

Workshop on Preventative Counselling on
Sexually Transmitted Diseases (STDs) amongst
Men who have Sex with Men (MSM)

November 5 & 6, 2000



Venue:
Bharosa
Peerpur house
Lucknow
India

Collaborating partners:
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This workshop, first in the series of workshops on "Preventive counseling on Sexually Transmitted Diseases (STDs) amongst Men who have sex with Men (MSM)" was held at Bharosa project in Lucknow, India.

We are grateful to all our friends and well wishers who helped us in making this workshop possible. We first of all thank Bharosa project for their support and commitment. Without their assistance this workshop would not have taken place. Our profoundest gratitude is due to Ms. Marriane Mtshihamba, Mr. Ron Macinnis and the members of Global Health Council (GHC) for providing the funds for traveling, boarding and lodging of the two facilitators from Pakistan to India.

Thanks are owed to our dearest friend Mr. Shivananda Khan who was involved all along in coordinating this workshop.

We also thank the board and members of Akbar Foundation and Vision for contributing the time of their staff to travel and conduct the workshop.

Finally, we thank our editor Ms. Amina Kamal Khan who with all her hectic schedule still finds time to volunteer for Vision.

Naheed Khilji
(secretary)

List of Participants

NAMES

ORGANIZATIONS

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2. Dr. R.P. Pathak	Uttar Pradesh AIDS Control Society
3. Ms. Meenakshi Misra	Uttar Pradesh AIDS Control Society
4. Ms. Roli Kulshreshtha	Uttar Pradesh AIDS Control Society
5. Dr. Uma Bisht	State Resource Centre, Uttar Pradesh
6. Mr. O.P. Chaurasia	State Resource Centre, Uttar Pradesh
7. Mr. Anil Dwivedi	SPARSH
8. Mr. Ambrish Dwivedi	SPARSH
9. Mr. Arif Jaffar	Bharosa
10. Mr. Parmeshwaran Nair	Bharosa
11. Mr. Sudeesh Singh	Bharosa
12. Mr. Anand Sharma	Bharosa
13. Dr. Praveen Tandon	Bharosa
14. Mirza Mohd Shahid	Bharosa
15. Mirza Mohd Izhar	Bharosa
16. Divya Sagar	Bharosa
17. Imran Khan	Bharosa
18. Asif Mirza	Bharosa
19. Ammar Hasan	Bharosa

Glossary

NGO	Non governmental organization
HIV	Human Immuno Deficiency virus
AIDS	Acquired Immune Deficiency Syndrome
MSM	Men who have sex with Men
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
Kothi	In Indian and Bangladeshi context of male to male sex, this term implies a sexual and gender identity. He is a male who is effeminate and sexual penetrated by other males.
Garya	Penetrating partner of Kothis (a real man)
Niharan	Good looking woman
Nazakat	Elegant
Hoon-hann	Expression normally used for listening

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1. Introduction:

Strategies to prevent the spread of HIV/AIDS in South Asia have gained momentum over the past decade. The reason for this sudden focus on the virus/disease explained well through the staggering numbers of infected people who have died or will be dying in this region by contracting the Human Immuno Deficiency (HIV-the causative agent of AIDS), if they remain unaware of the modes of contracting it.

Where the mode of transmission of HIV through unprotected sexual contact between a male and female (if not monogamous) has been targeted as one of the prime risk behaviors for contracting HIV virus, the sexual contact between two men is still a taboo subject in most of South Asian societies, making it difficult to be included effectively in mainstream Information, Education, and Communication (IEC) materials on HIV/AIDS.

The Naz Foundation, a United Kingdom (UK) based organization, is primarily focussing on issues related to men who are having sex with men (MSM) in South Asia. Since its inception Naz has been trying to create a network of organizations in and outside South Asia effectively and vigilantly address the issue of HIV/AIDS and MSM. Naz's efforts are evident in creation of several non-governmental organizations (NGOs) in South Asia that are now mainly focusing on MSM issues. In addition to this Naz has identified some other NGOs in the region who are willing to work with Naz and other South Asian NGOs as collaborative partners on MSM issues.

The workshop on Training of Trainers (TOT) for counseling on HIV/AIDS was organized by Bharosa in Lucknow, India, an NGO working on Male Sexual Health with special emphasis on (MSM). This workshop was conducted in partnership with

1. Akbar Foundation; a United States based non profitable organization working with focus on combating Women and Child trafficking within the region of South Asia and prevention of HIV/AIDS in vulnerable populations in South Asia and

2. Vision, a Lahore, Pakistan based NGO, working on HIV/AIDS with vulnerable populations, specifically men who have sex with men (MSM), and women and child trafficking within South Asia region.

This workshop was part of creating a common resource pool through which one partner NGO could take advantage of another NGOs technical expertise for capacity building purposes in required areas i.e. training of trainers in counseling skills in this case.

1.1 Profile of coordinating NGOs:

Akbar Foundation:

Akbar Foundation initially started as a group of like-minded South Asian, and American individuals living in the metropolitan area of Washington, D.C. USA. It was formally registered in 1999 in the state of Maryland, USA. The main sources of funding for Akbar Foundation are donations from within the group and periodic fundraising.

Akbar Foundation provides small grants for purposes of travel or lodging to those organizations in South Asia that are working towards:

- HIV/AIDS prevention in vulnerable population
- Eradication of women and child trafficking within South Asian region
- Creating awareness on child abuse in South Asian societies.

The long-term vision of Akbar Foundation is to support and encourage collaborative effort within South Asia to effectively address the above issues. In this workshop Akbar Foundation paid for the time of the two facilitators from Vision Pakistan, who traveled to Lucknow, India to conduct the workshop.

Bharosa:

Bharosa was conceptualized on 19th May 1997 and formally formed on 10th July 1997. Registered as an NGO under the Societies Registration Act 21, 1860. It was also registered as a charitable trust. The office cum drop-in centre became functional from 2nd October, 1997. The board of Bharosa consisted of MSMs as well as local people emphatic to the cause of Male who have sex with Male (MSM). Its main objective was to develop a community based health promotion and advocacy service for males who have sex with males and their sexual partners in Lucknow. As part of its implementation strategy it developed a male sexual health program in 1997.

With the technical support of Naz Foundation International, a risk and need assessment was carried out from October, 1997 to March 1998. As a result of this assessment Bharosa was able to identify the needs of MSM living in the area. Since then the organization has been able to design more focussed interventions. It has also developed extensive links amongst the different MSM networks and has been working closely with Naz Foundation International in terms of training, risk assessment and implementation of projects.

