

TRAINING THE TRAINERS

ENGAGING COMMUNITY LEADERS
TO PROVIDE A SAFE AND SUPPORTIVE ENVIRONMENT
FOR ADOLESCENT GIRLS AND YOUNG WOMEN



USAID
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PEPFAR
U.S. President's Emergency Plan for AIDS Relief

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LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AGYW	Adolescent Girls and Young Women
ART	Antiretroviral Therapy
ARV	Antiretrovirals
CEF	Community Engagement Facilitator
GBV	Gender-based Violence
HC3	Health Communication Capacity Collaborative
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counselling
PMTCT	Prevention of Mother-to-Child Transmission
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
TB	Tuberculosis
VMMC	Voluntary Medical Male Circumcision

TRAINING COMMUNITY LEADERS

The DREAMS initiative, a partnership developed between the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the Bill and Melinda Gates Foundation and Girl Effect, aims to reduce HIV infections among adolescent girls and young women in 10 sub-Saharan African countries. The goal of DREAMS with Community Leaders is to engage (mobilize) communities to reduce vulnerabilities and increase safety of adolescent girls and young women (AGYW) in Swaziland. This will be done by changing norms, preventing community-based violence, and linking them to care and prevention services. To increase support for AGYW in various areas of their lives, this initiative has been developed to equip community leaders with a better understanding of the challenges faced by AGYW and how to provide adequate support.

Community leaders include chiefs, inner council, Inkhundla council, traditional leaders, church leaders, health leaders and education leaders. Community leaders are a target group for this intervention, as they play a key role in advocating and driving social mobilization initiatives that address HIV and AIDS and gender-based violence (GBV).

Community leaders have unparalleled authority and influence. They preside over the customary law courts that exercise legislative powers that maintain law and order in communities. Therefore, community leaders occupy positions of unparalleled authority and influence. They should play a central role in addressing harmful practices in the context of HIV while also preserving core values and culture.

This training is designed to strengthen the capacity of community leaders to create a protective environment that reduces the vulnerability of AGYW, as well as to increase agency for males and females to reduce GBV and advocate for modification of harmful cultural norms or practices that place AGYW at risk for HIV infection.

Workshop Outline

This workshop for community leaders is designed to take place over four days, with at least three to four hours of instruction per day. The first two days include training participants to learn about gender issues and to understand girls' vulnerability to HIV, as well as to develop action plans for participants to share with their community. This is intended to be a two-day residential training for the chiefs and a community-based workshop for the inner council and general community leaders.

The third day is intended to be held the following quarter. It focuses on stigma, its role in the community and an action plan review. The last day, intended to be held in the quarter following the third, covers GBV, advocacy for change and what each person can do with their knowledge and skills. The workshop format is interactive with lots of discussion and activities to support adult learning styles and increase understanding of the issues.

Workshop Audience

The workshop is designed for community leaders in the 19 Tinkhundla targeted by the DREAMS project. By educating those in leadership in multiple areas that affect the community, the hope is to increase awareness about challenges faced by AGYW and to reduce vulnerability by creating a safe environment for them.

Workshop Leadership

The workshop should be led by a facilitating team of two individuals familiar with HIV, GBV and issues pertinent to AGYW. Additionally, the workshop's facilitating team must be sensitive to participants' needs and adapt the course content as required. It is recommended to have at least two trainers per workshop, and it is preferable for them to speak SiSwati or to have one SiSwati speaker who can assist in translation.

Community Engagement Facilitator (CEF) Role

The Community Engagement Facilitator (CEF) has many responsibilities:

- Organize and facilitate the training of community leaders using the *Engaging Community Leaders to Provide a Safe and Supportive Environment for Adolescent Girls and Young Women* tool.
- Plan and implement community leaders' outreach strategies and activities under the leadership of the Community Engagement Team Leader.
- Mobilise regional-level core teams to include those working with AGYW in the region, such as Regional AIDS Coordinators and development workers. Team members should show interest, have expert knowledge and be willing to collaborate on the program.
- In collaboration with regional-level core teams, mobilise community leaders to develop and implement tangible actions to promote a supportive and reinforcing environment for AGYW in their respective communities.
- Conduct supportive supervision to ensure that community leaders implement the knowledge and skills gained from participating in the program activities in their respective communities.
- Collaborate with other implementing partners to create synergies that strengthen awareness, behaviour change and effective case management of strategies to support AGYW.
- Prepare and submit reports on activities and supervisory visits, as well as overall monthly and quarterly program progress reports.
- Identify, document and disseminate best practices on GBV, sexual and reproductive health (SRH), and HIV.
- Create awareness of and interest in girls' vulnerability to HIV/AIDS.
- Guide and facilitate community mobilisation.

Introductions: River of Life Activity

(60 minutes)

Objectives

- To allow the participants a moment to reflect on their own lives before discussing workshop topics
- To learn about others in the group to better understand each other
- To develop a support network among participants
- To help the facilitator and participants better understand the resources within the group

Preparations

You will need the following materials:

- A piece of paper for each participant (flipchart-size paper is nice but not necessary)
- At least one marker for each participant
- A sample “river of life” drawing
- Tape

Steps

1. Explain to the participants that you want to take some time now, at the beginning of the workshop, to have people get to know each other a little better. Quickly explain the reasons for doing this exercise:
 - To reflect on their personal lives and relationships
 - To better understand where other people “are coming from” when they make comments during this workshop
 - To develop a bond among the group members so that they can support each other during this training and in the future
2. Tell participants that each person will be quickly drawing his or her own “river of life,” showing the calm waters, stagnant backwaters going nowhere, forks in the river, turbulent rapids and surprise waterfalls that represent the major events or periods of time in the person’s life.
 - After they sketch their own “rivers” they will explain it to a partner, perhaps filling in additional details as they explain it so later their partner can explain this “river of life” to the entire group.
 - Tell the participants they will be expected to explain their partner’s life to the group in just a few minutes.
 - Have each person choose a partner for this activity.
3. Show a sample picture to give the participants an idea of what you mean by a “river of life.” Explain that the picture starts at birth, showing the individual in relation to the rest of his or

Facilitator’s note:



This activity may or may not be appropriate for a particular group, because it takes a considerable amount of time and can be emotionally charged. However, if the participants have worked together before and are comfortable with each other, then this activity might foster an open environment for sharing during the workshop. Use your judgement and if you feel it may not be appropriate, you can skip this activity and just have everyone introduce themselves and list three things about themselves.

her family, and ends with a question mark shortly after the word “Today.” Explain that major life events are those events important to that person. Either a picture or a symbol can be drawn or a word can be used to label events (i.e., “sister ill for long time,” “father died,” “started new job,” “twins born”).

