SWAZI MEN4HEALTH

A STANDARDISED GUIDE FOR INTERPERSONAL COMMUNICATION

COMMUNICATING ABOUT HIV RISK REDUCTION STRATEGIES WITH MEN

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The guide consists of interactive activities using a diverse range of participatory methods to enable men to become aware of their own personal risks to HIV infection, learn about strategies to reduce their risk and make decisions to adopt appropriate risk reduction strategies to avert HIV acquisition and/or transmission.

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ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Therapy
CCP	Johns Hopkins Center for Communication Programs
CEG	Community Engagement Group
DQA	Data Quality Assessment
eNSF	Extended National Strategic Framework 2014-2018
GBV	Gender-based Violence
HC3	Health Communication Capacity Collaborative
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counselling
IPC	Interpersonal Communication
M&E	Monitoring and Evaluation
NERCHA	National Emergency Response Council for HIV and AIDS
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
QI	Quality Improvement
SNAP	Swaziland National AIDS Program
STI	Sexually Transmitted Infection
SWAGAA	Swaziland Action Association Against Abuse
USAID	U.S. Agency for International Development
VMMC	Voluntary Medical Male Circumcision

THE SWAZI MEN4HEALTH DISCUSSION GUIDE

The Swazi Men4Health Discussion Guide is an interactive tool designed for interpersonal communication (IPC) with men ages 20 to 34 in Swaziland. The aim of the discussions is to provide comprehensive knowledge about HIV and increase awareness of HIV risk, learn about strategies to reduce risk and ultimately take action to reduce one's own risk.

Men who participate in sessions using this tool will be able to:
- Examine and identify their risk for HIV and develop a personal plan and commitment to reduce their risk.
- Practice new skills to prevent HIV infection.
- Use condoms correctly and consistently.
- Increase their understanding of HIV transmission, prevention and antiretroviral therapy (ART) and the importance of adherence.
- Increase their use of HIV-related services including HIV testing and counselling (HTC), prevention of mother-to-child transmission (PMTCT) and ART.
- Discuss what they have learned during the sessions with others, such as their family, peer group and community, and inspire others to take action to reduce their HIV risk and access related services.

Target Group
As mentioned above, the information and activities in this guide are primarily tailored for discussions with men aged 20 to 34 years. The guide can be used for younger or older populations, but adjustments will need to be made to be responsive to the available evidence concerning a population's specific risks to HIV acquisition and/or transmission.

Desired Outcomes
As a result of the above actions, the following outcomes among men ages 20 to 34 are anticipated:
- Increased uptake of HTC
- Increased correct and consistent condom use
- Increased uptake and adherence to ART for those that test HIV-positive
- Increased uptake of voluntary medical male circumcision (VMMC)
- Reduction of multiple concurrent partners
- Reduction in gender-based violence (GBV)

UNDERSTANDING YOUR AUDIENCE

The Swaziland HIV Incidence Measurement Study (SHIMS, 2014) provides insights into the sub-populations facing higher risk of HIV acquisition and/or transmission. While overall prevalence has stabilised and survival rates among people living with HIV has improved, the rate of new HIV infections is a major threat to realising an HIV-free generation.

With a generalised epidemic about one in three (31 percent) adults aged 18 to 49 years live with HIV in Swaziland. Among adult men, new HIV infections rise from a low of 0.84 percent among those aged 18 to 19 years to 1.66 percent among those 24 to 25 years. This rate doubles to 3.12 percent among 30 to 34 year-olds before tapering off to zero among those 45 to 49 years.

Among the many risk factors, low HIV testing rates, low access and adherence to ART, low condom use and low male circumcision rates are the most critical. Only about one in every three men have been tested for HIV and know their status. One in every two men with an HIV-positive test are unaware of their status. Of those that know their HIV status, 58 percent are on ART. The risk of HIV infection is four times greater for men who do not know their partner's HIV status.

Social norms around masculinity lead to poor health-seeking behaviours and a low reporting rate of GBV. Men generally regard medical help as the last option and, as such, are less likely to seek health services. These factors put men at increased risk of HIV acquisition and/or transmission.

LEARNING PRINCIPLES USED IN THE GUIDE

This guide reinforces active learning, with a view to change ideas, beliefs and practices that are harmful or interfere with healthy behaviours, while expanding community members' capacities to learn new things.

Active learning goes beyond the ability to remember and recall. It is about questioning, examining and critiquing the material presented. This helps people to fully learn, providing them the opportunity to think critically about what they have learnt and how it applies to real-life situations at home or in their social circles.

The guide also applies principles of adult learning which emphasise concrete images, examples and experiences that promote learning in adults. Key principles[1] include the following:

- **Experience and Goal-Oriented:** Adults have accumulated invaluable experience and they become stimulated when given an opportunity to share their experiences and apply those experiences to future actions. They also are interested in how new information can be applied to their own life
- **Involvement:** Adults resent being "talked to." They are more stimulated when they are participants in the conversation and "co-learners" or "co-teachers" with the facilitator. Thus, the most effective facilitator is the one that "learns to listen and listens to learn."
- **Relevance and Expectations:** Adults are usually practical. They have real-life pursuits and are motivated by learning experiences that have immediate relevance to their daily life struggles. Therefore, a key part of the facilitator's role is to highlight the benefit of the activities and sessions. In doing so, it is still vital to engage participants in sharing their expectations to ensure what is important is addressed where possible. The facilitator must "think on his/her feet" and establish linkages between what participants see as important and beneficial to them, such as their expectations, and the purpose of this guide.
- **Self-Motivation and Respect:** Regardless of the motives, adults participate in the learning process voluntarily and are self-motivated. A facilitator must try and understand why adults have come for the sessions and develop rapport with them by showing interest in them, appreciation for their coming and asking them their preference of how to perform some tasks. When they feel respected, their commitment to the learning process will also be strengthened.

[1]Knowles, M. (1984). The Adult Learner: A Neglected Species (3rd Ed.). Houston, TX: Gulf Publishing

HOW TO USE THIS GUIDE

Key Assumptions

It is assumed the facilitator using this guide already has:

- Well-developed facilitation skills
- Comprehensive knowledge about HIV and AIDS
- Basic knowledge about IPC

If a facilitator lacks any of the above listed attributes, it is recommend those gaps be addressed prior to commencing any sessions. The objectives, content and structure of this guide can inform the development of a tailor-made capacity building curriculum for facilitators.

Before the Session

- Become acquainted with the contents of this guide
- Mobilise the target population:
  - Identify your contact person, such as the community development assistant, rural health motivator and Gogo Center clerk or workplace contact, if working in the private sector
  - Share the expectations and duration of the sessions with your contact, and agree on the place and start time
  - Estimate the possible number of participants and generate an initial list of participants. The group should be no more than 25 people to allow for good discussion and for the facilitator to easily manage the group

During the Session

- Do not feel under pressure to know the answers to all questions from participants. Feel free to refer participants to the health facility or tell them that you will look for the answer and provide it another day. Be sure to follow up on any questions that you agreed to investigate.
- Be enthusiastic and motivate the participants to feel free and participate actively.
- Be organised – keep time and follow the recommended sequence and time allocated.

After Completing Each Module

- As part of quality improvement (QI), the facilitator using this guide should take a few minutes to reflect on what worked well, what did not work well and provide concrete suggestions on how to improve the process in future sessions.
- Write out referrals for any participants who want to go to a health facility.

GUIDELINES FOR THE FACILITATOR

The facilitator's aim is to guide participants through reflecting on what they have learned and how they can use it. The facilitator should summarise the main ideas and interpret them in a way in which participants can relate. The facilitator should also assess learning by asking participants what positive choices and actions they are going to take as a result of what they have discussed. A good way to assess if you are ready to facilitate in the field is to look at the field readiness checklist in Appendix I. Take special note of the following:

- **The People:** Know your target group. Before any session begins, ensure you have the basic knowledge of the group. Be aware of how many people will be in the session that you will conduct and the variety of backgrounds represented.

- **The Place:** Ensure that the venue is conducive to learning and discussion of this nature. The venue should be protected from distraction, such as noise from passers-by. It should also have access to necessary facilities, such as water and toilets.

- **Resources:** Organise all needed resources well in advance and make sure you know how to use them. It is advisable to have a field pack that has all the needed materials. Be creative and use locally available materials.

Facilitation Tips

- Welcome participants and greet them all. Show that you are excited. This helps create anticipation among the participants.
- Introduce yourself.
- Ask participants if they want to start the day with a prayer. If they agree, ask a volunteer to pray.
- Give participants the chance to introduce themselves.
- Encourage all participants to be free and at ease. Ensure that they understand the importance of the discussions that you will have.
- Agree on a few key rules of engagement.
- If it is at the beginning of a module, consider starting with an appropriate ice-breaker or energizer, suggestions can be found in Appendix II.
- Explain the title and intention of the session clearly.
- Explain your expectations. Keep them short and to the point. Ask participants if they have any additional expectations.
- Explain how long the session will take and engage participants to agree on what time to start and when to end. Once this is done, keep to the recommended times for the sessions. During break times, set an example by being punctual yourself. Ask the group to appoint a time keeper if helpful.
- Topics on HIV and GBV are sensitive, such as prevention with positives and post-exposure prophylaxis following an abusive event. As a facilitator, be mindful that some people might be affected directly and encourage the group to be sensitive to these potentially upsetting trigger points.
- Ensure that everybody participates actively by encouraging those that are shy or withdrawn, and tactfully controlling those that want to dominate the discussion.
- Encourage everyone to participate actively.
- Use the "power-of-silence": when you pose a question and participants appear to be unresponsive, try to be silent for a moment and wait for someone to say something. This may have a more powerful effect than continuing to prod them to talk or respond.
- Remember that everyone likes to be shown respect. This can be by use of praise names when asking for peoples comments on the discussion point or recognising their contributions to name a few.
- Invite participants to share what they learnt and what actions they are contemplating as a result of the activity/session. Close each session by summarising the key messages from each activity/session.

