Risk Reduction, Assessment, Planning and Support Toolkit for HIV Prevention

HIV Prevention Series
FHI 360

FHI 360 is a global development organisation with a rigorous, evidence-based approach. Our professional staff includes experts in health, nutrition, education, economic development, civil society, environment and research. FHI 360 operates from 60 offices with 4,400 staff in the United States and around the world.

We have worked with 1,400 partners in 125 countries, forging strong relationships with governments, diverse organisations, the private sector and communities. Our commitment to partnerships at every level and our multidisciplinary approach enable us to have a lasting impact on the individuals, communities and countries we serve—improving lives for millions.

Capable Partners (CAP) project

Capable Partners is a USAID-funded project that supports the Botswana government’s efforts to mitigate HIV. The CAP project promotes organisational development and capacity building through networking and technical support.

CAP partners with non-governmental organisations (NGOs), faith-based organisations (FBOs) and community-based organisations (CBOs) on HIV prevention services under the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) and Peace Corps engagement in PEPFAR programmes.

The CAP project also supports monitoring and evaluation of grantees and sub-grantees, routine training on HIV prevention interventions, and the development and dissemination of behaviour change tools. Strengthening communities towards sustainability is the over-riding goal of the CAP project.
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Overview

The Standard Operating Procedures (SOP) Manual for Risk Reduction Assessment, Planning and Support (RRAPS) was developed as an HIV prevention tool by the Capable Partners Project (CAP) Botswana as part of its capacity building mandate to strengthen current behaviour change programs implemented by civil society organisations (CSOs) supported through the project. The RRAPS tool provides the opportunity for individuals to assess their personal risk for HIV transmission based on their current behaviours, better understand how these behaviours put them at risk and to then develop a risk reduction plan with relevant strategies to encourage healthier behaviours.

The RRAPS process integrates individualised assessment, planning and support with community outreach activities to provide in-depth, personalised education and support to individuals in various community settings, including homes, clinics, schools, workplaces and churches.

In Botswana, the spread of HIV is primarily through heterosexual sex (National Strategic Framework II). In the absence of a cure for AIDS, HIV prevention efforts must engage effective communication tools, directing the right message to the right people.

According to the Botswana AIDS Impact Survey (BAIS II), HIV prevalence is 24.8% amongst 15 to 49-year-olds. HIV prevalence rates among young people are particularly high, especially among young women, who out-number young men living with HIV by more than two to one. It is therefore crucial that young people (and especially girls and young women) are provided with HIV prevention education and skills to help protect themselves from infection and promote positive behaviour change.

FHI 360 has collaborated with the Government of Botswana to develop this manual and its accompanying tools, working closely with the Behaviour Change Information and Communications (BCIC) Unit and the Department of HIV and AIDS Prevention and Care, Ministry of Health. At the time of print, discussions were on-going as to whether this tool can be applied more widely and adapted to different contexts.

FHI 360 commends the efforts of its CAP project partners who tested the risk reduction tool in their respective communities. Their feedback has been invaluable in improving and refining the RRAPS process and developing this manual.

Purpose of the manual

The SOP manual provides guidance to organisations implementing HIV prevention interventions at the community level for risk reduction implementation.

It aims to assist organisations implementing HIV prevention programmes to think through the elements of risk reduction and apply them in their own settings. It encourages a targeted behaviour change approach for those who are setting out to:

- Prevent HIV transmission by identifying and then supporting those who are vulnerable or at risk (referred throughout the manual as ‘clients’) in the community; and
- Provide support to clients through information and education, taking into consideration the structural and social factors that impact behaviour, as well as increase access to services.

The aim is to empower individuals to sustain, healthier behaviours.
The risk reduction process is as follows:

- Recruit and engage a client;
- Assess needs (information and behaviour support) of the client;
- Develop a risk reduction plan;
- Provide referrals for needed services;
- Monitor the client’s progress in implementing the risk reduction plan; and
- Monitor and report on risk reduction sessions.

Who is the manual aimed at?

The manual targets those implementing or planning to implement the RRAPS. It is simple to use and utilises a step-by-step process to understand how to assess, identify, and encourage behaviour change for an individual. The contents of this manual are user-friendly, to enable facilitators to think through what risk reduction implies for community organisations and how to effectively address the key drivers of HIV. The RRAPS process and tool can be used by individuals including peer educators, counsellors, community health care workers, clinic staff and other individuals who work in a community setting.

How to use the manual?

The manual provides instructions to the facilitator on how to complete the RRAPS process. Facilitators should use the accompanying risk reduction tool during implementation with clients.

To complement this toolkit, FHI 360 has produced a set of nine (9) Communication Guides on HIV Prevention on different risk topics for use by facilitators including:

- Alcohol Use
- Condoms
- Cross Generational Sex
- Delayed Sexual Debut
- Gender-Based Violence
- Multiple and Concurrent Sexual Partnerships
- Positive Health, Dignity and Prevention
- Relationship Enrichment
- Safe Male Circumcision

The Communication Guides are designed to spark discussion on the key drivers of HIV, and helps participants think through and discuss strategies towards safer behaviours. They also provide facilitators with a better understanding of each risk topic, and give guidance on how to effectively work with individuals to promote behaviour change.

The RRAPS tool and the Communication Guides are produced in both English and Setswana to suit the needs of the target audience.

This manual and its accompanying tools aim to empower communities to promote HIV prevention through assessing and identifying risk, to then encourage behaviour change.
Stages of Change Theory for Behaviour Change: RRAPS Foundation

The foundation for this tool is based on the Stages of Change Theory. Understanding and applying this theory will help the facilitator to use this tool, and assist the client in developing behaviour change goals and steps to prevent HIV infection, unwanted pregnancy and/or TB. The Stages of Change Theory for Behaviour Change states that for one to move from ‘unwanted’ to ‘wanted’ behaviour, he/she must go through the following 5 stages:

**Stage 1: Pre-contemplation (unaware)**
The client has a problem but is not aware or has no intention to change.

**Stage 2: Contemplation**
The client is aware of the problem, is concerned and is seriously thinking about changing. Some clients get stuck in this stage (chronic contemplation).

**Stage 3: Preparation for action**
The client is motivated to change behaviour soon. He/she has a plan of action and has started implementing it e.g. visited a counsellor, joined a support group, or introduced condoms into a relationship.

**Stage 4: Action (modifying behaviour)**
The client has displayed behaviour change e.g. having one sexual partner, or consistent condom use - but only for a short period (still needs support).

**Stage 5: Maintenance (practicing sustained behaviour change)**
The client maintains the new behaviour for six months or more.
Note for facilitators of the RRAPS tool and users of the manual

This manual is designed to help guide facilitators to provide education, information and support in an equal, non-judgemental and non-forceful manner. To successfully implement the RRAPS process the facilitator should have completed the RRAPS training. Key qualities that a facilitator should have include: being a good listener, ability to be empathetic, non-judgemental and have basic knowledge about HIV and AIDS including key drivers. Equipped with knowledge and skills, the facilitator, through this process, can effectively reach people who may not otherwise be exposed to or have access to HIV prevention services.

This process facilitates a peer-based relationship between the facilitator and the client. The facilitators role is to offer encouragement and empowerment to the client to take control and ownership over the process and outcomes to improve their health, with an ultimate goal to sustain behaviour change.

As a facilitator, you will:
- meet with members of the same community to provide knowledge, skills, and support to reduce risk behaviour; and
- provide information on access to related services such as counselling and health care.

Through this process, the facilitator meets the client as a peer, offering encouragement and empowerment.

