

Couples HIV Counseling and Testing

Module Eight: Outreach and Recruitment

Module Perspective

This module will focus on the importance of outreach and reviewing outreach strategies such as door-to-door, media, radio drama and theater, and other outreach that can take place to recruit couples. Trainers will facilitate discussion on the strength and weakness of different type of outreach strategies.

The module will conclude with wrapping up the entire course by conducting the closing exercise. Trainers should address Parking Lot issues as necessary. Before presenting completion certificates, trainers will need to distribute the Post-Course Knowledge Assessments and remind participants to place the same identifier from the first day of training on the Post-Course Knowledge Assessment.

Objectives for Module Eight:

- Identify outreach strategies to make more couples aware of CHCT services available in their communities.
- Understand the strengths and weaknesses of different types of outreach strategies.

Advance Preparation

- **Prepare Overheads 8-1 through 8-8**

8-1: Importance of Outreach
8-2: Importance of Outreach (Continued)
8-3: Community Outreach
8-4: Door-to-Door Outreach
8-5: Media Outreach
8-6: Outreach through Fictional Drama
8-7: Outreach through Antenatal Clinics
8-8: Outreach in the Workplace

- **Prepare the following newsprints**

How can we get couples to come in for CHCT? (Blank—see page 4)
Outreach Strategies (see page 5)

- **Be prepared to address Parking Lot issues.**
- **Make copies of the Handout**

Post-Course Knowledge Assessment (H8-1)

- **If possible, provide certificates of completion to give to each participant at the end of the training.**

Day Five

Module 8: Topics/Activities Schedule

Start time: 10:20am

Activity	Time
Outreach	60 Minutes
Closing Exercise	30 Minutes
Post-Course Knowledge Assessment	15 Minutes
Completion Certificates/Adjourn	25 Minutes

End time: 12:30pm

Importance of Outreach

Welcome the group back from break.

Display Overhead 8-1.

Importance of Outreach

- In many communities, CHCT is a new option—many people do not know that it is possible to receive counseling and testing as a couple.
- Oftentimes, people do not know where the counseling and testing sites are in their community.

Overhead 8-1

As we discussed previously, married couples that do not know each other's status are one of the highest risk groups for HIV transmission.

Please refer back to page ___ in your manuals to the graph that shows the percentages of couples who are concordant and discordant. As you can see, CHCT helps reduce HIV transmission significantly among discordant couples by helping them to adopt risk-reduction behaviors, increase condom use, and reduce mother-to-child transmission. Unfortunately, few people know that it is possible to receive HIV counseling and testing as a couple.

Why is outreach important?

- In many communities, CHCT is a new option—many people do not know that it is possible to receive counseling and testing as a couple.
- Oftentimes, people do not know where the counseling and testing sites are in their community.

For example, one study showed that up to 80% of the couples recruited through outreach for HIV counseling and testing did not previously know where to get CHCT services. (Source: McKenna 1997)

Display Overhead 8-2.

Importance of Outreach
(continued)

- More people learn about counseling and testing services when the program actively recruits participants.
- Outreach can help couples during their decision-making process to decide whether to receive CHCT.

Overhead 8-2

Let's take a look at a few other important aspects of outreach.

- More people learn about counseling and testing services when the program actively recruits participants.
- Outreach can help couples during their decision-making process to decide whether to receive CHCT.

**Outreach
Strategies**

Display newsprint: How can we get couples to come in for CHCT?

**How can we get couples to come in
for CHCT?**

List responses here.

Facilitate a short brainstorming session, and list the participants' ideas on the newsprint.

What ideas do you have for how we can get couples to come in for CHCT?

Display newspaper: Outreach Strategies.

Outreach Strategies

- Community outreach
- Door-to-door outreach
- Media
- Fictional drama and theater
- Antenatal clinics
- Workplace recruitment

We will go over several outreach strategies today, including several that we identified during this brainstorming session.

The outreach strategies we are going to focus on today are:

- Community outreach
- Door-to-door outreach
- Media outreach
- Fictional drama and theater
- Antenatal clinics
- Workplace recruitment

Please keep in mind that this list is not exclusive. You may discover other ways to reach couples in your communities to let them know about CHCT.

Community Outreach

Display Overhead 8-3.

