

GUIDE 2 ANNEX 1

We do this to encourage you to use of learner-centred approaches instead of lectures. Learning, especially on a topic like reducing stigma, does not happen by lectures but demands a personal learning process. Most exercises therefore stimulate active participation and relating the material to the participants' own context.

This Guide is not a training course or programme. You can use the exercises which suit you, adjust them to your situation or let them inspire you.

Each Guide starts with the most basic learning goals of the theme. You can adjust them to the specific needs of your participants, add, remove or adjust.

There are no specific instructions for training materials, as the contexts of users of this Guide differ. Make sure you have thought about:

- **Something on which you can write or draw big enough for the group to read** ((digital) whiteboard, flipchart and felt pens, blackboard and chalk or even the wooden/concrete floor and chalk or sand and a stick).
- **Papers for the participants to write on** (Post-it notes, small paper and tape).
- **Something to allow the group to choose sides** (red and green papers to vote, tape or a rope to divide the room).

Learning objectives for Guide 2

After working through this Guide, you should understand:

- That there are various ways to reduce the impact of discrimination and prejudice on individuals. These can target different 'levels': individual, group and family.
- How psychosocial support can help a person to cope with mental health problems or any other hardship or challenges they might experience at a given time.
- The comprehensive guides that are available for giving psychosocial support.
- How to determine what type of support group (self-help, self-care and online) is most appropriate for a given situation.
- The different family-level interventions available.
- The role family plays in reducing or increasing the stigma and the distress individuals may experience.
- What referral is and when it is necessary to refer someone.

Training exercises for Guide 2

Exercise 1: Warming-up exercise

Participants come up with interventions to reduce the impact of stigma by putting themselves in the place of a stigmatised person. The objective of this exercise is to get into the topic and activate participants to think about it.

Steps:

1. Draw a person in the middle of a flipchart or on the blackboard. Invent a name that suits your context. S/he has been diagnosed with an NTD 3 years ago and suffers from stigmatisation and discrimination because of the disease: lost job, and lost confidence because of the way people look at him/her.
2. Ask the group to add some phrases to the story: Imagine you are this person. How does it look like to have a life that is influenced by stigma because you have an NTD? What do you experience? How do you feel?
3. Write the key words around the person on the flipchart.
4. Ask the group what they think the person needs to deal with this situation. (Please note: we are talking about dealing with the stigma, not with the disease.)

4 Optional: You ask the group to step into your place as trainer: Please, advise me, I have 2 ways to ask you the question:*

What do you think the person needs to deal with this situation?

Or

What help does the person need?

What is the difference between the 2 questions? Have a short discussion on how 'helping' can add to feelings of being helpless and incompetent and that therefore the first question form might be better.

5. Let the group briefly discuss among themselves, perhaps in pairs and then in groups of 4.
 6. Ask for ideas and write the down on the flipchart. Be open to all answers – the exercise is NOT to test knowledge but a warming-up exercise to get participants' minds set on the theme.
 7. When you have plenty of words on the board/flip, explain to the group there are different types of interventions, all of which are described in the Guide. They focus on the individual person affected by the NTD, on groups of persons affected and on families and the community.
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Exercise 2: Practice exercise

In this exercise the group can start exercising with skills they would like to practice. The objective of the exercise is to be aware of our own behaviours in discussion with patients and to practice in a safe context.

Note: This exercise takes place **after** you have explained what the ‘golden hour’ means.

1. Starting question: What are crucial skills from a health worker in the first discussion after a patient has been diagnosed (the golden hour) to reduce the chance of being stigmatised?
2. List them all on the flip/blackboard (e.g., not stigmatising as a professional, discussing disclosure, showing empathy without pity, making sure you plan a follow-up, assessing if the patient can still absorb information, etc.).
3. Ask the group to nominate 3 or 4 skills that they find crucial. You can allow every participant 2 votes or to have the groups discuss which they find most important. You can also choose them yourself.
4. Invite the group to do a simulation exercise. There is a health worker having a conversation with a patient, Mariana (or any other name). Mariana can be played by you or by participants, but be sure in the play Mariana reacts to the ‘health worker’ as realistically as possible.
5. Ask a learner to volunteer as the health worker. Give him/her the following instructions:
 - a. You are a health worker. You have just explained to Mariana that the test shows that she has a potentially stigmatising NTD. Show how the discussion continues.
 - b. You can stop the simulation and start again. It is OK to start again.
 - c. Here you can practice; it does not matter if it does not go well. It is not about an excellent performance; it is about trying out an approach in a safe manner (without a real patient).
6. After the exercise, ask the person who did the roleplay, ‘Looking at the skills we are practising, what went well, and what can be done better?’
7. Ask the group to give one piece of advice and one compliment. Make sure they reflect the skills you are practising and not acting skills or anything else.

Exercise 3: Connecting cases to interventions

In this exercise you have participants actively use what they have learned in Guide 2. The objective is to encourage critical thinking in deciding what intervention should fit best in a certain exercise.

Note: This exercise takes place **after** you have gone through the Guide.

Preparation:

Make cards with the following cases. You need as many as you will have groups in the exercise. If needed, you can adjust the stories to your own context. NOTE: If you rewrite them, make sure you cover a variety of interventions.

Annamma, a woman patient, comes to your clinic. She suffers from lymphatic filariasis and has difficulties doing household chores such as cooking. Her mother-in-law is making her life very hard and she suffers a lot from it. Her husband was okay with her in the beginning but now seems to become harsher on her as well. She has bruises.

Moussa is an 18-year-old boy with disfigured hands because of leprosy. His family and school have always been very supportive to him. He feels confident. He is very bright and has gotten a scholarship to study in a nearby town. You meet him in your clinic, and you notice he is very afraid of the reactions he will receive in his new school.

Ebra lives in a middle-sized town. He used to be a taxi driver, but due to his disease he has disfigurements in his face. Customers do not come to his taxi anymore. Besides his family he has lost a lot of friends. He is losing income and feels very depressed. When he meets you, he talks about a person who killed himself last week. He says that in earlier days he would not have understood such an action, but nowadays he understands much better... He can't see how he is of use to anyone anymore.

Steps:

1. Divide the group into smaller groups.
2. Ask the group to discuss the 3 cases and decide for each case what interventions they would think are best placed here and why.
3. Have a group discussion per case.

Exercise 4: Critical thinking exercise

In this exercise the group are encouraged to connect their own ideas and beliefs to what they have learned. The objective is to enlarge critical thinking in the health work. As a trainer, you need to create an open and safe space. Allow participants to express their own thoughts. Changing attitudes happens when people get inspired by other answers or after time; you cannot force it.






Preparation:

Draw a line on the floor. Put a sign with 'AGREE' on one side of the line and a sign with 'DISAGREE' on the other side.

Steps:

1. Project or write the first sentence for the group.
2. Ask participants to choose a side and wait till all have chosen.
3. Ask some people to explain their choice using concepts learned from Guide 2.
4. Allow participants to move from one side to the other if they change their opinion in the course of the exercise.
5. Repeat with the other sentences.

The sentences:

-  Not everyone can become a champion. For a 'champion' you need a certain type of person.
-  It is easy to minimise the stigma coming from the family. They love the person affected so they will be soft on him/her.
-  Domestic violence has nothing to do with stigma or having an NTD.
-  Some persons are not hurt so much by discrimination; they are the strong types.
-  Self-help groups are more for talking. They cannot achieve real changes.