

TRAINING MANUAL

for peer educators of female sex workers in
HIV PREVENTION



TRAINING MANUAL

For peer educators of FSWs in HIV prevention



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TRAINING MANUAL

for peer educators of female sex workers in
HIV AND AIDS PREVENTION



TABLE OF CONTENTS

ACKNOWLEDGMENT	4
INTRODUCTION	5
LIST OF ACRONYMS	10
ASSESSMENT OF HIV/ AIDS RELATED KNOWLEDGE	11
PART I SESSIONS PLANS FOR TRAINING FSW PEER EDUCATOR'S	16
BEHAVIOUR CHANGE STRATEGY BACKGROUND	17
COMMUNICATION THEME (I AM SOMEONE'S HOPE)	18
CAMPAIGN IMPLEMENTATION (OTHER FSW ACTIVITIES)	23
INTERPERSONAL COMMUNICATION SKILLS-BUILDING	27
How Adults Learn	28
What is Interpersonal Communication	29
What is Peer Education	31
Verbal and NonVerbal Communication	32
Active Listening	35
How to Ask Questions	38
Responsibilities And Qualities Of A Good Peer Educator	39
Building Trusting Relationships With Your Peers	44
Use Of Cell Phones As Discreet Visual And Audio Aids For Peer Educators	47
Encouraging Peers To Use The "text Me" Services For FSW	50
Use Of Visual Aids And Other Communication Materials	53
Visual Aids And Other Communication Materials	54
Love And Trust Activities	57
PART 1 - Games For Training: Ice Breakers, Energizers, And Other Games	59
PART 2 - FSW Peer Educators Tools For The Field	65



TABLE OF CONTENTS	66
PART 2 - TOOLS FOR PEER EDUCATORS MATRIX	69
MODULE 1: HIV AND AIDS	
Activity 1: HIV and AIDS in Ghana	76
Activity 2: Wildfire Game	79
Activity 3: HIV Transmission Fluids	81
Alternate Activity 3: HIV Transmission Game Fluids	84
Activity 4: HIV Transmission Routes	87
Alternate Activity 4: HIV Transmission Game Routes	89
Activity 5: HIV Level of Risk	92
Alternate Activity 5: HIV Level of Risk Game	95
Activity 6: What Happens to the Body of Someone who has HIV	98
Alternate Activity 6: What Happens to the Body of Someone who has HIV (Drama Sketch)	101
Activity 7: HIV and Gender	107
Activity 8: HIV and Traditions	109
Activity 9: SA SA Film	111
Activity 10: Night Stop - Film	114
MODULE 2: STIs	
Activity 1: STI Story Cards	116
Activity 2: The Basics of STIs	127
Activity 3: The Silent Epidemic Film	132
MODULE 3: CONDOM USE	
Activity 1: Condom Story Cards	134
Activity 2: How to Use a Male Condom and Lubricant	146
Activity 3: Male Condom Strength	148

Activity 4: Condom Care	149
Activity 5: How to Use a Female Condom Alternate	150
Activity 5: Female Condom Line-up Game	152

MODULE 4: TESTING AND COUNSELLING (TC)

Activity 1: TC Story Cards	155
Activity 2: Wildfire Game	167
Activity 3: TC Process	170

MODULE 5: LIFE SKILLS

Activity 1: Reproductive Anatomy	173
Activity 2: Communication Skills	175
Activity 3: Communication Skills	176
Activity 4: Making Good Decisions	185
Activity 5: Drinking Alcohol and Condom and Lubricant Use	188
Activity 6: I am Someone's Hope Booklet	190
Activity 7: Financial Management'	195
Activity 8: Building Social Networks	197

PART 3 CONTINUING EDUCATION 199

Review Topics

Other Topics and Ideas

Calendar Days and Couple Days

PART 3 CONTINUING EDUCATION & SUPPORT GUIDE 203

Responsibilities of a Supervisor 204

Ways that Peer Educators can be Supervised 208

Monitoring and Evaluation 209

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INTRODUCTION

The development of The Manual and Tools for Peer Educators of Female Sex workers in HIV and AIDS Prevention is part of a behaviour change communication (BCC) strategy addressing sexual health and HIV and other STI interventions of Female Sex workers (FSW) in Ghana. This manual is intended as a resource for organizations working with this most-at-risk population. Initial training of peer educators and supervisors on this resource is required, followed by periodic continuing education. A participatory learning approach is presented; the participants - whether peer educators or supervisors -will have much to share. Depending on your audience, you will pick and choose what is relevant in this resource to make your own training program. It is not necessary for a trainer to start at the beginning and work his way through the entire manual.

Several assumptions have been made when developing this manual: First, many of the FSW that will be targeted are low-literate, while some may be illiterate. Information has been presented in such a way as to be easily understood. Second, some of the peer educators themselves will be low-literate. Supervisors and trainers will need to walk their peer educators through the various activities in “Tools for FSW Peer Educators” to ensure that they are both knowledgeable and comfortable presenting the material. Third, FSW are a hard-to-reach group where stigma, discrimination, harassment, and abuse all contribute to high at-risk sexual behaviour. Finally, organizations can use the information provided in Part 3 to provide ongoing support to their peer educators in the form of continuing education and tools and aides for their supervisors.

The Manual and Tools for Peer Educators of Female Sex workers in HIV and AIDS Prevention is composed of two separate sets of materials: the resource in its entirety and a separate binder which contains the “Tools for Peer Educators” for when they meet with their peers. This allows peer educators to easily remove/return an activity with its corresponding visual or reminder tool and information sheet from the folder. The visuals presented in the manual are black and white copies of the actual visuals and may not be presented in actual format or to scale.

This resource, in its entirety, is divided into three parts.

Part 1: Session Plans for Training FSW Peer Educators

The four sections in this part are composed of a series of trainings for peer educators and their supervisors and should be presented by a trainer.

Part One contains four sections:

- The Behaviour Change Strategy - "I am someone's hope"
- Interpersonal Communication Skills-Building
- Games for Training: Ice Breakers, Energizers, and Other Games
- HIV- and AIDS-Related Information

The first section, the "Behaviour Change Strategy - "I am someone's hope" is explained through three training sessions.

The second section, "Interpersonal Communication Skills-Building," has ten sessions and covers interpersonal communication skills and peer education. The trainer should utilize one of the ice breakers at the beginning of the first day of training before starting the Behaviour Change strategy. This will give the participants a chance to get to know each other and help them feel more comfortable in the group.

The third section, "Games for Training," can be used by trainers, peer educators, or supervisors. The trainer should play a variety of the games during the training course and encourage a brief discussion with the participants afterwards. Supervisors could use some of the games during their weekly or monthly meetings, and peer educators may try out a few during larger group meetings with their peers.

The fourth section: "HIV- and AIDS-Related Information" has six sessions with a series of information sheets that complement the training session and provide more detailed information on the subject matter. Ideally, this information should be presented after an assessment is given to determine peer educators' knowledge of HIV- and AIDS-related information as well as any misconceptions that they may have. A sample assessment is provided in the front of the manual before Part I.

Trainers should make arrangements for the literacy level of participants (peer educators and/or supervisors). If some of the group is low-literate or illiterate, ask that the group arrange themselves in such a way that the participants can support each other. Flipcharts should be used whenever possible to capture information during brainstorm activities, or if trying to emphasize or clarify a point. The flipcharts could then be posted on the conference room walls and kept up for reference for the duration of the training.

Part 2: Tools for FSW Peer Educators

This part contains the tools for the peer educators when meeting with their peers. The trainer will choose activities from each module to present to the participants. The trainer may also assign activities to groups of participants to present to the group the following day for practice.

Part Two contains six modules:

- HIV and AIDS
- STIs

Condom and Lubricant Use
Testing and Counselling
Stigma
Life Skills

There are a total of 25 activities for peer educators' use within these six modules. There are different types of activities based on whether the peer educator will be interacting with his peers in a group or in a one-on-one setting. "Module I: HIV and AIDS" has eight activities, although two activities have similar objectives. One activity is a discreet activity designed for meeting with one or two peers. The other activity is a drama sketch and requires a larger group of participants. Eight of the 25 activities can also be presented with the use of a cell phone. This option provides the peer educator with a very discreet way of presenting information to his peer. Instructions for this option are presented at the end of each of the eight activities.

Information sheets are provided at the end of each module. This is information that the peer educator should know before presenting an activity. An activity will refer to specific information sheets when appropriate.

Before peer educators use these tools with their peers they should be familiar with the activity, have reviewed any information sheets, discussion questions and visuals, and have followed any instructions in the preparation section of the activity. Low-literate peer educators should have their supervisors read the activity to them several times and, if possible, observe someone else facilitating the activity before attempting it himself.

Visual aids have been designed to easily fit in the peer educator's bag or pocket. Reminder visuals have also been developed that can be given to FSW after speaking with the peer educators. These reminders are in the form of pocket-sized brochures or flyers. Information on where friendly clinics are located for STI treatment and TC are listed on many of them.

It is important to note that activities and modules do not necessarily have to be shared in the order presented in these materials.

Part 3: Continuing Education and Supportive Supervision

The "Continuing Education" and "Supportive Supervision" sections provide training for the supervisors of peer educators and ideas for on-going education.

Part Three is composed of two sections:

- Continuing Education
- Support and Supervision

The "Continuing Education," contains suggestions and information geared towards supervisors and other staff to support the peer educators during weekly and/or monthly meetings.

The second section, "Support and Supervision," assists supervisors with the information and techniques to develop the necessary skills and tools to provide effective support for their peer educators. It is presented in a training format and contains several monitoring and recording sample forms at the end.

Sample Training Schedules

Sample five-day training schedules are provided for both peer educator training and supervisor training.

The peer educator training includes Part I and Part 2. The supervisor training includes select sections from Part 1, and all of Part 2 and Part 3.

Sample 5 - Day Training Schedule for Peer Educators

Day 1	Morning	Introductions Ice Breaker Activity Logistics/Goal Setting/Expectations Behaviour Change Strategy - "I am Someone's Hope" (Part I) Lunch
	Afternoon	Behaviour Change Strategy-"I am Someone's Hope"(Part I) Assessment of HIV and AIDS-Related Information
Day 2	Morning	Interpersonal Communication Skills-Building (Part 1) Lunch
	Afternoon	Interpersonal Communication Skills-Building (Part 1)
Day 3	Morning	HIV- and AIDS-Related Information (Part I) Lunch
	Afternoon	HIV- and AIDS-Related Information (Part I)
	Evening	Film:"Night Stop/Sasa"
Day 4	Morning	HIV- and AIDS-Related Information (Part I) Lunch
	Afternoon	Module 1: HIV and AIDS; Module 5: Stigma-Selection of Activities (Part 2)
Day 5	Morning	Module 2: STIs; Module 3: Condom and Lubricant Use Selection of Activities (Part 2) Lunch
	Afternoon	Module 4: Testing and Counselling Module 6: Life Skills - Selection of Activities (Part 2) Closure
	Evening	Party

Sample 5 - Day Training Schedule for Supervisors

Day 1	Morning	Ice-Breaker Activity Introductions/Logistics Behaviour Change Strategy - "I Am Someone's Hope" Lunch
	Afternoon	Interpersonal Communication Skills-Building (abbreviated)
Day 2	Morning	Module 1: HIV and AIDS Activities Lunch
	Afternoon	Module 1: HIV and AIDS Activities; Module 2: STIs - Activity I
Day 3	Morning	Module 2: STIs - Activity 2; Module 3: Condom and Lubricant Use Activities Lunch
	Afternoon	Module 4: Testing and Counselling Activities
	Evening	Film: "Night Stop"
Day 4	Morning	Module 5: Stigma Activities Lunch
	Afternoon	Module 6: Life Skills Activities
Day 5	Morning	Continuing Education for Peer Educators (Part 3) Lunch
	Afternoon	Support and Supervision of Peer Educators (Part 3) Closure
	Evening	Party

Note 1: Registration should occur the evening before the start of the workshop

Note 2: The schedule is based on 6 1/2 hours of training, excluding lunch and short morning and afternoon breaks.

Note 3: It will not be possible to go through all of the activities in Part 2 with the peer educators. The trainer(s) will need to choose a selection of activities from the six modules, making sure to include some activities with cell phone technology and activities for use in both one-on-one and group settings.

Note 4: Supervisors should be taken through all of Part 2 activities beforehand, so they will know how to instruct/correct peer educators on their use.

LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Clinic
ART	Anti-retroviral Treatment
ARV	Anti-retrovirals
BCC	Behaviour Change Communication
GSCP	Ghana Sustainable Change Project
HIV	Human Immuno-deficiency Virus
IPC	Interpersonal Communication
MARP	Most-at-Risk Population
FSW	Men who have Sex with Men
PE	Peer Educator
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
SHARP	Strengthening HIV/AIDS Response Partnerships
STI	Sexually Transmitted Infection
TB	Tuberculosis
TC	Testing and Counselling
Non-PP	Non Paying Partners

Assessment of HIV and AIDS-Related Knowledge

It is very important that the trainer ensure that the peer educators have a solid understanding of HIV and AIDS-related information to dispel any myths or misconceptions that they may have. A brief assessment follows that should be given during training before the trainer presents “HIV and AIDS-Related Information” (Part 1) and the “Tools for Peer Educators” (Part 2).

The assessment is divided into 4 parts:

- HIV and AIDS
- STIs
- Condom Use
- TC

The results of the assessment should be used when presenting the overview of “HIV- and AIDS-Related Information.” Seven activities with accompanying information sheets are provided for training of peer educators. These activities cover the basic knowledge needed for peer educators to work effectively. The trainer will need to decide how much time to spend on each topic, based on the general results of the assessment. The information sheets should be distributed to the participants and reviewed together during the training. The last information sheet is a glossary of terms. The trainer should ensure that the participants understand the term, as well as know how to say the word in their local language and in slang (if one exists).

There are various ways a trainer can present the assessment. If the group is literate, they may be given the assessment individually. At the end of the training, the same assessment could be given to see what they learned and retained. If the group has low-literate participants, the questions may be read out loud. The trainer could designate a hand or body signal for statements that are true and another signal for statements that are false. For example, if a statement is true, a participant could raise one hand; if a statement is false, a participant could stand up.

Alternately, the assessment may be presented in a game format. The participants should be divided into two more groups. The trainer reads a question to one group and they must decide on an answer. If they get it right, they get one point; if they get it wrong, they don't get any points. The trainer can also provide extra points if a group provides an explanation.

The trainer should also make recommendations to the peer educators' organizations so that specific topics can be reviewed or presented in more detail during their monthly organizational meetings. Remember, learning should be an on-going process!

HIV and AIDS

True or False

1. HIV is the virus that causes AIDS. **True**
2. When having anal sex, the man on the top (inserting or active) is not at risk of contracting HIV. **False**



- | | |
|--|--------------|
| 3. HIV is spread by kissing. | False |
| 4. You can get HIV by giving blood. | False |
| 5. Someone who has HIV but looks and feels healthy can still infect other people. | True |
| 6. Drinking alcohol can increase the risk of getting HIV. | True |
| 7. Mosquitoes can spread HIV. | False |
| 8. Sharing needles to inject drugs can spread HIV. | True |
| 9. Using a latex condom during sex can reduce the risk of getting HIV. | True |
| 10. You can get HIV from a toilet seat. | False |
| 11. Most people who get infected with HIV become seriously ill within three years. | False |
| 12. Vaccination can protect people from HIV infection. | False |
| 13. AIDS is a syndrome that has no cure. | True |
| 14. Anal sex is safer than vaginal sex | False |
| 15. There is no risk of HIV transmission during oral sex. | False |

STIs

True or False

- A person can always tell if he or she has an STI.
(False; people can have STIs without having any symptoms.)
- It is impossible for STIs to enter through a condom if it is properly used and doesn't break.
(True; the small particles that cause STIs cannot penetrate latex [male condoms] or polyurethane [female condoms].)
- With proper medical treatment, all STIs except HIV can be cured.
(False; Genital Herpes and Genital Warts, which are caused by viruses, cannot be cured, although their symptoms can be treated.)
- You cannot contract STIs by holding hands, talking, walking or dancing with a man.
(True; most STIs are spread by close sexual contact with an infected person.)
- The organisms that cause STIs can only enter the body through either a man's penis or a woman's vagina.
(False; STI bacteria and viruses can enter the body through any mucus membranes — including the penis, anus, vagina, mouth, and in some cases the eyes — or through shared needles.)
- Many curable STIs, if left untreated, can cause severe complications.
(True; some complications can lead to death from liver disease; other complications can lead to heart failure or damage to the brain.)
- People who have an STI should not have unprotected sex, because they are more likely to contract or transmit the HIV infection.
(True; this is because infection with STIs makes a person more likely to contract or transmit HIV, especially when the other STIs have caused open sores. The inflamed areas act like an open window, allowing the HIV to enter.)
- Abstinence or having only one faithful sexual partner who is not affected is the only 100% way to avoid getting an STI.
(True.)
- You can get Hepatitis from fingering and rimming.
(True.)

Condom Use

True or False

1. Condoms prevent STIs and HIV **True**
2. Putting male condoms on can be sensual **True**
3. Wearing two male condoms provides more protection than one condom **False**
4. Condoms always cause irritation and pain **False**
5. Condoms show you care for your regular partner **True**
6. Male condoms are made out of latex rubber **True**
7. One size of male condoms fits all **True**
8. Using a male and female condom at the same time offers you greater protection against HIV and other STIs **False**
9. Condoms prevent pregnancy **True**
10. Condoms break a lot **False**

Testing and Counselling

True or False

1. A positive test means that a person has AIDS
(False; a positive test means a person has HIV.)
2. An FSW who has several partners and always uses a condom with his casual partners but sometimes does not with his regular partner goes for TC and tests negative. He must go back for another test in 1 month.
(False; he should test again, but after three months.)
3. TC can tell a person when he was infected with HIV.
(False; testing can only tell a person whether or not they have HIV.)
4. TC tests for the HIV in the body.
(False; the test looks for HIV antibodies in the body.)
5. If a person tests positive for HIV, he will be given drugs to kill the HIV virus.
(False; Anti-retroviral drugs (ARV) are available to boost a person's immune system but do not kill the virus.)

PART 1: TRAINING SESSIONS FOR PEER EDUCATORS MATRIX

Activity		Objectives
Behaviour Change Strategy – “I am Someone’s Hope”		
Behaviour Change Strategy Background	15	To receive a brief overview of GSCP and SHARP’s behaviour change strategy background
Communication Theme (“I am Someone’s Hope”)	120	To gain an understanding of how to use the theme “I am Someone’s Hope” as a peer educator
Behaviour change strategy implementation (other FSW activities)	30	To become aware of the other activities that the behaviour change strategy is implementing to encourage FSW to adopt healthy sexual behaviours
Interpersonal Communication Skills-Building		
How Adults Learn	20	To learn how adults learn best
What is Interpersonal Communication	20	To introduce interpersonal communication (IPC) to the group
What is Peer Education	15	To gain a better understanding of peer education and what a peer educator is
Verbal and Nonverbal Communication	60	To understand the importance of verbal and nonverbal communication, and to identify and overcome barriers of communication
Active Listening	60	To understand the importance of active listening
How to Ask Questions	15	To understand the difference between open-ended and close-ended questions, and how to use both to effectively communicate with peers
Responsibilities and Qualities of a Good Peer Educator	90	To identify the responsibilities of a peer educator, to identify qualities that make someone a good peer educator, and to understand peer education in one-on-one and small group settings
Building Peer Educator Relationships with Your Peers	45	To identify various ways to build relationships with your peers
Use of Cell Phones as Discreet Visual and Audio Aids for Peer Educators	45	To understand the different ways a cell phone can be used for peer education sessions, and to identify the advantages and disadvantages of using a cell phone as a visual and audio aid

Activity	Time (min)	Objectives
Encouraging Peers to Use The “Text Me! Flash Me!” Services for FSW	60	<ul style="list-style-type: none"> • To practice sending and receiving texts from the “Text Me” services for FSW • To practice encouraging peers to use the “Text Me” service for FSW
Use of Visual Aids and Other Communication Materials	45	<ul style="list-style-type: none"> • To identify appropriate communication materials an effective peer educator could use for individual or group sessions • To describe the appropriate use of different materials in support of peer education
“ Love and Trust “ Activities	60	<ul style="list-style-type: none"> • To learn that condom and lubricant use signifies that you love and trust your partner • To know the key behaviors and activities FSW can demonstrate to their partners that they love and trust them
HIV- and AIDS-Related Information		
Body Mapping	90	<ul style="list-style-type: none"> • To increase awareness of one’s body and its erotic zones, and to increase comfort with speaking about different parts of the body related to sex • To understand the level of HIV transmission risk for different sexual activities
Basic Knowledge of STIs	60	<ul style="list-style-type: none"> • To increase understanding of different STIs
Basic Knowledge of HIV and AIDS	60	<ul style="list-style-type: none"> • To increase understanding and awareness of basic HIV and AIDS information
Prevention of HIV and other STIs	60	<ul style="list-style-type: none"> • To ensure understanding of the major means of prevention of HIV and other STIs
Testing and Counselling	40	<ul style="list-style-type: none"> • To understand the importance of getting tested, knowing your HIV status and be able to explain the process of TC

SESSION PLANS FOR TRAINING

FSW PEER EDUCATORS

PART 1

BEHAVIOUR CHANGE STRATEGY

“I AM SOMEONE’S HOPE”

- BEHAVIOUR CHANGE STRATEGY BACKGROUND
- COMMUNICATION THEME (“I AM SOMEONE’S HOPE”)
- BEHAVIOUR CHANGE IMPLEMENTATION (OTHER FSW ACTIVITIES)

BEHAVIOUR CHANGE STRATEGY BACKGROUND

Objective: (To receive a brief overview of the behaviour change strategy background)

Time: 15 minutes

Materials: flipchart and markers (if group has literate participants)

Type of Activities: Presentation

Activity

The previous USAID - funded HIV prevention projects with MARP (SHARP & GSCP) have developed a behaviour change communication (BCC) strategy addressing sexual health and HIV and STI interventions of female sex workers (FSW) and other most-at-risk populations such as men who have sex with men and PLHIV in Ghana. As a group, FSW are a hard-to-reach population. Discrimination, abuse, insults, rejection, stigmatization, and denial are common occurrences, and all contribute to high at-risk sexual behaviour. Inconsistent use of condoms and lubricant with Non-Paying Partners (Non-PP), and avoidance of testing or treatment of HIV and other STIs are not uncommon amongst FSW.

Research including a behaviour survey and several qualitative research studies were conducted to assist in the development of a BCC strategy for FSW. The behaviour change strategy uses the theme “I am Someone’s Hope” and uses multiple channels to reach FSW. Interpersonal communication through peer education is a major component in the strategy.

The communication strategy has ten behaviours which peer educators will promote as they interact with FSW:

1. Use condoms and lubricants together, correctly and consistently, each time you have vaginal sex (including sex with your regular partners) to reduce the risk of HIV infection and other STIs.
2. Use condoms correctly and consistently when you have oral sex to reduce the risk of HIV infection and other STIs.
3. Get tested to know your HIV status; encourage your regular partners to get tested to know their HIV status.
4. Disclose your HIV or STI status to your regular partners.
5. Promptly seek services at a health clinic or drop-in centre, or from a qualified peer educator or health worker, for prevention, treatment, care, and support services for HIV and STI. Use the “Text Me! Flash Me!” services by sending an SMS text message to 1945 “flashing” a Help line Counsellor.
6. Take all of the medicines that the nurse or doctor gave you, for all the days you were told to take them, for treatment of STIs, TB, and for ART.
7. Get involved in planning, monitoring, or implementing HIV interventions for FSW

The behaviour change strategy also has three key communication objectives addressing sexual health and HIV and STI needs of FSW. These are to:

1. Educate and raise awareness of prevention and treatment of HIV and STI.
2. Increase the uptake of HIV and STI products and services among FSW.
3. Promote and strengthen FSW-friendly HIV and STI services.

COMMUNICATION THEME (I AM SOMEONE'S HOPE)

Objective:

To gain an understanding of how to use the theme "I am Someone's Hope" as a Peer Educator

Time: 2 hours

Materials:

- I am Someone's Hope booklets (one for each participant)
- I am Someone's Hope posters or pocket posters (3 different ones)
- Flip chart and markers (if group has literate participants)

Type of Activities: Presentation and Discussion

Activity

Explain to the group that the purpose of these activity is to introduce the group to the theme of the project's behaviour change strategy that they are part of as peer educators.

Explain that motivators are what "drive" or push people to do what they do.

Ask the participants to think of one thing that motivates them in their lives. Give them a moment to think of an answer and then ask them to share with the group. *(Note: if the participants are not sure how to respond, prompt them by providing one of the five motivators listed below)*

Write their answers on a flipchart and record how many participants chose the same motivator. When every participant has responded, rank the motivators in order of most responses to least responses and share the results with the group.

Next, provide the key motivators that were identified during the assessment and compare the two lists. Are any of the motivators the same?

Motivators identified for FSW

1. Security
2. Family
3. Status
4. Recognition
5. Achievement

During the development of the campaign, one main or key motivator came out by FSW FAMILY. The family was what motivated her to try to stay healthy.

I am Someone's Hope focuses on this family motivator.

Ask the group to think about one thing they hope to achieve in life. Give them a minute to think about this and then ask if anyone wants to their dream for achievement.

Next, explain that as peer educators, their messages should always use “I am Someone’s Hope” as a motivator in addition to presenting educational information. Materials, such as story cards, flyers, pocket posters, and games have been developed to encourage healthy sexual behaviours through messages such as;

- ✍ You can only be someone’s hope in life by staying healthy and free from infections.
- ✍ Keep your body strong, healthy, and ready, because you are someone’s hope.
- ✍ Knowing your HIV status gives you the peace of mind you need to focus on achieving your dreams.
- ✍ Responsible sex ensures that you will be healthy and remain someone’s hope.

These materials will be used by the Peer Educators to help promote the key behaviours.

Share the three “I am Someone’s Hope” posters with the participants, one at a time. Ask the group what they see in each one. How is the poster promoting healthy sexual practices? After this discussion, mention that the back of each poster are the phone numbers of the friendly help line counsellors. Flash them and they will call you back to answer your question and direct you to a FSW friendly” hospitals and clinics or HIV counselling and testing sites where FSW can go get treated for STIs or tested for HIV .

As a final activity, pass out the brochure to each of the participants. Ask them to take a few minutes to look at the booklet.

1. How many of you have used the brochure before?
2. Do you have any questions or comments?
3. What do you think is the key message?

Close this activity by mentioning that the brochure and posters are just a few of the tools they will be using, and that they will learn how to use many more tools and techniques to effectively share their motivational and healthy messages and promote the ten behaviours with their peers.

I AM SOMEONE'S HOPE



I AM SOMEONE'S HOPE



TC
I AM SOMEONE'S HOPE
1 PRE-TEST



TC
I AM SOMEONE'S HOPE
2 TEST

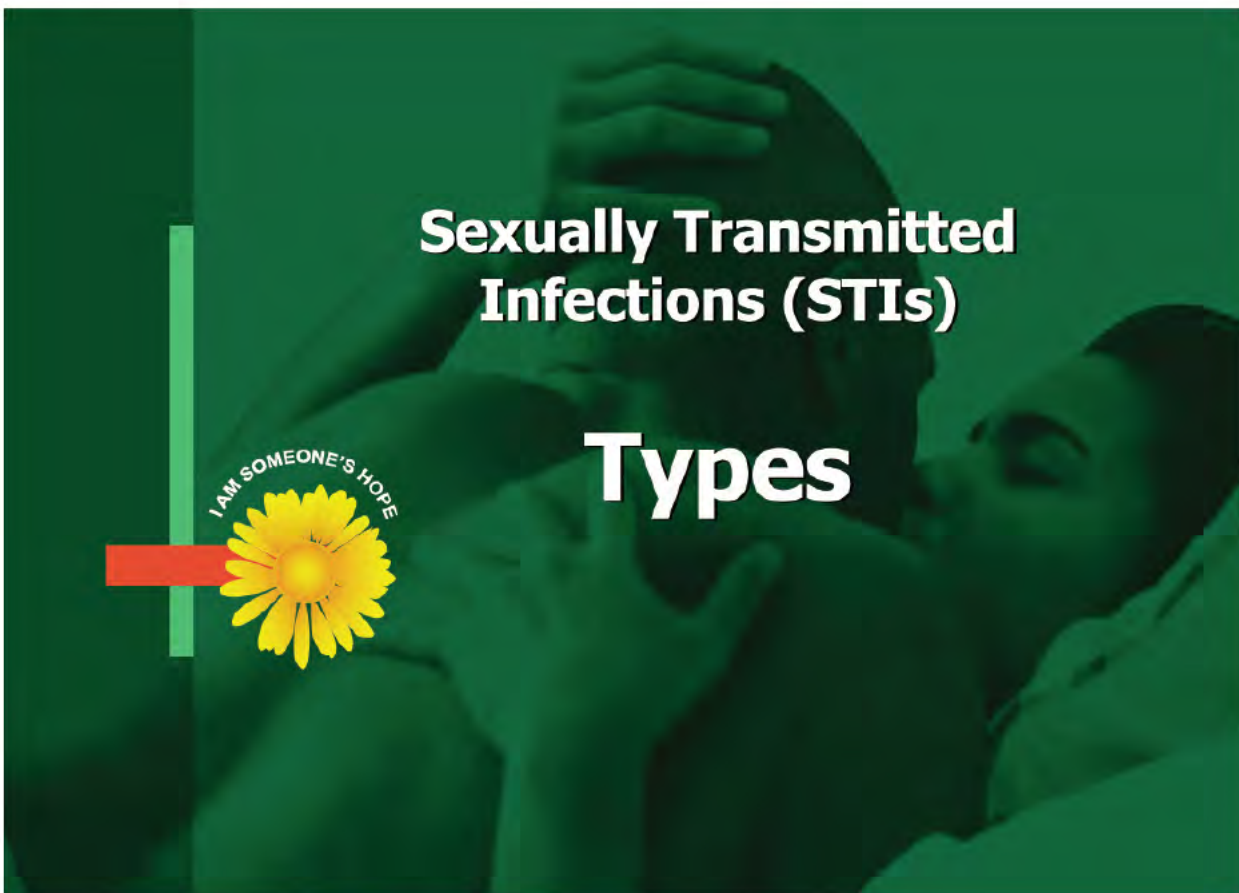


TC
I AM SOMEONE'S HOPE
3 POST-TEST



Sexually Transmitted Infections (STIs)

Types



Abnormal Discharge



Discharge from vagina or penis could be gonorrhoea or syphilis.



