

Session 1.1 – Introduction

Aim

To introduce the participants to each other and to the course programme

Outcome of this session

By the end of this session participants will have:

- Been welcomed and introduced
- Discussed their expectations
- Reviewed the training objectives and the agenda
- Discussed norms and logistics for the training

Session overview

1 hour 30 minutes

Step	Time	Activity/ method	Content	Resources needed
1		Group activity	Introduction of participants	
2		Individual	Expectations	cards
3		Facilitator Presentation	Objectives	Overhead sheet 1.1
4		Review	Matching objectives and expectations	Flipchart
5		Facilitator Presentation	Programme overview	Overhead sheet 1.2
6		Brainstorm	Ground rules	Flipchart
7		Facilitator presentation	Practical information (logistics, reporters)	

Resources needed

- Flip chart and paper
- Markers
- Tape
- Overhead projector
- Overheads/slides

Facilitator's notes

Step 1:

Aim of this activity is that people start to feel at ease. Ask all participants to stand in a circle and ask them to throw a ball or something similar to each other. The person who catches the ball has to introduce him/herself stating:

- Name
- Where s/he lives

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- Where s/he works
- What HIV/AIDS work s/he does
- What s/he did last weekend (this is to make it more personal)

Step 2:

After everyone has been introduced, continue throwing the ball at each other and the person who throws the ball has to name the person s/he throws the ball to. (This is to get people to know each other's names)

Step 3:

Hand out a card to each participant and ask them to put **one** expectation of the course on a card. Anyone who has more than one expectation can get more cards. Stress that the name should not be put on the card as this will prevent people from being open. Assemble the cards, read them aloud and group them if possible (people may have similar expectations). Write the expectations (grouped) on the flipchart

Step 3:

Present objectives on the overhead

Step 4:

Discuss if expectations and objectives match. If there are expectations that cannot be met, make this clear.

Step 5:

Present programme overview on overhead

Step 6:

For the benefit of everyone, all people taking part in the training course need to agree on some rules of behaviour. Ask the group to suggest them and write them on a flip chart. These could include:

- Respect each other and each others views
- Each person may choose not to involve him or herself in a particular activity
- Each person should raise their hand before speaking so that we don't interrupt each other
- What takes place in the sessions is confidential. **This is very important!!!**
- Participants and trainers should never be late
- Mobile phones have to be switched off

Make sure everyone agrees to these rules and paste them on the wall throughout the training course. Discuss what to do if someone breaks the rule (such as sing a song, recite a poem).

Step 7:

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Discuss the logistics of the course. Break times, lunch information, accommodation, payment of travel cost etc.

For each day there should be two reporters selected. It is their task to do the recap on the following day emphasising the learning points from the discussions.

In all, 8 people are needed for the reporters. Ask for names and put on a flipchart.

Session 1.2 – Basic facts on HIV/AIDS

Aim

- To ensure that all participants have accurate up-to-date information about HIV/AIDS

Learning objectives

At the end of this session participants will be able to:

- Explain the facts about HIV and AIDS
- Describe the progressive stages from HIV infection to AIDS
- Discuss the relationships between STIs and HIV infection
- Discuss misconceptions about STI, HIV and AIDS

Session overview:

1 hours 10 minutes

Step	Time	Activity/method	Content	Resources needed
1	5	Plenary	Aim and objective of the session	manual
2	10	Brainstorm	What is HIV, what is AIDS	flipchart
3	15	Individual reading	Questionnaire on basic facts of HIV and AIDS	Questionnaire for each participant
4	40	Plenary	Question and answers on the questionnaire	

Resources needed:

- Flip chart and paper
- Markers
- Tape
- Questionnaire

Facilitator's notes

Step 1:

Discuss the aim and learning objectives of the session

Step 2:

Write the following word on the flipchart:

- A- acquired (obtained or contracted, not inherited);
- I-immune (the body's defence system, provides protection from most diseases);

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- D-Deficiency (a defect or weakness, unable to respond, when linked to the immune system, this refers to the inability of that system to perform its functions and combat germs);
- S-syndrome (a group of symptoms and diseases that indicate a specific condition; it is not by itself a disease).
- Ask participants to help define these terms, write answer down, acknowledge correct information, correct misinformation. When the process is complete, use the written terms to relate to the definition of AIDS

Write HIV on the flipchart – Human Immunodeficiency virus – the virus that causes AIDS after the natural defences have been broken down. Make sure that participants understand the difference between HIV and AIDS

Step 3:

Ask each participant to read the questionnaire, answer it by marking true or false and read the explanation (10 minutes). In principle, the participants should have read this already – if so let them discuss in pairs for 15 minutes on issues that are not clear for them. Stress the fact that some of the statements are **not** true such as for instance question 13 (TB is reduced).