Considerations

- These discussions will be among men only. However, this seemingly homogeneous group might have social dynamics that require the facilitator to be extra sensitive and aware of the group dynamics that may impede open conversation, such as some men will have their fathers, father-in-laws, uncles, son-in-laws and brother-in-laws in the same group.
- **Dress code:** Facilitators must ensure that the way they are dressed does not interfere with the facilitation. It is thus important to know your community.

BASICS OF INTERPERSONAL COMMUNICATION

Principles[2]

- *IPC is inescapable:* silence or not saying anything in itself communicates something.
- *IPC is irreversible:* what has been said cannot be fully retracted.
- *IPC is complex:* how the message is passed on and interpreted depends on who you think you are, who you think the other person is, who the other person thinks you are, who the other person thinks s/he is, where the conversation is taking place, when the conversation is taking place and who else is involved.
- *IPC is contextual:* contexts influencing how we communicate are psychological context, such as who you are and what you bring to the interaction (needs, desires, values and personality); relational context, such as your reactions to the other person; situational context, such as the "where" (board meeting or bar discussion, party or funeral vigil); environmental context, such as the physical "where" (under a tree, in a hotel, sitting on the ground, sitting on chairs, temperature and season); and cultural context, such as learned behaviours and rules that affect the interaction (in some cultures long, direct eye contact signals trustworthiness while in others it is rude).

Best Practice

- Command the attention of the participants.
- Communicate a benefit. People are more likely to change their behaviour if they know what is in it for them.
- Appeal to their emotions.
- Communicate a clear message that is understandable, relevant and delivered in a language that is familiar and appropriate. Prioritise what is most important to communicate.
- Provide a clear call to action. Participants should understand what they are supposed to do to achieve the desired result. Many times this will include promotion of service uptake.
- Create trust. Make sure that the messages take into account the cultural and social world view of the participants, are framed in the context of their day-to-day and overall priorities, and that are not offensive.
- Be consistent and ensure the messages are harmonised with what other partners are saying and, above all, are not contradictory.

[2] King, Donnel. (2000). Four Principles of Interpersonal Communication. Accessed from: http://www.pstcc.edu/facstaff/dking/interpr.htm

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Materials in this guide include elements from and/or have been adapted from or otherwise inspired by and the following sources:

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UNDERSTANDING HIV RISK AND PLANNING FOR THE FUTURE

OVERVIEW

Objectives:
After participating in this module, participants will be:
- Aware of their individual levels of risk for HIV acquisition and/or transmission
- Familiar with key HIV risk reduction strategies
- Develop a personal planning tool for reducing HIV acquisition risk

Activities:
1. Exploring the Concept of Risk
2. The Story of Wandile
3. Individual HIV Risk Assessment
4. HIV Risk Reduction Strategies
5. Development of a Planning Tool for the Future

Materials:
- Copies of the Story of Wandile (Appendix III)
- Copies of the Risk Assessment Tool for Men (Appendix IV)
- Newsprint or flipchart paper
- Markers
- Wooden penis model
- Male condoms

Guide Introduction:
In this guide, we explore the idea of risk, what it is and what it means when we talk about HIV. We also will discuss five risk reduction strategies to prevent the transmission and acquisition of HIV. Questions and comments are welcome at any time. If you do not feel comfortable asking a question in front of the group, please feel free to come up to me after the session and we can have a private discussion.

EXPLORING THE CONCEPT OF RISK

Aim:
After going through this session, participants will have a basic understanding of risk, how and why people take risks, and the range of risks from low risk to high risk, in relation to HIV.

Materials:
- Flip charts
- Markers

Directions:
Step 1: Inform participants that you will have a discussion on:
- What is risk? How do you define a risk?
- Why do people take risks?
- Susceptibility and severity of risks related to health.

Step 2: Ask for volunteers to share their understanding of risk with the group. Write answers on a piece of flipchart to reflect on:
- What comes to your mind when you hear the word risk?
- What is a risk you or someone you know has taken in the past? Why was it a risk?

Summarise the discussion by emphasising key words and phrases used by participants.

Step 3: Share the definition of risk (from Merriam-Webster) below:
- Risk is the possibility that something bad or unpleasant, such as injury or loss, will happen, or that someone or something may cause something bad to happen.
- Risk can be either low or high.
- When risk is LOW, it means that either the likelihood of it happening, impact to the person's life or both are low.
- When risk is HIGH, it means that either the likelihood of it happening, impact to the person's life or both are high.

Step 4: Ask the group if there is anyone willing to share a personal story of a risk they may have taken in the past, or one they have thought about taking. Ask the following questions for discussion:
- Why was this a risk to you?
- Did you realize it was a risk at the time you did it?
  - If yes, why did you still do it?

Step 5: Provide a summary of what was discussed, including the following:
Risk is exposure to the chance of injury or loss.
- Risk can either be LOW or HIGH.
- When risk is LOW, it means that either the likelihood of it happening, the impact to the person's life or both are low.
- When risk is HIGH, it means that either the likelihood of it happening, the impact to the person's life or both are high.

People take risks because their perception of the value of the benefit from an action is considered greater at that point in time than the potential for injury or loss.

To avoid or reduce risk an individual has to:

- Avoid or reduce the likelihood of loss or harm.
- Reduce the severity of the loss or harm when it happens.

THE STORY OF WANDILE

Aims:
After discussing the Story of Wandile, participants will be able to:
- Critically analyse the health risks that men may take and the consequences of such behaviours to themselves and their families.
- Identify the key determinants of risky health behaviours.

Materials:
Copies of the story of Wandile (Appendix III)

Directions:
Step 1: Inform participants that you are going to read the story of Wandile and you would like them to actively listen. Distribute copies of the Story of Wandile.
- If you do not have copies of the story, that is fine, but you will need to read the story to the group then.
- If you have copies of the story, ask participants to volunteer to read a section of the story in turn, pausing at points as indicated in the story.

Step 2: When the story reaches the place to pause, ask the participants the discussion questions listed in that section and lead them through the exercise of discussing each issue raised.

Step 3: Wrap up with the final discussion questions. Ask participants if they have any further questions or clarifications.

The Story of Wandile
Wandile and Nomphilo are a young couple who live in Mahlanya, which is Wandile's parental home. Wandile is a 33-year-old man, while Nomphilo, his wife, is 22. They are traditionally married. They have been together for two years now and have a three-month-old baby boy, Nhanhla. They named the baby after Wandile's paternal grandfather. They are a happy couple, but it has been four months since the last time they were intimate with each other. This is beginning to preoccupy Wandile.

Pause to ask discussion questions.
- Why might Wandile and Nomphilo not have had sex during the past four months?
- Is this common practice?
- What relationship/intimacy challenges do men face when their wife/partner is pregnant or has a baby?
- What relationship/intimacy challenges do women face?

Wandile is known for his enterprising spirit and hard work. He earns a living as a small-scale farmer. He produces vegetables, such as maize, which he sells while still fresh. Out of the family herd, 11 of the cows belong to him. He bought them with the proceeds from his vegetable sales. In his vegetable field, he uses manure from the family's cattle kraal, which helps him to cut the cost of inputs. He also has small-scale irrigation equipment, which helps him to grow crops in the off-season, when the rainy season ends or when there are dry spells. Because his field is along a busy road, he prefers to cook or roast the fresh maize and sell it directly to passers-by. He makes more money that way, compared to selling it wholesale to middle men. His field is almost his second home, as he works from dawn to dusk. He has employed a young man, Gcina, who helps him both in the field and with the selling .

Pause to ask discussion questions.

- What is the typical portrait of a successful man in this community?
- What are the main qualities of men who get married?
- Is marriage likely only if a man is successful?

Nomcebo, a 32-year-old single woman, is the most frequent among the regular buyers of vegetables and fresh maize from Wandile's field. She recently returned from the big city after a long time. She runs a spaza shop about a football field's length away from Wandile's field. She is mature, pretty and generally jovial and friendly. She pays for what she gets only when she finds Wandile's young helper alone. When Wandile is present, she deals directly with him and, on many occasions, gets what she wants on credit. Wandile also is quite generous to her. Gcina has no idea whether or not she settles her debts.

Of late, under the cover of darkness, Wandile has been paying brief visits to Nomcebo at her house. On other occasions, Nomcebo has been asking for a lift from Wandile when he goes to the big city for deliveries. The frequency of Wandile's visits to Nomcebo have increased over the past two months. But not a soul, except Nomcebo's 8-year-old daughter, Nonhlanhla, has seen him visit her. She fondly calls Wandile "malume," but the resemblance between Nonhlanhla, Nomcebo's daughter, and Nhanhla, Nomphilo's son, is quite striking.

