

PEER EDUCATORS **TRAINING MANUAL** FOR HIV PREVENTION

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MANUAL**  
FOR HIV PREVENTION



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## INTRODUCTION

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

Several assumptions have been made when developing this manual: First, many of the MSM that will be targeted are low-literate, while some may be illiterate. Information has been presented in such a way as to be easily understood. Second, some of the peer educators themselves will be low-literate. Supervisors and trainers will need to walk their peer educators through the various activities in “Tools for MSM Peer Educators” to ensure that they are both knowledgeable and comfortable presenting the material. Third, MSM are a hard-to-reach group where stigma, discrimination, harassment, and abuse all contribute to high at-risk sexual behaviour. Most MSM in Ghana do not admit to being gay or homosexual. Any activities that are conducted with MSM must be discreet. Thus, visuals that peer educators use are pocket-sized when meeting their peers one-on-one. Fourth, the majority of MSM also have sex with women and may be married or have girlfriends in addition to having male partners. Finally, organizations can use the information provided in Part 3 to provide ongoing support to their peer educators in the form of continuing education and tools and aides for their supervisors.

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

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



## **Part 1: Session Plans for Training MSM Peer Educators**

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

Part One contains four sections:

1. The Behaviour Change Strategy – “It’s My Turn”
2. Interpersonal Communication Skills-Building
3. Games for Training: Ice Breakers, Energizers, and Other Games
4. HIV- and AIDS-Related Information

The first section, the “Behaviour Change Strategy – ‘It’s My Turn,’” is explained through three training sessions.

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

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

The fourth section: “HIV- and AIDS-Related Information” has six sessions with a series of information sheets that complement the training session and provide more detailed information on the subject matter. Ideally, this information should be presented after an assessment is given to determine peer educators’ knowledge of HIV- and AIDS-related information as well as any misconceptions that they may have. A sample assessment is provided in the front of the manual before Part 1.

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

## **Part 2: Tools for MSM Peer Educators**

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

Part Two contains six modules:

HIV and AIDS

STIs



Condom and Lubricant Use  
Testing and Counselling  
Stigma  
Life Skills

There are a total of 25 activities for peer educators' use within these six modules. There are different types of activities based on whether the peer educator will be interacting with his peers in a group or in a one-on-one setting. "Module 1: HIV and AIDS" has eight activities, although two activities have similar objectives. One activity is a discreet activity designed for meeting with one or two peers. The other activity is a drama sketch and requires a larger group of participants. Eight of the 25 activities can also be presented with the use of a cell phone. This option provides the peer educator with a very discreet way of presenting information to his peer. Instructions for this option are presented at the end of each of the eight activities.

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

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

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

It is important to note that activities and modules do not have to be presented in the order given.

### **Part 3: Continuing Education and Supportive Supervision**

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

Part Three is composed of two sections:

Continuing Education  
Support and Supervision

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

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





## Sample Training Schedules

Sample five-day training schedules are provided for both peer educator training and supervisor training. The peer educator training includes Part 1 and Part 2. The supervisor training includes select sections from Part 1, and all of Part 2 and Part 3.

### Sample 5-Day Training Schedule for Peer Educators

Day 1	Morning	Introductions Ice Breaker Activity Logistics/Goal Setting/Expectations Behaviour Change Strategy – “It’s My Turn” (Part 1) Lunch
	Afternoon	Behaviour Change Strategy – “It’s My Turn” (Part 1) Assessment of HIV- and AIDS-Related Information
Day 2	Morning	Interpersonal Communication Skills-Building (Part 1) Lunch
	Afternoon	Interpersonal Communication Skills-Building (Part 1)
Day 3	Morning	HIV- and AIDS-Related Information (Part 1) Lunch
	Afternoon	HIV- and AIDS-Related Information (Part 1)
	Evening	Film: “That’s Me”
Day 4	Morning	HIV- and AIDS-Related Information (Part 1) Lunch
	Afternoon	Module 1: HIV and AIDS; Module 5: Stigma — Selection of Activities (Part 2)
Day 5	Morning	Module 2: STIs; Module 3: Condom and Lubricant Use — Selection of Activities (Part 2) Lunch
	Afternoon	Module 4: Testing and Counselling; Module 6: Life Skills — Selection of Activities (Part 2) Closure
	Evening	Party

## Sample 5-Day Training Schedule for Supervisors

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

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

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

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

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



## LIST OF ACRONYMS

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

## Assessment of HIV and AIDS-Related Knowledge

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

The assessment is divided into 4 parts:

- HIV and AIDS
- STIs
- Condom Use
- TC

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

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

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

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

### HIV and AIDS

#### True or False

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



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

## STIs

True or False

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

## Condom Use

True or False

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

## Testing and Counselling

True or False

1. A positive test means that a person has AIDS  
(*False; a positive test means a person has HIV.*)
2. An MSM who has several partners and always uses a condom with his casual partners but sometimes does not with his regular partner goes for TC and tests negative. He must go back for another test in 1 month.  
(*False; he should test again, but after three months.*)
3. TC can tell a person when he was infected with HIV.  
(*False; testing can only tell a person whether or not they have HIV.*)
4. TC tests for the HIV in the body.  
(*False; the test looks for HIV antibodies in the body.*)
5. If a person tests positive for HIV, he will be given drugs to kill the HIV virus.  
(*False; antiretroviral drugs (ARV) are available to boost a person's immune system but do not kill the virus.*)
6. People living with HIV can be cured with some herbal preparations administered by leaders of prayer and healing camps.  
(*False; Bedridden people at prayer and healing camps must be taken to clinics / hospitals PE*)

## PART 1: TRAINING SESSIONS FOR PEER EDUCATORS MATRIX

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

Activity	Time (min)	Objectives
Encouraging Peers to Use The “Text Me” Services for MSM	60	<ul style="list-style-type: none"> <li>• To practice sending and receiving texts from the “Text Me” services for MSM</li> <li>• To practice encouraging peers to use the “Text Me” service for MSM</li> <li>• To gain basic skills in communicating assertively with health workers</li> </ul>
Use of Visual Aids and Other Communication Materials	45	<ul style="list-style-type: none"> <li>• To identify appropriate communication materials an effective peer educator could use for individual or group sessions</li> <li>• To describe the appropriate use of different materials in support of peer education</li> </ul>
“ Love and Trust “ Activities	60	<ul style="list-style-type: none"> <li>• To learn that condom and lubricant use signifies that you love and trust your partner</li> <li>• To know the key behaviors and activities MSM can demonstrate to their partners that they love and trust them</li> </ul>
<b>HIV- and AIDS-Related Information</b>		
Who are MSM	60	<ul style="list-style-type: none"> <li>• To gain a better understanding that MSM are not the same</li> <li>• To understand the importance of not being judgemental of your peers</li> </ul>
Body Mapping	90	<ul style="list-style-type: none"> <li>• To increase awareness of one’s body and its erotic zones, and to increase comfort with speaking about different parts of the body related to sex</li> <li>• To understand the level of HIV transmission risk for different sexual activities</li> </ul>
Basic Knowledge of STIs	60	<ul style="list-style-type: none"> <li>• To increase understanding of different STIs</li> </ul>
Basic Knowledge of HIV and AIDS	60	<ul style="list-style-type: none"> <li>• To increase understanding and awareness of basic HIV and AIDS information</li> </ul>
Prevention of HIV and other STIs	60	<ul style="list-style-type: none"> <li>• To ensure understanding of the major means of prevention of HIV and other STIs</li> </ul>
Testing and Counselling	40	<ul style="list-style-type: none"> <li>• To understand the importance of getting tested and be able to explain the process of TC</li> </ul>
Collaboration with prayer and healing camps		<ul style="list-style-type: none"> <li>• To understand the importance of taking bed-ridden PLHIV to health facilities for medical treatment.</li> </ul>



# SESSION PLANS FOR TRAINING

## MSM PEER EDUCATORS

### PART 1

# BEHAVIOUR CHANGE STRATEGY

## “IT’S MY TURN”

- BEHAVIOUR CHANGE STRATEGY BACKGROUND
- COMMUNICATION THEME (“IT’S MY TURN”)
- BEHAVIOUR CHANGE IMPLEMENTATION (OTHER MSM ACTIVITIES)



## BEHAVIOUR CHANGE STRATEGY BACKGROUND

### Objective:

- To receive a brief overview of the behaviour change strategy background

**Time:** 15 minutes

**Materials:** Flipchart and markers (if group has literate participants)

**Type of Activities:** Presentation

### Activity

The previous USAID-funded HIV prevention project with MARP has developed a behaviour change communication (BCC) strategy addressing sexual health and HIV and STI interventions of men have sex with men (MSM) and other most-at-risk populations such as female sex worker and PLHIV in Ghana. As a group, MSM are hard to reach population. Discrimination, abuse, insults, rejection, stigmatization, and denial are common occurrences, and all contribute to high at-risk sexual behaviour. Inconsistent use of condoms and lubricants, multiple partners, and avoidance of testing or treatment of HIV and other STIs are not uncommon amongst MSM.

Research and an assessment were carried out at the onset of the five year project which assisted in the development of a BCC strategy for MSM. The behaviour change strategy uses the theme “It’s My Turn” and uses multiple channels to reach MSM. Interpersonal communication through peer education is a major component in the strategy.

The communication strategy has ten behaviour change objectives which peer educators will address as they interact with MSM:

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



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

1. Educate and raise awareness of prevention and treatment of HIV and STI.
2. Increase the uptake of HIV and STI products and services among MSM.
3. Promote and strengthen MSM-friendly HIV and STI services.
4. Promote and strengthen referral of bedridden PLHIV to health facility by PE

## COMMUNICATION THEME (“IT’S MY TURN”)

### Objective:

- To gain an understanding of how to use the theme “It’s My Turn” as a peer educator

**Time:** 2 hours

### Materials:

- “It’s My Turn” brochure (one for each participant)
- “It’s My Turn” flyers (4 different ones: STI Treatment, TC, Condom Use, Be Faithful)
- Flipchart and markers

**Type of Activities:** Presentation and discussion

### Activity

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

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

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

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

#### Motivators identified for MSM

1. Achievement
2. Recognition
3. Status
4. Understanding
5. Belonging

During the development of the behaviour change strategy, one main or key motivator came out by MSM – ACHIEVEMENT. Achievement was what motivated MSM to try to stay healthy.

“It’s My Turn” focuses on this achievement motivator.

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

Next, explain that as peer educators, their messages should always use “It’s My Turn” as a motivator in addition to presenting educational information. Materials such as story cards, flyers, and games have been developed to encourage healthy sexual behaviours through messages such as:

- You can only take your turn in life by staying healthy and free from infections
- Keep your body strong, healthy, and ready, because it’s your turn to succeed
- Knowing your HIV status gives you the peace of mind you need to focus on achieving your dreams
- Responsible sex ensures that you are ready for your turn at life

These materials will be used by the peer educators to help promote the key behaviours.

Share the four “It’s My Turn” posters (or flyers) with the participants, one at a time. Ask the group what they see in each one. How is the poster promoting healthy sexual practices? After this discussion, mention that the back of each poster are the phone numbers of the friendly Helpline counsellors. Flash them & they will call you back to answer your questions and direct you to a MSM-friendly hospitals and clinics or HIV counselling and testing sites where MSM can go to get treated for STIs or tested for HIV and other related services.

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

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

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



**it's my turn**

# Be ready to take your turn when life calls.

There are friendly STI clinics where you can seek early treatment if you notice anything unusual on or a discharge from your penis. Keep your body strong, healthy and ready for it's your turn to succeed.

There are friendly hospitals/clinics which will prescribe the correct medication for the sexually transmitted infections (STI)

Call any of the MARP friendly helpline counselors for additional information:

**Text Me! Flash Me! Helpline Connecting MARPs & PLHIV  
Counselors Time Schedule: Monday to Friday: 8am – 5pm**

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

**Hello Friend!**

We are a team of 15 friendly counselors trained to provide free confidential information and referrals on HIV and STIs for you and your loved ones.  
Please “flash” us or text *STI, Condom and Lubricant* or *HIV/AIDS* and send to 1945 and we'll call you back!

Disclaimer: The models used in this production are professionals. Photos used in this production do not suggest their sexual orientation or status

**It's my turn**

# Don't miss your turn in life. Be prepared.

..... You need to know your HIV status. Knowing your HIV status gives you the peace of mind you need to focus on achieving your dreams

There are several places to go for an HIV test. Knowing your status helps you plan and is the first step to realizing your dreams. HIV treatment and other help are available.

Call any of the MARP friendly helpline counselors for additional information:

**Text Me! Flash Me! Helpline Connecting MARPs & PLHIV Counselors Time Schedule:** Monday to Friday: 8am – 5pm

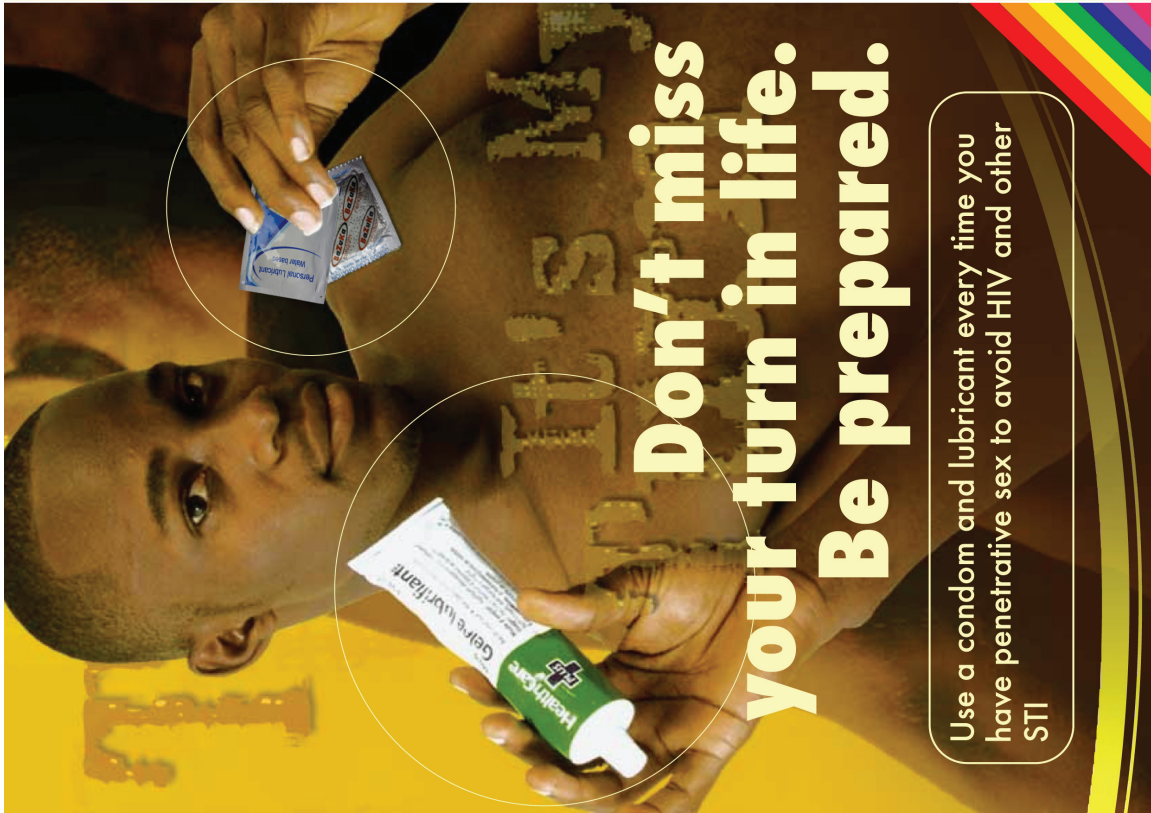
Day	Counselors on duty	Cell phone numbers
Monday	Peace Esther Scholastica	024 649 0794 020 356 5184 020 356 5201
Tuesday	Mamle Nelly Bridget Christabel	020 356 5140 020 356 5139 020 356 5148 020 363 4168
Wednesday	Rose Silvia Rebecca Cephas	020 356 5223 020 356 5157 020 356 5199 020 356 5171
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Use a condom and lubricant every time you have penetrative sex to avoid HIV and other STI

You become infected with HIV and other STI by having penetrative sex without a condom and lubricant NOT from witches or evil spirits. You can get the lubricant from the pharmacy shops, drop-in-centres, MARP friendly hospitals/clinics and peer educator in your community. You can obtain condoms from the hospitals/clinics, fuel stations, drinking bars, shopping malls etc. Keep them handy so you are prepared for your turn.

Call any of the MARP friendly helpline counselors for additional information:

**Text Me! Flash Me! Helpline Connecting MARPs & PLHIV Counselors Time Schedule: Monday to Friday: 8am – 5pm**

Day	Counselors on duty	Cell phone numbers
Monday	Peace	024 649 0794
	Esther	020 356 5184
	Scholastica	020 356 5201
Tuesday	Mamie	020 356 5140
	Nelly	020 356 5139
	Bridget Christabel	020 356 5148 020 363 4168
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	Silvia	020 356 5157
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# Free from sexually transmitted infections: it's our turn

My chances of being infected with HIV and other STI are higher with many sexual partners. That's why my partner and I are always faithful to each other.

You can only take your turn in life by staying healthy and free from infections.

Call any of the MARP friendly helpline counselors for additional information:

**Text Me! Flash Me! Helpline Connecting MARPs & PLHIV Counselors. Time Schedule:** Monday to Friday: 8am – 5pm

Day	Counselors on duty	Cell phone numbers
Monday	Peace Esther Scholastica	024 649 0794 020 356 5184 020 356 5201
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## BEHAVIOUR CHANGE STRATEGY IMPLEMENTATION (OTHER MSM ACTIVITIES)

### Objective:

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

**Time:** 30 minutes

### Materials:

- Flipchart and markers
- “It’s My Turn” texting flyers

**Type of Activities:** Presentation and discussion

### Activity

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

#### OTHER ACTIVITIES IN THE MSM TRAINING MANUAL

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

1. “Text ME”! Services: This service is in two parts through which SMS text messages are sent to and received from MSM. In the first part, SMS text messages containing information targeting the 10 key behaviours, as well as information on referrals to service delivery providers are periodically sent to MSM using “YOUR TURN” as the sender ID. In the second part MSM can send text messages to a free short code (1945) for information on where to access friendly STI and HIV/AIDS services in their towns or localities. A response will then be sent to their cell phones with the information they requested for.
  - For example, if an MSM wants information on where to go for HIV counselling and testing, he can send a text message with content TC + the name of the town where he would want to access this service and send to short code 1945. A text message will then be sent directing him to a MARP friendly TC facility in the town specified in the text message.
  - In the same way if an MSM is worried that he has an STI, he can send STI + the name of the
  - When an MSM needs answers to questions he may have on STIs and HIV he can type HELP and send to 1945, and a friendly Helpline counsellor will call him to address his questions and concerns.
  - Peer Educators have been asked to distribute fliers promoting this part of the Text Me! Service when they meet with their peers.

2. Text Me! Flash Me! Helpline Counselling Service: This service allows an MSM to text or flash the Helpline Counselling Service and a friendly trained counsellor will call back and answer any questions/concerns on STIs/HIV as well as give information and advice on issues pertaining to healthy and positive living, referrals for other STI/HIV/AIDS services, care and support at friendly clinics, drop-in centers, or support groups.
3. “Watch Me!” - This is a new component that expands the Text Me! Call Me! Initiative already underway with educational video-clips promoting key behaviours related to HIV prevention. The Watch Me! video-clips promoting key behaviours related to HIV prevention are formatted for cell phones and are available through peer educators and Helpline Counsellors who will then help their peers or clients to also download onto their cell phones.
4. Hotspot Enter-Educate Activities: These shows will entertain and educate the audience while promoting condom and lubricant use and HIV and STI testing. Shows usually contain dancing, music, skits, health talks, and condom demonstrations. The activities are meant to reach MSM where they gather, such as popular drinking spots, right before they need to make a sexual behaviour decision. Peer educators may be asked to participate by selling condoms and lubricants during ‘the shows.
5. DJ Host for “It’s My Turn” parties and “Love and Trust” events for MSM. The DJ Hosts will play special music and give pre-designed announcements and messages to promote condom and lubricant use, partner reeducation, and faithfulness during the events. Peer educators should work with their NGO supervisors, the District Assembly, or other collaborators to discuss and include these events in their monthly activity plans. Peer educators may be asked to participate by selling condoms and lubricants during the parties.
6. “MSM-friendly” health facilities for TC and STI treatment in which the MSM do not feel stigmatized or discriminated against. The behaviour change strategy will train health providers from clinics and hospitals and develop materials and tools for these providers to use with MSM.
7. Get HIP!: The High Impact Package supported access to HIV/AIDS services by MSM to friendly, quality information and services. These services include: STI clinics for screening and treatment for STIs; HIV/AIDS information, counselling, and testing; condom and lubricant promotion and sales; ART adherence counselling; treatment for opportunistic infections; nutritional supplements; referrals to friendly clinics, drop-in centers, peer educators, or support groups for emotional and moral support; information and skills-building activities to help PLHIV live healthy and productive lives; and “Text Me! Flash Me!” services with reminder messages, information, referrals and confidential live counseling over the telephone.

8. Get HIP! has created good dialogue between the MSM community and health care providers through community meetings to gather information on MSM access to quality HIV/AIDS and STI services, as well as ensure health care providers effectively participate in delivering these services. Counselling, and peer education; support groups for emotional and moral support, ART adherence counselling, .disclosure counselling and support, nutritional supplements, education, information, and skills-building activities to help PLHIV live healthy and productive lives; and “Text Me, Call Me” for reminder messages, information on prevention, screening, and treatment of STIs, referrals has to friendly health care centres, and confidential, live counselling over the telephone
9. Love and Trust Events: Activities such as special parties for MSM couples with a DJ Host, Valentine’s Day events, organized debates and competitions, interactive theatre and comedy shows, etc. All of these activities promote faithfulness, partner reduction, and correct and consistent condom and lubricant use among MSM partners as signs of love and trust for each other. MSM partners are encourage integrate Love & Trust activities into local activities that brings many MSM together.

### **Discussion Questions:**

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



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

### Counselors Time Schedule:

Monday to Friday: 8 : 00am – 5 : 00pm

<b>Monday</b>	Peace 020. 649 0794	Esther 020. 356 5184	Scholastica 020. 356 5201
<b>Tuesday</b>	Mamle 020. 356 5140	Nelly 020. 356 5139	Bridget 020. 356 5148
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<b>Friday</b>	Joyce 020. 356 5156	Matilda 020. 356 5230	Augustine 020. 356 5141
	Mercy 024. 649 0801	Sakiina 020. 356 5145	

Hello friend!  
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# 2011

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**APRIL**  
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**MAY**  
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**DECEMBER**  
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# **SESSION PLANS FOR TRAINING**

## **MSM PEER EDUCATORS**

### **PART 1**

# **INTERPERSONAL COMMUNICATION SKILLS-BUILDING**

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

## HOW ADULTS LEARN

### Objective:

- To learn how adults learn best

**Time:** 20 minutes

**Materials:** Flipchart and markers

**Type of Activities:** Brainstorming and discussion

### Activity

Ask the participants how primary children are taught in school.

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

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

Ask if there are any questions.

### TRAINER’S NOTES:

#### Adult learning

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

#### Illiterate People Learn Methods:

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



# WHAT IS INTERPERSONAL COMMUNICATION

## Objective:

- To introduce interpersonal communication (IPC) to the group

**Time:** 20 minutes

**Materials:** Flipchart and markers

**Type of Activities:** Role play, presentation, discussion, and game

## Activity 1: What is Interpersonal Communication?

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

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

State that the two participants were involved in which:

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

Present to the group that good interpersonal communication is extremely important as peer educators and that the group will be learning how to be strong and effective peer educators over the next few days.

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

### TRAINER'S NOTES:

#### Interpersonal Communication:

- Interpersonal communication (IPC) looks at the underlying causes of risk-taking and specific barriers to behaviour change.
- IPC is one way to create positive behaviour change.
- IPC establishes trusting relationships.
- IPC works well with most-at-risk populations (MSM, FSW, PLHIV).
- IPC includes peer education programs.
- IPC may work better than mass media interventions by looking at the issues or context around a risky behaviour such as having sex without a condom.



## Activity 2: The Whisper Game

Participants sit in a circle or stand in a queue. The facilitator whispers a long, complicated message such as “I’m going to meet a friend for a drink in the evening and then we are going to meet some other friends and go dancing but then I have to meet my cousin at 10 pm to give him a key to the house.” Whisper this message to the person sitting on your right. That person then whispers the same message to the person on their right and so on. The message can only be said once and cannot be repeated to the same person. Once the message has been passed around the circle, ask the last person to say the message aloud. Compare the final message with the original version.

### Discussion Questions:

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

## WHAT IS PEER EDUCATION

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

### **Objective:**

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

**Time:** 15 minutes

**Materials:** Flipchart and markers

**Type of Activities:** Presentation, brainstorming, and discussion

### **Activity**

Present to the group that peer education is one type of interpersonal communication. This activity discusses peer education and peer educators.

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

As peer educators, it will be important to find a balance between being an outsider (educator) and being an insider (MSM).

Present the following points for peer education:

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

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

Ask the group where peer education can take place. (*Note: possible responses are in a bar, in the home, at a dance club, on the street, at the workplace.*)

Ask the group if they have any questions.



# RESPONSIBILITIES AND QUALITIES OF A GOOD PEER EDUCATOR

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

## Objective:

- To identify the responsibilities of a peer educator
- To identify qualities that make someone a good peer educator
- To understand peer education in one-on-one and small group settings
- To better understand, identify and address issues of GBV and human right abuses suffered by MSM

**Time:** 2 hour 30 minutes

## Materials:

- “Job Description for Peer Educator”
- Flipchart and marker

**Type of Activities:** Group discussion, brainstorming, role play

## Activity 1: Responsibilities and Qualities of a Good Peer Educator

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

What does a peer educator do:

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

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

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

Facilitate a group discussion of these qualities. Add additional qualities from the following list, if needed. Qualities of a good peer educator:

- Is active, lively, and gains respect from his peers
- Is well connected to key influential persons in the community and accepted by his peers.
- Is a good role model (practices safer sex)
- Is professional while working and does not come on to (making advances to) his peers, or accept advances from them
- Is well-mannered and easy-going
- Is able to communicate clearly and persuasively in front of a group or one-on-one
- Is non-judgmental and sensitive to gender issues  
(facilitator could use this opportunity to discuss gender and gender-based violence)
- Is open-minded
- Is tolerant
- Is devoted and committed
- Participates in planning special events for MSM
- Can be trusted (guards secrets)
- Has patience
- Is a good listener
- Can empathize (understands)
- Is responsible (keeps meetings that have been arranged with his peers)
- Doesn't give out condoms for free (unless there is a national campaign program by GAC/NACP where free condoms are to be distributed)-

## **Activity 2: Peer Education One-on-One and Group Settings**

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

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

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

### **One-on-One role play:**

Don, a peer educator, is on a field visit. His rounds find him in Teshie Twebleu where he has previously held discussions with some peers he met with awhile ago. Poncho, a peer, lives in this area. Don calls him on his cell phone to arrange a meeting. Don arrives at the agreed venue 15 minutes later and meets Poncho ...

As a group, discuss the following questions:

1. How effective was the peer education session?
2. What techniques were used to get and hold the peer's attention?
3. How effective were the communication techniques?
4. What types of nonverbal communication did the PE use?
5. Ask the volunteers how it felt.

Review the following points with the group:

One-on-one peer education sessions are most effective when the peer educator:

- Understands the beliefs, concerns and needs of the listening peer
- Makes the listener feel comfortable
- Shows understanding (empathy) and concern
- Asks the listener questions and allows him to make his own informed decisions
- Points the listener to other information and services
- Demonstrates patience when the listener has difficulty understanding what the peer educator is saying
- Encourages the listener
- Tries to get his peer to talk about "someone just like him" or "someone he knows very well" if he is too shy to talk about personal experiences (*Note: this technique sometimes allows people to speak more freely.*)

Peer educators will also have the opportunity to work in group settings. Explain that we will now do another role play, but this time with the peer educator working in a small group setting.

Ask for four people to volunteer to be one peer educator and three peers. Read the following role play out loud:

**Small group role play:**

Sorge, a peer educator, has met several times with two peers who are dating each other. They were able to discuss freely how to practice safer sex, and now Sorge is returning to meet with them for a second time. They have agreed to meet at the house of the peer's friend who is also interested in meeting with Sorge. Sorge has now arrived, and after greeting, the group warmly begins to chat...

As a group, discuss the following questions:

1. How effective was the peer education session?
2. How was the communication style different from the one-on-one session?
3. How effective were the communication techniques?
4. What types of nonverbal communication did the peer educator use?
5. Did all the peers get involved in the session?
6. Which do you think is easier – presenting in a small group or one-on-one? Why?

Review the following points with the group either through presentation or brainstorming:

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

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

**Objective:**

### **Activity 3: Peer Educator, Gender-based violence (GBV) and Human rights Abuses**

Peer educators need to serve as a “conduit” and source of energy to their peers in identifying and leading in the process of addressing gender-based violence and human rights abuses among their peers through efficient and effective referrals. These abuses could either be in the form of Gender-based Violence (GBV) or human rights abuses.

**Gender-Based Violence (GBV):-** Gender-based violence as experienced by MSM is a reflection of how the society has ascribed roles (domestic, social, sexual) to the two sexes (male and female). It (gender-based violence) is generally defined as any harmful act that is perpetuated against a person's will and that is based on socially-ascribed (gender) differences between male and female. In most instances, the perpetrator has the objective of using violence as a way to maintain power and control over the victim. The perpetrator's sense of entitlement to greater power and control is based on the perception that his/her gender holds a higher social status than that of the victim.

**Human Rights Abuses:-** This high and increasing level of stigmatization of MSM has in some instances resulted in the abuse of the human rights of MSM. These abuses are in the form of subtle/aggressive denial of health services to MSM and also violent attacks on them by members of the general population. Being aware of the nature, character, and circumstances under which gender-based violence occurs, and human rights of individuals/groups are abused, is a necessary skill for peer educators in their quest to provide information, support, and guidance for their peers.

Tell the group that we are going to look at the roles and responsibilities of the peer educator in confronting issues of gender-based violence and human rights abuses experienced by MSM. This will involve



two (2) role play activities.

Ask for two sets of four (4) volunteers to participate in the role plays. For the first role play, two volunteers will be the peer educator and the other two will be their peers. Read the following out loud and ask the volunteers to take a few minutes to act the roles.

### **Gender and Small Group Role Play**

Don and Sorge meet with two of their peers to discuss issues to do with two of their peers engaged in a violent scene. One of the peers had approached the other who is a MSM for paid sex. The MSM insisted on the other using condom which he persistently refused. This result in an argument where he beats up the MSW.....

As a group discuss the following questions;

1. What do you think is the underlying reason why the MSM was beaten up?
2. Were these underlying reasons well raised and discussed?
3. What were the issues that were most important?
4. Is this gender-based violence?
5. What makes it gender-based violence?

Review the following points with group:

1. Gender-based violence (against MSM) is a manifestation of stigma and discrimination against MSM because they do not fit into traditional gender categories.
2. Gender-based violence is not only an issue for women.

For the second role play, two volunteers will be the peer educator and the other two will be their peers. Read the following out loud and ask the volunteers to take a few minutes to act the roles.

### **Human Rights Protection and Small Group Role Play**

Don and Sorge meet with two of their peers again. This time around the discussion is on a peer who was initially verbally abused by members of his immediate family and the community and subsequently attacked and physically assaulted by a gang of young boys in the community on suspicion of him being an MSM.

As a group discuss the following questions;

1. What do you think is the underlying reason why the MSM was beaten up?
2. Is this human right abuse?

Review the following point with the group:

1. Emotional, physical, and sexual violence is often perpetuated against MSM and MSM as a form of discrimination against their gender identities.



## Job Descriptions of Peer Educators

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

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

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

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

\*Numbers may differ from one target group and IP to the other.

# VERBAL AND NONVERBAL COMMUNICATION

## Objective:

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

**Time:** 1 hour

**Type of Activities:** Presentation, discussion, energizer

## Activity 1: Verbal Communication

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

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

“You must never drink alcohol while on treatment for an STI”

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

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

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

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

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

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

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



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

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

Redirecting: Allows others to contribute. “He said..... Do you agree? What do others think?”

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

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

Note 3: You may wish to include an energizer at this point, as this session is quite long. Use one you are familiar with or choose one from Games for Training: Ice Breakers, Energizers, and Other Games, found in the next section.

## **Activity 2: Nonverbal Communication**

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

Discuss the importance of nonverbal communication when communicating.

Pass out the eight “Emotion” cards to eight participants. Ask the participants not to show their cards to their peers. Explain that each participant with a card will demonstrate the emotion on the card they are holding. Make sure each participant understands what emotion they have. Ask the group to guess which emotion each person is portraying.

Next, ask the same participants to repeat the following statement using the emotion on their card.

“It is important to use condoms and lubricants every time you have sex with your partner.”

### **Possible Discussion Questions:**

1. Which ones were you “turned off” by?
2. Which ones showed interest in what they were saying?
3. Which ones made you want to engage in conversation with them?

## Activity 3: Communication Barriers

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

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

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

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

Ask the group if they have any questions.

### TRAINERS NOTES:

#### Examples of barriers to communication

- Language Barrier (*accent, complicated messages*)
- Peer educator's mannerisms (*nonverbal communication*)
- Noise or interruptions
- Incomplete information
- Lack of comprehension or poor understanding of topic
- Negative attitude to peer (receiver) or topic

## ACTIVE LISTENING

### Objective:

- To understand the importance of active listening

**Time:** 1 hour

### Materials:

- “Peer Educator Communication” cards (4)
- Flipchart and marker

**Type of Activities:** Presentation and discussion

### Activity:

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

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

1. Peer talking to peer educator while the peer educator is reading messages on his cell phone. (2 Volunteers)
2. Peer educator looks extremely bored while peer is speaking. (2 Volunteers)
3. A peer educator and peer are both talking to each other at the same time. (2 Volunteers)
4. A peer educator is talking with a peer in an unfriendly manner. (2 Volunteers)

After the cards have been passed out the facilitator should check on each group to make sure they understand what they are role playing; refer to the text on the back of each card.

