

Planting Our Tree of Hope



A Toolkit on Positive Prevention for
People Living with HIV.



Publication Data

The "*Planting Our Tree of Hope*" Toolkit was produced with technical assistance from the Johns Hopkins Bloomberg School of Public Health Center for Communication Programs with generous support from the United States Agency for International Development (USAID).

Published by: Johns Hopkins Bloomberg School of Public Health Center for Communication Programs, 2008.

© Acknowledgement

This publication may be reproduced without permission provided material is distributed free of charge and the collaboration of Johns Hopkins Bloomberg School of Public Health Center for Communication Programs is acknowledged.

Information on use

Comments from users and information about obtaining the kits and training to use them may be directed to:

The Chief Of Party

BRIDGE Project

PO Box 30782

Lilongwe, Malawi

Tel: (265) 01 750 733 / 750 553

Fax: (265) 01 750 496

Email: gmkandawire@malawibridge.org

Requests for information about materials and training to use and adapt these activities and techniques for other countries may be directed to:

Director, Strategic Communication Program Unit

Center for Communication Programs

Johns Hopkins Bloomberg School of Public Health

111 Market Place, Suite 310

Baltimore, Maryland 21202 USA

Tel: (410) 659 6300

Fax (410) 659 6266

Email: <http://www.jhuccp.org>

Acknowledgements

The “*Planting Our Tree of Hope*” Toolkit Facilitator’s Guide was written by Lisa Basalla and Beth Deutsch. Input was provided by Josephine Mkandawire, Glory Mkandawire, Vanessa Mitchell, Jane Brown and the Positive Prevention Taskforce Team: Olive Moyo (NAPHAM), Peter Kayenda (NAPHAM), Amanda Manjolo (NAPHAM), Maureen Mwakanema (NAPHAM), MacDonald Sembereka (MANERELA+), Benedict Chinsakaso (MANERELA+), Ulemu Kusapali (MIAA), Robert Ngaiyaye (MIAA), Edward Chikhwana (MANASO), Mercy Mikanda (Lighthouse), Victor Kamanga (MANET+), Sophia Nthenda (PAC), Eliam Kamanga (NAC), Hans Katengeza (Ministry of Health, RHU), Gideon Milenzi (MACRO), Wezi Msungama (Pact Malawi), Victoria McCartney (Peace Corps), Margie Ellis (Clinton Foundation), Benson Nkhoma Somba (Galaxy Media), and Julius Chingwalu (National Youth Council).

We would also like to thank the many people who contributed to the Guide, especially those who were willing to tell their stories to help others: Austin Kajogolo Gama, Ethel Phiri, Paul and Margret Magawa; Josephine Nyirongo, Kenneth and Patricia Mwitha, Stephen and Agness Mpakati, Gilbert and Getrude Momora, Edward and Hannah Jackson, Ruth and Sandy Senzani, Charles and Elizabeth Kalonga, and Dodia and Stephen Maseko. Their stories of hope are an inspiration to everyone who reads them. We also want to thank Austin Kajogolo, in particular, for giving the Guide and Flipchart its title based on his own story and “tree of hope”.

The Facilitator’s Guide was refined during a workshop held in Lilongwe in November 2008 and through the efforts of the Positive Prevention Taskforce Team and input provided by NAPHAM’s Kawale and Chileka support groups. Final revisions and design were made by the BRIDGE Project Team with support from Beth Deutsch.

Portions of this Guide were adapted from the following resources: Kidd, R. and Clay S. (2004), . Understanding and Challenging HIV Stigma: A Toolkit for Action, Welbourn A. (1995), Stepping Stones, A Training Package on HIV/AIDS, Communication and Relationship Skills; Jewkes R. and Cornwall A. (1998), Adapted Stepping Stones: A Training Manual for Sexual and Reproductive Health Communication and Relationship Skills; Kroehnert G. (1992), 100 Training Games; and Labouchere, P., Mkandawire J.,

Mkandawire, G., Böse, K. (2008), Have a Healthy Baby Malawi Users Guide – A Hope Kit Update Package of Experiential Learning Activities for Preventing Mother to Child Transmission of HIV, Richards C. and Motto A. (2008) Malawi's African Transformation Facilitator Workshop Guide, e (2008) Malawi's MoH Ministry of Health, Health Education Unit, (200) National ARV Flipchart.,

This training package is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of Malawi's BRIDGE Project and do not necessarily reflect the views of USAID or the United States Government.

Acronyms

AIDS	-	Acquired Immune Deficiency Syndrome
ANC	-	Antenatal Clinic
ARV	-	Anti-Retroviral Drug
FBO	-	Faith-Based Organization
HIV	-	Human Immunodeficiency Virus
MTCT	-	Mother to Child Transmission of HIV
NVP	-	Nevirapine – an ARV used to help prevent mother to child transmission during delivery
PLHIV	-	People Living with HIV
PMTCT	-	Prevention of Mother to Child Transmission of HIV

Table Of Contents

Acknowledgements	2
Acronyms	3
Background to “Planting Our Tree of Hope” Toolkit	6
1. Introduction	6
2. Using the Toolkit with Support Groups	8
3. Instructions for Facilitators	10
Facilitators Guide for Leading Support Group Discussions	17
Theme 1: Working Together for Health and Happiness	18
Theme 2: Taking Care of Oneself	30
Theme 3: Treatment and Support	51
Theme 4: Relationships and Family	65
Theme 5: Healthy Communication in Relationships	97
Theme 6: Finding a Supportive Community	116
Annex 1: Feedback Form	127
Annex 2: Pictures	130



Background to *Planting Our Tree of Hope* Toolkit For Support Groups

1. Introduction

The *Planting Our Tree of Hope* Toolkit is a set of practical and experiential learning activities designed to help people living with HIV, their partners and families address a range of HIV and AIDS related issues. These activities encourage members to adopt and maintain behaviors which support their own health as well as the health of their sexual partners, unborn babies and infants, families and wider community.

The **Vision** for the *Toolkit* is to empower people with HIV to live positively by providing them with role models who have faced and overcome similar challenges.

Objectives of the Toolkit:

The *Planting Our Tree of Hope* Toolkit provides relevant information to support groups and promotes discussion around positive prevention, discordance, PMTCT issues, treatment, stigma and discrimination so that individuals and their families can take appropriate action to live positively and prevent HIV transmission. Specifically, this package will help PLHIV to:

1. Identify do-able actions that will help them, their partners and families to live healthy and productive lives.
2. Develop interpersonal communication skills to address issues as a couple living with HIV including discordance, and protecting oneself and one's partner.
3. Learn to share decision-making about family planning issues.
4. Recognize the importance of PMTCT through uptake of ANC services, and safe feeding practices which can reduce the risk of MTCT.
5. Identify strategies and build skills to overcome obstacles to treatment adherence and dealing with stigma and discrimination.
6. Believe that they can make individual, familial, and/or community changes to

The toolkit has two main components

to reach these objectives:

- A flip chart with five real personal stories of men, women and couples who have overcome barriers and in turn lead healthy lives with HIV.
- A Facilitators Guide organised into different themes with activities and questions to support discussion around the stories shared.

The activities within the toolkit are based on two theories of behavior.

- One theory (Paulo Freire's Empowerment-Education) states that knowledge comes not from "experts" but rather from group discussions and the knowledge that people already have from within themselves and their communities.
- The other (Albert Bandura's Social Learning Theory) proposes that people learn new behaviors and identify their own strengths by seeing them modelled in others.

Benefit of Using Personal Stories

- The personal stories serve as positive role models and elicit discussions around the various issues pertaining to positive prevention.
- The personal stories form the focus of each theme in the Guide and serve to ground the discussions in the reality of people's lives.
- The small do-able actions provided by the personal stories are reinforced through a series of activities contained in the Guide.

In this way, using the personal stories together with the activities in the guide will enable members to both draw upon their own experiences and resources while learning from the stories of achievements from others.

2. Using the Toolkit With Support Groups

2.1. About the Toolkit:

The toolkit was designed to be used within support groups for people living with HIV and AIDS or as part of group counseling provided by faith based organizations.

It addresses key themes related to positive prevention for PLHIV. Within each theme, there are introductory activities, the flipchart story and discussion, and additional activities to practice related skills.

The toolkit can be used with members who are:

- A variety of ages
- Both literate and non-literate
- Mixed groups of men and women
- People of different ages, cultural backgrounds, religions, character and lifestyle

2.2. Overview of Using the Story Flipchart and Facilitator Guide:

Using the Story Flipchart with the Facilitator Guide is easy. The guide is divided into six thematic modules:

- Each theme has one personal story in it to illustrate that topic.
- Following the thematic activities in the Guide, use the flipchart story when indicated.
- The Facilitator should show the visual on the flip chart in such a way that everyone in a group is able to see the picture.
- Narrate the story text provided on the back of each page.
- Afterwards, ask members questions pertaining to the story, discussing the issues and what they have learnt from it within the relevant module in the guide.
- Members should be given a chance to ask questions before proceeding with further activities found in that thematic module.

Six Thematic Modules

- 1: Working Together for Health and Happiness.
- 2: Taking Care of Oneself.
- 3: Treatment and Support.
- 4: Relationships and Family.
- 5: Healthy Communication in Relationships.
- 6: Finding A Supportive Community.

- The personal stories, as well as the discussions, role plays, small and large group discussions in the individual modules, help members analyze their experiences, learn new information, improve their skills of interaction and understand and identify opportunities for change.

Ideally, go through themes 1-6 in order because each theme builds on the next. However, since this is not always possible, each of the themes is designed so it can “stand alone,” or can be used with other selected themes.

Going through the thematic modules can be done in a variety of ways, depending on the needs and availability of the group members. You could cover as many activities within the module as you like within a single meeting, or spread the activities out over a series of meetings. It is a toolkit, and is meant to be flexible to meet the needs of your support group members, based on burning issues they need to discuss during that week. However, all the themes are important to cover.

It is helpful to become familiar with all the themes covered in the Guide so that you can pick and choose key areas to cover for that meeting. Time required for each activity is indicated to help guide your planning.

While the Facilitator’s Guide describes a standard way of engaging members in discussion, there may be times when it is necessary to adapt the language, questions and examples or modify particular activities to meet the needs of the groups you are working with. *It is also not necessary to ask every single question that is listed in the discussion section for each module, but rather to ask the key questions that will enable members to better understand their experiences and explore how to improve their lives and those of their families and communities.*

2.3. Types of Activities Included:

Read and discuss the story: This is the central activity in most of the themes found in this Guide. The stories represent real personal stories of people who are dealing, in a successful way, with different issues discussed in each session. The story is intended to prompt discussion and challenge the ideas of the group members.

Brainstorm: This is an activity for sharing ideas that allows all members of the group to voice their thoughts about a topic. The goal is to let them express their reactions and ideas in a rather quick manner, and to hear as many ideas from the group that they have.

Participatory games: This includes ranking of statements to show agreement and disagreement, using pictures, guided imagery and problem-solving activities where everyone is standing up and actively engaged in an exercise. After each activity, the group analyzes what they experienced and how it relates to their daily life.

Small group discussion: This activity consists of having a small group of people discuss a topic – the minimum number for the small group is three people and the maximum number six. Unlike *brainstorming*, this kind of activity allows the participants to reflect more deeply on issues and exchange points of view.

Large group discussion: Most of the time this kind of activity follows small group discussion or presentation. The objective is to let all of the members discuss together the different points of view expressed by the smaller groups.

3. Instructions for the Facilitator

The Facilitator’s Guide has been designed to help people explore thoughts, ideas and behaviors and make positive changes in their lives using a technique called “participatory learning.” Participatory learning uses *facilitation* to encourage people to actively participate in their own learning. *The role of the facilitator is key to the success of the program and to enabling members to use their own experiences and knowledge as a basis for solving problems.*

3.1 Who should facilitate?

The *Planting Our Tree of Hope Toolkit* is designed to support PLHIV through group sharing and skills building activities. As such, the facilitators need to have an in-depth understanding of the needs of PLHIV and up to date knowledge of HIV, AIDS, and PMTCT.

However, the toolkit can be used by a wide range of different people including:

- Leaders and members of support groups;
- Leaders and members of Faith-Based Organizations (FBOs);
- Peer educators;
- Trainers;
- Nurses, health educators and other health workers;
- Counselors and social workers;
- Community leaders;
- Anyone else who meets the following key requirements:
 - Has basic facilitation skills using participatory methodologies;
 - Is open-minded and non-judgmental;
 - Knows the basic facts about HIV, AIDS and PMTCT, treatment, and support available;
 - Has a positive attitude to make a difference and motivate members.

3.2. How do I work with support groups?

✓ Create a safe space for sharing

- When working with support groups or FBOs, it is very important to create an environment in which everyone feels safe and comfortable to participate. This is especially important for PLHIV because they need to feel reassured that there is confidentiality and trust built among the members in their group in order for them to share honestly.
- The activities in Theme 1 are designed to help facilitators build a safe circle for members to share.

✓ Be sensitive to the diverse needs and experiences of members

- People in the support group will likely have different comfort levels with their HIV status - some will have known for awhile, others maybe a short time, so the Facilitator will have to be sensitive to this.
- Members in the group may be in different kinds of relationships. Some members will be in monogamous relationships where their HIV status is known to each other. Some members may be struggling with how to disclose their status to loved ones. Other members may have faced the unexpected end to their relationship due to death or separation, and may

be looking to start over again. Others may still be in denial about their HIV status and may take unnecessary risks.

- The content of the topics may also be very sensitive. Members will address issues of disclosure, stigma and discrimination, using condoms in their relationships etc. that may be difficult for them. Facilitators should be prepared to deal with the individual stages that members are in coming to terms with their status, and the realities they may face. Some members may need one on one counseling to process some of the issues that have come up as soon as possible.
- ✓ **Work in small groups with members who are similar.**
- Try to keep groups small to encourage everyone to participate. Even if the support group is large, divide them into smaller groups of six to 10 (ideally). You will also be able to better assess how individual members are feeling about the topic you are discussing.
 - When organizing small groups, try to put people of similar ages together to work in the same groups. This has two advantages: on the one hand it will help to bring out any differences in perspective between the younger and older members, and, on the other hand, it will lessen the possibility of the older members taking over the discussion, or vice versa.
- ✓ **Be sensitive to the time constraints of the members.**
- Managing time of each meeting is also very important when working with PLHIV. Members may be in different levels of compromised health - the meeting and content covered may be too long for some, or they may need to take a break.
 - Be flexible and responsive to the needs of your group. Do not cut off an interesting discussion merely for the sake of sticking to the timetable; however, be careful not to allow members to get into discussions that are not directly linked to the topic at hand.
 - Remember, you do not have to ask members to discuss every question in each activity. These questions are there to guide you in helping the members to explore the main topics. You may find that asking just one or two questions is enough to get the group talking about important issues. Other times, you may want to go through most of the questions if there is enough time.

- Do not feel you are solely responsible for keeping the members on schedule. When there are small group discussions, ask a member from each group to be the time keeper.

✓ **Ensure participation for everyone**

- Whenever needed, use drawings and symbols to improve the understanding and participation of less literate and illiterate members.
- In general, it is better to let the group suggest and agree what symbols to use. If they do not come up with ideas, propose some and ask the group if they are acceptable.

3.3. How can I be a good facilitator?

Facilitating is very different from teaching, preaching or giving presentations. Teaching involves passing on ‘expert’ knowledge to others. Facilitation involves steering a process in which you let members do most of the talking and come up with their own answers and strategies. When using *the “Planting Your Tree of Hope”* toolkit activities, your role is to **facilitate** a learning process in which your members work out and develop their own understanding of the issues that they face and how to address them.

Facilitation skills are something you can learn and practice, you do not need to be an expert. Here are some suggestions and ideas to help you become a good facilitator.

✓ **Become familiar with the toolkit contents**

Plan the thematic module you will cover by reviewing the content and gathering the materials you may need. Think about how you might adapt them to make them more relevant to the needs and issues of the members.

Practice what you will say and how you will facilitate the activity on your own or with a friend. Practice using and demonstrating the materials.

Plan how you will get feedback from members to help you evaluate the meeting. (The ‘At the end of each theme’ notes below include some sample feedback and evaluation questions for members) .

Before you begin, it is important to review the table of contents so that you have an overview of all the thematic modules. Also, read the overview of each

theme module so you can choose the ones that meet your objectives and needs at that particular time.

Before you begin a theme, read through the module and plan how you will facilitate.

- Pay special attention to the introductory page of each theme and make sure you have all of the necessary materials.
- Read all the activities and times provided so you can determine how much to cover during that week's meeting.
- Make sure you understand the objective and specific steps to follow.
- Prepare appropriate examples and questions for your support group.
- Review the personal story and write down all the significant points to make sure they are discussed later.

Prepare before the meeting

- Find out what you can about the members and how many are likely to attend the meeting, so that you can plan accordingly regarding group size, putting similar ages, types of people together, etc, and having additional support facilitators for small group work available.
- Think about and find out what you can about key expectations and concerns that the members of the group would like to address. In Theme 1, there is an opportunity to ask members what they would like to cover but you may need to ask members that arrive on a specific day what their main concerns for the week are.

Prepare materials and learning area

- Make sure you have all the materials that you need for a meeting
- Go to the meeting place at least 15 minutes before the meeting is due to start.
- Set up the area where group work will take place These exercises work best if everyone can sit (or stand) in a circle or semi-circle.

At the beginning of the meeting

- Greet each person as they arrive.
- Be friendly. Smile!
- Welcome members and introduce yourself.

- If this is a follow-up meeting, make a recap/summary of the last meeting. This is necessary because people may forget what was discussed and shared, and some may have missed the last meeting.
- If you think it will help, use an icebreaker or any energizer to help members become more relaxed and engaged.

