

Engaging Men in HIV and AIDS at the Service Delivery Level: A Manual for Service Providers



USAID
FROM THE AMERICAN PEOPLE



EngenderHealth
for a better life

the **ACQUIRE** project



PROMUNDO

The ACQUIRE Project
c/o EngenderHealth
440 Ninth Avenue
New York, NY 10001 U.S.A.
Telephone: 212-561-8000
Fax: 212-561-8067
e-mail: info@acquireproject.org
www.acquireproject.org

Promundo
Rua México, 31/1502
Rio De Janeiro - RJ
Zip Code: 20031-144
Brazil
Phone/Fax: +55 (21) 2544-3114
e-mail: promundo@promundo.org.br
www.promundo.org.br

This publication is made possible by the generous support of the American people through the Office of Population and Reproductive Health, U.S. Agency for International Development (USAID), under the terms of cooperative agreement GPO-A-00-03-00006-00. The contents are the responsibility of the ACQUIRE Project and do not necessarily reflect the views of USAID or the United States Government.

Design and typesetting: LimeBlue
Cover design: LimeBlue
ISBN 978-1-885063-79-3

Acknowledgements

A number of individuals contributed to the creation of this manual. EngenderHealth staff members Andrew Levack and Manisha Mehta wrote the manual. Many sections and activities were taken or adapted from the Men As Partners: A Program for Supplementing the Training of Life Skill Educators, 2nd Edition curriculum and the Men's Reproductive Health Curricula produced by EngenderHealth.

We would like to acknowledge Dulcy Israel, who edited the manual, and LimeBlue in South Africa for designing the manual. We are also grateful to EngenderHealth staff members, Theresa Castillo, Kimberly Cole, and Gabrielle Hecker for their assistance in editing and reviewing the manual.

We also appreciate the assistance of Laura Skolnik and Sara Wilhemsen who provided feedback on the manual. Finally, we would like to thank all the participants who attended the service delivery workshops in Namibia and Ethiopia, where we pretested this manual.

The U.S. President's Emergency Plan for AIDS Relief through the interagency Gender Technical Working Group's Male Norms Initiative led to the development of this package.

For more information, contact:

Manisha Mehta

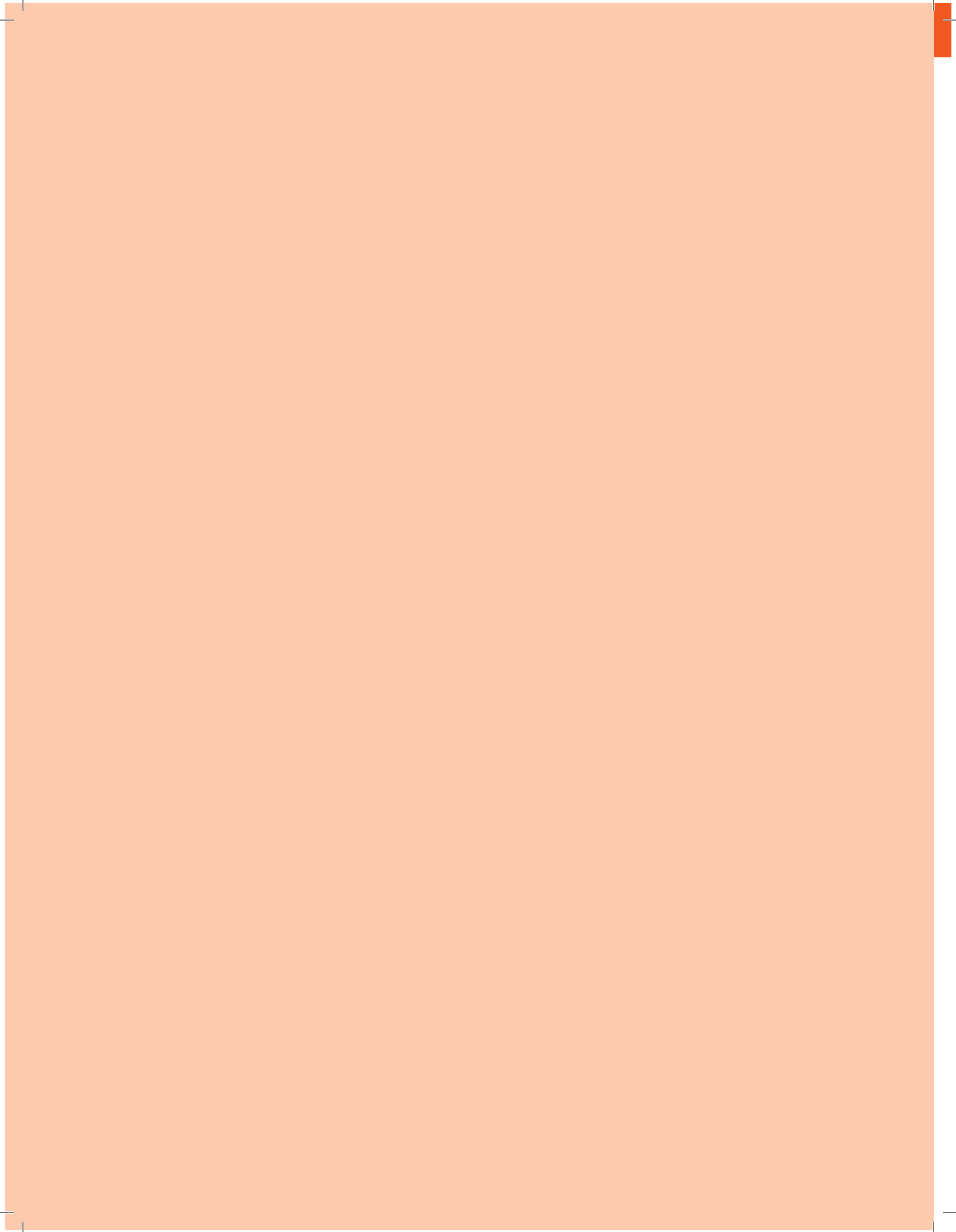
Team Leader, Gender Initiative
EngenderHealth/ACQUIRE Project
440 Ninth Avenue
New York, NY, 10001 U.S.A.
+ 1 (212) 561-8394
Email: mmehta@engenderhealth.org

Christine Ricardo

Coordinator, Gender and Health Program
Promundo
Rua México, 31/1502
Rio De Janeiro – RJ, Brazil, 20031-144
+55 (21) 2544-3114
Email: c.ricardo@promundo.org.br

Table of Contents

I. Introduction	9
II. About the Manual	15
III. Sample Agendas	19
1. Introduction/Sex and Gender	23
1.1 Get That Autograph	23
1.2 Knowledge and Opinions Survey	25
1.3 Values Clarification on Men's Utilization of HIV Services and Gender	27
1.4 What Do We Know about Men's Use of HIV Services?	30
1.5 Sex and Gender	31
1.6 Act Like a Man, Act Like a Woman	35
1.7 A Framework for Working with Male Clients	39
1.8 Addressing Staff Concerns about Working with Male Clients	45
2. Utilization of HIV Services	51
2.1 Getting Tested for HIV	51
2.2 HIV Stigma Problem Tree	55
2.3 Preventing Parent-to-Child Transmission (PPTCT): How It Works	57
2.4 Men's Role in PPTCT	59
2.5 Promoting Men's Utilization of HIV-Related Services	61
3. Counseling Men and Couples on HIV and AIDS	71
3.1 Characteristics of Effective HIV Service Providers for Men	71
3.2 Addressing Provider Comfort with Counseling Men—Confidential Surveys	73
3.3 Issues to Consider When Counseling Couples	75
3.4 Introduction to REFDI Counseling Approach	81
3.5 Putting It All Together—Communication with Clients	87
3.6 Role-Plays for Frontline Staff	91
4. Action Planning	97
4.1 Cost Considerations	97
4.2 Creating a Male-Friendly Environment: Clinic Walk-Through	101
4.3 Visualizing the Success of Men's Reproductive Health Services	105
4.4 Action Planning	107
4.5 Closing: Reflection	111
Appendix 1	113
Appendix 2	117



Introduction

Why focus on boys and men?

For many years, we have made assumptions about boys and men when it comes to their health—that they are doing well and have fewer needs than women and girls. In addition, we have assumed that they are difficult to work with, are aggressive, and are unconcerned with their health. We have often seen them as the perpetrators of violence—violence against women, against other men, and against themselves—without stopping to understand how our socialization of boys and men encourages this violence. However, new research and perspectives are calling for a more careful understanding of how men and boys are socialized, what they need in terms of healthy development, and how health educators and others can assist them in more appropriate ways.

Furthermore, in the past 20 years, as numerous initiatives have sought to empower women and redress gender inequities, many women's rights advocates have learned that improving the health and well-being of adult and young women also requires engaging men and boys. The 1994 International Conference on Population and Development (ICPD) and the 1995 Fourth World Conference on Women in Beijing provided a foundation for including men and boys in efforts to improve the status of women and girls. The ICPD Program of Action, for example, seeks to “promote gender equality in all spheres of life, including family and community life, and to encourage and enable men to take responsibility for their sexual and reproductive behavior and their social and family roles.”

There has also been increased recognition, in the past few years, of how dearly men and boys pay for rigid constructions of masculinity—including higher rates of death for men than for women from traffic accidents, suicide, and violence, as well as higher rates of alcohol and substance use. These problems confirm that rigid social norms simultaneously make men and women more vulnerable. In this context, addressing the health and development vulnerabilities of men and women requires applying a gender perspective to programming.^{1, 2}

But, what does it mean to apply a “gender perspective” to working with men? Gender—as opposed to sex—refers to the ways that we are socialized to behave and dress as men and women; it is the way these stereotyped roles are taught, reinforced, and internalized. We sometimes assume that the way that men and boys behave is “natural,” that “boys will be boys.” However, many of men's behaviors—whether it's negotiating with partners about abstinence or condom use, caring for the children they father, or using violence against a partner—are rooted in the way they are raised. In many settings, men and boys may learn that being a “real man” means being strong and aggressive and having multiple sexual partners. They may also be conditioned not to express their emotions and to use violence to resolve conflicts in order to maintain their “honor.” Changing how we raise and view men and boys is not easy, but it is a necessary part of promoting healthier and more equitable communities.

¹ World Health Organization. 2000. What about boys?: A literature review on the health and development of adolescent boys. Geneva, Switzerland.

² World Health Organization. 2002. World report on violence and health. Geneva, Switzerland.

Thus, applying a gender perspective to working with boys and men implies two major goals:

- (1) **Gender Equity:** Engaging men to discuss and reflect about gender inequities, to think about the ways that women have often been at a disadvantage and have often been expected to take sole responsibility for child care, sexual and reproductive health matters, and domestic tasks. Gender equity means fairness and justice in the distribution of benefits and responsibilities between women and men³—that is, it is the process of being fair to men and women. Working with men to be more gender equitable helps achieve gender equality, which means men and women sharing equal status and opportunity to realize their human rights and contribute to, and benefit from, all spheres of society (economic, political, social, cultural). In this way, gender equity leads to gender equality. For example, an affirmative action policy that promotes increased support to female-owned businesses can be considered gender equitable because it leads to ensuring equal rights between men and women.
- (2) **Gender Specificity:** Looking at the specific needs that men have in terms of their health and development because of the way they are socialized. This means, for example, engaging men in discussions about substance use or risky behavior and helping them understand why they may feel pressured to behave in those ways.

This manual attempts to incorporate these two perspectives.⁴

Men and HIV and AIDS

Worldwide, the behavior of many adult and adolescent men puts them and their partners at risk for HIV. On average, men have more sexual partners than women. HIV is more easily transmitted sexually from man to woman than from woman to man. An HIV-infected man is likely to infect more persons than an HIV-infected woman. Engaging men more extensively in HIV prevention has a tremendous potential to reduce women's risk for HIV.

In many other parts of the world, it is young and adult men who largely control when and under what circumstances sex will take place and whether a contraceptive method will be used. For many men worldwide, sexual experience is frequently associated with initiation into manhood.⁵ Men may experience peer pressure to be sexually active and have multiple partners in order to prove that they are manly, which increases their risk of exposure to HIV. Recent data indicate that new HIV infections in high-prevalence countries often occur as a result of concurrent or overlapping sexual partnerships.⁶ Research has shown that in both urban and rural areas, young men who choose to abstain may suffer ridicule from their peers.^{7, 8} Accordingly, low levels of consistent condom use among sexually active men are associated with a variety of factors, including low self-risk perception, lack of, or limited access to, condoms, and the belief that unprotected sex is more pleasurable and that pregnancy is proof of masculinity and fertility.

³ World Health Organization. 2001. Transforming health systems: gender and rights in reproductive health. Geneva, Switzerland.

⁴ In this manual, for the sake of brevity, when referring to work with men, we are including all work with boys, young men, and adult men.

⁵ Wight, D., et al. 2005. Contradictory sexual norms and expectations for young people in rural Northern Tanzania. *Social Science & Medicine* 62: 987-997.

⁶ Hayes, R. and H. Weiss. 2006. Understanding HIV epidemic trends in Africa. *Science* Feb3:311(5761):620-17.

⁷ Ijumba, A., et al. 2006. Developing community-based behavior change communications (BCC) interventions for youth: a participatory assessment in Iringa region, Tanzania. Arlington, VA: Family Health International.

⁸ Wight, D., et al. 2005. Contradictory sexual norms and expectations for young people in rural Northern Tanzania. *Social Science & Medicine* 62:987-97.

It is also important to address men's use of violence and coercion in sexual relationships and its association with gender norms and risk behaviors. Research has shown that some men may consider the use of violence against women to be an extension of male authority in the private realm and an acceptable means of control or discipline, particularly in married and long-term relationships.^{9, 10} Moreover, research has shown that many men may hold narrow views of what can be defined as "forced sex".¹¹ That is, they may believe that only coerced intercourse would be categorized as forced sex, and that it is acceptable to use physical violence or gifts to "persuade" partners to have sex. All forms of violence and coercion, however, reinforce unequal power dynamics in relationships and limit the likelihood that a couple will negotiate preventive behaviors, such as abstinence or condom use.

In many settings, only a small number of men participate in HIV services (voluntary, counseling and testing, anti-retroviral treatment or preventing parent to child transmission). This is due to a variety of reasons, including limited access to health services and the common perceptions among men that clinics are "female" spaces and that "real men" do not get sick or do not participate in health care. Gender norms also place a disproportionate burden of HIV and AIDS-related care on women. Men generally do not participate as fully as women do in caring for children or for family members with AIDS. A review of studies worldwide concludes that fathers contribute about one-third as much time as mothers in direct child care.¹² Studies from the Dominican Republic and Mexico find that married women with HIV often return to their parents' home because they are unlikely to receive adequate care from their husbands.¹³

Men and Reproductive Health

In the socialization of men, reproduction is not considered as important as sexuality. A good example is the importance attached to menarche, the initiation of menstruation, versus semenarche—the first male ejaculation. Generally speaking, there is a lack of communication between mothers and daughters about the transformation of girls' bodies and their fertility. The silence, however, is often even greater between fathers and their sons on the subject of semenarche. A few studies have shown that boys react to the semenarche experience with surprise, confusion, curiosity, and pleasure. Some boys are unaware of what seminal liquid is and think it is urine. It is important, therefore, that boys receive guidance during puberty, so that they can feel more secure in dealing with body changes, and understand their bodies as being reproductive. Even after semenarche, most young and adult men deal with their sexuality as if fertility did not exist. In many settings, contraception is considered to be a "woman's concern," and although condoms are often the best choice for male contraceptives, serving both to protect against STIs and as contraception, many men feel insecure using a condom, fearing they will lose their erection. With increasing awareness of HIV and AIDS, male condom use among men has increased in many settings, but continues to be inconsistent. The female condom, another option for HIV prevention and pregnancy prevention, has also been introduced to a limited extent in many settings and has been tested and adopted in various countries.

⁹ Heidi, L., et al. 2004. Exploring the association between HIV and violence: young people's experiences with infidelity, violence and forced sex in Dar es Salaam, Tanzania. *International Family Planning Perspectives* 30(4):200–206.

¹⁰ Barker, G. and Ricardo, C. 2005. Young men and the construction of masculinity in Sub-Saharan Africa: implications for HIV/AIDS, conflict and violence. Washington, DC: World Bank.

¹¹ Heidi, L., et al. 2004. Exploring the association between HIV and violence: young people's experiences with infidelity, violence, and forced sex in Dar es Salaam, Tanzania. *International Family Planning Perspectives* 30(4):200–206.

¹² Bruce, J., et al. 1995. *Families in focus: new perspectives on mothers, fathers and children*. New York: Population Council.

¹³ Rivers, K. & Aggleton, P. 1998. *Men and the HIV epidemic, gender and the HIV epidemic*. New York: UNDP HIV and Development Program.

Increasingly, health educators are focusing on dual protection, that is, emphasizing that condoms are suitable for avoiding unintended pregnancy and for preventing STIs. Furthermore, most sex education programs have also seen the importance of promoting condom use within sexual games, as part of foreplay, and generally presenting condoms as an erotic and seductive stimulus in the sexual relationship. While the frank discussion of condom use has been hindered in some countries, increased condom use has been key in countries that have been able to reduce rates of HIV transmission. Promoting increased use of contraception by men is essential, but not enough. To become more involved in contraceptive use, men should also be sensitized to their role as procreative or reproductive individuals, who, along with the partner, should decide if, when, and how to have children.

Moving Into Action

This manual highlights the importance of linking educational activities to action. It introduces the Ecological Model.¹⁴ This tool, often used during action planning in workshops, allows the participants to take the knowledge and skills gained in the workshop and put them into action for social change. At the end of every activity, participants can make a record of their suggestions for addressing the issues they have raised.

The Ecological Model

Introduction to the Ecological Model

The Ecological Model provides a conceptual framework for a more comprehensive approach to working with men. The model emphasizes that to change individual behavior, programs need to not only work with individuals, but to also address the systems and groups—peers, families, communities, media, policies—that influence individuals. This model encourages men and mixed-gender groups to think about the:

- Changes that are needed across all sectors of society
- Range of different strategies across different levels of action that will be required to bring about these changes
- Roles of different social actors during such changes

The Ecological Model underlines the different levels of action that are required to make changes in sexual and reproductive health, gender equality, and violence.

The Levels of the Ecological Model¹⁵

1. Strengthening Individual Knowledge and Skills

Helping men to understand how gender and social norms can put them, their partners, and families at risk and how to promote alternate, healthier behaviors

2. Creating Supportive Peer and Family Structures

Educating peers and family members about health risks and ways they can support individuals to take actions that promote health and safety

¹⁴ Adapted from the work of the Prevention Institute, Oakland, CA, USA focusing on violence prevention, including intimate partner violence.

¹⁵ These have been adapted for work related to engaging men in sexual and reproductive health, HIV prevention, care and support, and violence prevention.

3. Educating Health Service Providers

Educating providers about male engagement so they can transmit skills and knowledge to others. Teaching providers to encourage and support men to seek healthcare and support their partners' access to health information and services

4. Mobilizing Community Members

Educating community members and groups about health risks and ways they can support individuals to take actions that promote health and safety. Mobilizing groups and individuals to develop coherent strategies for promoting constructive male involvement

5. Changing Organizational Practices

Adopting policies, procedures, and organizational practices that support efforts to increase men's involvement

6. Influencing Policy Legislation at the Societal Level

Developing strategies to change laws and policies to influence outcomes

Working across levels

When using the Ecological Model, it is important to pay attention to the links between the different levels. In other words, no level should be seen as independent of another. In this way, it becomes clear that policy work affects, and is affected by, community education. This, in turn, affects and impacts the ways individuals in a given community regard a particular issue.

Information to be recorded

For each level, the model can help participants to identify:

- WHAT actions to take
- WHO should take this action
- HOW the success of this action should be assessed. This final column is used to keep a record of group suggestions for indicators of success. These indicators answer the question: How will we know if actions are successful?

If you want to use the Ecological Model in action planning, create the following flipchart (see **example** below) or create a handout of the Model and pass it out to participants. Remember that you will probably need more than one sheet or handout during a workshop. If a particular training activity helps participants think about ways that they can engage men more in the work they do, ask them to use the Ecological Model to jot down those ideas. They can write them down in the chart according to the different levels of the Ecological Model. This will be useful for them as they develop their action plans after the training.

Example: The Ecological Model

	WHAT Action	WHO Person or organization
1. Strengthening Individual Knowledge and Skills		
2. Creating Supportive Peer and Family Structures		

3. Educating Health Service Providers		
4. Mobilizing Community Members		
5. Changing Organizational Practices		
6. Influencing Policy Legislation at the Societal Level		

Guiding Principles

EngenderHealth is an international reproductive health organization based in New York City. Through its Men As Partners (MAP) Program, it has integrated male involvement approaches and engaged men since 1996. Its groundbreaking program works with men to play constructive roles in promoting gender equity and health in their families and communities. EngenderHealth works with individuals, communities, health care providers, and national health systems to enhance men's awareness and support for their partners' reproductive health choices; increase men's access to comprehensive reproductive health services; and mobilize men to actively take a stand for gender equity and against gender-based violence. To date, EngenderHealth has developed Men As Partners programs in over 15 countries in Africa, Asia, and Latin America, and in the United States.

