Report for NAPWHA/CHPNG Project
Peer Counsellor - Train the Trainer Workshop Goroka, Papua New Guinea
- 31st July and 1st August 2019

Goroka is in the Mountainous regions of PNG


The annual Goroka show is wild event (2018)

Ruth Hennessy (Senior Psychologist), Rose Kunip (Program Co-ordinator for Igat Hope) and Dr John Rule (NAPWHA) ready for their work.

Structure of this report

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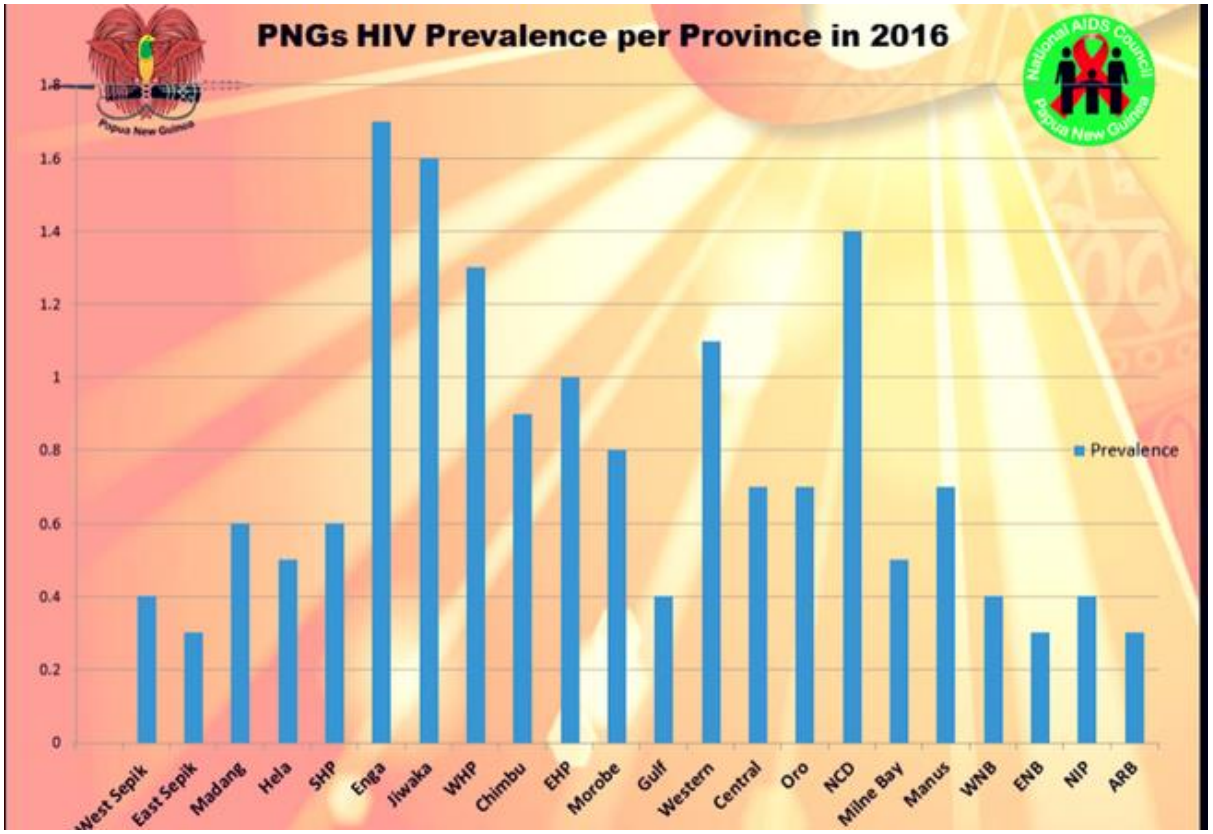
Peer Counsellors Evaluation written feedback and group photo

Introduction:

Twenty-four participants: peer counsellors, ARV prescribers, peer educators and nurses participated in the two-day course. Ruth, John and Rose (representing Igat Hope) were welcomed by Dr Joseph Apa Executive Director of the Eastern Highlands Provincial Health Authority who noted the high HIV prevalence rates in the Eastern Highlands Provinces.



Note – EHP middle of graph 1% prevalence rate estimate in 2016 by now certainly higher.