In three years of its existence Bharosa has been able to bring a considerable behavioral change amongst MSMs. There has been a marked increase in condom usage and decrease in risky sexual practices. A noticeable shift from anal sex to oral sex or thigh sex is reported.

At present Bharosa operates its Sexually Transmitted Infection (STI) clinic twice a week. Currently the outreach work involves 9 cruising sites but it is in process of expansion; approximately 3 more sites will be included to the existing outreach network.

Apart from all this there are social group meetings, counseling sessions, drop-in facilities, literacy and English tutoring classes offered every day by Bharosa centre. The organization also operates a telephone helpline every day between 4 p.m. to 9 p.m. There is also a Bharosa youth group that meets once a week.

The outreach work consists of distribution of education material, condoms and conducting counseling session at the sites itself. The patients are often referred to STI clinic or the Bharosa doctors.

Bharosa is not receiving funds from any government or non-government agency. However, it has applied to Uttar Pradesh (U.P.) State AIDS Control Society for funds for its Drop-in and centre based services.

Vision:

Vision started its work as a registered body in 1998. Prior to this time Vision was a group of volunteers who worked on creating awareness on child sexual abuse through seminars and talks held at schools and other such venues. In 1997 this group of volunteers was commissioned to do a fact-finding on commercial sex workers in the red light district of Lahore, Pakistan with the objective of understanding the behavior patterns and assessing knowledge regarding safe sex and spread of HIV/AIDS. This fact-finding was commissioned by Program for Appropriate Technology in Health (PATH) a US based organization, specializing in developing IEC materials in preventive health care.

While conducting this fact-finding, the Vision researchers discovered that there was a population of sex workers that was totally invisible; and this was that of male sex workers, who identified themselves as masseurs. Their clients were predominantly men, who in majority of cases wanted sexual gratification from them through anal intercourse, active or passive.

Seeing the need of creating awareness on safe sex and prevention from HIV/AIDS in vulnerable but invisible populations, the group decided to get it self registered in 1998 under the name of Vision with the following broad objectives:

- To work in the area of HIV/AIDS prevention.
- To create awareness on child sexual abuse.
- To work against child and women trafficking within the region of South Asia.

In early part of 1999 Vision signed a memorandum of understanding (MOU) with Naz Foundation, UK to pursue certain common goals such as promoting male sexual health and working with MSM population on HIV/AIDS prevention in Pakistan.

In the end of 1997 and beginning of 1998, Vision conducted an in-depth qualitative survey with the masseurs in the four provincial capital cities of Pakistan i.e. Lahore (Punjab), Karachi (Sindh), Peshawar (NWFP), Quetta (Baluchistan) and included Muree as a resort town visited by tourist from all over Pakistan in the summer months. The preliminary results of the survey show

1. High frequency of sexual contact between the masseurs and their male clients.
2. Lack of knowledge on Sexually transmitted diseases/infections, especially HIV/AIDS amongst masseurs and their clients
3. Condom use is negligible in the sexual contacts between masseurs and their clients

Vision currently is designing interventions to create awareness amongst the masseurs on safe sex. It has recently started focussed group discussions (FGD) with the masseurs in Lahore. It plans to hold similar FGD in other places, where it conducted its survey.

The funding to design intervention is given to Vision by Naz Foundation, UK. The qualitative study conducted by Vision was funded through fund raising from within its own group of volunteers and friends of vision.

Over the period of time, Vision team also developed expertise in providing training to NGO workers in areas of counseling and qualitative research methods. Since March, 2000 the organization has been successfully conducting training workshops on HIV/AIDS preventive counseling and research methods in Bangladesh and Nepal.

In September, 2000 Bharosa invited Vision to conduct a training workshop on HIV/AIDS preventive counseling for its outreach staff. The workshop was conducted on November 5th and 6th, 2000.

1.2 Goal:

To promote South Asia inter-regional collaboration of groups/NGOs through the process of capacity building, and jointly design counseling curriculums/BCC materials for HIV/AIDS prevention among MSM in the region.

1.3 Objectives and Agenda:

The objectives of the workshop were as follows

- To assess the level of understanding and capacity of counseling skills amongst participants and its use for counseling on HIV/AIDS and STDS
- To develop and practice individual and group counseling skills
- To sensitize participants on issues related to MSM, and explore possibilities of initiating channels of communication between the non-MSM and MSM groups working on HIV/AIDS prevention
- To assess participants level of knowledge on issues related to HIV/AIDS and STDS

- To introduce the Maternal and Child Health (MCH) counseling/TEC package on MCH and nutrition and to discuss plans for adaptation of the counseling methodology as a resource for community based MSM interventions aimed promoting sexual health
- To reflect upon peer counseling as an effective technique in HIV/AIDS & STDS prevention
- To provide a forum to non-MSM counselors for better understanding of MSM issues

The agenda of the workshop (Annex-1) included the following sessions

- Evaluation of counseling skills of participants
- Definition and elements of counseling
- Identification of problems related to counseling with MSM
- Developing a link between non-MSM groups and MSM groups working on HIV/AIDS prevention

1.4 Methodology:

The methodology used to facilitate the workshop mirrored the process used in the “Manual for training Community workers in MCH and Nutrition” developed for mothers on counseling for Maternal and Child Health (MCH) by MotherCare, The Asia Foundation and partner NGOs in Pakistan, the goal was to evolve appropriate guidelines for counseling on HIV/AIDS & STDS prevention through this workshop and later on through the follow up workshops held at Bharosa

Bharosa and Vision agreed that the workshop would be held in a interactive participatory manner; since the participants had considerable experience in outreach work on HIV/AIDS prevention, their participation would help in developing holistic guidelines for counseling as a significant component of sexual health promotion amongst MSM populations. Role-plays, demonstrations, discussions with help of open-ended questions, pair work and small group work were used as some of the techniques to transfer required skills in counseling

1.5 Pre-workshop planning meeting:

The planning session of the workshop was held on November 3rd, 2000 at Bharosa’ office. The executive director of Bharosa, several board members and the project coordinator along with the two facilitators from Vision met for the planning session.