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

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

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

Explain to the group that the second role plays showed what we call **active listening**.

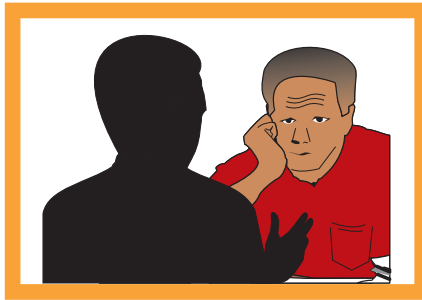
Have the group brainstorm examples of active listening from the role plays they just watched. Explain that active listening involves both verbal and nonverbal communication. Make sure the points are covered in the *Trainer's Notes* box below.

**TRAINERS NOTES:**

To listen actively, a listener should do the following:

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

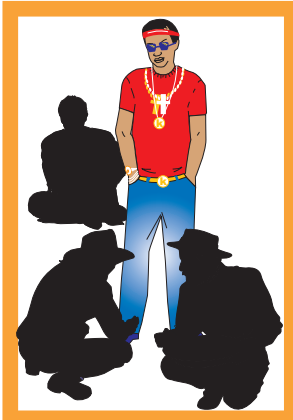
Ask the participants if they have any questions.



Peer Educator looks extremely bored while Peer is speaking.



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



Peer Educator is dressed in a overly flashy and distracting manner. He seems more interested in himself than he is in his peers



Peer talking to Peer Educator while Peer Educator is using cell phone.



# HOW TO ASK QUESTIONS

**Objective:**

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

**Time:** 15 minutes**Materials:** none**Type of Activities:** Presentation and discussion**Activity**

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

give participants a chance to give their own opinions or say as much information as they know about a particular topic. For example, “What do you think about using a condom with oral sex?”

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

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

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

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

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

Ask the participants if they have any questions.

# BUILDING TRUSTING RELATIONSHIPS WITH YOUR PEERS

To identify various ways to build relationships with your peers

**Time:** 45 minutes

**Materials:** Flipchart and markers

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

## Activity 1

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

Possible responses:

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

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

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

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

### **Possible steps for identifying new peers:**

- Identify locations where peers go.
- Talk to peers you already know and ask them if they can talk to their friends to see if they would be willing to meet with you. Plan a time that you can visit a place where new peers will be.
- Introduce yourself, or have your peer introduce you, and your reason for wanting to meet with them.
- Approach peers in a friendly way, greet them with a handshake, introduce yourself (your name, the organization you work with, what you do, etc.) and ask if they can spare a few minutes.

- Remember your interpersonal communication skills (nonverbal communication, active listening, and body language).
- Remember also that it is voluntary for your peers to speak with you, so do not be forceful.
- Keep your initial contact short. The purpose of this meeting is to start to build a relationship so you can return at another time to discuss a specific topic. Ask if they would be willing to speak with you again and set up a time to meet.
- Thank them for taking the time to meet you.

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

### **Discussion Questions:**

1. Do you think a peer educator should introduce a topic during an initial contact?  
Why or why not?
2. Would it be beneficial to give the peer something as a reminder of your meeting?  
Why or why not?

### **Activity 2: Role Plays**

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

#### **Role Plays 1**

Selorm knows of a “saso-friendly” spot where MSM meet regularly. He decides to go to the club to try to do some peer education. When he arrives at the club, he goes to the bar and buys a drink. He looks around the club and notices two men who are engaged in a lively conversation at a table. He walks over to them and introduces himself...

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

### **Possible Discussion Questions:**

1. How effective was the peer educator?
2. How did the initial contact with his peers go?
3. Did you notice any positive communication techniques? Which ones?

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

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

### **Role Plays 2**

Francis, a peer educator, has made plans to go to a favourite night club with his boyfriend, Kwame. He is having a great time at the club with Kwame, dancing and drinking. Kwame has just left for a few minutes to use the toilet and Francis has taken a seat at the bar when Sammy, a peer whom he has spoken to in the past about practicing safer sex, approaches him. Sammy is very upset and asks if he could sit down with Francis and talk to him. Francis really doesn't want to, as he is "not working" tonight and can see Kwame approaching him with a wink that tells him that they should be leaving the night club soon. What should Francis do?

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

### **Possible Discussion Questions:**

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

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

### **Objective:**

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

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

**Time:** 45 minutes

**Materials:**

- Cell phone
- “It’s My Turn” texting flyers
- Flipchart and markers

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

**Type of Activities:** Presentation, demonstration, small group discussion

### Activity

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

Possible Responses:

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

Explain to the group that cell phones can also be used as a peer educator tool.

Ask the group why a cell phone could be useful as a way to provide HIV and other STI prevention messages. (*Note: see the points listed in the Trainer’s Notes at the end of this activity.*)

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

While the groups are brainstorming, prepare a message (or use one already prepared) as an example of



how a cell phone can be used by peer educators and send it to the participants.

Make sure the points in the *Trainer's Notes* box have been covered, if not already included in the smaller groups' presentations.

Ask the group if they have any questions.

## **TRAINER'S NOTE**

### **Reasons to Use a Cell Phone for Peer Education Activities:**

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

### **Use of Cell Phones:**

- Send and receive safer sex reminder messages
- Take pictures of visuals and use cell phone as a discreet way to share information for one-on-one peer education
- Provide information; for example, the hotline – get information on MARP-friendly STI clinics and TC
- Announcements; told of upcoming events
- Download and share video clips
- Reminders to take their ART

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

THE SCIENCE OF IMPROVING LIVES

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

**Counselors Time Schedule:**  
**Monday to Friday: 8 : 00am – 5 : 00pm**

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

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

# 2011

<b>JANUARY</b> S M T W Th F S 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>FEBRUARY</b> S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	<b>MARCH</b> S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
<b>APRIL</b> S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>MAY</b> S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>JUNE</b> S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
<b>JULY</b> S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>AUGUST</b> S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>SEPTEMBER</b> S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
<b>OCTOBER</b> S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>NOVEMBER</b> S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	<b>DECEMBER</b> S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

## ENCOURAGING PEERS TO USE THE “TEXT ME” SERVICES FOR MSM

### Objectives:

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

**Time:** 1 hour

### Materials:

- “It’s My Turn” texting flyer
- Cell phone

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

**Type of Activities:** Practice texting, role play

### Activity 1: Practice Texting

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

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

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

### Discussion Questions:

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



## **Activity 2: Role Play**

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

### **Role play:**

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

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

### **Possible Discussion Questions:**

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

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



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

### Counselors Time Schedule:

Monday to Friday: 8 : 00am – 5 : 00pm

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

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

# 2011

<b>JANUARY</b> S M T W Th F S 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>FEBRUARY</b> S M T W Th F S 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	<b>MARCH</b> S M T W Th F S 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
<b>APRIL</b> S M T W Th F S 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	<b>MAY</b> S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>JUNE</b> S M T W Th F S 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
<b>JULY</b> S M T W Th F S 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>AUGUST</b> S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>SEPTEMBER</b> S M T W Th F S 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
<b>OCTOBER</b> S M T W Th F S 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>NOVEMBER</b> S M T W Th F S 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	<b>DECEMBER</b> S M T W Th F S 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

# USE OF VISUAL AIDS AND OTHER COMMUNICATION MATERIALS

## Objectives:

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

**Time:** 45 minutes

## Materials:

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

**Type of Activities:** Group discussion

## Activity

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

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

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

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

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

Encourage the participants to ask questions.

## VISUAL AIDS AND OTHER COMMUNICATION MATERIALS

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

<b>FLIPCHARTS</b>	
<p><b>Why</b> do we use flipcharts?</p> <ul style="list-style-type: none"> <li>• Hear information</li> <li>• See visual images</li> <li>• Learn facts about a topic</li> <li>• Generate discussion, answers, and solutions</li> <li>• Present consistent information in a small group or one-on-one</li> </ul>	<p><b>How</b> do we use flipcharts?</p> <ul style="list-style-type: none"> <li>• Present each page using the text that is included in the flipchart</li> <li>• Make eye contact to ensure material is understood. If not, stop and ask questions and discuss</li> <li>• Before moving to the next page, summarize the key points discussed on the current page.</li> </ul>
<b>CELL PHONES</b>	
<p><b>Why</b> do we use cell phones?</p> <p>Visuals</p> <ul style="list-style-type: none"> <li>• Present visuals in a discreet manner for one-on-one peer education</li> <li>• Peer educator doesn't have to carry large materials</li> <li>• Generate discussion, answers, and solutions</li> </ul> <p>Texting</p> <ul style="list-style-type: none"> <li>• Relay information in a discreet manner</li> <li>• Easily accessible; most people have them</li> <li>• Can be done in bulk to reach a lot of people quickly</li> </ul>	<p><b>How</b> do we use cell phones?</p> <p>Visuals</p> <ul style="list-style-type: none"> <li>• Take a picture of the visual tools with your phone camera and share with peers</li> <li>• Download and share video clips</li> <li>• Ask "What do you see? What is happening? Can this really happen? How is this related to STIs or, specifically, HIV? What do you suggest should be done?"</li> <li>• The questions above are based on the <i>Who, What, When, Where, Why, and How</i> of a problem, issue, or situation.</li> </ul> <p>Texting</p> <ul style="list-style-type: none"> <li>• Send reminder messages to peers about key behaviors</li> <li>• Invite peers to events or activities</li> <li>• Relay information about clinics or hotlines</li> <li>• Send daily reminder messages about taking ARTs</li> <li>• Keep messages concise, especially if you are strictly relaying information (i.e., meet at Spot X tonight)</li> <li>• Reminder messages work best if they are funny or grab the audience</li> </ul>
<b>REMINDER MATERIALS</b>	
<p><b>Why</b> do we use reminder materials?</p> <ul style="list-style-type: none"> <li>• As a trigger to remember the information presented</li> </ul>	<p><b>How</b> do we use reminder materials?</p> <ul style="list-style-type: none"> <li>• After a discussion, pass out to MSM, to be taken home</li> </ul>

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

## “LOVE AND TRUST” ACTIVITIES

### Objectives:

- To learn that condom and lubricant use signifies that you love and trust your partner
- To know the three behaviors MSM can do with their partners to show they love and trust them
- To generate a list of ideas for “Love and Trust” activities

**Time:** 1 hour

**Materials:** Flipchart and markers “Watch Me!” video clip and discussion guides: “Look, Listen, Love, Respect” and “Personal Responsibility” on CD-ROM for projection on screen; laptop, LCD projector screen.

**Types of Activities:** Presentation, brainstorming, and group discussion

### Activity

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

### Discussion Questions:

1. What do you think about the idea of not using a condom because you love and trust your partner?
2. What would you say to a peer who told you that he does not use a condom with his boyfriend because he loves and trusts him?

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

### Discussion Questions:

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

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

- Correctly use condoms and lubricants every time you have sex.
- Go for HIV counselling and testing together.
- Stay faithful to one another or reduce the number of partners you have.

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

Some ideas for “Love and Trust” activities:

- Hold a “couples only” party to promote faithfulness. Pass out condoms and lubricant sachets for party gifts. As you are passing out the party gifts, discuss how the condoms and lubricants signify love and trust.
- Procure rings that can be distributed to MSM who vow to stay faithful to one another. You can call them “Love and Trust” rings.
- Work with your local MSM-friendly clinic to promote couples testing days. Pass out “We Love and Trust Each Other” tee shirts.
- Hold a contest for the couples that loves and trusts each other the most. Couples can write in how they show their love and trust, and the best answers win. Use condoms to make crowns for the winning couple. Have the winning couple give a talk about using condoms and lubricants to show you love and trust your boyfriend.
- Develop two symbols, one that means “Love,” and one that means “Trust.” Pass these out to couples who get tested together.
- Hold a “how well do you know your partner” competition like they do on the GTV programme “It Take Two”.
- Show the “Watch Me!” video-clips about love and trust to couples on your cell phone and discuss them.

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



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



# **SESSION PLANS FOR TRAINING**

## **MSM PEER EDUCATORS**

### **PART 1**

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

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

## INTRODUCTION

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

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

# ICE BREAKERS

## 1. Rhyming Names

Each person introduces himself with a describing word (adjective) that has the same first letter as his name, and which describes how he feels or who he is. Examples — I am Fred and I am funny, I am Sammy and I am super, or I am Jacob and I am jealous. Optional: As you go around the room, each person has to remember the names and adjectives of those people who already introduced themselves.

## 2. Three Greetings and Run

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

## 3. Three Truths and a Lie

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

# ENERGIZERS

## 1. The Rainstorm

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

## 2. CHE CHE KULE (The Diarrhoea Song)

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

### 1. CHE CHE KULE

(arms over head)

### 2. CHE KO FISA

(bend down – show pain of diarrhoea)

### 3. KO FISA LANGA

(raise your body in recovery)

### 4. LANGA TI LANGA

(arms moving – dance of joy)

### 5. TUMBA LELE

(dance of joy)

## 3. The King is Dead

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

## 4. Pass the Action

Participants sit or stand in a circle. One person stands in the centre of the circle. He chooses an action (e.g. dancing, hopping on one foot, clapping) and does this action towards a participant he chooses in the circle. That person then takes the place of the first person and repeats that action until he reaches the centre of the circle. He chooses a new action or movement and does that action or movement to a new participant. The game is continued until everyone has had a chance to "pass the action."

## **5. Simon Says**

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

## **6. The Sun Shines On**

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

## **7. Condom Game**

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

## **8. “Prrr” and “Pukutu”**

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

## **9. Locomotion**

Ask for a volunteer and have everyone sit in a circle in chairs. The volunteer walks or runs around the outside of the circle, imitating some means of transportation such as a trotto, taxi, bicycle, boat, or train. He stops in front of several people and gives them a signal, and they follow him, imitating the form of transportation. When the person has a small group following him, he shouts “All change,” and everyone including himself races for a seat. The person who is left without a seat must start the game again, with a different form of transportation.

### **10. Pass the Parcel (for literate participants)**

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

### **11. Group Massage**

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

### **12. Hena Benum (Who will Drink?)**

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

*Hena benum (2X)*

*Eyemi Kojovila (2X)*

*Apeshie konko deka (2X)*

### **13. A Band Without Instruments**

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

## OTHER GAMES

### 1. Forming Groups by Number

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

### 2. Leading and Guiding

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

### 3. Knees Up

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

### 4. Five TroTros

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

### 5. Reflecting on the Day

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

### 6. Imaginary Gifts

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



# **SESSION PLANS FOR TRAINING**

## **MSM PEER EDUCATORS**

### **PART 1**

# **HIV- AND AIDS- RELATED INFORMATION**

- **WHO ARE MSM**
- **BODY MAPPING**
- **BASIC KNOWLEDGE OF STIs**
- **BASIC KNOWLEDGE OF HIV AND AIDS**
- **PREVENTION OF HIV AND OTHER STIs**
- **TESTING AND COUNSELLING**
- **INFORMATION SHEETS**



**It's my turn**



## WHO ARE MSM?

### Objectives:

- To gain a better understanding that MSM are not the same
- To understand the importance of not being judgemental of your peers

**Time:** 1 hour

**Materials:** MSM profiles (found at the end of this activity)

**Preparation:** Photocopy and cut out the various MSM profiles

**Type of Activities:** Group discussion

### Activity

Pass out the eight MSM profiles to participants who you know are literate and will be able to read the profiles out loud.

Give the participants you have chosen a minute to read the profiles to themselves, and then ask each of them to read them out loud. Do not allow discussion until all of the participants have read their profiles to the group.

### Discussion Questions:

- What observations can you make from the profiles of MSM you have just heard?
- Would you consider all of these men MSM?
- Could we label any of them with another name? (bisexual, transsexual, heterosexual)
- Why do some MSM also have sex with women?
- Do you think the majority of MSM in Ghana are married?
- As a peer educator, would you be comfortable speaking with each of these MSM?  
Why or why not?
- Why do men have sex with men? (desire, love, money, gifts, protection, unavailability of women, forced)

Next, ask if any participant would like to share his profile with the group. Ask the participants who shared their profiles how they felt. Were any of them hesitant to share their profiles based on how their peers might react or think of them?

Close this activity by stressing the importance of peer educators accepting their peers for who they are, and not being judgemental if the peers are different from what they think a MSM should be.



## MSM Profiles

**Peter, a 17-year-old** in a boarding school in South Africa, sometimes crawls late at night into the bed of his 16-year-old friend Daniel. They play with each other. Peter talks about girls and so does Daniel, although the younger boy is more interested in his friend.

“-----”-----”-----”-----”-----

**Vladimir, a 20-year-old** Russian, has been in prison for a year. He had a girlfriend before he was arrested for drug dealing, but he doesn't think he will see her again. Every night he has sex with Boris, a large, violent man in his forties, because Boris protects him from other, more violent men.

“-----”-----”-----”-----”-----

**Twenty-three-year-old Lal** is a taxi driver in Dhaka, Bangladesh. Some nights he goes to one of the big parks in the city where he can meet men who are attracted to other men.

“-----”-----”-----”-----”-----

**Thirty years ago, Julia** was born a boy in a small town in Costa Rica, Central America, but since the age of 16 she has dressed as a woman and taken hormones to develop her breasts. She makes a little money as an entertainer in bars in San José, the capital, but most nights she stands on a street corner and waits for customers to drive by.

“-----”-----”-----”-----”-----

**Kim is an unmarried 33-year-old** in Shanghai, China. He has just discovered the city's latest gay bar, where he goes two or three times a week, hoping to meet a man to fall in love with.

“-----”-----”-----”-----”-----

**Jorge and Hideki** are two men in their forties in Brazil, South America. They have lived together for 16 years. Very occasionally they have sex together, but more often, each has “adventures” with other men.

“-----”-----”-----”-----”-----



**Sunil, 35**, and his partner Raj, 50, consider themselves lucky to share a large house near the ocean in Mumbai, India. They have just celebrated ten years of living together and being faithful to each other.

“-----”-----”-----”-----”-----

**René is a 55-year-old** businessman in Abidjan, Cote d’Ivoire. He is married and has three children. At night he sometimes drives down one of the main avenues in the city looking for the young men who he can pay to have sex with.

“-----”-----”-----”-----”-----

# BODY MAPPING

## Objectives:

- To increase awareness of one's body and its erotic zones, and to increase comfort with speaking about different parts of the body related to sex
- To understand the level of HIV transmission risk for different sexual activities.

**Time:** 1 hour and 30 minutes

## Materials:

- Flipchart paper, tape and markers
- “Anatomy of Male and Female Sex Organs” information sheet

**Preparation:** Make copies of the “Anatomy of Male and Female Sex Organs” information sheet, to be used as handouts

**Type of Activities:** Small group work, group discussion, brainstorming

## Activity

Divide the participants into two groups. Give each group several pieces of flipchart paper, some tape, and markers.

Explain to each group that you want them to draw a picture of a naked man and a picture of a naked woman. The groups may find it easier to ask someone to lie down and then trace their outline.

Now ask the participants to label all possible parts of the body that can be used for sex between a man and a woman and between a man and a man. Ask them to either draw these directly onto the drawings or to draw them on pieces of paper and then stick them on.

When the groups have completed this task, ask each group to explain what they have drawn on the bodies and why. Encourage others to ask questions about the drawings and to make any comments. Explain or clarify any body part listed and its function. Refer to the *Trainer's Notes* at the end of this activity and make sure the participants have included the parts listed.

Next ask and discuss the following questions:

## Discussion Questions:

1. Why do you think we are discussing women as well as men in this activity?  
*(Note: it is important for participants to be aware that many MSM will also have sex with women and are married or will get married. For this reason, peer educators will also need a clear understanding of a woman's body and sexuality in order to answer questions that may arise.)*
2. How is a man sexually stimulated? How is a woman sexually stimulated?  
*(Note: write the answers on a flipchart which will also be used in the next activity, and make sure the participants understand each one. Make sure the acts listed in the Trainer's Notes at the end of this activity are included in the list.)*
3. Are there other words that you use or have heard that describe these acts?  
*(Note: write these words on the flipchart next to the appropriate act.)*

4. Address the importance of having choices about sexual practices and erotic stimulation, particularly related to HIV/AIDS prevention.

Pass out the “Anatomy of Male and Female Sex Organs” information sheet at the end of this session.

### **TRAINER’S NOTE:**

#### **Parts of the Body that can be Used for Penetrative and Non-penetrative Sex**

penis, mouth, urethral opening (man and woman), testicles, scrotum, vagina, labia, vulva, clitoris, buttocks, anus, breasts, nipples, thighs

#### **Examples of Acts that Sexually Stimulate Men and/or Women**

kissing, hugging, oral sex, rimming, touching/caressing, nipple stimulation, masturbation and mutual masturbation, rubbing and pressing bodies together, massage, fingering, fisting, thigh sex, breast sex, foot sex, anal sex, sex toys, watching videos, internet sex

Use “Activity 5: HIV Level of Risk Continuum Game” from the HIV and AIDS module in the toolkit to work with the group to put these sexual activities into high, low and no risk categories for transmission of HIV.

## BASIC KNOWLEDGE OF STIs

### Objective:

- To increase understanding of different STIs

**Time:** 1 hour

### Materials:

- Flipchart and markers
- “Sexually Transmitted Infections” information sheet
- Paper or cards with symptoms, prepared in advance (21)

### Preparation

- Write the various symptoms found at the end of this activity on paper or cards large enough for the participants to see. (*Note: some symptoms appear more than once.*)
- Make copies of “Sexually Transmitted Infections” information sheet, to be used as handouts.

**Type of Activities:** Group discussion, brainstorming

### Activity

Ask the participants to brainstorm different types of STIs. Acknowledge that HIV is one type of STI but it will not be covered in this activity. Write the different types of STIs on flipchart paper, two per page, leaving space under each one. Add any other STIs that were not mentioned that are on the information sheet “Sexually Transmitted Infections.” You should list 10 STIs.

Divide the participants into four groups and pass out the symptom cards. Ask each group to look at the symptoms they have and decide which STI has that symptom. Then, ask each group to put their symptoms under the matching STI, one group at a time. Discuss and make any necessary changes after each group adds their symptoms.

Pass out the “Sexually Transmitted Infections” information sheet and ask the participants to refer back to it, as a lot of information was covered in this activity.

Ask if there are any questions.

## Symptom Cards

May have no symptoms (6 cards)

Painless round sores in genital area and on anus and mouth (1 card)

Blisters and ulcers in genital area (2 cards)

Rash on hands and feet (1 card)

Flulike symptoms (3 cards)

Painful urination (2 cards)

Pus or discharge from tip of penis (2 cards)

Itching (2 cards)

Growths (1 card)

Jaundice (1 card)

## TRAINER'S NOTES

### Symptoms:

- May have no symptoms (Genital Herpes, Syphilis, Gonorrhoea, Chlamydia, Hepatitis A, Hepatitis B)
- Painless round sores in genital area and on anus and mouth (Syphilis)
- Blisters and ulcers in genital area (Genital Herpes and Chancroid)
- Rash on hands and feet (Syphilis)
- Flulike symptoms (Genital Herpes, Syphilis, Hepatitis A)
- Painful urination (Gonorrhoea and Chlamydia)
- Pus or discharge from tip of penis (Gonorrhoea, Chlamydia)
- Itching (Scabies and Crabs)
- Growths (Genital Warts)
- Jaundice (Hepatitis B)

## BASIC KNOWLEDGE OF HIV AND AIDS

### Objectives:

- To increase understanding and awareness of basic HIV and AIDS information

**Time:** 1 hour

### Materials:

- Small prizes (candy) for winning team
- “Antiretroviral Treatment (ART)” information sheet

**Preparation:** Make copies of the “Antiretroviral Treatment (ART)” information sheet, to be used as handouts.

**Type of Activities:** Game (race), discussion, presentation

### Activity

Divide the group into two teams. Explain that each group will have 10 minutes to say aloud as many facts as they can, regarding HIV and AIDS. Answers can relate to transmission, prevention, and treatment.

Begin with one team, asking the first individual to say a fact out loud. If his fact is correct, the turn passes to the next player of the same team. If his fact is incorrect, that team’s turn ends, and the first member of the second team takes his turn. The second team continues until an error is made, at which point the turn passes to the first team. Explain to the groups that they should not assist other members of their team, and their answers cannot be repeated. If a team player can not think of an answer when it is his turn, he may pass. The only talking that can occur is encouragement for team members.

For every correct fact, the team receives one point. No points are received for incorrect answers. The team with the most points wins a small prize.

After 10 minutes, stop the race and ask the groups to return to their seats.

Be sure to add relevant information as needed, and discuss any incorrect information provided. Answer any questions.

Pass out the “Antiretroviral Treatment (ART)” information sheet and go over it with the group.

### TRAINER’S NOTE

Be sure to clear up the misconception that anal sex is safer than vaginal sex.



# PREVENTION OF HIV AND OTHER STIs

## Objectives:

- To ensure understanding of the major means of prevention of HIV and other STIs

**Time:** 1 hour

## Materials:

- Flipchart and markers
- Condoms and lubricants
- Penis model (dildo)
- Blindfold
- “Male Condom” information sheet
- “BSS on HIV and other STIs” information sheet
- “11 Ways to Prevent HIV” brochure
- “It’s My Turn” STI treatment flyer
- “It’s My Turn” STI story cards
- “It’s My Turn” texting flyer

**Preparation:** Make copies of “Male Condom” and “BSS on HIV and other STIs” information sheets, to be used as handouts.

**Type of Activities:** Group discussion, brainstorming, demonstration

## Activity 1

Distribute copies of the brochures, information sheets, flyers, and story cards to the peer educators. Give them time to review the information and discuss what they learned. Explain to the peer educators that they will practice using these tools in another session of the training.

Referring back to the different sexual acts between MSM, ask participants to list ways to prevent the transmission of HIV and other STIs.

Explore issues of non-penetrative sex, use of condoms, reducing the number of partners, HIV testing as a prevention tool, and not having penetrative sex. How realistic is it to ask people not to have sex? Are there certain times when someone should not have sex? Ask what other sexual practices are considered “safer sex.”

Ask for a participant to demonstrate the proper use of a condom and lubricant using the model. Then, ask for another participant to repeat the demonstration — with a blindfold on!



Discuss ways to ensure that the condom is used properly and effectively. Be sure to include all the points listed in the *Trainer's Notes* below.

### TRAINER'S NOTES

**Condom Use:**

- Always check the expiration date
- Don't use your teeth to tear the package
- Do not keep condoms in your back pocket
- Always use a water-based lubricant with a condom when having anal (or vaginal) sex

**11 Ways to Prevent HIV and other STIs**

Mutual faithfulness

Mutual masturbation

HIV testing

Not using excessive drugs and alcohol when having sex

No sex with a partner when he has STI

Non-penetrative sex thigh sex

Use of condoms for 'sucking' oral sex

Use of lubricant and condoms for anal and vaginal sex

Cut off the tip of the condom, cut open the tube that remains for rimming 'flicking the anus'

Reduction in number of 'sex mates'

Abstinence



# Be ready to take your turn when life calls.

There are friendly STI clinics where you can seek early treatment if you notice anything unusual on or a discharge from your penis. Keep your body strong, healthy and ready for it's your turn to succeed.

There are friendly hospitals/clinics which will prescribe the correct medication for the sexually transmitted infections (STI)

Call any of the MARP friendly helpline counselors for additional information:

**Text Me! Flash Me! Helpline Connecting MARPs & PLHIV Counselors Time Schedule:** Monday to Friday: 8am – 5pm

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

### Hello Friend!

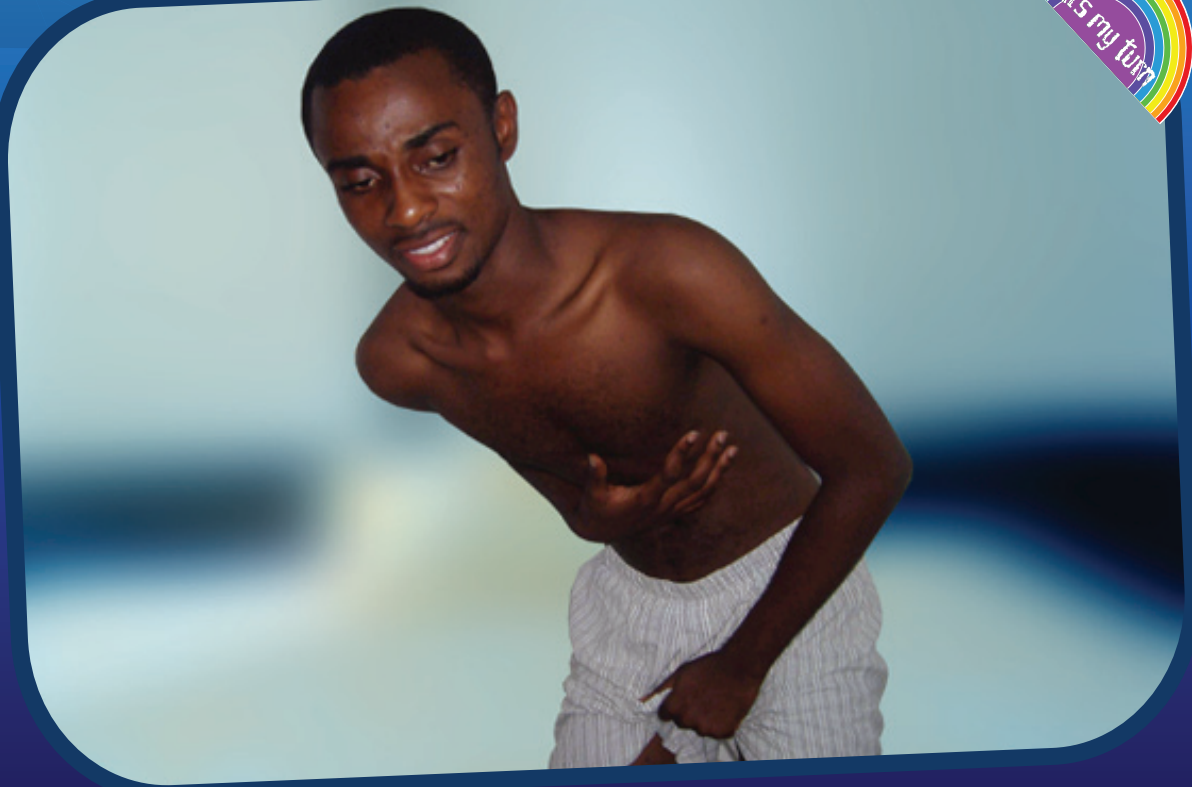
We are a team of 15 friendly counselors trained to provide free confidential information and referrals on HIV and STIs for you and your loved ones.

Please "flash" us or text *STI, Condom and Lubricant* or *HIV/AIDS* and send to 1945 and we'll call you back!

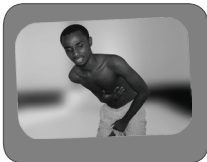
Disclaimer: The models used in this production are professionals. Photos used in this production do not suggest their sexual orientation or status



**Know About STI and  
Go for Prompt Treatment**



STI 1



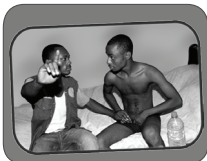
I had a discharge with painful urination and itching on my penis and anus. It was getting worse. I thought it was the work of witches, evil spirits and friends who were jealous of me. I was very disturbed and confused.

### Questions

1. What can cause painful urination and itching in the penis and anus?
2. What is an STI?
3. How can one get an STI?
4. What are some examples of STI that you know of?
5. What are some of the ways of preventing STI?



STI 2



My friend Dave visited and was disturbed by my condition. He explained that he thought I had Sexually Transmitted Infection (STI). He said he had one before too. I did not believe it was an STI. I knew it was evil spirits and witches. Dave insisted I have a health worker check it out. He said, if it was an STI there could be serious complications that could develop if it was not treated immediately and medically.

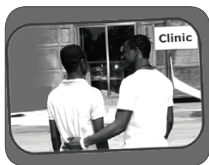
I told him I was afraid of going to the hospital because I had heard that staff there are very on friendly. Dave told me there are clinics where the staff are trained to be friendly helpful "Saso"

### Questions

1. How are STI transmitted?
2. What can happen if an STI is left untreated?
3. Name some "Saso" friendly clinics that you know and where there are?



STI 3



Dave's advice and information made me think of my future. I knew I needed to be healthy to take my turn in life and prove to my family that I would be a great person. I decided that I wouldn't let anything stop me from getting the correct treatment. I went to the clinic with my partner.

### Questions

1. Why did Kwame decide to go to the clinic?
2. Why is it important to stay healthy and strong?
3. Where can correct treatment be received.