The Peer Support Workers' Train the Trainer workshop aims included opportunities to:

- Share peer understanding and skills
- Map and highlight peer work
- Identify and celebrate peer success stories
- Identify and address peer gaps
- Identify knowledge, attitudes and practices of peer counsellors
- Identify peer counsellor needs
- Improve and identify the peer role
- Improve effectiveness of peer roles
- Improve peer counselling skills in communication, adherence counselling and disclosure

Workshop Process:

This was the first time that peer workers had come together as a collective. The workshop included technical advisor facilitated sessions on adherence, disclosure and communication skills, peer teaching, feedback sessions and group discussion. The structure of the workshop was designed to be responsive to the needs of participants and was altered according to participants' identified needs and requests. The workshop was evaluated (see appendix A).

Peer Counselling HIV-Knowledge, attitudes and practices (KAPS) survey (Appendix B):

Anonymous Peer Counselling HIV-KAPS surveys were given to all participants to complete overnight and returned on day two. The Peer Counselling HIV-KAPS was an adjusted survey based on the HIV-KAPS[1] . Six questions directly related to health care workers and patient care were removed and 5 questions about the peer counselling role and practices were added.

Peer Counsellor Needs Assessment Questionnaire (Appendix C):

An anonymous peer counsellor needs assessment questionnaire were given to all participants to complete overnight and returned on day two. The Needs Assessment asked about participants' definition of their role and levels of confidence in a number of areas using a Likert scale.

Next Steps:

Responses to the Knowledge Attitudes and Practices Survey and the Peer Needs Assessment have been analysed by John, Ruth and Rose over the past six months. This provides valuable data on the experience and needs of the peer counsellors and will inform the shape of the workshop to be conducted in 2020.

A report based on the Survey and Assessment data as well as recommendations for further trainings from Igat Hope will be provided in early 2020 to the Collaboration partners.

Igat Hope have requested that the next training workshop be held in Aug/Sept 2020.

[1] Lui, SP, Sarangapany, J, Begley, K, Musson, R, Ram, S, & Kishore, K (2011) Knowledge, attitudes and behaviour of health care workers towards clients of sexual health services in Fiji. *Sexual Health, 9*(4), 323-327.

'Peer counselling' reflective questions session:

The group was asked to reflect and discuss questions below; Rose Kunjip led the first session. Sometimes translation from Tok-pisin into English was required

1. **What does it mean to be peer counsellor?**
2. **What activities do peer counsellors do?**
3. **Example case studies / success stories?**
4. **What are the best things about being a peer counsellor?**
5. **What are the hardest things about being a peer counsellor?**
6. **What training have you had?**
7. **What training do you need?**

Preliminary feedback was that the role of peer counsellors was

- Problem solving with those who have been diagnosed with HIV
- Listening, being a friend and educating when required
- Outreach work, especially for those who were lost to follow up
- Tracking those who were lost to follow-up – sometimes physically or through mobile phones
- Guiding those who were on treatments and encouraging them to continue taking treatments

'The Psychology of treatments' session:

The Psychology of treatments session provided a summary of the benefits of adherence, a review of barriers and strategies for adherence and additional factors to build resilience and positive health outcomes. The session emphasised working from a peer counselling perspective and talking and sharing strategies as both people living with HIV and as role-models to their community.

Participants worked in small groups and then reported to the wider group identifying both their experienced barriers to HIV adherence and then their strategies to achieve HIV adherence. The identified issues and solutions were consistent with the literature but also particular to the PNG context. Some examples related to PNG included the impact of gender as both a potential burden and also a strength in PNG Peer workers shared their experience of taking medications, fears of judgement, and experiences of discrimination from health care workers and community were also noted as factors that had affected people's adherence.

Potential ways to achieve good adherence, particular to PNG, included family support and using peer or support such as them reminding and checking on each other's adherence and ensuring that people were not isolated. The importance of having open and regular and communication with health workers and the mobilisation of peers to assist in addressing understanding of the importance of adherence were also highlighted.

Sister Moko related that there were support groups run for PLWH designed to assist with issues such as adherence and isolation. Some participants related an intention to use some of the strategies suggested, such as using phone alarm reminders, daily pill box and adopting a possible attitude to their health and pill taking.

