



Sawa Sawa: A Community Dialogue Manual to Reduce Stigma

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Acronyms

| | |
|-------|-------------------------------------|
| AIDS | Acquired Immune Deficiency Syndrome |
| ART | Antiretroviral Therapy |
| ARV | Antiretroviral |
| GAAC | Community Adherence Support Group |
| HIV | Human Immunodeficiency Virus |
| HTC | HIV Testing and Counselling |
| PLHIV | People Living with HIV |
| STI | Sexually Transmitted Infection |
| TB | Tuberculosis |

*“Never doubt the ability of a small group of dedicated people to change the course of the planet.
In fact, they are the only hope that this may occur.”*

Margareth Mead¹

Introduction

Stigma plays a role in losses throughout the HIV treatment continuum and remains a key barrier to improving HIV outcomes. When people living with HIV (PLHIV) are not on antiretroviral (ARV) treatment and do not feel they can safely disclose their status without fear, the risk of onward HIV transmission remains high. HIV-related stigma affects all PLHIV, not to mention their partners, children and others in their household. Stigma also manifests itself at the community level. In communities where isolation and mistreatment is evident, many PLHIV are forced to live in the shadows out of fear and shame. Such unsupportive stigmatizing environments create meaningful barriers to accessing HIV testing, treatment and care.

In Mozambique, stigma has been shown to hinder adherence because PLHIV fear others will find out their status, and those who disclose may become isolated due to the stigma and lose their support for treatment. While individual-level drivers of stigma, such as knowledge and attitudes, are important, the perception that community stigma towards PLHIV is high is equally critical to address.

This manual contains six sessions, each lasting two hours and 30 minutes. They are intended to be given sequentially over the course of a number of weeks, depending on the schedule that the community group decides on. Ideal group size is around 25 people. The groups can be mixed (including both men and women) or with genders separated.

The goal of this manual is to reduce community level stigma and in doing so improve HIV testing, treatment initiation and adherence outcomes among men in particular. Facilitators should use this guide for small group discussions with community members to engage them in dialogue to address social norms, dispel myths and fears related to PLHIV and develop plans to reduce stigma within their communities. A consistent message is woven throughout the small group sessions in this manual to remind participants that we are all “sawa sawa” (equal).

¹ Margaret Mead revolutionized anthropology to make it popular and within the reach of lay people. Her aim was to give ordinary people a tool to understand their place in the world. The English anthropologist (1901-1978), author of several studies of traditional societies, argued that the modern world had much to learn from other civilizations.

Session 1 – Introduction to Sawa Sawa Community Dialogues

Learning Objectives

By the end of this session, participants will:

- be acquainted with the Sawa Sawa tool and its objectives;
- have created an environment where there is confidentiality and all feel welcome; and
- understand what stigma is and how it impacts communities.

Duration of the Session

- Two hours and 30 minutes

Preparations and Materials

- Flip chart paper
- Markers
- Sheet of flipchart paper with the objectives clearly written
- Gather some local area statistics on HIV prevalence

Topics Covered by the Session

- Sawa Sawa objectives, activities and sessions
- Introduction of participants and facilitators
- Expectations and household rules
- Men's and women's vulnerabilities to HIV
- What is stigma?
- Stigma in communities

Activities

1. Introduction of participants and facilitators
2. Overview of the Sawa Sawa tool and sessions
3. Expectations, clarifications and household rules
4. Stigma in communities
5. Men's and women's vulnerabilities
6. Close the session

Key Messages of the Session

- Stigma exists in all communities and in many different forms that can include rejecting, isolating, blaming and shaming.
- Everyone is involved in stigmatizing others, even if they do not realise it.
- Stigma is harmful to the individual, families and communities.
- Each person can make a difference by changing their thinking and actions.

FACILITATOR'S NOTE

- **Activity 4** is very important because it makes the discussion of stigma more personal. It asks participants to reflect on their own experience of being stigmatised and how it felt. These feelings help participants get an insider's view of stigma – how it hurts and how powerful those feelings are.
- **Activity 4** looks at stigmatisation in general, not HIV-related stigma. This is why the instructions are to "think of a time in your life when you felt isolated or rejected for being seen as different from others." It is important for participants to realise they do have to discuss their status or a family member's status in this activity.

- You might have to push people a little to sit alone to reflect. Participants may automatically sit together, make sure they realize the importance of reflecting.
- The sharing should be voluntary – no one should be forced to give his or her story.

Activity 1: Introduction of Participants and Facilitators

What We Want Participants to Achieve:

- Feel comfortable with the facilitator
- Know each other

Preparation and Materials:

- Name tags

Duration: 15 minutes

Step 1: Introduction of the Facilitators

- **Introduce yourself** as a Sawa Sawa facilitator (name, age, marital status and whatever you wish to add). If you are HIV positive and comfortable disclosing your status to the group, this would be a good time to do that.
- **Describe what you do as facilitator.** You may say something like, *“I will guide our discussions; I will ask questions about the topics that we will work on; and sometimes I will pass on new information. My role is to facilitate the sessions and we will learn from each other and together we will solve the problems that arise in the group. Remember that although I will provide you some important information, my role is not the one of a teacher who will tell you everything you need to know. You already have important knowledge and experiences to share, and my role is to help to make this happen.”*

Step 2: Introduction of the Participants

- Ask a member of the group to introduce someone he does not know well. Give the participants a few minutes to interview each other about their:
 - Name
 - Age
 - Marital status (if he lives with someone)
 - Number of children
 - A quality (something good that he has) that he would like to share with the group
 - Something in himself or way of being that needs to improve (a shortcoming)
 - Reasons for choosing to participate in the Sawa Sawa group

Step 3: Ask each participant to introduce his partner. They may also decide to talk about themselves, and the facilitator should determine the amount of time that each participant has to introduce himself or his partner.

Step 4: Close the activity by calling the attention of the group to the aspects they have in common – place of residence, age, employment, marital status, etc. Highlight some differences in the group and the importance of respecting all their differences and points of view, without discrimination and without judging each other.

FACILITATOR'S NOTE

The facilitators should start this first session in a warm, open way so that people feel welcomed. The introduction of the participants helps people to open up and feel more comfortable within the group.

- Be positive
- Invite all to talk
- Learn the names of all participants as soon as possible

Alternatively, distribute cards or tape to all participants on which they can write their name, or how they want to be called in the group.

Activity 2: Overview of the Sawa Sawa Tool and Sessions

What We Want Participants to Achieve:

- Know the Sawa Sawa tool, its objectives and what will be covered in each of the sessions

Preparations and Materials:

- Write the objectives on a piece of flip chart paper

Duration: 15 minutes

Step 1: What Does Sawa Sawa Aim to Achieve?

- Clarify that Sawa Sawa is an educational tool to promote dialogue in the communities to achieve:

A society that respects differences and in which all members of the community can respect each other, evaluating and changing existing stigma and inequalities, so that all can participate actively in the community and feel welcomed and accepted and lead a healthy life. To promote this change, Sawa Sawa proposes a series of activities and discussions to stimulate dialogue among community members, to improve understanding, overcome conflicts and adversity, and thus reduce the stigma people living with HIV face in the community as well as the vulnerability of men and women to HIV.

Step 2: Understanding the Objectives of the Sessions

- Write the objectives on a big sheet of paper before the start of the session.
- When you start the activity, place the paper in a visible place. Introduce and discuss the following objectives with the participants:
 - Finding creative ways to live a healthier and more productive life.
 - Understanding what stigma is, how we contribute to it and how we can change it.
 - Develop and strengthen personal skills to make changes in their lives and communities.
 - Identify best practices to reduce stigma towards people living with HIV (PLHIV) in the community.
 - Encourage men and women to seek help from health services and the community.

Step 3:

- Ask participants to explain how they perceive the Sawa Sawa vision in their own words.
- Ask participants to discuss for five minutes in pairs ("whisper") about what would need to happen in their communities to achieve this vision.

Step 4:

- Explain that, in order to achieve its objectives, the Sawa Sawa tool will be conducted in six sessions and each session will be two hours and 30 minutes long. Some of the groups that meet will be both men and women in the community, while some of the groups will only include men.

Session 1: Introduction to Sawa Sawa

Session 2: Stigma in Communities

Session 3: Testing for HIV and Living with Your Status

Session 4: Disclosure and Discordance

Session 5: Importance of Treatment and Living Healthy with HIV

Session 6: Continuing Sawa Sawa in Your Community

- Clarify that some sessions deal with a topic through a life story – a video and/or a written profile. The profiles tell the story of a real person or couple who changed aspects in their life, overcoming difficulties and barriers, in order to lead a more harmonious and healthier life. Other sessions will not include a life story, but will be interactive and require lots of discussion and participation.

Activity 3: Expectations, Clarifications and Household Rules

What We Want Participants to Achieve:

- Know and harmonize their expectations regarding the Sawa Sawa sessions
- Facilitate agreement on the group rules and how the group will function

Preparations and Materials:

- Flip chart paper
- Markers

Duration: 15 minutes

Step 1: Explaining the Expectations

- Make sure that everyone has a very clear understanding of what they should and should not expect from the Sawa Sawa sessions, so that no one is disappointed at the end.
- Start the activities by asking: *"Considering the topics that we will be discussing and the objectives of Sawa Sawa, what do you expect to learn, or what do you expect of the community dialogue sessions?"*
- On a big sheet of paper, list all EXPECTATIONS of the group.

Step 2: The importance of Participating

- Clarify that everyone should participate and share their ideas during the discussions.
- Highlight that it is important to be present in all meetings, to achieve and meet the various expectations that were presented, and to promote the changes that we wish take place in our lives and communities.

Step 3: Household Rules

- Ask the group to think about the rules they should follow so that they can have a good result in the sessions and live together in the group in the best possible way;
- Write the ideas on a big sheet of paper;
- Use key symbols or ideas, so that everyone can understand them;
- Clarify to participants that the rules are made by them and that everyone is responsible for their implementation, and that therefore they should be well thought out and discussed;
- Keep the list visible during each session so that the group remembers them.

Make sure the rules include:

- Listen to what each person has to say – everyone has the right to express his opinion.
- Do not interrupt while someone is speaking.
- Do not judge – all opinions are valid and can be discussed.
- How cell phones will be used during the sessions.
- No one should share the personal information of other people outside the group.
- If someone disrespects these rules, the measures to be taken can be agreed by the group.
- The day of the week and time of the meetings.

All other aspects related to the functioning of the group can be agreed upon at this stage and may be reviewed whenever necessary.