- A few ages or dates or happy or sad faces can be added, if desired.
 - Explain that after the word “Today,” each person should include a drawing or words that predicts how calm or turbulent life will be in the next six months or so.
 - You must closely monitor the time during the rest of the exercise, because it can easily run overtime.
4. Give each participant a piece of paper and a marker, and ask them to draw individual “rivers.” Assure the participants that drawing skills are not crucial and that they should not take too much time on drawing details. Explain that the pictures will stay up on the wall for the entire day. You can participate in the activity or observe. Allow 10 minutes to complete the drawings.
 5. After completing the sketches, the participants should explain their “rivers of life” to their partners.
 - Participants can fill in additional details so that their partner can later explain this “river of life” to the entire group.
 - Tell the participants they will be expected to explain their partner’s life to the group in just a few minutes.
 - Explain that participants can always request that information not be shared with the entire group. For example, the participant can request that the partner make vague comments about “difficult years” in a marriage.
 - Allow 20 minutes for this step.
 6. Ask participants to give a brief explanation to the group of their partner’s “river of life,” depending on available time. Allow about two to four minutes each.
 7. To wrap up the exercise, ask participants:
 - What did you learn from this exercise?
 - How can it be helpful to know more about the other participants’ backgrounds before working together?

HIV Review

To ensure all CEFs have the same knowledge around HIV and can confidently and correctly answer any questions that may arise when working with the community leaders, you should review basic HIV facts and knowledge.

Let the CEFs know that you realize they have probably heard most of this information before, but it is important to review it every now and then to keep it fresh in their minds. Use the following review of key terms and then discuss basic facts about HIV. Conclude with a condom demonstration.

Key Terms

- **HIV:** This is the virus that infects the body and takes over cells in your body, breaking down your immune system that works to fight off other diseases.
- **AIDS:** AIDS is a result of having HIV in your body for a period of time, and it breaking down the immune system over time. It is a syndrome that usually results in a person contracting opportunistic infections and becoming very sick if they are not treated.
- **Immune system:** Your immune system is what keeps you healthy. It consists of different cells in your body that fight infections, such as flu, and works to keep bacteria and viruses out of your body.
- **CD4:** CD4 is a type of cell in your body that is part of your immune system. It is the cell that HIV is attracted to. HIV enters CD4 cells to replicate itself and create more of the virus, which then enter more CD4 cells in the body.
- **Antibodies:** Antibodies are part of the body's immune system, and they work to keep a person healthy. The body makes antibodies in reaction to a virus or bacteria to help fight them off. The HIV test looks for HIV antibodies. The presence of these antibodies shows that the body is trying to fight off the virus.
- **HTC:** HIV testing and counselling is the process used for a person to find out their HIV status. In most cases, a drop of blood is taken from a prick on the finger and tested to see if there are HIV antibodies in the blood.
- **Window period:** The window period is the time between when a person gets infected with HIV and the time it will show up on a test. Right after a person gets infected, the body hasn't had a chance to react to the virus yet and make antibodies, so the test may come out negative even though the person is HIV positive. This is why it is important to get retested again after three months.
- **ARVs:** Antiretrovirals or "ARVs" are the medication that people who are HIV positive take to reduce the viral load in their body. These medications must be taken for the rest of a person's life to help control the virus and keep a person healthy.
- **ART:** Antiretroviral therapy or "ART" is the combination of ARVs that HIV-positive individuals take to slow down HIV in the body.
- **Viral load:** The viral load is how much HIV a person has in his or her body. A test is done to measure the amount of the virus in the blood. The higher a person's viral load is, the more likely

that person is to infect other people and become sick themselves.

- **Undetectable viral load:** An undetectable viral load is when someone is HIV positive but the test cannot detect how much virus is in the blood because it is so little. When someone has an undetectable viral load, it makes it more difficult for him or her to transmit the virus to others.
- **Opportunistic infection:** Opportunistic infections are other illnesses known to be associated with HIV, because they take advantage of a person's weakened immune system. Some opportunistic infections include Kaposi's Sarcoma (a cancer), bacterial pneumonia and others.

What is HIV?

HIV stands for human immunodeficiency virus. HIV is a microscopic organism that can enter the body and destroy the body's natural protection to diseases.

A person whose immune system is weakened by HIV is susceptible to many diseases, including tuberculosis (TB). Treating these diseases is harder than it is in an HIV negative person.

How is HIV Acquired or Transmitted?

HIV can be passed from one person to another when the body fluids (blood, vaginal secretions, semen, breast milk) of an infected person come into contact with another person, through openings in the body or cuts and scrapes.

What Are the Modes of HIV Transmission?

Evidence indicates that the leading cause of HIV transmission in Swaziland is unprotected sexual contact with someone who is HIV positive. Some sexual practices increase one's exposure to HIV. Secrecy as a result of denial and shame – and even punishment associated with sex and some sexual practices – can create higher risk.

Anal sex carries the highest risk, then vaginal sex, then oral sex, but all carry risk.

- Vaginal sex is practiced between a man and woman.
- Anal sex is practiced between same sex partners (man-to-man) as well as heterosexual partners (man-to-woman).
- Oral sex is practiced between heterosexual partners (man and woman) and same-sex partners (man-to-man and woman-to-woman).

Risk is highest if an HIV-positive partner has a high viral load, which is a measure of the amount of virus in a person's body. The amount of virus in the blood spikes immediately following infection and in the later stages of HIV as the body's immune system begins to weaken, making these periods the easiest times to transmit HIV.

HIV can also be passed on from a mother who is HIV positive to her baby. The following are the high-risk moments when HIV can be passed from mother to child:

- While the baby is still in the womb. Without intervention, the chances of mother-to-child HIV infection during pregnancy is one in every 10 cases (5 - 10 percent).
- During labour and delivery. Without intervention, the chances of mother-to-child HIV infection

during labour and delivery is two in every 10 cases (15 - 20 percent).

- During breastfeeding. About two in every 10 children born HIV free to HIV-positive mothers are infected with HIV (seroconvert) by the age of 24 months.

What Are Some Danger or Warning Signs of HIV Infection?

Many people who are infected with HIV do not show any sign at all for up to 10 years or more. You cannot recognize a person infected with HIV by the way he or she looks or by the presence or absence of their signs and symptoms.

An HIV test is the only way to ascertain one's HIV status. A person who is HIV negative and who has been exposed to HIV – such as through unprotected sex with an HIV-positive partner or with a person whose HIV status they do not know – should seek HTC.

What Is the Treatment for HIV?

Once a person has been diagnosed with HIV, they should get their CD4 cell levels tested immediately at a health centre. Depending on the number of CD4 cells a person has, they may or may not be eligible to be enrolled in treatment immediately. Even if a person is not eligible, they should continue to attend regular appointments at the health centre to monitor their health. If someone is eligible for treatment, they will be enrolled on ART immediately to lower the amount of virus in their body and increase their CD4 count. When on treatment, it is very important to take the medication every day.

What is AIDS?

If nothing is done to control HIV in an infected person, then the person develops a condition called Acquired Immune Deficiency Syndrome, or AIDS. A person with AIDS develops multiple and concurrent conditions that are hard to treat because of a weakened immune system.



TAKE HOME MESSAGES

- Prevention is better than cure: HIV can be prevented. Use a condom correctly and consistently during sex.
- HTC is the only sure way to know one's HIV status. It is not possible to ascertain a person's HIV status merely by the way they look.
- Enjoy responsibly: Sex is nature's gift to humanity for pleasure and reproduction. But engaging in sex without a condom exposes you to the risks of HIV infection, unintended pregnancy, and sexually transmitted infections (STIs). Use a condom correctly and consistently.
- Be fully aware of the risks: Some people choose to engage in anal and/or oral sex to preserve their virginity or because they enjoy it. Both sexual behaviours expose you to the risk of HIV and other infections. Anal sex carries a higher risk. Insist on a condom and use lubricants when having anal sex.