Promundo is a Brazilian non-governmental organization based in Rio de Janeiro. Since 2000, Promundo has led a global network of NGO and UN partners in developing, testing, implementing, and evaluating a set of interventions to promote gender equality—first focusing on young men (Program H – H for *hombres* and *homens*, the words for men in Spanish and Portuguese) and subsequently, incorporating work with young women (Program M - M for *mujeres* and *mulheres*, the words for women in Spanish and Portuguese). The Program H initiative, which consists of group educational activities to engage young men and adult men in gender equality, community campaigns, staff training, and an impact evaluation model, is now being implemented in more than 20 countries in Latin America, Asia, and sub-Saharan Africa.

Promundo and EngenderHealth's work with men recognizes that current gender roles often give men the ability to influence or determine reproductive health choices made by women. Current gender roles also compromise men's health by encouraging them to equate a range of risky behaviors with being "manly," while encouraging them to view health-seeking behavior as a sign of weakness.

However, we take a positive approach in working with men because we believe that men have a personal investment in challenging the current order, and can be allies in the improvement of their own health, and the health of the women and children who are so often placed at risk by these gender roles. We recognize that men, even those who are sometimes violent or do not show respect toward their partners, have the potential to be respectful and caring partners, to negotiate in their relationships with dialogue and respect, to share responsibilities for reproductive health, HIV prevention and care, and to interact and live in peace and coexistence instead of with violence.

About the Manual

Who is this manual for?

This is a training manual for service providers working with men. The sessions in the manual teach participants to challenge the bias against engaging men in reproductive health and HIV services at the facility level. The sessions also identify ways to improve the quality of services for male clients and explore ways to market services to men.

The activities are intended for use with all service providers, although some adjustments might be required, depending on the country and community context.

How was this manual developed?

The manual is a compilation of many of the activities that EngenderHealth has used in trainings all over the world and has been specifically adapted for work in HIV settings.

Upon completion of this training course, the participants should be able to:

- Identify the impact of gender and gender roles on HIV transmission and use of HIV services
- Address provider and health care facility bias against engaging men at the facility level
- Address common questions and concerns about men's health related to PPTCT, HIV testing, and treatment
- Describe a framework for working with male clients
- Identify specific ways to integrate men into PPTCT, HIV testing, and treatment services
- Identify the characteristics of an effective men's service provider
- Demonstrate sound and effective skills in counseling men and couples
- Identify new ways of reaching male clients that can be implemented at the participants' facilities

What is included in this manual?

The training is broken down into four main sections:

Section 1 Introduction/Sex and Gender focuses on introductions and defines the difference between sex and gender. It also looks at how gender affects men's utilization of HIV services, and examines strategies for working with male clients.

Section 2 Utilization of HIV Services focuses on understanding the barriers that keep men from getting tested for HIV, stigma associated with HIV, and the role men can play in the prevention of parent-to-child transmission of HIV (PPTCT).

Section 3 Counseling Men and Couples on HIV and AIDS helps health care providers build the skill set they need to work effectively with "men and couples". This includes reviewing the Rapport, Exploration, Facts, Decision-Making, and Implementation (REFDI) technique for counseling men and couples. The section also addresses the important role of frontline staff in providing HIV services for men.

Section 4 Action Planning is devoted to the practical application of ideas from the first three sections. This includes making clinics more male-friendly, identifying ways to implement more male engagement activities, brainstorming new programming for men, and consolidating these ideas into a comprehensive action plan.

What information is included for each activity?

The manual presents information for each activity in a standardized format. Each activity may include some or all of the following information:

- Objectives of the activity
- Time required for the activity
- Materials needed for the activity
- Advance preparation
- Facilitator's Notes
- Steps for implementing the activity
- Notes on the process of the activity
- Handouts that may be given out during the activity
- Trainer's Resource sheets
- Examples
- Essential Points to Convey
- Training Options

Each element is discussed in greater detail below.

Objectives

This describes what participants should learn as a result of doing the activity. It is a good idea to begin each activity by telling participants about its learning objectives. This helps participants to understand why they are doing the activity and what they can hope to get out of it. Unless otherwise specified in the directions, sharing the learning objectives with participants also helps in reviewing the activities at the end of each day. This review helps you to determine if the workshop is making progress in terms of what participants are learning.

Time

This is how long the activity should take, based on past experience, though duration of the activity may vary depending on the number of participants and other factors. The activities in the manual are designed for 30-minute to two-hour sessions; in some cases a range is provided. It is most important to work at the pace of the participants, though in general, sessions should not be longer than two hours. It is also important to remember that any agenda for a workshop is usually a full one. Taking too long with one activity may mean you do not have time for other activities. Try to stick to the time suggested.

Materials

These are the materials you will need for each activity. You should prepare these materials before the workshop begins. For the most part, these include basic items, such as flipchart

paper and markers. When the materials cannot be easily accessed, feel free to improvise. For example, flipchart and markers can be substituted with chalkboard and chalk.

Advance preparation

These are the preparations that need to be made before the activity is implemented.

Facilitator's Notes

These notes will help you facilitate the activity. They point out important aspects of the process of the activity, as well as background information and tips to help you prepare. Make sure you have read these notes before you begin.

Steps

These are the steps you should take to perform the activity well. The instructions are numbered and should be followed in order. For the most part, the activities can be easily adapted to groups with different reading and writing levels, but be attentive to whether the steps are feasible and appropriate for the participants. For example, if some of your audience members are illiterate and the procedure calls for the reading of a text by participants, you can read the text aloud instead.

The steps may include suggested questions to help guide the discussion on the activity topic. Feel free to add to them or to rephrase them to fit the local context. It is not necessary for the group to discuss all of the suggested questions or that you adhere strictly to the order in which they are listed. Rather, focus on encouraging as many participants as possible to express their opinions. It is important to be patient, since some participants may be shy in the beginning or may not feel comfortable discussing these topics with each other. Never force anybody to speak.

Handouts

Some activities include handouts, which are distributed to the participants to read and take with them. If possible, make enough copies for all participants. Another option is to write the information on the sheets on a flipchart for the participants to refer to during the activity.

Trainer's Resource Sheets

This is additional information for the facilitator to review when preparing an activity. Not all activities have resource sheets.

Examples

Some activities include examples of a diagram or chart used in the activity. Use the example as a guide on how to draw a chart or diagram.

Essential Points to Convey

Some activities include a section titled essential points to convey. These are points that should be stressed during the activity.

Training Options

Some activities include training options which provide suggestions of different ways to facilitate the activity.



Sample Agendas

Day One—Introduction/Sex and Gender

8:00–8:30	Course Introduction and Review of Agenda
8:30–8:45	Get That Autograph
8:45–9:15	Individual Introductions and Expectations
9:15–9:45	Pretest: Knowledge and Opinions Survey
9:45–10:30	Values Clarification on Men's Utilization of HIV Services and Gender
10:30–11:00	Break
11:00–11:30	What Do We Know about Men's Use of HIV Services?
11:30–12:00	Sex and Gender
12:00–1:00	LUNCH
1:00–1:45	Act Like a Man, Act Like a Woman
1:45–2:45	A Framework for Working with Male Clients
2:45–3:15	Break
3:15–4:00	Addressing Staff Concerns about Working with Male Clients
4:00–4:15	Wrap-Up

Day Two—Men's Utilization of HIV Services

8:00–8:30	Review of Day One
8:30–9:30	Getting Tested for HIV
9:30–10:30	HIV Stigma Problem Tree
10:30–11:00	Break
11:00–12:00	Preventing PPTCT: How it Works
12:00–1:00	LUNCH
1:00–2:30	Men's Role in PPTCT
2:30–3:00	Break
3:00–3:45	Promoting Men's Utilization of HIV-Related Services
3:45–4:00	Wrap-Up

Day Three—Counseling Men and Couples on HIV and AIDS

8:00–8:30	Review of Day Two
8:30–9:30	Characteristics of Effective HIV Service Providers for Men
9:30–10:00	Addressing Provider Comfort with Counseling Men: Confidential Surveys
10:00–10:30	Break
10:30–11:30	Issues to Consider When Counseling Couples
11:30–12:00	Introduction to REFDI Counseling Approach
12:00–1:00	LUNCH
1:00–3:00	Putting It All Together - Communication with Clients
3:00–3:15	Break
3:15–3:45	Role-Plays for Frontline Staff
3:45–4:00	Wrap-Up

Day Four—Action Planning

8:00–8:15	Review of Day Three
8:15–9:00	Cost Considerations
9:00–9:30	Creating a Male-Friendly Environment: Clinic Walk Through
9:30–10:30	Visualizing the Success of Men's Reproductive Health Services
10:30–11:00	Break
11:00–12:30	Action Planning
12:30–1:30	LUNCH
1:30–2:45	Discussion of Action Plans
2:45–3:00	Break
3:00–3:30	Posttest: Knowledge and Opinions Survey
3:30–4:00	Closing: Reflection

1. Introduction/Sex and Gender

1.1 Get That Autograph

Objectives

1. To allow participants to introduce themselves and get to know each other

Time

15 minutes

Materials

- Enough copies of Handout 1: Get That Autograph for all participants

Advance Preparation

- Review Handout 1: Get That Autograph. You may use it as is, or adapt it to the participants' needs and interests.

Steps

1. Distribute the handout to the participants.
2. Ask the participants to walk around the room, introduce themselves to each other, and sign their names under a category that applies to them on the other participants' handouts. Explain that each person should sign his or her name under only one category per handout, but the category under which he or she signs can change from one participant's handout to another. The goal is for participants to have a different signature under every category on their handouts. Allow 10 minutes for completion.
3. After the participants have taken their seats, ask them to state their name, where they work, what they do there, and to identify one of the statements that they signed their name next to.

Handout 1: Get That Autograph

Find a person who fits each of the categories below, and ask that person to sign his or her name in the space provided. Continue until all of the categories have been signed. Note: Each person can sign his or her name under only one category.

Find a person who...

1. Was born in the same month as you _____
2. Has only male children _____
3. Has tested for HIV _____
4. Has worked in reproductive health for more than five years _____
5. Has attended a training workshop (as a participant) in the last three months _____
6. Has taught at a university or college _____
7. Has traveled outside of the country _____
8. Has lost a friend or family member due to AIDS _____
9. Is excited about this training _____
10. Thinks they can help make clinic services more male-friendly _____

1.2 Knowledge and Opinions Survey

Objectives

1. To conduct a survey of the participants knowledge and opinions at the beginning and the end of the workshop

Time

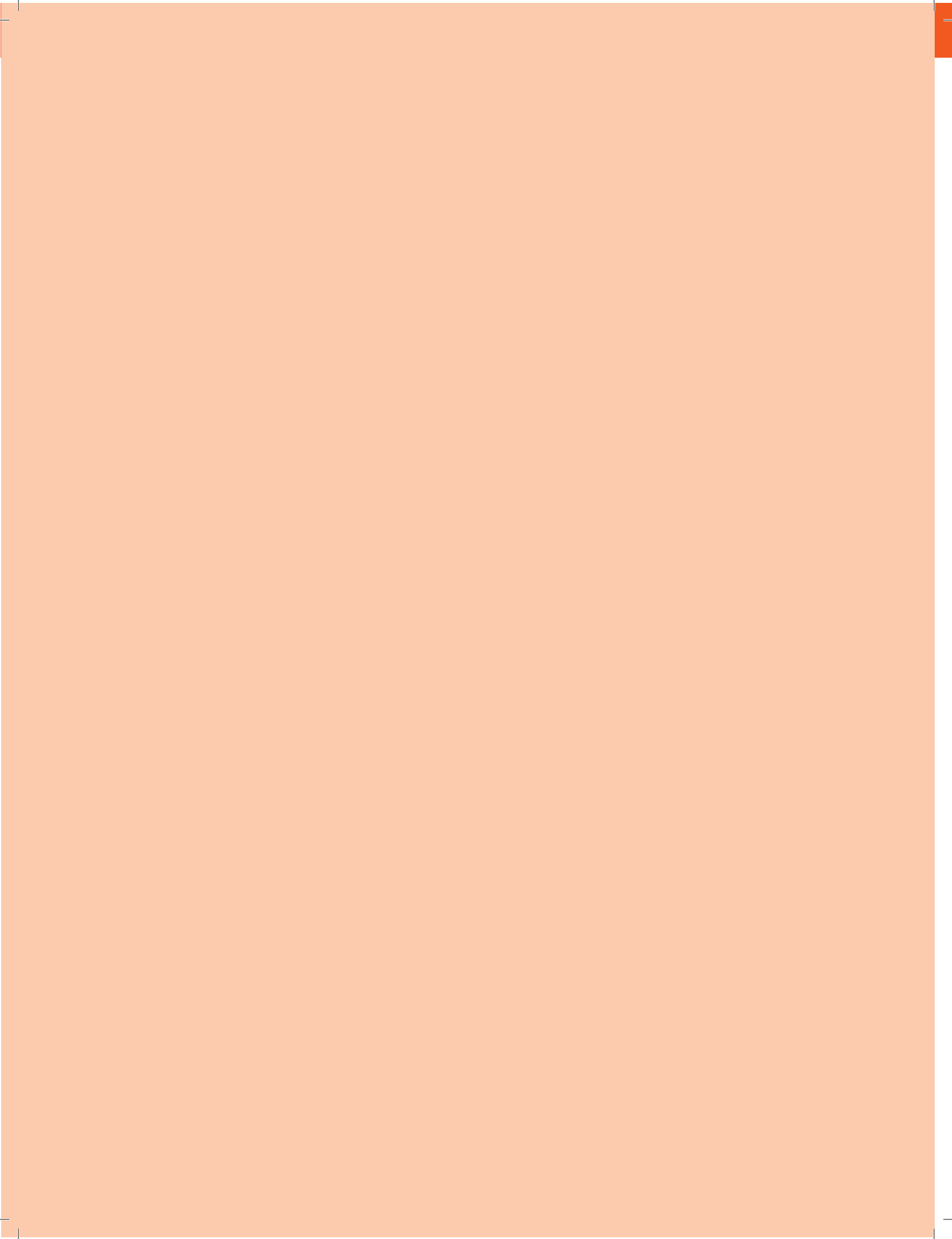
30 minutes

Materials

- Make enough copies of the Knowledge and Opinions Survey (See Appendix 1) to distribute to all participants
- Answer sheet (Appendix 2) to the Knowledge and Opinions Survey

Steps

1. Explain to the participants that this workshop will be measuring changes in knowledge and attitudes. In order to do so, the trainer(s) will conduct a survey of the participants at the beginning and the end of the workshop.
2. Distribute the Knowledge and Opinions Survey to the participants, and instruct them to fill it out to the best of their abilities. Explain to the participants that the survey is not a test, and assure them that all answers and information will be anonymous and confidential. Allow 30 minutes for completion.
3. Collect the questionnaires, and inform the participants that the material on the survey will be covered in this training workshop. Inform them that the survey will be administered again at the end of the workshop to determine whether the group's knowledge or opinions changed in any way over the course of the workshop.
4. During a break or at the end of the day, grade the surveys using an answer key (See Appendix 2).



1.3 Values Clarification on Men's Utilization of HIV Services and Gender

Objectives

1. To understand participants' attitudes and values about a range of potentially sensitive issues in reproductive health, including PPTCT, gender, and sexuality
2. To develop understanding of and respect for the diversity of opinions within the group and between provider and client
3. To recognize and become aware of our own values and attitudes regarding sensitive topics in order to remain neutral with clients

Time

45 minutes

Materials

- Flipchart paper
- Tape

Advance Preparation

- Prepare two pieces of flipchart paper by writing "Agree" on one of them and "Disagree" on the other. Post the "Agree" and "Disagree" signs on opposite sides of the room.
- Select a list of value statements—see below—or create new ones depending on the needs and particular interests of your training group. Arrange the training room so that there is adequate open space for participants to assemble in the middle or at opposite sides of the room.

Value Statements

- It is easier to be a man than a woman.
- Men need sex more than women do.
- A woman who has sex before she marries does not deserve respect.
- A man's use of violence against his wife is a private matter that shouldn't be discussed outside the couple.
- Men are not interested in accessing HIV services.
- Preventing parent-to-child transmission of HIV is the mother's responsibility.
- It is okay for an HIV-positive person to have protected sex without disclosing his or her status to a sexual partner.

Facilitator's Notes

- During this exercise, it is important to emphasize that there are no “right” or “wrong” answers. We all respond to the statements based on our own beliefs and values and the purpose of this activity is to help explore these differences where they exist.
- It is important for the trainer to remain neutral throughout the exercise and to maintain a balance between the different viewpoints expressed.
- To explore a range of issues, you may need to limit discussion of each statement to comments from one or two participants representing each position.
- Do not clarify the meaning of the statements, as this may influence the results. Simply read the statement again if participants ask for clarification.
- If everyone moves to one side of the room (e.g., everyone “agrees” with the statement), you can ask the group how a person with the opposite opinion might defend their position. Alternatively, trainers can step into that spot and speak out on that position, explaining that they are just stating the rationale for that position in a direct and straightforward manner.

Steps

1. Explain that this exercise will help us understand viewpoints that are different from our own, and how differing viewpoints might impact our effectiveness in working with clients.
2. Ask the participants to stand in the center of the room. Direct their attention to the “Agree” and “Disagree” signs.
3. Explain that you will be reading a series of value statements. After you read a statement aloud, the participants will decide whether they agree or disagree with the statement, or if they are unsure of their position. Those who agree with the statement will stand under the “Agree” sign. Those who disagree with the statement will stand under the “Disagree” sign. Those who are unsure will stand in the middle of the room. Let participants know that if they hear something that causes them to change their minds during the course of the activity, they may move from one area to another.
4. Read the first statement. Repeat it to ensure all participants hear it. After everyone has moved to the area of the room that reflects their opinion, invite comments from the Agree and Disagree locations. The facilitator remains neutral, but can provide facts to clarify matters, as needed. After hearing a representative from each position, give participants the option of switching positions, if they wish. When participants move, ask them what prompted their decision to change.
5. Repeat this process until you have read all the statements.
6. Ask the participants to return to their seats. Facilitate a group discussion based on the questions below.

- ▶ Which statements, if any, did you find it challenging to form an opinion about? Why?
- ▶ How did it feel to express an opinion that was different from those of some of the other participants?
- ▶ How do you think people's attitudes about some of the statements might affect their interactions with male clients or their ability to provide reproductive health services to men?
- ▶ What differences would you expect to find between the values of providers and clients?
- ▶ How can we keep our own values from influencing our counseling work in a negative way?

Essential Points to Convey

- Beliefs and attitudes about sexuality, gender, health, and disease may be difficult for clients to express, particularly with strangers. Health providers have a professional obligation to remain objective and nonjudgmental with clients and to avoid letting their personal beliefs and attitudes become barriers to communication with clients.
- By exploring and becoming aware of our beliefs about sensitive topics before we broach them with clients, we can learn how to stay neutral during counseling sessions.
- Health providers cannot make decisions for their clients. Clients' rights to make decisions must be respected, even if you do not personally support their choices or do not personally condone their behavior.

1.4 What Do We Know about Men's Use of HIV Services?

Objectives

1. To have participants reflect on the current state of HIV services for men
2. To look specifically at men's utilization and participation in HIV counseling and testing, PPTCT, and ART

Time

60 minutes

Materials

- Flipchart paper
- Markers

Training Options

The facilitator can ask the groups to illustrate these three issues through role-play, rather than creating a visual representation with flipchart and markers.

Steps

1. Explain the objectives of the session.
2. Divide the participants into three small groups.
3. Provide each group with flipcharts and markers and explain that they will be asked to use the materials to share how they view a particular issue related to men and HIV. Group One should depict challenges related to men's use of VCT services. Group Two should focus on challenges related to men's engagement of PPTCT services and Group Three should focus on challenges related to men's use of ART services.
4. Explain that the group can use any pictures, words, or symbols on their flipcharts. Creativity is encouraged. Allow 20 minutes to complete.
5. When the assignments are finished, ask each group to present its work. Facilitate a discussion after each presentation, using the following discussion questions:
 - ▶ Do you agree with how each of the issues was portrayed by the other groups?
 - ▶ Are you aware of data or studies that support what you have said about men and HIV testing, PPTCT, and ART? If not, how can we obtain useful information about the situation?
 - ▶ Are there other things worth highlighting about any of the three issues?
 - ▶ How do you think societal messages about masculinity and what it means to be a man influence men's role in HIV testing, PPTCT, and ART?

1.5 Sex and Gender

Objectives

1. To help the participants understand the concept of gender

Time

20 minutes

Materials

- Enough copies of Handout 2: The Gender Game for all participants
- Trainer's Resource Sheet 1: The Gender Game Answer Sheet

Steps

1. Ask the participants if they can explain the difference between the terms gender and sex. Allow them to share their answers and discuss.
2. Refer to the definitions of gender and sex.
3. Distribute Participant Handout 2: The Gender Game. Ask participants to pair up and try to determine whether each statement refers to gender or sex. Allow 10 minutes for completion.
4. Review the handout with the entire group and clear up any confusion over definitions.

