

Finding Respect and Ending Stigma around HIV (FRESH): An Intervention for Change in Public Health Settings

Facilitators' manual

Adapted from the intervention manual "HIV and AIDS Stigma Intervention Program Facilitator's Manual" developed for and in collaboration with the "Perceived AIDS Stigma: A Multinational African Study" Team by Vernon Solomon School of Psychology, University of KwaZulu-Natal

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Stigma Workshop Plan

How to Use This Manual

Manual sections:

The manual is designed to guide facilitators through implementation of the stigma workshop. It is organized into three sections.

1. Workshop aims, assumptions and program overview
2. Facilitation principles
3. The workshop components
4. Appendices containing additional information for the facilitators for presentations, and specific instructions for workshop methods
5. The PowerPoint slides for the facilitator presentations
6. The pre-and post-questionnaires for health workers and community participants

Within the section detailing the workshop components, there are four types of content for facilitators to use in implementing the intervention.

1. Background and objectives for each component
2. Topic input notes
 - Discussion point suggestions
 - Facilitation tips
3. Presentation slide sets
4. Exercise instructions and explanation of methods

Who should use the manual and implement the workshop:

Facilitators will implement and facilitate the workshop process (one peer facilitator from the persons living with HIV (PLHIV) community and other facilitators from the FRESH team). These facilitators will not be drawn from the participant group but purposively selected based on facilitation competencies and HIV and AIDS knowledge.

The manual is not a facilitation skills manual. It is important to note that the manual is to be used and the workshop run by persons with well-developed facilitation skills, experience of group facilitation and knowledgeable in the field of HIV and AIDS. The manual assumes that the facilitators are accomplished in group work. The manual will however give explicit descriptions of methods to be used in various exercises and facilitation tips will be interspersed through the manual. Facilitators should also have some knowledge of and experience in program and intervention design, planning and implementation. A short overview of basic facilitation skills is included in the section on the role of the facilitator below.

1. Workshop aims, approach and program design

1.1 Workshop Aims

The FRESH Research group plans to bring together primary healthcare and public health workers and People Living With HIV (PLHIV) in a one and a half-day workshop designed to sensitize the participants to HIV-related stigma (anticipated/perceived community/experienced/internalized), and to encourage them to work together to develop a tool designed to increase awareness and reduce HIV-related stigma and discrimination in the wider population of public health and primary healthcare workers in the state.

The research group will be monitoring the outcomes of the workshop, which include both the changes in stigma and other attitudes and perceptions amongst the group members, as well as the recommendations for a tool that result from their planning.

Note: The workshop has a two-part aim. It aims **both** to sensitize participants to HIV-related stigma **and** to encourage and help participants to work together to design a stigma-reduction tool for the public health setting.

Workshop process

With this dual aim in mind, the workshop is designed as a process that builds sequentially.

The workshop follows a path of processes and exercises that:

- Build knowledge
- Promote interpersonal familiarity and trust through contact and sharing
- Build thinking and planning skills
- Build motivation and commitment to action

The more detailed objectives for the workshop follow below.

Workshop activities

The workshop program proceeds sequentially through set steps that are explained in detail.

The workshop activities comprise:

- Presentations
- Discussion
- Interactive exercises

to achieve the workshop objectives.

The role of facilitators in these activities and some general facilitation principles are discussed below after listing the detailed objectives for the workshop.

1.2 Workshop Objectives

The workshop seeks to facilitate contact between public health department employees and PLHIV to learn about and share understandings and experiences of HIV-related stigma in order to mitigate stigma amongst the participants and to help prepare for the participants to engage in design of a stigma-reduction tool.

- 1 To this end, the workshop has the following objectives:
 - Facilitate an understanding of HIV-related stigma and its various dimensions
 - Facilitate an understanding of how stigma negatively affects health
 - Facilitate shared understanding of the experiences and outcomes of stigma
 - Facilitate understanding of stigma interventions
 - Facilitate understanding of steps in designing a stigma-reduction tool
 - Facilitate the participants' process in working together to design the content and format of a tool to reduce stigma in public health settings

2. Workshop approach and role of facilitators

The workshop adopts a multi-faceted approach emphasising four key components: 1) Participation, 2) input and 3) information - education and 4) strategic planning.