CAMPAIGN IMPLEMENTATION (OTHER FSW ACTIVITIES)

Objective:

- To become aware of the other activities that the behaviour change strategy is implementing to encourage FSW to adopt healthy sexual behaviours

Time: 30 minutes

Materials:

- flipchart and markers .
- “Text Me!” texting flyers

Type of Activities: Presentation and discussion

Activity

Share with the group that The Manual and Tools for Peer Educators of female sex workers in HIV and AIDS Prevention will help peer educators to be more effective in their positions as educators and behaviour change motivators. In addition to peer education, the behaviour change strategy is also implementing the following activities to help promote behaviour change and address barriers to adopting healthier behaviours. Peer educators may be asked to help promote these other activities or participate in them.

OTHER ACTIVITIES IN THE FSW TRAINING MANUAL

The widespread use of cell phones by FSW offer opportunities to complement the work of peer educators and health workers by reinforcing and diversifying information and services available to FSW. Some of the following innovations are developed to help peer educators and health workers use their cell phones as tool, as well as help any FSW use her cell phone to access friendly, fast and confidential information, referrals and counselling services.

1. “Text ME”! Services: This service is in two parts through which SMS text messages are sent and received from FSW. In the first part, SMS text messages containing information targeting the ten key behaviours, as well as information on referrals to service delivery providers are periodically sent to FSW using “I am someone’s Hope” as the sender ID. In the second part FSW can send text messages to a free short code 1945 for information on where to access friendly STI and HIV / AIDS services in their towns or localities. A response will then be sent to their cell phones with the information they requested for.

- For example, if an FSW wants information on where to go for HIV testing and counselling, she can send a text message with content TC + the name of the town where she would want to access this service and send to short code 1945. A text message will then be sent directing to a MARP friendly TC facility in the town specified in the text message.
- In the same way if an FSW is worried that she has an STI she can send STI + the name of the
- When an FSW needs answers to questions she may have on STIs and HIV she can type HELP and send to 1945, and a friendly helpline counsellor will call her to address her questions and concerns.
- Peer Educators have been asked to distribute flyers promoting this part of the Text Me! Service when they meet with their peers.

2. **Text Me! Flash Me! Helpline Counselling Service:** This service allows an FSW to text or flash the Helpline Counselling Service and a friendly trained counsellor will call back and answer any questions/concerns on STIs/HIV as well as give information and advice on issues pertaining to healthy and positive living, referrals for other STI/HIV/ AIDS services, care and support at friendly clinics, drop-in centers, or support groups.
3. **Hotspot Enter-Educate Activities:** These shows will entertain and educate the audience while promoting condom and lubricant use and HIV and STI testing. Shows usually contain dancing, music, skits, health talks, and condom demonstrations. The activities are meant to reach FSW where they gather, such as popular drinking spots, right before they need to make a sexual behaviour decision. Peer educators may be asked to participate by selling condoms and lubricants during the shows.
4. **“Love and Trust” events for FSW** are occasions where special music are played. D.J. Hosts are given pre-designed announcements and messages to promote condom and lubricant use. Peer educators should work with their NGO supervisors, the District Assembly, or other collaborators to discuss and include these events in their monthly activity plans. Peer educators may be asked to participate by selling condoms and lubricants during “Love and Trust” activities. MARP - friendly HIV counsellor could offer confidential HIV testing and counselling during these events.
5. **FSW-friendly” health facilities for TC and STI treatment** in which the FSW do not feel stigmatized or discriminated against. The behaviour change strategy will train health providers from clinics and hospitals and develop materials and tools for these providers to use with FSW.
6. **Strengthening referral systems to enhance and promote HIV/AIDS services that help FSW access friendly, quality information and services.** These services include: STI clinics for screening and treatment for STIs; HIV/AIDS information, counselling, and testing; condom and lubricant, promotion and sales; ART adherence counselling; treatment for opportunistic infections; nutritional supplements; referrals to friendly clinics, drop-in centers, peer educators, or support “groups for emotional and moral support; information and skills-building activities to help PLHIV live healthy and productive lives; and “Text Me! Flash Me!” services with reminder messages, information, referrals and confidential live counseling over the telephone. The strengthened referral system also help to create good dialogue between the FSW community, health care providers and traditional health practitioners through community meetings to gather information on FSW access to quality HIV/AIDS and STI services, as well as ensure health care providers effectively participate in delivering these services.
7. **Counselling, and peer education; support groups for emotional and moral support, ART adherence counselling, disclosure counselling and support, nutritional supplements, education, information, and skills-building activities to help PLHIV live healthy and productive lives; and “Text Me, Call Me” for reminder messages, information on prevention, screening, and treatment of STIs, referrals to friendly health care centres, and confidential, live counselling over the telephone.**
8. **Love and Trust Events:** Activities such as special parties for FSW and their Non-PP and Valentine’s Day events. All of these activities promote correct and consistent condom and lubricant use among FSW and their Non-PP as signs of love and trust for each other.

Discussion Questions:

1. What types of questions do you think an FSW might ask a Helpline counsellor?
2. Do you think that using cell phones will be an effective tool for educating your peers?
Why or why not?
3. Have you ever participated in D.J. Host parties or Love & Trust events like the ones mentioned?
Did you enjoy them? Did they encourage you to adopt healthier sexual behaviours?
4. How can the development of “FSW-friendly” clinics and drop-in centers help you in your job as a peer educator?

**Text Me! Flash Me! Helpline -
Connecting MARPs & PLHIV**

Counselors Time Schedule:

Monday to Friday: 8 : 00am – 5 : 00pm

Monday	Peace Esther Scholastica	024. 649 0794 020. 356 5184 020. 356 5201
Tuesday	Mamle Nelly Bridget Christabel	020. 356 5140 020. 356 5139 020. 356 5148 020. 363 4168
Wednesday	Rose Silvia Rebecca	020. 356 5223 020. 356 5157 020. 356 5199
Thursday	Cephas Miriam Joyce Matilda	020. 356 5171 020. 356 5224 020. 356 5156 020. 356 5230
Friday	Augustine Mercy Sakiina	020. 356 5141 024. 649 0801 020. 356 5145

Hello friend!
We are a team of 17 **friendly** counselors trained to provide free confidential information and referrals on HIV and STIs for you and your loved ones.
Please "flash" us or text **STI, Condom and Lubricant** or **HIV/AIDS** and send to **1945** and we'll call you back!

2011

<p>JANUARY</p> <p>S M T W Th F S</p> <p>2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31</p>	<p>FEBRUARY</p> <p>S M T W Th F S</p> <p>6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28</p>	<p>MARCH</p> <p>S M T W Th F S</p> <p>6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31</p>
<p>APRIL</p> <p>S M T W Th F S</p> <p>3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30</p>	<p>MAY</p> <p>S M T W Th F S</p> <p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31</p>	<p>JUNE</p> <p>S M T W Th F S</p> <p>5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30</p>
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SESSION PLANS FOR TRAINING

FSW PEER EDUCATORS

PART 1

INTERPERSONAL COMMUNICATION SKILLS-BUILDING

- **HOW ADULTS LEARN**
- **WHAT IS INTERPERSONAL COMMUNICATION**
- **WHAT IS PEER EDUCATION (ONE TYPE OF IPC)**
- **RESPONSIBILITIES AND QUALITIES OF A GOOD PEER EDUCATOR**
- **VERBAL AND NONVERBAL COMMUNICATION**
- **ACTIVE LISTENING**
- **HOW TO ASK QUESTIONS**
- **BUILDING PEER EDUCATOR RELATIONSHIPS WITH YOUR PEERS**
- **USE OF CELL PHONES AS DISCREET AIDS FOR PEER EDUCATORS**
- **ENCOURAGING PEERS TO USE THE “TEXT ME” SERVICES FOR FSW**
- **USE OF VISUAL AIDS AND OTHER COMMUNICATION MATERIALS**
- **LOVE AND TRUST ACTIVITIES**

HOW ADULTS LEARN

Objective:

To learn how adults learn best

Time: 20 minutes

Materials: Flip chart and markers (if group has literate participants)

Type of Activities: Brain Storming and Discussion

Activity

Ask the participants how primary children are taught in school.








Ask the participants if adults learn best the same way. Next, brainstorm ways that adults learn best. Refer to Adult Learning Bullets in the Trainer's Notes in the box below and mention those that the group did not bring up.

Now ask the group if literate people learn the same way as illiterate or low literate people. What methods might be used to help illiterate people learn? Refer to Illiterate People Learning Methods in the Trainer's Notes in the box below.

Ask if there are any questions.

TRAINER'S NOTES

Adult Learning:

-  Adult learning is self-directed. Adults know their own needs and want to be involved in their own learning.
-  Adults learn to fill immediate needs. This is what motivates them to participate in the learning process at any particular time.
-  Adults actively participate in the learning process; for example, by asking questions and sharing experiences.
-  Adults reflect on what they have learnt and also provide feedback.
-  Adults learn best when the environment is safe and friendly.
-  Adults learn best when they feel respected.
-  Adults will switch off when they are not allowed to ask questions and to participate.

Illiterate People Learning Methods:

- Methods for helping illiterate people learn: songs, drama, pictures, symbols, stories, music, demonstration, repetition, role plays, poems, chants.

WHAT IS INTERPERSONAL COMMUNICATION

Objective:

To introduce Interpersonal Communication (IPC) to the group

Time: 20 minutes

Materials: Flip chart and markers (if group has literate participants)

Type of Activities: Role Play, Presentation, Discussion, and Game

Activity 1:

What is Interpersonal Communication?

Before this activity begins, ask two participants in the group to volunteer to engage in a conversation using both words and hand gestures. You can allow them to choose a topic but be prepared to offer them one if they can't decide (recent football match, popular song, where to purchase something, etc).

Open this activity by asking the group to observe the two volunteers engaging in conversation. Ask the group what the participants are doing. (Note: they should give the answer "talking.") Next, ask the group if they observed any other actions in addition to talking (Note: they may respond "hand gestures, body movement, facial expressions. ")

State that the two participants were involved in **INTERPERSONAL COMMUNICATION** which:

1. is person to person
2. is two-way
3. involves verbal and non-verbal interaction
4. includes the sharing of information and feelings between two people or small groups.

Present to the group that good **Interpersonal Communication** is extremely important as Peer Educators and that the group will be learning how to be strong and effective Peer Educators over the next few days.

Present the bullets listed in the Trainer's Box below.

TRAINER'S NOTES:

Interpersonal Communication:





- Interpersonal Communication (IPC) looks at the underlying causes of risk taking and specific barriers to behaviour change. .
- IPC is one way to create positive behaviour change.
- IPC establishes trusting relationships
- IPC works well with Most at Risk Populations (FSW, MSM, PLHIV)
- IPC includes peer education programs
- IPC may work better than mass media interventions by looking at the issues or context around a risky behaviour, for example, not using a condom and lubricant.

Activity 2:

The Whisper Game

Participants sit in a circle or stand in a line. The facilitator whispers a long complicated message such as “I’m going to go to the market to buy some bananas and mangos tomorrow morning, and then I am going to meet my cousin for lunch”. Whisper this message to the person sitting on your right. That person then whispers the same message to the person on their right and so on. The message can only be said once and not repeated to the same person. Once the message has been passed around the circle, ask the last person to say the message aloud. Compare the final message with the original version.

As a group discuss the following questions:

-  What happened as the message got passed along?
-  Why did the message change?
-  How could people in the group have ensured that the message was passed around the circle unchanged?
-  How does this game relate to communication in real life?

End this session by asking if the group has any questions.

WHAT IS PEER EDUCATION

Objective:

To gain a better understanding of peer education and what a peer educator is

Time: 15 minutes

Materials: Flip chart and markers (if group has literate participants)

Type of Activities: Presentation, Brain Storming, and Discussion





Activity

Present to the group that Peer Education is one type of Interpersonal Communication. This activity discusses peer education and peer educators.

State that a Peer is someone who is similar to another person in a group to which she belongs. Peer educators share the characteristics of their peers. Ask the group what characteristics they share amongst themselves (note: possible responses: sex, age, occupation). Mention any other characteristics that the group did not think of (note: sexual orientation, socioeconomic status, health status, marital status, religion.).

As peer educators, it will be important to find a balance between being an outsider (Educator) and being an insider (previous/current FSW).

Present the following points for Peer Education

-  Peer education should be seen as receiving advice from a friend who is “in the know” and who shares similar concerns.
-  Peer education can take place with one person or with groups.
-  Peer education is a good way to share sensitive or taboo information.
-  Peer education is most effective as part of a comprehensive program.



Ask the group where peer education can take place (*note: possible responses: on the street, in a bar, in a hotel room, in a home*).

Ask the group for examples of the last point Peer education is most effective as part of a comprehensive program. What other activities are currently happening to reduce the risk of HIV and AIDS for FSW?

Ask the group if they have any questions.

VERBAL AND NONVERBAL COMMUNICATION

Objectives:

-  To understand the importance of verbal and non verbal communication
-  To identify and overcome barriers of communication

Time: 1 hour

Materials: flipchart and Markers (if group has illiterate participant)

Type of Activities: Presentation, Discussion, Energizer

Activity 1:

Verbal Communication

Ask the group what verbal communication is. (*Note: this should be easy as it was demonstrated during the IPC activity*). Ask two participants to face each other and engage in verbal communication for a few seconds. (*Note: they should just face each other and talk!*)

Next, say the following statement in a neutral voice to the group:

**YOU MUST NEVER DRINK ALCOHOL WHILE
ON TREATMENT FOR AN STI**

Ask for volunteers to say the same statement but using a different tone of voice as listed below:

- As a threat
- As friendly advice
- As a warning
- As an order
- As if you don't care
- As if you are pleading

Ask the group how they feel when something is told to them in the ways mentioned? How do they react?

Explain to the group that there are various techniques one can use to be an effective peer educator and to make sure that each other is understood. These include asking questions, using minimal encouragers, paraphrasing, reflecting, probing, redirecting, and summarizing.

Go over each technique providing examples of each and asking for additional examples from the participants.

Asking Questions: Use simple clear questions which allow for discussion.

Minimal Encouragers: Words like “yes “, “I see “, “and then”, and “tell me more” help to keep the person talking.

Paraphrasing or Rephrasing: Repeats what has just been said but in different words to make sure you (and others) have understood.



Adapted from Peer Education Facilitator's Manual for HIV High Risk Populations (COH Zambia) and Interpersonal Communication and Counseling: Facilitator's Guide for Health Training Institutions (GSCP and N&MC)

Reflecting: Repeats what your peer says (in a slightly different way). It shows that you understand and can encourage your peer to say more.

Redirecting: Allows others to contribute. *"She said..... Do you agree? What do others think?"*

Probing: Asks follow-up questions to explore the issue and make it clearer.

Summarizing: Restates what has been said but in a simple brief form (fewer words). Summarizing is similar to paraphrasing but used at the end of a discussion or to transition to a new topic.

Note: You may wish to include an energizer at this point as this session is quite long. Use one you are familiar with or choose one from the Games for Training, Ice Breakers, Energizers and Other Games in the next section.

Activity 2:

Non Verbal Communication

Now ask the group what non-verbal communication is. Ask the group to stand up and demonstrate a gesture (e.g. pointing, folding arms, and wiping their forehead). Now, ask the group to change their expression on their faces.

Discuss the importance of non-verbal communication when communicating.

Assign each participant a different emotion (confident, bold, tired, angry, surprised, happy, frustrated, confused). Participants can come to you one at a time to receive their assigned emotion. Ask the participants not to share their assigned emotion with the group. Make sure each participant understands what emotion they have. Explain that each participant will demonstrate the emotion they were assigned. Ask the group to guess which emotion each person is portraying.

It is important to use condoms every time you have sex, even with your boyfriend.

Sample Discussion Questions for the group:

- Which ones were you "turned off" by?
- Which ones showed interest in what they were saying?
- Which ones made you want to engage in conversation with them?

Activity 3:

Communication Barriers

Explain what a barrier to communication is. (A barrier to communication is anything that prevents a message from being received easily.)

Give an example of a cell phone and the difficulties (barriers) one may have when trying to talk (inability to hear properly, dropped call, noise in the background). Communication barriers create difficulties for communication.

Ask the group to brainstorm examples of barriers to communication. Make sure the points are covered in the Trainer's Notes box below.

End this activity by reiterating that **verbal communication** involves the use of words while **non-verbal communication** involves the use of gestures, body language, and facial expressions. A good communicator uses both verbal and non-verbal communication methods. As one speaks, she needs to emphasize or illustrate a point by using gestures, facial expressions, and/or body language.

Ask the group if they have any questions.

TRAINER'S NOTES:

Examples of barriers to communication

- . Language Barrier (accent, complicated messages)
- . Peer Educator's mannerisms (non verbal communication)
- . Noise or interruptions
- . Incomplete information
- . Lack or poor understanding of topic
- . Negative attitude to peer (receiver) or topic

ACTIVE LISTENING

Objective:

To understand the importance of active listening

Time: 1 hour

Materials:

Six A5 Picture Cards depicting communication with a peer educator
Flip chart and markers (if group has literate participants)

Type of Activities: Presentation and Discussion

Activity




This activity introduces a skill called active listening that peer educators will use when interacting with their peers. Active listening allows the peer educator to really understand what her peer thinks, her problems, and to work with her to agree on acceptable solutions.

Show the group the six picture cards that show scenarios of a peer educator communicating with her peers. Ask for volunteers to role play the various picture codes. (Note: show the cards without explaining what is happening.)

1. Peer talking to Peer Educator while the Peer Educator is writing (2 Volunteers)
2. Peer educator is sitting on a stool while her peers are on the floor. She seems to be scolding her peers who are looking down and saying nothing. (4 Volunteers)
3. Peer Educator looks extremely bored while Peer is speaking. (2 Volunteers)
4. Peer Educator is putting on make-up while a Peer is talking to her. (2 Volunteers)
5. A Peer Educator and Peer are both talking to each other at the same time. (2 Volunteers)
6. A peer educator is talking with a Peer in an unfriendly manner. (2 Volunteers)

(Note: after the cards have been passed out the facilitator should check on each group to make sure they understand what they are role playing; refer to the text on the back of each card)

Give the groups a few minutes to discuss their role plays and then ask each group to role play their picture card. Ask the rest of the participants to comment on the following questions.

-  What did you think was going on in the role play?
-  Who was listening to the other?
-  How did the body language, facial expressions, tone of voice, and general appearance help or hinder listening?



Next, ask each group to repeat the role plays and show by both verbal and non verbal communication that they are very interested and engaged in the conversation.

Explain to the group that the second role plays showed what we call Active Listening.

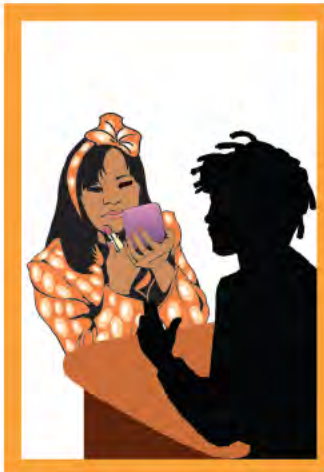
Have the group brain storm examples of active listening from the role plays they just watched. Explain that active listening involves both verbal and non-verbal communication. Make sure the points are covered in the Trainer's Notes box below.

TRAINER'S NOTES:

To listen actively, a listener should do the following:

-  Prepare to listen.
-  Show interest in what the speaker is saying. This can be done in a number of ways:
 - Nodding
 - Concentrating on what is being said
 - Showing appropriate facial expressions
 - Showing appropriate body posture and movements
 - Asking for clarification
 - Giving comments on what is being said
 - Allowing the speaker to fully express her ideas and not interrupt unnecessarily

Ask the participants if they have any questions.



I AM SOMEONE'S HOPE

Peer Educator is putting on makeup while a Peer is talking to her.



I AM SOMEONE'S HOPE

A Peer Educator and Peer are both talking to each other at the same time.



I AM SOMEONE'S HOPE

Peer talking to Peer Educator while Peer Educator is writing.



I AM SOMEONE'S HOPE

Peer Educator is talking with a Peer in an unfriendly manner.



I AM SOMEONE'S HOPE

Peer Educator looks extremely bored while Peer is speaking.



I AM SOMEONE'S HOPE

Peer Educator is sitting on a stool while Peers are on the floor. Peer Educator seems to be scolding her Peers who are looking down and saying nothing.

HOW TO ASK QUESTIONS

Objective:

To understand the difference between open-ended and close-ended questions and how to use both to effectively communicate with peers

Time: 15 minutes

Materials: none

Type of Activities: Presentation and Discussion






Activity

This activity looks at the two ways to ask questions. Explain to the group that asking questions is a good way to find out if your peers understand what you are saying as well as to provide them with an opportunity to express themselves.

Open-ended questions require participants to give their own opinions or say as much information as they know about a particular topic. For example, what do you think about the female condom? These types of questions allow participants the freedom to express themselves and give as much information as possible.

Close-ended questions require a specific short answer, namely “Yes” or “No”. For example, “Can you get HIV from a plate?” Closed questions should be used only to reinforce or clarify what has been said. For example, “Did you say that you have gone for TC before?”

Ask the group the following questions (or other ones) and let them say what type of question each one is, either open or closed.

- | | |
|--|------------------------|
|  Do you know the symptoms of syphilis? | (Close-ended question) |
|  What do you know about TC? | (Close-ended question) |
|  Why is it important to go for STI treatment early? | (Close-ended question) |
|  Can you name one fluid that can transmit HIV? | (Close-ended question) |
|  Have you spoken to someone who has AIDS? | (Close-ended question) |

Next, ask the participants if they can give some examples of each type of question. . .

Finally, ask the group which types of questions are preferred in peer education. Why?

Ask the participants if they have any questions.

RESPONSIBILITIES AND QUALITIES OF A GOOD PEER EDUCATOR

Objectives:

- To identify the responsibilities of a peer educator
- To identify qualities that make someone a good peer educator
- To understand peer education in one-on-one and small group settings

Time: 1 hour 30 minutes

Materials:

- “Job Description for Peer Educator”
 - flipchart and marker
- Type of Activities: Group discussion, brainstorming, role play

Activity 1: Responsibilities and Qualities of a Good Peer Educator

Ask the group what peer educators do. Try to get as many different answers as possible. Refer to the list below when compiling your list. Write the answers on your flipchart.

What does a peer educator do:

- Facilitates discussions about prevention of HIV and other STIs and how to access care and treatment.
- Ensures peers participation in discussions, if with a group.
- Disseminates basic facts about STIs including HIV
- Provides peer counselling and helps peers to make informed decisions about safer sex practices.
- Trains peers in appropriate condom and lubricant use.
- Motivates condom and lubricant use among peers.
- Reports on peer education work.
- Participates in review meetings with supervisors.
- Motivates peers to seek early and complete treatment of STIs.
- Refers peers for TC and other services in the community.
- Encourages peers to be faithful to one partner or to a reduced number of partners.
- Links peers with an HIV infection to local groups of PLHIV

Stress to the group that a peer educator does more than just share information with his peers. She also tries to motivate her peers to change behaviour and learn new skills.

Next, ask the group to break up into smaller groups. Ask each group to come up with three qualities needed to be a good peer educator. Ask one person from each group to share these qualities with the larger group.

Facilitate a group discussion of these qualities. Add additional qualities from the following list, if needed.

Qualities of a good peer educator:

- Is active, lively, and gains respect from his peers
- Is well-connected and accepted by his peers
- Is a good role model (practices safer sex)

- Is professional while working and does not come on to (making advances to) his peers, or accept advances from them
- Is well-mannered and easy-going
- Is able to communicate clearly and persuasively in front of a group or one-on-one
- Is non-judgmental
- Is open-minded Is tolerant
- Is devoted and committed Participates in planning special events for FSW
- Can be trusted (guards secrets)
- Has patience
- Is a good listener Can empathize (understands)
- Is responsible (keeps meetings that have been arranged with his peers)
- Doesn't give out condoms for free

Activity 2: Peer Education in One-on-One and Group Settings

Every peer educator needs to develop personal skills that help him to best communicate with his peers both in one-on-one and group settings. Tell the group that we are now going to look at peer education in these two settings and examine how a peer educator can effectively communicate.

With the group, decide on a topic that everyone is comfortable facilitating. It could be how to put on a condom or how to recognize STIs, or another topic that the group comes up with.

Ask for two volunteers to participate in a role play. One volunteer will be the peer educator and the other volunteer will be his peer. Read the following out loud and ask the volunteers to take a few minutes to act out the roles:

One-on-one role play:

Role Play: Apikolo, a FSW is on the street waiting for clients in Harbour View. However, the night is slow and she is willing to talk to Blackie, a peer educator who frequently visits her while she is working. When Blackie sees Apikolo she greets her in an old friend like fashion.

As a group discuss the following questions:

- How effective was the peer education session?
- What techniques were used to get and hold the peers attention?
- How effective were the communication techniques?
- What types of non verbal communication did the PE use?
- Ask the volunteers how it felt.

Review the following points with the group:

Small group peer education (facilitation) is most effective when the peer educator:

- Presents materials at a good pace
- Presents accurate information
- Presents information that will be of interest to everyone
- Presents well-organized information in a simple, easy-to-understand manner
- Shows confidence
- Makes good use of communication materials
- Holds the group's attention
- Makes the peers feel comfortable
- Clarifies difficult information
- Talks less, asks more questions
- Acknowledges good responses
- Reflects and repeats messages
- Encourages everyone in the group to actively participate

Ask the participants if they have any questions.

Job Descriptions of Peer Educators

The peer educators are responsible for the day-to-day community outreach activities; providing information, education, and services to their peers in project sites; compiling weekly narrative reports; and mobilizing FSW for prevention, care, and/or treatment educational programmes.

The specific tasks of peer educators will include but are not limited to the following within the project period:

1. Sign a contract to work in an unpaid programme where high-performing PEs will be rewarded and recognized by the project.
2. With routine and targeted close supervision from the project officers, each PE will reach at least *** new FSW within the project period with the following:
 - Educational information on STI, HIV and AIDS. These will be mainly targeted at “Love and Trust” events, as well as during one-on-one and small group sessions. The project officers will ensure that the content of educational information include messages on partner reduction and faithfulness and messages on consistent use of condoms and lubricants.
 - Participate in the refresher training using the new FSW training and support supervision manuals to ensure quality PE activities and accuracy of messages.
 - Refer at least *** FSW for STI services, with weekly performance reporting to the project officers (to monitor progress).
 - Accompany at least *** FSW directly to facilities providing STI services.
 - Refer at least *** FSW for TC services, with weekly performance reporting to the project officers (to monitor progress).
 - Accompany at least *** FSW directly to facilities providing TC services.
 - Promote the existence of FSW HIV+ support groups, including the one that will be developed at the drop-in centre within the FSW community.
 - Organize *** one-on-one monitoring sessions, using peer education tools to promote BBC among FSW.
 - Organize *** small group discussions with clear, pre-planned topics for discussions, including the use of picture cards on discussions targeting promotion of TC, STI treatment, and consistent condom and lubricant use.
 - Organize no fewer than *** condom and lubricant use demonstrations each month (for FSW at the “Love and Trust” events, where condoms and lubricants will be sold to the FSW).
 - Distribute and use BCC materials among FSW communities.
3. With close supervision and monitoring by the project officers, promote access to other HIV services such as psychosocial support, ART counselling, etc. through increased referrals and net working.
4. Work within specified operational sites/immediate environs (as much as is practical) that will not involve excessive travelling.
5. With close supervision and monitoring by the project officers, ensure that proper documentation (using project monitoring forms, field note books, etc.) is kept on a regular and consistent basis.