FACILITATOR'S NOTE

This is also when you should learn the schedules of the people in the group and the community; ensure you have chosen the most appropriate day/time for the meetings; set the number of times the group will meet during a week (preferably once a week); and inform the group that at least six meetings will be needed, and each meeting will be two hours long.

Do not forget to book the next meeting and to ask a group participant to help remind all participants of the day and time of the meeting.

Activity 4: Stigma in Communities

What We Want Participants to Achieve:

- Understand what stigma is and what it looks like
- Reflect on how we contribute to stigma
- Reflect on how being stigmatized makes a person feel
- Encourage men and women to review their role in stigmatizing others around them

Preparations and Materials:

- Flip chart paper
- Markers

Duration: 50 minutes

Step 1: Stigma in Communities

- Ask participants to talk about the ideas that come to mind when thinking about "What is stigma? What does it look like in our attitudes, language and behavior?"
- Let the group talk freely about their ideas of what stigma is to them and what it looks like in the community.
- If they do not come up in the conversation, be sure to discuss some of the main forms of stigma, which include:
 - Physical and social isolation from family, friends and community
 - Gossiping, name-calling, violence and condemnation
 - Loss of rights and decision-making power
- Be sure to mention that there are also other forms of stigma that include:
 - Self-stigma, when people blame and isolate themselves
 - Stigma by association, when the whole family is affected
 - Stigma by looks, appearance, type of job or lifestyle

Step 2: Experiences of Being Stigmatised

- Ask participants to spread out so they are not sitting close to anyone else.
- Have participants spend a few minutes sitting alone and thinking about a time when they felt isolated or rejected for being seen as different from others. Make sure participants understand that this does not have to be about HIV, it could be any form of rejection or isolation for being seen as different. Ask them to think about how it made them feel, what happened in that situation and what impact it had on them.
- After a few minutes of reflection, have participants partner with someone they are comfortable with to discuss their experience.
- Once everyone has had a chance to share with another person bring everyone back to the larger group and invite participants to share their story, if they feel comfortable.
 - Ask how they felt when they thought about it. Was there anything that surprised them?

Step 4: What Stigma Looks Like

- Invite some of those who shared their story to act it out as a role play.
 - Ask for volunteers to play some of the other roles.
 - The idea is for people to be able to visualize the feelings that come with being stigmatized and rejected or isolated.
 - After each role play, ask those participating how it felt to be stigmatized, or how it felt to be the one rejecting the others.

Activity 5: Men and Women's Health and Vulnerabilities

What We Want Participants to Achieve:

- Critically evaluate the advantages and disadvantages related to certain practices, and to seek to identify and change the practices that make people more vulnerable to HIV

Preparations and Materials:

- If available, learn the local statistics for HIV so that you can share them (prevalence, testing rates, etc.)

Duration: 45 minutes

Step 1: Men's and Women's Vulnerabilities

- Introduce the activity by asking the group the following questions:
 - Do men and women look after their health in the same way? Why? Why not?
 - How does the way in which men and women take care of their own health affect the life of their partner?
- Explain that it is important to understand how women and men may be more vulnerable to HIV.

Step 2: Vulnerability to HIV

- In plenary, ask participants:
 - Do you believe that men and women have the same chance of contracting HIV?
 - What are the situations that leave men more vulnerable to HIV infection?
 - What are the situations that leave women more vulnerable to HIV infection?
 - What are the common practices in this community that may affect the possibility of HIV infection, negatively or positively?
- Clarify to participants that:
 - Most men do not seek health services. One reason for this is that they are afraid of being stigmatised.
 - Many people do not know if they have HIV or not, and may end up infecting others.
 - Other people, knowing they are infected, do not use condoms and hide it from their partners.
 - In certain situations, women may become more vulnerable to HIV infection than men, especially when their partner is infected and does not know or hides his HIV status.
 - Health care is not only a concern of women but also of men.
 - Even if a person is already infected, he/she can take care of her/his health to prevent it from getting worse and from infecting his/her partner

Step 3: Present men's and women's vulnerability factors

- Go over the table on the next page and discuss the points.
- Ask if people agree with them. If not, ask them why.

| Men's and Women's Vulnerability to HIV Infection | |
|---|--|
| Women | Men |
| <ul style="list-style-type: none"> • Unequal relations between men and women: women have less decision-making power on sexual choices • Suffer greater social pressure to have children • Have less access to income • Have greater responsibility for family care • Biological constitution more favourable to HIV • Are more exposed to sexual violence • Have a harder time negotiating condom use • More exposed to sex in exchange for favors (transactional sex) • Multiple partners at the same time • Traditional cultural practices | <ul style="list-style-type: none"> • High mobility: they move a lot in search of family support • Unequal relations between men and women: idea of "strong" and virile man (not denying partners) • Low risk perception: idea that they are not at risk because they are "strong" • Multiple sexual relationships at the same time • Sex without a condom • Alcohol and drug use/abuse • Low level of knowledge about the body and about the ways of HIV transmission • Do not often seek health services • Traditional cultural practices |

Step 4: Discussion

Lead a discussion using the following questions.

- *How can we help to change these practices, as they harms people's lives?*
- *What is the role women can have in this change?*
- *What is the role men can have in this change?*
- *What role can community leaders have to make this change happen?*
- *What can we learn from this activity?*

| Information on HIV and Gender in Mozambique |
|---|
| <ul style="list-style-type: none"> • HIV affects men and women, but the risk of infection and disease development are determined by biological factors, social norms and specific behaviors of each sex, according to their social roles. • Mozambique is among the ten countries most affected by HIV in the world. HIV prevalence among the adult population (15 to 49 years old) is 11.5 percent. • The highest HIV prevalence in Mozambique is seen in Gaza (25.1 percent), followed by Maputo (19.8 percent) and Maputo City (16.8 percent). • According to the Inquérito Nacional de Prevalência, Riscos Comportamentais e Informação sobre o HIV e SIDA em Moçambique (INSIDA 2009), there is an HIV prevalence of 15.5 percent in Sofala. • The majority of people infected with HIV do not know they are infected. Most people only get tested after they start to feel sick. |

Activity 6: Close the Session

Duration: 10 minutes

Step 1: Session Evaluation

- Evaluate the session orally with participants, asking “**What did we learn in today’s session?**”

Step 2: Summary of the Key Points

- Repeat the session’s learning objectives and their relationship to the key points raised in the discussion, using the ideas brought by the participants to summarize the session’s main topics.
- Go over the closing messages of the session (listed below).

Step 3: Preparation for the Next Meeting

- Remind participants of the date and time of the next meeting.
- Close the session by thanking everyone for their participation.
- Meet with your partner to evaluate your performance facilitating the session.

Closing Messages

- At some point in time, everybody feels isolated, left out or is treated differently. It is okay to feel like that, but remember that you are not the only one. If you see someone being excluded, speak up and make them feel welcome.
- Different vulnerabilities exist for both men and women but it is important that they are recognized by all.

At the end the session, guide participants to:

- talk with friends and family about what they have learned about stigma;
- discuss their experience of feeling isolated or rejected with others;
- begin to notice when people may be being stigmatized in the community:
 - Are there certain people being stigmatized more than others?
 - Are there locations in the community where it happens more often?
- think about some of the reasons people might be stigmatised; and
- remind participants that we are all **Sawa Sawa**.

CHECKLIST – SESSION 1

| DID YOU... | ✓ COVERED |
|---|-----------|
| Introduce yourself as a Sawa Sawa facilitator? | |
| Verify that all participants introduced themselves? | |
| Introduce the Sawa Sawa objectives? | |
| Establish the group operating rules with the participants? | |
| Find out about the expectations of the participants and ensure that they are in line with the Sawa Sawa objectives? | |
| Have a warm-up activity with the group? | |
| Introduce all topics and sessions to the participants? | |
| Ensure that all participants have agreed to be part of the group and to participate in all sessions? | |
| Agree with the group on which days and at what time the sessions will take place? | |
| Ensure that all participants expressed their questions freely? | |
| Clarify the doubts of the participants? | |
| Complete Activity 4: Stigma in Communities? | |
| Clarify what stigma is with participants? | |
| Complete Activity 5: Men's and Women's Vulnerabilities? | |
| Close the session? | |
| Evaluate the session with the participants? | |
| Use the words and ideas of the participants to close the session? | |
| Transmit the key messages about the session? | |
| Feel comfortable doing all the proposed activities? | |
| Fill in the participation form with the names and data of the participants? | |
| Evaluate the session with your partner? | |

Session 2 – Stigma in Communities

Learning Objectives

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

- understand the roots of stigma;
- critically evaluate the effect that stigma has on members of the community; and
- help community members understand that they can do something to support PLHIV, reduce stigma in their communities and practice Sawa Sawa.

Duration of the Session

- Two hours and 30 minutes

Preparation and Materials

- Flip chart paper
- Markers
- Tape
- Stigma “problem tree” drawn on flip chart paper
- Three general stigma pictures located at the end of this session
- Note cards or post-its
- Pens

Topics Covered by the Session

- Causes and effects of stigma
- How to recognize stigma and begin to address it

Activities

1. Introduction to the session
2. Forms, effects and causes – Stigma Problem Tree
3. Speaking out against stigma
4. Close the session

Key Messages of the Session

- It is important to support PLHIV in your community, recognize stigma and stop it.
- Stigma is everywhere. Rather than participating in it, take a stand and action to help stop it in your community.
- Many factors contribute to stigma. It is important to recognize them and work to change them.

FACILITATOR’S NOTE

- Before starting **Activity 2**, set up the problem tree on the wall. You can use a picture of a tree or set it up with flip charts. The top of the tree (the branches) should be labelled “effects” (how does stigma affect the person being stigmatized?). The trunk is the “forms” of stigma (what do people do when they stigmatise?) and the roots at the bottom are the “causes” (why do people stigmatise?).
- Before the session, prepare a few examples for each part of the stigma tree to begin the discussion in case participants are having a hard time thinking of their own.
- **Activity 3** is meant to help participants better understand stigma, why it exists and how it affects people.

Activity 1: Introduction to the Session

Duration: 10 minutes

Step 1: Review the Previous Session

- Ask some participants, **“What did we learn in the last session? What are the most important issues that were discussed in the last session?”**
- As an alternative, you can use the “ball game,” where you toss a ball around and the person holding the ball names one thing they learned to encourage participants to participate.

Step 2: Description of the Session

- Explain that the session today will be all about stigma and focus on:
 - the cause and effects are of stigma in communities; and
 - ways the community can work together to support PLHIV.

