho ba nang le HIV le TB	Mang kapa mang a ka tshwaetswa ke HIV le/kapa TB	Fana ka hlahisoleseding ya nnete: * Ho a kgonahala ho fodisa TB mo bathong ba nang le HIV ha fela bakudi ba nka pheko ya bona ka tshwanelo * Batho ba nang le HIV mme basebedisa diARV ba ka ba le bophelo bo tlwaelehileng, batho ba nang le HIV mme ba sebedisa diARV ba na le monyetla o fokotsehileng wa ho tshwaetswa ke TB. * Batho ba ba tshwaeditsweng ke HIV/TB ka nako e le ngwe, basebedisa diARV le meriana e phekolang TB ba na le tshwaetsano e tlase bakeng sa TB. * Batho ba nang le HIV mme basebedisa diARV ba na tshwaetsano e tlase ya HIV. * Ho a kgonahala ho fodisa TB. Morao ha nako mohare wa TB o sebetse hore o hanele ho ka bolawa ke meriana e e

Tshwantshiso 2		
Hore “Che”	Hlalosa hore hobaneng	Ho fana ka mekgwa e meng e e fapaneng
	Ho seba ho eketsa sekgobo sa kahare le sa kantle	sehlohong ya TB, haholo he meriana e sa nowe ka tsela e tshwanetseng. Mefuta e meng ya kapa mefuta e e kgethehileng TB e hanela ho fodiswa ke meriana e e sehlohong ya TB. * Ho na le kgonahalo ya phitisetso ya TB ha motho a nwa meriana, empa kotsi e ya fokotseha ka dibeke tse 2 le 3 morao ha ho qala phekolo. Kotsi e tswella ho fokotseha ha sekgohlela sa motho se le hantle se sa bontshe tshwaetso ya TB morao ha kgwedi tse 2 ho isa ho tse 3 a ntse a nwa meriana. Jwalo ka mehla, batho ba tlameha tswella ho nwa meriana ya bona hantle ho fokotsa tshwaetseho. * Ha ho na kotsi ya hore HIV e ka fetela bathong ka diso tse bulehileng kapa maseba ntle le ha a kwaetswe ke madi mme le motho ya a amang a na le maseba a bulehileng menwaneng ya hae Mohlomong ke papiso e e mahareng ha tobalano le HIV e etsang hore e bewa sekgobo se kana. Re tshwanela ho ba le kgauhelo ka HIV-ha ho bonolo ho buisana ka tshebediso ya kgotlopo; mabaka a mangatangata a bophelo jwalo ka bofuma, ho hloka tsebo, ntwala ya bong le ntwala ya molekane yo o phelang le ena di ka nna le kabelo ho tshwaetsong ya HIV.

e) Ho tlaleha khatikelo

Mathating ona ho bohlokwa ho bua tlaleho. Ho ka ne ho le boima ho wena ho:

- Tlaleha hloka halo disebediswa tse sireetsang motho (PPE) jwalo ka dihanekausu le masks kapa dintho tse ding tsa bohlokwa tse jwalo ka dintho tse hlwekisang le sesepa mosebeting wa hao;
- Tlaleha ho kula ha hao, kapa tlaleha kotsi ya mosebetsing jwaloka kotsi ya ho hlajwa ke nale-ka naka tse ding re nanahana hore ha es ntho e kgolo ho rona;
- Ho bolella mookamedi wa hao ka mosebetsi-mmoho ya a sa latellang tsamaiso morao ha kotsi ya mosebetsing, kapa ya a bontshang matshwao a TB kapa tshwaetso e keneletseng ya HIV le
- Tlaleha mosebeletsi wa tsa bophelo bo botle ya phasallatsang mabarebare, kapa ya sebang ntle le ho nahana ka ditla morao, kapa ya a sa bolokeng lekunutu ka maemo a bophelo a mosebeletsi e mong.