It was agreed in the meeting that

- There would be participants from other NGOs as well as the Uttar Pradesh AIDS Control Society (Government’s AIDS control Program)
- The number of participants was already 19 and would not exceed from this

- The MMS and Islam component had to be tailored according to the needs of Bharosa project and more emphasis had to be placed on MSM and non-MSM linkages as that was a important issue for Bharosa project
- The agenda of the workshop had to be prepared
- Vision would write the workshop report in English
- Main emphasis would be placed upon developing and sharpening the counseling skills amongst the participants through role-plays and group reflection exercises, sharing of experience by the participants; and understanding the basic elements of counseling

1.6 Date and Venue:

The workshop was held on November 4th and 5th, 2000, at Bharosa project, Peerpur House, Lucknow, India

1.7 Participants:

There were 19 participants from the following organizations

Uttar Pradesh AIDS Control Society	4
State Resource Centre, Uttar Pradesh	2
SPARSH	2
Bharosa	11

1.8 Facilitators:

The following facilitated the workshop:

Ms Naheed Khilji	Vision
Mr Tahir Khilji	Vision

1.9 Participants nominated for training:

Mr. Arif Jaffer	Bharosa
Mr. Anand Sharma	Bharosa
Mirza Mohd Shahid	Bharosa
Mr. Parmeshwaran Nair	Bharosa
Mr. Imran Khan	Bharosa

2. DAY 1

MORNING SESSION

2.1 Opening and Introduction:

The day began with the facilitators introducing themselves, and the work that their organizations were involved in. Following this the participants briefly discussed their own work in their organizations and then Bharosa was thanked for providing a forum for training in counseling techniques.

2.2 Expectations of the Participants:

Participants were requested to share with the group their expectations from the workshop. They responded as follows:

- We will get information on how to prevent people from HIV/AIDS
- Through the workshop we will get general information on MSM, why do they indulge in such activities
- We will come to know the prevalence of AIDS and what can be done to stop it
- We would find out how Bharosa identified the MSM population, how did it deal with the psychosexual issues of MSM and motivate them. We will also come to know about some case studies that Bharosa may have gathered on MSM
- Through the workshop we will be able to have knowledge of important issues talked about while counseling.
- This workshop will help us in facilitating the conversation on safe sex with our clients
- Through this workshop we will be able to find ways of identifying MSM, and approaching them
- We will find out how to target MSM groups and also will come to know through Bharosa's experience the problems they faced during this process
- This workshop will help us in finding ways of breaking barriers and enable us to find ways to be accepted by the family as well as the society
- We will find a way through this workshop to protect MSM from police
- This workshop will tell us ways to be non-judgmental and deal with self-esteem, since most MSM hide their identity for these reasons. It will also help us in creation of linkages between MSM and non-MSM
- The workshop will create trust in MSM towards non-MSM

2.3 Objective and Agenda:

The facilitators shared the objectives and the agenda of the workshop (Annexure-I) with the participants.

2.4 Norm setting for the Workshop:

Workshop norms to facilitate the learning process were developed by the participants. These were:

- Punctuality
- Confidentiality will be maintained
- Conversation should be focussed and irrelevant issues should be avoided
- Two way communication should take place and the workshop should be participatory
- Inputs should be short, precise and to the point
- Each participant should be patient
- Participants should respect each other and their point of view
- No cross talking and no side talking
- Participants should be attentive
- There should be active listening

2.5 Assessing the understanding of counseling skills of the participants:

Purpose: To gauge counseling skills in the participants

Methodology: Role-play

It was decided that all the role-plays would be based on real life experiences that the participants face in their routine work of counseling or outreach.

2.5.1 Role-play#1: A client is facing a problem where he is not too sure about his sexual orientation. He is attracted to other men. His colleagues use derogatory language for him. He constantly feels guilty and is embarrassed in public when he is called these names. He has started feeling that he is doing something very wrong.

Reflection: Participants were facilitated to reflect upon the role-play and issues arising from it. Discussions were primarily about the skills that were used in the counseling session.

- The client was hesitant to share his problem with the counselor
- The counselor encouraged the client to speak
- Counseling was done in a friendly environment
- There was eye to eye contact between the counselor and the client
- Counselor was polite

- The counselor did not have a patronizing attitude
- Counselor respected the feelings of his client
- Counselor was confident and was listening patiently
- Attitude of the counselor was non-judgmental

Things that could have been improved in the session were:

- The counselor should have greeted the client
- There should have been some kind of assurance of confidentiality from the counselor to the client
- There was not enough time available to the counselor to effectively do the counseling

2.5.2 Initial checklist of counseling skills:

An initial checklist was put together from the group reflection. Further skills could be added to the list as the workshop proceeded

- Always greet the client as it helps in building the rapport
- It is counselor's job to create friendly environment for this client as that helps the client to open up
- The counselor should always be non-judgmental and should not have a patronizing attitude towards his client
- Verbal assurance of confidentiality is essential
- Counselor should be polite
- Counselor should be confident and should have good knowledge of the content
- Counselor should use the time effectively and efficiently as in some cases there may not be much time available for counseling
- Counselor should have good listening skills such as patience while the client is talking
- Counselor should be respectful towards his client

2.6 Counseling by outreach staff at cruising areas:

Purpose: To highlight some of the problems that an outreach worker may face while counseling/disseminating safe sex information in a cruising area

Methodology Role-play

2.6.1. Role-play#2: Outreach worker is trying to disseminate information on safe sex practices to a male sex worker (MSW). The male sex worker is not paying any attention to the outreach worker and is in a hurry. The MSW wants the session to end so that he can pick up a client or two to make his evening productive.

Reflection: Participants were facilitated to reflect upon the role-play and issues arising from it.

- There was no eye contact between the client and the outreach staff
- Client was not showing any interest in the messages being delivered by the outreach staff
- Client was interested in the men walking by and was not listening at all
- The environment was not at all friendly
- There was no rapport between client and the outreach staff

Discussion: A discussion was facilitated to find solutions to some of the problems that the outreach staff was facing in the role-play. Following suggestions came from the participants:

- There should have been an effort to build rapport by the outreach staff. Inviting the client for a cup of tea could have done this. If the outreach staff did not have the funds to do so then he could have started a friendly conversation instead of information dissemination right a way
- Bonding is essential. Outreach staff should visit their targeted areas off and on. This way they may not be treated as an outsider
- The outreach staff could have waited for the client to finish his cruising and should not have interrupted in the ongoing activity. The client was too distracted to register anything that the outreach staff was suggesting
- The outreach staff could have very simply handed over a condom or something with a brief message reinforcing the safe sex practices instead of a long speech

2.6.2 Role-play#3: Outreach worker is trying to counsel a male sex worker on benefits of using a condom. The MSW is negotiating with a client when the counselor is talking to him.