During the meeting

- **Listen** carefully at all times to what members say.
- **Show interest and respect** for the views of the members, even if you disagree with them personally. If a participant says something that you disagree with, first ask the rest of the group, “What ideas do other people have on this subject?”
- **Guide** the group and keep discussions focused. Do not let it stray too far from the subject of the module.
- **Encourage everyone to participate.** Make sure that quiet members have an opportunity to speak and get involved.
- Be **honest and open** in answering questions. If you do not know something, say so and then find out so that you can give correct information next time you meet.
- **Summarize** the discussion from time to time and at the end of a module.
- **Share leadership** - a module often works better if there are two facilitators, supporting each other and taking turns to lead.

At the end of the meeting

- **Summarize** the major points and results of the discussion.
- **Get feedback on the meeting and your facilitation.** Good facilitators always invite and welcome honest, specific feedback because this helps them to improve and make their next meeting even better. During the meeting, you can get a lot of feedback from observing how the discussion is progressing and the reactions of members. At the end of each theme, you can get additional feedback, either written or verbal.
- Ask members questions on the following page for their verbal feedback or have them complete (before they leave) a short written **evaluation/feedback form**, which is located at the end of this Guide.
- Explain what will happen next during the next meeting.

- Provide members with any information on resources in the community where members can get additional information on specific topics such as domestic violence, family planning, ARVs, etc.

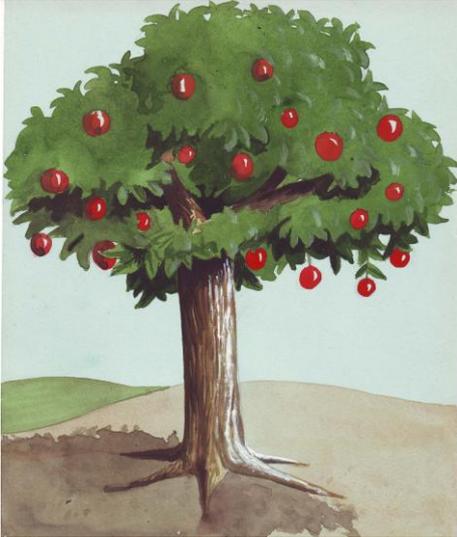
Feedback and Evaluation Questions

1. What was the most valuable thing that you learned in this meeting?
2. Which activities did you like, and why?
3. Which activities did you dislike, and why? How could these be improved?
4. Comment on the way the meeting was organized and conducted. What was good? What could be improved?
5. What questions and issues do you still have which this meeting has not dealt with?

After the meeting

- Review and evaluate the meeting with others who observed or facilitated with you.
- Reflect on the feedback from members.
- Discuss what worked well, and what you could do to make it even better next time.
- Make any follow-up from the meeting, such as:
Find out information that you did not know when asked during the meeting. If any of the participants seemed distressed or confused about particular HIV/AIDS issues, contact them during the following few days to see if they want to discuss their issues further on a one-to-one basis.

Make sure that members are always aware that there is someone for them to talk to one on one regarding any feelings that may have come up for them during the meeting.



Facilitator's Guide for Support Group Discussions



Working Together for Health and Happiness

This theme focuses on first steps to building a safe space for support group members to share honestly. It includes activities to help members get to know each other better, share expectations, and presents the objectives of group work. There are also activities to develop important skills around communicating with each other to build trust and confidence.

Our Thematic Objectives:

This theme will allow members to:

- Know one another.
- Clarify motivations for coming.
- Create an environment where everyone feels comfortable.
- Understand the importance of building trust and confidentiality in group work.
- Practice good listening skills.
- Learn how to get the most out of the personal stories.

Activities	Time Required 🕒	Materials Needed
1. Creating Our Circle	25 minutes	No materials needed
2. What Do We Want From Group Work?	50 minutes	Large pieces of paper or chalkboard Markers or chalk
Activity 1: Brainstorm on expectations of the group	20 minutes	No materials needed
Activity 2: Creating a circle of trust/confidentiality	30 minutes	No materials needed
3. Working Together for Health and Happiness	45 minutes	No materials needed
Activity 1: Present Group Work Objectives, Themes and Approach.	15 minutes	No materials needed
Activity 2: Practice Listening Pairs	30 minutes	No materials needed
4. Summary: Reflecting on Change and what has been learned	10 minutes	No materials needed



Creating Our Circle

🕒 Time: 25 minutes

What do we want to achieve?

This activity will help members in the group to start talking to one another and get to know other members of the group. This is particularly helpful if they don't know each other, or if there are newcomers to the group. It will serve as a way for people to learn what they have in common with others. The process of introducing another member helps people open up and get comfortable with each other.

☑ **Note:** If you are working with a group that already knows each other, you can share reasons for coming to the meeting today, or go around in the group and share something that is new. i.e. If I was an animal, I would be a monkey, my favourite colour is....., a place where you felt very happy, or how you are feeling that day. You could also just start the meeting with a fun icebreaker to make everyone feel happy. See next page for some examples.

Step 1: Introduce yourself as the group facilitator. Tell them your name, age and marital status. Next, describe what you will do as a facilitator. You may say something like:

- *I will guide our discussions, ask questions and sometimes provide information.*
- *I am here to help you learn from each other and solve problems together.*
- *Please remember that even though I will provide some important information, my role is not the one of a teacher who will tell you all you need to know; you already have important knowledge and experiences to share with each other and my role is to help this happen.*
- *We are all going to learn from each other.*
- *This is a support group for you. That means that all your feelings matter. If during our meetings together, you feel confused, uncomfortable or distressed, you should tell me. We can make a plan afterwards to ensure that you get the support you need.*

Step 2: Do the activity/icebreaker. To start, let's make sure we know each other. Ask members to find someone in the room who is not their spouse or close relative.

Allow a few minutes for the pairs to share this information with each other.

Step 3: Introduce each other. Have the pairs join the large group again. Go around the room, and ask each person to introduce his or her partner.

Activity: They should find out the person's

- Name
- Age
- Marital status
- Where they live (Residence)
- Reasons for coming to the group meeting that day.

Step 4: Ask the following questions to the group. Ask the members,

- What are some of the things you have in common with each other? (residence, age, job, marital status, etc.)
- What are some of the differences that you have found?

Step 5: Close the activity by summarizing the main ideas shared and highlighting this key take home idea.



Key take home idea:

- We all have things in common with each other that will help us to build our circle.

Alternative Ways of Getting People to Open Up:

Group members could stand or sit in a circle.

Ask them to think of what they would like to be and why.

If I could be a

Colour, I would bebecause....

Animal, I would be.....because

Fruit, I would be....because

Go around the circle and state your name and favourite.....

My favourite place is.....



What Do We Want From Group Work?

🕒 Time: 20 minutes

What do we want to achieve?

The two activities below will help members to clarify their expectations of what they would like to achieve through the group meetings and establish ground rules regarding group participation, respect and active listening. Through small group discussion, members will also think about the value of trust and confidentiality and how they can keep themselves and others safe when discussing personal things together in the group.

Activity 1: Brainstorm to get expectations from the group.

1. Explain to the members that:

It is very important that we are clear about what we want to achieve during our meetings and what we should not expect so that everyone feels happy with our group work together.

2. Ask: What are some of the things you would like to get out of our time together as a group?

This could be done by having people raise their hands to share their thoughts or by having everyone sit in a circle and telling the group one thing they would like to learn.

3: Ask the following questions.

- What do you think is the value of participation? Why?
- How can we ensure that everyone is able to participate in our discussions?

Explain that it is very important that everyone is able to participate and share their ideas during the discussions.

You may say something like:

The most important thing in these meetings is your participation. Do not feel shy about raising questions, sharing experiences or simply stating your point of view on any topic.

There is not going to be an evaluation or judgment of what you say. There are no right or wrong answers. Everything you say is important and everyone's opinion has the same value.

Activity 2: Creating a circle of trust/confidentiality

1. Ask the group,

“What are the local words we use for trust and confidentiality?”

2. Make groups of four. Tell them the following:

- Imagine that you have a problem that you feel embarrassed about (perhaps related to your treatment, or side effects, or it could be something very different)
- You want to seek advice from someone, perhaps a relative or neighbour or a health worker.
- What qualities would you look for in the person whose advice you seek?

3. Gather everyone into a large group again.

- Ask the group to describe the qualities that have been discussed.
- Point out to everyone that we all seek the same kinds of qualities in people to whom we want to turn when in need.
- Say that we all have secrets or embarrassing feelings in life that we would like to share with someone else, whom we feel could reassure or help us.
- Ask the group to think about their own qualities: Do you behave in a way which helps people trust you?
- Ask the group, *what are the good things about telling personal stories* in the group? (Listen to their responses and then . . .)
- Explain that we learn a lot from talking together about our real life experiences. It can help us understand our lives, to solve problems, to feel better and to gain strength from one another.
- Ask the group “what are the risks from telling personal stories?” (Listen to their responses and then . . .)
- Explain that we cannot be sure that none of us will talk to other people about our stories. If one of us tells someone a secret outside the group,

someone might be angry or hurt; and a member of the group may get in trouble with a parent or spouse.

- Ask the group, how can we work in the group so that we enjoy the benefits and reduce the risks? (Listen to their responses and then . . .)
- Explain that the general rule should be that stories discussed/told during the group meetings should never be shared outside the group. However, if the group feels that sharing the story will help someone else in a similar situation, then they can tell the story but need to make sure they don't use the person's name and do not include anything identifying in the story that people could figure out who it is. This could be one of the ground rules the group agrees upon.
- Some of us may have some of the problems discussed in the group. We may have a violent husband or have dealt with stigma or discrimination. We should always talk about problems in a caring way without judging or joking.

4. Ask members to think of rules that the group should follow during group work.

5. On a large piece of paper, write their ideas using words or symbols so that everyone can understand. Keep this list up during each session to remind members of their rules.

Make sure the rules include:

- Listen when others are talking - everyone has a right to express his or her opinion.
- Try not to interrupt when others are speaking.
- Opinions will not be judged right or wrong - all opinions can be discussed.
- No one will share other members' personal information with anyone outside this group unless there are specific circumstances like...(the group should decide what these circumstances they would be, and how best to protect the identity of the members)
- If someone does not respect these rules, the facilitator will review the list of rules again with everyone.

Step 4: Summarize the discussion and highlight these key take home ideas.



Key take home ideas:

- Everyone needs to share their ideas and participate in the activities for the work together to be a success.
- The ground rules we established together will facilitate trust and respect for each other's point of view, so that we can all benefit from each other's experience.



Working Together for Health and Happiness

🕒 Time: 40 minutes +

What do we want to achieve?

The first activity will introduce the main content of the group meetings. The second activity will help members to develop listening skills important for group work to be effective.

Activity 1: Explain group work objectives and vision.

- Start the overview by describing the objectives of the support/faith group.

Group Work Objectives:

- To explore ways to lead healthier and more productive lives.
- To help members discover and/or strengthen abilities within themselves to make changes in their lives and communities.

Explain that our main purpose in coming together is to help each other identify positive changes for ourselves, our families and our communities by exploring issues that affect both men and women living with HIV.

In order to do this, we will discuss one of the following themes in our group meetings.

1. Taking Care of Myself
 2. Treatment and Support
 3. Relationships and Family
 4. Healthy Communication in Relationships
 5. Finding My Supportive Community
- Each theme will be thoroughly discussed in a series of group meetings.
 - Every theme will include a personal story of a real person or couple who changed their lives as it relates to that topic.
 - We will learn together by participating in group activities and reflecting on changes made by the men and women whose stories we will listen to.

Because we are all affected by HIV, our experiences are also important for us to learn from, as we work together. It is important then, that we all understand the benefits of good listening skills.

Activity 2: Practicing Listening Pairs

Step 1: Introduce activity. Describe to members that we will need to do a lot of listening to one another during the group sessions. In this exercise, we are going to look at the skills of good listening.

Step 2: Divide the group in pairs. Explain what will happen in each pair.

- One of them should start by describing to the other an event in their life which made them feel very happy.
- The listener should not say anything, but should just concentrate hard on hearing what is being said.
- After a couple of minutes, you will ask the listeners to stop listening.
- At this stage, the speaker should continue to describe their happy experience, but the listener should stop listening completely.
- The person could yawn, look elsewhere, turn around, whistle, do whatever they like; the important thing is that they should no longer listen, although the speaker should continue to tell their story.
- After a couple of minutes, you will call “Stop”.
- At this stage, the speaker and listener should change roles. The two stages of the exercise should then be repeated, with the former listener now speaking and the former speaker now listening.

Step 3: Once you are sure that everyone has understood the instructions, call out start and time each section for two minutes. The whole exercise should take eight minutes.

Step 4: In large group, discuss their experience. Ask the members

- How did you feel first as speakers?
- How did it feel telling a willing listener vs. to a bad listener?
- How did it feel to be a good listener?
- How did it feel to be a bad listener?
- What are some of the qualities of a good listener? Are there ways to be a good listener without being silent? How? (Asking questions, rephrasing what they have said, etc.)

- What are some of the qualities of a bad listener?
- What other ways do we communicate with each other besides using words? (body language)
- Who could show body language of a bad listener?
- Who could show body language of a good listener?
- Why do you think it is important to have good listening skills?
- How can being a good listener help us in our lives?

Step 5: Summarize the following key take home ideas.



Key take home ideas

- By being aware of our own body language, we can often change it, in order to communicate a different mood to others around us.
- When you are a good listener, people trust you and will rely on you more for support. They will also be more willing to listen to you.
- We can be good listeners to each other and to other important people in our lives.



Summary of the Meeting

🕒 **Time: 15 minutes**

Step 1: Summarize the key ideas shared during the meeting. You could say something like:

- In this meeting, we wanted to introduce you to the main objectives of group work.
- As we discuss key issues related to positive prevention, it is important to remember the ground rules that we discussed earlier.
- Everyone has a point of view to share that is equally important to hear.
- We should actively listen to what each other has to say and respect the opinions provided.
- We should also remember that we want to create a place where everyone feels it is safe to share their thoughts without judgement.

Step 2: Ask a volunteer to prepare a very brief summary of this meeting to present at the beginning of the meeting.



Taking Care of Oneself

This theme will explore how people with HIV can live healthy lives through Austin Kajogolo's story.

Austin tested positive for HIV in 1999. Since then, he has been able to live a healthy and active life without needing to go on anti retroviral (ARV) treatment.

Austin eats well-balanced, locally available foods and exercises daily. He is regarded in his support group and community as a role model.

There are also participatory activities included to help members understand how HIV affects their body defence, set personal goals, practice good nutritional planning, and identify strategies for consistent condom use for infection prevention.



Our Thematic Objectives:

This theme will allow members to:

- Understand how HIV affects the body's defence system and what they can do to keep it strong.
- Discuss the lessons they learn from Austin Kajogolo's story related to nutrition and positive living.
- Identify their dreams and goals for the future.
- Recognise locally available and inexpensive foods with good nutritional value and devise balanced meals that they can eat.
- Identify challenges and develop strategies to ensure consistent and correct condom use for infection prevention.

Activities	Time Required 🕒	Materials Needed
1. Stand Up For What You Believe	15 minutes	No materials needed
2. How HIV Affects Our Body Defence: Role Play	30 minutes	Paper to make symbols, markers The stick bridges or something else to create a boundary for the 'body'
3. Austin Kajogolo's Story	50 minutes	Austin Kajogolo's flipchart story
4. Planting Our Tree of Hope	45 minutes	Large pieces of paper or chalkboard Markers or chalk and pencils or pens
5. What's "Four" Dinner?	40 minutes	Food pictures (found at back of theme chapter)
6. Importance of Condoms for Infection Prevention	45 minutes	Sheets of A4 paper Demonstration model Male and Female condoms
7. Summary	10 minutes	No materials needed



Stand Up for What You Believe

🕒 Time: 15 minutes

What do we want to achieve?

In this activity, we will introduce and help clarify misconceptions members might have regarding HIV, AIDS, and Body Defence through a fun participatory activity.

Step 1. Introduce the Theme “Taking Care of Oneself”. Tell the group that

In the next few meetings, we are going to explore issues around taking care of ourselves. To get started, I am going to read a few statements. If you agree that the statement is true, you should stand up. If you disagree, you should remain seated.”

Step 2: Read the following statements one by one and discuss. After each statement, ask the following questions:

- Why do those who are standing agree?
- Why do those who are sitting disagree?
- Are you surprised by any of the responses? Which?

Stand Up Statements:

1. You can live a long time with HIV in your body. (true)
2. Everyone who is HIV positive needs to be on ARVs right away. (false)
3. HIV and AIDS are the same. (false)
4. There is nothing I can do to keep myself healthy. (false)
5. People living with HIV can contribute actively to their communities.
(true)

Step 3: Clarify any misconceptions that have come up. But reassure them that their questions regarding their health will be answered during this meeting and meetings that follow. Summarize by saying the following key take home idea.



Key take home ideas:

- We are together to learn from each other about how to take care of ourselves.
- There is a great deal we can do to keep ourselves healthy and strong while living with HIV but first we must understand how HIV affects our body defence.



Role Play of How HIV Affects Our Body Defence

🕒 Time: 30 minutes

What do we want to achieve?

In this activity, volunteer members will role play how HIV affects their bodies by showing interactions between different 'characters' within the body.

☑ **Note:** Read the facilitation notes carefully, and plan and practice how you will present it in your own words. If you have co-facilitators, ask one or two of them to play key roles (e.g. "Body Defence Shield" and HIV arrows"). If there are any questions regarding the text, review the National ARV Flipchart which has the same content as this adapted role-play.

Materials you need

The stick bridges or something else to create a boundary for the 'body'

Optional: Make masks or labels to represent each role.

