



HUMAN DEVELOPMENT TRUST (HDT)

GUIDE TO FACILITATE THE PEER EDUCATORS IN ISONGOLE WARD – RUNGWE DISTRICT

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GUIDE FOR FACILITATING THE FORUM FOR PEER EDUCATORS

1.0 INTRODUCTION

HDT in collaboration with Africa Bridge has entered into memorandum of understanding to deliver programs which improves the better future of the most vulnerable children in Tanzania. To begin with, HDT and AB will work in Isongole ward of Rungwe district in Mbeya region. HDT and AB in collaboration with the district and community of Isongole ward will implement a HIV/AIDS program targeting primary and secondary schools (teachers and students) and will also target ward leaders. This guide has been developed following the community meetings held in November 2005 which prioritized HIV and Reproductive health in the ward among others. This was followed by community consultation which was done in January 2006 and thereafter a final planning meeting brought together district officials, teachers and students in March 2006. The training is scheduled to take place for two weeks beginning 20th 31st March 2006 at Idweli primary school.

This guide give some information on how the sessions will be conducted, time needed and resources required. It also give some basic information to guide facilitators during the training. Learning points inform the facilitator important issues but details can be found on handouts. Specific instructions are given for adult and students sessions.

This guide proposes five days training running for two weeks consecutively. The eight sessions are built in succession to feed into the next session, all of which delivering the out put of the training. The first week will be used for primary school sessions; two trainings will be run consecutively each with pupils between 20 and 25. The second week will comprise of two groups of participants, one group will be participants from secondary school (24 students) and the second one is for teachers of all isongole schools- six primary schools, three secondary schools and five ward leaders.

The development of this guide is informed by HDT experience in similar task. The sessions are arranged to differentiate the adult and children sessions where the children will have filtered information aiming to build their understanding on HIV/AIDS, STI and build the confidence and life skills.

Four core indicators for this program have been developed and agreed during the final meeting. They include decrease of teenager pregnancy, increase of clients needing services (for VCT, STI treatment), Decrease school drop out, reduced number of students and teachers with sexual relationship. Case studies to document the number of students in bars.

The main lead facilitators for this training will be from Human development Trust. They will be twined with two local facilitators who are said to have been trained as ToT. This methodology aims to use the local resources and enrich them for continuity and support beyond this project.

Lastly user of this guide may need to refer to other resources available in HDT website at www.hdt.or.tz resources.

2.0 FACILITATION TECHNIQUES

Learner-Centred Training

The Peer Health Educators Program addresses people who share similar qualities either age, status or rank. This training requires that the facilitator respects their knowledge and experiences and at the same time tap what they know and build on it to develop new concepts and skills. Local issues are important to explore and discuss while identifying to what extent they increase risk to transmission.

Although the role of the facilitator in this type of learning is crucial as a guide for the direction of learning, creating the learning experiences remains a group responsibility. This type of training approach is learner-centred. When facilitating children, it is important that the facilitator uses more games to break monotony and increase concentration.

Specific Learning Techniques

Experiential learning in this program is achieved through specific techniques which are described below.

Lecture: A lecture is a structured and orderly presentation of information delivered by the facilitator. A lecture can be used to impart knowledge or introduce skills. A lecture which allows for an exchange between the facilitator and the learners is usually more effective.

Discussions: Discussions are a verbal exchange led by the facilitator or learners about a specified topic. Through this process learners have a chance to share facts and ideas and can listen to and consider different points of view. Discussions are useful in both large and small groups. Small groups may offer shy or less verbal learners more or an opportunity to speak. Larger groups give the facilitator the ability to control the flow of conversation. They are effective when the outcome is not pre-determined but negotiable and is used to help make a decision or reach a conclusion.

Role-plays: Role-plays are short dramas in which learners can experience how someone might feel in a situation, try out new skills, and learn from each other. Role-playing in small groups or pairs is usually less threatening for learners and allows more people chance to do it. Ask for volunteers because many people are embarrassed or uncomfortable acting in front of a large group. After the role-play, be sure to declare the role-play over and discuss it, provide feedback and ask questions about it.

Case studies/Scenarios: Case studies are stories, either fictional or true often describing a problem by discussing what a character's options are or how these dilemmas might be resolved. Feel free to adapt any scenarios so that the exercise better fits the group.