Handout 2: The Gender Game

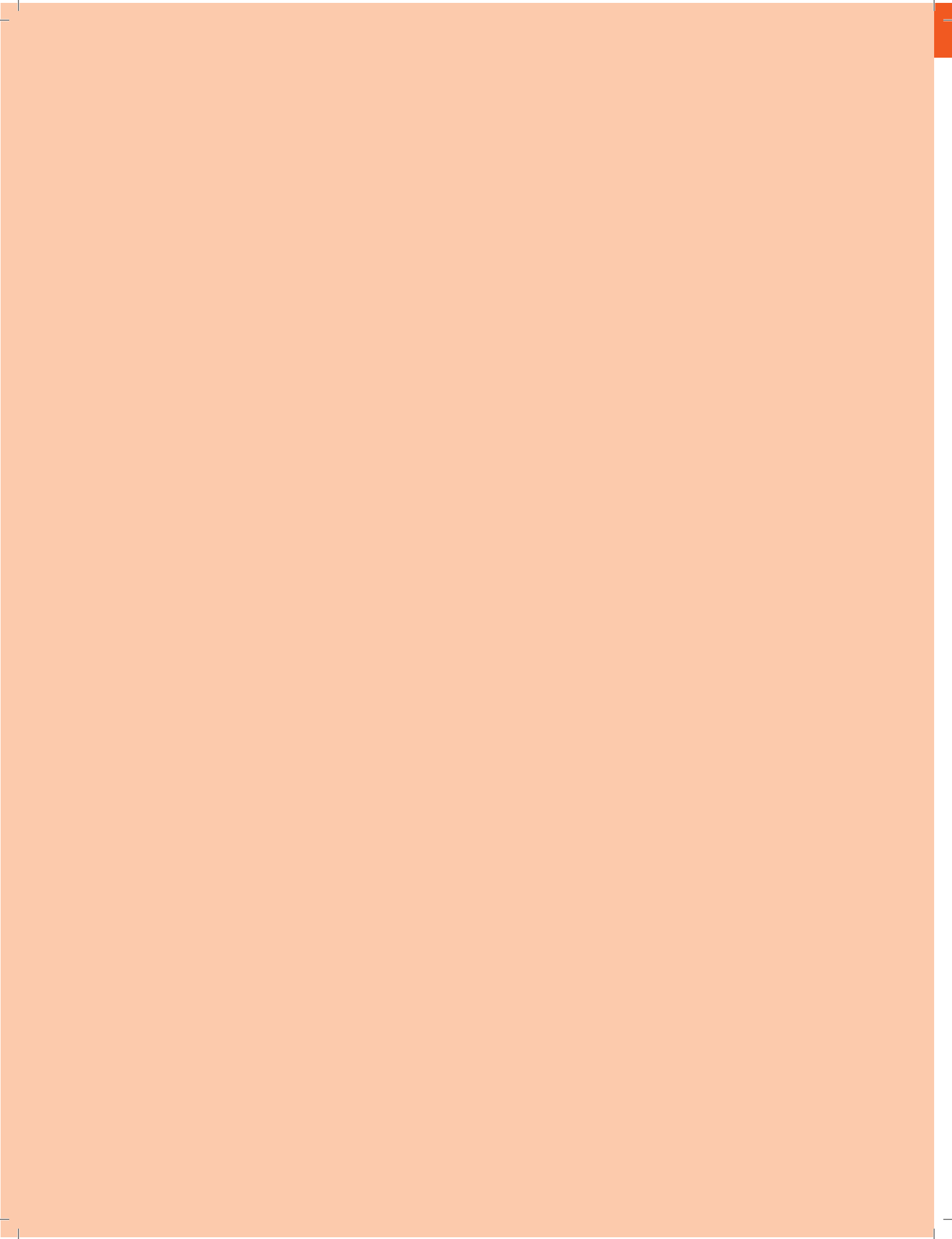
Review the statements below, and indicate whether the statement refers to gender or sex by writing gender or sex, as appropriate, in the space provided.

Gender	Sex	
		1. Women give birth to children; men don't.
		2. Girls are gentle; boys are tough.
		3. Women are paid less than men for doing the same work.
		4. Many women do not have the freedom to make decisions about their lives, especially regarding sexuality and relationships with their partners.
		5. Men's voices change during puberty; women's voices don't.
		6. Four-fifths of the world's injection drug users are men.
		7. Women can breastfeed babies; men can bottle feed babies.
		8. Parents sometimes prefer male children.
		9. Women or girls are often the primary caregivers for those sick with AIDS-related illnesses.

Trainer's Resource Sheet 1:

The Gender Game Answer Sheet

Sex	1. Women give birth to children; men don't.
Gender	2. Girls are gentle; boys are tough.
Gender	3. Women are paid less than men for doing the same work.
Gender	4. Many women do not have the freedom to make decisions about their lives, especially regarding sexuality and relationships with their partners.
Sex	5. Men's voices change during puberty; women's voices don't.
Gender	6. Four-fifths of the world's injection drug users are men.
Sex	7. Women can breastfeed babies; men can bottle feed babies.
Gender	8. Parents sometimes prefer male children.
Gender	9. Women or girls are often the primary caregivers for those sick with AIDS-related illnesses.



1.6 Act Like A Man, Act Like A Woman

Objectives

1. To identify the differences between rules of behavior for men and for women
2. To understand how these gender rules affect the lives of women and men

Audience

Age: Youth or adults; **Sex:** Mixed groups; **Literacy:** Any level; **Resources:** Low

Time

45 to 60 minutes

Materials

- Flipchart
- Markers
- Tape
- Trainer's Resource Sheet 2: Examples of Flipcharts for Act Like a Man/Act Like a Woman

Facilitator's Notes

This activity is a good way to understand perceptions of gender norms. Remember that these perceptions may also be affected by class, race, ethnicity, and other differences.

It is also important to remember that gender norms are changing in many countries. It is getting easier, in some places, for men and women to step outside of their "boxes." If there is time, discuss with the group what makes it easier in some places for women and men to step outside of the box.

Steps

1. Ask the male participants if they have ever been told to "Act Like A Man." Ask them to share some experiences of someone saying this or something similar to them. Ask: "Why do you think they said this?" "How did it make you feel?"
2. Now ask the female participants if they have ever been told to "Act Like a Woman." Ask them to share some experiences of someone saying this or something similar. Ask: "Why do you think they said this?" "How did it make you feel?"
3. Tell the participants that you want to look more closely at these two phrases. Explain that by looking at them, we can begin to see how society creates very different rules for how men and women are supposed to behave. Explain that these rules are sometimes called "gender norms" because they define what is "normal" for men and women to think, feel, and act. Explain that these rules restrict the lives of both women and men by keeping men in their "Act Like A Man" box and women in their "Act Like A Woman" box.

4. In large letters, print on one sheet of flipchart paper the phrase “Act Like a Man.” Ask participants what men are told in their community about how they should behave. Write these on the sheet. Check the examples in the resource sheet to see the kinds of messages that are often listed and introduce them into the discussion if they have not been mentioned.
5. When the group has no more to add to the list, ask the discussion questions listed below.
 - ▶ Which of these messages can be potentially harmful? Why? (Place a star next to each message and discuss one by one.)
 - ▶ How does living in the box impact a man’s health and the health of others, especially in relation to HIV and AIDS?
 - ▶ How does living in the box limit men’s lives and the lives of those around them?
 - ▶ What happens to men who try not to follow the gender rules (e.g. “living outside the box”)? What do people say about them? How are they treated?
 - ▶ How can “living outside the box” help men to positively address HIV and AIDS?
6. Print on another sheet of flipchart paper the phrase “Act Like a Woman.” Ask participants what women are told in their community about how they should behave. Write these messages on the sheet.

Check the examples to see the kinds of messages that are often listed. Feed these in to the discussion if they have not been mentioned.
7. When the group has no more to add to the list, ask the discussion questions listed below.
 - ▶ Which of these messages can be potentially harmful? Why? (Place a star next to each message and discuss one by one).
 - ▶ How does living in the box impact a woman’s health and the health of others, including in relation to HIV and AIDS?
 - ▶ How does living in the box limit women’s lives and the lives of those around them?
 - ▶ What happens to women who try not to follow the gender rules? What do people say about them? How are they treated?
 - ▶ How can “living outside the box” help women to positively address HIV and AIDS?
8. Next, draw another table that has both a column for men and women. Label it “Transformed Men/Women.” Ask the participants to list characteristics of men who are “living outside the box.” Record their answers. Once you get seven or so responses, ask the same about women who are “living outside the box.” Help the participants recognize that, in the end, characteristics of gender equitable men and women are actually similar.

9. Ask participants the following questions:

- ▶ Are your perceptions about the roles of men and women affected by what your family and friends think? How?
- ▶ Does the media have an effect on gender norms? If so, in what way(s)? How does the media portray women? How does the media portray men?
- ▶ How can you, in your own lives, challenge some of the nonequitable ways men are expected to act? How can you challenge some of the nonequitable ways that women are expected to act?

Essential Points to Convey

Throughout their lives, men and women receive messages from family, media, and society about how they should act as men and how they should relate to women and to other men. As we have seen, many of these differences are constructed by society and are not part of our nature or biological make-up. Many of these expectations are completely fine, and help us enjoy our identities as either a man or a woman. However, we all have the ability to identify unhealthy messages as well as the right to keep them from limiting our full potential as human beings. As we become more aware of how some gender stereotypes can negatively impact our lives and communities, we can think constructively about how to challenge them and promote more positive gender roles and relations in our lives and communities. Therefore, we are all free to create our own gender boxes and how we choose to live our lives as men and women.

Training Options

The following additions can be added to the session, but will require more time.

- Role-play to begin session:

Divide the participants into three small groups and ask them to develop a short skit (one or two minutes) that portrays someone telling another person to “Act Like A Man” or “Act Like A Woman.”

Trainer's Resource Sheet 2:

Examples of Flipcharts for Act Like a Man/Act Like a Woman

Example

Act Like a Man	Act Like A Woman
• Be tough	• Be passive and quiet
• Do not cry	• Be the caretaker and homemaker
• Be the breadwinner	• Act sexy, but not too sexy
• Stay in control, and do not back down	• Be smart, but not too smart
• Have sex when you want it	• Follow men's lead
• Have sex with many partners	• Keep your man—provide him with sexual pleasure
• Get sexual pleasure from women	• Don't complain
• Produce children	• Don't discuss sex
• Get married	• Get married
• Take risks	• Produce children
• Don't ask for help	• Be pretty
• Use violence to resolve conflicts	• Be seen, not heard
• Drink	
• Smoke	
• Ignore pain	
• Don't talk about problems	
• Be brave	
• Be courageous	
• Make decisions for others	

1.7 A Framework for Working with Male Clients

Objectives

1. To describe a framework for working with male clients
2. To identify four approaches to providing men's reproductive health services
3. To identify new ways of working with male clients
4. To identify new ways of reaching male clients that can be implemented at the participants' facilities

Time

60 minutes

Materials

- Flipcharts
- Markers
- Tape
- Paper or index cards
- Enough copies of Handout 3: A Framework for Working with Male Clients for all participants
- Trainer's Resource Sheet 3: Male-Engagement Activities

Advance Preparation

- Write the following terms on flipcharts, one term per flipchart: "Social Marketing/Motivation," "Persuasion," "Community Education/Information-giving," "Counseling," and "Clinical Services." Hang the flipcharts in a row on the wall, leaving enough space under each flipchart for the participants to post their sheets of paper.
- Write each of the male-engagement activities listed on the resource sheet on separate sheets of paper, one per sheet. Make sure that you have one or more sheets of paper for each participant.
- Prepare strips of tape for posting the male engagement activities on the wall.

Facilitator's Notes

During this activity, the participants may disagree on how to categorize certain male engagement activities. Remind them that it may be difficult to determine where these activities should be placed, due to a lack of specifics. However, the activity is still important because it helps the participants recognize the variety of approaches and activities that can be used to reach men.

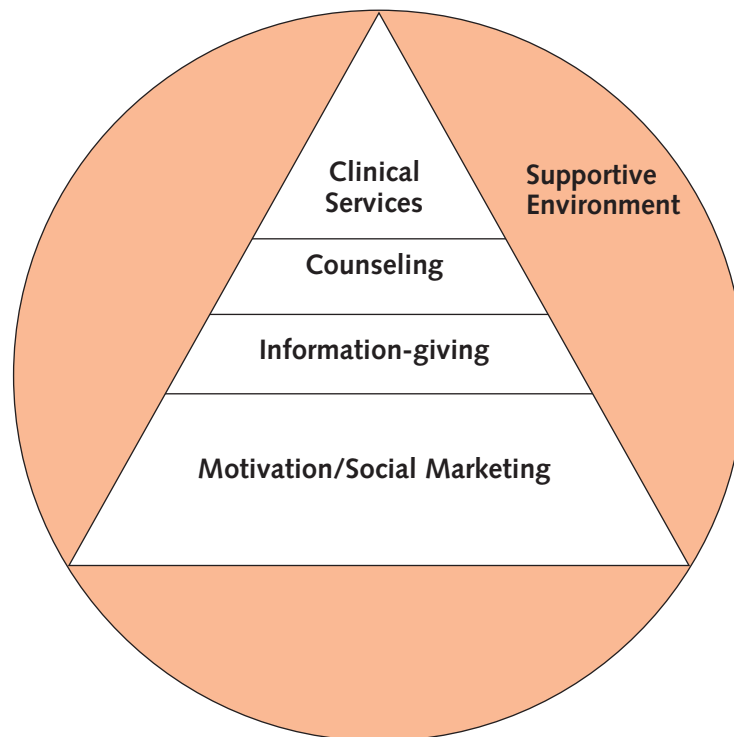
Steps

1. Introduce the activity by explaining that since men are often unaccustomed to seeking services at a health facility, it is important to reach men outside of the clinic walls.
2. Distribute and review the handout. Make sure all participants understand the differences between the various approaches discussed in the framework.
3. Explain that the approaches to involving men in HIV services can overlap with one another. Provide one or two examples, such as: When satisfied clients promote HIV testing in the community, social marketing/motivation and community education/information-giving overlap; when a service provider conducts group counseling for HIV testing, community education/information-giving and counseling overlap.
4. Explain that each participant will receive one or more sheets of paper listing a male-engagement activity and that each participant is to place the sheet of paper on the wall where he or she thinks it fits along the continuum of social marketing, community education, and counseling. Shuffle the male engagement activities sheets to make sure that the activities for each approach are not grouped together, and randomly distribute one or more of the sheets of paper to each participant.
5. Ask the participants to walk up to the wall, take a few pieces of tape, and post the sheets of paper where they think they belong.
6. Once all sheets are posted on the wall, review them with the participants and move any that the group feels should be changed to a different spot on the continuum.
7. Conclude the activity by discussing the questions below.
 - ▶ Is your facility currently involved in any social marketing/motivation, community education/information-giving, or counseling activities for men? If so, what types of activities are they?
 - ▶ Did this activity provide you with new ideas for male engagement activities? If so, which new activities might be possible at your facility?

Handout 3:

A Framework for Working with Male Clients

There are many approaches that HIV and AIDS programs use to involve men. Most of these approaches can be classified under one of five categories: 1) Social Marketing/Motivation; 2) Information-giving; 3) Counseling; 4) Clinical Services; and 5) Supportive Environment. The figure below provides a visual representation of the relationship between these approaches. It is important to recognize that these approaches are often overlapping and integrated, and therefore rarely stand alone.



A pyramid is used to represent the number of clients that actually benefit from a particular approach. Social marketing can reach more clients than clinical services, so it has a larger section of the pyramid. The pyramid also represents the logical progression of actions taken by a client seeking services. Social marketing may create enough interest for the client to then seek out information. Once the client has information, he may seek out counseling. If the client has had counseling, he may decide that a clinical service is necessary.

The definitions for these approaches are as follows:

- **Social Marketing** — Motivating behavior change in an individual by marketing a product, service, or action
- **Information-giving**— Transmitting or exchanging knowledge and skills in order to help clients adopt healthy behaviors
- **Counseling**— Directly providing information to an individual (or couple) so that he can make informed decisions about his health and well-being
- **Clinical Male Reproductive Health Services**— HIV-related clinical services provided to men that include HIV testing, ARVs, STI services, and the treatment of opportunistic infections
- **Supportive Environment**— Addressing the HIV epidemic and the lives of people living with HIV through advocacy, policy, care, and support

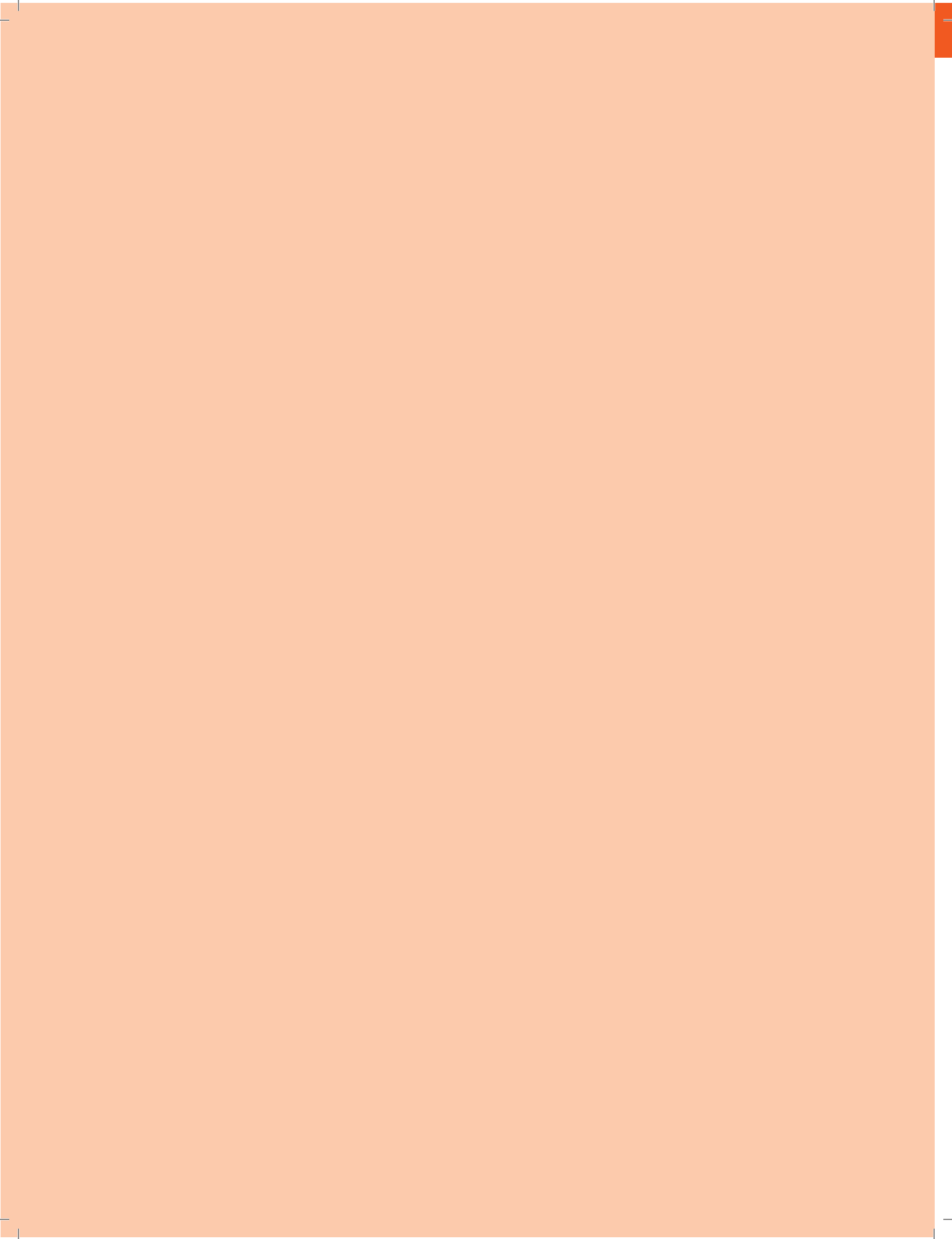
The differences between social marketing, information-giving, counseling, and clinical services is illustrated in the table below:

Activity	Goal	Content	Example
Social Marketing/ Motivation	To guide behavior in a particular direction	Persuasion— focus on benefits	A billboard that encourages VCT
Information-giving	To provide facts and raise awareness	Knowledge and skills	School health talks, informational pamphlets
Counseling	To help clients make free and informed choices	Facts; client's feelings, needs, concerns	HIV pretest counseling
Clinical Services	To provide a medical service to a client	Medical services, medicine	ART

Trainer's Resource Sheet 3:

Male Engagement Activities

- A doctor responds to a client's concern about VCT by explaining that the results will not be shared with anyone else.
- A nurse helps a young couple decide if they will test for HIV.
- Satisfied HIV testing clients promote the service to other men in the community.
- A radio show encourages men to go for HIV testing services.
- A health worker informs a group of young men about the signs and symptoms of STIs.
- A TV advertisement encourages men to be faithful.
- A doctor visits a workplace to provide STI diagnosis and treatment for male employees.
- A theater group acts out domestic violence situations and discusses them.
- A program recruits young men to give talks about HIV-prevention in schools.
- A radio call-in show answers men's questions about reproductive health.
- A health worker helps a young man assess his risk for HIV infection.
- A young man discusses STI prevention with his peers at a bar.
- A large health event is organized on campus to provide information to men about HIV and AIDS.
- A billboard shows a photograph of a man and woman entering a HIV clinic together.
- A brochure discusses strategies on how to abstain from sexual contact.
- Health workers visit churches to discuss reproductive health issues with men.
- A discordant couple talks with a nurse about their safe sex options.
- A poster explains how a man can take care of his reproductive health.
- Antiretroviral Treatment
- A doctor provides a complete physical for a young man.
- A lab conducts a CD4 count on a male client.
- A group of men make home visits to support other men living with AIDS.
- A law ensures that people living with HIV cannot be discriminated against.
- Schools adopt a new policy on how to address the needs of HIV-positive students.
- A community garden is established to improve the nutrition of people living with HIV.
- An HIV-positive man is treated for thrush.