Step 1: Create an area representing the human body.

Using the stick bridges, string, tape, chalk or chairs, create or draw an area about 2 meters across, in the shape of a square or circle. Explain to the group that this will represent the human body.

Step 2: Get your seven 'actors' and allocate roles.

Ask for volunteers from the group to make up a total of 7 actors (including co-facilitators you have already briefed) to help you with a short sketch. Give each one a different role. Ideally, the tallest, toughest looking person should be "Body Defence".

Get seven volunteers to help you. Give them the following pictures to hold. Introduce them to the group.

- One person represents Body Defence: Shield
- Two people represent Normal Diseases: Black arrows
- Two people represent HIV: Red arrows (have at least four – five arrows that they can hold)
- One person represents Worker with toolkit
- Two people represent ARV workers: tablet

Step 3: Act out the role play.

Use the suggestions on the left-hand side of the table below, or tell the story in your own words. As you do so, ensure that the actors demonstrate what you are saying by doing what is written in the right-hand side. Stop briefly between each stage, so the different stages are clear.

Suggestions for what the Facilitator says:	What the 'actors' should do
<ul style="list-style-type: none"> • Everyone has a natural immunity which acts as a shield against sickness arrows. • We keep our shield strong by taking care of our health (i.e. Eating a balanced diet daily, managing stress, and keeping fit always.) 	<p>Body Defence (shield) steps into the area representing a human body, and looks tough, flexes his or her muscles, adopts a strong body building position/fighting pose.</p>
<ul style="list-style-type: none"> • Our shield always minimizes the impact of different illnesses in our body. • Despite having a strong shield, some sickness arrows can still pierce the human body. Therefore, one can still get sick at one time or another. 	<p>Black infection arrow enters the 'body'. Person with shield defends against the attack and pushes it out of the body. Another black infection arrow tries to do the same. Perhaps this one gets through and the person gets sick, but is strong again.</p>
<ul style="list-style-type: none"> • The virus works differently from other virus. • It doesn't make us sick by itself, it attacks our shield making tears, holes, etc. 	<p>Red HIV arrow attacks, and makes hole in shield.</p>
<ul style="list-style-type: none"> • Even if HIV +, we still start feeling strong and well. • This is because we still have a strong shield, and fewer HIV arrows. WE cannot see this from outside. 	<p>Second red arrow attacks, and makes more holes.</p>
<ul style="list-style-type: none"> • Over time, this begins to change. More HIV arrows are produced with attack more of our shield. • Slowly, the person may start showing some signs of the infection like weight loss. • The shield inside is getting severely affected. 	<p>Another red arrow attacks.</p>

<ul style="list-style-type: none"> • With full blown AIDS, there are many HIV arrows in our body, and almost no shield left to defend us. • With our shield gone, other illnesses like TB, malaria, etc. can pass more easily and with more strength. We call these opportunistic infections • People with HIV often die of illnesses such as TB, and other infections because their bodies are weak. • But remember, not everyone who has these illnesses has HIV. • What are the differences between HIV and AIDS? • The difference is that HIV is the virus that attacks our shield. EDZI describes the illnesses that occur after your shield is made weak. 	<p>Black arrows come in more easily to attack the person holding the shield.</p>
<ul style="list-style-type: none"> • It is important to remember that being HIV + does not mean that you will feel sick. • More HIV are produced over time making more holes in our shield • With a weak body defence, we begin to experience illnesses. • Still, there are things we can do to repair our shields, and even produce more shields, to protect ourselves against the HIV arrows. • Maintaining your shields may mean taking extra care to keep yourself strong. • This will help keep your shield mended, or fill in the cracks. We call this toolkit, “living positively” 	<p>Worker with toolkit to help repair the shield.</p>
<ul style="list-style-type: none"> • How do ARVs work? ARVs are not a cure. • They help us by suppressing the production of arrows so that their number 	<p>One ARV worker comes in and holds back the red arrows.</p>

<p>is reduced.</p> <ul style="list-style-type: none"> • This gives your body time to build/mend its shield it needs using your toolkit. 	
<ul style="list-style-type: none"> • ARVs work n two shifts regularly, so you need to take your pill every morning and evening as prescribed by your doctor. Everyone starts with a starter pack which is taken every day for two weeks. • After two weeks, you come back to the hospital to receive your continuation pack of ARV monthly which you will take for the rest of your life. • Remember, ARVs are not a cure. If you forget to take your tablets every day or stop, the HIV arrows will come back even stronger. 	<p>First ARV worker becomes tired and weak, the second ARV worker takes over to keep the HIV arrows down.</p>
<ul style="list-style-type: none"> • Even if you are on ARVS, you may still experience sicknesses at time. • You will need to seek immediate treatment, and take all medicines as prescribed. • It is important not to forget to tell your doctor that you are on ARVs as well. • You also always need to use your toolkit for living positively to make your body defence shield as strong as possible. 	<p>Black arrow attacks shield, person with shield coughs. ARV worker remains holding down red arrows. Toolkit comes to help protect shield.</p>
<ul style="list-style-type: none"> • Learning to live positively with HIV and being on treatment may seem difficult at first, but many Malawians affected by HIV are living healthy lives with the support of family, friends, and the health center. 	<p>All characters receive applause from the audience.</p>

Step 4: Review questions raised and summarize.

- Are there any questions about the role play?
- Was there anything that surprised you?



Key take home idea:

There is a lot we can do to live healthy lives with HIV in our body.

We will now listen to the story of someone who is living positively with HIV.



Taking Care of Oneself: Austin Kajogolo's Story

🕒 Time: 50 minutes

What do we want to achieve?

By exploring Austin's story, members will be challenged to think about all the things they can do right now to take care of their health.

Step 1: Read the story of Austin Kajogolo from the flipchart and discuss the questions provided. Tell the members that:

We will now explore what men and women can do to take care of themselves by listening to the story of Austin Kajogolo. Austin Kajogolo is a man who has known that he is HIV positive since 1999 and is still not on treatment due to his ability to maintain good health.

Discussion questions for Austin's story:

- What do you think of Austin's story?
- Was there anything that surprised you? What?
- What kinds of challenges did Austin face?
- How did he overcome these challenges?
- What do you think Austin would like other men and women living with HIV to learn from his experience?

Remember that each one of us has a shield that acts as our defense against sickness arrows. We also have a toolkit that we can use to help us mend holes that HIV arrows can create. Identify all the things, and people you can put into your toolkit that will help you live positively.

- What can you do to live a healthier life?
- What would you put into your toolkit?

I can take care of my health by....

- Eating a variety of locally available foods.
- Doing exercise that I enjoy.
- Preventing infection (hand washing, mosquito nets, drinking safe water, using condoms)
- Going for early detection and treatment of illnesses.

- Going for regular CD4 counts to monitor my viral load, and starting treatment as soon as I am eligible.
- Taking cotramoxizole daily.
- Having a vision/dream for my future and my family's future.

☑Note: Toolkit for Living Positively

- Live your life as normally as possible.
- Keep moving
- Tell someone that you trust that you are HIV positive
- Participate actively in life with others
- Get emotional and spiritual support in times of trouble.
- Use your support group to help you. This will reduce your stress and keep your mind and body strong.

- Good nutrition (eating) can strengthen your shield. Different types of food, do different things to strengthen your shield, and can even produce more shields
- That is why we recommend that you eat a variety of local foods each day/week. Remember, you don't have to spend a lot of money to eat well.
- Green vegetables like pumpkin leaves, beans, nuts, are very good for your shield.

- Minimise the number of infection arrows that attack your shield.
- Sleeping under mosquito nets protects you against malaria,
- using condoms every time you have sex protects you from getting more HIV arrows, and other sexually transmitted infections,
- washing your hands after using the toilet and before eating or preparing food protects you from intestinal problems.
- It is also important to wash all vegetables well, and cook meat thoroughly to reduce your chance of getting ill.
- Washing your body will protect you from other skin problems....

- Get immediate treatment when you have infections (diarrhea, sores, cough)
- Remember, if your shields are fighting one thing, it cannot fight another.... By going to the health centre as soon as you get sick, you will keep your shield stronger.
- Taking cotramoxizole every day will also provide your shield with added protection by helping to find infections in the body
- Getting regular CD4 counts to monitor your viral load will help you to know when you need to start ARV treatment. It will also reduce your risk of developing opportunistic infections.

Step 3: Close the discussion by summarizing the main points raised and by highlighting these key take home ideas.



Key take home ideas:

- Not everyone needs to be on ARVs right away.
- There are many ways you can build good health for your self right now. (nutrition, exercise, health plan, and regular CD4 count check-ups to monitor your viral load are key to good health)
- We all need to have a vision /dream for our future and the future of our families.
- Most women and men living with HIV are capable of doing whatever their peers who are living without HIV do.
- Women and men should not be excluded from doing something just because of their HIV status.
- People living with HIV can live long, healthy lives.



Planting Our Tree of Hope

🕒 Time: 45 minutes

What do we want to achieve?

Using the metaphor of planting a tree of hope, members will explore their own “fruits” or goals for the future as a critical part to staying physically and emotionally healthy.

Step 1: Introduce the activity. Tell the group that...

- The first step to taking care of oneself is to have a vision for your future. In Austin’s story, he planted a real fruit tree to remind himself of what he wanted to do to stay healthy for both himself and his family.
- Each of us are going to plant our own tree now, and think about the fruits we would like to enjoy when it has grown.

Step 2. Do guided imagery with group.

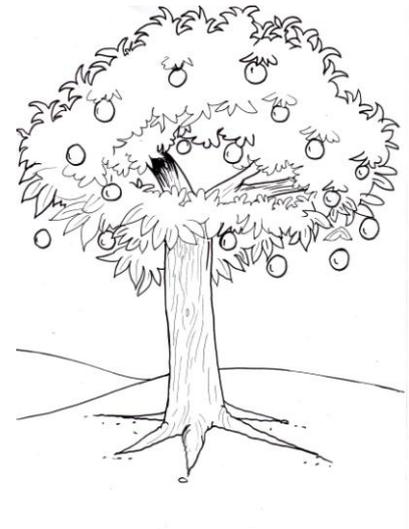
- First, I want you to close your eyes and relax. I want you to imagine a beautiful tree in your mind. See the strong trunk of the tree, its branches full of big, healthy green leaves, and delicious fruits.
- Imagine that each fruit is something that you would like for yourself or your family.
- What fruits do you want to enjoy? (*examples include: Good health for your self, Peace of Mind/Happiness, Loving/healthy partner, Supportive/Fun Friends, Family/Community Support, Children/Building for the future, Contributing to Others, Providing for Family, Other dreams, goals.....?*)

Step 3: Discuss images that came up. Tell them “Open your eyes. Ask them:

- What are some of the examples you came up with for your fruits?
- What do you think we need to help this tree grow?
- What are some of our physical needs that will help us produce these fruits? *Nutrition, Exercise, Health care (including possible treatment)*
- What are some of our emotional needs that will help us produce the fruits we need? *Being without stress, love, faith, trust, support from others*

Step 4: Draw the fruit tree. Tell them, We will now draw our tree with the fruits that we see. Draw on a flipchart or use picture provided.

(if possible, everyone should be able to draw their own tree and fruits)



Step 5: Summarize the following: In our discussions together, we will explore the fruits under the themes in this manual:

- Taking Care of Oneself
- Treatment and Support
- Relationships and Family
- Healthy Communication in Relationships
- Finding a Supportive Community

You may find that as we go along, you will identify other fruits that are important for you. You can keep adding to your tree.

(Offer members to share examples of what is on their tree with others in the group)



Key take home ideas:

- Every person whether HIV positive or not imagines a healthy life and a good future that he/she would like to have.
- If you have a goal in mind, focus on it and you will achieve it.
- You can share your tree with members of your family and others because they can assist you to nurture your tree's growth.
- Good health is important to reaching all your goals/dreams.



What's “*Four*” Dinner?

🕒 Time: 40 minutes

What do we want to achieve?

Through this activity, we want to discuss and understand the relationship between nutrition and HIV and the importance of good nutrition for PLHIV.

Step 1: Introduce the topic by saying the following:

One of the things that Austin talks about in his story, is the importance of eating nutritious foods. However, it is one thing to talk about eating well, it is quite another to do it. Many PLHIV have questions about which foods are healthy and will build their shields, and how they can eat well without spending lots of money.

Different types of food do different things to strengthen your shield, and can even produce shields. Imagine that your body is like a house.

What does a house have?

Mud walls, bricks: structure of the house

Windows, roof: protect from elements

Candles, fire: produce heat, energy, warmth, light

In the same way, different foods do different things.

Like the walls or bricks of a house, we have foods called “proteins” to build our body and repair it when it is falling down.

- Can you think of any proteins? *These include: meat, fish, eggs, soya, peas, ground nuts, milk, yogurt, flying ants, caterpillars, cheese, etc.*

Like the windows and roof of a house, we have protective foods, our fruits and vegetables, that are filled with vitamins that help us fight infections and stay strong.

- What would this include? *Vegetables include cabbage, pumpkin, pumpkin leaves, rape, sweet potatoes leaves, tomato, okra, green beans, carrots.*
- What fruits can you think of? *Mango, banana, apples, oranges, avocado, etc.*

Like candles or electricity, other foods provide our bodies with energy. These are called carbohydrates. These include: bread, nsima, rice, irish potatoes, cassava, sweet potatoes.

Oily foods which have a lot of fat are good for weight gain and provide us with extra energy. These include oil, butter, ground nuts, peanut butter.

Remember, none of these foods can work to keep us healthy on their own. We need all of them to provide our “house” with everything it needs to be strong, energized, and able to fight infections.

Step 2: Place food cards under different signs based on what the foods do. Put three signs in different places to show: building/repairing body, protective foods, energy giving foods, foods that give weight. Distribute food cards to different members and have them decide where they should go. They can get the support of other members if they wish.

Step 3: Ask the following to everyone.

- Which foods are affordable? Which foods are more expensive?
- Are there additional local foods available in your area?
- In which food group do they belong?
- Are there different foods available in rainy vs. dry season?
- Which ones can be planted or grown?

Consider highlighting the foods that are most affordable/available and the ones that can be easily planted/grown. Perhaps stick them up so everyone can see.

Step 4: In small groups, let the members consider a sample menu for their day. Again, think about which foods are available and affordable near where they live.

- Identify what foods they could eat in the morning?
- What small snacks could they take with them if they leave the house?
- In the afternoon?
- In the evening?

Step 5: Present some different examples to the larger group:

In large group, brainstorm the following questions:

- Are there any foods, drinks or substances that you think would be good to avoid? (sugar because it doesn't give lasting energy. Alcohol, lowers the body defence, cigarettes, too much oily food can make the body feel heavy, and upset the stomach, unsafe/unboiled water)
 - How can you eat or drink well when you are not feeling good?
 - Can you make a juice, soup, or herbal tea?
 - Are there traditional remedies that any of you have found to be helpful? Think back to Austin's examples.
 - Aloe vera, garlic, lemons (can garlic reduce ARV effectiveness?)
 - Power drink garlic, ginger, lemon juice, honey.
 - Pumpkin seems to remove tapeworms....
 - Are there other examples?
-
- Do we need to eat differently if we take ARVs?
 - (1) *Everything we have said about eating well and managing illness is still the same, even if you are on on ARVs.*
 - (2) *Nutrition makes your ARV treatment more powerful and complements it, nutrition does not replace ARV treatment when needed.*
 - (3) *ARVs can cause side effects, like nausea. You will need to take extra care to eat properly and always see the doctor as soon as you experience any side effects.*

Finally , in sickness and in health, it is always important to take precautions when preparing, eating and storing food.

- Always drink water that is safe. (boil water for five minutes if you are not sure)

- Wash your hands before preparing, and eating food. Store food in clean containers that are covered from dust and flies, and are kept cool.[JWB28]

Step 6: Close the discussion by summarizing the main points raised and by highlighting these key take home ideas.



Key take home ideas:-

- Eating right will give much more strength and energy to do the things that you want to do.
- You don't need a lot of money to eat well and right. Green vegetables like pumpkin leaves, beans, nuts, and even insects are very good for your shield.
- Different times of the year and places have different foods available, so use what is available, and work towards getting more variety by planting your own vegetable/herb garden and fruit trees and preserving vegetables that are seasonal.
- You should eat frequent small meals rather than one big meal. (lots of healthy snacks are important)
- Drink safe water, and always wash your hands after using the toilet and before handling food.



Importance of Condoms for Infection Prevention

🕒 Time: 45 minutes

What do we want to achieve?

By doing a quick introductory warm up activity, group members will see how easy it is to interpret the same instructions differently. Members will practice correct condom use using a demonstration model, and discuss challenges and strategies to consistent condom use in their sexual relationships.

Activity 1: Folding Paper Game

Step 1: Ask four people to volunteer. Ask each person to put on a blindfold or to promise to keep their eyes shut. No participant is allowed to ask any questions during the exercise.

Step 2: Give each volunteer a piece of paper. Then ask members to do the following:

- They should fold their paper in half.
- Then they should tear off the bottom right hand corner of the paper. Then they should fold the paper in half again.
- Next they should tear off the lower left hand corner.
- Remind them not to peep.
- Then ask all four volunteers to open their eyes and unfold their pieces of paper, displaying them to the other members. It is highly unlikely that all four pieces of paper will have been torn the same way.

Step 3: Summarize. Ask: What does this exercise show?

- Simple instructions can mean very different things to different people.
- We often think we are saying something clearly to someone, only to discover later that what we have meant and what they have understood are very different.