Step 4:

In plenary, the facilitator asks for questions and discusses these.

Session 1.3 – Understanding behaviour change

Aim

To increase understanding about factors that determine behaviour change and the process of behaviour change as it takes place in individuals and groups.

Learning objectives

At the end of this session participants will be able to:

- Analyse the steps in individual behaviour change and adjust their messages and approaches accordingly.
- Analyse the factors that enable behaviour change, those that hinder behaviour change and the skills and services needed to facilitate behaviour change

Session overview

2 hour 10 minutes

Step	Time	Activity/ method	Content	Resources needed
1	5	Plenary	Aims and objectives of session	
2	55	Brainstorm	Individual behaviour change	handouts
3	40	Group work	Determinants and enabling factors	handouts
4	30	Presentation and discussion		

Resources needed

Flip chart and paper
Markers
Tape

Facilitator's notes

Step 1:

Discuss aims and objectives of the session

Step 2:

Ask participants to think of any behaviour change in their lives. They can think of an area such as smoking, religious practice, alcohol or drug use, study, food habits.

List the suggestions they make on a flip chart.

Ask a few people to describe step by step why and how they changed their behaviour. Ask about cultural, health, information, partners, peer group,

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friends, family and other factors. List reasons for change next to each selected behavioural area.

Ask the group to look at similarities and differences that came up as participants spoke of the reasons for behaviour change.

Try to group the reasons, using headings to group the reasons, such as:

- 1) Received additional information;
- 2) Influence from parents
- 3) Influence from peers
- 4) Services or commodities were available.

Step 3:

Now present to the group the process of individual behaviour change (given on a handout) and discuss what are the peer education/BCC activities that need to be undertaken to get to the next step:

The process of individual behaviour change

Stages of behaviour change	Peer education/ BCC activities
1. Unaware	Provide basic information
2. Informed on risks and protective response	Encourage to assess personal risks and possible responses
3. Aware of personal risk	Assist in finding ways to deal with the risk
4. Intention to change	Actually go for information on services (diagnosis/treatment/buy condoms)
5. Beliefs in advantages and disadvantages	Discuss (personal) advantages and disadvantages of services and skills needed to use the services
6. Belief that can personally change	Give the skills needed for behaviour change
7. Trial assessment of new behaviour	Practice the new skills/behaviour
8. Sustained behaviour change	Reinforcement on good aspects of new behaviour

Ask the group to come up with suggestions on PE and BCC activities that can be done to support this behaviour change.

Step 4:

Present and explain the model of factors influencing behaviour change (10 minutes).

Ask the participants to divide in three groups, each taking one target group (Female sex workers, IDUs, vulnerable youth). **Remember that we want these groups to continue to work the whole week together so do this carefully.** Adjust the target group to realistic target groups (for instance in the Northern Areas one target group would be the tourist guides). See how the

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groups work and if needed, change it the next day to a better division (take into account gender, age, experience etc.)

Ask the participants to fill in the model for their target group (35 minutes):

- Environmental factors
- Attitudes
- Social norms
- Self efficacy
- Demographic factors
- Skills
- Barriers for behaviour change

Step 5:

Ask groups to present their results. Discuss.

Stress that behaviour may be an individual attribute, but it is determined by the environment.

Session 1.4 – Wildfire simulation

Aim

In order to be able to work effectively within the epidemic, it is important for participants to experience what it feels like to be exposed to HIV infection personally.

Learning objectives

The simulation enables the understanding of:

- The speed of transmission of HIV, the notion of a sexual network and ways to stop HIV sexual transmission
- What it may imply to be exposed to or infected with HIV: stigma and discrimination, emotional turmoil, need for support
- Various social factors that influence help seeking behaviour for men and for women, and the need to counsel those seeking to undertake an HIV/AIDS test, as well as the necessity to create a supportive environment
- Why the epidemic affects everyone, not just others

Session overview

1 hour 50 minutes

Step	Time	Activity/method	Content	Resources needed
1	90	Large group activity	Wildfire simulation exercise	envelopes

Resources needed

- Space for 15 - 25 participants to stand in a circle, chairs for all participants
- 20 envelopes, each containing a card. Ten of the cards should read "your result is positive" and ten "your result is negative"

Facilitator's notes

- Wildfire is complex and full of sensitive personal issues. The facilitator needs to have counselling skills and ability to cope with emotions, and a non-judgemental attitude. The facilitator should have attended the simulation as a participant and must review the notes thoroughly in advance.
- Consider the following variables in preparing for the exercise: whether or not participants are all male, all female or mixed; consider the best approach to 'handshakes to simulate having sex with someone'; the relative level of knowledge and the types of attitudes participants have

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about the HIV epidemic; the familiarity of participants with voluntary counselling and testing procedures and services; the degree to which an atmosphere of openness and a willingness to share feelings has developed among the participants.