**Clinic**



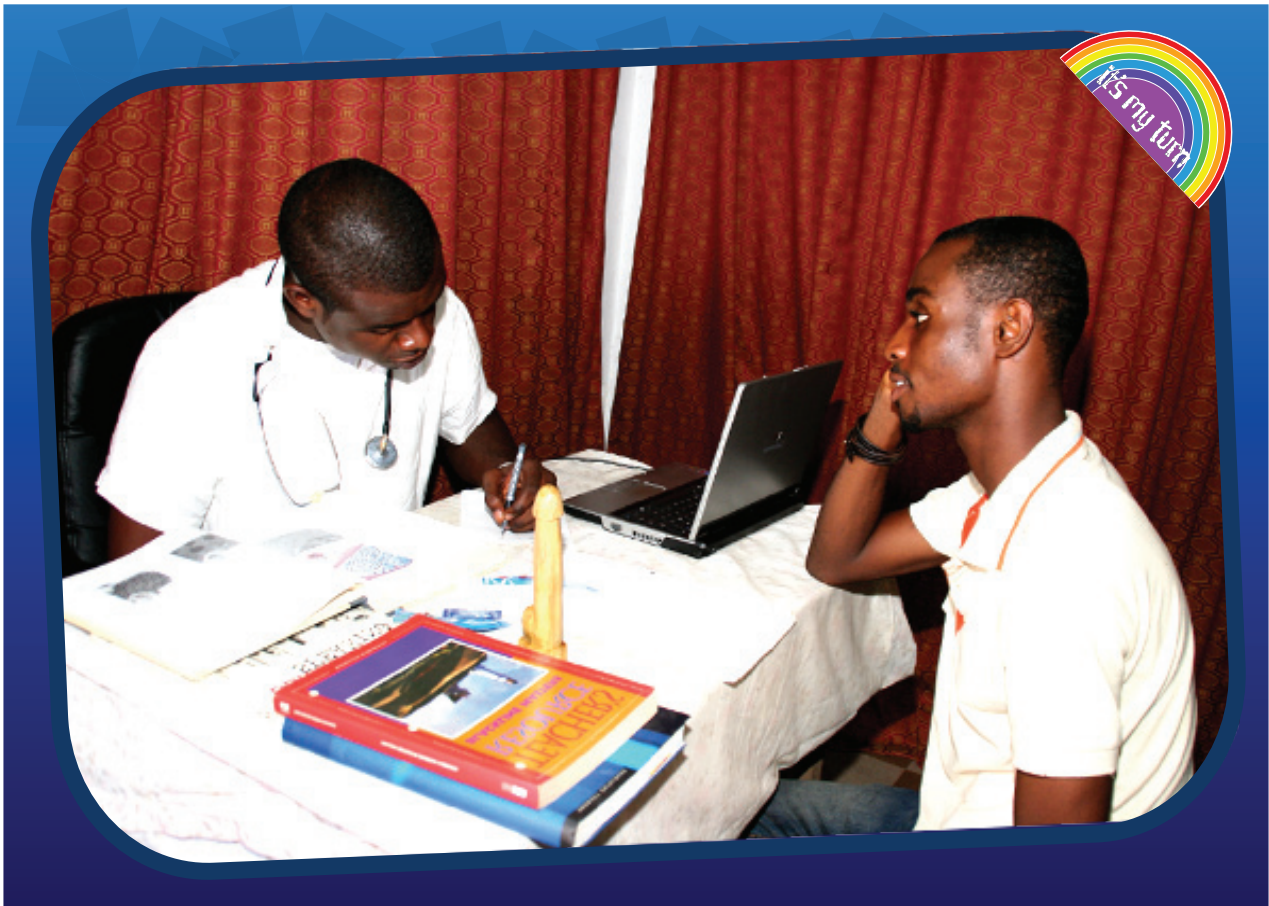
STI 4



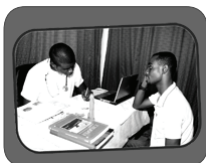
I was surprised at the friendly reception I received at the clinic. The nurse was very nice and he welcomed us with respect. He understood my problem. I never knew there were 'Saso friendly clinics' around.

### Questions

1. What is an STI friendly clinic?
2. Where can these friendly clinics be located?
3. Why do some people refuse to go to the clinic?



STI 5



The nurse patiently listened to me and took notes. He explained what STI's are and counselled me on how I can prevent future infections. He also told me that I should notify any of my sexual partners about STI so they could come for treatment too. He prescribed the correct medication for my infection. Now I know that the clinic is the best place to go if I have an infection.

### Questions

1. How can one avoid an STI?
2. Where is the best place to get correct treatment for all infections? Why?
3. How can you know that you have an STI?



STI 6



I followed the health workers instructions and continued taking the drugs even after the symptoms disappeared. I am happy to be well again. I learned that witches and evil spirits do not cause STI. I also learned that there are lots of friendly clinics that can help me. I am feeling good and ready to concentrate on my work so I can take my turn in life.

### Questions

1. Why must you stay free from infections?
2. What should you do as soon as you notice anything on your penis or anus?
3. What should you do if you meet an unfriendly staff at the clinic?



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

### Counselors Time Schedule:

Monday to Friday: 8 : 00am – 5 : 00pm

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

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

# 2011

**JANUARY**

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# TESTING AND COUNSELLING

**Objective:**

- To understand the importance of getting tested and be able to explain the process of TC

**Time:** 40 minutes**Materials:**

- Flipchart and markers
- “Testing and Counselling” information sheet
- “BSS on HIV and other STIs” information sheet
- “It’s My Turn” TC flyer
- “It’s My Turn” TC story cards
- “It’s My Turn” texting flyer

**Preparation:** Make copies of “Testing and Counselling” and “BSS on HIV and other STIs” information sheets, to be used as handouts.**Type of Activities:** Presentation and group discussion

## Activity 1: Know your Status

Distribute copies of the handouts, flyers, and story cards to the peer educators. Give them time to review the information and discuss what they learned. Explain to the peer educators that they will practice using these tools in another session of the training.

Open this activity by asking if anyone in the room would like to know their HIV status. They should show their willingness by raising their hands.

Next, tell those who had their hands up that you have invited someone who is waiting outside the room to take blood for testing. Take note of reactions and responses of all who had their hands up. (*Note: possible reactions are fear, complete silence in the room, not ready to go, wanting to leave the meeting, no apprehension and a willingness to test.*)

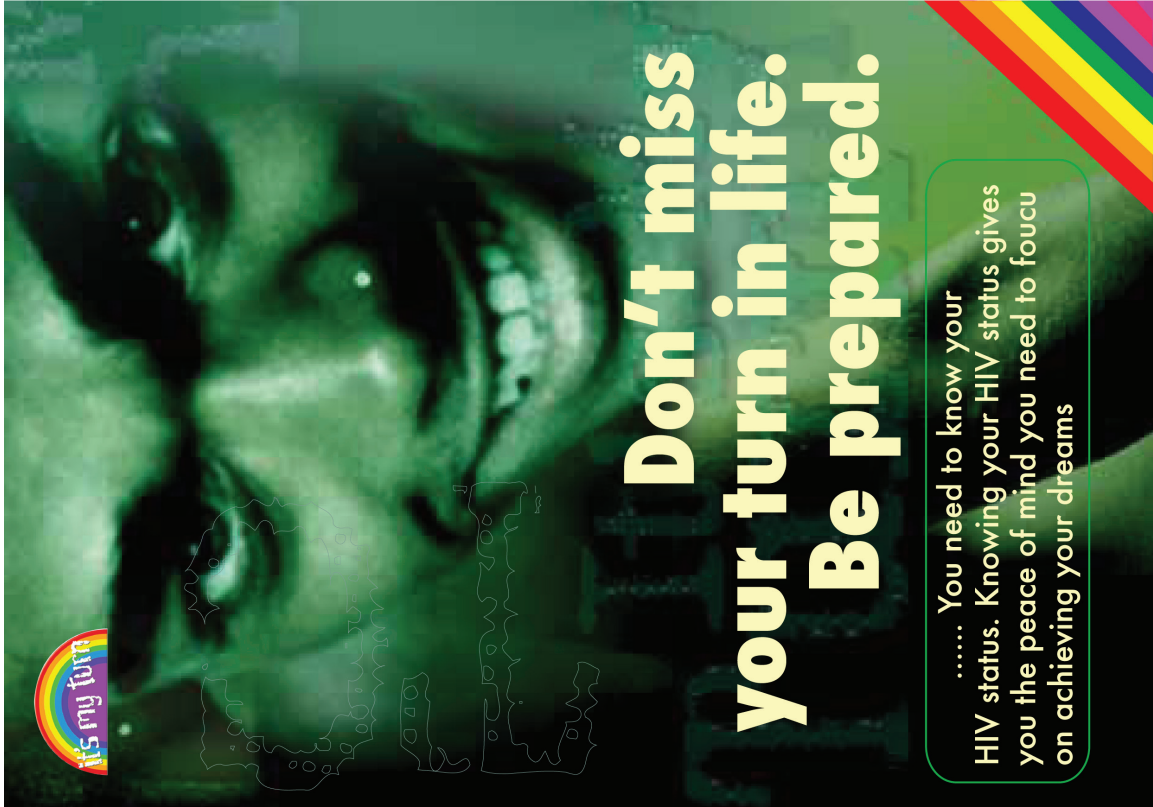
Let them know that there isn’t really anyone there and you now want to talk about why people feel uncomfortable when they are confronted with the possibility of taking an HIV test.

Then ask whether it is important for them, as peer educators, to be tested. Discuss the importance of “practice what you preach.” Reiterate the importance of being able to discuss the process of TC from the perspective of someone who has been tested.

Pass out the “Testing and Counselling” information sheet and review the information with the group.

Ask if they have any questions.





There are several places to go for an HIV test. Knowing your status helps you plan and is the first step to realizing your dreams. HIV treatment and other help are available.

Call any of the MARP friendly helpline counselors for additional information:

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Please “flash” us or text *STI, Condom and Lubricant* or *HIV/AIDS* and send to 1945 and we'll call, you back!

Disclaimer: The models used in this production are professionals. Photos used in this production do not suggest their sexual orientation or status



**Know Your HIV Status.  
Go for Testing & Counseling**



TC 1



Hi, my name is Andy. I used to have lots of sexual partners. I thought I was hip and hot but I was wrong. Really, I was wasting a lot of money, time and energy. I was also putting my life in serious and unnecessary danger.

### Questions

1. Why is risky to have more than one partner?
2. What could Andy have used his money for, instead of spending it on many partners?
3. What could Andy have used his time for, instead of spending so much time on so many partners?





TC 2



One morning, I felt terrible pains in my penis. I was with my friends and we were all not feeling well. I was scared that I may have contracted a serious disease and my life was ending. I had heard stories of some of the brothers dying from similar conditions.

### Questions

1. What could possibly be the problem?
2. Name some possible infections or illness that Andy may have.
3. What are some other signs and symptoms of STI that you know?
4. Have you also heard of stories of people dying from infections and HIV related diseases? Tell us about them.



TC 3



My friend Dave advised us to seek medical care and go for Testing and Counseling (TC). I heard many things about TC and the thought of knowing my HIV status scared me. I did not want people to point fingers at me if I tested positive.

### Questions

1. What is TC?
2. Where can one find a TC Center?
3. Is the HIV antibody test a painful process?
4. What is scary about TC?



TC 4



Then I considered my family, my talent and my dreams.  
I knew I was going to be a celebrity in Ghana.  
I would not allow anyone to ruin my future from me. I needed to know  
my HIV status so I could plan my life without worries.

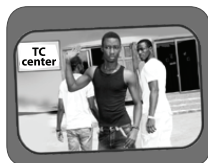
### Questions

1. What might be some of the benefits of getting tested?
2. How might knowing your status help you plan?
3. How might not knowing your status ruin you chance at "Taking You Turn In Life?"

# TC Center



TC 5



It's our turn to achieve our dreams! So Kwame and I made our way to the clinic for Testing and Counseling (TC). But our friend Joe did not listen to Dave's good advice. He refused to go for TC with us.

### Questions

1. Why do you think Andy and Kwame decided to go for TC?
2. What have you heard about the staff at the TC center?
3. What should you do if you meet an unfriendly staff?
4. Will you allow any person to stop you from going for TC and planning your future?



TC 6

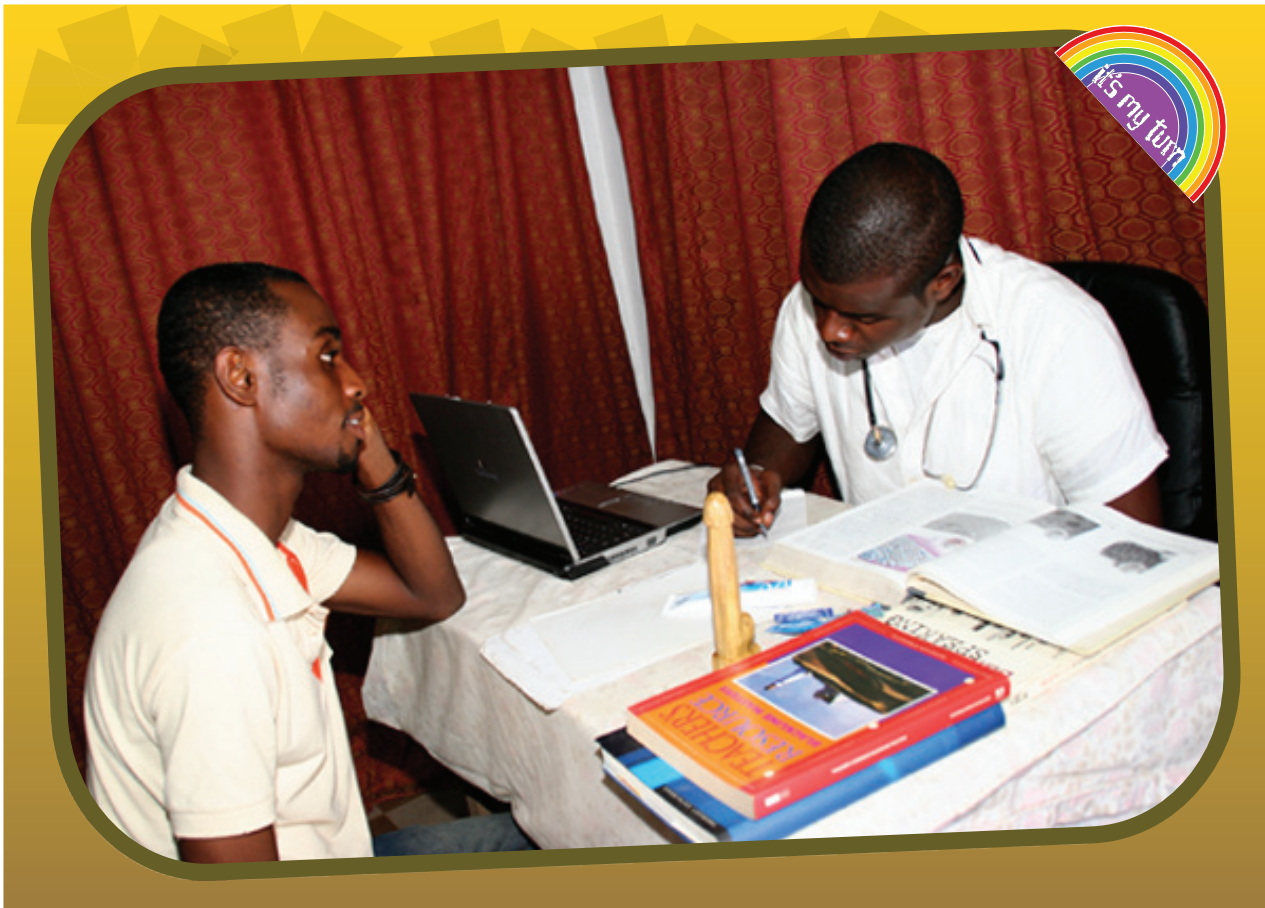


When we arrived we were surprised at how friendly the TC staff were. We felt very relaxed. The friendly staff welcomed us and counseled us. Based on what we learned we took the HIV antibody test.

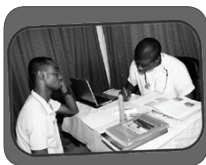
We were convinced that whatever the result, we still had the opportunity to live to take our turn in life. There will be medications called anti retrovirals to help us live long and fulfilling lives if we tested positive. If we tested negative, we would learn how to stay negative. Whatever the result we would have the peace of mind to achieve our dreams.

### Questions

1. What is the meaning of "Test Positive" and "Test Negative"?
2. What happens if your test result is positive?
3. What happens if your test result is negative?
4. What is the name of the medicine for people living with HIV and how does it help?



TC 7

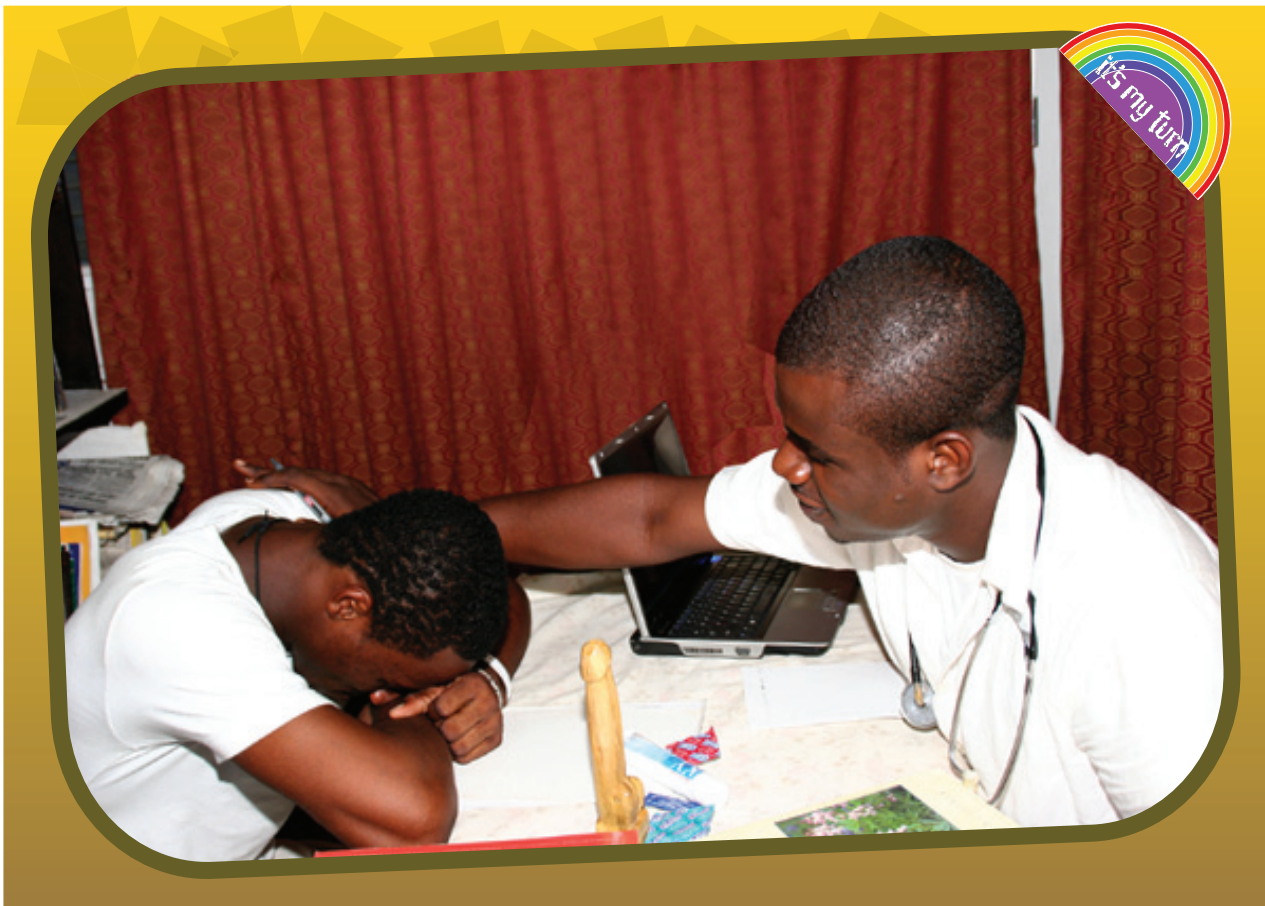


Kwame tested negative, even though I looked stronger and healthier than him. He was counseled on how to stay negative. The health worker told him the fewer the number of sexual partners he has the safer and just one partner is best. The health worker also said that every time Kwame has sex he needs to correctly use a condom and lubricant. This will help him avoid been infected with HIV and other STI. Now that Kwame knows his status, he has the peace of mind needed to focus on his dreams.

The health worker advised Kwame to come back for another HIV test in three months because of the "window period". The health worker also told Kwame that he should ge tested once a year.

### Questions

1. What can Kwame do to stay HIV negative?
2. What is the " window period"? What does it mean?
3. How often should you go to visit the TC center?
4. Why do you think Kwame is better able to focus on his dreams now?



TC 8



I tested positive, and was counseled on how to protect my partner and protect myself from re-infection by using condom and lubricant correctly everytime I have sex. I discovered there were support groups of people living with HIV that I could join to learn about living positively. I was informed that once my body has trouble fighting off HIV and infections on it's own there are drugs called Anti Retrovirals I can take to keep me strong.

I have learned a lesson, to keep myself healthy, my partner HIV free and our dreams alive. I will talk to Kwame about my HIV status, stay faithful and correctly use condoms and lubricants every time we have sex. I still have big dreams and lots of talent. I am taking all the steps I need to take to take my turn in life.

### Questions

1. What are the signs and symptoms of a person with HIV?
2. Why must Andy be faithful and use condoms and lubricants every time he has sex?
3. Why does Andy still have big dreams?



TC 9



Now that Kwame and I know our HIV status we have the peace of mind to focus, work hard, make smart choices and take our turn in life. We also know that staying faithful to each other and correctly using condom and lubricant every time we have sex is the best way to keep our dreams alive. Are you ready for your turn in life? Get tested with your partner and know you status.

### Questions

1. What have you learnt from the story?
2. Why is it important to discuss and advice your partner and friends to also go to the TC Center?
3. How can you have the peace of mind to work towards your bright future?





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

### Counselors Time Schedule:

Monday to Friday: 8 : 00am – 5 : 00pm

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

Hello friend!

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

# 2011

## JANUARY

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## MSM BSS INFORMATION SHEET

Below are selected knowledge and behaviors reported from a sample of 385 men who have sex with men (MSM), who participated in an STI/HIV/AIDS behavioral and biomarker surveillance survey (BSS) conducted in the Greater Accra area in 2006 .

Key Behaviors Promoted by the Text Me! Flash Me! Helpline	Key findings based on survey responses
1. Use of condoms correctly any time you have sex	<ul style="list-style-type: none"> <li>• Only <b>a third</b> of them used condoms regularly and consistently.</li> <li>• <b>Only half (50%)</b> used condoms for the last anal intercourse in the last 12 months</li> </ul>
2. Use water-based lubricants each time you have anal sex or dry vaginal sex, together with condoms.	<ul style="list-style-type: none"> <li>• <b>Only 19.5%</b> used condoms and lubes together consistently.</li> <li>• <b>A little more than half (55.8%)</b> said they used lubes consistently but not with condoms</li> </ul>
3. Be faithful to one partner or to a reduced number of partners	<ul style="list-style-type: none"> <li>• More than <b>75%</b> had had more than 1 partner in the last 12 months.</li> <li>• <b>25%</b> had had 6 or more partners</li> <li>• <b>66%</b> engage in sex for money or gifts</li> </ul>
4. Get tested for HIV and know your status, and encourage your regular partner(s) to get tested too.	<ul style="list-style-type: none"> <li>• <b>About one-fourth (26%)</b> had ever taken the HIV test</li> </ul>
5. Disclose your HIV or STI status to your partner.	<ul style="list-style-type: none"> <li>• <b>55%</b> said if they were infected they would not disclose their status to their friends for fear of stigmatization.</li> <li>• <b>79%</b> said they will disclose to some or all of their family members.</li> </ul>
6. Seek prompt and appropriate treatment and care for HIV and STIs from a qualified provider	<ul style="list-style-type: none"> <li>• <b>24%</b> had had STIs in past twelve months</li> <li>• <b>86%</b> took medication for STIs</li> <li>• <b>50%</b> sought help form the clinic, hospital or physician</li> <li>• <b>61%</b> visited a pharmacist or a chemist</li> <li>• <b>15%</b> visited the traditional healer</li> </ul>

## NUMBER OF PEOPLE LIVING WITH HIV AND AIDS

Geography	Number of PLHIV	Tins of Rice (approximation)
Sub-Saharan Africa	24,700,000	
Ghana	221,941	
Western Region, Ghana	25,688	
Central Region, Ghana	17,468	
Greater Accra Region, Ghana	26,715	
Volta Region, Ghana	18,495	
Eastern Region, Ghana	32,880	
Ashanti Region, Ghana	30,825	
Brong Ahafo Region, Ghana	20,550	
Northern Region, Ghana	7,193	
Upper East Region, Ghana	24,660	
Upper West Region, Ghana	17,468	

One Tin of Rice = 15,300 grains of rice (people living with HIV and AIDS)

Technical Report - Estimates and Projections of National HIV Prevalence and Impact in Ghana, Using Sentinel Surveillance Data Adjusted with DHS+ Data 2006

Technical Report - 2010 HIV Sentinel Survey Report, National AIDS Control Programme  
Ghana Health Service, Ministry of Health

## HIV TRANSMISSION - QQR

For HIV transmission to take place, remember QQR:

- Quality of the virus must be strong
- Quantity of virus must be large
- Route of transmission must be available

### Quality

- HIV can not survive outside the human body
- HIV dies when it meets air or heat
- HIV can survive inside a syringe if there is no air (vacuum)

### Quantity

- HIV can be found in large amounts (quantities) in semen, blood, vaginal fluids, and breast milk
- HIV can be found in saliva, tears, vomit, faeces, and urine, BUT it is NOT enough to be transmitted (unless blood is also present)
- HIV is NOT found in sweat

### Route

- For HIV transmission to take place, the HIV must get into the body's bloodstream.
- If someone cuts himself, the blood flows out (away from the bloodstream); if you touch someone's bleeding cut, blood will not enter into your bloodstream unless you also have an open sore or wound.

Using **QQR**, you can see why HIV CANNOT be transmitted by:

- |                           |                         |
|---------------------------|-------------------------|
| Kissing                   | Shaking hands           |
| Hugging                   | Sharing cups and plates |
| Mosquitoes                | Sharing toilets         |
| Using the same wash water |                         |

In Ghana, the main route of HIV transmission is by **sex**. The main risk is through the penis to the vagina and from the penis to the anus. There is a lesser risk of transmission from the penis to the mouth. There are almost no recorded cases of transmission from an HIV + woman's vagina to an HIV – person's mouth. There are no recorded cases of transmission from an HIV + person's mouth to an HIV – person's vagina or penis.

During sex, HIV can pass from -

- Man to Man
- Man to Woman
- Woman to Man

## HIV Risk of Infection

### Higher Risk

#### **Anal sex without a condom and without a lubricant**

(A rectum is not designed for sex. A penis can cause rips and tears inside, allowing exchange of blood and semen.)

#### **Vaginal or Anal Sex without a condom with a person with an STI**

(STIs bring blood to the surface of the skin, increasing the opportunity for infection.)

#### **Vaginal sex without a condom and without a lubricant**

(Semen and vaginal fluids can contain HIV.)

#### **Using Vaseline or hair oil to lubricate a condom**

(Oil-based products weaken male condoms and can cause them to break.)

#### **Sharing needles**

(Injecting drug users tend to inject other people's blood right into their veins.)

#### **HIV + woman getting pregnant or breastfeeding**

(A pregnant woman with HIV has one chance in three of infecting her child at birth or through breastfeeding.)

#### **Excessive alcohol**

(Too much alcohol can reduce the desire to use a condom, or cause one to forget to use a condom.)

#### **Drug use**

(Too much drug use can reduce the desire to use a condom, or cause one to forget to use a condom.)

### Lower Risk

#### **Anal sex with a condom and with a lubricant**

(A condom is good protection against HIV unless it breaks or is used improperly)

#### **Vaginal sex with a condom and with a lubricant**

(A condom is good protection against HIV unless it breaks or is used improperly)

#### **Oral sex with a condom**

(While a much lower risk than anal or vaginal sex, condoms are not 100% effective against HIV because they may break or be used improperly)

#### **Sex with multiple partners with a condom and with a lubricant**

(Reducing the number of partners reduces the risk of HIV)



**Sharing uncovered sex toys (dildos or vibrators)**

(There is a possibility of exchange of blood, semen, or vaginal fluids if a sex toy is not covered with a condom or washed well before sharing with a partner.)

**No Risk (Safe)**

**Handshakes**

(The skin is a good protective coating. HIV doesn't go through it unless there is an open sore or cut.)

**Being bitten by a mosquito**

(HIV is not present in a mosquito's saliva that is injected when biting a person. If mosquitoes transmitted HIV, then many more people of all ages would be infected)

**Sharing a toilet**

(HIV is very weak outside the body. It dies in the air very quickly.)

**Masturbation**

(There is no exchange of blood, semen, vaginal fluids, or breast milk, as masturbation only involves one person.)

**Fingering**

(There is no exchange of blood, semen, vaginal fluids, or breast milk; however, it is important to wash your hands after fingering to avoid the possibility of contracting Hepatitis.)

**Rimming**

(There is no exchange of blood, semen, vaginal fluids, or breast milk; however, anal hygiene is important as there is a risk of contracting Hepatitis.)

**Body Rubbing**

(There is no exchange of blood, semen, vaginal fluids, or breast milk.)

**Cyber Sex**

(There is no exchange of blood, semen, vaginal fluids, or breast milk as cyber sex, or internet sex, is through communication using computers.)

**Sharing a toothbrush**

(Sharing brushes may not be hygienic, but HIV transmission is not a problem.)

**Touching/hugging a person with AIDS**

(There is no exchange of blood, semen, vaginal fluids, or breast milk.)

**Sweat and Tears**

(HIV has been found in tears in very low quantities from some AIDS patients, but it is not enough to transmit HIV. HIV has never been recovered from the sweat of HIV-infected persons.)

**Sharing spoons/forks/plates/cups with a PLHIV**

(HIV is a very weak virus outside the body. It dies in the air very quickly and is killed by soap and water.)

**Sharing phones**

(HIV is a very weak virus outside the body. It dies in the air very quickly.)

**Deep kissing with tongues**

(HIV can be found in saliva but not in enough quantities to transfer the virus from one person to another.)

## ANTIRETROVIRAL THERAPY (ART)

- Antiretroviral therapy is a treatment, not a cure for HIV.
- Antiretroviral therapy (ART) or antiretroviral medicines (ARVs) do not kill the HIV virus. However, they can help to decrease the amount of virus in the body (viral load).
- ARVs are taken in combination, usually three different ARVs every day. Each drug attacks HIV in a different way.
- ARVs should not be started until a blood test is done to determine how much HIV is in the body (viral load).
- Once started, ARVs must be taken for the rest of a person's life, and must be taken properly every day at the specified times.
- ARVs can cause side effects (e.g. nausea, anaemia, rashes, and headaches).
- ART helps the body to strengthen the immune system and fight off opportunistic infections.
- ARVs should never be shared. When they are prescribed, they are for one person.
- ART reduces HIV transmission from the mother to child during pregnancy, labor, delivery, and breastfeeding.





## Relationship between HIV and other STIs

There is a close relationship between HIV and other sexually transmitted infections (STIs)

- 1. HIV is one type of sexually transmitted infection (STI)**
- 2. STIs increase your risk of contracting HIV**

A person who has an STI is at a much higher risk of contracting HIV through sex from an infected person. The sores, blisters, and rashes from the STI can provide openings for HIV to enter the body (like those symptomatic of syphilis or herpes). However, research also shows that STIs that do not cause breaks in the skin (such as gonorrhea or chlamydia) also increase one's chances of being infected with HIV.
- 3. STIs increase your risk of transmitting HIV**

A person infected with both HIV and another STI has a higher risk of transmitting HIV to another partner.
- 4. Prompt and appropriate treatment of STIs reduces individual risk of HIV infection**
- 5. STIs can result in an HIV-infected person (PLHIV) developing AIDS more rapidly**

STIs put additional stress on the body's resistance. Those who are HIV-positive and have another STI are likely to get sick more frequently and develop AIDS more rapidly. When the body has to keep fighting infections for a long time, the body's resistance is weakened and opportunistic diseases take over.
- 6. STIs can be symptoms of HIV Infection**

HIV infection may complicate the diagnosis and treatment of other STIs. A person infected with HIV may have more severe symptoms of STIs and the normal treatment for the STI may be ineffective.