Peer educators from the Young Women’s Friendly Centre in Mahalapye at a briefing session.
Structure of the manual

This manual is divided into five main sections as follows:

Section 1: Introduction of the risk reduction assessment, planning and support process

Section 2: Assessment of knowledge, risk status, sexual behaviour as well as information needs

Section 3: Review of assessment results with client

Section 4: Planning and support to reduce risk by targeting risk behaviours or maintaining minimal risk

Section 5: Monitoring and evaluation

Each of these sections is color-coded for quick reference as shown above.
Each color represents a new section, and provides easy-to-follow instructions on how to effectively use the risk reduction tool.
Simple explanations and guidance notes are provided to help your question and answer sessions.
Symbols to guide you

The following symbols are used to guide you throughout the manual:

Stop!
Indicates when you do not have permission from the client to continue.

Remember!
Draws your attention to something important.

Note:
Identifies where you must pay special attention and be aware of relevant information at that time.

Tip!
Helps you carry out your assessment more effectively.

Time
Helps to outline how long each section of the tool will take to facilitate.
### Risk Reduction Assessment, Planning and Support (RRAPS) Stages

There are 10 key steps/stages that guide the risk reduction, assessment, planning and support process. These are colorfully illustrated below and are highlighted at each stage of the process throughout the manual.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STEP 1</strong></td>
<td>Introduction of Risk Reduction Process (RRP) - get verbal consent</td>
<td>5 mins</td>
</tr>
<tr>
<td><strong>STEP 2</strong></td>
<td>Knowledge Assessment</td>
<td>10 mins</td>
</tr>
<tr>
<td><strong>STEP 3</strong></td>
<td>Behaviour Assessment</td>
<td>10 mins</td>
</tr>
<tr>
<td><strong>STEP 4</strong></td>
<td>Wrap Up, Assessment Results</td>
<td>10 mins</td>
</tr>
<tr>
<td><strong>STEP 5</strong></td>
<td>Information Provision</td>
<td>10-15 mins depending on risk assessed</td>
</tr>
<tr>
<td><strong>STEP 6</strong></td>
<td>Motivation to Change</td>
<td>5 mins</td>
</tr>
<tr>
<td><strong>STEP 7</strong></td>
<td>Risk Reduction Planning for Prioritised Risk Behaviour (including referrals)</td>
<td>15-20 mins</td>
</tr>
<tr>
<td><strong>STEP 8</strong></td>
<td>Goal Card</td>
<td>5 mins</td>
</tr>
<tr>
<td><strong>STEP 9</strong></td>
<td>Follow-up</td>
<td>Support provided to client to monitor implementation of risk reduction plan - behaviour change takes time.</td>
</tr>
<tr>
<td><strong>STEP 10</strong></td>
<td>Monitoring and Evaluation</td>
<td>Captures data for risk reduction sessions.</td>
</tr>
</tbody>
</table>

**OVERALL PROCESS: APPROXIMATELY 70 MINUTES**
Risk Reduction Assessment, Planning and Support (RRAPS) Flow Chart

**STEP 1**
Identification of client for RRAPS
Introduction of RRAPS process – get verbal consent

**STEP 2 & 3**
Gives verbal consent
Knowledge & Behavioural Assessment
Sexually Active
Not Sexually Active
Does not give verbal consent

**STEP 4**
Assess RISK STATUS
Responded correctly and completely to ALL questions in Knowledge Assessment Section
Responded incorrectly, partially or not sure to ANY questions in Knowledge Assessment Section

**STEP 5**
Inform client of his/her RISK STATUS
Identified as NOT AT RISK
STOP! Congratulate client on health-related decisions. Encourage him/her to maintain current health
Identified as AT RISK
Go to INFORMATION TABLE and provide information on identified risk behaviours

**STEP 6**
STOP! Encourage client to seek your support from a counsellor or health care worker if they change their mind

**STEP 7**
Prioritise one behaviour to work on and assess MOTIVATION TO CHANGE
NOT READY
READY

**STEP 8**
Develop RISK REDUCTION PLAN for Prioritised behaviour (use sample Goals and Strategies)
Give GOAL CARD
Complete M&E Forms

**STEP 9**
ARRANGE Follow-up VISIT at 2 & 6 weeks after assessment (other follow-up appointments depending on plan and support needed)

**STEP 10**
Document progress, adapt strategies as needed

STOP! DO NOT CONTINUE WITH PROCESS

STEPS

1. Identification of client for RRAPS
2. Introduction of RRAPS process – get verbal consent
3. Knowledge & Behavioural Assessment
4. Assess RISK STATUS
5. Inform client of his/her RISK STATUS
6. Prioritise one behaviour to work on and assess MOTIVATION TO CHANGE
7. Develop RISK REDUCTION PLAN for Prioritised behaviour (use sample Goals and Strategies)
8. Give GOAL CARD
9. ARRANGE Follow-up VISIT at 2 & 6 weeks after assessment (other follow-up appointments depending on plan and support needed)
10. Document progress, adapt strategies as needed
Section I
Introduction
GUIDANCE ON IDENTIFICATION OF CLIENTS

The first, most important step for the Risk Reduction Planning, Assessment and Support (RRAPS) process is to identify clients.

There are three major methods for identifying a client for RRAPS as illustrated below:

**Group session**

As mentioned earlier, the risk reduction process is designed to provide more individualised education and support to an individual about how their personal behaviour may put them at risk for HIV transmission. It is designed to complement current community outreach sessions. Risk reduction support can be advertised after conducting a community outreach session such as a small group session at a school. It is important to inform individuals on where they can find you for this support, i.e. by providing the physical address of your organisation. It is also beneficial to stay after a community outreach session and get contact information for individuals who would like support through risk reduction and arrange a time and place to meet for an initial assessment. If you already have a pre-established relationship with another service provider i.e. at a clinic, consider asking for space to conduct risk reduction sessions and set days and times individuals can come to you for the support, and then provide this information to individuals.

**Referrals**

Community service providers understand the need of individuals who come for their services. Therefore, referrals provide a good source from which clients can be identified for risk reduction support.

- Establish relationships with service providers including clinic staff, teachers, church leaders and counsellors by explaining your role, your risk reduction training and how you would like to support their efforts by offering one-on-one risk reduction support to their clients for the prevention of HIV infection.
- Ask if you could use a private area in their facility (clinic, classroom, etc) regularly for specified time(s) (for example, once a week on Tuesday afternoons).
- Leave your contact cell phone number with service providers for referrals.
- Make regular follow-ups with service providers to see if they have any referrals for risk reduction counselling.

**Home visits**

- If home visits are part of your programme, they can be a useful way to identify clients for risk reduction planning, assessment and support.
- Provide a quick overview of the purpose of risk reduction. Let the client know that you can provide support to them. Explain that you have a tool that will guide your session.
STEP 1: INTRODUCTION OF RISK REDUCTION PROCESS AND OBTAINING VERBAL CONSENT

(Refer to page 1 of Risk Reduction Tool)

**Purpose**
To provide an overview of the risk reduction process to the client, get consent and document relevant background information.

Do not continue the process if the individual does not give verbal consent.

**Part A - Introduction of Risk Reduction Tool**

1. Introduce yourself and clearly explain the purpose of your organisation and help the client understand what to expect from the process and you as a facilitator using the introduction script below.

2. Building rapport with clients is important right at the beginning. Not only does it help the facilitator to explain the overall purpose of risk reduction, but it also ensures that the client is fully informed about the process, feels comfortable and is willing to participate.

ONE-ON-ONE RISK REDUCTION ASSESSMENT, PLANNING AND SUPPORT TOOL

Hello, my name is .................................................................................................................................................