HIV Risk Reduction Strategies

Seven strategies can help reduce the risk of HIV transmission and allow men and women to take control of their health. It's important to do everything within our control to prevent acquiring and transmitting HIV.

Ask the CEFs to share their knowledge of or experiences with HIV risk reduction strategies. List some of their suggestions on a flip chart.

Explain that, in line with the modes of HIV transmission, we will discuss the following key strategies for reducing the risk of HIV acquisition and/or transmission:

- HIV testing and counselling
- Condoms
- Antiretroviral therapy
- Prevention of mother-to-child transmission
- Partner reduction
- Voluntary medical male circumcision
- Reduced gender-based violence

HIV Testing and Counselling

HIV Testing and Counselling (HTC) is a voluntary and confidential counselling session and blood test that involves the screening of one's blood to determine HIV status. Blood is taken from a small prick on the person's finger and then placed on the test strip to determine the results.

When HIV infects a person, it provokes antibodies, which act like soldiers in the body to fight the virus and protect against diseases. Testing can detect whether these soldiers have reacted to HIV in the body. If this reaction appears in the test result, then a person is considered to be HIV positive.

This technology is available for free in every public health facility and it is reliable. The test and screening process take only a short time before the results are known. A health care professional shares the result and explains what it means.

Couples counselling is available for partners to attend together at the health facility. Couples are counselled and tested as a pair. This way, both partners learn their HIV status and can make a plan to stay healthy together.

How Does HTC Reduce HIV Risk?

HTC counselling allows people to talk to a professional about their HIV risk and ways to reduce it. Ideally, counselling should take place before and after taking an HIV test. The counselling provides basic knowledge about HIV and AIDS and provides information about healthy choices. HTC also helps to reduce risk, because knowing one's status allows them to take appropriate steps to protect themselves and their partners. HIV-positive people can monitor their HIV viral load by taking ARVs and using condoms to protect their partner(s). HIV-negative people can remain that way by using a condom and by learning their partner's status.

Benefits of HTC

- An HIV test gives people the “freedom of knowing” their HIV status. Not knowing one’s HIV status can cause people to worry and have anxiety about their past, current and future sexual relationships.
- When people know their HIV status, they can make plans to continue to lead a healthy life, whether positive or negative.
- HTC is a gateway to a diverse range of health information and services, such as condoms and other HIV prevention strategies. Depending on the result of the HIV test, a health care provider will discuss protection strategies and suggest referrals for other services such as ART and PMTCT.

Discordancy

It is important to be aware that two people in a sexual relationship can have different HIV statuses, where one is HIV positive and the other is HIV negative. This is called a discordant couple. It is possible for either a man or woman to be the HIV positive partner. This is true even in a polygamous union, where one or two partners are HIV positive and the others are HIV negative.

Discordant couples can protect each other by using a condom correctly and consistently. If the HIV-positive partner is on treatment, adhering to that treatment reduces their viral load and reduces their chances of transmitting HIV.

Disclosure

HIV test results are confidential. However, people can disclose their HIV status to family and friends. In turn, family and friends can provide psychological support and also support healthy choices.

Disclosure to one’s sexual partner is particularly important. An open and honest relationship can strengthen trust between partners and provide an opportunity for mutual support. A partner may also find it easier to disclose their status when trust is established.

Role Play Activity

Ask for two sets of volunteers (at least two per scenario) to prepare and perform role plays.

Role Play 1: HIV Testing and Counselling Process

In this activity, a married woman does not know her or her husband’s HIV status. She suspects that she is pregnant, so she decides to visit the health centre.

The roles in this activity are:

- Woman
- Outpatient nurse
- HTC provider

This role play should answer the following questions:

- What motivates the woman to go for an HIV test?

- What other services does she have access to as a result of HIV test?
- What are her feelings about getting an HIV test?
- What circumstances/factors work to her advantage?
- What challenges does she face and what enables her to overcome potential challenges?

Discussion Questions after Role Play 1

1. Did the role play look real to you? Explain.
2. What did you like about the role play? Explain what you liked and why.
3. What other services did the woman have access to as a result of her decision to go for an HIV test?
4. What decisions did she make as a result of going for an HIV test?
5. What are the specific the circumstances or factors that worked to her advantage?
6. What challenges did she face and how did she overcome the challenges?
7. How did she handle her fears before and after the HIV test?
8. Overall, what did you learn from this role play?

Role Play 2: Partner disclosure

In this activity, a man has recently learned he is HIV positive. He wants to tell his partner, but he is worried about her reaction and the reaction of the community.

The roles in this activity are:

- Man, aged 25–39
- Man's partner

This role play should answer the following questions:

- What motivates the man to disclose his status?
- What are his feelings about disclosing his status?
- What circumstances/factors work to his advantage?
- What challenges does he face and what enables him to overcome potential challenges?

Discussion Questions after Role Play 2

1. What motivated the man to disclose his HIV test results? Is this a common reason why men disclose their HIV status?
2. What forces or struggles did the man have in making the decision to disclose his HIV status? Are these common hindrances/struggles for men?
3. Was it easy to disclose? What made it easier for him to disclose?
4. What was the reaction from his partner? Is it a normal or expected type of reaction?
5. Any other comments?



TAKE HOME MESSAGES

- The only way to be certain about one's HIV status is to go for HTC.
- Partners can have discordant HIV results and this is okay, but it is important to know.
- Disclosing one's HIV status to a partner can strengthen trust and partner support.

Condoms

In this section, we will discuss how condoms work and how to use condoms correctly. A condom is a thin latex or polyurethane form of contraception. It also protects from STIs during sex. There are two types of condoms:

- The male condom is a latex sheath that is worn over a man's penis. It is put on when the penis is erect and partners are ready to have sex.
- The female condom is inserted in the vagina. It can be put on hours before a couple intends to have sex.

Condoms Reduce HIV Risk

Condoms protect either partner from direct contact with their partner's bodily fluids during and after sexual intercourse.

Benefits of Condoms

If used correctly and consistently, condoms prevent pregnancy as well as most STIs, including HIV, with only a 2 percent failure rate for male condoms, and a 5 percent failure rate for female condoms. With regular use, the failure rate for male condoms is 18 percent and female condoms is 21 percent.

Demonstrations

Using a condom correctly: Explain steps for correct and consistent condom use. Ask for a volunteer to demonstrate on a wooden penis model. Include information on proper care and disposal of condoms.

Male Condoms

How to Use a Male Condom:

1. Check the expiration date on the outside packaging of the condom. If it is expired, discard and get another condom. Expired condoms are more likely to break.
2. Slide the condom to one side inside the package and carefully tear open the package. Do not use scissors, your teeth, finger nails, or anything sharp that could tear the condom.
3. Slide the condom out of the package and check to ensure that it will roll down the right way. The seam of the circle should be on the outside.

4. Pinch the tip of the condom so there is no air. Air bubbles can lead a condom to break.
5. Place on the head of the penis (with the tip still pinched) and roll down the erect penis.
6. Once finished, carefully pull the condom off the penis while it is still erect, away from your partner.
7. Discard in a dustbin. Do not throw it in the toilet as it can cause damage.
8. Be sure to use a condom every time you have sex to protect yourself and your partner. If you are having multiple rounds of sex use a new condom for each round.