6. Actively participate in the implementation of “Text Me, Call Me, Watch Me” services to provide information, referrals, and counselling services supporting FSW behaviour change interventions.
7. Participate in all monthly programme review meetings as well as PE monthly performance analysis reporting. In attendance will be the MARP - friendly service providers where, each month, the peer educators will let the facility providers know how many people they have referred and discuss how many people have actually accessed the services. Strategies will be discussed as to how to address the gap between referrals and actual use to increase uptake.
8. Contribute to the development and submission of timely quarterly narrative and monthly financial reports.
9. With the project team, identify other non monetary incentives to attract more FSW and their sexual partners to one-on-one discussion.

*Numbers may vary from one program and peer educator to the other.

BUILDING TRUSTING RELATIONSHIPS WITH YOUR PEERS

Objective:

- To identify various ways to build relationships with your peers

Time: 45 minutes

Materials: flipchart and markers

Type of Activities: Presentation, group discussion, brainstorming, role plays

Activity 1

Trust is a key element for building and maintaining peer relationships. Ask the participants to brainstorm some elements of trust. You could ask them to complete the sentence “If you want your peer to trust you, you would need to”

Possible responses:

- Be dependable
- Keep your word
- Be credible (know your material)
- Keep information confidential (what you hear stays only with you)
- Be honest
- Be responsible
- Show empathy (understanding and compassion)
- Be professional

Peer educators must be able to build relationships with their peers in order to be successful in their interactions. This involves making initial contact with new peers, as well as maintaining ongoing relationships with other peers.

We have already had sessions that have looked at various techniques to be good communicators and discussed qualities that make a peer educator effective. This session looks specifically at making initial contact with your peers and then maintaining that relationship.

Brainstorm with the group the steps a peer educator could take to identify new peers.

Possible steps for identifying new peers:

- Identify locations where peers go.
- Talk to peers you already know and ask them if they can talk to their friends to see if they would be willing to meet with you. Plan a time that you can visit a place where new peers will be.
- Introduce yourself, or have your peer introduce you, and your reason for wanting to meet with them.

- Approach peers in a friendly way, greet them with a handshake, introduce yourself (your name, the organization you work with, what you do, etc.) and ask if they can spare a few minutes.
- Remember your interpersonal communication skills (nonverbal communication, active listening, and body language).
- Remember also that it is voluntary for your peers to speak with you, so do not be forceful.
- Keep your initial contact short. The purpose of this meeting is to start to build a relationship so you can return at another time to discuss a specific topic. Ask if they would be willing to speak with you again and set up a time to meet.
- Thank them for taking the time to meet you.

Now that you have made initial contact with a peer, you are ready to start discussions with her. Remember that your peers will have different levels of sexual behaviour knowledge and experience. The topics you discuss with them will depend on these factors. Many of your peers know about HIV and other STIs and the importance of condom use and may not be interested in hearing the facts. Your challenge will be to make discussions interesting and help them to see why making changes - such as using condoms with their regular partners or going to a clinic for treatment for a STI - is important to them. Using the "I am Someone's Hope" theme should help motivate your peers to practice safer sex.

Discussion Questions:

1. Do you think a peer educator should introduce a topic during an initial contact?

Why or why not?

2. Would it be beneficial to give the peer something as a reminder of your meeting?

Why or why not?

Activity 2: Role Plays

This next activity will involve two role plays practicing initial contact and on-going contact with your peers. Ask for three volunteers for the first role play. Read the scenario out loud and give the volunteers a few minutes to discuss their role play.

Role play I:

Two peer educators, Ami and Tawiah, have been asked to go into a new area in Agbogboshie to meet with their peers. They decide to work through a queen mother or Awotse of Mexico Bar in that community to identify where new groups of FSW. They then meet a peer on the street and introduce themselves.

After the role play, thank the volunteers for participating and then initiate a discussion.

Possible Discussion Questions:

1. How effective was the peer educator?

2. How did the initial contact with his peers go?

3. Did you notice any positive communication techniques? Which ones?

4. Who have you approached in the community to make new contacts? Was it helpful?

Now ask for three new volunteers for the next role play. Read it out loud and again give the volunteers a few minutes to discuss their role play amongst themselves.

Role play 2:

Mercy, a peer educator, is called by a peer, Dansoa, at 9 pm about the need to see her urgently and they make plans to meet the following morning at 11 am. Dansoa sounds very worried on the phone but will not say what happened. Mercy has already made an appointment to meet Florence, another peer, at a drop in centre at 9 am. It is now 10 am and Florence has not yet appeared. What should Mercy do?

After the role play, thank the volunteers for participating and initiate a discussion.

Possible Discussion Questions:

1. How do you think Mercy handled the situation?
2. Did you notice any positive communication techniques?
3. Which ones? Was she able to help out Dansoa and keep his date with Florence?
4. What else could Florence have done?
5. Have you been in similar situations when you are not working but are approached by your peers for discussions?

Conclude this session by asking if the participants have any questions.

USE OF CELL PHONES AS DISCREET VISUAL AND AUDIO AIDS FOR PEER EDUCATORS

Objectives:

- To understand the different ways a cell phone can be used for peer education sessions
- To identify the advantages and disadvantages of using a cell phone as a visual and audio aid

Time: 45 minutes

Materials:

- Cell phone
- "Text Me!" texting flyers
- Flipchart and markers

Preparation: Obtain the participants' cell phone numbers (from registration)

Type of Activities: Presentation, demonstration, small group discussion

Activity

Ask the participants to raise their hands if they have cell phones. Next, ask them to think of the different things they can do with their cell phones and compile a list on your flipchart.

Possible Responses:

- Send and receive messages
- Talk
- Play games
- Take pictures
- Keep a telephone list of friends
- Use it to tell time
- Use it as an alarm clock
- Keep reminders
- Use it as a calculator
- Use it as a stopwatch
- Use it as a flashlight

Explain to the group that cell phones can also be used as a peer educator tool. Ask the group why a cell phone could be useful as a way to provide HIV and other STI prevention messages. (Note: see the points listed in the Trainer's Notes at the end of this activity.)

Divide the group into three smaller groups and give each group a piece of the flipchart and a marker. Ask them to take 15 minutes to discuss how a cell phone can be used by a peer educator, recording their ideas on the flipchart. Each small group should decide on one person to present their list to the larger group.

While the groups are brainstorming, prepare a message (or use one already prepared) as an example of how a cell phone can be used by peer educators and send it to the participants. Make sure the points in the Trainer's Notes box have been covered, if not already included in the smaller groups' presentations.

Ask the group if they have any questions.

TRAINER'S NOTES

Reasons to Use a Cell Phone for Peer Education Activities:

- Discreet way of sharing information
- Peer educator doesn't have to carry large materials like a flipchart
- Could provide greater outreach, as FSW can share information they receive with their friends
- Easily accessible, since most people have them
- Bulk (group) messaging
- FSW have easier access to cell phones than to the internet; it is one of the main ways of getting information quickly

Use of Cell Phones:

- Send and receive safer sex reminder messages
- Provide information for example, the hotline - get information on MARP - friendly STI clinics and TC
- Announcements; told of upcoming events
- Reminders to take their ART
- Flashing or texting to access "Text Me! Flash Me!" Helpline services on the flipchart.

Each small group should decide on one person to present their list to the larger group. While the groups are brainstorming, prepare a message (or use one already prepared) as an example of how a cell phone can be used by peer educators and send it to the participants. Make sure the points in the Trainer's Notes box have been covered, if not already included in the smaller groups' presentations.

Conclude this session by asking if the participants have any questions.



Text Me! Flash Mel Helpline - Connecting MARPs & PLHIV

Counselors Time Schedule:

Monday to Friday: 8 : 00am – 5 : 00pm

Monday	Peace Esther Scholastica	024. 649 0794 020. 356 5184 020. 356 5201
Tuesday	Mamle Nelly Bridget Christabel	020. 356 5140 020. 356 5139 020. 356 5148 020. 363 4168
Wednesday	Rose Silvia Rebecca	020. 356 5223 020. 356 5157 020. 356 5199
Thursday	Cephas Miriam Joyce Matilda	020. 356 5171 020. 356 5224 020. 356 5156 020. 356 5230
Friday	Augustine Mercy Sakiina	020. 356 5141 024. 649 0801 020. 356 5145

Hello friend!
We are a team of 17 **friendly** counselors trained to provide free confidential information and referrals on HIV and STIs for you and your loved ones.
Please "flash" us or text **STI, Condom and Lubricant or HIV/AIDS** and send to **1945** and we'll call you back!

2011

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ENCOURAGING PEERS TO USE THE “TEXT ME” SERVICES FOR FSW

Objectives:

- To practice sending and receiving texts from the “Text Me” services for FSW
- To practice encouraging peers to use the “Text Me” service for FSW
- To gain basic skills in communicating assertively with health workers

Time: 1 hour Materials:

- “Text Me!” texting flyer . Cell phone

Preparation: Know how to use the “Text Me” service for FSW

Type of Activities: Practice texting, role play

Activity 1: Practice Texting

Remind the group of the “Text Me” services for FSW” that was discussed earlier in the training. Now we will practice using this service as a group. Pass out a copy of the “I am Someone’s Hope” texting flyer to each peer educator. Explain that there are five different codes listed on the flyer that can be texted to 1945:

- STI + name of your town
- TC + name of your town
- ART + name of your town
- PROTECT + name of your town
- HELP

After texting one of these messages, you should receive a reply. Ask all peer educator I to take out their cell phones and type in one of the five messages listed above, then send it to 1945. After they have done this, ask if anyone received a reply. Ask people to read their replies out loud.

Discussion Questions:

1. When does it make sense for an FSW to use these services?
2. How would you encourage your peers to use these services?

Activity 2: Role Play

This activity will involve a role play to practice how to encourage peers to use the “Text Me” services for FSW. Ask the group to break up into pairs. Read the scenario below out loud and give the pairs a few minutes to discuss and practice their role play.

Role play:

Mercy is a peer educator who is just finishing up a long day of work. On her way home he runs into Florence, an FSW peer. Florence seems preoccupied. Mercy asks Florence what is wrong. Florence seems embarrassed and mumbles something about an STI. Mercy thinks this is a great opportunity for one of her peers to use the “Text Me” services for FSW...

After everyone has practiced their role play, ask for a few pairs to share their role play with the larger group. Use these role plays to initiate discussion.

Possible Discussion Questions:

1. How effective was the peer educator?
2. How did the peer educator try to encourage Florence to use the texting services?
3. What other methods of encouragement could the peer educator have used?
4. Is there anything the peer educator should not have done or said?
5. Have you been in similar situations when you are not working but are approached by your peers for discussions?

Conclude this session by asking if the participants have any questions.

Text Me! Flash Mel Helpline - Connecting MARPs & PLHIV

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<p>APRIL</p> <p>S M T W Th F S</p> <p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30</p>	<p>MAY</p> <p>S M T W Th F S</p> <p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31</p>	<p>JUNE</p> <p>S M T W Th F S</p> <p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30</p>
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USE OF VISUAL AIDS AND OTHER COMMUNICATION MATERIALS

Objectives:

- Identify appropriate communication materials an effective peer educator use for individual or group sessions
- Describe the appropriate use of different materials in support of peer education

Time: 1 hour, 30 minutes **Materials:**

Materials:

- Variety of visual aids (penis model, condoms, “Watch Me!” video-clips, story cards, flyers, picture cards, etc.)
- Flipchart and markers
- Photocopies of “Description of Visuals” at the end of this activity

Type of Activities: Group discussion

Activity

Explain to the group that this activity will look at various types of materials that are used as visual aids to help the peer educator effectively communicate.

Hold up one visual aid at a time and ask the participants to discuss whether the material could be used during a one-on-one peer education session, a group peer education session, or both.

Discuss why some of the materials would not be suitable for meeting your peers on the street or in some public places. If the participants are having difficulty in answering the questions, you can prompt them with “W” and “H” questions. For example, How is this material used? When is this material used? Where can this material be used?

Lead a discussion with the participants on the Why and How of each of the materials, using the table on the next page as a guide. Pass out a copy of the table to the participants.

Make sure the participants understand the importance of going over any material that will be given to their peers.

Encourage the participants to ask questions.

VISUAL AIDS AND OTHER COMMUNICATION MATERIALS

MODELS	
<p>Why do we use models?</p> <ul style="list-style-type: none"> • to draw attention • to demonstrate actions 	<p>How do we use models?</p> <ul style="list-style-type: none"> • to demonstrate actions/behaviours that cannot be shown using the actual objects
POSTERS	
<p>Why do we use posters?</p> <ul style="list-style-type: none"> • Can be used to focus on a single or short message that is easily understood • Used to draw attention • Used to present information • Used to generate discussion 	<p>How do we use posters?</p> <ul style="list-style-type: none"> • Display the posters in places where many people will see them (e.g. bars, clinics) • Put posters in places protected from wind and rain • If necessary, ask permission before displaying the poster • Use posters to facilitate a discussion • Use posters to motivate or educate people • Use posters to encourage group discussion • Use posters to provide information
BOOKLETS (also brochures/leaflets/ pocket posters)	
<p>Why do we use booklets?</p> <ul style="list-style-type: none"> • Create awareness • Present facts • Provide sources of additional information • Provide information about where key services can be obtained • Used to start discussion • Used to present in-depth information • Can be passed out or shared with others • Can be used as a take-home or used as a reference material 	<p>How do we use booklets?</p> <ul style="list-style-type: none"> • Explain each page to allow peer to observe illustrations • Point to the illustration and not to the text • Make eye contact to ensure material is understood. If not, stop and ask questions or discuss • Give materials out and suggest they share with others
FILMS	
<p>Why do we use films?</p> <ul style="list-style-type: none"> • See or demonstrate • Start discussion • Reinforce learning • Motivate peers to action 	<p>How do we use films?</p> <ul style="list-style-type: none"> • Hold a discussion after viewing by asking questions

<p>PICTURE CARDS (visual presentation of a problem or situation)</p>	
<p>Why do we use picture cards?</p> <ul style="list-style-type: none"> • Raises questions, leading to a discussion of the problem identified • Stimulates discussion, answers, and solutions; for example, a picture card might depict a peer showing a condom to a client. 	<p>How do we use picture cards?</p> <ul style="list-style-type: none"> • Present picture and then ask questions such as: What do you see happening here? Can this really happen? What is the STI/HIV connection? What do you suggest? • The questions above are based on the <i>Who, What, When, Where, Why,</i> and <i>How</i> of a problem, issue, or situation.
<p>REMINDER MATERIALS</p>	
<p>Why do we use reminder materials?</p> <ul style="list-style-type: none"> • As a trigger to remember the information presented 	<p>How do we use reminder materials?</p> <ul style="list-style-type: none"> • After a discussion, pass out to FSW, some materials, like booklets or brochure can be taken home
<p>STORY TELLING (story cards, role plays)</p>	
<p>Why do we use stories?</p> <ul style="list-style-type: none"> • Delivers important messages while at the same time entertaining • Helps start a discussion • Personalizes information/facts • Reinforces learning • Supports other channels of communication such as radio and TV 	<p>How do we use stories?</p> <ul style="list-style-type: none"> • Determine the most suitable time to tell stories • With a good story teller! • Make stories humorous • Tell stories that are relevant • Emphasizing the important points after questions are asked
<p>SONGS</p>	
<p>Why do we use songs?</p> <ul style="list-style-type: none"> • Draws on folk or popular culture • Traditionally acceptable forms of communication • Delivers important messages while entertaining • Helps start a discussion • Used to personalize information/facts. • Used to reinforce learning • Used to present information in a non-threatening way • Used in many ways - group discussions, special events, fairs, etc. 	<p>How should we use songs?</p> <ul style="list-style-type: none"> • Determine the most suitable time to sing the song • Usually used to start a discussion. • Sing songs that peers know, to enable them sing along • Sing songs that are relevant to your peers

CELL PHONES

Why do we use cell phones?

Visuals

- Present visuals as “Watch Me!” video-clips in a discreet manner for one-on-one peer education
- Peer educator doesn’t have to carry large materials
- Generate discussion, answers, and solutions

Texting or Flashing

- Relay information in a discreet manner
- Easily accessible; most people have the means to text or flash
- Texting can be done in bulk to reach a lot of people quickly
- Contact a Helpline counsellor or peer educator in a discreet manner

How do we use cell phones?

Visuals

- Take a picture of the visual tools with your phone camera and share with peers
- Download and share “Watch Me!” video clips
- Ask “What do you see? What is happening? Can this really happen? How is this related to STIs or, specifically, HIV? What do you suggest should be done?”
- The questions above are based on the *Who, What, When, Where, Why, and How* of a problem, issue, or situation.

Texting

- Send reminder messages to peers about key behaviors
- Invite peers to events or activities
- Relay information about clinics or hotlines
- Send daily reminder messages about taking ARTs
- Keep messages concise, especially if you are strictly relaying information (i.e., meet at Spot X tonight)
- Reminder messages work best if they are funny or grab the audience

“LOVE AND TRUST” ACTIVITIES

Objectives:

- To learn that condom and lubricant use signifies that you love and trust your non-paying partner (Non-PP)
- To know the three behaviors FSW can do with their (Non-PP) to show they love and trust them .
- To generate a list of ideas for “Love and Trust” activities

Time: 1 hour

Materials: Flipchart and markers

Types of Activities: Presentation, brainstorming, and group discussion

Activity

Explain to the group that research has shown that one of the major reasons why FSW do not use condoms or lubricants with their non paying partners is because they love and trust their regular partners. FSW felt that if they asked to use a condom or lubricant, their non-paying partners would think that they do not trust them.

Discussion Questions:

1. What do you think about the idea of not using a condom because you love and trust your (Non-PP)?
2. What would you say to a peer who told you that she does not use a condom with her (Non-PP) because she loves and trusts him?

Now introduce the idea that using a condom and lubricant together actually shows that you do love and trust your partner, because a condom and lubricant will help ensure that your boyfriend stays healthy and safe. You could have and pass along HIV or another STI and not even know it. A condom and lubricant shows that above all else, you care for your partner first and trust that he also wants what is best for you.

Discussion Questions:

1. Do you think it is possible to promote this idea that a condom and lubricant means love and trust? Why or why not?
2. What other ways can couples show that they love and trust each other? (Note: key answers include going to the clinic for HIV counselling and testing, staying faithful to your partner, or reducing the number of partners that you have.)

Be sure to discuss the two biggest ways you can show you love and trust your partner, listed below:

- Correctly use condoms every time you have sex.
- Go for HIV counselling and testing together.

Break into small groups and brainstorm ideas for activities that could be conducted to promote this new idea that using a condom and lubricant and going for HIV counselling and testing, means you love and trust your partner. Each small group should share their ideas with the larger group.

Some ideas for “Love and Trust” activities:

Hold a “couples only” party to promote correct and consistent use of condoms and water based lubricants. Pass out condoms and lubricant sachets for party gifts. As you are passing out the party gifts, discuss how the condoms and lubricants signify love and trust.

Procure rings or other jewelry that can be distributed to FSW who vow to use condoms and lubricants correctly and consistently with their non-paying partners (Non-PP) “Love and Trust” rings.

Work with your local FSW-friendly clinic to promote couples testing days. Pass out “We Love and Trust Each Other” tee shirts or wrist bands.

Hold a contest for FSW and their (Non-PP) that love and trust each other the most. FSW and (Non-PP) can write how they show their love and trust, and the best answers win.

Use condoms to make crowns for the winning Partners. Have the winning partners \” give a talk about using condoms and lubricants to show you love and trust your boyfriend.

Develop two symbols, one that means “Love,” and one that means “Trust.” Pass these out to FSW and Non-PP who get tested together.

Hold a “how well do you know your (Non-PP)” competition like they do on the GTV programme “It Takes Two”.

Conclude this session by asking if the participants have any questions.



It may make sense to promote the use of condoms and lubricants with couples as a sign of love and trust first and gradually promote HIV testing and counselling together.

SESSION PLANS FOR TRAINING

FSW PEER EDUCATORS

PART 1

GAMES FOR TRAINING: ICE BREAKERS, ENERGIZERS, AND OTHER GAMES

- **INTRODUCTION**
- **ICE BREAKERS**
- **ENERGIZERS**
- **OTHER GAMES**

INTRODUCTION

The following activities are various games that can be used during peer education sessions, trainings, or during informal meetings with a group of people. The games are divided into three categories: Ice-breakers, energizers, and other games. Ice-breakers are games or activities that are played at the beginning of a meeting to make people feel more comfortable with each other and relax. Energizers are games or activities that get people moving (energized) or more enthusiastic about a topic. Energizers can be used whenever people look tired or uninterested. They can also be used to create a break between two different sessions or topics. Energizers are short activities often lasting just a few minutes. Other games can be used to discuss cooperation, team building, communication, trust, or stigmatism.

Facilitators and Peer Educators can choose those games that they are most comfortable with, like, or are the most appropriate. All of the games are meant to be fun to play and enjoyable.

ICE BREAKERS

1. Rhyming Names

Each person introduces herself with a describing word (adjective) that has the same first letter as her name which describes how she feels or who she is; examples I am Mina and I am marvellous, I am Lucy and I am lucky, or I am Patience and I am pretty. Optional; As you go around the room, each person has to remember the names and adjectives of those people who already introduced themselves.

2. Three Greetings and Run

Participants stand in a circle and hold hands except for one person. That person walks around the outside of the circle and taps someone on the shoulder or back. The two walk around the circle in opposite directions until they meet face to face. They then greet each other three times. Next, they run back the way they came, continuing in opposite directions to the empty place in the circle. The last person to reach the empty spot walks around the circle again and the game continues until everyone has had a turn.

3. Three Truths and a Lie

Each participant takes a turn telling four things about herself- three truths and one lie. The group has to guess which statement is the lie.



ENERGIZERS

1. The Rainstorm

Everyone sits quietly in a circle, with her eyes closed, waiting for the facilitator's first movement. The rain slowly starts as the leader rubs her palms together. The person to her right makes this sound, and then the next person until everyone in the group is making the same sound. Once everyone is rubbing palms, the facilitator increases the sound of the rain by snapping her fingers, and that sound in turn is passed around the circle. Then the facilitator claps both hands together, and that sound is passed around the circle. The facilitator then switches to thigh slapping, and then the storm comes with feet stomping as the rain increases in intensity. To indicate the storm is residing (decreasing), the facilitator reverses the order, beginning with the thigh slapping, then hand clapping, finger snapping, palm rubbing, ending in silence.

2. CHE CHE GULE (The Diarrhoea Song)

This song which most participants may know mimes the phases in an illness. Participants repeat the words and actions of the leader.

CUE CUE GULE

(arms over head)

KO FISALANGA

(raise your body in recovery)

CHE KO FISA

(bend down show pain of diarrhoea)

LANGA TI LANGA

(arms moving dance of joy)

TUMBALELE

(dance of joy)

3. The King is Dead

One person turns to his neighbour and says, "The King is dead!" The neighbour asks, "How did he die?" The first person responds "He died doing this" and starts a simple gesture/movement (e.g. moving head forwards and backwards), which all participants copy and repeat continuously. The conversation is repeated by the second and third players, the second one adding another gesture/movement (e.g. arm movement to the same rhythm of the head movement). These two movements are then copied by the whole group. Then the conversation is repeated between the third and fourth players. Additional movements are added each time. The process continues around the circle until there are too many movements to remember and keep going.

4. Pass the Action

Participants sit or stand in a circle. One person stands in the centre of the circle. She chooses an action (e.g. dancing, hopping on one foot, clapping) and does this action towards a participant she chooses in

the circle. That person then takes the place of the first person and repeats that action until she reaches the centre of the circle. She chooses a new action or movement and does that action or movement to a new participant. The game is continued until everyone has had a chance to “pass the action”.

5. Simon Says

Ask participants to stand up with enough room around them to be able to swing their arms freely. The facilitator tells the group that they should follow instructions when she starts the instructions with “Simon says.” For example, the facilitator could say, “Simon says touch your head”. Participants must follow this instruction and touch their heads. The facilitator continues to give instructions starting with “Simon says”. However, if the facilitator does not begin the instruction with “Simon says” the participants should remain motionless and not repeat the action. For example, the facilitator might say “Touch your toes”. Those participants who repeat the action without hearing “Simon says” must sit down. The game continues until there is only one participant remaining standing or until it no longer remains fun to play. The facilitator can speed up the action or give multiple instructions at one time; for example, “Simon says lift your right foot, Simon says clap your hands, Simon says touch your nose, touch your mouth.” Any participant who touched their mouth would need to sit down as the facilitator did not say “Simon says”. The game can

6. The Sun Shines On

Participants sit or stand in a tight circle with one person in the middle. The person in the middle shouts out “the sun shines on...” and names a colour or article of clothing that some of the participants in the group have. For example, “the sun shines on all those wearing blue” or “the sun shines on all those wearing sandals” or “the sun shines on all those with earrings”. All the participants who have that attribute must change places with one another. The person in the middle tries to take one of their places as they move, so that there is another person left in the middle without a place. The new person in the middle shouts out “the sun shines on...” and names something different that some of the members in the group have.

7. Condom Game

A condom or other small object is selected. The participants stand in a tight circle with their hands behind their backs. One participant volunteers to stand in the middle of the circle. The facilitator walks around the outside of the circle and secretly slips the condom into someone’s hand. The condom is then secretly passed round the circle behind the participants’ backs. The person in the middle of the circle tries to locate the condom by studying her peers’ faces. When successful in locating the condom, she moves to the circle and the person caught with the condom takes her place in the middle.

8. “Prrr” and “Pukutu”

Ask the participants to stand up and stand in a circle. Ask them to imagine two birds. One calls “prrrr” and the other calls “pukutu”. When the facilitator calls out “prrrr” the participants need to stand on their toes and move their elbows out sideways, as if they were a bird ruffling its wings. If the facilitator calls out “pukutu”, everyone has to stay still and not move a feather. Participants who make a mistake must sit down. Continue playing until only one or a few participants remain standing.

9. Locomotion

Ask for a volunteer and have everyone sit in a circle in chairs. The volunteer walks or runs around the outside of the circle, imitating some means of transportation such as a trotto, taxi, bicycle, boat, or train.

She stops in front of several people and gives them a signal and they follow her, imitating the form of transportation. When the person has a small group following her, she shouts “All change” and everyone including herself races for a seat. The person who is left without a seat must start the game again, with a different form of transportation.

10. Pass the Parcel (for literate participants)

The facilitator has wrapped a small gift, such as a sweet or a hair clip, with many different layers of paper. On each layer they have written a task or a question. Examples of tasks are ‘sing a song’ or ‘hug the person next to you’. Examples of questions are ‘What is your favourite colour?’ or ‘What is your name?’ Questions can also be linked to the topic being discussed; for example, condom use and HIV and AIDS. The facilitator starts the music, or claps their hands if there is no music available. The participants pass the parcel around the circle, or throw it to each other. When the facilitator stops the music or the clapping, the person who is holding the parcel tears off one layer of paper and carries out the task or answers the question that is written on the paper. The game continues until all the layers have been unwrapped. The gift goes to the last person to take off the wrapping.

11. Group Massage

Ask the group to stand in a circle and turn sideways so that each person is facing the back of the person in front of them. People then massage the shoulders of the person in front of them.

12. Hena Benum (Who will Drink?)

Divide the participants into three groups. One group is signalled to sing “hena benum. “Then, the second group is signalled to sing “eyemi Kojovila.” Finally, the last group is signalled to sing, “apeshie konko deka.” When all three groups are singing together and in tune, they are told to dance agbaza (traditional ewe dance) to it.

Hena benum (2X)

Eyemi Kojovila (2X)

Apeshie konko deka (2X)

13. A Band without Instruments

With a group of about six to eight participants, explain that they are going to create a band without instruments. The band will only use sounds that can be made by the human body. Players can use hands, feet, voice etc, but no words. For example, they could whistle, hum, sigh or stomp their feet. Each player should select a sound. Choose a well-known tune and ask everyone to play along, using the ‘instrument’ that they have chosen. Alternatively, don’t give a tune and let the group surprise itself by creating a unique sound.

OTHER GAMES

1. Forming Groups by Number

Call out different numbers at random - “2..6..5..4” and ask participants to form groups according to the number called. After each number is called, participants will have to make a quick decision who to join or who to exclude. Those who are not in groups of the correct size will have to stand outside and no longer be allowed to play. When several rounds have been played, stop the game and discuss. Ask how they felt about being excluded from groups and being forced to drop out. Relate this to stigmatism.

2. Leading and Guiding

Participants split into pairs. One participant puts on a blindfold. Their partner then leads them carefully around the area making sure they don't trip or bump into anything. After A few minutes the facilitator asks the pairs to change roles. At the end, participants discuss how they felt when they had to trust someone else to keep them safe.

3. Knees Up

Participants stand in a close circle with their shoulders touching and then turn, so that their right shoulders are facing into the centre of the circle. Ask everyone to put their hand on the shoulder of the person in front and to carefully sit down so that everyone is sitting on the knees of the person behind them. This game can be used to start a discussion on group building or cooperation.