1.8 Addressing Staff Concerns About Working with Male Clients

Objectives

1. To identify concerns staff might have about providing reproductive health services to men
2. To identify ways to address staff members' personal concerns about working with male clients

Time

45 minutes

Materials

- Flipcharts
- Markers
- Tape
- Pieces of paper
- Pencils or pens
- Enough copies of Handout 4: Addressing Staff Concerns about Working with Male Clients for all participants
- Trainer's Resource Sheet 4: Possible Staff Concerns and Strategies for Addressing Them

Facilitator's Notes

- Exploring the attitudes of staff and administrators and why they may not always support men's reproductive health services will allow participants to anticipate potential issues around working with male clients. Participants will also be more prepared to effectively address negative attitudes in the facility and within themselves.
- Even individuals who generally support the notion of men's reproductive health services may have underlying doubts and concerns. These concerns may not be overtly expressed, but may emerge at critical times, thereby harming the program. For that reason, it is important, during the session, to:
 - Let the participants express their personal fears and concerns.
 - Treat the participants' concerns as valid (validate their fears).
 - Acknowledge that there are effective ways to address such concerns.
- Acknowledge that as staff members, the participants already have skills and ideas to address problems and can possibly help others at their facility who have concerns.
- Explain to the participants that it is normal to have fears and concerns about working with populations with whom they have had little experience or training.

- Explain that facilities and staff may need to devote additional time to address some of the concerns and implement appropriate strategies.

Steps

1. Introduce this activity by explaining to the participants that the idea of providing men's reproductive health services typically raises a number of concerns for staff and that it is normal to have such concerns.
2. Ask the participants to write on a piece of paper their responses to the following question: What are you most afraid of, personally, in your own job about:
 - ▶ Providing services to men?
 - ▶ Having male clients present in your facility?
 - ▶ Counseling male clients?
3. Ask the participants to pair up with someone in the room with whom they feel comfortable discussing these issues. Have them share their concerns with each other. Make sure each participant has an opportunity to talk. Allow 10 minutes for completion.
4. Ask the participants to return to the larger group. Ask for volunteers to share their concerns. Write their responses on a flipchart.
5. Choose three or four of the responses, and ask the participants to brainstorm possible strategies for addressing them.
6. Consult the Trainer's Resource Sheet 4: Possible Staff Concerns and Strategies for Addressing Them for some suggested strategies.
7. Conclude the activity by discussing the questions below:
 - ▶ Given these concerns, how might staff support each other in the goal of providing sensitive, professional, and respectful care to male clients?
 - ▶ Why is the process of verbalizing concerns or fears about working with male clients an important component in the planning of a men's reproductive health service program?
 - ▶ Which of these are concerns that staff have about all clients, not just men?
 - ▶ Do you think your concerns are likely to happen? Why or why not?

Handout 4:

Addressing Staff Concerns about Working with Male Clients

In order for a men's reproductive health program to successfully reach men and communicate HIV information to them, it must have the support of facility staff, administrators, and community members. Helping individuals sort through their perceptions of the advantages and challenges of a new program or service takes skill and effort. Addressing concerns and pointing out realistic potential benefits as early in the planning process as possible may help avoid or address problems and reduce false expectations of what a program can deliver.

Staff Concerns

Any change in one's work situation may create circumstances that require some adjustment. Some of these changes may be positive, while others may be negative. When men's reproductive health services are initiated or expanded, staff members' anxieties and negative feelings about providing services to men can affect how they view the program. When one acknowledges these difficulties, it is possible to develop approaches to address anxieties and to remove barriers to providing services to men.

An effective way of addressing these concerns is to recognize where they come from and to focus on the resources available to staff in addressing them. A staff member's straightforward and professional manner will be reassuring to new clients, who are also likely to feel somewhat nervous and uncomfortable.

The chart on the next few pages shows some personal concerns that facility staff may have about offering men's reproductive health services and provides some possible strategies for addressing them.

Trainer's Resource Sheet 4: Possible Staff Concerns and Strategies for Addressing Them

Concern	Possible Strategies
A male client will walk into a restroom or examination room where a woman is being examined.	• Plan separate men's and women's restrooms or ensure that restrooms have locks. • Display clear signs indicating service areas for men and women (if they are separate). • Schedule men's services at different times from women's services. (This is optional. With general health services, for example, both male and female clients may be scheduled for services at the same time.) • Ensure that services are organized so that clients are carefully clothed in shared spaces; provide exam gowns for clients to cover themselves, if necessary.
A male client will flirt with or make sexual remarks to a staff member.	• Remember that sexual advances or flirtation may reflect anxiety or uncertainty about appropriate behavior in an unfamiliar situation. • Do not make flirtatious remarks or jokes; adopt a formal, businesslike manner at all times. • If the behavior still continues, walk away and ask another staff member or a supervisor to deal with the client.
A male client will be reluctant to receive services from a female staff member.	• If a male staff member is available, arrange to have the client see him. • If a male staff member is not available, reschedule the client's appointment for a time when a male staff member is available, or refer the client to another facility for services.
A male client will accuse a staff member of being ignorant or incompetent.	• While instances of incompetence may exist, it is common for individuals to address their feelings of unhappiness or loss of control by blaming others. • Tell the client that you are sorry he is displeased with the service. If you have been acting in accordance with specified facility protocols, tell him so. • Ask the client if he would like to see a different service provider or staff member or be referred elsewhere for care. If the client agrees to see a different staff member, ask the staff member to find out what the client's expectations were—that is, what happened that he interpreted as incompetence? A respectful hearing may serve to dissipate the client's negative feelings and offer an opportunity for correcting misconceptions.

	• After the client leaves, ask your co-workers whether they can think of any more effective ways of addressing the client's problem (e.g., different tests or procedures, better explanations to clients, staff training).
A male client will become disruptive, angry, or threatening when learning that he or his partner is HIV-positive.	• If you feel unsafe, politely ask the client to leave the facility. • Call a supervisor to ask the client to leave. • If the behavior is extremely disruptive, the client refuses to leave, or the client seems threatening, ask staff to usher other clients and staff out of the facility, and call security or the police. • If a particular client is regularly disruptive, prohibit him from returning to the facility. If he returns, call for assistance as soon as he appears. • Excuse yourself and leave the room; allow the client to calm down on his own and do not argue with him. Find another staff member to accompany you when you go back into the room. • When you feel more secure (either because the client has calmed down or because you have a companion), ask the client to explain what was bothering him. Address the anger in a factual, calm manner.
A male client will rape or pose other physical risks to clients or staff.	• Physical risks, such as attacks or rapes, are not specific to facilities where men's services are provided—they are criminal acts and should be treated as such. • If appropriate and feasible, request that police train the staff in addressing personal safety issues.
A male client will develop an erection during an examination or procedure.	• Tell the client that erections can occur in response to anxiety and as a reflex to physical touch during an examination, and then inform him of the examination steps you plan to perform next.
A male client who has sex with men will cause staff and other clients to feel uncomfortable.	• Men who have sex with men need and have a right to the same types of care as other men. Address all clients in a neutral, professional manner.



2. Utilization of HIV Services

2.1 Getting Tested for HIV

Objectives

1. To explore the reasons why few men test for HIV
2. To consider the benefits that exist from HIV testing
3. To identify strategies for increasing men's use of HIV testing

Time

60 minutes

Materials

- Flipchart Paper
- Scissors
- Markers
- Tape
- Enough copies of Handout 5: Research Findings on Men's Use of HIV Testing for all participants

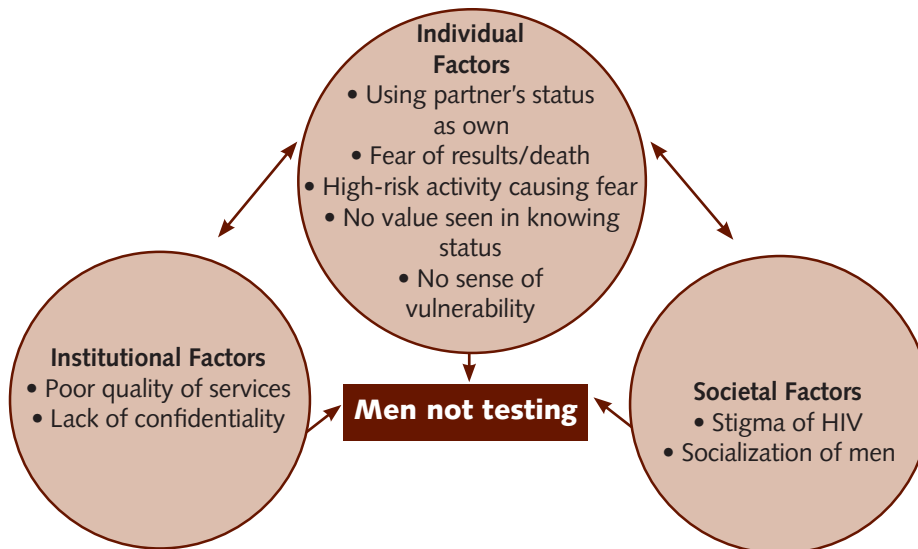
Steps

1. Explain that some studies have found that men are less likely than women to test for HIV. This session will try to explore why that is and how to address it.
2. Lead the group through a plenary discussion to explore some reasons why men do not test for HIV. As ideas are shared, write them down on a sheet of flipchart paper.
3. Continue the plenary discussion by asking the group to identify reasons why men test for HIV. Write these on flipchart paper as well.
4. Pass out the participant handout and explain that these are findings from a recent study in South Africa looking at factors that influence men testing for HIV. Discuss the findings and allow for questions. Ask participants to reflect on whether or not these research findings seem similar or different from what they find in their own communities.
5. Divide participants into three groups and ask each to consider strategies that could be implemented to increase men's use of HIV testing. Each group should record their answers on flipcharts.

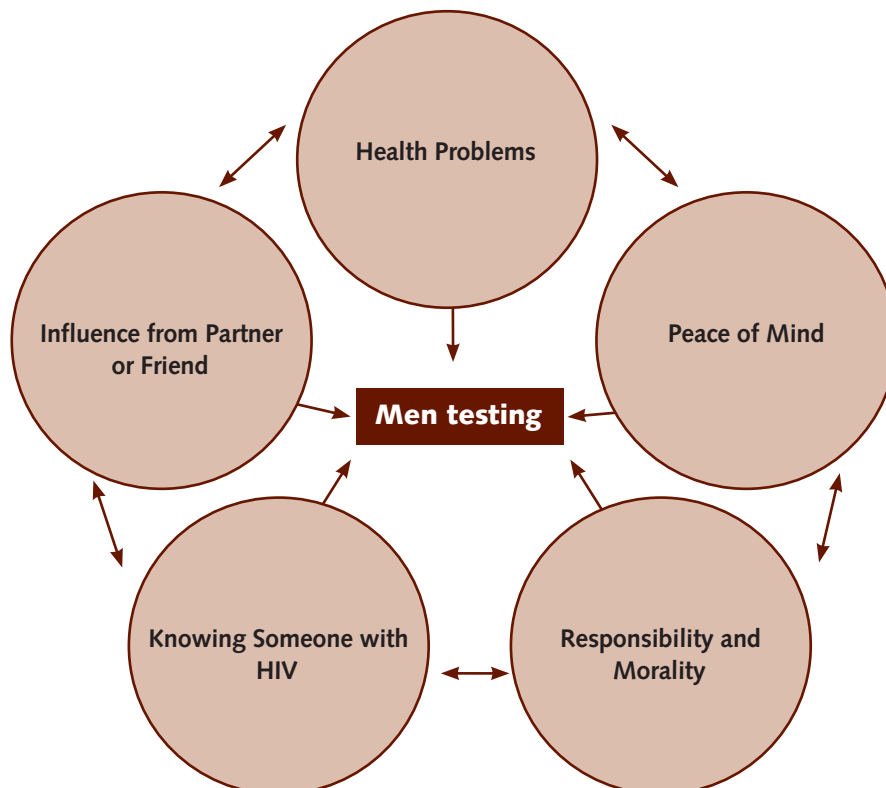
6. After the groups complete their assignment, a representative from each group will present their strategies. Discuss the ideas and allow the audience to ask questions.
7. Conclude the activity with the discussion questions.
 - ▶ What do you think are the biggest factors that hinder men from testing? Why?
 - ▶ Do you think the reasons why men do not test are different than the reasons why women do not test? Why or why not?
 - ▶ What strategies seem most likely to be effective in getting more men to test for HIV? Why?
 - ▶ How feasible are the strategies that were suggested? Which would be easy for you to implement and which ones would be more difficult?
 - ▶ Who could your clinic partner with in order to carry out these strategies?

Handout 5: Research Findings on Men's Use of HIV Testing¹⁶

Factors that hinder men from HIV testing



Factors that influence men to test for HIV



¹⁶From Levack, A. "Understanding Men's Low Utilization of HIV Voluntary Counseling and Testing in Soweto, South Africa" University of Washington, 2005.



2.2 HIV Stigma Problem Tree

Objectives

1. Identify different forms of stigma and how stigma affects people
2. Identify some of the root causes of stigma

Time

45 Minutes

Advance Preparation

Draw a simple tree on a flipchart, showing the roots, trunk, and leaves/branches. Write “Causes” next to the roots, “Forms” next to the trunk, and “Effects” next to the leaves/branches.

Facilitator’s Notes

Below is a list of potential causes, forms, and effect to supplement what the group comes up with:

Effects or Consequences

Shame. Denial. Isolation. Loneliness. Loss of hope. Self-blame. Self-pity. Self-hatred. Depression. Alcoholism. Anger. Violence. Suicide. Dying alone—without love. Feeling useless/not contributing. Family conflict. Quarrels within the family—arguments over who is responsible and who will take care of the sick PLHA. Divorce. Kicked out of family. Fired from work. Drop out of school. AIDS orphans and street kids. Abuse or poor treatment by relatives. Deprived of medical care—e.g., health staff who believe this is a “waste of resources.” No longer making use of clinics, VCT program, and HBC program. Reluctance to take medication. No treatment. Spread of infection.

Forms of Stigma

Name calling. Finger pointing. Labeling. Blaming. Shaming. Judging. Rumor. Gossiping. Neglecting. Rejecting. Isolating. Separating. Not sharing utensils. Hiding. Staying at a distance. Physical violence. Abuse. Self-stigma—blaming and isolating oneself. Stigma by association—e.g., whole family or friends also affected by stigma. Stigma because of looks/appearance.

Causes

Morality—view that PLWHAs are sinners, promiscuous. Religious beliefs. Fear—fear of infection, fear of the unknown, fear of death. Ignorance causing people to fear physical contact with PLWHAs. Gender—women more stigmatized than men. Peer pressure. Media exaggerations.

Steps

1. Begin by asking the group to define HIV stigma. After hearing from participants, mention that the dictionary meaning of stigma is “a disgrace or reproach attached to someone.” Explain that people who are stigmatized for being HIV-positive are marked

out from the rest of society and feared as different and dangerous. The stigma attached to HIV can lead to discrimination. This can involve governments using laws to deny freedoms to people with HIV, or individuals treating others poorly and unfairly due to their HIV status.

2. Continue the session by showing the Problem Tree for HIV-related stigma. Explain that the tree consists of three parts: 1) the roots, which symbolize the causes of stigma, 2) the trunk, which represents the form that stigma takes, and 3) the branches, which are the effects and outcome of stigma.
3. Work with the group to begin filling in the tree. Ask the group to identify some of the root causes of stigma. Write them on the flipchart as they're mentioned. In some cases, you will be able to ask for the underlying root cause of another cause. For example, one cause of stigma may be fear of infection from casual, day-to-day contact with HIV-positive people, and the root of that fear may be ignorance.
4. When identifying the root causes, ask the group if gender issues contribute to causing stigma. If so, how?
5. After you have identified a few root causes, ask the participants to complete their own trees. Remind them to consider the following questions when drawing each part of their trees by writing the questions on a flipchart.:
 - ▶ Why do people stigmatize? — the roots (causes)
 - ▶ What do people do when they stigmatize people? — the trunk (forms of stigma)
 - ▶ How do these actions affect the person being stigmatized? — branches/leaves (outcomes of stigma)
6. Once they have completed the activity, ask the groups to share their trees by posting them all on the wall. Allow all participants to walk through and look at each tree.
7. Conclude with the following questions:
 - ▶ How does it make you feel to see these drawings?
 - ▶ Is there something positive that can be gained by looking at these drawings?
 - ▶ How do some health care providers reinforce stigmatization of people living with HIV?
 - ▶ What can be done to address the causes of HIV-related stigma, and thereby reduce them?

Essential Points to Convey

- HIV-related stigma is a major factor in keeping people from finding out their HIV status.
- Stigma has serious effects which can compromise an HIV-infected person's life. However, through education and disclosure, stigma can be reduced.

2.3 Preventing Parent-to-Child Transmission (PPTCT): How It Works

Objectives

1. To understand what can be done to prevent PPTCT of HIV
2. To explore barriers that keep PPTCT programs from being effective
3. To explore consequences for women who chose to disclose or not disclose an HIV-positive status

Time

60 minutes

Materials

- Flipchart paper
- Pens
- Tape

Steps

1. First, write “PPTCT” on the flipchart. Begin by asking what PPTCT is and how it is different from PMTCT (answer: PPTCT is “Prevention of Parent-to-Child Transmission of HIV”—a new term being use to include more fathers in supporting their female partners in PPTCT programs).
2. Next, explain to the group that there are three different times when a mother can pass HIV on to a child. HIV can be passed 1) when the baby is still growing in the uterus, 2) during delivery, or 3) while breastfeeding.
3. Explain that we now know many ways to reduce the risk of HIV being passed from parent to child. Take the participants through the guidelines that exist in your country in order to prevent parent to child transmission of HIV.
4. Explain that decision on whether or not to breastfeed has implications on the risk for transmission. Although exclusive bottle feeding carries less risk than exclusive breastfeeding, parents may not be able to exclusively bottle feed. Ask the group why bottle feeding may not be possible.

Reasons include:

- Parents may not be able to afford baby formula.
- Parents may not have access to clean water.
- Parents may insist on breastfeeding for cultural reasons or for fear of the stigma associated with bottle feeding.

If parents decide to breastfeed, it is essential that they do not also bottle feed. And if the parents decide to bottle feed, it is essential that they do not breastfeed. The use of both makes it more likely that HIV can be passed during breastfeeding.

5. Next, ask participants to work in groups of three. Divide the room in half and have half of the groups discuss the consequences if a pregnant woman chooses to disclose her status to her partner, her family, and her community. Have the other half of the room discuss the consequences if she chooses not to disclose her status.
6. After about 10 minutes, have each of the disclosure groups share one consequence and record all the consequences on a flipchart. Then work through the groups again, one consequence at a time, until each has shared its entire list. Follow the same procedure with the trios that discussed the consequences if a pregnant woman chooses not to disclose.
7. Conclude with the following questions:
 - ▶ Were you surprised by any of the responses? If so, which ones?
 - ▶ How did it feel to think about women in this situation?
 - ▶ How can providers help women and their partners decide whether to disclose their HIV status?