Overall a participatory approach focusing on mobilising participant participation, contact and collaboration will be employed. This will be accomplished using a range of workshop participatory activities and focused inputs by the persons facilitating the process. Each of these activities and the inputs/presentations are included in the manual.

2.1 Outcome

The workshop provides the contact and collaboration opportunities for participants to mutually understand stigma and their stigma experiences. Through participation and collaboration the intervention will help sensitize participants to their stigma experiences and strategies for coping with and challenging the stigma process. This leads directly to the second process and outcome in which participants will engage in a supported, capacity-building process geared to collaborative design of a new tool that can be used to increase awareness and reduce stigma among the larger population public health and primary healthcare workers in the state.

Role of facilitators

Facilitators will service several functions in the workshop process. They will facilitate the process and give informational educational input at various points in the program as well as serving as external motivators that help to encourage the participants' tool development process.

Facilitation guidelines and suggestions follow below:

Be Prepared

- Facilitators need to be familiar with this manual and be clear about all the steps for each component.
- Co-facilitators should prepare together and assign clear roles for each of the components to each other.
- Know who will be doing what, in which part of the workshop.
- Decide in advance who will do which presentation
- Decide in advance who will be “scribing” – writing up group contributions
 - Choose who does this based on ability to do so fast, clearly, and ability to summarise and identify key words and themes

Be Informed

Facilitators need to be familiar with the field, with the FRESH Project and need to be able to do the prepared presentations in an informed way. Additional information from the research is provided in the appendices.

Create the climate for the workshop

The role of the facilitators is crucial not just in implementing skills to achieve objectives but in establishing the atmosphere and climate of the group on which active participation rests. A climate of safety and trust needs to be established if the group process is to achieve its goals. Given the high level of sensitivity concerning HIV and the focus on stigma, personal experiences and sharing in this workshop, establishing the climate and ground rules is of paramount importance. In the first instance this is the responsibility of the facilitators.

In the first session, facilitators will need to focus on establishing the ground rules, or “group norms” for the life of the group. This should be done in a participatory fashion with the participants and should cover the usual trust and interpersonal ground rules such as confidentiality and respect for participants’ views as well as the practical ground rules such as limiting the use of cell phones, committing to being present for all sessions and the like. A complete list of these is not offered here as they need to be generated through a participatory discussion and “owned” by the participants.

Facilitators while being in possession of good facilitation skills also need to ensure that they model the attitudes and behaviours relevant to participation that is expected from participants and that is associated with various exercises. To give a simple example: If punctuality is established as a group norm, then it is

vital that facilitators are back from a tea break promptly. In these small ways commitment and respect is modelled and communicated.

Facilitators also need to display appropriate sensitivity to the issues being discussed yet should not collude with any tendency to soften and avoid dealing with the difficult issues. All the standard facilitation skills of careful listening, encouraging participation, probing for more content, asking participants to amplify or elaborate and making linking statements to connect participants and their views with one another are key to the overall process. Appropriate use of self-disclosure by the facilitators can also be a useful contribution that has encouraging effects for the process.

Doing the presentations

Facilitators need to be familiar with the slides for each presentation and the additional material for these in the appendices as pointed out above.

It is important for the person doing the presentation to do so in the following way:

- Use your own words
- Stimulate interaction and discussion
- Allow for questions
- Be cautious and strict with time
- Know what's happening next so you can link current issues or questions with what will happen later
- Co-facilitators should supplement content with personal stories but these must be brief and relate to the point on the slide
 - Plan this carefully in advance

General points concerning facilitation follow below.

Facilitation skills for the stigma workshop

General skills

- General communication and small group facilitation skills apply
- KNOW your overall intervention aim and objectives
- Be familiar with all your methodologies
- Be prepared
- Have all your materials at hand
- Maintain a task orientated focus
- Communication skills
- All the micro-skills of communication apply
 - Attending skills
 - Listening skills

- Observation skills
- Speaking skills
- Responding skills
- Summarising
- Exploring skills
- Probing
- Scribing - Recording - documenting skills

Facilitation Principles and Tasks

(based on Nelson-Jones (1999))

- Opening the session
 - The method for starting must be tailored to goals of the group
 - Two key objectives:
 - Create a facilitative climate
 - Create a focused task orientated climate