Activity 2: Forms, Effects and Causes – Stigma Problem Tree

What We Want Participants to Achieve:

- Be able to identify different forms of stigma and how stigma affects people
- Be able to identify and recognize some of the root causes of stigma

Preparations and Materials:

- Stigma problem tree template
- Cards or post-its
- Pens
- Tape

Duration: One hour

Step 1: Make the Stigma Problem Tree

- Ask participants to get into pairs and think about different forms of stigma. Give a short explanation of each one and have participants write what people do when they stigmatise on cards (if cards are not available, you can just write directly on the flip chart). Tape the cards to the flip chart to form the trunk of the tree. Remind participants of the different categories of stigma and have some examples on the tree for each one:
 - **Moral judgements** – people blamed for their “behaviour.” HIV is a sexually transmitted disease so people assume the person has had many partners.
 - **Physical isolation** – being forced to eat alone. No visitors and no physical contact. Separation – “us” versus “them.” Based on ignorance and fear of HIV and AIDS.
 - **People treated as useless** – no longer able to make a contribution to the community. This undermines self-esteem and self-confidence.
 - **Self-stigma** – people blame and isolate themselves as a reaction to stigmatisation from society – internalise the shame and blame of society.
 - **Stigma by association** – family members or orphans stigmatised; family status affected.
- Once the forms of stigma are posted on the tree, ask participants to think about the causes of stigma, why people do it, as well as the effects of stigma and what happens to those who are stigmatised. Write what participants come up with on cards and tape them in the appropriate place on the problem tree.

Step 2: Categorizing Types of Stigma

- Have participants gather around the tree and group together cards that are similar.
- Provide a summary for each section of the tree and make sure participants are clear on all of them.
- Help participants to see the different levels that exist, such as immediate impacts, long-term impacts, direct impacts to PLHIV, impacts to the people around PLHIV (family members and friends) and the wider impacts on the community.

Step 3: Action Steps to Reduce Stigma

- Break participants into small groups of about five people.
- Have each group discuss the following questions:
 - *What can be done to change or challenge some of the root causes of stigma?*
 - *Why is something a root cause?*
 - *What are the further effects on family and community?*
 - *How can we minimize the effects of stigma?*

Activity 3: Speaking Out against Stigma

What We Want Participants to Achieve:

- Be able to identify forms of stigma and discrimination in communities
- Identify opportunities to develop strategies for building community support for HIV-affected households

Preparations and Materials

Three general stigma pictures, located at the end of this session:

- Picture 1 – Group of people turning their backs to a woman
- Picture 2 – Community pointing fingers
- Picture 3 – Group of people pointing at a man

Duration: One hour

Step 1: Stigma in the Community

- Divide participants into three groups and give each group a picture asking them to discuss the following questions:
 - *What do you see in the picture?*
 - *How does this make you feel, especially if you know someone living with HIV?*
 - *What other forms of stigma and discrimination are practised by the community?*
 - *What are some actions we can take to build support for PLHIV and the families of PLHIV in our community?*

Step 2: Group Discussion

- Have each group summarise their discussion for the larger group and list any of the actions they came up with to support PLHIV households.
 - Write up a list of the possible actions on a flip chart as the groups are reporting back.
- Once everyone has presented, review the list and ask the group to select one or two things that they feel they could start working on immediately.

Step 3: Share a List of Potential Actions to Support the Community

- Organise a community meeting to discuss what to do about HIV in the community
- Form associations of families, neighbours and church groups to support those affected by HIV
- Find out about antiretroviral (ARV) drugs and share the information
- Talk about adherence strategies and how to support each other to adhere to treatment
- Identify the most vulnerable households (e.g. child/orphan-headed households, grandparent-headed households) and provide support
- Provide exemptions for HIV-affected families from water fees, school fees, etc.
- Provide neutral people to help mediate disclosure or conflicts in families
- Discuss what you have and will learn in these sessions about HIV and stigma with community members
- Organise a regular system of visits to HIV-affected households
- Donate food, clothing and agricultural inputs to households in need
- Carry out repairs to houses or help cultivate the fields of vulnerable households
- Provide piecework for adolescent orphans working in others' fields
- Organise income-generating activities to support vulnerable households
- Provide communal fields for vegetable gardening
- Form a rotating credit and loan club

Activity 4: Close the Session

Duration: 10 minutes

Step 1: Session Evaluation

- Evaluate the session orally with participants, asking “**What did we learn in today’s session?**”

Step 2: Summary of the Key Points

- Repeat the session’s learning objectives and their relationship to the key points raised in the discussion, using the ideas brought by the participants to summarize the session’s main topics.
- Go over the closing messages of the session (listed below).

Step 3: Preparation for the Next Meeting

- Remind participants of the date and time of the next meeting.
- Close the session by thanking everyone for their participation.
- Meet with your partner to evaluate your performance facilitating the session.

Closing Messages

- People should not have to feel isolated and discriminated against in their own community.
- HIV is not just the problem of those who have it or those immediately affected by it; HIV is something the whole community needs to address.
- Everyone is at risk of HIV, so people should work together to support those already living with HIV.
- It is important to understand what is causing stigma and the effects it has on people in order to help us reduce and stop it.

End the session by asking participants to:

- talk to others in the community about supporting those living with HIV;
- speak out when they see stigma occurring in the community; and
- be a resource and safe space for those living with HIV.

CHECKLIST – SESSION 2

| DID YOU... | ✓ COVERED |
|--|------------------|
| Ask participants to summarize what they learned in the previous session? | |
| Update the participation form/attendance list? | |
| Introduce the objectives of the session? | |
| Have a warm-up activity with the group? | |
| Ensure that all participants freely expressed their doubts? | |
| Clarify the doubts of the participants? | |
| Complete Activity 2: Forms, effects and Causes – Stigma Problem Tree? | |
| Complete Activity 3: Speaking Out against Stigma? | |
| Close the session? | |
| Evaluate the session with the participants? | |
| Use the words and ideas of the participants to close the session? | |
| Transmit the key messages about the session? | |
| Feel comfortable to do all the proposed activities? | |
| Evaluate the session with your partner? | |



All pictures from Academy for Educational Development, International Center for Research on Women and International HIV/AIDS Alliance *Understanding and Challenging HIV Stigma: Toolkit for Action, Picture Booklet*. 2007.





Session 3 – Testing for HIV and Living with Your Status

Learning Objectives

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

- reflect on a couple's responsibility to prevent HIV infection, especially in relations with multiple partners;
- emphasize the importance of the support of partners, family and community of PLHIV; and
- understand the importance of HIV testing, disclosure of status, use of condoms, treatment of sexually transmitted infections (STIs) and adherence to treatment.

Duration of the Session

- Two hours and 30 minutes

Preparation and Materials

- Flip chart paper
- Markers
- Video – “Blaming Doesn’t Help”
- Device to play the video
- Battery and all cords needed

Video

- **Title:** “Blaming Doesn’t Help” (Mozambique)
- **Profile Description:** Victorino Raul and Julieta Trinta

Victorino is married to Julieta Trinta. The couple has seven children and they live in Cone locality, in Zambezia province. Knowing that they are HIV positive has strengthened their union instead of separating them. When they discovered that they were infected, they assumed they would overcome the disease with the support of their family, instead of blaming each other. They believe they should not blame each other because no one can know who “brought the disease home.”

Victorino and Julieta assert that what often happens to people who are HIV positive is that they remain in denial that they are infected, and refuse to manage the disease until it is necessary to resort to treatment in the hospitals and health centers. In contrast, Victorino and Julieta follow all the instructions given by their counselors, always use condoms, adhere to their medication, eat well and use only their own blades when they go to the healer. Today, they are well and feel that they value each other more, refusing to have other partners.

Topics Covered by the Session

- Importance of HIV testing
- Blaming, stigma and discrimination

Activities

1. Introduction to the session
2. HIV and learning your status
3. Living with HIV
4. Close the session

Key Messages of the Session

- You can test along or go with your partner and test together.
- A woman should not blame the man, nor should the man blame the woman for contracting HIV.

- Do not let the fear of stigma keep you from testing.
- The community needs to stand together and support those living with HIV.

FACILITATOR'S NOTE

- Keep in mind that this session aims to look at how to prevent HIV and reduce stigma against those with HIV while also promoting HIV testing. The aim of this session is also improve the understanding of the participants, avoiding discrimination and especially the blaming that normally takes place in a couple when revealing a positive HIV result.
- The purpose of **Activity 2** is to clarify some basic concepts, and is therefore not intended to be an educational session on HIV.
- If the group has many questions while conducting **Activity 2**, especially questions that you cannot answer or are unsure about, refer them to the local health service or a local health worker.
- You can also put questions in the "Ideas Basket – Parking" to have a discussion on another day, inviting a health professional to answer questions from participants.
- It is important for both men and women to express their feelings to their partners and family when they are infected since disclosure will hopefully help them find support.
- Many women end up being evicted from their homes when they discover that they are HIV-positive. It is therefore important for the couple to take the test together, to avoid blaming of the wife, as the person who brought HIV home.

Activity 1: Introduction to the Session

Duration: 10 minutes

Step 1: Review the Previous Session

- Ask some participants, **“What did we learn in the last session? What are the most important issues that were discussed in the last session?”**
- As an alternative, you can use the ball game to encourage participants to participate.

Step 2: Description of the Session

- Explain that in this session the group will discuss:
 - the possibility that both men and women can infect each other with HIV, and therefore no one should be blamed for the disease;
 - reflect on the importance of prevention, even when people are already infected; and
 - the importance of partners, family, friends and the community to support PLHIV.

Activity 2: HIV and Learning Your Status

What We Want Participants to Achieve:

- Increase their knowledge about how HIV can be transmitted, and that everyone is at risk of being infected with HIV, regardless of their sex
- Understand how to prevent HIV
- Understand the importance of HIV testing, disclosure of the status, the use of condoms and living with HIV
- Understand stigma and the importance of supporting each other in the community

Preparations and Materials:

- HIV Basics Fact Sheet

Duration: One hour

Step 1: Basics of HIV

- Begin the activity by making sure everyone in the group has accurate information on HIV, being sure to fill in any gaps. You can use the **Basic Facts about HIV and AIDS** located at the end of this session to help guide you.
- Confirm the information participants already have on the subject, and then add additional information.
- When participants give a wrong or incorrect interpretation of the information, it is important to understand the underlying reasons that lead people to have these interpretations. Do not just say that their ideas are wrong.
- Formulate questions and bring them back to the group. Only answer the questions after exhausting the group's knowledge and ability to find their own answers.
- Remind participants that most HIV infections occur through unprotected sex, so it is important to discuss ideas and practices that affect the ability of men and women to make decisions to protect themselves during sexual intercourse.
- Remind them that an infected person can pass HIV to another person.