2.4 Men's Role in PPTCT

Objectives

1. To consider ways that men can help or hinder the PPTCT process
2. To identify ways to actively engage men in PPTCT efforts

Time

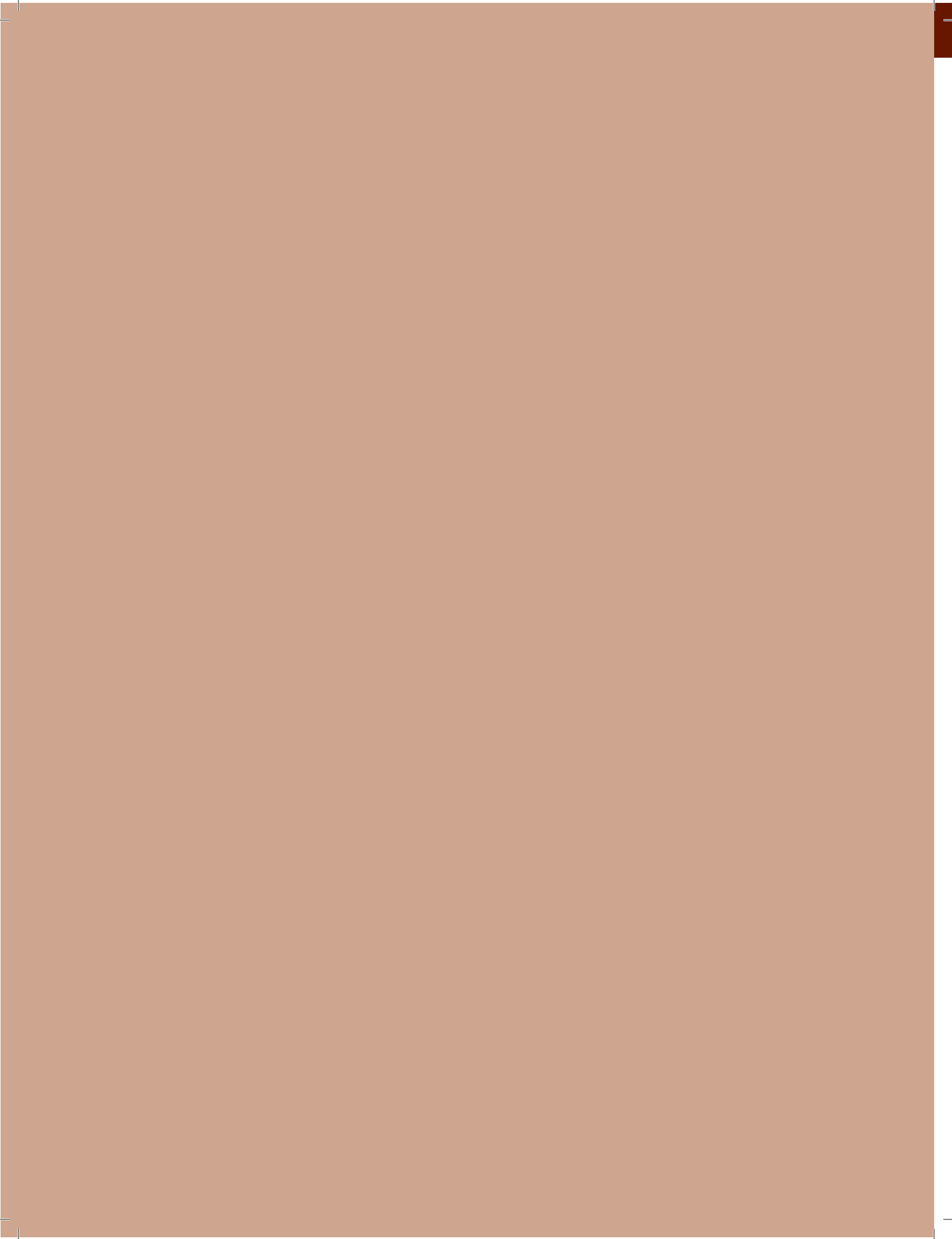
60 minutes

Materials

- Flipchart paper
- Pens
- Tape

Steps

1. Explain to participants that we are going to examine the role that men play, either positively or negatively, in PPTCT. Divide the participants into two groups.
2. Ask group one to develop a five-minute role-play in which a male partner is not supportive of his pregnant HIV-positive partner's efforts to prevent parent-to-child transmission of HIV.
3. At the same time, ask group two to develop a role-play in which a male partner is supportive of PPTCT efforts.
4. Allow each group to perform and facilitate a discussion after each role-play. During group one's discussion, have the participants reflect on what the man did that was not supportive and discuss. Ask participants to similarly discuss group two's role-play.
5. Now ask participants to focus on how a supportive partner could assist with PPTCT. Divide the groups into four teams. Explain that this will be a contest in which each team has five minutes to list on flipchart as many ways as possible a man could support his partner in PPTCT. After five minutes, the team with the most responses wins. Ask the winning team to share its answers. Then ask the other groups to share any other ideas about support that were not mentioned by the winning team.
6. Complete the activity with the following discussion questions:
 - ▶ What did you learn from this activity?
 - ▶ What could be done by you and your organizations to promote constructive male engagement in PPTCT?



2.5 Promoting Men's Utilization of HIV-Related Services

Objectives

1. To learn promising strategies that are currently being used to promote the use of HIV services by men
2. To learn how these strategies can be applied to one's own programs

Time

60 minutes

Materials

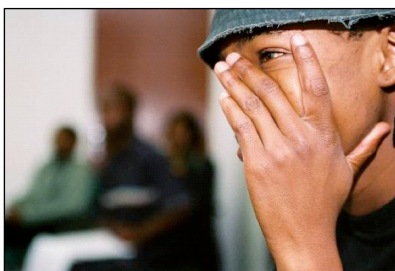
- Enough copies of Handout 6: Presentation Slides on Promoting Men's Utilization of HIV-Related Services for all participants

Steps

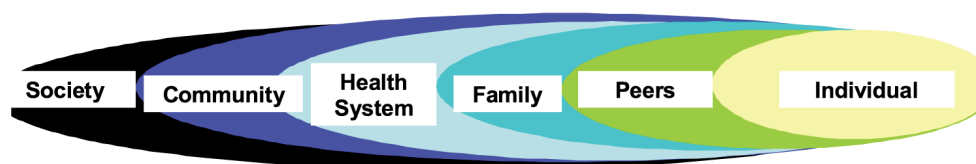
1. Present the slides illustrating promising strategies for promoting the use of HIV-related services by men.
2. When showing the ecological model in the second slide, ask participants to brainstorm ways to promote HIV service utilization within the model. Then display the other slides that provide examples of various strategies within the ecological model.
3. Allow for discussion during and after the presentation.
4. Divide participants into small groups based upon their organization affiliations and have them brainstorm ways to promote men's services. Ask them to write their ideas down on paper.
5. Quickly go around the room and ask the participants of each group to highlight one promising idea they came up with.
6. Ask the groups to hold onto the sheets of paper for day four, when they undertake Action Planning.

Handout 6: Presentation Slides on Promoting Men's Utilization of HIV-Related Services

Strategies to Increase Men's
Utilization of HIV Services



Ecological Model



Approaches to Interest Men in HIV Services

- **Support Groups**
- **Group workshops providing information and education**
- **Peer promotion**
- **Male-Friendly VCT sites**
- **Community events**
- **Media campaigns**
- **Engaging leaders**

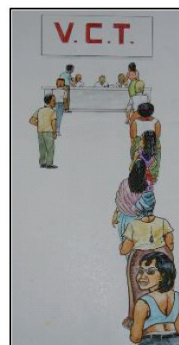
Support Groups



Peer Education



Educational Workshops



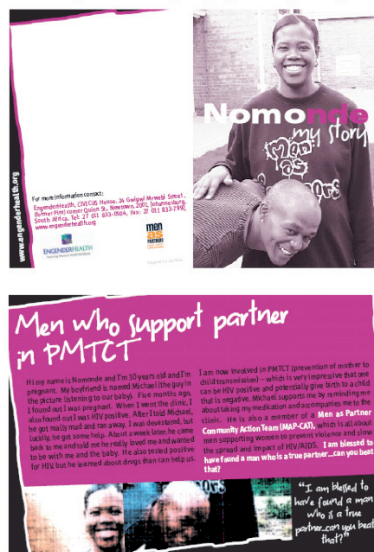
Male-Friendly and Male Specific VCT sites



VCT Promotion Events



IEC Materials



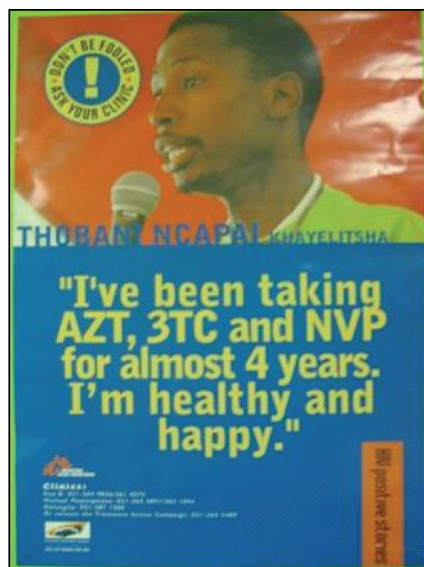
Murals



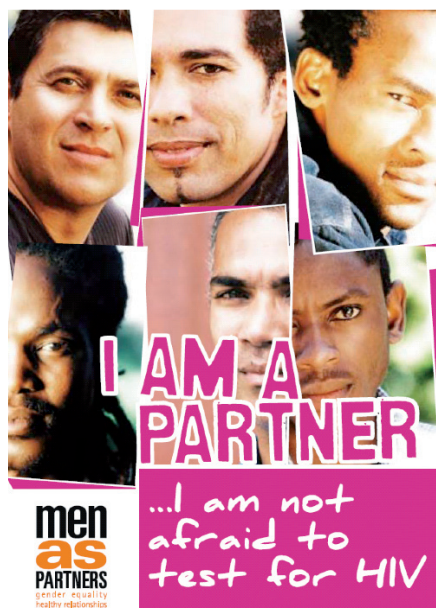
Media Campaigns



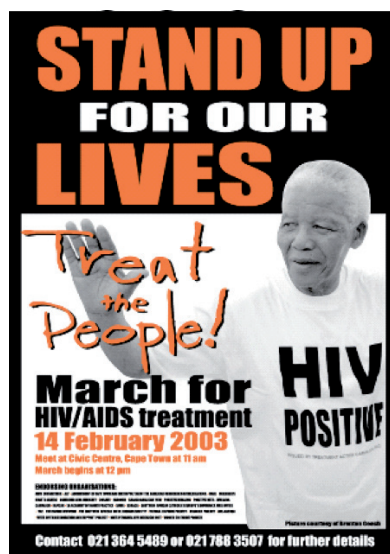
Media Campaigns

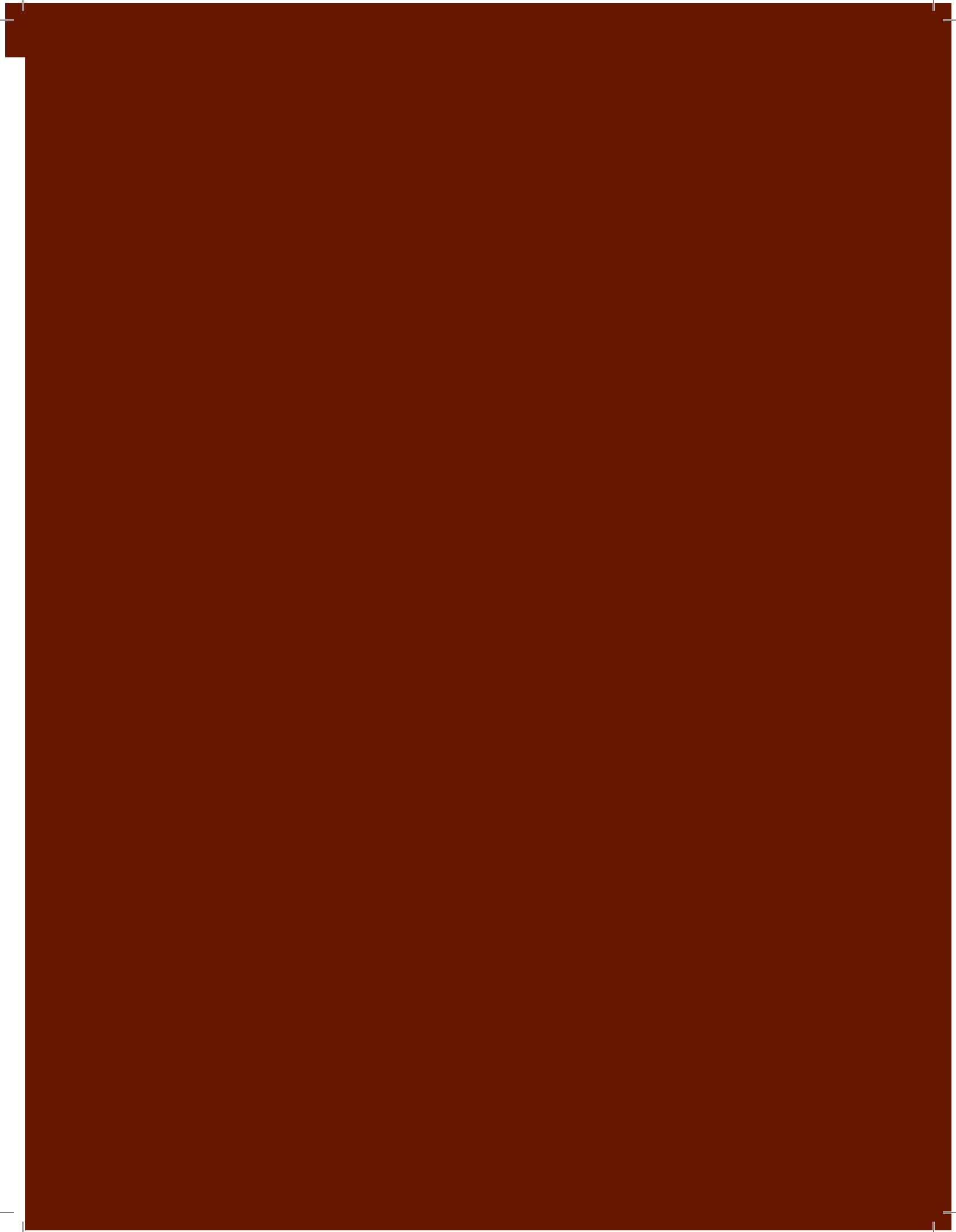


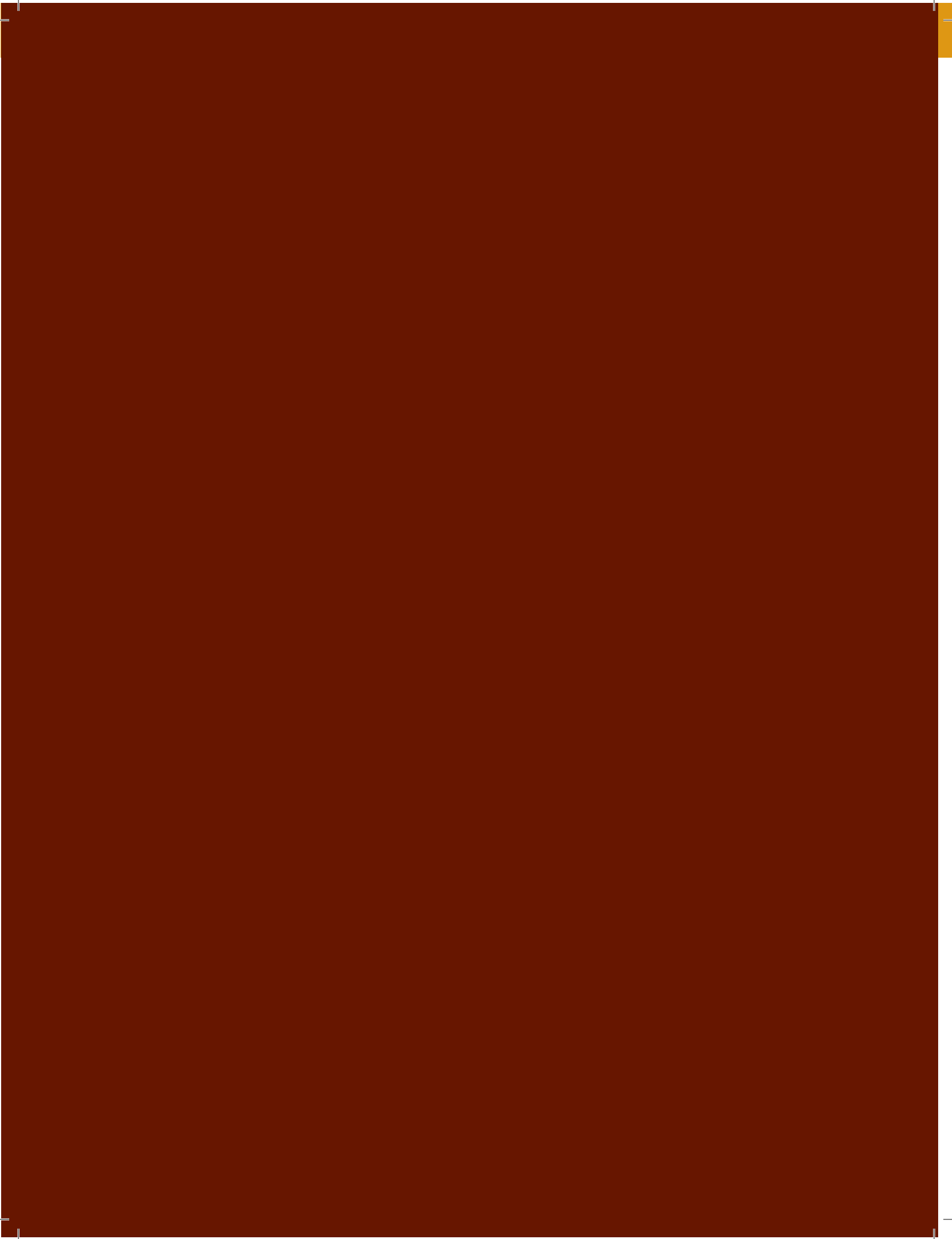
Media Campaigns



Supportive Environment - Engaging leaders







3. Counseling Men and Couples on HIV and AIDS

3.1 Characteristics of Effective HIV Service Providers for Men

Objectives

1. To help the participants identify the knowledge, attitudes, and skills necessary to be an effective sexual and reproductive health counselor for men

Time

45 minutes

Materials

- Flipchart paper
- Markers
- Tape

Advance Preparation

- Write the phrase “An Effective Service Provider” on a sheet of flipchart paper. Write the following questions under it:
 - ▶ What are the characteristics of an effective service provider for men?
 - ▶ What knowledge, attitudes, and skills does this person possess?
 - ▶ How does this person relate to men?

Facilitator's Notes

Characteristics of a Male-Friendly Service Provider:

Experienced professionals from the reproductive health field define effective men's reproductive health service providers as those who:

- Demonstrate knowledge about gender, male sexuality, men's sexual and reproductive health, and the impact gender has on reproductive health (gender norms usually lead to increased power of men over women in society, which has serious implications for reproductive health)
- Explore their own values, attitudes, and perceptions about gender, working with men, and working with couples

- Incorporate a gender perspective in their interactions with clients that support men's participation in HIV and reproductive health, while safeguarding women's reproductive health needs
- Exercise effective counseling techniques that cater to men's needs and roles as individuals and/or constructively involve men as supportive partners
- Display genuine caring for men's concerns and needs

Steps

1. Introduce the activity by explaining that many people are unsure about what makes a person an effective counselor for men's sexual and reproductive services. Explain that during this activity, the participants will work in small groups to "grow"—or create—a visual depiction of an effective service provider.
2. Divide the participants into small groups and give each group a sheet of flipchart paper and colorful markers.
3. Ask each group to create an image or images to represent the qualities of an effective service provider for men's sexual and reproductive health services. The group can be as creative as they like, using any images, symbols, or words to illustrate the provider's qualities. To help them, ask the following questions:
 - ▶ What is this person like?
 - ▶ What knowledge does this person possess?
 - ▶ What are his or her attitudes toward men?
 - ▶ What skills does this person possess that are applicable to working with men?
 - ▶ What training has this person had that is applicable to working with men?
4. After about 15 minutes, bring everyone back together. Ask reporters from each small group to post their drawings and present them to the larger group. Allow 10 minutes for completion. Refer to the characteristics of a male-friendly service provider in the Facilitator's Notes' section above and cite any points that were not mentioned.
5. Close the activity by discussing the questions below.
 - ▶ What similarities or themes do you see in the drawings?
 - ▶ When you think about yourself as a service provider working with men, how do you feel when you look at the drawings? Is it easy to measure up to what you have created? (Explain that what the small groups have created is the "ideal" service provider and that no one can completely live up to this vision.)
 - ▶ What one characteristic from the drawings do you feel describes you well? What one characteristic do you feel you need to work on?
 - ▶ What steps can you take toward becoming more like the service providers shown in the drawings?

3.2 Addressing Provider Comfort with Counseling Men—Confidential Surveys

Objectives

1. To examine participants' comfort level in counseling and communicating with men
2. To create a forum to discuss service providers' comfort level in—as well as their concerns about—communicating with men

Time

45 minutes

Materials

- Pencils or pens
- Enough copies of Handout 7: Provider Comfort with Counseling Men for all participants

Steps

1. Distribute the handout to the participants. Explain that this will help them examine how comfortable they feel about counseling and communicating with men.
2. Ask the participants to read each statement in the handout and check the box that most corresponds to their opinion of it. Tell them that they should not write their names on the handouts and that you will not be collecting them. Assure them that no one will see their answers and that they should feel free to respond honestly. Allow 10 minutes for completion.
3. Close the activity by discussing the questions below.
 - ▶ How did it feel to express your opinion about these statements?
 - ▶ About which statements did you feel the least comfortable? Why?
 - ▶ How can a provider's values, attitudes, and beliefs about men affect his/her ability to counsel male clients?
 - ▶ What fears, if any, do you have about counseling male clients?