Activity 2: Condom Demonstration and Group Discussion

Step 1: Introduce discussion around condom use. Say to the group, *This is a useful way of introducing condom use. We often talk about the importance of using condoms every time we have sex as being very important to preventing re-infection and passing HIV to others. But, following this instruction is sometimes difficult.*

Step 2: Ask a volunteer to demonstrate how to put on a condom correctly using a model. Ask,

- Who knows how to put on a condom correctly? Can you demonstrate? Encourage applause if s/he has done it correctly.

Step 3: Divide the group into same sex groups to discuss

challenges/questions about condom use using the following questions. (if time is a problem, have a large group discussion).

- What questions do you have about condoms?
- What are the challenges you face in using condoms each and every time you have sex?
- How did you overcome them?
- How can partners support each other to use a condom every time? As couples who may not have the same HIV status? (discordant?)
- What should you do if you didn't use a condom w/your regular partner? With a new partner? With someone who doesn't know you are HIV+?
- Have you ever tried the female condom? What challenges did you face?
- What strategies work to ensure that we use condoms every time we have sex?

Step 4: Share main challenges and strategies in the large group.

Step 5: Summarize by highlighting the following key take home ideas.



Key take home ideas:

- It is important for PLHIV to use male or female condoms every time they have sex to prevent infection/re-infection and unwanted pregnancy.
- There are effective strategies we can share with each other to deal with the challenges of consistent condom use.



Summary of the Meeting

 **Time: 10 minutes**

Step 1: Review the key ideas shared from the meeting.

Step 2: Reflect on personal change. Ask the following questions.

- Did I learn new information today? What?
- Did I learn any skills and new ideas? What?
- What action can I take in my own life based on what I have learned?

Step 3: Ask for a volunteer to prepare a very brief summary of this meeting to present at the beginning of the next session.



Treatment and Support

This theme explores challenges and strategies to adhere to ARV treatment through Ruth Senzani's story.

Ruth felt that the side effects that she was experiencing were extreme and demanded that a doctor listen to her and help her choose another treatment that would better suit her. She also talks about her own strategies to stay on treatment.

There are also participatory activities included which will help members explore strategies for adherence, identify their supporters, and experience taking control over their lives.



Our Thematic Objectives:

This theme will allow members to:

- Explore and reflect on strategies they have to remember routine activities.
- Discuss challenges and strategies for dealing with adherence to treatment
- Experience their ability to be supported by others and to be a supporter for others.
- Identify their supporters.
- Practice taking control of their lives.

Activities	Time Required 🕒	Materials Needed
1. Introduction	10 minutes	Paper to make symbols, markers
2. How Do You Remember? Memory Game and Discussion	20 minutes	No materials needed
3. Adherence in the Face of Challenges: Ruth Senzani's story	45 minutes	Ruth Senzani's flipchart story Large pieces of paper, if available
4. My Supporters	20- 30 minutes	No materials needed
5. Summary	10 minutes	No materials needed



Introduction

🕒 Time: 10 minutes

Step 1: Review the key ideas from the meeting (or few meetings). Ask a volunteer,

What were the most important issues discussed in the last meeting?

Step 2: Reflect on personal change. Ask a couple of volunteers to talk about what they have learned and what they have changed since the last meeting(s).

You can use the “ball game,” in which you as a facilitator throw a ball randomly to any member and then ask him or her to share what they learned or changed - if they feel comfortable doing so.

Key questions:

- What new information did you learn in the last meeting?
- Have any of your attitudes changed? How?
- Have you learned any new skills? What?
- Do you intend to take any action based on what you learned? What?
- Did you take any action?

Step 3: Introduce this theme’s topic. Tell members that

In this theme (and in the next few meetings), we will continue our discussion about taking care of ourselves by looking more closely into issues around being on ARV treatment and support.



Memory Game

🕒 Time: 20 minutes

What do we want to achieve?

This warm up game will introduce some of the challenges of remembering key things to do that are important if you are on treatment and identify potential strategies from group experience.

Step 1: Introduce the activity. Explain to the group that we are going to start our discussion about treatment by doing a small warm-up activity that challenges our ability to remember things.

Step 2: Gather everyone into a circle. Instruct the members that we will go around the circle one by one.

- Each person will use the first letter of their name and change it to a fruit.
- Clapping hands, the first person says their fruit.
- The second person must repeat the first fruit and add their own.
- The third person, must repeat the first two, then add their fruit
- It continues until everyone has said their fruit and to see who can remember all of them.

Step 3: Ask the following questions to the group.

- How easy was that to do?
- What do you think helped you to remember the new names?
- What are the things we do on a daily basis that we have to remember to do? *Wake up at a specific time to go to work, get children off to school, Prepare food/eat, Fetch water, Daily hygiene, Buy food, Take tablets (CBT, ARVs), Take care of others (children, relatives....)*
- What are the things we have to remember that don't happen every day? Appointments for doctor, Church
- How do you remember to do the things that are important? *Habit, sounds to wake us up, keep a calendar/diary, put things out the day before, etc.*

Step 4: Summarize by discussing these take home ideas.



Key take home ideas:

- We all do things on a daily basis and often they become so routine, that we don't need to be reminded.
- Some things, however, if they are new, or don't happen all the time, need our special attention until they become part of our routine.
- For those of us on ARV treatment, taking our medicine every morning and every night is part of our routine, but can be difficult to remember, particularly at the beginning.
- And yet, as we learned from our discussion on how HIV affects the body, it is very dangerous to our health, and to others if we forget to take our medicine or choose to stop treatment for some reason.

This next story is about a woman who is on ARVs, and the challenges she faced being on treatment and the strategies that worked for her.



Adherence in the Face of Challenges: Ruth Senzani's Story

🕒 **Time: 30 – 45 minutes**

What do we want to achieve?

By listening to Ruth's story, members will be able to discuss and strategize how to overcome the challenges they face in adhering to treatment.

Step 1: Read the story of Ruth Senzani on the flipchart and discuss the questions provided below.

- Explain to the members that they are going to hear about one woman's struggle in staying on treatment.
- You should always stress that the people in the story are real people.

Discussion questions to analyze Ruth's story:

- What do you think about Ruth's story?
- Was there anything that surprised you?
- What challenges did Ruth face in starting and staying on treatment?
- Who did Ruth rely on to support her?
- How did Ruth's husband support her to deal with her HIV status?
- What do you think Ruth would want other men and women to understand from her experience?

Step 2: Relate the story to your own experience. Ask the group the following,

- What have been some of the challenges that you or your partner/family member faced on treatment? (*e.g. telling others, dealing with side effects, going to the health facility every month, remembering to take medication, etc.*)

Step 3: Prioritise the top 2-3 challenges to discuss in small groups.

Step 4: Divide the group into smaller groups of 10-15 to explore the following questions. Based on the challenges identified,

- What strategies have worked for you?
- Who do you rely on for support?

Step 5: In large group, share some of the strategies discussed.

Note: Strategies could focus on the following key areas:

- Finding a treatment support buddy and general support
- Dealing with monthly trips to a health facility
- How to remember to take the medicines regularly, even when you feel better.
- Dealing with early side effects
- Helping children to take medicines

Step 6: Identify do-able actions

- What can we do to make sure that we take care of ourselves and adhere to treatment?
- What can our partners, friends, family do to help us?

Note: Examples of Do-able Actions:

I can....

- Find one person I trust to talk about my HIV status.
- Find a local PLHIV support group to help me deal with my HIV status, support me to disclose to others (i.e. Partner, family members, etc.), strategise on how to deal with health issues.
- Support others to go for HIV testing if they don't know their status.
- Identify a treatment buddy to remind me to take my medicines everyday, and support me to go to the health facility if I am ill, or for my monthly check-up once I start ARVs.
- Use condoms when I have sex to prevent passing HIV to others and protect myself from re-infection.
- Continue to live positively by taking my cotrimoxazole daily, eating well, using mosquito nets, washing hands regularly, drinking boiled water, and going to the health facility as soon as I feel unwell.

My partner, friends and family can....

- Remind me to take my medicine daily even if I feel well. (also when we travel)
- Remind me to go back to the center for monthly visits before I run out of pills, and in case I feel side effects, or I am unwell.
- Support me in using condoms to prevent re-infection and passing it on to others.

My community can

- Help me to advocate for my rights to the best treatment for me.
- Advocate for health care services closer to home.
- Establish support groups for people on treatment.
- Educate others about the facts about HIV to reduce stigma and discrimination against PLHIV.

Step 7: In a large circle, everyone goes around and shares an example of one supporter they have that they can rely on. The group can go around more than once if you would like.

Step 8: Summarize the main ideas raised by the members and highlight these key take home ideas.



Key take home ideas:

- It is very important that you identify a treatment buddy and other people who can support you.
- ARVs need to be taken for life, even if you feel healthy.
- Good nutrition, exercise, supportive friends and family are still important even if you are on treatment to keep your shield strong.
- It is still important to use infection prevention measures like consistent condom use, even if you have chosen another family planning method to prevent pregnancy.



My Supporters

🕒 Time: 20-30 minutes

What do we want to achieve?

Through a participatory activity, which requires trust and teamwork, members will recognize the power and importance of providing support to others, and what happens when that support starts to fall apart. Members will then identify ways in which they can support each other.

Note: Description. Members are divided into teams of 7 - 10. Each group does the same activity. Each group stands in a closed circle. Individuals take turns standing in the middle and allowing the rest of the team to support them as they lean outwards. *My Supporters* activity physically and powerfully demonstrates the importance of having support from friends, family and community. It also explores the potential impact if some of this support is withdrawn; for example, if some friends and relatives reject a person when they discover their HIV+ status. If some of the supporters were taken out of the circle and the person in the middle was then asked to lean, they would likely fall. The discussion should emphasize the importance of receiving support and our ability to support others.

This step is very important to ensure the safety of this activity. Make sure everyone who participates feels strong enough to participate.

Step 1: Arrange the groups and introduce the activity.

Get members into teams of 7 to 10. If possible, each team should be single gender, i.e. if you have both male and female members, one team should be all men/boys and another team should be all women/girls.

- Ask, When you think of "supporters" who do you think of? At a football match, what do the supporters do for the players?
- Some responses may be that they cheer, encourage, motivate and inspire the players.
- We are going to create a support system for each other. Are you ready to support each other in your teams?

Explain that they will be participating in an activity called "My Supporters" where each participant is expected to be supportive of others in the team.

Step 2: Facilitators teach their groups “How to spot”. Explain that to make sure that everyone is ready to support each other, they need to learn an important skill called "spotting."

- One facilitator who knows what they are doing is needed to supervise each team.
- If there is only one facilitator, run one team at a time, with the other teams watching.
- Facilitators should demonstrate this activity by starting off in the middle themselves.

Carefully follow the following steps:

- Each facilitator stands in the middle of their group and gets the members to make a tight circle around him/her, shoulder to shoulder.
- Explain that they are going to be doing an exercise that requires everybody's focus and attention to make it safe.
- Tell the members that you are going to ask them to literally “support” you and keep you from falling to the ground as you lean on them.
- Show members how to stand. They should be standing with one foot in front of the other, knees slightly bent, leaning forward, arms up and slightly bent. This is the strongest position to catch someone.
- Select a section of the circle and let them know that you are going to lean gently towards them. Be clear that everyone who is near you should help to catch you, and push you gently back up so you are standing straight and vertical again. (There should always be at least two or three people catching the person in the middle.)
- As the person in the middle, stand very straight with your feet together, arms folded across your chest, and your hands on your shoulders. Without moving your feet and keeping your body straight like a broomstick, lean towards them. Coach them on what they are doing well and where they can improve. Work your way around the circle, leaning in



different directions. Give each person a chance to feel what it is like to help catch you.

- Continue until you are confident that the group has mastered the skill of spotting.

Step 3: Team members take a turn in the middle.

- Explain that team members who want to can take a turn in the middle of the circle and be "supported" by the rest of their team.
- Ask for the first volunteer to come into the middle and stand with their feet together, their arms folded across their chest and hands on their shoulders.
- The facilitator for each group moves to being one of the supporters.
- The team members get into their support positions, starting with their hands very close to the person in the middle.
- Remind everyone to keep their knees bent and body loose to act as a "shock absorber" for the person leaning.
- Before starting to lean, the person in the middle should ask the following two "check-in" questions to ensure that the team is truly ready to support him/her:
 - Is everybody ready? "Yes." (*Supporters all put their arms up in the "ready position."*)
 - Ready to lean? "Yes."
- At this point the participant in the middle can start to lean. Once the person in the middle feels comfortable, the group can let him or her lean slightly further before catching him or her. Encourage the person in the middle to close their eyes as they lean.
- Encourage several people to take a turn in the middle, but if someone does not want to, do not force them to do so.

Step 4: Facilitate a discussion with the whole group.

Use the following questions to facilitate a general discussion about the experience.

- What did it feel like to be in the middle, the one being supported? *Look for answers like safe, supported, comfortable.*
- What did it feel like to be one of the supporters? *Look for answers like a little scary at first, exciting, comfortable.*
- Who are the people in your life that you support?

- Who are the people in your life that act as "supporters" for you? *Possible responses include friends, family members, neighbors, and religious leaders.*

Step 5: Demonstrate how it feels when support is withdrawn.

- Invite a group of 7-10 members to join you in the middle to do the activity again.
- Ask for a volunteer to stand in the middle and for everyone else to take their positions in the circle.
- Get the circle setup, have the person in the middle ask the "check-in" questions and then stop the activity, explaining that you are going to make some changes first.
- Tell two or three of the supporters to put their hands down and hold them behind their backs.
- Tell two or three other supporters to take a big step backwards.
- Tell two or three other supporters to leave the support circle and return to their seats.
- Ask the person standing in the middle, Are you happy to continue with the activity now and start leaning? *They will undoubtedly refuse as there is virtually nobody left to support them.*
- Ask, Why are you refusing? How do you feel?
- Ask all members, Is this what can happen when people find out that someone in their community or circle of friends is living with HIV?

Step 6: Summarize

- Some people no longer offer support. (Point to the people with their hands behind their backs.)
- Some people distance themselves from the person living with HIV. (Point to those who took a step back.)
- Some people may reject that person and break off contact with them. (Point to those who have left the circle and sat down.)
- The person with HIV is left with just one or two people still offering support. (Point to those still standing ready.)

Step 7: Group Discussion. Ask and discuss:

- Put yourself in the person in the middle's place. How would you feel?
- Have you ever felt unsupported by others? When?

- How is being HIV-positive perceived in our community?
- How are people with HIV often treated? How many of you have seen this happen?
- What are some of the reasons that people do not support those living or affected by HIV?
- Are there times that we don't support people who need our help? Why?
- What can we do to build support in our community?

Step 8: Summarize these key take home ideas.



Key take home ideas:

- As people living with HIV or affected by HIV, we all recognize the importance of being a supporter and receiving support.
- If people feel loved and supported and still part of their community, they can take care of themselves and take care of others.
- They have the strength to face the challenges in their lives, like Austin and Ruth have faced.
- They can also take on valuable roles in the community, including educating others about HIV.



Summary of the Meeting

⌚ Time: 10 minutes

Step 1: Review the key take home ideas shared during the meeting.

Step 2: Reflect on personal change. Ask the following questions.

- Did I learn new information today about being on treatment? What?
- Has this session affected my attitude about being on treatment? How?
- What skills were mentioned today that I can use in my own life?
- What action can I take in my own life based on what I have learned?

Step 3: Ask for a volunteer to prepare a very brief summary of this discussion to present at the beginning of the next meeting.



Relationships and Family

This theme explores relationships and decision-making around family health. Through Agness and Steven Mpakati's story, members will look at how a discordant couple (in which one partner is HIV-positive and the other is HIV-negative) deal positively with HIV in their relationship and their decision to have a child.

Agness and Steven Mpakati are a couple that are deeply in love although one of them is HIV + and the other is HIV - . Despite community pressure, they married and jointly decided to have a child even though Agness is HIV-positive. They took appropriate steps to guarantee the health of Agness and their newly born child.



Participatory activities included in this chapter challenge members to look at their beliefs around reproductive health, explore disclosure in depth, and help clarify issues around PMTCT and safe feeding.

Our Thematic Objectives:

This theme will allow members to:

- Explore beliefs, values and attitudes that they have about relationships and family as individuals living with HIV.
- Identify strategies for disclosure
- Learn strategies for how to prevent passing HIV on to their baby.
- Identify support for both women and men to ensure safe pregnancy, delivery, and feeding of a new baby.

Activities	Time Required 🕒	Materials Needed
1. Introduction	10 minutes	No materials needed
2. Relationships and Reproductive Health: Where Do You Stand?	30 minutes	No materials needed
3. Discordance and Preventing Mother to Child Transmission: Agness and Steven Mpakati's Story	45 minutes	Agness and Steven Mpakati's Story Flipchart
4. Strategies for Disclosure	40 minutes	Large Flipchart paper, markers, tape
5. PMTCT during Pregnancy and Birth	45 minutes	See below
Activity 1: Stand Up Statements	15 minutes	No materials needed
Activity 2: MTCT Demonstration Role Play	30 minutes	2 wooden sticks, pieces of paper, leaves, etc. to show boundaries. Pictures 1-2 found at the back of this theme chapter
6. Feeding Your Baby Safely	30 minutes	Pictures 3-4 found at the back of this theme chapter. Glass, milk, lemon juice
7. Support for Mothers and Fathers	30 minutes	No materials needed
8. Summary	10 minutes	No materials needed



Introduction

🕒 Time: 10 minutes

Step 1: Review the key ideas from the last meeting (s). Ask the volunteer,

What were the most important issues discussed in the last meeting?

Step 2: Reflect on personal change. Ask a couple of volunteers to talk about what they learned from the last meeting and what changes they have started to enact.

You can use the “ball game,” in which you as the facilitator throw a ball randomly to any participant and then ask him or her to share what they learned or have decided to do as a result of the last session - if they feel comfortable in doing this.