Pause to ask discussion questions.

- Do you think Nomcebo settles the debts for the produce she gets on credit from Wandile's field? Explain what makes you think that.
- In your opinion, what are the reasons for Wandile's visits to Nomcebo at her house? Explain what makes you think that.
- In your opinion, why is there resemblance between Nonhlanhla (Nomcebo's daughter) and Nhlanhla (Nomphilo's son)? Explain what makes you think that.

On several occasions lately, Wandile has even slept over at Nomcebo's house. Each time, he made sure to call/phone Nomphilo in the early afternoon to inform her that he was leaving for town to follow up on his payments for deliveries he had made. Each time, he called again in the evening to say that he was held up in town, so he would sleep over at a friend's place. He tried to make sure Nomphilo was not stressed about his whereabouts.

Pause to ask discussion questions.

- In your opinion, what is happening in this situation? Why?
- What do you think Nomphilo thinks about these trips? Do you think she suspects something?

On some of those days, Wandile indeed spent the night in town, but not at a friend's place. He instead slept at a guest house with Celiwe, a recent acquaintance who works at one of the shops. She is the one who receives Wandile's deliveries at one of the big shops. Celiwe is pretty, cheerful and courteous. She makes him feel important. But there was something else about her. Her smile and graceful steps were irresistible. One day, Wandile thought of trying out his luck with her. She agreed! Wandile felt ecstatic and, momentarily, did not know what else to say to her. From then on, it seemed like Wandile had a spell cast on him. He creates every opportunity to go to the big city and "get stuck" there so that he can spend time with Celiwe. She seems to know a lot about making a man happy in bed. She is not demanding. It makes Wandile feel truly indebted to her, so he voluntarily gives her cash gifts, which Celiwe receives with a great smile and faked reluctance.

Pause to ask discussion questions.

In your opinion, what is happening in this situation? Why?

Nomcebo is now two months' pregnant. When she first discloses to Wandile, it sparks a sharp disagreement between the two, because Nomcebo was also dating another man known to Wandile. But Nomcebo insists that she always used a condom with her other man friend, and only allowed Wandile to not use a condom, because he is the father of her daughter.

Wandile is now anxious about what Nomphilo will do when she learns about Nomcebo's pregnancy. He also worries about his reputation in the local church where he is a deacon. When he walks, he feels heavy as though the whole world is resting on his shoulders. He often feels tired and has become irritable. The young man that works for him has noticed that Nomcebo comes to buy produce less frequently, including roasted maize. He has also taken notice that his boss is not as agile and cheerful as before. On many occasions he has heard him sigh and mutter things to himself.

"Mphatsi, is everything ok with you?" Gcina asks. Wandile pretends not to hear and sends him to fetch something. At home that evening, Nomphilo also convinces herself that all is not well with her husband. He looks tired, does not finish his food and barely says anything.

"Babe, you don't look your usual self these days. Is everything ok with you?" she asks. In a similar manner, he ignores her question and asks for a cup of water to drink.

Pause to ask discussion questions.

- Ask for two volunteers to extend the story by a few sentences, concluding it with a sad ending.
- Ask another two volunteers to extend the story in few sentences, concluding it with a happy ending.

Concluding Questions

1. What do you like about the story?
2. Why do you think Wandile had sexual relationships with Nomcebo, Cebile and Celiwe at the same time?
3. If you were Wandile:
    - What answer would you have given to Nomphilo's question?
    - What answer would you have given to the question asked by Gcina, Wandile's helper?
4. What are the specific behaviours that exposed Wandile to health risks? (Explain the specific health risks involved.)
5. From your own experiences, what are the forces at play when men take health risks, such as the ones Wandile took?

INDIVIDUAL HIV RISK ASSESSMENT

Aim:
After going through this session, participants will understand their own susceptibility to health risks, with emphasis on HIV acquisition and/or transmission.

Materials:
- Copies of the Risk Assessment Tool for Men (Appendix IV)
- Pens

Directions:
Step 1: Introduce the HIV Risk Self-Assessment Tool to the group.

Step 2: Share the definition of "acquisition" and "transmission" as used in this tool, and why both need to be prevented. Mention the following and indicate that these will be discussed in greater detail in subsequent sessions:
- **Transmission** primarily refers to the situation whereby HIV is passed from an HIV-positive person to an HIV-negative person. However, a person that is HIV-positive also can be re-infected. Both situations must be prevented. Correct and consistent use of a condom is effective at preventing this from happening. ART compliance among HIV-positive individuals also reduces the viral load and prevents the likelihood of passing on HIV, especially if there is correct and consistent use of condoms, as well.
- **Acquisition** refers to the situation whereby a person that is HIV-negative is exposed to HIV and, ultimately, gets infected, such as the person seroconverts from HIV-negative status to HIV-positive status. Every HIV-negative person has the right and responsibility to make the behavioural choices that will prevent this from happening. Correct and consistent use of condoms is effective at preventing this from happening.

Step 3: Hand out a copy of the tool to all participants and give them about five minutes to think about it and complete it, making sure they understand this is confidential.

Step 4: Explain the process for using the tool.
- Working by yourself, answer all of the questions by either checking yes or no.
- Mark only one answer for each question.
- Do not consult your friend. Your answers are confidential.
- You will have five minutes to complete the tool.

Step 5: After five minutes have passed, walk through the questions with the group and explain what a **Yes** or **No** answer means for each question based on the table below.

Step 6: Answer any questions and lead a discussion around the assessment.
- Without asking the men to disclose anything too personal that they do not want to share, ask if any of them were surprised by the results. What surprised them the most?

INDIVIDUAL RISK ASSESSMENT TOOL FOR MEN

Complete this tool by putting a tick in either the yes or no box for each question. This is a private exercise for you to assess yourself, no one else will see your answers unless you want them to. Once you have completed this turn it over and wait for the facilitator to explain what each answer means.

Question	Tick Your Answer	
	Yes	No
1. Have you ever had sexual intercourse without a condom?		
2. Have you ever had a sexually transmitted infection (STI)?		
3. Have you ever had anal sex?		
4. Do you know your HIV status?		
5. Do you know the HIV status of all of your past and current sex partners?		
6. Are you currently involved in a sexual relationship with more than one person?		
7. Have you ever exchanged or sold sex for money, goods or favours?		

FACILITATOR NOTES

DE-CODING: WHAT A YES OR NO ANSWER MEANS FOR EACH QUESTION

Question	Meaning of a "No" Answer	Action to Take If You Answered "No"	Meaning of a "Yes" Answer	Action to Take If You Answered "Yes"
1. Have you ever, even once, had sexual intercourse without a condom?	You have lower risk of HIV infection and/or acquisition.	• Go for an HIV test every two to three months. • If you are HIV negative, use every means to remain HIV-negative. • Continue to use condoms.	You are at risk of getting and or transmitting HIV.	• Go for HTC • If you test positive, start ART. • Encourage your partner(s) to go for HTC. • If you are HIV-negative, take action to remain that way by using condoms. • If you are HIV positive, use a condom to prevent transmission to your partners. • If your partner(s) is HIV positive or you don't know their status, use a condom to prevent becoming positive, or if already positive, to prevent acquiring a different type of HIV.
2. Have you ever had a sexually transmitted infection (STI)?	You have lower risk of HIV infection and/or acquisition.	• Keep safe, use a condom during every sexual encounter. • Be sure to get tested regularly.	• You are at high risk of getting HIV and or transmitting to your partners. • STIs make you more vulnerable to being infected with HIV. • You can be infected with HIV at the same time that you are infected with an STI.	• Go for STI treatment, if you have not already done so. • During STI screening, an HIV test is also offered and you should get tested. • Inform your partner(s) and ask her/him to go for STI screening as well. • Use a condom consistently.
3. Have you ever had anal sex?	You have lower risk of HIV infection and/or acquisition.	If it happens that you engage in anal sex always use a condom and a lubricant.	• You have increased risk of HIV acquisition and/or transmission. • The anal area is very delicate and tears easily making the chance that HIV will enter the body higher.	• Go for an HIV test. • Use a condom and lubricant. • Encourage your partner(s) to go for an HIV test. • Next time, use a condom and lubricant.