Brainstorming: Brainstorming is a free flowing exchange of ideas on a given topic. You ask a question, pose a problem or raise an issue and participants suggest answers or ideas. Write all suggestions down for the group to see. No editorial comment or criticism is allowed. When the brainstorming is finished, the group evaluates the ideas together, perhaps to identify those they consider most useful or to categorize them in some helpful way.

Pre and Post-test: The training will always start with a pre-training questionnaire. It is a rapid assessment tool using simple questionnaire containing objective questions to be filled in by the participants without writing their names. At the end of the training the same questionnaire will be used as a post-training questionnaire in order to assess change in knowledge attributed to the training. Questions that are multiple choices are easier to score and compare.

3.0 Workshop sessions

SESSION 1 : FAMILIARIZATION & PRE-TEST KNOWLEDGE

PURPOSE

The aim in this session is to create a conducive learning environment and rapid assessment of knowledge of the participants.

OBJECTIVES

- Participants know each other, know the major themes of the training
- Explain the goals and objectives of the training
- Discuss post training jobs and tasks.
- Assess the knowledge of participants

INSTRUCTIONS TO FACILITATOR

Activity 1

A word of welcome to all participants

Ask participants to pair up and introduce to each other by name, school/institution. Each participant introduce his/her partner to the plenary in the stipulated format. Lead the participants to give their expectation from the training. Document the expectations on the flip chart.

Activity 2

Lead the participants to in plenary to brainstorming and agree on training values rules and regulations. Also agree on the methods of recap each day.

Activity 3

Inform the participants that, you would like to know their current levels of understanding on the topics Administer questions to participants and ask them to be as honest as possible. Tell them the forms will not be disclosed to any person except the facilitator only.

Make a quick analysis of the forms to know the average. The same analysis will be repeated at the end of the training.

Activity 4

Go through the time table and agree with participants if the topics meet their expectations. If not explain that you will try as much as possible to honor their expectation. Note that if their expectation is beyond the planned training such as HBC, Pathogenesis of HIV, Pharmacology of ARV, inform them that as beyond the scope of the training and that such technical information may be found at the hospital or sideway discussion during breaks.

Activity 5.

Inform participants that they will be facilitators after the training. Through brainstorming, lead the group to discuss stages to make a good presentation. These include Prepare early, read before the session, write down key points to emphasize during the session, present what you have prepared, use simple language, be honest if you are asked difficult question that you don't know and you will get back when you have answers, Get attention from all class etc.

SESSION 2: REPRODUCTIVE HEALTH (RH)

This session can be conducted to both children and adults, with different focus. For children the focus should be on changes during adolescence and how it related to HIV transmission. For adults, it should focus on family planning and that parent needs to support their children during this stage.

PURPOSE

3

By the end of session participants should be able to explain the Reproductive Health concept, components and the current Reproductive health situation in their communities.

OBJECTIVES

By the end of the session, participants should be able to:-

- Define Reproductive Health
- List Components of Reproductive Health
- Describe the Reproductive Health situation in their communities
- Understand link between RH and transmission of HIV
- Discuss current interventions being undertaken in their communities to manage RH problems.

INSTRUCTIONS TO FACILITATOR

Activity 1

The facilitator introduces the topics (Reproductive Health) and asks participants whether they have come across the term RH and where. Asks participants their own understanding of RH and lists responses on the flip chart.

Together with participants, the facilitator highlights common words/terms related to RH that have come-up during the brain-storming. Then give the standard definition of RH.

Activity 2: Components of RH

The facilitator explains the components of RH and allows participants to ask questions and share experiences on the components.

Activity 3: RH Situation in Tanzania/community

The facilitator explains the rationale for Tanzania prioritizing components above.

Facilitator divides participants into groups and asks them to discuss the RH situation in their communities then invite them for presentation. Finally summaries the key points in from the plenary on reproductive health in their local context.

Activity 4: Current interventions being undertaken

The facilitator explains the current interventions at national level. Then lead a discussion through brainstorming on current initiatives in their communities. Document on the flip chart and add on the list what they may not have included. Conclude the sessions by emphasizing the contribution of peer educators as change agents in the RH interventions.

Learning Points

Definition of R.H.

A state of complete physical, social and psychological well-being of an individual and not merely the absence of disease or infirmity in matters related to the reproductive system.