Reflection: Participants were facilitated to reflect upon the role-play

- The environment was not at all friendly
- There was no privacy. Counselling was being done right in middle of a crowd
- The outreach worker was patronising and judgmental
- The outreach worker was imposing his own opinion
- The outreach worker had an advantage where he could have delivered his messages on safe sex to both the sex worker as well as his client. He completely ignored the client of MSW and the client walked away

The positive things about this outreach session were:

- The outreach worker was polite
- The outreach worker shook hands with the MSW
- There was eye to eye contact when the outreach worker was speaking to the MSW

- The MSW was attentive, seemed the outreach worker and MSW knew each other from before
- There was rapport between the MSW and the outreach worker

Concluding remarks: The facilitator stated that the outreach scenarios are generally unpredictable. In most situations the outreach worker has to exercise her/his best judgement. However, if the outreach staff is consistent in her/his visit to its targeted community, it helps in creating a bond of trust between the community and the outreach worker, a good rapport automatically follows from this trust. Regarding messages on safe sex or HIV/AIDS, they should be simple, brief and clear. The facilitator suggested adding two more things to the checklist of counseling

- Always use empathy and avoid sympathy in counseling sessions or in outreach work
- Do not make false promises

2.7 Police harassment and role of outreach worker:

Purpose: Police harassment is another problem that outreach workers may face while disseminating safe sex information in a cruising area.

Methodology: Role-play

2.7.1. Role-play#4: In a cruising area there are several MSWs. They are walking around trying to attract clients for the evening. There is an outreach worker who is giving out safe sex brochures and distributing condoms to MSWs. Suddenly, the police come in the park. The police officer tries to get rough with one of the MSW and upon searching him finds a condom on him. He wants to take the MSW to the police station. Upon the intervention of the outreach staff, the police officer wants to arrest the outreach worker as well.

Reflection: Participants were facilitated to reflect upon the role-play

- Outreach worker tried to protect the MSW from the police. It was a good thing as it would eventually create a bond of trust between the NGO outreach staff and the community its working with.
- Outreach worker also tried to educate the police
- The outreach worker tried to initiate negotiation with the police
- The outreach worker was confident when he spoke with the police and explained the purpose of his presence well to the police
- The outreach worker was consistent in providing support to the MSW
- The outreach worker did try to remove the immediate threat for the MSW.

There were some more suggestions that came from the participants to handle the situation in a different way

- The outreach worker could have introduced her/his organization to the police and nature of work that the organization was involved in
- The outreach worker could have separated the police from the client and spoken to the police in privacy explaining to them that actually the work both agencies were doing was very close in nature
- The organization could meet the police staff working in the area before ever going in the community and inform them of their work. This way the police would be informed ahead of time and may accept the presence of the outreach worker at the cruising spot.

2.8 Second checklist of counseling skills:

A second checklist of counseling skills was put together after the role-plays and reflection exercises.

- Always greet the client/patient in a friendly manner. Initiate a conversation with her/him. Reinforce a good behavior by giving a compliment
- Remove barriers that may be there between the counselor and the client such as tables or any other such object. If there is a table in between then come across the table and take the chair next to the client
- Rapport building
- Eye to eye contact
- Confidentiality should be verbally assured irrespective of how well you know the client
- Counselor should have good grasp over the content of counseling materials
- Messages should be in simple language, brief and to the point
- Counselor should be non-judgmental
- There should not be information over-loading by the counselor
- Empathy and not sympathy
- Bonding and trust building essential
- Counselor/out reach workers should be consistent in their visits, should keep their appointments and be always punctual
- Sessions should have information sharing rather giving advise (it was although suggested that on this one issue counselor/out reach worker could use her/his judgement)
- Active listening
- Patience
- Counselor facilitates the process of choosing an option
- Open-ended questions instead of close-ended question
- Use probes (when needed) to understand the problem better
- Recapping of conversation should be done by the counselor/outreach worker
- Counselor should never make any assumptions
- Counselor/outreach worker should always make a follow-up appointment

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AFTERNOON SESSION

2.9 Counselling, observation and feedback

Participants were divided in small groups of three and each group was given 15 minutes to play the role of a counsellor, client and observer. Participants who acted the role of client selected a topic of her/his choice to be counselled on. The counsellor, using the skills that had been discussed up to that point, would counsel the client. Whereas, the observer would observe and later give feed back in the larger group.

Feedback from group#1

- The counsellor did not greet the client and due to that no rapport was built between the client and the counsellor
- There were long pauses between the conversations. The counsellor kept looking at client's face and the client kept looking at counsellor's face. The counsellor could have kept the conversation going
- The counsellor did not know about the content well and was quiet most of the time
- There was no verbal assurance of confidentiality
- The counsellor did ask open-ended questions and that facilitated the client in giving detailed information
- The facial expression and gestures of the counsellor motivated the client to open up and share his problems

Feedback from group#2:

- The counsellor did not greet his client, thus no rapport
- There were lots of gaps in conversation. The counsellor as well as the client both were distracted by these gaps
- No recapping was done by the counsellor
- The counsellor was polite and very open
- There was eye contact between the counsellor and the client

Feedback from group#3:

- The environment was not friendly
- The counsellor was nervous and lacked confidence
- The counsellor did not have knowledge of the content
- The counsellor was polite

Feedback from group#4:

- There was some kind of misunderstanding between the client and the counsellor. The counsellor misunderstood the problem of the client and the client remained confused
- The atmosphere was friendly
- The client answered the questions without any problem, which meant that rapport was developed between the client and the counsellor.

Feedback from group#5:

- Counsellor was overloading the client with information
- No effort was being made to find out whether the client was absorbing what the counsellor was telling him

Concluding remarks: The facilitator re-emphasised the importance of the following:

- The outreach worker/counsellor should have full grasp on the content of the information that he is sharing with the client.
- Client's convenience is foremost in every situation
- Creating trust /rapport building is the responsibility of the outreach worker/counsellor
- Information should be simple, precise and to the point
- Wrap up each issue before moving to the next when counselling
- A convenient time and place for a follow up meeting should be agreed upon between the counsellor/outreach worker and the client.

2.9.1 Feedback:

Purpose: To explore acceptable ways of giving feedback to outreach worker/counsellor/office staff upon their performance

Methodology: Role-play

2.9.2. Role-play#5: Supervisor is sitting in his office with a guest. An outreach worker knocks at the office door and walks in, the supervisor tells him to sit down and starts criticising his work.

Reflection: Participants were facilitated to reflect upon the role-play

- I felt bad as a visitor. I wanted to get up and leave since the supervisor and the outreach worker were discussing something that was internal and was regarding the working of their organisation.
- I felt bad because I was being admonished in front of a visitor

- I do not think this was the right way of handling the situation, the supervisor could have called the outreach worker at another time and spoken to him
- The tone of the supervisor was very authoritative. He could have used a softer tone
- If I were the outreach worker I would feel very bad.