## Sexually Transmitted Infections

STI	Male Signs and Symptoms	Transmission	Treatment
			If Left Untreated
Genital Herpes	<p><i>May have no symptoms</i></p> <p><b>Initial infection:</b></p> <ul style="list-style-type: none"> <li>• Flulike symptoms (fever, chills, head and muscle aches, and fatigue)</li> <li>• Blisters and ulcers on and around mouth area or genitals, or in the anus.</li> </ul> <p><b>Recurrent infection:</b></p> <ul style="list-style-type: none"> <li>• Blisters and ulcers on genital area or lips</li> </ul>	Direct skin-to-skin contact during anal, oral, or vaginal sex.	<ul style="list-style-type: none"> <li>• Incurable</li> <li>• Treatment for symptoms with antiviral medication</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Increased risk of HIV</li> </ul>
Syphilis	<p><i>Usually no symptoms</i></p> <ul style="list-style-type: none"> <li>• Painless round, open sores in genital area, anus, and mouth which heal slowly</li> <li>• Rash on palms of hands and soles of feet and flulike symptoms</li> <li>• Proctitis (inflammation of anus and rectal lining)</li> </ul>	Unprotected anal, oral, or vaginal sex	<ul style="list-style-type: none"> <li>• Curable with antibiotics</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Blindness, heart failure, brain damage</li> <li>• Increased risk of HIV</li> </ul>
Genital Warts	<p><i>May have no visible symptoms</i></p> <ul style="list-style-type: none"> <li>• Warts in genital area and anus, sometimes with itching.</li> </ul>	Direct skin contact during anal or vaginal sex	<ul style="list-style-type: none"> <li>• Incurable</li> <li>• Treatment for symptoms</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Disfigurement of genitals</li> <li>• Increased risk of HIV</li> </ul>
Gonorrhoea	<p><i>May have no symptoms</i></p> <ul style="list-style-type: none"> <li>• Painful urination</li> <li>• Pus from tip of penis</li> <li>• Proctitis (inflammation of anus and rectal lining)</li> </ul>	Unprotected anal, oral, or vaginal sex	<ul style="list-style-type: none"> <li>• Curable with antibiotics</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Urethritis</li> <li>• Sterility</li> <li>• Increased risk of HIV</li> </ul>
Chancroid	<ul style="list-style-type: none"> <li>• Painful ulcers (sores) on penis or anus that bleed easily and appear 3-5 days after exposure</li> <li>• Inflammation: one side of lymph gland</li> </ul>	Direct contact with discharge from ulcers (sores)	<ul style="list-style-type: none"> <li>• Curable with antibiotics</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Increased risk of HIV</li> </ul>

STI	Male Signs and Symptoms	Transmission	Treatment
			If Left Untreated
Chlamydia	<p><i>May have no symptoms</i></p> <ul style="list-style-type: none"> <li>• Painful urination</li> <li>• Discharge from penis</li> <li>• Proctitis (inflammation of anus and rectal lining)</li> </ul>	Unprotected anal, oral, or vaginal sex	<ul style="list-style-type: none"> <li>• Curable with antibiotics</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Urethritis</li> <li>• Increased risk of HIV</li> </ul>
Hepatitis A	<p><i>May have no symptoms</i></p> <ul style="list-style-type: none"> <li>• Flulike symptoms</li> <li>• Diarrhoea and vomiting</li> <li>• Jaundice</li> </ul>	Rimming (transmitted through faeces)	<ul style="list-style-type: none"> <li>• Hep A vaccination for prevention</li> <li>• No treatment</li> <li>• Bed rest and fluids</li> <li>• Usually get better after 2 to 3 weeks of bed rest.</li> </ul>
Hepatitis B	<p><i>May have no symptoms</i></p> <ul style="list-style-type: none"> <li>• Jaundice</li> <li>• Fatigue</li> <li>• Abdominal pain</li> <li>• Loss of appetite, nausea, vomiting</li> </ul>	Having sex with an infected person and rimming. Risk may be reduced by condom use (transmitted through blood and semen)	<ul style="list-style-type: none"> <li>• Hep B vaccination for prevention</li> <li>• Anti-viral treatment</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Cirrhosis (scarring of liver)</li> <li>• Death from chronic liver disease</li> </ul>
Pubic Lice (Crabs)	<ul style="list-style-type: none"> <li>• Itching of pubic area, mainly at night</li> </ul>	Direct body contact	<ul style="list-style-type: none"> <li>• Special shampoos and lotions</li> </ul>
Scabies	<ul style="list-style-type: none"> <li>• Itchy red rash on penis, buttocks, inner thighs, wrists, ankles, hands, chest, and back</li> </ul>	Direct body contact and contact with infected bedding and clothing	<ul style="list-style-type: none"> <li>• Special lotions</li> </ul>

## CONDOM AND LUBRICANT

### **What is a condom?**

A condom is a thin sheath, usually made of latex, that is placed on an erect penis and used during anal, vaginal, and oral sex.

### **How is a condom used?**

A condom holds the semen so that sperm cannot pass into the anus, vagina, or mouth. The condom is placed on an erect penis before sex. The condom is carefully removed after sex. Condoms can only be used once.

### **How effective is the condom?**

A condom is highly effective in the prevention of sexually transmitted infections (STIs), including HIV, if used correctly and consistently during every sexual encounter.

### **What type of lubricants should be used with a condom?**

Only water-based lubricants such as K-Y jelly or glycerine should be used with condoms. Oil-based lubricants such as Vaseline, hair oil, Robb, Nkuto, and Nku should NEVER be used, as the oils cause the condom to break (making them ineffective).

### **When should a lubricant be used with a condom?**

- When you have anal sex
- When you have dry vaginal sex

### **What are the advantages of using a condom?**

- Protects against HIV and other STIs
- Easy to find
- Inexpensive
- Easy to use

### **What are the disadvantages of using a condom?**

- May occasionally break or slip off during intercourse if not used properly
- May interrupt sexual activity when being put on if the couple is inexperienced in their use (this improves with continued practice)
- May cause decreased sexual sensitivity if the wrong type of condom is used

### **What are the possible side effects of using a condom?**

- Rarely, there may be an allergic reaction to latex which would cause burning, itching, or swelling

## POSITIVE LIVING

### WHAT IS POSITIVE LIVING WITH HIV?

1. Positive living with HIV is living with hope and determination to delay the onset of AIDS, thus being able to live a healthy and long life.
2. It means maintaining a positive mental attitude and healthy lifestyle to help the immune system cope with HIV (or any other illness).
3. It means avoiding infecting others and re-infecting oneself with HIV.

### STRATEGIES FOR POSITIVE LIVING

#### 1. Have the Right Attitude

- a. Accept HIV-positive status. This will not happen overnight, and people living with HIV need support to be able to cope.
- b. Share your status and worries with those you love and trust.
- c. Learn as much as you can about HIV and AIDS and its effects on your life.
- d. Share experiences with others in your community who are also living positively to find strength and hope.

#### 2. Seek Support

- a. Talking to somebody helps an HIV-positive person cope with stress and ease tension, and it will lighten the load.
  - b. Go back to the counsellor, who will listen to your fears and worries about your status.
  - c. Avoid being alone — mix with friends and family members.
- 
- a. This is helpful if you are a member of a church or religious organization. Talking to someone you trust will help in reducing your stress and worries.
- 
- a. It is important for people living with HIV to take care of their health by protecting themselves against infectious diseases such as TB, sexually transmitted infections (STIs), malaria, and chest infections.
  - b. Seek early medical treatment whenever you suspect you have any infection.
  - c. Immediate treatment of opportunistic infections helps to keep the immune system stronger and therefore decreases the viral load.

### **3. Maintain Good Health**

- a. Maintain good personal hygiene by taking a bath at least once a day, washing your hands after using the toilet and before handling food, and keeping your home clean.
- b. Avoid infections or diseases by sleeping under a mosquito net.
- c. Avoid re-infection of HIV or other STIs by using a condom consistently and correctly with ALL sexual partners (this includes using a lubricant for anal and vaginal sex).
- d. Visit the health centre regularly and go whenever you fall ill.
- e. Exercise regularly.
- f. Avoid smoking (cigarettes and drugs).
- g. Get enough rest.

### **4. Engage in Social Activities**

- a. Visit friends and participate in meetings of the local network of people living with HIV and AIDS to share experiences and challenges.
- b. Get involved in care and support groups. This will help you overcome difficult conditions.

### **5. Make Plans for Your Life**

- a. Being infected with HIV does not mean one will die immediately; people with HIV may live for over 20 years with the availability of ART. You need to make plans for your life.

### **6. Eat Healthy**

- a. Good nutrition is very important to help boost your immune system and help protect the body against disease and infection.
- b. Drink boiled or pure water.
- c. Avoid alcohol.
- d. Eat fresh food, including fruits and vegetables.

## TESTING AND COUNSELLING (TC)

### What is Testing and Counselling (TC)?

TC is a service where people can choose to go for an HIV test and receive counselling. Test results are confidential and only shared with the person receiving the test.

### What are the steps for TC?

- First, a person will visit with a counsellor for pre-test counselling to talk about why he wants to be tested, and to discuss the possible results.
- Second, a consent form is signed if a person agrees to take the test. A small amount of blood is taken for testing for the presence of HIV antibodies.
- Third, the person will meet again with the counsellor in a post-test counselling session to receive the results and discuss any next steps.

### Why should I get tested?

- TO KNOW MY STATUS
- Had sex without a condom
- Condom broke during sex
- Have multiple partners
- Partner tested positive
- Am frequently sick and worried about HIV and AIDS
- To receive treatment, care, and support if HIV-infected

### If I test negative, does this mean I do not have HIV?

No, there is a period of about three months after you are infected when you may test negative but actually have HIV. This three month period is called the **window period**. During the window period, HIV may be present in the body, but the body's immune system has not yet developed the antibodies that are found by the HIV test. If you test negative, you should test again after three months to be certain you are HIV –.

### The test cannot tell

- When a person was infected
- How the person was infected
- Who the infection was from
- Whether a person has AIDS or not

### Barriers to TC

- Fear of stigma
- Fear of discrimination
- Fear of results

## ANATOMY OF THE MALE AND FEMALE SEX ORGANS

### What is anatomy and physiology, and why study them?

**Anatomy** is what the parts of the body look like. **Physiology** is how the various parts of the body work. It is important that we learn about our own bodies so that we can take proper care of them.

### What are the genitals and reproductive tract?

The genitals are the body parts involved in sex. The reproductive tract includes those body parts that are involved in sex that are inside our bodies.

### Male Organs

#### External (Outside organs)

**Penis** – External organ for reproduction and urinary excretion. It is normally hanging downward. When sexually excited, it becomes hard and enlarges.

**Shaft** - Filled with a sponge-like tissue that can fill with blood during sexual excitement to become erect and stiff. It is not a muscle.

**Glans** - The bulb-like area on the end of the shaft. This area is the most sensitive to sexual arousal. This is also called the head of the penis.

**Foreskin** - The covering over the glans, it is cut off during circumcision. It can be pulled back and it also pulls back by itself during an erection.

**Scrotum** - The sac or bag that contains the testicles. The testicles are outside the body because they have to be at the right temperature to produce sperm.

**Anus** - The opening of the rectum to the outside of the body. Although it is not a part of the sex organs, it is included here because STIs can happen here.

#### Internal (Inside organs)

**Urethra** - The tube inside the penis shaft. Urine and semen go through it. Just the opening is visible at the end of the penis. The STDs gonorrhoea and chlamydia can live here.

**Prostate Gland** - This gland produces some of the semen that comes out when a man has an orgasm. The prostate can be infected with bacteria that cause STDs such as gonorrhoea or chlamydia. The bacteria are harder to get rid of when they get into the prostate — antibiotic medicine usually has to be given for a longer time.



**Seminal Vesicles** - These glands produce some of the semen that comes out when a man has an orgasm.

**Vas deferens** - This tube connects the testicles with the urethra and carries sperm.

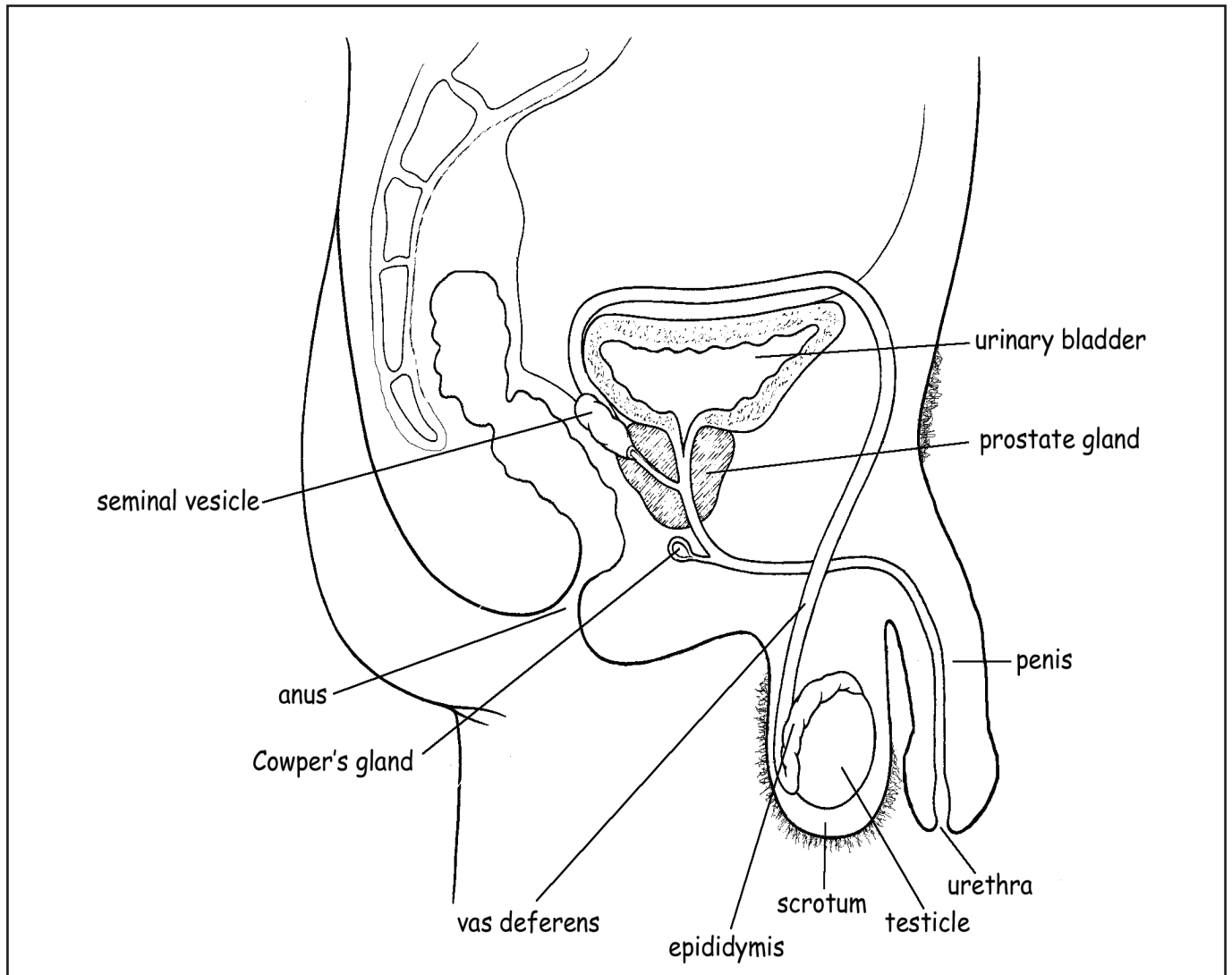
**Testicles (Testes)** – Located inside the scrotum, their purpose is to make sperm and to produce the male hormone (testosterone).

**Epididymis** - This is the area on top of the testicle that collects sperm and connects with the vas deferens. If some STIs, such as gonorrhoea or chlamydia, are left untreated, the bacteria can get into the epididymis and cause them to swell up and become tender.

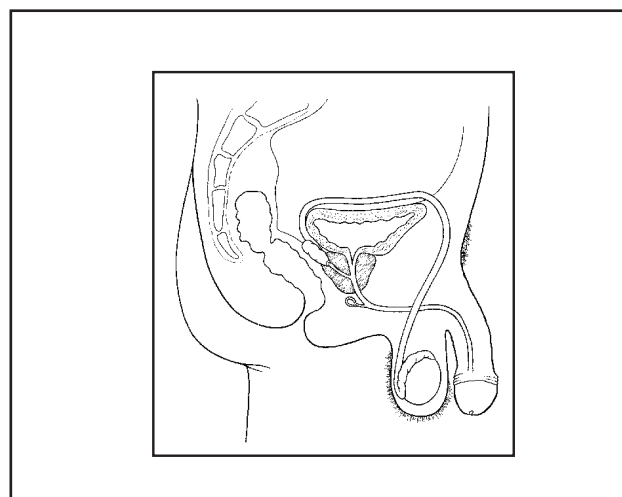
**Cowper's Glands** – A pair of small glands that produce a fluid that is part of semen.

**Urinary Bladder** – A sac which holds the urine.

## Male Reproductive Anatomy (uncircumcised)



## Circumcised Penis



## Female Organs

### External (Outside Organs)

**Labia** - There are two pairs of labia or lips: the outer lips (labia major) and the inner lips (labia minor). They help to protect the opening to the urethra and the vagina. The outer labia may have some pubic hair on them.

**Pubic Hair** - Above the labia is the pubic hair which may be in a small area or may cover a large area on the lower abdomen. This hair develops during the teenage years and serves a protective function.

**Clitoris** – A small bump at the top of external genitals where the labia meet in the middle. It enlarges during sexual excitement and its function is for sexual pleasure. It is covered by a hood or fold of skin to protect it.

**Anus** - The opening of the rectum to the outside of the body. Although it is not a part of the sex organs, it is included here because STIs can happen here.

### Internal (Inside Organs)

**Hymen** - This is a ring of skin around the opening of the vagina that gets broken during first sexual intercourse.

**Vagina** – A hollow, muscular, tunnel-like structure that ends a few inches inside, at the cervix. This is where the penis fits during intercourse and it is through this tube that a baby is pushed when giving birth.

**Cervix** - This is the bottom end of the uterus. It has a small opening through which menstrual blood flows from the uterus. It is also the hole where semen can enter through. This opening, along with the vagina, can expand greatly during childbirth to allow the baby to exit. When a doctor examines a woman, s/he will put a speculum (a tool to open the vagina) inside the vagina and look at the cervix for any abnormalities. The lining of the skin covering the cervix is different in young women who have not started to have their periods yet. This is important in the transmission of STIs since germs may be able to enter more easily in younger women.

**Uterus** - This is a muscular organ that has an inner lining with a lot of blood vessels which is shed monthly during menstruation. The uterus is where a baby develops from an embryo into a foetus. One of the openings of the uterus is through the cervix, which opens into the vagina. The other openings are at the other end and open into the fallopian tubes.

**Endometrium** – The inner layer of the uterus which is shed monthly. The inner lining provides the necessary environment for a developing embryo and foetus.

**Fallopian Tube (Oviduct)** - On each side of the uterus there is a narrow tube that reaches out towards



the ovaries. It is through this tube that the egg travels from the ovary to the uterus and where fertilization takes place if the egg meets a sperm along the way.

**Ovary** - Women have two ovaries that contain eggs that develop and enlarge during the menstrual cycle and then pop out near the opening of the fallopian tube. The tube catches the egg and transports it towards the uterus. About 300 to 400 eggs are produced during a women's life from the time she starts her period until she stops (menopause). The other function of the ovaries is to produce the hormones estrogen and progesterone.

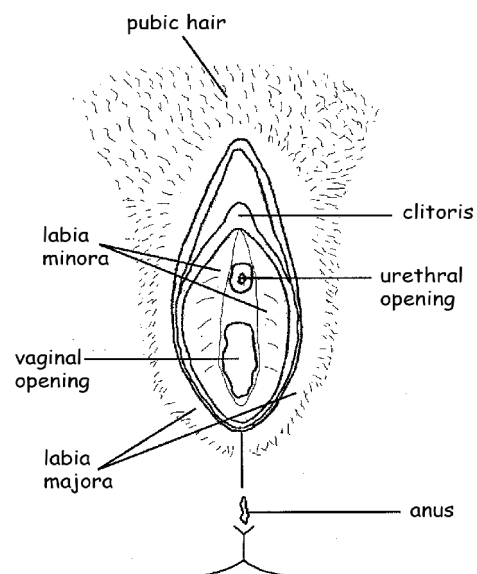
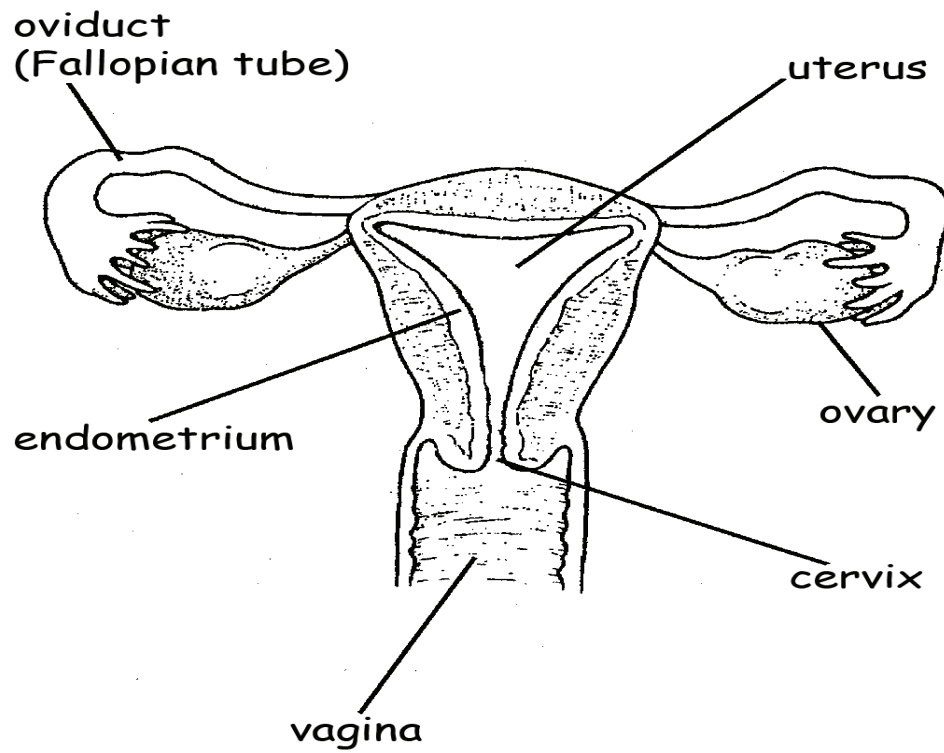
**Egg** - The egg (also called an ovum or ova) is what combines with a sperm to form a baby. If the egg travels down the tube without meeting a sperm, it doesn't get fertilized and it comes out with the monthly menstrual flow of blood.

**Urethra** - A tube leading from the bladder that carries urine out of the body. Its opening lies between the clitoris and the vaginal opening.

**Breasts** - The breasts are fatty tissues with milk-producing glands inside. The breasts may swell and become tender before the period starts, and they may also swell during sexual excitement. The nipple can become firm in the cold or to a touch. Sometimes there is a bit of hair around the nipple. It is common for one breast to be slightly larger than the other.



## Female Reproductive Anatomy (Internal and External Views)



## GLOSSARY

<b>AIDS</b>	Acquired immune-deficiency syndrome; a collection of illnesses which signal that ones' immune system has been damaged or suppressed by HIV infection.
<b>Antibody</b>	Produced by our bodies in the blood in response to an antigen (foreign body such as a bacteria or virus).
<b>Antigen</b>	Foreign invader or germ that enters the body, such as a virus or bacteria.
<b>Antiretroviral drugs (ARV)</b>	The group of medicines used for ART treatment.
<b>Antiretroviral Therapy (ART)</b>	Treatment with drugs that stop HIV from multiplying in the body.
<b>CD4 Cells</b>	A type of white blood cell and an important part of the body's immune system. CD4 cells are sometimes called T-cells. When someone is infected with HIV for a long time, their CD4 cell count gets smaller — a sign that their immune system is being weakened.
<b>Pubic Lice (Crabs)</b>	Small bugs that attach themselves to the skin in the pubic area and lay eggs in the hair.
<b>Ejaculation</b>	Discharge of semen in males.
<b>Erection</b>	When the penis fills with blood and becomes hard.
<b>Female Condom</b>	A thin rubber tube with rings at both ends that is inserted into the vagina before sex.
<b>Fingering</b>	Inserting one or two fingers into the anus.
<b>Genital Herpes</b>	A common viral sexually transmitted infection (STI) which is non-curable and causes painful blisters or sores on the genital area or lips.
<b>Genital Warts</b>	A common sexually transmitted infection (STI) caused by a group of viruses that cause painless soft growths to appear on the genitals or in the anus.
<b>Gonorrhoea</b>	A common sexually transmitted infection (STI) that causes males to have a burning sensation when urinating and a thick discharge from the penis. Females may have similar symptoms – pain when urinating and discharge from the vagina.

<b>HIV</b>	Human immune-deficiency virus; virus that causes AIDS.
<b>Immune System</b>	The body's defense system: made up of organs, tissues, and cells that defend the body against infection, disease, and foreign substances by attacking the invaders or the abnormal cells.
<b>Interpersonal Communication (IPC)</b>	Communication that occurs between two people or in small groups. Involves both verbal and nonverbal forms and both listening and talking.
<b>Life Skills</b>	Personal and social abilities that are needed to function confidently and deal effectively with the demands of day-to-day life. Life skills include effective communication, decision making, the ability to say no, negotiation skills, and problem solving.
<b>Masturbation</b>	Also known as solo sex. Self-stimulation of genitals for sexual pleasure.
<b>Mutual Masturbation</b>	Touching and stroking each other's genitals for sexual pleasure.
<b>Opportunistic Infections</b>	Infections that take advantage of a weakened immune system caused by HIV.
<b>Oral Sex</b>	The act of using the mouth to suck and lick the penis, vagina, or anus.
<b>Peer Education</b>	An approach of sharing information that involves people who are similar.
<b>Proctitis</b>	Inflammation of the anus and the lining of the rectum.
<b>Rimming</b>	Licking the anus.
<b>Scabies</b>	Small bugs that crawl under the skin and cause severe itching.
<b>Semen</b>	A liquid produced by the male at orgasm that contains the sperm; carries HIV when the male is HIV-infected.
<b>Sexually Transmitted Infections (STIs)</b>	Infections that are caused by viruses, bacteria, or other germs passed through sexual activity.
<b>Sperm</b>	Male reproductive cell that is produced in the testes and released when the male ejaculates.
<b>Syphilis</b>	A common sexually transmitted infection (STI) in which a small painless sore is present in the genitals or vagina for up to one month. Secondary syphilis occurs several months after exposure with a generalized rash. Third stage syphilis occurs years later and may affect any organ, including the brain and heart.

<b>T-cells</b>	White blood cells that are the primary targets of HIV.
<b>Testes (testicles)</b>	The male reproductive organs found inside the scrotum which produce sperm from puberty.
<b>Transsexual</b>	A person who identifies with the opposite sex of which he or she was born. Some transsexual people change their bodies through hormone treatments or operations.
<b>Transvestite</b>	A person who cross-dresses (man dressing as a woman); a transvestite may also be called a cross-dresser.
<b>Tuberculosis (TB)</b>	A lung infection that can occur in people with weakened immune systems and is easily transmitted. TB can be successfully treated with medication.
<b>Urethritis</b>	Inflammation of the urethra; men most often get urethritis from gonorrhoea and chlamydia. Symptoms include burning and pain when urinating.
<b>Virus</b>	A disease-causing organism that can not be seen and which lives inside a person or other living organism.
<b>White Blood Cell</b>	A type of blood cell that helps fight infections.
<b>Window Period</b>	The time period between when a person is actually infected with HIV and when antibodies to HIV can be detected in the test. The window period varies among people. Nearly everyone who is infected with HIV will have antibodies detected by testing within 3 months of the infection.

*Note: Definitions for the male and sex organs are found in the “Life Skills” information sheet.*








# **TOOLS FOR MSM PEER EDUCATORS PART 2**

- **MODULE 1: HIV AND AIDS ACTIVITIES**
- **MODULE 2: STIs ACTIVITIES**
- **MODULE 3: CONDOM AND LUBRICANT USE ACTIVITIES**
- **MODULE 4: TESTING AND COUNSELLING (TC) ACTIVITIES**
- **MODULE 5: STIGMA ACTIVITIES**
- **MODULE 6: LIFE SKILLS ACTIVITIES**






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## PART 2: TOOLS FOR PEER EDUCATORS MATRIX

### MODULE 1: HIV AND AIDS

Activity	Cell Phone Use Activity		Objectives	Behaviour Change Objectives
1 HIV and AIDS in Ghana		20	To help understand how many people are living with HIV and AIDS	
2 Wildfire Game		45	To show how HIV can spread in a community by unprotected sex	<ul style="list-style-type: none"> <li>• Use condoms and lubricants correctly and consistently for anal or vaginal sex.</li> <li>• Use condoms correctly and consistently when you have oral sex</li> </ul>
3 HIV Transmission Game – Fluids		45	To better understand which body fluids transmit HIV	
4 HIV Transmission Game – Routes		45	To better understand how HIV can enter the body	
5 HIV Level of Risk Continuum Game		60	To clear up misunderstandings on how HIV is and is not spread	<ul style="list-style-type: none"> <li>• Use condoms and lubricants correctly and consistently for anal or vaginal sex.</li> <li>• Use condoms correctly and consistently when you have oral sex</li> </ul>
6 What Happens to the Body of Someone who has HIV		30	To understand the difference between HIV and AIDS, and what happens to the body of someone who has HIV or AIDS	<ul style="list-style-type: none"> <li>• Get tested to know HIV status</li> <li>• Disclose your HIV or STI status to your regular partners</li> <li>• Promptly seek services at a health clinic for HIV and STI.</li> <li>• Take all of the medicines, for all the days, for STIs, TB, and ART treatment</li> </ul>

	Activity	Cell Phone Use Activity	Time (min)	Objectives	Behaviour Change Objectives
6	<b>What Happens to the Body of Someone who has HIV – Drama Sketch</b>		60	To understand the difference between HIV and AIDS, what happens to the body of someone who has HIV or AIDS, and the role of ART	<ul style="list-style-type: none"> <li>• Promptly seek services at a health clinic for HIV and STI.</li> <li>• Take all of the medicines, for all the days, for STIs, TB, and ART treatment.</li> </ul>
7	<b>Prevention of HIV and other STIs</b>		40	To understand the major means of prevention of HIV and other STIs	<ul style="list-style-type: none"> <li>• Use condoms and lubricants correctly and consistently for anal or vaginal sex.</li> <li>• Use condoms correctly and consistently when you have oral sex.</li> <li>• Get tested to know HIV status.</li> <li>• Promptly seek services at a health clinic for HIV and STI.</li> <li>• Take all of the medicines, for all the days, for STIs, TB, and ART treatment.</li> <li>• Be faithful to one or a reduced number of partners.</li> </ul>
8	<b>“That’s Me” – Film</b>		45	Acceptance is the theme of this inspiring film about a young drag queen. Life with HIV can still be celebrated, he tells us, as long as you acknowledge sexuality and love the virus.	<ul style="list-style-type: none"> <li>• Get tested to know your HIV status.</li> <li>• Disclose your HIV or STI status to your regular partner.</li> </ul>

## MODULE 2: STIs

	Activity	Cell Phone Use Activity	Time (min)	Objectives	Behaviour Change Objectives
1	STI Story Cards		Multiple or 60	To better understand the importance of seeking treatment from a health worker for an STI	<ul style="list-style-type: none"> <li>• Use condoms and lubricants correctly and consistently for anal or vaginal sex.</li> <li>• Use condoms correctly and consistently when you have oral sex.</li> <li>• Promptly seek services at a health clinic for HIV and STI.</li> <li>• Take all of the medicines, for all the days, for STIs, TB, ART treatment.</li> </ul>
2	The Basics of STIs		2 sessions of 30 minutes each	To recognize STIs and their symptoms and to understand STI transmission and prevention	<ul style="list-style-type: none"> <li>• Use condoms and lubricants correctly and consistently for anal or vaginal sex.</li> <li>• Use condoms correctly and consistently when you have oral sex.</li> <li>• Promptly seek services at a health clinic for HIV and STI.</li> <li>• Take all of the medicines, for all the days, for STIs, TB, ART treatment.</li> </ul>

## MODULE 3: CONDOM AND LUBRICANT USE

Activity	Cell Phone Use Activity		Objectives	
<b>1</b> <b>Condom and Lubricant Use Story Cards</b>		<b>Multiple or 60</b>	<b>Objectives</b> 1. To learn how to use a condom & lubricant correctly 2. To understand how to prevent STIs 3. To learn where to go for treatment and care for STIs	<ul style="list-style-type: none"> <li>• Use condoms and lubricants correctly and consistently for anal or vaginal sex.</li> <li>• Use condoms correctly and consistently when you have oral sex.</li> </ul>
<b>2</b> <b>How to Use Condoms and Lubricants</b>		<b>30</b>	To provide practice and skills to correctly use a male condom and lubricant	<ul style="list-style-type: none"> <li>• Use condoms and lubricants correctly and consistently for anal or vaginal sex.</li> <li>• Use condoms correctly and consistently when you have oral sex.</li> </ul>
<b>3</b> <b>Condom Line-up Game</b>		<b>45</b>	To reinforce the proper steps and order of using a condom and lubricant	<ul style="list-style-type: none"> <li>• Use condoms and lubricants correctly and consistently for anal or vaginal sex.</li> <li>• Use condoms correctly and consistently when you have oral sex.</li> </ul>
<b>4</b> <b>Condom Strength</b>		<b>5</b>	To show how strong a condom is and what happens when an oil-based lubricant is put on it	<ul style="list-style-type: none"> <li>• Use condoms and lubricants correctly and consistently for anal or vaginal sex.</li> <li>• Use condoms correctly and consistently when you have oral sex.</li> </ul>
<b>5</b> <b>Negotiation Skills</b>		<b>30</b>	To state common arguments against condom use and to practice negotiating condom and lubricant use with your regular partner or casual partner	<ul style="list-style-type: none"> <li>• Use condoms and lubricants together, correctly and consistently, each time you have anal or vaginal sex, including with your regular partners, to reduce the risk of HIV infection and other STIs</li> </ul>



## MODULE 4: TESTING AND COUNSELLING (TC)

	Cell Phone Use Activity	Time (min)		Behaviour Change Objectives
TC Story Cards			To better understand the importance of going for TC	<ul style="list-style-type: none"> <li>• Use condoms and lubricants correctly and consistently for anal or vaginal sex.</li> <li>• Use condoms correctly and consistently when you have oral sex.</li> <li>• Get tested to know HIV status; encourage your regular partners to get tested to know their HIV status.</li> <li>• Disclose your HIV or STI status with your regular partners.</li> </ul>
Wildfire Game			To begin to understand the impact of HIV and AIDS in terms of feelings associated with HIV infection	<ul style="list-style-type: none"> <li>• Use condoms and lubricants correctly and consistently for anal or vaginal sex.</li> <li>• Use condoms correctly and consistently when you have oral sex.</li> <li>• Get tested to know HIV status; encourage your regular partners to get tested to know their HIV status.</li> </ul>
TC Process			To better understand what TC involves	<ul style="list-style-type: none"> <li>• Use condoms and lubricants correctly and consistently for anal or vaginal sex.</li> <li>• Use condoms correctly and consistently when you have oral sex.</li> <li>• Get tested to know HIV status; encourage your regular partners to get tested to know their HIV status.</li> <li>• Disclose your HIV or STI status with your regular partners.</li> </ul>

## MODULE 5: STIGMA

	Cell Phone Use Activity	Time (min)	Objectives	Behaviour Change Objectives
<b>1</b>	<b>Stigma against MSM in Health settings</b>	<b>60</b>	To look at MSM stigma in different contexts, stigma forms and causes, and how stigma affects MSM	<ul style="list-style-type: none"> <li>• Get tested to know HIV status.</li> <li>• Promptly seek services at a health clinic for HIV and STI.</li> </ul>
<b>2</b>	<b>Disclosure of HIV status</b>	<b>60</b>	To discuss the relationship between stigma and disclosure of status and to know various coping mechanisms for dealing with stigma associated with HIV status and sexual orientation	<ul style="list-style-type: none"> <li>• Get tested to know HIV status.</li> <li>• Disclose your HIV or STI status to your regular partners.</li> </ul>
<b>3</b>	<b>Disclosure and violence</b>	<b>45</b>	To be aware that disclosure might result in violence, to understand the different types of abuses, and to come up with ways to be safe	<ul style="list-style-type: none"> <li>• Disclose your HIV or STI status to your regular partners.</li> </ul>

## MODULE 6: LIFE SKILLS

	Activity	Cell Phone Use Activity	Time (min)	Objectives	Behaviour Change Objectives
1	Reproductive Anatomy		20 to 30	To better understand the basics of male and female anatomy	
2	Health Worker-Patient Role Play		60	To understand the importance of early treatment of STIs, to know the importance of seeking advice/treatment from a health worker, and to gain basic skills in communicating assertively with health workers.	<ul style="list-style-type: none"> <li>Promptly seek services at a health clinic for HIV and STI.</li> </ul>
3	Asking for Safer Sex		30	To learn to say no in a sexual encounter and to feel confident asking for safer sex	<ul style="list-style-type: none"> <li>Use condoms and lubricants correctly and consistently for anal or vaginal sex.</li> <li>Use condoms correctly and consistently when you have oral sex.</li> </ul>
4	Drinking Alcohol and Condom and Lubricant Use		45	To better understand the effect of drinking alcohol and condom and lubricant use	<ul style="list-style-type: none"> <li>Use condoms and lubricants correctly and consistently for anal or vaginal sex.</li> <li>Use condoms correctly and consistently when you have oral sex.</li> </ul>

The full behaviour change objectives are:

- Use condoms and lubricants together, correctly and consistently, each time you have anal or vaginal sex, including with your regular partners, to reduce the risk of HIV infection and other STIs
- Use condoms correctly and consistently when you have oral sex to reduce the risk of HIV infection and other STIs.
- Get tested to know your HIV status; encourage your regular partners to get tested to know their HIV status.
- Disclose your HIV or STI status to your regular partners
- Promptly seek services at a health clinic or drop-in centre, or from a qualified peer educator or health worker, for prevention, treatment, care, and support services for HIV and STIs. Use the “Text Me, Call Me” services by sending an SMS text message to 1945.
- Take all of the medicines that the nurse or doctor gave you, for all the days you were told to take them, for treatment of STIs, TB, and for ART.
- Be faithful to one partner or to a reduced number of partners

## Module 1: HIV and AIDS

### Activity 1: HIV and AIDS in Ghana

#### Objective:

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

#### Group Size or

1 or small group

#### Time

20 minutes

#### Type of Activity

Discussion

#### Materials

Tins of Rice Picture Card

Margarine Can (Konko) with rice

#### Preparation

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

#### Activity

Briefly explain the objectives of the activity.