I am a (insert name of position) ........................................................................................................................................

from (insert name of organisation) .................................................................................................................................

I would like to talk to you about your daily life and to help you with information and skills about HIV. Is that alright? For me to understand how I can best help you, we first need to go through a Knowledge Assessment to understand what you already know about HIV. Next, we will go through a Behaviour Assessment to see what you are currently doing to protect yourself against HIV. Depending on how your risk assessment goes, we will work together and set goals to assist you with steps to ensure that you are protected from HIV infection. I will ask you questions that are personal and may make you feel uncomfortable because they relate to sexual behaviour, but please be assured that the issues we talk about will remain confidential. I will take down some notes just for my reference to keep track of what we have talked about, and to assist with the goal setting we will do together. Your name will remain anonymous and will not appear on any of these documents. I will simply use an ID code that identifies you. Are you comfortable with that? Just so that we both feel comfortable during our conversation, what would you like me to call you? I will help you based on the information that you provide, therefore, for this process to work, I need you to be as open and honest with me. Again, whatever we talk about will remain confidential and I will follow up with you based on your needs. Remember that the purpose of this exercise is to help you reach the goals you have set for yourself. This process will take about an hour. Does this process sound alright to you?

**Client Number** (red circle): Client ID No. This is your first two initials (you being the facilitator) plus the number of the risk reduction client for you. For example, if you are Samuel Kagisong and this is your first risk reduction client, the client ID number will be SK-01.
Part B - Background Information

After the script is read to the client, if consent is given, the facilitator should document background information to help with record purposes in the space provided on the top of the tool (below).

<table>
<thead>
<tr>
<th>Facilitator’s Name:</th>
<th>Name of Organisation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client’s Preferred Name:</td>
<td>Client’s Phone No:</td>
</tr>
<tr>
<td>Gender:</td>
<td>Age: 10-14</td>
</tr>
<tr>
<td>Village/Ward:</td>
<td>Date of Assessment:</td>
</tr>
<tr>
<td>Individual Type:</td>
<td>New</td>
</tr>
</tbody>
</table>

Confidentiality agreement

Assure the client of the confidential nature of this process, and that his/her name will remain anonymous. Also remind the client that they should feel comfortable at all times.

Only provide information that you feel comfortable disclosing. You do not have to answer every question and you can stop the process at any time. The information will not be shared with anyone else. It will be filed and locked up for sake-keeping.

Ensure that the area for the one-on-one is secluded and suitable for discussing sensitive issues.

Carry relevant identification with you so that participants are reassured that you are working on an HIV prevention programme.

Be aware of your facial expressions and body language – avoid portraying reactions that could be perceived as judgemental when participants disclose risky behaviours, attitudes or values that differ from your own.

Use appropriate language and terms that your clients can understand.
Section 2
Assessment
**STEP 2: KNOWLEDGE ASSESSMENT (SECTION 1)**
(Refer to pages 2-3 of Risk Reduction Tool)

**Purpose**
To build rapport with the client and to assess how much information the individual has on HIV and AIDS.

Probing questions (highlighted) are:
- Open-ended questions are designed to support the facilitator to obtain further information than what is already provided by the client.
- A way to clarify and better understand the client’s knowledge and information levels on HIV and AIDS.
- Useful to allow exploration of personal barriers to healthier behaviour.

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**Part C - Knowledge Assessment, Section 1**

**KNOWLEDGE ASSESSMENT: SECTION 1**

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Correct response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you personally worried about HIV and AIDS? (Probe: What are your concerns?)</td>
<td>Yes ☐</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not sure ☐</td>
<td></td>
</tr>
</tbody>
</table>

**Note concerns:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Correct response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you know how HIV is transmitted from person to person? (Probe: Please tell me how you think it is passed from person to person?)</td>
<td>Yes ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not sure ☐</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Correct response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you know how to prevent yourself from contracting HIV or transmitting it to someone? (Probe: If person only indicates one prevention method, then ask: do you know any other prevention method(s)?)</td>
<td>Yes ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not sure ☐</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Correct response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you think you are personally at risk of contracting HIV? (Probe: Please explain your response)</td>
<td>Yes ☐</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not sure ☐</td>
<td></td>
</tr>
</tbody>
</table>

**Explanation:**

- unprotected sex with HIV-infected individual
- Mother-to-Child Transmission during pregnancy, delivery or breastfeeding
- Exchange of HIV-infected blood
- Correct and consistent condom use with all partners
- Abstain from sex
- Having sex with one partner at a time whose HIV status you know
- Knowing your status and that of your partner’s, and disclosing to each other
### KNOWLEDGE ASSESSMENT: SECTION 2

<table>
<thead>
<tr>
<th>No.</th>
<th>Statement</th>
<th>True</th>
<th>False</th>
<th>Not Sure</th>
<th>Correct Answer</th>
<th>Information to provide after assessment if respondent answers incorrectly or responds as Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>There is a difference between HIV and AIDS.</td>
<td>True</td>
<td></td>
<td></td>
<td></td>
<td>There is a difference between HIV and AIDS. Billets to the virus that causes AIDS.</td>
</tr>
<tr>
<td>2</td>
<td>Only people who have sex with many people can contract HIV.</td>
<td></td>
<td>True</td>
<td></td>
<td></td>
<td>Even if you have unprotected sex with only one person, you are at risk of contracting HIV.</td>
</tr>
<tr>
<td>3</td>
<td>Excessive use of alcohol does not impair an individual’s ability to make decisions to use condoms.</td>
<td>False</td>
<td></td>
<td></td>
<td></td>
<td>Having sex while drinking alcohol excessively does impair an individual’s ability to make decisions. This may increase chances of using a condom incorrectly.</td>
</tr>
<tr>
<td>4</td>
<td>Correct, consistent condom use can protect a person from HIV.</td>
<td>True</td>
<td></td>
<td></td>
<td></td>
<td>Correct, condom use can protect someone from HIV.</td>
</tr>
<tr>
<td>5</td>
<td>Males who are circumcised are more likely to get infected by HIV.</td>
<td>False</td>
<td></td>
<td></td>
<td></td>
<td>Safe male circumcision refers to the process of removing the foreskin from the penis. This reduces chances of contracting HIV by 60%. Therefore someone who is circumcised is less likely to contract HIV. However, correct and consistent condom use is still necessary after circumcision.</td>
</tr>
<tr>
<td>6</td>
<td>Having only one partner at a time will help reduce your risk of HIV.</td>
<td>True</td>
<td></td>
<td></td>
<td></td>
<td>Having one partner at a time can reduce your risk of HIV. The more partners you have at one time, the higher your risk of acquiring HIV. You still however, need to use a condom during every single sex act.</td>
</tr>
<tr>
<td>7</td>
<td>Knowing one’s HIV status can lead to a better quality of life.</td>
<td>True</td>
<td></td>
<td></td>
<td></td>
<td>Once you know your HIV status, you will be able to make informed decisions regarding your life.</td>
</tr>
<tr>
<td>8</td>
<td>Having sex with a person whose status you do not know will not put you at risk of HIV.</td>
<td>False</td>
<td></td>
<td></td>
<td></td>
<td>Having sex with a person whose status you do not know will put you at risk of HIV. HIV is transmitted through unprotected sex. If you do not know the status of your partner and you have unprotected sex, you are at risk of HIV.</td>
</tr>
<tr>
<td>9</td>
<td>Only people living with HIV need to use condoms to protect their loved ones.</td>
<td>False</td>
<td></td>
<td></td>
<td></td>
<td>Every one should use condoms, consistently and correctly, even if you are HIV negative.</td>
</tr>
</tbody>
</table>

Tick the appropriate column depending on how the respondent has answered - either True, False or Not sure (sample above).