4. Five Trotros

Draw five circles with chalk on the floor, big enough to accommodate all of the participants (but just). Divide the group into five smaller groups and ask each smaller group to stand in one of the circles. Ask each group to give a name for their “trotro” and explain one of them is going to break down and that group will be stranded in a rainstorm at night unless they move quickly to anyone of the other trotros. Allow the suspense to build up between calling out broken down “trotros”. The game continues, until everyone is squashed onto one trotro. Debrief this game, focusing on cooperation within the group.

5. Reflecting on the Day

To help the participants reflect on what they just discussed or learned, make a ball out of paper and ask the participants to throw the ball to each other. When a participant has the ball, she can say one thing that she learned or thought about the day, session or meeting.

6. Imaginary Gifts

This can be used at the end of a training, monthly meeting (where the. participants know each other well), or a workshop. Put participants' names in a box or bag. Pass the box or bag around and ask each person to pick a name. If they get their own name they have to put it back and choose another. Give the group a few minutes to think of an imaginary gift they would present to the person whose name they have drawn. Ask them also to think how they would present it. Go round the group asking each person to present their imaginary gift.

















PART 2

FSW PEER EDUCATORS TOOLS FOR THE FIELD






- **MODULE 1: HIV AND AIDS ACTIVITIES**
- **MODULE 2: STIs**
- **MODULE 3: CONDOM USE**
- **MODULE 4: TESTING AND COUNSELLING (TC)**
- **MODULE 5: LIFE SKILLS**

TABLE OF CONTENTS










MODULE 1: HIV AND AIDS

		Activity 1: HIV and AIDS in Ghana
		Activity 2: Wildfire Game
		Activity 3: HIV Transmission-Fluids
		Alternate Activity 3: HIV Transmission Game-Fluids
		Activity 4: HIV Transmission- Routes
		Alternate Activity 4: HIV Transmission Game-Routes
		Activity 5: HIV Level of Risk continuum game
		Alternate Activity 5: HIV Level of Risk
		Activity 6: What Happens to the Body of Someone who has HIV
		Alternate Activity 6: What Happens to the Body of Someone who has HIV Drama Sketch
		Activity 7: HIV and Gender
		Activity 8: HIV and Traditions
		Activity 9: SASA - Film
		Activity 10: Night Stop - Film






MODULE 2: STIs

		Activity 1: STI Story Cards
		Activity 2: The Basics of STIs
		Activity 3: The Silent Epidemic- Film













MODULE 3: CONDOM AND LUBRICANT USE

		Activity 1: Condom and Lubricant use Story Cards
		Activity 2: How to Use a Male Condom and Lubricant
		Activity 3: Male Condom Line-up Game
		Activity 4: Male Condom Care
		Activity 5: How to Use a Female Condom
		Alternate Activity 5 : Female Condom Line-up Game

MODULE 4: TESTING AND COUNSELLING (TC)



		Activity 1: TC Story Cards
		Activity 2: Wildfire Game
		Activity 3: TC Process



MODULE 5: LIFE SKILLS

		Activity 1: Reproductive Anatomy
		Activity 2: Communication Skills
		Activity 3: Negotiation Skills - Condom Use
		Activity 4: Making Good Decisions
		Activity 5: Drinking Alcohol and Condom Lubricant Use
		Activity 6: I am Someone's Hope Booklet
		Activity 7: Financial Management
		Activity 8: Building Social Networks



PART 2: TOOLS FOR PEER EDUCATORS MATRIX

MODULE 1: HIV AND AIDS



	Activity	Street	Indoors	Time (min)	Objectives	Behaviour Change Objectives
1	HIV and AIDS in Ghana	✓ 	✓ 	15	To help understand how many people are living with HIV and AIDS	
2	Wildfire Game		✓	45	To show how HIV can spread in a community by unprotected sex	Use condoms and lubricants correctly and consistently
3	HIV Transmission Fluids	✓		20	To better understand which body fluids spread (transmit) HIV	
Alt 3	HIV Transmission Game – Routes		✓	45	To better understand which body fluids spread (transmit) HIV	
4	HIV Transmission Routes	✓		20	To better understand how HIV can enter the body	
Alt 4	HIV Transmission Game – Routes		✓	45	To better understand how HIV can enter the body	
5	HIV Level of Risk	✓		20	To clear up misunderstandings on how HIV is and is not spread	Use condoms and lubricants correctly and consistently
Alt 5	HIV Level of Risk Game		✓	60	To clear up misunderstandings on how HIV is and is not spread	Use condoms and lubricants correctly and consistently
6	What Happens to the Body of Someone who has HIV	✓	✓	30	To understand the difference between HIV and AIDS, and what happens to the body of someone who has HIV or AIDS	<ul style="list-style-type: none"> • Don't delay going to a clinic for HIV and STI services • Take all of the medicines for all the days for STIs, TB, ART treatment

	Activity	Street	Indoors	Time (min)	Objectives	Behaviour Change Objectives
						
Alt 5	HIV Level of Risk Game	✓	✓	60	To help understand how many people are living with HIV and AIDS	
6	What Happens to the Body of Someone who has HIV		✓	30	To understand the difference between HIV and AIDS, and what happens to the body of someone who has HIV or AIDS.	<ul style="list-style-type: none"> • Don't delay going to a clinic for HIV and STI services • Take all of the medicines for all the days for STIs, TB, ART treatment • Don't delay going to a clinic for HIV and STI services • Take all of the medicines for all the days for STIs, TB, ART treatment
Alt 6	What Happens to the Body of Someone who has HIV Drama Sketch		✓	60	To understand the difference between sex and gender roles on women's vulnerability to HIV and AIDS	
7	HIV and Gender			60		
8	HIV and Traditions		✓	60	To discuss how local traditions might influence HIV transmission	
9	SASA Film		✓	90	To show, through film, the connection between violence against women and HIV and AIDS	<p>Get tested to know HIV status</p> <ul style="list-style-type: none"> • Use condoms and lubricants correctly and consistently • Don't delay going to a clinic for HIV and STI services
10	Night Stop Film		✓	120	To provide an opportunity to view a film about FSW in a different setting and observe differences and similarities to FSW in Ghana	



MODULE 2: STI

	Activity	Street 	Indoors 	Time (min)	Objectives	Behaviour Change Objectives
1	STI Story Cards	✓	✓	Multiple or 60	To better understand the importance of seeking treatment from a health worker for an STI	<ul style="list-style-type: none"> • Use condoms and lubricants correctly and consistently • Don't delay going to a clinic for HIV and STI services • Take all of the medicines for all the days for STIs, TB, ART treatment
2	The Basics of STIs	✓	✓	Multiple	To recognize STIs and their symptoms and to understand STI transmission and prevention	<ul style="list-style-type: none"> • Use condoms and lubricants correctly and consistently • Don't delay going to a clinic for HIV and STI services • Take all of the medicines for all the days for STIs, TB, ART treatment
3	The Silent Epidemic Film		✓	60	To view a film about STIs and see symptoms of various STIs in men and women as well as their effect when transmitted to a new born	<ul style="list-style-type: none"> • Use condoms and lubricants correctly and consistently • Don't delay going to a clinic for HIV and STI services • Take all of the medicines for all the days for STIs, TB, ART treatment



MODULE 3: CONDOM USE



	Activity	Street 	Indoors 	Time (min)	Objectives	Behaviour Change Objectives
1	Condom Story Cards	✓	✓	Multiple or 60		Use condoms and lubricants correctly and consistently
2	How to Use a Male Condom and Lubricant	✓		20	To provide participants with the practice and skills to correctly use a male condom and lubricant	Use condoms and lubricants correctly and consistently
Alt 2	Male Condom Line up Game		✓	45	To reinforce the proper steps and order of using a male condom and lubricant	Use condoms and lubricants correctly and consistently
3	Male Condom Strength		✓	5	To show how strong a male condom is and what happens when an oil based lubricant is put on it	Use condoms and lubricants correctly and consistently
4	Condom Care	✓	✓	20	To understand the proper care and disposal of condoms	Use condoms and lubricants correctly and consistently
5	How to Use a Female Condom	✓	✓	20 to 30	To provide practice and skills to correctly use a female condom	Use condoms and lubricants correctly and consistently
Alt 5	Female Condom Line-up Game		✓	45	To reinforce the proper steps and order of using a female condom	Use condoms and lubricants correctly and consistently

MODULE 4: TESTING AND COUNSELLING (TC)

	Activity	Street 	Indoors 	Time (min)	Objectives	Behaviour Change Objectives
1	TC Story Cards	✓	✓	Multiple or 60	To better understand the importance of going for TC	<ul style="list-style-type: none"> • Use condoms and lubricants correctly and consistently • Get tested to know HIV status; encourage your regular partners to get tested to know their HIV status • Share your HIV or STI status with your regular partners
2	Wildfire Game		✓	60	To begin to understand the impact of HIV and AIDS in terms of feelings associated with HIV infection	<ul style="list-style-type: none"> • Use condoms and lubricants correctly and consistently • Get tested to know HIV status; encourage your regular partners to get tested to know their HIV status
3	TC Process	✓	✓	Multiple or 40	To better understand what TC involves	<ul style="list-style-type: none"> • Use condoms and lubricants correctly and consistently • Get tested to know HIV status; encourage your regular partners to get tested to know their HIV status

MODULE 5: LIFE SKILLS

	Activity	Street 	Indoors 	Time (min)	Objectives	Behaviour Change Objectives
1	Reproductive Anatomy	✓	✓	20 to 30	To better understand the basics of female and male anatomy	
2	Communication Skills		✓	Multiple or 60	To gain a better understanding on how to communicate effectively and to recognize the difference between aggressive, communication	
Alt 2	Communication Skills Role Play	✓		60	To gain a better understanding on how to communicate effectively and to recognize the difference between aggressive, communication	
3			✓	30	To state common arguments against condom use and to practice negotiating condom use with your regular partner or client	Use condoms and lubricants correctly and consistently
4	Making Good Decisions	✓		90	To better understand the relationship between drinking alcohol and using drugs and sexual activity; to name ways for correct and consistent use of condoms and lubricants even when drinking alcohol or using drugs; and to discuss the steps involved in making a decision	<ul style="list-style-type: none"> • Use condoms and lubricants correctly and consistently • Take all of the medicines for all the days for STIs, TB, ART treatment
5	Drinking Alcohol and Condom Use		✓	45	To better understand the effect of drinking alcohol and condom and lubricant use	Use condoms and lubricants correctly and consistently

Activity	Street 	Indoors 	Time (min)	Objectives	Behaviour Change Objectives
6 I am Someone's Hope Booklet	✓		20 Multiple if needed	To understand the importance of making smart choices and staying healthy in order to take care of someone who is important	<ul style="list-style-type: none"> • Use condoms and lubricants correctly and consistently • Get tested to know your HIV status; encourage your regular partners to get tested to know their HIV status • Don't delay going to a clinic for HIV and STI services • Take all of the medicines for all the days for STIs, TB, ART treatment
7 Financial Management		✓	20 to 30	To understand the importance of saving money and knowing where one can go to save or borrow money	
8 Building Social Networks	✓	✓	60	To understand the advantages of being part of a social and work group and to learn how to organize a group	

The full Behaviour Change Objectives are:

- Use condoms and lubricants correctly and consistently during every sexual encounter including with your regular partners to reduce the risk of HIV infections and other STIs.
- Get started to know your HIV status; encourage your regular partners to the test to know their HIV status.
- Share your HIV or STI status with your regular partner.
- Don't delay going to a clinic for prevention, treatment, care and support services for HIV and STI.
- Take all of the medicines that the nurse or the doctor gave you for all days you were told to take them for treatment of STIs, TB, and for ART


Module 1: HIV and AIDS

Activity 1: HIV and AIDS in Ghana

Objective: To help understand how many people are living with HIV and AIDS

Setting  

Indoors or on the street

Group Size 



1 or small group

Time 

15 minutes


Type of Activity 

Discussion

Materials   

Tins of Rice Picture Card

Margarine Can (Konko) with rice

Preparation 

Review “Number of People Living with HIV and AIDS” information sheet to see numbers in your region and the matching number of cans of rice.

Activity

Explain to your peers that for this activity, they should imagine that one grain of rice is one person living with HIV.

Show your peers the can of rice and ask them to guess how many grains of rice are in the can. State “higher” or “lower” after each response (*answer: approximately 15,300 grains of rice*).

Next, show card with cans of rice representing number of people with HIV and AIDS living in Africa and in Ghana.

Point to ALL the cans representing the number of people living with HIV and AIDS in Sub-Saharan Africa. Remind them that each can does not represent one person but 15,300 people! In Sub-Saharan Africa, about 25 million people are living with HIV and AIDS.

Show them the cans for Ghana at the bottom of the card. Ask how many people they think the 14.5 cans represent. Give the answer – 221,941 people.

Ask how many cans they think would show the number of people living with HIV and AIDS in their region. Then, state “higher” or “lower” after each response. Together, come up with the correct number.

Calculated using 7,200 grains of rice = 1 cup.

Discussion Questions:

- Was any of this information surprising?
- How did this information make you feel?



Actual numbers are not as important as giving a general picture of the number of people living with HIV and AIDS in the different areas.

Only discuss the number of PLHIV in the group's region to avoid comparisons.

How Many People Have HIV in Africa and Ghana?



SUB SAHARAN AFRICA: 1,614 CANS OF RICE



GHANA: 17 CANS OF RICE



Module 1: HIV and AIDS

Activity 2: Wildfire Game

Objective:

- To show how HIV can spread in a community with unprotected sex

Behaviour Change Objectives:

- Use condoms and lubricants correctly and consistently during every sexual encounter including with your regular partners, to reduce the risk of HIV infection and other STIs.

Setting:

Indoors

Group Size

Large group size (10 or more)

Time

45 minutes

Type of Activity

Game and discussion

Materials

Small sheets of paper — one for each participant

Preparation

Draw a small star (★) on one piece of paper.

Write “c” on five other sheets of paper.

Activity



If you have participants that you know are HIV +, you may want to discuss this activity with them before you start to see how comfortable they are participating. This activity can be very emotional. Participants should be allowed to share their experiences and feelings.

Give one piece of paper to each participant.

Tell your peers to walk around the room and shake hands with five other people and then sign or place a unique mark on each other's paper (Note: if the group contains fewer than 15 people, ask each participant to only shake hands with three people.)

When finished, ask the participants to check to see if they have five signatures on the papers.

Tell the participants to sit in a circle.

Explain that this is a game to show how quickly HIV can spread within a community.

For this game, one participant represents a person who is infected with HIV. Ask the participants to look at their paper to see if there is a star (★) on it. Ask the person with the star paper to stand up. Tell the person standing that for this activity, you will say that she has HIV.

Tell the group that you can not tell if someone has HIV simply by looking at the person. Many people who have HIV do not know that they are infected.

Next, ask the participants if shaking hands can spread HIV (*answer: No!*).

For this game, we will pretend that shaking hands is the same as having sex with another person. Therefore, the participants are at risk for HIV with anyone they shook hands with.

Ask the participant with the star paper to read aloud the names of the people who signed his paper.

Next, ask those people to stand up. Tell the group that all the people standing may now be infected with HIV.

Ask the people standing to read the names of people they shook hands with; ask those people to stand. Continue to do this until all the participants are standing. If a person's name has been called more than once, explain that this person has put herself at risk multiple times.

Now that all the participants are standing, ask them to see if they have a (C) on their paper. Tell them that everyone with a (C) on their paper used a condom and lubricant consistently and correctly every time they had sex and, therefore, were protected from HIV and other STIs. The people with a (C) can sit down.

Say that everyone standing had unprotected sex and became infected with HIV.

Ask the group to count how many people have been infected with HIV. Tell the women standing to sit down. Remind the participants that this is just a game and that HIV is not transmitted by shaking hands or signing someone's paper.

Discussion Questions:

1. How did you feel as you were waiting to find out if you were infected?
2. How did you feel when you found out you were not infected?
3. How did you feel to be one of the last participants standing?
4. Did the person who in the beginning was infected directly infect every other person?
5. How does this activity help explain how HIV can spread so quickly in a community?

Module 1: HIV and AIDS

Activity 3: HIV Transmission – Fluids

Objective:

- To better understand which body fluids spread (transmit) HIV.

Setting

On the street

Group Size

1 or 2

Time

20 minutes

Type of Activity

Discussion

Materials

Fluids which Transmit HIV flyer

Review

“HIV Transmission – QQR” information sheet

Preparation

Know which fluids can contain quantities of HIV large enough to be transmitted to others. Correct answers are listed at the end of the Activity section.

Activity

Ask which fluid spread (transmit) HIV. Do not correct wrong answers now. Encourage your peer to give more than one type of fluid.

State that for HIV transmission to take place there must be a large enough amount of HIV present in the body fluid to be infectious.

Next, Show the fluids which Transmit HIV flyer. The flyer shows the fluids which transmit HIV. Start with the ones that your peer stated correctly. Discuss each fluid, semen, vaginal fluid, blood, and breast milk.

Mention that other fluids such as tears, saliva, mucous and urine DO NOT transmit HIV. Including other ones that your peer stated at the beginning that also DO NOT transmit HIV.

Ask your peer if she has any questions.

Give the flyer to your peer as a reminder of the talk.

Body fluids that transmit (spread) HIV

Correct

Vaginal fluids

Semen

Blood

Breast Milk

Not Correct

Tears

Saliva

Mucous

Urine

BODY FLUIDS that TRANSMIT HIV

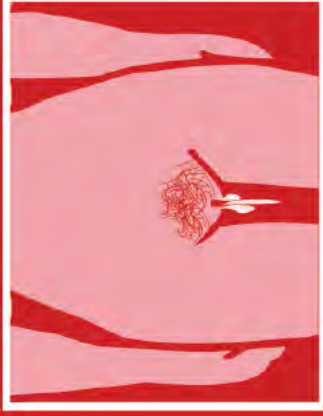
BLOOD



SEMEN



**VAGINAL
FLUIDS**



**BREAST
MILK**





Module 1: HIV and AIDS


Alternate Activity 3: HIV Transmission Game – Fluids


Objective:




- To better understand which body fluids spread (transmit) HIV.

Setting 
Indoors


Group Size  **OR** 
small or large group


Time 
45 minutes

Type of Activity 
Discussion

Materials   
Card Pack:

1. Large cards (Body Fluids That Can Transmit HIV)
2. Set of 8 cards showing body fluids

Review 
“HIV Transmission – QQR” information sheet

Preparation 
Know which fluids can contain amount of HIV large enough to be passed on (transmitted) to others. Correct answers are listed at the end of the Activity section.

Activity

Tell the group that for HIV transmission to take place, there must be a large enough amount of HIV present in the body fluid to be infectious.

Show the large card “Body fluids That Can Transmit HIV”.

Pass out the body fluid cards to each person.

(Note: participants may receive more than one card if it is a small group.)

Ask each participant to decide if the fluid on their card could carry an infectious quantity of HIV. The person with the card can ask the rest of the group for help.

The peer educator should make corrections if the group states the wrong answer. If the fluid named can contain infectious quantities of HIV, place it with the large card. If it cannot, put it to one side.

Body fluids that transmit (spread) HIV

Correct

Vaginal fluids

Semen

Blood

Breast Milk

Not Correct

Tears

Saliva

Mucous

Urine

body FLUIDS that TRANSMIT HIV

BLOOD



URINE



SEMEN



MUCUS



VAGINAL FLUIDS



SALIVA



BREAST MILK



TEARS



Module 1: HIV and AIDS

Activity 4: HIV Transmission – Routes

Objective:

- To better understand how HIV can enter the body

Setting ☹☹

On the street

Group Size 👤

1 or 2

Time ⌚

20 minutes

Type of Activity 🗨️

Discussion

Materials 📄✂️✍️

How HIV Can Get Into the Body flyer

Fluids which Transmit HIV flyer

Review 📖

“HIV Transmission – QQR” information sheet

ACTIVITY

Remind participants that for HIV to get into the body, there must be a large enough amount of the virus present in the body fluid to be infectious. This activity looks at the different ways (routes) that the virus can enter the body.

Show the - How HIV Can Get Into the Body. Show the front of the card and ask your peer where HIV can enter the women’s body.

Discuss any wrong answers.

Next, look at the other side of the card which shows 6 ways that HIV can get into the body. Discuss the routes that were not mentioned.

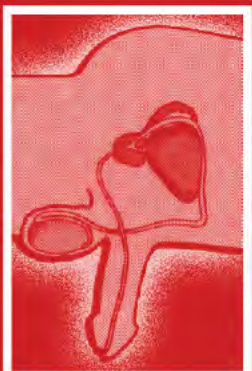
If there is time, look at the flyer fluid which transmit HIV and ask how each of the fluids might get **into the body through the routes identified**. Discuss together.

Emphasize that the main way (route) of spreading HIV in Ghana is through sex. The main risk is through penis to vagina and penis to anus. HIV can also be spread (transmitted) from penis to mouth; but it is less of a risk.

Ask your peer if she has any questions. Give the flyer as a reminder of the talk.

HOW HIV GETS INTO YOUR BODY

PENIS



**OPEN CUTS
& SORES**



VAGINA



ANUS



MOUTH




**PENETRATED
SKIN**





Module 1: HIV and AIDS

Alternate Activity 4: HIV Transmission Game – Routes


Objective: To better understand how HIV can enter the body

Setting 

Indoors

Group Size  OR 

small or large group (up to 8)

Time 

45 minutes

Type of Activity 

Discussion

Game

Materials 

Card Pack: Routes


1. Large Card (How HIV can get into the body)
2. Set of cards showing routes

Card Pack: Fluids

3. 4 cards showing body fluids that can spread HIV

Review 

“HIV Transmission – QQR” information sheet

Preparation 

Only use the body fluid cards that can spread (transmit) HIV (vaginal fluid, semen, blood, and breast milk).

ACTIVITY

Remind participants that for HIV to get into the body, there must be a large enough amount of the virus present in the body fluid to be infectious. This session will look at the different ways (routes) that the virus can enter the body.

Display the “How HIV Can Get Into the Body” card.

Pass out the route cards to each participant.

(Note: participants may receive more than one card if it is a small group.)

Ask each participant to decide if it is possible for HIV to infect somebody by the route on their card. The person with the card can ask the rest of the group for help.

The peer educator should make corrections if the group states the wrong answer. If HIV can infect someone by the route named, place the card on top of the large card. Otherwise, place it off to one side.

Using the “Body Fluids cards from the last activity that could spread (transmit) HIV (vaginal fluids, semen, blood, and breast milk), ask the group how each fluid could get into the body through the routes identified – the vaginal, the penis, the anus, penetrated skin, open cuts and sores, and the mouth.

Let the group discuss. Correct any mistakes.

Make sure the main routes of infection are covered.

Ask if the participants have any questions.

How HIV gets into your body (routes)

Correct

Vagina

Penis

Anus

Penetrated skin

Open cuts and sores

Mouth

Not Correct

Hands

Ears

(Note: Main routes for Ghana are in bold.)

Body fluids that transmit HIV

Correct

Vaginal Fluids

Semen

Blood

Breast Milk

Not Correct

Tears

Saliva

Mucous (phlegm)

Urine

how HIV gets into YOUR BODY

ANUS



MOUTH



EARS



PENETRATED SKIN



VAGINA



OPEN CUTS AND SORES



PENIS



HANDS



Module 1: HIV and AIDS

Activity 5: HIV Level of Risk

Objective: To clear up misunderstandings on how HIV is and is not spread

Behaviour Change Objectives: Use condoms and lubricants correctly and consistently during every sexual encounter including with your regular partners, to reduce the risk of HIV infection and other STIs.

Setting ☾☾

On the street

Group Size 👤

1 or 2

Time ⌚

20 minutes

Type of Activity 🗨️

Discussion

Materials 📄✂️✍️

High Risk, Low Risk, and No Risk Cards (set of 3)

Review 📖

“HIV Risk of Infection” information sheet

Activity

Tell your peer that you want to discuss different activities that may or may not put her at risk of getting infected with HIV. Explain that different activities carry different risk; some are more risky than others and there are some activities that people think can spread (transmit) HIV but **can not**.

Show her the No Risk card and discuss each of the activities/objects on the back side. Encourage her to tell you what she sees in each picture and why there is no risk of getting infected by HIV.

Next, show her the Low Risk Card and continue the discussion.

Finally, show her the High Risk card. Ask if she know anyone who practices any of these high risk behaviours. What could that person do to reduce her risk?

Additional discussion question could include:

1. How risky do you think anal sex with lubricant but without a condom is?
(Answer: high risk)
2. Do you think dry vaginal sex with a condom but with no lubricant puts you at risk for HIV and other STIs? Why or Why not?
(Answer: yes, this is risky behaviour as the condom may tear)

3. How risky is having sex with an STI or having sex with someone who has an STI.
(Answer: *high risk*)

Remember to give your peer a chance to ask any questions she may have.











It is ok if you don't get through the 3 cards at first time. You can return at another time to finish the discussion.

Let's Solve Our's Hope

HIGH RISK



 Vaginal Sex without a Condom and without Lubricant	 Anal Sex without a Condom and without Lubricant	 Excessive Alcohol
 HIV+ Women getting Pregnant or Breastfeeding	 Vaginal Sex without a Condom with an STI	 Drug Use
 Using Vaseline, Hair Oil, Robb, Nkuto, or Nku (to lubricate condom)	 Sharing Needles	

Let's Solve Our's Hope

LOW RISK












 Anal Sex with a Condom and with a Lubricant	 Vaginal Sex with a Condom and with a Lubricant	 Oral Sex without a Condom
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Let's Solve Our's Hope

NO RISK




 Sweat and Tears	 Touching or Hugging	 Sharing Spoons, Forks, Plates, Cups
 Deep Kissing with Tongues	 Mosquitoes	 Sharing a Toothbrush
 Toilet	 Handshakes	 Sharing Phones



Module 1: HIV and AIDS


Alternate Activity 5: HIV Level of Risk


Objective: To clear up misunderstandings on how HIV is and is not spread

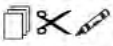
Behaviour Change Objectives: Use condoms and lubricants correctly and consistently during every sexual encounter including with your regular partners, to reduce the risk of HIV infection and other STIs.


Setting 
Indoors

Group Size  Or 
Small or large group

Time 
1 hour

Type of Activity 
Picture cards
Discussion

Materials 
Large cards labelled “High Risk”, and “No Risk”
Small Cards with pictures of action or object

Review 
HIV Risk of Infection” information sheet
Review the objects and activities on the small cards so you are familiar with the levels of HIV risk they carry.

Activity

Place the three large cards on the floor or table so everyone can see them. Explain that high risk means doing something with a good chance of getting infected with HIV. Low Risk means doing something with a low risk of getting HIV. No Risk means the activity is safe and there in NO chance of getting HIV.

Next, pass out the small cards to the participants. Ask each participants to look at their cards and think about whether their card shows something that is high risk, low risk, or no risk for spreading HIV. (*Note: participants may receive more than one card if it is a small group*)

Ask each participant, one at a time, to state what level of risk their card shows and why? The person with the card can ask the rest of the group for help if needed. Then, have her place card on top of the risk card she chose.

After all the small cards have been placed on the large risk cards, ask if the group wants to move any of the cards to another category.

Make sure all of the cards are on the right category of risk. Discuss any of the ones that are incorrect.

Additional Discussion Questions:

1. Ask the group what type of risk is having sex with an STI or having sex with someone who has an STI.

(Answer: high risk)

2. How risky do you think anal sex with lubricant but without a condom is?

(Answer: high risk)

3. Do you think dry vaginal sex with a condom but with no lubricant puts you at risk for HIV and other STIs? Why or why not?

(Answer: yes, this is risky behaviour as the condom may tear)

4. State that in addition to these risk factors, certain behaviours can also cause risk for HIV transmission.

Discuss how the following can be risk factors

1. Unable to negotiate condom use
2. Unable to talk about safe sex
3. Being depressed

High Risk (8 Cards)

Vaginal sex without a condom and without a lubricant

Anal sex without a condom and without a lubricant

Using Vaseline, hair oil, Robb, Nkuto, or Nku (to lubricate a condom)

Sharing needles

HIV+ women getting pregnant or breast feeding

Vaginal sex without a condom with an STI

Excessive alcohol

Drug use

Low Risk (3 Cards)

Vaginal sex with a condom and with a lubricant

Anal sex with a condom and with lubricant

Oral sex without a condom

No Risk (Safe) (9 Cards)

Handshakes

Mosquitoes

Toilet

Sharing a toothbrush

Touching or hugging

Sweat and tears

Sharing spoons/forks/plates/cups










Sharing phones

Deep kissing with tongues



NO RISK



 Toilet	 Handshakes	 Sharing Phones
 Deep Kissing with Tongues	 Mosquitoes	 Sharing a Toothbrush
 Sweat and Tears	 Touching or Hugging	 Sharing Spoons, Forks, Plates, Cups



LOW RISK











 Anal Sex with a Condom and with a Lubricant	 Vaginal Sex with a Condom and with a Lubricant	 Oral Sex without a Condom
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HIGH RISK



 Vaginal Sex with a Condom and without a Lubricant	 Anal Sex with a Condom and without a Lubricant	 Excessive Alcohol
 Vaginal Sex without a Condom with an STI	 Drug Use	
 HIV+ Women getting Pregnant or Breastfeeding	 Sharing Needles	
 Using Vaseline, Hair Oil, Robb, Nkurto, or Nku (to lubricate condom)		

Module 1: HIV and AIDS

Activity 6: What Happens to the Body of Someone who has HIV


Objective: To understand the difference between HIV and AIDS and what happens to the body of someone who has HIV or AIDS

Behaviour Change Objectives:


- ✎ Don't delay going to a clinic for prevention, treatment, care and support services for HIV and STIs
- ✎ Take all of the medicines that the nurse or doctor gave you for all the days you were told to take them for treatment of STIs, TB, and for ART.