2.9.3. Role-play#6: Supervisor is sitting in his office with a guest. An outreach worker knocks at the office door and walks in, the supervisor asks him to enter. He introduces the outreach worker to the guest, finds out how the outreach worker is doing and then very politely asks the guest if they both can be excused for 5 minutes. The supervisor and the outreach worker both leave the room. The supervisor is complimentary about the work that the outreach worker is doing and asks him if he was facing any problem, as the work is very challenging. In response to this query the outreach worker discusses some problems. The supervisor says not to worry and collectively they will resolve this problem. They make an appointment to meet at another time. The supervisor thanks the outreach worker and goes back into his room to resume his meeting.

Reflection: Participants were facilitated to reflect upon the role-play.

- Yes, this is how it should be done
- This way of giving feed back is very useful and productive
- I think this way the outreach worker remained confident about his work and his self-respect was also not effected
- It was more like two friends were discussing a problem. It did not seem as if it was an interaction between a supervisor and an outreach worker

Concluding remarks: The facilitator concluded this exercise by suggesting that there are always different ways of doing the same thing. In this case the second role-play provided a more cordial and a friendly scenario that would help the office environment, encourage the workers and develop team spirit in the workers.

2.10 Linkages between MSM and non MSM:

Purpose: A concern was shared by some of the participants that there was a substantial number of non-MSM in the group therefore they would want to address the issue of how non-MSM feel about Male to Male Sexual (MMS) behaviour.

Methodology: Role-play

2.10.1.Role-play#7: Three parents two fathers and one mother is sitting in a park separately. They see their sons cruising and trying to attract male client.

Reactions: The parents in the role-play were asked to share their reactions with the group

Mother: *I felt sorry. I felt bad. I felt that I failed in his up bringing and as a result of that he has taken the wrong path. My concern was who to consult so that he i.e. the son is counseled and is directed to the right path.*

Father#1: *I felt guilty. I felt that we i.e. my wife and me has not been able to bring him up properly, now what to do to divert him from this behavior of his.*

Father#3: *I felt shame and anger. I thought of talking to him directly as to why he was roaming around with such boys. If I would not be successful in this then I would think of another strategy.*

Discussion: These reactions generated a discussion amongst the participants. Some of the views that were shared in the discussion were:

- The parents were not sharing their true reactions. They hid their actual feelings
- The boys should be married immediately so they stop this activity
- What if the boys were teasing girls and making their life miserable, would the parents have felt shame, anger and guilt if they had witnessed them doing it?
- I would have married my son to the girl he was teasing. I would have gone to her parents' house and after explaining the situation to them, would have asked their daughter's hand for my son.

Concluding remarks: The facilitator suggested that the group think more about the issue and come back the next day to discuss further, specifically the feelings of guilt, shame and anger felt by the parents.

2.11 Review and feedback:

A quick review of the day's activity was conducted and participants gave their feedback

- I like the workshop very much. It should have been for more days. Two days are not enough
- A participatory and interactive day
- Role-plays were good
- Liked the role-plays
- Facilitator should wrap up each session to avoid confusion
- Role-plays were effective
- Two minutes laughter is essential during the day
- I am feeling good, a little nervous because of new environment. I would still want to know what non-MSM think about MSM
- We still do not know how to identify MSM
- I felt like a part of this workshop
- The workshop is unique. It is new in its methodology and the work is systematic

- True feelings are not being portrayed in people's reaction:

3. DAY 2

MORNING SESSION

3.1 Sharing of personal feelings:

The day began with participants sharing their personal feelings:

- I am feeling good because people look cheerful and I am going to learn new things today
- I am feeling good but a little curious as to what will happen today and what new things will be discussed today
- I am feeling happy to see everybody. I am feeling more knowledgeable than yesterday. I am open to learn more
- I am feeling good. This morning when my friend and I were standing outside waiting for workshop to begin, my friend was standing close to me and talking to me. I told him to stay away as people would take us for MSM
- Right now there is lot of smoke from outside so feeling a little overwhelmed by the smoke but I am sure will feel better when the smoke is no more there
- I am feeling good because of the friendly environment
- I am excited because I will learn something new and will also find out what people think about MSM
- I am feeling very comfortable as I have started knowing the participants
- I am feeling good because a controversial subject is being discussed openly with fruitful and concrete results
- I am feeling good as I am learning about a new subject
- I am happy to have other NGOs here. They are trying to understand the issue. Some of their barriers would be broken through this workshop. All the outreach workers are having this training/experience for the first time

3.2 What do MSM think about themselves?

Some participants considered it important to find out what non-MSM thought about MSM. The facilitator suggested that if all agree this question could be asked a little differently, i.e. instead of asking what non-MSM thought about MSM, we could first ask what MSM thought about themselves. Participants agreed to this suggestion.

Process of self-reflection was facilitated:

- Feel not sexually potent enough
- Think of self as different from others as am interested in males

- Feel that society does not accept this kind of behavior
- Well people selling sex do not feel that it is something bad
- Differs according to the role MSM play The Garyas have no problems, it is the Kothis who feel guilty
- Kothis from lower level sometimes feel pride in doing sex with other men because they feel that this way they are saving the honor of their mothers and sisters, otherwise these men would go after female of the household
- Since I started working with Bharosa I do not care what people think

Concluding remarks: The facilitator suggested that everybody think about how each of us forms opinions, and what may be some of those factors that assist us in determining whether something is right or wrong. While the group was brainstorming, the following activity was conducted.

3.2.1. Socialization processes:

The facilitator divided a chart paper into half by drawing a line in the middle. He wrote man on one side and woman on the other side. He asked that each participant immediately say what ever comes to her/his mind when the facilitator calls out man and woman.

Man

Moustache and beard
5 ft 6 inches, good health
Age 22-25
Powerful
Garya
Married man
Dominating person
Powerful
Mature in age
Masculinity
Strong
Attractive/compassionate

Woman

Earrings
17 year old with mature body
Graceful
Graceful
Niharan (good looking woman)
Married woman
Attractive
Pass 25 years of age
Frank
Beauty/Nazakat
Beautiful/attractive/sexy
Graceful

Discussion: Following the activity, a discussion was facilitated. The group was asked to separate all those attributes from the list that nature had endowed men and women with versus those characteristics that society attached with each gender. It was concluded in the discussion that gender roles were generally determined through socialization processes. Thus, forming opinion and judging actions were similarly part of socialization.