**Tip!**

As the individual is giving his/her response, note incorrect answers with a circle to keep track of the information you need to provide the client after the assessment. See the above example, highlighted in Statement No. 2.
**STEP 3: BEHAVIOUR ASSESSMENT**

(Refer to pages 4-6 of Risk Reduction Tool)

**Part D - Behaviour Assessment**

**Purpose**
To explore the client’s behaviours and identify those that put the client at risk.

Prepare the client for a new set of behaviour questions which may seem personal and intrusive. Refer to the introductory statement and confidentiality agreement as often as you need to. This will remind the client that it is their choice to respond to the questions, but only if they are comfortable with them.

Instruction: Based on the client’s response, circle the responses in the box under either Not At Risk, At Risk or Refused To Answer.

### ALCALOH AND DRUGS

**Questions for All**

<table>
<thead>
<tr>
<th>No.</th>
<th>Questions</th>
<th>Response Not At Risk</th>
<th>Response At Risk</th>
<th>Refused to Answer</th>
<th>Behavior to Prioritize</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>In the past 3 months, have you drank alcohol?</td>
<td>Not</td>
<td>Yes</td>
<td>Refused to Answer</td>
<td>Alcohol/Drugs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Skip to Question 4</td>
<td>Continue to Question 2</td>
<td>Skip to Question 4</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>If yes, on average how many days a week do you drink alcohol?</td>
<td>2 or less days a week</td>
<td>3 or more days a week</td>
<td>Refused to Answer</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Continue to Question 3</td>
<td>Continue to Question 3</td>
<td>Skip to Question 4</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>If yes, how many drinks do you usually drink in a day?</td>
<td>3 or less for women</td>
<td>4 or more for women</td>
<td>Refused to Answer</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 or less for men</td>
<td>Continue to Question 4</td>
<td>Continue to Question 4</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>In the past 3 months, have you used drugs (marijuana, cocaine, etc)?</td>
<td>No</td>
<td>Yes</td>
<td>Refused to Answer</td>
<td>Peer Pressure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Continue to Question 5</td>
<td>Continue to Question 5</td>
<td>Continue to Question 5</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Individuals 10-17 years)</td>
<td>(Individuals 10-17 years)</td>
<td>(Individuals 18+ years)</td>
<td></td>
</tr>
</tbody>
</table>

### CURRENT SEXUAL STATUS

**Questions for Youth (Age 10-17 years)**

<table>
<thead>
<tr>
<th>No.</th>
<th>Questions</th>
<th>Response Not At Risk</th>
<th>Response At Risk</th>
<th>Refused to Answer</th>
<th>Behavior to Prioritize</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Have you ever experienced peer pressure to have sex?</td>
<td>No</td>
<td>Yes</td>
<td>Refused to Answer</td>
<td>Peer Pressure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Continue to Question 6</td>
<td>Continue to Question 6</td>
<td>Continue to Question 6</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Are your friends currently having sex?</td>
<td>No</td>
<td>Yes</td>
<td>Refused to Answer</td>
<td>Peer Pressure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Continue to Question 7</td>
<td>Continue to Question 7</td>
<td>Continue to Question 7</td>
<td></td>
</tr>
</tbody>
</table>

**Part E - Risk Status**

**Purpose**
To summarise if the client is At Risk or Not At Risk based on the responses provided in the Behaviour Assessment Section.

- If **ALL** of the client’s responses fall under column the Response Not At Risk, circle **NOT AT RISK**.
- If **ANY** of the client’s responses fall under the column Response At Risk, circle **AT RISK**.

<table>
<thead>
<tr>
<th>RISK STATUS</th>
<th>NOT AT RISK</th>
<th>AT RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td>At Risk or Not At Risk?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section 3
Review
STEP 4:  WRAP UP AND ASSESSMENT

(Refer to page 7 of Risk Reduction Tool)

Purpose

To review all responses with client to clarify misconceptions, correct misinformation and help client understand which behaviours put them at risk for HIV transmission, unwanted pregnancy and/or TB, and why.

Part F - Knowledge Assessment Review

Review all responses made by the client and follow either option below:

OPTION 1
Use this option if the client has responded incorrectly, has indicated ‘not sure’ or partially answered some questions. Follow this process for all incorrect, partial or not sure responses and for Knowledge Assessment sections 1 and 2 …

OPTION 2
If a client has responded correctly to all questions, congratulate them and move on to the Behavioural Assessment boxes …

Let’s first go back to the Knowledge Assessment section. You did a great job in responding to … [READ STATEMENTS PERSON RESPONDED CORRECTLY TO]. But if we review some of your other responses, to question [insert question individual responded incorrectly] you responded [insert the individual’s response]. However, this is not correct. The correct response is

You responded well to all questions. You have done a great job and are well equipped with information to protect yourself from contracting HIV. Well done and keep it up!
Response Examples

For KNOWLEDGE ASSESSMENT: Section 1:

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Correct response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Are you personally worried about HIV and AIDS? Yes</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Do you know how HIV is transmitted from person to person? Yes</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Do you know how to prevent yourself from contracting HIV or transmitting it to someone? Yes</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Do you think you are personally at risk of contracting HIV? Yes</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

Note concerns:

- Incorrect sex with HIV-infected person
- Mother-to-Child Transmission during pregnancy, delivery or breastfeeding
- Exchange of HIV-infected blood

Explanations:

- Client identified 1 of the 3 methods of HIV transmission from person to person.
- Client identified 2 out of the 4 prevention methods.

For KNOWLEDGE ASSESSMENT: Section 2:

<table>
<thead>
<tr>
<th>No.</th>
<th>Statement</th>
<th>True</th>
<th>False</th>
<th>Not Sure</th>
<th>Correct Answer</th>
<th>Information to provide after assessment if respondent answers incorrectly or responds as Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>There is a difference between HIV and AIDS. True</td>
<td></td>
<td></td>
<td></td>
<td>There is a difference between HIV and AIDS. HIV refers to the virus that causes AIDS. AIDS refers to the most advanced and severe stage of HIV infection.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Only individuals who have sex with many people can contract HIV. False</td>
<td></td>
<td></td>
<td></td>
<td>Even if you have unprotected sex with only one person, you are at risk of contracting HIV.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excessive use of alcohol does not impair an individual's ability to make decisions to use condoms. False</td>
<td></td>
<td></td>
<td></td>
<td>Having sex after drinking alcohol excessively does impair an individual's ability to make decisions. This may increase chances of using a condom incorrectly.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Correct, consistent condom use can protect a person from HIV. True</td>
<td></td>
<td></td>
<td></td>
<td>Correct, condom use can protect someone from HIV.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Males who are circumcised are more likely to get infected by HIV. False</td>
<td></td>
<td></td>
<td></td>
<td>Safe male circumcision refers to the process of removing the foreskin from the penis. This reduces chances of contracting HIV by 60%. Therefore someone who is circumcised is less likely to contract HIV. However, correct and consistent condom use is still necessary after circumcision.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Having only one partner at a time will help reduce your risk of HIV. True</td>
<td></td>
<td></td>
<td></td>
<td>Having one partner at a time can reduce your risk of HIV. The more partners you have at one time, the higher your risk of acquiring HIV. You still however, need to use a condom during every single sex act.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Knowing one's HIV status can lead to a better quality of life. True</td>
<td></td>
<td></td>
<td></td>
<td>Once you know your HIV status, you will be able to make informed decisions regarding your life.</td>
<td></td>
</tr>
</tbody>
</table>

Response Review:

- Again, congratulate the client on correct responses.
- Note areas where the client has answered incorrectly. Read out the correct information to those particular questions, including all responses where the client was ‘Not Sure’.