Setting  

Indoors or on street

Group Size 




1 or 2

Time 

30 minutes

Type of Activity 

Presentation and discussion

Materials   

Picture cards (4)

Review 

Picture cards

Anti-retroviral Therapy (ART) information sheet

Activity

Introduce the session by saying that today we are going to talk about what happens to someone's body with HIV and AIDS.

Using the first cards, discuss with your peer what HIV and then AIDS stands for. Be sure to stress the following points:

- ✎ HIV and AIDS are different.
- ✎ A person can live with HIV for years and feel healthy.
- ✎ A person may have HIV and never develop AIDS if they take very good care of themselves.
- ✎ A person with HIV will be given vitamin supplements and an antibiotic to keep their body strong.

- ✎ HIV is a virus (a type of germ).
- ✎ AIDS is not passed on (transmitted).
- ✎ AIDS is a collection of diseases that a person has due to a weakened immune system.
- ✎ Medicines are available to treat these opportunistic infections.
- ✎ Anti-retroviral medicines are available to slow the rate of HIV development in the body.

Now, show your peer, one at a time, the cards displaying cattle inside a fence with a wild animal (lion) on the outside trying to get in. Explain to your peer that the pictures represent what happens to someone's body when it is infected by HIV. Ask your peer what he sees in each of the pictures. You can then discuss the text on the front and back.



You may have to help your peer understand how the pictures represent a person who is healthy, a person who has HIV and is healthy, and a person who has AIDS and feels ill.

Ask your peer what infections or symptoms of illnesses a person with AIDS might have. Below is a list of common infections or symptoms of illnesses that you can include when discussing.

- Unusual or fast weight loss
- Unexplained fever (on and off or continuous)
- Dry cough which does not go away
- Feeling very tired
- Diarrhoea for a long time (more than a month)
- Enlarged lymph nodes (around the jaw, neck, armpits, and groin)
- Respiratory tract infections (e.g. pneumonia, tuberculosis)
- Thrush (white coating on the tongue, the roof of the mouth, and sometimes the vagina)
- Night sweats

Ask your peer if he has any questions.

WHAT IS HIV?

H - Human: Only found in humans
I - Immuno-deficiency: breakdown of the body's immune system
V - Virus: a type of germ

WHAT IS AIDS?

A - Acquired: to get something you are not born with
I - Immune: your defense system
D - Deficiency: lack or not enough of your immune system
S - Syndrome: a collection of diseases

1



HEALTHY PERSON

The kraal is like the human body. When a person has no HIV infection the immune system (fence) is intact.

2



PERSON WITH HIV (no symptoms, looks and feels healthy)

The ants eating the fence could be regarded as HIV attacking the immune system. The fence which provides strength and protection could represent the immune system. As more of the fence is eaten and becomes weakened, wild animals will soon be able to get into the kraal.

3



PERSON WITH AIDS (suffers from opportunistic infections and looks and feels ill)

The lion and other wild animals (infections) entering through the ant-eaten fence (broken down immune system) represents how HIV infected people become sick and now have AIDS.

4





Module 1: HIV and AIDS

Alternate Activity 6: What Happens to the Body of Someone who has HIV – Drama Sketch

Objective: To understand the difference between HIV and AIDS and what happens to the body of someone who has HIV or AIDS

Behaviour Change Objectives:

-  Don't delay going to a clinic for prevention, treatment, care and support services for HIV and STIs
-  Take all of the medicines that the nurse or doctor gave you for all the days you were told to take them for treatment of STIs, TB, and for ART.

Setting

Indoors

Group Size OR

Large group; minimum 5 participant for actors and 2 peer educators)

Time

1 hour

Type of Activity

Drama sketch

Materials

Marker (chalk or rope)

Label (White Blood Cell, HIV, Infection, Another Infection, and Anti-retroviral)

Story teller's script and director's instructions

Review

"Anti-retroviral Therapy (ART)" information sheet

Preparation

Story Teller's Script and Director's Instructions

Select 5 volunteers in advance and walk them through the drama sketch before the activity starts (if possible)

Activity

Using chalk or rope, make a circle about 2 meters wide (size of a table) which will represent the human body.

Give each of the 5 volunteers a name tag to put around their necks. They will represent: White Blood Cell, HIV, Infection, Another Infection, and Anti-retroviral.

Explain that one peer educator will be the story teller (narrator) and the other peer educator will be the director and help the actors with their parts. The actors will be acting out three stages of HIV Infection:

1. **Stage 1: Not yet infected:** Immune system (*White Blood Cell*) is strong and able to fight off any Infections.
2. **Stage 2: Living with HIV, no symptoms:** *HIV enters the body, but White Blood Cell* pushes and holds *HIV* down in one corner, still remaining strong and able to fight off Infections.
3. **Stage 3: Living with AIDS, Anti-retroviral Therapy:** *HIV weakens White Blood Cell*, allowing *Infections* to dance freely around the body. If *Anti-retroviral* arrives, it pushes *HIV* back into a corner, allowing *White Blood Cell* to recover and fight off Infections again.

Now have the actors act out the drama using the script and instructions at the end of this activity (three pages).



As the story teller, you can use the words on the left-hand side of the tables at the end of this activity, or tell the story in your own words. As the director, you can help the actors by having them do what is on the right-side of the same tables.

Stop briefly between each stage, so the different stages are clear.

Once the drama sketch is completed, thank the actors and get everyone to give them applause. Ask if there are any questions about the drama.

Discussion Questions:

1. What is the difference between HIV and AIDS?

(Answer: people can have HIV in their body but still look and feel fit and strong; once they have AIDS they have infections in their body that makes them sick.)

2. How long can HIV fight off infections without the help of Anti-retrovirals?

(Answer: It varies – good nutrition and taking good care of your body and health is important. Some people may live 5 to 10 years without getting sick, others may live a healthy life even longer!)

3. When do we consider someone to have “AIDS”?

(Answer: When a person has opportunistic infections and the body’s immune system is no longer able to fight off the infections.)

4. What does the Anti-retroviral medicine do in the body?

(Answer: It helps your body to fight off infections.)

Story Teller Script and Director's Instructions

Stage 1: Not yet infected with HIV

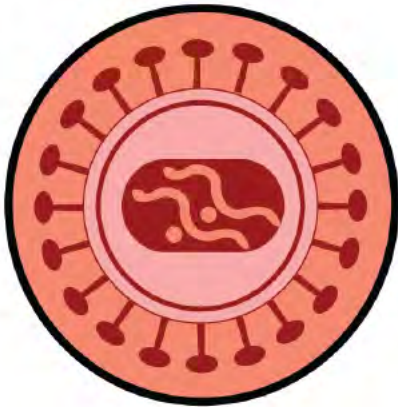
Story Teller Says	What Actors Do
<p>Inside this area represents a healthy human body. In this human body are millions of white blood cells. The job of this white blood cell is like a soldier, to guard and fight off any infections that enter the body. It is part of the body's immune system. Let's welcome and clap for White Blood Cell.</p>	<p>White Blood Cells steps into the area representing a human body, and looks tough, flexes her muscles, stands in a strong fighting position.</p>
<p>Generally the white blood cells are strong and can fight off most infections. Here comes an infection, which causes diarrhoea or certain skin diseases.</p>	<p>Infection enters the 'body'. White Blood Cell 'attacks' Infection, and pushes it out of the body.</p>
<p>Here comes another infection which causes pneumonia or TB.</p>	<p>Another Infection enters the body. White Blood Cell 'attacks' Another Infection, and after a short fight, forces it out of the body.</p>
<p>The body's immune system is able to fight the infections and illnesses and get rid of them quite quickly.</p>	<p>White Blood Cell flexes muscles, shows her strength.</p>

Stage 2: Living with HIV, No Symptoms

Story Teller Says	What Actors Do
<p>One day, HIV enters the body. Usually, it does this through unprotected sex with another body where HIV is already living. White Blood Cell fights off HIV and pushes HIV into one corner, but White Blood Cell cannot get rid of HIV completely.</p>	<p>HIV enters the body, starts gently attacking White Blood Cell.</p> <p>White Blood Cell pushes HIV to one side or corner of the body, and forces HIV down.</p>
<p>As well as keeping HIV at a safe distance, White Blood Cell remains strong and successful at fighting off other infections. It is possible for the White Blood Cells to stay strong and fight off other infections for many years - normally between 5 and 10 years and sometimes a lot longer, even 20 years. Healthy eating, a positive attitude to life, focusing on the future you want and antiretroviral drugs can all help to extend this period. A few people with HIV may never develop AIDS.</p>	<p>Infection enters again and White Blood Cell once again pushes Infection out of the body.</p> <p>Another Infection enters and the same thing happens.</p>

Stage 3: Living with AIDS Anti-retroviral Therapy

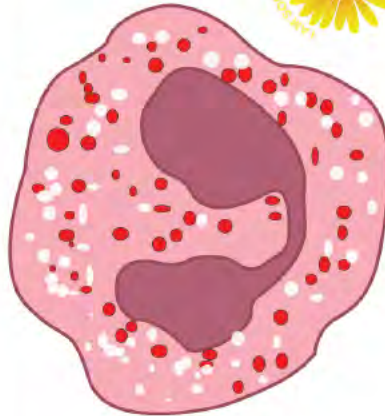
Facilitator Says	What Actors Do
<p>In most cases HIV will start to get stronger and can attack and take over most of the White Blood Cells, so the body's immune system becomes very weakened.</p>	<p>HIV stands up and attacks White Blood Cell and puts both arms of White Blood Cell behind her back so that White Blood Cell cannot fight off infections.</p>
<p>When other infections enter the body now, the White Blood Cells can no longer fight them off. The immune system is now very weak, and can be attacked by any opportunistic infection. Infections are free to run and dance all around the body, and the White Blood cells can no longer stop them. The body now has AIDS - Acquired I Immune Deficiency Syndrome.</p>	<p>Infection and Another Infection both enter the body, dancing around the other characters.</p> <p>HIV continues to hold White Blood Cell.</p>
<p>When someone's amount of white C4 blood cells decrease (drops to around 350 cells per microlitre), or they have some AIDS related illnesses, they may start to take a combination of Anti-retroviral drugs, or ARVs for short. ARVs can stop (prevent) the HIV virus from becoming more (replicating properly), but they cannot get rid of HIV completely. They allow the White Blood Cells to build up again, so that they can once more fight off infections.</p>	<p>Anti-retroviral (ARV) enters the body and attacks HIV, freeing the White Blood Cell from HIV, and pushing HIV back into a corner.</p> <p>White Blood Cell recovers its strength and once again fights the Infections and pushes them out of the body.</p>



HIV



**ANOTHER
INFECTION**



**WHITE
BLOOD
CELL**



**ANTI-RETRO
VIRALS**





INFECTION






Module 1: HIV and AIDS


Activity 7: HIV and Gender


Objective:




-  To understand the difference between sex and gender
-  To discuss the impact of gender roles on women's vulnerability to HIV and AIDS


Setting 
Indoors

Group Size  **OR** 
Small or large group

Time 
1 hour

Type of Activity 
Discussion

Materials   
Flipchart and markers if group has literate participants
Paper and pen, if peer educator is literate

Review 
Difference between sex and gender

Activity

Explain to the group that you will be discussing the differences between men and women and how these differences affect women's vulnerability to HIV and AIDS.

First, ask the group to think of differences between men and women. Either write the answers on flipchart or paper or try to remember the answers. Don't discuss the answers now.

Go over the list with the participants. Ask if anyone disagrees with any of the differences. Discuss and make any changes the group agrees to. Be sure that there are some 'gender' characteristics and some 'sex' characteristics for both male and female. If there are not, you can help them to add new characteristics.

When the list is finished, ask them which characteristics won't change no matter where you live. These characteristics are defined by **SEX**.

SEX is the biological differences between women and men.

Next, review the characteristics that are not linked to **SEX**. These are characteristics that may differ in different cultures, religions, or countries and may change over time. These characteristics are defined by **GENDER**.

GENDER is the roles given to women and men by society.

Discussion Questions:

- **Can you think of any proverbs that are related to gender?**
 - o *When a woman gives birth to a baby boy, some people say jokingly that she has given birth to a human being. When a woman buys a gun, it is kept in a man's room.*
 - o *A woman sells garden eggs and not gunpowder.*
 - o *The hen knows how to crow but it relies on the cockerel.*
- **Can you think of some gender-based characteristics that can be harmful to women?**
 - o *In homes where resources are scarce, boys are sent to school over girls even if the girl is smarter.*
 - o *A woman is expected to please a man and will do so at the expense of her own health (inserting herbs into her vagina).*
 - o *Women are supposed to be ignorant about sex and are not supposed to talk about it.*
 - o *Women do not have full control over their reproductive health.*
 - o *Girls are supposed to be virgins until they marry; therefore they may have abortions if become pregnant or refuse to go for treatment for STIs,*
 - o *Bearing children is extremely important even if it puts the woman at risk.*
 - o *Unequal access to education and jobs makes women dependent on men.*
- If you could change one gender difference, what would it be, and why?

Some Examples of Sex and Gender Characteristics

Women

Gives Birth (sex)
Breast feeds (sex)
Menstruates (sex) Is passive (gender)
Takes care of the children (gender)
Does the cooking and cleaning (gender)
Serves others (gender)
Is submissive to partner (gender)

Men

Has great physical strength (sex)
Impregnates (sex)
Can grow a beard (sex)
Doesn't cry (gender)
Has power (gender)
Is tough (gender)


Before ending, tell the group that in addition to gender making them more vulnerable to HIV and AIDS, their sex also makes them more vulnerable. A woman's body makes it easier for the virus to get in her blood. When women have sex, they receive more secretions than men do (so are exposed to more HIV-infected fluids). Also, the vaginal wall is more fragile than the skin of a penis, so the virus can enter a woman more easily.

Ask the participants if they have any questions.

Module 1: HIV and AIDS

Activity 8: HIV and Traditions


Objective: To discuss how local traditions might influence HIV transmission

Setting: 

Indoors

Group Size  OR 

Small group

Time 

1 hour

Type of Activity 

Group discussion

Review 

Review the traditional practices listed at the end of this activity

Activity

Start the session by explaining that in any community (or society or country) there are cultural values and attitudes that affect a person's risk to HIV. Explain that values are rules that a society has made which guide how someone behaves and acts.

Ask the participants to think of cultural and sexual practices (traditions) that involve sex that may put women at risk for HIV and other STIs. After each tradition mentioned, ask why it is risky.

Note: Possible responses are provided at the end of the activity

Next, ask the participants to discuss their feelings about the practices mentioned.

Can anything be done around these practices to reduce the risk of HIV?

Are any of these practices changing?

Ask the participants if they have any questions.

Possible Traditional Practices and Beliefs that put women at risk for HIV

1. **Dry Sex** This practice can encourage women to put drying agents (herbs and spices such as ginger, black or white pepper (wisa) in her vagina. Because the vagina is dry, women can have vaginal tearing or irritation during sex.


2. **Kodobedi wadie** Elderly women in a community provide sex in exchange for labour from young men who work on the farm. These men have multiple partners and may not use a condom.
3. **Douching** Women wash their vagina after sex to avoid pregnancy and to clean their vagina and may use liquids that can cause irritation or inflammation to their vagina.
4. **WIFE Inheritance** Women may be forced into a marriage when their husband dies and may be at risk for HIV if her new husband is infected.
5. **Economic Dis-empowerment** Women feel that they need to exchange sex for products or food due to poverty or lack of ownership of personal wealth.
6. There may be taboos limiting women's ability to speak about sex with their partner and participate in sex (condom use) and reproductive decisions.
7. **Sexual violence** Sexual abuse by partners that can leave a woman more at risk to HIV (tears, cuts, etc)
8. **Polygamy** Multiple wives increases risk of HIV.
9. **Death Cleansing** When a woman's husband dies, she will be forced to have sex with' someone (based on the tradition of her village) after a certain time period (1 year) to cleanse her of her husband's spirit.



Module 1: HIV and AIDS


Activity 9: SASA - Film


Objective: To show, through film, the connection between violence against women and HIV and AIDS


Behaviour Change Objective: Get tested to know your HIV status


Setting: 
Indoors


Group Size  **OR** 
Small or large group

Time 
1 hour 30 minutes

Type of Activity 
Film viewing
Discussion

Materials 
DVD SASA (running time: 30 minutes)
Television
DVD player with cables to connect to TV
(OR a projector and screen if you show to a large group)
Room suitable for showing a film
Extension cords, if necessary
Power source

Review 
Discussion Questions

Preparation 
Set up and test the equipment before the session to make sure everything works.

Activity



This activity is best done after the activities on HIV and Gender and HIV and Traditions have been completed.

Introduce the film by explaining that this is a film about women, violence and HIV. The title of the film "SASA" is a Kiswahili word (the language spoken in much of East Africa) for "now". The film is intended to make people aware, give support, and take action to prevent violence against women and HIV and AIDS - **now**.

The film tells the story of two women and their experiences with violence and HIV and AIDS. You will see much of what we discussed in the previous activities on HIV and Gender and HIV and Tradition in this film.

Suggested format:

The film is divided into three sections (chapters). **Before watching each section, read the section description provided. After the section as ended, pause the film, and discuss using the questions provided as a guide. Then, move on to the next section.**

Section 1

Awareness (understanding the negative impact of men's power over women)

Read the following description before viewing:

This section is entitled "Awareness" because it raises our awareness about the issues of violence and HIV and AIDS. Specifically, this section shows how our communities often accept men's use of power over women.

View this section of the film.

Pause the film and discuss using the questions below as a guide.

Discussion Questions:

1. Both Mama Joyce and Josephine didn't have much power in their relationships. Do you think this is common in Ghana? Why or why not?
2. In Ghana, how does men's power over women affect women's lives?
3. How do you think the violence experienced by Mama Joyce and Josephine made them more vulnerable to HIV infection? Does this happen in our community?
4. What gender based characteristics were mentioned that are harmful to women?
5. Why did HIV infection increase Mama Joyce and Josephine's risk of experiencing violence? Does this happen here? Are there other examples in our community of HIV infection increasing a woman's risk of experiencing violence?
6. The film stated that one in three women in sub-Saharan Africa will experience violence in her lifetime. Do you find this statistic surprising? Have you experienced violence?

Section 2

Support

Read the following description before viewing:

This section is entitled "Support" because it focuses on supporting women who are experiencing violence or living with HIV and AIDS, supporting men who are rethinking their use of violence; and supporting activists who are becoming aware and speaking out.

View this section of the film.

Pause the film and discuss using the questions below as a guide.

Discussion Questions:

1. In what ways do you think our community stigmatizes women experiencing violence and/or living with HIV or AIDS?
2. Why is it important to reduce stigma and begin supporting women who experience violence and/or are living with HIV and AIDS?
3. Why do you think it is important to join a group if you have HIV or AIDS?

Section 3

Action (using our power to create positive change)

Read the following description before viewing:

The last section of the film is entitled "Action" because it encourages people to take action to prevent violence against women and HIV and AIDS. It shows how people can lead the way for change and prevention at home, work and in the community. This section shows that women do have the power to make their relationships safer and healthier.

View this section of the film.

Pause the film and discuss using the questions below as a guide.

Discussion Questions:

1. Preventing violence against women could greatly contribute to preventing women's HIV infection. Why do you think the idea of prevention is so important?
2. What do you think prevents people from taking action to prevent violence? What prevents you? How can we overcome these barriers?
3. There were many examples of people taking action in the film. Would any of these examples work in our community? What else could we do to prevent violence against women? To prevent HIV infection?
4. What have you gained from watching the film?


Thank everyone for coming.


Module 1: HIV and AIDS

Activity 10: Night Stop - Film



Objective: To provide an opportunity to view a film about FSW in a different setting and observe differences and similarities to FSW in Ghana


Behaviour Change Objective:


 Use condoms and lubricants correctly and consistently during every sexual encounter including with your regular partners to reduce the risk of HI V infection and other STIs




 Don't delay going to a clinic for prevention, treatment, care and support services for HIV and STI.


Setting: 
Indoors


Group Size  Or 
Small or large group

Time 
2 hours

Type of Activity 
Film viewing
Discussion

Materials   
DVD Night Stop (running time: 52 minutes)
Television
DVD player with cables to connect to TV
(OR a projector and screen if you show to a large group)
Room suitable for showing a film
Extension cords, if necessary
Power source

Review 
Discussion Questions

Preparation 
Set up and test the equipment before the session to make sure everything works.

Activity

Introduce the film by explaining that this is a film about FSW at a truck stop at a border town in Mozambique. We will hear their stories their dreams, their fears, their relationships with the truckers and each other --- in Akan! Even though the film is set in a different country and setting as you view the film note the similarities you observe between their lives and yours.



Remember that a DVD player has a pause button that may be useful if you want to stop the film to repeat a section or emphasize a point

Possible Discussion Questions:

- What questions do you have?
- What is the message of this film?
- How did the film make you feel?
- Are the FSW different from you? If yes, how? If no, what similarities do you see?
- Did the sex workers work together? What benefits did this have?
- What are some of the reasons that these women are sex workers?
- Why do some of the women have sex without a condom?
- Do you think the clients have the right to prevent sex workers from using a condom?
- What can be done to ensure the sex workers' health and safety?
- How can the women know if their clients have an STI?
- What power do women have to refuse sex when the client has an STI?
- How aware of HI V do you think the truckers in this film are?
- Which sex worker had the biggest impact on you and why?
- What have you gained from watching this film?
- Do you think the film was entertaining? Educational?

Thank everyone for coming.



Module 2: STIs


Activity 1: STI Story Cards


Objective: To better understand the importance of seeking treatment from a health worker for an STI


Behaviour Change Objectives:




- ✎ Use condoms and lubricants correctly and consistently during every sexual encounter including with your regular partners to reduce the risk of HIV infection and other STIs
- ✎ Don't delay going to a clinic for prevention, treatment, care and support services for HIV and STI
- ✎ Take all of the medicines that the nurse or doctor gave you for all the days you were told to take them for treatment of STIs, TB, and for ART


Setting  
Indoors or on the street

Group Size 
1 or 2

Time 
Multiple meetings; at least 60 minutes if done at one time

Type of Activity 
Presentation and Discussion

Materials   
STI Story Cards (7)

Review 
STI Story Cards (make sure you know the story and the questions to ask on the back of the cards)

Activity

First, tell your peer that you want to talk about a story about a FSW named Cece who has an STI.

Show the first card and tell the story (either as written on the back of the card or in your own words).





If you are holding the card to read the writing on the back, you can see a small picture of what is on the front to remind you what your peer is looking at.

Ask the questions at the bottom of each card after you read each card.

Card 1

1. What could have been the cause of Cece's symptoms?
2. What is an STI?
3. How does one get infected?
4. What examples of STIs do you know?
5. Why do we have to stay healthy?

Card 2:

1. Why should we not go to the quack doctor?
2. What are the dangers of wrong treatment and prescriptions?
3. Why must you seek proper treatment?

Card 3:

1. Why can Tsogatse not treat STIs?
2. Are STIs caused by witches and evil spirits?
3. Who is a competent health service provider?
4. Where can they be found?

Card 4:

1. Why did Cece not go with the customer who called?
2. Why must she seek professional health care?

Card 5:

1. What type of service can you find at the STI Clinic?
2. Why might some people not go to the STI Clinic?
3. Where can STI clinics be found?

Card 6:

1. How can we protect ourselves from STIs?
2. How can we be sure we do not have an STI?
3. How can we stay healthy?

Card7:

1. Why does Cece visit the STI Clinic regularly? "
2. Why does she have to stay healthy?
3. What have we learnt from this story?

Try to get your peer to think about her life and work, or a friend, and compare them to Cece's story.

Ask if she would try to practice what she learned today.

End by repeating the key message of the topic (either the entire set of story cards or the ones that were discussed).

Thank her for talking with you.

Give her an STI Pocket Poster so she knows where friendly STI clinics are.



If you do not complete the story that is ok. Next time you meet you can continue with the next card.

Remember you do not have to start with the first card; one or two cards can be used to have a discussion.

The amount of time needed depends on how much your peer knows, her personal experience, and how many questions she asks.

Go slowly through the cards encouraging questions and discussion!





STI 1



I woke up with a discharge that itched and hurt when I urinated. I knew I needed to see a doctor for treatment but I felt I had no time since I need to work to earn money. All the same, I visited the STI clinic, because I need to stay healthy to earn money. My child is depending on me for a good future.

QUESTIONS TO ASK

1. What could have been the cause of Cece's symptoms?
2. What is an STI?
3. How does one get infected?
4. What examples of STIs do you know?
5. Why do we have to stay healthy?





STI 2



The medicine seller comes in every morning to dispense medicine to some of us. I will not go to him. He is a quack doctor and will probably give me the wrong treatment. I must get proper treatment to stay healthy and make more money.

QUESTIONS TO ASK

1. Why should we not go to the quack doctor?
2. What are the dangers of wrong treatment and prescriptions?
3. Why must you seek proper treatment?

2



STI 3



A colleague suggested that I visit Tsofatse since it was probably witches from my village that were making me sick. I refused because I believe that's just superstition and I am not superstitious. I must visit the STI clinic for treatment from a competent health service provider.

QUESTIONS TO ASK

1. Why can Tsofatse not treat STI?
2. Are STIs caused by witches and evil spirits?
3. Who is a competent health service provider?
4. Where can they be found?

3



STI 4



A Client called me urgently requesting that I meet him at Brazil Hotel for business. He pays well and I need the money. But first I will seek professional health care because my child depends on me.

QUESTIONS TO ASK

1. Why did Cece not go with the customer who called?
2. Why must she seek professional health care?

4



STI 5



I went to the STI clinic where I met friendly, well trained health professionals who treated me with respect and attended to me promptly.

QUESTIONS TO ASK

1. What type of service can you find at the STI Clinic?
2. Why might some people not go to the STI clinic?
3. Where can STI clinics be found?

5



STI 6



They counseled me on how to avoid STI and showed me how to take my medicine responsibly to ensure rapid healing and health. They told me to always use a condom correctly and to visit the clinic regularly for check ups in order to avoid STI.

QUESTIONS TO ASK

1. How can we protect ourselves from STI?
2. How can we be sure we do not have STI?
3. How can we stay healthy?

6



STI 7



Now I visit the STI clinic regularly for early treatment of STI in order to stay healthy to work and earn money. I am someone's hope.

QUESTIONS TO ASK

1. Why does Cece visit the STI Clinic regularly?
2. Why does she have to stay healthy?
3. What have we learnt from this story?



Module 2: STIs

Activity 2: The Basics of STIs

Objectives:

- . To recognize STIs and their symptoms
- . To understand STI transmission and prevention

Behaviour Change Objectives:

- Use condoms and lubricants correctly and consistently during every sexual encounter including with your regular partners to reduce the risk of HIV infection and other STIs
- Don't delay going to a clinic for prevention, treatment, care and support services for HIV and STI.
- Take all of the medicines that the nurse or doctor gave you for all the days you were told to take them for treatment of STIs, TB, and for ART.

Setting

Indoors or on the street

Group Size OR

One or small group

Time

Multiple sessions of 20 to 30 minutes

Type of Activity

Presentation and Discussion

Materials

STIs Flipchart and STIs Pocket Posters

Review

STI flipchart

Sexually Transmitted Infections Information Sheet

Relationship between HIV and other STIs Information Sheet



This activity is best done over several sessions to make sure there is good understanding of STIs their symptoms, transmission, prevention, and treatment.

Ask what a sexually transmitted infection (STI) is.

(Answer: An infection that you get from another person through sexual contact.)

Explain that HIV is one type of STI but for this activity you will not discuss HIV.

Now ask the following questions:

1. How does someone get an STI?

(Answer: through sexual contact (vaginal, oral, and anal sex)

2. Does a person always know if they have an STI?

(Answer: No, a person can have an STI without feeling sick or having symptoms. But, they can still pass the STI to someone.)

3. Can all STIs be cured?

(Answer: No, but treatment can help with the symptoms.)

4. Can an STI be transmitted from mother to child?

(Answer: Yes, syphilis during pregnancy and genital warts and gonorrhoea during childbirth.)

Show the STI flipchart STI Signs

Discuss the different signs or symptoms of STIs:

Abnormal Discharge (note: look at amount, smell, and colour)







Ulcers (sores)

Swelling

Abnormal Growths

Explain that these 4 signs or symptoms are not normal and could be a sign of an STI that requires treatment. Most pictures show both male and female symptoms. You should mention which STIs have these symptoms.

Other STI symptoms not shown in the flipchart include:

-  Frequent or burning peeing (urination)
-  Rashes (bottom of feet or palms of hands)
-  Flu-like symptoms
-  Irregular bleeding
-  Abdominal pain
-  Pain when having vaginal sex.