- Make a small card in which you have written all the steps so you can look at it during the exercise.
- Ask beforehand one participant in private to become the HIV infected person that you will tap on the shoulder during the exercise.

Step 1:

Discuss the aim of the simulation game and explain that Wildfire is a participatory exercise that simulates the spread and some of the repercussions of HIV/AIDS. In order to be able to work effectively within the epidemic, it is important for participants to experience what it feels like to be exposed to HIV infection personally. Emphasize the need for confidentiality and mutual trust within the group for people to feel they can be open in the exercise.

Step 2: Explain the procedure:

1. Ask participants to put down anything they are holding and to stand in a circle facing inward. Approach one participant and shake the person's hand. Tell him/her and the rest of the group that for this exercise a handshake is equivalent to having unprotected sexual intercourse.
2. While still holding the participant's hand, explain that we need some mechanism to indicate personal exposure to HIV and a light scratch on the palm of the hand during the handshake is the chosen method. Stress that a scratch on the palm indicates that the person has had unprotected penetrative intercourse with someone who has had intercourse with an infected person. It does not necessarily mean that the person is infected since the virus is not transmitted during every act of unprotected intercourse.
3. Demonstrate the hand scratch to the person with whom you are shaking hands and display it to all the other participants. Stop your handshake. Tell everyone that this was only a demonstration and that no one, at this stage, has been exposed to HIV in the exercise.
4. Ask people to shake hands gently since, for many, the thought of having unprotected intercourse is difficult.

Step 3: Select a participant to be HIV-infected.

1. Tell the group that you will shortly ask them all to close their eyes and that you will then walk around the circle several times during which you will touch one person on the shoulder. For the course of the exercise, the touched person will be HIV-infected. The person whose shoulder you touch is not to tell any other group member. However, he or she will scratch the palm of every person's hand shaken during the exercise.
2. Tell the group that if, during the course of the exercise, any of them is scratched on the palm, that person must then scratch the palms of other people he or she shakes hands with. Remind people every time they shake hands they are having unprotected sexual intercourse.
3. Walk around the group and lightly touch someone on the shoulder.

Step 4: Participants experience the invisibility of infection.

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1. After touching a single person, ask the participants to open their eyes and see if they can identify the person in the group who is HIV-infected. Bring out the point that one cannot tell if a person is infected by looking at him or her.
2. Briefly discuss with the group how they felt as you walked around the circle. You should concentrate on facilitating the group to provide answers and information rather than giving it yourself. Bring out the point that even in a game, people are fearful of being HIV-infected and do not want to be touched.

Step 5: Demonstration of sexual networking.

1. Remind participants that there is one person HIV-infected for the exercise. Tell them that as the game begins this person will scratch the palms of those with whom he or she shakes hands. Those whose palms are scratched then scratch the palms of all the hands they shake after they are scratched.
2. Stipulate the maximum number of handshakes per participant: up to 3 handshakes per person for a group of 10 to 15 participants, and up to 4 handshakes per person for a group of 15 to 25. Ask everyone to participate.
3. Step out of the circle and ask the participants to begin shaking hands with whomever they wish up to the stipulated number.

Step 6: Demonstration of the randomness of exposure to HIV.

1. After the handshakes stop, step back into the centre. Ask all those who had their palms scratched during the course of the exercise and the person who had her or his shoulder touched at the beginning to step into the middle of the circle. Ask the others to return to the outer circle seats.
2. Seat the inner circle. Encourage the group to discuss what it is like to be in either position, those on the outside first, followed by those on the inner circle.
3. Possible questions for **outer circle**: How was your behaviour different from that of the people in the inner circle? How did you end up in the outer circle while the others are in the inner circle? How do you feel about the people in the inner circle?
4. Possible questions for **inner circle**: What are you thinking now that you realise it is possible that you are infected? What are you feeling now that you realise it is possible that you are infected? Would you tell anyone you may be infected? Whom? How likely do you think it is that your confidentiality will be respected? What can be done to strengthen this? Would you tell your sexual partner or partners you might be infected? What support would you need at this stage? To whom will you turn?
5. **Outer circle**: Will you continue having unprotected sexual intercourse?
6. **Inner circle**: Will you continue having unprotected sexual intercourse?
7. **Outer circle**: Would you have sexual intercourse again with a person in the inner circle? (If necessary, remind everyone in the inner circle that they have been exposed to the virus but it is not yet known if transmission has taken place). At some stage during the discussion, participants may ask about the possibility of an HIV antibody test. Reassure them that voluntary and confidential testing with counselling is available.

