



Training Manual on Economic Empowerment and HIV Vulnerability Reduction

Peer Educator Toolkit

Prepared under the ILO-Sida Project on Economic
Empowerment and HIV Vulnerability Reduction
along the transport Corridors in Southern Africa

2014



Peer Educator Toolkit

(2014)

International Labour Organization (ILO) Pretoria • South Africa

Phone +27 12 818 8000 • email pretoria@ilo.org.

website: www.ilo.org

Funded by the Swedish International Development Cooperation Agency (SIDA)

Acknowledgements:

The CEEP team would like to thank the support provided from SIDA in the development of this manual. Technical, creative and brilliant ideas were provided from Mr. J. Ajakye, Mr D. Crossman, Ms. F. Nteyi, Ms. N. Futwa, Ms. O. Nkosi, Ms. G. Mackie Mr. S. Mabhele and the Sahata team.

ACTIVITY LISTING:

INTRODUCTION	3
Module 1: HIV, AIDS AND TB: The basics	8
Activity 2.1.1: How HIV works: Role Play	9
Activity 2.1.2: HIV and AIDS Myths	10
Activity 2.1.3: High, Medium and Low Risk Activities	11
Activity 2.1.4: Progression of the illness	13
Activity 2.1.5: Biomedical prevention	15
Condom Demonstrations:.....	17
Activity 2.1.6: Behavioural Prevention Methods	18
Activity 2.1.7: Sexual Networks:.....	20
Activity 2.1.8: HIV networks.....	21
Activity 2.1.9: Build a Character for Treatment, Care and Support.....	22
Activity 2.1.10: Treatment Adherence.....	23
Activity 2.1.11: The effects of HIV and AIDS Stigma	23
Activity 2.1.12: When last did you test for HIV? (Individual exercise)	24
Activity 2.1.13: TB and HIV	25
Module 2: Understanding Gender	26
Activity 2.2.1: Human Rights	26
Activity 2.2.2: Understanding Gender	27
Activity 2.2.3: Listing the differences in biology and expectations between men and women.	28
Activity 2.2.4: Real men and Good women	29
Activity 2.2.5: The Sexy Relay	30
Activity 2.2.6: Gender Fishbowl	32
Activity 2.2.7: Gender Norms and HIV and AIDS Vulnerability	33
Activity 2.2.8: Gender Based Violence Presentation	35
Activity 2.2.9: Gender Based Violence Case Studies (20 minutes)	37
Module 3: HIV AND AIDS EFFECTS AND VULNERABILITY REDUCTION METHODS.....	38
Activity 2.3.1: Build a Character and the effects of HIV and AIDS	38
Activity 2.3.2: HIV and AIDS Vulnerability Reduction Strategies	41
Activity 2.3.3: The Vision Journey	42
DEFINITION OF TERMS.....	47



INTRODUCTION

The Corridor Economic Empowerment Project (CEEP)

The Corridor Economic Empowerment Project (CEEP) works across six countries, Malawi, Mozambique, South Africa, Tanzania, Zambia and Zimbabwe.

Background

The International Labour Organization (ILO) implements different initiatives that support the SADC development agenda of controlling and reversing the impact of HIV and AIDS. From 2007-2010, the ILO supported the National Department of Transport, Employers and Workers in the transport sector under a previous intervention. This project achieved a number of results, including assisting the Transport Sector to develop policies, systems and programmes on HIV, AIDS, STI and TB in the workplace; the formation of Transport Sector HIV, AIDS, STI and TB coordinating committee in 2007.

Upon recognition of the project achievements, the ILO in consultation with SIDA extended the project to vulnerable groups along the transport corridors and communities, leading to implementation of the project on HIV vulnerability reduction through economic empowerment focusing women, men, young girls and boys.

The immediate objectives of the project with focus on the macro, meso and micro levels are detailed below:

Immediate Objective 1: To support policy makers and promoters make evidence-based decisions to mainstream the economic empowerment model into HIV and AIDS regional and national agendas.

Immediate Objective 2: To economically empower targeted men and women along selected transport corridors by increasing the availability of economic services to prevent and mitigate the impact of HIV and AIDS in selected transport corridors.

Immediate Objective 3: To reduce HIV vulnerability by increasing access to effective HIV and AIDS prevention and impact mitigation and social services provided by targeted operators (members organizations such as cooperatives, informal associations, MSMEs) along selected transport corridors.

What do we mean by “Reducing vulnerability to HIV and AIDS”?

“Reducing vulnerability to HIV and AIDS” is a phrase that is used to encompass two aspects:

- ✓ The primary focus of CEEP is on the reduction of HIV vulnerability through a combination of HIV prevention strategies. These strategies include economic empowerment, behavioural strategies (e.g. reduce the number of partners and make correct and consistent use of condoms), biomedical strategies (e.g. medical male circumcision, prevention of mother to child transmission, voluntary counselling and testing), advocacy with national, provincial and local structures as well as the implementation of HIV workplace programs.
- ✓ The second area that the reduction of HIV vulnerability refers to the mitigation (or reduction) of the effects of HIV and AIDS on the individual, families and communities. Through the economic empowerment, HIV sensitization and referral to appropriate services, CEEP is able to reduce HIV and AIDS impact for people infected and or affected by HIV and AIDS.



How do we approach HIV vulnerability?

The ILO and CEEP makes use of a systems model to understand issues including HIV vulnerability. Drawing upon the latest understandings from the countries national strategic plans, key drivers of HIV vulnerability have been identified. These have been organised into the systems model from a micro, meso and macro level.

The **macro level** considers the broad factors that influence a person's vulnerability to HIV and AIDS. This includes the way in which groups of people relate to each other and the social and cultural norms that influence these interrelations and behaviours. At this level the drivers focus on:

- Poverty and Economic disempowerment
- Gender norms that are adopted within society
- Stigma and discrimination
- Alcohol and drug use
- Local, provincial, national and regional governmental responses. This can include policy frameworks on Economic Empowerment (and poverty reductions strategies) and HIV & AIDS that speak to ensuring individuals have access to primary health care services, e.g. condoms and contraception's, TB or STI clinics, HIV treatment clinics, HCT services and sexual reproductive health.

The **meso level** focuses on the interactions between people and focuses on the communities/groups/family norms and values that influence an individual's behaviours. At this level these drivers have been identified as key:

- Migration
- Group and family norms (including business support structures)
- Local cultural practices

At a **micro level** we consider the individual themselves and the factors that increase or decrease their vulnerability to HIV and AIDS. At this level we consider:

- Knowledge of HIV, AIDS, TB and Other STIs
- Behaviour, including:
 - Age of sexual debut
 - Number of sexual partners
 - Transactional sex
 - Intergenerational sex
 - Correct and consistent condom use

- 
- 
- Bio-medical factors, including:
 - Knowledge of HIV status
 - Medical Male Circumcision
 - Family planning including maternal health and Mother to child transmission
 - STIs
 - Post Exposure Prophylaxis

While we have identified each factor individually, these factors are interrelated and may help or hinder a person's attempts at reducing their own vulnerability to HIV and AIDS.

Below is a diagrammatic representation of these drivers:

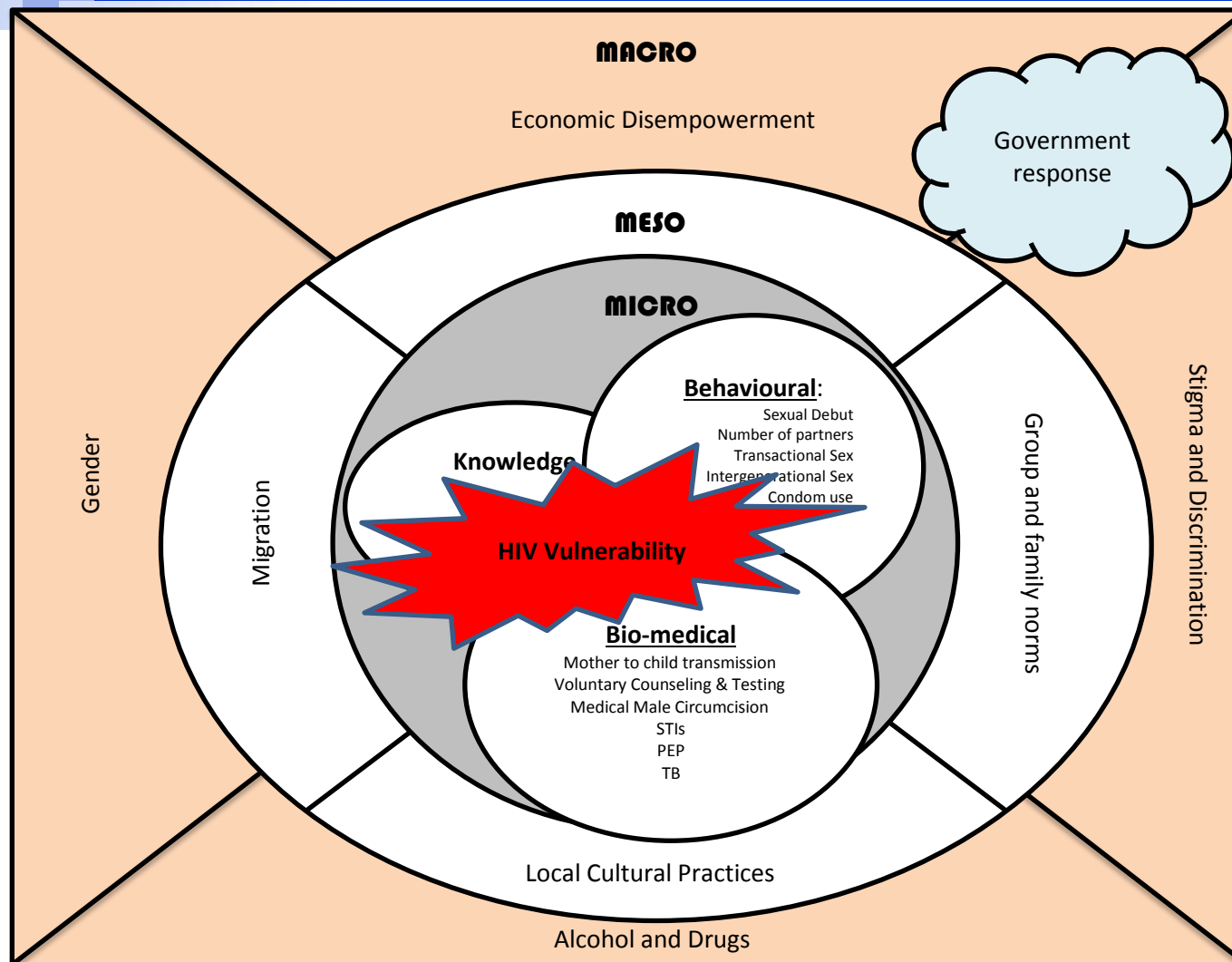
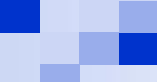


Figure 2: Diagrammatic representation of the key drivers of HIV and AIDS pandemic



Purpose of the toolkit

This toolkit seeks to provide peer educators and trainers with an easy to use reference guide on the kinds of activities that can be used to illicit group discussions. Clearly these are guidelines and can be used in a flexible manner as peer educators become more familiar with the context these in.

This toolkit is a resource for strategies and programmes that can be put in place to address vulnerability to HIV as a result of gender and economic disempowerment and is divided into three parts:

PART 1 – HIV and AIDS 101

PART 2 – GENDER AND HIV AND AIDS VULNERABILITY

PART 3 – UNDERSTANDING AND REDUCING HIV AND AIDS VULNERABILITY

Resources Needed

General resources

- Attendance registers
- Name tags
- Flipchart stand, paper and markers for facilitators
- Prestik
- A4 white paper for each table of participants
- Additional flipchart paper for each table of participants
- Permanent markers on tables for participants

Trainers materials

- Peer Education HIV and Business manuals
- SIYB Intake forms
- Decision Trees
- Attendance Register
- Daily Evaluation Forms
- Pre and Post Workshop Questionnaires
- CEEP Baseline Questionnaires



Module 1: HIV, AIDS AND TB: The basics

This module is intended to set the tone of the rest of the training by reminding the peer educators of the elements of HIV and AIDS which will form the basis for discussions on HIV and AIDS vulnerability in Module 2.5, specifically focusing on the information that is needed by peer educators in engaging with community members during health education. The activities will be interactive and draw on the existing knowledge about HIV, the use of the resource pack to find out more information about HIV and exploring that information to draw conclusions.