Key questions:

- What new information did you learn in the last meeting?
- Have any of your attitudes changed? How?
- Have you learned any new skills? What?
- Do you intend to take any action based on what you learned? What?
- Did you take any action?

Step 3: Introduce the theme for the meeting (s). Explain that

In this meeting (or the next few meetings), we are going to talk about relationships for people living with HIV and their families.



Relationships and Reproductive Health: Where Do You Stand?

🕒 Time: 30 minutes

What do we want to achieve?

This activity will explore the members’ beliefs, values and attitudes around how HIV affects relationships as someone who is living with HIV.

Step 1: Introduce the activity and its objectives. Explain that:

This activity explores some of the beliefs, values and attitudes that we have about relationships and family as individuals living with HIV. Everyone can participate in this activity. You can each show how much you agree or disagree with a number of different statements, and discuss your reasons for this.

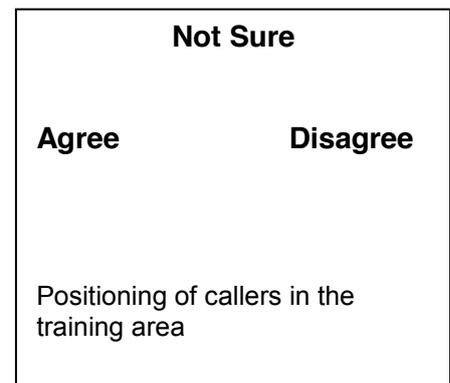
Key Statements:

- Love is important to be healthy
- It is possible for one person to be HIV + and the other – even if the couple has been together for a long time.
- People who are HIV positive should disclose their HIV status to their sexual partners as soon as they start the relationship.
- It is impossible for a couple to use condoms in a stable, long-term relationship every time they have sex.
- PLHIV should not have children to prevent passing HIV to them.
- Men and women need to make decisions together about reproductive health for the family to be healthy.

Step 2: Create positions with callers for different levels of agreement or disagreement.

Ask all the members to stand together at the back of the training area or room. Tell them that this position is the “Not sure” position.

Ask for three volunteers to be “callers”. (Any co-facilitators you have can also take the caller roles.)
Tell one of the volunteers that they will be the



“Agree” caller, the next one the “Disagree” caller and the last one the “Not Sure” caller. Get the callers to each stand at different positions in the training area /room, as shown in the box.

Step 3: Facilitator reads a statement, members take positions.

Explain to all members that you will be reading statements to them. Some of them might be controversial and there will likely be different opinions. Read the first statement you have selected.

“Love is important to be healthy”

Instruct members that they should:

Think about the statement and go to the position that reflects whether or not you personally agree or disagree with the statement. If you have no opinion or if you are not sure about this issue, you may remain where you are in the Not Sure position.

Get each caller to state the position that they represent, so that everyone is clear where they should go. For example “If you *Disagree*, come here” or “If you *Agree*, come here.”

Step 4: Facilitate discussion.

After the members have taken their places, ask for volunteers from different positions to explain why they are standing where they are.

The goal is not to convince anybody else that there is one right answer, but for members to be allowed to think critically about their choice of position and to learn from each other.

Step 5: Everyone move to a position of agreement / disagreement.

Instruct all those who stayed in the *Not Sure* position to now move to one of the other two callers, depending on how much they now agree or disagree with the statement after listening to the discussion and explanations.

Invite those who moved the first time to move to another position if what they have learned from the discussions and explanations has changed their ideas and opinion on the issue.

If there are still people left in the Not Sure position, check whether this is because they are struggling to understand the issue, and provide further information as necessary.

Step 6: Ask the following key questions after each statement.

- Do we all agree?
- Do men and women in this group think differently about this issue? Why? Why not?
- What do you think are the consequences of this in the family? In the community?

Step 7: Repeat Steps 3, 4, and 5 for the other statements.

Step 8: Summarize the discussion and highlight these key take home ideas.



Key take home ideas:

- To be healthy, we need to take care of different aspects of our lives like our bodies, minds and relationships with others.
- It is possible for one person to be HIV + and the other negative even if they have been together for a long time.
- It is very important that both partners in a relationship know their HIV status to protect themselves, and each other from HIV. (particularly if they are discordant).
- PLHIV can have children if they take appropriate measures to protect their own health and the health of their unborn child.
- Men and women need to make decisions together about reproductive health issues for the family to be healthy.



Discordance and PMTCT: Agness and Steven Mpakati's Story

🕒 **Time: 30 – 45 minutes**

What do we want to achieve?

This activity will allow members to think about and discuss the importance of men and women taking care of each other's health, and also of making decisions together about key aspects of their reproductive health, such as family planning.

Step 1: Read the story of Agness and Steven Mpakati in the flipchart and discuss using the questions provided.

- Tell the members that they will now hear the real story of a couple who are dealing with being “discordant” - in which one person is HIV-positive and the other is HIV-negative - and the decision to have a child.
- Ask members to think about the characteristics of this couple's relationship.
- You should always stress that the people in the story are real people*

Discussion questions about Agness and Steven's story:

- What did you think of Agness and Steven's story?
- Was there anything that surprised you? What?
- What do you think about the way Agness and Steven treat each other? Why?
- What do you think about Steven's decision to marry Agness knowing that she is HIV+? What influenced his decision?
- If Steven were the one living with HIV, what would Agness do?
- Why do you think Agness's family and Steven's friends were so afraid of Agness's HIV status? (or why do you think Agness was afraid to disclose her HIV status to Steven?)
- Was there any risk in this couple's (Steven and Agness) relationship?
- What do you think about their decision to have a child?
- If you were in their situation, what would you have done?
- How did the couple deal with decision-making around having a child?
- What steps did they take as a couple to protect their health?
- What were some of the key steps they took to ensure that their child did not get HIV?

- How did Steven support Agness in dealing with her HIV status, and after having her child?
- What do you think Agness and Steven would want others to understand from their experience?

Step 2: Now focus the discussion on what happens in their community.

Ask the members to think about what they see happening to couples who are affected by HIV in their relationships.

- Do you know of any discordant couples in your community?
- If only one partner in a relationship is HIV+, are they treated differently?
- Do you think the situation would be different if the man was HIV+ in the relationship and the woman was HIV- compared to a situation where the woman was HIV+ in the relationship and the man was HIV-? How?
- What do you think are some of the challenges for a couple who are in a long term discordant relationship to protect each other? How can these challenges be overcome?
- What are some of the lessons learned from Agness and Steven's relationship that you would like to adopt in your own relationship(s)?

Note: If these are not mentioned, consider probing for these key actions

What we can do:

- Disclose your HIV status to a sexual partner.
- Go for HIV testing together as a couple.
- Seek a doctor's advice regarding the risks of having a child as a couple living with HIV.
- If pregnant, go to the hospital together as a couple and be counselled on how best to protect the health of the mother, unborn child and partner through PMTCT, good nutrition, and continued condom use.
- Protect a partner from becoming HIV+ by abstaining or using condoms whenever you have sex.
- Form a club for couples for continued support.



Step 3: Summarize the main ideas raised by the members and highlight these key take home ideas.

Key take home ideas:

- Many couples are discordant in Malawi (one partner is HIV-positive and the other one is HIV-negative); According to MACRO, as many as 20% of all couples seen in their facilities are discordant.
- Discordance in a relationship does not mean infidelity. It is possible that a partner was infected prior to the marriage and that they have been faithful throughout the marriage.
- A discordant couple should seek a doctor's advice and get counseled regarding the decision to have a child.
- There is always a risk of passing HIV to a partner who is HIV negative in a discordant couple, hence, there is need for consistent and correct use of condoms every time they have sex.
- The risk of passing HIV on to a partner who is HIV – depends on many factors, including the number of times a couple have unprotected sex, the CD4 count of the partner who is HIV+ and if the person who is HIV+ is on ARV treatment.
- Men and women in discordant relationships are sometimes treated differently by each other, by the family and by the community.
- Communities should support both men and women who are HIV-positive and not stigmatize them.
- Couples should go for HIV testing together so that they can protect themselves against the disease or adopt ways to cope with the disease together.
- It is important to protect your partner from HIV by using condoms every time you have sex because of love and for your children's future

☑ Note: Some Information about Discordant Couples

In countries, like Malawi, with high HIV prevalence, it is fairly common for one partner to be HIV positive and the other HIV negative – meaning that they are HIV sero-discordant, or simply “discordant.” Many individuals and couples have the misconception that discordance is not possible. Couples can remain discordant for a long time – even more than 10 years. Regardless of your HIV test result, it is very important for your partner to get tested for HIV as well. It is possible to have a different HIV test result from your partner even if you come as a married couple. There are different reasons why the HIV virus might be slower to be passed on to your partner. If they have been HIV positive for awhile, they are likely to have lower levels of virus (called “viral load”) in their body; this makes harder for the virus to be passed on. If they are on treatment, their viral load will also be lower and can greatly reduce the risk of passing HIV to others. It is possible to have a child who is HIV free if the couple takes appropriate precautions and receive doctor’s advice and counseling on *if and when* is the best time to become pregnant. We do not always know why, except that the conditions for HIV to develop must be right. For example, not every mosquito bite causes malaria. **But, it is possible for couples to have come into the relationship already discordant and not knowing their HIV status.** It is very important for couples to know their HIV status as a couple so that regardless of their test results; they can protect themselves, their partners and their babies. When couples have different test results, the HIV- partner is at high risk of getting HIV. Discordant couples are not protected by remaining faithful.

Source: Allen 1992, Kamenga 1991, Keogh 1994, Roth 2001, Weinhardt 1999



Strategies for Disclosure

⌚ Time: 20-40 minutes

What do we want to achieve?

This activity will help members explore in depth challenges and strategies to disclosure within relationships, families, and wider community.

Step 1: Introduce the discussion around disclosure: You could say,

In relationships, it is very important for both partners to know their HIV status so that they can protect themselves and each other. This is especially important because as we saw in Agness and Steven's situation, your partner could be HIV negative. Now we will look more closely at the issue of disclosure to help all of us come up with helpful strategies to deal with disclosure in our own lives.

Step 2: Review experiences of disclosure from the stories shared in a large group.

- What happened when Agness told Steven about her HIV status? Why do you think she was afraid to tell him?
- Why do you think it is important for PLHIV to disclose their status to their sexual partners? To other family members?
- What are your own biggest fears about sharing your status to your spouse? To a new partners? To family members or friends?
- When is the right time?

Step 3: In pairs, discuss the following:

- Who in your family have you told about being HIV positive?
- How did you do it?
- What happened?

Step 4: Practice in pairs:

- Who would you like to tell?
- What are some of your concerns about telling them?

Step 5: Practice telling the person: then swap.

Step 6: After five minutes ask one or two pairs to volunteer to show their role plays to the whole group. Ask each player:

- How did you feel about disclosing your status?
- How did you feel about your role as a listener?
- What techniques did you use to tell your story?

Step 7: In a large group, ask people to volunteer strategies they found effective in disclosing their status to someone that they think others could use. What works?

Step 8: Summarize using Circles of Disclosure. Explain to the large group using circles of disclosure to plan disclosure: me: closest family members: community

Draw a picture using concentric circles on a flipchart and tell them to see the example. Write me in the center circle. Then, in the next circle write for example, my older sister, mother, partner, etc. Use this to show how to disclose your status on a gradual basis, starting with close family members (those you trust most), and then gradually moving out to other people.

Doable actions

- Disclose status to the most supportive person first.
- Have that supportive person help you talk to the rest of the family
- Draw on examples from group experience

Note: Examples of strategies given from Ethiopia:

- Go slowly. Ask for help and advice. Stay humble. Disclosing is a series of steps. Go slowly and see how people respond. Start with a relative whom you are already close to.
- Find a time when it is easier for people to concentrate
- Find a place where there will be no interruptions
- Establish a good relationship and trust.
- Use your own status to encourage others to be more careful.
- If others know your status and are sick, they may come to you for advice. Remember you are valuable!
- Share your burden. Be aware it is a struggle, not easy, stressful.
- Do it gradually – if you get a supportive response from the first person, you can try a second, it gives you courage to continue.



Key take home ideas:

- Who, when and where to tell someone about your status is a personal decision. You should never be put under pressure to tell someone you do not want to.
- Practicing telling someone can be a useful way to develop personal strategies.
- Avoid telling people who might use it against you.
- Fear of stigma and blame are the main reasons that stop people from disclosing their HIV status.
- As a group of supporters, we all have useful strategies that can help each other deal with disclosure in our lives.

Remind the group that disclosure is a gradual process that takes a long time. However, if we are thinking about starting relationships and having children, disclosure is very important to protect not only each other, but also to prevent passing HIV on to the children. Let's look more closely at PMTCT...



PMTCT During Pregnancy and Birth

🕒 Time: 20-30 minutes

What do we want to achieve?

Through two participatory activities, members will be able to explore their understanding of mother to child transmission of HIV during pregnancy and birth, and means of prevention including the role of ARVs.

Activity 1: Standup (Warm-up Exercise) to find out what members already know.

Step 1: Say to the group:

To start, let's do a quick stand up on what members know about HIV and children. Stand up if you agree, remain seated if you disagree with the following statements. For each statement, ask a volunteer to tell the group:

- Why do you think it is true (if standing)?
- Why do you disagree (if sitting)?

Stand Up Statements

- Every woman who is HIV+ will have an HIV+ baby. (false)
- There are many steps that we can take to prevent passing HIV to our children. (true)
- HIV can only be passed to the baby during pregnancy. (false)
- Using condoms consistently is very important to do during pregnancy, and while breastfeeding. (true)
- You need to have supportive people to ensure that a baby is fed safely. (true)
- You cannot breastfeed your baby if you are HIV +. (false)
- A mother's health is put under a lot of stress if she is pregnant and has HIV. (true)
- All HIV+ mothers should deliver at a health facility. (true)

Step 2: Clarify any misconceptions.

Activity 2: Demonstration of MTCT

Step 1: Explain that we will now do a short demonstration to explain how HIV can be transmitted from mother to child.

☑ **Note:** This activity uses a short drama sketch to illustrate the different stages and possibilities of being pregnant and having HIV. It demonstrates and explains in a memorable way about the risks of MTCT during pregnancy and birth and how to minimize these risks. The drama sketch involves demonstrating and discussing what happens in 4 scenes, as follows:

Scene 1: Pregnancy

Scene 2: HIV infection or re-infection during pregnancy

Scene 3: Birth without treatment

Scene 4: Birth with treatment

Materials you need

The 2 wooden sticks to used for indicating boundaries of the body (paper, chairs, pieces of wood) or just draw on the floor. Use the Picture 1: Unborn baby of eight months old in her mother's womb and Picture 2: Showing how the mother can pass HIV to the her baby which have been placed at the end of the book.

Step 2: Identify the different stages at which MTCT can take place.

- Show members Picture 1: Showing how the mother can pass HIV to her baby found at the end of this book.
- Ask them to try explaining what they see in the picture.
- Clarify that this shows the three possible stages at which HIV can be transmitted from a mother to her baby, i.e. during pregnancy, during childbirth and through breastfeeding.
- Explain that this activity will focus on the first two, during pregnancy and birth.



Step 3: Get your 'actors'

Ask for volunteers from the group to make up a total of about 10 actors to help you with a short sketch.

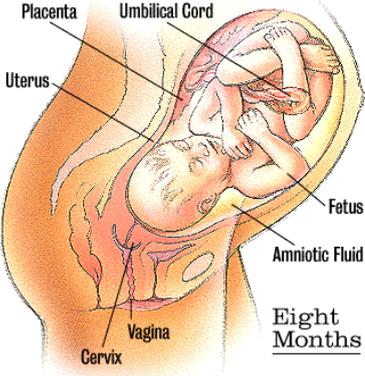
Step 4. Act the drama

Use the suggestions on the left-hand side of the table below, or tell the story in your own words. As you do so, ensure that the actors demonstrate what you are saying by doing what is written in the right-hand side. Stop briefly between each stage, so that the different stages are clear.

Table: Notes for facilitating the drama

Scene 1: Pregnancy	
Suggestions for what the facilitator says:	What the 'actors' and facilitator should do
<ul style="list-style-type: none"> Imagine that this space represents the body of a woman. We are going to ask you to play the roles of different things inside her body. The woman is pregnant, and she is carrying inside her a small baby or foetus. Can I have a volunteer to be the baby? 	<p>Get the person playing the “baby” to come into the middle of the room and sit or crouch down in the fetal position.</p>  <p>The person in a red t-shirt is playing the baby</p>
<ul style="list-style-type: none"> Can I have about 8 more volunteers to protect the foetus by making a circle around it? These people represent things that protect the baby, including the uterus wall, the amniotic sack and the placenta. 	<p>Get about eight members to form a tight circle around the baby, holding hands or arms.</p>

Scene 1: Pregnancy

Suggestions for what the facilitator says:	What the 'actors' and facilitator should do
<ul style="list-style-type: none"> • This picture shows what these volunteer actors are representing. • You can see the baby developing inside the woman's uterus, in a protective bag called the amniotic sack. • The placenta filters out infections and allows only good nutrients and food for the development of the baby to pass down the • umbilical cord. • In most cases, it stops HIV from the mother from entering the baby. 	<p>Show Picture 2 to all members:</p>  <p>Picture 2 showing 8 months old unborn baby in her mothers womb</p>
<ul style="list-style-type: none"> • Let us imagine that this woman is living with HIV, but she is still very healthy and fit, and you could not tell. • She has some HIV arrows in her body, but not many as her body defense is strong and keeps the viral load low. • The baby has its own blood and heart, separate from the mother, and in about 9 out of 10 cases, the HIV in the mother does not pass to her baby during pregnancy. • It is difficult for HIV to penetrate the uterus and touch the baby. • However, this can happen sometimes, particularly if the woman has lots of HIV arrows in her body. 	<p>Get someone (a co-facilitator or group member) to represent "HIV" by holding a red arrow.</p> <p>Get "HIV" to try to get through the uterus wall to touch the baby.</p> <p>Get those playing the "uterus" to prevent "HIV" from getting through and touching the baby.</p>

Scene 2: HIV infection or re-infection during pregnancy	
Suggestions for what the facilitator says:	What the 'actors' and facilitator should do
<ul style="list-style-type: none"> • If the pregnant woman has unprotected sex and gets infected or re-infected with more HIV or another strain of HIV, then more HIV arrows will develop in her body. • This greatly increases the risk that HIV will get through the uterus wall and infect the baby. • As you can see, it is very important that a pregnant woman avoids getting infected or re-infected with HIV. How can she do this? <p><i>The answer should be to stop having sex or use a condom correctly during sex.</i></p>	<p>Get three more members to be “HIV” arrows so that there are now four of them trying to get through the uterus wall and touch the baby. They may now succeed.</p>
<ul style="list-style-type: none"> • Let us imagine that this woman has taken action to protect herself and her unborn child. • She went early to the local ANC and found out that she is living with HIV. • During her pregnancy, she has either stopped having sex or insisted on using a condom every time. • She also eats well and gets lots of rest to keep her body defence strong. 	<p>Get the three extra “HIV” arrows to return to being part of the audience, leaving just the one original “HIV.”</p>

Scene 2: HIV infection or re-infection during pregnancy	
Suggestions for what the facilitator says:	What the 'actors' and facilitator should do
<ul style="list-style-type: none"> • She has, therefore, avoided re-infection and has kept the amount of virus in her body low, minimizing the risk of transmission to her unborn baby. 	