Step 7: Knowledge of one's HIV status: voluntary/confidential testing with counselling.

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- 1) Offer the test to all in the inner circle; discuss the testing procedure, and the meaning of positive and negative results. If a participant does not want to be tested, the facilitator should explore the reasons for this decision. The person could be asked:
 - You are possibly infected. Do you have all the information you require to decide what you are going to do in light of this?
 - Are you going to ensure that no one else is put at risk from your behaviour?
 - What support will you need to sustain your behaviour? The person should then be asked to move to the outer ring.
- 2) Ask people in the outer circle what choice they would have made and why. Shuffle the test result envelopes and pass them to those in the inner circle, asking participants not to open their envelopes but to hold them. This symbolises the waiting time between taking the test and receiving the results. Questions include:
 - What does it feel like to be waiting for your result?
 - What support would you need during this period?
 - Would you tell anyone you had taken the test? Whom?
 - Would you continue with unprotected sexual intercourse? Why/why not?
 - Would you be able to concentrate fully at work and/or home?

Step 8 : Testing without consent

- 1) Before asking those in the inner circle to open their envelopes, give envelopes to a number of the women in the outer circle telling them that they are pregnant and have been tested without their knowledge or consent.
- 2) Give envelopes to a smaller number of men telling them that they were tested without their knowledge or consent while being treated for TB or a sexually transmitted infection or when they joined the military. Explore how these individuals feel about being tested without their consent. Then ask all to open the envelopes.

Step 9: Developing strategies to live with the news that one is not infected.

- 1) Ask each person his or her test result. Discuss with each person with a negative result what impact this has had on her or him:
 - How does it feel to get a negative result?
 - Are you going to change your behaviour in order to remain uninfected?
 - Do you have all the information you require about safe sex?
 - Where would you get further information?
 - What support will you need to sustain your safe behaviours?
- 3) The facilitator discusses the window period for HIV antibody testing and the need for a follow-up test if people have had unprotected penetrative intercourse during the previous three months. Ask those with a negative result to replace their cards in their envelopes and to give them back to the facilitator, then ask them to join the outer circle.

Step 10: Developing strategies to live with the news that one is HIV-infected.

Each person with a positive result is now encouraged to discuss his or her reactions. The facilitator asks questions such as:

- Which thoughts crossed your mind when you received your result?

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- What is your immediate reaction to the result?
- Will you tell people your result?
- How do you think they will react?
- Will you tell your spouse/partner/sexual partners?
- Will you tell your children? Will you tell your work colleagues?
- Employer?
- What support do you need for all this?
- Do you want to have children? How will this test result affect that?

The positive aspects of knowing one's infection status should be discussed: the possibility of making changes to remain well, the possibility of planning for one's future and that of one's children, the prompt diagnosis and treatment of opportunistic infections. The difference between being infected and having an HIV-related illness, including AIDS, should be made clear. There should be some discussion of how to disclose infection status and the possible consequences of disclosure. When the discussion has covered all of the concerns, ask those participants who received a positive result to place their results in the envelopes.

Step 11: Taking back the infection

Take the envelopes back one by one reminding the participants that this has been an exercise only and as they pass the envelope to you they also “pass back the virus”. When taking back the envelopes, ask each participant to stand and step out of the inner circle. Ask them how they feel and whether they need any help. Then ask them to move to the outer circle.

Step 12: Developing strategies for living with the virus in our midst.

- 1) After everyone has moved to the outer circle, ask all participants to stand in a circle again. Explore with the participants some strategies for living with the virus in our midst. Questions could include:
 - How can we co-exist with this virus, live with it in our midst without becoming infected?
 - How can you help members of your family or friends to protect themselves?
 - How can you support those who are already affected?
- 2) Ask each participant to reflect on the exercise and say a word or name a colour to express her or his feelings or thoughts. Emphasise that the exercise is now over. At the end, participants may feel like giving each other some kind of support: a word, a smile, a touch, and a hug, or “handshakes without scratching”. A break, preferably a meal break, must be taken after this exercise to give participants time to think about the exercise and how it affected them.
- 3) The exercise can affect participants profoundly, and it is important to be sensitive to this in the hours and days that follow. Participants may wish to spend time in “support” groups immediately after the exercise and this option should be offered.