Objective of this module:

By the end of the session participants will be able to:

- ✓ Explain the difference as well as the link between HIV and AIDS
- ✓ Differentiate between myths and facts about HIV and ways to address myths within the communities
- ✓ Describe the progression of the illness
- ✓ Outline the ways in which HIV can be transmitted and prevented
- ✓ Clarify issues on treatment, care and support
- ✓ Explain how stigma can affect HIV and AIDS prevention, treatment and care
- ✓ Highlight the effects of HIV and AIDS on individuals, families, communities and businesses

Activity 2.1.1: How HIV works: Role Play

Activity	Notes
Ask for 8 volunteers: Divide the volunteers into: 4 germs (say TB, measles, common cold and thrush, etc.), 2 immune system cells, 1 HIV virus, 1 ARV and Set the scene: Inside the body Step 1 Let the germs introduce themselves: their likes, dislikes, how they are transmitted Let the immune system cells introduce themselves. Their functions, likes, dislikes Let the ARV introduce themselves Step 2 1. Role-play the germs partying in the body with no care in the world. 2. Incomes the immune system cells and they make the germs sit down and tidy up their mess. In fact one or two are even sent home or away. 3. Thereafter introduce the HIV. These are sneaky viruses/germs as they get through the immune systems defences and attach the immune system directly. In the play the make the immune system cells lie down and they are unable to move 4. This means that the germs jump up and carry on with their party as there is nothing to stop them. 5. But incomes the ARV which restrains and confuses the HIV and wakes the immune system cells up. They are then able to restrain the other germs. Step 3 Facilitate the discussion around the role play and highlight: - What is HIV? - What is AIDS? - How HIV causes AIDS? - How treatment works? - What is meant that “HIV is not curable but treatable”?	What is HIV? HIV stands for the human immunodeficiency virus. After getting into the body, the virus kills or damages cells of the body's immune system. The body tries to keep up by making new cells or trying to contain the virus, but eventually the HIV wins out and progressively destroys the body's ability to fight infections and certain cancers. What is AIDS? AIDS is the late stage of HIV infection, when a person’s immune system is severely damaged and has difficulty fighting diseases and certain cancers. Before the development of certain medications, people with HIV could progress to AIDS in just a few years. Currently, people can live much longer - even decades - with HIV before they develop AIDS. Difference between HIV and AIDS When infection occurs and the virus has entered the body the T-helper cells or CD4 lymphocyte are the targets. The virus will take over the cell, kill it and then reproduce, which will take a few days. As soon as the immune system recognizes the foreign presence it will begin to produce an HIV antibody and replace the T helper cells that the virus has destroyed.

Activity 2.1.2: HIV and AIDS Myths

Activity	Notes	
Trainer Instructions Ask the participants to get back to their seats. ✓ Write the word myth on a flip chart and ask the participants what they understand by this term – discuss this term to make sure that everybody understands what it means. ✓ Ask the participants to get into pairs; they can just turn to their neighbour. ✓ In pairs ask participants to think of one myth that they have heard of in their community about HIV and AIDS. Once they have identified the myth they have heard ask them to come up with argument to counter that myth. Give each pair 5 minutes for discussion. ✓ At end of 5 minutes ask the participants to stop discussion and get back to the bigger group. Ask for volunteers to feedback to the bigger: ○ Which myth did they identify – ask if any other pairs had identified the same myth ○ How could they counter this myth – ask the other pairs to share how they had prepared to counter this myth. ✓ Give all participants a chance to feedback ✓ Wrap up the session by adding any myths that have not been discussed or add to the points raised as arguments in countering the myths. Indicate to the participants that they can use their resource pack to get additional information. Ensure that the following myths are covered: ○ HIV is caused by supernatural causes ○ HIV is passed by mosquito	Myth	What we know
	I can get HIV by being around people who are HIV-positive	HIV can only be transmitted through bodily fluids that contain high dosages of HIV, i.e. blood, semen, vagina fluids and to lesser extent breast milk. In addition there needs to be an available entry point for the virus to enter another person's body, e.g. cuts, grazers or micro-lesions. As such hugging or kissing a person HIV positive provides no risk to either party. Sharing utensils, door handles, toilet seats and exercise equipment pose no threat.
	Mosquitoes can transmit HIV from one person to another	Blood sucking insects are not considered a threat to spread HIV as the fluids that are injected into a person before sucking commences are HIV free. Also HIV has been shown to live a very short time before it is digested by the insect concerned.
	HIV is a death sentence	In the early years of the epidemic AIDS related deaths were high. These days, ARVs and HIV treatments are seen to extend one's life. The road to health may require a life-style change
	Homosexuals and drugs users are most at risk of contracting HIV and AIDS	In Sub-Saharan Africa, the most common method of transmission is through heterosexual sex.
	My partner tested negative for HIV, therefore I must be negative as well.	The only way for you to know your status is to have an HIV test. At times there are discordant couples, that is two partners with different statuses. There are several factors that influence transmission from one person to another, and it may be that the chances of spreading from HIV is low but a person is still infected with HIV and can still pass the virus on to another person
	Faithful and loving partners do not spread HIV	This main reason that this can be considered problematic is that HIV progression to AIDS can take years and a person may be infected even before a relationship starts and there may be no signs and symptoms. The only way to know is to test
	To stop the spread of HIV, people simply need to stop being promiscuous and stop using drugs	There are many reasons why a person can be at risk of contracting HIV. Some of these reasons are beyond their control, e.g. transactional sex used as a means to survive on a daily basis. Also a lot of women contract HIV from their husbands and children contract HIV through their infected mothers.
	HIV can be cured!	There have been many people who have claimed that they can cure HIV. At present there is no cure only treatment for the management of HIV
	AIDS is the result of witch craft, curses or other supernatural means.	HIV causes AIDS. There is no supernatural cause for HIV, nor is it a punishment on an immoral generation. A lot of the people who are infected are not aware that they have been infected or may be infected due to reasons beyond their control.

Activity 2.1.3: High, Medium and Low Risk Activities

Activity

Preparations for the session

Draw a table on a flip chart page, with 3 columns. Label each column with “High Risk”; “Low Risk” and “No Risk”.

Prepare small cards (small enough for people to hold but big enough to be visible to a group of 30 when placed on a floor in front of them). On each card write one activity HIV spread – include high risk, low risk and no risk activities for HIV transmission. The main list of activities should include:

- Vaginal Intercourse
- Blood Transfusion
- Masturbating alone
- Anal sex
- Kissing
- Vaginal Intercourse using condom
- Sharing Needles
- Masturbating your partner
- Sneezing on somebody
- Oral intercourse on a man using a latex condom
- Being in contact with urine
- Delivering a baby
- Anal sex with a condom
- Sharing a toilet
- Oral sex
- Being Heterosexual
- Donating Blood
- Anal sex with a condom with adequate lubrication

Prepare a flip chart page which shows high risk, low risk and no risk activities for HIV transmission. Prepare another flip chart page with two columns showing biomedical and behavioural strategies for HIV prevention.

Trainer Instructions

Step 1

Place the flip chart page on the floor and ask the participants to stand in a circle around the flip chart page, everybody should be able to see that flip chart. To distribute the cards, place all the cards in a container and ask participants to pick up one without looking. If there are not enough cards for all participants, ask volunteers to pick a card until all the cards have been taken.

Step 2

Ask each person with a card to indicate whether the activity in their card is high risk, low risk or no risk for HIV transmission. Once they have decided they should put the card in the column corresponding to their answer. When all the cards have been placed on either the High, Some or Low Risk sheets, ask the participants if there are other actions they wonder about and make cards for these, then ask the participants where they should be placed. The group is asked to figure out if HIV could be transmitted by the actions on the cards. Ask the participants where they think the cards belong.

Step 3

Ask the participants to indicate why they placed their cards in the columns they chose. After the activity, discuss the difference between High Risk (i.e. actions that involve contacts with blood, semen, and vaginal discharge), some risk (very low) and No Risk.

The table should look like something like this:

High risk activities	Some/ low risk activities	No risk activities
Vaginal Intercourse	Blood Transfusion	Masturbating alone
Anal sex	Kissing	Vaginal Intercourse using condom
Sharing Needles	Masturbating your partner	Sneezing on somebody
	Oral intercourse on a man using a latex condom	Being in contact with urine
	Delivering a baby	Sharing a toilet
	Oral sex	Being Heterosexual
	Anal sex with a condom	Donating Blood
		Anal sex with a condom with adequate lubrication

Step 4

Ask participants to divide into small groups of 3 and divide up these activities among the groups (one high and one low risk activity) and let them discuss ways to lessen the risk of transmission for the activity they have selected. At the end of 5 minutes bring participants back to plenary and ask each group to give present in 1 minute (they can present where they are sitting and not come to the front).

Notes

Whilst there are many sexual practices that people engage in a lot which are not covered here. When thinking about the level of risk first consider the bodily fluids that are involved, that is exchanged as well as what barriers can be used.	
Being Homosexual (No risk) It is not about who a person is but it is rather about what a person does and what kind of acts they participate in.	Being Heterosexual (No risk) It is not about who a person is but it is rather about what a person does and what kind of acts they participate in.
Kissing (No risk) While saliva is exchanged during kissing it has been shown that saliva contains very little HIV virus and cannot cause infection, even if it came into contact with one's blood.	Self-Masturbating (No risk) Tears (No risk) It has been researched that there are no traces of HIV in tears
Vaginal Intercourse using condom (No risk –some risk)With correct condom use there is little risk of transmission because of the strength of latex condoms	Sneezing on somebody (No risk) HIV is not transmitted in this manner Sharing a toilet (No risk)
Swimming Pool (No risk) Chemicals in swimming pools are strong enough to kill any bacteria or virus Being in contact with urine (No risk) Urine does not have virus in it and cannot be a risk unless if it contains blood.	Insect bites (No risk) Insects cannot carry the virus and transmit it from one person to another. Donating Blood (No risk) A sterilized needle must be used in this instance
Masturbating your partner (No risk) This depends on the circumstances. Unless there are cuts on the person's hand where discharge can enter, there is no risk.	Sharing Utensils or a cup (No risk) Saliva cannot transmit HIV and HIV cannot be passed through touching
Oral intercourse on a man using a latex condom (No risk) If there is a barrier used, then the virus cannot be transmitted. If the condom breaks and the semen leaks into the partner's mouth, HIV will be transmitted.	Anal Sex with the use of condoms and lubrication (Low Risk) Assuming that there is the correct and consistent use of condoms as well as the use of adequate lubrication the risk of contracting HIV is low. The condoms create a barrier and the lubrication reduces the production of micro lesions
Blood transfusion (Low risk) If a person is given blood that has been tainted by the HIV virus, there will be little of the virus to have the person to become infected. However, almost every country in the world now screens donated blood	Delivering a baby (Low risk) For the doctor/nurse delivering the baby, if they do not use protective gloves and the mother has HIV there is risk of transmission
Breastfeeding (Some risk) Mother to Child Transmission can occur through breastfeeding. The use of antiretroviral can sometimes reduce the risk of the baby contracting HIV.	Anal Sex with a condom (Some risk) The issue here is that there may be tearing in the condom as the anus has no natural lubrication
Vaginal intercourse (high risk) Semen, vaginal discharge and blood are all possibly present here so there is very high risk of transmitting the virus from one person to another	Unprotected Anal sex (High Risk) This is a high risk activity as the anus does not naturally produce lubrication as such the chances of micro lesions forming are high which would provide entry points for HIV.
Sharing needles (High Risk) Sharing needles with an infected person is a way of introducing one's into another person. Needles should be correctly disposed of after use. When visiting a hospital, ensure that the needle is a new one and has been taken out of a sealed package supplies so that there is virtually no chance of this happening.	

Activity 2.1.4: Progression of the illness

Activity

Step 1:

Introduce the topic of the progression of HIV infection.

Remind the group of the idea that being infected with HIV does not mean that you have AIDS. AIDS is the acquired syndrome that develops at the last stage of infection. How do we move from being HIV positive to having AIDS?

Step 2:

Draw the following diagram on the board or on the flip chart:

To understand the progression of the illness we need to first consider what is meant by viral load and CD4 counts:

- The **viral load** is the amount of the HIV virus in the body. The higher the viral load, the more virus particles are in the body infecting and destroying the white blood cells.
- The **CD4 count** considers the number of white blood cells that are in a person's body to fight off germs and prevent disease. The average healthy CD4 count is between 500 and 1200 (cells per mm^3). When the CD4 count drops below 500, the immune system is compromised and opportunistic infections set in. The clinical definition of AIDS is generally when the CD4 count falls below 200.

It is important to note that as the viral load increases, so the CD4 count drops.