Inform participants that its important that they learn this as when they feel changes they should know that it's a normal process of the body (for pupils). Tell them also that this is the dangerous period. This time they may be cheated to engage in sex and may be infected by HIV and or STI. They may also get pregnancy. For adults concentrate on family planning methods.

Components of RH include:

family-planning counseling, information, education, communication and services; education and services for prenatal care, safe delivery, and post-natal care, especially breast-feeding, infant and women's health care; prevention and appropriate treatment of infertility; prevention of abortion and the management of the consequences of abortion; treatment of reproductive tract infections; sexually transmitted diseases and other reproductive health conditions; and information, education and counseling, as appropriate, on human sexuality, reproductive health and responsible parenthood

SESSION 3: BASIC FACTS ON HIV/AIDS AND STI

PURPOSE

This aim to equip participants with basic knowledge on HIV/AIDS and STI

OBJECTIVES

At the end of sessions participants should be able to understand:-

- Meaning and magnitude of HIV/AIDS
- Modes of HIV transmission and ways is not transmitted
- What HIV does in the body
- Signs and symptoms of STIs and HIV/AIDS
- Opportunistic infection
- Myths and misconception on HIV/AIDS
- Relationship between STIs and HIV
- Ways of prevention of HIV

Points to the facilitator:

HIV is mainly transmitted through sexual intercourse. Premarital sex should be discouraged especially sex by old men and young women. Emphasis that the best way to protect your self is to abstain, and that once you do sex you are taking risk. Symptoms of STDs may include the following; painful urination, abnormal genital discharge and itching

- STIs are many, you are advised to concentrate on syphilis and gonorrhea
- Emphasize on how STIs facilitate HIV transmission
- Do not go into details of drug treatment for STIs

INSTRUCTION TO THE FACILITATOR

- Ask participants to define STIs and list different STIs in their own words. Write them on a flip chart
- Fill the gaps left out
- Ask participants to list places where they can get treatment for STIs in their areas
- Summarize by defining the STIs

Activity One

- Lecture on STIs emphasizing on transmission, signs and symptoms, complications, treatment requirements and the relation to HIV transmission. Emphasize that STI can be treated therefore on suspicion, the person and partners should go for treatment.

Activity two.

- Organize a brainstorming session to determine the definitions of HIV and AIDS
- List all the responses on a flip chart
- Lead a discussion on issues raised focusing on the difference between HIV and AIDS

- Summarize by giving a lecture on the magnitude of HIV/AIDS worldwide, in Sub Saharan Africa, Tanzania, Mbeya Region, Rungwe and Isongole Ward.

NOTE:

- Do not concentrate on clinical aspect of HIV/AIDS
- Emphasize on the difference between HIV and AIDS
- Ensure that participants know the difference between HIV and AIDS

Learning points:

HIV can be transmitted through the following ways:

- Unprotected sexual intercourse
- Blood transfusion and tissue transplant
- Mother to child transmission
- Sharing skin piercing instruments

HIV is not transmitted by:

- Mosquito bites
- Coughing or sneezing
- Eating together
- Sharing toilets, bed, bathrooms or shower
- Traveling together in buses or taxis
- Sharing swimming pool
- Hugging or dry kissing
- Sharing cups, cutlery and crockery

Activity three

Invite participants to mention the signs and symptoms of AIDS that they know or have heard of. Write them on a flip chart as they are mentioned. Quickly go through the list and explain that any illness can occur once a person's immune status has declined adding other common signs and symptoms of AIDS. Inform participants that the only way to be sure is to go for testing and not to judge a person they see. Insist that no one should be presumed to have HIV/AIDS just because they have the signs and symptoms similar conditions can occur even in the absence of HIV.

Activity four

Give a lecture on HIV explaining the progression of viral load versus immune status. Explain the about opportunistic illnesses as the immune status declines. Give special attention to tuberculosis as it stands out as a leading cause of the AIDS death among the opportunistic illnesses. At the moment NACP estimated that 50% of AIDS cases have TB. Emphasize that not all with TB are HIV positive and that if they have symptoms they should go for treatment.

Learning points:

HIV infects CD4 cells which are a segment of WBC. They are part of immune system. One infected cell will bust to release many virus which infect other CD4 cells. The CD4 cells will continue to be killed until they remain very low. At this point the opportunistic infections start.