Step 2: Testing for HIV

- Once you feel participants have a good understanding of HIV/how HIV is transmitted, ask the group why HIV testing is so important.
- Ask if anyone would feel comfortable sharing their experience of testing for HIV. If there is, follow up with the following questions:
 - *How did you feel before you tested?*
 - *What made you decide to test for HIV?*
 - *What was the process for testing like? Can you tell us what happened?*
 - *You do not need to share your status, but are you comfortable sharing how you felt after you tested?*
- If no one wants to share, speak in general terms about what it can be like to get a test (using the information on the next page) and stress the importance of learning your status to stay healthy and take care of yourself and your family.
- Be sure to let people know where the closest place is that offers HIV testing.

Why should I test for HIV? Why is it important that I know my status?

HIV testing and counseling (HTC) is an important way for you to take care of your health. By knowing your status, you can continue to take steps to prevent becoming HIV positive or take steps to ensure you stay healthy, such as enrolling in ARV therapy (ART) in order to lower the amount of HIV in your body and using condoms to prevent transmission to your partners. You can test alone or go with your partner and test together.

What happens when I go for an HIV test?

The provider will first counsel you so you understand your risk of HIV, ways to protect yourself and your partner and how to interpret the test results. Once the counseling session is over they will ask you again if you would like to test. If you decide you no longer want to test at this point, that is okay, you can come back again another time when you feel ready. If you agree to test, they will make a small prick on your finger, squeeze a drop of blood out and put it on the testing strip. You will then need to wait 15 to 20 minutes for your results. When your results are ready your provider will explain to you what the test shows and what this means. They will again provide you with a counselling session based on the results.

Activity 3: Living with HIV

What We Want Participants to Achieve:

- Reflect on the different conflicts they may face when they disclose they are HIV positive
- Understand that HIV should not be a reason for people to be discriminated against, blamed (accused) by their partners or have their rights violated
- Identify the importance of supporting the partners, family and community members of PLHIV in order to reduce stigma and discrimination.

Preparation and Materials

- Video profile of Victorino and Julieta, “Blaming Doesn’t Help”
- Video playing device

Duration: One hour

Step 1: Show the “Life Story” Video

- Show the video titled “Blaming Doesn’t Help.”
- Ask participants to observe how Victorino and Julieta overcame their difficulties upon learning they were HIV-positive.
- Emphasize that the people in the video are real people, not actors.

Step 2: Discussion about the Video

Questions for Discussion

About the Story:

- *What is this life story about?*
- *What draws your attention the most about Victorino and Julieta’s story?*
- *How did Victorino and Julieta cope with the discovery that they were HIV positive?*
- *How did this have an impact on the life of the couple?*
- *How did the couple resolve their conflicts, having had a positive HIV test result?*
- *What is the advantage of couples getting an HIV test?*
- *What do you think is the most difficult issue when you discover that you have HIV? Why?*

About What Happens in the Community

- *Are there cases of HIV-positive couples in this community/neighbourhood? How have members of the community responded?*
- *What is different in the way Victorino and Julieta relate?*
- *Why does the couple think one should not blame the other for “bringing the disease home”?*
- *What usually happens to a woman when her husband discovers that she has HIV?*
- *What usually happens to a man when his wife discovers that he has HIV?*
- *In this community, is the issue of stigma and prejudice faced by PLHIV discussed?*
 - *What are some ways this could be more openly discussed to reduce stigma?*

On the Topic of HIV Prevention

- *What can members of this community/neighbourhood do to improve the lives of women and men living with HIV?*
- *How should we advise men and women who are HIV-positive?*
- *What do you think you can do to prevent discrimination against people living with HIV in this community/neighbourhood?*

Activity 4: Close the Session

Duration: 10 minutes

Step 1: Session Evaluation

- Evaluate the session orally with participants, asking “**What did we learn in today’s session?**”

Step 2: Summary of the Key Points

- Repeat the session’s learning objectives and their relationship to the key points raised in the discussion, using the ideas brought by the participants to summarize the session’s main topics.
- Go over the closing messages of the session (listed below).

Step 3: Preparation for the Next Meeting

- Remind participants of the date and time of the next meeting.
- Close the session by thanking everyone for their participation.
- Meet with your partner to evaluate your performance facilitating the session.

Step 4: Final Reminder

- Remind participants that we are all **Sawa Sawa**.

Closing Messages

- Getting tested for HIV is important.
- By knowing your status, you can take steps to prevent infection or ensure you stay healthy if you are positive.
- Disclosure should be carefully planned to bring about positive outcomes.
- The outcomes of HIV disclosure vary. While there are negative outcomes at times, positive outcomes are more common.
- Disclosure can help build increased social support, stronger relationships, improve physical health and reduce anxiety and depression.
- Community members have an important role in supporting PLHIV and ensuring that PLHIV do not feel stigmatized or discriminated against.
- Women should not be abandoned by their husbands or expelled when the result of their HIV test is positive. Likewise, husbands should not be diminished by their wives if they are HIV positive.
- Isolating a person who is HIV positive is the same as discriminating against her/him and depriving her/him of the right that all people have to life, to care and to be respected.
- Dialogue between couples helps to mitigate possible conflicts arising from disclosing the HIV status.
- The extended family should help a positive member/couple in their family to resolve their conflicts.
- When a couple is infected, they should use condoms to prevent re-infection and thus continue to maintain their normal sexual life.
- Communities have a great opportunity to show compassion and support PLHIV in their communities – whether or male or female – and ensuring they are not discriminated against.

End the session and ask participants to:

- Test for HIV, either individually or as a couple.
- Disclose their status to their partner.
- Be accepting and understanding when others disclose to them.

CHECKLIST – SESSION 3

| DID YOU... | ✓ COVERED |
|--|------------------|
| Ask participants to summarize what they learned in the previous session? | |
| Update the participation form/attendance list? | |
| Introduce the objectives of the session? | |
| Have a warm-up activity with the group? | |
| Ensure that all participants freely expressed their doubts? | |
| Clarify the doubts of the participants? | |
| Complete Activity 2: HIV and Learning Your Status? | |
| Show and discuss the video about Victorino and Julieta with the group? | |
| Follow the script for discussion of the video? | |
| Discuss with the group how to support men and women with HIV in their communities? | |
| Close the session? | |
| Evaluate the session with the participants? | |
| Use the words and ideas of the participants to close the session? | |
| Transmit the key messages about the session? | |
| Feel comfortable doing all the proposed activities? | |
| Confirm the date and time of the next meeting? | |
| Evaluate the session with your partner? | |

Basic Facts about HIV and AIDS

Key Terms

AIDS: Acquired immune deficiency syndrome (AIDS) and is the condition in a person's body when the HIV has advanced. It is a syndrome that usually results in a person contracting opportunistic infections and becoming very sick if they are not on treatment. All people with AIDS are HIV positive, but not all people who are HIV positive have progressed to AIDS.

ARV: Antiretroviral (ARV) medication is taken by HIV-positive people to reduce the amount of HIV (or "viral load") in their body. These medications must be taken for the rest of a person's life to help control the virus and keep an HIV-positive person healthy. This is called antiretroviral therapy or ART.

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

HIV: Human immunodeficiency virus (HIV) attacks and destroys the body's defence (immune) system, which is responsible for combating diseases.

HTC: HIV testing and counseling (HTC) is the process by which a person can find out his/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: The immune system is 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 (TB); 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. This is also called viral suppression.

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 yet had a chance to react to the virus 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.

Frequently Asked Questions

How is HIV contracted?

- HIV passes from one person to another through:
 - unprotected sexual contact (main form of transmission);
 - infected materials (e.g., cutting instruments, needles or blood transfusion); and
 - from mother to child during pregnancy, childbirth or breastfeeding.

What are the modes of HIV transmission?

The leading cause of HIV transmission in Mozambique is unprotected sexual contact between two people, when one of the two is HIV positive.

- Anal sex carries the highest risk, then vaginal sex and 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.
- 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 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; if the mother is not taking ARVs, the chances of mother-to-child HIV infection during pregnancy is one in 10 cases (5-10%).
- During labour and delivery; if the mother is not taking ARVs, the chances of mother-to-child HIV infection during labour and delivery is two in every 10 cases (15-20%).
- During breastfeeding; if the mother is not taking ARVs, about two in every 10 children (15-20%) born HIV free to HIV-positive mothers are infected with HIV (seroconvert) by the age 24 months.
- It is very important for women to begin taking ARVs if they are HIV positive and want to have a baby or are pregnant. You can work with your provider to ensure your baby is born HIV negative.

How can HIV be prevented?

- There are multiple ways that HIV can be prevented. The best way to prevent HIV is to always use a condom when having sex (oral, anal or vaginal).
- To prevent transmission from a mother to a child, it is important for the mother to be on ARVs and to talk to their doctor. Once the baby is born s/he will also need to take medication to prevent the HIV from taking control in the body.
- Healthcare workers should always wear gloves when working with patients so that they do not get blood into any cuts they may have on their hands.
- Needles and razors should never be shared between people.

What is the difference between HIV and AIDS?

- When you are HIV positive, your immune system is weakened by HIV and becomes susceptible to many diseases, including TB. Treating these diseases also becomes harder.
- When you have AIDS, it means your CD4 cell count is below 250 and you may have other illnesses that your body could normally fight off. Because your immune system is too weak to fight the diseases, your body struggles.

What is the effect of HIV on the immune system?

- When HIV enters a person's body it targets a person's CD4 cells, which are part of the immune system that keeps you healthy.
- HIV enters the CD4 cells and uses them to make more HIV, destroying the CD4 cell in the process. As the HIV multiplies, it attacks more and more CD4 cells, weakening the immune system.
- As the CD4 cells are destroyed it becomes easier for other infections such as TB to enter the body and make you sick.
- ARVs help stop the HIV from destroying CD4 cells. This is why people on HIV treatment are able to stay healthier than those who do not take treatment. When someone starts treatment their CD4 cells will start to grow and the amount of HIV attacking the cells in the body will lessen.

What are some symptoms of HIV infection?

- You cannot recognise 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.