Handout 7: Provider Comfort with Counseling Men

Read each statement and check the box that more closely matches your opinion about the statement.

	Agree	Disagree
1. I feel more comfortable with the idea of providing HIV services to women than to men.		
2. I believe men would rather receive HIV services from male service providers than from female service providers.		
3. I would feel comfortable listening to a male client discuss his sexual behaviors, concerns, or problems.		
4. I would feel comfortable professionally addressing a male client's flirting with or making sexual remarks to me.		
5. I would feel comfortable talking with a man about his solicitation of commercial sex work.		
6. I would feel comfortable listening to a male client discuss his same-sex relationships or same-sex sexual activity.		
7. I would feel comfortable listening to a male client discuss his extramarital sexual activity.		
8. I would feel comfortable counseling couples about condom use and issues related to their sexual behavior.		
9. I would feel comfortable challenging a male client when he discloses that he beats his wife.		
10. I would feel comfortable challenging a male client when he refers to any type of sexual assault.		
11. I would feel comfortable making sure that women assert their voices, needs, and concerns during a couples counseling session.		
12. I look forward to including men in couples counseling for HIV issues.		

3.3 Issues to Consider When Counseling Couples

Objectives

1. To respond effectively to issues that may arise when counseling couples on a variety of sexual and reproductive health issues

Time

60 minutes

Materials

- Flipchart Paper
- Markers
- Enough copies of Handout 8: Couple Counseling (Groups One through Four) for all participants

Steps

1. Draw a table on a flipchart with two columns. Label one “benefits” and the other “risks.” Then, ask the participants to identify some of the benefits of providing couples counseling and record their responses in the “Benefits” column on the flipchart.
2. Mention any important benefits the group did not discuss, such as:
 - Better use of condoms
 - Better adherence to ARVs and PPTCT
 - Increased communication between a couple
 - Better health outcomes
3. Ask the participants to identify some of the risks of providing couples counseling. Allow them to share their thoughts and record their responses of the risks of providing couples counseling in the “Risks” column on the flipchart.
4. Mention any important risks that the group did not discuss:
 - The potential to expose information that partner does not want to share
 - The potential to cause conflict between a couple
 - The potential to expose a woman to rejection and violence
5. Explain that we will be looking at ways to address problems that may arise during a couples counseling session in order to ensure quality of service.
6. Divide the participants into four groups. Distribute one of the four sets of handouts to the each of the four groups. Ask each group to read the scenario on their handout and then think of a strategy and a possible response. Have each group choose a reporter to

summarize their ideas to the larger group. Allow each group 10 minutes to discuss their responses.

7. Reconvene the group, and ask the reporters of each group to summarize the scenario and present their findings to the larger group. Encourage the other participants to share any additional thoughts. Allow 20 minutes for the large group presentations and discussion.
8. Ask participants to review the charts on risks and benefits of couple counseling once more. Ask them to share any more thoughts about the risks and benefits of couple counseling based on the discussion.
9. Refer to the completed versions of the handouts, and mention any points that the groups did not discuss.
10. Conclude the activity by asking the group if they can think of any other scenarios that might occur when counseling couples. If so, discuss these scenarios with the group.

Handout 8:

Couple Counseling Group One

During the session with a couple, the man may do all or most of the talking. He may interrupt his partner, always speak first, or speak on his partner's behalf.

Causes:

- The couple may be exhibiting the culturally-accepted patterns of communication and decision-making for men and women.
- The man may be consciously exerting his power in the relationship, and the woman may be ceding power to avoid conflict.
- The man may be trying to demonstrate that he is competent and knows everything about the issue or situation.

What a Man Might Say:

- "We are here because . . ."
- "She does not understand the problem."

Overall Strategy to Deal with Situation:

One Possible Response:

Handout 8:

Couple Counseling Group Two

The man is hesitant to share information or seems disinterested during the session, and lets his partner do all the talking.

Causes:

- The man may be hesitant to appear as if he does not understand the information he is getting.
- The man may be unaware of his partner's PPTCT knowledge/practices and/or contraceptive practices.
- The man may perceive this to be a counseling session "for the woman" and thinks that he does not have anything to learn.
- The service provider may be asking questions that are hard for the man to answer, such as "How do you feel about this contraceptive method?"

What a Man Might Say:

- "I do not know."
- "Everything is fine."
- "I do not really have any problems."
- "This is really her job."

Overall Strategy to Deal with Situation:

Possible Response:

Handout 8:

Couple Counseling Group Three

One person reveals information during the session that is a surprise to his or her partner.

Causes:

- One partner is using the opportunity or safety of having a third party present to reveal the information.
- The partners may never have talked about this information before and made assumptions about the other's knowledge or attitudes.

What a Man Might Say:

- "Why did you not tell me that before?"
- "I assumed you did not want me to talk to you about that."
- "I cannot believe you hid this from me."
- "I had a former partner who used this method, and it worked for her."

Overall Strategy to Deal with Situation:

One Possible Response:

Handout 8:

Couple Counseling Group Four

The couple comes for prenatal care and to get tested for HIV. Their HIV test results are discordant. The woman is HIV-positive and the man is HIV-negative. The man becomes very angry, accuses the woman of cheating, and claims that the pregnancy must not have been his.

Causes:

- The man may not understand that couples can be serodiscordant, even after they have had sex on many occasions.
- There may be suspicions of or actual cases of infidelity by the man, the woman, or both, and this is an opportunity to air those concerns.

What a Man Might Say:

- “This proves this woman has been cheating on me. She is sleeping around, and now she has HIV.”
- “I want nothing to do with this woman or her child.”

Overall Strategy to Deal With Situation:

One Possible Response:

3.4 Introduction to REFDI Counseling Approach

Objective

1. To review an approach for counseling clients on a variety of HIV issues, including HIV testing and PPTCT

Time

60 minutes

Materials

- Handout 9: REFDI Approach for all participants
- Handout 10: Example of Using the REFDI Approach for all participants

Steps

1. Explain to the participants that there are many models that are used to guide counselors when discussing HIV and reproductive health issues. Participants do not have to use this approach if there are others that they feel more comfortable with. However, it is important to keep in mind the key principles of this approach because they apply to most counseling interactions with clients.

Explain the following to participants about the REFDI approach:

The approach is called REFDI and it is an accepted and widely-used technique in counseling. “REFDI” stands for the steps of the approach: Rapport, Exploration, Facts, Decision-Making, and Implementation. When carried out in logical sequence, these steps systematize the counseling process. By systematizing the counseling process, service providers can make more efficient use of their time and efforts. Following these steps also enables providers to make sure that all essential points are presented and discussed. In addition, the REFDI approach prevents providers from presenting an excessive volume of information that may leave clients confused.

2. Refer to Handout 9: REFDI Approach and review each step in the approach.
3. Ask for two volunteers to read aloud the role-play provided in Handout 10: Example of Using the REFDI Approach. The role-play provides an example of how service providers can use REFDI when talking with men about PPTCT. In the handout, there is a column on the left side that is left blank in order to identify the elements of the REFDI approach as they are shared. During the role-play, participants should list the five steps that make up REFDI in the left hand column of the table. After the role-play, ask the participants how the provider addressed each of the REFDI approach's five steps.
4. Next, remind the participants that the REFDI approach is only meant to serve as a guide for providers. It should not be seen as a linear set of steps that must be rigidly followed.
5. Finish the session by asking the group if they have any other models they like to use. Discuss the pros and cons of other models.

Handout 9: REFDI Approach

Rapport building

- Welcoming
- Introductions
- Making a contract (explaining the purpose of the session, confidentiality, and time)
- Helping the client (peer) to relax enough to talk

Exploration

- Obtaining as complete a picture of the problem as possible
- Identifying the most pressing aspects of the problem
- Understanding the client's general situation
- Assessing the risk (e.g., HIV)
- (Asking questions, listening, empathy, summarizing, paraphrasing, focusing)

Facts

- Providing accurate, relevant information
- Decision-making
- Introducing different ways of looking at the problem and assisting client to make best available decision
- (Information giving and challenging)

Implementation

- Identifying an appropriate course of action
- Helping the client to take action in manageable steps
- Evaluating action taken
- Reviewing goal
- Ending
- (Goal setting, action planning)

Handout 10:

Example of Using the REFDI Approach

Many service providers find it helpful to review examples of counseling sessions that use the REFDI approach. The following role-play provides an example of how service providers can use REFDI when talking with men about PPTCT.

Step	Role-Play
	Service Provider: Hi. Welcome to the clinic. Please have a seat. My name is John and I will be providing you with counseling services today. Counseling is a service that we offer all of our male and female clients. It gives you an opportunity to talk about any health issues that you may be concerned about. All of our counseling is confidential, so anything you discuss with me will not leave this room. Do you have any questions so far? <i>Client:</i> No. Service Provider: Okay. Great. So tell me why you made a decision to come here today. <i>Client:</i> Well, my wife is pregnant and she came here for antenatal care services. She got an HIV test and she told me that the provider wanted me to get one as well. I don't understand why. Is there something wrong with the baby? Service Provider: We think it is important for all of our pregnant clients and their partners to get tested for HIV because we want to ensure that the baby and parents stay healthy during pregnancy, labor, and delivery. That is why the provider suggested to your wife that you come in for HIV testing. <i>Client:</i> But I don't understand why. My wife told me that her test results were negative. So, if she is negative, then why do I have to get a test? Service Provider: I would be happy to explain that to you. Can you tell me what you know about HIV? <i>Client:</i> I know that HIV causes AIDS and that you can't cure HIV. I know that you can get HIV if you have sex without a condom and through blood. Service Provider: That is right. You can get HIV if you have unprotected sex with someone who is HIV-positive, or from infected blood. There is also another way that HIV can get transmitted. If a pregnant woman is positive, she can also pass the virus to her baby during pregnancy, labor, and delivery, and through breastfeeding. If you are positive and you have unprotected

sex with your wife during pregnancy, you could transmit the virus to your wife. If there is a risk for your baby, there are ways to reduce that risk to your baby, so that is why it is important for both you and your partner to know your HIV status, so we can give you and your wife the services you need to stay healthy and to ensure your baby stays healthy. Do you have any questions so far?

Client: But my wife knows her status. If she is negative, then I should be negative, right?

Service Provider: Well, sometimes that is true, but that is not always the case. I would like to ask you some sensitive questions to learn more about your possible risk for HIV. Is that okay?

Client: Sure.

Service Provider: Okay. Have you engaged in sexual activity within the past few months?

Client: Yes.

Service Provider: And how many sexual partners have you had over the past three months?

Client: Only my wife.

Service provider: Have you ever engaged in penile-vaginal, anal, or oral sex without using a condom?

Client: I have with my wife because we wanted to have a child, and a long time ago, I did it with a girlfriend.

Service Provider: Okay. Thanks for sharing that. It sounds like you are at low risk for HIV, but it is important that you get tested so we can make sure. Have you ever had an HIV test before?

Client: No, I have not.

Service provider: The test is simple and you can get the results in a couple of hours. Your test results will be held in complete confidence. Would you be interested in hearing more about the test?

Client: Yes

Service Provider: The test that we use here tests for antibodies to HIV. When a person has HIV, the body produces antibodies to fight the infection. If a person has HIV, then their body generally will have antibodies that we can detect with a test. If a person does not have HIV, then the test will not detect antibodies. Do you have any questions so far?

Client: So, if I have HIV, then my body would have these antibodies?

Service Provider: Antibodies to HIV generally appear in the body anywhere from two weeks to six months after a person is infected with the virus. This is called the “window period.” So, if you had unprotected sex and took a test three months after that and the test was negative, it is best to take another test in another three months. During the “window period,” you have to make sure that if you have sex, you use a condom.

If you take the test six months after unprotected sex and the test is negative, then you are probably not infected with HIV. However, in order to stay negative, you have to make sure that you are practicing safe sex.

If the test is positive, it means that there were antibodies to HIV in your blood and it means that you probably have HIV.

Is that clear?

Client: Yes. How accurate are the tests? Does it hurt?

Service Provider: The tests are very accurate. At this site, we test the sample once. If it is positive, we do another test to double-check the result. The test won't hurt. After we finish the counseling session, we take a little bit of blood from your fingertip and they will test it in the laboratory at the clinic. You will have your results in approximately two hours. You will then meet with a counselor who will discuss your results with you. Is that clear?

Client: Yes. Do I have to take the test?

Service Provider: No, it is completely up to you. If you feel comfortable, you can. If you don't, you and your family can still receive services here. There is no penalty for not taking the test. Is that clear?

Client: Yes, but I am not sure about taking the test.

Service Provider: Can you explain to me why you are not sure?

Client: I don't know. I guess I am scared to know the result. What if I am positive?

Service Provider: Yes, I understand. Many people are scared because they are afraid of what the result might be. That is normal. However, it might help you to know your result because if it is negative, we can give you all the information you need to make sure that you and your family stay negative.

If the result is positive, we can help you get the care you need to stay healthy and reduce the chance of passing it to your wife and child. What do you think?

Client: Yeah, I guess.

Service Provider: Do you think that you would be interested in taking the test?

Client: I think so.

Service Provider: Good. Before we take your test, I need to review a couple of things with you. Do you know what safe sex is?

Explain to participants that because of time issues, you will stop the role-play briefly here. In reality, however, the service provider would continue discussing the following issues with the client:

- His understanding of safe sex
- Assess his HIV risk and come up with a risk reduction plan
- Complete the informed consent procedure
- Intentions after learning HIV status
- Plans and ways of coping with results, especially if HIV-positive
- Potential for support by family and/or friends

Have the participants continue with the next part of the role-play, with the assumption that the provider has already talked to the client about the issues listed above.

Service Provider: Okay. The test results will be ready in two hours. Please come back here and we will discuss your results in more detail and I will answer any questions you might have. I am also going to give you this flyer that lists all of the men's sexual and reproductive health services that we offer. We are open six days a week. We are usually open from 9 to 5, and we also have an evening clinic on Thursday nights.

Client: Thanks. I will come back in two hours time.

Service Provider: Good, we will see you

3.5 Putting It All Together—Communication with Clients

Objectives

1. To practice counseling clients, including men, on a variety of HIV issues
2. To practice ways to integrate services and meet the multiple HIV service needs of clients

Time

120 minutes

Materials

- Flipchart paper
- Markers
- Tape
- Handout 11: Role-Play Assignment for Putting It all Together for all participants
- Handout 12: Worksheet for Observation of Role-Plays for all participants

Steps

1. Explain to the participants that in the next couple of hours, you will practice counseling clients on some of the issues you have addressed through role-plays. Those issues will include service integration, decreasing missed opportunities to serve clients on a variety of reproductive health issues, and gender.
2. Divide the participants into three groups. Explain that each group will participate in a counseling role-play. Group members will volunteer to be either a counselor, client, or observer. Before the role-play begins, pass out the role-play information slips to the appropriate participants and a copy of the observation sheet to the observers. Ask all observers to write down feedback for the participant who is role-playing the service provider.
3. Allow each of the three different role-plays to occur simultaneously.
4. After the role-plays, bring the group back together. Read Handout 11: Role-Play Assignment for Putting It All Together to explain each role-play. Begin with role-play one. Ask the actors what they think went well about each role-play and what needed improvement. Then ask all participants to offer both positive and constructive criticism of the role-play (by sharing some of the feedback they wrote on the observation sheets). Remind everyone that this is meant to assist everyone, so comments should be encouraging and not damaging to other participants. Assure the volunteers that this is a learning experience, and all participants will learn from the successes and mistakes of the actors.
5. Conclude this session by reminding everyone that this was a learning experience and thank all actors for their participation.

Handout 11:

Role-Play Assignment for Putting It All Together

Role-Play One—Male Client for HIV Testing

Male Client for Role-Play One

You are a 30-year-old married male. You have come to the clinic because you are worried that you have HIV. You have had an STI recently (burning when you urinate). You work away from home and have been engaging in sexual relations with other women while away. You never use condoms because you don't like the way they feel and you think they will break anyway.

Service Provider for Role-Play One

A man comes to you because he is worried that he has HIV and is interested in getting an HIV test. Assess his risk and counsel him about HIV testing. After the pretest, inform him that he tested NEGATIVE.

Role-Play Two: Couples Counseling—PPTCT

Male and Female Clients for Role-Play Two

You are 27 years old and your female partner is 20. She is currently pregnant with her first child. You have a second child with another woman. Your partner is more interested than you in getting tested for HIV because she heard that HIV can pass from the mother to the child. You decided to come along, but you are reluctant to test, as you think she could test for both of you. You don't really talk to each other about HIV prevention or other reproductive health issues.

Service Provider for Role-Play Two

A couple has come to you because the woman is pregnant and they are interested in getting tested for HIV. They don't really talk to each other about HIV prevention or other reproductive health issues. Discuss HIV testing and PPTCT with them. After the tests, explain that the mother is NEGATIVE but the father is POSITIVE.

Role-Play Three: Young Woman—PPTCT

Client for Role-Play Three

You are a young pregnant woman who is taking an HIV test for the first time. You didn't plan to take a test, but the doctor suggested you do it. You fear that your partner is involved with other women and he refuses to use a condom when you have sexual relations. He becomes very agitated and angry whenever you mention the use of a condom. He has hit you in the past for other reasons. If you did test positive for HIV, you would be very reluctant to tell your partner, as you fear he would blame you and become violent.

Service Provider for Role-Play Three

A young pregnant woman has come to you to have an HIV test as part of her antenatal care. Discuss HIV Testing and PPTCT with her. Discuss and address any concerns she has about her partner's role in increasing her risk for HIV, and her risk for experiencing violence.

Handout 12: Worksheet for Observation of Role-Plays

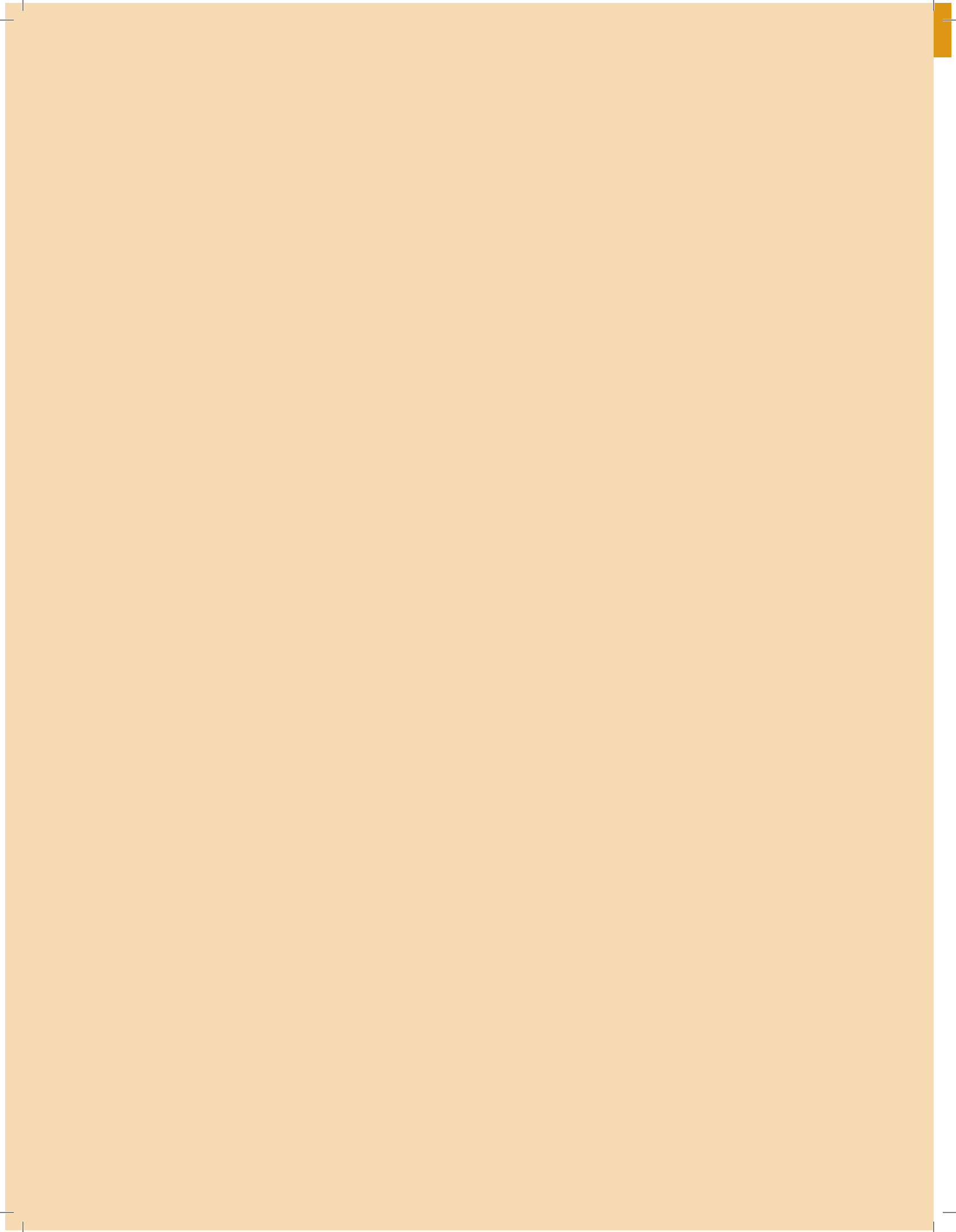
What the Service Provider Did Well	Ways to Improve the Quality of Counseling

What was challenging about this role-play?