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

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

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

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

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

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

**Discussion Questions:**

1. Was any of this information surprising?

Now ask what percentage of MSM they think are HIV+. Then, state “higher” or “lower” after each response. Together come up with the correct percentage of 25%. (*Note: this is an estimate based on BSS research conducted by SHARP in Greater Accra.*) Explain that 25% means one out of every 4 MSM is HIV+. So if you have sex with 4 different men, one of them is probably HIV+.

**Discussion Questions:**

1. How did hearing this information make you feel?
2. How will knowing this information influence your behavior?



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

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

# How Many People Have HIV in Africa and Ghana?



**SUB SAHARAN AFRICA: 1,614 CANS OF RICE**



**GHANA: 14.5 CANS OF RICE**





## Module 1: HIV and AIDS

### Activity 2: Wildfire Game

#### Objective:

- To show how HIV can spread in a community by unprotected sex and to think about the feelings associated with HIV infection

#### Behaviour Change Objectives:

- Use condoms and lubricants together, correctly and consistently, each time you have anal or vaginal sex, including with your regular partners, to reduce the risk of HIV infection and other STIs.
- Use condoms correctly and consistently when you have oral sex to reduce the risk of HIV infection and other STIs.

---

#### Group Size or

Large group size (10 or more)

#### Time

45 minutes

#### Type of Activity

Game and discussion

#### Materials

Small sheets of paper — one for each participant

Pens

#### Preparation

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

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

---

#### Activity



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

Briefly explain the objectives of the activity.

Ask your peers to stand in a circle facing inwards. Give one piece of paper and a pen to each participant.

Explain to your peers that you want them to walk around the room and shake hands with five other people and then sign or place a unique mark on each other's paper. (*Note: if the group contains fewer than 15 people, ask each participant to only shake hands with three people; there should be at least 10 people to play this game.*)

When finished, ask the participants to check to see if they have five different signatures on their papers and ask them to return to the circle and sit down.

Explain that this is a game to show how quickly HIV can spread within a community. For this game, one participant represents a person who is infected with HIV. Ask the participants to look at their paper to see if there is a small star ( \* ) on it. Ask the person with the star on his paper to stand up. Inform the person standing that for this activity, you will say that he has HIV.

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

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

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

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

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

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

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

Inform the group that the people still standing had unprotected sex and became infected with HIV.

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

### **Discussion Questions:**

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



## Module 1: HIV and AIDS

### Activity 3: HIV Transmission Game – Fluids

#### Objective:

- To better understand which body fluids transmit HIV.

#### Group Size or

1 or small group

#### Time

45 minutes

#### Type of Activity

Discussion

#### Materials

“Body Fluids That Can Transmit HIV” cards (1 large card, 8 small cards)

Set of 8 cards showing body fluids

#### Review

“HIV Transmission – QQR” information sheet

#### Preparation

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

#### Activity

Briefly explain the objectives of the activity.

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

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

Pass out the body fluid cards to each person. (*Note: participants may receive more than one card if it is a small group.*)

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

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

## Body fluids that transmit (spread) HIV

Correct	Not Correct
Semen	Tears
Vaginal fluids	Saliva
Blood	Mucus
Breast Milk	Urine



### Cell Phone Use Alternative One-on-One



Take pictures of the various body fluids and show them to your peer, one at a time. Have a discussion as to whether each fluid can transmit HIV. Remember to mention QQR: for HIV transmission to occur, the **quality** of virus must be strong; the **quantity** of virus must be large; and a **route** of transmission must be available.

# body FLUIDS that TRANSMIT HIV

**BLOOD**



**URINE**



**SEMEN**



**MUCUS**



**VAGINAL FLUIDS**



**SALIVA**



**BREAST MILK**



**TEARS**



## Module 1: HIV and AIDS

### Activity 4: HIV Transmission Game – Routes

#### Objective:

- To better understand how HIV can enter the body

#### Group Size or

1 or small or large group (up to 8)

#### Time

45 minutes

#### Type of Activity

Game and discussion

#### Materials

“How HIV Can Get Into the Body” cards (1 large card, 8 small cards)

“Body Fluids That Can Transmit HIV” cards (semen, vaginal fluids, blood, and breast milk cards), from previous activity

#### Review

“HIV Transmission – QQR” information sheet

#### Preparation

Know which routes allow HIV-infected body fluid (semen, vaginal fluids, blood, and breast milk) to enter a person’s body

### ACTIVITY

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

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

Pass out the route cards to each participant. (Note: participants may receive more than one card if it is a small group.)

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

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



Using the “Body Fluids That Can Transmit HIV” cards from the last activity, ask the group how each fluid could get into the body through the routes identified – the penis, the anus, the vagina, penetrated skin, open cuts and sores, and the mouth.

Let the group discuss. Correct any mistakes.

Make sure the main routes of infection are covered. You should emphasise that the main route of transmission in Ghana is sex. The main risk is through penis-to-anus penetration and through penis-to-vagina penetration. During penetrative sex, HIV can pass from man to man, man to woman, and woman to man. HIV can also be transmitted from an HIV-infected penis to an uninfected mouth, but it is less of a risk. There are no recorded cases of transmission from an HIV-infected mouth to an uninfected penis.

Ask if the participants have any questions.

**How HIV gets into your body (routes)** (*Note: Main routes for Ghana are in italics.*)

**Correct**

*Anus*

*Penis*

*Vagina*

Penetrated skin

Open cuts and sores

Mouth

**Not Correct**

Hands

Ears

**Body fluids that transmit HIV**

**Correct**

Semen

Vaginal Fluids

Blood

Breast Milk

**Not Correct**

Tears

Saliva

Mucus ( phlegm)

Urine



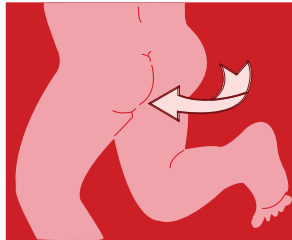
**Cell Phone Use Alternative  
(One-on-One)**



Take pictures of the various routes of transmission cards and the cards showing body fluid that can transmit HIV. Show the routes of transmission cards to your peer one at a time and have a discussion as to whether it is possible for HIV to infect someone by the route in the picture. Next, using pictures of the body fluids that can transmit HIV (semen, vaginal fluids, blood, and breast milk), ask how each of these fluids might get into the body through the routes identified. Be sure to cover the various routes via sex and the risk involved (penis to anus, penis to vagina, infected penis-to-uninfected mouth, and infected mouth-to-uninfected penis).

# how HIV gets into YOUR BODY

**ANUS**



**MOUTH**



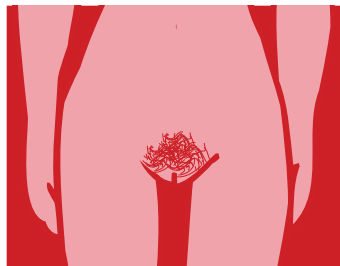
**EARS**



**PENETRATED SKIN**



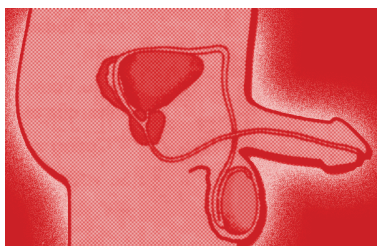
**VAGINA**



**OPEN CUTS AND SORES**



**PENIS**



**HANDS**



# Module 1: HIV and AIDS

## Activity 5: HIV Level of Risk Continuum Game

### Objective:

- To clear up misunderstandings on how HIV is and is not spread

### Behaviour Change Objectives:

- Use condoms and lubricants together, correctly and consistently, each time you have anal or vaginal sex, including with your regular partners, to reduce the risk of HIV infection and other STIs.
- Use condoms correctly and consistently when you have oral sex to reduce the risk of HIV infection and other STIs.

### Group Size or

1 or small or large group

### Time

1 hour

### Type of Activity

Picture cards and discussion

### Materials

“Level of Risk” cards (3 large cards, 22 small cards)

Tape (if using a wall)

“It’s My Turn” texting flyer

### Review

“HIV Risk of Infection” information sheet

Review the small cards so you are familiar with the different HIV levels of risk

### Activity

Before starting this activity, remind the group that in order for HIV to enter a person’s body, it needs to be carried by a body fluid and it needs a route to enter the body. The fluids that can carry HIV are semen, vaginal fluids, blood, and breast milk. The routes where HIV can enter the body are anus, penis, vagina, penetrated skin, open cuts or sores, and the mouth.

Make a continuum by placing the three large cards with the traffic lights on the floor or wall so everyone can see them as shown below:



No Risk



Lower Risk



Higher Risk

Explain to the group that No Risk activities or objects involve NO exchange of blood, semen, or vaginal secretions and thus pose no risk of transmitting HIV. Lower Risk activities involve a barrier such as a condom, but they are activities during which the exchange of body fluids might create some risk of transmitting HIV. Higher Risk activities or behaviours involve the exchange of blood, semen, vaginal secretions, or breast milk, and pose a definite risk of transmitting HIV.

Depending on the size of your group, divide the group so there are smaller groups of two or three people. Pass out the cards evenly to the smaller groups so that each group gets at least several cards. Ensure that each group has cards that show a range of activities from no risk to higher risk.

Explain that each card shows an activity, object, or behaviour. Each group should discuss their cards and decide where on the continuum the cards should be placed, based on the level of risk. The cards do not have to be placed directly under one of the lights; the group may decide that the card should be placed between two levels of risk.

Give the groups some time to discuss their cards and then ask them, one at a time, to place the cards on the continuum (either on the wall or on the floor). As each person places a card, have them explain why that is the placement they chose, based on the level of risk.

After several groups have placed their cards, ask the larger group if they think any cards should be moved. Hold a discussion. At different points, have the group look at the placements, especially if you have identified a card that needs to be moved. Do this again, after all the cards have been placed.



Make sure that anal sex is shown as a higher risk than both vaginal and oral sex (with or without a condom)

### Discussion Questions:

1. How risky do you think anal sex with lubricant but without a condom is? (*Answer: high risk*)
2. Who is more at risk for getting HIV or another STI during anal sex – the bottom (receiving, passive) or the top (active) partner? (*Answer: the bottom*)
3. State that in addition to these risk factors, certain behaviours can also cause risk for HIV transmission. Discuss how the following can be risk factors:
  - Unable to negotiate condom use
  - Unable to talk about safer sex
  - Being depressed
4. Remind the group that up to now, we have only been looking at the risk of HIV. Then ask the group which behaviours might be risky for other STIs? (*Some of the NO RISK FOR HIV activities can be risky for other STIs: rubbing penises together can put you at risk for herpes even if there are no visual sores; viral hepatitis can be transmitted through rimming*)

Give your peer an “It’s My Turn” texting flyer if he doesn’t already have one, and explain to him how to use the “Text Me” services with a cell phone.



### **Higher Risk (8 Cards)**

Anal sex without a condom with an STI.  
Anal sex without a condom and without a lubricant  
Vaginal sex without a condom and without a lubricant  
Using Vaseline, hair oil, Robb, Nkuto, or Nku to lubricate a condom  
Oral sex without a condom  
Sharing needles  
Excessive alcohol  
Drug use

### **Lower Risk (5 Cards)**

Sex with multiple partners with a condom and a lubricant  
Anal sex with a condom and with a lubricant  
Vaginal sex with a condom and with a lubricant  
Oral sex with a condom  
Sharing uncovered sex toys like dildos and vibrators

### **No Risk/Safe (9 Cards)**

Masturbation  
Fingering  
Rimming  
Body Rubbing  
Cyber Sex  
Mosquitoes  
Touching or hugging  
Sharing spoons/forks/plates/cups  
Sharing phones



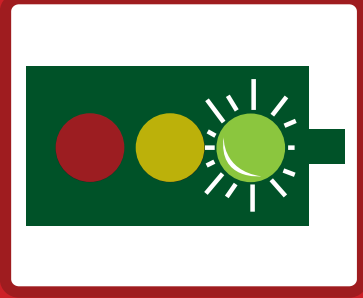
### **Cell Phone Use Alternative (One-on-One)**












Take pictures of the various cards and show them to your peer, having a discussion with him as to what level of risk of HIV infection the object, activity, or behaviour is. Make sure you discuss that the different pictures show different levels of risk and that some pictures show no risk for HIV infection.



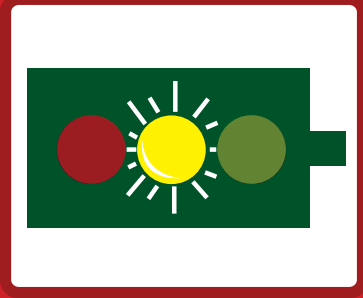
**NO  
RISK**








 Fingering	 Mosquitoes	 Rimming
 Touching or Hugging	 Sharing Spoons, Forks, Plates, Cups	 Sharing Phones
 Body Rubbing	 Masturbation	 Cyber Sex



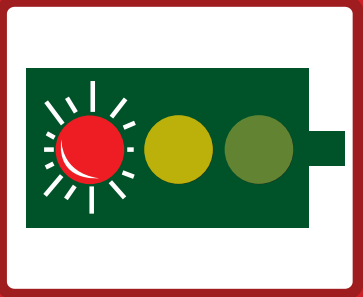
**LOWER  
RISK**



 Oral Sex with a Condom	 Vaginal Sex with a Condom and with a Lubricant	 Anal Sex with a Condom and with a Lubricant	 Sharing uncovered sex toys, like dildos and vibrators	 Sex with multiple partners with a Condom and Lubricant
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**HIGHER  
RISK**



 Vaginal Sex without a Condom and without a Lubricant	 Excessive Alcohol use with sex	 Anal Sex without a Condom with an STI	 Drug use with sex	 Using Vaseline, Hair Oil, Robb, (to lubricate condom)
 Oral Sex without a Condom	 Sharing Needles	 Anal Sex without a Condom and without a Lubricant	 Anal Sex without a Condom	

THE SCIENCE OF IMPROVING LIVES

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

**Counselors Time Schedule:**  
**Monday to Friday: 8 : 00am – 5 : 00pm**

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

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

# 2011

<b>JANUARY</b> S M T W Th F S 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>FEBRUARY</b> S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	<b>MARCH</b> S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
<b>APRIL</b> S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>MAY</b> S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>JUNE</b> S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
<b>JULY</b> S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>AUGUST</b> S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>SEPTEMBER</b> S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
<b>OCTOBER</b> S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>NOVEMBER</b> S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	<b>DECEMBER</b> S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

## Module 1: HIV and AIDS

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



Objective:

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

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#### Behaviour Change Objectives:

- Get tested to know your HIV status; encourage your regular partners to get tested to know their HIV status.
- Disclose your HIV or STI status to your regular partners.
- Promptly seek services at a health clinic or drop-in centre, or from a qualified peer educator or health worker, for prevention, treatment, care, and support services for HIV and STI. Use the “Text Me Call Me” services by sending an SMS text message to 1945.
- Take all of the medicines that the nurse or doctor gave you, for all the days you were told to take them, for treatment of STIs, TB, and for ART.

**Group Size**  or 

1 or 2

**Time** 

30 minutes

**Type of Activity** 

Presentation and discussion

**Materials**   

“Cow Kraal” cards (4)

**Review** 

Picture cards

“Antiretroviral Therapy (ART)” information sheet

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#### Activity

Introduce the session by saying that you are going to discuss what happens to someone’s body with HIV and AIDS.

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

- HIV and AIDS are different.
- A person can live with HIV for years and feel healthy.
- A person may have HIV and never develop AIDS if they take very good care of themselves.
- A person with HIV will be given vitamin supplements and an antibiotic to keep their body strong.
- HIV is a virus (a type of germ).
- AIDS is not transmitted.
- AIDS is a collection of diseases that a person has due to a weakened immune system.
- Medicines are available to treat these opportunistic infections.
- Antiretroviral medicines are available to slow the rate of HIV development in the body.

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



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

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

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

End this activity by going over the four behavioural change objectives stated in the beginning of this activity.

Ask your peer if he has any questions.

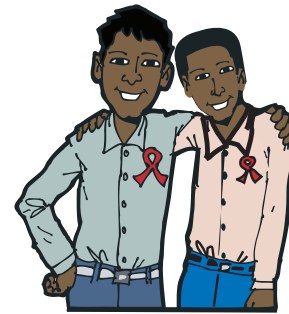
**WHAT IS HIV?**

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

**WHAT IS AIDS?**

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

1

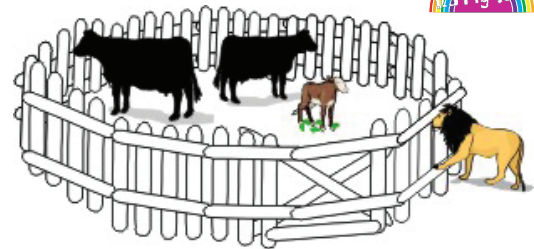


What Happens to Someone's Body with HIV and AIDS?

**HEALTHY PERSON**

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

2

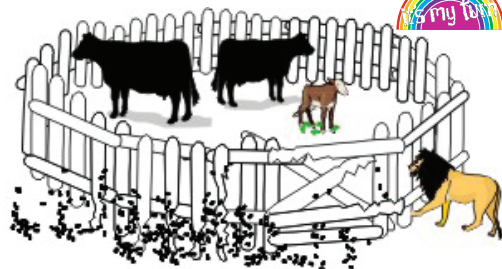


The fence around the kraal is strong and the cattle inside are well protected from lions and other dangerous animals

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

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

3



The fence around the kraal is being eaten by ants; it is weak and the cattle are no longer safe

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

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

4



The fence around the kraal has broken down and the lion and other wild animals can now easily attack the cattle



## Module 1: HIV and AIDS

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

**Objective:**

- To understand the difference between HIV and AIDS, what happens to the body of someone who has HIV or AIDS, and the role of antiretroviral therapy (ART)

**Behaviour Change Objectives:**

- Promptly seek services at a health clinic or drop-in centre, or from a qualified peer educator or health worker, for prevention, treatment, care, and support services for HIV and STI. Use the “Text Me Call Me” services by sending an SMS text message to 1945.
- Take all of the medicines that the nurse or doctor gave you, for all the days you were told to take them, for treatment of STIs, TB, and for ART.

**Group Size**  or 

Large group (minimum 5 participant actors and 2 peer educators)

**Time** 

1 hour

**Type of Activity** 

Drama sketch

**Materials** 

Marker (chalk or rope)

Role play nametags (White Blood Cell, HIV, Infection, Another Infection, and Anti-retroviral)

Story teller’s script and director’s instructions

**Review** 

“Antiretroviral Therapy (ART)” information sheet

**Preparation** 

Story teller’s script and director’s instructions

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

**Activity**

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

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

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

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

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



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

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

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

### **Discussion Questions:**

1. What is the difference between HIV and AIDS?  
*(Answer: people can have HIV in their body but still look and feel fit and strong; once they have AIDS they have infections in their body that makes them sick.)*
2. How long can HIV fight off infections without the help of antiretrovirals?  
*(Answer: It varies – good nutrition and taking good care of your body and health is important. Some people may live 5 to 10 years without getting sick, others may live a healthy life even longer!)*
3. When do we consider someone to have “AIDS”?  
*(Answer: When a person has opportunistic infections and the body’s immune system is no longer able to fight off the infections.)*
4. What does the antiretroviral medicine do in the body?  
*(Answer: It helps your body to fight off infections.)*



## Story Teller Script and Director's Instructions

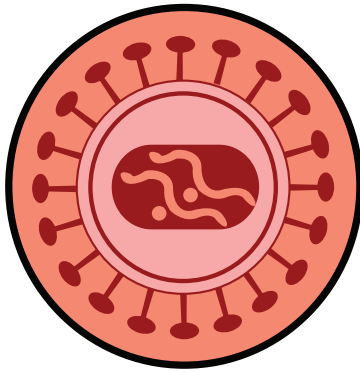
Narrator Says	What Actors Do
<p>The area inside this circle represents a healthy human body. In this human body are millions of white blood cells - normally between 600 and 1000 in every millilitre of blood. The job of this white blood cell is like a soldier, to guard and fight off any infections that enter the body. It is part of the body's immune system. Let's welcome and clap for <b>White Blood Cell</b>.</p>	<p><b>White Blood Cell</b> steps into the area representing a human body and looks tough, flexes his muscles, and stands in a strong fighting position.</p>
<p>Generally, the white blood cells are strong and can fight off almost any infection. Here comes an <b>Infection</b>, which causes diarrhoea or certain skin diseases.</p>	<p><b>Infection</b> enters the "body." <b>White Blood Cell</b> "attacks" <b>Infection</b>, and pushes it out of the body.</p>
<p>Here comes <b>Another Infection</b>, which causes pneumonia or TB.</p>	<p><b>Another Infection</b> enters the body. White Blood Cell "attacks" <b>Another Infection</b>, and after a brief fight, forces it out of the body.</p>
<p>The body's immune system is able to deal with infections and common illnesses and get rid of them quite quickly.</p>	<p><b>White Blood Cell</b> flexes muscles, shows his strength.</p>

## Stage 2: Living with HIV, No Symptoms

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

### Stage 3: Living with AIDS, Antiretroviral Therapy

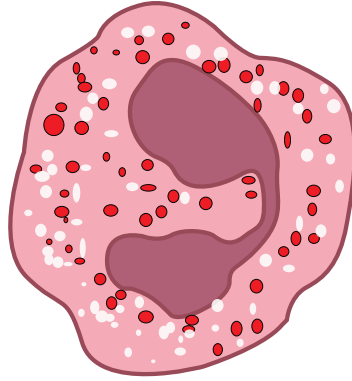
Narrator Says	What Actors Do
<p>In most cases, HIV eventually starts to get stronger and manages to attack and take over most of the white blood cells, so the body's immune system is severely weakened.</p>	<p><b>HIV</b> stands up and attacks <b>White Blood Cell</b> and gets both arms of <b>White Blood Cell</b> locked behind his back so that <b>White Blood Cell</b> cannot fight off infections.</p>
<p>When other infections enter the body now, the white blood cells can no longer fight them off. The immune system is now very weak, and can be attacked by any opportunistic infection. Infections are free to run and dance all around the body, and the white blood cells can no longer stop them. The body now has AIDS – Acquired Immune Deficiency Syndrome.</p>	<p><b>Infection and Another Infection</b> both enter the body, dancing around the other characters.</p> <p><b>HIV</b> continues to hold <b>White Blood Cell</b>.</p>
<p>When someone's count of white CD4 blood cells drops to around 350 cells per micro litre, or they have some AIDS-defining illnesses, they may start to take a combination of Antiretroviral drugs, or ARVs for short. ARVs can prevent the HIV virus from replicating properly, but they cannot get rid of HIV completely. They allow the white blood cells to build up again, so that they can once more fight off infections.</p>	<p><b>Anti-retroviral (ARV)</b> enters the body and attacks <b>HIV</b>, freeing the <b>White Blood Cell</b> from <b>HIV's</b> grip, and pushing <b>HIV</b> back into a corner.</p> <p><b>White Blood Cell</b> recovers its strength and once again fights the <b>Infections</b> and pushes them out of the body.</p>



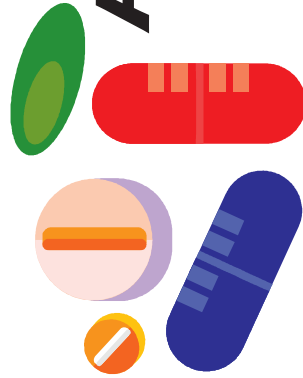
**HIV**



**ANOTHER  
INFECTION**



**WHITE  
BLOOD  
CELL**



**ANTI-RETRO  
VIRALS**



**INFECTION**

## Module 1: HIV and AIDS

### Activity 7: Prevention of HIV and Other STIs

#### Objective:

- To understand the major means of prevention of HIV and other STIs

#### Behaviour Change Objectives:

- Use condoms and lubricants together, correctly and consistently, each time you have anal or vaginal sex, including with your regular partners, to reduce the risk of HIV infection and other STIs.
- Use condoms correctly and consistently when you have oral sex to reduce the risk of HIV infection and other STIs.
- Get tested to know your HIV status; encourage your regular partners to get tested to know their HIV status.
- Promptly seek services at a health clinic or drop-in centre, or from a qualified Peer Educator or health worker, for prevention, treatment, care, and support services for HIV and STI. Use the “Text Me Call Me” services by sending an SMS text message to 1945.
- Take all of the medicines that the nurse or doctor gave you, for all the days you were told to take them, for treatment of STIs, TB, and for ART.
- Be faithful to one partner or to a reduced number of partners.

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#### Group Size or

1 or 2

#### Time

40 minutes

#### Type of Activity

Discussion

#### Materials

“11 Ways to Prevent HIV” brochure

#### Review

“HIV Risk of Infection” information sheet

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#### Activity

Briefly go over the objectives of this activity.

Ask your peer to list some ways of preventing the transmission of HIV and other STIs. Discuss the different prevention methods that are mentioned, being sure to include the ones below which are also listed in the discreet “11 Ways to Prevent HIV” brochure:

- Non-penetrative sex (stimulating the penis by hand, between the legs, or some other method that does not involve insertion in the mouth, anus, or vagina)
- Use of condoms for oral sex
- Use of lubricants for anal and vaginal sex
- Use of plastic wrap or cut condom that makes a square for rimming
- Reduced number of partners
- Abstinence (refraining from some or all sexual activity)
- Mutual faithfulness (partners have been tested for HIV, know they are infection-free, and neither has sex outside the relationship)
- Mutual masturbation (stimulating each other’s genitals for sexual pleasure without penetrative sex)
- HIV testing
- Not using excessive drugs and alcohol when having sex
- Not having sex with your partner if he has an STI (or is on treatment for an STI)

#### **Discussion Questions:**

1. How realistic is it to ask people not to have penetrative sex?
2. Is it easy to negotiate condom use?
3. What is the role of condoms in safer sex? *(Note: make sure your peer knows how to correctly use a condom and lubricant.)*
4. Is mutual faithfulness an option that could work with you and your partner? Why or why not? *(Note: many MSM may not have just one regular partner or may also have a wife or girlfriend.)*
5. Does removing the penis from the mouth, anus, or vagina before ejaculation eliminate the risk of HIV? *(Answer: it reduces but does not eliminate the risk of HIV, as pre-ejaculate may contain HIV.)*
6. Does removing the penis from the mouth, anus, or vagina before ejaculation eliminate the risk of STIs? *(Answer: no, you can get STIs without ejaculation. For example, if you give someone oral sex and that person has gonorrhoea, you can get gonorrhoea in the throat as the disease has a discharge that is very infectious.)*
7. Why is it important not to brush or floss your teeth immediately before or after oral sex if you are the person performing oral sex on your partner? *(Answer: flossing and brushing may cause your gums to bleed or irritate a mouth sore which may provide a route of entry for HIV.)*

Give your peer the “11 Ways to Prevent HIV” brochure to keep if he doesn’t already have one. You should spend sometime going over it with him, especially if he hasn’t seen it before.

**11 Ways to Prevent HIV and other STIs**

**Mutual faithfulness**

**Mutual masturbation**

**HIV testing**

**Not using excessive drugs and alcohol when having sex**

**No sex with a partner when he has STI**

**Non-penetrative sex thigh sex**

**Use of condoms for 'sucking' oral sex**

**Use of lubricant and condoms for anal and vaginal sex**

**Cut off the tip of the condom, cut open the tube that remains for rimming 'fucking the anus'**

**Reduction in number of 'sex mates'**

**Abstinence**

## Module 1: HIV and AIDS

### Activity 8: “That’s Me” – Film

#### Objective:

- To see how one man who is gay and HIV-positive has found acceptance and lives positively

#### Behavior Change Objective:

- Get tested to know your HIV status.
- Disclose your HIV or STI status to your regular partners.

---

#### Group Size or

Small or large group

#### Time

45 minutes

#### Type of Activity

Film viewing, discussion

#### Materials

DVD – “That’s Me” (running time: 7 minutes)

Television

DVD player with cables to connect to TV (or a projector and screen if you are showing the film to a large group)

Room suitable for showing a film

Extension cords, if necessary

Power source

#### Review

Discussion Questions

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#### Preparation

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

#### Activity

Introduce the film by explaining that this is a film about an HIV-positive MSM in Zimbabwe (also a transvestite) who shares his philosophy on life – acceptance. He tells us that life with HIV can still be celebrated as long as you acknowledge sexuality and love the virus. We will see him in the film at a cemetery, celebrating his 21st birthday, and visiting his family.







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

**Possible Discussion Questions:**

1. What questions do you have?
2. What is the message of this film?
3. How does Peter meet the challenges of being gay and HIV-positive?
4. Can you sympathize with him?
5. What makes it possible for Peter to live so positively?
6. What difference does his family's attitude make to his life?
7. How did the film make you feel?
8. What have you gained from watching this film?
9. Do you think the film was entertaining? Educational?

Thank everyone for coming.

## Module 2: STI

### Activity 1: STI Story Cards



#### Objective:

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

#### Behaviour Change Objectives:

- Use condoms and lubricants together, correctly and consistently, each time you have anal or vaginal sex, including with your regular partners, to reduce the risk of HIV infection and other STIs.
- Use condoms correctly and consistently when you have oral sex to reduce the risk of HIV infection and other STIs.
- Promptly seek services at a health clinic or drop-in centre, or from a qualified peer educator or health worker, for prevention, treatment, care, and support services for HIV and STI. Use the “Text Me Call Me” services by sending an SMS text message to 1945.
- Take all of the medicines that the nurse or doctor gave you, for all the days you were told to take them, for treatment of STIs, TB, and for ART.

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#### Group Size or

1 or 2

#### Time

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

#### Type of Activity

Presentation and discussion

#### Materials

STI story cards (7)

“It’s My Turn” STI treatment flyer

“It’s My Turn” texting flyer

#### Review

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

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#### Activity

Introduce the STI story cards and mention that the story is about Kwame, who has an STI.

Show the first card and tell the story (either as written on the back of the card or in your own words). Ask the questions at the bottom of each story card after you have presented or read each card.



If you are reading the back of the card, you will see a small picture of what is on the front to remind you of what your peer is looking at.

**Card 1:**

1. What can cause painful urination and itching in the penis and anus?
2. What is an STI?
3. How can one get an STI?
4. What are some examples of STIs that you know of?
5. What are some of the ways to prevent STIs?

**Card 2:**

1. How are STIs transmitted?
2. What can happen if an STI is left untreated?
3. Name some “Saso” friendly clinics that you know and where they are.

**Card 3:**

1. Why did Kwame decide to go to the clinic?
2. Why is it important to stay healthy and strong?
3. Where can correct treatment be received?

**Card 4:**

1. What is an STI-friendly clinic?
2. Where can these friendly clinics be located?
3. Why do some people refuse to go to the clinic?

**Card 5:**

1. How can one avoid an STI?
2. Where is the best place to get correct treatment for all infections? Why?
3. How can you know that you have an STI?

**Card 6:**

1. Why must you stay free from infections?
2. What should you do as soon as you notice anything on your penis or anus?
3. What should you do if you meet an unfriendly staff at the clinic?