Section 3: Review
Part G - Behavioural Assessment

Depending on the risk status identified in the previous section, provide the client with information on their risk status.

**To those NOT AT RISK**

“Based on our conversation, you are doing a great job to ensure you are not at risk for HIV, TB, and/or unwanted pregnancy. You are making healthy decisions for your life! Continue to look after yourself and have accurate information about issues relating to your health, and apply them daily. If you ever need more information, please visit your local clinic, or you can see us (insert name of org center). Thank you for your time.”

**To those AT RISK**

“Let’s reflect on the things we have discussed. We have talked about a lot of different issues including alcohol use, condom use, etc. Based on the responses you gave, it seems that you need some further information and support. To the question (select question that the individual has been identified AT RISK, you responded (insert individual’s response). Based on this response, you are at risk of contracting HIV due to (Insert Risk Behaviour) because (refer to relevant information as outlined in the Risk Reduction Tool: Information Table Section on pages 10-12), then continue to provide information about risk behaviour as indicated in the table). Do this for all identified behaviours. Do you agree?”
STEP 5: INFORMATION PROVISION
(Refer to pages 10-13 of Risk Reduction Tool)

Purpose
To provide information to the client on behaviours that were identified as AT RISK, and to ensure that the client fully understands how specific behaviour/s may put them at risk of contracting HIV. This will also help the client prioritise behaviour/s they want to change.

Remember: After you have identified the behaviour(s) that puts a client AT RISK in the behaviour assessment section (an example circled below), provide information for all identified risk behaviours using the information table on pages 10-12 in the Risk Reduction Tool (example circled in blue on page 23). Then, tick the appropriate column on the information checklist on page 13 of the Risk Reduction Tool (example ticked in red on page 23) to indicate if the information was provided for each key driver.

Behaviour Assessment

<table>
<thead>
<tr>
<th>No.</th>
<th>Question</th>
<th>Response: Not At Risk</th>
<th>Response: At Risk</th>
<th>Refused to Answer</th>
<th>Behaviour to Prioritise</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>In the past 3 months, have you ever had sex after drinking alcohol and/or using drugs?</td>
<td>No Skip to Question 12</td>
<td>Yes Go to Question 9</td>
<td>Refused to Answer Skip to Question 12</td>
<td>Alcohol and Drugs</td>
</tr>
<tr>
<td>9</td>
<td>In the past 3 months, have you ever been unable to remember what happened the night before after drinking or using drugs?</td>
<td>No Continue to Question 10</td>
<td>Yes Continue to Question 10</td>
<td>Refused to Answer Continue to Question 10</td>
<td>Alcohol, Drugs and Gender Based Violence</td>
</tr>
<tr>
<td>10</td>
<td>In the past 3 months, have you ever not used a condom after drinking and/or using drugs?</td>
<td>No Continue to Question 11</td>
<td>Yes Continue to Question 11</td>
<td>Refused to Answer Continue to Question 11</td>
<td>Alcohol, Drugs and Condoms</td>
</tr>
<tr>
<td>11</td>
<td>In the past 3 months, have you ever been forced to have sex unwillingly after drinking or using drugs?</td>
<td>No Continue to Question 12</td>
<td>Yes Continue to Question 12</td>
<td>Refused to Answer Continue to Question 12</td>
<td>Alcohol, Drugs and Gender Based Violence</td>
</tr>
</tbody>
</table>

Sexual Behaviour

Questions for all

<table>
<thead>
<tr>
<th>No.</th>
<th>Question</th>
<th>Response: Not At Risk</th>
<th>Response: At Risk</th>
<th>Refused to Answer</th>
<th>Behaviour to Prioritise</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>In the past 3 months, have you had more than one sexual partner?</td>
<td>No Continue to Question 13</td>
<td>Yes Continue to Question 13</td>
<td>Refused to Answer Continue to Question 13</td>
<td>Multiple and Concurrent Sexual Partnerships</td>
</tr>
</tbody>
</table>
### INFORMATION TABLE  
(Refer to pages 10-12 of Risk Reduction Tool)

<table>
<thead>
<tr>
<th>BEHAVIOUR</th>
<th>INFORMATION TO PROVIDE</th>
</tr>
</thead>
</table>
| **ALCOHOL and DRUGS**              | - Excessive alcohol use and/or use of drugs impair decision-making such as not using a condom correctly and consistently. It also increases chances of having sex with people whose HIV status are unknown, missing important medication such as ARVs, and can lead to actions which are later regretted such as unplanned pregnancy and unprotected sex. These put you at risk of contracting HIV.  
  - **For females only:** Girls and women under the influence of alcohol may have a higher chance of becoming exposed to violent crime, abuse and rape. |
| **DELAYED AND/OR EARLY SEXUAL DEBUT** | - Delayed sexual debut means waiting until you are physically and mentally ready to have sex. It means that when you have decided to have sex without any outside pressure, you will have all the information you need to protect yourself from HIV infection including, for example, how to use a condom correctly.  
  - Having sex at an early age is not a sign of maturity and does not prove that you are a man or a woman. Even if your body is physically mature, you may not be mentally and emotionally prepared for sex.  
  - People who initiate sex at a young age often do not have the knowledge and skills needed to protect themselves from HIV.  
  - Engaging in sex at an early age can result in unwanted pregnancies and sexually transmitted infections, including HIV. |
| **MULTIPLE AND CONCURRENT SEXUAL PARTNERSHIPS (MCPs)** | - MCPs refer to people who have sex with more than one person over the same period of time.  
  - The potential of HIV infection is high if you are in this type of relationship because you do not know the HIV status of the others involved in this sexual ‘network’. You also do not know who else your partner/s is/are having sex with and if they are using condoms correctly and consistently during every single sex act with each and every partner. |

### INFORMATION CHECKLIST  
(Refer to page 13 of Risk Reduction Tool)

<table>
<thead>
<tr>
<th>KEY DRIVER</th>
<th>INFORMATION PROVIDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALCOHOL and DRUGS</td>
<td></td>
</tr>
<tr>
<td>DELAYED SEXUAL DEBUT</td>
<td></td>
</tr>
<tr>
<td>MULTIPLE AND CONCURRENT SEXUAL PARTNERSHIPS (MCPs)</td>
<td>✓</td>
</tr>
<tr>
<td>CROSS-GENERATIONAL SEX</td>
<td></td>
</tr>
<tr>
<td>TRANSACTIONAL SEX</td>
<td></td>
</tr>
<tr>
<td>TUBERCULOSIS</td>
<td></td>
</tr>
<tr>
<td>PEER PRESSURE</td>
<td></td>
</tr>
<tr>
<td>GENDER-BASED VIOLENCE</td>
<td></td>
</tr>
<tr>
<td>INCONSISTENT, INCORRECT, CONDOM USE</td>
<td></td>
</tr>
<tr>
<td>CLIENT HAS NOT TESTED</td>
<td></td>
</tr>
<tr>
<td>PARTNER HAS NOT TESTED</td>
<td></td>
</tr>
<tr>
<td>MALE CIRCUMCISION</td>
<td></td>
</tr>
<tr>
<td>FAMILY PLANNING</td>
<td></td>
</tr>
</tbody>
</table>
STEP 6: MOTIVATION TO CHANGE
(Refer to page 14 of Risk Reduction Tool)

**Purpose**

1. Helps client to prioritise the behaviour that they want to work on first, helping them to ‘own’ their decision and the plan that will be developed.
2. Helps assess a client’s willingness and motivation to take steps to change their behaviour.