Community Outreach

- Obtain buy-in from local leaders.
- Display posters advertising CHCT at community centers and public buildings.
- Make presentations to a variety of groups about CHCT.
- Train influential people in the community to invite couples to receive CHCT.

Overhead 8-3

Community outreach involves a range of activities at the community-wide level that are intended to gain support, awareness, and interest for CHCT programs. They are also intended to help couples make the decision to come in for CHCT.

Let's review some key points for successful community outreach.

- Obtain buy-in from local leaders.

The first step in any community is to get the local leaders invested in the importance of CHCT and how it can help the community.

How do you think you could do this?

Acknowledge responses. Facilitate a brief discussion on how to obtain buy-in from local leaders.

Another step in community outreach is to:

- Display posters advertising CHCT at local community centers, churches, adult education centers, and public buildings.

When using posters to advertise CHCT, it's important to decide where you will advertise and to obtain appropriate permission.

- Make presentations to various groups, including churches and community centers, to encourage participation in CHCT and to encourage referrals.
- Recruit and train influential, social people in the community such as barbers, bartenders, and taxi drivers to talk about CHCT and to invite couples to receive CHCT.

You will need to give these people a brief training to teach them the basics of why CHCT is important and how to give referral information, such as clinic locations and hours of operation.

What other types of people in the community can be recruited and trained to invite couples for CHCT?

Acknowledge responses.

In one study, community outreach resulted in nearly 60% of the participants hearing about HIV counseling and testing services through a relative, friend, or neighbor. (Source: *Balmer 2003*)

Let's summarize—what are some strengths and weaknesses of community outreach?

Facilitate a brief discussion.

Listen for:

Strengths

- **Can reach a large number of people**
- **Can raise awareness and acceptance of CHCT**
- **Can be highly effective**

Weaknesses

- **Can be labor-intensive**
- **Cannot address decision-making barriers that couples may have**

Door-to-Door Outreach

Door-to-door outreach is another type of outreach. Door-to-door outreach is more focused than community outreach. It focuses on reaching couples individually and personally inviting them to come in for CHCT.

Have any of you used door-to-door outreach before?

Acknowledge responses.

Display Overhead 8-4.

Door-to-Door Outreach

- CHCT and VCT clients can be recruited as door-to-door outreach workers in their communities.
- Workers should:
 - Invite couples to come in for CHCT.
 - Explain why CHCT is important.
 - Provide information about clinic hours and locations.
- Outreach workers should receive training.
- Outreach workers should answer basic questions, but they are NOT counselors and should not attempt to counsel.

Overhead 8-4

Let's look at some important aspects of door-to-door outreach.

- CHCT or VCT clients can be recruited as outreach workers to go door-to-door in their communities to invite couples to come receive CHCT.
- Outreach workers should conduct brief door-to-door visits during which they:
 - Invite couples to come in for CHCT
 - Explain briefly why CHCT is important
 - Provide information about clinic locations and hours of operation
- Outreach workers should receive guidance or messages about CHCT through a brief training or seminar with CHCT site staff.
- Outreach workers may answer basic questions or provide testimonials about CHCT, but they are NOT counselors and should not attempt to counsel couples.

A study from Zambia shows the effectiveness of door-to-door outreach in promoting voluntary testing. In a study of over 7,000 individuals and couples who received counseling and testing, 70% heard about the site where they received testing through outreach workers. Eighty percent said they had not previously known where to get services. (Source: McKenna 1997)

To summarize, what are some strengths and weaknesses of door-to-door outreach?

Acknowledge responses.

Listen for:

Strengths

- ***Highly effective***
- ***Allows outreach worker to recruit couples as a unit***
- ***Provides an opportunity to address decision-making barriers for individual couples***

Weaknesses

- ***Labor intensive***
- ***May be expensive***

Media Outreach

Display Overhead 8-5.

Media Outreach

In order to be effective, media outreach should be combined with other CHCT outreach and recruitment strategies.

Overhead 8-5

The next outreach strategy is **media outreach**.

Media advertising, such as advertising on the radio, is one way to let the community know about sites offering VCT and CHCT.

Do any of you have experience using media outreach?

Acknowledge responses.

Media outreach has been less successful at actually getting people to come in for CHCT. However, it is still one option for letting the community know about sites offering VCT and CHCT. Let's take a look at another option—fictional drama—and what it entails.