Task list for beginnings - opening the workshop

- Greet participants as they arrive and direct them to the team members who will be helping individuals with informed consent and baseline questionnaires
- Call the session to order
- Self-introduction
- Welcome the participants
- Set time limits for the session and the life of the group
- State or reconfirm the goals
- Introductions and icebreakers
- Clarify roles: facilitators' and participants'
- Explain the process
- Communicate the agenda or program

Facilitating participation and interaction

- Opening statements are important and help set the tone which should be motivational
- Encourage participants to talk to the group as a whole and to each other
- Make linking statements between participants' contributions
- Invite participation from group members
- Give permission for discussing differences and fears
- Support and reinforce efforts to participate
- Actively foster facilitative group rules

Dealing with resistance

- Allow verbalisation of reservations
- Foster taking personal responsibility for reservations

- Encourage group process to redress reservations
- Engage in damage control if needed
- Deal with dominance through reference to the group norms of equal participation, respect for all contributions and the value of promoting participation

Don'ts

Be aware of and avoid

- Needing to be seen as the only source of wisdom, knowledge and expertise
- Need for all encompassing control of the group
- Need to be aware of everything
- Need to be liked by all, all of the time
- Need to maintain a professional façade
- Pressurising participants
- Overemphasising sub-issues, inter-participants relationships
- Needing to have an explanation or answer for everything
- Believing it is all work and no play
- Believing that you alone must get the balance right

Further facilitation suggestions are included within each of the workshop components.

3. Workshop Program: Day One - Getting to Know Stigma

During day one, participants will be introduced to the concept and dimensions of stigma, and the results of FRESH and other relevant studies, as a basis for developing a stigma-reduction tool for public health settings. They will get to know each other, which will assist them in this task.

We start with an overview of the workshop day 1 plan with timings at a glance. Each component is described thereafter.

Workshop Program - Day One	
Program Item	Time
Arrival and completion of informed consent and baseline questionnaires	9:00-9:30
1. Introductions and Program Overview	9:30 - 9:45
2. Understanding Stigma	
Presentation: What is HIV-related stigma?	9:45 - 10:15

Exercise: Understanding and Defining Stigma	10:15 - 11.00
BREAK	11:00 - 11:15
3. Intersecting Stigmas and the Outcomes of Stigma	
Presentation: Intersecting Stigmas	11.15 - 11:45
Exercise: Stigma Stories	11:45 - 12:15
Presentation: Outcomes Of Stigma	12.15 - 1.15
LUNCH - Over Lunch - HIV Knowledge Update (Live presentation by Dr. Anne Zinski)	1:15 - 2:00
4. Coping with and Changing Stigma	
Brief Presentation and Hand-outs on coping with stigma	2:00 - 2:15
Exercise: Why is Stigma Hard to Change	2:15 - 3:15
BREAK	3:15 - 3:30
5. Intervening in Stigma	
Presentation: Stigma-Reduction Strategies	3:30 - 3:45
Small Group Work: Come up with a tool/method to raise awareness and reduce stigma among public health and primary health workers in the state (target groups, format, content, etc.) and make plans to continue group work.	3:45 - 4:50
6. End - Day One - Day reflection and plans	4:50 - 5:00

Arrival and Completion of Baseline Questionnaires (9:00am - 9:30am)

Upon arrival, each participant will be asked to go through the informed consent process and afterwards complete a baseline questionnaire, and before the start of the activities on day one. Questionnaires will be self-administered using paper and pencil. We will not ask participants to provide their names or any personal identifying information in this study. Each participant will be assigned a study ID number to be used while participating in this study. Facilitators will be available to assist with this process. This process for all participants should not last more than 30 minutes.