Female Condoms

A female condom is designed based on the same concept as the male condom. The key differences are that a female condom is a non-latex (polyurethane) pouch that is inserted in the vagina and a male condom is a sheath of thin latex that is worn over the penis. Like a male condom, a female condom can also be used for either vaginal or anal sex.

The female condom covers the vaginal walls to prevent direct contact with the penis and its fluids and vice versa. It has two rings. The inner ring at the closed end is inserted into the vagina. The outer ring on the open end is left to hang just outside the vagina. The closed end collects the pre-ejaculation fluids and the semen after ejaculation.

Benefits of a Female Condom

- It puts a woman in a position to preventing infection and pregnancy.
- It can be inserted by a partner as part of foreplay, thereby making it fun to use.
- The outer ring can rub on the clitoris during sexual intercourse and enhance pleasure.
- The female condom stays in place whether or not a man sustains an erection.
- It can be inserted up to eight hours in advance, during which time a woman can still use the bathroom.

How to Use a Female Condom

Remember! When using a female condom, the man should not have a condom on his penis. Using both a female and male condom together creates friction between the two condoms. The friction can make irritating noises and cause the condoms to break.

1. Check the packaging to ensure that the expiry date has not passed.
2. Gently squeeze the packet to evenly distribute the fluid inside.
3. Check for the mark where to open and tear it open carefully, removing the condom from the packaging.
4. Find a comfortable position to insert it. You can put one foot on a chair, squat, or lie down, whichever position works best.
5. Squeeze together the sides of the inner ring of the condom at the closed end and insert it into the vagina like a tampon. Push with a finger as far it can go, until it reaches the cervix.
6. Pull out your finger and let the outer ring hang just about 2-3 cm or 1 inch outside the vagina. One inch is about the length of a third of the index finger.

7. When a man's penis is erect, help him to insert it by guiding it into the ring at the open end. Helping him will make it more exciting and ensure that the condom does not slip between the condom and the vaginal wall.
8. Once the man has ejaculated, let him withdraw gently. Then squeeze and twist the outer ring to keep the fluids in and gently pull it out.
9. Wrap the condom in tissue and dispose of it safely where no one can accidentally touch it. Do not flush it in the toilet, but you can throw it in a pit latrine.
10. Do not re-use the female condom. If you have sex again, use a fresh condom.

Condom Negotiation Role Play

Ask for four pairs of volunteers to role-play successful condom negotiation, using one of the scenarios listed below. Each pair should agree on who will play the man and who will play the woman. After each pair has performed their role play, facilitate a discussion by asking the discussion questions below.

Scenarios for Role Play

1. A woman aged 25 who is studying at University and has a steady boyfriend. She has one child from a previous relationship.
2. A man and his "side-chick," who is a casual or "no-strings-attached" partner whom he does not live with and does not expect or give exclusive commitment to ("makwapeni").
3. A man and an acquaintance whom he met at a social event and is unlikely to see again.
4. A woman who is 32, married, with three children.

Discussion Questions after Each Role Play

1. Did the role play reflect what happens in real life? Why or why not?
2. What did the pair do well?
 - **When:** Did they discuss condom use at the appropriate time? Did they seem sufficiently prepared for this discussion (for example, did either of them have a condom)?
 - **Why:** Were the participants persuasive? Did they give an understandable and convincing explanation of why a condom is necessary? Did he/she put forward strong arguments to counter any scepticism from the partner? Did he/she explain the benefits of using a condom?
 - **How:** Did he/she make it fun? Did he/she seem comfortable and confident?
 - **Where:** Where did the discussion take place? Was it in a private, quiet place?
 - **Resilience:** how did he/she deal with a negative reaction from the partner if there was one? Was he/she persuasive and determined?
 - **Respect:** Overall, did he/she conduct herself with confidence, dignity, and self-respect? Did he/she treat her partner with respect? Did he/she avoid using force, threats, or manipulation?
 - In real life, what practical challenges can occur, and how can they be addressed?



TAKE HOME MESSAGES

- Condoms can prevent pregnancy and STIs, including HIV.
- Condoms are most effective when used correctly and consistently.
- The health risks of not using a condom are higher than the cost of any embarrassment or shame that may be associated with buying, talking about, or using a condom.
- If a partner uses force or violence to have sex without a condom, report the incident to police immediately and talk with a trusted friend for support.
 - Police will provide a referral letter to a health facility that provides counselling, health assessment, and post-exposure prophylaxis (PEP).
 - If physical violence results in injury that requires immediate attention, go directly to a health facility, which will facilitate a referral to police.
 - It is a legal requirement that health centres involve the police in these situations. The main reason for their involvement in such cases is to gather and preserve evidence in the event that if the matter goes to court.

Antiretroviral Therapy

ART is a combination of drugs given to people who have been diagnosed with HIV and whose test results indicate that they are ready to begin treatment. ART suppresses multiplication of the virus in a person's body. ART does not kill HIV, but it significantly slows down the multiplication of HIV in the body and boosts a person's ability to fight disease.

How Does ART Reduce HIV Risk?

ART does not kill HIV, however, it significantly slows down the multiplication of HIV in the body which boosts a person's ability to fight off disease. ART makes a person with HIV less likely to pass on HIV to other people by lowering the amount of HIV in a person's body.

The amount of virus detected in a person's blood is known as viral load. Having a low viral load reduces the chances of an HIV-positive partner passing HIV to his or her partner(s). With correct and consistent use of a condom, the risk becomes even lower.

Important! The viral load of an HIV positive person who is on ART can reach undetectable levels. This does not suggest that they have been cured of HIV, but rather, that the ART has limited HIV to a very low level beyond measure. If the person does not adhere to treatment, the viral load will increase again over time.

Benefits of ART

ART strengthens the body's defence system, thereby reducing one's vulnerability to opportunistic infections such as pneumonia. ART does this by slowing down the multiplication of HIV, and it is highly effective.

ART helps to suppress viral load. This makes it less likely for someone to transmit HIV to a sexual partner. A person who is HIV positive and on ART has less chance of infecting a partner than someone who is HIV positive and not on ART. It is always advisable to use a condom, even if one or both partners are on ART.

Eligibility for ART

To begin taking ART, a person must be HIV positive and must meet other criteria that a health care provider will assess. The only way to determine HIV status is to go for HTC.

A person must get his or her own prescription for ART from an authorised health care provider. Never share an ART prescription with other people. Never buy ART from unauthorised outlets.

Adherence to ART

For ART to be most effective, it must be taken correctly and consistently, or it is possible to develop resistance. Resistance is a condition whereby the virus is no longer affected by the ART. In other words, ART stops working. When this happens, the person needs a different prescription of drugs. These prescriptions are more expensive, and their availability is limited.



TAKE HOME MESSAGES

- ART lowers viral load in HIV positive individuals. This improves the body's defence against diseases and reduces the risk of transmitting HIV to a partner.
- Adherence is crucial for ART to be effective. Even when one is adhering to ART, using a condom further reduces the risk of transmission.
- To be eligible for ART, one must be HIV positive and meet other criteria to be explained by your health care provider.
- The only sure way to know one's HIV status is to go for HTC.