3.3 Linkages between MSM and non-MSM (counseling sessions):

Purpose: To identify barriers in counseling session between MSM and non-MSM

Methodology: Role-play

3.3.1 Role-play#8, MSM counseling another MSM: Client has been unable to get a partner for quite sometime.

Reflection: Participants were facilitated to reflect upon the role-play

- Counselor was not at all polite
- Counselor was using a patronizing tone
- There was not trust building or bonding between the counselor and his client
- There was a desk in between the counselor and the client. The counselor did not make the effort to come around the desk and sit next to the client
- Counselor did not verbally give an assurance of confidentiality
- Communication was not open
- Seriousness was missing in the session. They both were laughing a lot
- They were over friendly
- Counselor had the opportunity of giving out the safe sex information but did not do so

3.3.2 Role-play#9, Non-MSM counseling another non-MSM: The client suspects that he has AIDS since he is losing weight. Once went to the doctor and started using some medicine, when he felt better he stopped using the medicine and never went back to the doctor. In this counseling session he is advised by the counselor to see the doctor again.

Reflection: Participants were facilitated to reflect upon the role-play

- No assurance of confidentiality was given to the client
- It was a good opportunity for the counselor to slip in information on safe sex practices
- Counselor was very abrupt and therefore the client felt awkward
- No rapport or trust building between counselor and the client
- No proper referral of a doctor was given to the client by the counselor

3.3.3 Role-play#10, MSM counselor counseling non-MSM client: The client suspects that he has AIDS. He tells the counselor that he has been coughing for a month and has lost weight too. He suspects that he was given infected blood after an accident. The counselor suggests him to go to a doctor. Client worried that the doctor may think of him as a bad person or may tell other people if he is found HIV+.

Reflection: Participants were facilitated to reflect upon the role-play

- The counselor was polite

- There was eye to eye contact between the counselor and the client
- The counselor greeted the client
- There was a level of trust between the counselor and the client
- Client seemed satisfied
- Information was precise
- Counselor was non-judgmental
- Counselor should not have asked the client to change his position rather he himself should have gone across the table to sit next to him
- There should have been a follow up appointment made
- This was counselor's chance to give out information on modes of transmission of HIV/AIDS and safe sex.

At this point the group suggested that in one of the role-plays the counselor was a woman and that effected the dynamics of the session. They felt that the client being a man was holding back a lot of information that he would have otherwise shared with a male counselor. The facilitator asked the group if they would want to do another role-play with both the counselor and client of the same gender and then compare the two role-plays and see if gender does make a difference in counseling. The group agreed to this

3.3.4 Role-play#11, Male counselor counseling male client: The client was feeling dizzy and weak. He suspected that he had contracted HIV

Reflection: Participants were facilitated to reflect upon the two role-plays that they wanted to compare

The first role-play where a woman was a counselor:

- Counselor was attentive and showed interest in the problem of the client
- Counselor changed her own sitting position to make the client feel comfortable
- The rapport building was good and quick
- The counselor made a follow up appointment
- Assurance of confidentiality was given by the counselor
- The counselor even offered to make a doctor's appointment for the client
- The counselor was non-judgmental
- The counselor was constantly assuring client of support

The things that were missed out in this session:

- The counselor did not make any investigation into sexual behavior patterns of the client

The second role-play where a man was counseling another man:

- There was eye to eye contact
- Client was very open to the counselor

- I feel that since both the counselor and the client were men therefore the process of communication was lot smoother
- In our organization we have women counselor for female clients and male counselor for men because most of the time men do not want to tell certain things to women and women do not want to disclose certain things to men

The things that were missed out in the session were:

- Counselor did not stand up
- Counselor did not change his position and expected the client to change his sitting position
- When mentioning male to male sex the counselor was sounding negative

Feedback from the client: Counselor was not taking my problem seriously and did not make the effort to give me complete information.

Concluding remarks: The facilitator shared his own experience with the group and said that in certain situations gender does become a barrier in communication. However, it all depends upon the skills of a counselor how she/he handles the problem at hand. The counselor may have the skills to facilitate the client to share the problems in entirety irrespective of her/his gender.

3.4 HIV/AIDS pre-test counseling:

Purpose: To identify some of the skills required in HIV pre-test counseling

Methodology: Role-play

3.4.1 Role-play#12: A student of medical college went on vacation. He had sex there and now suspects that he may have contracted HIV. He wants to get himself tested

Reflection: Client was facilitated to reflect upon the counseling session

- My anxiety was not at all handled. I was very anxious all along
- My feeling of guilt was reinforced instead of making an effort to relieve me of it
- I felt that the counselor did not have enough knowledge on the subject of HIV/AIDS
- The counselor did not try to investigate much rather he just reinforced my suspicion by asking me very superficial questions
- Most of all, the counselor was very judgmental calling certain sexual practices bad

The facilitator asked the group to suggest ways of improving upon the above session. Following suggestions came from participants

- The first thing to do in such a situation is to calm your client, because the client will not be able to open up if she/he is agitated, disturbed, pre-occupied or anxious

- Counselor should be **NON JUDGEMENTAL**, irrespective of how he feels about certain sexual act or orientation
- Counselor should have a full grasp on the subject matter of counseling. In this situation it was HIV/AIDS, thus the counselor should have known all about HIV/AIDS
- The counselor convey to the client that there is support available for him and should know where those support groups are located/situated
- The counselor should not use sympathy but use empathy while she/he is counseling

The facilitator asked the group to distinguish between empathy and sympathy. After some discussion, the participants decide that a role-play would be a better way to understand the distinction between the two.

3.5 Sympathy versus empathy

Purpose: To understand the difference between sympathy and empathy

Methodology: Role-play

3.5.1 Role-play#13: Two friends sitting and chatting. Third comes in. He looks sad and depressed. He suspects that he has contracted HIV. He starts crying one friend starts crying with him. The other friend keeps on reassuring him by patting his back and once he is more composed tells him how AIDS is contracted and a blood test is the only way to find out whether the person is HIV+ or negative.

Reflection: Participants were facilitated to reflect upon the role-play

- I would definitely want to speak to the friend who is composed and is listening as he has more strength
- Sympathy was okay, and I liked it but then the problems was solved by the friend who was listening and was composed
- I liked the sympathetic attitude of the friend

Concluding remarks: The facilitator highlighted the difference between sympathy and empathy using the role-play and the reflection of the group as an example. He emphasized how most of the group felt that sympathy in certain situations may block the flow of information whereas, empathy may encourage the person to speak and tell his problem.