The following are some signs and symptoms of AIDS:

- Recurrent fever for more than a month
- Unexplained loss of weight of more than 10% within a month
- Diarrhoea for more than a month
- Cough for more than a month
- Thrush in the mouth and throat (Oropharyngeal Candidiasis)

- Swollen glands (Generalized lymphadenopathy)
- An itchy skin rash (recurrent seborrhaic dermatitis)
- Recurrent herpes zoster
- Kaposi's sarcoma (occurring in the skin, on the palate etc.)
- Memory loss or difficulty in thinking clearly

Activity five:

Traditional values, myth and misconception.

Decide if you want participants to go into groups or through brainstorming. Ask participants to mention what they feel are the customs traditions which may be protective or increase the risk of HIV transmission in their area. Ask them also to list all the myth about HIV.

Learning points:

For students take note of the followings misconceptions.

1. "Youth should be involved in sex because if they wait until marriage, they will be not functional"
2. " Friendship between a boy and a girl MUST involve sexual relationship"
3. " Wet dreams for boys indicate you should look for a girl friend"
4. Growth or breast and or start of menstruation indicate a girl should do sex"

For adult take note of the following misconception

1. Marrying one wife is a sign of poverty, therefore a man should have many wives
2. Giving alcohol to children is a sign of braveness
3. There is no HIV, but it is merely witchcraft

SESSION 4: Prevention of HIV and STI.

Invite participants to mention ways they can protect them selves from HIV. Discuss the concept of ABC and its applicability. Emphasize that for pupils and students that **A** is more appropriate. Discuss with participants (Adults) that **B** and **C** are appropriate for them. For all groups emphasize that the moment you engage in sex you are taking risk therefore those who are not married should avoid and those who are married should be faithful.

NOTE: DO NOT DEMONSTRATE CONDOMS FOR PRIMARY SCHOOL CHILDREN. IF ASKED EXPLAIN WHAT IT IS, BUT EMPHASISE THAT IT IS NOT FOR THEM. LINK THIS WITH THEIR STUDIES AND BEING ABLE TO DO ONE THING AT A TIME. INFORM THEM THAT YOU WILL EXPLAIN MORE DURING LIFE SKILLS SESION.

Explore myth from participants on what they think from their culture can prevent or cure HIV. List all on the flip chart and explain clearly each making sure that they understand.

Proper Use of Condoms: NOT FOR PRIMARY SCHOOL

PURPOSE

This unit aims at equipping participants with knowledge and skills for correct use of condoms in order to prevent and control the spread of HIV and STIs.

OBJECTIVE

At the end of this unit participants should be able to:

- Describe some of the common myths about condoms and why these myths are not true

- Explain the advantages of condom use
- Demonstrate how to put on a condom properly
- Use negotiating techniques/skills for condom use
- Describe the importance of condom availability at the world of work

INSTRUCTION TO FACILITATOR

Activity one

- Ask participants to state what they know and what they have heard about condoms in prevention of HIV. List down issues mentioned on flip a chart. Add any other issues that have not been mentioned. Lead a discussion on the issues stated to separate myths and false information from the facts about condoms.

Activity two

- Ask participants to mention the advantages of condom use. List them on a flip chart and add any others not stated. Lead a discussion on the advantages of condoms in relation to prevention of HIV and STIs. Summarize a discussion by providing the correct information on advantages of condom use.

Activity three

- Request volunteers to perform role-plays on how to convince reluctant partners to use a condom. The role-plays should focus on three scenarios:
 - A casual encounter where the reluctant partner offer to pay more money for not using a condom
 - Long term sexual partners where one would like to revive the use of condom
 - A couple within a long-term marriage whereby one is suspicious that the other has extra marital affairs. The suspecting partner intends to use a condom in the bedroom

Organize a discussion on issues emerging from the role-plays to show difficulties involved in condom negotiations. Summarize the discussion and highlight the important issues.

Activity four

- Invite volunteers to demonstrate the correct procedure of putting on male and female condoms using penile and pelvic models. Let other participants comment on the procedures and allow a discussion on the best way of putting on a condom. Summarize by demonstrating and providing useful hints on the correct procedures of putting on male and female condoms.

Activity five

- Ask participants if there is any existing habit of sexual relationship among STUDENTS OR TEACHERS. Let participants write on a piece of paper the possible places of having sex. Read them in front of the class.
- Ask participants where they usually get condoms.