With this understanding of viral load and CD4 counts we are able to outline the progression from HIV positive to AIDS; this is a similar course in most people who are not on treatment:

- The Acute Phase or the Window Period
- Latency
- Symptomatic
- AIDS phase

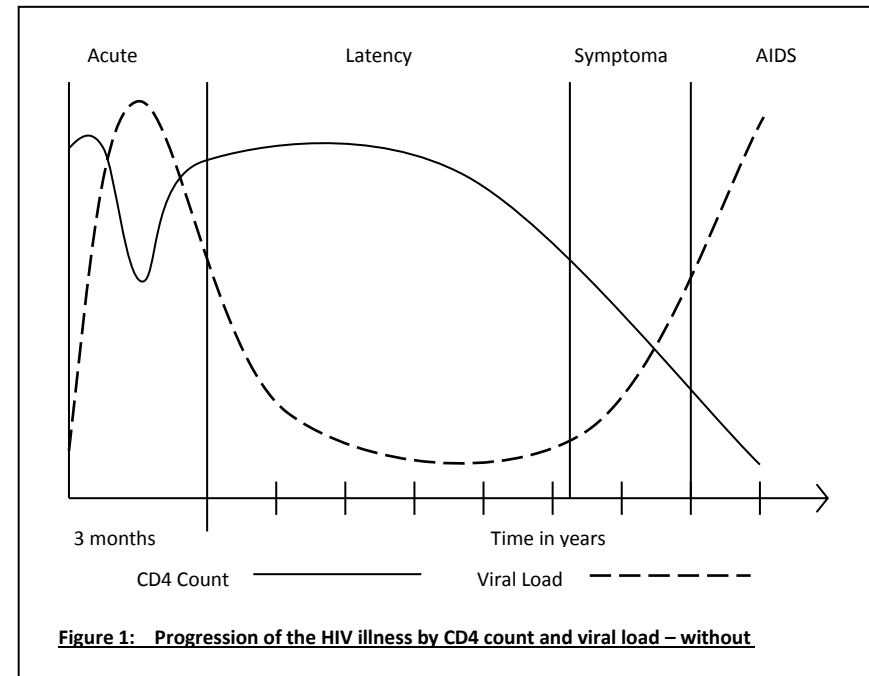
Step 3:

Divide the group up into 4 smaller groups and assign a period to each group. Remind the participants that the resource pack will be useful here. Each group needs to answer the following questions about their selected stage:

1. What is the stage?
2. What is happening to the viral load?
3. What is happening to the CD4 count?
4. What is the important point to remember about this stage?

Step 4:

Allow the groups to feedback their discussions to the wider group, watching the time will be important. The important points are contained in the facilitators notes below.



Facilitators notes

Acute Period

This is the time from infection until antibodies are developed by the body to suppress the virus. Upon initial infection the body is not familiar with the virus and it takes time to start producing antibodies (2 weeks to a month). As there is nothing to stop HIV from reproducing the viral load shoots up. It remains high until the body is able to co-ordinate an effective response to bring the virus under control. **It is important to keep in mind that when the viral load is high, during this period and later in the progression of the disease, a person is highly infectious to other people (key point).**

Currently, rapid tests used for HIV testing look for HIV antibodies, and at this stage antibodies are still developing, therefore a person testing for HIV at this stage may get a negative HIV test result, although they are infected. This is called the window period and it can take up to three months before antibodies are detected by the rapid test.

Latency

This is the time when there is a constant battle between the virus and the immune system on a daily basis. The immune system is able to contain the virus reproduction and attacks. During this time a person will be exposed to the variety of other germs that will make them sick but like anyone else they will recover as their immune system is still strong. A person is infectious to others during this time even though the viral load has dropped. A person infected with HIV will live a healthy and productive life, and it is not possible to tell who is HIV positive and who is not just by looking at people. Additionally nobody will know that they are infected with HIV unless they have been tested.

How long does this period last differs from person to person and can be as short as two years or longer. For example some women in underdeveloped or developing countries, who are malnourished, regularly pregnant and often ill, develop AIDS much quicker than more privileged people in better socio-economic conditions. **This is one of the reasons that CEEP seeks to address economic empowerment, to prolong the latency period (key point and how to do this).** The latency period can be affected by many factors such as:

- ✓ Access to treatment,
- ✓ Life-style (including smoking and drinking),
- ✓ High levels of stress can also suppress the immune system response
- ✓ Socio-economic status,
- ✓ Disease management strategies,
- ✓ A person's health at the time of infection and
- ✓ The amount of times a person is exposed to the virus, e.g. through re-infection.

Symptomatic stage

After a while the immune system gets weaker and is not able to sustain the constant bombardment from the HIV. As the immune system and the body become weaker, the virus is able to reproduce more and the viral load increases again. With a weakened immune system, the ability to protect the body from other illnesses drops, resulting in an increase in infections that attack the body. These are called opportunistic infections and will be discussed in more details in another section below. **The key thing to recall is that the earlier one gets treatment of opportunistic infections the better as this will support the immune system**

Acquired Immune Deficiency Syndrome - AIDS

Finally, the body becomes severely weakened by the attacks from the opportunistic infections. At this stage a collection of infections is common, they attack the body and there is no immune response to stop it. **This stage is reversible with treatment but if treatment is not sought the infected person could die from any of these opportunistic infections (key point).** The most common opportunistic infection that result in death of people living with AIDS is TB, other common opportunistic infections include:

- ✓ Pneumonia
- ✓ Toxoplasmic Encephalitis
- ✓ Extra – pulmonary Tuberculosis
- ✓ Bacterial respiratory infections
- ✓ Herpes Simplex
- ✓ Hepatitis C
- ✓ Candidiasis (thrush)
- ✓ Varicella Zoster virus (shingles)

During this time a person may also be confined to bed for more than 50% of the time, have night sweats, chronic diarrhoea and loss weight.

Activity 2.1.5: Biomedical prevention

Activity

Instructions to the Trainer

Step 1:

Divide the group up into 5 smaller groups. Each group will be assigned a topic. Drawing on the participatory methods above the groups will present to the larger group.

The topics are:

1. Correct and Consistent Condom Use
2. Prevention of Mother to Child transmission
3. Medical Male Circumcision
4. Voluntary Counselling and Testing
5. STI treatment, Post-Exposure Prophylaxis and Early HIV and AIDS Treatment

During their presentations beneficiaries need to highlight:

1. What this method is
2. The benefits of the method
3. Where to access it
4. The barrier to people accessing these methods and some suggested solutions.

Materials and equipment needed

Flip chart and koki pens

Condoms (male and female)

Dildo

Tissues

Refuse bag

Facilitator Notes

Key Messages: Correct and Consistent Condom Use

- Correct and Consistent Condom use is a prevention strategy that can effectively reduce one's risk of contracting HIV
- Correct and Consistent Condom use is seen as a social norm and this needs to be encouraged
- Correct and Consistent Condom use requires skill to use it effectively and space to negotiate its use.
- Condom education should promote this product as well as attempt to increase women's ability and confidence in the use of condoms in any situation. Along with this developing partner support to always use condoms is equally important. We also need to advocate for availability of female condoms.
- Correct and Consistent Condom use along with contraceptive use is seen as the best way to prevent unwanted pregnancies and STIs
- Always use water based lubricants, as Oil based lubricants can break male condoms

Key Messages: Prevention of Mother to Child Transmission

- The transmission of HIV from mother to child is preventable
- The transmission of HIV from a mother to a child is seen as the second biggest driver of the epidemic within Sub-Saharan Africa.
- The Prevention of Mother to Child Transmission occurs through medical and behavioural factors:
 - Medical:
 - Use of ARTs during pregnancy to reduce the mother's viral load, thereby reducing the risk of infection to the infant before birth
 - The use of quick natural birth methods to ensure that the child's exposure to potential harmful bodily fluids is reduce
 - Provision of ART to the infant after birth is a form of Post Exposure Prophylaxis (PEP)
 - Behavioural:
 - Exclusive Breastfeeding practices for four months
 - If a mother is negative during the antenatal check-ups it is vital for her to remain negative as the acute infection period just after infection places the infant at risk of contracting HIV
- People require better knowledge of PMTCT

Key Messages: Medical Male Circumcision

- Medical Male Circumcision can reduce a man's risk of HIV infection by 60% and other STIs incl. Herpes Papilloma Virus (HPV)
- Whilst in some countries and areas there are high levels of circumcision, we need to keep in mind that there are different types of circumcision and these need to be considered when promoting Male Circumcision (MC) as a prevention strategy
- A man should not have sex for 6 weeks after the procedure as it can cause damage and provide entry points for the virus if this act is unprotected
- MMC is one prevention method but correct and consistent condom use is important as well
- MMC only reduces the risk of contracting HIV through vaginal intercourse only

Key Messages: Voluntary Counselling and Testing

- VCT is seen as a vital prevention strategy as well as providing an important entry point into care and support
- Testing HIV positive is not a death sentence, rather VCT can be vital to refer people to good care and support
- Testing HIV negative does not mean that you will stay negative. If a person has been potentially exposed within three months of testing they will need to have a confirmatory test

Key Messages: Post-Exposure Prophylaxis

- PEP is an effective means of preventing HIV infection after exposure to the virus
- PEP needs to begin within 72 hours after exposure
- Little is known about PEP and this should be a focus area for programs

Key Messages: Sexually Transmitted Infections

- The early treatment of STIs is seen as an effective method to reduce new infections as this reduces the possible entry points for the virus

Key Messages: Early HIV Treatment

- Treatment is seen to reduce the risk of new infections as this will bring the viral load down thereby reducing the exposure to the amount of virus per possible infection activity.

Condom Demonstrations:

How to use a male condom

One condom used the correct way, each and every time, during oral, vaginal or anal intercourse can protect one from getting HIV, STI and unplanned pregnancy.

- ✓ Talk to your partner about what kind of protection you want to use.
- ✓ Condoms are readily available in public and private health facilities, chemist and some workplaces.
- ✓ Latex condoms are preferable, but polyurethane condoms works, too, for people who are allergic to latex.
- ✓ Until you and your partner actually have sex, store the condoms in a cool, dry place.
- ✓ Don't store them in your pocket or wallet, since heat from your body can damage them.
- ✓ Before having sex (oral, vaginal or anal) open the package carefully (watch your finger nails) and remove the condom.
- ✓ Check the expiration date before purchasing the condoms to make sure they have not expired
- ✓ Squeeze the air out of the tip of the condom. This is important because if the air is not squeezed out, the condom could break.
- ✓ Open the condom using your hands not teeth
- ✓ Check to see which way the condom unrolls.
- ✓ Pull back the foreskin if the penis is uncircumcised.
- ✓ Place the condom on the tip of the erect penis and roll it all the way down.
- ✓ Have sex.
- ✓ After orgasm and ejaculation, hold the condom at the base of the penis and withdraw the penis.
- ✓ Carefully remove the condom from the penis, making sure that none of the semen seeps out.
- ✓ Wrap the condom in tissue, and throw it away. Don't flush the condom down the toilet; throw it away in the trash. Never use the same condom again.

How to use the Female condom

The female condoms, is made of polyurethane as opposed to latex like the male condom. This product is becoming increasingly popular so there are several advantages and disadvantages to consider before usage

How to use Female Condoms

- ✓ Open the Female condom package carefully; tear at the notch on the top right of the package. Do not use a scissor or a knife to open.
- ✓ The outer ring covers the area around the opening of the vagina. The inner ring is used for insertion and to help hold the sheath in place during intercourse.
- ✓ While holding the Female condom at the closed end, grasp the flexible inner ring and squeeze it with the thumb and second or middle finger so it becomes long and narrow or makes a figure of eight - 8
- ✓ Choose a position that is comfortable for insertion – squat, raise one leg, sit or lie down.
- ✓ Gently insert the inner ring into the vagina. Feel the inner ring go up and move into place
- ✓ Place, the index finger on the inside of the condom, and push the inner ring up as far as it will go. Be sure the sheath is not twisted. The outer ring should remain on the outside of the vagina.
- ✓ The female condom is now in place and ready for use with your partner. When you are ready, gently guide your partner's penis into the condom's opening with your hand to make sure that it enters properly – be sure that the penis is not entering on the side, between the sheath and the vaginal wall.
- ✓ To remove the Female condom, twist the outer ring and gently pull the condom out.
- ✓ Wrap the condom in the package or in tissue, and throw it in the garbage. Do not put it into the toilet.

Activity 2.1.6: Behavioural Prevention Methods

Activity

There are some behavioural factors that are seen to help or hinder the spread of HIV and AIDS, some of the pertinent ones will be considered in this section. We know that the underlying principle here is that the more exposure one has to high risk situations the higher the chances of contracting HIV.

Trainer Instructions

Step 1

Divide the group into 5 sub-groups. Assign each group a topic in which they:

- Define and describe the behaviour mentioned
- Assess the risks or benefits of each behaviour
- Identify factors that influence these behaviours
- Develop a media product to portray the desired behaviour to be used at a community level. This media product could include a poster, a drama, etc. It is essential to identify a target group before the development of this media product – to whom is this topic most applicable (refer to the resource pack for more clues). Don't forget to focus on the benefits!!