On the issue of **Post HIV/AIDS test counseling**, the facilitator suggested that as long as people were equipped with the basic skills of counseling, post HIV test counseling could also be done however, sometimes a trained psychiatrist/psychologist may be needed to conduct a post HIV test counseling.

3.6 Active Listening:

Listening:

Exercise#1:

Participants were divided into pairs of two. Each pair was given 10 minutes to play the role of a speaker and a listener. Participant who acted the role of a speaker selected a topic of her/his choice.

Reflection: Participants were facilitated to reflect upon their feelings both as a speaker and as a listener.

Speakers:

- It was very irritating as I was speaking and there was no response
- Some gesture or response should have been there
- I felt very angry because I thought that the listener was not listening to me as there was no response from the listener
- Just sitting like a puppet and listening was tough
- There was no recapping so I felt that I was not being heard at all
- Since the listener was not asking any questions, I felt he was totally indifferent to my existence
- Very difficult for me to withhold the gestures
- I felt that as a client I had come to a wrong person
- I felt as if I was talking to a wall
- At the end of the conversation nothing had happened, no communication took place
- It was like speaking to a strange person who was not responding in anyway
- I was telling him my life story and he was watching a bird all the time
- I started with a very interesting topic but I myself lost interest in it as the other party seemed not to be listening
- Felt as if I was burdened with something

Listeners:

- It is difficult to just sit there and not respond
- For me it was a punishment to just sit there and listen
- It was boring I did not like the topic but was not able to tell the speaker that
- I wanted the speaker to end his speech so I could start talking
- I could see that it was a forced conversation, a monologue
- Forced conversation, all my attention was focussed on controlling my gestures

Exercise#2:

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In this exercise the listeners were asked to respond to the speakers non-verbally.

Reflection: The group was facilitated to reflect upon their feeling both as a speakers and listeners.

- Eye to eye contact kept the listener attentive
- Just gestures not sufficient, I wanted the other person to ask questions too
- I felt that the gestures motivated the speaker to speak more
- I felt that whatever I am saying is being heard
- Listener was showing some interest but not entirely
- I felt that this was better than before, because I felt that I was being heard
- When the listener does not probe or asks questions, the speaker finds it difficult to continue after a while
- I felt that there was some kind of restraint upon the speaker as he just did "hoon-haan" and nothing more. He probably wanted to ask me questions
- There came a time when I felt that if I had done active participation, it would have encouraged the speaker to say more
- When I did not get a response other than "hoon-haan", I felt that speaker lacked knowledge on the topic
- The gestures of the listener were encouraging for me because I felt that he will be helpful for me
- I felt that I was being heard

AFTERNOON SESSION

Positioning**Exercise#3:**

The client knocks on the counselor's door. The counselor tells him to enter. The counselor is reclining in his chair and does not change his positioning although the client is sitting besides the client, the client very spontaneously tells the counselor that she has something important to tell him so if he could be a little attentive

The facilitator explained how important positioning is in listening. The client can gauge from the way the counselor is sitting, how attentive or careful he is as a listener.

Mirroring

Exercise#4:

The outreach officer is out in the park and is listening to the problem of a MSW. The MSW changes three different sitting positions. After each position the outreach worker very subtly changes his position either similar or close to the position of the MSW.

Following these exercises, participants were divided in small groups of three and each group was given 15 minutes to play a counselor, client and observer. Participants who acted the role of a client selected a topic of her/his choice to be counseled on.

On coming back together after 15 minutes all the groups reflected on their respective role-plays.

3.6.1 Reflection:

Group#1: Observers' feedback

- Sessions were good
- Counselors were supportive
- Appropriate information was given out
- Client had to ask lots of questions to get info out of the counselor
- There was uncomfortable feeling between the client and the counselor in one of the session
- There was eye to eye contact between the client and the counselor
- The counselor was attentive
- Recapping was missing in one session

Counselor's feedback:

- The client did not greet me

Client's feedback:

- Generally the session was conducted in a friendly atmosphere
- In my case the counselor looked at me from head to toe, that made me very uncomfortable
- In my situation the counselor was constantly changing body postures, it made me feel as if he was passing time and was tolerating me because I had paid him fees

Group#2:**Observers' feedback:**

- No mirroring
- Connection between counselor and the client was missing
- Client seemed dissatisfied with the solutions
- No recapping
- It all seemed like a very formal conversation
- Counselor did not Verbally assure confidentiality

Clients' feedback:

- Counselor seemed to be agreeing to whatever I was saying
- I did not get any help from my counselor
- I walked out of the counselor's office all confused
- I did not feel as if I was talking to a counselor, it was more of a friendly conversation
- I felt that the counselor did not know the issue that I was trying to discuss with him

Counselors' feedback:

- Felt lack of confidence. It could be because I did not know much about the subject
- I could have referred him to another counselor
- I was uncomfortable counseling my client

Group#3:**Observers' feedback:**

- There was no eye to eye contact between the client and the counselor
- Client looked scared, his tone showed that. Nothing was done to address his fear
- Counselor should have maintained eye to eye contact with his client. He was looking every where but at his client

Counselors' feedback:

- I had to probe a lot as the client was not volunteering the information
- Client was hesitant and would not open up
- It seemed I was not able to develop trust in the client and therefore, there was no rapport building

Group#4:**Observers' feedback:**

- The counselor was attentive, greetings were exchanged
- The counselor had broad knowledge on the subject
- There was no talk of a follow up

Counselors' feedback:

- I really had to motivate my client

Group#5:**Observers' feedback:**

- Client was feeling guilty and would not even look at the counselor
- The counselor was able to solve that problem through rapport building

Clients' feedback:

- My counselor was not at all friendly, the reason may have been that she was female and I was male

Counselors' feedback:

- Client was confused
- I feel that I was able to motivate him to speak by recapping most of his conversation

Concluding remarks: The facilitator praised some of the counseling session that he had observed and emphasized on how the group had picked up some essential skills in such a limited time. He suggested that each skill discussed in the workshop is as important as the other is, however a good counseling session is the one where most or all of these skills are used. He added that more the participants would use these skills, more they will gain confidence to do effective counseling

3.7 Self respect and self esteem:

The facilitator very briefly discussed the concepts of self-respect and self-esteem and how they are developed in each individual. Due to shortage of time the group was unable to participate much

3.8 Review and feedback: The facilitator with the assistance of the participants reviewed the workshop and re-emphasized the importance of certain skills in counseling. Participants provided their feed back on the two days of the workshop