Scene 3: Birth without treatment	
Suggestions for what the facilitator says:	What the 'actors' should do
<ul style="list-style-type: none"> • During birth, the baby has to leave the protective safety of the uterus and pass through the tight channel of the vagina, represented by the gap between these wooden sticks (or chairs, paper sheets, etc.) • Lay down the two wooden sticks (If you do not have these, use other sticks, string or tape, or mark it on the ground). • Get the "uterus" to contract and push the "baby" out through this channel. • The muscles around the uterus contract and push the baby out. • With the bleeding that normally occurs, if HIV is not controlled, there are significant risks of HIV from the mother finding a way to enter the baby. 	<p>"HIV" waits by the sticks representing the vagina and touches the baby as it passes through to be born.</p>

Scene 4: Birth with treatment

Suggestions for what the facilitator says:	What the 'actors' should do
<ul style="list-style-type: none"> • Now, let us go back to the woman being pregnant. • However, this time the woman knows from having a test that she is living with HIV, and she has learned about a good way of reducing the risk of HIV transmission during birth. 	<p>Get the “baby” to return to being inside the “uterus.”</p>
<ul style="list-style-type: none"> • When her labor starts, she takes a tablet given to her by the clinic, which is a type of Anti-retroviral drug - ARV (often one called Nevirapine). • This drug attacks and holds HIV, preventing it from attacking and infecting the baby during the birth process. • However, if the foetus was infected with HIV during the pregnancy, Nevirapine will not help at this stage. 	<p>Get another group member to be “Nevirapine”. “Nevirapine” holds “HIV” or stands in its way, so that “HIV” cannot touch the baby during birth, as it comes out though the vagina (represented by the sticks).</p>
<ul style="list-style-type: none"> • The tablet that she took starts to wear off after a day or two, so Nevirapine lets go of HIV. • The woman is still living with HIV, but her baby has been born with minimal risk of HIV infection. 	<p>The baby should now be outside the area representing the body of the woman.</p> <p>Get “Nevirapine” to let go of “HIV” and leave the body.</p>

Scene 4: Birth with treatment	
Suggestions for what the facilitator says:	What the 'actors' should do
<ul style="list-style-type: none"> In case a little HIV has still managed to get into the baby during birth, the baby gets some Nevirapine syrup within 3 days of birth to prevent the HIV from taking hold and developing. 	<p>Get another person to be “Nevirapine syrup” and come and brush down the newborn “baby.”</p>

Step 6: Review questions

- When the drama is over , thank all the actors and get everyone to give them applause.
- Are there any questions about the drama and what it means in real life?
- Based on the drama, when do you think it is safe for a woman who is HIV + to get pregnant? (the timing of becoming pregnant is very important as the mother has to be in good health with a high CD4 count. This will be discussed in greater detail later in our meeting (or next meeting).



Step 7: Summarize by saying the following:

- *This drama only tries to explain how transmission occurs and how single dose nevirapine, which is still widely offered in health facilities, works.*
- *In Malawi, there are other types of ART courses that are beginning to be offered to women who are pregnant and living with HIV. This includes AZT and full antiretroviral treatment for women who are eligible.*
- *However, while the treatment protocol may be different, ARVs works in a similar way to suppress the production of HIV within the body.*
- *It is also different if the mother is already on treatment. As you may remember, in Agness and Stephen’s story, Agness was already on ARV treatment so she did not take nevirapine.*
- *In her case, being on treatment and in good health, reduced her risk of passing HIV onto her child (and her husband) because there were likely less HIV arrows in her body.*

- ***Every couple should seek a doctor's advice regarding the decision to have a child – the possible risks, and ways to minimize them to the mother, unborn child and the unaffected partner.***

Let us now look into how HIV can be passed on to the baby after she/he is born.



Feeding Your Baby Safely

🕒 Time required: 20 - 30 minutes

What do we want to achieve?

Through this activity, members will discuss the risks, benefits and issues around different infant feeding options and discover the dangers of mixed feeding through a physical demonstration.

Step 1. Introduce this activity.

Explain that, *We have addressed issues of transmission during pregnancy and birth in the last activity. This activity will focus on the third mode of possible transmission, i.e. how to feed your infant baby in a way that will best ensure its health and minimize the risk of HIV transmission through breastfeeding.*

It is important to start discussing options for feeding your baby while still pregnant, before the baby arrives. It is also important to involve your husband or partner in such discussions, if possible, and to get proper professional advice.

Note: What happens, in short?

The different infant feeding options for a woman with HIV are discussed, and a physical demonstration is done with different liquids to emphasize how important it is to avoid mixed feeding.

Materials you need

- Picture 3: Let us go for a HIV test and get proper advice
- Picture 4: If I am living with HIV, how can it pass to my baby?
- Picture 5: How you feed your baby is important to prevent mother to child transmission
- A cup or mug
- A clean, transparent clear plastic or glass bottle, or a glass
- A small amount of fresh milk – about 10 ml – 2 tablespoons
- Lemon juice (either a lemon drink, a bottle of lemon juice or the juice from one large lemon squeezed into the cup or mug). You need about twice as much lemon juice as milk for this to work really well, i.e. about 20ml – 4 tablespoons.

How to prepare

- Read the Infant-Feeding Recommendations
- Put 2 tablespoons of fresh milk in a clean, transparent clear plastic or glass bottle, or a glass.
- Put 4 tablespoons of lemon juice in a cup or mug.

Step 2. Discuss the best plan for feeding a baby if the woman is HIV-negative: the benefits of breastfeeding

- Show members Picture 3 found at the end of this chapter.
- Say that you are going to call this couple, David and Grace (or other names if you or the members prefer).
- Ask the members what they can see in the picture, and confirm that Grace is pregnant.
- Ask: If, when Grace and David go for HIV testing and counseling and Grace learns that she is HIV- negative, how do you think they should plan on feeding their baby?
- Listen to the responses, then explain and emphasize the benefits of breastfeeding:



Breast milk is the perfect food for babies. It effectively provides all the nutrients, vitamins and minerals that an infant needs to grow and develop, and it also helps to build the baby's immune system. If Grace knows for sure that she is HIV-negative and remains HIV-negative, breastfeeding for up to 2 years is the best option for the health of her child, including exclusive breastfeeding for the first 6 months.

Step 3. Discuss what the options are for feeding a baby if the woman is HIV-positive.

1. Ask: If, when David and Grace go for HIV testing and counseling, Grace finds that she is living with HIV, how do you think they should plan on feeding their baby?
2. Listen to the responses, which will tell you how much the members know about the subject.
3. Then explain:
If Grace is living with HIV, there will be some HIV in her breast milk, and breastfeeding will result in a small risk of infecting the baby. This risk increases the longer she carries on breastfeeding. However, breastfeeding

also has many benefits and to start with it may still be the best option for the health of her baby. Grace will need to meet the nurse or counselor at the clinic who will counsel her on the feeding options.

4. Show members Picture 4 found at the back of this chapter as you explain the following feeding options:

The feeding options for a woman who is living with HIV are:

1. Replacement feeding from birth - Avoid breastfeeding altogether and stick to just formula milk feed and other replacement foods.



Point to the 3 pictures showing a woman using a bottle, cup or spoon to feed her growing baby.

2. Exclusive breastfeeding - The mother gives her infant only breast milk and the child receives no other food or drink, not even water. The only exception is drops or syrups consisting of vitamins, mineral supplements, or medicines.

Point to the 3 pictures showing a woman breastfeeding her growing baby.

The mother continues exclusively breastfeeding for up to 6 months, and then stops breastfeeding, weans the child and goes straight to replacement feeding.

With the guidance of the nurse or counselor, Grace will have to choose the option most suitable to her situation.

It is important for David to go with Grace to the counseling session so that he understands and agrees with the choice and can then support Grace in

ensuring that they put into practice what is best for the healthy development of their baby.

Step 4. Demonstrate the dangers of mixed feeding

1. Explain:

Whichever option Grace and David choose, it is vital that they stick to their choice - either exclusive breastfeeding, or exclusive replacement feeding. If the baby gets a mixture of breast milk and other food and drink, this creates a much higher risk of HIV infection. I will now demonstrate this.

2. Show members the glass or bottle with some fresh milk in it.

3. Say that this is breast milk.

4. Tip the glass or bottle slightly to one side and then back to the upright position again, so that the milk runs down one side.



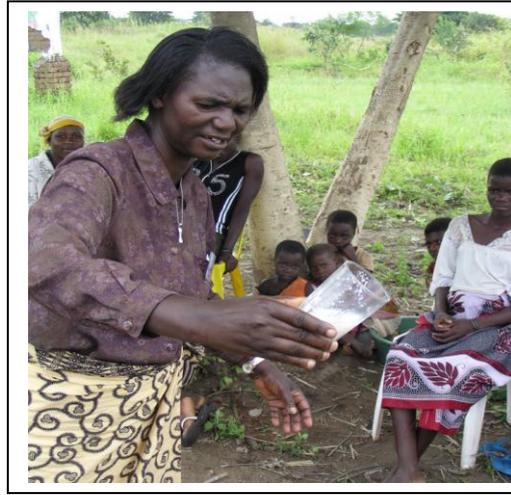
5. Say:

See how the milk is smooth and covers the inside of the glass/bottle with an even layer. That is what happens in the stomach of the baby. The milk creates a smooth fatty layer on the inside of the baby's stomach, which helps prevent any HIV entering the baby's bloodstream.

6. Say:

Now let us see what happens when we add and mix in the liquid from this cup, which represents baby formula milk or other replacement food or drink.

7. Pour the lemon juice from the cup into the glass/bottle with the milk. The amount of lemon juice should be slightly more than the amount of milk. Within a few seconds, it should curdle and go lumpy.



8. Again, tip the glass/bottle to one side and back again. This time it should leave a lumpy pattern on the side of the glass.

9. Take the glass around so that your members can see. Tell them, *Look, this is what happens when you feed a baby a mixture of breast milk and baby formula milk or other food and drink. This combination strips away the fatty protective layer on the stomach and leaves holes through which the HIV from the breast milk can now quite easily enter into the bloodstream of the baby. Whether breastfeeding or replacement feeding, it is vital for a mother who is living with HIV to stick to one option or the other.*

Step 5. Open the discussion with group members regarding the challenges of safe feeding. Ask:

- Are there any questions regarding the demonstration?
- What do you think are some of the challenges around safe feeding for a mother who is HIV+?
- For example, what would be some of the challenges if a mother who was HIV + chose to exclusively breast feed and then stop at six months?
- Why do you think women sometimes mix feed even if they know it is not the best option?
- What are ways to deal with those challenges?

☑ **Note:** Because early mixed feeding is very common among women and yet so dangerous, it is worth while to spend some time in small groups brainstorming around this issues and strategies to address it.

Step 6: If members discussed in smaller groups, bring them back to share key challenges and strategies.

Step 7: Summarize and again recommend infant feeding counseling as well as these key take home ideas.



Key take home ideas:

- Emphasize that choices about infant feeding are quite complex for someone living with HIV, and that what is best for each person or family depends on their individual circumstances.
- All pregnant women are advised to get tested to find out their HIV status. If HIV-positive, they should seek professional advice and counseling while pregnant about options for feeding their baby.
- It is strongly recommended that the husband/father also gets involved and attends the infant feeding counseling, as his support in implementing whatever decision is made is vital.



Support For Mothers and Fathers

🕒 Time: 25 minutes

What do we want to achieve?

Members will explore supports that could be available to them at different stages of decision-making regarding the decision to become pregnant, safe pregnancy, delivery, and infant feeding.

Step 1: Start by saying the following:

- It is important to remember that only you, your partner, and doctor know what the health risks would be to the mother and unborn child in your family situation.
- It is recommended that women and their partners receive special counseling when planning to have a pregnancy, whether their partner is HIV-positive (seroconcordant) or HIV-negative (serodiscordant) to look at the possible risks and strategies. Couples also need to consider when the best time is to get pregnant to reduce risks to both the mother and child.
- Nevertheless, it is important to think about what supports are available to you as an individual and as a couple when you are thinking about having a family.
- Let's break into small groups of women and men only (or couples groups if that is an option)

Step 2: Break group into small same sex groups of 5-6 (if possible) to identify supporters during each stage. First imagine that you or your partner have decided to become pregnant. Now, you are at the point of delivery. Now you have your new baby....

Women:

- When do you think is the best time to become pregnant?
- If you were pregnant, how could you take care of yourself to ensure that you stayed healthy? Who would support you to ensure that your health was protected? How? (husband, sister, aunt, mother, health facility,)
- Who would you rely on to ensure your safe delivery at a health facility? How?
- Who would help you to ensure your baby was fed safely? How?
- What do you think your community could do to help?

Men:

- When do you think is the best time to become pregnant?
- How could you support your partner to stay healthy while she was pregnant? Who else would help you?
- How could you ensure that your partner was able to deliver with a skilled attendant? Who else would help you?
- How could you support your partner to ensure that your baby was fed safely? Who else would support you as a couple?
- What do you think your community could do to help?

 Note: Do-able actions for Women, Men, Friends, Family and Support Groups**Women :**

- I could talk to my partner about our desired family and address fears, concerns and needs regarding my health as well as the health of a future baby.
- I could eat a variety of locally available foods to keep my strength up.
- I could rest often.
- I could ask for help to do the household chores or when I'm tired.
- I could go early for ANC with my partner to get good counseling and information to prevent passing HIV to my baby.
- I could identify my supporters to ensure my safe delivery at the health facility, and to develop a safe feeding plan for my baby once s/he is born.
- I could have an emergency transport plan in case of complications.
- I could take "treatment" prescribed to prevent passing HIV to my baby, and ensure my baby takes it as well within three days of birth.
- I could ask my other supporters to come with me to clinic as well to learn about the dangers of mixed feeding and support me to feed my baby safely. I could join a support group of other women who are HIV+ and pregnant or in safe infant feeding groups.
- I could only have sex using a condom while pregnant and while feeding to protect my health and reduce risks of passing HIV to my baby.

Men:

- I could get tested to know my HIV status. (if I don't know already)
- I could discuss with my partner our desired family plans together to decide what would be in the best interest of her health and the health of our family.
- I could attend ANC with my partner so we both get counseled together on how best to protect my partner's health and the health of our unborn baby.
- I could always insist on condom use to prevent infection and re-infection.
- I could help my partner do household chores, and ensure that she is eating well.
- I could have an emergency transport plan to get my partner safely to hospital in case of complications and is delivered by a skilled attendant.
- I could remind my partner to take her "treatment" and ensure that our baby also takes "treatment" within three days of birth.
- I could support my partner to identify other family members, or friends to help us throughout her pregnancy, during her delivery, and support safe feeding of our baby.

Family members, friends, support group members:

- We could support the couple to make family planning decisions that support both their health and future happiness.
- We could offer to help with household work and insist that the pregnant woman gets sufficient rest and healthy foods.
- We could offer to go with the couple or with the mother to the health facility to get information about PMTCT with her, and be her support person throughout pregnancy and at delivery.
- We could respect the mother's decision about her safe feeding choice and support her to not allow any mixed feeding with other things like water, traditional medicine, etc.
- We could listen and support her by being a good nonjudgmental listener.

Step 3: Summarize the following key take home ideas.



Key take home ideas:

- HIV can be passed from parent to child during pregnancy, delivery, and while breastfeeding.
- You can have a child who is HIV free, if you go early to health facility when pregnant, deliver at the health facility, and have a safe feeding plan for your baby after it is born.
- The dangers of passing HIV to the child are much higher, if the mother gets infected or re-infected during pregnancy, and while feeding the baby. It is very important that even HIV positive couples use condoms while pregnant, and while breastfeeding to prevent the mother and unborn child getting more HIV in the body (passing HIV to the baby).
- Mixed feeding is very dangerous. Couples who are pregnant need to have other supporters to help them feed their baby safely after the baby is born.
- Pregnancy and childbirth will always be stressful to a mother's health, and especially if the mother is HIV positive.
 - Pregnancy itself does not affect the progression of HIV disease, however, women living with HIV have a greater risk of adverse pregnancy outcomes, such as preterm delivery.
 - Pregnancy may carry additional risks for an HIV-positive woman, both for her own health and the infant's health. Women living with HIV/AIDS should be aware of these risks when considering whether to have children and planning a family.
- If you are HIV positive, you and your partner need to consider carefully, how best to protect the mother's health if you decide to have a child.