The behavioural topics are:

- a. Sexual Debut
- b. Sexual networks
- c. Transactional sex
- d. Intergenerational sex

Step 2:

Allow each group to conduct their presentations and consider the use of media (appropriate for target audience), the messages telling us what the benefits are and originality of the presentation and media used. A person who watches the time will be important here.

Facilitator Notes

Here are the key messages that are associated with each of the above mentioned behaviours:

Key Messages: Early Sexual Debut

- Early sexual debut places people at risk of unwanted pregnancies, STIs (including HIV) and lower use of contraceptives and prevention strategies
- Women tend to have an earlier sexual debut than men but men have more partners
- Delay sexual debut

Key Messages: Sexual Networks

- The more sexual partners that a person has the more risk they are of contracting STIs (including HIV)
- The acute infection period ensures that people within a concurrent sexual network are at great risk in contracting HIV
- Reduce your number of sexual partners
- Multiple partners with low condom use is seen as driving the epidemic across a range of countries.
- Do you know the status of your lover's past lovers?

Key Messages: Transactional Sex

- Transactional sex is one of the key drivers of the epidemic
- This is one of the key driver the at Economic Empowerment approach seeks to address
- Transactional sex places an unequal power dynamic within a sexual relationship, where the buyer can set the conditions of the transaction
- Empowerment here means not only economic empowerment but also empowering people to set limits to activities that would place them at risk and reminding them that they do have power within these encounters.
- Unfortunately at times, due to poverty, families may condone this behaviour

Key Messages: Intergenerational Sex

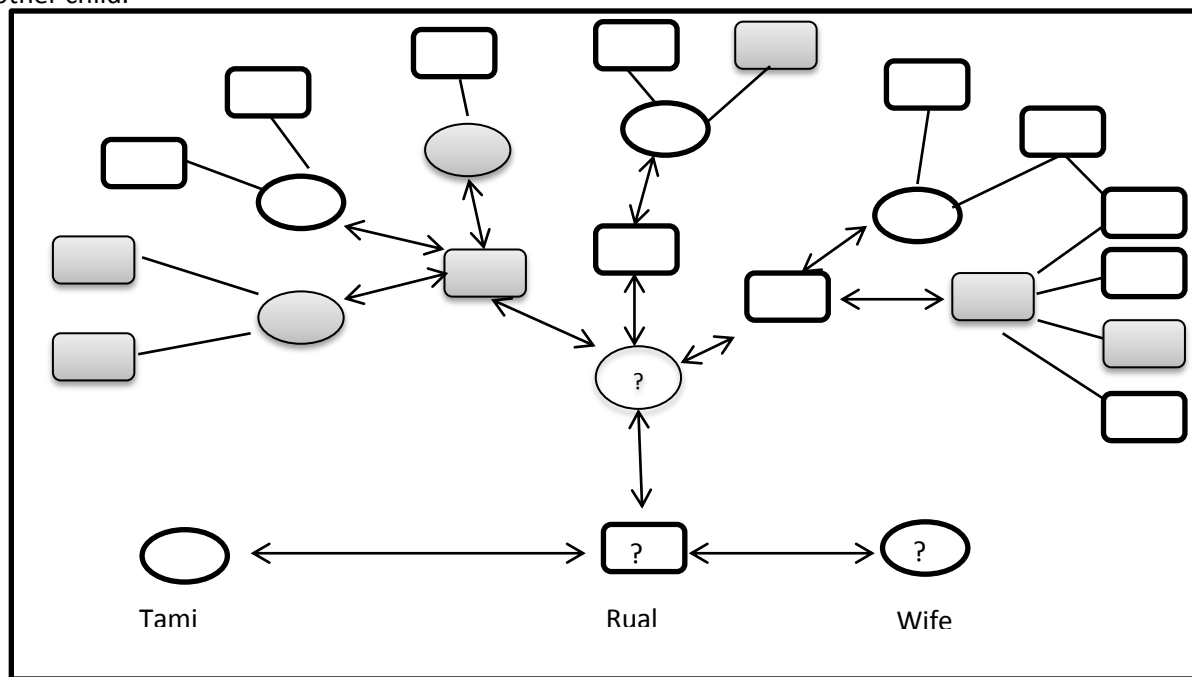
- Intergenerational sex is more common in some countries than others
- Intergenerational sex appears to have more potential dangers for women and girls including unwanted pregnancies, exposure to STIs and HIV
- Intergenerational sex creates an unbalanced power relations between partners where the one (usually the male) makes decisions about where, when and how sexual relations can occur – this includes condom use.
- Intergenerational sex is seen as one of the reasons for the high levels of HIV infection found in young girls and women and older men
- To address issues of intergenerational sex, we need to consider the male norms within areas, districts and countries

Alternative Exercises

Activity 2.1.7: Sexual Networks:

Tami is a young smart and sassy 17 year old girl. She is in her final year at school and has begun a relationship with Rual (28 years) for the last 3 months. Tami trusts Rual as he makes her feel valuable and validated through the special gifts that he brings her and for saving her from that long walk home from school. She empathizes with Rual with his frustrations at being misunderstood by his wife but always insists that they use condoms. Recently, Rual has been complaining that condoms are stealing his mojo and he is placing a lot of pressure on Tami to stop using them, I mean they have been together for 3 months now and can trust each other.

Rual's sexual history before his wife is a shimmer in the past, he had one steady girlfriend though high school but they broke up before they finished college. Unbeknown to Rual, his ex-girlfriend's first partner has just begun ART. Neither he nor his wife has tested although they are discussing having another child.



Diagrammatic representation of sexual networks and their dangers.

From the diagram oval represent women and rectangles represent men. The shaded blocks indicate that the person is HIV positive, even if they are unaware of this and the question marks indicate that their status is unknown.

Group discussion:



What should Tami do?

Activity 2.1.8: HIV networks

Give a small piece of paper to every person. Before the activity starts, write the letter "C" on three of the pieces of paper. On one piece of paper write the letter "X". Everyone else will receive a blank paper. Make sure that you cannot see what is written on each paper, and then hand them out to each individual.

Get everyone to look at their paper and not show others. Ask them to stand up and walk around and shake hands with 3 other people. When each person has shaken hands with **ONLY** three others, they should go back and sit down. Tell them to remember the faces of those they shook hands with.

Once everybody is sitting, ask the people with the letter X to stand up. These people should identify the people that they shook hands with and ask them to stand up. These people should identify the people that they shook hands as well; continue with this until everybody is standing up. Explain that the people with an X represent people who are infected with HIV. Shaking hands represents sexual activity, and only the people with the letter C had used a condom during the sexual intercourse. This exercise illustrates how sexual networks can lead to vulnerability to HIV infection.

Activity 2.1.9: Build a Character for Treatment, Care and Support

Activity

Step 1

Ask participants to get into small groups of 4-5 people by counting from 1-5. Inform participants that all the people who were 1 when counting should get together, 2s together and so on, until everybody is in a group. Ask groups to find a space where they will work from. They must decide on the following:

- A name
- The sex
- the age
- Family make-up/composition
- Occupation (if applicable)
- Area that they live
- Successes
- Dreams
- Any other important information that we should know

Give them 3-5 minutes to build the fictional character. Give each group to introduce their character to the group.

Step 2

Inform all the groups that their character is afraid that he or she might have been exposed to HIV; they would like to know if you think they should test for HIV, if you think they should test – why should they test? Each group should list their reasons on a flip chart. This is their opportunity to promote VCT and provide reasons why they think community members should test for HIV.

Step 3

After VCT, their character has just been informed that he or she is HIV positive. Each group should list the emotions that they think their character is going through and the support they need to deal with this news.

Ask group to think of the different services that will be needed by their character. Guide them to think about what is needed for their physical and emotional health. Ask participants to think about the different role players who can provide care and support to their character. On a flip chart write the words below ask participants to discuss these terms in relation to their character

- ✓ Opportunistic Infections – what OI is their character likely to experience (resource pack)
- ✓ Care and support – what is meant by care and support
- ✓ Treatment – what treatment is available and when can their character expect to start treatment?

Step 4

Ask participants to prepare a flip chart a 3 minutes presentation for their group. Assign a different topic for each group. The groups should select a presenter and all prepare a presentation on a flip chart paper. Each group should select one person that will present on behalf of the group.

- ✓ Group 1: Pre and post-test counselling, ongoing counselling
- ✓ Group 2: Care and support for PLHIV
- ✓ Group 3: Opportunistic infection and treatment
- ✓ Group 4: HIV treatment
- ✓ Group 5: Positive Living

Step 5

All the groups get a chance to present to the bigger group. At the end of each presentation the facilitator should ask other members of that group to add if they have any additional points to add. Once all the groups have had a chance to present, wrap up the session by highlighting all the different things that were discussed in this session.

Activity 2.1.10: Treatment Adherence

Activity

Trainer Instructions

Divide the participants into 4 small groups, each small group should make a poster to educate people in the community about the topic they are given.

- ✓ Group 1 & 2: What is treatment adherence and why is it important for HIV management?
- ✓ Group 3: What are possible barriers to treatment adherence?
- ✓ Group 4: How to support treatment adherence?

Give each group 20 minutes to discuss and design their poster. Each group has 3 minutes to present their poster to the bigger group. Wrap up the session by highlighting the importance of ongoing support for treatment adherence and the different role players in providing that support.

Activity 2.1.11: The effects of HIV and AIDS Stigma

Activity

Trainer Instructions

Step 1

Ask participants to sit on their own, away from other participants. Then say “think about a time in your life when you were treated differently, isolated or rejected for being different from others –or a time when you saw others treated this way?” (This example does not have to be related to HIV, it can be any form of isolation for being different)

- What happened?
- How did it feel?
- What impact did it have on you?

Ask participants to share with someone they are comfortable with. Invite participants to share their stories with the bigger group, ask volunteers to share.

Step 2

Then say “think about a time in your life when you treated somebody else differently, isolated or rejected them for being different –or a time when you saw others treated this way. (This example does not have to be related to HIV, it can be any form of isolation for being different)

- What happened?
- How did it feel?
- What impact did it have on you?

Invite participants to share their stories with the bigger group, ask for volunteers to share, don’t force anybody.

Step 3

Write on the flip chart the question “What is the meaning of stigma?”. Ask each participant to work on their own and write down their own definition of stigma. Ask participants to either explain stigma or give example of stigma. Wrap this session by explaining stigma and explaining the difference between internal and external stigma.

Step 4

Put heading on flip chart papers: PLHIV, families of PLHIV; children of PLHIV; women; men; sex workers; gays

Put the flip chart on different areas around the room, divide participants into small groups, assign each group to a flip chart and ask them to go to the flip chart and brainstorm ways in which the group indicated can be affected by stigma, they must look at both immediate and long term effects. Give each group a minute, at the end of 60 seconds shout “change” and the groups should move to the next flip chart. Continue until all groups have contributed to all topics. When each group is back at the flip chart it started with, ask groups to select a person to present to the large group.

Step 5

Write on a flip chart “how does stigma affect up take of HIV related services?

Brainstorm in large group, discuss and add any information that does not come from the large group.

Activity 2.1.12: When last did you test for HIV? (Individual exercise)

Activity

Have you tested for HIV?

How long ago was your last test?

Are you at risk of having HIV? Consider the following:

- Have you had several sexual partners?
- Have you had sex with somebody whose HIV status you did not know?
- Of all your sexual partners, how many partners did they have?
- Did your partner/s always use protection with their other partners?
- Does your partner/s know the status of their ex-lovers
- Have you used injectable drugs or steroids and shared needles or other equipment during drug use?
- Have you had any sign of sexually transmitted infections, including smelly discharge, sore on private parts, pain during urination or sexual intercourse, lower abdominal pain in the last 6 months?
- Have you had sex for drugs or money?
- Have you had sex for drugs or money?
- Have you had sex with someone who has a history of any of the above -- or with someone whose sexual history you don't know?

Activity 2.1.13: TB and HIV

Activity

Divide the group into 4 smaller groups and assign each group two topics on TB. Each group needs to develop a poster that can be used within the clinics and local communities to highlight their TB topics. The topics include:

- Signs and symptoms of TB
- Kinds of TB
- Treatment
- Link between HIV and TB
- Infection Control at home.

Facilitator Notes:

Facts about tuberculosis (TB)

- TB is curable!
- At least 50% of people living with HIV are also infected with TB, and 50% of those infected with TB also have HIV.
- If not treated properly, TB disease can be fatal and TB remains one of the world's top infectious killers.
- About 95% of TB deaths occur in low- and middle-income countries and it is among the top three causes of death among women aged 15 to 44.
- Tuberculosis typically attacks the lungs, but can also affect other parts of the body. It is spread through the air when people who have an active TB infection cough, sneeze, or otherwise transmit respiratory fluids through the air.
- Most infections are asymptomatic and latent, but about one in ten latent infections eventually progresses to active disease which, if left untreated, kills more than 50% of those so infected.