3.1 Introduction and Program Overview

This step aims to:

- Call the session to order
- Welcome the participants
- Introduce participants to the program and its aims, to the facilitators and to each other.
- Clarify mutual expectations.
- Set time limits for the session and the life of the group
- Set time limits for the session and the life of the group
- State or reconfirm the goals
- Introductions and icebreakers
- Explain the process
- Communicate the agenda or program

Time: 15 minutes, 9:30 – 9:45

Responsible: Facilitators

Materials: Data-projector, PowerPoint (PP) presentation, flip charts and flip chart paper, markers

Activities:

- Welcome participants
- Use PP presentation to:
 - Give an overview of the aims and objectives
 - Outline the activities
- Conduct ice-breakers and facilitate participant introductions
- Identify expectations and concerns

1. Introduce yourself and the co-facilitators
2. Welcome the participants
3. Use the PowerPoint presentation to explain the history of the project, and the aims and objectives of the intervention phase and therefore of the workshop. Ask for questions.
4. Continue with the PowerPoint presentation to give an overview of the one and half days.

5. Invite participants to introduce themselves. Initially, do a go round giving basic personal information, names (name they would like to be called during the workshop), where they live and work and any relevant family information they choose to offer.
6. The facilitators will review expectations, clarify how they link with the aims, and address any that are inappropriate or unlikely to be met as well as addressing concerns if any.

Facilitation Note: It is important in this introduction session to set the tone for the whole workshop.

3.2. Understanding Stigma

This step aims to:

- Inform and facilitate a conceptual understanding of stigma
- Facilitate contact communication and interactions between and among PLHIV and public health workers
- Foster mutual understanding of experiences of stigma
- Generate personalised understandings of stigma processes within ourselves and others
- Generate consensual understanding of the nature of the outcomes of stigma at the personal, interpersonal, institutional levels as well as at the level of the public health HIV and AIDS response.
- Build trust among the participants
- Build motivation for action

Time:	30 minutes (including questions and discussion), 9.45 - 10.15
Responsible:	Facilitators
Materials:	data projector, PP presentation
Resource:	Appendix I.a- Understanding stigma Appendix I.b. - FRESH and other results
Activities:	<ul style="list-style-type: none">• Interactive PP presentation to introduce stigma• Exercise on understanding and defining stigma.• Feedback discussion

1. Do the PowerPoint presentation on “Understanding stigma”

In this presentation definitions of stigma and HIV-related stigma are introduced. The key concepts of settings and environment, agents, triggers, stigmatizing behaviours and outcomes are introduced. The different dimensions of stigma in terms of anticipated, internalized, experienced, or perceived community stigma are explained. The presentation serves to provide information to stimulate the discussion exercise that follows. This is a participatory presentation, which a few questions built in at strategic points, so that people can participate rather than just sit and listen.

The presentation will also review the key findings of the FRESH Study Team on stigma in healthcare settings and other literature on the effects of healthcare-setting stigma on PLHIV. This will lead directly into more personalized exercises focusing on participant experiences.

The examples in the presentation may stimulate a lot of discussion and can be used in the following exercise as well.

2. Do the Exercise about Understanding and Defining Stigma

The discussion serves to promote interaction between PH workers and PLHIV and is designed for them to actively engage with the concepts. At this early stage in the program, participants will not be required to engage in high level personal disclosures, but rather to engage collectively and at a safe distance with the ideas and concepts. Subsequent exercises move to more personalized engagement with stigma and HIV.

Time:	45 minutes, 10:15- 11:00
Responsible:	Facilitators lead discussion groups
Materials:	Notepaper for participants, flip charts, flip chart paper, markers
Activities:	“Roots and Leaves” <ul style="list-style-type: none">• Divide the group in two (mixed clients and Health Workers)• Have participants from the two groups present the tree back to the larger group

Participants in the two groups will:

- Be provided with a “tree trunk” with “roots and leaves.”
- Brainstorm on all the things that they think are roots or causes of stigma and write those on the “roots” provided.
- Brainstorm on all the things you can think of that are the outcomes or effects of stigma and write them on the “leaves.”
- Choose someone to present your tree back to the larger group.

The task is to:

- Share their understanding of what stigma is.

3.3 Intersecting Stigmas and the Outcomes of Stigma

This step aims to:

- Inform and facilitate a conceptual understanding of intersecting stigmas and what the outcomes of stigma are.
- Foster mutual understanding of experiences of intersecting stigmas.