Ruth leading the discussion on the 'Psychology of HIV Treatments'

'HIV Adjustment and Disclosure' session:

An additional session was added to the program in response to discussions with participants around helping people who had been newly diagnosed and/or difficulties disclosing HIV status, particularly in regard to children and family. Ruth Hennessy presented on possible strategies for disclosure and then there was opportunity for discussion and sharing experiences.

Some participants said that part of the impact of being a peer counsellor had meant that they were outed by the community and had suffered HIV stigma and discrimination. Variously they were struggling with disclosure in community contexts. In this session participants were able to share their experiences and strategies with others in the group.

John was asked to share experiences on disclosure in the context of people living with HIV appearing in the media and the various and unpredictable impacts that this could have. John was also asked to share his experiences as a person in Australia who plays a 'representative role' on various government, academic and HIV health committees. There was plenty of discussion about how this might translate to the PNG context where stigma and discrimination remain rife and that if it becomes widely known that a person is HIV-positive they may be treated with contempt, or worse physically assaulted and abused. The group shared various strategies that they use to manage these situations.

This session and the discussion continued into lunch and participants said it was a valuable opportunity for peer support and knowledge sharing. Discussion centred on how to disclose to family and to children and many participants said that this discussion was invaluable as they had never received any guidance in this area.

'Communication and Support Skills' session:

The day concluded with a session on communication skills facilitated by Ruth Hennessy. The session covered:

- Cultural concepts of communication in PNG
- Listening and non-verbal behaviour
- Silence and questioning
- Communication “roadblocks”
- Empathy

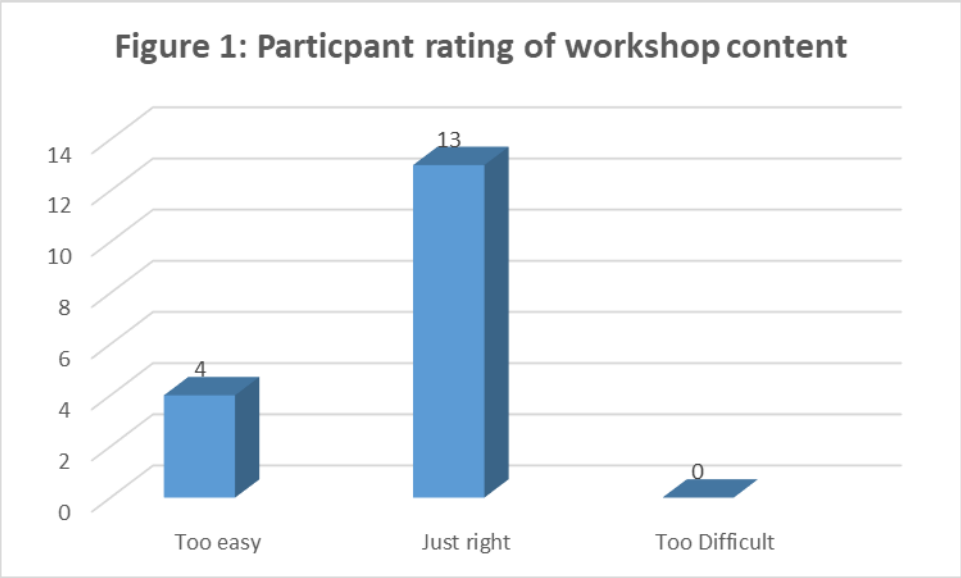
Work in small groups was then reported back and discussed with the larger group.

Appendix A - Workshop Evaluation

Summary of feedback:
Twenty-four anonymous evaluations were completed.

Sex: 17 identified as females, six identified as male and one person identified as transgender.
Age: 44 years was the average age with an age range of 31 years old to 58 years old.
HIV Diagnosis: One participant reported they had been diagnosed HIV positive for less than one year, three had been diagnosed between 2-10 years and fourteen reported 10 years or more. Two responded that this was not applicable.
ARV medications: Thirteen reported that they were currently taking ARVs.

Overall both the verbal and written feedback from participants was highly favourable with many participants reporting that this was their first experience of talking about being HIV positive with skilled professionals like Ruth and John.