Question	Meaning of a "No" Answer	Action to Take If You Answered "No"	Meaning of a "Yes" Answer	Action to Take If You Answered "Yes"
4. Do you know your HIV status?	You might be HIV negative or positive but to confirm go for an HIV test.	• Go for an HIV test. It is free. • Although learning your status can be scary, it is important to know so you are able to protect yourself and your partners and enrol in treatment if you are positive.	• People who know their HIV status are able to make healthy decisions. • They also are freed from worrying about the unknown.	• Follow the advice given to you by your health care provider. • If you tested negative, you should repeat the test every two months. • If you are positive, it is important to enroll in care, go to regular appointments, and use condoms to protect yourself and your partner(s).
5. Do you know the HIV status of all of your past and current sex partners?	You are at high risk, as one of those partners might be HIV positive.	• Go for an HIV test. • Encourage your partners to go for HTC. • Use a condom all the time. • Reduce the number of your partners.	You are at lower risk because you are able to make healthy decisions.	• Use a condom all the time. • Go for an HIV test. • Encourage your partners to go for an HIV test.
6. Are you currently involved in a sexual relationship with more than one person?	You are at lower risk.	• Go for an HIV test. • Ask your partner to test for HIV. • Use a condom all the time.	• You are at elevated risk because you are in a "sexual network". • One of those partners might have HIV, putting you and your other partners at higher risk.	• Regularly go for HTC. • Encourage your partners to go for HTC • Always use a condom correctly and consistently. • Reduce the number of your partners.
7. Have you ever exchanged or sold sex for money, goods or favours?	Your risk is low.	• Always use a condom. • Go for an HIV test.	• Whether you give or receive, money or goods or favours that are offered in return for sex, you expose yourself to HIV.	• Use a condom consistently and correctly. • Go for an HIV test. • Generally, if you are the one paying, transactional sex can weaken your judgment, such as the instinct to get the "best value for your money" might make you to overlook risk.

Conclusion

After walking through the answer table and answering any questions the men may have, provide the following summary:

- The leading cause of HIV infection in our society is sexual contact between two people without correct use of a condom, when one of the two is HIV positive, whether he or she knows his or her status or not.
- Some men who fear they are already HIV positive are in actual fact HIV negative. The only way to know for sure is to get an HIV test.
- Some men who have faith they are HIV negative are in fact HIV positive. The only way to know for sure is to get an HIV test.
- A person who is HIV positive should reduce the risk of being re-infected with HIV or transmitting the virus to others. Using a condom during sex as well as adhering to treatment (ART) reduces this risk.
- The person that is HIV positive should feel a sense of responsibility not to expose a sexual partner to the risk of HIV infection. Using a condom during sex reduces this risk.
- If any person is HIV positive, he or she should regularly go to a health facility for review/monitoring.
- The person who is HIV positive and already on ART has the responsibility to adhere to treatment by following the advice provided by the care provider. By adhering to treatment and taking it every day, an HIV-positive person can reduce their viral load and in doing so, reduce the chances of transmitting the virus to their partner(s).

HIV RISK REDUCTION STRATEGIES

Aim:
By the end of this session, participants will have acquired basic knowledge about HIV and skills to reduce the risk of HIV acquisition and/or transmission.

Materials:
- Flip chart
- Markers
- Wooden penis model
- Male condoms

Directions:

Step 1: Ask volunteers to share their knowledge of, or experiences with, HIV risk reduction strategies. Ask them to list some risk reduction strategies they have heard of, writing them on a flip chart.

Step 2: Explain that this session will focus on discussing the following key strategies for reducing the risk of HIV acquisition and/or transmission:
- HTC
- Condoms
- ART
- VMMC
- Reducing GBV

To start up the discussion, divide participants into five groups. Assign each group one of the key HIV reduction strategies (HTC, Condoms, ART, VMMC and GBV). In the groups, participants should discuss how the key strategy can contribute to HIV prevention. Responses should be recorded in a flip chart and be presented in plenary.

HIV TESTING AND COUNSELLING

What Is It?
- HTC is a voluntary and confidential counselling session and blood test that involves the screening of one's blood to determine one's 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 the "soldiers" or antibodies in the body to fight the virus and provide us with protection from diseases. There is technology that can detect whether these "soldiers" have reacted to HIV in the body, and if this reaction is seen in the test result, a person is considered to be HIV positive. This technology is available in every public health facility and it is reliable. The test and screening process take only a short time before the results are known, and a health care professional will share the result with you and explain what it means.
- You also can go for couples counselling at the health facility where you and your partner are counselled and tested. This is a way for both you and your partner to learn your own status, as well as your partner's, so you can make a plan to stay healthy together.

How Does HTC Reduce HIV Risk?

Part of HTC is counselling that allows you to assess your risk with a professional and talk through ways to reduce it. Ideally, counselling should take place both before and after taking an HIV test. The counselling provides you with basic knowledge about HIV and AIDS, and enables you to have sufficient information to make healthy choices. HTC also helps to reduce risk because, by knowing your status, you can take the appropriate steps to protect yourself and your partner. If you are positive, for example, you can monitor your HIV viral load and be sure to take antiretrovirals (ARVs), while using condoms to protect your partner(s). If you are negative, you can confidently take steps to remain that way by using a condom and learning your partner's status, as well.

Benefits of HTC

- An HIV test provides you with the "freedom of knowing" your HIV status. Not knowing one's HIV status can cause people to worry and have anxiety about their past, current and future sexual relationships.
- By knowing your HIV status, you can make plans to continue to lead a healthy life, whether positive or negative.
- HTC provides you with access to ART. Once you test HIV positive you can choose to begin taking treatment immediately. By enrolling in treatment as soon as you are diagnosed positive it reduces the number of opportunistic infections you will get later and allows you to remain strong and healthy.
- 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 your HIV test, a health care provider will discuss with you strategies for protecting yourself, if your partner is positive and considering pregnancy or is already pregnant, they may refer you to services such as PMTCT.

Discordancy

- It is important to be aware that two people in a sexual relationship can have different HIV statuses from one another, for example, one can be HIV positive, while 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 holds true even in a polygamous union where one or two partners can be HIV positive, while the others can be HIV negative.
- Discordant couples can protect each other by using a condom correctly and consistently and, if the HIV positive partner is on treatment, adhering to that treatment to reduce their viral load and, in the process, reduce the chances of transmitting HIV.

Disclosure

- The outcome of your HIV test is confidential. However, you can choose to disclose your HIV status to your family and friends. In turn, family and friends can provide you with psychological support and also support you in making healthy choices.
- Disclosure to your partner is particularly important. An open and honest relationship can strengthen trust between you and your partner, and provide an opportunity for support from your partner. Your partner may also find it easier to disclose their status to you because you trust them with yours. Men that are not aware of their partners' HIV status are at four times greater risk of HIV infection compared to those that do.
- Disclosure is also important so that you can receive support from your friends and your family. Letting those close to you know your status allows them to be there for you and ensure you don't feel alone as you learn to accept and deal with your status.

Take Home Message

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 your HIV status to your partner can strengthen trust and partner support.

CONDOMS

What Is It?

A condom is a thin latex or polyurethane form of contraceptive and/or protection from STIs during sex. There are two types of condoms:

- The **male condom** is in the form of 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.

How Do Condoms Reduce HIV Risk?

Condom protects 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), 98 percent of the time.

Demonstration

Using a Condom Correctly: Explain steps for correct and consistent condom use that are listed below. Ask for a volunteer to demonstrate on a wooden penis model as you read out the steps and be sure to answer any questions. Include information on proper care of a condom – for example, do not keep it in the direct sun or warm places, and do not use Vaseline or oil as lubrication – and disposal of used condom.

How to Use a Male Condom

1. Check the expiration date on the outside packaging of the condom. If it is expired, discard it 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 cause 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.

Take Home Message

- Condoms can prevent pregnancy, as well as STIs, including HIV.
- Condoms are most effective when used correctly and consistently.
- The health risks that come with not using a condom are higher than the cost of embarrassment or shame that may be associated with buying, talking about or using a condom.
- You should never use force or violence in order to have sex without a condom.

ANTIRETROVIRAL THERAPY

What Is Antiretroviral Therapy or ART?

ART is a combination of ARV drugs given to people who have been diagnosed with HIV. Recent changes in guidelines has made this medication available to anybody who tests positive in Swaziland. This allows people to stay healthier for a longer period of time. ART suppresses the multiplication of the virus in a person's body.

How Does ART Reduce HIV Risk?

- ART does not kill HIV, however, it significantly slows down the multiplication of HIV in the body, which increases 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 the virus in a person's body. Having a low viral load reduces the chances of an HIV-positive person passing HIV to his partner(s). With correct and consistent use of a condom, the risk becomes even lower.
- The viral load of an HIV-positive person that is on ART can reach undetectable levels. This does not mean that they have been cured of HIV, but rather, 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.
- People who are living with HIV should request viral load tests be done by their provider to ensure their ART is working and know if they are undetectable.
- If a person does have an undetectable viral load they must continue to take ART in order to remain that way and stay health.

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 is highly effective.
- ART helps to suppress viral load. This makes it less likely for you to transmit HIV to your sexual partner. If your partner is HIV positive and on ART, the risk of her/him infecting you is also reduced. It is always advisable to use a condom, even if you, your partner or both of you are on ART.

Eligibility for ART

- To begin taking ART, you should speak with your healthcare provider. The only way to determine your HIV status is to go for HTC.
- You must get your own prescription for ART from an authorised health care provider. Never share your ART with other people. Do not buy ART from unauthorised outlets.

Adherence to ART

For ART to be most effective, you must take it correctly and consistently. If you do not, it is possible you might develop resistance. Resistance is a condition whereby the virus is no longer affected by the ART or, in other words, the ART stops working. When this happens, you will need another prescription of drugs that are rare and more expensive. The availability of such drugs is lower.

Take Home Message

ART lowers the viral load in HIV-positive individuals. This improves the body's defence against diseases and also 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 your HIV status is to go for HTC.

VOLUNTARY MEDICAL MALE CIRCUMCISION

What Is Voluntary Medical Male Circumcision or VMMC?