Only continue with planning if the client accepts this and is ready to change at least one behaviour. Discuss this with them.

One approach could be as follows...

---

**Here is a reminder of all the identified risk behaviours we just talked about:** (List all identified behaviours again). Are you willing to change some of your behaviours?

If **no**, state: “I encourage you to keep in mind how your behaviour may be affecting you and others. I have provided you with some information, and feel free to seek support from us (state name of org, physical location, give phone number if available), at the clinic, local NGO or support group, when you are willing to change your behaviour.

If **yes** state: “I am glad you are willing to change some of your behaviours. Changing a behaviour is a process. To be realistic we should start with one behaviour you would like to work on first. Which of the behaviours we just listed would you like to work on changing?”
Part I - Prioritisation and Motivation to Change

V. MOTIVATION TO CHANGE

Here is a reminder of all the identified risk behaviours we just talked about: (List all identified behaviours again). Are you willing to change some of your behaviours?

If no, state: "I encourage you to keep in mind how your behaviour may be affecting you and others. I have provided you with some information, and feel free to seek support from us (state name of org, physical location, give phone number if available), at the clinic, local NGO or support group, when you are willing to change your behaviour.

If yes state: "I am glad you are willing to change some of your behaviours. Changing a behaviour is a process. To be realistic we should start with one behaviour you would like to work on first. Which of the behaviours we just listed would you like to work on changing?"

Note for Facilitator: Write the prioritised behaviour the client would like to work on in the space provided below.

Prioritised Behaviour: ______________________________________________________________________________________

Note for Facilitator:
SAY: "Now I am going to ask you a series of questions to further explore if you are really prepared and motivated to change your behaviour."
Circle the client’s responses in the boxes below and also note any explanations for responses in the spaces provided for each question.

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IMPORTANCE</strong></td>
<td></td>
</tr>
<tr>
<td>How IMPORTANT would you say it is for you to change your behaviour? Is it….?</td>
<td>NOT at all important</td>
</tr>
<tr>
<td>Why do you want to change this Behaviour? Have you tried before? What prevented you from doing so?</td>
<td></td>
</tr>
<tr>
<td><strong>CONFIDENCE</strong></td>
<td></td>
</tr>
<tr>
<td>If you were to decide now to change your behaviour, how CONFIDENT are you that you could succeed? Are you….?</td>
<td>NOT at all confident</td>
</tr>
<tr>
<td>What would help you to have more confidence?</td>
<td></td>
</tr>
<tr>
<td><strong>READINESS</strong></td>
<td></td>
</tr>
<tr>
<td>In thinking about your (say the risk behaviour) and related risks, how ready are you to change your behaviour? Are you…..?</td>
<td>NOT at all ready*</td>
</tr>
</tbody>
</table>

Where probing questions are asked, write the client’s response in the box provided.

For those who agree to change their risk behaviour(s), prioritise one behaviour (as shown in blue circle below) and then go through the following table and circle the client’s responses.
STEP 7: RISK REDUCTION PLANNING FOR PRIORITISED RISK BEHAVIOUR

(Refer to page 15 of Risk Reduction Tool)

**Purpose**

To help the client develop tangible goals and steps that he/she will make to address their current risk behaviours.

### VI. RISK REDUCTION PLANNING

Now that you have decided which behaviour you would like to change, I will assist you to make a plan. The basic components of a plan are a goal ‘the dream of what you would like to see change’, steps to the goal ‘how you will reach the goal’, support you may need, and challenges you may face. Please note that changing behaviour takes time. Therefore, after we have developed this plan together, I will make appointments to follow up with you to see how your plan is going and continue to support you and refer you to any relevant service providers.

<table>
<thead>
<tr>
<th>Type</th>
<th>Place</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral 3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Visit 1**

**Visit 2**

**Visit 3**

**Visit 4**

**Visit 5**

Notes on progress:

1. Steps towards behaviour change are different for everyone.
2. A supportive environment and internal factors such as risk perception, belief in ability and perceived rewards are important.
Tips for Setting Goals and Steps for a Risk Reduction Plan

1. Develop a goal that addresses the identified risk behaviour.
2. Goals should be Specific, Measureable, Attainable, Relevant and Time-bound (remember SMART).
3. Too many or too high standards will only set the client up for failure and discourage them from trying to change their behaviour.

- Break down the goal into smaller steps that the client can achieve in a shorter time frame.
- Assign dates for each step to behaviour change that is developed.
- Refer to Sample Goals and Strategies for Risk Reduction Planning on pages 19-23 of the Risk Reduction Tool to assist with completion of goals and steps (sample below).

<table>
<thead>
<tr>
<th>RISK BEHAVIOUR</th>
<th>GOALS AND STEPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCP</td>
<td>Reduce the number of partners I currently have from _____ to _____ by _______ so that I can make healthy decisions for myself and reduce my risk of contracting HIV.</td>
</tr>
<tr>
<td></td>
<td>- Get more information about the risk of MCP from NGOs or clinics in my community.</td>
</tr>
<tr>
<td></td>
<td>- Make a list of reasons why I am with each partner, why I should stay and a list of why I should not stay with each partner. Decide which partners I want to stay with based on this list. Try to cut down at least one partner.</td>
</tr>
<tr>
<td></td>
<td>Use a condom with my partner during every single sex act.</td>
</tr>
<tr>
<td></td>
<td>- Get more information about the risk of MCP from an NGO or clinic.</td>
</tr>
<tr>
<td></td>
<td>- Equip myself with information about how to use a condom (male or female) and where I can get condoms.</td>
</tr>
<tr>
<td></td>
<td>- Learn how to use a condom and demonstrate to a Facilitator how to use a condom to ensure that I am doing it correctly.</td>
</tr>
<tr>
<td></td>
<td>- Equip myself with skills to talk to my partner(s) about safe sex.</td>
</tr>
<tr>
<td></td>
<td>- Educate my partner(s) about condoms and its benefits, and communicate my desire to use condoms.</td>
</tr>
<tr>
<td></td>
<td>- Carry a condom with me all the time, and keep condoms at home.</td>
</tr>
<tr>
<td></td>
<td>- Equip myself with condom negotiation skills and practice these skills with a Facilitator or a friend.</td>
</tr>
</tbody>
</table>

Example of a goal:
To use a condom correctly and consistently during every single sex act by January 30, 2012.

Try to create a small, first step that can be reviewed in your first follow-up visit.
  i. Example of a step for the above goal: Equip myself with information about how to use a condom and where I can get them.
  ii. Example of Step 2 for the above goal: Learn how to use a condom and demonstrate to a facilitator to ensure I am doing it correctly.
  iii. Example of Step 3 for the above goal: Educate my partner about condoms and its benefits, and communicate my desire to use condoms.
  iv. Example of Step 4 for the above goal: Begin using condoms with my partner by December 5, 2011.
KEY COMPONENTS FOR STEPS TOWARDS BEHAVIOUR CHANGE

- Help and encourage the individual to obtain more information about their prioritised risk behaviour.
- Teach the client skills through practical exercises (for example, how to talk to your partner about safer sex through role plays) to practice use of these skills.
- Encourage them to take action to reach their goal.
- Make referrals as needed to other service providers.

Challenges to behaviour change

There are certain factors that may limit, impede or decrease the likelihood of sustained behaviour change. Being aware of these factors is helpful, so you can discuss and find ways to overcome these barriers with the client.