Session 4 – Disclosure and Discordance

Learning Objectives

- Promote joint counselling and testing of couples
- Gain a deeper understanding of the different forms, effects and causes of stigma
- Contribute so that PLHIV feel encouraged to reveal their HIV status to their sexual partners
- Develop a deeper understanding of the difficulties involved with disclosing someone's status and learn how better to support PLHIV in doing so
- Identify the effects of stigma on different people in different places
- Show how the HIV-negative partner supporting the HIV-positive partner benefits their family life

Duration of the Session

- Two hours and 30 minutes

Preparations and Materials

- Flip chart paper
- Markers
- Video – “Discordant Couples”
- Device to play the video
- Battery and all cords needed

Video

- **Title:** “Discordant Couples: Living Together with Our Differences” (Mozambique)
- **Profile Description:** Aurélia Azar and Ernesto Rungo

Aurélia Azar is 40 years old and lives in Marracuene district, Maputo province, with her 49-year-old husband Ernesto Rungo and their three children. Aurélia Azar is HIV-positive, but her husband is not. She learned about her status after having been very ill. At first, she did not dare to tell her husband but, unlike his wife who was very disturbed by the news, he reacted well. He did not blame his wife and did not try to find out the reason she was infected. Ernesto supported his wife in all the difficult times, even when the family turned their backs to him. They live in harmony and follow medical advice, using condoms whenever they have sex. Ernesto says that marriage is for better or worse, and that no one should despise anyone because of being sick and frail.

Topics Covered by the Session

- Disclosure
- Support of partners and family members to PLHIV

Activities

1. Introduction to the Session
2. Living together with our differences
3. Disclosing
4. Session Closure

Key Messages of the Session

- Anyone can be infected with HIV.
- It is important to share your status with people you are close to and your partner. By sharing your status you can receive support and help prevent stigma.
- The family, husband/wife and community should support PLHIV to go seek HIV-related services and be supported in their treatment.

Activity 1: Introduction to the Session

Duration: 10 minutes

Step 1: Review the Previous Session

- Ask some participants, **“What did we learn in the last session? What are the most important issues that were discussed in the last session?”**
- As an alternative, you can use the ball game to encourage participants to participate.

Step 2: Description of the Session

- Explain that in this session, the group will discuss:
 - discordant couples, which is when one member of the couple has tested positive for HIV and the other tested negative; and
 - the importance of disclosure when a person is living with HIV and why those around them need to be supportive.

Activity 2: Living Together with Our Differences

What We Want Participants to Achieve:

- Reflect on the advantages of revealing the a positive HIV test result to their partners
- Reflect on the importance of supporting the partners, friends and family of PLHIV, especially among discordant couples
- Reflect on the need for condom use and the importance of treatment among discordant couples

Preparations and Materials

- Video profile about Aurélia and Ernesto
- Video playback device

Duration: One hour

Step 1: Show the Life Story Video

- Show the life story video about Aurélia and Ernesto, “Discordant Couples: Living Together with Our Differences.”
- Ask participants to pay attention to the video and observe the way Aurélia and Ernesto relate to each other, and the care Ernesto shows Aurelia, knowing that she is HIV-positive and he is not.
- Emphasize that the people in the video are real people, not actors.

Step 2: Discuss the Video

Questions for Discussion

About the Story

- *What is this story about?*
- *How did Aurelia learn that she was infected with HIV?*
- *How did Ernesto learn that his wife tested positive for HIV?*
- *How did he react to this news?*
- *What are the difficulties that Aurélia faced when she knew that she tested positive for HIV and her husband did not?*
- *What do you think of how Ernesto treats Aurélia, knowing she is HIV-positive and he is not?*
 - *Encourage participants to reflect on the fact that both did the test, Aurélia correctly following her treatment and the support Ernesto gives Aurélia.*

About What Happens in the Community

- *Do you know a couple in a similar situation?*
- *What is different or similar between them and the couple in this video?*
- *What were the reactions of the neighbours when they learned about Aurélia and Ernesto?*
- *What do you think the role of neighbours, relatives and friends of the couple should be?*
- *What role did the activist play in guiding the couple?*
- *What helped Ernesto and Aurélia avoid conflicts about being discordant?*

About Living as a Discordant Couple

- *What was the advice that Aurélia and Ernesto received from the nurse to help Aurélia stay healthy and for Ernesto to not to get infected?*
- *What are the other measures a couple must take to live positively when both, or one of them, is HIV-positive?*

Closing Messages

- Clarify to the participants that when one partner is living with HIV and the other is not, these are called discordant couples.
- ART helps prevent HIV from multiplying quickly. Having a smaller amount of the virus also decreases the risk of transmission, and precautions (e.g., condom use) can be taken.
- Adherence to ART is very important. An HIV person can become virally suppressed when taking ART meaning the levels of HIV are low in their body. This helps them remain healthy and makes it difficult to transmit the virus to their partner. This is only possible if they remain adherent.
- The reaction to the news that one partner is HIV positive can vary from one couple to another. Telling a partner you are HIV positive is almost always difficult and complicated.
- Many emotions can arise when you disclose to a partner such as fear, anxiety, guilt and feelings of not knowing what to do.
- In some cases, women who fear being accused and expelled from the house might remain silent about her positive test result.
- Some men may fear the accusation of infidelity and of being abandoned, especially when already having some symptoms of the disease, and remain silent about his positive test result.

Activity 3: Disclosure

What We Want Participants to Achieve:

- Be able to describe issues involved in supporting PLHIV to disclose their status
- Have a deeper understanding of the difficulties involved with disclosing someone's HIV status and how to better support people

Preparations and Materials

- Flip chart paper
- Markers

Duration: One hour

Step 1: Brainstorm

- Ask participants to think about and discuss the question: "Why is it important for a person living with HIV to disclose their status to partners and other family members?"
- Write some of their ideas down on a flip chart to keep as a reminder during the session.

Step 2: How to Disclose

- Arrange chairs into two rows facing each other, or ask participants to sit in two lines, facing the person across from them. Explain that you are going to ask three questions. After each question, one of the lines will move down two people, so that everyone is facing a new person. The two people at the end will go around to the beginning of the line and face those two people.
- Ask the following questions, changing partners after each one:
 - *What might the difficulties be in disclosing to family members?*
 - *If one of your family or friends has told you they are HIV positive, how did you react? If somebody has not told you that, how do you think you would react?*
 - *If someone discloses their status to you, what are some important things you think you should let them know or say to them to make them feel safe and accepted?*

Step 3: Practicing Disclosure

- Divide the group into pairs and read the following scenario:
 - *José's wife has passed away and left him with their five children. Last month, his son returned from university and told him that he was HIV positive. He is healthy and taking ART but he wanted his father to know so that he can talk openly about it. He asked his father if he would tell his brothers and sisters. His older sister is visiting today and José has decided that he will try to tell her.*
- Have one person play José and the other person play one of the family members. Ask them to role play what it would be like for José to share his son's status and how the family member might react.
- After a few minutes, have participants swap roles.
- Once everyone has played both roles, bring the group back together and ask two or three pairs to perform for the group.

Step 4: Group Discussion

- Ask the group to discuss these questions:
 - *When you were José, how did you feel?*
 - *As a family member, how did it feel hearing the news?*
 - *What techniques helped José to disclose his son's status?*
 - *What were some good ways to respond?*

Activity 4: Close the Session

Duration: 10 minutes

Step 1: Session Evaluation

- Evaluate the session orally with participants, asking “What did we learn in today’s session?”

Step 2: Summary of the Key Points

- Repeat the session’s learning objectives and their relationship to the key points raised in the discussion, using the ideas brought by the participants to summarize the session’s main topics.
- Go over the closing messages of the session (listed below).

Step 3: Preparation for the Next Meeting

- Remind participants of the date and time of the next meeting.
- Close the session by thanking everyone for their participation.
- Meet with your partner to evaluate your performance facilitating the session.

Step 4: Final Reminder

- Remind participants that we are all **Sawa Sawa**.

Closing Messages

- Discordant couples are common.
- Using condoms in all sexual relations reduces the risk of HIV transmission among discordant couples.
- A strong feeling of unity in some families makes disclosure easier. If your relationship with someone is strong, it will make disclosure easier.
- Always check with the PLHIV first if you are going to tell a third person about their status.
- It is important to support the HIV positive partner to adhere to treatment so that he/she does not stop the medication and remains in control of his/her health status.
- Continuing ART helps to reduce the risk of infecting the HIV negative partner.
- The practice of sex with condom use is the responsibility of the couple. This behavior allows you to avoid infection of the HIV negative partner and re-infection of the HIV-positive partner and to prevent other STIs for both partners.
- If the test result is different for the couple (only one has HIV), the relationship does not need to end. It is possible to live in a safe, healthy and happy way with someone you love, regardless of their HIV status, as Aurélia and Ernesto do.
- It is normal to be afraid to reveal a HIV positive result, but it is possible to improve the dialogue with your partner and seek the support of health professionals, friends and relatives.
- A discordant couple can have children, provided it is done under medical supervision. When it is the wife who is HIV positive, she should follow the treatment properly, go to the hospital to check her health status and follow antenatal care (ANC) from the beginning of pregnancy.
- Disclosure is important for support and a healthy life. If someone discloses their status to you, you should be supportive and understanding of them.

CHECKLIST – SESSION 4

| DID YOU... | ✓ COVERED |
|---|------------------|
| Ask participants to summarize what they learned in the previous session? | |
| Update the participation form/attendance list? | |
| Introduce the objectives of the session? | |
| Have a warm-up activity with the group? | |
| Ensure that all participants freely expressed their doubts? | |
| Clarify the doubts of the participants? | |
| Show and discuss the video about Aurélia and Ernesto with the participants? | |
| Follow the script for discussion of the video? | |
| Complete the Activity 3: Disclosing? | |
| Close the session? | |
| Evaluate the session with the participants? | |
| Use the words and ideas of the participants to close the session? | |
| Transmit the key messages about the session? | |
| Feel comfortable doing all the proposed activities? | |
| Confirm the date and time of the next meeting? | |
| Evaluate the session with your partner? | |

Session 5 – Importance of Treatment and Living Healthy with HIV

Learning Objectives

- Promote adherence to Antiretroviral Treatment/ART
- Reduce mistrust of the effectiveness of ART
- Encourage the importance of support from partners and family for PLHIV to adhere to ART

Duration of the session

- Two hours and 30 minutes

Preparation and Materials

- Flip chart paper
- Markers
- Video – “How to Extend Life with Treatment”
- Device to play the video
- Battery and all cords needed

Video

- **Title:** “How to Extend Life with Treatment” (Mozambique)
- **Profile Description:** Rosita Joaquim

Rosita Joaquim is 47 years old and has six children, two of whom live with her in the tenth neighborhood, UCD, Block 3, in Beira. Rosita saw her life change completely when she became sick from HIV. She was stigmatized by her own family and neighbors, and abandoned by her husband whom she never heard from again. She went through very hard times and severe economic difficulties, to the point of not having anything at home to eat. She started ARV treatment and improved, but abandoned the medication due to the belief that the treatment would eventually kill her. She had a relapse that left her very weak and therefore she agreed to resume treatment. Today, she knows that she has to continue the medication for life in order to be able to lead a healthier and longer life. She argues that no one should be ashamed of having AIDS.