Empa ntho tsena di hloka ho tlalehwa- ho etsetsa hore batho kaofela ba be le kutlwisiso ya **hore tokelo ya mosebeletsi wa tsa bophelo bo botle bakeng sa tikelohlo ya mosebetsi e ebolokehileng le e e hlwekileng ha e se monahano fela, ke tabatabelo eo e mong le emong a nang le maikarabelo a ho sebeletsa ho ifihlela .**

Remind participants: Mo pakaneng ya hao ya bankakarolo o tla fumana dintlha tse bontshang hore o ka etsa tlaleho kapa o ka tletleba jwang le hore o ka ya kae ho fumana thuso sepetleleng sa hao.

Mehato ena e nka sebetse, nako le ho iteka-jwale he ke ka baka lang o sa qale ka mehato ena ya motheo:

- 1) Bolella motho yo o mo tshepang tletlebo ya hao-mosebetsi-mmoho, morpista, motswalle mosebetsing kapa motho yo o mo tshepang yo e leng mohlala ho wena
- 2) Kopa motho eno ho ho thusa ho ho bontsha hore ke mang ya ka kgonang, le a ratang, ho ho tshhetsa mehatong ya ho etsa tletlebo ya semmuso.
- 3) Ka thuso batho ba ho tshehetsang, kopana le moemedi wa hao wa tsa bophelo bo botle le tshireletso, kapa mosebeletsi wa sechaba wa sepetlele, kapa moemedi wa hao wa lenaneo la ho phela hantle kapa moemedi wa hao wa mokgatlo wa hao wa basebetsi-mme rere ho kopana le bona hammoho le batho ba ho tshehetsang
- 4) Bokelletsa bopaki kaofela bo o ka bo kgonang ho tshehetsa tlaleho ya hao (ngola dintlha fatshe, ikopanye le dipaki tse ka bang teng; jj.)
- 5) Etsa tlaleho ya hao ya semmuso(ha o sa kgone ho tlatsa diforomo, fumana thuso ho tswa ho batho ba ho tshehetsang).

Ketsahalo #8: puisano ya ho fokotsa sekgobo

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: Ha ho a lekana hore re ithute dintho tsena kaofela, haeba ha re etse menahano ya di kenya tshebetsong. Ka baka leo mo ketsahalong re tlile ho etsa merero ya ho lwantsha HIV le TB mo mosebetsing le ho ba mehlala le batho ba fetolang maemo mosebetsing.

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:

- Ka thupello e o neng o le ho yona
- Dipostara tse manehilweng sepetlele

Point out the shwe-shwe pattern/ Supa dipaterone tsa seshweshwe

Ask the participants: Letsoho le bolelang ka seo re ithutileng sona?(Ee, Che ho sekgobo!); ke mofuta ofe wa sekgobo o re batlang ho lwantsha: E ba ya mosa ho wena (Ee Sekgobo sa kahare). Le 'Eba yamosa ho ba bang(Ee, o nepile! Sekgobo sa kantle)

- Disebediswa tsa papatso. Re file e mong le e mong pene le leseka ho disebedisa tse fetang ho disebedisa ho buisana ka sekgobo sa HIV le TB. Empa ka kopo hopola re tobane le ho fokotsa sekgobo sa HIV le TB mosebetsing, **jwale he ka kopo o se ka wa fa** ngwanawa hao, setloholo sa hao, motswalle wa hao- **fana ka ntho tsena fela ho basebeletsi ba tsa bophelo bo botle**
- Kenya mehato ya SWAT tshebetsong hohle mo ho kgonahalang hona
- Tlaleha dikgatikelo. Hape o thuse le ba bang ho tlaleha

Ha motho a ikutlwa hore o behwa sekgobo mme a rata ho bua ka taba eno a ka bua le mooki wa basebetsi ka mosebeletsi wa setshaba ya sebetsang sepetleleng sena.