- A number of participants said that they were taking ARV medications but didn't understand how they worked and the workshop had helped their understanding and adherence.
- The psychological aspect of the workshop was seen as unique, many reported that they would like to learn more about psychological strategies to improve their own lives and/or to help others.

Appendix B

Peer Counsellor HIV – Knowledge, Attitudes and Practices Survey[2]

Name:_____

Date:_____

1. KNOWLEDGE

Please indicate which of the following statements are true or false:

	TRUE	FALSE
Transmission/prevention/risk		
1.1The Human Immunodeficiency Virus (HIV) can be transmitted:		
1.1.1 Through breast milk		
1.1.2 By mosquito bite		
1.1.3 Not wearing a condom during sexual intercourse		
1.1.4 Sharing injecting equipment		
1.1.5 Sharing food utensils with someone who has HIV		
1.1.6 Not taking contraceptive pill before sexual intercourse		
1.1.7 During delivery of a baby		
1.1.8 Through using a toilet that has been used by someone with HIV		
VCT/testing/diagnosis		
1.2 The window period is:		
1.2.1 The time in the menstrual cycle when it is safe to have sexual intercourse		
1.2.2 The time between risk exposure and development of HIV antibodies		
1.2.3 The time between getting infected and detection of the virus in the blood		
1.2.4 The time between getting infected and developing AIDS		
1.3 A HIV test can tell you:		
1.3.1 How much virus you have in your blood		
1.3.2 Whether you have developed antibodies to HIV		
1.3.3 If you have AIDS		
Progression/ Opportunistic Infections		
1.4 A person with HIV may remain without symptoms for several years		
1.5 When a person with HIV develops symptoms such as sore throat or diarrhoea it probably won't be long before they develop AIDS *Please indicate which of the following statements are true or false*		
	TRUE	**FALSE**
1.6 An opportunistic infection may occur when a person's immune system is		

[2] Adjusted from Lui, SP, Sarangapany, J, Begley, K, Musson, R, Ram, S, & Kishore, K (2011) Knowledge, attitudes and behaviour of health care workers towards clients of sexual health services in Fiji. *Sexual Health, 9*(4), 323-327.

reduced significantly by the virus		
1.7 Falling CD4 counts are a marker of disease progression		
1.8 When a person with HIV develops any opportunistic infection they are said to have AIDS		
1.9 The following are AIDS defining illnesses:		
1.9.1 Esophageal Candidiasis		
1.9.2 Tuberculosis		
1.9.3 Hepatitis C		
1.9.4 Chronic diarrhoea		
1.9.5 Cryptococcal meningitis		
1.9.6 Pneumocystis pneumonia (PCP)		
1.10 Care/ treatment		
1.10.1 Where possible, family should be involved in the care of PLHIV		
1.10.2 Antiretroviral therapy is used to treat opportunistic infections		
1.10.3 Comprehensive care means providing a variety of services to address a patients complete needs e.g. nutritional, psychological and social		
1.10.4 Multidisciplinary care is when a patient is given a complex drug regimen to take		
1.10.5 Adherence means taking your medication exactly according to the direction, on time, in the right way, without missing a dose		

2. ATTITUDES

	Strongly Agree	**Agree**	**Not Sure**	**Disagree**	**Strongly Disagree**
2.1 Transmission/prevention/risk					
2.1.1 I am afraid of catching other diseases at work					
2.1.2 A HIV positive health care worker is not a risk to their colleagues					
2.1.3 HIV positive women should have an abortion					
2.2 VCT/testing/diagnosis					
2.2.2 All staff do not need to know a patient's HIV status					

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
2.3 Progression/ Opportunistic Infections					
2.3.1 Once a patient starts to get symptoms it won't be long before they develop AIDS					
2.3.2 PLHIV can live without symptoms for many years					
2.3.3 PLHIV who develop an opportunistic infection will not be able to work again					
2.3.4 Once a PLHIV develops AIDS they need to be admitted					
2.4 Care/ treatment					
2.4.1 Patients with HIV should be treated at a special hospital					
2.4.2 Hospitals should not refuse to care for a patient just because they are HIV positive					
2.4.3 There is no point treating a person with AIDS as they will die anyway					