What questions did the Service Provider ask that were most helpful?

What information did the Service Provider offer that was most helpful?

What other information should the Service Provider have given the client?



3.6 Role-Plays for Frontline Staff

Objectives

1. To understand the important roles that frontline staff can play in creating male-friendly HIV services

Time

30 minutes

Materials

- Handout 13: Frontline Staff Role-Plays for all participants
(Note: To ensure that the players do not know in advance how the other players will respond during the role-play, cut up the handouts so that each participant receives only the information pertaining to his or her role.)

Advance Preparation

- Determine how many participants will be playing the roles of the “visitor/caller,” “the receptionist,” and “the observer.”

Facilitator’s Note

- Scenario Four: Angry Client may provoke strong feelings. This role-play may need to be enacted more than once, so that the participants can try out various ways of dealing with angry confrontations. In any case, the role-play can be useful in helping managers understand the issues facing frontline staff and preparing them to back up their frontline staff when necessary.

Steps

1. Explain to participants that this activity will help them understand the important roles frontline staff can play in contributing to male-friendly service provision.
2. Divide the participants into four groups. Each group will perform a role-play.
3. Ask one participant from each group to play the “visitor/caller” and another to play the “receptionist.” Give each player the piece of paper containing the appropriate information for his or her role.
4. Tell the other participants in each group to observe the interaction. They should try to understand the visitor/caller’s perspective and to identify which of the receptionist’s behaviors appear to be effective and which appear to be ineffective. Allow two to five minutes for completion.
5. Reconvene the larger group, and ask the visitors/callers, receptionists, and observers to discuss what went well during the role-play and what could have gone better. Comment on what you observed and suggest other techniques that might be useful in dealing with the visitor/caller.

Training Options

- If time permits, have the participants in each group take turns playing the different roles of one particular scenario, so that each group acts out more than one possible interaction.
- Direct the participants to play their assigned roles as written, rather than trying to do the “right thing” in their particular situation.

Handout 13: Frontline Staff Role-Plays

Scenario One: Reluctant Male Client

Visitor/Caller

- You think you have a sexually transmitted infection (STI) because you have penile discharge and a burning pain when you urinate.
- You want information and treatment, but you are embarrassed and reluctant to say what you want, and you generally act evasive.
- You demand to speak with a man.

Scenario One: Reluctant Male Client

Receptionist

- You are a woman alone on duty.
- No one else is available to respond to the man.

Scenario Two: Angry Wife

Visitor/Caller

- You suspect that your husband has been having an affair.
- You think your husband has come to the clinic to be tested for HIV.
- You are worried that your husband may have infected you with HIV or may do so in the future.
- You want information about his situation.

Scenario Two: Angry Wife

Receptionist

- You know that you cannot discuss a client's situation with anyone, even his wife.

Scenario Three: Three Young Men

Visitor/Caller

- You are part of a group of three young men who enter the reception/waiting area.
- You go to the clinic together for mutual support and to see what the place is like—but as a group, you are noisy and comment freely and loudly on what you see around you.
- Some of you tease the staff or make inviting remarks to the female staff.
- Despite your behavior, you are interested in getting condoms and finding out about VCT.

Scenario Three: Young Men

Receptionist

- You want to keep the clinic moving along peacefully without disrupting the other clients in the reception/waiting area.
- Other staff members are present at the clinic, but they do not often come into the reception/waiting area, where you are.

Scenario Four: Angry Client

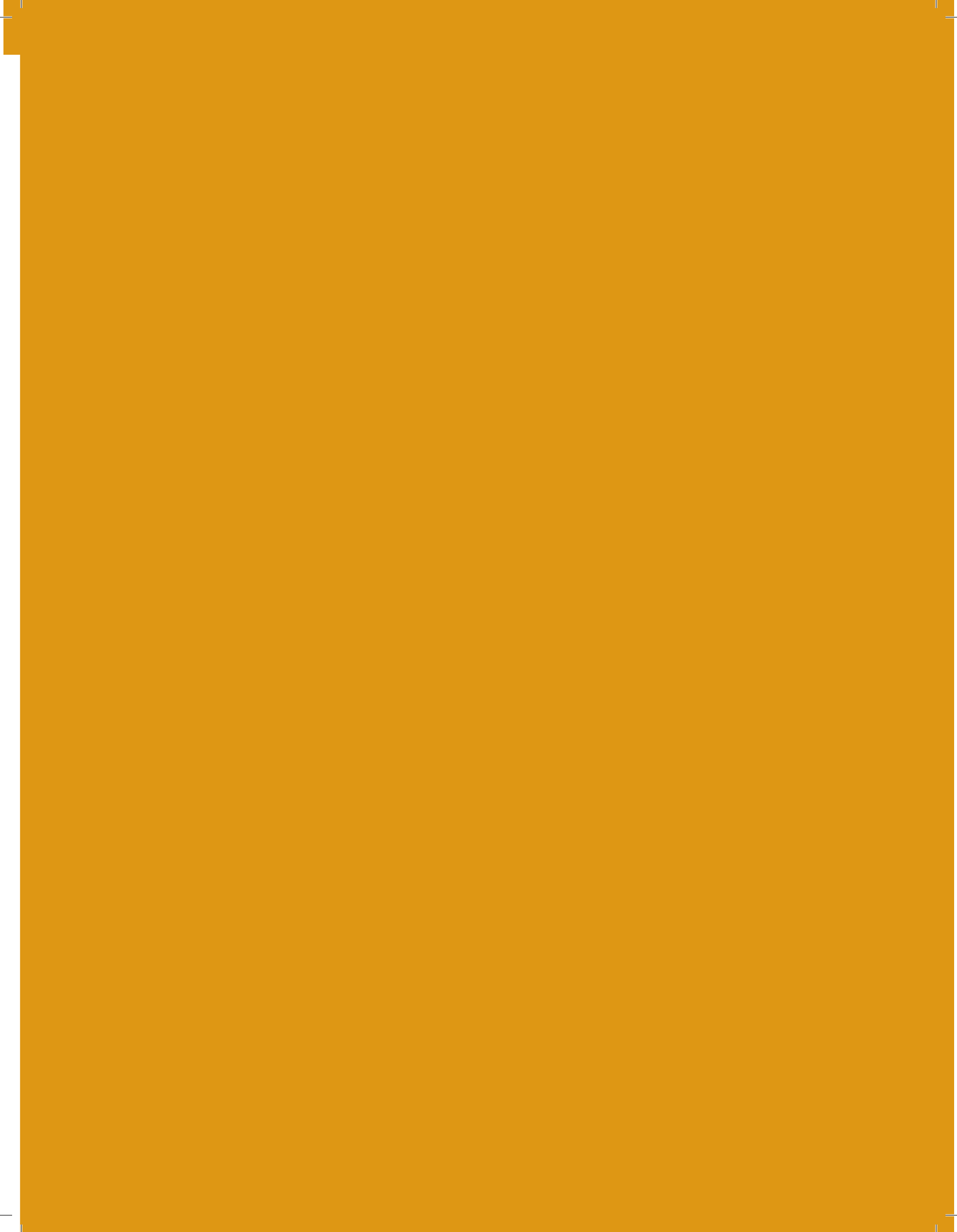
Visitor/Caller

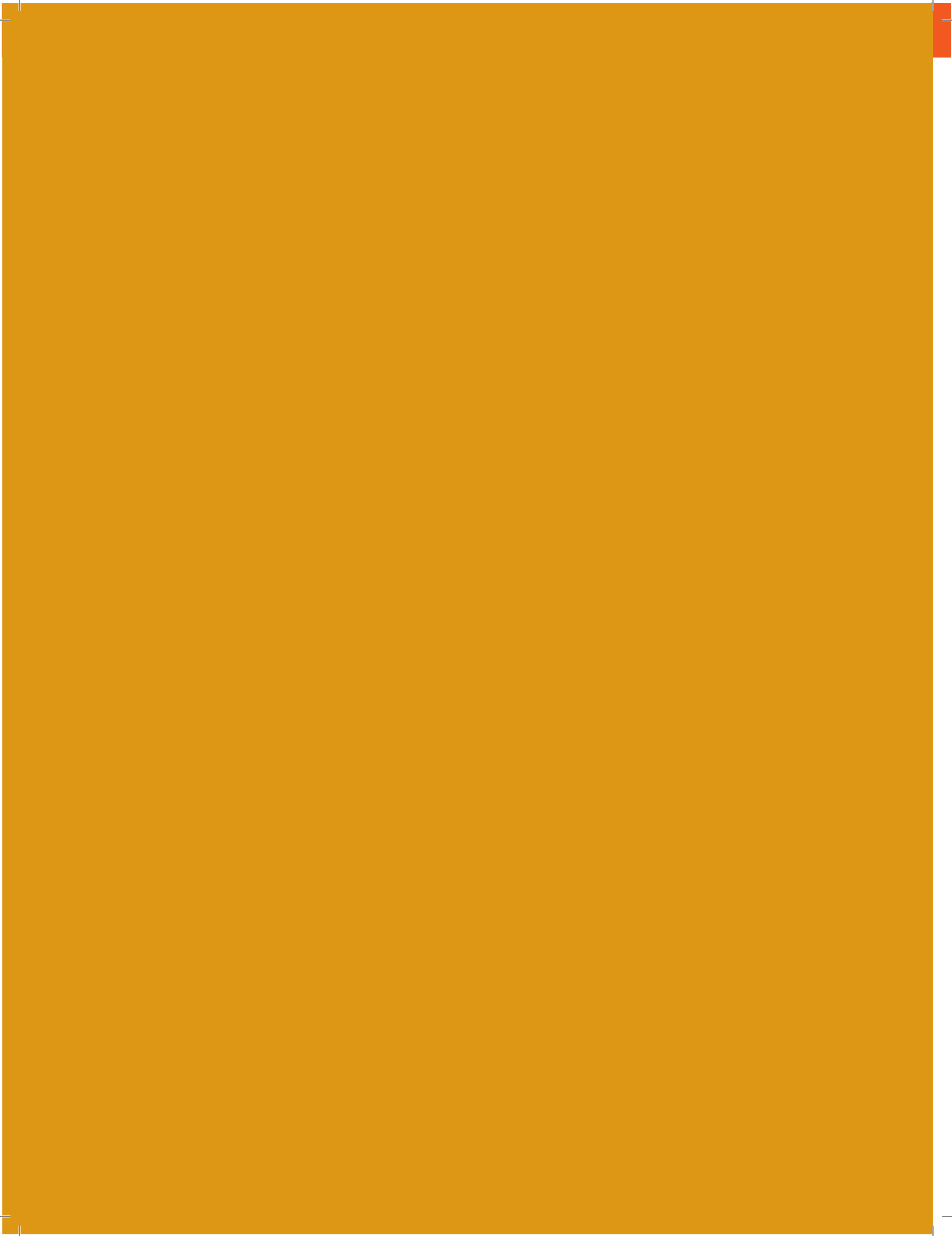
- You came to the clinic because your partner tested positive for HIV and she told you to get an HIV test. You came to the clinic yesterday and there was a long wait, so you left without getting tested.
- You are angry—angry about the possible HIV diagnosis, angry at the person who may have given it to you, and angry at the facility for making you wait and travel back a second time.
- You begin to scream at the receptionist.

Scenario Four: Angry Client

Receptionist

- You have only one counselor on site, and you provide VCT services without appointments.
- The counselor is with a client now, but will be available in about 15 minutes.





4. Action Planning

4.1 Cost Considerations

Objectives

1. To identify male-engagement activities that can be implemented with different levels of resources

Time

45 minutes

Materials

- Index cards (or large pieces of paper)
- Markers
- Tape
- Trainer's Resource Sheet 5: Services or Activities to Reach Men

Advance Preparation

- Write "No Cost," "Lower Cost," "Moderate Cost," and "Higher Cost" on index cards or large pieces of paper, one phrase per card.
- Write the name of each of the men's reproductive health services or activities listed in the trainer's resource sheet on a separate card or piece of paper.

Facilitators' Notes

Participants may disagree on the cost level of an activity. Remind them that many activities can be implemented at varying levels of cost. To build consensus, ask the group to think of innovative ways to perform activities at the lowest cost possible and to place the cards under that category, rather than the more expensive one. For example, a social marketing campaign could be conducted at the grassroots level with community health workers rather than by using more expensive means, such as television or radio.

Steps

1. Explain that this session will introduce a variety of activities to engage men that can be undertaken at higher, moderate, lower or no cost.
2. Display the "Cost" cards in a row across a blank wall in the order in which they are listed above.
3. Distribute two or three of the services/activities cards to each participant. Ask the participants to judge the cost or resource expenditure for implementing that service or activity, and to post the services/activities cards under the appropriate cost category.

4. Ask the participants whether they agree with the placement of each card. Allow them to move the cards to another category if they choose. After each card is discussed, place a check on it so that you know it has been covered. Allow 15 minutes for completion.
5. Conclude the activity by discussing the questions below. Afterward, remind the participants that there are many low-cost activities that a clinic can engage in to make their services more male-friendly or to engage men in reproductive health.
 - What surprised you about the placement of the cards?
 - Which no-cost or low-cost services had you not previously thought of as men's reproductive health services? How likely do you think it is that your facility could incorporate these services at no or low cost?
 - Did this activity generate any new ideas for how you may incorporate men's reproductive health services into your program or how you can engage men in reproductive health? If so, how?

Trainer's Resource Sheet 5:

Services or Activities to Reach Men

Trainer's Resource: Services or Activities to Reach Men

The following is a list of services or activities that facilities may be able to initiate or incorporate into their existing services. Of course, cost estimates will vary depending on the country and context. When reviewing the list, consider the broad range of ways facilities might meet men's reproductive health needs without using significant financial and staff resources.

No-Cost Services

- Allowing men to participate in PPTCT or antenatal care counseling sessions with their partners
- Encouraging female clients to discuss antenatal care and reproductive health with their male partners
- Discussing male methods of contraception with men
- Encouraging male and female clients to bring their partners for HIV testing
- Allowing men to observe their partners' reproductive health visits and procedures—with the partner's permission—to generate awareness and encourage support
- Encouraging men to be supportive of their partners' efforts to obtain antenatal care, postpartum care, PPTCT, and safe- motherhood services
- Encouraging male community and religious leaders to encourage men's involvement in reproductive health
- Promoting VCT services for men at community-education workshops

Low-Cost Services

- Generating a list of referral services for men
- Forming partnerships with male-oriented community groups
- Displaying male-oriented posters on the walls of the clinic
- Putting male-oriented magazines in the waiting rooms
- Developing special IEC materials for men
- Including "men's services" on facility signs
- Including "men's services" on leaflets advertising the services
- Conducting community-education workshops with men
- Conducting educational sessions with men within the clinic
- Providing parenting and fatherhood education at the clinic or in the community
- Developing medical record forms that are suitable for male clients
- Forming a satisfied-clients panel with couples who have participated in PPTCT services so they can reach other couples in the community

Moderate- to High-Cost Services

- Hiring male frontline staff
- Providing condoms free of charge to clients
- Designating a restroom for men only
- Scheduling clinic hours for times when men are likely to attend
- Designating special hours for male-only clinics
- Providing men with STI screening/treatment, including HIV testing and counseling
- Providing treatment for impotence or erectile dysfunction
- Providing infertility treatment for men
- Providing vasectomy services
- Training staff in male sexuality and working with male clients
- Training service providers in counseling men and conducting male examinations
- Creating a private space for counseling and examinations
- Advertising men's services or encouraging men to participate in RH in newspapers, on the radio, and in flyers
- Conducting a social marketing campaign in the community to motivate men to use services or to participate in RH decisions with their partners
- Changing the name of the facility so that it is appropriate for men
- Designing the décor of the facility so that it is welcoming to men

High-Cost Services

- Hiring male service providers
- Designating a special section of the facility for men only
- Offering a male-only clinic

4.2 Creating a Male-Friendly Environment: Clinic Walk-Through

Objectives

1. To identify ways to make participants' sites more male-friendly

Time

60 minutes

Materials

- Pencils or pens
- Enough copies of Handout 14: Facility Walk-Through Checklist for all participants

Facilitator's Notes

If all of the participants are female, try to have two to six men join them on the walk-through. (These can include other staff members, advisory board members, or spouses or adult children of the participants.)

If the group includes participants from more than one facility or if time is limited, recommend that the participants conduct a similar walk-through at their own facilities after the training.

If the participants do not have access to a facility, divide them into four groups and ask them to imagine their "ideal" male clinic. Assign each group one section of the checklist (Identity, Services Provided, Reception Area, and Service Areas and Examination Rooms), and ask them to describe one characteristic of the ideal male clinic that fits into their section.

Steps

1. Explain that facilities which are interested in engaging men in RH can benefit from looking at their physical environment and procedures with "fresh" eyes. This activity will examine the facility's physical environment from the perspective of a male client.
2. Distribute the handout to the participants.
3. Instruct participants walk through the areas of the facility on their checklist and to look around as if they were men coming to the facility for the first time. The group should begin outside the facility and then move to the reception/waiting area and service areas. With the checklist as a guide, ask the participants to determine how the facility would appear to a newcomer by looking at:
 - Physical environment (colors, pictures, furniture)
 - Appearance of cleanliness, efficiency, and professionalism
 - Client-education materials and condoms displayed, if any
 - Items that specifically address the needs of men, women, or children

- Reading materials or items to occupy the clients waiting for appointments
 - Sex of the staff and the clients who are visible at the facility
 - Knowledge of the staff regarding the availability of men's services
 - Any indications of attitudes that might be considered hostile toward men or insensitive to their needs
4. Allow 30 to 40 minutes for the walk-through. Afterward, divide the participants into small groups and have them discuss their observations. Ask them for examples of low-cost changes that could be easily made (e.g., posters), as well as more expensive—though not necessarily feasible—changes (e.g., buying furniture).
 5. Facilitate a large-group discussion to share the participants' observations about each item on the checklist.
 6. Ask the participants to identify actions they could take to improve each problem area.

Handout 14:

Facility Walk-Through Checklist

As you walk through the facility, imagine that you are a man coming to the facility for services or information for the first time. Keeping the man's perspective in mind, assess how the facility would appear on the basis of the following criteria.

	Yes	No
Identity		
1. Does the name of the facility seem welcoming to men?		
2. As you approach the facility, is it obvious that it is a suitable place for a man to seek? Is there a sign or poster indicating that men can come with their partner for services?		
3. As you approach the facility, is it obvious that it is a suitable place for men to come with their partner for services?		
4. Does the gatekeeper or guard know about all services that are available for men?		
Services Provided		
5. Is there a sign or poster indicating that services are provided for men?		
6. Is there a sign or poster indicating that men can come with their partner for services?		
7. Is there a sign or poster indicating that men can come with their partner for PPTCT services?		
8. Does the sign or poster indicate the types of services offered for men?		
9. Are brochures or handouts with information about services for men readily available?		
10. Are brochures or handouts on how men can be involved in PPTCT readily available?		
11. Does the receptionist know about all services available for men or that men can come with their partner for services?		
12. Does the receptionist know that men can come with their partner for PPTCT services?		
Reception/Waiting Area		
13. Is it a comfortable environment for men (as opposed to catering more to women or children)?		
14. Are magazines, newspapers, or other items that appeal to men readily available?		
15. Are brochures, pamphlets, posters, or other client-education materials that focus on how men can be involved in reproductive health readily available?		
16. Are brochures or handouts on how men can get involved in PPTCT readily available?		

17. Is the area clean, neat, and efficient-looking?		
18. Do you see any other male clients in the area?		
19. Do you see any male staff members?		
20. Is a men's restroom available?		
21. Is it clear where you would go if you were coming for services or coming with your wife for services?		
22. Does the staff appear to be polite and respectful toward men?		
23. If you came in only to get some condoms and did not want an examination, is it clear where you would get them?		
24. Is illustrated literature or a diagram of how to use a condom readily available?		
Service Areas and Examination Rooms		
25. Is it a comfortable environment for men (as opposed to catering more to women or children)?		
26. Are brochures, pamphlets, posters, or other client-education materials that focus on how men can be involved in reproductive health readily available?		
27. Are brochures or handouts on how men can be involved in PPTCT readily available?		
28. Do you think you could speak confidentially with a service provider or counselor here, without being seen or overheard?		

Additional comments:

4.3 Visualizing the Success of Men's Reproductive Health Services

Objectives

1. To identify ways to develop a men's reproductive health program at the participants' sites

Time

45 Minutes

Materials

- Flipcharts
- Markers

Steps

1. Tell the participants you will be leading them in a visualization, or guided-imagery, activity that will require them to imagine what the men's reproductive health services program at their facility might be like after they have received training and done all they can to establish the best services possible.