Partner Reduction

Partner reduction means decreasing one's number of sexual relationships, ideally limiting it to one person at a time.

How Does Partner Reduction Reduce HIV Risk?

When someone has sexual relations with more than one person at the same time, he or she become connected to a sexual network that resembles a cobweb. The size and complexity of the web depends on how many partners each person has and the connections between partners. If one person in the sexual network has HIV and condoms are not used correctly and consistently, HIV can be passed from one person to another very fast. Reducing the number of sexual partners also reduces the size of the sexual network, thereby reducing the risk of HIV.

Sexual Network Activity

This activity can be used to show how fast HIV can spread in a sexual network.

1. Cut strips of paper so that there is one for each participant. Write HIV+ on two or three of them and HIV- on the rest.
2. Fold all the strips tightly and place them in a bowl or box or in your cupped hands. Ask all the women to stand up and collect one piece without opening it.
3. Ask the women to place the paper (while still not opened) in their left hand, walk around, and with their right hand, shake hands with two other participants. Tell them to be sure to remember who they shook hands with.
4. Have them all sit back down and then ask everyone to open their pieces of paper, and ask those whose papers have HIV+ written on them to step forward.
5. Tell the group that these women represent someone who is HIV positive.
6. Ask everyone who shook hands with that person to also stand. They have all been exposed to HIV.
7. Ask one of the women standing to sit down, explaining that she is safe because she used a condom to prevent infection.
8. Have the women look around the room at all those who are standing. Have anybody who shook hands with any of the women standing to now also stand up, explaining that they also have been exposed to HIV. Again, have one woman sit back down, explaining that she used a condom to protect herself.
9. Continue like this until all women are standing except those protected by condom use.
10. Explain to the participants that this is how a sexual network works. Limiting one's partners and using a condom reduces the risk of infection.

Benefits of Partner Reduction

- Reduced potential exposure to HIV
- Peace of mind
- More time and energy to strengthen the relationship with one partner



TAKE HOME MESSAGES

Partner reduction is a choice that every woman can make. It helps to reduce the size of or avoid a sexual network where risk of HIV infection is high.

People that do not feel they can reduce their number of partners (e.g., polygamous union) should make sure that they and their partners go for an HIV test regularly and remain faithful within the existing network. In addition, correct and consistent use of condoms will further reduce the risk of HIV infection.

Prevention of Mother-to-Child Transmission of HIV

PMTCT is an intervention that involves HIV testing for all women who are pregnant and breastfeeding. HIV-positive pregnant women are enrolled on ART right away. This service can be accessed from antenatal clinics, through a referral from HTC or other points of service at a health facility.

How Does PMTCT Reduce HIV Risk?

A woman who is HIV positive can pass HIV to her baby while still in the womb, during labour and delivery, or during breastfeeding. A woman who gets infected with HIV while pregnant or breastfeeding can pass HIV to her baby.

By enrolling in the PMTCT program and receiving ART, the chances of HIV-positive pregnant and breastfeeding women passing the HIV virus to their babies is greatly reduced. Among children born to HIV-positive women enrolled in PMTCT, 98 percent do not get the virus from their mother.

This risk for both mother and child is reduced even more if the HIV-positive woman enrolls in the program and starts ART early (within six weeks of becoming pregnant) and continues on ART after delivery and through breastfeeding (like any other HIV-positive person who is on ART).

Benefits of PMTCT

- PMTCT protects the health of both the mother and child. Both mother and child are monitored through periodic HIV tests until the child is 24 months old and/or stops breastfeeding.
- Children who are born HIV positive or otherwise get infected during breastfeeding are enrolled on ART, thereby increasing their chances of survival.
- PMTCT enables all couples to enjoy their reproductive health rights by providing access to customized health care for the mother and child, appropriate family planning methods after the child is born, and counselling for prevention of STIs including HIV transmission.
- PMTCT is an entry point for health information and services to the entire family.



TAKE HOME MESSAGES

- PMTCT reduces the HIV risks for the mother and child.
- The partner/spouse also has access to core health care services. Thus, PMTCT is beneficial for the whole family.
- PMTCT is the key to an HIV-free generation.

Reduction of Gender-Based Violence

GBV is emotional, economical or physically violence specifically targeted against a person because of his or her gender, and it affects women disproportionately. GBV usually stems from gender norms and roles and unequal power relations between women and men. It includes, but is not limited to, physical, sexual and psychological harm (including intimidation, suffering, coercion and/or

deprivation of liberty within the family or within the general community).

GBV includes rape and unwanted sexual contact. A person should never be pressured to have sex. It is important to always recognize when sexual advances are wanted.

How Does Reducing GBV Reduce HIV Risk?

Unequal power in relationships can result in forced situations where people may not feel in control or comfortable in a situation. These types of scenarios can lead to an increased risk for HIV as people may not feel they are able to speak up and protect themselves or say not to unwanted sexual intercourse.

Gender Norms Activity

Explain to the group that justifications for violence are frequently based on gender norms:

- Gender norms are the socially assigned roles and responsibilities of women and men.
- Cultural and social norms often socialize men to be aggressive, powerful, unemotional and controlling. This contributes to a social expectation (by both men and women) that accepts men as dominant.
- Similarly, expectations of women are that they be passive, nurturing, submissive and emotional. This reinforces women's roles as weak, powerless and dependent on men.
- The socialization of both men and women has resulted in an unequal balance of power and unequal power relationships between women and men.
- In many societies, children learn that men are dominant and that violence is an acceptable means of asserting power and resolving conflict. It is not.
- Women as mothers and mothers-in-law unwittingly perpetuate violence by socializing boys and girls to accept the dominance of men and by being tolerant or giving in throughout life to men's demands.
- It is important to recognize gender norms in the community and how they may perpetuate GBV. Ask participants to give a few examples of gender norms in their culture.
- Lead a discussion about common gender norms (e.g., women doing the cooking and cleaning). Ask the women how they feel about these norms.
- How do these gender norms impact HIV risk for woman?
- What are some ways to change gender norms that may help reduce GBV? Make a list of these so that everyone can see and reflect on them.

Benefits of Reducing GBV

Reducing GBV can lead to a more positive and productive society. By recognizing that not all social norms may benefit the community and that by harming others you are perpetuating the cycle. Reducing GBV can also lead to a reduced risk for HIV for you, your partner, and the community.



TAKE HOME MESSAGES

- Violence against others is never acceptable.
- It is important to be aware of your surroundings and know when you are in a situation that may become violent.
- It takes work to change gender roles and norms in a society, but it is important to recognize that some should be changed for the better of everyone.

Voluntary Medical Male Circumcision

Male circumcision is a voluntary surgical procedure involving the removal of the foreskin from the penis. There is another method whereby a device is used to remove the sheath from the penis. This method is equally simple and relatively painless. Depending on the resources available at the health facility, a health care worker will provide thorough information about the best method to use.

VMMC can be performed on infants, adolescent boys and adult men. The procedure is simple, relatively painless and heals quickly.

How Does VMMC Reduce HIV Risk?