Fictional Drama

Display Overhead 8-6.

Outreach through Fictional Drama

- Creates role models
- Starts discussions
- Increases awareness and social acceptance of CHCT
- Reinforces key messages
- Motivates people to get tested and to change behaviors.

Overhead 8-6

Fictional drama that involves stories about CHCT and other HIV-related issues can help increase the social acceptance of CHCT in the community and encourage couples to make the decision to come in for CHCT.

In Botswana and Zimbabwe, radio dramas have had storylines about couples dealing with their results, PMTCT, and other HIV-related issues.

- Fictional drama:
 - Creates role models
 - Starts discussions
 - Increases awareness and acceptance of CHCT
 - Reinforces key messages
 - Motivates people to get tested and change their behaviors

In the resources section of your manuals you will find a sample storyline from a radio drama in Zimbabwe. This is for you to review at your leisure.

Street and community theater and outreach drama can also portray CHCT-related stories.

In summary, what are the strengths and weaknesses of the drama strategy?

Acknowledge responses.

Listen for:

Strengths

- *Creates role models the audience can relate to*
- *Increases awareness*
- *Provides motivation for people to get tested*

Weaknesses

- *Radio dramas require time and money*
- *Community theater takes time*

**Antenatal
Clinics**

Another option for outreach is to target **antenatal clinics**.

Why might antenatal clinics (ANC) be a good place to recruit couples?

Acknowledge responses.

Listen for:

- **Women may be very interested in knowing their and their partner's status for the health of their baby.**
- **This strategy could reach a large number of interested people.**

One way to conduct outreach at antenatal clinics is to display posters at the clinics where clinic patients will see them. The patients can then talk to the clinic staff about the services being advertised. Clinic staff can encourage their patients to seek CHCT with their partners. In some communities, antenatal clinics may even be able to offer CHCT as an HIV testing option at their site.

Is there a disadvantage to recruiting couples through antenatal clinics?

Acknowledge responses.

Listen for:

- **In many situations, men are the decision-makers in couple relationships. This strategy generally puts the burden of starting a dialogue about CHCT on the female partner.**

Several programs have addressed this issue by sending women home from antenatal clinics with personalized letters from the clinic's program director that asks the couple to come into the clinic for HIV testing. This helps relieve the burden that is on the woman to open up a dialogue with her partner about seeking HIV testing.

This method has been highly effective in getting men involved, especially when their name was put on the letter and the letter was in an official clinic envelope.

An example of a letter like this can be found in the resources section of your manuals.

Display Overhead 8-7.

Outreach through Antenatal Clinics

- CHCT staff can target antenatal clinics through their community outreach efforts.
- Many women at antenatal clinics are interested in HIV counseling and testing.
- Antenatal clinic staff can encourage women to seek CHCT with their partners.
- Antenatal clinics can double as CHCT sites, and women can be encouraged to bring their partners in with them.

Overhead 8-7

Outreach through ANC and PMTCT clinics offer the following benefits:

- CHCT staff can target antenatal clinics in their community outreach efforts.
- Many women at antenatal clinics are interested in HIV counseling and testing.
- Antenatal clinic staff can encourage women to seek CHCT with their partners.
- Antenatal clinics can double as CHCT sites, and women can be encouraged to bring their partners in with them.

In some cases, men do not like to go to antenatal clinics. However, one program solved this problem by using an antenatal clinic as a CHCT site on the weekends.

This was effective because although men were not comfortable visiting the ANC during the week when antenatal services were being offered, most felt comfortable coming in over the weekend when the clinic was closed.

Remember, even if a pregnant woman gets tested at the antenatal clinic and knows her status, she can still come in with her partner to receive CHCT services.

In summary, what are some strengths and weaknesses of outreach at antenatal clinics?

Acknowledge responses.

Listen for:

Strengths

- ***Women want to know their status for the health of their baby.***
- ***The outreach can reach a large number of people.***

Weaknesses

- ***Woman is responsible for bringing up CHCT with her partner.***
- ***Men are not always comfortable with antenatal clinics.***

Workplace Recruitment

The next strategy to discuss is **workplace recruitment**. Studies have shown that large numbers of couples can be recruited by targeting large employers and the military. (Sources: Lurie 2003, Ryder 2000)

Display Overhead 8-8.