- Generate personalised understandings of intersecting stigmas.
- Generate consensual understanding of the nature of the outcomes of stigma at the personal, interpersonal, institutional levels, as well as at the level of the public health HIV response.
- Build trust among the participants
- Build motivation for action

Time:	Presentation: Intersecting Stigma: 30 minutes, 11.15 – 11.45 Outcomes of Stigma: 30 minutes, 11:45 – 12:15 Exercise: 60 minutes, 12.15 – 1.15
Responsible:	Facilitators
Materials:	Data projector and research data slides
Resource:	Appendix II: Intersecting Stigmas and the Outcomes of Stigma (III)
Activities:	<ul style="list-style-type: none"> • Interactive PP presentation “Intersecting Stigmas and Outcomes of Stigma” • Exercise “Stigma Stories”

1. Do the interactive PowerPoint presentation “Intersecting Stigmas and Outcomes of Stigma”

The first part of this presentation will introduce the concept of intersecting stigmas. Intersecting stigmas that may affect PLHIV include stigmas around HIV, race/ethnicity, social-economic status, and sexual orientation, and gender. The second part of this presentation will give an overview of research and documented experiences on the impact/ outcomes of stigma in the HIV epidemic at the personal, social, health facility levels and in terms of the impact on public health goals such as prevention and access to treatment care and support.

This presentation will do ground thinking about stigma impacts in categories and contexts as well as specific localized experience. Facilitators should encourage general discussion and questions in the large group for about ten minutes. Facilitators should ensure that the discussion touches on thinking about the effects of stigma and the contexts in which effects occur.

2. Do the exercise “Stigma Stories - Experiences and Practices”

The discussions are aimed at:

- illuminating the outcomes of PLHIV and PH worker experiences of HIV-related and other types of stigma and discrimination
- encourage the participants (PLHIV and PH workers) to share the examples of the stigma and discrimination they have experienced
- explore experiences of being discriminated against and discriminating against others.

Time:	1 hour 10 minutes including report back 12.05 - 1.15
Responsible:	Participants
Materials:	Notepaper
Activities:	<ul style="list-style-type: none">• First and subsequent pairing.• Large group synthesis.

1. Ask the groups to divide into pairs of
2. Ask each one of them to tell each other one personal stigma story. This may be an anticipated, internalized, experienced, or perceived community stigma experience that they experienced or observed. It could be HIV-related stigma or another type of stigma or discrimination (experienced stigma).
3. Emphasize the sensitivity of the exercise and refer back to the norms of the group (confidentiality and trust).
4. Tell them they will have 15 to 20 minutes, and will then have to change partners.
5. After allowing the groups to discuss for about 20 minutes, ask the pairs to move to new partners, and start again. Encourage participants to focus on stories from a range of contexts, family, community, workplace and healthcare settings.
6. After about $\frac{3}{4}$ of an hour, call the group together, and ask for observations and learning. This exercise will generate a rich body of personalised experiential data to illustrate the definitional discussions and the input on outcomes of stigma.
 - synthesise participant observations and learning
 Participants should be encouraged to consider how we **all** engage in stigmatizing beliefs, attitudes and behaviours.

HIV Knowledge Update (HIV 101) Over Lunch

Time:	45 minutes including 1.15 – 2.00
Responsible:	UAB 1917 Clinic Representatives
Materials:	PowerPoint Presentation
Activities:	<ul style="list-style-type: none"> • Participants will receive an update on HIV while lunch is being served. • Informal session

3.4 Coping with and Changing Stigma

The key objectives for this session are to help participants to:

- Understand how stigma functions at a personal and social level
- Learn and share methods and strategies for coping with received stigma
- Distinguish between healthy and less healthy coping strategies.
- Begin to think about how stigma can be changed, why it is hard to change, etc.

Time:	Brief Presentation on Coping with Stigma 15 mins, 2.00 - 2.15pm
	Exercise, 1 hour, 2.15 - 3.15pm
Responsibility:	Facilitators
Materials:	Data projector and coping hand-outs
Resource:	Appendix IV Brief Overview on Coping with Stigma Appendix V Why is Stigma Hard to Change
Activities:	<ul style="list-style-type: none"> • Hand-outs on “Coping with Stigma” (Appendix IX) • Card-storming Exercise on “Why is Stigma Hard to Change” See Appendix VII - Cardstorming method

The hand-outs will introduce a focus on coping with/ mitigating the effects of stigma. These hand-outs will also explain and emphasize the functional (blaming) aspects of stigma as a social process and practice engaged in order to address fears concerning risk of infection. This will lead to the next exercise which will focus on why stigma is hard to change.