The foreskin of the penis contains a type of cell that is very attractive to HIV. By removing this skin, the chance of HIV entering the body is reduced by 60 percent. If a man is circumcised and also uses a condom correctly and consistently, this chance is lowered even further. To be safe from pain and infection, the newly circumcised man must wait six weeks for the wound to heal completely before having sex again.

Benefits of VMMC

- VMMC reduces chances of getting infected with HIV during sex by 60%. If a man is circumcised and uses a condom correctly and consistently, this chance is lowered even further.
- VMMC is an entry point to important health information and services, such as HTC, ART, and other health services. Before the procedure is performed, a man has the option of being tested for HIV. If a man tests positive, he can still have the surgery and will also be referred for ART.

Strategic Opportunities for VMMC

A man can decide to go for VMMC when his partner has a baby. This will enable him to recover while his partner is also recovering, thereby making abstinence from sex easier and more natural.

If a couple has a baby boy, they can decide to circumcise their son while he is still young. This makes VMMC easier, compared to the anxiety and stress that adult men can experience.



TAKE HOME MESSAGES

- VMMC is a simple and relatively painless procedure.
- Circumcised men must also use condoms correctly and consistently to reduce the risk of HIV infection.

Girls' Vulnerability to HIV

What Should I Know about Girls' Vulnerability to HIV?

Before starting to work with communities, CEFs should ensure that they have a good understanding of the key issues related to girls' vulnerability to HIV/AIDS.

Explain that although CEFs may already know a little or a lot about their communities, they also need to work on community issues related to girls' vulnerability to HIV. It is important to become familiar with the environment for girls in the community.

There are key issues that affect girls' vulnerability to HIV/AIDS. Some of these factors present only risk, such as violence, whereas others can either be risky or protective, such as relationships with family and other adults. These key issues include:

- Gender roles
- HIV knowledge and attitudes
- Sexual behaviour
- Alcohol
- Violence and abuse
- Relationships with family
- Relationships with friends
- Education
- Health care
- Poverty and economic opportunities
- Initiation rites
- Ideas for communities to work together in addressing girls' vulnerability to HIV and AIDS

How to Talk about Sensitive Issues

Discussing risk factors of HIV/AIDS for girls requires talking about some difficult issues, such as sexual intercourse and sexual abuse. Although it is never easy to discuss such matters, there are ways to handle this discussion:

- Be knowledgeable. Confidence in one's understanding of the issues makes it easier to discuss.
- Feel comfortable. Showing discomfort makes it difficult for others to feel comfortable.
- Focus on the issue. The purpose of the discussion is not to talk about sex. It is to talk about important issues, such as girls leaving school because of pregnancy or alcohol use in the community.
- Use polite local words for sensitive words. All languages and cultures have words that are more acceptable to use rather than direct language, such as "sex" or "vagina." Double check with community leaders to learn the correct words.
- Create a comfortable environment. Grouping people together with others who are similar to them makes it easier to discuss sensitive issues.
- Use techniques such as drama or storytelling. By directing the focus of conversation to a drama or story, people are less likely to feel threatened and more likely to be objective in their analysis.

It is also important to use simple, straightforward language when discussing girls' vulnerability to HIV with community leaders. For example, instead of using programmatic words such as "vulnerability," "indicators," or "evaluation," use more direct language such as "girls who are sexually abused," "girls at risk of being infected with HIV," "seeing if we are on the right track," and "finding out how things have changed because of our actions."

Working with the Community

A community can describe many different groups of people. For example, a community can be:

- A group of people who share resources (for example, the same well or marketplace)
- A group of people who share a religion
- A family
- A village
- A group of villages
- A nation

For the purpose of this training manual, a community is defined as a group of people who live together in the same area (e.g. living in the same sigodzi, umphakatsi, and Inkhundla). Although they live in the same area or have common interests or needs, it is important to remember that there will always be differences within a community.

What is Community Mobilization?

Community Mobilization is the process of bringing people together to share a vision, promote discussion, build their capacity, and take actions together to address problems affecting the entire community. It makes people feel that they are a member of a community even if they are not directly affected by the issue.

Behaviours and Attitudes of Good CEFs

Good CEFs share many attitudes and behaviours, such as:

- **Listen instead of lecturing**
 - » Make eye contact.
 - » Do not interrupt
 - » Comment on what someone has said
 - » Use positive non-verbal communication
- **Learn from other people**
 - » Let people give testimonies
 - » Use role models
- **Relax instead of rushing**
 - » Have enough time for comments and questions
 - » Let people brainstorm
 - » Allow for silence if people need time to think
- **Respect for local knowledge**
 - » Respect everyone's views
 - » Acknowledge everybody's contributions
- **Awareness of personal attitudes and behaviours**
 - » Be aware of your own prejudices and preconceptions
- **Keep things simple**
 - » Avoid mixing languages
 - » Do not use technical or programmatic language
- **Do not blame**
 - » Do not assign blame, as it creates enemies
- **Let local people take charge**
 - » Allow community members to take on leading roles
- **Reach out to those who are difficult to reach**
 - » Use existing community structures to identify people and go beyond existing structures to identify those who are usually missed
- **Seek out diversity instead of the average**
 - » Do not be satisfied with one answer
 - » Encourage everyone to share their views

The Community Action Cycle

Objective

- To gain a firm understanding of the Community Action Cycle and how it should be used.

Preparations

Write each stage of the Community Action Cycle on a sheet of paper (one stage per piece of paper). Make three sets. The stages are as follows:

1. Prepare to engage the community
2. Organize community for action
3. Promote community dialogue
4. Build consensus and plan together
5. Take collective action through implementation
6. Reflect, review, and re-plan
7. Evaluate together

Steps

1. Explain to participants that the Community Action Cycle is a set of stages and steps that they, as CEFS, in partnership with community members, can follow to take action in a participatory and systematic way to protect vulnerable girls in their communities.
2. Divide the participants into three groups and give each group a set of the Community Action Cycle stages.
3. Give the participants 10 minutes to discuss and put the printed stages in order from stage 1 to 7.
4. Once they have placed the stages in order and you have confirmed that they are correct, give each group 20 minutes to develop a role play of what happens in each stage.
5. Bring the groups back together and have each group present their role play.
6. Lead a discussion and walk through all the stages, as described in the next section.

Stage 1. Prepare to Engage the Community

CEFs prepare by learning about the communities in which they will work and the key issues of girls' vulnerability to HIV/AIDS. They come to understand the importance of protecting girls and the role that the community plays in their lives.

Stage 2. Organize the Community for Action

Learn to work together, establish relationships and invite participation.

1. The objective of this stage is to build relationships with communities, focusing on establishing credibility, trust, and a sense of ownership for the program among community leaders. This step is especially important to prepare the community and its leaders to participate fully in the process of taking action on girls' vulnerability.

Stage 3. Promote Community Dialogue

Explore girls' vulnerability to HIV/AIDS and set priorities.

Community leaders explore and discuss the issues of girls' vulnerability to HIV to identify the reasons why girls are vulnerable to HIV.

Stage 4. Build Consensus and Plan Together

Develop a Community Action Plan for strong girls.

Community leaders will use the information gathered to set priorities for action and then work with the community to find answers to the main problems identified. They will develop a Community Action Plan that explains the action that the community leaders will take, who will be responsible and when actions will be taken.