Outreach in the Workplace

- Can target the military and large and small employers.
- Can be used to target men.
- If available, outreach workers can work through a company's peer health educator to set up linkages and referrals.

Overhead 8-8

Community outreach workers can target both large and small employers through their community outreach efforts.

- Workplace recruitment is important because it can be used to target men. Because men have traditionally been the decision-making partners in couple relationships, outreach strategies directed towards men are needed.

Do any of you have experience recruiting men for HIV counseling and testing?

Acknowledge responses.

- Many larger companies have peer health educators who can give out information about CHCT programs.

CHCT staff can meet with workplace peer health educators as part of their outreach activities and set up a referral and linkage system to CHCT information and clinics.

To summarize, what are the strengths and weaknesses of workplace outreach and recruitment?

Acknowledge responses.

Listen for:

Strengths

- *It targets men, who are frequently the decision-making partners.*
- *It can potentially reach large numbers of people.*

Weaknesses

- *Generally targets male individuals rather than couples as a unit.*
- *Confidentiality at workplaces could be limited.*

Facilitate a brief discussion about which outreach strategies will work best for the participants' CHCT sites.

Now that we have discussed several types of outreach strategies, which do you think will work best for you at your CHCT sites?

Acknowledge comments.

Are there any questions about any of these strategies or how they can be used?

Given the value of CHCT, it is important for us not only to begin offering CHCT in our communities, but also to raise community awareness and make sure that couples have access to CHCT.

Be sure to address any final questions and remaining Parking Lot issues.

Before we conclude the content portion of our training, I would like to take some time to answer any final questions and clarify any of the information we have covered. Are there any questions?

In your manual you will find a CHCT reference list as a resource to help you when you return to your sites.

Closing Exercise

During the final exercise, be sure that the participants can see and hear each other. You may want to ask participants to rearrange their chairs to form a circle.

The impact of this exercise is greatest when everyone who played a role in the training participates, including participants, trainers, and observers.

Ask participants to turn to their manuals. Give them time to think about the statements listed. Ask them to use these sentences to come up with a comment or thought that they would like to share. When everyone is ready, ask a volunteer to begin. Request that the group model respectful and quiet acceptance of what is said and that no one respond to the comments as they are being shared.

After everyone has shared, thank the participants for their hard work and energy. Congratulate them on the important work that they have done and will continue to do as they become couple HIV counselors.

It is now time for the closing exercise of the training. Please turn to your manuals. Take some time to think about these statements, and complete any of the sentences that you choose.

Give participants time to look over the statements and write down a thought or comment that they would like to share.

Please choose one of the statements you wrote down that you would like to share. We would like to hear from everyone, so let's go around the room. Please share one thought or comment about this training. As people share, please listen, consider what is being said, and model respectful acceptance. Please do not respond to a person's comments.

Is there a volunteer who would like to begin our closing exercise by sharing a thought or comment?

Go around the circle until everyone has shared.

Thank you all for sharing.

As we discussed throughout the course, counseling couples together can help them plan for a healthy lifestyle, prepare them to protect each other's health, and prepare them for the future welfare of their families.

Couple HIV counseling and testing can and will be more effective with trained, skilled, and knowledgeable counselors, such as yourselves! Thank you for your hard work over the past few days.

Post-Course Knowledge Assessments

Distribute Post-Course Knowledge Assessments. Allow participants 15 minutes to fill them out.

Before we completely wrap up the training, we would like for you to fill out a Post-Course Knowledge Assessment, which I am handing out now. These will help us evaluate and improve this training course. Please place the same code you placed on your Pre-Course Knowledge Assessment on your Post-Course Knowledge Assessments.

Please take 15 minutes to fill these out. When you have finished, please return them to me.

Certificates and Closing

After everyone has completed the Post-Course Knowledge Assessment, have a closing ceremony. If certificates are available, present one to each of the participants. Distribute the certificates in a culturally appropriate way. Warmly congratulate each person, and thank the group for the work that they do. Finish with any housekeeping details that need to be taken care of, such as rearranging the room, and adjourn the training.

References

Balmer D, Grinstead OA, Kihuho F, Gregorich SE, Sweat MD, Kamenga MC, et al. Characteristics of individuals and couples seeking HIV-1 prevention services in Nairobi, Kenya: The Voluntary HIV-1 Counseling and Testing Efficacy Study. *AIDS and Behavior* 2000; 4(1):15-23.