Male circumcision is a voluntary surgical procedure involving the removal of the foreskin from the penis. There is also 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, your health care worker will give you thorough information about the method to be used. 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 completely heal before having sex again.

Benefits of VMMC

VMMC reduces chances of getting infected with HIV during sex by 60 percent. If a man is circumcised and also 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 done if he chooses to and also will 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/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 go through.

Take Home Message

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

REDUCTION OF GENDER-BASED VIOLENCE

What Is Gender-based Violence or GBV?

GBV is violence and abuse involving men and women, where the woman is usually the victim. GBV usually stems from gender norms and roles and unequal power relations between women and men.

Violence or abuse is specifically targeted against a person because of his or her gender, and it affects women disproportionately. 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).

Included in this is rape or unwanted sexual contact. A person should never be pressured to have sex and it is important to always recognize when your advances may be wanted.

Forms of GBV

- Sexual violence
- Emotional abuse
- Physical violence
- Economic abuse

Examples of Sexual Violence Include:

- Forcing a partner to have sex or do something sexual they do not want to do. This includes rape as well as touching inappropriately.
- Completed or attempted unwanted vaginal (for women), oral or anal penetration through use of force or threats.
- Having sex with someone who is drunk or on drugs and they are unable to fully consent because they are intoxicated (e.g., incapacitation, lack of consciousness or lack of awareness) through voluntary or involuntary use of alcohol or drugs.
- Sex that occurs without physical force but through intimidation or misuse of authority such as being worn down by someone who has repeatedly asked for sex or showed they were unhappy; feeling pressured by being lied to, or being told promises that were untrue; having someone threaten to end a relationship or spread rumours; and sexual pressure by use of influence or authority.
- Intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh or buttocks of any person without his or her consent, or of a person who is unable to consent or refuse. Unwanted sexual contact can be perpetrated against a person or by making a person touch the perpetrator. Unwanted sexual contact could be referred to as "sexual harassment" in some contexts, such as a school or workplace.

Examples of Emotional and Psychological Abuse Include:

- Insults ("You're so ugly," or "You're so useless,")
- Being put down in front of others
- Forbidding a partner to leave the yard/house or from seeing family and friends
- Wanting to know everything a partner does
- Offering no help with work in the home
- Preventing a partner from speaking with other people
- Hurting something or someone they love to punish and scare them
- Not caring about a partner's health/well-being
- Making a partner know you have other partners
- Telling a partner you do not love them
- Yelling, throwing things and threatening violence

Examples of Physical Violence Include:

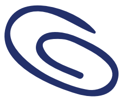
- Slapping
- Beating
- Pinching
- Hair pulling
- Threatening or attacking a partner with a weapon, or locking a partner in a room.

Examples of Economic Abuse include:

- Refusing to support your child
- Taking a partner's earnings
- Not sharing the money in the home fairly
- Having to give all your earnings to a partner
- The partner not letting you decide what to spend money on

Benefits of Reducing GBV

Reducing GBV can lead to a more positive and productive society. By recognising that not all social norms may benefit the community, and 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 Message

Sexual violence against others is never acceptable. Men should take a stand and when they see or hear about GBV in their community, speak up and let others know it is not okay. It takes work to reduce GBV, but it is important to recognise that some things should be changed for the better of everyone. Encourage survivors of sexual violence to report cases to the nearest clinic for enrolment in HIV prevention strategy (Post-Exposure Prophylaxis or PEP), the police for the prosecution of perpetrators and organizations dealing with GBV cases for counselling and continuous support.

CORE HIV SERVICES

Aim:
To give an overview and recap of the information provided on the key HIV services that are available for HIV prevention, care and treatment.

Materials:
None

Directions:
Step 1: Review the information below with participants and answer any questions they may have. Encourage men to access services as soon as possible, before they feel sick.

HIV Testing and Counselling or HTC

HTC is for everyone. HTC services are provided at all health facilities. In addition, there are stand-alone HTC centres, as well as mobile clinics. Services offered include the following:

- Counselling
- HIV blood test

Based on need identified during HIV counselling, one is referred to other clinical services, such as a Tuberculosis (TB) screening, ART or PMTCT.

When you get your HIV-negative test result, it is important to go for a re-test after six weeks, to confirm your status. This is because of the window period. The window period is when HIV has just entered your body and antibodies against HIV are just starting to multiply, but are in such small quantities they do not show up on the test. If you have sex without a condom and do not know your partners status after HTC, you must go again for HTC.

HTC is private and results are confidential, but an individual can make a choice to disclose his results to anyone he chooses. Disclosure unlocks support from family and friends. It also helps reduce self-stigma.

ART Initiation

This service is offered only at health facilities. Individuals who test HIV positive are now eligible to start ART as soon as they feel ready based on guideline changes made in October 2016. Once you test positive, it is good to talk to your provider about starting ART. You may need time to think about it as ART is a lifelong commitment, but it will help you to stay healthy and lead a productive life. The services offered when you begin taking ART are the following:

- ART initiation – initial ARV supply for two weeks
- You should return to the health facility so that your health care provider can review how you are responding to treatment. If newly initiated, come back on day 15 for a check-up.
- You will then come every month for one year.
- Thereafter, it will be every three months for a check-up and to receive a refill on your medication.

It is helpful if you speak with someone you know who is also on ART in your community or workplace. This can help you to remember to take your medicine on time, get reminders about your appointment days for refill and/or review, and have the support of others who are also on treatment.

VMMC

Like HTC, VMMC is provided at all health facilities. Services offered at these clinics are the following:

- You will be offered a chance to test for HIV. You do not have to if you do not want to though.
- If you give consent, the VMMC surgical procedure is short and relatively painless. Doing this reduces your risk of HIV acquisition by 60 percent.
- VMMC does not provide total protection from HIV. To reduce the risk of HIV further, circumcised men should use condoms correctly and consistently.
- You will need to take time to heal (six weeks) before resuming sexual activity.

Antenatal Care and PMTCT

A sexually active woman who misses her monthly period should immediately go for a check-up within six weeks from when she misses her period. At the health facility, she will be tested for pregnancy, as well as HIV. If pregnancy is confirmed, the woman is provided with information of how to care for her pregnancy and prepare for birth. If the woman is both pregnant and HIV positive, she is enrolled in PMTCT (in Swaziland, it is sometimes called Life-long ART for HIV+ Pregnant and Lactating Women). It is more beneficial to go for such a check-up as soon as a woman misses her monthly period. This helps address other health risks, even when the woman is not pregnant. Men should accompany their partners for important visits and support her as she goes through the process of protecting the child from HIV.

Antenatal care (ANC) is available to pregnant women at health facilities. Some services provided are the following:

- Check vitals of the woman and the baby
- Advice on pregnancy care
- Family planning counselling and services
- HTC, including partner testing for men

Take Home Message

There are a variety of HIV-related services to help you either prevent HIV or live positively. Every service delivery point in the health care system is an entry point. For example, if your primary reason for going to a health facility was to seek medication for a cough or headache, you can also ask your health care provider for HTC, condoms and other services. Going to a health facility to seek medical attention does not imply that a man is weak. It is responsible for men who care about their health to do so.

SERVICE MAPPING

Aim:
To ensure all men are aware of all the different service points available to them in the area and what is available at each.

Materials:
- Flip chart paper
- Markers
- Bostik

Directions:
Step 1: Divide participants into groups of six to seven people, hand out flipchart paper and markers, then ask them to draw a map of their community.

The following is a recommended process:
1. Mark a central point that all of them relate to, which can be a combination of the following: road, river, school and inkhundla centre.
2. Identify where each member of the group lives or works, relative to the central point(s). Have them draw their houses on the map, as well as the roads and paths that connect the places.
3. Have them fill in any other locations they feel are important to have on their village map.
4. Mark all points where they access various health services, including where they can access condoms, such as small shops.

Step 2: Ask each group to hang up their map on the wall, next to one another.

Step 3: Have all of the participants work together to combine the different elements from groups' maps and develop one joint map.

Step 4: Engage participants in discussion and ask if the places marked on the map offer any or all of the services that are core to HIV risk reduction. Mark the map to show which services are provided where. In addition, engage participants further on where else they feel able to go to access such services. Mark/add these on the map.

Step 5: Make sure that all participants have a chance to participate and be heard. Ask to confirm that all participants agree with what is being put on the larger map.

Facilitators Note:
Participants may raise specific concerns about the quality of services offered at the service points that are mapped. If this happens:
- *Do not be defensive.*
- *Allow the men to express their concerns.*
- *Ask them to be specific about the issues, without being personal.*
- *Note the issues and devise a strategy for verifying the concerns and helping the community and service providers to find solutions.*

Remember that:

- *You cannot speak on behalf of the service providers.*
- *The service providers may not be aware of these concerns.*
- *The service providers also have their own perspective. In fact, they might also have concerns about the community.*

Do not rush into what appear to be solutions to their concerns. Engage participants on how they will overcome their concerns. Your role is not to fix things but to help them find solutions to their concerns. Remember they are part of and central to the solution.

Ask them if it is okay if you share these concerns with the facilities they are naming. Make sure they know that individuals will not be named in giving them the information. Explain that in order for services to improve, they need to know what needs to be worked on and get better.