- Low wages forcing individuals into transactional sex
- Lack of support to sustain new behaviour
- Lack of relevant information
- Stigma and discrimination constrains coverage and access to services
- Unsupportive socio-cultural beliefs and practices. eg: beliefs that sex with virgins will cure HIV, acceptance of multiple partners amongst males, and peer pressure
- Low self-efficacy
- Religious beliefs which prevent individuals from seeking treatment for STIs or using condoms

Identify any potential challenges, for example, peer pressure to drink alcohol, partner reluctance to use a condom, or lack of skills to communicate about issues related to sex, and discuss strategies to overcome these challenges.

Support Systems

For a client to be successful in his/her risk reduction plan, they may need to seek support from other channels, given that you will not be providing guidance on a daily basis, so:

- Help them think through how they can overcome identified challenges or other barriers and work with them to strengthen their skills to effectively implement strategies.
- Help identify any potential support systems or personal strengths that they can access/utilise to assist them in implementing the strategy, for example, friends, partners, family, church, clinic staff, etc. Support systems such as these can increase a client’s ability to stay healthy and practice safer sexual behaviour.
Referrals

It is important to:

1. Develop up-to-date lists of service providers in your area, including types of services, eligibility criteria (if any) and location.
2. Establish relationships with service providers on the referrals list so they are clear about your services and the role you play in your community, as well as to know their services and eligibility criteria.
3. Note any referrals made for the client using the Referral Form (below).
4. Give this form to the client to take to the referred service provider.
5. Note down the details of the referral in the risk reduction plan and remember to follow-up about progress of the referral in your next visit.

Referral Form

<table>
<thead>
<tr>
<th>Details of Referring Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Referral:</td>
</tr>
<tr>
<td>Name of referrer:</td>
</tr>
<tr>
<td>Contact Details:</td>
</tr>
<tr>
<td>Referring Organization:</td>
</tr>
<tr>
<td>Position:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Details of Client</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client ID No:</td>
</tr>
<tr>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Gender:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Details of Receiving Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization:</td>
</tr>
<tr>
<td>Physical Address:</td>
</tr>
<tr>
<td>Contact Person:</td>
</tr>
<tr>
<td>Telephone:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nature of referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tick the appropriate referral made</td>
</tr>
</tbody>
</table>

- Social Support Services
- Male Circumcision
- Spiritual Support
- Family Planning
- Support Group
- HIV Counseling and Testing
- Civil Society Organizations
- Clinical Services
- Legal Services

OTHER (Name type of referral): __________________________________________________________
**STEP 8: GOAL CARD**

(Refer to page 27 of Risk Reduction Tool)

**Purpose**

Provides a reminder to client of developed goals and steps to change behaviour.

**Instructions for facilitators:**

Remember to fill this out after developing a risk reduction plan and leave it with the client.

**Part K - Goal Card**

Write the goal that the client has committed to in the risk reduction plan.

To be signed by the client as confirmation of their commitment to work towards their goal and steps.

---

**GOAL CARD**

**My Goal**

To reach my goals I commit to the following steps:

1. ........................................................................................................................
   ........................................................................................................................

2. ........................................................................................................................
   ........................................................................................................................

3. ........................................................................................................................
   ........................................................................................................................

4. ........................................................................................................................
   ........................................................................................................................

If I have challenges I commit to actively look for information and support to get me to my goals.

Signature: ___________________ Date: ___________

Carry this goal card with you and look at it throughout each day. Think about what you can do today to get closer to reaching your goal.
STEP 9: FOLLOW-UP
(Refer to page 16 of Risk Reduction Tool)

**Purpose**
To monitor the client’s progress on their developed risk reduction plan and ensure they have the support, encouragement and information to achieve their goals.

**Instructions for facilitators:**
After handing out the Goal Card, plan a follow-up visit with the individual 2 weeks after the initial assessment. Write the date in the box under Scheduled Visit 1: Date (circled in green below).
After completion of the first follow-up visit, place a tick in the box next to the date (circled in red below).

**Part L - Risk Reduction Plan 2**

<table>
<thead>
<tr>
<th>Current Risky Behaviour:</th>
<th>Goal:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steps to Change Behaviour: (including data)</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>Challenges to Behaviour Change:</td>
<td></td>
</tr>
<tr>
<td>Support Systems Needed:</td>
<td></td>
</tr>
</tbody>
</table>

**Referral Made: (tick after completed)**
- Referral 1
  - Type
  - Place
  - Date
- Referral 2
  - Type
  - Place
  - Date
- Referral 3
  - Type
  - Place
  - Date

**Scheduled Visits:**
- Visit 1: [ ] if completed, [ ] if not completed
- Visit 2: [ ]
- Visit 3: [ ]
- Visit 4: [ ]
- Visit 5: [ ]

**Notes on progress:**

There are no recommended number of follow-up visits as this depends on the need, but plan for at least two for each client.
Checklist for follow-up visits

☑ Review the identified behaviour, goal and steps with the client again. Note how far he/she has come in addressing their first step.

☑ Provide further information to fill any knowledge gaps concerning the prioritised risk behaviour if needed.

☑ Clients who have successfully implemented or have tried to implement strategies should be congratulated for their effort.

☑ Challenges should be addressed as much as possible and new/revised strategies developed for those who were unable to implement strategies.

☑ If new strategies need to be developed, they should be written under the already created steps to behaviour change. If current steps need to be revised, they should be updated on your copy of the client’s plan and a new goal card developed.

☑ Clients should not be judged, or their lack of success viewed as a failure; this will discourage them from trying to implement the strategies.

☑ When the client has been able to implement all or most of the strategies, or decides they no longer need your support, termination of the sessions/relationship should be clearly communicated.

Completion of Risk Reduction Plan 1

Ask the client if they want to work on other identified behaviours

**YES**
Repeat the planning process to address the next behaviour for development of Risk Reduction Plan 2. You can begin working on this plan at the same session you end Risk Reduction Plan 1. Alternatively, schedule a follow-up meeting within two weeks to ensure rapid follow-up and continuation, taking advantage of the momentum gained.

**NO**
Congratulations the individual on his/her behaviour change and encourage them to continue to make healthy decisions that will protect them. Let them know they can seek continued support from clinics, your organisation or other NGOs if they require assistance in the future.
Section 4: Monitoring & Evaluation

STANDARD OPERATING PROCEDURES (SOP) MANUAL for RISK REDUCTION ASSESSMENT, PLANNING and SUPPORT (RRAPS)

Section 5
Monitoring & Evaluation
**STEP 10: MONITORING AND EVALUATION (M&E)**

**Purpose**

To document and report all risk reduction sessions.

Monitoring and evaluation is a routine process that allows facilitators to keep track of progress made in delivery of risk reduction support. Several tools have been developed to document implementation of HIV prevention activities, both community outreach group sessions and one-on-one risk reduction sessions. All interventions ultimately are then documented into one organisational monthly reporting tool. Refer to the M&E flowchart below.