Typical Symptoms of TB disease

- A bad cough that lasts 2 weeks or longer
- Pain in the chest
- Coughing up blood or sputum
- Weakness or fatigue
- Weight loss
- Loss of appetite
- Sweating at night
- Fever

What is the link between TB and HIV?

- TB suppresses the immune system, thus increasing vulnerability to HIV infection.
- HIV promotes the progression of latent TB to active disease and the relapse of the disease in previously treated patients.
- TB speeds up the HIV progression, so is HIV for TB, TB and is one of the leading causes of death among people infected with HIV.
- It also promotes both the progression of latent (inactive) TB infection in previously treated patients.
- TB is harder to diagnose in HIV positive people, and progresses faster.

How can TB be prevented?

Personal hygiene is very important in preventing TB, such as:

- Use a tissue when coughing (cover your mouth)
- Wash your hands properly with soap and water

Opening windows for fresh air to circulate (proper ventilation)

Eating healthy diet that supports the immune system

Getting a TB test regularly if you work, live in high risk environment

Finishing TB medications

Children to receive BCG treatment. The TB vaccine, (BCG) is given to children after birth to prevent TB including TB meningitis.

Using medication as a preventive measure in high risk cases.

Support people who are taking treatment to ensure compliance and increase cure rate.

TB Risk Factors

A number of factors make people more susceptible to TB infections. This is a particular problem in sub-Saharan Africa, where rates of HIV are high. Once a person is infected with TB bacteria, the chance of developing TB disease is higher if the person:

- Has HIV infection;
- Has been recently infected with TB bacteria (in the last 2 years);
- Has other health problems, like diabetes, that make it hard for the body to fight bacteria;
- Abuses alcohol or uses illegal drugs; or
- TB treatment was not taken correctly in the past.
- Inhabitants and employees of locations where vulnerable people gather (e.g. prisons and homeless shelters), medically underprivileged and resource-poor communities, high-risk ethnic minorities, children in close contact with high-risk category patients, and health care providers serving these patients.
- Those who smoke cigarettes have nearly twice the risk of TB than non-smokers.
- Tuberculosis is closely linked to both overcrowding and malnutrition, making it one of the principal diseases of poverty.

- However TB is treatable even in people living with HIV.

Module 2: Understanding Gender

Activity 2.2.1: Human Rights

Activity	Facilitator Notes
Trainers Instructions Step 1 ✓ Write “Human Rights” on the flip chart. Ask participants who has human rights and write their responses on the paper. Discuss the concept that everyone has human rights. ✓ Ask the respondents who or what grants human rights. Discuss the concept that nobody has to give these rights to you because you have them automatically from birth. Step 2 ✓ Ask participants for examples of human rights and write their responses on the paper. ✓ Ask how these human rights apply to HIV, Gender and Gender Based Violence. ✓ Discuss.	Key Information for this session ✓ Human rights are universal, inalienable, indivisible, interconnected and interdependent. ✓ Everyone is entitled to all the rights and freedoms, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. ✓ Prevention of and response to gender-based violence is directly linked to the protection of human rights. ✓ Acts of gender-based violence violate a number of human rights principles enshrined in international human rights instruments. These include, amongst others: ○ The right to life, liberty and security of person, ○ The right to the highest attainable standard of physical and mental health ○ The right to freedom from torture or cruel, inhuman, or degrading treatment or punishment ○ The right to freedom of opinion and expression, to education, to social security and to personal development Human rights are universal legal guarantees protecting individuals and groups against actions that interfere with fundamental freedoms and human dignity. These are rights inherent to all human beings, whatever our nationality, place of residence, sex, national or ethnic origin, colour, religion, language, or any other status. We are all equally entitled to our human rights without discrimination. These rights are all interrelated, interdependent and indivisible. Universal human rights are often expressed and guaranteed by law, in the form of treaties, customary international law, general principles and other sources of international law. International human rights law lays down obligations of Governments to act in certain ways or to refrain from certain acts, in order to promote and protect human rights and fundamental freedoms of individuals or groups Regardless of who we are, where we live or what we do, every human being has rights. They belong to everyone. Human rights address many aspects of our everyday lives from the right to food, shelter, education and health to the right to freedom of thought, religion and expression.

Activity 2.2.2: Understanding Gender

Activity

Trainer Instructions

Step 1

Display the four choice signs around the room, leaving enough room around the sign for people to stand. Ask the participants to come to the centre of the room.

Explain the exercise to the participants as follows:

- » There are four areas marked with AGREE or STRONGLY AGREE; DISAGREE or STRONGLY DISAGREE around the room.
- » A statement will be read out loud.
- » Each participant should think about how s/he feels about the statement and move to stand next to the page that best describes how they feel.
- » Participants should not analyze the statement or look at what other people are doing, they should think about what their reaction is to the statement and move to the corresponding paper immediately.

Step 2

Read the statements out loud and ask participants to move to one of following pages once the statement has been read: AGREE or STRONGLY AGREE; DISAGREE or STRONGLY DISAGREE (*Start with statements that are less threatening, e.g. a black cat crossing the road in front of you will bring you bad luck. Consider what is culturally appropriate and would be understood by the participants when you are making the statements.*)

Step 3

Ask a few people under each heading to share why they agree, disagree or strongly agree or disagree. Try to get everyone to participate in the discussion and share their views.

- ✓ As people explain why they agree or disagree with a statement, get people to think about what has informed their views, is it experience, what they were told or saw as they were growing up (socialization), something they read etc.
- ✓ Discuss the importance of realizing that our views are different and it is important not try to get everybody to have the same views as ours. (if everyone has the same opinion, play the devil's advocate by offering a different opinion).

List of statements:

- Friday the 13th is an unlucky day
- Every men deserved to have a son
- Good women take care of their household
- Men must make the decisions in the household
- Good children take after their fathers
- Self-respecting women do not go to shebeens or taverns
- Wives who respect their husbands have happy marriages
- Husbands are justified in beating their wives if she goes out without telling him
- Husbands are justified in beating their wives if she refuses to have sex with him
- Husbands are justified in bearing their wives is she has an affair

Activity 2.2.3: Listing the differences in biology and expectations between men and women.

Activity

Trainer Instructions

Step 1

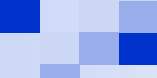
- ✓ On the flip chart, write the word “sex” on the left side and “gender” on the right side.
- ✓ Ask participants to explain the meaning of these two words. Write their responses under the appropriate heading.
- ✓ Ask what the two words mean in their mother tongue (in groups that include people who speak English as a second language). Are there separate words that specifically mean sex and gender in the local language?

Step 2

- ✓ Explain the definitions of sex and gender, including the Key Discussion Points below.
- ✓ Write on another blank flipchart “Social/cultural expectations” and divide the sheet into two columns: one for Men/Boys and one for Women/Girls.
- ✓ Ask participants to tell you some social/cultural expectations for men and boys in their society.
- ✓ Repeat step above for women and girls.

Step 3

- ✓ For each expectation noted, discuss with participants if this expectation is based on sex or gender. For example, the expectation for women to have children is based on sex but the expectation for women to do the cooking for a family is based on gender.
- ✓ Explain to participants that you are almost ready to close this session. First, you want to verify that everyone is clear about the differences between sex and gender. Read a few of the following examples and ask participants to indicate whether the statement is based on sex or gender.
 - Women give birth to babies, men don’t (S)
 - Little girls are gentle, boys are tough (G)
 - Women can breastfeed babies, men can bottle-feed babies (S)
 - Most building-site workers in this country are men (G)
 - Men’s voices break at puberty, women’s do not (S)
 - According to UN statistics, women do 67% of the world’s work, yet their earnings for it amount to only 10% of the world’s income (G)



Activity 2.2.4: Real men and Good women

Activity

Trainer Instructions

Step 1

In large letters on a flip chart write the phrase “REAL MEN...”

Ask the participants to complete this sentence and share their ideas about this means with a person sitting next to them. After two minutes ask the participants to share their discussion in large group. Draw a box on the flip chart and write down the responses inside the box, ask participants not to repeat what has been said already.

Step 2

In large letters on a flip chart write the phrase “GOOD WOMEN...”

Ask the participants to complete the sentence and share their ideas about this means with a person sitting next to them. After two minutes ask the participants to share their discussion in large group. Draw a box on the flip chart and write down the responses inside the box, as participants not to repeat what has been said already.

Activity 2.2.5: The Sexy Relay¹

Activity

This is a relay race in which participants are divided into two groups. Ideally each team has a range of ages and gender groups. Each participant gets a turn to partake in the race when they are tagged into the race by another participant. The first team with all the members completing their turn is the winner.

Place two flipcharts on the wall for everyone to see. Above one write “men” and above the other write “women”.

This is a drawing competition in which we are drawing a man or woman depending on which one the group has been selected to complete. The rule is that the person who is selected/tagged must run to the flipchart paper and can only draw one line. The next person can draw another until the picture is complete.

Get the race going and then announce that the clearest picture will win and that they need to highlight biological and social expectations of men and women, e.g. women have breasts, men may have beards, a baby on the woman’s back, hairstyles and clothes can also speak to these differences.

Once the teams are complete then call them back to the big group.

The facilitation of this exercise should focus on:

- General experiences of the exercise
- What the differences between the two drawings are
- The differences that have been identified are these biological or social expectations? Highlight the biological in one colour and the social expectations in another.
- Where are the bigger differences biological or social expectations?
- Biological differences are carried by one sex only.
- Which roles can both men and women complete?

Now that the group has an idea of the differences between biology and social expectations and continue to highlight these differences:

- Women can get pregnant (s)
- Women are responsible for the household and the children (g)
- Men have short hair and women have long hair (g)
- In this country, women earn less than men (g)
- Women are able to breastfeed (s)
- Women are traders and or accountants in some countries but these jobs are completed by men in other countries (g)
- Men usually have a lower voice than women when they sing (s)

¹ This exercise is adopted from the ILO’s (2007) GET Ahead for Women in Enterprise: Training Package and Resource: African Edition.

Facilitators Notes on Gender

Sex

- ✓ Refers to the physical/biological differences between males and females
- ✓ Determined by biology
- ✓ Does not change (without surgical intervention)

Gender

- ✓ Refers to the social differences between males and females
- ✓ Determined by social factors—history, culture, tradition, societal norms, religion
- ✓ “Gender” in any given society involves the socialization for boys and girls, men and women that determines roles, responsibilities, opportunities, privileges, limitations, and expectations
- ✓ **Gender roles are learned, and can and do be change – Important to emphasize!**

Gender is a neutral term, neither good nor bad, right nor wrong. For some, the word “gender” has become associated with women’s issues and women’s programs, feminists, and for some people gender has become a negative word that connotes exclusion or hatred of men. In fact, “gender” refers to both males and females.

The term “gender” is widely used in humanitarian aid programs. Surprisingly and unfortunately, many humanitarian workers do not understand its meaning. Gender is an English word; the meaning has changed over time. Twenty years ago, “gender” had the same definition as “sex.” The word does not translate easily into other languages. For each language, we must find a way to describe the concept of gender in ways that can be understood, not simply use the English word “gender.” It is useful to ask a few participants to translate “sex” and “gender” into local languages. Try to get the group to agree to use these translated definitions when talking about gender. Emphasize that inserting the English word “gender” into discussions in other languages is not an effective way to teach the concept of gender.

Activity 2.2.6: Gender Fishbowl

Trainer Instructions

Step 1

Divide the participants in two groups – men and women separately. Ask the women to sit in a circle in the middle of the room and the men to sit around the outside of the circle facing outside. Begin the discussion by asking women the question below. The men have to sit and listen to what is being said. They are not allowed to answer or speak out.

Step 2

Once the women have talked about 15 minutes, close the discussion. Ask the men to switch places with the women and lead a discussion with the men while women sit and listen. After both groups have had an opportunity, discuss the activity and highlight the lessons for both groups in the session. Highlight the fact that as trainers both groups are representing the community and they should look at the views expressed as a representation of the views of the community members.

Fishbowl questions for women

- ✓ What do you think is the most difficult thing about being a woman in your community / in your country?
- ✓ What do you think men need to understand better about women?
- ✓ What do you find difficult to understand about men?
- ✓ What is one thing you do not want to hear again about women?
- ✓ What rights are hardest for women to achieve in your country?
- ✓ What do you remember about growing up as a girl in your country? What did you like about being a girl? What did you not like? What was difficult about being a teenage girl?
- ✓ Who are some of the positive influence in your life? Why are they positive?
- ✓ How can men support and empower women?
- ✓ Do men need to be empowered as well? In what way/s?