McKenna SL, Muyinda GK, Roth D, Mwali M, Ng'andu N, Myrick A, et. al. Rapid HIV testing and counseling for voluntary testing centers in Africa. *AIDS* 1997; 11(Suppl 1):S103-S110.

Lurie MN, Williams BG, Zuma K, Mkaya-Mwamburi D, Garnett GP, Sweat MD, et. al. Who infects whom? HIV-1 concordance and discordance among migrant and non-migrant couples in South Africa. *AIDS* 2003; 17(15):2245-2252.

Ryder RW, Kamenga C, Jingu M, Mbuyi N, Mbu L, Behets F. Pregnancy and HIV-1 incidence in 178 married couples with discordant HIV-1 serostatus: additional experience at an HIV-1 counseling centre in the Democratic Republic of the Congo. *Trop Med Int Health* 2000; 5(7):482-487.

Handouts

Module 8: Outreach and Recruitment

Couples HIV Counseling and Testing Post-Course Knowledge Assessment

Questions	Strongly Agree	Agree	Disagree	Strongly Disagree	
1. A husband and wife can have different test results—one positive, one negative.	1	2	3	4	5
2. Most people understand that HIV is a sexually transmitted disease.	1	2	3	4	5
3. In the case of a concordant positive or a discordant result, it is important to identify when and by whom one or both of the partners became infected by HIV.	1	2	3	4	5
4. When working with couples it is effective to separate them to conduct individual risk assessments.	1	2	3	4	5
5. It is much more common in a couple for both partners to be negative than for the couple to have different test results, one positive and one negative.	1	2	3	4	5
6. Window period explains why couples have different HIV test results.	1	2	3	4	5
7. After couple counseling, couples frequently reduce their risk behavior.	1	2	3	4	5
8. Women who are infected with HIV during pregnancy or while breastfeeding are more likely to transmit HIV to their infant.	1	2	3	4	5
9. A person taking ARVs cannot transmit the HIV virus to others.	1	2	3	4	5
10. Divorce or abandonment occurs frequently after married couples receive different test results.	1	2	3	4	5
11. How would you explain to a disbelieving couple how it is possible for them to have different HIV test results, one is positive and one is negative (write response below):					
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Overheads

Module Eight: Outreach and Recruitment

Importance of Outreach

- In many communities, CHCT is a new option—many people do not know that it is possible to receive counseling and testing as a couple.
- Oftentimes, people do not know where the counseling and testing sites are in their community.

Overhead 8-1

Importance of Outreach

(Continued)

- More people learn about counseling and testing services when the program actively recruits participants.
- Outreach can help couples during their decision-making process to decide whether to receive CHCT.

Overhead 8-2

Community Outreach

- Obtain buy-in from local leaders.
- Display posters advertising CHCT at community centers and public buildings.
- Make presentations to a variety of groups about CHCT.
- Train influential people in the community to invite couples to receive CHCT.

Overhead 8-3

Door-to-Door Outreach

- CHCT and VCT clients can be recruited as door-to-door outreach workers in their communities.
- Workers should:
 - Invite couples to come in for CHCT.
 - Explain why CHCT is important.
 - Provide information about clinic hours and locations.
- Outreach workers should receive training.
- Outreach workers should answer basic questions, but they are NOT counselors and should not attempt to counsel.

Overhead 8-4

Media Outreach

In order to be effective, media outreach should be combined with other CHCT outreach and recruitment strategies.

Overhead 8-5

Outreach through Fictional Drama

- Creates role models
- Starts discussions
- Increases awareness and social acceptance of CHCT
- Reinforces key messages
- Motivates people to get tested and to change behaviors

Overhead 8-6

Outreach through Antenatal Clinics

- CHCT staff can target antenatal clinics through their community outreach efforts.
- Many women at antenatal clinics are interested in HIV counseling and testing.
- Antenatal clinic staff can encourage women to seek CHCT with their partners.
- Antenatal clinics can double as CHCT sites, and women can be encouraged to bring their partners in with them.

Overhead 8-7

Outreach in the Workplace

- Can target the military and large and small employers.
- Can be used to target men.
- If available, outreach workers can work through a company's peer health educator to set up linkages and referrals.

Overhead 8-8