If they do not want the information being taken back to the facilities respect that choice. The sessions need to be a safe space where men feel they are respected and listened to.

INDIVIDUAL RISK REDUCTION PLANNING

Aim:
For each participant to create their own individual risk reduction plan.

Materials:
- Action plan template (Appendix V)
- Pens

Directions:
Step 1: Distribute the planning template to each participant and explain how to use it. Illustrate an example in plenary.

Step 2: Give the participants 30 minutes to work individually. Check to assure yourself that everyone has understood the task and provide support to those who need it more. Encourage those that want to work in pairs or trios to do so, but prevent it from becoming a group activity, as the plans are individual.

Step 3: In the plenary, ask a few volunteers who feel comfortable sharing their plans to do so. Ask the rest of the participants to give positive input/feedback, with the understanding that the plan is meant for that individual and is confidential.

Step 4: Inform the participants that each should keep their action plan, reflect on it while at home, refine the actions where need arises and implement their plans.

Step 5: In a brainstorming session, identify support mechanisms to help individuals stick to their plans. In addition to what participants put forward, suggest the following:
- Talk to a health care worker.
- Know when and where to get services.
- Get a buddy to help you.
- Join a support group.
- Encourage a friend to make a plan.

EXAMPLE OF A COMPLETED INDIVIDUAL ACTION PLAN

Plan Owner	Mandla Shongwe		
Plan Title	HIV Reduction strategies		
Goal	Examples: 1. If already HIV positive, achieve undetectable viral load. 2. If HIV negative, remain HIV negative and avoid getting HIV. 3. If unaware of status, know my HIV status. 4. If planning to have a baby or your partner is pregnant, test with partner or support partner to enroll in ANC.		
Desired Outcome			
Action	**Timeframe**	**Risks & Assumptions**	**Risk Mitigation Measures**
1. Go for HIV test.	By end of next week	If I wait for too long, I might change my mind.	I will inform my close friend who has already tested that I plan to test.
2. Disclose my HIV-positive status to my partner.	By end of the week	My girl-friend/spouse might leave me.	I will join a support group to learn skills on disclosure.
3. Go for VMMC.	By next month	It is painful. They will force me to test for HIV.	I will discuss with a close friend who has already been circumcised.
4. Reduce my sex partners from three to one.	By next month	I will be all alone and won't have any fun.	I will work on my main relationship and stay focused on making it better.
5. Adhere to treatment.	Ongoing	People who I don't want to know my status will see me taking medication.	Join a support group for help in adherence and ask a family member to be my treatment buddy and help me remember.

MONITORING AND QUALITY IMPROVEMENT

QUALITY IMPROVEMENT AND ACCOUNTABILITY

Introduction

In order for this tool to result in the intended impact, it is important to put in place a system for checking if the process and modules are implemented as designed and if the desired outcomes are being achieved in the quantity and quality expected. That system should embrace a culture of quality improvement (QI) and accountability. This section contains recommendations on the specific actions and processes, relevant to IPC sessions using this tool that can be taken to ensure QI and program accountability.

Definitions

Quality Improvement: A systematic process that involves collection of process data and using it to decide what to focus on more (and/or what to reduce focus on) to complete the process and get "the most of the best" of the desired results or outcomes; and how to achieve that with less time and other resources. It must be noted that QI is not an event. Rather, it is a continuous process. To emphasise this fact, some people prefer to refer to it as "continuous quality improvement."

Accountability: Refers to the act(s) or processes aimed at demonstrating progress being made towards delivering on set commitments, in a transparent way that makes sure information is timely, available and accessible to all relevant stakeholders; and that information is collected systematically and used, beyond reporting obligations, to inform changes in implementation and design of similar projects in the future. The key attributes of accountable program implementation include the following:

- Regular, timely and accessible information, including standardised tools, systematic process of collection and user-tailored packaging of the information
- Monitoring, reporting and learning; regularly reviewing monitoring data to inform changes in implementation, and ensuring evaluation data informs future project design, thus building a culture of learning and continual improvement
- Building staff and partner competencies for accountable programming, by ensuring that our staff have the technical and behavioural competencies to deliver our commitments to communities

The QI Process

QI is an aspect of organisational culture. In relation to the use of this tool, the QI process shall involve the following activities/tasks:

- Periodically conduct a "process audit" to ascertain the level of compliance by facilitators in the field, such as to ensure the implementation process follows the sequence and time allocated.
- Periodically collect and analyse feedback from facilitators and participants in order to identify redundant content, as well as opportunities for integrating new insights

Tasks

1. IPC Facilitators: The IPC facilitator shall, at the end of each module, take the following actions:

- Conduct an evaluation process, to solicit feedback from participants on which information they found a) most useful, b) least useful and c) which information or skill they desire to have, but feel was missing. The facilitator shall use buzz groups or fully fledged group sessions where all groups shall respond to all questions and, as they present in plenary, he/she shall take notes. These notes shall form part of the activity report. (See Appendix VI: Session Evaluation Guide)
- Complete a feedback form, summarising a) which topics/sessions he/she enjoyed facilitating and b) which topics he/she found difficult to facilitate on and c) what specific topics he/she feels that he/she has adequate information on, d) what specific topics or sessions she/he feels are redundant and need to be

removed, e) what specific new topics or sessions or information she/he feels need to be added and f) what specific skills he/she feels that he/she lacks or needs strengthening and why. (See Appendix VII: Facilitator Feedback Form)

2. Program Team Leader: The officer responsible for defining and delivering program content, whatever the designation or title is, shall ensure the following:

- Define a training curriculum and implement a capacity building session for IPC facilitators to ensure they understand the basis for targeting men, relevance of the core package and understanding how to implement it, basics of social and behaviour change communication, facilitation skills and the key outcomes/deliverables, such as how performance/success shall be measured.
- Develop a clear plan for supportive supervision, complete with specific dates and locations. During the supportive supervision, conduct mentoring to IPCs and, thereafter, compile a specific report for each or all supportive supervisions conducted, highlighting strengths, weaknesses and corrective actions implemented or to be implemented, with clear timelines.
- Compile a report, with clear findings and concrete recommendations, and – using the findings and recommendations – facilitate a discussion during a program review meeting where concrete actions, timelines and responsibilities are defined as to how to implement them.

3. Central Office: Set up a QI Team that will carry out the following tasks:

- Periodically visit a sample of IPC sessions that, at that time, shall be using this tool to:.
- Assess if the facilitator follows the sequence and recommended time.
- Observe the facilitator in action to ascertain his/her level of skills in a) facilitation skills, and b) level of organisation, confidence and accuracy in presenting content.
- Interview the facilitator on topics that he/she considers a) redundant, b) inadequate or c) totally missing. For each, clear reasons/justification should be solicited.
- Take a sample of participants to individually share the topics/information that they find/found a) more helpful, b) least helpful and c) missing. For each, clear reasons/justification should be solicited.

An on-site observation form to be used can be found in Appendix VIII.

Accountability Process

Like QI, program accountability is an aspect of organisational culture. More information on how to strengthen program accountability can be found at http://usaidprojectstarter.org/content/monitoring-evaluating-and-learning-toolkit-pathways. In relation to the use of this guide, accountability shall be ensured by undertaking the following actions:

- Ensure transparency: attendance information shall be collected using standard tools that show the age and sex/gender of participants and further include means for re-tracing the participants in case that need arises in future.
- Maintain an up to date database: all attendance information shall be submitted within five working days of conducting a session. Such information shall be signed off by the person submitting it, signed off by the program staff assigned to review and certify records and stored by the monitoring and evaluation (M&E) team in hard copy, as well as in a retrievable form electronically.
- Using data for program improvement: participation in IPC session is a means to an end; it is not an end in itself. To assure that you are "doing the right thing," participation in IPC sessions should lead to or correlate with the number of individuals linked to or referred for services, especially HTC, ART and VMMC. Therefore, a special reporting form should be used to capture this information. An analysis of this information shall feed into program progress reviews, and strategies shall be revisited to strengthen this level of program outcomes.
-

- Monitoring, evaluating and learning: every month, the M&E team shall analyse the data, summarise specific findings and make specific recommendations that shall be discussed at both management and program meetings, as well as make specific recommendations for program improvement. Management shall take concrete steps to ensure that implementation is adjusted accordingly.
- Data Quality Assessment (DQA): for USAID activities, adapt the DQA guidance. This shall be defined as a separate process, as part of routine monitoring. However, the DQA guidance as defined by USAID may be useful to the M&E process as a function, regardless of source of funding for the activity. Resources and guidance on DQA can be found here: http://usaidprojectstarter.org/content/conducting-data-quality-assessments.
- Develop staff capacity: the M&E team should ensure that all program staff understand the basics of QI and program accountability. Additional effort shall be made to provide mentoring support to primary data collectors and reviewers at program level and to cultivate interest in them for M&E (or QI and program accountability).