3. PRACTICES

Indicate by ticking the appropriate response

	All the time	Some of the time	Not Sure	Hardly ever	Never
3.2 VCT/testing/diagnosis					
3.2.1 Patients receive pre and post test counselling when they are tested for HIV					
3.2.2 HIV test results are given by…..					
a. A doctor					
b. A nurse					
c. A counsellor					
3.2.3 When taking a medical history staff (doctors/nurses) will assess a patient's risk for HIV					
3.2.4 Staff in outpatient department will suggest that patients with high risk behaviours have a HIV test					
3.3 Progression/ Opportunistic Infections					
3.3.1 Patients diagnosed with HIV are educated about the disease and its stages of progression					
3.3.2 Opportunistic infections are usually treated presumptively					
	All the	**Some of**	**Not Sure**	**Hardly**	**Never**

	time	the time		ever	
3.4 Care/ treatment					
3.4.2 Health staff give the same quality care to PLHIV as other patients					
3.4.3 PLHIV taking antiretroviral therapy are educated about adherence					
3.4.4 PLHIV taking antiretroviral therapy are educated about possible side effects					
3.4.5 A peer counsellor is included in planning for PLHIV					
3.4.6 Peer counsellor is respected in the clinic					
3.4.7 Peer counsellor are respected in the community					

Appendix C

Peer workers Needs Assessment Questionnaire July 2019

Please indicate which answers you think answer the question best.

1. **What does it mean to be peer counsellor?** Please tick as many as you think apply:

   A peer counsellor is:

   a) A friend who helps people through giving advice about HIV
   b) A person who uses their own lived experience of HIV to share and help others on HIV
   c) A person who helps people through giving information and support
   d) A person who advises others and tells people what to do

2. **What activities do peer counsellors do?** Please tick as many as you think apply:

a) Tell people how to be a good moral person
b) Tell people you have HIV and diagnose them with HIV
c) Listen to people and support them to manage HIV best for them
d) Talking to people about their own HIV status
e) Educating people about what HIV is and how to prevent it
f) Emotionally supporting and listening to people who are HIV positive

3. **Peer counsellors…** Please tick as many as you agree with:

a) Should tell other people who is infected with HIV
b) Should know all the people with HIV
c) Must keep confidential information on other people's status
d) Know what is best for everyone else
e) Be sensitive with information they know about another person
f) Are good to gossip with others

Please turn over

4. How confident/comfortable do you feel:	**Not at all confident**	**A bit confident**	**Somewhat confident**	**Mostly Confident**	**Very confident**
a) Talking to people about my own HIV status					

b) Educating people about what HIV is and how to prevent it					
c) Talking to people about living with HIV					
d) Emotionally supporting and listening to people who are HIV positive					
e) Keeping confidentiality and maintaining good boundaries					
f) Supporting someone who is recently diagnosed HIV positive					
g) Providing pre-test counselling					
h) Providing post-test counselling					
i) Presenting information and training others					
j) Knowing when to share my story and when to not					
k) Reporting on the work I do					
l) Working with the clinic staff					
m) Working with women					
n) Working with children					
o) Working with transgender people					
p) Working with sex workers					
q) Working with men who have sex with men					
r) Tracking people/lost to follow-up					
s) Following up people for missed appointment					
t) Dealing with complex situations					
u) Helping with adherence issues					
v) Listening to sad or difficult stories					

Peer Counsellors Evaluation written feedback

Most helpful thing I learnt:

- Counselling skills
- Understanding the words peer counsellor and peer educator and understanding that there might be a difference
- Personal disclosure strategies
- Issues to consider around disclosure with different age groups
- Listening skills; repeat back the main points, reflect, ask questions, do not take over and tell your own story
- Disclosure; information; attitudes and beliefs and working with adolescents
- Disclosure; reactions and reasons for disclosure, communication roadblocks
- Communication skills; how to interact with HIV positive clients and clinical staff
- How to disclose your status in right time and right environment and with right people so it wouldn't affect your children.
- How to be be a good role model as a peer to support people living with HIV/AIDS
- Improving my skills of how to bring those lost to follow-up back to the clinic and how to educate them to stay healthy and stay adherent to their treatments.
- I thought more about how to look after myself and disclose my status to family and friends.
- Peer counsellors and peer educators must become a role model for others.

A few smiles after working hard at the training workshop.