NOTES TO TRAINERS

- Some participants may raise the issues of disadvantages of using condoms. Your role should be to clarify these and emphasize that the advantages far outweigh the disadvantages.
- Be clear when discussing issue of the places where colleague are having sex

EVALUATION

- Stick three labels stating, "I agree", " Do not agree", and "Not sure" at different points in the room. Read out several statements about condoms. Each time allow participants to move to the sign that explains their decision. Ask a few of them to defend their position. Then read the next sentence. Continue up to last statement.

FACTS AND INFORMATION

MYTHS	FACTS
Condoms break a lot and are not reliable	Condoms do not break easily if used correctly and stored well
Most condoms are made too small for most men	Condoms are not small, they can be stretched to any size of the penis
Condoms spread HIV	Condoms do not contain the HIV and if used correctly they can reduce its spread
Condoms can fall off and get lost in the woman's vagina.	If the penis is withdrawn from the vagina while erect and while holding the base of condom, the condom will not slip off. If for some reason it does, it can be removed using one's fingers.

Session 5: IMPACTS OF HIV/AIDS

Activity 1A: For adults

Ask participants to discuss the statement "HIV/AIDS has contributed to the increased poverty in Rungwe district." Briefly record their responses on a flip chart and lead a discussion on the issues raised. Conclude with a lecture on the socio-economic impact of HIV/AIDS stressing on the fall of productivity, and the overall economy of the country.

Activity 1B: For pupils

Ask participants to give stories or draw pictures of what they feel is the impact of HIV to their family school and village. Summarize the cases and pictures and list the impact. Make sure that you link this with their studies. For instance they have more chances if they are not infected etc.

Learning points:

Other impacts of HIV/AIDS in Tanzania can be attributed to the following:

- Increased medical expenses and funeral costs to companies/institutions due to illnesses and deaths.
- Increased costs of doing business by increased absenteeism due to personal illness or caring for sick relatives, replacement and recruitment of workers.
- Increased economic load to relatives and the society at large due to care required for orphans resulting from HIV/AIDS.
- Increased cost for health care services to families, society and the nation at large caused by recurrent and/or prolonged illness.
- Overstretched capacity of health care facilities to cater for the large number of the sick due to AIDS. These include hospital beds, drugs, care providers.
- NOTE: Avoid excessive statistical data; treat the issue of economic decline simply and qualitatively.

Session 6. VCT

This session is optional to Primary school. The facilitator and teaching authority may decide to proceed with the session. It is recommended that both primary school and adults should be taught this.

PURPOSE

This unit aims at equipping participants with knowledge about VCT and its rationale.

OBJECTIVES

At the end of this unit the participants should be able to:

- Define VCT and explain meaning of test results
- Explain the rationale for VCT as an entry point to care and support and prevention of mother to child transmission of HIV
- Explain VCT as a tool to promote positive behavior change

INSTRUCTION TO THE FACILITATOR

Activity one

- Initiate a discussion by asking participants how they would feel if tested and found to be HIV positive or negative. Thereafter, ask participants what they understand about VCT and write them on a flip chart. Summarize the discussion by providing correct definition of VCT.

Activity two

- Ask participants if there is one who has tested for HIV. Tell them that it is confidential to tell the results but just to say if tested or not yet and if yes, let the participant give reasons why. Write reasons they give on the flip chart. Give a lecture on importance of VCT as an entry point to other services like care and support, treatment of opportunistic illnesses, provision of Anti-retroviral drugs and basis for behavior change as an addition to those mentioned by participants before. Explain the test used and meaning of test results.

NOTES TO FACILITATOR

- Insist on proper VCT approach which focuses on confidentiality. Describe the pre test, test and post test phases of counseling. Several questions might arise based on some experiences where confidentiality may appear to have been lacking. Others might even query about the need for counseling when they have already decided to go for testing.

Learning points

Voluntary Counseling and Testing (VCT) is HIV counseling and testing requested by client on his/her own initiative. VCT is an entry point for prevention and care interventions for HIV/AIDS.

VCT can help individuals initiate and sustain behavior changes that reduce their risks of becoming infected or re-infected and transmit the virus to others. It can also help infected individuals to access Care and Support through networking.

VCT may lead to greater openness about HIV/AIDS and reduced discrimination as a result of less stigma

VCT may assist planning for pregnancy in order to prevent mother to child transmission of HIV (PMTCT).

VCT provide systematic counseling in preparation for accepting the results of HIV tests as opposed to indiscriminate testing for HIV which may cause psychological trauma, familial estrangement, unemployment and discrimination.