This serves to prepare for planning their own project, to prepare understandings of why interventions are difficult and why stigma in general is resistant to change. The exercise and discussion that follows further builds trust through sharing experiences, skills and through the recognition of commonalities.

1. Give a brief presentation on “Coping with stigma.”
2. Give the hand-outs on “Coping with stigma.”
3. Do a card storming exercise on why is stigma hard to change (see below)

Exercise: Why Is Stigma Hard To Change

This section introduces participants to thinking about change and factors associated with change in general respect of HIV-related stigma in order to:

- Develop awareness of the various factors promoting and restraining change in stigma
- Prepare for thinking critically about interventions to change stigma and discrimination
- Build motivation for action

Time: 1 hour 2.15 – 3.15
Responsibility: Participants
Materials: markers, large post-its, flipchart paper
Activities:
• Do the exercise: “Why is stigma hard to change?”

Exercise: “Why is stigma hard to change?”

This participatory exercise asks a focused question (“Why is stigma hard to change?”) for participants to consider.

The format for this will make use of card-storming. The technique is explained in detail in **Appendix VII**. A brief summary of the process follows.

1. Divide the participants into two or three smaller groups
2. Post the stimulus question – write it up
3. Ask participants to generate as many answers to the stimulus question as possible.
4. Answers are written on post-its, a single idea/answer per post-it.
5. The facilitators collect the post-its from the groups
6. Reconvene the big group
7. Post the cards up on large sheets of paper on the walls of the venue.
8. Organize the outputs (ideas on post-its) quickly with the groups help into key themes
9. Name the themes
10. Discuss in the large group.

This exercise helps lay the foundation for the work that follows later in the workshop program.

3.5 Small Group Work

Types of Intervention Strategies (3:30 – 3:45)

This step helps to:

- Prepare participants to think in practical and realistic ways about action and intervention options in stigma
- Learn about different strategies that have been used to reduce stigma around the globe.
- Practice evaluating real possibilities within the parameters of this project

Time:	15 minutes	3.30 - 3.45
Responsible:	Participants and facilitators	
Materials:	Powerpoint presentation (Appendix VI)	
Activity:	None (start small group work after presentation)	

Content:

1. Possible to intervene in stigma
2. Examples of different approaches
3. Different types of intervention strategies
4. Example interventions for reducing stigma in healthcare settings

Small Group Work

The aim of this step is to have each of the groups come up with a tool/method to raise awareness and reduce stigma among public health workers in the state and make plans to continue group work.

Time:	1 hour 05 mins	3.45 - 4.50
Responsible:	Participants and facilitators	
Materials:	Notepads, pens, blank big sheets of paper, markers, computers/ laptops with PowerPoint	
Activity:	<ul style="list-style-type: none">• Develop a tool to raise awareness and reduce stigma among public health workers in AL.	

Participants should be divided into 3 small groups, including both PH workers and community participants (PLHIV). Each group will also have a facilitator from the research team to facilitate discussion and work, and help with starting to create a poster that presents their idea. The participants may exchange email addresses and communicate about this among themselves before the next session, and they will be given more time to work on their idea during the next session.

Encourage each group to:

- Have a vision for the tool / what would they hope to achieve
- Describe the aims of the tool / what specific attitudes and behaviors they would we aim to change
- Groups will need to describe:
 - Who are the specific target groups
 - What would be the mode of delivery? (website, webinar, app, video, TV program, etc.)
 - What topics should be included?
 - Who/how should the information be presented? (lecture, role play, testimonials, drama, etc.)
 - How could we get PH workers to use/view the tool?
 - How could we evaluate the impact?
- Create an electronic poster (PowerPoint) that can be used to present their idea to the larger group, and to public health professionals.
 - We will provide a template for the poster and technical assistance

Prizes will be given for the best overall projects.