2. Lead them through the activity by saying the following:

Find a comfortable position, and close your eyes. Let your body relax. Listen to your breathing, and begin to take deep breaths. Relax all of the muscles in your body.

I am going to ask you to imagine a clinic that is very different from the one you are working in now. Because it is different, it requires you to stretch your imagination. Let yourself imagine as fully as you can. If you become distracted at any point, just take note of it and return to the process.

Imagine that it is two years from now. You have received comprehensive training on initiating and enhancing a male-friendly health services program, and the program is a great success. Reporters have come to your clinic to write stories on your accomplishments. You have won awards at conferences based on the clinic's services. Government officials from other countries come and visit your site to learn from you.

I want you to imagine the positive changes that were made by the men's services program. Remember that you had support from management, good teamwork, and necessary resources needed to do all of this work.

Now think about the clinical services you provide for men. What new services have been established for men? Which services did you expand or take to new locations? Which services did you already offer that men started to come in for?

Now think about the counseling services you provide for men. What issues do you now counsel men on? What type of couples counseling is provided? Who counsels men, and where does the counseling occur?

Now think about the physical environment of the facility. What changes did you make to improve the clinic so that it is more comfortable and appealing to men? How do men know that they are welcome to receive reproductive health services at your site?

Now think about health education efforts. What types of educational activities do you carry out? Where do you provide them? Who does this?

Now think about the strategies you use to bring men into the clinic. How are men's services promoted? What do you do to motivate men to come for the services?

Now, open your eyes.

3. Divide the participants into five groups, and give each group a flipchart and markers. Ask each group to discuss one of the five main categories covered in the guided imagery:

- Clinical services
- Counseling
- Physical changes to the facility
- Community education
- Promotion of services/motivation

Ask the group members to refer back to the ideas they had during the visualization activity and to write them on flipcharts. Allow 10 minutes for completion.

4. Reconvene the larger group, and ask for a volunteer from each group to report on their ideas.
 - Save the flipcharts for use in the next activity.

4.4 Action Planning

Objectives

1. To identify concrete steps to develop male-friendly services at the participants' sites

Time

90 minutes

Materials

- Flipcharts
- Markers
- Tape

Advance Preparation

- Collect the flipcharts used in the previous activity.
- Prepare the three flipcharts to be used as examples for this activity, as explained in steps 5, 7, 8 and 11.

Steps

1. Inform the participants that they will be spending the next few hours working on action plans for improving their facility's work with male clients.
2. Divide the participants into two groups based on their job duties and expertise.

The first group will consider clinical services, counseling, and changes to the facility. This group should consist of medical directors, doctors, nurses, counselors, and frontline staff.

The second group will consider promotion of services/motivation and community education. This group should include community health workers, community volunteers, health educators, promoters, and at least a few key managers and administrators from the facility.

Make sure that the groups are of equal size. Some participants can be assigned to a group that does not focus on their area of work, if necessary.

3. Ask each group to review the flipcharts from the previous activity. Group one will review the flipcharts on clinical services, counseling, and changes to the facility, and group two will review the flipcharts on promotion of services/motivation and community education.
4. Ask both groups to consider all of the ways that their facility might address these issues. Remind them about other exercises in this workshop that provided ideas for possible activities at a facility. These include activities focusing on the framework for working with male clients, case studies, cost considerations, and the facility walk-through. The flipcharts should contain some, but not all, of these ideas.

- Based on the flipcharts and other ideas from the groups, have the participants consider all the activities the facility is currently using to reach men, and all of the activities it could use in the future to reach men. Ask the participants to write these in two columns on a flipchart. Display the following as an example:

Clinical Services, Counseling, Changes to the Facility

Current Activities	Possible Improvements or Future Activities
• Vasectomy services • Condoms provided at low cost • Male counseling for family planning	• Sexual dysfunction services • STI diagnosis and treatment • A separate waiting room for men • Condoms provided for free • Couples counseling for family planning • Male information, education, and communication materials in waiting rooms • A sign in front of the building listing the services for men

Note that some of the current activities could be improved. In the example above, the facility decided that it may be able to provide condoms for free instead of charging for them. In this case, the improvement was listed under the possible future activities.

- Allow 15 minutes for completion. When the participants are finished, explain that due to financial and human resource constraints, it will not be possible to implement all of the ideas identified right away. Therefore, it is necessary to select the key activities to start with. One way to do this is to use the criteria below to evaluate and prioritize the activities.
- Present the following criteria:
 - ▶ **Feasibility.** How easy will it be to implement this activity? Does staff have the skills to carry it out? If not, can staff members be easily trained?
 - ▶ **Cost Effectiveness.** Can this activity be carried out in a way that will not put undue financial strain on the facility? Can the costs be recovered for these activities? Is the activity worth the investment?
 - ▶ **Appeal.** Will this activity be interesting and appealing to men? Will men use this service?
- Ask the participants to create a chart to rank the criteria. Tell the participants that they should rank each activity, from 1 to 5, based on each of the three criteria (the higher the score, the more feasible). After showing the chart, allow 15 minutes for completion. Display the following chart as an example:

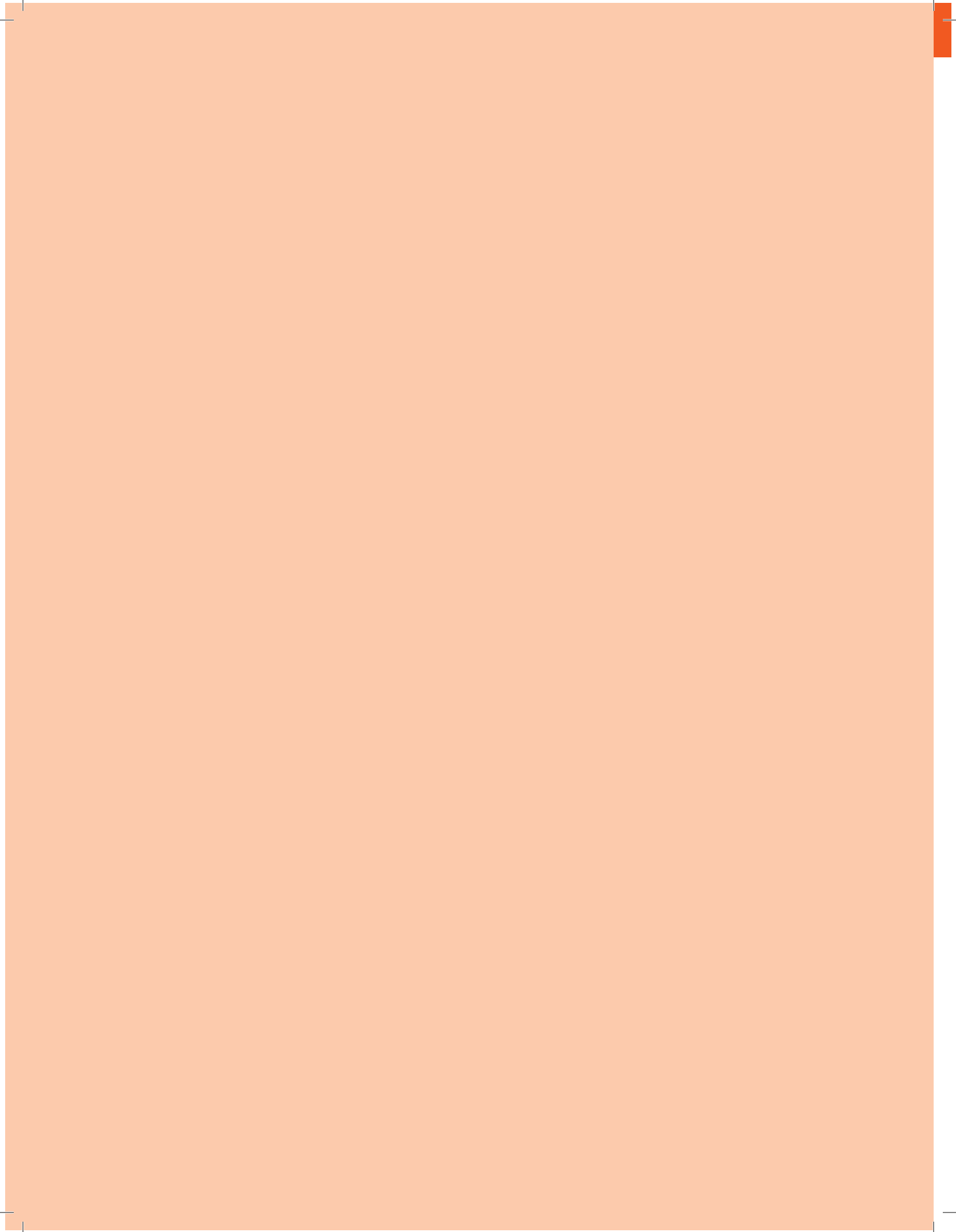
Activities	Feasibility	Cost Effectiveness	Appeal	Total
Provide condoms for free	5	3	5	13

Ask the participants to rank each activity from one to five, with five being the highest score, based on the three criteria. Allow 15 minutes for completion.

- After each activity has been ranked, ask the participants to explain why they ranked each activity as they did. Then ask them to identify the five to seven activities with the highest scores; explain that these activities will be included in their formal action plans.
- Ask the group to create a detailed action plan for each activity. Before the participants begin, present the chart below as an example of one action plan.

Activity	Steps	By Whom	By When
Promote services and provide health talks at workplace settings	1. Develop promotional materials	1. Ellen	March 31
	2. Meet with workplace management	2. Eduardo and Jane	April 10
	3. Develop lesson plans for the health talks	3. Jane	April 17
	4. Designate a time to provide the health talks and promotional materials	4. Jane and Eduardo	April 25
	5. Deliver the health talks	5. Jane	To be determined

In closing, explain to the participants that they will use these action plans as guidelines for what they need to do to initiate male-friendly services at their site.



4.5 Closing: Reflection

Objectives

1. To obtain participants' perspectives on the workshop

Time

10 minutes

Materials

- Pencils or pens
- Enough copies of Handout 15: Day/Workshop Closing Activity for all participants

Steps

1. Distribute the handout to the participants, and ask them to complete the statements, either orally or in writing.
2. Ask for volunteers to share their responses to one or more of the statements.

Handout 15:

Day/Workshop Closing Activity

Reflect on the ideas and information shared today or over the course of the workshop by completing the following sentences:

1. This workshop has taught me...

2. I was surprised to find...

3. When it comes to my values, I...

4. I want to think more about...

KNOWLEDGE AND OPINIONS SURVEY

Name: _____

Country: _____

Organizational Affiliation: _____

Male ___ Female ___

Job/title/role in organization: _____

Length of time at organization: _____

Attitudinal and Efficacy Questions

Statement	Agree	Partially Agree	Disagree
1. Men are not willing to discuss family planning or disease prevention with their partners.	Agree	Partially Agree	Disagree
2. Men need sex more than women do.	Agree	Partially Agree	Disagree
3. Preventing parent to child transmission of HIV is the mother's responsibility.	Agree	Partially Agree	Disagree
4. Women who carry condoms on them are 'easy'.	Agree	Partially Agree	Disagree
5. Very few men will accompany their partners for services or seek services themselves, so it is unnecessary to implement a male involvement program.	Agree	Partially Agree	Disagree
6. It is not necessary for married couples to use condoms.	Agree	Partially Agree	Disagree
7. Men are always ready to have sex.	Agree	Partially Agree	Disagree
8. The behavior of frontline staff (doormen, guards, receptionists) has little impact on the success or failure of a HIV program for men.	Agree	Partially Agree	Disagree
9. A facility can take many no-cost or low-cost steps to make its environment more hospitable to male clients.	Agree	Partially Agree	Disagree
10. Men should be outraged if their wives ask them to use a condom.	Agree	Partially Agree	Disagree
11. Men are not interested in HIV services.	Agree	Partially Agree	Disagree

12. Many men do not access services because they feel that they won't be considered "real men."	Agree	Partially Agree	Disagree
13. Sites should not offer couples counseling sessions because men will always dominate the discussions during joint counseling sessions.	Agree	Partially Agree	Disagree
14. It is a woman's responsibility to avoid getting pregnant.	Agree	Partially Agree	Disagree
15. The most important factor that men usually identify when seeking health care services is that the service provider be a man.	Agree	Partially Agree	Disagree
16. Service providers should not bother discussing condoms with men because men will never use them.	Agree	Partially Agree	Disagree
17. Incorporating men's reproductive health and HIV services into existing women's services will always cost a lot of money.	Agree	Partially Agree	Disagree
18. A man has the right to marry another woman if he finds out his wife is HIV positive.	Agree	Partially Agree	Disagree
19. A service provider or counselor can effectively provide services to a male client even if his or her values differ from the client's.	Agree	Partially Agree	Disagree
20. A man using violence against his wife is a private matter that shouldn't be discussed outside the couple.	Agree	Partially Agree	Disagree
21. It is not necessary for people who are married to get tested for HIV.	Agree	Partially Agree	Disagree
22. A woman who has sex before she marries does not deserve respect.	Agree	Partially Agree	Disagree

Knowledge Questions –

Statement	True	False	Don't Know
23. Sex refers to widely shared ideas and expectations concerning men and women.	True	False	Don't Know
24. HIV-related stigma is a major factor stopping people from finding out their HIV status.	True	False	Don't Know

25. A child is at risk of getting HIV only during labor.	True	False	Don't Know
26. Providers at a site may have legitimate fears about working with men that should be addressed before implementing a male involvement program.	True	False	Don't Know
27. If a person is HIV+, it does not matter if s/he is reinfected.	True	False	Don't Know
28. Aside from abstinence, the condom is the only contraceptive method that prevents both pregnancy and STIs.	True	False	Don't Know
29. In the counseling approach, REFDI, R stands for repeat.	True	False	Don't Know
30. Promoting gender equality must be central to men's roles in HIV prevention.	True	False	Don't Know

Efficacy Questions

Please indicate whether you strongly agree, agree, disagree or strongly disagree with the following statements:

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree
31. I have the necessary knowledge I need to involve men in VCT services.	Strongly Agree	Agree	Disagree	Strongly Disagree
32. I have the necessary knowledge I need to involve men in PPTCT services.	Strongly Agree	Agree	Disagree	Strongly Disagree
33. I have the necessary knowledge I need to involve men in ARV services.	Strongly Agree	Agree	Disagree	Strongly Disagree
34. I have the necessary skills I need to involve men in VCT services.	Strongly Agree	Agree	Disagree	Strongly Disagree
35. I have the necessary skills I need to involve men in PPTCT services.	Strongly Agree	Agree	Disagree	Strongly Disagree
36. I have the necessary skills I need to involve men in ARV services.	Strongly Agree	Agree	Disagree	Strongly Disagree
37. I would feel comfortable serving a male client if he came to the site with his partner.	Strongly Agree	Agree	Disagree	Strongly Disagree

38. I would feel comfortable implementing a male engagement program at my site or in my program.	Strongly Agree	Agree	Disagree	Strongly Disagree
39. I would feel comfortable listening to a male client discuss his sexual behaviors, concerns or needs.	Strongly Agree	Agree	Disagree	Strongly Disagree
40. I look forward to engaging men in HIV programs.	Strongly Agree	Agree	Disagree	Strongly Disagree

41. From a scale of 1-10 with 1 being low and 10 being high, how would you evaluate your current technical capacity to work with men in service delivery settings?

Low
High
 1 2 3 4 5 6 7 8 9 10

42. From a scale of 1-10 with 1 being low and 10 being high, how would you evaluate the your organization's current technical capacity of your organization to work with men in service delivery settings?

Low
High
 1 2 3 4 5 6 7 8 9 10

ANSWER KEY TO THE KNOWLEDGE AND OPINIONS SURVEY

The shaded responses below indicate the “correct” answers to the Knowledge and Opinions Survey. Since there are no “correct” answers to the attitudinal and efficacy questions, the highlighted responses for these questions indicate the most ideal response hoped for from the respondent.

II. Attitudinal Questions

Please indicate whether you agree, partially agree or disagree with the following statements:

Statement	Agree	Partially Agree	Disagree
1. Men are not willing to discuss family planning or disease prevention with their partners.	Agree	Partially Agree	Disagree
2. Men need sex more than women do.	Agree	Partially Agree	Disagree
3. Preventing mother to child transmission of HIV is the mother's responsibility.	Agree	Partially Agree	Disagree
4. Women who carry condoms on them are 'easy'.	Agree	Partially Agree	Disagree
5. Very few men will accompany their partners for services or seek services themselves, so it is unnecessary to implement a male involvement program.	Agree	Partially Agree	Disagree
6. It is not necessary for married couples to use condoms.	Agree	Partially Agree	Disagree
7. Men are always ready to have sex.	Agree	Partially Agree	Disagree
8. The behavior of frontline staff (doormen, guards, receptionists) has little impact on the success or failure of a HIV program for men.	Agree	Partially Agree	Disagree
9. A facility can take many no-cost or low-cost steps to make its environment more hospitable to male clients.	Agree	Partially Agree	Disagree
10. Men should be outraged if their wives ask them to use a condom.	Agree	Partially Agree	Disagree

11. Men are not interested in HIV services.	Agree	Partially Agree	Disagree
12. Many men do not access services because they feel that they won't be considered "real men."	Agree	Partially Agree	Disagree
13. Sites should not offer couples counseling sessions because men will always dominate the discussions during joint counseling sessions.	Agree	Partially Agree	Disagree
14. It is a woman's responsibility to avoid getting pregnant.	Agree	Partially Agree	Disagree
15. The most important factor that men usually identify when seeking health care services is that the service provider be a man.	Agree	Partially Agree	Disagree
16. Service providers should not bother discussing condoms with men because men will never use them.	Agree	Partially Agree	Disagree
17. Incorporating men's reproductive health and HIV services into existing women's services will always cost a lot of money.	Agree	Partially Agree	Disagree
18. A man has the right to marry another woman if he finds out his wife is HIV positive.	Agree	Partially Agree	Disagree
19. A service provider or counselor can effectively provide services to a male client even if his or her values differ from the client's.	Agree	Partially Agree	Disagree
20. A man using violence against his wife is a private matter that shouldn't be discussed outside the couple.	Agree	Partially Agree	Disagree
21. It is not necessary for people who are married to get tested for HIV.	Agree	Partially Agree	Disagree
22. A woman who has sex before she marries does not deserve respect.	Agree	Partially Agree	Disagree

III. Knowledge Questions

Read the following statements and decide whether you think each one is true or false. Circle the response (True or False) that more closely matches your opinion about the statement. If you do not know the answer, circle Don't Know.

Statement	True	False	Don't Know
23. Sex refers to widely shared ideas and expectations concerning men and women.	True	False	Don't Know
24. HIV-related stigma is a major factor stopping people from finding out their HIV status.	True	False	Don't Know
25. A child is at risk of getting HIV only during labor.	True	False	Don't Know
26. For HIV-positive women, it is best to combine breast feeding and bottle feeding.	True	False	Don't Know
27. Providers at a site may have legitimate fears about working with men that should be addressed before implementing a male involvement program.	True	False	Don't Know
28. If a person is HIV+, it does not matter if s/he is reinfected.	True	False	Don't Know
29. Aside from abstinence, the condom is the only contraceptive method that prevents both pregnancy and STIs.	True	False	Don't Know
30. Promoting gender equality must be central to men's roles in HIV prevention.	True	False	Don't Know

IV. Efficacy Questions

Please indicate whether you strongly agree, agree, disagree or strongly disagree with the following statements:

Statement	Strongly Agree	Agree	Disagree
31. I have the necessary knowledge I need to involve men in VCT services.	Strongly Agree	Agree	Disagree
32. I have the necessary knowledge I need to involve men in PMTCT services.	Strongly Agree	Agree	Disagree

33. I have the necessary knowledge I need to involve men in ARV services.	Strongly Agree	Agree	Disagree
34. I have the necessary skills I need to involve men in VCT services.	Strongly Agree	Agree	Disagree
35. I have the necessary skills I need to involve men in PMTCT services.	Strongly Agree	Agree	Disagree
36. I have the necessary skills I need to involve men in ARV services.	Strongly Agree	Agree	Disagree
37. I would feel comfortable serving a male client if he came to the site with his partner.	Strongly Agree	Agree	Disagree
38. I would feel comfortable implementing a male involvement program at my site or in my program.	Strongly Agree	Agree	Disagree
39. I would feel comfortable listening to a male client discuss his sexual behaviors, concerns or needs.	Strongly Agree	Agree	Disagree
40. I look forward to involving men in HIV programs.	Strongly Agree	Agree	Disagree

41. From a scale of 1-10 with 1 being low and 10 being high, how would you evaluate your current technical capacity to work with men in service delivery settings?

Low
High

 1 2 3 4 5 6 7 8 9 10

42. From a scale of 1-10 with 1 being low and 10 being high, how would you evaluate the your organization's current technical capacity of your organization to work with men in service delivery settings?

Low
High

 1 2 3 4 5 6 7 8 9 10