Some STIs may not show symptoms at first or show different symptoms at different times.

Ask what the relationship is between HIV and other STIs?

(Answer: A person who has an STI is at a much higher risk of contracting HIV through sex from an injected person. The sores, blisters, and rashes from the STI can provide openings for HIV to enter the body.)

Show the STI flipchart Sexually Transmitted Infections

The flipchart shows four common STIs: Genital Herpes, Syphilis, Genital Warts, and Gonorrhoea.

For each STI discuss the following:

1. What STI is shown in the picture?
2. What are symptoms of each STI for both women and men?
3. How do you get the STI?
4. What is the treatment?

Show the STI flipchart Prevention and Treatment

Ask how you can prevent or reduce your risk of getting an STI?

(Answers: Don't have sex if you or your regular partner or client have any of the signs or symptoms of an STI AND use a condom and lubricant correctly and consistently each time you engage in a sexual activity.)



Now might be a good time to demonstrate how to use a condom effectively





Discuss the importance of going to an STI Clinic for testing and treatment for an STI. State that some STIs do not have symptoms. Mention again the various symptoms of STIs:

- Abnormal discharge
- Ulcers (sores) in genital area or mouth
- Swelling
- Growths
- Painful or frequent urination
- Abdominal pain
- Rashes Flu-like symptoms
- Painful intercourse
- Irregular bleeding (in females)

State that STIs left untreated can cause the following:

- Infertility
- Blindness
- Cervical Cancer
- Increased risk of HIV
- Pregnancy complications
- Transmission of infection to newborn
- Death

Include these points in your discussion of treatment.

-  Tell your regular partners about the STI and encourage him to go for treatment.
-  Do not go to an herbalist, *jujuman*, or quack doctor for treatment or try to treat the STI yourself.
-  Be sure to take ALL of the medicine for treatment for ALL the days.
-  Make follow up visits to the clinic.

Give your peers an STI pocket poster so they know where friendly STI clinics are and encourage testing and treatment.

Abnormal Discharge



Abnormal Discharge



Discharge from vagina or penis could be gonorrhoea or syphilis.

Growths



Growths



Growths around the anus, vagina or penis is a sign of genital warts.

Syphilis



Syphilis



- Symptoms?**
- Painless sore on vagina or penis
 - Flu like symptoms
- How Do You Get Syphilis?**
- Unprotected vaginal, oral, or anal sex with an infected person
- What is the treatment?**
- Antibiotics

Ulcers (Sores)



Ulcers (Sores)

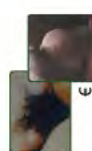


Ulcers on vagina or penis and scrotum could be herpes or syphilis.

Swelling



Swelling



Swelling in a woman's lymph nodes in pelvis or man's scrotum could be gonorrhoea.

Gonorrhoea



Gonorrhoea



- Symptoms?**
- Sometimes no symptoms
 - Discharge from vagina and penis
 - Painful urination
 - Pelvic pain or bleeding for women
- How Do You Get Gonorrhoea?**
- Unprotected vaginal, oral, or anal sex with infected person
- What is the treatment?**
- Antibiotics

Genital Herpes



Genital Herpes






- Symptoms?**
- Usually none or show up years later
 - Blisters and flu like symptoms
 - Painful urination
- How Do You Get Genital Herpes?**
- Direct contact with an infected person's skin around the mouth or genitals
- What is the treatment?**
- No cure
 - Symptoms can be treated

Module 2: STIs

Activity 3: The Silent Epidemic Film

Objective: To view a film about STIs and see symptoms of various STIs in men and women as well as their effect when transmitted to a newborn

Behaviour Change Objectives:

-  Use condoms and lubricants correctly and consistently during every sexual encounter including with your regular partners to reduce the risk of HIV infection and other STIs
-  Don't delay going to a clinic for prevention, treatment, care and support services for HIV and STI
-  Take all of the medicines that the nurse or doctor gave you for all the days you were told to take them for treatment of STIs, TB, and for ART

Setting

Indoors

Group Size OR

Small or large group

Time

1 hour

Type of Activity

Film viewing

Discussion

Materials

STI Pocket Poster Video Silent Epidemic (running time: 17 minutes)

Television and extension cords, if necessary

Video player with cables to connect to TV

(OR a projector and screen if you show to a large group)

Room suitable for showing a film

Power source

Review

Sexually Transmitted Infections Information Sheet

Relationship between HIV and other STIs Information Sheet

Preparation

Set up and test the equipment before the session to make sure everything works. Fast forward 5 minutes until you get to the beginning of the STI section unless it has already been edited.

Activity



This film should be first viewed with your organization (such as your supervisor or project coordinator) to make sure the peer educator can present the information and translate the most important points.

You may want to fast forward through the introduction part of the film.

Tell the group that the film is a documentary film from Kenya. It talks about some of the more common STIs (including HIV) showing advance stage symptoms and the importance of seeking early treatment. The pictures we will see very clearly tell the story without need for a lot of translation.



Use the “pause” button on the CD player to stop the film and discuss or answer questions about a picture.

Possible Discussion Questions:

- What questions do you have?
- What is the message of this film?
- How did the film make you feel?
- What have you gained from watching this film?
- What is the link between STIs and HIV infection?
- Why is it important to seek immediate treatment if you think you have an STI?
- What STIs can be transmitted to new born babies? What symptoms do they have?
- What are some of the most serious consequences of STIs shown in the film?
- The film mentioned 3 ways to prevent STIs which way could you choose for yourself?
- Did you learn anything new from the film? If yes, what did you learn?

Pass out STIs Pocket Poster to everyone and thank them for coming.






Module 3: Condom Use


Activity 1: Condom and Lubricant Use Story Cards


Behaviour Change Objective: Use condoms and lubricants correctly and consistently during every sexual encounter to reduce the risk of HIV infection and other STIs even with your regular partners.


Setting 
Indoors or on the street

Group Size  Or 
1 or 2

Time 
Multiple meetings; at least 60 minutes if done at one time

Type of Activity 
Presentation and Discussion

Materials 
Condom Use Story Cards (8)
Condom Use Pocket Posters

Review 
Condom Use Story Cards (make sure you know the story and the questions to ask on the back of the cards)

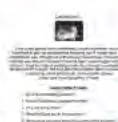
Activity

First, tell your peer that you want to talk about a story about a FSW named Cece who has a sick little girl who needs to go to the hospital.

Show the first card and tell the story (either as written on the back of the card or in your own words).



If you are holding the card to read the writing on the back, you can see a small picture of what is on the front to remind you what your peer is looking at.



Ask the questions at the bottom of each card after you read each card. Note: the use of lubricants with condoms for dry vaginal sex and anal sex is VERY IMPORTANT. When asking questions, remember to include lubricants with condom use.

Card 1

1. Why do you think Cece had no money?
2. Have you been in such a situation before?

Card 2:

1. Why must we always have an adequate supply of condoms and lubricants?
2. Do you know where you can get condoms and water based lubricants? Where?

Card 3:

1. Why do we use alcohol and drugs when working?
2. Is it helpful?
3. Why do we need a clear head while working?

Card 4:

1. What is unprotected/raw sex?
2. Should Cece have accepted the offer?
3. Why did Cece refuse? What did Cece say to the customer?
4. What would you have done if you were in this situation?

Card 5:

1. Why does Cece save money at the susu office?
2. Why is it good to save?
3. Where else can you save your money?

Card 6

1. Why should you always use a condom and lubricant with your regular boyfriend?
Note: it is always important to use lubricants when engaging in dry vaginal sex or anal sex.
2. How do you think your boyfriend would react?

Card 7

1. What can we say to convince our boyfriends to use condoms and lubricants when engaging in dry vaginal sex or anal sex?
2. What is the benefit of always using condoms and lubricants?

Card 8

1. What have we learnt from this story?

Try to get your peer to think about her life and work, or a friend, and compare them to Cece's story. You could ask her what difficulties she has experienced, for example, in asking her boyfriend to use a condom.

Ask if she would try to practice what she learned today.

End by repeating the key message of the topic (either the entire set of story cards or the ones that were discussed).

Thank her for talking with you.

Give a Condom Use Pocket Poster.



If you do not complete the story that is ok. Next time you meet you can continue with the next card.

Remember you do not have to start with the first card; one or two cards can be used to have a discussion.

Remember to always mention lubricants with condoms and their importance especially with dry vaginal sex or anal sex.

The amount of time needed depends on how much your peer knows, her personal experience, and how many questions she asks.

Go slowly through the cards encouraging questions and discussion!



I AM SOMEONE'S HOPE



I AM SOMEONE'S HOPE



Condom Use 2



I left for work early that day in order to get the clients before the other girls arrived. I bought some condoms from a peer educator on my way. I always ensure that I have an adequate supply of both male and female condoms for work.

QUESTIONS TO ASK

1. Why must we always have an adequate supply of condoms?
2. Do you know where you can get condoms? Where?

2

Condom Use 1



One day I got a message that my child was seriously ill and money was needed to send her to the hospital. I had little money at the time and no one to turn. I was anxious and depressed. I knew I had to work hard that day to make enough money for the doctors and the medicine.

QUESTIONS TO ASK

1. Why do you think Cece had no money?
2. Have you been in such a situation before?

1



Condom Use 4



Soon a well paying client came along; I could not believe my luck. He offered to pay me several times the going raw if I would allow 'raw' (unprotected) sex. I thought of all the money I could make. I thought of my child who was sick and in need of medical care. I was strongly tempted but I refused. I told him I could endanger both of us through unprotected sex. He stormed off in anger. Not long after that, another client came who was prepared to use a condom, so I earned some money to take care of my daughter's ill health.

QUESTIONS TO ASK

1. What is unprotected/raw sex?
2. Should Cece have accepted the offer?
3. Why did Cece refuse?
4. What did Cece say to the customer?
5. What would you have done if you were in this situation?

4

Condom Use 3



A friend offered me some alcohol and drugs to lift up my mood but I declined. I never use alcohol and drugs while working. I need a clear head to make the right decisions and stay healthy for my child.

QUESTIONS TO ASK

1. Why do we use alcohol and drugs when working?
2. Is it helpful?
3. Why do we need a clear head while working?

3



Condom Use 6



At home the next day. Idi, my boyfriend, wanted us to have sex without a condom. He said that if I truly loved him I would treat him special by not using a condom. I explained to him that the real proof of love was that I would not want to endanger his life or health by engaging in “raw” sex with him.

QUESTIONS TO ASK

1. Why should you always use a condom with your regular boyfriend?
2. How do you think your boyfriend would react?

6

Condom Use 5



After work, I went to the susu office to access some of my savings. I combined it with the money I earned to buy medicine for my daughter. I have learnt that it is always wise to save up money for a rainy day. I never want to feel so desperate that I engage in risky sexual behaviours for money.

QUESTIONS TO ASK

1. Why does Cece save money at the susu office?
2. Why is it good to save?
3. Where else can you save your money?

5



Condom Use 8



I always use a condom even with my regular boyfriend to stay uninfected.
This helps me to live and work longer so I can look after those who need me.
I am someone's hope!

QUESTIONS TO ASK

1. What have we learnt from this story ?

8

Condom Use 7



I continued to suggest that we should use a condom. He finally
accepted a condom. I was glad since I like him very much.

QUESTIONS TO ASK

1. What can we say to convince our boyfriends to use condoms?
2. What is the benefit of always using condoms?

7

Module 3: Condom Use

Activity 2: How to Use a Male Condom and Lubricant

Objective:

To provide participants with the practice and skills to correctly use a male condom and lubricant.

Behaviour Change Objective:

Use condoms and lubricants correctly and consistently during every sexual encounter including with your regular partners to reduce the risk of HIV infection and other STIs

Setting

Indoors or on the street

Group Size OR

1 or small group

Time

20 minutes

Type of Activity

Discussion

Demonstration

Materials

Wooden Penises

Condoms and lubricants

Condom Use Flyer

Review

Male Condom Information Sheet

Preparation

Practice the correct way to put on a condom using the wooden penis before you run this activity with a peer.

Activity

Ask your peer(s) how many steps she thinks are involved in the correct use of the condom?

(Answer: about 9 assuming that your male partner doesn't lose his erection before the condom is placed on properly!)

Explain that for condoms to be successful (effective) in preventing HIV and other STIs, it is extremely important that they are used properly and with lubricants. This activity will demonstrate proper use of a male condom and lubricant.

Give your peer the penis model and ask her to show how to put on a condom with lubricant. Make sure that all the steps are covered and that they are being done correctly. (Note: if your peer seems unsure of how to do this, you can tell her what to do as she puts the condom on the model penis.)





The steps on how to use a condom and lubricant correctly

1. Check expiration date and make sure the package is in good condition and puffy.
2. Open the package carefully.
3. Check to see which way the condom rolls out. Place the condom over the tip of the erect penis.
4. Pinch the tip of the condom to provide space for the semen. Unroll the condom until it covers the base of the erect penis.
5. Add a drop of water based lubricant.
6. Have sex with the condom on.
7. After ejaculation, withdraw from your partner before the penis becomes soft. Hold the rim of the condom on the penis as it is withdrawn so no semen is spilled.
8. Tie a knot in the top of the condom to keep the semen inside
9. Dispose of the condom. Use a new condom for each sex act.



After the demonstration, pass out the condom use flyer which shows the steps for using a condom and lubricant. This can be taken home or shared with your peer's colleagues.

Discussion Questions:

I. What should you do if the condom breaks?

-  *If the condom breaks while you are having sex but before ejaculation, immediately stop, remove the penis and put on a new condom.*
-  *If ejaculation has occurred, remove penis carefully, shower or wash your genital area thoroughly with soap and water (never douche after a condom breaks as this can cause irritation and increase risk of HIV or other STI)*
-  *Get tested for HIV and watch for signs of other STIs.*
-  *Go to the clinic for emergency contraception to ensure you don't get pregnant.*

2. What can you do to prevent a condom from breaking?

-  *Only use water based lubricants such as glycerine or K-Y jelly. Never use oil based lubricants such as Vaseline, hair oil, Robb, Nkuto, or Nku.*
-  *Never reuse a condom or wear two condoms at one time.*

3. Why is it important to use lubricant with a condom when having vaginal or anal sex?

If your vagina is dry the friction can cause the condom to tear. The skin around the rectum is very fragile and can break easily causing an opening for HIV to enter.

Ask her if she knows where to get condoms and lubricants and if she currently has an adequate supply. You can also give her a condom as a reminder.


Module 3: Condom Use

Activity 3: Male Condom Strength



Objective: To show how strong a male condom is and what happens when an oil based lubricant is put on it

Behaviour Change Objective:


Use condoms and lubricants correctly and consistently during every sexual encounter including with your regular partners to reduce the risk of HIV infection and other STIs

Setting 

Indoors

Group Size  OR 

1 or small group

Time 

5 minutes

Type of Activity 

Demonstration

Materials   

Condoms Oil based lubricant (such as Vaseline, hair oil, Robb, Nkuto, Nku)

Activity



As this activity is very short, you should add this activity to another Condom Use activity that you are facilitating.

Give each of your peers a condom and have them stretch it over their hands.

Next, give your peers some oil based lubricant (see materials for list of possibilities) and have them rub it over the condoms until they break.

Ask the participants what happened and why. How long did it take for the condom to tear or break?

State that oil-based lubricants should NEVER be used with male condoms and that male condoms should always be used with water based lubricants for every sexual encounter. Ask for different types of water based lubricants that can be used with condoms.

Module 3: Condom Use

Activity 4: Condom Care


Objective: To understand the proper care and disposal of condoms

Behaviour Change Objective:


Use condoms and lubricants correctly and consistently during every sexual encounter including with your regular partners to reduce the risk of HIV infection and other STIs

Setting  


Indoors or on the street

Group Size 

1 or 2




Time 

20 minutes

Type of Activity 

Presentation

Discussion

Materials   

Tips to Care for your Condom Leaflet

Condoms

Review 

Male Condom Information Sheet

Activity

Give your peer the Tips to Care for your Condom leaflet and explain that care of condoms will be discussed.

Ask her what she sees in the pictures. Talk about each set of pictures showing the correct and incorrect way to care for a condom.

Give a condom to your peer and discuss manufacture and expiration dates. Show where this information is listed. Stress that condoms should not be used if the package is torn or damaged.

Encourage questions and comments throughout the discussion. Tell your peer she can keep the pamphlet.

Module 3: Condom Use

Activity 5: How to Use a Female Condom

Objective:

To provide practice and skills to correctly use a female condom

Behaviour Change Objective:

Use condoms and lubricants correctly and consistently during every sexual encounter including with your regular partners to reduce the risk of HIV infection and other STIs

Setting

Indoors or on the street

Group Size Or

1 or 2

Time

25 to 30 minutes

Type of Activity

Discussion Demonstration

Materials

Female Pelvic Model (small foam block that has an oval shape hole cut out to hold female condom)

Female Condoms

Female Condom Use Flyer

Review

Female Condom Information Sheet

Preparation

Practice the correct way to put on a female condom using the pelvic foam model that your organization has made (or your fist) before you do this activity with a peer.

Activity

This activity will show the proper use of a female condom.

Ask your peer if she has used a female condom before. If yes, ask her if she would show you how to use one. Give her the foam or ask her to use her fist. If no, show her the foam model or use your fist to show her the correct way. When you are finished, ask her to try.





Make sure that all the steps are done correctly.

State that it is important to use a female condom correctly in order to be protected against HIV and other STIs and not to cause pain or discomfort.

Ask the following Discussion Questions:

1. What might happen when the female condom is not used correctly? .
2. If you have used a female condom before, what was it like using it for the first time?

3. What are the benefits of wearing a female condom over a male condom?

-  *It can be used without partner knowing it*
-  *It is an alternative to male condom*
-  *It can be used when your client refuses to wear a male condom*
-  *It provides woman with more control over protection against HIV and STIs*

4. Do you need to use a lubricant with a female condom? (No)

5. Can a female condom be used for anal sex?

Yes, remove the small ring from the female condom, place the condom over the erect penis and then insert with the condom)

Give your peer the Female Condom Use flyer which shows the various steps for using a condom. This can be taken home or shared with her peer's colleagues.

Ask her if she knows where to purchase female condoms and if she hasn't tried them before would she be willing to give them a try.



This activity works well with either one peer or a small group.

If you have a group, ask for a volunteer to show the group how to use a condom. Next, give a condom and foam model to small groups of 2 or 3 and ask them to practice.

This activity could take longer than 30 minutes if there are lots of questions and discussion.

Correct Order of Steps for Putting on a Female Condom

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


Module 3: Condom Use



Alternate Activity 5: Female Condom Line-up Game


Objective: To reinforce the proper steps and order of using a female condom


Behaviour Change Objective:

Use condoms and lubricants correctly and consistently during every sexual encounter including with your regular partners to reduce the risk of HIV infection and other STIs

Setting 
Indoors

Group Size  OR 
Small or large group

Time 
45 minutes

Type of Activity 
Game

Materials 

Female Pelvic Model (small foam block that has an oval shape hole cut out to hold female condom)

Female Condoms

10 female Condom Step Cards

Female Condom Use Flyer

Review 

Female Condom Information Sheet

Activity

Explain to the group that you have cards that show the steps of using a female condom correctly.

Give each participant a card (you may need to give a participant more than one card if you have less than 10 participants).

Ask each participant to show her card to the group and make sure she knows what the card represents.

(Note: help anyone who is having difficulty understanding the card.)




Next, ask them as a group, to arrange themselves in a line showing the correct order of condom use.



Participants can also lay the cards in a straight line in the correct order on a table or on the floor. Do it this way if your group is small and some of the participants have more than one card.

When all the cards are placed, ask the group if the order is correct. They can make changes as a group if needed.

Ask the following Discussion Questions:

1. Has anyone used a female condom before?
2. What was it like using a female condom the first time?
3. How many times did it take using it before you were comfortable with it?
4. Did your partner know you were wearing one?
5. What are the benefits of wearing a female condom over a male condom?
 -  It can be used without partner knowing it / It is an alternative to male condom
 -  It can be used when your client refuses to wear a male condom
 -  It provides woman with more control over protection against HIV and STIs
6. Do you need to use a lubricant with a female condom? (no)
7. Can a female condom be used for anal sex?
Yes, remove the small ring from the female condom, place the condom over the erect penis and then insert with the condom)

Stress that it is important that you know the right order and all the steps involved in using a female condom.

Ask if anyone would like to demonstrate putting on a female condom using a foam model or fist. Assist, if necessary, by stating the steps.

Ask if the participants have any questions. Give each participant a Female Condom Use Flyer to keep.

Correct Order of Steps for Putting on a Female Condom

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

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How to Use a Female Condom



1

Open package by tearing at the notch on the top right; do not use a knife. Check expiration date and for signs of damage.



2

The outer ring covers the area around the vagina opening. The inner ring gets inserted.



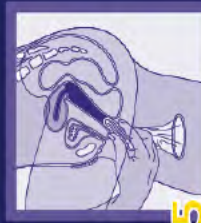
3

While holding the condom at the closed end, grasp inner ring and squeeze it with the thumb and second or middle finger.



4

Find a comfortable position for insertion.



5

Insert the inner ring into the vagina.



6

Place index finger on inside of the condom and push inner ring up as far as it will go. The outer ring stays on the outside of the vagina.



7

The female condom is now in place and you are protected.



8

Guide penis into condom's opening with your hand; make sure penis is not entering outside the condom.



9

To remove, twist outer ring and gently pull the condom out.



10




Dispose of the condom in the trash.

Module 4: TESTING AND COUNSELLING (TC)

Activity 1: TC Story Cards

Objective: To better understand the importance of going for testing and counselling (TC)

Behaviour Change Objective:


-  Use condoms and lubricants correctly and consistently during every sexual encounter including your regular partners to reduce the risk of HIV infection and other STIs
-  Get tested to know HIV status; encourage your regular partners to get tested to know their HIV status
-  Share your HIV or STI status with your regular partners

Setting  

Indoors or on the street

Group Size 




1 or 2

Time 

Multiple meetings; at least 60 minutes if done at one time

Type of Activity 

Presentation and Discussion

Materials   

TC Story Cards (7)

TC Pocket Poster

Review 

TC Story Cards (make sure you know the story and the questions to ask on the back of the cards) ,

Activity

First, tell your peer that you want to talk about a story about three women Cece, Vida, and Bea who are counselled by a peer educator to go for TC

Show the first card and tell the story (either as written on the back of the card or in your own words).



If you are holding the card to read the writing on the back, you can see a small picture of what is on the front to remind you what your peer is looking at.

Ask the questions at the bottom of each card after you read each card.

Card 1:

1. What is TC
2. Why is it necessary?
3. What are the benefits of knowing one's HIV status?
4. Why must we stay healthy?

Card 2:

1. Why did Bea refuse to go for TC
2. Why was she wrong?

Card 3:

1. What is a TC centre?
2. Where can they be found?
3. Who works there?

Card 4:

1. What does it mean to test positive?
2. Should we accept people living with HIV and AIDS? Why?
3. What is the name given to HIV / AIDS Medicine?
4. Where can they be obtained?
5. Why is it important for Vida to use a condom and lubricant consistently and correctly with her clients and regular partners?
6. Do you think Vida should tell her partner that she has tested positive to HIV?
7. Why is it important for Vida to encourage her regular partners to get tested to know their HIV status?

Note: Questions 5, 6, and 7 are not on the Card but should be asked!

Card 5:

1. What does it mean to test negative?
2. What do you think Cece was told?

Card 6:

1. Why must we all know our HIV status?
2. What do you think happened to Bea?

Card: 7:

1. Why must we go for TC?
2. Why must we stay healthy?
3. Why must we work hard?
4. What have we learnt from this story?

Try to get your peer to relate to the story to get her to talk freely. Ask if she or any of her peers have gone for TC? Will she or her peers go again for TC in the future? Why or why not? Would she be (willing to go for TC if she has not gone recently?

End by repeating the key message of the topic (either the entire set of story cards or the ones that were discussed).

Thank her for talking with you.

Give her a TC Pocket Poster.



If you do not complete the story that is ok. Next time you meet you can continue with the next card.

Remember you do not have to start with the first card; one or two cards can be used to have a discussion.

The amount of time needed depends on how much your peer knows, her personal experience, and how many questions she asks.

Go slowly through the cards encouraging questions and discussion!

You can share your own experience of going for TC.





TC 1



One day I was with Bea and Vida when a lady peer educator met us. She spoke to us about HIV and AIDS and suggested that we go for Testing and Counseling for peace of mind and to stay healthy to earn more money. I listened intently to her because I am the sole provider for my child back in the village.

QUESTIONS TO ASK

1. What is TC?
2. Why is the necessary?
3. What is the benefit?
4. Why must we stay healthy?





TC 2



Bea refused to go for TC saying that all 'die be die'. She thought there was nothing to be gained from TC. She was wrong!

QUESTIONS TO ASK

1. Why did Bea refuse to go for TC?
2. Why was she wrong?

2



TC 3



Vida and I went to the TC centre where friendly, considerate health professionals counseled and conducted the HIV test. We also had the chance to ask a lot of questions.

QUESTIONS TO ASK

1. What is a TC centre?
2. Where can they be found?
3. Who works there?



TC 4



Vida tested positive and was counseled on how to live positively. She was told about a medicine that would enable her to stay healthy. This medicine is called Anti Retroviral Treatment or ART. This ART is currently available at all Regional Hospitals. Vida began making plans on how to continue providing for her aged mother in the village.

QUESTIONS TO ASK

1. What does it mean to test positive?
2. Should we accept people living with HIV and AIDS? Why?
3. What is the name given to HIV/AIDS Medicine?
4. Where can they be obtained?



TC 5



I tested negative, they counseled me on how to stay negative so that I could remain healthy to work and look after my child who needs me. They told me to always use a condom correctly and to avoid sharing needles, blades and sharp objects with others. They also taught me that people living with HIV are just like me. Vida has been my friend for a long time. It could have just as easily been me.

QUESTIONS TO ASK

1. What does it mean to test negative?
2. What do you think Cece was told?





TC 6



Bea did not know her status and continued to live recklessly. One day we heard that she was very sick and could no longer work.

QUESTIONS TO ASK

1. Why must we all know our HIV status?
2. What do you think happened to Bea?

6



TC 7



I am glad that we went for TC. Now I have the peace of mind to plan my life and ensure my child has lots of opportunities in life. Vida's plan to open a shop has been a success! She continues to care for her mum. We are someone's hope!

QUESTIONS TO ASK

1. Why must we go for TC?
2. Why must we stay healthy?
3. Why must we work hard?
4. What have we learnt from this story?



I AM SOMEONE'S HOPE



I AM SOMEONE'S HOPE

Go for Testing and Counseling (TC) for peace of mind to plan your future.





Module 4: TESTING AND COUNSELLING (TC)

Activity 2: Wildfire Game

Objective:

To begin to understand the impact of HIV and AIDS in terms of feelings associated with HIV infection

Behaviour Change Objectives:

-  Use condoms and lubricants correctly and consistently during every sexual encounter including your regular partners to reduce the risk of HIV infection and other STIs
-  Get tested to know HIV status; encourage your regular partners to get tested to know their HIV status.

Setting

Indoors

Group Size Or

Large group size (10 or more)

Time

60 minutes

Type of Activity

Game and Discussion

Materials

Small sheets of paper two for each participant Folded paper Pens or pencils

Review

Positive Living Information Sheet

Preparation

Draw a small star (★) in the corner of one piece of paper.

Write “C” in the corner of five other sheets of paper.

For the second piece of paper for each participant write: HIV + or HIV ,

Fold each piece in half so you can't see the writing inside. Each participant will get one folded piece of paper plus another sheet (blank ★ or C)



If you have participants who are HIV + you may want to discuss this activity with them before the session to see how comfortable they are participating.

This activity can be very emotional. Participants should be allowed to share their experiences and feelings.

Activity

Give one piece of paper to each participant (DO NOT PASS OUT THE HIV STATUS PAPERS AT THIS TIME).

Tell your peers to walk around the room and shake hands with five other people and then sign or place a unique mark on each other's paper (*Note: if the group contains fewer than 15 people, ask each participant to only shake hands with three people.*)

When finished, ask the participants to check to see if they have five signatures on their papers.

Tell the participants to sit in a circle.

Explain that this is a game to show how quickly HIV can spread within a community. For this game, one participant represented a person who is infected with HIV. Ask the participants to look at their paper and see if there is a star (★) on it. Ask the person with the star card to stand up. Tell the person standing that for this activity, you will say that she has HIV.

Tell the group that you cannot tell if someone has HIV simply by looking at the person. Many people who have HIV do not know that they are infected.

Next, ask the participants if shaking hands can spread HIV. (*Answer: No!*)

For this game, we will pretend that shaking hands is the same as having sex with another person. Therefore, the participants are at risk for HIV with anyone they shook hands with.

Ask the participant with the star paper to read aloud the names of the people who signed her paper.

Next, ask those people to stand up. Tell the group that all the people standing **may** now be infected with HIV.

Ask the people standing to read the names of people they shook hands with; ask those people to stand. Continue to do this until all the participants are standing. If a person's name has been called more than once, explain that this person has put her self at risk multiple times.