Pre-test counseling is provided before the HIV test. It consists of a dialogue between a client and a counselor aimed at discussing the HIV test and the possible implications of knowing one's sero status. This allows the client to make an informed decision to take the test. Pre-test counseling involves discussion on relationship of trust, confidentiality, knowledge about HIV/AIDS, risk assessment behavior, safer sex practices, knowledge about test, window period and advantages of testing,

reactions towards the results, coping with the HIV test results. It allows adequate time for questions and clarifications.

Post-test counseling is done when the test results are out. It is a dialogue between a client and a counselor aimed at discussing the HIV test results and providing appropriate information, support, referral and encouraging risk reducing behavior. Post-test counseling also aims at helping uninfected persons adopt behavior changes to reduce their risk of becoming infected. For HIV positive individual it provide possibilities for provision of care and support, information for protecting others and preventing re-infection.

Routine HIV tests detect antibodies that the body produces to fight HIV. The antibodies can be detected after six weeks to three months from the infection. If a person has tested negative today, they will be required to do a second test after three months to confirm their HIV status. With proper testing procedures, when a person has tested positive they can never become negative, but when they test negative they can become positive when tested at a later date due to:

- o New infection
- o Effects of the window period

If a person is in advanced stage of AIDS they may test negative because the immune system can no longer produce enough antibodies to be detected by the test.

For reliable results all tests go through a well set process. If the test result is negative, the client will be advised to retest after three months. However, if the test result is positive, another different test is done immediately from the same sample to confirm the positive result before providing it to the client. Rapid tests have been introduced to reduce the psychological trauma attributed to waiting for the HIV test results for a long time.

Session 6. Care and support including ARV

PURPOSE

This unit aims at providing participants with knowledge and skills needed in giving care and support for PLHA

OBJECTIVES

At the end of this unit participants should be able to:

- Describe care and support needed by PLHA including right to ARV
- Describe steps and precautions of caring for PLHA at home
- Identify referral networks/centres for care and support to PLHA
- Explain the importance of Will writing
- Describe steps involved to make a Will operative

INSTRUCTION TO THE FACILITATOR

Activity one (Optional.) Do not do it for pupils as they may not be able to follow)

Do the "Loss Exercise" slowly in order to create a framework for empathy for those who are experiencing grief or loss caused by HIV/AIDS

Ask the participants to remove everything from the tables except a piece of paper and a pen

Tell them that you will ask them some questions and they should write the answers on their piece of paper

Emphasize that no one else in the room will see their papers; they will not be collected. The papers will not be used at any later time and the papers are their own personal property.

1. Write down the name of the personal possession that you love the most. Maybe it is your house, or a special item your grandmother gave you, or a book, or anything else. What one thing that you own means the most to you?

2. Write down the part of your body that you are most proud of. Perhaps you really love your eyes, or you are very proud of your hair, or you enjoy your ears the most because they help you listen to music, or you love your voice because it helps you to sing. Write down the one part of your body that you are most proud.
3. Write down the name of the activity you most enjoy doing. Maybe it is going to a religious event, or playing football or dancing or any other activity. What do you most enjoy doing in the whole world?
4. Write down one secret or very confidential thing about yourself that no one else in the world or only one other person knows about. Every one of us has some secret or a very private thing that he or she does not want others to know about. Write down that personal private piece of information.
5. Lastly, write down the name of the person whose love and support means the most to you in the world.

After everyone has finished, explain that you will now go through the list again. As you go through each statement, they should imagine that they are living through what you are saying.

1. Imagine that something terrible happens that causes you to lose the material possession that you love most. Either a theft occurs or a loss of some kind that takes this thing away from you completely. You will never again see the thing listed on number 1. Take your pen and cross out number 1 now.
2. Imagine that an accident or other unfortunate occurrence causes you to lose the part of your body that you are proudest of. This part of your body is gone, and you will never have it again as long as you live. Cross out number 2 now with your pen.
3. Imagine that this same accident or unfortunate occurrence makes it impossible for you to do your favorite activity ever again. You will never again, in your entire life, be able to do the activity you wrote on number 3. Cross out number 3 with your pen now.
4. Imagine that because of all the above situations, your secret has been exposed. Everyone now knows what you wrote on number 4. It has become public knowledge – everyone in the office, town, church and community knows about what you wrote on number 4. Cross out number 4 with your pen now.
5. Lastly, because of all these changes (losing your possession, losing your body part, not being able to do your favorite activity, and everyone knowing your secret), the person that you love most in the world leaves you forever. You will never again see this person that you love and who is your most important source of support. Cross out number 5 with your pen now.