Topics covered by the session

- Adherence to ART
- Support to people living with HIV
- Correct taking of the medication

Activities

1. Introduction to the session
2. Family and community support
3. ART: living longer and better with HIV
4. Close the session

Key Messages of the Session

- After starting ART, it should not be stopped.
- People on ART must do medical testing and follow up as directed by health professionals.
- Family, friends and community members should support people on ART so that they do not stop taking the medication.
- Any side effects of the treatment pass after the first few weeks. Side effects should not be confused with the worsening of a patient's health status. Ask a health care provider if any issues arise before stopping treatment.
- ART can help a person with HIV lead a long life.
- ART lowers the amount of virus in a person's body (viral load) making it more difficult for them to transmit HIV to others.
- ARVs are free, widely available and provide hope for a healthy future.
- It is helpful if families know about treatment and ways to support someone on ART.

FACILITATOR'S NOTE

- The unpleasant effects of ART should not be confused with the worsening of a patient's health status.
- The amount of HIV virus in an infected person's body gradually increases if they are not taking ART, slowly destroying his/her defences against diseases, similar to when "muhlas" destroy a house.
- Disclosure is important for PLHIV to be able to get support from friends and family.
- It is very difficult to adhere to treatment if a person has never disclosed their status.
- Everyone needs to find ways to support PLHIV when they disclosure and after.

Activity 1: Introduction to the Session

Duration: 10 minutes

Step 1: Review the Previous Session

- Ask some participants, **“What did we learn in the last session? What are the most important issues that were discussed in the last session?”**
- As an alternative, you can use the ball game to encourage participants to participate.

Step 2: Description of the Session

- Explain that in this session, the group will discuss:
 - ART as an effective measure to extend and improve the quality of life of PLHIV; and
 - how the community can support PLHIV in being adherent.

Activity 2: Family and Community Support of ART

What We Want Participants to Achieve:

- Know how ART works
- Encourage participation in community support groups for PLHIV

Preparations and Materials

- Additional ART Information (fact sheet at the end of this section)
- Lists of local Community Adherence Support Groups

Duration: One hour

Step 1: Clarification about ART and the Importance of Taking the Medication

- Discuss the following questions with the group:
 - *Who needs ARV treatment/ART?*
 - *What is ART?*
 - *What are the side effects of ART?*
 - *Why must the patient's sexual partner(s) be informed?*
 - *What is the importance of seeking support groups in the community?*
 - *What does it mean that "treatment is for life"?*

When someone is on ART, treatment includes:

- Going to all scheduled appointments at the health facility to determine if the person has any other health problem and if the medication is effective.
- Preventing opportunistic infections that arise when the defence system of the HIV-infected person is weaker.
- Taking medication correctly, so that the infected person can have a normal life, work, take care of his/her family and see his/her children grow up.
- It is important to look for others in the same situation in the community, to share experiences and receive emotional support.
- Like any medication, ARV drugs may cause some reactions or side effects. These side effects may last a few weeks, but over time they should decrease.
- If a person takes ART as prescribed, they can achieve viral suppression. What this means is that the ART has been able to fight off most of the HIV and only a little bit remains in the body. This little bit will always be there, but as long as the person continues to take their medication, the virus will not make them sick and it will be very difficult for them to transmit the virus to others.
- Some common side effects when beginning ART are:
 - Feeling tired
 - Headaches
 - Sores on the skin
 - Dry mouth
 - Dizziness and vomiting
 - Diarrhoea
 - Waking up few times at night (interrupted sleep)
- If a person experiences these side effects, they should go to the health facility so that the doctor or nurse can give them some medication to control the side effects of the ARV drugs.
- When the person starts ART, he/she should not stop taking the tablets even if these reactions occur.

- The person on ART should seek support from others in the community (support groups) who are also using ART to share their experience. This will bring him/her comfort and help them when they experience difficulty with their treatment. It is very important for family and the community to be supportive of those on treatment. When a person begins treatment, it shows that they are taking care of not only themselves but also those around them, especially their partner, as it is more difficult for people on treatment to pass HIV to others.
- The person on ART should notify his/her partner of their status to guide him/her to also get tested, know his/her status and use condoms in all sexual relations.

Besides the PLHIV support groups in the community, **Community Adherence Support Groups (GAACs)** have been created by the Ministry of Health in order to:

- improve access, retention and adherence of patients to antiretroviral therapy;
- ensure psychosocial support among patients on ART; and
- improve the link between the health facility and the community.

Criteria to Become Part of a GAAC:

- Know one's HIV status
- Being on ART for at least six months (first-line or alternate regime)
- Be at least 15 years old
- Have a CD4 count above 200 cells/ul, or a viral load below 3,000 cp/ml (if DBS is used)
- Show interest in joining the group
- Being adherent to antiretroviral drugs and medical consultations in the last 6 months,
- Be in stable, good health (e.g., not suffering from TB, Kaposi's sarcoma or acute malnutrition).
- Have, in the last three months, collected their drugs at the pharmacy on the due dates (with the exception of some non-adherent patients who may be included in the GAAC, subject to certain conditions set out in the table below)

FACILITATOR'S NOTE

There is an exception to the inclusion of patients who are not adherent to ART, with a view of reinforcing their adherence:

- Patient who had abandoned ART but returned to the health centre
- Patient who demonstrates interest in joining GAAC

Inclusion of non-adherent patients should adhere to the following guidelines for each group:

- GAAC with six members: Two members may be non-adherent
- GAAC with five members: One member may be non-adherent
- GAAC with four members: One member may be non-adherent
- GAAC with three members: No (0) member may be non-adherent

How to Be Part of a GAAC:

- Members are selected at the community level with the support of the health facility
- Patients join the group on the basis of kinship/neighbourhood/residence
- Must be registered at the same health facility where they receive ART
- The maximum number of members per group is six people
- Each group has a focal point chosen by its members
- Each month, one group member goes to the health facility to pick up medicine for all of the group members on a rotating basis

Activity 3: ART – Living Longer and Better with HIV

What We Want to Achieve:

- Clarify the benefits of treatment to improve the health status of PLHIV
- Emphasize test and start
- Clarify that ART is for life
- Clarify the benefits of treatment to reduce the risk of opportunistic infections
- Emphasize the importance of going to the health facility to control their health status and treatment, as directed by a healthcare professional

Preparations and Materials

- Video – “How to Extend Life with Treatment”
- Video playback device

Duration: One hour

Step 1: Understanding ART

- Before starting the discussion on ART, you should clarify that the focus of Sawa Sawa on this topic is to encourage PLHIV to adhere to ART so that they can have a better quality of life and reinforce the importance of families and community members in supporting a person on treatment to adhere.
- Remind participants that our **body is like a house**. Just as the house protects us from the wind and rain, our body has natural defences that protect us from disease.
- Some diseases are caused by viruses. Viruses are so small that we cannot see them, but they destroy the natural defences of our body. HIV is one of them. It is like muhla – even though we cannot see it, it eats away at the wood until it is too weak.
- In addition, when we are not well emotionally, our body becomes more vulnerable to disease. Some people respond better than others to an emotional, financial problem or a disease. This depends on the health status of people, on how they live, how they eat, if they are happy or sad, etc. Thus some people get sick more easily than others.
- ART is the medication that makes the HIV remain dormant in the body of the infected person. It helps the body defend itself from disease, giving them the strength to continue living normally.
- The ARV medication does not eliminate HIV. The infected person will need to take this medication for life.
- Treatment has many benefits as it strengthens the body and allows someone with the virus to lead a full life.
- When taking ART, it lowers the amount of virus in your body (viral load). It is important to adhere to treatment to get your viral load as low as possible. When you have an undetectable viral load, it is much harder to transmit HIV to other people.
- Getting your viral load tested can let you know if your ART is working or if you are resistant to the medication. Your doctor can then change your medication so it continues to fight the HIV.
- Although ARV medication helps to control the HIV infection, the person who is infected can still transmit the infection to others.
- For more information on ART, review the notes at the end of this session.

Step 2: Show the Life Story Video

- Show the video “How to Extend Life with Treatment.”

- Ask participants to pay attention to the video and observe the reasons that led Rosita to abandon treatment, how she overcame this decision and then began to take the medication correctly again
- Emphasize that the people in the video are real people, not actors.

Step 3: Discuss the Video

Questions for Discussion

About the Story:

- *Why did Rosita stop with her treatment?*
- *What are problems did Rosita face that caused her to discontinue treatment?*
- *What led Rosita to take the medication again?*
- *After Rosita started taking the medication again, what happened to her life?*
- *What leads people to discontinue ART?*

About What Happens in the Community

- Do you know anyone who, like Rosita, stopped taking the medication?
- What happened to this person?
- Do you know any men who have trouble adhering to their ART?
- Did Rosita have someone's support to continue treatment?
- What is the family's role to help people stay in treatment? What is the community's role?
- What can the community do to support people who are taking ARV medication so that they stay in treatment? How can the community support both women and men on ART?

Closing Messages

- Remember: living with HIV is like living with diabetes and high blood pressure. People with these health problems need to take some precautions and often medication for life.
- PLHIV need to prepare themselves to "think positively" about themselves and their life. Thinking and living positively is to take care of your body and your emotions. There are many ways to feel good and avoid diseases. For example:
 - Keep the active body (i.e., walking, working) as one always did
 - Eat better, taking advantage of what is nourishing in local foods
 - Sleep well and rest
 - Look for friends, chat and share feelings
 - Look for emotional support when feeling physically weak or sad
 - Prevent oneself from contracting other infections such as malaria and TB
 - Prevent oneself from contracting other diseases transmitted through sexual intercourse
 - Take ARV medication, as indicated by the health professional, for life
- It is important for people to continue to do the same activities they did before knowing they are HIV-positive. When people find out their HIV status and stay at home, doing nothing, they end up spending a lot of time thinking about negative things. This does not help their body to improve its natural defence.
- If side effects of treatment occur, they will soon pass and have nothing to do with a worsening of the health status or the development of other diseases.
- For people to maintain ART correctly, they need to have the support of their partners, friends and family.