- The workshop was useful because it was the first time that we discussed MSM and issues related to them
- The role-plays were very relevant to our situations. I feel that role-play is a very useful technique of transferring skills
- This workshop has given me some insight into MSM issues and I will include some of the information in our newsletter on HIV/AIDS to sensitize others
- Good workshop, except only if we would have been provided with something written, maybe notes to take home it would have been more useful
- Very limited time for this kind of workshop
- MSM was a strange thing for me but after attending this workshop that has changed. Time span was short. A session on post-test counseling should have been included
- I felt that all participants were involved and engrossed in the session
- Role-plays were very effective. Some audio-visual would have been great to compliment the role-plays. However, now I feel confident and would want to include MSM in our HIV/AIDS strategy
- I liked role-plays the best. What we cannot tell other people we could express through role-plays
- Role-plays were very effective. I understood more through role-plays
- Someone who is an expert on sexually transmitted infections (STIs) should also have been invited to the workshop. This way you would have gotten a little respite and we would have gained knowledge on STIs as well
- I feel that the role-plays were very effective
- Role-plays used as an effective technique to transfer skills
- I do not feel that write-up for anything was needed. We have instilled many things here. I wish we had made a video of this workshop
- Role-plays were very beneficial for me. I regret missing the first day of the workshop. The language used by the facilitator was simple and was the kind spoken in Lucknow
- I got to know much about MSM issues. I liked the role-plays
- Found out about new techniques in counseling. Language was simple and understandable

The workshop was formally concluded after the review and feedback session. However, upon the suggestion of the director of Bharosa project, the session on MSM and Islam was deferred to the time when the chief guest was also there for closing ceremony. The reason explained for the wait was that the chief guest felt that male to male sexual behavior (MMS) should be discussed in context of other religions too and not just Islam.

The facilitator explained the reason for discussing MMS and Islam and not any other religion in his closing remarks. He said that as a born Muslim and follower of the faith, he felt comfortable discussing the issue of MMS and Islam. He added that there are nuances and minute details in almost every religion that are not visible to naked

eye but one is privy to such details when one is practicing it from the day the socialization processes start. Thus, in his opinion it would be more effective if such issues were discussed by the people who belonged to the faith in context of which the matter is being discussed.

4. CONCLUSION

The goal of the workshop was to promote South Asia inter-regional collaboration of groups/NGOs through capacity building of these groups/NGOs when needed, and jointly design counseling curriculums/BCC materials for HIV/AIDS prevention among MSM in the region.

This workshop provided both Bharosa and Vision to clearly identify the areas where they could assist each other in achieving common purpose and goals in coming years. The most important being promotion of male sexual health.

The participatory process used in conducting the workshop created a sense of ownership of the workshop in the participants. This was reflected in the participation and interest showed in the workshop by all the participants.

However, the facilitator felt that it was early in time to conduct a workshop with both MSM and non-MSM populations as one group. It would have been more beneficial to conduct this workshop separately so that both the populations would have been more open and candid in their views and opinions.

Closeted feelings and invisible fears normally create a barrier in learning processes. MSM community in Lucknow still needs time to resolve some of the issues that are more related to their own identity and sexuality as MSM to develop a level of comfort with themselves. Thus, separate and safe space is a pre requisite to vent out fears, emotions, sentiments and questions that MSM community may have around their sexuality and identity.

5. RECOMMENDATIONS

5.1 It is essential that the people who are being trained as counselor are comfortable with themselves in terms of their identity and sexuality. Thus, it is recommended that more workshops focussing on psychosexual issues be held in future for specifically the staff of Bharosa project.

5.2 Capacity building of a person or an organization normally proves to be empowering for that person or organization provided, it is done in an environment that is conducive to the needs of the individual or organization. In context of Bharosa project, skill-building workshops should be held in a space that exclusively is for MSM.

5.3 Bharosa needs to hold periodic follow-ups of these skill-building workshops. It has the human resource to build a team of trainers that can then sensitize and conduct training for other agencies and organizations.

5.4 If Bharosa is offering counseling services to MSM on psychosexual issues or HIV/AIDS prevention, it should strategize a monitoring system through which constructive feedback should be provided to its counselors.

(Annexure-I)

AGENDA

DAY 1

Morning session

Opening and introduction
 Expectation and participation
 Objective and agenda

9:00 a.m-10:00 a.m
 10:00 a.m-10:45 a.m
 10:00 a.m- 11:15 a.m

Tea Break

11:15 a.m- 11:30 a.m

Norm setting for the workshop
 Assessing the understanding of counseling skills
 How to conduct a counseling session
 Conceptual framework of counseling

11:30 a.m- 11:45 a.m
 11:45 a.m- 12:15 noon
 12:15 p.m-1:15 p.m
 1:15 p.m- 2:15 p.m

Lunch Break

2:15p.m- 2:45 p.m

Open ended versus close ended questions
 Counseling and observation
 Linkages between MSM and non-MSM

2:45 p.m- 3:15 p.m
 3:15 p.m- 3:45 p.m
 3:45 p.m- 4:45 p.m

Tea Break

4:45 p.m- 5:00 p.m

Review and feedback

5:00 p.m- 5:15 p.m

Day 2

Morning session

Sharing of personal feeling

9:00 a.m-10:00 a.m

Review of day 1

10:00 a.m- 10:30 a.m

Linkages between MSM and non-MSM

10:30 a.m- 11:15 a.m

Tea Break

11:15 a.m- 11:30 a.m

Role-play of pre-test and post-test counseling

11:30 a.m- 12:30 p.m

Active listening

12:30 p.m- 2:30 p.m

Lunch Break

2:30 p.m- 2:30 p.m

MMS and Islam

3:00 p.m- 3:45 p.m

Self esteem and self respect

3:45 p.m- 4:15 p.m

Acceptance of MSM in family structure

4:15 p.m- 5:15 p.m

Concluding remarks & Tea

5:15 p.m- 6:00 p.m

Day 2

Morning session

Sharing of personal feeling

9:00 a.m-10:00 a.m

Review of day 1

10:00 a.m- 10:30 a.m

Linkages between MSM and non-MSM

10:30 a.m- 11:15 a.m

Tea Break

11:15 a.m- 11:30 a.m

Role-play of pre-test and post-test counseling

11:30 a.m- 12:30 p.m

Active listening

12:30 p.m- 2:30 p.m

Lunch Break

2:30 p.m- 2:30 p.m

MMS and Islam

3:00 p.m- 3:45 p.m

Self esteem and self respect

3:45 p.m- 4:15 p.m

Acceptance of MSM in family structure

4:15 p.m- 5:15 p.m

Concluding remarks & Tea

5:15 p.m- 6:00 p.m