Allow a few silent moments for the participants to truly feel what you have just said. People are usually a bit upset and uncomfortable at this point. Give them some time to think about this.

Now, ask participants to describe in one word or phrase the emotions they are feeling. Write the words on a flip chart. Keep brainstorming until all of the possible ideas are exhausted. Your list may include: sadness, grief, feeling like killing myself, hopeless, alone, miserable, depressed, angry, blaming others, no reason to continue.

Ask participants to take a look at the list that you have created. Ask them to imagine how these feelings might relate to testing positive for HIV.

Discuss the links between this exercise and testing positive. Remind the group that they have placed themselves in the position of a person living with HIV/AIDS and allowed themselves to experience their very powerful emotions that such a person might be living with every day.

Discuss what this might mean for the support that they could give to people living with AIDS. How can they help someone in this situation? How would they feel if they or someone they love were involved in this situation?

Activity two

- Ask participants to mention common fears associated with caring for a person living with HIV/AIDS. List them on a flip chart and add whatever has been left out. Lead a discussion to reach a consensus on what should be done to PLHA. Emphasize on practical ways to handle such patients at home such as to wash their clothes, washing the body and sharing of utensils

Activity three.

Give a lecture in simple way on availability of ARV in government clinics at no cost. Inform them that the district hospital in Tukuyu does provide them. Do earlier work to get the target and who are actually on treatment. Emphasis that they are not meant for cure but halt the viral replication hence improvement of the body. **DO NOT GO INTO DETAILS HERE.** Emphasize that ARVs need to be taken with the consultation of a medical doctor and after all necessary tests have been done.

Learning points.

Care and support for PLHA

- There is no cure for HIV/AIDS, but symptoms can be managed to make a person with HIV/AIDS feel better and live longer.
- Comprehensive care for people living with HIV/AIDS involves a number of important features. These may include, but are not limited to the following:
 - 🔔 Available, accessible voluntary counseling and testing (VCT) services;
 - 🔔 Prevention and treatment of opportunistic illnesses
 - 🔔 Prevention and treatment of sexually transmitted infections
 - 🔔 Prevention of further HIV transmission, through existing technologies (male and female condoms, sterilized needles and syringes),
 - 🔔 Family planning
 - 🔔 Balanced diet
 - 🔔 Social, spiritual, psychological and peer support
 - 🔔 Respect for human rights
 - 🔔 Provision of Antiretroviral drugs
 - 🔔 Palliative care
 - 🔔 Reducing the stigma associated with HIV/AIDS
- Treatment in the form of drugs is an essential tool in the response to the morbidity and mortality caused by HIV/AIDS. However, it is not the only one. To be able to cope successfully with HIV/AIDS, people living with the virus must have access to a wide range of treatment, care and support options provided across a continuum. This continuum of care should cover individuals' evolving needs as their condition develops and progresses through the various stages of HIV infection.

PLHA have many needs and concerns during their illness. This situation starts right from the time they are diagnosed with HIV until death. They can only be addressed in a multidisciplinary way. This involves pooling together of medical and social services within the community. These services are essential for reducing the risk of negative impact such as stress, increase vulnerability to stigma, discrimination and demoralization.

- Many times, people with HIV/AIDS are discharged from hospital to home where they may be neglected due to ignorance and fear. However, in such cases family and friends have greater potential to respond to the needs of the person with HIV/AIDS than health care providers.

SESSION 7: LIFE SKILLS

PURPOSE

To enable participants use life skills to make their knowledge beneficial to their life hence behavior change.