Ba ka ikopanya EAP(Porograma e e Thusang Basebetsi ka tsa bophelo) ho buisana le emong wa baeletsi ba bona

Rona, le batho ba ho kgethileng, re dumela le ho wena le ho tshepa hore dinamolo tsena kaofela di tla sebetsa ho fokotsa sekgobo sa HIV le TB mosebetsing

Re tshepa hore dinamolo tsena kaofela di tla sebetsa hammoho ho thusa ho fokotsa sekgobo sa HIV le TB mosebetsing

Inform participants that we will follow up:

Re tla leka ho latella motho emong le emong, nako le nako ho bona hore bantse ba ya jwang, mme re bokelletse tsebo e e molemo hore re kgone ho e fitisetsa ka bophara mahareng a sehlopha le ho e hasanya ho dihlopha tse ding. Ka nako tse ding re tla ikamahanya le wena ka sebele ho ba le moqoqo o mokgutswane ka nako tse ding e tla ba dihlopha tsa dipuisano.

Ka kopo boloka sephutelo sa hao sa faele le merero ya mehato le menahano ya hao ho etsetsa hore re kgutlele ho tsona hape. Mme haeba o na le menahanoe o nanahang hore etla sebetsa, empa o hloka ditshwaelo ho tsona, ka kopo hokahanya le rona

6. CLOSING THE WORKSHOP

Time: 15 min

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

Thank: Re le leboha haholo ho tla thupellong ena. Re thabetse ho nka karolo ha lona le ho sebetsa hammoho le lona.

Karolo eo emong le emong wa rona a ka e bapalang jwalo ka mehlala le bafetudi ba maemo, e bohlokwa haholo mo twantshong ya sekgobo sa HIV le TB mahareng a basebeletsi ba tsa bophelo bo botle. Ka baka la maemo a hao sechabeng sena diphetoho tse o thusang ho di tlisa, di ka tswella ho tlisa pethoho e tiisetse.

Re ho eletsa haholo hore o tswelle ho kopana le maloko a sehlopha sa hao ho tshehetsana mo maitekong a lona.

Remind: Re tla boela re hokahana le lona hape. Ka dinako tse ding re tla ikopanya le lona bakeng sa moqoqo o o potlakileng, mme re ba le dipuisano tsa dihlopha tse tobileng ho hong. **Ka baka leo ngola maitemohelo a hao fatshe a ho fokotsa sekgobo mosebetsing. Hape ka kopo boloka faele ya hao le hlahisoleseding yohle le merero yohle e e ka hare ho yona**

Offer: Ka kopo re letsetse haeba ho na le hohong ho o batlang ho ho tseba, kapa haeba o batla ho buisana ka namolo- dinomere tsa rona tsa mehala di kahare ho faele ya hao.

Wish: Re le lakaletsa mahlohonolo mo maitekong a lona, a ho lwantsha sekgobo mosebetsing mme re lebeletse pele ho sebetsa le lona hape.

Ask: Re na le kgahleho ya ho tseba hore o ile wa itemohela eng mo thupello ena: ntho tse sebeditseng hantle bakeng sa hao le tse sa sebetsang hantle. Ho kgutlela morao ho rona ke ntho e e bohlokwa mme e ka re thusa ho ntlafatsa thupello.

Nka metsotso e mehlano ho tlatse foromo ya ho sekaseka, mme o e kgutlisetse morao ho nna. Ha re botse lebitso la hao mo foromong ena-ditshwaelo tsa hao e tla ba tse hlohang lebitso.

Ka nako e o fanang ka foromo e tlatlitsweng, hopola ho nka paki ya dijo tsa hao tsa motshehare.

Acknowledge: O tla fumana Certificate of Attendance(Setifikeiti sa Ho ba Teng). Re tla ho tlisetsa sona ha re kgutla dihlopheng tsa dipuisano. Re tla sebedisa rejistara ya ho ba teng ha motho ho ngola lebitso la hao hantle setifikeiting sa hao. Ka kopo shebisisa

registara ya ho ba teng ho netefatsa hore re tla kgona ho bala mongolo wa hao, le hore lebitso leno ke le o batlang ho le bona setifikeiting sa hao.

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

¹²Content 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*.

- Be able to establish warm relationships with group members and display that warmth
- 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.
- ✓ 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.

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

✓ **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).