Activity 4: Close the Session

Duration: 10 minutes

Step 1: Session Evaluation

- Evaluate the session orally with participants, asking “**What did we learn in today’s session?**”

Step 2: Summary of the Key Points

- Repeat the session’s learning objectives and their relationship to the key points raised in the discussion, using the ideas brought by the participants to summarize the session’s main topics.
- Go over the closing messages of the session (listed below).

Step 3: Preparation for the Next Meeting

- Remind participants of the date and time of the next meeting.
- Close the session by thanking everyone for their participation.
- Meet with your partner to evaluate your performance facilitating the session.

Step 4: Final Reminder

- Remind participants that we are all **Sawa Sawa**.

Closing Messages

- The start of treatment may be difficult because ARVs may have side effects.
- Before long, these side effects pass and one soon feels better, stronger and goes back to doing his/her normal activities, as in the case of Rosita.
- It is important to support people on ART and encourage them not to give up on treatment, so they can live a longer and have a higher quality of life.
- HIV can be treatment but still has no cure; HIV treatment is for life. With treatment, HIV-positive people can live a normal healthy life. Adhering to treatment lowers the amount of HIV virus in the body (viral load), making it difficult to pass the virus to others as well as allowing the body to fight off other infections the same way that people without HIV are able to.
- Be supportive and understanding of those disclosing their status.
- Remember that we are all Sawa Sawa and treat everyone with respect and care. Practice this in your communities.

Guide people on ART to:

- not stop the treatment – ART is for life;
- always take the tablets in the same way and at the same time (together with food or after food);
- ask a family member or partner to help them remember the times of taking the drug;
- remember that discontinuation of medication weakens the person's defences;
- understand that HIV is a chronic disease, much like diabetes and heart disease.

Additional ART Information

What are ARVs and what do they do?

- ARVs, or stand for **antiretroviral drugs**, are the medication that PLHIV take to control HIV in their body.
- Often you will hear the term ART, or **antiretroviral therapy**. ART is a combination of ARVs given to people who have been diagnosed with HIV and whose test results and evaluation by a healthcare provider indicate they are ready to begin treatment. ART suppresses the multiplication of the HIV virus in a person's body.
- Once someone is diagnosed with HIV, they should get their **CD4** cell levels tested immediately at a health centre. Once someone begins taking treatment they need to get their viral load tested regularly to ensure the treatment is working.
- It is essential to attend regular appointments at the health centre in order to monitor your health.
- When on treatment, it is very important to take your medication every day.

How does ART reduce HIV risk?

- ART does not kill HIV, however, it significantly slows down the multiplication of HIV in the body, which boosts a person's ability to fight off disease.
- ART makes a person with HIV less likely to pass on HIV to other people by lowering the amount of the virus in a person's body. The amount of virus detected in a person's blood is known as **viral load**. Having a low viral load reduces the chances of an HIV-positive 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, that ART has limited HIV to a very low level beyond measure. If the person does not adhere to treatment, the viral load will increase again over time.

Benefits of ART

- ART strengthens the body's defence system and reduces vulnerability to opportunistic infections.
- ART helps to suppress the body's HIV viral load, making it less likely for you to transmit HIV to your sexual partner(s). 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.

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.

CHECKLIST – SESSION 5

| DID YOU... | ✓ COVERED |
|--|------------------|
| Ask participants to summarize what they learned in the previous session? | |
| Update the participation form/attendance list? | |
| Introduce the objectives of the session? | |
| Have a warm-up activity with the group? | |
| Ensure that all participants freely expressed their doubts? | |
| Clarify the doubts of the participants? | |
| Complete Activity 2: Family and Community Support | |
| Complete Activity 3: ART: living longer and better with HIV | |
| Show and discuss the video about Rosita with the group? | |
| Follow the video discussion script? | |
| Close the session? | |
| Evaluate the session with the participants? | |
| Use the words and ideas of the participants to close the session? | |
| Transmit the key messages of the session? | |
| Feel comfortable doing all the proposed activities? | |
| Confirm the date and time of the next meeting? | |
| Evaluate the session with your partner? | |

Session 6 – Continuing Sawa Sawa in Your Community

Description of the Session

- This session is intended to close the six sessions of Sawa Sawa Community Dialogues. Many community groups, after having gone through the experience of community dialogues, have shown interest in continuing to meet and to involve others from the community and their families in the discussions. The changes, observed individually and within families, can be more effective when they are supported by a larger group. It is therefore important to support communities by providing them with the tools to continue meetings. The activities developed below also aim to prepare the Sawa Sawa groups to become a reference and support group to help their communities find solutions to their problems, including the development of HIV prevention and care activities as well as stigma reduction.

Session Objectives

- Close the Sawa Sawa sessions
- Verify the knowledge and skills acquired by the participants during the sessions
- Provide tools that enable participants to mobilize members of the community/neighbourhood to participate in Sawa Sawa groups and constitute themselves as Sawa Sawa Action Groups
- Facilitate the development of an action plan based on the group's needs and priorities
- Create a favourable environment for the participants to share what they have learned, to guide members of their communities and to contribute to referrals to health services

Duration of the Session

- Two hours and 30 minutes

Preparations and Materials

- Flip Chart paper
- A4 paper
- Colour Markers
- Markers

Topics Covered by the Session

- Sharing what was learned in the sessions
- Advantages of group work
- Continuity of the group meetings
- Referrals to services

Activities

1. Introduction to the session
2. My support network
3. Together, we can change
4. Our support group in the community
5. Close the group sessions

Key Messages of the Session

- Working together helps the community overcome problems and obstacles.
- Activities carried out in groups increase accountability and improve the participation of community members.
- The discussions through social groups are one way in which people can acquire new knowledge and help other people.
- Men and women are responsible for the well-being of their families and communities.

Activity 1: Introduction to the Session

Duration: 10 minutes

Step 1: Review the Previous Session

- Ask some participants, **“What did we learn in the last session? What are the most important issues that were discussed in the last session?”**
- As an alternative, you can use the ball game to encourage participants to participate.

Step 2: Description of the Session

- Explain that in this session, the group will:
 - discuss what they have learned during the previous meetings with the facilitators and what their next steps might be;
 - check the interest of the participants to continue to meet and share their experiences with others in the community;
 - identify other topics of interest to the group and plan meetings in the community, for health promotion activities, further supporting PLHIV and to find answers to the concerns of the community using the skills acquired in the Sawa Sawa sessions.

Activity 2: My Support Network

What We Want Participants to Achieve:

- Understand how support and social networks (groups of people) can influence people's lives
- Understand the importance of the group's work and the individual member's role in improving community life

Preparations and Materials:

- Flip chart paper
- Markers

Duration: 20 minutes

Step 1: Large Group (Plenary Session)

- If possible, put on some music to help the group relax and to focus on the exercise.
- Ask each participant to think about his/her life since he/she was a child and situations where he/she faced difficult times or had a problem to solve.
- Ask participants to think about the times when they succeeded in something. Encourage each member to reflect on:
 - who was present in his/her life when he/she had a particular success;
 - who was around when he/she faced a challenge or a problem;
 - who influenced him/her at a time when he/she had to make a decision that had an impact on the rest of his/her life;
 - when he/she was not sure which way to go and someone helped them make a decision; or
 - when/in what situation did someone else help them to achieve his/her goals or to solve a problem?
- Allow 10 minutes for this reflection (guide them to discuss in pairs)

Step 2: Discussion in Large Group (Plenary Session)

- Ask some of the participants to share their experiences with the group.
 - Ask them to describe how certain people played an important role in their lives, such as men and women in their family, their community, teachers, elders, friends, religious leaders, etc.
- Encourage them to describe the role that certain groups have had in their lives such as prayer groups, church, women's groups, community-based organizations, farmer groups, etc.

Questions for Discussion

- After a few participants have shared their experiences, ask them to discuss:
 - *What are the advantages of helping someone, and to be able to influence him/her in his/her decisions?*
 - *What are the advantages of being part of a group that has the same goals?*
 - *What are the advantages of men and women working together, and supporting PLHIV?*
 - *How can we influence others with the experience we have gained with Sawa Sawa?*

Closing Messages

- Close the activity emphasizing that everyone is influenced by other people or groups of people, including your family, neighbourhood, school, church, etc.
- Highlight the idea that, most of the time, we benefit when we work together with others.
- In groups where men and women work together, everyone has the opportunity to improve dialogue, negotiate different ideas and, therefore, manage conflicts.
- Group work allows people to find solutions to their problems, taking into consideration the different needs and suggestions that may arise from people in the community/family.
- When a couple, family or members of a community are experiencing difficulty or a problem, group work helps them to develop a support and solidarity network.
- Decisions made by a group of people have more power than decisions made by an individual.

Activity 3: Together, We Can Change

What We Want to Achieve:

- For participants to understand how they can use the Sawa Sawa experience to involve other people in the community to improve their lives and the lives of those living with HIV.
- Identify how men and women can participate in supporting networks and community groups.
- For participants, using the Sawa Sawa experience, to identify the main community concerns, and to draw a map of the community resources.

Preparations and Materials

- A4 paper
- Pens
- Flipchart paper
- Markers

Duration: One hour

Step 1: Group Work – Looking for a Solution to the Problems Together

- Divide participants into groups of three and ask them to think about the problems their community faces (or has faced in the past) related to supporting PLHIV.
- Allow 10 minutes for each group to make a list of their problems.
- When finished, ask each group to read the problems they identified.
- Divide a large sheet of paper into three columns. Label the columns “Step 1,” “Step 2” and “Step 3” (see example below). Make a list of **all the problems** identified by the participants in the first column – **Step 1**.

| Step 1 | Step 2 | Step 3 |
|--|---|--|
| <i>List of all identified problems</i> | <i>List the five most important problems in order of importance</i> | <i>List the three most important problems in order of importance</i> |
| | 1. | 1. |
| | 2. | 2. |
| | 3. | 3. |
| | 4. | |
| | 5. | |

- Some examples of problems that could be discussed:
 1. Many PLHIV abandon treatment for lack of support
 2. Many PLHIV are afraid to disclose their status for fear of stigma
 3. There is no health facility in the community/neighbourhood
 4. People may be kicked out of their home or abandoned by their partner when they are found to be HIV positive
 5. Many men do not test for HIV because they do not feel welcome at health facilities
 6. Many men do not start treatment
- Once everyone has presented their ideas, ask the group to choose the **five most important problems** among the issues raised, and sort them according to their importance. List those five problems in the second column – **Step 2**.
- Then ask participants to choose the **three most important problems** and write them down in the third column – **Step 3**.