Now that all the participants are standing, ask them to see if they have a C on their paper. Tell them that everyone with a C on their paper used a condom and lubricant consistently and correctly every time they had sex and, therefore, were protected from HIV and other STIs. The people with a C can sit down.

Say that everyone standing had unprotected sex and became infected with HIV. Ask the group to count how many people have been infected with HIV. Tell the women standing to sit down. Remind the participants that this is just a game and that HIV is not transmitted by shaking hands or signing someone's paper.














Next, ask if anyone would like to know their HIV status and go for testing (for the purpose of this game).

Remind the group that even if someone is exposed to HIV it does not mean that transmission has taken place.

Offer the “test” to everyone, even those who “wore” condoms. Give the folded papers with HIV + or HIV written on them to those people who want to be tested. Tell them not to open the papers.







Wait for several minutes without talking before asking them to open their papers. (Note: the waiting represents the waiting time between the test and getting the results.)

Possible Discussion Questions:

-  How did you feel as you were waiting to find out if you may have been infected?
-  How did you feel when you found out you were not infected?
-  How did it feel to be waiting for your test results?
-  What support would you need during this period if you were really getting tested?
-  For those who had positive test results:
 - a**  **What did you think when you saw your results?**
 - b**  **What support would you need?**
 - c**  **Would you tell people your results?**
 -  For those who had negative results:
 - a**  How did it feel to get a negative result?
 - b**  Would you do anything different to stay un-infected?
 -  Why is it important for a pregnant woman to get tested?
 -  What can someone do to live positively with the HIV virus?
(see list below and information sheet on positive living)

Remember to talk about the **WINDOW PERIOD** for HIV testing and the need for a follow-up test after 3 months.

Possible strategies include:

-  Maintain a positive attitude
-  Seek support emotional, spiritual, and medical
-  Maintain good health
-  Engage in social activities
-  Make plans for your life
-  Eat healthy foods



Thank the group for participating in this game and ask if they have any additional questions.



Module 4: TESTING AND COUNSELLING (TC)


Activity 3: TC Process


Objective: To better understand what TC involves


Behaviour Change Objectives:

-  Use condoms and lubricants correctly and consistently during every sexual encounter including your regular partners to reduce the risk of HIV infection and other STIs
-  Get tested to know HIV status; encourage your regular partners to get tested to know their HIV status.


Setting  
Indoors or on the street

Group Size 
1 or 2

Time 
40 minutes; if done on the street can be done in several meetings

Type of Activity 
Presentation and Discussion

Materials  
3 TC Picture Cards

Review 
Testing and Counselling Information Sheet
Prevention of Mother- to-Child Transmission

Activity

Explain that you would like to discuss TC. Ask your peer if she has ever gone for testing. If not, ask her what she thinks happens.

Show her the cards, one at a time, and discuss the 3 steps of TC using the information below.

Parts of TC

1. Pre-Test Counselling

A trained counsellor speaks with you before testing. You will be asked what you know about HIV and AIDS and she/he will explain what will happen during the test. You can discuss your fears. She/he will make sure you understand what a positive and negative result means. It is your choice to decide to get the test done. Your discussion and the results of your test are confidential.

2. Testing

Only a small amount of blood is taken from your finger when it is pricked. The blood is tested for antibodies your body had developed to HIV. The test results can be provided quickly. The wait may only be 10 to 20 minutes.

3. Post-Test Counselling

After the test is completed, you again sit with the counsellor and she will give you your test results. The counsellor helps you talk about your feelings and discuss any concerns you may have. She will also help you make a plan on what to do now that you know your HIV status.

- If your results are **negative**, you will be counselled on how to stay negative. You will also be asked to return in 3 months to get tested again because you may be in your window period (period between being exposed to HIV and time your body starts producing antibodies).
- If you are **positive**, the counsellor can discuss with you how to live positively with HIV. Remember you have the virus not AIDS. You can continue living a normal life as long as you take care of your health. You will need to avoid re-infecting yourself and infecting others by using condoms and lubricants correctly and consistently.

Discussion Questions

1. **Why are some peers afraid to get tested?**

They are afraid they will lose their regular partners and clients.

They are afraid they will lose their friends and their family may send them away.

They fear the stigma and discrimination they may experience if they test positive.

2. **How could someone maintain their negative status?**

Use a condom and lubricant correctly and consistently every time they have sex.

3. **Why it is important for a pregnant woman and her partner(s) to get tested?**

A pregnant woman can pass HIV to her baby

4. **What is one way that a pregnant woman with HIV can lower her chance of passing HIV to her baby?**

Take medicines during pregnancy and immediately after delivery; practice safer ways to feed the baby (See PMTCT Information Sheet).

5. **What are the benefits of testing?**

- Have peace of mind
- Better plan for your future
- Protect the health of you and your loved ones
- Find support networks . Be confident with your relationships

Ask your peer if she would consider going for testing. Remind her that sex workers have a higher risk of being infected. Tell her you are available to talk to her further about TC if she would like to.

Give her one of the pocket posters and make sure she knows where the closest friendly TC centre is.

Ask if she has any questions.

TC
I AM SOMEONE'S HOPE
1 PRE-TEST



TC
I AM SOMEONE'S HOPE
2 TEST





TC
I AM SOMEONE'S HOPE
3 POST-TEST





Module 5: Life Skills


Activity 1: Reproductive Anatomy




Objective: To better understand the basics of female and male anatomy

Setting  
Indoors or on the street


Group Size 
1 or 2

Time 
20 - 30 minutes

Type of Activity 
Discussion

Materials.   
Male and Female Anatomy Picture Cards (2)

Review 
Anatomy of the Female and Male Sex Organs Information Sheet

Preparation 
Know the local words for the female and male parts on the cards

Activity

Show the female anatomy card and ask your peer what she is looking at. Tell her that it is much easier for a man to know his sex organs as his penis is right there to see. However, our reproductive organs are hidden.

Ask why it might be important to know about our Bodies.
(Possible answers: to understand how it works; to know how to take care of it; to understand medical advice; to recognize changes in your body.)

Say that some women did not want to use female condoms because they were afraid that condom would travel up through their body and get stuck in their throat! Stress that it is important to know about yourself so that you can take care of yourself. .

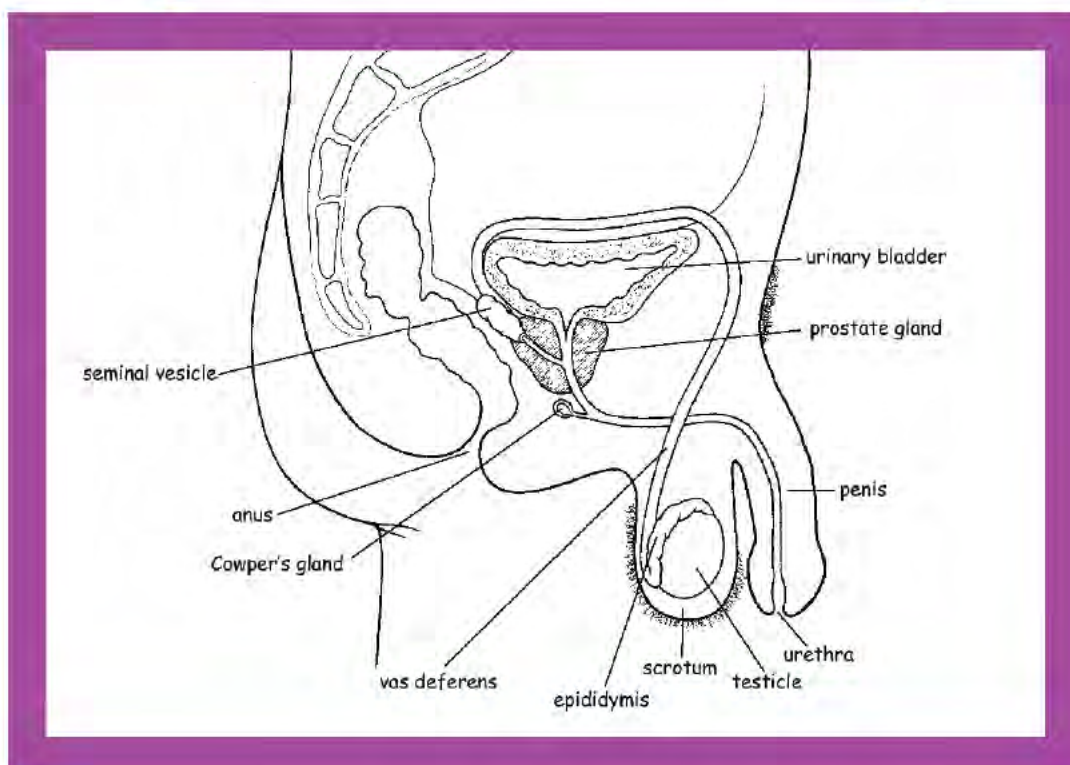
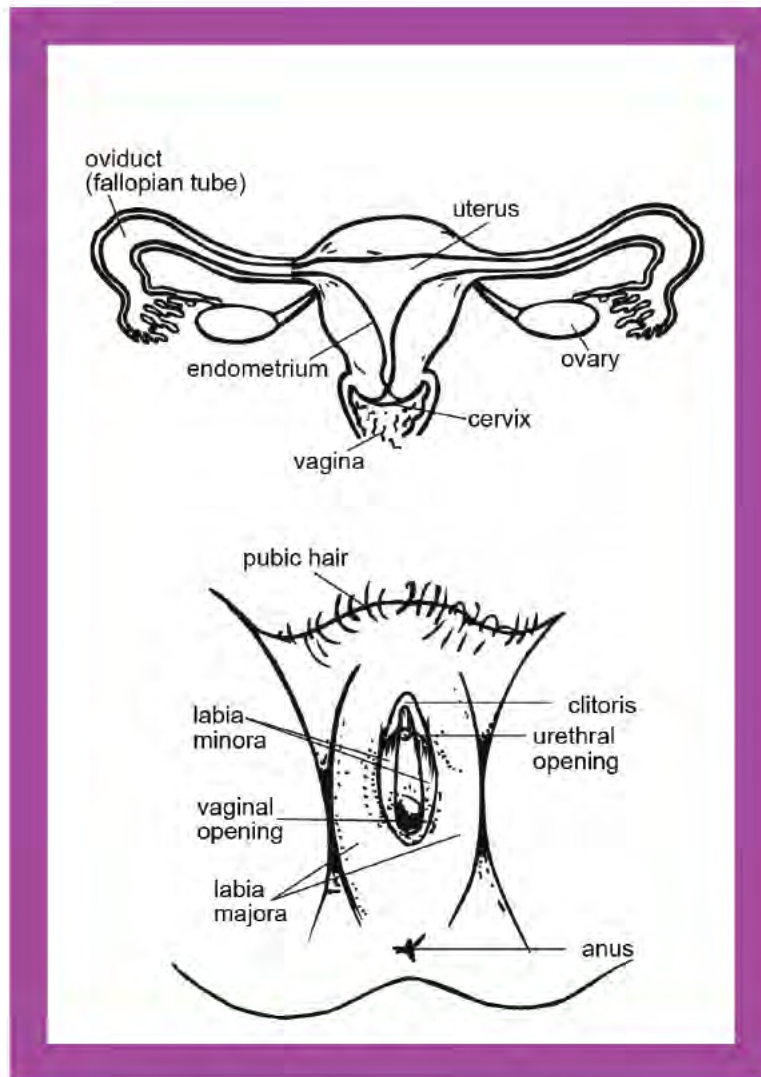
Point to different parts of the body and state and discuss: the name and function of the body part.

Then, move on to the male anatomy and follow the same process.

Ask your peer if she has any questions.



These cards can also be used when discussing STIs with your peers.



Module 5: Life Skills

Activity 2: Negotiation Skills - Condom Use

Objectives:

- To state common arguments against condom use
- To practice negotiating condom use with your regular partner or client

Behaviour Change Objective:

Use condoms and lubricants correctly and consistently during every sexual encounter including with your regular partners to reduce the risk of HIV infection and other STIs

Setting

Indoors or on the street

Group Size

1 or 2 people

Time

30 minutes

Type of Activity

Presentation

Discussion

Materials

Condom Negotiation with Regular Partner and Client Picture Cards

Activity

Show the picture card to your peer and ask what she sees.

Ask her if she finds it difficult sometimes to get her regular partner or clients to wear condoms and lubricants. If she answers yes, tell her that you would like to practice some responses to reasons why men do not want to wear condoms. Explain that by hearing and practicing responses, she might be more comfortable in negotiating condom use.

Remind her that condom use is important in the prevention of HI V and AIDS and other STIs. And, as someone's hope (child, mother, sister, etc), she needs to take good care of her self !

Ask for reasons why **clients** refuse to wear condoms. Then discuss how to respond.

Possible answers and responses for the arguments against using condoms with **clients**:

1. It is not as enjoyable as "raw" sex

I can help make it as enjoyable and besides getting an STI is not enjoyable either!





Module 5: Life Skills

Activity 3: Communication Skills

Objectives:

- To understand the importance of early treatment of STIs
- To know the importance of seeking advice/treatment from a health worker
- To gain basic skills in communicating assertively with health workers

Behaviour Change Objective:

- Promptly seek service at a health clinic for HIV or STI

Group Size

Small or large group

Time

60 minutes

Type of Activity

Discussion, demonstration, and role play

Materials

Health worker and patient role play cards (Nurse, Sheep, Angry Lion, Queen Mother, King)

“I am Someone’s Hope” STI cards (7)

List of friendly STI clinics (found at the end of this activity)

Preparation

In order to better guide the group as they brainstorm, become familiar with the “Information to share with a health worker” and the “Questions to ask a health worker,” found in the Some Key Points section of this activity. It will also be helpful to be familiar with the information in “Tips for being assertive like a queen mother or a king.” At the end of this module is an STI clinic reference sheet for the peer educator. Use this reference sheet throughout your work to refer peers to PLHIV-friendly STI clinics for testing. Become familiar with the locations and contacts of clinics in your area.

Activity: Information to Give and Questions to Ask a Health Worker

Let the group know that it is important to get treated early for all STIs to decrease the possibility of lasting damage to your health. If treatment is not carried out correctly, such as taking medication for the entire duration it was prescribed, the symptoms of the diseases may disappear but the infection will still be in the body. Later on, the symptoms might come back stronger than before. For men, untreated infections can lead to disfigured/deformed genitals, urethra inflammation, anal and penile cancer, neurological illnesses, and infertility. For women, untreated infections can lead to pelvic inflammation disease, chronic pelvic pain, cervical cancer, and infertility.

STIs can damage the reproductive system and be transmitted to the fetus in the mother’s womb, causing birth defects or even the death of the child. Emphasize that it is important to get treated

early to decrease the possibility of lasting damage to your health, including death. This is especially critical for people living with HIV

Some STIs can be cured with the appropriate medical treatment. Other STIs are not curable and will stay in the body, but may be treated to keep symptoms from happening again or happening more frequently. If you experience any unusual symptoms, such as itching, discomfort, growth, and pus, or are not sure whether you have an STI, you should see your health worker for a proper examination and treatment immediately. Do not wait until your symptoms become as bad as the STI pictures.

Now ask the group what type of information we need to give to health workers and what questions we need to ask health workers. Ask the group to come up with a list. Refer to the list below to ensure that all important points are listed.

SOME KEY POINTS

Information to share with a health worker:

Be honest about your habits and activities. Your health worker needs to know some personal information to figure out your risk for STIs and what tests you might need. If your health worker doesn't know the complete picture, he or she might not be able to offer proper medical advice and care.

You may want to share the following:

- Sexual history
- Current sexual practices
- Condom use
- Any symptoms you might have
- If there is a possibility you might be pregnant

Questions to ask a health worker:

Sometimes it helps to think of or write down your questions before you go to the appointment. If your health worker does not ask you about STIs, you should bring it up. Ask questions, and ask your health worker to explain again if you don't understand something. If you have more questions after your visit, contact your provider again to ensure that you are clear about your situation and what to do.

You may want to ask some of these questions:

- What is an STI?
- Is it possible that I might have an STI?
- How often should I be tested for STIs?
- Will you test me today? If so, how will you perform the test and when can I get the results?
- Can I get STIs from sharing toilets, towels, etc.?
- Is treatment available?
- Can a very tough STI pass through a condom?
- How can I protect myself and others?
- When should I inform my partner?
- Should I stop having sex? If so, when can I resume having sex?
- Do I need to return for a follow-up visit?

Explain that it can sometimes be difficult talking to a health worker about our sexual behavior and STIs. We may fear being treated unfairly or discriminated against. It is important for us to talk with a health worker in a way that will help us be listened to and treated with respect.

Activity: Demonstration of Communication Styles and Role Play

Show the group the picture of the **Sheep**. Ask volunteers in the group to say what they see, and to tell us about the sheep. How does a sheep behave? What are some of the traits of a sheep?

Tell the group that the sheep is a very shy animal and will not complain, even when it is being mistreated. It will always run away from something that scares it. Tell the group that if we behave like sheep with health workers, it means we might not dare to tell the health worker about our problem, we might not dare to ask the questions we need to ask, or to get the information and help that we need. Behaving like a sheep means that we might accept being mistreated and not complain, or we may just run away from the health centre and never return. Even though health workers should respect all patients, if we behave like sheep, we might not receive the respect and attention we deserve.

Next, show the group the picture of the **Angry Lion**. Ask volunteers in the group to say what they see, and to tell us about the angry lion. How does an angry lion behave? What are some of the traits of an angry lion?

Tell the group that the angry lion will always attack and try to hurt. It will not listen, it will not be patient, it will just keep attacking and roaring loudly, with its claws and teeth ready to rip someone into pieces. Tell the group that if we behave like angry lions with health workers, it means that we are too angry to ask for information or to listen to their advice. Even though health workers should always be kind and polite, even with patients who are angry, if a health worker has a patient who behaves like an angry lion, that health worker will probably feel frustrated and will not want to help. We will probably not receive the information and support we need from them.

Now show the group the pictures of the **Queen Mother** and the **King**. Ask volunteers in the group what . . . queen mothers and kings are like, and how they behave in front of other people.

Tell the group that if we behave like **Queen Mothers** and **Kings** with health workers, it means that we will confidently tell the health workers about our problems, ask the questions that we need to ask, and use our voices, faces, and our body language in a way that makes people feel respect for us.

We should behave like **Queen Mothers** and **Kings** with health workers:

- To be well-informed
- To get better care
- To be treated respectfully
- To feel better about ourselves and our illnesses

Tips for being assertive like queen mothers and kings when we talk with a health worker:

- *Body language:* Even without opening our mouths, our bodies can talk for us. Body language is all of the unspoken ways that we physically show other people what we are thinking and feeling. Body language tells other people how we feel about ourselves and how others should treat us.
- *Confidence:* Try to look people in the eye. Keep your shoulders squared and your chin up. Act confident, even if you don't feel it.
- *Voice:* Use a clear, calm voice. Make sure that your voice is loud enough to be heard. Try to be brief and concise in your language.
- *Know what you want:* Before you go into your meeting, make sure you know what you would like out of the interaction and the information you want to get, . Don't be afraid to state your goals and ask questions. It's easier for people to give you what you want if they know what you want.

Role Play 1:

Tell the group that we will practice a role play. Ask for a volunteer to pretend to be a health worker, and give that person the photo card of the **Nurse**. Then ask for three more volunteers to pretend to be patients, and give each of them a different card (**Sheep, Angry Lion, or Queen Mother and King**). Tell the three patients not to show their cards to anyone else.

Ask the four people to stand in front of the group. Ask the first patient to stand facing the volunteer with the picture of the nurse, and to behave like the photo on his card when he says: "I think I might have an STI. I need your help, please." Ask the second patient to behave like the photo on his card and say the same words. Ask the third patient to do the same.

After all three patients have had a chance to role play, ask the group to guess which person was playing what role. Then ask why they guessed that way. Thank the volunteers for their help.

Role Play 1:

Divide all the members of the group into teams of four people. Each group is given four cards of STIs, one **Queen Mother and King** card, and one **Nurse** card.

The teams will take turns, with one person playing the role of a patient who behaves like a queen mother or a king, one person playing the role of a nurse, and the other two people watching. The two people who are playing the roles will pick an STI card. Give them a moment to think about their roles, then ask them to begin.

The role play should contain:

- The story of how the patient contracted the particular STI
- The patient's sexual history and current practices
- The patient asking key questions to the nurse
- Clear instructions from the nurse on how to treat the STI
Note: if the nurse does not give clear instruction, the patient must ask.)
- The patient talking like a queen mother or a king to the nurse throughout the entire role play

After the role play, the two members of the group who were watching should give feedback on what could be improved in the way the patient was communicating with the nurse. Then the two people should switch roles so that the person who was the nurse is now the patient and the one who was the patient is now the nurse. They should pick another STI card and do a new role play. The two people who are watching should give feedback again. Everyone should take turns until all four people in the team have played the role of the queen mother or king and have received feedback.

The facilitator should move around the room, observing and giving feedback where appropriate.

Friendly STI Clinics

Share the list of friendly STI clinics shown below with the group members. Help them identify the STI clinic ~ closest to where they live.

Tell the group that for those members who have cell phones, they can also send a text message to 1945. The message should just say “Help.” A friendly person will call them back on their phone to answer their questions, give them advice, and help them find any additional resources they need from a recommended health worker, peer educator, religious advisor, or NGO.

STI CLINICS PROVIDING COUNSELLING AND TESTING

NAME OF CLINIC	LOCATION	TOWN	REGION
Adabraka STI Clinic	Adabraka Polyclinic	Accra	Greater Accra
Ridge Hospital	Ridge Hospital	Accra	Greater Accra
Ashiaman STI Clinic	Ashiaman Polyclinic	Accra	Greater Accra
Kumasi South Hospital	Atonsu Agogo	Atonsu	Ashanti Region
Effia Nkwanta STI Clinic	Effia Nkwanta Reg. Hospital	Secondi	Western Region
Suntreso Government	Suntreso Gov't Hospital	Kumasi	Ashanti Region
Obuasi STI Clinic	Obuasi Gov't Hospital	Obuasi	Ashanti Region
Koforidua Central Hospital	Regional Hospital	Koforidua	Eastern Region
Holy Family Hospital	Nkawkaw Gov't Hospital	Nkawkaw	Eastern Region
Mamprobi STI Clinic	Mamprobi Polyclinic	Accra	Greater Accra
Afiao STI Clinic	Ketu Distr. Hospital	Aflao	Volta Region
Akim Oda STI Clinic	DMHT Block	Akim Oda	Eastern Region
Temale STI clinic	Regional Hospital	Tamale	Northern Region
Techiman STI Clinic	Techiman	Techiman	Brong Ahafo
Bolgatanga STI Clinic	Regional Hospital	Bolgatanga	Upper East
Tarkwa STI Clinic	MCH/FP Block	Tarkwa	Western Region
Nkawkaw STI Clinic	NHMT Sub Distr. Block	Nkawkaw	Eastern Region
Wa STI Clinic	Wa MCH/FP Block	Wa	Upper West
Bawku STI Clinic	Presbyterian Hospital	Bawku	Upper East
St. Mathias STI Clinic	St. Mathias Catholic Hospital	Yeji	Central Region
Agona Swedru STI Clinic	Swedru District Hospital	Agona Swedru	Central Region
Tema STI Clinic	Tema Polyclinic	Tema	Greater Accra
Kumasi STI Clinic	Kejetia MCH	Kumasi	Ashanti Region
Half Assini STI Clinic	Half Assini Hospital	Half Assini	Western Region



2. It's like eating candy with the wrapper on.
With time you will get used to wearing a condom.
3. It delays ejaculation and I am in a hurry.
I can help you come quickly
4. I'm healthy and therefore can not get HIV or STIs
I think I am healthy too but I still want to use a condom since either one of us could have an infection and not know it.
5. Condoms can cause cancer
I have also heard that but after speaking with the health workers I now know that not using condoms can lead to STIs which can eventually lead to cancer.
6. I'll lose my erection by the time I stop to put it on
I can help you put it on. That should give you lots of pleasure and help keep you in the mood.

Next, ask for different reasons why the men you love and trust refuse to wear condoms.

Possible answers and responses for the arguments against using condoms with **regular partners**, the men you love and trust:

1. I love you
I love you too that is why we should practice safe sex and use condoms.
2. I trust you as I know when you go to work you use condoms with your clients.
I always use condoms with my clients but there is always the risk that a condom may break or tear by accident and I want us to be safe.
3. Why are you asking me to wear a condom, don't you trust me or don't you love me?
I trust and love you too so that is why we should use a condom.

Finally, ask your peer what she could use in addition to these responses.

Be sure to go over any points below that are not mentioned.

- The best time to discuss condom use is before you start having sex.
- Be assertive rather than aggressive.
- Be sure you have a supply of condoms always available
- Be confident
- Have alternate solution available (female condoms, peers or pimps who could come to your rescue).
- Avoid situations that will make it difficult to use a condom
- REMEMBER YOUR HEALTH IS IMPORTANT AND YOU ARE SOMEONE'S HOPE!






I AM SOMEONE'S HOPE

A large, bright yellow daisy flower with many petals and a circular center, positioned to the left of the text.



Module 5: Life Skills

Activity 4: Making Good Decisions

Objectives:

-  To better understand the relationship between drinking alcohol and using drugs and sexual activity
-  To name ways for correct and consistent use of condoms and lubricants even when drinking alcohol or using drugs
-  To discuss the steps involved in making a decision

Behaviour Change Objectives:

-  Use condoms and lubricants correctly and consistently during every sexual encounter to reduce the risk of HIV infection and other STIs even with regular partners.
-  Take all of the medicines that the nurse or doctor gave you for all the days you were told to take them for treatment of STIs, TB, and for ART

Setting

Indoors

Group Size

Small or large group size

Time

90 minutes

Type of Activity

Presentation

Role Plays

Discussion

Activity

Start by asking these questions (possible answers are given):

1. Why do your peers drink while working?

- *because they often work in a bar or other drinking place*
- *to reduce shyness to approach clients*
- *to be bold enough to deal with clients who refuse to pay the agreed fee*
- *to pass time while waiting to find clients*

2. How does beer affect their behaviour?

- *it can make it harder to negotiate safer sex (using a condom and lubricant)*
- *it can increase risky behaviour*
- *it can weaken (impair) their judgement*
- *it can cause them to forget to do things*

Divide the participants into three groups and tell them that they will be role playing different scenarios.

Go to each of the groups and read their scenarios out loud.

Give them a few minutes to discuss how they will role play their scenario. Then, ask for one group to go first. Read the scenario again for the larger group.

After each role play, discuss the following questions:

Why was the alcohol necessary?

Was there any danger that resulted from drinking?

If yes, what were the effects on your peer's health and sexual behaviour?

First role play

A sex worker is at the bar counter sipping a coke. There are men standing at the bar, but they seem to be busy talking and not paying attention to her. She wants to talk to one of them but she is too shy. She takes two tots of gin, warms up, and feels she can now talk to a potential client. She goes up to one of the men at the bar with a beer in hand.

Second role play

Ayisha has been having a very nice time at a night club. Her client had bought her a lot of beer and took her home for an overnight service. This client was so sweet to Ayisha and even offered her some food. At his house he offered her a joint of "wee" as he smoked. It's now 6 in the morning and her client says "Wake up, you have to go now. Here's your money." Ayisha looks around and for a moment can't remember where she is. When she remembers, she takes the GH¢ 20 he offers her and puts it into her handbag. As she opens the handbag, she sees the six condoms she had bought in the nightclub. They are all there and she remembers that she has had sex with her client without a condom.

Third role play

Serwa has been on treatment for an STI for the past four days. She feels better than she did last week so she is in the bar looking for clients. She is drinking a Pusher and one of her friends walks in and whispers "What's wrong with you? You shouldn't be drinking when you are on treatment! You're killing your business!" Serwa ignores her friend's advice even though she remembers the health care provider's instructions. "While you're taking this medicine, make sure that you do not take any beer". She says to herself, "One drink isn't going to matter."

After all the role plays are finished present and discuss the consequences of drinking too much alcohol or using drugs:

- Chance of forgetting to use a condom, even when one has one, resulting in unsafe sex.
- Tearing a condom with your nail when putting it on your client making the condom ineffective.
- Medicines used to treat STIs are not supposed to be taken with alcohol as it interferes with the absorption of the medicine and will not treat the STI.
- Harder to negotiate condom use with an unwilling client as it is difficult to be assertive and fully control of one's actions.

- May make it difficult to overcome risky behaviours.
- Drinking weakens the immune system to fight off diseases even if one is healthy.

Next, discuss the different strategies that can be used so that drinking alcohol or using drugs does not lead to risky sexual behaviour.

Possible Strategies

1. Always carry condoms and lubricants with you
2. Wear a female condom before drinking beer
3. Only take soft drinks while on STI treatment
4. Try to limit the amount of alcohol you drink while looking for clients; if you like to drink a lot, do it when you are not working.
5. Don't engage in sex while on STI treatment

Finally, present the steps below that can be taken in making a good decision.