APPENDICES

FIELD READINESS CHECKLIST

APPENDIX I

	Key Question *Complete this tool by putting a check or X in either the yes or no box for each question. If there is more than one question, a "no" answer to any one question equals a check in the box where you are required to "Tick Your Answer." A no can also mean that you are not ready to answer.*	**Tick Your Answer**	
		Yes	**No**
1	Do you ***understand your audience?*** Do you fully understand the key risks they face and the drivers of their behavioural choices? Have you read, and do you understand the section in this tool entitled ***"Understanding Your Audience"?***		
2	Do you agree with what has been recommended in this tool as "high impact" interventions to reduce the risk of HIV acquisition and/or transmission? I.e., Do you agree that the following are effective at reducing one's risk to HIV: Condom, HTC, ART, VMMC and reducing GBV?		
3	Have you been ***trained on how to use this tool?***		
4	Do you feel confident enough to facilitate a discussion, using this guide, without having to read every word and every sentence?		
5	Have you mobilised the right people of the required age? Do you know how many are likely to show up for your session?		
6	Did you involve the recognised coordination structures at the community level or in private companies where you will be working?		
7	Have you arranged an appropriate venue for the discussions? Have you visited and seen the space so you know it is adequate and suitable?		
8	Do you have the required materials (e.g., stationery, copies of the risk assessment tool, stories, etc.)?		
9	Some participants might need referrals to appropriate services. Do you have the Ministry of Health referral book? Have you been trained on how to do referrals? Have you built a relationship with the local health facility so that you can refer people there?		

ICE BREAKERS

APPENDIX II

Get to Know Your Neighbour

1. Divide participants into pairs.
2. Ask each participant to introduce themselves to their partner and share three things about themselves. Give them about three minutes to do this.
3. Bring everyone back together in a larger group, and ask the participants to introduce their partner to everyone else and share one thing they learned about the person.

A Cold Wind Blows to…

1. Have all the participants arrange their chairs in a circle and sit down.
2. Stand in the middle of the circle and begin the game by saying, "A cold wind blows to whomever _______________" (fill in whatever you want, such as is wearing a green shirt, has a son, plays soccer, etc.).
3. Anyone who fits that description should then get up and change seats with another person who also stood up, including the person in the middle. One person will be left standing since the person in the middle did not have a chair.
4. The person left standing should make the next statement.

THE STORY OF WANDILE

APPENDIX III

Wandile and Nomphilo are a young couple who live in Mahlanya, which is Wandile's parental home. Wandile is a 33-year-old man, while Nomphilo, his wife, is 22. They are traditionally married. They have been together for two years now and have a three-month-old baby boy, Nhanhla. They named the baby after Wandile's paternal grandfather. They are a happy couple, but it has been four months since the last time they were intimate with each other. This is beginning to pre-occupy Wandile.

Pause. Go to Discussion Questions Set 1.

Wandile is known for his enterprising spirit and hard work. He earns a living as a small-scale farmer. He produces vegetables, such as maize, which he sells while still fresh. Out of the family herd, 11 of the cows belong to him. He bought them with the proceeds from his vegetable sales. In his vegetable field, he uses manure from the family's cattle kraal which helps him cut the cost of inputs. He also has small-scale irrigation equipment, which helps him to grow crops off-season, when the rainy season ends or when there are dry spells during the season. Because his field is along a busy road, he prefers to cook or roast the fresh maize and sell it directly to passers-by. He makes more money that way, compared to selling it on wholesale to middle men. His field is almost his second home, as he works from dawn to dusk. He has employed a young man that helps him both in the field and with the selling.

Pause. Go to Discussion Questions Set 2.

Nomcebo, a 32-year-old single lady, is the most frequent among the regular buyers of vegetables and fresh maize from Wandile's field. She recently returned from the big city after a long time. She runs a spaza shop about a football field's length away from Wandile's field. She is mature, pretty and generally jovial and friendly. She pays for what she gets only when she finds Wandile's young helper alone. When Wandile is present, she deals directly with him and on many occasions gets what she wants on credit. Wandile also is quite generous with her. The young man has no idea whether or not she settles her debts.

Of late, under the cover of darkness, Wandile has been paying brief visits to Nomcebo at her house. On other occasions, Nomcebo has been asking for a lift from Wandile when he goes to the big city for deliveries. The frequency of Wandile's visits to Nomcebo have increased over the past two months. But not a soul, except Nomcebo's 8-year-old daughter, Nonhlahla, has seen him visit her. She fondly calls Wandile "malume," but the resemblance between Nhlanhla, Nomcebo's daughter, and Nonhlahla, Nomphilo's son, is quite striking.

Pause. Go to Discussion Questions Set 3.

On several occasions lately, Wandile has even slept over at Nomcebo's house. Each time, he made sure to call/phone Nomphilo in the early afternoon to inform her that he was leaving for town to follow up on his payments for deliveries he had made in town. Each time he called again in the evening to say that he was held up in town, so he would sleep over at a friend's place. He tried to make sure Nomphilo was not stressed about his whereabouts.

Pause. Go to Discussion Questions Set 4.

On some of those days, Wandile indeed spent the night in town, but not at a friend's place. He instead slept at a guest house with Celiwe, a recent acquaintance who works at one of the shops. She is the one who receives Wandile's deliveries at one of the big shops. Celiwe is pretty, cheerful and courteous. She makes him feel

important. But there was something else about her. Her smile and graceful steps were irresistible. One day, Wandile thought of trying out his luck with her. She agreed! Wandile felt ecstatic and, momentarily, did not know what else to say to her. From then on, it seemed like Wandile had a spell cast on him. He creates every opportunity to go to the big city and "get stuck" there so that he can spend time with Celiwe. She seems to know a lot about making a man happy in bed. She is not demanding. It makes Wandile feel truly indebted to her, so he voluntarily gives her cash gifts, which Celiwe receives with a great smile and faked reluctance.

Pause. Go to Discussion Questions Set 5.

Nomcebo is now two months pregnant. When she first discloses to Wandile, it sparks a sharp disagreement between the two, because Nomcebo also was dating another man known to Wandile. But Nomcebo insists that she always used a condom with her other man friend, and only allowed Wandile not to use a condom, because he is the father of her daughter.

Wandile is now anxious about what Nomphilo will do when she learns Nomcebo's pregnancy. He also worries about his reputation in the local church where he is a deacon. When he walks, he feels heavy as though the whole world is resting on his shoulders. He often feels tired and has become irritable.

The young man that works for him has taken notice that Nomcebo has reduced her frequency to come and buy produce, including roasted maize. He also has taken notice that his master is not as agile and cheerful as before. On many occasions he has heard him sigh and mutter things to himself.

"Umphatsi, is everything ok with you," the young man asks. Wandile pretends not to hear and sends him to fetch something for him. At home that evening, Nomphilo also convinces herself that all is not well with her husband. He looks tired, does not finish his food and barely says anything.

"Babe, you don't look like your usual self these days. Is everything ok with you," she asks. In a similar manner, he ignores her question and asks for a cup of water to drink.

Pause. Go to Discussion Questions Set 6.

RISK ASSESSMENT TOOL FOR MEN

APPENDIX IV

Complete this tool by putting a check or X in either the yes or no box for each question. This is a private exercise for you to assess yourself, no one else will see your answers unless you want them to. Once you have completed this, turn it over and wait for the facilitator to explain what each answer means.

Question	**Tick Your Answer**	
	Yes	**No**
1. Have you ever, even once, had sexual intercourse without a condom?		
2. Have you ever had an STI?		
3. Have you ever had anal sex?		
4. Do you know your HIV status?		
5. Do you know the HIV status of all of your past and current sex partners?		
6. Are you currently involved in a sexual relationship with more than one person?		
7. Have you ever exchanged or sold sex for money, goods or favours?		

PERSONAL PLANNING TOOL FOR REDUCING HIV ACQUISITION RISK

APPENDIX V

<table>
<tr><td>Plan Owner</td><td colspan="3"></td></tr>
<tr><td>Plan Title</td><td colspan="3"></td></tr>
<tr><td>Goal</td><td colspan="3"></td></tr>
<tr><td>Desired Outcome</td><td colspan="3"></td></tr>
<tr><td>Action</td><td>Timeframe</td><td>Risks and Assumptions</td><td>Risk Mitigation Measures</td></tr>
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PARTICIPANT SESSION EVALUATION FORM

APPENDIX VI

Facilitator Name: ______________________________ Location of Session: ______________________________

Date: ____

Question	Topics/Sessions	Reason (Explain Why)
1. Which topics/sessions did you enjoy the most and why?		
2. Which information did you find most useful and why?		
3. Which topics did you find least enjoyable and why?		
4. Which topics did you find least useful and why?		
5. Which topics do you desire more information on and why?		
6. What other topics do you wish you had learned about in this session and why?		

FACILITATOR FEEDBACK FORM

APPENDIX VII

Checklist	Yes/No	If No, Why	Additional Comments
1. Were there any topics that you felt you did not have enough information or skills on to lead?			*If yes, please explain:*
2. Did you feel confident leading discussion on each topic in this session?			*If no, list the topics that you found hard to lead discussion on:*
3. Were you able to deliver the content in the suggested time?			*If no, briefly list the main constraints:*
4. Did you complete this session?			*If no, list the topic not covered here:*
5. Do you have specific suggestions on how to improve the content of this session?			*If yes, provide details here:*
6. Are they any specific sections your feel are redundant and could be removed?			*If yes, which sections:*
7. Are there any specific topics that you feel should be added to the session or that more time should be spent on?			*If yes, which sections:*
Your Name:	**Sex:**	**Age:**	**Contact Phone No.:**

ONSITE OBSERVATION FORM

APPENDIX VIII

This form should be completed both during supportive supervision and QI missions to the field.