Summary

🕒 Time: 10 minutes

Step 1: Summarize the meeting's key take home ideas.

Step 2: Reflect on personal change. Ask the following questions or use the change chart.

- Did I learn new information about men and women today? What?
- Did I learn any skills and new ideas? What?
- What action can I take in my own life based on what I have learned?

Step 3: Ask for a volunteer to prepare a very brief summary of this meeting to present at the beginning of the next meeting.



Healthy Communication in Relationships

In this theme, we will explore decision-making within the relationship of Charles and Eliza and the importance of safe family planning.

Charles and Eliza have been married for six years and do not have any children. They were trying until they discovered that they are both HIV-positive. They have now decided not to try to have children in order to protect each other's health.

Activities included will also help members to explore cultural expectations around childbearing, practice communication skills, and learn more about choosing suitable family planning methods.



Our Thematic Objectives:

The activities in this theme will allow members to:

- Reflect on and discuss cultural beliefs about the importance of childbearing as couples living with HIV.
- Practice effective communication skills for couples.
- Discuss the impact of HIV infection on family planning decision-making.
- Explore different contraceptive methods available and issues affecting contraceptive choice.
- Understand the importance of support from partners and family in making decisions around reproductive health.

Activities	Time Required 🕒	Materials Needed
1. Introduction	10 minutes	No materials needed.
2. Exploring Cultural Expectations Around Child-bearing	50 minutes	No materials needed.
3. Living with HIV as a Couple: Charles and Eliza Kalonga's Story	45 minutes	Charles and Eliza Kalonga's story
4. Who Am I Sleeping With?	45 minutes	Small pieces of paper
5. Healthy Communication in Relationships	40 minutes	See below
Activity 1: Tug of War and Peace	10 minutes	Length of strong rope
Activity 2: Making "I" Statements	30 minutes	No materials needed.
6. Our Family Planning Options	50 minutes	Pictures of contraceptives found in back of theme chapter
Activity 1: Group Brainstorm	10 minutes	No materials needed
Activity 2: Knowing Your Contraceptive Options	20 minutes	Picture of contraceptive chart at back of theme chapter
Activity 3: How do you know the best contraceptive for you?	30 minutes	No materials needed.
7. Summary	10 minutes	No materials needed



Introduction

🕒 Time: 10 minutes

Step 1: Review the key ideas from the last meeting (s). Ask the volunteer,

What were the most important issues discussed in the last meeting (s)?

Step 2: Reflect on personal change. Ask a couple of volunteers to talk about what they learned from last meeting and what changes they have started to enact.

You can use the “ball game,” in which you as the facilitator throw a ball randomly to any participant and then ask him or her to share what they learned or have decided to do as a result of the last session - if they feel comfortable doing this.

Key questions:

- What new information did you learn in the last meeting?
- Have any of your attitudes changed? How?
- Have you learned any new skills? What?
- Do you intend to take any action based on what you learned? What?
- Did you take any action?

Step 3: Introduce the theme/meeting topic.

In this meeting (the next few meetings), we will explore decision-making for couples living with and affected by HIV.



Exploring Cultural Expectations Around Childbearing

🕒 Time: 30 minutes

What do we want to achieve?

This activity explores how people living with HIV balance cultural values/expectations around childbearing with their own health or the health of their partner.

Step 1: Introduce the activity. Tell the members that we want to first look at our culture and how that affects us as people living with HIV.

Step 2: Break up men and women into same sex groups of six to eight people. Explain that we will look at two statements in our groups and discuss them. Read the first statement to everyone in the group.

Statements

Having children is the most important thing for a couples' happiness.

Being pregnant as someone HIV positive can compromise the health of the mother.

- Do you agree or disagree with this first statement?
- Why?
- What do people say about women who do not have children?
- What do people say about men who do not have children?
- In what circumstances, would it be accepted not to have children? (*lack of fertility, sickness, income,*)
- How many children do you think are necessary for “happiness”?
- Now that you are HIV+, what are your concerns/fears about your reproductive health?
- Do you feel pressured to have children or more children? Desire children more children?
- Who influences you in making such decisions around your health and the health of your family? (*husband, mother, father, aunts, etc.*)
- How do you think you can safely protect own health and have a family, if you choose?

- What are common perceptions around family planning? Is it accepted? feared? Why?

Step 3: Come back to big group, and share different perspectives of male and female groups.



Take home ideas:

- There are cultural expectations around “producing families” that can make it difficult for us to make healthy decisions around our own health and the health of our partner.
- We need to explore how best to negotiate our safety as someone who is HIV positive and the safety of our families with the people who influence our decision-making.
- Using family planning methods can help us to both space our children or limit our family so that we don’t compromise our health.



3 Living with HIV as a Couple: Charles and Eliza Kalonga's Story

⌚ Time: 40 minutes

What do we want to achieve?

In this activity, members will be able to reflect on and discuss the impact of HIV on a couples' decision-making around family planning issues.

Step 1: Read the story of Charles and Eliza Kalonga in the flipchart and discuss the questions provided below.

- Let them know that they are going to hear about a couple who is dealing with HIV in their relationship.
- Ask the members to pay careful attention to how the couple deals with HIV and family planning choices.
- You should always stress that the people in the story are real people.

Discussion questions about Charles and Eliza Kalonga's story:

- What did you think about Charles and Eliza's story?
- Was there anything that surprised you?
- How does this couple talk to and treat each other?
- How does this couple make decisions?
- What family planning method did they choose as a couple? Do you think their strategy around condom use is do-able?
- Why do you think they were mocked for not having children?
- What do you think about their decision to "adopt" a child as opposed to have their own child?
- What do you think Charles and Eliza would want other men and women to understand from their experience?

Step 2: Once they have analyzed the story, direct the discussion to experiences in their own community.

- Are there couples in this community who treat each other like Charles and Eliza do? Tell us about them.
- What is the advantage of a couple deciding together on the number of children that they will have and/or the decision not to have children?
- What is something you have learned from their relationship that you would like to be a part of your life? As women? As men? As couples?

Step 3: Close the activity by summarizing the discussion and this key take home idea.



Key take home idea:

- It is very important that men and women take care of each other and make decisions together about their reproductive health issues that concern both of them, such as family planning.



Who Am I Sleeping With?

🕒 Time: 45 minutes

What do we want to achieve?

Members will explore the risks around having multiple concurrent partners through a guided dramatization of how sexual networks work.

Step 1: Ask for 10 volunteers from the group (5 women and 5 men, if possible). Explain that these volunteers will all participate in a simple demonstration about relationships.

Note:

The following dialogue is a guide. You can change the names to make them more familiar. You can even have members of the group help you construct the relationships that may exist, giving everyone names, the number of partners, and the reasons why they are in multiple concurrent relationships. It is important that as you add more relationships, that the additional volunteers stand near the original person.

If you like, you can have volunteers hold on to part of a ball of string as you go along to show how they are connected to each other. The string can go back and forth as you talk about the new relationships between the individuals (i.e. Alinafe holds string first to Maria, than it goes back to Alinafe to Joyce than, back to Alinafe, than back to Sara....)

Step 2: Explain the following: We are going to do a demonstration of how “sexual networks” are created.

Step 3: Using the scenario as a guide, have the volunteers stand up together to demonstrate the relationships between them.

- Maria and Alinafe are married (male and female member stand in the center).
- Alinafe loves his wife very much, but has been seeing Mary for at least two years,. (Mary stands near Alinafe)
- Very infrequently, he sees Sara, who works at a bottle store in the town where he travels to on business. (Sara stands nearby as well)

- Mary, while she loves Alinafe very much, does not feel very secure or satisfied in the relationship. She has John in her life as well, who she sees every once in a while. He helps her out with some of her money problems, and is always a lot of fun to be with. (John stands nearer to Mary)
- Sara, has a boyfriend, Mavuto, who helps take care of her. But, he is unreliable and so she sometimes sleeps with other men to make her feel wanted, or for the odd gifts, and a bit of cash.
- Mateyu is one of her regular “casual friends” who always seeks out her company when he travels to her boma (where she works). (Mavuto and Mateyu stand near to Sara)
- Mavuto also has a wife named Elube who he lives with. (Elube stands near Mavuto)
- Mateyu has a wife named Naphiri and a long term relationship with Monika. (Naphiri and Monika stand up near Mateyu) And it could go on....

Step 4: In a hat or box, have folded pieces of paper with the positive or negative sign. (The papers are all mixed up. For 10 volunteers, there should be 2 with + signs and 8 which are – signs. (Out of 10 volunteers, 2 will be positive, 8 papers will be negative.) Ask each of the volunteers to take one, but instruct them not to open them until indicated.

Step 5: After all the volunteers have picked, ask them to open their pieces of paper.

Step 6: Ask the volunteers to raise their hands:

- Which ones have a positive sign?
- Which ones have a negative sign?

Step 7: Discuss the implications with the group. Ask,

How does one person in this network’s HIV status, affect everyone else’s?

- Show the group that if only one person is HIV+ in the network, everyone who is sleeping with someone in the “network” becomes at risk.
- The more frequent the sex is, the higher risk it becomes.

Step 8: Divide members into groups of six to discuss the following questions:

- What do you think would reduce the risk of HIV spreading between everyone in the network? Sticking to one partner, reducing the number of partners, using condoms every time we have sex.
- How does the reality of unknown sexual networks affect us as people living with HIV already?

Step 9: Groups report in large group their findings. Explain that although members are HIV positive, they also face risks in their relationships.

- They have a risk of re-infection of a new strand of HIV.
- They are also at risk for other STIs.
- Some of us are in discordant relationships with someone who is not HIV positive.

☑ Note:

In Malawi, the HIV epidemic is largely being driven by multiple concurrent sexual partnerships. This means that many Malawian men and women are having sex with more than one partner **at the same time (within the same 3-4 month period)**. Very often, these relationships are not casual but **long-term relationships** with perhaps, two or more people (i.e. One wife and one long-term girlfriend). The risks of passing HIV from one person to another is great through **sexual networks**.

- Sexual networks mean that although one person is sleeping with one or two different people during the same time period, these other people may be having sex with one or two others as well. Their sexual partners may also be having sex with others, and so on.
- If one person in the network is infected with HIV, everyone in the network is at risk of being infected.
- The risks are higher for passing HIV to others in the network if one person in the network has a new infection.
- The risks are also greater, because men and women in long term relationships of “trust” are more resistant to using condoms regularly because condoms are “thought” to be used for casual partners only.
- We can only prevent passing HIV to someone else in the sexual network (and re-infecting ourselves), by sticking to one partner, reducing the number of sexual partners we have (to minimise the sexual network), and/or using condoms with everyone we have sex with consistently and correctly.

Step 10: Summarise key take home ideas.



Key take home ideas:

- Many of us do not know the extent of sexual networks we may be involved in, particularly if we have more than one sexual partner.
- If we stick to one partner, or reduce the number of partners we have sex with, we reduce the risks of HIV being passed on to others and the risks of re-infection to ourselves and our loved ones.
- As people living with HIV, we should always use male or female condoms to prevent infection to ourselves, and to prevent passing HIV to others (even if you know you are both HIV positive).



Healthy Communication in Relationships

🕒 Time: 45 minutes

What do we want to achieve?

In this activity, we want members to focus on healthy communication in their relationships. Members will look at the value of cooperation between couples and within supportive groups through a warm-up activity. They will then practice making non-judgmental statements using a structure which can open rather than close discussion.

Activity 1: Tugs of War and Peace

Step 1: Divide the group into two teams. Ask the two teams to stand up and hold opposite ends of a long strong rope. Mark a line across the middle of the space, over which each team must try to pull the other.

Step 2: When you have said ‘1, 2, 3, Go!’”, the teams should start pulling against each other. Let them go until one team has ended up falling over the dividing line.

Step 3: Next, ask everyone to sit in a circle. Now tie the same strong rope in a large circle and hand it to the members, so that they are sitting round the edge of it.

Step 4: Ask all the members to pull together on the rope so that everyone can stand up.

Step 5: Summarize. What does this illustrates to you?



Key take home idea:

- We all need to cooperate with each other, in order to get what we need for ourselves. This is true as couples, as families, among friends, and our wider community.

Activity 2: Making 'I' Statements

Step 1: Introduce the activity. You could say

“Think about the two couples we have already learned from (Agness and Steven, and Charles and Eliza). Both couples had to make a very difficult decision regarding their future families. Both of them, however, knew how to communicate with each other regarding their hopes and dreams.”

Explain to the group that,

Sometimes in relationships with others, we may find it difficult to express our wishes or needs when we have a problem, without the other person feeling offended or withdrawing.

We want to practice making and using “I” statements to express our needs in a way that will not make others angry, distant or upset.

Step 2: Introduce the idea of “I” statements to the members including clear and clean “I” statements that have worked. First listen to these two statements:

Statement 1:

“You are always so drunk when you crash into the house at night. And you never give me any money to buy any food. I don’t know why I ever married you. You must stop going to that bar from now on!”

Statement 2:

“ When you come home at night after the bar, I feel disappointed, because I would like to see more of you and I would like some money for food for the children. I would like us to discuss how we can arrange things better together.”

- Which statement do you prefer? Why?
- Which do you think is more effective? Why?

e.g. The first statement is very judgmental and makes the listener feel defensive. "I" statements are less judgmental and attacking. They focus on the needs of the person rather than focusing on the mistakes of the other.

"I" statements have a specific structure.

The action: *When* (make it as specific and non-judgmental as possible, e.g. "when you come home at night....")

My response: I feel.... Say "I feel: rather than "I think" and keep it to your own feelings. e.g. "I feel sad, angry, upset, overwhelmed, hurt, disappointed, etc." for instance and not "I feel that you are being mean..."

Reason: *"because.... (why?):* If you think an explanation helps, you can add one here. But make sure it is still not blaming the other person. e.g. "Because I like to spend time with you".

Suggestions: *What I'd like is....* (your request....) It is OK to say what you want, but not to demand it from the other person. e.g. "What I'd like is for us to discuss it together" or "What I'd like is to make arrangements that we can both keep" and not "You must stop being so lazy!"

Step 3: Brainstorm on "I statements"

- First spend a few minutes thinking about "I" statements related to what you need to do to protect your own health, your desire for a loving relationship, family, and being accepted in your community, etc.
- Then ask the group to brainstorm some examples of such a situation together.
- As a big group, make one "I" statement. Ask the group to comment.

☑Note: Example of “I” Statements regarding family planning:

When you put pressure on me to have a child

I feel overwhelmed, tired, afraid,

Because I want to protect my health but I also want to have a happy family with you by my side.

What I’d like is more time to think about what is best for my health and yours. (or more support from you and your family to choose what is best for both of our health, or for us to go to the health facility together to be counseled on the risks and

Step 4: Break up in pairs. Ask them to prepare one “I” statement each, relating to a current or recurring difficulty which they are facing in their lives. With members working in pairs, Partners can help each other to make their statements clear and clean.

Step 5: Ask for a few examples from the members, giving people and opportunity to comment on them and to offer suggestions as to how they might be improved.

- In what ways could the “I” statement formula be useful to members of the group?
- What do they think about it?
- Commit to making one “I” statement to somebody before the next session.



Take home ideas

- Communicating well with others takes practice.
- By learning to focus on what “I” feel and why, and identifying clearly what you want, you can improve your communication with others.



Importance of Family Planning for People Living with HIV

🕒 Time: 40 minutes

What do we want to achieve?

These two activities are intended to help members explore and discuss the importance of family planning in general and for people living with HIV so that they are able to make informed choices and live healthy lives.

Activity 1: Group Brainstorm

Step 1: Introduce the discussion. Tell the group,
We will now spend some time exploring family planning for people living with HIV. So far all the couples we have looked at are using some kind of family planning method to prevent them from getting pregnant (and re-infected).” It is important for us to explore our own feelings about family planning in more detail.

Step 2: Brainstorm the importance of family planning.

- Why do you think family planning is important for men and women? (for PLHIV?)
- What do you think are the consequences of having a child as someone who is living with HIV?



Key take home ideas:

- Every couple needs to have control over if and when they have a child together to ensure that the mother and child’s health are protected, and to ensure a healthy future for the family.
- Because of the special risks to mother and child, couples who are HIV + a need to plan carefully if and when they will have a child so that both mother and child’s health are protected.

Activity 2: Knowing the contraceptive methods available

Step 1: Brainstorm in large group on contraceptive methods people have heard of to prevent pregnancy.

- What contraceptive methods are available for women?
- What contraceptive methods are available for men?

Step 2: Show the picture of contraceptives chart with all the methods.

(found at the back of the theme chapter)

Ask:

- What methods do you see?
- How is it used?
- What questions do you have about it?
- Do you think there are methods shown that are not safe for people living with HIV? Which? What have you heard?

	Women	Men
Short term		
Medium term		
Permanent		
Backup		

Step 3: Explain that:

- There are different methods for men and for women. Most methods are female controlled because women are the ones who get pregnant.
- The contraceptive methods work in different ways:
 - **Barrier methods:** prevent sperm from getting through to the uterus (condoms)
 - **Hormonal methods:** prevent production of eggs or implantation. (pills, norplant, depo)
 - **Methods that must be done at the facility:** norplant, depo injection, IUD, tubal ligation and vasectomy.
 - **Backup methods:** are used if for some reason, your regular contraceptive method fails (i.e. Forgot to take the pill, missed an injection, etc.) This includes emergency contraception which can be taken within three days after unprotected sex.
 - Only condoms prevent infection (STIs and HIV) so are encouraged for dual protection.
- With a few exceptions, all the family planning methods shown are safe for women and men to use.
- Even permanent methods, will not affect your ability to have a healthy sex life.