OBJECTIVES

- At the end of this unit participants should be able to:
 - Explain the components of life skills recommended by WHO
 - Describe effective ways of decision making
 - Use life skills in life

INSTRUCTION TO THE FACILITATOR

Activity One

- Ask one participant to draw a hill on the left side of a flip chart and another hill on the right side.
- Explain that the hill on the left side represents the stock of information on sex and HIV/AIDS and is called the hill of information. The hill on the right side is where we want to go. It is the hill of good health.
- Explain that people have a lot of information about sex and HIV/AIDS. Therefore we need to move from the hill of information to the hill of good healthy life. But these two hills are separated by a river where there are diseases and other harmful elements.
- Ask another participant to draw a bridge from the first hill to the second hill.
- Explain that in order to cross the bridge comfortably we need supports on the bridge so that we do not slip and fall into the river. These supports are the life skills which build capacity for positive behavior change.
- Lead the participants to:
 - relate the bridge with daily life
 - name the skills required to deal with problems in everyday life
 - see the possibility of slipping and climbing back on the bridge
 - accept life skills as supports for capacity towards positive behavior change

Summarize by mentioning the ten life skills and then classify them into three groups.

Learning points

People have a lot of knowledge about problems that abound their lives everyday. But they do not have the skills to handle these problems. Hence they fall victims of such maladies as STIs, HIV/AIDS and drugs. People need *life skills* to be able to handle these problems.

The World Health Organization (WHO) defines life skills as “skills and ability to adopt positive behavior so as to avoid problems that are present in everyday life”.

The Life Skills Approach concentrates on development of skills needed for life such as communication, decision-making, thinking, managing emotions, assertiveness, self-esteem building, resisting peer pressure and relationship skills. It addresses the development of the whole individual so that a person will have the skills to make use of all types of information on such issues as HIV/AIDS and STIs.

The life skills approach gives answers to three questions:

- Who am I?

- Where do I want to go in life?
- How do I get there?

Life Skills can be grouped into three categories which are:

Skills for self-awareness

- Self-awareness
- Coping with emotions
- Coping with stress

These skills lead to the development of

- Self-esteem
- Assertiveness
- Self-value

Skills for thinking

- Critical thinking
- Creative thinking
- Problem solving
- Decision making

These skills lead to the development of

- Setting objectives
- Correct decision-making
- Ability to solve problems

Skills for interpersonal relationships

- Interpersonal relationships
- Empathy
- Communication skills

These skills lead to

- Problem solving
- Creating relationships
- Advocacy for change

Activity two

Explain that making decisions, knowing and accepting the consequences are important skills people need. Making correct decisions is like problem solving. Point out that a person has problems when things are not as they would want them.

Ask participants to take out a blank piece of paper and write down a serious decision or problem that they or their friends are currently facing.

The decisions or problems can be about anything; a job, a family situation, or a friend. Instruct them to choose a decision where the consequences really matter, instead of something that will not make much difference. Assure them that what they write will remain confidential and so they should not write their names on their papers.

Collect the papers in a basket or hat. Read them quickly and choose five or six of those tough decisions, and write them on a flip chart, editing them to keep confidentiality.

Explain to the group that these are the kind of challenges many people face. They must make decisions and learn to live with the consequences.

Draw on a flip chart decision making model of CHALLENGE, CHOICES AND CONSEQUENCES. Use one or two of the problems above to discuss. Remind participants that for any challenge there are many choices and they can be more than one consequence.

Learning points.

Decision-making is a difficult endeavor. The most difficult situation is to accept results of the decision made. Often people say 'I wish I knew ...'

One approach in decision-making that predicts the results is the 3C's.

3C's stand for Challenge, Choices, Consequences.

This approach analyses different choices in decision-making and their positive and negative consequences.

The individual then takes the choice that has the minimum negative effects.

SESSION 8: FINAL EVALUATION

PURPOSES

This aims to determine level of performance

OBJECTIVES

By the end of the program facilitator would be able to compare level of knowledge acquired by participants compared to the first day (post- training questionnaires)

No	Topic	Low	Moderate	High	Very high
1	Ways which HIV is transmitted				
2	Ways in which HIV is not transmitted				
3	Relationship between HIV and STI				
3	Prevention methods				
4	Concept of Reproductive health				
5	Signs of AIDS				
6	Components of reproductive health				
7	Symptoms of STIs				
8	Impact of HIV/AIDS				
8	Types of STIs				
9	Relationship between HIV and STIs				
10	Voluntary Counseling and Testing				
11	Care and support to PWHAS				
12	Use of ARVs				
13	Categories of life skills				
14	Problem solving approaches				

References:

1. AMREF; Work place HIV/AIDS Training manual; Dar Es Salaam 2002 (Draft)
2. HDT; guide to facilitate reproductive Health and HIV to primary schools in Tanga June 2005
3. WBUNESCO; Modeling the impact HIV/AIDS on education system June 2002