Fishbowl questions for men

- ✓ What do you think is the most difficult thing about being a man in your community / in your country?
- ✓ What do you think women need to understand better about men?
- ✓ What do you find difficult to understand about women?
- ✓ What do you remember about growing up as a boy in your country? What did you like about being a boy? What did you not like? What was difficult about being a teenage boy?
- ✓ What are some of the positive female influences in your life? Why are they positive?
- ✓ Should women be empowered?
- ✓ How can men support and empower women?
- ✓ Do men need to be empowered? In what way/s?

Activity 2.2.7: Gender Norms and HIV and AIDS Vulnerability

Activity

Divide the participants into four groups – two should look at women and the other two groups should look at men in relation to the questions below:

- ✓ How can the social norms or expectations of “act like a man” **increase** one’s vulnerability to HIV and AIDS?
- ✓ How can the social norms or expectations of “act like a woman” **increase** one’s vulnerability to HIV and AIDS?
- ✓ How can the social norms or expectations of “act like a man” **decrease** one’s vulnerability to HIV and AIDS?
- ✓ How can the social norms or expectations of “act like a man” **decrease** one’s vulnerability to HIV and AIDS?
- ✓ Can men and women live outside the box? Is it possible for men and women to challenge and change existing gender roles and expectations?

Ask participants write their responses on a flip chart page and prepare a presentation for the large group. At the end of 15 minutes ask the group to get back together. As there are two groups for each themes, ask the first of the two to present, the second group should only add what has not been covered by the first group. Wrap up this session by discussing the how gender roles can lead to vulnerabilities, refer participants to the resource pack for more information on this subject.

Facilitators Notes

Key Messages: Gender and HIV and AIDS Vulnerability

- **Women are at more risk of contracting and being affected by HIV than men. This is not only as a result of biological differences but due to social expectations and norms of women. In traditional societies women are seen to be subservient to men because of socialisation and beliefs about a women’s place, economic disempowerment, exposure to violence and lower literacy levels or education.**
- **Men are vulnerable to contracting HIV due to male norms of men’s sexual prowess, e.g. number of sexual partners, alcohol and drug use. Men are also vulnerable due to them not accessing health services when they are at risk (e.g. testing) or sick. Types of work can also increase a man’s vulnerability to HIV, e.g. migrant work**

Please see more details over leaf.

Gender Norms-key risks and vulnerabilities of women and girls

- Sexual subordination is a common factor in relationships between men and women in traditional patriarchal societies. In these relationships, women are required to be ignorant about sexual issues and remain passive recipients of men's sexual advances and domination. This expected subordination results in women being unable to negotiate where, when and how sexual interactions occur, this includes condom use and other forms of protection.
- Violence against women and girls is supported by the gender values and expectations whereby a woman or girl can be threatened, beaten or worse if she does not conform to the social expectations for her gender. This violence can come from family members, partners, other women or acquaintances. This threat of violence increases a woman's vulnerability to HIV infection by removing the space for her to negotiate sexual-decision making, including negotiating safer sexual practices. Additionally, the threat of violence silences or disempowers women from seeking out testing services, disclosing their status and accessing treatment and support services.
- Economic disempowerment silences women from negotiating or setting boundaries on practices they disapprove of. Economic disempowerment results in women not having access to resources to get to health facilities and pay for health care services, including ART and VCT services. At times, women require permission of their male partner to access services, creating a barrier. In Tanzania it was found that 40% of women do not have the final say in decisions over their own health, the children's health as well as say over the household expenditure²
- In many instances women tend to be the care givers, as a result women carry more of the burden of the disease because they are required to care for the infected person within the family. Typically the time required for such care reduces their access to schooling or engaging in income generating activities.
- These vulnerabilities are made worse by poverty, in case of poverty resources within families are allocated to men first, which can lead to women and girls having no resources to access health care services. During hard times girls are sometimes removed from schools to support the family through work or worse child labour. Women may also be forced to engage in transactional sex, selling sex for food, shelter, transport, etc.
- Limited access to education and higher illiteracy rates amongst women means that they would struggle to access prevention and treatment information. Added to that, illiteracy and low levels of education limits the choices of employment women can access, maintaining their economic disempowerment even more. The kinds of work women do often do not offer any social protection e.g. lack of medical aids, pensions, etc. leading to further disempowerment.
- Some property, inheritance, custody, social and customary laws where assets are passed down through the male side increase women and girls' vulnerability to HIV and AIDS even more. In some cultures, women who are widows are abandoned leaving them vulnerable, or in some cases leading to engage in transactional sex to gain resources for food.
- HIV related stigma and discrimination can result in women being excluded from society and reduces their access to care and support services.

Gender Norms-key risks and vulnerabilities for men and boys

- Due to traditional patriarchal norms that men are socialised in, they too may be at risk of contracting HIV. Below are some of the ways in which these masculinities increase their risk of infection and progression of the disease:
- Norms, stereotypes and expectations about male behaviour affects men's knowledge of sex and expectations within relationships. Men may subscribe to the ideas that real men have multiple sexual partners, which is already known to be a risk for HIV infection especially if protection is not used consistently and correctly. Additionally, ideas about masculinities may be strongly linked with alcohol use and abuse which reduces risk assessments and increase risk of infection. Accessing treatment and care services may be hard due to the expectations that men are strong and if a man admits that he is sick and accepts help, he is considered weak. Men may be required to constantly prove their male powers and masculinity through violence even directed at women and girls sometimes.
- Some of the jobs such as transport, construction and mining sectors, which are dominated by men may result in men being separated from their families increasing men's vulnerability to HIV infection. When men are separated from their spouses there is an increased risk of engaging in multiple sexual partnerships, and this might be done without using sexual protection.
- Men may also engage in sex with other men and this practice is often considered a taboo and abnormal. Due to the stigma associated with this practice, it can lead to silence and result in this practice being kept hidden and reduces the chances that these men would access health information and services.
- Often at a policy and service provision level, treatment and care programs are designed and targeted at women, encouraging women to take up these services. This reinforces the idea that women are solely responsible for sexual and reproductive health. This can increase men's vulnerability as it may be harder to find male orientated services.

² Prime Minister's Office. 2013. Tanzania Third National Multi-Sectoral Strategic Framework for HIV and AIDS (2013 – 2017)

Activity 2.2.8: Gender Based Violence Presentation

Activity

Trainer Instructions

Step 1

- ✓ Remind the group of the concepts covered in the previous flipchart. List them on a flipchart, leaving space between them to write more words later in the session:
 - GENDER
 - POWER
 - VIOLENCE/USE OF FORCE
 - INFORMED CONSENT
- ✓ Ask the group to put those terms/concepts together to describe the meaning of “gender based violence.” Discuss, writing a few key words on the flip chart under each concept (see key discussion points below).

Step 2

- ✓ Show flip chart with different definition of Gender Based Violence – use the key information below to prepare flip chart.

Step 3

Prepare two flipcharts, listing types and sites of gender-based violence before the exercise. During the discussion, display only the flipchart listing major types of gender violence, leaving the one listing the sites of gender violence covered until the end of the discussion. Divide participants into pairs and allows them 10-15 minutes to discuss which major types of violence occur in the family, community/society, businesses and the ones perpetrated or condoned by the state.

Types of Gender Based	Sites for Gender Based Violence
Physical abuse: ○ Battering ○ Sexual assault Psychological abuse: ○ Deprivation of liberty, ○ Forced marriage, ○ Sexual harassment Deprivation of resources needed for physical and psychological well-being (including health care, nutrition, education, means of livelihood) Trafficking in women and girls for sexual exploitation Rape Corrective Rape Ridiculing and humiliating a woman or a girl	Family One of the primary sites of gender violence. Prepares its members for social life, forms gender stereotypes and perceptions of division of labour between the sexes. It is the arena where physical abuses (spousal battering, sexual assault, sexual abuse) and/or psychological abuses occur. (Domestic violence can also take such forms as confinement, forced marriage of woman arranged by her family without her consent, threats, insults and neglect; overt control of a woman’s sexuality through either forced pregnancy or forced abortion.) Violence within the family and household takes place in the home and is often seen as a ‘private’ issue and information about it is lacking. Community/Society As a group sharing common social, cultural, religious or ethnic belonging, it perpetuates existing family structure and power inequalities in family and society. Justifies the behaviour of male abusers aimed at establishing control over women in the family, and supports harmful traditional practices such as battering and corporal punishment Businesses Workplace can also be a site of violence. Either in governmental service or in a business company, women are vulnerable to sexual aggression (harassment, intimidation) and commercialized violence (trafficking for sexual exploitation). State Legitimizes power inequalities in family and society and perpetuates Gender-based violence through enactment of discriminatory laws and policies or through the discriminatory application of the law. Is responsible for tolerance of gender violence on an unofficial level (i.e. in the family and in the community). To the extent that it is the State’s recognized role to sanction certain norms that individual life and dignity and maintain collective peace, it is the State’s obligation to develop and implement measures that redress gender violence.

Key information for this session

Putting concepts together to explain the meaning of “gender-based violence”:

- Gender **based** violence, violence that occurs based on gender roles, expectations, limitations, etc. GBV therefore affects females in most societies; males are also victims/survivors of GBV, but most gender discrimination occurs against females because they are disempowered in most societies as compared to their male counterparts.
- Power: GBV involves the **abuse of power**
- Violence/Use of force: GBV involves **some type of force**, including threats and coercion.
Force is not always physical force. Using the word “violence” implies physical violence, but the meaning is broader than that.
- Informed Consent: Acts of GBV are characterized by the **lack of informed consent**
- Human rights: Acts of GBV are **violations of fundamental human rights**.

The U.N. General Assembly defined gender-based violence and violence against women in its Declaration on the Elimination of Violence against Women in 1994. UNHCR headquarters developed the following definitions based on that Declaration.

Expanded Definition of Sexual and Gender-based Violence used by UNHCR and implementing partners, based on Articles 1 and 2 of the United Nations General Assembly Declaration on the Elimination of Violence against Women (1993): **...any act that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women because of being women and men because of being men, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life...** shall be understood to encompass, but not be limited to **the following**:

1. Physical, sexual and psychological violence occurring **in the family**, including battering, sexual exploitation, sexual abuse of children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation
2. Physical, sexual and psychological violence occurring **within the general community**, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution
3. Physical, sexual and psychological violence **perpetrated or condoned by the State and institutions**, wherever it occurs.

Definition of Violence against Women and Girls

“...Violence against women encompasses, but is not limited to, the following.....physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution2.” 2Article 2 of the Declaration on the Elimination of Violence against Women (General Assembly resolution 48/104)

Definition of Gender-Based Violence

Gender-based violence is violence that is directed against a person the basis of gender or sex. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty...3. While women, men, boys and girls can be victims of gender-based violence, women and girls are the primary victims.

Definition of Sexual Exploitation

Any abuse, harm or suffering done to a person who is in a position of trust, vulnerability or differential power for sexual purposes. Sexual exploitation includes, but is not limited to, profiting monetarily, socially or politically from another person. Acts of sexual exploitation often occur under coercive or deceptive circumstances or where the victim/survivor does not have the power or capacity to give consent or to make decisions to end the exploitation

Alternative Exercises

Activity 2.2.9: Gender Based Violence Case Studies (20 minutes)

Read the following examples to participants. Then ask each question and discuss before moving on to the next.

In a very traditional and patriarchal family, the father of a 19 year old girl tells her that he has arranged for her to marry a certain man. The girl does not know the man very well, he is much older than she is, but she agrees to the marriage.

- Do you think this kind of situation could happen?
- Did she give her informed consent to this marriage?
- Was there any force used in this incident?
- Who is more powerful in this example – father or daughter?
- What kind of power does this father have?
- What kind of power does the daughter have?
- How does power relate to choice in this example?

A refugee woman with 3 children approaches an armed soldier at a checkpoint. The woman has been separated from the rest of her family and community; she is seeking refuge at a town on the other side of the checkpoint. The soldier asks the woman for some money to pay the fee; then he will let her through the checkpoint (there is no fee – he is asking for a bribe). The woman explains she has no money and nothing of value to offer. The soldier tells the woman that he will let her through if she has sex with him. The woman agrees.

- Do you think this kind of situation could happen?
- Did she give her informed consent for sex? (No; this was rape)
- Was there any force used in this incident?
- Who is more powerful in this example—soldier or woman?
- What kind of power does this soldier have?
- What kind of power does this woman have?
- How does power relate to choice in this example?