Activity 3: How do you decide the best contraceptive method for you?

Step 1. Introduce the activity. Explain that

- This exercise is about making choices about contraceptives and that we are going to look at factors that might influence our decisions: things that are good and things that are bad about contraceptives.
- Say that everyone recognizes that there is no perfect contraceptive and different contraceptives suit some people at some times in their lives better than others:

Step 2: Ask the group to divide into 3-4. Give each small group one of the following life situations and ask them what might be important to them in making their decision.

Life Situations To Consider

- An adolescent girl not in a stable relationship
- A breastfeeding woman
- A person in a stable monogamous relationship
- An older woman with several children
- A woman who sees her husband four times a year
- An older woman who has no regular partner
- A couple where both partners are HIV positive
- A couple where one of the partners is HIV positive.

Step 3: Share feedback in large group. Ask members to consider what they can do to protect themselves and their future families?

☑Note: Doable actions:

- I can talk to my partner about the importance of family planning to protect our health and the health of our future children.
- Talk to my partner to discuss our desired family size.
- Choose a family planning method of our choice together to space or limit our family size.
- We can use condoms for dual protection (against infection and as a family planning method)
- I can go with my partner to get tested together (if one of us does not know his/her HIV status)
- I can stick to my partner to reduce our risk of infection as a couple.
- I can reduce the number of sexual partners I have to protect myself and others from HIV.

Step 4: Summarize these take home ideas.



Key take home ideas:

- Family planning methods are important to all men and women regardless of their HIV status.
- There are different family planning methods available depending on whether or not a couple wants to space or limit the number of children they have, and their particular preferences and circumstances.
- Women with HIV can use almost any family planning method, with few exceptions.
- Tubal ligation and vasectomy are the only two permanent methods. All the other methods are reversible.
- All these methods are safe and in no way affect a couple's ability and motivation to have healthy sexual relationships.
- Condoms are the only contraceptive that prevent infection as well as pregnancy, and so are encouraged for dual protection, particularly for couples living with HIV.
- People living with HIV have to make informed choices about their sexual and reproductive lives. Contraception should never be imposed or given under coercion, nor should abortion be compulsory.
- Go with your partner to a health facility to find out which contraceptive method is most suitable for you as a couple.



Summary

🕒 Time: 10 minutes

Step 1: Review the key ideas shared from the meeting.

Step 2: Reflect on personal change. Ask the following questions:

- Did I learn new information today? What?
- Did I learn any new information today about decision-making regarding reproductive health and family planning? What?
- Did I learn any skills and new ideas? What?
- What action can I take in my own life based on what I have learned?

Step 3: Ask for a volunteer to prepare a very brief summary of this meeting to present at the beginning of the next meeting.



Finding My Supportive Community

This theme will explore issues of stigma and discrimination through Reverend Gilbert Momora's story.

Reverend Momora is HIV-positive and a minister of the Evangelical Baptist Church. He has overcome issues of stigma and discrimination in order to get to where he is today.

Activities included in this theme will also help members to explore their unique qualities/gifts, reflect on their rights and responsibilities, and identify what they can contribute to others.



Our Thematic Objectives:

This theme will allow members to:

- Identify and share special qualities that make them unique.
- Reflect on and discuss possible strategies for dealing with stigma and discrimination.
- Explore their rights and responsibilities and where PLHIV can go for help.
- Share positive qualities to help others as part of building our supportive community.

Activities	Time Required 🕒	Materials Needed
1. Introduction	10 minutes	No materials needed
2. We Are Special	50 minutes	Large pieces of paper or chalkboard Markers or chalk
3. Finding Our Supportive Community: Reverend Gilbert Momora's Story	45 minutes	Reverend Gilbert Momora's flipchart story
4. Our Rights and Responsibilities	40 minutes	No materials needed
5. Building Our Supportive Community	50 minutes	Ball of string
6. Summary	10 minutes	No materials needed



Introduction

🕒 Time: 10 minutes

Step 1: Review the key ideas shared from the last meeting. Ask the volunteer,

What were the most important issues discussed in the last meeting?

Step 2: Reflect on lessons learned. Ask a couple of volunteers to talk about what they have learned or changed from the last meeting.

You can use the “ball game,” in which you as the facilitator throw a ball randomly to any participant and then ask him or her to share what they have learned or changed since the last session – if they are comfortable with sharing.

Key questions:

- What new information did you learn in the last meeting?
- Have any of your attitudes changed? How?
- Have you learned any new skills? What?
- Do you intend to take any action based on what you learned? What?
- Did you take any action?

Step 3: Summarize the theme/meeting topic. Tell the members,

In this meeting, we will explore our desire to find a supportive community to live in.



We Are Special

🕒 **Time: 30 minutes**

What do we want to achieve?

This activity will help members begin to think of their special qualities that make them unique.

Step 1: Ask members to think of three things they like about themselves.

It could be something related to their...

Appearance

Mannerisms

Thinking

Relationships

Spirituality

Step 2: Gather in a big circle. Explain to everyone that we will go around in a circle, asking each person to say, “One thing I like about myself is....” . But, instead of telling the group what it is, they have to show what s/he likes about themselves without speaking. (E.g. if you like your hair, you might shake your head; if it is your body, you might wiggle your hips)

Step 3: After each person does the mime, ask the group to guess what it is the person likes about herself. Make sure the group guesses what it is. Go around until everyone has had three turns (if possible).

Step 4: Ask the group:

- How did you feel about sharing your best qualities?

Step 5: Do individual reflection. Ask members to sit on their own and think about the following questions:

- What are the things that make you proud of yourself and your achievements?
- How do other people see you? How do you want other people to see you?
- What do they expect you to do?
- How do these expectations and the way people see you affect how you feel about yourself?

Step 6: Share some of your thoughts in pairs.

Step 7: Get feedback in large group.

- How did it feel to share things you were proud of?
- Do others sometimes see you differently than you see yourself? How?
- Do others sometimes expect you to behave differently? How?
- How does this affect how we feel about ourselves?

Step 8: Summarize.

Our family and friends sometimes forget to praise us, they only criticize us. And if they stigmatize us, this lowers our sense of identify and self esteem and this affects our ability to take action to improve things.

We can change the way we feel about ourselves and develop confidence and self-esteem in the following ways:

- Encourage people to praise us by praising them. Tell others what they have done well, the things we like about them, their strengths.
- Give ourselves positive messages. Sometimes we say good things about ourselves and sometimes bad. Sometimes our conscience tells us we have done wrong. Sometimes we are too hard on ourselves.
- We all make mistakes – that’s how we learn. But we don’t need to feel bad every time we make a mistake.
- Being good at something helps us gain confidence so focus on your strengths. Then when you are feeling bad, say to yourself “Yes, but I’m very good at....”

**Key take home idea**

- We all have strengths and positive qualities that make us special.



Finding a Supportive Community: Reverend Gilbert Momora's Story

⌚ Time: 60 minutes

What do we want to achieve?

This activity is intended to encourage members to reflect on and discuss possible strategies for dealing with stigma and discrimination.

Step 1: Read the story of Reverend Gilbert Momora in the flipchart and discuss the questions provided below.

- Explain that they are going to hear about a religious leader who is HIV-positive and the challenges that he has faced and overcome.
- You should always stress that the people in the story are real people and not actors.

Discussion questions about Reverend Momora's story:

- What did you think of Reverend Momora's story?
- Was there anything that surprised you? What?
- How has HIV affected Reverend Momora's life? His occupation?
- Who supported him to deal with HIV in his life?
- Why was he afraid to disclose his status? In what ways did the support he received from others help him to find his path?
- Why do you think he thought he could not marry again after his first wife died?
- How has Reverend Momora come to terms with his HIV status in his personal life? In his work?
- What do you think Reverend Momora would want other men and women to understand from his experience?

Step 2: Now focus the discussion on what happens in their community.

- In what ways have you faced stigma and discrimination in your life?
- How have you overcome stigma and discrimination in your life? What support have you received that has helped you?
- Why do people stigmatise and discriminate others? (roots of stigma are fear and ignorance).

Step 3: Break up into small groups of 5-6 to identify personal strategies.

In small groups, think about all the personal strategies that you use to cope with stigma .

- Which strategies were most effective? Why?
- Discuss some of the ways that we cope with stigma with the help of others. How do we support each other as PLHIV?

Step 4: Share ideas in big group to identify key actions that women, men and communities can do.

- When someone is discriminated against, what can he or she do?
- What can our community do to help people in these situations?

Step 5: Close the activity by summarizing the main ideas mentioned by the members and highlighting these key take home ideas.



Key take home ideas:

- We have all faced situations where we have felt stigmatized or discriminated against.
- It is critical that we don't stigmatize ourselves. We all are unique/special.
- We all have developed effective strategies to deal with stigma that we can share with others.
- The challenges we each have faced can make us stronger, when we learn how to overcome them.



Our Rights and Responsibilities:

🕒 Time: 25 minutes

What do we want to achieve?

This activity will assist members to further explore rights and responsibilities of PLHIV and identify where they can go for help.

Step 1: Ask group to brainstorm a list of PLHIV needs/rights and responsibilities by using the following questions.

- What are our needs and rights as PLHIV?

Examples of Rights: Food, shelter, clothing, medical care, respect, love, friends, someone to listen to them, have sex, get pregnant, have a child, contribute to family decisions, to have a role in society.

- What are our responsibilities as PLHIV?

Examples of Responsibilities: To contribute to family welfare, be open to advice, help out in the house when you can, listen to others, help with finding money when you are well, talk to younger family members about protecting themselves, etc.

Most importantly: practice safe sex so that we don't infect others by sticking to one partner or reducing the number of sexual partners, decide when and if to have a family and take precautions to prevent passing HIV on to our children.

Step 2: Break them into small groups of 5-6 to discuss the following:

- Which of these needs/rights are met easily?
- Which of these are affected by poverty and economic factors?
- Which are affected by stigma?
- Which of these responsibilities are sometimes difficult to fulfill? Why?
- Who would you go to for help if your rights were not being met?

Step 3: Share feedback in big group. Ask the group to identify a list of resources for where they can go for help in their area. Remind them of the strategies they have already identified of how they can deal with stigma and discrimination in their community.



Key take home idea:

- We all have needs and rights that should be respected.
- There are supports available to us if we need them to advocate for our rights.
- We also have responsibilities as members of our families and communities and as PLHIV.
- We can contribute to others.



Building Our Supportive Community (Spider Web)

🕒 Time: 25 minutes

What do we want to achieve?

We want to remind members that part of building our supportive community is to share our positive qualities to help others.

Step 1: Introduce the activity. Tell them that

To close this meeting, we want to focus on our ability to contribute to others to build our supportive community. First, think about one quality you have as an individual that you can offer to others.

Step 2: Ask the group to sit in a circle and give one person in the group a ball of string. Ask him/her to say one quality that s/he has for helping others and then throw the ball to someone else, holding on to the end of the string.

Step 3: Repeat until everyone has caught the ball and said a helping quality.

Step 4: Ask the group the following questions.

- “What does the web represent?” (*togetherness, unity, links between us, etc.*)
- What would happen if someone did not participate?



Key take home idea:

- Each one of us is important and something to share.
- We are all in this together.
- We are building our supportive community right now and can always turn to each other for support when we need it.



Summary

🕒 Time: 10 minutes

Step 1: Review the key take home ideas from the meeting.

Step 2: Reflect on personal change. Ask the following questions.

- Did I learn new information today? What?
- Has this session affected my attitude about how to treat others? How?
- Did I learn any skills and new ideas? What?
- What action can I take in my own life based on what I have learned?



Key take home idea from group work:

- We all have learned new skills and information that benefits us.
- As you can see by the web we have created, together we can use these skills to benefit our community.



Evaluation/Feedback Form for Users of the Planting Our Tree of Hope Toolkit

We want to hear from you!

Please complete and send this form to us. Your response will help us to revise and improve the Planting Our Tree of Hope Toolkit.

Send To: Bridge Project, Johns Hopkins Bloomberg School of Public Health
Center for Communication Programs,
P.O. Box 30782, Lilongwe 3, Malawi
Fax No: 01 750 496

1. Please tick the people/groups that you have used the Positive Prevention activities with:

Young People (PLHIV)	
Groups of Men only (PLHIV)	
Groups of Women only (PLHIV)	
Mixed groups of men and women (PLHIV)	
Couples support group (PLHIV)	
Counseling clients	
Faith based groups	
Community Groups	
Other	

2. What impact do you think Positive Prevention activities are having on the attitudes and behavior of members?

.....

.....

.....

.....

3. What have members said or done to make you think this way?

.....
.....
.....
.....

4. When using, what activities worked well?

.....
.....
.....
.....

5. What activities did not work well and why?

.....
.....
.....
.....

6. What difficulties did you have in using Positive Prevention activities?

.....
.....
.....
.....

7. Did you have to make any changes or adaptations? Please tell us about these adaptations.

.....
.....
.....
.....

8. What changes/additions would you suggest to make the Users' Guide better, i.e. easier to use and understand?

.....
.....
.....
.....

9. Do you or your organization require further training or support around using the Positive Prevention activities?

Yes No

10. If yes, what type of training do you suggest, and for whom?

.....
.....
.....
.....

11. Who should benefit from this training activity?

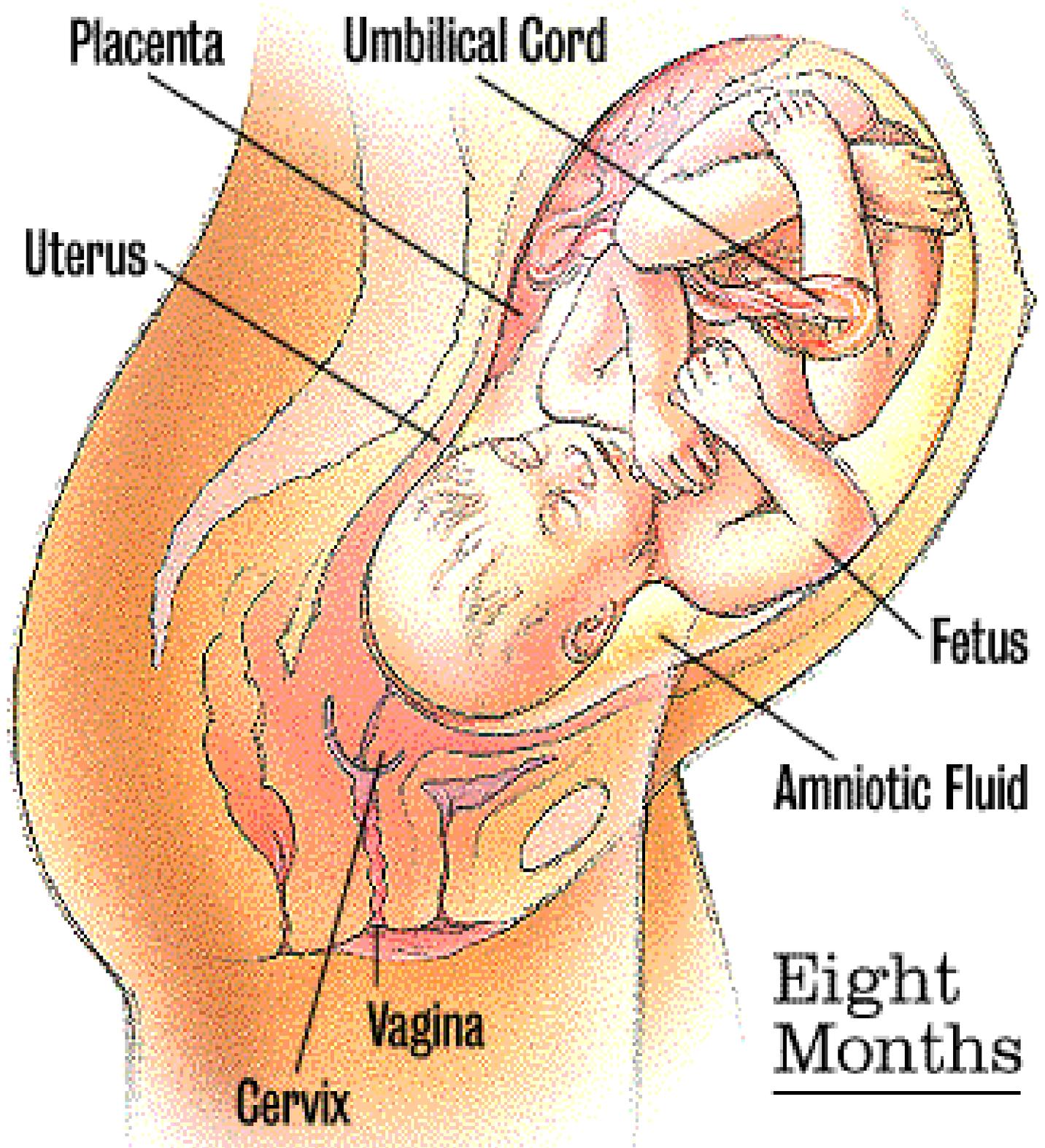
.....
.....
.....
.....

12. Any other comments?

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Your Name:.....
Organization:.....
Address:.....
Telephone:.....
Fax:.....
Email.....

Thank you!





**Tipite Kukayezetsa kuti
tithandizidwe moyenera**

"Tingathe kudzisamala ngati tikudziwa
m'mene mthupi mwathu muliri."





	Women	Men
Short term		
Medium term		
Permanent		
Backup		

Illustrations from Health Education Unit, P.O. Box 20077, Lilongwe 3