3.6 End of Day One (Day one reflections and Plans)

Time:	10 minutes, 4:50 – 5:00
Responsible:	Facilitators

1. Briefly summarize the learning, accomplishments, and steps completed during the day.
2. Outline what will be done on day two.
 - Day two involves more time for group work and the groups presenting their ideas for the web-based tool and discussing alternatives together as a large group.
 - Small groups may want to continue discussion and developing their ideas during the interim period, and can exchange e-mails to facilitate that communication.
3. Make the necessary “housekeeping” announcements.
 - CEUs for nurses and social workers
 - Reimbursements for Day 1
 - Date and time of the workshop continuation (Day 2)

4. Workshop Program: Day Two – Group ideas for a web-based tool to raise awareness and reduce HIV-related stigma among PH and PHC workers in our region

Workshop Program - Day Two	
Program Item	Time
Arrival and welcome to Day Two	9:00-9:15
1. Continuation of small group work	
Groups converge to finalize and prepare for presentations	9:15 – 10:30
BREAK	10:30 – 10:45
2. Group Presentations: 20 mins presentation per group (15 presentation and 5 mins for questions)	10:45 – 11:05 11:05 – 11:25 11:25 – 11:45
3. Large group discussion, feedback on group presentations, judging and prizes, and next steps for producing the tool and for FRESH	11:45 – 12:15
4. Reflections on the workshop experience and wrap up	12.15 - 12.30
5. Completion of post-workshop questionnaires	12:30-12:50
LUNCH and End of Workshop	12:50 – 1:30

Arrival and Welcome to Day Two (9:00 – 9:15am)

- Welcome back participants, the project team.
- Summary of Day 1
- Agenda and tasks for Day 2
 - Explain the second day process and describe the activities and time allocation to the participants.
 - Mention the prizes to be given in different categories

4.1 Break Out in Groups

This step aims for groups to:

- Complete and prepare to present project/ tools designed as a electronic poster

Time: 75 mins (9:15 – 10:30)

Responsible: Facilitators, participants

Materials: Laptop computers, PowerPoint templates, participant developed materials, examples of work if any.

Activity:

- Complete the project poster

4.2 Group Presentations

This step aims for groups to:

- Present their tools to the larger audience
- Discuss Project experience

Time: 1 hour (10:45 – 11:45). 20 mins per group

Responsible: Facilitators, participants, judges

Materials: Powerpoint posters, LCD projector, screen, and other participant developed materials

Activity:

- Present the projects/ Tools

1. Ask the team to give their presentation using PowerPoint as the presentation template.
2. Inform the groups that each group has no more than 20 minutes (15 minutes for presentation and 5 minutes for question and answers).
3. At the end of their presentation, facilitate discussion and questions for clarity.

4.3 Large Group Discussion

This step aims for groups to:

- Give and Receive feedback on group presentations
- Discuss next steps for producing the tool and for FRESH

Time: 30 mins (11:45 – 12:15).
Responsible: Facilitators, participants, judges
Materials: Prizes
Activity:

- Feedback on the group presentations
- Awarding of prizes
- Next steps

1. Lead discussion on participants' presentations of the tools designed. The discussion should cover:
 - General feeling about the group work and the presentations
 - The process of working together
 - Impressions of outcomes of working together on the project
 - Which ideas should we move forward with to reach the larger community of public health and primary health care workers in the state?
 - Next steps

4.4 Reflections on the workshop experience and wrap up

This step concludes the workshop. The conclusion step aims to:

- Offer participants an opportunity for closing comments
- Express appreciation for participation
- Leave participants feeling motivated

Time: 15 minutes 12:15 – 12:30
Responsible: Facilitators, participants
Activity:

- Go-round discussion

1. Express thanks and appreciation to the participants and present certificates.
2. Do a final go-round for closing comments from the participants
3. End on a high note and wish the participants success.

4.5 Completion of post-workshop questionnaires (12:30 – 12:50)

Time:	20 mins, 12:30 – 12:50
Responsible:	Facilitators and participants
Materials:	Measurement instruments (in appendix)
Activity:	<ul style="list-style-type: none">• Conduct the assessment

1. Remind and explain the purpose of your measurement to the participants.
2. Hand out instrument and issue the relevant instructions.
3. Collect instrument and thank participants.

Announcements and wrap-up:

- CEUs for nurses and social workers
- Reimbursements for participants for Day 2
- Plans for future workshops
- Plans to follow-up with participants about next steps

LUNCH and End of Workshop (12:50 – 1:30)