Try to get your peer to relate to what is happening in the story cards (or to other peers) to get him to talk freely. For example, you could ask him if he has ever been treated for an STI and, if yes, where did he go and how was the experience. Discuss the issues that come out. Ask if he would be willing to try to practice what he learned today.



Conclude the session by repeating the key message of today's topic (either the entire set of story cards or the ones that were discussed), thanking him for his participation and giving him an "It's My Turn" STI treatment flyer to keep (after briefly going through the poster with him).

Give your peer an "It's My Turn" texting flyer if he doesn't already have one, and explain to him how to use the "Text Me" services with a cell phone.



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

Time for this activity will vary depending on many factors: for example, your peer's knowledge and experience, or the amount of time available.

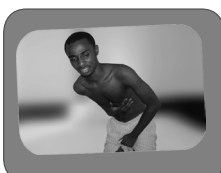
Go slowly through the cards, encouraging questions and discussion!



**Know About STI and  
Go for Prompt Treatment**



STI 1



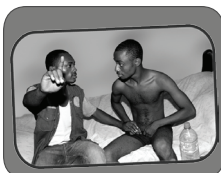
I had a discharge with painful urination and itching on my penis and anus. It was getting worse. I thought it was the work of witches, evil spirits and friends who were jealous of me. I was very disturbed and confused.

### Questions

1. What can cause painful urination and itching in the penis and anus?
2. What is an STI?
3. How can one get an STI?
4. What are some examples of STI that you know of?
5. What are some of the ways of preventing STI?



STI 2



My friend Dave visited and was disturbed by my condition. He explained that he thought I had Sexually Transmitted Infection (STI). He said he had one before too. I did not believe it was an STI. I knew it was evil spirits and witches. Dave insisted I have a health worker check it out. He said, if it was an STI there could be serious complications that could develop if it was not treated immediately and medically.

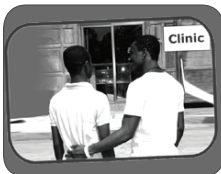
I told him I was afraid of going to the hospital because I had heard that staff there are very on friendly. Dave told me there are clinics where the staff are trained to be friendly helpful "Saso"

### Questions

1. How are STI transmitted?
2. What can happen if an STI is left untreated?
3. Name some "Saso" friendly clinics that you know and where there are?



STI 3



Dave's advice and information made me think of my future. I knew I needed to be healthy to take my turn in life and prove to my family that I would be a great person. I decided that I wouldn't let anything stop me from getting the correct treatment. I went to the clinic with my partner.

### Questions

1. Why did Kwame decide to go to the clinic?
2. Why is it important to stay healthy and strong?
3. Where can correct treatment be received.



**Clinic**



STI 4



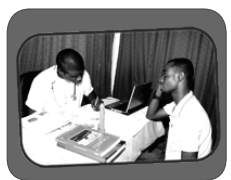
I was surprised at the friendly reception I received at the clinic. The nurse was very nice and he welcomed us with respect. He understood my problem. I never knew there were 'Saso friendly clinics' around.

### Questions

1. What is an STI friendly clinic?
2. Where can these friendly clinics be located?
3. Why do some people refuse to go to the clinic?



STI 5



The nurse patiently listened to me and took notes. He explained what STI's are and counselled me on how I can prevent future infections. He also told me that I should notify any of my sexual partners about STI so they could come for treatment too. He prescribed the correct medication for my infection. Now I know that the clinic is the best place to go if I have an infection.

### Questions

1. How can one avoid an STI?
2. Where is the best place to get correct treatment for all infections? Why?
3. How can you know that you have an STI?



STI 6



I followed the health workers instructions and continued taking the drugs even after the symptoms disappeared. I am happy to be well again. I learned that witches and evil spirits do not cause STI. I also learned that there are lots of friendly clinics that can help me. I am feeling good and ready to concentrate on my work so I can take my turn in life.

### Questions

1. Why must you stay free from infections?
2. What should you do as soon as you notice anything on your penis or anus?
3. What should you do if you meet an unfriendly staff at the clinic?



# Free from sexually transmitted infections: it's our turn

My chances of being infected with HIV and other STI are higher with many sexual partners. That's why my partner and I are always faithful to each other.

You can only take your turn in life by staying healthy and free from infections.

Call any of the MARP friendly helpline counselors for additional information:

**Text Me! Flash Me! Helpline Connecting MARPs & PLHIV Counselors. Time Schedule:** Monday to Friday: 8am – 5pm

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

**Hello Friend!**

We are a team of 15 friendly counselors trained to provide free confidential information and referrals on HIV and STIs for you and your loved ones. Please "flash" us or text *STI*, *Condom and Lubricant* or *HIV/AIDS* and send to 1945 and we'll call you back!

Disclaimer: The models used in this production are professionals. Photos used in this production do not suggest their sexual orientation or status

THE SCIENCE OF IMPROVING LIVES

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

**Counselors Time Schedule:**  
**Monday to Friday: 8 : 00am – 5 : 00pm**

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

Hello friend!

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

# 2011

<b>JANUARY</b> S M T W Th F S 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>FEBRUARY</b> S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	<b>MARCH</b> S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
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## Module 2: STIs

### Activity 2: The Basics of STIs

#### Objectives:

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

#### Behaviour Change Objectives:

- Use condoms and lubricants together, correctly and consistently, each time you have anal or vaginal sex, including with your regular partners, to reduce the risk of HIV infection and other STIs.
- Use condoms correctly and consistently when you have oral sex to reduce the risk of HIV infection and other STIs
- Promptly seek services at a health clinic or drop-in centre, or from a qualified peer educator or health worker, for prevention, treatment, care, and support services for HIV and STI. Use the “Text Me Call Me” services by sending an SMS text message to 1945.
- Take all of the medicines that the nurse or doctor gave you, for all the days you were told to take them, for treatment of STIs, TB, and for ART.

#### Group Size or

One or small group

#### Time

Two sessions of 30 minutes each

#### Type of Activity

Presentation and discussion

#### Materials

“Sexually Transmitted Infections” brochure

“It’s My Turn” STI treatment flyer

“It’s My Turn” texting flyer

#### Review

STI brochure

“Sexually Transmitted Infections” information sheet

“Relationship between HIV and other STIs” information sheet



This brochure is presented in three sections: Signs of STIs, Types of STIs, and Prevention and Treatment of STIs. This activity is best done over several sessions to ensure that there is good understanding.

## Activity 1 (Signs of STIs)

Ask what a sexually transmitted infection (STI) is.

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

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

To ensure that people understand what an STI is, or to measure their levels of understanding, ask the following questions:

1. How does someone get an STI?

*(Answer: through anal, oral, and vaginal sex or contact.)*

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

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

3. Can all STIs be cured?

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

4. If someone has an STI where should he go for treatment?

*(Answer: he should always go to a clinic for proper treatment. It is very important not to self-treat, such as visiting a pharmacy for medicines without first seeing a doctor or nurse, or going to a witch doctor.)*

Show the STI signs pictures from the “STI” brochure.

Discuss the different signs or symptoms of STIs:

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

Ulcers (sores)

Swelling

Abnormal Growths

Explain that these four signs or symptoms are not normal and could be a sign of an STI that requires treatment. Pictures show both male and female symptoms.

Other STI symptoms not shown in the brochure include:

Frequent or burning peeing (urination)

Rashes (bottom of feet or palms of hands)

Flulike symptoms

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

Ask what the relationship is between HIV and other STIs.

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

## Activity 2 (Types of STIs)

Show the types of STIs from the “Sexually Transmitted Infections” brochure.

The pictures show six common STIs: genital herpes, syphilis, genital warts, gonorrhoea, hepatitis, scabies, pubic lice, and scabies.

For each STI discuss the following:

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

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

*(Answers: don't have anal, oral, or vaginal sex or contact if you notice any of the signs/symptoms of an STI in yourself or your partner; use a condom and lubricant correctly and consistently each time you engage in a sexual activity.)*

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

- Abnormal discharge
- Ulcers (sores) in genital area or mouth
- Swelling
- Growths
- Painful or frequent urination
- Abdominal pain
- Jaundice
- Itching
- Rashes
- Flu-like symptoms
- Painful bowel movements
- Painful intercourse

Tell the group that STIs left untreated can cause serious and sometimes life threatening complications such as:

- Infertility
- Blindness
- Increased risk of HIV
- Urethritis
- Liver Disease
- Pregnancy complications for women
- Transmission of infection to newborn
- Cervical Cancer in women
- Death



Include the following points in your discussion regarding treatment:

- Tell your partner(s) if you have an STI, and encourage them to go for treatment at a clinic.
- Do not go to a herbalist, “jujuman,” or quack doctor for treatment, or try to treat the STI yourself.
- Be sure to take ALL of the medicine for treatment.
- Make follow-up visits to the clinic.

Give your peers an “It’s My Turn” STI treatment flyer so they know where friendly STI clinics are. Encourage testing and treatment. Also, give your peer an “It’s My Turn” texting flyer if he doesn’t already have one, and explain to him how to use the “Text Me” services with a cell phone.




### **Cell Phone Use Alternative One-on-One**



Alternatively, you can take pictures of the STI signs and various types to share the pictures with your peer from your cell phone. Make sure you are familiar with the various signs and types and have reviewed the STI information sheet carefully.

## Prevention



### Prevention

- Use condoms and lubricants.
- Condoms reduce but do not entirely prevent the risk of STIs.


## Treatment



### Treatment

- Some STIs can be treated and cured with medicines (antibiotics) such as Gonorrhoea but not cured such as genital warts or herpes.
- Other STIs can have their symptoms treated but not cured such as genital warts or herpes.
- Avoid witch doctors and self-treatment. Go to the STI Clinic for testing and treatment. Take all the medicine exactly as advised by the clinic.

## Abnormal Discharge



### Abnormal Discharge

Discharge from vagina or penis could be gonorrhoea or syphilis.

## Growthths



### Growthths

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

## Syphilis



### Syphilis

**Syphilis?**

- Blisters sore on vagina or penis
- Itchy sores on penis

**How Do You Get Syphilis?**

- Unprotected vaginal, oral, or anal sex with an infected person

**What is the treatment?**

- Go to a clinic for antibiotics.

## Ulcers (Sores)



### Ulcers (Sores)

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

## Swelling



### Swelling

Swelling in a woman's lymph nodes in pelvis (mbeya or dhiva) or man's testicles (sammi) could be gonorrhoea.

## Sexually Transmitted Infections (STIs) Prevention & Treatment



## Genital Warts



### Genital Warts

**Symptoms?**

- Bumpy red rash on penis, buttocks, inner thighs, wrists, ankles, hands.
- Warts around vagina, penis, anus or rectum.
- No symptoms at all.

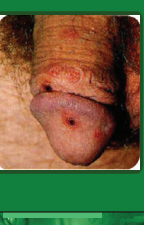
**How Do You Get Genital Warts?**

- Direct contact with infected persons skin around the penis, vagina and perianal area.

**What is the treatment?**

- Go to a clinic to have the symptoms treated.

## Scabies



### Scabies

**Symptoms?**

- Itchy red rash on penis, buttocks, inner thighs, wrists, ankles, hands.
- No symptoms at all.

**How Do You Get Scabies?**

- Direct contact with infected persons with infected bedding and clothing.

**What is the treatment?**

- Topical & oral treatments
- Wash & iron clothing & bedding.

## Sexually Transmitted Infections (STIs) Types



## Genital Herpes



### Genital Herpes

**Symptoms?**

- Blisters on penis or vagina after sexually contact with infected person
- Painful urination

**How Do You Get Genital Herpes?**

- Direct contact with an infected persons skin around the penis, vagina and perianal area.

**What is the treatment?**

- Herpes
- Go to a clinic to have symptoms treated.

## Sexually Transmitted Infections (STIs) Signs



## Hepatitis A & B



### Hepatitis A & B

**Symptoms?**

- May have no symptoms
- Jaundice
- Abdominal pain
- Dark urine

**How Do You Get Hepatitis A?**

- Consuming contaminated food, beverages or water
- Intercourse (during your partner's anal)
- Transmitted from feces to mouth

**How Do You Get Hepatitis B?**

- Transmitted through blood, semen and other body fluids

**What is the treatment?**

- Go to a clinic for treatment.

## Gonorrhoea



### Gonorrhoea

**Symptoms?**

- Discharge from vagina and penis
- Painful urination
- Swelling in men's testicles (sammi) or woman's ovaries (mbeya or dhiva) for women

**How Do You Get Gonorrhoea?**

- Direct contact with infected person

**What is the treatment?**

- Go to a clinic for antibiotics

## Pubic lice



### Pubic lice

**Symptoms?**

- Itching of the pubic area, mainly at night

**How Do You Get Pubic lice?**

- Direct body contact

**What is the treatment?**

- Special shampoos and lotions



# Free from sexually transmitted infections: it's our turn

My chances of being infected with HIV and other STI are higher with many sexual partners. That's why my partner and I are always faithful to each other.

You can only take your turn in life by staying healthy and free from infections.

Call any of the MARP friendly helpline counselors for additional information:

**Text Me! Flash Me! Helpline Connecting MARPs & PLHIV Counselors Time Schedule:** Monday to Friday: 8am – 5pm

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

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

### Counselors Time Schedule:

Monday to Friday: 8 : 00am – 5 : 00pm

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

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# 2011

**JANUARY**

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**APRIL**

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**JUNE**

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**NOVEMBER**

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**DECEMBER**

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## Module 3: Condom and Lubricant Use

### Activity 1: Condom and Lubricant Use Story Cards

#### Behaviour Change Objective:

- Use condoms and lubricants together, correctly and consistently, each time you have anal or vaginal sex, including with your regular partners, to reduce the risk of HIV infection and other STIs.
- Use condoms correctly and consistently when you have oral sex to reduce the risk of HIV infection and other STIs.

#### Group Size or

1 or 2 people

#### Time

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

#### Type of Activity

Presentation and discussion

#### Materials

“Condoms and Lubricants Use” story cards (8)

“It’s My Turn” condom use flyer

#### Review

“Condom and Lubricant Use” story cards (*Note: make sure you know the story and the questions to ask, found on the back of the cards*)

#### Activity

Introduce the “Condoms and Lubricants Use” story cards, and mention that the story is about Kwame and his partner, Andy.

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

Ask the questions at the bottom of each card after you read each card. (*Note: the use of lubricants with condoms for anal sex is VERY IMPORTANT!*)



If you are reading the back of the card, you will see a small picture of what is on the front to remind you what your peer is looking at.

Ask the questions at the bottom of each story card after you present each card.

**Card 1:**

1. How will you know if your partner sees other men?
2. Why is it important to always use a condom correctly?
3. Why is it important to always use a lubricant and condom correctly?

**Card 2:**

1. What is an STI?
2. Name some examples of STI that you know.
3. What are the general symptoms of STI?
4. Why did Kwame suggest to his partner to use condoms and lubricant?

**Card 3:**

1. What will you do if your partner refuses to use a condom and lubricating gel?

**Card 4:**

1. What should you consider when you are faced with a difficult situation like Kwame's?
2. What are some of the risks of unsafe sex?
3. Would you risk your life and bright future for a moment of unsafe sex?
4. What can happen if Kwame allows sex without a condom and lubricant?
5. Where is the safest place to immediately go when you notice signs and symptoms of STI?
6. Where are some "Saso" friendly clinics?
7. What are the best ways to prevent STI?

**Card 5:**

1. Why do you think Andy decided to use a condom this time?
2. Where can you get a condom?
3. Where can you get lubricant?

**Card 6:**

1. Can you describe/demonstrate the correct way to use a condom?
2. Can you describe/demonstrate how to use lubricant with a condom?
3. Can you describe/demonstrate the correct way to dispose of a used condom?

**Card 7:**

1. What do you want to become in future?
2. What are some of the things that can stop you from taking your turn in the future?
3. How will you prevent diseases and infections?

Try to get your peer to relate to what is happening in the story cards (or to other peers) to get him to talk freely. You could ask him what difficulties he has experienced, for example, in asking his partner to use a condom and lubricant for anal sex or a condom for oral sex. Discuss the issues that come out. Ask if he would be willing to try to practice what he learned today.

Conclude the session by repeating the key message of today's topic (either the entire set of story cards or the ones that were discussed), thanking him for his participation and giving him an "It's My Turn" condom use flyer to keep.



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

Time for this activity will vary depending on many factors: for example, your peer's knowledge and experience, or the amount of time available.

Go slowly through the cards, encouraging questions and discussion!



**STI**  
**Misconceptions and Treatment**





## CONDOM & LUBRICANT

# 1



Hi, my name is Kwame. Andy has been my partner for some time now. We like each other and do a lot of things together. We rarely used to use condoms and lubricants when we had sex. I thought trusting him was enough. I was wrong. We were only putting our lives at unnecessary risks.

### Questions

1. How will you know if your partner sees another man?
2. Why is it important to always use a condom correctly?
3. Why is it important to always use a lubrication and a condom correctly?



## CONDOM & LUBRICANT 2



I realized that I couldn't trust myself or him, as we both have other partners. I have heard about Sexually Transmitted infections (STI) including HIV, and did not want to get infected and get ill. I have plans to become a great person in the future. I suggested to my partner that we use condoms and lubricant whenever we have sex.

### Questions

1. What is an STI?
2. Name some examples of STIs that you know.
3. What are the general symptoms of STI?
4. Why did Kwame suggest to his partner to use condom and lubricant?



## CONDOM & LUBRICANT 3



Andy refused to use a condom and lubricant saying that it did not feel the same. He was hurt that I did not trust him. I explained the dangers and risks we had exposed ourselves to during the past months when we had unsafe sex. There was the need to make smarter and healthier choices now. Andy did not agree with me.

### Questions

1. What will you do if your partner refuses to use a condom and lubricating gel?



**CONDOM & LUBRICANT 4**



Then I thought of my life, my talent and my dreams of becoming the next great music star. I realized there was nothing as important to my dream as my health. I explained to Andy that I really liked him but I would not put my life at risk any longer. I let him go. I was confident that I had made the right choice.

**Questions**

1. What should you consider when you are faced with a difficult situation like Kwame?
2. What are some of the risks of unsafe sex?
3. Would you risk your life and bright future for a moment of unsafe sex?
4. What can happen if Kwame allows sex without a condom and lubricant?
5. Where is the safest place to immediately go when you notice signs and symptoms of STI?
6. Where are some 'Saso' friendly clinics.
7. What are the best ways to prevent STI?



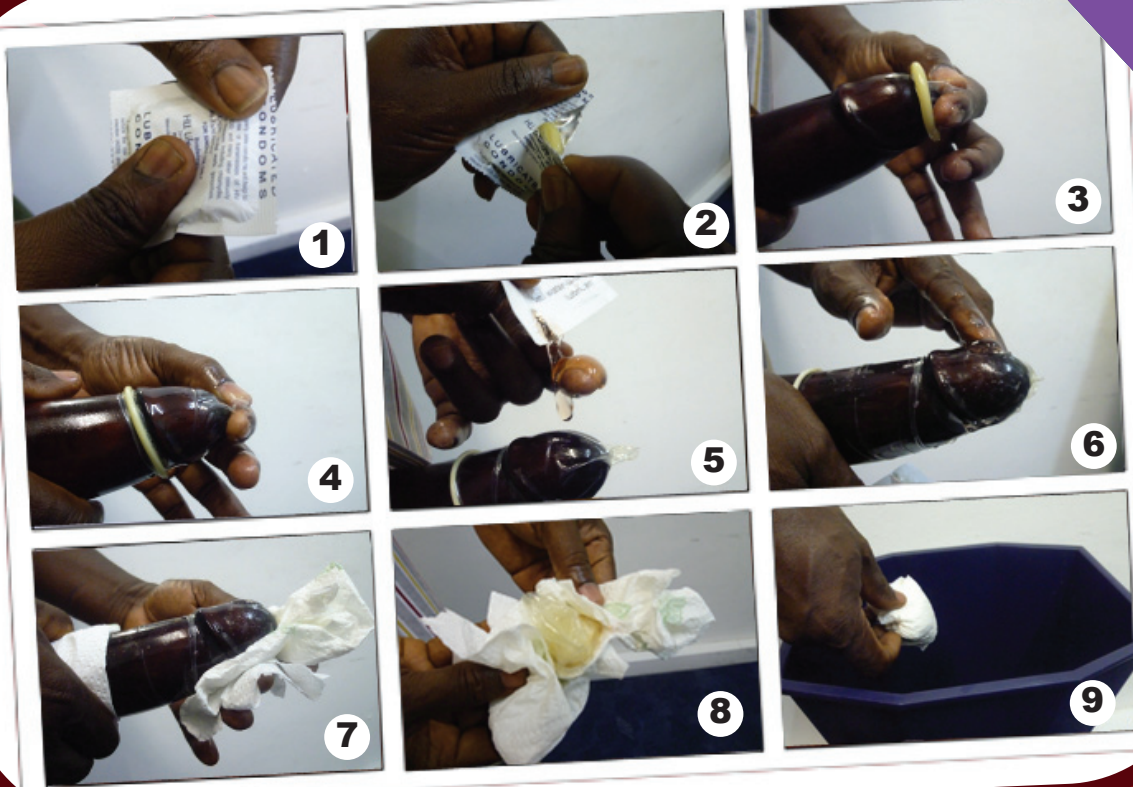
## CONDOM & LUBRICANT 5



The next day, Andy came back and agreed to use the condom and lubricant every time we have sex. He even bought some from the local shop. He thought of his family and dreams too. He knew he had a bright future and had to protect it with smart choices.

### Questions

1. Why do you think Andy decided to use a condom this time?
2. Where can you get a condom?
3. Where can you get a lubricant?



## CONDOM & LUBRICANT

# 6



We both learned the correct way to use condoms and lubricants.

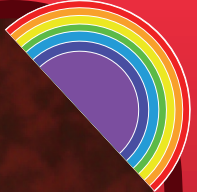
1. Be sure the condom is not torn, punched or expired.
2. Carefully tear the wrapping on the condom.
3. Hold the tip of the condom tight and roll it down the erected penis.
4. Be sure the tip is not filled with air and the whole condom is rolled down.
5. Squeeze a good amount of lubricant from the tube or sachet.
6. Apply the lubricant evenly over the condom on the erected penis.  
The receptive partner "bottom" should lubricate his anus.
7. After sex, carefully pull condom off penis using a tissue and without spilling the semen.
8. Wrap up the used condom completely.
9. Dispose it off in a trash bin or by burning. Do **NOT** flush in a toilet.

\*(Every round of sex requires the use of a new condom.

It is important to use a condom and lubricant every time you have sex to avoid transimtion of infections)

### Questions

1. Can you describe / demonstrate the correct way to use a condom?
2. Can you describe / demonstrate how to use lubricant with a condom?
3. Can you describe / demonstrate the correct way to dispose of a used condom?



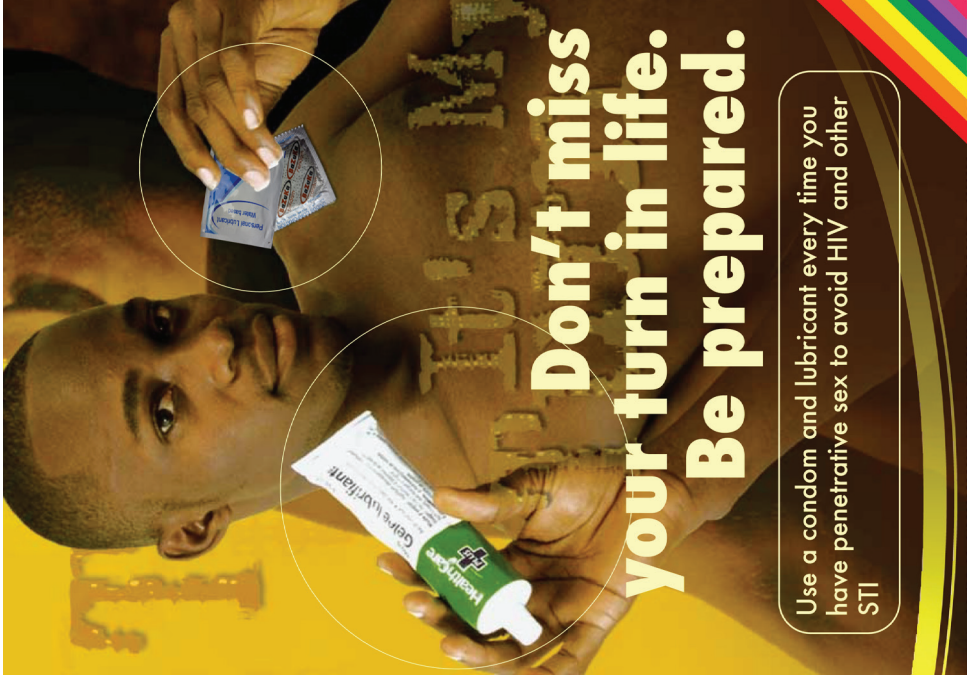
## CONDOM & LUBRICANT 7



We know it's our turn to be great people in our community and country. That's why we use condoms and lubricants correctly every time we have sex. We want to avoid HIV and STI. That is the best way to be sure we are ready to take our turn in life.

### Questions

1. What do you want to become in future?
2. What are some of the things that can stop you from taking your turn in the future?
3. How will you prevent diseases and infections.



You become infected with HIV and other STI by having penetrative sex without a condom and lubricant NOT from witches or evil spirits. You can get the lubricant from the pharmacy shops, drop-in-centres, MARP friendly hospitals/clinics and peer educator in your community. You can obtain condoms from the hospitals/clinics, fuel stations, drinking bars, shopping malls etc. Keep them handy so you are prepared for your turn.

Call any of the MARP friendly helpline counselors for additional information:

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## Module 3: Condom and Lubricant Use

### Activity 2: How to Use Condoms and Lubricants

#### Objective:

- To provide practice and skills to correctly use a condom and lubricant.

#### Behaviour Change Objective:

- Use condoms and lubricants together, correctly and consistently, each time you have anal or vaginal sex, including with your regular partners, to reduce the risk of HIV infection and other STIs.
- Use condoms correctly and consistently when you have oral sex to reduce the risk of HIV infection and other STIs.

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#### Group Size or

1 or small group

#### Time

30 minutes

#### Type of Activity

Discussion, demonstration

#### Materials

Wooden penis model

Condoms and lubricants

“It’s My Turn” condom use flyer

#### Review

“Condom” information Sheet

#### Preparation

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

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#### Activity

Briefly explain the objectives of the activity.

Explain that for condoms to be effective in preventing HIV and other STIs, it is extremely important that they are used properly for anal, vaginal, and oral sex. This activity will demonstrate proper use of a condom and lubricant for anal or vaginal sex.

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

### **The steps of correct condom and lubricant use:**

1. Check expiration date and make sure the package is in good condition (*Note: it should feel slightly puffy*).
2. Open the package carefully.
3. Check to see which way the condom rolls out. Place the condom over the tip of the erect penis.
4. Pinch the tip of the condom to provide space for the semen. Unroll the condom until it covers the base of the erect penis.
5. Add a drop of water-based lubricant to the tip of the outside of the condom if you are having anal or vaginal sex.
6. The receptive partner “bottom” should lubricate his anus.
7. Have sex (anal, oral, or vaginal) with the condom on.
8. After ejaculation, wrap some tissue around the base of the penis and withdraw. Still holding the base with the tissue, slip the condom off the penis.
9. Completely wrap up the used condom with the tissue, take care not to touch the condom and its contents.
10. Dispose of the condom in the trash. Use a new condom for each sex act.

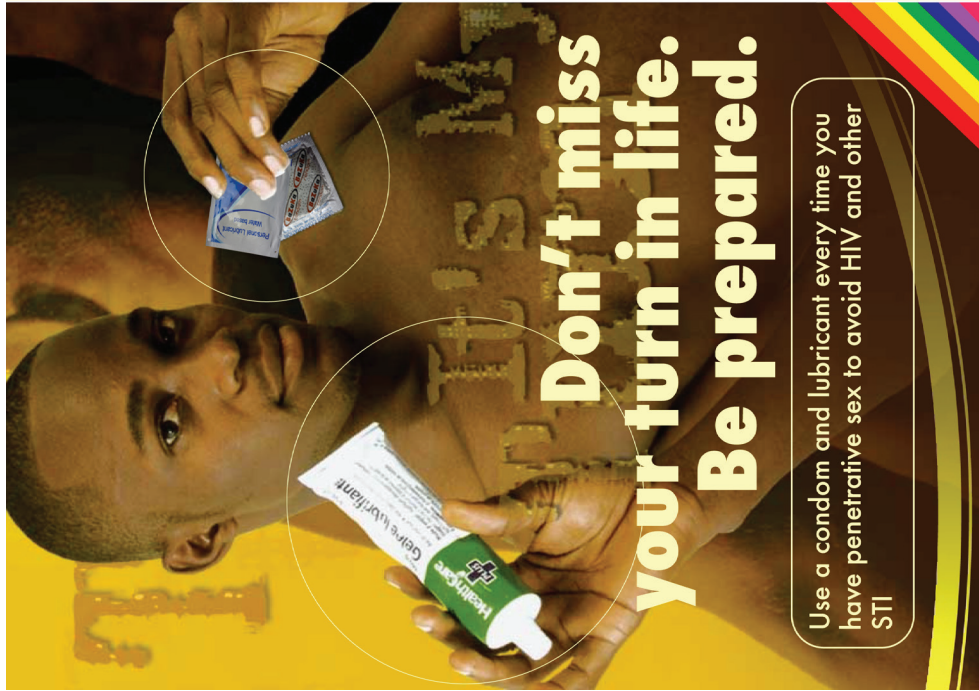
After the demonstration, pass out the “It’s My Turn” condom use flyer which shows the steps for using a condom and lubricant. Your peer can take this home with him as a reminder.

### **Discussion Questions:**

1. What should you do if the condom breaks?
  - If the condom breaks while you are having sex but before ejaculation, immediately stop, withdraw the penis, and put on a new condom.
  - If ejaculation has occurred, withdraw the penis carefully, shower or wash your genital area thoroughly, including your anus, with soap and water (*Note: never douche after a condom breaks as this can cause irritation and increase the risk of HIV or other STIs*).
  - Get tested for HIV and watch for signs of other STIs.
2. What can you do to prevent a condom from breaking?
  - Only use water-based lubricants such as glycerine or K-Y jelly. Never use oil-based lubricants such as Vaseline, hair oil, Robb, Nkuto, or Nku.
  - Never reuse a condom or wear two condoms at the same time.
3. Why is it important to use lubricant with a condom when having anal sex?
  - The skin around the rectum is very fragile and can break easily, causing an opening for HIV to enter.
4. What is the benefit of putting a drop of lubricant on the inside of a condom?
  - It can greatly increase sensation; but only use a drop, as too much can cause the condom to slip off during sex.

5. What are the two ways a female condom be used for anal sex?
  - Put the female condom over the erect penis, use water based lubricant, and enter slowly.
  - Remove the inner ring from the female condom and insert it into the rectum, making sure the part of the condom with the outer ring is outside the body. Insert the erect, lubricated penis. After sex, take out the condom by gently twisting the outer ring and pulling the condom out, making sure that semen is not spilled.
6. If you are allergic to the latex and can't wear latex condoms, what can you do to practice safer sex?
  - Although not as common, polyurethane male condoms are an alternative to those people allergic to latex condoms, but they may be difficult to find in Ghana. Another possibility is the use of a female condom for anal and oral sex.
7. Are condoms 100% effective?
  - Condoms are very effective in preventing transmission of HIV and other STIs but they are not perfect — they can break, there can be microscopic tears, they can slip off, or they can lose their effectiveness when they are expired or exposed to heat.
8. Why do you think some MSM stop using condoms with their regular partners? Do you think there is less of a risk of HIV and other STIs?

Ask your peer if he knows where to get condoms and lubricants, and if he currently has an adequate supply. You can also give him a condom as a reminder.



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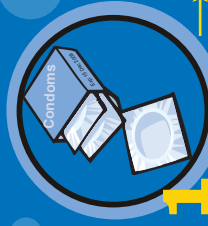
**Text Me! Flash Me! Helpline – Connecting MARPs & PLHIV**  
 Countdown Time Schedule: Monday to Friday, 8am – 5pm

Monday	Puerto Rico Santitonia	024 649 9294 023 356 8138 023 356 8201
Tuesday	Marne Newport Christiansburg	020 346 5140 023 356 8138 023 356 8168
Wednesday	Rose Boracota Cayman	020 346 8223 023 356 8199 023 356 8171
Thursday	Joynt Molokai	023 356 8246 023 356 8220
Friday	Alaguarine Santitas	023 356 8141 023 356 8145


Help! Need free condoms? We are a team of 17 professionals based in multiple free confidential information and referral centers, on HIV and STIs. Please email, use or text 551-2042042, WhatsApp, or Facebook and send to: 1446 and we'll call you back!

## Steps to Using a Condom Correctly

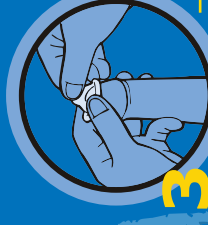





**1** Check expiration date and make sure the package is in good condition and puffy.




**2** Open the condom pack carefully.



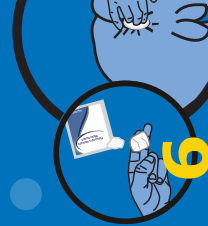
**3** Check to see which way the condom rolls out. Place condom over the tip of the erect penis.




**4** Pinch the tip of the condom to provide space for the semen. Unroll the condom until it covers base of the penis.




**5** Add a good amount of water based lubricant.




**6** The receptive partner "bottom" should lubricate his anus.




**7** Have sex with the condom on.



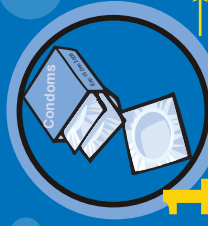
**8** After ejaculation, wrap some tissue around the base of the penis and withdraw. Still holding the base with the tissue, slip the condom off the penis.