1. Identify the problem
2. Seek advise from others
3. Think about the options
4. Consider your values
5. Imagine the consequences/benefits and possible outcomes of each option
6. Think about the impact of actions on other people
7. Choose the best option
8. Make the decision
9. Do it (Act on the decision)
10. Accept responsibility for your actions

Ask if there are any questions.



Module 5: Life Skills

Activity 5: Drinking Alcohol and Condom and Lubricant Use

Objective:

To better understand the effect of drinking alcohol and condom and lubricant use

Behaviour Change Objective:

Use condoms and lubricants correctly and consistently during every sexual encounter including with your regular partners to reduce the risk of HIV infection and other STIs

Setting

Indoors

Group Size

6 or more

Time

45 minutes

Type of Activity

Game

Discussion

Materials

Doll (locally made or Barbie) with removable clothes and accessories that are placed in a plastic bag (at least 4 items)

Oversized rubber gloves

Sun glasses

Petroleum Jelly

Activity

Ask the participants if they find it easy to put a condom on their regular partners or clients. Explain that the game they will be playing shows the effects of alcohol on using and putting on a condom correctly.

Ask for 6 volunteers and divide them into three-couples (pairs). Explain that each pair is a couple (a man and a woman) and they will be asked to put clothes on a doll in one minute.

Ask the group if this sounds easy.

The first couple: Explain that this couple has each had a tot of gin. Ask for a volunteer who has a watch with a second hand to time the couple for one minute. Hand the couple a plastic bag that has the doll and her clothes inside. Tell the couple that they may talk (communicate) to each other while putting the clothes on the doll. After one minute, ask the group if the couple was successful in dressing the doll.

Undress the doll and place her and her clothes and accessories back in the plastic bag.

The second couple:

Explain that this couple also has to dress the doll but that they have each had two or three tots of gin. Therefore, each must wear one glove and sunglasses to represent the effects of the alcohol. They may talk (communicate) with each other while dressing the doll. Time the couple for one minute and ask the group if the couple successfully completed their task.

Undress the doll again and place her and her clothes and accessories back in the plastic bag.

The third couple:

Explain that this couple is DRUNK as they drank the whole bottle of gin! They are not allowed to talk to each other since people who are drunk tend not to be able to talk (communicate) effectively. The couple must each wear gloves on both hands and sunglasses that have been smeared with Vaseline (to indicate impaired vision). Time the couple and after one minute ask the group whether the couple successfully completed their task.

Discussion Questions:

- Ask each couple how it felt to try to dress the doll under those conditions?
- What difficulties were caused by having to wear gloves and sunglasses?
- How did not being able to communicate affect the third couples' ability to dress the doll?
- How could this game relate to putting on a condom while drinking alcohol?
- This game showed the effect of drinking on your ability to do things with your hands. What other negative effects does drinking have on people? (possible answer: making good decisions)
- Do you think using drugs could have a similar effect on your ability to practice safe sex?

Ask the participants if they have any questions.

Module 5: Life Skills

Activity 6: I am Someone's Hope Booklet

Objective:

To understand the importance of making smart choices and staying healthy in order to take care of someone who is important

Behaviour Change Objectives:

- Use condoms and lubricants correctly and consistently during every sexual encounter including with your regular partners to reduce the risk of HIV infection and other STIs
- Get tested to know your HIV status; encourage your regular partners to get tested to know their HIV status
- Don't delay going to a clinic for prevention; treatment, care and support services for HIV and STI
- Take all of the medicines that the nurse or doctor gave you for all the days you were told to take them for treatment of STIs, TB, and for ART

Setting

Indoors or on the street

Group Size

1 or 2

Time

20 minutes, multiple sessions if needed

Type of Activity

Presentation and Discussion

Materials

I am Someone's Hope Booklet

Review

I am Someone's Hope Booklet

Activity

Show your peer the booklet and say that the booklet provides good advice on how to make smart choices and stay healthy. Cece, a sister, is shown throughout the booklet. She is motivated to make smart choices and stay healthy in order to take care of her child.

Ask your peer to take a look at it. Discuss the various topics with her and ask the following questions as part of your discussion:

1. Do you have any questions or comments?
2. Cece is shown throughout the card. How does “I am Someone’s Hope” motivate her to use condoms, get treated for STIs, and go for TC.
3. What are the advantages of using (adopting) the behaviors shown in the booklet?
4. Can you relate to Cece? Why or why not?

Tell your peer to take the booklet home with her and look at it again.



This activity is best done after you have shared the STI, Condom Use, and TC story cards.

It is not necessary to get through the entire booklet at one time. You may spend time only talking about one or two topics. Let your peer set the pace.



Avoid Him!

Avoid quack doctors, self medication or borrowing medicine from friends.

3

Don't go to him!

STIs are caused by unprotected sex NOT witches or evil spirits.

4

Washing with salt, iced water or bleach will neither treat nor protect you from STIs.

All forms of unprotected sex: oral, anal or vaginal can give you STIs.

5

Visit the clinic regularly. Some STIs show little or no symptoms but can still be dangerous.

6

Don't wait!

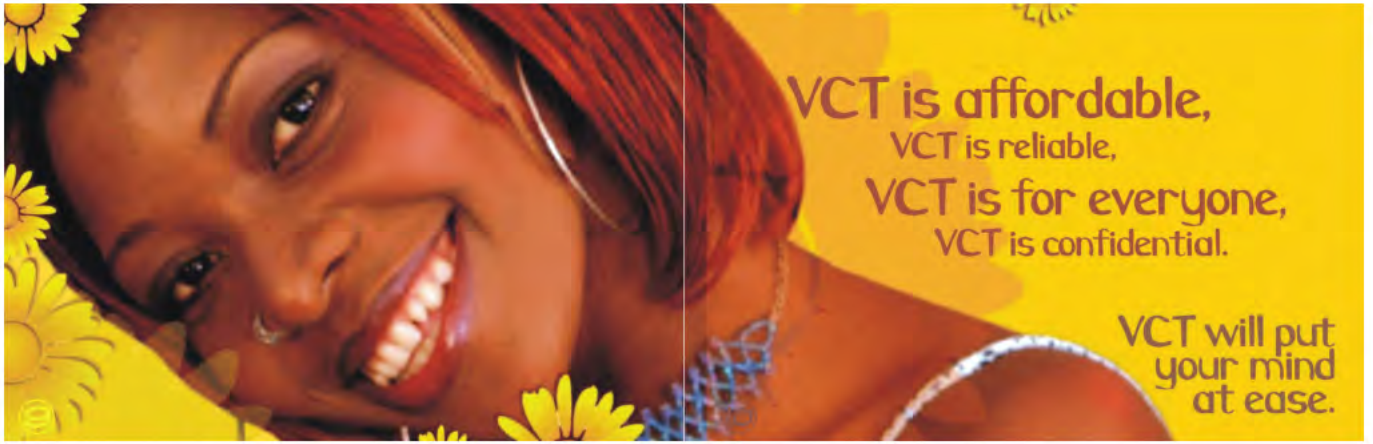
To stay strong and healthy for those who need you, listen to my advice.

7

Go for VCT!
(Voluntary Counseling and Testing)

For peace of mind.

8



VCT is affordable,
VCT is reliable,
VCT is for everyone,
VCT is confidential.

VCT will put
your mind
at ease.



Friendly staff
will talk to you
and answer
all your
questions.



Positive or negative,
VCT has
solutions for
you to plan
a full life.



You are
someone's hope!

Always use
a condom to
protect yourself
from HIV.



Contact a peer educator for your
condoms and lubricating gels.
Always keep spare
condoms handy.

Save money regularly so you are not tempted to have sex without a condom to earn more money.

15

Say no to alcohol and drugs so you can make smart choices.

16

If the man says no to condoms, use a female condom or walk away.

17

Even your regular clients can give you HIV.

Insist on a condom for everyone!

18

Having raw sex does not mean you love your boyfriend more.

19

Using condoms show you care about his future and yours.

Remember, you are someone's hope!



20


Module 5: Life Skills


Activity 7: Financial Management


Objective: To understand the importance of saving money and knowing where one can go to save or borrow money

Setting  
Indoors or on the street

Group Size  **OR** 
1 or small group

Time 
20 to 30 minutes

Type of Activity 
Presentation
Discussion

Preparation 
Know what informal savings and lending possibilities exist

Activity

Ask your peer why it is important to have some money saved?
(Possible responses: medical expenses, support children or other family members, pay school fees, travel to village for funerals or other ceremonies)

Repeat the theme “You are Someone’s Hope”. You can save money to provide your child (or someone else) with a better life or a better future.

Ask your peer if she thinks it is difficult to save money for a future need when she has immediate needs or wants. Note: You may need to help her understand the difference between a need (food, clothing, medicine) or a want (new clothes, shoes, perfume).

Now ask your peer if she thinks it would be easier for a sister to say “no” to a client who wants to have sex without a condom if she already has some extra money saved.

Once your peer agrees that it is important to save, discuss how someone can save money.

Why is it not a good idea to save money at home?
(Possible responses: lose money to thieves, fire, immediate demands from friends/families, very tempting to spend, easier to spend)



Where to Save Money

1. **SUSU (informal method):** A Susu Collector is someone who will provide an informal means for saving money for a small fee. No legal papers are required. The Susu Collector will collect an agreed upon amount of money, hold it for you for a certain length of time, and then return it at the end of the period with a small amount of money taken out as a fee. They may also be able to provide loans. Note: Some Susu schemes are connected with a bank which provides them with a safe place to deposit your money and the capital to give out loans.
2. **Bank (formal method):** A bank is often hard to use by women as they may require travelling to get there, documentation, and deposit requirements. However, certain banks may let someone make a small monthly deposit into a savings account or stocks and receive additional money while the money remains in the bank or account (this is called “interest”).

Even if you are able to save money, there will be times when it is necessary to borrow money.

Ask where someone can go to borrow money (take a loan out).

Where to Borrow Money

1. **SUSU (informal method):** A woman can often borrow money from a Susu.
2. **Money Lender (informal method):** A money lender is usually a wealthy farmer or trader who has his own money or access to credit from a bank to lend. A money lender will usually loan money for any reason. The amount of money he will lend is based on the ability of the borrower to repay the loan. Unfortunately, a money lender charges a high fee (interest rate) on the loan.
3. **Friend or Family Member (informal method):** A friend or family member may not have the money you need when you need it. It also makes you indebted to them. (You “owe” them for having them help you out.)
4. **Bank (formal method):** A bank is often hard to access. (see above)


Note for Peer Educator: Some areas may have organizations that are helping needy groups or people to save money or help manage their money. Other organizations may work with women interested in making money from other activities. You should be aware of any organizations like this in your area of work and share this information with your peers.


End this session by stressing that saving money gives a woman power to make decisions, do what she wants to with her life, feel good about herself, and provide for her loved ones. However, it is hard to do and she must be committed to put something aside consistently no matter how small it is!


Module 5: Life Skills


Activity 8: Building Social Networks


Objective: To understand the advantages of being part of a social and work group and to learn how to organize a group

Setting 
Indoors

Group Size 
4 or more

Time 
60 minutes

Type of Activity 
Presentation
Discussion
Guest Speaker(s)

Preparation 

Identify (or have a supervisor identify) one or two people from a Seater community who can speak to a group of Roamers on the benefits of forming a group and how to organize the group. Speak with the guest speaker(s) in advance to make sure she knows what you want her to cover in her talk. Confirm meeting time.

Activity

Introduce your guest speaker(s) to the group and explain that in today's meeting you will be discussing the advantages of being part of a group and how women would organize themselves into a group.



If you have been or currently are part of such a group your contributions will be very important and useful.

Your guest speaker may want to ask the participants what benefits they think they would have if they formed a group.

Advantages of Being Part of a Group

- Protection against violent or rough clients (warning system)
- Provide emotional support
- Assist when in need (emotionally and financially)
- Agree on work “rules” (pricing system, territory, everyone uses condoms)
- Be able to better negotiate with the stack holders (landlords, police, bar managers and hoteliers)

Next, your guest speaker(s) presents to the participants what the necessary steps are in forming a network or group.

Make sure the participants understand the topic and have the opportunity to ask any questions.

Thank your guest speaker(s) for attending.



This activity should be done after your monthly meeting so that the topic can be discussed and guest speakers identified.

PART 3

CONTINUING EDUCATION

- REVIEW TOPICS
- OTHER TOPICS AND IDEAS
- CALENDAR DAYS AND COUPLE DAYS



CONTINUING EDUCATION

Continuing education should be an integral part of any program where information is presented and behaviour change is expected. Continuing Education provides an opportunity:

- For peer educators to review material that they will share with their peers, ensuring that they have a solid understanding of the topic.
- To review interpersonal communication skills (see Part I)
- To introduce new information on topics that have already been presented to peer educators based on new studies, medical breakthroughs, success stories, and challenges in the field.
- For some of the peer educators (maybe those who are more experienced or who have shown an interest) to learn new topics or skills that they can use with their peers.
- To share best practices in the field and exchange successes and challenges.
- To bring in guest speakers, such as TC counsellors or other NGOs that offer support to FSW
- To discuss and organize special events for FSW including special “Calendar Days” or “Couple Days.”

Your organization’s weekly or monthly meetings provide an ideal time to gather the peer educators and provide one or two hours of continuing education. Your peer educators will be able to help you decide which topics they would like discussed based on their personal needs as a result of their level of training, amount of experience, comfort in presenting information, or requests for information from their peers that they are unable to answer.

The following are some possibilities that could be included as continuing education. Please keep in mind that there are many more possibilities than just those listed here.

REVIEW TOPICS

1. Modules in Part 2 _ Tools for FSW peer educators: Part 2 contains six modules with various activities designed for one on one small group, or large group peer education sessions. Information sheets which provide background facts and information for the topics are included with each module. Supervisors should ensure that their peer educators are comfortable with the information and with how to run the various activities. Low-literate peer educators will need extra time to allow a walk-through of the activities. The visual aides should assist the peer educators in presenting the material but training is a necessary component of any effective peer education program. Many of the activities have a cell phone use alternate activity for very discreet one-on-one meetings. **A PEER EDUCATOR SHOULD HAVE GONE THROUGH AN ACTIVITY AT LEAST ONCE BEFORE PRESENTING TO HIS PEER(S).**
2. Behaviour Change Strategy and Interpersonal Communication Skills in Part 1: The material is presented in a training format and designed so that a staff person should be able to facilitate the sessions for peer educators not yet trained or those that would like a review of the material.

The activity explained below is an example of the type of activity that could be conducted during one of your organization’s peer educator meetings when reviewing a specific module or topic. You



may lose your peer educators' attention if you present information in lecture format. You may want to refer to

“Ice Breakers, Energizers, and Other Games” in Part 1. Try playing one of these activities at each of your weekly or monthly meetings. Your peer educators may also be able to then try out these activities if they meet their peers in a group setting.

Condom Time Bomb Game

Supervisors collect questions on condom and lubricant use that peer educators received from their peers when they were in the field. These should be questions that they found difficult to answer or that prompted a great discussion. These questions are then written on slips of paper and placed inside various condoms (one question per condom). Ask your peer educators to stand in a circle. Blow up a condom and tie the end, then hand it to someone. Explain that you will play some music. Participants should pass the “balloon” around the circle anyway they want - handing it or batting it to the person next to them, dancing with it, and so on. When the music stops (when you turn it off), whoever is holding the condom balloon must break it, take the question out, and answer it. When the participants find it difficult to break the condom, point out how strong it is! After discussing the correct answer, start the music and the entire process again. This activity is a good review for everyone on condom and lubricant use. (Note: the Supervisor can add questions he has in addition to the ones the peer educators came up with.)

OTHER TOPICS AND IDEAS

1. Monitoring Requirements

Supervisors will introduce the forms that their peer educators will complete. Explain the process and the importance of completing the forms. Supervisors can slowly go through filling out the forms with their peer educators. This will probably need several demonstrations. Once the supervisor feels that the peer educators understand the process, they can be asked to complete the forms themselves using data provided to them.

2. How to Make Effective Referrals

Knowing how, when, and where to make referrals is an important skill that your peer educators should have. Peer educators should have access to information in a directory of services in their area.

3. Counselling Training from a Counsellor Trainer

Training could be provided to those peer educators who are more experienced and have expressed an interest in gaining counselling training. This additional skill would be very useful to the peer educators when they are speaking with their peers.

4. Guest Speakers

Your organization should consider bringing in experts in a specific area (or you may have someone within your organization who would be willing to present a specific topic to the peer educators). In addition to providing information, guest speakers are a good way of introducing key players who are also supporting FSW. These people may be health workers, counsellors, support groups, or people from other NGOs.

CALENDAR DAYS AND COUPLE DAYS

Calendar days and couple days are special days designated for FSW. These days offer FSW a chance to feel good about themselves, come together as a group, and/or celebrate with a loved one. These special days may be internationally- or nationally-recognized days, or they may be a day that your organization has set aside with a special event. The following are some examples of the types of days that could be used. .

1. Valentine's Day (February 14): A special dinner or dance could be offered to FSW and their NPP. A card could be produced that has a condom attached to it.
2. "I am someone's hope" Day: Each FSW is invited to bring one person that they consider very special in their lives to an event organized by your organization. A small gift could be provided that has the "I am someone's hope" symbol on it (e.g key chain or pen).
3. Easter Party: In Ghana, Easter is celebrated by many people with a lot of music, dancing and parties. It can become a high-risk event if there are unprotected sexual encounters and numerous partners. Organize an Easter party that promotes the healthy behaviors. Get a trained DJ Host to promote entertaining and educational messages. Other calendar days are Christmas and traditional durbars in specific villages or towns, etc.

CONTINUING EDUCATION

& SUPPORT GUIDE

PART 3

SUPPORT AND SUPERVISION

- RESPONSIBILITIES OF A SUPERVISOR
- WAYS THAT PEER™ EDUCATORS CAN BE SUPERVISED
- MONITORING AND EVALUATION

RESPONSIBILITIES OF A SUPERVISOR

Objectives:

- To come up with a list of activities that a supervisor can use to support the peer educators
- To discuss different ways to motivate peer educators
- To recognize signs of stress and how to deal with it
- To identify resources available to supervisors

Time:

1 hour and 30 minutes

Materials:

Flipchart and markers

Type of Activities:

Presentation, brainstorming, and small and large group discussion

Activity

The amount of support and supervision a peer educator requires depends on several factors:

1. Types of activities they do. Peer educators who conduct large group educational sessions may need more supervision and support than those who meet peers casually; also, those who deal with emotionally difficult situations may need more support.
2. Amount of training they have had. Peer educators who have had only a day or two of training and limited experience may need more support and information needs than those who have had more thorough training or who are experienced peer educators.
3. Type of Individual they are. Some peer educators may require more emotional support than others. Additionally, some peer educators may need assistance in understanding that they are acting as role models to their peers and thus how they speak, talk, dress, and interact are important. As a group, brainstorm what type of support your peer educators will need to be able to do their jobs effectively. Write the responses on your flipchart. Discuss the activities under Trainer's Notes if they were not brought up during the brainstorming activity.

TRAINER'S NOTES:

Support Activities for Peer Educators

1. Ensure that the peer educators fully understand how to conduct the activities and have reviewed the necessary information.
2. Take responsibility for the Manual and Tools for Peer Educators of Female sex workers with Men in HIV and AIDS Prevention and ensure that the tools for FSW peer educators are complete and available to the peer educators.
3. Conduct regular in-service meetings for all peer educators.
4. Provide refresher courses on activities that peer educators will use.
5. Appraise individual peer educator's needs to identify capacity building needs.
6. Train peer educators on other or new activities or topics not found in Part 2. (e.g. counseling, care and support for PLHIV).
7. Acknowledge peer educators' contribution to the project.
8. Be available to help peer educators deal with discouraging or difficult experiences.
9. Provide opportunities for peer educators to share their experiences, as this may help other peer educators in dealing with similar issues during outreach activities.
10. Ensure that the peer educators always have a sufficient supply of condoms and lubricants to sell to their peers.
11. Ensure that there is an adequate supply of visual aid reminders that the peer educators will give to their peers after their sessions.
12. Monitor peer educators' work and provide constructive feedback.
13. Provide special activities just for fun.
14. Link peer educators with other community groups.
15. Assist peer educators in referrals for other available resources.
16. Provide opportunities for established peer educators to teach and mentor new peer educators.
17. Be available to listen and provide advice if asked.

Motivating your peer educators will be a key part of your job as their supervisor. It is highly doubtful that they are doing their job for monetary gain alone. Motivation can be accomplished in two ways:

1. Acknowledging their contribution to the project by:

- Providing certificates
- Providing t-shirts, bags, or hats to identify them as trained peer educators

2. Rewarding your peer educators who have done an outstanding job by:








- Giving certificates of recognition
- Organizing an awards ceremony or special gathering
- Provide opportunities to travel to give motivational talks to peer educators in other districts or regions where NGOs are also working with the FSW community

Being able to recognize whether your peer educators are exhibiting stress is very important. Explain to the group that you want to discuss the various signs of stress that a peer educator might exhibit, and what a supervisor could do to help the peer educator deal with stress.







Break your group into two smaller groups and ask them to take 15 minutes to discuss the topic. You will then have them present their discussion points to the larger group. Once both groups have presented, summarize and combine their presentations so you have one list. Refer to the Trainer's Points which follows for some stress symptoms and hints on how to deal with stress.

TRAINER'S NOTES:

Signs of Stress

-  Headaches or backaches
-  Diarrhoea
-  Constant fatigue
-  Depression
-  Irritability
-  Absenteeism
-  Avoiding colleagues

Hints to deal with Stress




-  Provide a strong support system with other Peer Educators and yourself
-  Frequent meetings to share frustrations and experiences
-  Effective planning to avoid unnecessary pressure
-  Suggest a healthy lifestyle good diet, exercise, and sleep
-  Use relaxation techniques music, engaging in other activities outside work that bring pleasure
-  Give the Peer Educator a break from the daily routine after speaking with her.

Knowing when and where to go for assistance is an important quality for supervisors to have. Understanding the importance of networking and using outside resources will make a supervisor's job much easier.

Brainstorm and discuss resources that supervisors can use when they are faced with challenges that they do not know how to handle. A few resources are listed under the Trainer's Notes below.

TRAINER'S NOTES:

Resources available to Supervisors

-  NGO Program Officer
-  Health Facility I
-  Senior Nurse in charge of STI Clinics
- Other Supervisors

WAYS THAT PEER EDUCATORS CAN BE SUPERVISED

Objective:

To discuss the various ways that peer educators can be supervised to ensure that they are being effective in their activities

Time:

30 minutes

Materials:

Flip chart and markers

Type of Activities:

Presentation, Small Group Discussion

Activity









Supervision is necessary as it ensures that peer educators are doing a good job. Tell the group that this session will look at the various ways that peer educators can be supervised.

Break the group up into smaller groups of 4 or 5 participants and ask them to discuss and compile a list of the techniques that a supervisor could use to supervise their peer educators. Choose one person who will present to the larger group. Points can be written on flip chart.

Mention the activities under Trainer's Notes if they were not brought up during the brainstorming activity.

TRAINER'S NOTES:

Ways to Supervise Peer Educators

-  One-to-one visits or meetings with peer educators
-  Group meetings to resolve common problems, share challenges, and successes
-  Observation of peer educators during their activities
-  Phone calls to check-in with Peer Educators after meeting with their peers
-  Weekly meetings with Peer Educators
-  Completion of monitoring form when observing peer educators and providing your comments with suggestions for improvement (feedback) in a timely manner to the peer educators.
-  Evaluation of peer educators' performance and feedback to them about the evaluation
-  Monthly written or oral reports and your responses to them

Even with excellent training, not all peer educators will be fully prepared to do a good job. The continuing improvement of your project depends on good supervision and monitoring.

MONITORING AND EVALUATION

Objectives:

- To understand the importance of monitoring and evaluation
- To discuss feedback and how it is effectively used
- To discuss and understand the usefulness of the supervisor and peer educator forms developed to monitor activities

Time:

1 hour and 20 minutes

Materials:

Flip chart and markers
Peer Educator's Supervisor's Visit Form
Peer Educator's Daily Activity Report Form
Referral form

Type of Activities:

Presentation and Discussion

Activity

Ask the participants why they think that monitoring and evaluation are important parts of any project. *(They provide a way to determine whether the project is meeting its goals and objectives, provides an opportunity to improve on the project make any necessary changes, as well as a reporting mechanism to key stake holders.)*

Now ask them if any of the supervising techniques identified and discussed in the previous activity are also techniques used to monitor a peer education programme. Which ones?

Next, stress that providing feedback to the peer educators is very important. Supervisors are expected to observe the peer educators interacting and presenting information to their peers (monitoring). It is important to note the following when providing feedback to your peer educators:

GUIDELINES FOR FEEDBACK

1. Feedback is about what the person did and not about who the person is. Describe the behavior or action and not the person's character.
2. Feedback should be given with specific and concrete examples.
3. Feedback should be given about something the individual can change or do something about. For example, you would not want to say, "You looked a little short up there" because people can't change their height! .
4. Feedback should be given at an appropriate time. For example, feedback several weeks after observing your peer educator will not be as useful as that provided shortly after the presentation.
5. Feedback should be given in a positive, constructive fashion. Focus first on what they did well and then on what they could improve upon.

Now, pass out copies of the three forms: Peer Educator's Supervisor's Visit and Peer Educator's Daily Activity Report Form. Ask the supervisors if they are familiar with these forms. If yes, do they find them useful? What do they use them for?

Go over each form with the group and make sure they understand what the form is asking for and how to complete it.

1. **Peer Educator's Supervisor's Visit Record Form**
2. **Peer Educator's Daily Activity Report Form**
3. **Referral Form**

Peer Educator's Supervisor's Visit Record Form

Discussion Questions:

- Why is it important to visit your peer educator (monitoring) while she is speaking with her peer(s)?
- What type of useful information could you gather that would have an impact on how the peer education program moves forward?
- On the Supervisor's form, why is it important to speak with the peer educator after you observe her?
- Why do you think that positive comments are shared with the peer educator before suggestions?
- Let's take a look at #7, #10 on the form. If poor was circled for each of these items, how could a supervisor turn these around to be suggestions? (Have the group come up with one or more suggestions for each one.)
- What do you find challenging in completing this form or collecting the data? (Discuss how to address these challenges.)

Peer Educator's Daily Activity Report Form or Referral Form.

Discussion Questions:

- Why is it important that the Peer Educators track the number of peers they talked to, the amount of materials (reminders) distributed, the numbers of condoms/lubricants sold, and the number of referrals made?
- What type of useful information could you gather that would have an impact on how the peer education program moves forward?
- What could the supervisors do with this information once it is collected?
- What types of conclusions might one make if the Peer Educators' logs consistently show a high number of condom and TC talks but few sales of condoms and/or low number of referrals for TC (*low condom sales may not mean low condom use*)
- What do you find challenging in completing these forms or collecting the data? (*Discuss how to address these challenges*)

Strengthening HIV/AIDS Response Partnerships through Evidence based Result (SHARPER) Project, funded by USAID.

Peer Educator’s Supervisor’s Visit Record Form

This form is to be used at all times when the Peer Educator supervisor is visiting a peer education session. The observations recorded in the form should be discussed by the peer educators at the end of the peer education session. Filled copies of this form will be filed and accessible for review by FHI 360 staff on monitoring visits at the NGO’s office.

Supervisor _____ Peer educator _____

Date: _____

1. Type of interaction: One-on-One Small Group (<5) Large Group (>5)

2. Location: _____

3. Activities Performed: Discussion Models Story cards Drama
 Role play Picture cards Game
 Other _____

4. Materials Used: Story cards Picture cards Brochures Flyers
 Flipchart Game Video/film Model
 Other _____

5. Topic(s) Discussed: STIs HIV Condoms/Lubricants TC
 Stigma Life Skills Other _____

6. Ability to answer questions: Poor Fair Good Excellent

7. Ability to engage peers: Poor Fair Good Excellent

8. Attitude towards peers: Poor Fair Good Excellent

9. Ability to refer for further information, care, treatment, or testing:
 Poor Fair Good Excellent

10. Incorporated the idea of “I am Someone’s Hope?”: Yes No

11. List questions PE was unable to answer:



FOLLOW-UP SUPERVISOR MEETING WITH PEER EDUCATOR

Supervisor _____ Peer educator _____

Date: _____

Positive Comments for peer educator:

1.

2.

3.

Suggestions for peer educator:

1.

2.

3.

Comments from peer educator:

Concerns from peer educator:

Strengthening HIV/AIDS Response Partnerships with Evidence Based Results (FHI/SHARPER) Project

CLIENT REFERRAL

Part A: Referral Slip: To be filled out by the organization/ department , DIC / STI Clinic making the referral (referring organization/ department)

Date: _____ PE Code/officer code: _____ Client Code: _____ Age : _____ Sex _____

District: _____ Region: _____ Referred to: _____

Referring Organization/Department/ Partner _____

Contact Person/Referral focal point person:

Services provided (if any) by referring person/ department/organization :

HIV/AIDS information (ABC) Condom Lubricant Psychosocial support Specify _____

Services needed : CT STI treatment Condom Lubricant OIs Other Specify _____

Additional notes:

Signature

Tel. #