- To help the group to sort the problems, ask the following questions:
 - *How many people are affected by this problem?*
 - *What is the impact of this problem in the community, for women and for men?*
 - *Are there resources available in the community to support activities to solve this problem?*
 - *Would the solution to this problem benefit a large number of community members or only a small group of people?*

Step 2: Group Work: How to Identify Ways to Solve Problems – Mapping Resources

- Ask participants to return to their small groups and distribute the three selected problems.
- Ask each group to draw a map of the necessary resources to set up an **Action Plan**, including how they would solve the problems identified and the people, organizations, institutions and resources that the community could find/use to address each of problems.
- Encourage participants to think about how men and women can contribute to the solution.
- Make it clear that the result of this activity is to have an **Action Plan** of what needs to be done in the community through the creation of an **Action Group** (Community Support Group).
- Give each group a giant sheet of paper and coloured markers to write a list of all the steps needed to complete their Action Plan. The lists should include the steps the group should follow to seek help (in the sense of information, emotional support, advice, material assistance, etc., at all stages of the problem).
- Help them formulate each of the steps needed to map the resources and make a plan.
- Encourage the group to think through their steps using the **example questions below**:

| Problem | Resources | Constraints | People and Organizations | Solutions |
|--|---|---|--|---|
| Many male PLHIV are not enrolling in treatment for fear of how they will be treated. | <ul style="list-style-type: none"> • <i>What resources does the community already have (e.g., skills, knowledge, work, monetary contributions, etc.)?</i> • <i>What resources has the community already used in similar situations?</i> • <i>What other resources will the community need?</i> | <ul style="list-style-type: none"> • <i>Which difficulties might the group face or will it have to overcome?</i> | <ul style="list-style-type: none"> • <i>What groups already exist that can assist?</i> • <i>What can the people in this room do to help?</i> • <i>What individuals may be able to help?</i> | <ul style="list-style-type: none"> • <i>Action that will help to solve the problem or to seek ways to overcome or reduce the problem</i> • <i>How can the tools and topics that we discussed in the Sawa Sawa Sessions contribute to carry out activities that will help the group to solve their problems?</i> |

Step 3: Group Presentations and Discussion

- When the groups have finished the action plan exercise, ask them to present their tables. Each group should have about five minutes to present.
- Facilitate the discussion with some of the key issues that emerged from the presentations and their experiences of working in groups. Questions should focus on informal networks, such as groups formed to solve the problems presented and that can bring about change, but also emphasize the service networks offered by health facilities, PLHIV support groups and other organizations working in the area.

- The plenary discussion may include questions, such as:
 - *What kind of help will you find in community-based organizations (e.g., groups of local leaders, government institutions, mothers groups, etc.)?*
 - *How was the experience of having men and women working together to solve a problem in the community?*
 - *For Male Groups: How has the experience of having a group of only men to discuss these issues? How did it help you to solve some of the problems faced?*
 - *What role was given to men to solve the problems? What role was given to women to solve the problems?*
 - *What can we do to ensure equal participation of men and women in collective activities and decision making that affects our community?*
 - *What other means or resources could you use to solve this problem?*
 - *How can we refer people to existing services?*
 - *How can we ensure we reduce stigma and discrimination against PLHIV and measure that change?*

Closing Messages

- Men and women working together in small informal groups of friends or neighbours can communicate with other people, institutions and organizations coordinate their efforts to achieve a positive result and improve the lives of their communities and. Remember to do a survey with participants of what groups, commissions, community courts and committees already exist in the community and to check if there is any specific commissions or committees dealing with health or HIV.
- Working together is necessary and important for men and women to solve problems that would be more difficult to solve individually.
- By working in coordination with other people, organizations and institutions, we can make better use of the resources available in the community and generate new resources to address stigma and support men and women living with HIV.
- Men and women can contribute differently, but both have an important role in the group.
- An Action Group of people interested in supporting others has benefits for individuals and communities as a whole.
- Many different activities can be carried out by community members, such as accompanying a person to the health facility; requesting support from an organization to organize a community HIV testing event; informing people in the community about their rights and the services they can use; or advising and assisting people not to abandon treatment (e.g., ART, PMTCT and TB).

Activity 4: Our Support Group in the Community

What We Want to Achieve:

- Encourage participants to continue to meet to strengthen putting what has been learned in Sawa Sawa into practice
- Invite other members of the community to be part of Sawa Sawa sessions, so that the support network in the community can continue to grow

Preparations and Materials

- Flip chart paper
- Markers

Duration: One hour

Step 1: Introduce the Activity

- Start the activity by summarizing the most important points of the previous activities.
 - Remind participants that they worked on the ways they can organize themselves to solve a problem that afflicts the community, and learned the importance of working in a group.
 - Emphasize that they also learned to determine how they can use existing resources in the community and what they have learned in Sawa Sawa, as well as how to advise people to take care of their health, not to abandon treatment, reduce stigma, etc.
- In this next activity, participants will think of the ways they can follow up on the Sawa Sawa meetings, regardless of the presence of facilitators.
- Emphasize that the community has a number of resources and that, when the community works together to address local issues, everyone can live better.
- Make it clear that problems cannot be solved all at once, but that in the discussions and with the willingness of the people of the community, they can find many solutions. Therefore, the more people in the area who are engaged in Sawa Sawa community dialogues, the better the results.

Step 2: Follow-up Actions in the Community

- Start by asking if there is interest in continuing the Sawa Sawa meetings, regardless of the presence of the facilitators.
 - Let them know that the facilitator will still mentor and check in on them monthly, but no structured weekly meetings will be organized by the facilitator.
- If some decide to continue to meet, ask participants:
 - *How do you plan to continue the group's meetings?*
 - *Do you know of an action group you can join forces with to do something in the community/neighbourhood?*
 - *Where will you meet? What do you want to do?*
 - *What topics would you like to discuss?*
 - *When will the next meeting be?*
 - *How often will the group meet?*
 - *Who will be responsible for organizing the meetings of the group?*
 - *Which group member will be responsible for facilitating the sessions?*
 - *What will be needed to conduct this meeting? What exists in the community?*
 - *What will the task of each group member be?*
- Encourage participants to form a group/committee/steering committee to continue their Sawa Sawa work. Encourage them to form a mixed group which can include everyone or rotate

membership, giving everyone an opportunity to be part of this coordination effort.

- Explain that, after having been appointed, these people will be responsible for checking in to see who still wants to remain in the Sawa Sawa group or integrate an action group.
- Make it clear that this group will be responsible for continuing the meetings to promote health, HIV and stigma reduction activities as they help members of the community to know their status, stay on treatment and work to reduce stigma in the community.
- After choosing a date for the next meeting, guide the group to think of everything needed to form a discussion group with other community members – for the meeting to take place on the date proposed; the resources they will need and who will be responsible; and the role of each member of the group for holding the meeting. For every proposed group activity, help participants think of how and when it will be carried out. Use the action plan format (example below) to map out everything that will be needed.

Action Plan Example

| What to do? | How to do it? | When to do it? | What will be needed? | Who will be responsible? |
|---|---|---|--|---|
| Schedule an extended meeting, inviting people who showed interest in participating in Sawa Sawa | <ul style="list-style-type: none"> ● Announce the date of the meeting on the local radio ● Ask the leader of the neighbourhood to inform the community and to be involved in inviting people to the meeting | <ul style="list-style-type: none"> ● In three days ● On Sunday | <ul style="list-style-type: none"> ● Brochure ● Tape ● Sawa Sawa souvenirs ● Action Plan | <ul style="list-style-type: none"> ● Three men in the group will invite the men in the football group or the barrack ● Three women will invite the women in the mothers group |
| Orientations | <i>Which means will they use to invite people?</i> | <i>When will this activity have to be done so that everything is ready on the meeting date?</i> | <i>What are the resources needed to have the meeting and who can provide them?</i> | <i>What will the men do?</i> <i>What will the women do?</i> |

- Remind them that there are already action groups in the community they can be a part of.
- Provide your contact information as the facilitator and let the group know that you are available to answer questions and support them as you can. Let them know that you will contact them monthly to find out when their next meeting is so you are able to attend.

Step 3: Invite Others to Participate

- How will the group invite other people to participate in Sawa Sawa Community Dialogues and the group's work in the community? Ask the participants:
 - *Do you know other people in the community who have shown interest in participating in the Sawa Sawa sessions?*
 - *Can you invite these people to participate in Sawa Sawa sessions or the work being done by your group?*
 - *How do you think you will do that? If they are interested, please give them my name and contact, have them reach out to me (facilitator should provide their contact details).*
- Write the group's responses to these questions on a piece of flip chart paper.

Activity 5: Close the Sessions

What We Want to Achieve:

- Evaluate the sessions, the performance of the facilitators and the Sawa Sawa activities
- Closure

Duration: One hour

Step 1: Evaluation of the Sessions and the Facilitators

- Ask the participants:
 - *What did you like most in the sessions? Why?*
 - *What did you not like in the sessions? Why?*
 - *What do you suggest to improve the sessions?*
 - *What did you most learn?*
- Record their comments on a flip chart.

Step 2: Sharing What You Learned in the Sessions

- Guide participants to reflect on how they will pass on what they have learned to other community members.

Step 3: Assessment of the Facilitators

- Ask the participants:
 - *What do you think the facilitators could do to improve their work?*
 - *What did you like most about how the facilitators conducted/facilitated the sessions?*

Step 4: Closure

Closing Messages

- The main objective of this session is to keep the flame of the Sawa Sawa Sessions alive through the creation of an action group or by conducting activities to help community members take care of their health and reduce stigma.
- The action group will be the instrument to implement the designed action plan and to keep the flame of sessions alive.
- The action plan will help the new group follow up on the initiatives they perceive as important and apply what was learned to the “real world” in their community.

Close the session and ask the participants to:

- Keep the flame of the issues discussed in Sawa Sawa alive.
- Refer people to the health facility.
- Guide people who do not know their status to get an HIV test.
- Meet and advise PLHIV not to abandon treatment.
- Speak up when you hear stigmatizing comments or see stigmatizing behavior.
- Reach out to a PLHIV and let them know you are there for them and support them.
- Remind the group that we are all Sawa Sawa.

FACILITATOR'S NOTE

- Close the meeting by thanking the participants for their participation and highlight the importance of joint learning in which all contribute and learn from others' ideas.
- Remind the group that stigma hurts people and causes some to sacrifice their health.
- Remind the group that working together, bringing together all members of a community to participate in solving their problems, makes them stronger.
- Just as many things have changed in our lives, we can help other community members to overcome obstacles and change their behavior in order to have a healthier life and protect themselves from HIV infection.
- Meet with your partner to evaluate your performance facilitating the sessions and discuss the groups' evaluation of the sessions.