**Overview of M&E forms**

**DAILY SESSION FEEDBACK FORM**
- **Purpose:** Summary of all comments from audience feedback, further needs/information
- **User:** Facilitator
- **Frequency:** Daily
- **Due Date:** 2nd-3rd day of following month

**DAILY ACTIVITY ATTENDANCE REGISTER**
- **Purpose:** Source of data verification for each activity implemented
- **User:** Facilitator
- **Frequency:** Daily
- **Due Date:** 2nd-3rd day of following month with HIV Prevention Daily Activity Sheet

**RRAPS DAILY ACTIVITY SHEET**
- **Purpose:** Summary of each risk reduction session
- **User:** Facilitator
- **Frequency:** Daily
- **Due Date:** 2nd-3rd day of following month with all complete registers

**HIV PREVENTION DAILY ACTIVITY SHEET**
- **Purpose:** Summary of each activity, number of individuals reached, etc (group and risk reduction)
- **User:** Facilitator
- **Frequency:** Daily
- **Due Date:** 2nd-3rd day of following month with all complete registers

**HIV PREVENTION MONTHLY SUMMARY FORM**
- **Purpose:** Summary of all activities implemented per facilitator, per village, per month
- **User:** Project Officer / Programme Manager
- **Frequency:** Monthly
- **Due Date:** 8th day of following month
<table>
<thead>
<tr>
<th>No</th>
<th>Client ID</th>
<th>1st Contact</th>
<th>Gender</th>
<th>Age Category</th>
<th>Identified Risk Behaviours</th>
<th>Follow-Up Visits (Dates, Completed)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>New Repeat</td>
<td>M</td>
<td>F</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
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<tr>
<td>20</td>
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</tr>
</tbody>
</table>

**TOTAL**

SIGNATURE OF FACILITATOR: ______________________ DATE OF SUBMISSION: ___________ SUPERVISOR: ______________________ DATE OF REVIEW: ________
**RISK REDUCTION ASSESSMENT PLANNING AND SUPPORT M&E TOOLS**

**Risk Reduction Assessment, Planning and Support (RRAPS) Daily Activity Sheet**

**Purpose**

To document all one-on-one risk reduction sessions implemented.

<table>
<thead>
<tr>
<th>Section</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Month and Year</td>
<td>Month and Year for which you are submitting your report, for example, March 2011</td>
</tr>
<tr>
<td>Village/Ward</td>
<td>Your area of coverage</td>
</tr>
<tr>
<td>Facilitator Name</td>
<td>Your name</td>
</tr>
<tr>
<td>Organisation</td>
<td>Organisation for which you are working</td>
</tr>
<tr>
<td>Client ID</td>
<td>Write the Client ID from the risk reduction assessment, planning and support tool for each individual that you have seen during the month.</td>
</tr>
<tr>
<td>First contact</td>
<td>Indicate if the client is new (never seen during this year (starting October 2010 to you or any other facilitator from your organisation) or repeat (has been seen since October 2010 from group session or home visit for example).</td>
</tr>
<tr>
<td>Gender</td>
<td>Tick male (M) or female (F) for client.</td>
</tr>
<tr>
<td>Age Category</td>
<td>Tick age category of client, refer to the background information table on page 1 of the RRT for this information.</td>
</tr>
<tr>
<td>Identified Risk Behaviours</td>
<td>Tick all identified risk behaviours from the risk reduction tool. If client is not at risk, tick none column.</td>
</tr>
<tr>
<td>Follow-up Visits</td>
<td>a. Assessment: Write the date of the initial assessment and tick after it has been completed</td>
</tr>
<tr>
<td></td>
<td>b. Visit 1: Write the date of the first follow-up visit and tick after it has been completed</td>
</tr>
<tr>
<td></td>
<td>c. Visit 2-3: Same as above</td>
</tr>
<tr>
<td>Totals</td>
<td>Write the totals for each category in the tool on the line, that is the total # of new, repeat clients, age category, etc.</td>
</tr>
</tbody>
</table>

Assessments and follow-up visits for all individuals should be recorded on the HIV Prevention Daily Activity Sheet.
HIV PREVENTION DAILY ACTIVITY SHEET – A/AB and OP

1. Reporting Period: Month ___________ 2. Year ___________


<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Group 2-25</td>
<td>New 10-14</td>
<td>Repeat 10-14</td>
<td>New 25-35</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Repeat 25-35</td>
<td>Repeat 25-35</td>
<td>Repeat 25-35</td>
<td>Repeat 25-35</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Repeat 35-60</td>
<td>Repeat 35-60</td>
<td>Repeat 35-60</td>
<td>Repeat 35-60</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
</tr>
</tbody>
</table>

13. # Given

14. # Referrals

Note that Community Outreach has to adhere to minimum standard before recording here.

Enter actual number of people reached, materials distributed & referrals. Separate row for each session.

15. TOTALS

## Purpose
To document all HIV prevention activities implemented.

1. All risk reduction sessions should be integrated into the HIV Daily Activity Sheet and be reported as a one-on-one session.
2. Information that is required should be taken from the Risk Reduction Assessment, Planning and Support Daily Activity Sheet, i.e. - new, repeat, age, date of contact, etc.

<table>
<thead>
<tr>
<th>Target Group</th>
<th>Indicate with an X who the main people are for the session, i.e. in school youth, out of school youth, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication Guide</td>
<td>Indicate with an X which Communication Guide was used for the intervention or if it was a risk reduction session.</td>
</tr>
<tr>
<td>Session Type</td>
<td>Indicate with an X which type of session was facilitated on that day:</td>
</tr>
<tr>
<td></td>
<td>a. One-on-one session: Report here when you conduct a risk reduction session, for which you have talked to only one person at a time.</td>
</tr>
<tr>
<td></td>
<td>b. Group Session (2-25): Report here when you talk to 2-25 people at a time, i.e. shebeen intervention.</td>
</tr>
<tr>
<td>Number of people reached through AB messages and OP messages</td>
<td>Numerical value of number of people reached through sessions should be reported under these categories as per age, gender and new or repeat.</td>
</tr>
<tr>
<td></td>
<td>Note: All the risk reduction sessions should be reported under OP messages. Indicate with a ‘1’ under OP for the relevant age, gender and contact type (new or repeat).</td>
</tr>
</tbody>
</table>
Data storage and management

All information collected during the RRAPS process is confidential.

1. Completed RRAPS tools should be stored securely at your organisation’s office.
2. When submitting monthly M&E reports, completed RRAPS tools should be submitted and filed as well.
3. Each client who has been assessed should be allocated a file that is kept in a locked filing cabinet.
4. Each RRAPS tool has two copies of the risk reduction plan. One copy of the plan should be kept in a file at the office and the other copy should be kept with the facilitator for follow-up purposes.
5. To assist with data management, individual maps should be developed (sample below) to document the location of clients who are being supported with RRAPS. This will help with follow-up as well as ensure continued support to clients in case a facilitator is no longer employed by the organisation. Each facilitator for the RRAPS process should document where either their client lives or where they have arranged to meet i.e. at the clinic. On the map the facilitator should indicate the client ID # to reference where to follow-up with that client. This process assists with confidentiality of individuals supported through the RRAPS process. Again, two copies should be made, one for the organisational records, the other to be kept with the facilitator.
6. Once a client has been assessed and a plan developed, the completed RRAPS tool should be filed immediately. After a new client has been assessed, the community map should be updated both in the organisational filing system and on the facilitator’s map.

Sample Community Map by Facilitator

Sample for Samuel Kagisong: this map shows that Samuel Kagisong assessed 12 clients in the community in these locations.
Recommended organisational filing of RRAPS tools

Files for each implementer should be organised accordingly:

**Implementer 2: Lillian Pule (LP)**

- Client File #: LP-02
  - Completed RRAPS Tool (including copy of Risk Reduction Plan)

- Client File #: LP-01
  - Completed RRAPS Tool (including copy of Risk Reduction Plan)

- Map for LP to document client location (updated every month)

**Implementer 1: Samuel Kagisong (SK)**

- Client File #: SK-03
  - Completed RRAPS Tool (including copy of Risk Reduction Plan)

- Client File #: SK-02
  - Completed RRAPS Tool (including copy of Risk Reduction Plan)

- Client File #: SK-01
  - Completed RRAPS Tool (including copy of Risk Reduction Plan)

- Map for SK to document client location (updated every month)