Key Messages: GBV and HIV and AIDS Vulnerability

- GBV can be physical, sexual or psychological and it increases the chances of contracting HIV.
- PEP is an effective means of preventing HIV infection after exposure to the virus
- PEP needs to begin within 72 hours after exposure
- Little is known about PEP and this should be a focus area for programs

Module 3: HIV AND AIDS EFFECTS AND VULNERABILITY REDUCTION METHODS

Activity 2.3.1: Build a Character and the effects of HIV and AIDS

Activity

Trainer Instructions

Step 1:

Divide the larger group into 4 smaller groups. Get each group to build a character. They must decide on the following:

- A name
- The sex
- the age
- Family make-up/composition
- Occupation (if applicable)
- Area that they live
- Successes
- Dreams
- Any other important information that we should know

Step 2:

Each group gets 3 minutes thereafter to present this to the group

Step 3

Tell each group that their character went for a test and the result has come back HIV positive.

Now assign each group a topic to explore the impact of economic disempowerment, gender inequality and HIV and AIDS – you may have to assign the groups carefully to ensure that they are relevant, e.g. don't give a scholar the group 4 task

Group 1: Effects on the individual

How does economic disempowerment, gender inequality and HIV and AIDS effect the individual? In your discussions consider the biological, psychological, economic and social effects.

Group 2: Effects on friends and family

How does economic disempowerment, gender inequality and HIV and AIDS effect friends and family? In your discussions consider the psychological, economic and social effects.

Group 3: Effects on the community

How does economic disempowerment, gender inequality and HIV and AIDS effect community? In your discussions consider the psychological, economic and social effects.

Group 4: Effects on businesses

How does economic disempowerment, gender inequality and HIV and AIDS effect businesses? In your discussions consider the psychological, economic and social effects.

Facilitator's notes:

These are some things that can be considered in answering these questions, it is recognised that these lists of effects are by no means complete, there are more that can be added.

Individual effects:

Biologically: (briefly highlight the main points from the progression of the illness mentioned above)

- After initial infection the person may be unaware that they have been infected. However at this acute stage they are highly infectious to others.
- The latency or asymptomatic phase is where there is an on-going battle between HIV and the immune system. Through good nutrition and exercise this stage can be prolonged
- The symptomatic stage is where the opportunistic infections may try to take hold and The key thing to recall is that the early treatment of opportunistic infections the better as this will support the immune system
- The final AIDS Stage is where the body is severely weakened and opportunistic infections become rife. This stage is reversible with treatment but if treatment is not sought the infected person will die from any of these opportunistic infections.

Psychological effects:

Consider the way the person would feel at each stage of the illness, where emotions include things like shock, guilt, depressions, self-blame

Social effects:

With a person's depression and stigma within the communities a person can become more and more isolated from others. This not only affects the depression which can speed up the progression and negatively affect life expectancy.

How does this affect their gender role expectations?

Economic:

Initially the person's ability to perform business activities is not affected by the illness but as the illness progresses there will be more time off from work, perhaps a loss of income as they get more and more sick.

Family and Friends effects:

The effects on families and friends will be influenced by who is involved, i.e. parents, grandparents, children, spouses, etc.

Psychological effects:

Consider the way the family could respond to the disease. Does the person tell the family or keeps quiet. If the person does disclose, does the family respond positively or do they try to hide it?

How do people feel at a personal level about finding out that a family member is infected?

How does this influence the way that they respond to the person infected?

Social effects:

How the family feels will influence the manner in which they respond socially to the illness and the infected person. Do they try to hide it? If so how do they cope when the person infected enters the AIDS stage?

How does this affect their gender role expectations?

Economic:

Initially the person's ability to perform business activities is not affected by the illness but as the illness progresses there will be more time off from work, perhaps a loss of income as they get more and more sick. This could have big repercussions on the family, that is to lose a productive bread winner.

Facilitator's notes... contd:

Community Effects:

Psychological effects:

Consider the way the community could respond to the disease. Does the person tell the community or keeps quiet. If the person does disclose, does the community respond positively or do they try to hide it?

Social effects:

How the community feels will influence the manner in which they respond socially to the illness and the infected person. Do they try to hide it? If so how do they cope when the person infected enters the AIDS stage?

How does this affect their gender role expectations?

Economic:

What would the effects be on the community if more and more people become infected.

Business Effects:

Psychological effects:

What would the effects be on the other workers if more of their peers become infected and get sick? How does the person feel if they become less and less productive.

Social effects:

How the family feels will influence the manner in which they respond socially to the illness and the infected person. Do they try to hide it? If so how do they cope when the person infected enters the AIDS stage?

Economic:

Initially the person's ability to perform business activities is not affected by the illness but as the illness progresses there will be more time off from work, perhaps a loss of income as they get more and more sick. Some of the cost implications at this level include (in order to calculate these costs see the Advance Business Tools section):

- Training of new staff
- Costs of time before new staff become 100% productive
- Recruiting new staff
- Funeral attendance costs to company
- Costs of absenteeism
- Health costs to the company
- Burial costs to the company
- Decrease in productivity to the business

As a final thought the idea is to mention that we are all affected by HIV and AIDS at various levels, its for these reasons that we seek a comprehensive response.

Activity 2.3.2: HIV and AIDS Vulnerability Reduction Strategies

Activity

Trainers Instructions

Step 1

Go back to the “Build a Character” Exercise. Let each group discuss prevention and mitigation strategies that could be applied at their focus level, i.e. individual, family and friends, community and business. These discussions should consider some of the barriers to the use of these strategies.

Note:

Not all individuals are doing things that are unhelpful, e.g. a lot of people are using condoms and GBV is not necessarily prevalent in all relationships

Facilitator Notes

Individual:

HIV prevention:

- Economic empowerment – for example, If you are engaging in transactional sex consider other options that don’t place you at risk of contracting HIV
- Know your status
- Delay sexual debut
- Reduce the number of partners
- Correct and consistent condom use
- Get medically circumcised – males only
- Make use of PTMTC services if pregnant
- Get treated for STIs as early as possible
- Don’t engage in intergenerational sex

AIDS Mitigation”

These responses seek to reduce the impact of AIDS on a person:

- Economic Empowerment
- Get tested
- See if you qualify for the treatment regimens as soon as possible
- PMTCT
- Health living and life style
- Reduce the number of partners
- Correct and consistent condom use
- Seek support from social networks and access resources where needed

Friends and Family:

HIV prevention:

- Economic Empowerment to help
- Consider the norms and values that you are reinforcing for your son or daughter
- if you were to have a daughter or if you have one, what is one piece of advice you would give her about growing up as a female to help her fight unfair treatment”
- How can you foster access to bio-medical prevention methods

AIDS mitigation:

- Economic empowerment to reduce the effects
- How can you foster behavioural norms that would improve persons accessing HIV and AIDS services

Community:

HIV Prevention:

- What community programmes are there that could assist here?
- Youth based programmes, community outreach events, role models, media representations, behavioural norms, gender norms, etc.
- What services are there that could be accessed here?
- VCT, MMC, PMTCT, STI treatment

AIDS mitigation

- What community programmes are there that could assist here?
- Home-based care programmes, spiritual counselling, etc.
- What services are there that could be accessed here?
- VCT, HIV treatment programmes, STI treatment, treatment of other Opportunistic infections

Business:

- HIV prevention
- Workplace programmes
- HIV and AIDS policies

Activity 2.3.3: The Vision Journey

Activity

This activity is made up of 4 steps

Step 1:

Introduce the idea of a Vision Journey³ to the beneficiaries. In order to complete this exercise we are going to consider 4 steps.

In completing this exercise beneficiaries will be required to draw on all the lessons that they have learnt thus far.

Step 2: - This should be a homework exercise (ideally completed by a couple)

The Vision:

Ask participants to take a piece of paper and think about the next five years. On the piece of paper create a collage of where you want to be in the next five years.

What are you dreaming of?

There is no right and wrong as this is your dream/s so feel free to create whatever you desire.

Step 3:

Divide the larger group into smaller groups. Although the exercises below are individual in nature, beneficiaries will share their **Vision Roadmaps** and **Action Pathways** within the smaller groups.

The vision roadmap:

On another piece of paper draw three circles. These should go up diagonally (see the pic below).

The achievement journey:

In the first circle consider where you have come from. Draw or write down:

- Where you come from
- Some of the major events in your life
- Some of the biggest successes/achievements
- Some of the biggest challenges

Life Now:

In the second circle draw or write down aspects of your present situation:

- Where are you now
- Your present strengths and weaknesses
- Present occupation or business
- Somethings about your family
- Describe your health
- Your socio-economic status
- Resources

Now join these two circles with a path. Consider was this path straight or were there many bends and potholes?

³ Adapted from Women's Empowerment Mainstreaming and Networkinh (WEMAN), 2010, Steering Life's Rocky Road: Gender Action learning for individual and communities Manual for Field Testing and Piloting, support provided from Odfam Novib.

A vision of the future:

In the final circle consider what are some of your goals for the next five years. To do this look at the 5 year vision that you developed and draw out 5 priorities for the next 5 years. One of these priorities, at least one should speak to your socio-economic status, one should focus on gender relations and one should focus on an HIV and AIDS goal.

Write down these goals as SMART goals. That is, they should indicate:

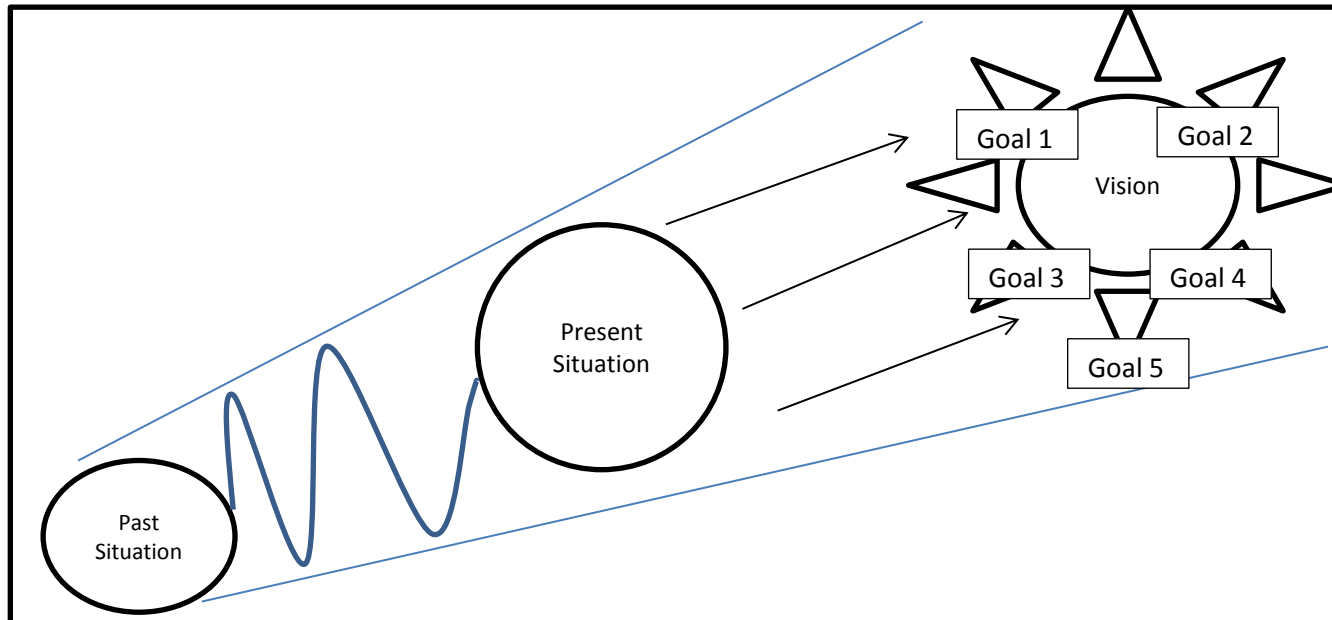
S – Specifics
M – Measurable
A – Achievable
R – Realistic
T – Time bound

An example of a SMART goal would be:

- In five years' time (time), I will acquire a (measurable) blue Volkswagen GTI(specific)
- In five years' time, I will build a 4 bedroom house
- In five years' time, I will manage my HIV infection
- In five years' time, I will be HIV free

Join these last two circles with two straight lines.

EXAMPLE:



Once this diagram has been completed share this within your smaller groups.

Facilitators Notes

An important aspect of this exercise is to highlight that people have come far and have overcome many challenges to get here. While we talk about the baggage that people bring, we often think that this is negative. Here is the chance to affirm the beneficiaries and remind them of their strength, loyalty, commitment, resourceful and passion. These are the kinds of characteristics that will carry them forward in the future towards success

Activity

Step 4: Group work

Action Pathways

Working in the smaller groups, beneficiaries will now consider the goals that they have identified in the Vision Journey Exercise. For each goal that has been identified beneficiaries will develop Goal pathways to have a look at how these goals can be achieved. The key question here is **how?**

On a piece of paper, draw a circle or square on the right hand side of the page. In this square write down the goal that you have identified.