Stage 5. Implement and Monitor

Take collective action by acting together for strong communities.

CEFs will support the community in putting their plans into action and monitoring the activities led by community leaders.

Stage 6. Reflect, Review and Re-plan

Evaluate together to assess collective efforts to protect girls from HIV.

CEFs work with an Evaluation Team (HC3 staff) to conduct participatory evaluations and thereby measure the impact of activities. Findings can be used to begin a new cycle. This is also the time to start sharing success stories. These can be done at different levels, such as the umphakatsi level.

Stage 7. Evaluate and Prepare to Scale Up.

The objective is to evaluate the impact, quality, relevance, effectiveness, efficiency and sustainability of the program across communities. This information is used to make strategic decisions to refine the approach and to scale up to other communities.

Living Our Beliefs Activity

Objective

- To examine our beliefs and whether we are living them

Preparations

- Photocopy six sets of the “Living Our Beliefs: Activist Images,” found in Appendix I
- Photocopy the “Living Our Beliefs: Self-analysis Worksheet” from Appendix II for distribution to all participants.

Steps

1. Explain to participants: “In this exercise we will examine the importance and the challenges of practicing what we believe in. The most essential part of being activists is living our beliefs.”
2. Ask participants: “What does it mean to ‘live your beliefs?’” (Answer: To act in a way that matches your values and opinions.)
3. Ask participants to divide themselves into six groups by counting off from one to six and then grouping themselves by number.
4. Explain: Each group will receive the same set of images about an environmental activist. Take a few minutes within your groups to examine the images closely.
5. Give each group a set of images. Allow four minutes to review.
6. Ask participants the following questions. Allow 10 minutes for discussion:
 - What is the activist doing that shows us she believes in caring for the environment?
 - What is the activist doing that contradicts her belief in caring for the environment?
 - Does the conflict between her behaviours and beliefs make her activism have a stronger or weaker impact on others?
7. Explain: Often times, what we say we believe is different than how we choose to act in our daily lives. It is often hard to have our beliefs match our behaviours. People involved in activism must constantly evaluate whether they are living their beliefs, because they are role models for others.
8. Ask participants: How might the challenge of living our beliefs affect our work on the connection between violence against women and HIV/AIDS? Discuss.
9. Ask participants: Think quietly about your own life and your own relationships for a few minutes.
 - Think about the last time you were with your partner and the time you spent together. What

Facilitator’s Note



In Step 9, for participants without partners or children, ask the following questions instead:

- Think about a family member you see often, such as your mother, father, or a sibling. Think about the last time you were with that family member and the time you spent together. What was your interaction like? Did your behaviour match your beliefs? Are there times when it did not?
- Try to think of one time when you lived your beliefs in your interactions with this family member and another time when you did not. Think of examples from the recent past.

was your interaction like? Did your behaviour match your beliefs? Are there times when it does not?

- Try to think of one time when you lived your beliefs in your interactions with your partner and another time when you did not. Think of examples from the recent past.
10. Ask participants: "Please turn to your neighbour and share these two situations with her/him. This is a private discussion with you and your neighbour. I encourage you to be honest. You will not have to share these thoughts with the rest of the group."
 - Allow four minutes for this discussion.
 11. Give each participant a copy of the Living Our Beliefs: Self-analysis Worksheet located in Appendix II.
 12. Explain the exercise as follows:
 - Review the statements on the left, and check off the sentences that represent your beliefs.
 - For each statement that you checked off, fill in the column on the right by listing any of your behaviours that do NOT match the corresponding belief.
 - This evaluation is only as helpful as you are honest. List as many examples as possible of contradicting behaviours. The more examples you list, the more helpful the worksheet will be to you.
 - Also, in the blank spaces provided, add your own belief statements and explore the behaviours that may contract those beliefs.
 - Looking for contradictions between your beliefs and behaviours is a common activity among activists, even among leading activists. It is natural to have contradictions in our lives. Your success depends on your ability to be honest with yourself and depends on your efforts to eliminate whatever contradictions you discover.
 13. Read the belief statements aloud. Ask participants if they have any questions. Conduct the exercise.
 - Allow 10 minutes or until the everyone is finished writing (whichever comes first).
 14. Ask participants to sit in a circle for a discussion. Invite them to share some of the contradictions they discovered.
 - Allow 10 minutes for this discussion.
 15. Ask participants:
 - What are some of the risks and concerns you have about living your beliefs?
 - What are some of the reasons we don't always want to live our beliefs? (Contributions could include: makes life harder, always have to be aware, could be judged or teased by others, etc.)
 16. Summarize the exercise with a focus on the following:
 - The effectiveness of our activism increases when we live what we believe.
 - By simply living what we believe, we influence others. This is shown in the sometimes fearful and aggressive behaviours people might make toward us as activists. Not everybody likes the

Facilitator's Note



Adjust the hearing/seeing category based on type of activity.

For example, hearing would be appropriate for a radio soap opera and seeing for a poster.

idea of change. Some people think it is easier to keep everything the same.

- Everything we do – all our words and actions – influence other people and our whole community. In a community, everybody influences everybody, often without realizing it.
- Our behaviours, particularly at home and with our partners, may seem private and personal. However, the personal decisions and behaviours of each community member create the ‘norms’ (attitudes and behaviours considered normal) in a community. They influence who we are as friends and neighbours, and they eventually influence the values, priorities, and even policies in a community.

Instruct, Inform or Question?

Objective

- To experience and practice effective ways of raising awareness about power and its connection to violence against women and HIV/AIDS.

Preparations

- Tape four sheets of a flipchart together to create one large square of flipchart. Hang it on the wall.
- Photocopy and cut out the problems, responses, and mini scenarios located in Appendix III. Make sure not to mix up the pieces.
- Prepare a flipchart showing the Analysis Wheel, located in Appendix IV, and hang it on the wall.

Steps

1. Introduce the session: Many times when dealing with social issues, we say we will raise awareness or sensitize others. Yet, many times we are not very clear or deliberate about what that means. This exercise is going to help break down and analyse the process of raising awareness, so we can be more effective activists.
2. Write “analyse” in the middle of the square of flipchart. Ask participants to offer words and expressions for what “analyse” means. (Probe: What does it mean to analyse something?) Record contributions on the flipchart around the word “analyse.” (Contributions could include: study, examine, explore, question, evaluate, consider, break down, etc.)
3. Ask: Why is it important to analyse our raising awareness efforts in the prevention of violence against AGYW and HIV?
4. Summarize: Analysing our methods for raising awareness provides an opportunity for learning the strengths, weaknesses, and implications of our efforts. It allows us to assess our degree of success.
5. Explain: In this next exercise, we will analyse three methods of raising awareness: instructing, informing, and questioning. To analyse these methods, we will first practice each method in a small role play of one person coming to another with a problem. Please turn to one of your neighbours to create pairs, and decide who will be the person with the problem and who will be the person responding.
6. Hand out the “problems” to the appropriate person in each pair. Hand out the “instructing

responses” to the other person in each pair. Tell participants not to show their papers to each other.