**9** Completely wrap up the used condom with the tissue, take care not to touch the condom and its contents.



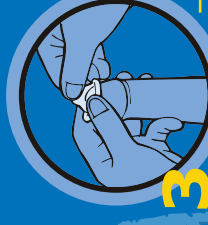
**10** Dispose of the condom in the trash. Use a new condom for each sex act.




**1** Check expiration date and make sure the package is in good condition and puffy.




**2** Open the condom pack carefully.



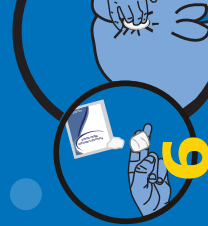
**3** Check to see which way the condom rolls out. Place condom over the tip of the erect penis.



**4** Pinch the tip of the condom to provide space for the semen. Unroll the condom until it covers base of the penis.



**5** Add a good amount of water based lubricant.



**6** The receptive partner "bottom" should lubricate his anus.

## Module 3: Condom and Lubricant Use

### Activity 3: Condom Strength

#### Objective:

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

#### Behaviour Change Objective:

- Use condoms and lubricants together, correctly and consistently, each time you have anal or vaginal sex, including with your regular partners, to reduce the risk of HIV infection and other STIs.
- Use condoms correctly and consistently when you have oral sex to reduce the risk of HIV infection and other STIs.

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#### Group Size or

1 or small group

#### Time

5 minutes

#### Type of Activity

Demonstration

#### Materials

Condoms

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

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#### Activity

As this activity is very short, you should add this activity to another condom-use activity that you are facilitating.

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

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

Alternatively, you can ask your peers to blow up their condom as large as they can (without it bursting). Then, ask them to apply a small amount of oil-based lubricant to the palm of one hand and fingertips (one small spoonful). They then should rub their oiled hand on the condom balloon until it bursts.

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

State that oil-based lubricant should NEVER be used with male condoms and that condoms should always be used with water-based lubricants for anal sex. Ask for different types of water-based lubricants that can be used with condoms.





## Module 3: Condom and Lubricant Use

### Activity 4: Negotiation Skills

#### Objectives:

- To state common arguments against condom use
- To practice negotiating condom and lubricant use with your regular partner or casual partner

#### Behaviour Change Objective:

- Use condoms and lubricants together, correctly and consistently, each time you have anal or vaginal sex, including with your regular partners, to reduce the risk of HIV infection and other STIs.

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#### Group Size or

1 or 2 people

#### Time

30 minutes

#### Type of Activity

Presentation and discussion

#### Materials

“12 Ways to Keep Your Love and Trust Alive” flyer

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#### Activity

Ask your peer if he finds it difficult sometimes to get his regular partner or casual partners to wear condoms and lubricants. If he answers yes, tell him that you would like to practice some of the responses to reasons why men do not want to wear condoms. Explain that by hearing and practicing responses, he might be more comfortable in negotiating condom use.

Remind him that condom use is important in the prevention of HIV and AIDS and other STIs. And in order for him to “Take His Turn in Life,” he needs to take good care of himself!

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

Possible answers and responses for the arguments against using condoms with casual partners:

1. It is not as enjoyable as “raw” sex.
  - “I can help make it as enjoyable; besides, getting an STI is not enjoyable either!”
2. It’s like eating candy with the wrapper on.
  - “With time, you will get used to wearing a condom.”

3. It delays ejaculation and I am in a hurry.
  - “I can help you come quickly.”
4. I’m healthy and therefore cannot get HIV or STIs.
  - “I think I am healthy, too, but I still want to use a condom since either one of us could have an infection and not know it.”
5. Condoms can cause cancer.
  - “I have also heard that, but after speaking with the health workers, I now know that *not* using condoms can lead to STIs which can eventually lead to cancer.”
6. I’ll lose my erection by the time I stop to put it on.
  - “I can help you put it on. That should give you lots of pleasure and help keep you in the mood.”

Next, ask for different reasons why the men you love and trust refuse to wear condoms.

Possible answers and responses for the arguments against using condoms with regular partners, the men you love and trust:

1. I love you.
  - “I love you, too. That is why we should practice safer sex and use condoms.”
2. I trust you, as I know you use condoms with other sexual partners.
  - “I always use condoms with my casual partners, but there is always the risk that a condom may break or tear by accident, and I want us to be safe.”
3. Why are you asking me to wear a condom? Don’t you trust me or don’t you love me?
  - “I trust and love you. That is why we should use a condom.”

Ask your peer what he could use in addition to these responses. Be sure to go over any points below that are not mentioned:















- The best time to discuss condom use is before you start having sex.
- Be like a Queen Mother or Chief rather than like an angry lion.
- Be sure you have a supply of condoms always available.
- Be confident.
- Avoid situations that will make it difficult to use a condom (i.e., too much alcohol).
- Remember that your health is important and “IT’S YOUR TURN” TO BE GREAT IN LIFE!

Finally, read through the “12 Ways to Keep Your Love and Trust Alive” flyer with your peer. Be sure to emphasize that correctly using condoms and lubricants every time you have sex signifies how much you love and trust your partner.



# Love & Trust

## 10 ways to keep your love & Trust alive:

- ♥ Leave him a small note saying "I love and trust you!" 
- ♥ Send him an e-mail, SMS or call him to say you love him. 
- ♥ Arrange a special dinner for the two of you. 
- ♥ Listen to romantic music together. 
- ♥ Buy a nice gift to surprise him. 
- ♥ Brush or comb his hair for him. 
- ♥ Buy a nice set of underwear to surprise him. 
- ♥ Be faithful to him alone, or reduce your number of sex mates. 
- ♥ Give him a nice sensuous full body massage. 
- ♥ Correctly use a condom with lubricant every time you have sex!  
- ♥ Partying together 
- ♥ Watch a romantic movie together 
- ♥ Spend quality time with your partner more often 

## Module 4: TESTING AND COUNSELLING (TC)

### Activity 1: TC Story Cards



#### Objective:

- To better understand the importance of going for voluntary counselling and testing (TC)

#### Behaviour Change Objective:

- Use condoms and lubricants together, correctly and consistently, each time you have anal or vaginal sex, including with your regular partners, to reduce the risk of HIV infection and other STIs.
- Use condoms correctly and consistently when you have oral sex to reduce the risk of HIV infection and other STIs.
- Get tested to know your HIV status; encourage your regular partners to get tested to know their HIV status.
- Disclose your HIV or STI status to your regular partners.

#### Group Size or

1 or 2

#### Time

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

#### Type of Activity

Presentation and discussion

#### Materials

“TC” story cards (10)

“It’s My Turn” TC flyer

“It’s My Turn” being faithful flyer

“It’s My Turn” texting flyer

#### Review

“TC” story cards (*Note: make sure you know the story and the questions to ask, found on the back of the cards.*)

#### Activity

Introduce the “It’s My Turn” TC story cards, and mention that the story is about Andy and his partner, Kwame.

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



If you are reading the back of the card, you will see a small picture of what is on the front to remind you what your peer is looking at.

Ask the questions at the bottom of each story card after you have presented each card. Note, you can use “TC” rather than “CT” when asking the questions on the story cards.

**Card 1:**

1. Why is it risky to have more than one partner?
2. What could Andy have used his money for, instead of spending it on many partners?
3. What could Andy have used his time for, instead of spending so much time on so many partners?

**Card 2:**

1. What could possibly be the problem?
2. Name some possible infections or illnesses that Andy may have?
3. What are some other signs and symptoms of STIs that you know?
4. Have you also heard of stories of people dying from infections and HIV-related diseases? Tell me about them.

**Card 3:**

1. What is CT? (or TC)
2. Where can you find a CT centre? (or TC centre)
3. Is the HIV antibody test a painful process?
4. What is scary about CT? (or TC)

**Card 4:**

1. What might be some of the benefits of getting tested?
2. How might knowing your status help you plan?
3. How might not knowing your status ruin your chance at taking your turn in life?

**Card 5:**

1. Why do you think Andy and Kwame decided to go for CT? (or TC)
2. What have you heard about the staff at the CT centre? (or TC centre)
3. What should you do if you meet an unfriendly staff?
4. Will you allow any person to stop you from going for CT (or TC) and planning your future?

**Card 6:**

1. What is the meaning of “testing positive” and “testing negative”?
2. What happens if your test result is positive?
3. What happens if your test result is negative?
4. What is the name of the medicine for people living with HIV (PLHIV) and how does it help?

**Card 7:**

1. What can Kwame do to stay HIV-negative?
2. What is the “window period?” What does it mean?
3. How often should you go to visit the CT centre? (or TC centre)
4. Why do you think Kwame is better able to focus on his dreams now?

**Card 8:**

1. What are the signs and symptoms of a person with HIV?
2. Why must Andy be faithful and use condoms and lubricants every time he has sex?
3. Why does Andy still have big dreams?

**Card 9:**

1. What have you learnt from the story?
2. Why is it important to discuss and advise your partner and friends to also go to the CT centre? (or TC centre)
3. How can you have the peace of mind to work towards your bright future?

Try to get your peer to relate to what is happening in the story cards (or to other peers) to get him to talk freely. Discuss the issues that come out. Ask if he would be willing to go for CT (or TC) if he has been practicing unsafe sex.

Conclude the session by repeating the key message of today’s topic (either the entire set of story cards or the ones that were discussed), thanking him for his participation and giving him an “It’s My Turn” TC flyer and “It’s My Turn” being faithful flyer to keep, if he does not already have them.

Give your peer an “It’s My Turn” texting flyer if he doesn’t already have one, and explain to him how to use the “Text Me” services with a cell phone.



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

Time for this activity will vary depending on many factors: for example, your peer’s knowledge and experience, or the amount of time available.

Go slowly through the cards encouraging questions and discussion!

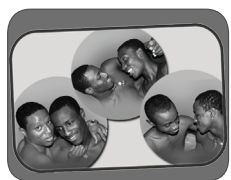
You can share your own experience of going for TC.



**Know Your HIV Status.  
Go for Testing & Counseling**



TC 1



Hi, my name is Andy. I used to have lots of sexual partners. I thought I was hip and hot but I was wrong. Really, I was wasting a lot of money, time and energy. I was also putting my life in serious and unnecessary danger.

**Questions**

- 1. Why is risky to have more than one partner?
- 2. What could Andy have used his money for, instead of spending it on many partners?
- 3. What could Andy have used his time for, instead of spending so much time on so many partners?



TC 2



One morning, I felt terrible pains in my penis. I was with my friends and we were all not feeling well. I was scared that I may have contracted a serious disease and my life was ending. I had heard stories of some of the brothers dying from similar conditions.

### Questions

1. What could possibly be the problem?
2. Name some possible infections or illness that Andy may have.
3. What are some other signs and symptoms of STI that you know?
4. Have you also heard of stories of people dying from infections and HIV related diseases? Tell us about them.



TC 3



My friend Dave advised us to seek medical care and go for Testing and Counseling (TC). I heard many things about TC and the thought of knowing my HIV status scared me. I did not want people to point fingers at me if I tested positive.

### Questions

1. What is TC?
2. Where can one find a TC Center?
3. Is the HIV antibody test a painful process?
4. What is scary about TC?





TC 4



Then I considered my family, my talent and my dreams.  
I knew I was going to be a celebrity in Ghana.  
I would not allow anyone to ruin my future from me. I needed to know  
my HIV status so I could plan my life without worries.

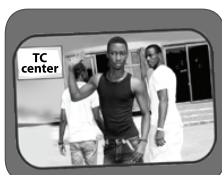
### Questions

1. What might be some of the benefits of getting tested?
2. How might knowing your status help you plan?
3. How might not knowing your status ruin you chance at "Taking You Turn In Life?"

# TC Center



TC 5



It's our turn to achieve our dreams! So Kwame and I made our way to the clinic for Testing and Counseling (TC). But our friend Joe did not listen to Dave's good advice. He refused to go for TC with us.

## Questions

1. Why do you think Andy and Kwame decided to go for TC?
2. What have you heard about the staff at the TC center?
3. What should you do if you meet an unfriendly staff?
4. Will you allow any person to stop you from going for TC and planning your future?



## TC Center



TC

6



When we arrived we were surprised at how friendly the TC staff were. We felt very relaxed. The friendly staff welcomed us and counseled us. Based on what we learned we took the HIV antibody test.

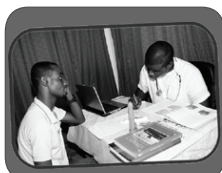
We were convinced that whatever the result, we still had the opportunity to live to take our turn in life. There will be medications called anti retrovirals to help us live long and fulfilling lives if we tested positive. If we tested negative, we would learn how to stay negative. Whatever the result we would have the peace of mind to achieve our dreams.

### Questions

1. What is the meaning of "Test Positive" and "Test Negative"?
2. What happens if your test result is positive?
3. What happens if your test result is negative?
4. What is the name of the medicine for people living with HIV and how does it help?



TC 7



Kwame tested negative, even though I looked stronger and healthier than him. He was counseled on how to stay negative. The health worker told him the fewer the number of sexual partners he has the safer and just one partner is best. The health worker also said that every time Kwame has sex he needs to correctly use a condom and lubricant. This will help him avoid been infected with HIV and other STI. Now that Kwame knows his status, he has the peace of mind needed to focus on his dreams.

The health worker advised Kwame to come back for another HIV test in three months because of the "window period". The health worker also told Kwame that he should ge tested once a year.

### Questions

1. What can Kwame do to stay HIV negative?
2. What is the " window period"? What does it mean?
3. How often should you go to visit the TC center?
4. Why do you think Kwame is better able to focus on his dreams now?



TC 8



I tested positive, and was counseled on how to protect my partner and protect myself from re-infection by using condom and lubricant correctly everytime I have sex. I discovered there were support groups of people living with HIV that I could join to learn about living positively. I was informed that once my body has trouble fighting off HIV and infections on it's own there are drugs called Anti Retrovirals I can take to keep me strong.

I have learned a lesson, to keep myself healthy, my partner HIV free and our dreams alive. I will talk to Kwame about my HIV status, stay faithful and correctly use condoms and lubricants every time we have sex. I still have big dreams and lots of talent. I am taking all the steps I need to take to take my turn in life.

### Questions

1. What are the signs and symptoms of a person with HIV?
2. Why must Andy be faithful and use condoms and lubricants every time he has sex?
3. Why does Andy still have big dreams?



TC 9



Now that Kwame and I know our HIV status we have the peace of mind to focus, work hard, make smart choices and take our turn in life. We also know that staying faithful to each other and correctly using condom and lubricant every time we have sex is the best way to keep our dreams alive. Are you ready for your turn in life? Get tested with your partner and know your status.

### Questions

1. What have you learnt from the story?
2. Why is it important to discuss and advise your partner and friends to also go to the TC Center?
3. How can you have the peace of mind to work towards your bright future?



**it's my turn**

**Don't miss your turn in life. Be prepared.**

..... You need to know your HIV status. Knowing your HIV status gives you the peace of mind you need to focus on achieving your dreams

There are several places to go for an HIV test. Knowing your status helps you plan and is the first step to realizing your dreams. HIV treatment and other help are available.

Call any of the MARP friendly helpline counselors for additional information:

**Text Me! Flash Me! Helpline Connecting MARPs & PLHIV Counselors Time Schedule: Monday to Friday: 8am – 5pm**

Day	Counselors on duty	Cell phone numbers
Monday	Peace	024 649 0794
	Esther	020 356 5184
	Scholastica	020 356 5201
Tuesday	Mamle	020 356 5140
	Nelly	020 356 5139
	Bridget	020 356 5148
	Christabel	020 363 4168
Wednesday	Rose	020 356 5223
	Silvia	020 356 5157
	Rebecca	020 356 5199
	Cephas	020 356 5171
	Miriam	020 356 5224
Thursday	Joyce	020 356 5156
	Mattilda	020 356 5230
Friday	Augustine	020 356 5141
	Mercy	024 649 0801
	Sakina	020 356 5145

**Hello Friend!**

We are a team of 15 friendly counselors trained to provide free confidential information and referrals on HIV and STIs for you and your loved ones.

Please: "flash" us or text *STI, Condom and Lubricant* or *HIV/AIDS* and send to 1945 and we'll call you back!

**Disclaimer:** The models used in this production are professionals. Photos used in this production do not suggest their sexual orientation or status



# Free from sexually transmitted infections: it's our turn

My chances of being infected with HIV and other STI are higher with many sexual partners. That's why my partner and I are always faithful to each other.

You can only take your turn in life by staying healthy and free from infections.

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Tuesday	Mamle Nelly Bridget Christabel	020 356 5140 020 356 5139 020 356 5148 020 363 4168
Wednesday	Rose Silvia Rebecca Cephas	020 356 5223 020 356 5157 020 356 5199 020 356 5171
Thursday	Miriam Joyce Matilda	020 356 5224 020 356 5156 020 356 5230
Friday	Augustine Mercy Sakina	020 356 5141 024 649 0801 020 356 5145

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Connecting MARPs & PLHIV**

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Hello friend!

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# 2011

<b>JANUARY</b> S M T W Th F S 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>FEBRUARY</b> S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	<b>MARCH</b> S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
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## Module 4: TESTING AND COUNSELLING

### Activity 2: Wildfire Game



#### Objective:

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

#### Behaviour Change Objectives:

- Use condoms and lubricants together, correctly and consistently, each time you have anal or vaginal sex, including with your regular partners, to reduce the risk of HIV infection and other STIs.
- Use condoms correctly and consistently when you have oral sex to reduce the risk of HIV infection and other STIs.
- Get tested to know your HIV status; encourage your regular partners to get tested to know their HIV status.

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#### Group Size or

Large group size (10 or more)

#### Time

60 minutes

#### Type of Activity

Game and discussion

#### Materials

Small sheets of paper – two for each participant

Folded paper

Pens

“It’s My Turn” TC flyer

“It’s My Turn” texting flyer

#### Review

“Positive Living” information sheet

#### Preparation

Draw a small star (★) in the corner of one piece of paper. Write the letter “C” in the corner of five other sheets of paper. For the second piece of paper for each participant write: **HIV +** or **HIV –**. Fold each piece in half so you don’t see the writing inside. Each participant will get one folded piece of paper plus another sheet (blank or ★ or C)



If you have participants who are HIV +, you may want to discuss this activity with them before the session to see if they feel comfortable participating. This activity can be very emotional. Participants should be allowed to share their experiences and feelings.

## Activity

Briefly explain the objectives of the activity.

Ask your peers to stand in a circle facing inwards, and give one piece of paper and a pen to each participant. *(Note: do not pass out the HIV status papers at this time.)*

Explain to your peers that you want them to walk around the room and shake hands with five other people and then sign or place a unique mark on each other's paper. *(Note: if the group contains fewer than 15 people, ask each participant to only shake hands with three people; there should be at least 10 people to play this game.)*

When finished, ask the participants to check to see if they have five signatures on their papers and ask them to return to the circle and sit down.

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

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

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

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

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

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

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

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

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

Inform the group that the people still standing had unprotected sex and became infected with HIV.

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

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

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

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

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

**Possible Discussion Questions:**

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

Remember to talk about the "window period" for HIV testing, and the need for a follow-up test after 3 months.



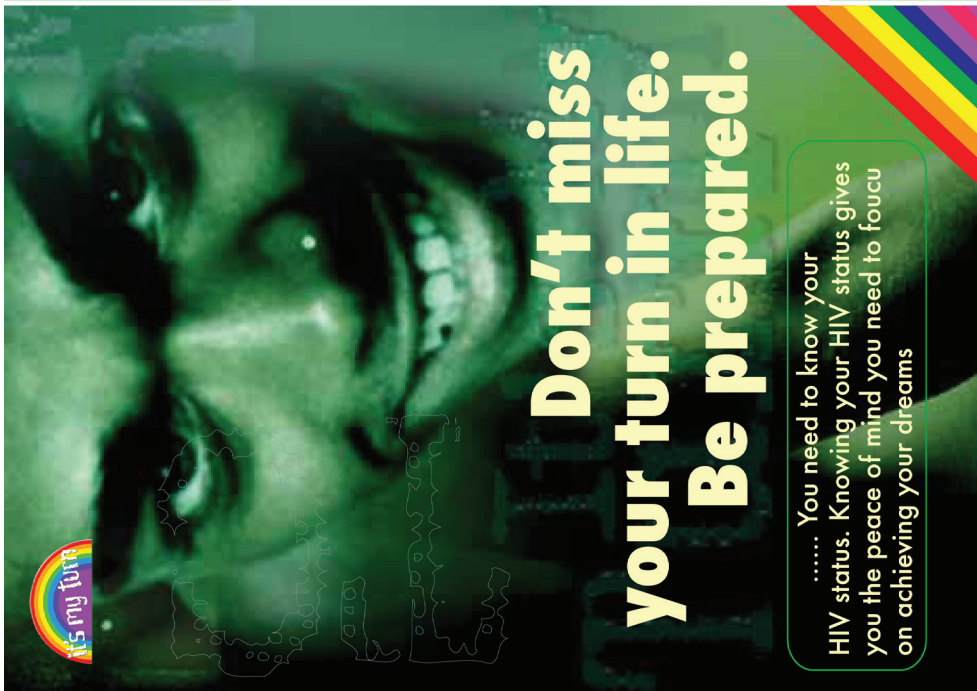
**Possible strategies for living positively include:**

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

Thank the group for participating in this game and ask if they have any additional questions. Give your peers an “It’s My Turn” texting flyer if they don’t already have one, and explain to them how to use the “Text Me” services with a cell phone. You can also pass out the “It’s My Turn” TC flyer.



This activity is very similar to the “Wildfire Game” in *Module 1: HIV and AIDS*; the only difference is the “HIV testing” and the discussion questions that go with it.



**Don't miss  
your turn in life.  
Be prepared.**

..... You need to know your  
HIV status. Knowing your HIV status gives  
you the peace of mind you need to focus  
on achieving your dreams

There are several places to go for an HIV test. Knowing your status helps you plan and is the first step to realizing your dreams. HIV treatment and other help are available.

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	Matlida	020 356 5230
Friday	Augustine	020 356 5141
	Mercy	024 649 0801
	Sakina	020 356 5145

**Hello Friend!**  
We are a team of 15 friendly counselors trained to provide free confidential information and referrals on HIV and STIs for you and your loved ones.  
Please: "flash" us or text *STI, Condom and Lubricant* or *HIV/AIDS* and send to 1945 and we'll call you back!

**Disclaimer:** The models used in this production are professionals. Photos used in this production do not suggest their sexual orientation or status





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

**Counselors Time Schedule:**

**Monday to Friday: 8 : 00am – 5 : 00pm**

<b>Monday</b>	Peace 020. 649 0794 Esther 020. 356 5184 Scholastica 020. 356 5201
<b>Tuesday</b>	Mamle 020. 356 5140 Nelly 020. 356 5139 Bridget 020. 356 5148 Christabel 020. 363 4168
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# 2011

<b>JANUARY</b> <table style="width: 100%; border-collapse: collapse;"> <tr><th>S</th><th>M</th><th>T</th><th>W</th><th>Th</th><th>F</th><th>S</th></tr> <tr><td></td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td></tr> <tr><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td></tr> <tr><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td></tr> <tr><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td></tr> <tr><td>30</td><td>31</td><td></td><td></td><td></td><td></td><td></td></tr> </table>	S	M	T	W	Th	F	S		3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31						<b>FEBRUARY</b> <table style="width: 100%; border-collapse: collapse;"> <tr><th>S</th><th>M</th><th>T</th><th>W</th><th>Th</th><th>F</th><th>S</th></tr> <tr><td></td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td></tr> <tr><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td></tr> <tr><td>26</td><td>27</td><td>28</td><td></td><td></td><td></td><td></td></tr> </table>	S	M	T	W	Th	F	S		6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28					<b>MARCH</b> <table style="width: 100%; border-collapse: collapse;"> <tr><th>S</th><th>M</th><th>T</th><th>W</th><th>Th</th><th>F</th><th>S</th></tr> <tr><td></td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td></tr> <tr><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td></tr> <tr><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td><td></td></tr> </table>	S	M	T	W	Th	F	S		6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31								
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## Module 4: Testing and Counselling (TC)

### Activity 3: TC Process



#### Objective:

- To better understand what TC involves

#### Behaviour Change Objectives:

- Use condoms and lubricants together, correctly and consistently, each time you have anal or vaginal sex, including with your regular partners, to reduce the risk of HIV infection and other STIs.
- Use condoms correctly and consistently when you have oral sex to reduce the risk of HIV infection and other STIs.
- Get tested to know your HIV status; encourage your regular partners to get tested to know their HIV status.
- Disclose your HIV or STI status to your regular partners.

---

#### Group Size

1 or 2

#### Time

40 minutes

#### Type of Activity

Presentation and discussion

#### Materials

“TC” picture cards (3)

“It’s My Turn” TC flyer

“It’s My Turn” texting flyer

#### Review

“Testing and Counselling” information sheet

---

#### Activity

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

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



## **Parts of TC**

### **1. Pre-Test Counselling**

A trained counsellor speaks with you before testing. You will be asked what you know about HIV and AIDS and will be told what will happen during the test. You can discuss any concerns or fears that you may have. The counsellor will make sure you understand what a positive and negative result means. It is your choice to decide to get the testing done. Your discussion and the results of your test are confidential.

### **2. Testing**

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

### **3. Post-Test Counselling**

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

- If your results are negative, you will be counselled on how to stay negative. If you have had penetrative sex without a condom, you will be asked to return in three months to get tested again because you may be in your “window period,” or the period between being exposed to HIV and the time it takes your body to start producing antibodies.
- If you are positive, the counsellor can discuss with you how to live positively with HIV. Remember you have the HIV virus, not AIDS. You can continue living a normal life as long as you take care of your health. You will need to avoid re-infecting yourself and infecting others by using condoms and lubricants correctly and consistently. You will also be counselled on the need to disclose and how to disclose your status to your partners, and on how to encourage them to come in for testing.



**Discussion Questions:**

1. Why are some people afraid to get tested?
  - They are afraid they will lose their partners.
  - They are afraid they will lose their friends and their family may send them away.
  - They fear the stigma and discrimination they may experience if they test positive.
2. How could someone maintain their negative status?
  - Use a condom and lubricant correctly and consistently every time they have anal and vaginal sex.
  - Use a condom correctly and consistently every time they have oral sex.
3. Why it is important for a pregnant woman and her partner(s) to get tested?
  - A pregnant woman can pass HIV to her baby.
4. What are the benefits of testing?
  - Have peace of mind
  - Better plan for your future and the futures of your loved ones
  - Protect the health of you and your loved ones
  - Find support networks
  - Be confident with your relationships

Ask your peer if he would consider going for testing. Remind him that MSM have a higher risk of being infected. Tell him you are available to talk further about TC if he would like to. Give him one of the “It’s My Turn” TC flyers and make sure he knows where the closest friendly TC centre is.

Also, give your peer an “It’s My Turn” texting flyer if he doesn’t already have one, and explain to him how to use the “Text Me” services with a cell phone.

TC



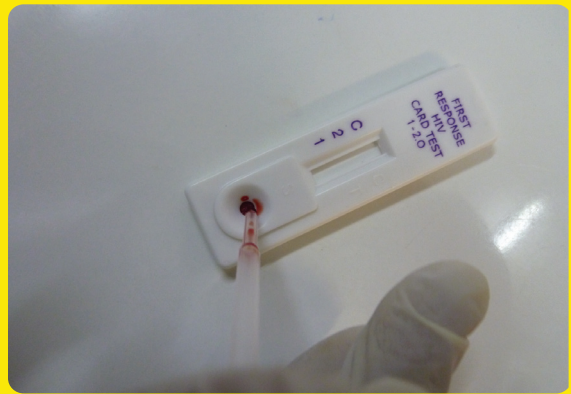
**1** PRE-TEST



TC



**2** TEST



TC



**3** POST-TEST





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

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# 2011

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## Module 5: Stigma

### Activity 1: Stigma against MSM in Health Facilities

#### Objectives:

- To look at MSM stigma in the context of the health facility
- To look at the forms and causes of MSM stigma at the health facility
- To look at how stigma discourages MSM from seeking care at a health facility

#### Behaviour Change Objectives:

- Get tested to know your HIV status; encourage your regular partners to get tested to know their HIV status.
- Promptly seek services at a health clinic or drop-in centre, or from a qualified peer educator or health worker, for prevention, treatment, care, and support services for HIV and STI. Use the “Text Me Call Me” services by sending an SMS text message to 1945.
- Get involved in planning, monitoring and implementing HIV interventions for MSM.

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**Group Size**  or 

Small or large group

**Time** 

1 hour

**Type of Activity** 

Discussion

**Materials**



“Health Facility Stigma” cards (2)

“It’s My Turn” texting flyer

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#### Activity

Briefly explain the objectives of the activity.

Ask your peers what they think stigma means. Encourage everyone to respond by stating what they think stigma is or by giving an example of stigma. After everyone has had a chance to speak, summarize what has been said, making sure the points below have been included. *(Note: You may want to take brief notes to make sure you remember what each of your peers said.)*

## Stigma

- Points out or labels differences
- Separates “us” from “them”
- Assigns differences to negative behaviour (for example, thinking that he has HIV be cause of his sinful behaviour)
- Creates loss of status and discrimination

Next, display the “Health Facility Stigma” card to the group.

Ask the group what is happening in the picture. (Answer: at a health facility, an MSM is being stigmatized.)

Ask the group to break up into pairs or small groups, depending on the number of participants.

Ask each group to discuss the questions on the back of the card shown below.

1. What are the types of stigma or the main problems that you face as an MSM in this setting?
2. Why do you think this happens?
3. Has this happened to you? Share your experiences with each other.

Ask each pair to report back.

When each group has had a chance to report to the larger group, discuss the questions below.

Discussion Questions:

1. What happens to us when we experience these problems at a health facility?
2. How might stigma against MSM in health facilities change the health-seeking behaviour of an MSM?

Tell the group that we have seen how stigma against MSM in health facilities can have negative consequences to their health-seeking behaviour. Examples of some of these negative consequences might be MSM not going to the clinic to have STIs treated, MSM not going to the clinic to be tested for HIV, or MSM not going for treatment (ARTs) for HIV. MSM need to identify hospitals, clinics, or drop-in centres where they feel safe and unthreatened.

Now show the second card and tell the group that Kojo is being attended to by a well trained health worker. He is free to talk about his sexual practices without fear of discrimination. It is important to be able to visit a health facility where you feel safe.

Ask the group to list different health facilities they can go to where they feel safe and unthreatened.

**Make sure the group identifies the MSM-friendly health services that are listed on the back of the “It’s My Turn” brochure or on the back of four of the “It’s My Turn” flyers for their town.**

Introduce the Get HIP! activities to the group (see page 22 and 23 in the Manual and Tools for Peer Educators of MSM in HIV). Explain that Get Hip! has activities that help MSM access friendly, quality information and services including STI clinics, ART clinics, drop-in centres, and support groups. An important part of the Get HIP! programme is helping to create good dialogue and strong links between the MSM community and the health care providers. One of the Get HI!P activities that creates this links is community dialogue meetings.



These meetings are held with health workers and members of the MSM community to gather information on their access to quality HIV and AIDS and STI services. Encourage the group to get involved in the Get HIP! community dialogue meetings to improve the MSM health services that are available and reduce stigma.

Ask the group if they have any questions and give them “Text Me” flyers if they do not already have them, and explain to them how to use the “Text Me” services with a cell phone to identify safe health facilities.



Use activity 1 from module 6 to practice communicating effectively with health workers. Effective communication can help reduce stigma.



### **Cell Phone Use Alternative One-on-One**



Although this activity is best done with a group to share experiences, the peer educator can present the activity to one of his peers with his cell phone. Take pictures of the cards, including a picture of the questions on the back of one of the cards.

Ask your peer what stigma is, and ask him for examples. Next, show the pictures and ask the questions that are on the back of the cards.

Ask your peer to identify health facilities where he can go to feel safe and not threatened or stigmatized; share some of your places with him.



1. What are the types of stigma or the main problems that you face as an MSM in this setting?
2. Why do you think this happens?
3. Has this happened to you?  
Share your experiences with each other.





1. Kojo is being attended to by a well trained health worker. He is free to talk about his sexual practices without fear of discrimination



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

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## Module 5: Stigma

### Activity 2: Disclosure of HIV Status

#### Objectives:

- To discuss the relationship between stigma and disclosure of status
- To know various coping mechanisms for dealing with stigma associated with HIV status and sexual orientation

#### Behaviour Change Objectives:

- Get tested to know your HIV status; encourage your regular partner(s) to get tested to know their HIV status.
- Disclose your HIV or STI status to your regular partner(s).

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#### Group Size or

Small or large group

#### Time

1 hour

#### Type of Activity

Discussion

#### Materials

“Disclosure Stigma” card (1)

“Disclosure & Testing” cards (2)

“It’s My Turn” texting flyer

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#### Activity

Show your peers the “Disclosure Stigma” card and ask them what they see.

Explain to your peers that Kwesi is HIV+, and he just told his partner his HIV status. When his partner found out he was HIV+, he kicked him out of the house and told him he did not want to hang around him anymore.

Now show your peers the “Disclosure testing” cards and ask them what they see.

Explain to your peers that Kofi is HIV+ and he just told his partner, Lawrence, his HIV status. When his partner found out, he was very supportive. They decided to go for counselling and testing together so Lawrence could find out his status and the counsellor could help them plan their lives together.