Directions:

- **Be orderly:** if the supervision or QI team is comprised of more than one person, agree on who is the team lead for the visit. Each member of the supervisory team should fill a separate form.
- **Talk less, listen more:** observe and form an opinion based on what you see and hear. Remember that you are only a visitor. It is important not to interrupt the facilitator while in the process of leading a discussion. Interrupting can demoralise the facilitator and also undermine the confidence of participants in her/him.
- **If you are a team, act as a team:** share and discuss your individual observations before providing feedback to the Facilitator. During the feedback session, only one person should engage with the Facilitator at a time. Other members of the team should speak only if it is absolutely necessary. Alternatively, agree (as a team) who shall give feedback on what topic, and take turns.
- **Provide encouragement:** negative feedback has to be given tactfully lest it be perceived as criticism or a lack of appreciation. Therefore:
    - **Always appreciate the Facilitator for her/his time and commitment.** This will sound genuine only if the feedback session is conducted in an orderly and respectful manner, as recommended above.
    - **Do not overload the Facilitator with negative feedback.** If you observe too many gaps, just pick out a few key ones and take up the matter as more of a management issue and try to intervene at that level.

1. The People (Participants):

The sessions involvd the right target group (e.g., age and sex/gender). **YES/NO**

If no, explain exactly what the mismatch is: ____

____

2. The Facilitator: Is the Facilitator effective?

- The facilitator follows the sequence and recommended time. **YES/NO**
- The facilitator is knowledgeable in the topic he/she is facilitating. **YES/NO**
- The facilitator is organised – readily finds the page where he/she is facilitating, has printed storylines and all necessary materials (such as demo-penis and condoms) handy and HTC/other services available onsite. **YES/NO**
- Facilitator manages time: arrives on time and spends the right amount of time on the session. **YES/NO**
- Spends the appropriate amount of time on important topics, does not give too much time to less important discussions and releases participants on time. **YES/NO**

Overall rating out of 5 = _____/5

Give a brief statement for the overall rating awarded: ____

____

____

3. The Place: Is the session being conducted in a conducive environment?

- The place is away from distractions, such as noise from passers-by or noisy traffic.
- Participants are in a comfortable seating arrangement.
- There are appropriate, clean bathroom facilities on-site.
- There is enough space for everyone to comfortably move around.
- There is a sense of privacy so that participants can feel comfortable sharing personal stories.

Overall rating out of 5 = _____/5

Give a brief statement for the overall rating awarded: ____

____

____

4. Interview the Facilitator on topics that he/she considers a) redundant, b) inadequate or c) totally missing. For each, clear reasons/justification should be solicited. Be sure to record the answers.

5. Take a sample of participants, talk to them individually and record their responses.
Please note that the information required is about "participant perception" and in a "comparative mood." Therefore, do not leave blank spaces; make sure to press for an answer. If that cannot be done, this activity cannot be done; it good as not doing this process altogether. Example questions are below.

- Did you feel comfortable speaking with the Facilitator about concerns you may have or asking for further explanation if you did not understand something?
- Was the Facilitator available for questions and to speak with participants one on one if they wanted?
- Do you feel like you learned from the facilitator?
- What did the Facilitator do well?
- What could the Facilitator improve on?

6. Provide overall feedback to the Facilitator.

- Positive feedback.
- Areas requiring improvement. DO NOT REPRIMAND.
- Ask the facilitator what specific support he/she requires from other team members.

Ask the facilitator specific questions as listed in the table below. Record the answers in the table.

Question	Topics/Sessions	Reason (Explain Why)
Which topics/sessions did you enjoy facilitating and why?		
Which topics did you find difficult to facilitate on and why?		
What specific topics did you feel you had adequate information on?		
What specific topics or sessions do you feel are redundant and need to be removed? Why?		
What specific new topics, sessions or information do you feel need to be added and why?		
What specific skills do you feel that you lack or need strengthening and why?		

KEY TERMS

APPENDIX IX

AIDS: A result of having HIV in your body for a period of time, breaking down the immune system. It is a syndrome that usually results in a person contracting opportunistic infections and becoming very sick if they are not put on treatment.

Antibodies: Part of the body's immune system that works to keep a person healthy. The body makes them in reaction to a virus or bacteria to help fight them off. The HIV test looks for HIV antibodies, showing that the body is trying to fight off the virus.

ART: The combination of ARVs that HIV-positive individuals take in order to slow down HIV in the body.

ARVs: The medication HIV-positive people take to reduce the viral load in their body. These medications must be taken for the rest of a persons' life to help control the virus and keep a person healthy.

CD4: A type of cell in your body that is part of your immune system. It is the cell the HIV is attracted to and will enter in order to replicate itself and create more of the virus to enter more CD4 cells in the body.

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.

HTC: The process used for a person to find out his or her 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.

Immune System: What keeps you healthy. It consists of different cells in your body that fight off infection, such as flu, and works to keep bacteria and viruses out of your body.

Opportunistic Infection: Other illnesses that are known to be associated with HIV because they take advantage of a person's weakened immune system. Some opportunistic infections include Tuberculosis; Kaposi's Sarcoma, a type of cancer; bacterial pneumonia; and others.

Undetectable Viral Load: When someone is HIV positive, but the test can no longer measure 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 them to transmit the virus to others.

Viral Load: How much HIV you have in your body. A test is done to measure the amount of the virus in your blood. The higher a person's viral load is, the more likely they are to infect other people and become sick themselves.

Window Period: The time between when a person gets infected with HIV and when it will show up on a test. Right after a person gets infected, the body has not 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.

HIV INFORMATION

APPENDIX X

What Is HIV?

HIV stands for human immunodeficiency virus. This is a microscopic organism that, when it enters the body, destroys its natural protection to diseases.

How Is HIV Acquired or Transmitted?

HIV can be passed from one person to another when the body fluids (blood, vaginal secretions, semen or 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 between two people, when one of the two is HIV positive.

Some sexual practices broaden one's exposure to HIV. Secrecy as a result of the 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 it the easiest time 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 10 cases (5 percent to 10 percent).
- **During labour and delivery.** Without intervention, the chances of mother-to-child HIV infection during labour and delivery increase to two in every 10 cases (15 percent to 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 24 months.

What Are Some Danger or Warning Signs of HIV Infection?

- Many people infected with HIV do not show any sign at all for up to 10 years or more. You cannot recognize a person that is infected with HIV by the way they look or ascertain that they are indeed infected by signs and symptoms.
- An HIV test is the only way to ascertain one's HIV status. A person that is HIV negative and has reason to believe that he or she has been exposed to HIV, such as through unprotected sex with an HIV-positive partner or 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, he or she should get their CD4 cell levels tested immediately at a health centre. Depending on the number of CD4 cells a person has, he or she may or may not be eligible to be enrolled in treatment immediately.
  - Even if a person is not eligible, he or she should continue to attend regular appointments at the health centre in order to monitor their health.
  - If someone is eligible for treatment, he or she will be enrolled in ART immediately, in order 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.

AIDS

- A person whose immune system is weakened by HIV becomes susceptible to many diseases, including TB. Treating these diseases also becomes harder than it is in an HIV-negative person.
- If nothing is done to contain the reproduction of HIV in an infected person, the person develops a condition called AIDS. A person with AIDS suffers from multiple and concurrent conditions that are otherwise reversible. But because the immune system is too weak, it struggles to fight off illness.

Take Home Messages

- ***Prevention is better than a cure.*** HIV can be prevented. Use a condom correctly and consistently during sex.
- ***Enjoy responsibly.*** Sex is nature's gift to humanity for pleasure and reproduction. But, engaging in unprotected sex exposes you to the risk of not only HIV infection, but also to pregnancy and STIs. If you cannot wait, use a condom correctly and consistently
- ***Be fully aware of where the risk is.*** Some men choose to engage in anal and/or oral sex in order to preserve their virginity. But, both sexual behaviours expose you to the risk of HIV, as well as other infections. Insist on a condom, if that is your preferred choice. In the case of anal sex, also use lubricants.
- ***GBV.*** Denounce and do not commit sexual violence. Reporting violence you witness can lead to a safer community.
- ***Personal values.*** Build your personal identity on your personal values. When you do something because "everyone is doing it," you might follow the wrong thing. It is okay to be different.

Additional Notes

- To achieve the King's Vision 2022 of an HIV-free generation, new HIV infections must be brought to a halt. This requires that men step up and play their part by getting tested and taking an active role in HIV prevention activities.
- New HIV infections are more likely to occur among men aged 25 to 39, compared to men of younger and older ages.
- Men that are unaware of their partner's HIV status face a higher risk of HIV acquisition.
- 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.
- Ignorance of one's HIV status before getting pregnant can put both the mother and the baby at risk.
- A woman that is already HIV positive can get pregnant and have healthy HIV-negative children if enrolled in care.
- No matter your age, what kind of relationship you are in, if you are single, married or in a long-term relationship, everyone should know if they are HIV positive or not.
- Fear of learning your status is understandable, but do not let it keep you from finding out how you can protect yourself and those you care about.