7. Explain: Using the problems and responses you have been given, act out a mini role play. The person with the problem comes to the other person, who gives the instruction.
8. Begin the exercise. After the pairs have finished the mini role play, explain: We will analyse the effect of this first type of awareness raising as a group. The next two types of awareness raising will be analysed within your pairs.
9. Hang the flipchart with the Analysis Wheel.
10. Explain: When we raise awareness, it is important that we connect with others on different levels. These levels are feeling, thinking, hearing/seeing, and doing.
11. Ask: The first raising awareness method used was ‘instructing.’ Is this a common way for dealing with problems in the community? Discuss.
12. Analyse this method by asking the following questions. Label a flipchart ‘Instructing’ and record participants’ contributions in the appropriate space in the Analysis Wheel. Make sure contributions are very short, one-word or two-word answers.
 - How did it make you feel?
 - What did it make you think?
 - What did you hear/see?
 - What could you do?
13. Ask participants: Do you think instructing is an effective method for raising awareness? Does it help people change? Why or why not? Discuss.
14. Hand out the responses for the second awareness raising method, “informing.” Ask the pairs to do a mini role play with this method.
15. After the pairs have completed their mini role plays, explain that this method is called “informing.” Ask them to work with their partners to analyse this method using the Analysis Wheel and to make notes in their notebooks.
16. After five minutes, debrief as a group. Label a flipchart “Informing” and record participants’ contributions in the appropriate space in the Analysis Wheel. Ask, Do you think informing is an effective method for raising awareness? Does it help people change? Why or why not? Discuss.
17. Hand out the responses for the final awareness raising method, “questioning.” Ask the pairs to do a mini role play with this method.
18. Ask the pairs to do the analysis in their notebooks. After five minutes, debrief as a group. Label a flipchart “Questioning” and record participants’ contributions in the appropriate space in the Analysis Wheel. Ask: Do you think questioning is an effective method for raising awareness? Does it help people change? Why or why not? Discuss.
19. Debrief and summarize:
 - Which of the three methods would help someone the most in making a change in her/his life? Why?
 - The process of raising awareness is not just giving instructions or information. This rarely helps people change. The process of change begins when people think critically about an

issue, how it affects their own lives, and what they can do about it. All the senses (feeling, thinking, hearing/seeing, and doing) should be engaged when doing effective awareness raising.

- People need to feel respected and hopeful when faced with a problem. Questioning is people-centred. It helps us reach people where they are, not where we are or think they should be.
- Raising awareness through questioning reminds people that they have power and that they can make decisions themselves. Personalizing issues allows people to relate the issue to their own lives and analyse what the issues mean to them. They can then make decision themselves about what to do.

20. Explain to participants: We will now practice effective awareness raising methods for the issues of power, violence and HIV/AIDS.
21. Ask participants to form groups of three.
22. Explain: Each group will be given a mini scenario “Questioning: Discrimination and HIV/AIDS”. In your groups of three, role play the questioning method of awareness raising using the mini scenario provided.
23. Give each group a mini scenario for further practicing the questioning technique.
24. After five minutes, ask the groups to use the Analysis Wheel to analyse their effectiveness, identify any shortcomings, and then make changes to their role play to demonstrate improved methods.
25. After 10 minutes, ask everyone to return to the large circle.
26. Ask two or three groups to role play their situations for the whole group. Analyse each as a group using the Analysis Wheel. Has the activity positively engaged each part of the analysis wheel? Discuss and make improvements where necessary by having groups repeat key moments and scenes in their role plays and by using feedback from the group.
27. Explain: You can use the Analysis Wheel to help you assess the effectiveness of any activity you conduct. Raising awareness is most effective when we engage all four aspects of the wheel using a questioning approach.
28. Summarize the following:
 - In raising awareness, the questioning method is most effective.
 - In raising awareness, it is important to help people:
 - Think for themselves
 - Feel something about the issue
 - Hear/see in your words/action that there is hope/something positive
 - Imagine something practical they can do
 - The Analysis Wheel helps to assess the effectiveness of each awareness-raising activity from any strategy, whether Local Activism, Media & Advocacy, Communication Materials, or Training. Awareness-raising is most effective when all four strategies are engaged and involve a questioning approach.

Training for Community Leaders

Objective

- To engage in the same training that they will lead with Community Leaders, so that they can see how each activity works

Preparations

- Print training manuals for each CEF to keep and take notes in, if they wish
- Gather materials: Pens, flipchart, and markers

Steps

1. Give each CEF an Engaging Community Leaders to provide a safe and supportive environment for AGYW – A tool for facilitating dialogue manual. Let them know that it is theirs to keep and that they should feel free to take notes in it as needed when going through the training. They will be expected to take good care of the manual and not lose it, as it will be necessary for their work.
2. Make sure they understand that they should ask questions and seek clarity on activities, so that when it is their time to lead, they understand everything clearly.
3. Begin the training as outlined in the Community Leaders Manual, walking through all activities as if the CEFs were community leaders. Be sure to give adequate time for questions and clarifications with each activity, as needed.
4. The Manual outline is as follows:
 - Gender Issues
 - Girls' Vulnerability
 - Stigma and HIV
 - Gender-based Violence

LIVING OUR BELIEFS – ACTIVIST IMAGES

Appendix I



LIVING OUR BELIEFS – SELF-ANALYSIS WORKSHEET

Appendix II

Belief Statements	Conflicting Behaviours
I believe that women and men in relationships can and should balance power.	
I believe that people living with violence or HIV have power.	
I believe that I can speak out in my community about the power imbalance between men and women.	
I believe that women and men both have a right to say no to sex if they don't want it.	
I believe that violence is unacceptable.	
I believe using power over another person is abuse of power.	
I believe that women and men are equal.	
I believe that positive change is possible.	

INSTRUCTING, INFORMING OR QUESTIONING?

Appendix III

Problems: One per pair

1. I am addicted to smoking. I smoke one pack a day.
2. I am overweight. I weigh over 100 kg.
3. I have a high blood pressure.

Instructing responses: One per pair

(Give number that corresponds to the problem.)

1. Stop smoking!
2. Start exercising!
3. Stop eating salt!

Informing response: One per pair

(Give number that corresponds to the problem.)

1. Smoking causes all kinds of cancer.
2. Being overweight increases your risk for diabetes.
3. High blood pressure causes strokes.

Questioning response: One per pair

(Give number that corresponds to the problem.)

1. How do you think smoking affects your health? Does that concern you? What might be the benefits of stopping smoking for you? What could you do to stop smoking?
2. How do you think the extra weight affects your health? Does that concern you?
3. What might be the benefits of losing weight for you? What could you do to lose weight?
4. How do you think high blood pressure affects your health? Does that concern you? What might be the benefits of lower blood pressure? What could you do to reduce your blood pressure?

Mini scenarios: One per group of three

- AGYW experiencing physical violence by her partner
- A man using emotional violence against his partner
- AGYW afraid of becoming infected with HIV

- AGYW experiencing violence after disclosing HIV-positive results
- A man controlling his wife's movement and behaviour
- A young woman having sex with a man 10 years older than her
- A girl being pressured into transactional sex
- A man having an extramarital affair with a younger girl
- A boy being pressured by his friends to harass girls
- A neighbour knowing there is violence happening next door
- A community leader unaware that violence against women is hurting families

ANALYSIS WHEEL

Appendix IV