We are working backwards. Now draw a square or circle to the left of this initial goal. In this square consider one way in which or how this goal can be achieved. You need to note that there may be more than one factor that can lead to the achievement of this goal. For example, a straight forward relationship could be for a goal of "In the next five years, I will buy a car" ... how?... "Build up financial resources". Or the relationship could be a little more complex for example for the goal "In the next five years I want to be healthy" there could be a few ways in which this could be achieved, e.g. "I will exercise"; "I will eat healthy"; "I will test for HIV"; "I will prevent myself from getting HIV", etc.

Once this second level of activities have been identified, take each activity and ask how you are going to achieve this. Remember that each activity can have one or more answers to the question of "How?". Keep asking this question and try to be as specific as possible.

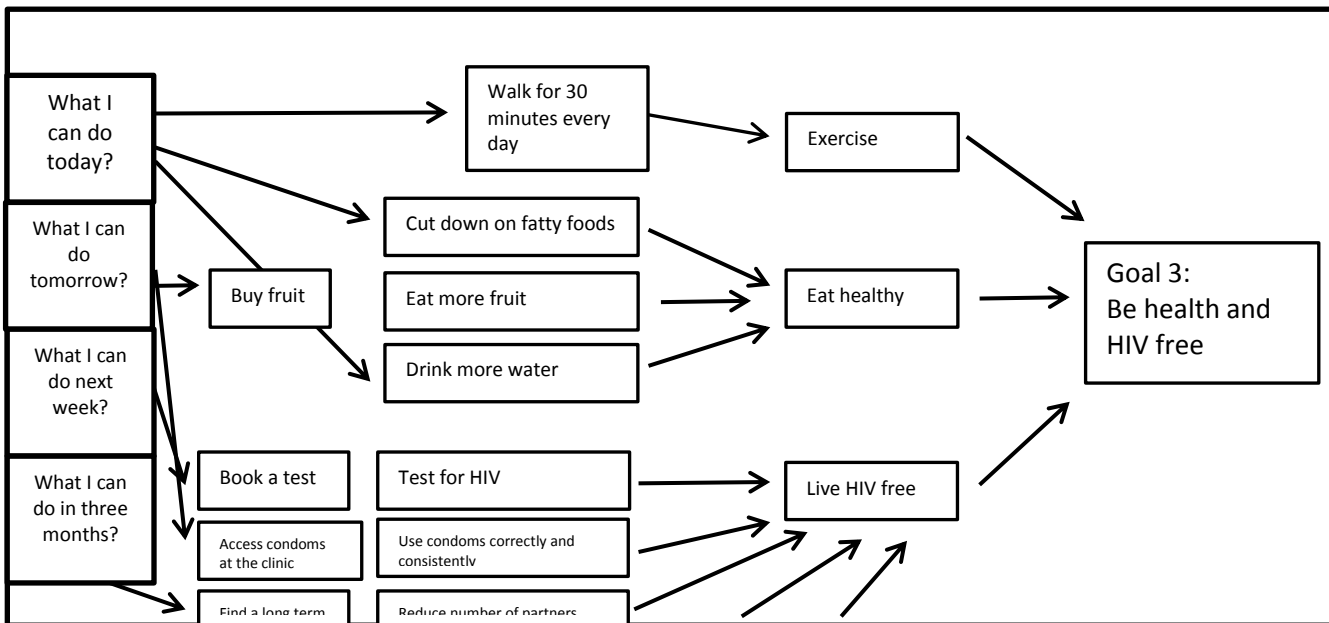
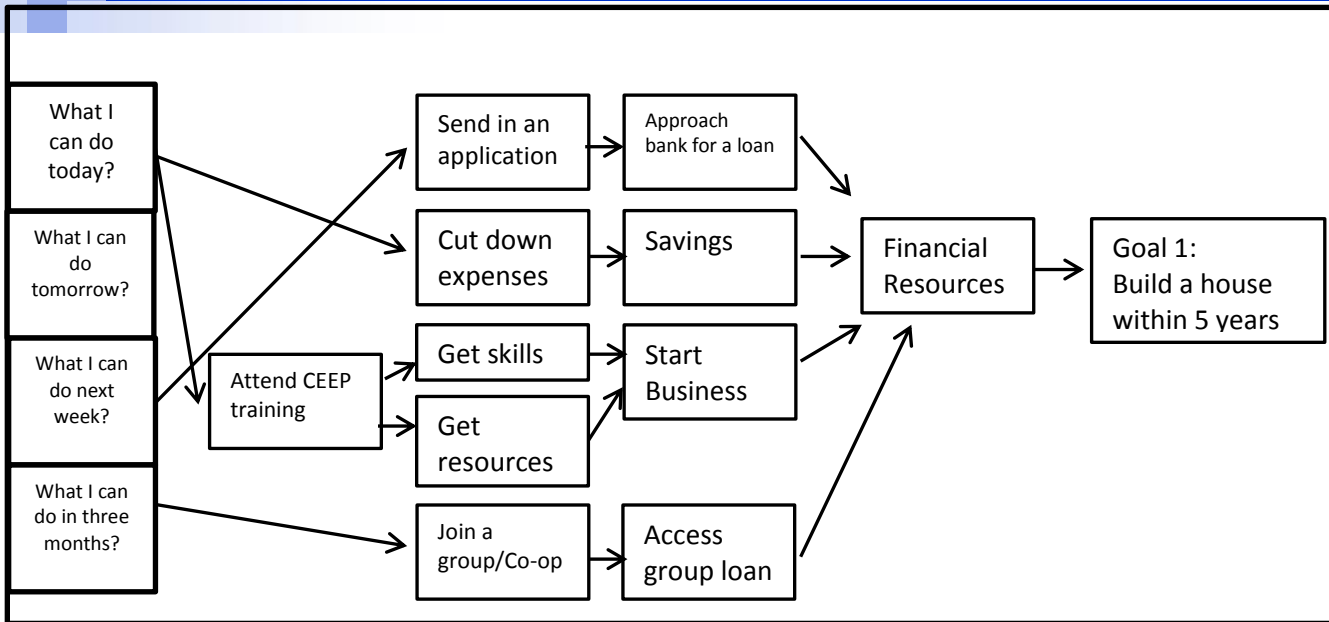
Eventually you will not be able to ask "How?" anymore. The next step is to assign time frames to these actions. In this section consider when these activities can take place: today, tomorrow, this week, in three months.

As this is group work, discussions among the members of the group will result in more options that the individual can think of.

Below are two examples of what these pathways could look like:

Step 5:

Ask the bigger group for a few 2-3 volunteers to walk us through their vision, their vision journey and their action pathways.



Facilitators notes:

These exercises are personal in nature and as such reinforcing sensitivity and the confidentiality ground rules is important.

If there are beneficiaries who are struggling emotionally with the exercise take them outside and let one of the facilitators talk to them

This is an exercise that could be completed by couples, which can be an advantage to the success of the project. However, we need to ensure that the one partner does not dominate the discussions and decisions or actions to be taken.

Emphasize that this exercise can be used for the achievement of many other goals in life. Working as a couple towards these goals will help to increase the chances of success. It is always advisable to have someone look at the plans as they might have other suggestions that we could miss.

Sometimes you will find that some of the goals can be linked. For example, "In the next five years I will buy a car"; "In the next five years, I will build a house", "In the next two years I will own a Television". All of these can be linked to building up financial resources.



DEFINITION OF TERMS

Antibody: A protein produced by B lymphocytes (B cells) in response to an antigen. Antibodies bind to and help destroy antigens.

Antibiotic: A drug used to kill or suppress the growth of microorganisms, such as bacteria and fungi.

Antigen: Any substance that is foreign to the body and triggers an immune response. Antigens include bacteria, viruses, and allergens, such as pollen

Bacterium: A single-celled microorganism. Bacteria occur naturally almost everywhere on earth, including in humans.

Baseline: An initial measurement used as the basis for future comparison.

Cardiovascular: Relating to or involving the heart and blood vessels.

Co-infection: When a person has two or more infections at the same time.

Communicable Disease: An infectious disease that is contagious.

Community-Based Organization (CBO): A public or private non-profit organization that provides services to local community members of an identifiable group, such as people living with HIV.

Concordant Couple: Sexual partners in which both partners are infected with a sexually transmitted infection, such as HIV.

Coverage area: Size in which project activities are implemented

Dissemination: Is the process of spreading information

Dose: The quantity of a medication to be given at one time or the total quantity of a medication administered during a specified period of time.

Drug Interaction: A change in a drug's effect on the body when taken with other drugs, supplements, or food, or when taken in the presence of other medical conditions.

Drug Resistance: When a bacteria, virus, or other microorganism mutates (changes form) and becomes insensitive to (resistant to) a drug that was previously effective.

Embryo: In humans, an infant developing in the uterus (womb) from conception until about the third month of pregnancy.



Epidemic: A widespread outbreak of a disease in a large number of individuals over a particular period of time either in a given area or among a specific group of people.

Epidemiology: The study of the distribution, causes, and clinical characteristics of disease or health status in a population.

(XDR-TB): Extensively Drug Resistant Tuberculosis, which is a relatively rare type of multiple drug resistant tuberculosis (MDR-TB)

False Negative: A negative test result that incorrectly indicates that the condition being tested for is not present when, in fact, the condition is actually present. For example, a false negative HIV test indicates a person does not have HIV when, in fact, the person is infected with HIV.

False Positive: A positive test result that incorrectly indicates that the condition being tested for is present when, in fact, the condition is actually not present. For example, a false positive HIV test indicates a person has HIV when, in fact, the person is not infected with HIV.

Gender-responsive: The term 'gender-responsive' is usually encountered in conjunction with another word: gender responsive governance, strategies, treatments, budgets, etc. Its meaning is similar to gender sensitive.

HIV Incidence: In general, incidence is expressed as the estimated number of persons newly infected with HIV during a specified time period (e.g., a year), or as a rate calculated by dividing the estimated number of persons newly infected with HIV during a specified time period by the number of persons at risk for HIV infection.

HIV Intervention: is a way of mediating or dealing with a social problem in an effort to influence behaviour change and to reduce HIV Vulnerability

HIV-negative: A person who is HIV-negative shows no evidence of infection with HIV on a blood test (e.g. absence of antibodies against HIV). Synonym: sero-negative. The test result of a person who has been infected but is in the window period between HIV exposure and detection of antibodies will also be negative.

HIV-positive: A person who is HIV-positive has antibodies against HIV detected on a blood test or gingival exudate test. Synonym: sero-positive. Results may occasionally be false-positive, especially in infants up to 18 months of age who are carrying maternal antibodies.

HIV Prevalence: The number of persons living with HIV disease at a given time regardless of the time of infection, whether the person has received a diagnosis (aware of infection), or the stage of HIV disease. Although prevalence does not indicate how long a person has had a disease, it can be used to estimate the probability that a person selected at random from a population will have the disease.

Homosexual/homosexuality: It refers to people who have sex with and/or sexual attraction to or desires for people of the same sex.



Hot spot: is a location or area posing or recognised as a high transmission Area of HIV, STIS, TB, Substance abuse etc. within a community

Infertility: Infertility is “a condition of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse.” ... (WHO-ICMART glossary¹).

Implementation: Implementation is the carrying out, execution of project activities

Intersex: is an individual with both male and female biological attributes

Maternal mortality and maternal death: Refers to death of a woman during pregnancy, child-birth or within 42 days after delivery or termination of pregnancy, irrespective of the duration and site of pregnancy or its management...Population Council HIV infection in pregnant women is seen as one of the causes of maternal mortality UNICEF.

Mobility: The movement of people from one area, social group, class, or level to another

Serostatus: A generic term that refers to the presence/absence of antibodies for a specific virus in the blood.

Sexual orientation: The term ‘sexual orientation’ refers to each person’s profound emotional and sexual attraction to, and intimate and sexual relations with, individuals of a different, the same, or both sexes.

Sex worker: The term ‘sex worker’ is intended to be non-judgemental and focuses on the working conditions under which sexual services are sold.

Site facilitator: The one who monitor Peer Educators in a specific zone

Social facilities: Facilities in a community which everyone can access

Target group: Is a specific group of people within the community at which the services is aimed at.

Tavern: A place of business where people gather to drink

Topographical map: Topographic maps are maps that provide extensive close-up detail about a place.

Transgender: A transgender person has a gender identity that is different from his or her sex at birth.



Transvestite: A transvestite is a person who wears clothes associated with the opposite sex in order to enjoy the temporary experience of membership of the opposite sex.

Tripartite: Divided into or composed of three parts; having three corresponding parts or copies or made between or involving three parties

Vulnerability: Vulnerability refers to unequal opportunities, social exclusion, unemployment, or precarious employment and other social, cultural, political, and economic factors that make a person more susceptible to HIV infection and to developing AIDS.

Zones: Distinguished area from adjacent parts by a distinctive feature or characteristic.