Next, discuss the issues that are brought up in the picture cards by using the discussion questions below:

## Discussion Questions:

1. Why are people with HIV stigmatized?
2. How does stigma prevent people from getting tested and treated for HIV?
3. What are the disadvantages of disclosing your HIV status?
4. What are the advantages of disclosing your HIV status?
5. What advantages might there be for a MSM to disclose his HIV status to his partner?  
(Answers: relief, comfort, no longer need to hide or lie, no need to live a double life)
6. What disadvantages might there be to disclosing his HIV status to his partner? (Answers: isolation, banishment, insults, rejection, aggression, fear, contempt, violence.)
7. What are some of the personal strategies that we can use to disclose our status to our partners? (Note: some possible tips for disclosure are listed below.)
  - Tell them that you have something important to tell them.
  - Ask that they promise to keep what you want to tell them confidential, and to not share it with anyone else unless you say it's ok.
  - Tell them you have HIV. Be simple and as direct as possible.
  - Tell them why you want them to know.
  - Share some information with them about HIV. If you have any brochures or other materials you have received at the support group meeting or from the clinic, show it to them.
  - Answer questions they may have if you feel comfortable.
  - Tell them that you need their support.
  - Don't be afraid to show your feelings openly and express how important this news is to you.
  - Give them time to adjust to the news.
  - Tell them where to get more information about HIV. You may know a health worker, a pastor, priest or imam, a social worker, or someone else they could talk to about HIV and the fact that you are HIV+.
  - If helpful, give them telephone numbers or contacts of support groups in the area.
  - Tell them who else is aware of your status, in case they want to go to each other for support.

## Role play practice:

- Ask everyone to think about one person in their lives they have not disclosed to yet, but want to.
- Split the group into smaller groups.
- Have each team discuss their approach on how to disclose to that person.
- Take turns playing the discloser.
- Have another person in the group play the role of the partner, child, friend, etc.

Bring the group together and ask about what things helped them to disclose their status during the role play.

Give your peer an "It's My Turn" texting flyer if he doesn't already have one, and explain to him how to use the "Text Me" services with a cell phone to access information, referrals & support for disclosing.



### Cell Phone Use Alternative (One-on-One)



Take a picture of the stigma card on your cell phone and review the discussion questions. When discussing disclosing HIV status, remember that this may mean only sharing that one is a MSM with other MSMs, or disclosing orientation to a close sibling or best friend.



Kwesi is HIV+ and he just told his partner his HIV status. When his partner found out he was HIV+ he kicked him out of the house and told him he did not want to hang around him anymore.



Kwesi is HIV+, and he just told his partner, Lawrence, his HIV status. When his partner found out, he was very supportive.



They decided to go for testing and counseling together so Lawrence could find out his status and the counsellor could help them plan their lives together.



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## Module 5: Stigma

### Activity 3: Disclosure and Violence

#### Objectives:

- To be aware that disclosure might result in violence
- To understand the different types of abuses
- To come up with ways to be safe

#### Behaviour Change Objectives:

- Disclose your HIV or STI status to your regular partner(s).

**Group Size**  or 

Small or large group

**Time** 

45 minutes

**Type of Activity** 

Discussion

**Materials**   

“Disclosure and Violence” card (1)

“It’s My Turn” texting flyer

#### Activity

Introduce the activity by explaining to participants that:

1. Disclosing HIV status can put you at risk for violence. However, abuse is never acceptable. It is not your fault.
2. In Ghana, it is against the law to commit domestic violence. The Domestic Violence Act of 2007 states that the punishment can be a fine of not more than 500 penalty units and/or a term of imprisonment not more than two years. The court may also order the offender to compensate the victim monetarily.
3. Mention that although there are many types of violence, we will focus on the four addressed in the Domestic Violence Act: physical, sexual, economic, and psychological abuse.

Ask participants what they consider to be physical, sexual, economic and psychological abuse.

Possible answers:

- *Physical abuse*: slap, punch, kick, assault with a weapon, murder
- *Sexual abuse*: rape, harassment to have sex, unwanted touching or physical advances

- *Emotional, verbal, psychological abuse*: belittling or humiliating the victim, isolating the victim from family and friends, controlling what the victim can and cannot do
- *Economic abuse*: withholding financial resources, hiding, destroying, or removing property in which the victim has material interest.

Now show the group the “Disclosure and Violence” card and explain what is happening. (*Answer: Kofi just told his partner that he is HIV+ and his partner has reacted very badly, throwing stones and raining insults on Kofi.*)

Ask participants to discuss if Kofi made the right decision to disclose his status. Split the group into two teams. Have one team defend the position that Kofi made the right decision and have the other team defend the position that Kofi made the wrong decision. Bring the groups together and have them share their results.

### **Possible Discussion Points:**

Yes, Kofi made the right decision.

- It is important for Kofi to disclose because he needs to practice safer sex.
- It is important for Kofi to disclose because his partner needs to know so he can get tested for HIV.
- He might be prosecuted for criminal conduct of willful transmission of HIV.
- The pressure and secrecy of living with HIV can be very hard to bear.

No, Kofi made the wrong decision.

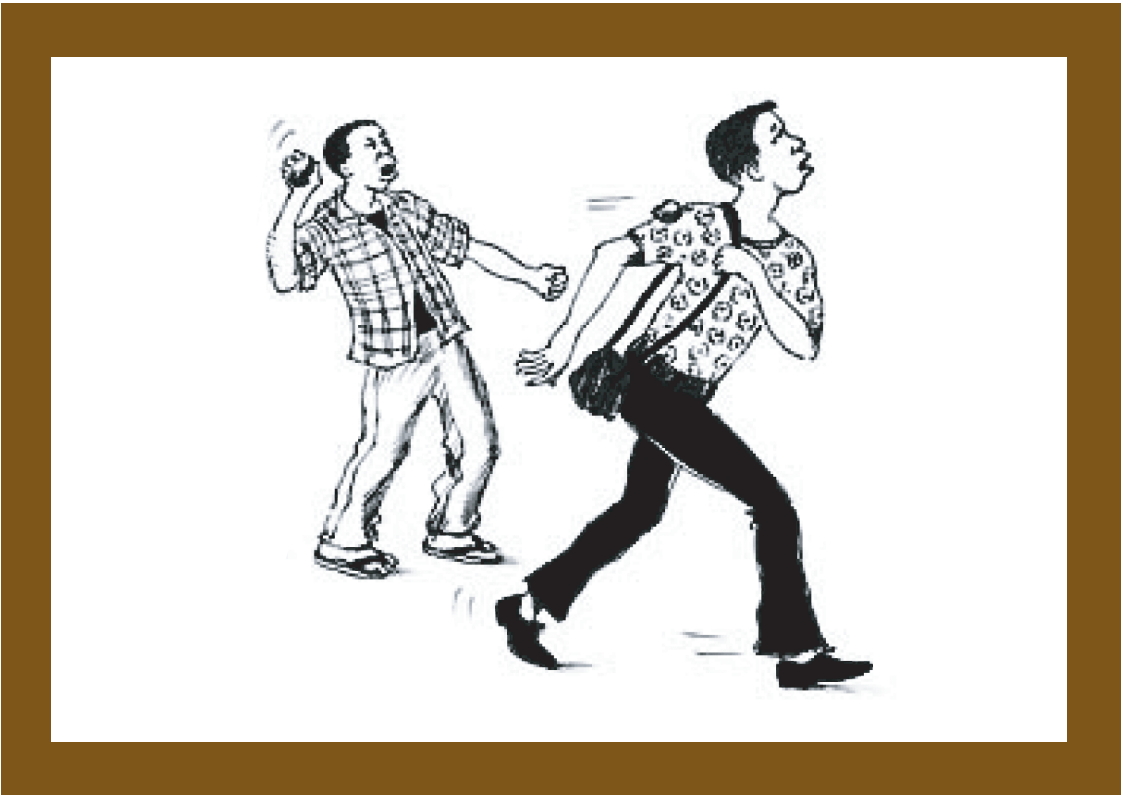
- Kofi was careless and put himself in a violent situation.
- Now he might be alienated from his family and community.
- If Kofi wanted to disclose he should have taken measures to decrease the chances of violence when he disclosed.

Now ask the group what Kofi could have done differently to decrease the chances of violence. (*Possible answers: bring a mediator like a counselor, friend, or family member to assist with the disclosure; involve a partner in a support group; encourage couples to go to counselling together; develop a safety plan.*)

Ask the group what is in a safety plan. (*Possible answers: stay away from rooms where exit is difficult or weapons are kept; plan escape routes and places to go for an emergency; ask trusted neighbours to call the police or other community members if they see or hear an episode of violence; prepare children to go for help in case of violence; pack a bag with important documents, money, and clothes, and store it discreetly in an accessible place.*)

Let the group know that they can find help from several people and organizations: PLHIV support groups, peer educators, MSM-friendly clinics and drop-in centres, the NGO your peer educator works with, or tell them to send an **SMS text message that says “HELP” to 1945 where a friendly counsellor will call them back within 24 hours to talk to them over the phone and give them more advice.**

Give your peer an “It’s My Turn” texting flyer if he doesn’t already have one, and explain to him how to use the “Text Me” services with a cell phone.



Kofi just told his partner that he is HIV+ and his partner has reacted very badly and began throwing stones and raining in sults on Kofi.



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## Module 6: Life Skills

### Activity 1: Reproductive Anatomy

#### Objective:

- To better understand the basics of male and female anatomy

**Group Size**  or 

1 or 2

**Time** 

20 - 30 minutes

**Type of Activity** 

Discussion

**Materials**   

“Male and Female Anatomy” cards (2)

**Review** 

“Anatomy of the Male and Female Sex Organs” information sheet

**Preparation** 

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

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#### Activity

Show the male anatomy card and ask your peer what he is looking at.

Ask why it might be important to know about our bodies. *(Possible answers: to understand how it works; to know how to take care of it; to understand medical advice; to recognize changes in the body, to know when to seek medical assistance.)*

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

Ask your peer why it might be important to also know about female sex organs. *(Many men in Ghana also have sex with women. MSM are at a higher risk of HIV and other STI infections than the general population. Thus, it is important that your peer, who may be having sex with women now or in the future, know about the female anatomy in order to better understand HIV and AIDS prevention.)*

Then, move on to the female anatomy and follow the same process. This may be much harder for your peer, especially if he has only had sex with other men.

Ask your peer if he has any questions.



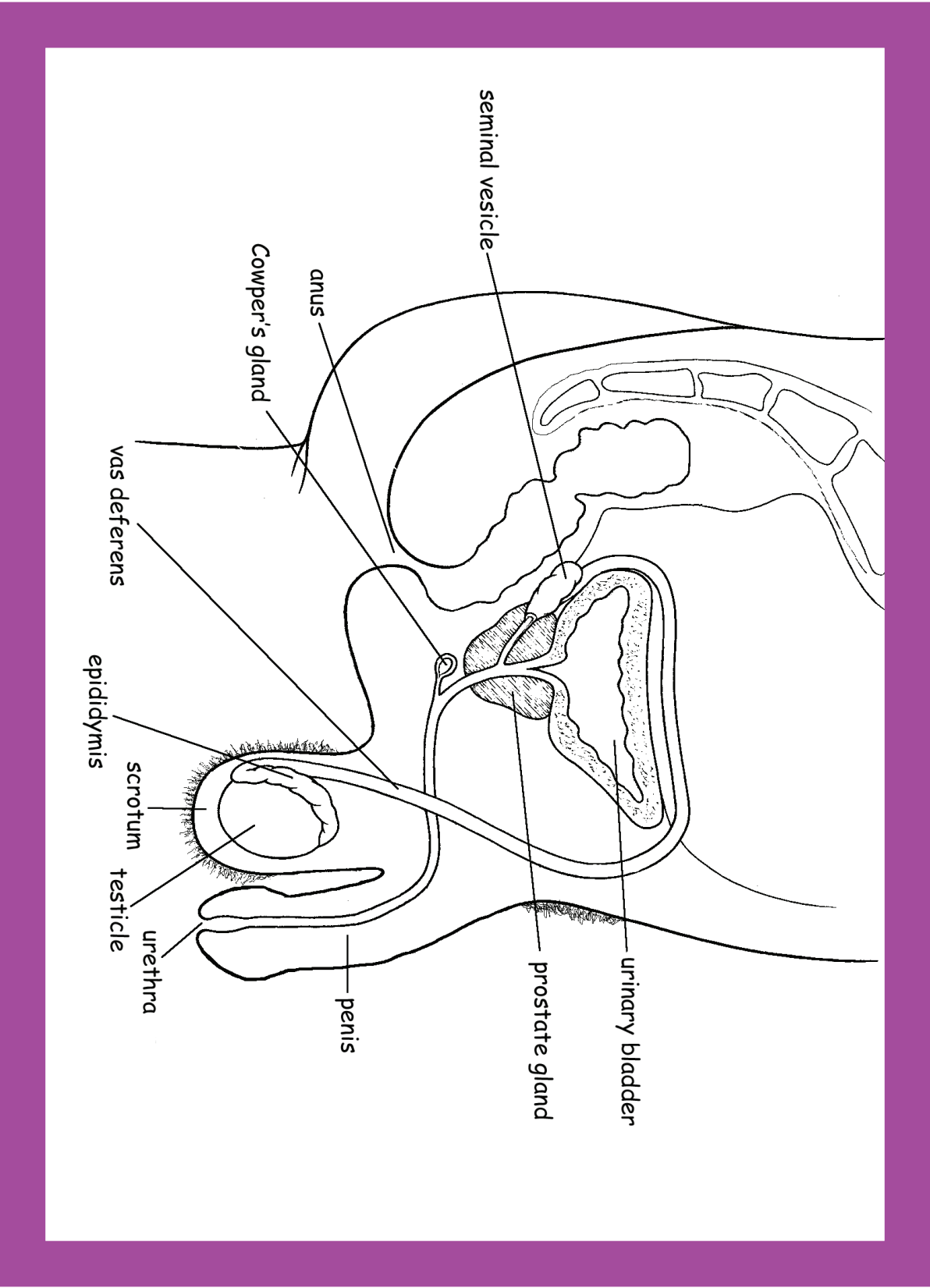
These cards can also be used when discussing STIs with your peers.

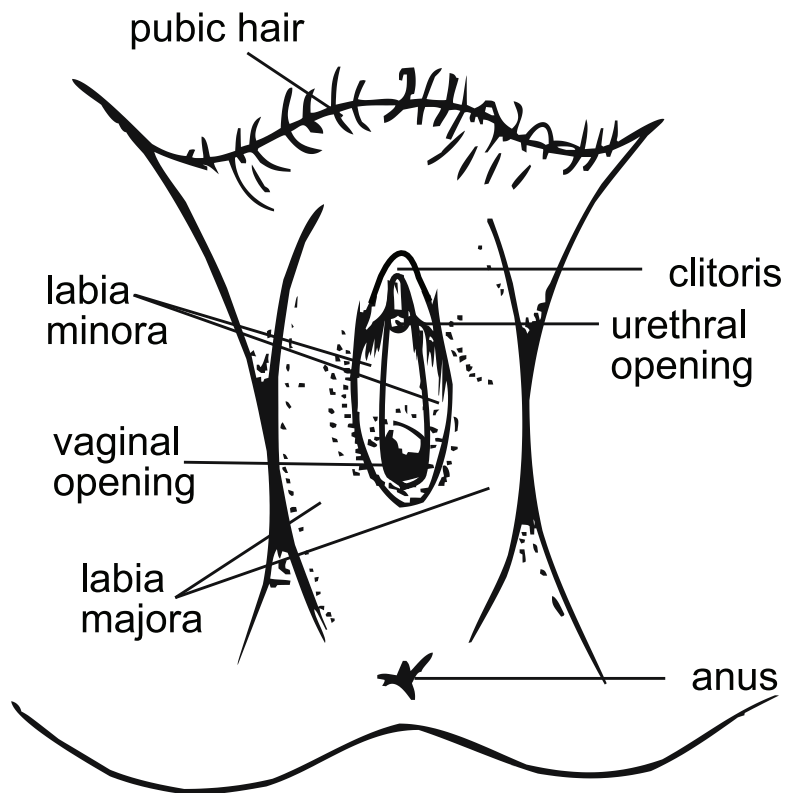
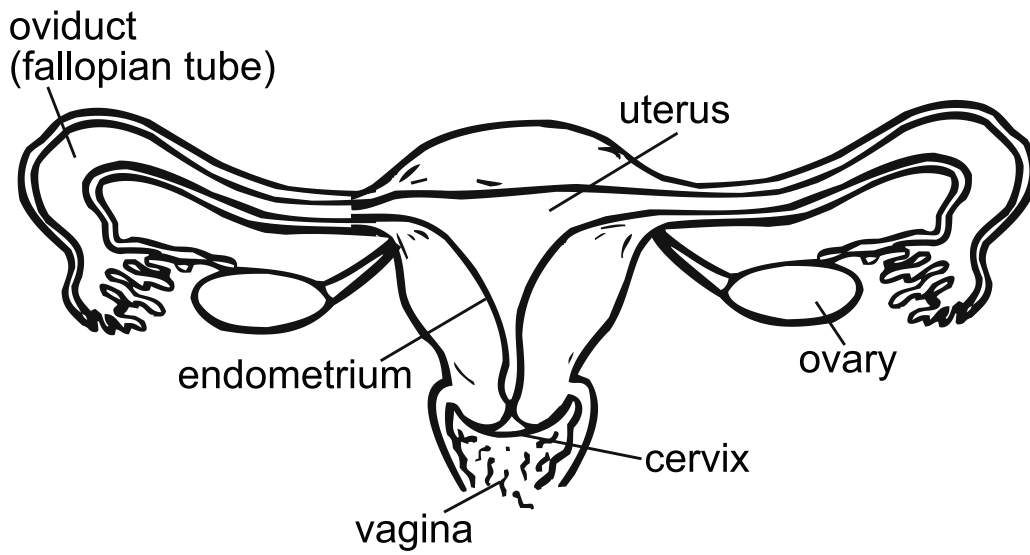


**Cell Phone Use Alternative  
(One-on-One)**



Take pictures of the male and female anatomy and proceed with the activity in the same format as if you were holding the cards.







## Module 6: Life Skills

### Activity 2: Health Worker-Patient Role Play

#### Objectives:

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

#### Behaviour Change Objective:

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

#### Group Size or

Small or large group

#### Time

60 minutes

#### Type of Activity

Discussion, demonstration, and role play

#### Materials

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

STI cards (8)

List of friendly STI clinics

#### Preparation

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

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

Let the group know that it is important to get treated early for all STIs to decrease the possibility of lasting damage to your health. If treatment is not carried out correctly, such as taking medication for the entire duration it was prescribed, the symptoms of the diseases may disappear but the infection will still be in the body. Later on, the symptoms might come back stronger than before.

For men, untreated infections can lead to disfigured/deformed genitals, urethra inflammation, anal and penile cancer, neurological illnesses, and infertility. For women, untreated infections can lead to pelvic inflammation disease, chronic pelvic pain, cervical cancer, and infertility. STIs can damage the reproductive system and be transmitted to the fetus in the mother’s womb, causing birth defects or even the death of the child.

Emphasize that it is important to get treated early to decrease the possibility of lasting damage to your health, including death. This is especially critical for people living with HIV.

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

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

## **SOME KEY POINTS**

### **Information to share with a health worker:**

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

You may want to share the following:

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

### **Questions to ask a health worker:**

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

You may want to ask some of these questions:

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

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

### **Activity: Demonstration of Personality Types and Role Play**

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

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

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

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

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

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

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

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

### **Tips for being assertive like queen mothers and kings when we talk with a health worker:**

- *Body language*: Even without opening our mouths, our bodies can talk for us. Body language is all of the unspoken ways that we physically show other people what we are thinking and feeling. Body language tells other people how we feel about ourselves and how others should treat us.
- *Confidence*: Try to look people in the eye. Keep your shoulders squared and your chin up. Act confident, even if you don't feel it.

- *Voice*: Use a clear, calm voice. Make sure that your voice is loud enough to be heard. Try to be brief and concise in your language.
- *Know what you want*: Before you go into your meeting, make sure you know what you would like out of the interaction and the information you want to get. Don't be afraid to state your goals and ask questions. It's easier for people to give you what you want if they know what you want.

### Role Play 1:

Tell the group that we will practice a role play. Ask for a volunteer to pretend to be a health worker, and give that person the photo card of the **Nurse**. Then ask for three more volunteers to pretend to be patients, and give each of them a different card (**Sheep, Angry Lion, or Queen Mother and King**). Tell the three patients not to show their cards to anyone else.

Ask the four people to stand in front of the group. Ask the first patient to stand facing the volunteer with the picture of the nurse, and to behave like the photo on his card when he says: "I think I might have an STI. I need your help, please." Ask the second patient to behave like the photo on his card and say the same words. Ask the third patient to do the same.

After all three patients have had a chance to role play, ask the group to guess which person was playing what role. Then ask why they guessed that way. Thank the volunteers for their help.

### Role Play 1:

Divide all the members of the group into teams of four people. Each group is given four cards of **STIs**, one **Queen Mother and King** card, and one **Nurse** card.

The teams will take turns, with one person playing the role of a patient who behaves like a queen mother or a king, one person playing the role of a nurse, and the other two people watching. The two people who are playing the roles will pick an STI card. Give them a moment to think about their roles, then ask them to begin.

The role play should contain:

- The story of how the patient contracted the particular STI
- The patient's sexual history and current practices
- The patient asking key questions to the nurse
- Clear instructions from the nurse on how to treat the STI (*Note: if the nurse does not give clear instruction, the patient must ask.*)
- The patient talking like a queen mother or a king to the nurse throughout the entire role play

After the role play, the two members of the group who were watching should give feedback on what could be improved in the way the patient was communicating with the nurse. Then the two people should switch roles so that the person who was the nurse is now the patient and the one who was the patient is now the nurse. They should pick another STI card and do a new role play. The two people who are watching should give feedback again. Everyone should take turns until all four people in the team have played the role of the queen mother or king and have received feedback.

The facilitator should move around the room, observing and giving feedback where appropriate.

## **Friendly STI Clinics**

Share the list of friendly STI clinics shown below with the group members. Help them identify the STI clinic closest to where they live.

Tell the group that for those members who have cell phones, they can also send a text message to 1945. The message should just say “Help.” A friendly person will call them back on their phone to answer their questions, give them advice, and help them find any additional resources they need from a recommended health worker, peer educator, religious advisor, or NGO.

## STI CLINICS PROVIDING COUNSELLING AND TESTING

REGION	TOWN	NAME OF CLINIC	LOCATION
Ashanti	Kumasi	Kumasi South	Suntresu
Ashanti	Kumasi	* Kumasi STI Clinic	Kejetia MCH
Brong Ahafo	Techiman	* Techiman STI Clinic	Techiman Polyclinic
Central	Akim-Swedru	* Agona-Swedru STI Clinic	District Hospital
Eastern	Koforidua	* Koforidua STI Clinic	Regional Hospital
Greater Accra	Accra	* Ashiaman STI Clinic	Ashiaman Polyclinic
Greater Accra	Accra	* Adabraka STI Clinic	Adabraka Polyclinic
Greater Accra	Tema	* Tema STI Clinic	Tema Polyclinic
Northern	Tamale	Tamale STI Clinic	Regional Hospital
Upper East	Bolgatanga	Bolgatanga STI Clinic	Regional Hospital
Upper East	Bawku	* Bawku STI Clinic	Presbyterian Hospital
Upper West	Wa	* Wa STI Clinic	Wa MCH/FP Block
Volta	Aflao	* Aflao STI Clinic	Ketu District Hospital
Western	Sekondi	Effia-Nkwanta STI Clinic	Effia-Nkwanta Regional Hospital
Western	Tarkwa	* Tarkwa STI Clinic	MCH/FP Centre
Western	Half Assini	Half Assini STI Clinic	Half Assini Hospital

\* Clinics marked with an asterix (\*) are run by Ghana Health Services. These sites have health workers who are trained to be PLHIV-friendly.



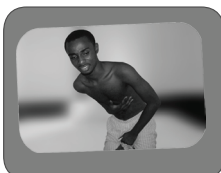


**Know About STI and  
Go for Prompt Treatment**





STI 1



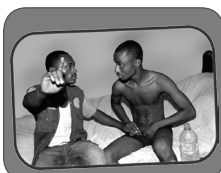
I had a discharge with painful urination and itching on my penis and anus. It was getting worse. I thought it was the work of witches, evil spirits and friends who were jealous of me. I was very disturbed and confused.

### Questions

1. What can cause painful urination and itching in the penis and anus?
2. What is an STI?
3. How can one get an STI?
4. What are some examples of STI that you know of?
5. What are some of the ways of preventing STI?



STI 2



My friend Dave visited and was disturbed by my condition. He explained that he thought I had Sexually Transmitted Infection (STI). He said he had one before too. I did not believe it was an STI. I knew it was evil spirits and witches. Dave insisted I have a health worker check it out. He said, if it was an STI there could be serious complications that could develop if it was not treated immediately and medically.

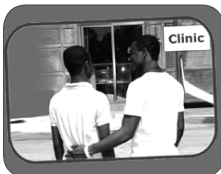
I told him I was afraid of going to the hospital because I had heard that staff there are very on friendly. Dave told me there are clinics where the staff are trained to be friendly helpful "Saso"

### Questions

1. How are STI transmitted?
2. What can happen if an STI is left untreated?
3. Name some "Saso" friendly clinics that you know and where there are?



STI 3



Dave's advice and information made me think of my future. I knew I needed to be healthy to take my turn in life and prove to my family that I would be a great person. I decided that I wouldn't let anything stop me from getting the correct treatment. I went to the clinic with my partner.

### Questions

1. Why did Kwame decide to go to the clinic?
2. Why is it important to stay healthy and strong?
3. Where can correct treatment be received.

**Clinic**



STI **4**



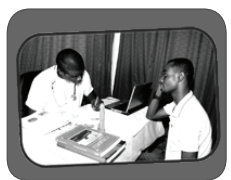
I was surprised at the friendly reception I received at the clinic. The nurse was very nice and he welcomed us with respect. He understood my problem. I never knew there were 'Saso friendly clinics' around.

### Questions

1. What is an STI friendly clinic?
2. Where can these friendly clinics be located?
3. Why do some people refuse to go to the clinic?



STI 5



The nurse patiently listened to me and took notes. He explained what STI's are and counselled me on how I can prevent future infections. He also told me that I should notify any of my sexual partners about STI so they could come for treatment too. He prescribed the correct medication for my infection. Now I know that the clinic is the best place to go if I have an infection.

### Questions

1. How can one avoid an STI?
2. Where is the best place to get correct treatment for all infections? Why?
3. How can you know that you have an STI?



STI 6



I followed the health workers instructions and continued taking the drugs even after the symptoms disappeared. I am happy to be well again. I learned that witches and evil spirits do not cause STI. I also learned that there are lots of friendly clinics that can help me. I am feeling good and ready to concentrate on my work so I can take my turn in life.

### Questions

1. Why must you stay free from infections?
2. What should you do as soon as you notice anything on your penis or anus?
3. What should you do if you meet an unfriendly staff at the clinic?

## Module 6: Life Skills

### Activity 3: Asking for Safer Sex

#### Objective:

- To learn how to say no in a sexual encounter
- To feel confident asking for safer sex

#### Behaviour Change Objective:

- Use condoms and lubricants together, correctly and consistently, each time you have anal or vaginal sex, including with your regular partners, to reduce the risk of HIV infection and other STIs.
- Use condoms correctly and consistently when you have oral sex to reduce the risk of HIV infection and other STIs.

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#### Group Size or

Small or large group

#### Time

30 minutes

#### Type of Activity

Brainstorm, role play

#### Materials

“It’s My Turn” texting flyer

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#### Activity

Introduce this activity by explaining that sometimes we do not want to agree to sex. We may want to say no, but we may be uncomfortable, shy, embarrassed, or even afraid of saying what we want.

#### Some examples are:

- I asked for sex so I should do whatever he wants...
- I am paying him so he should do whatever I want...
- If I don’t have anal sex with him, he might look for someone else...
- But I love him...
- Look at him; he is so attractive, I will do whatever it takes.

Ask for any other examples from the group.

Next, we will look at ways in which we can be confident asking for safer sex in a way that we are both happy.

This may mean using a condom and lubricant for anal sex, using a condom for oral sex, not having penetrative sex, or it may mean each partner pleasing the other without sex.

We often find it difficult to say these things to our partners. Even if someone is paying you for sex you still need to feel confident asking for safer sex. Just because someone is giving you a present or money in exchange for sex does not mean that they can tell you not to use a condom or lubricant.

Now we are going to think of what we want to say in regards to safer sex and then practice saying it through role play.

Break the group up into smaller groups and ask each group to take five minutes to discuss who the partners are that they might have difficulty negotiating with, and for what reasons. Ask someone in each group to take notes.

Make sure the following three scenarios are being addressed by at least one group: asking for safer sex with a casual partner, asking for safer sex with a regular partner, and asking for safer sex with a partner who is paying.

Have each group present back to the larger group.

Ask the group to think about various ways that they could ask for safer sex (or tips they could use to help them) with the various partners mentioned.

Next, ask for two volunteers to role play using one of the difficult partners and one of the suggested techniques for saying what they want. Ask if another pair of volunteers would like to practice.




Stress the importance of practicing safer sex with your partners, even if it is transactional.

Ask if there are any questions. Give your peers “It’s My Turn” texting flyers if they do not already have them, and explain to them how to use the “Text Me” services with a cell phone.







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

**Counselors Time Schedule:**

**Monday to Friday: 8 : 00am – 5 : 00pm**

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

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

# 2011

<b>JANUARY</b> S M T W Th F S 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>FEBRUARY</b> S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	<b>MARCH</b> S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
<b>APRIL</b> S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>MAY</b> S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>JUNE</b> S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
<b>JULY</b> S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>AUGUST</b> S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	<b>SEPTEMBER</b> S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
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## Module 6: Life Skills

### Activity 4: Drinking Alcohol and Condom and Lubricant Use



#### Objective:

- To better understand the effect of drinking alcohol and condom and lubricant use

#### Behaviour Change Objectives:

- Use condoms and lubricants together, correctly and consistently, each time you have anal or vaginal sex, including with your regular partners, to reduce the risk of HIV infection and other STIs.
- Use condoms correctly and consistently when you have oral sex to reduce the risk of HIV infection and other STIs.

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#### Group Size or

6 or more

#### Time

45 minutes

#### Type of Activity

Game and discussion

#### Materials

Male doll (Bratz boy doll would be the best choice) with removable clothes and accessories, placed in a plastic bag (at least 4 items)

Oversized rubber gloves

Sunglasses

Petroleum jelly

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#### Activity

Ask the participants if they have ever drunk too much alcohol and then did not use a condom when having sex with their partner. Explain that the game they will be playing shows the effects of alcohol on using and putting on a condom correctly.

Ask for 6 volunteers and divide them into three pairs (couples). Explain they will be asked to put clothes on a doll in one minute.

Ask the group if this sounds easy.

**The first couple:** Explain that this couple has each had a tot of gin. Ask for a volunteer who has a watch with a second hand to time the couple for one minute. Hand the couple a plastic bag that has the doll and his clothes inside. Tell the couple that they may talk to each other while putting the clothes on the doll. After one minute, ask the group if the couple was successful in dressing the doll.

Undress the doll and place him and his clothes and accessories back in the plastic bag.

**The second couple:** Explain that this couple also has to dress the doll but that they have each had two or three tots of gin. Therefore, each must wear one glove and sunglasses to represent the effects of the alcohol. They may talk to each other while dressing the doll. Time the couple for one minute and ask the group if the couple successfully completed their task.

Undress the doll again and place him and his clothes and accessories back in the plastic bag.

**The third couple:** Explain that this couple is DRUNK as they drank the whole bottle of gin! They are not allowed to talk to each other, since people who are drunk tend not to be able to communicate effectively. The couple must each wear gloves (on both hands) and sunglasses that have been smeared with Vaseline (to indicate impaired vision). Time the couple for one minute and ask the group whether the couple successfully completed their task.

**Discussion Questions:**

- Ask each couple how it felt to try to dress the doll under those conditions?
- What difficulties were caused by having to wear gloves and sunglasses?
- How did not being able to communicate affect the third couples' ability to dress the doll?
- How could this game relate to putting on a condom and lubricant while drinking alcohol?
- This game showed the effect of drinking on your ability to do things with your hands. What other negative effects does drinking have on people? (*Possible answers: making bad decisions, not being able to negotiate condom use, forgetting to use a condom, not being concerned about practicing safer sex due to effects of alcohol*)
- Do you think using drugs could have a similar effect on your ability to practice safer sex?

Ask the participants if they have any questions.

# PART 3

## CONTINUING EDUCATION

- REVIEW TOPICS
- OTHER TOPICS AND IDEAS
- CALENDAR DAYS AND COUPLE DAYS



It's my turn

## CONTINUING EDUCATION

Continuing education should be an integral part of any program where information is presented and behaviour change is expected. Continuing Education provides an opportunity:

- For peer educators to review material that they will share with their peers, ensuring that they have a solid understanding of the topic.
- To review interpersonal communication skills (see Part 1)
- To introduce new information on topics that have already been presented to peer educators based on new studies, medical breakthroughs, success stories, and challenges in the field.
- For some of the peer educators (maybe those who are more experienced or who have shown an interest) to learn new topics or skills that they can use with their peers.
- To share best practices in the field and exchange successes and challenges.
- To bring in guest speakers, such as TC counsellors or other NGOs that offer support to MSM
- To discuss and organize special events for MSM including special “Calendar Days” or “Couple Days.”

Your organization’s weekly or monthly meetings provide an ideal time to gather the peer educators and provide one or two hours of continuing education. Your peer educators will be able to help you decide which topics they would like discussed based on their personal needs as a result of their level of training, amount of experience, comfort in presenting information, or requests for information from their peers that they are unable to answer.

The following are some possibilities that could be included as continuing education. Please keep in mind that there are many more possibilities than just those listed here.

## REVIEW TOPICS

1. **Modules in Part 2 - Tools for MSM peer educators:** Part 2 contains six modules with various activities designed for one-on-one, small group, or large group peer education sessions. Information sheets which provide background facts and information for the topics are included with each module. Supervisors should ensure that their peer educators are comfortable with the information and with how to run the various activities. Low-literate peer educators will need extra time to allow a walk-through of the activities. The visual aides should assist the peer educators in presenting the material but training is a necessary component of any effective peer education program. Many of the activities have a cell phone use alternate activity for very discreet one-on-one meetings. *A PEER EDUCATOR SHOULD HAVE GONE THROUGH AN ACTIVITY AT LEAST ONCE BEFORE PRESENTING TO HIS PEER(S).*
2. **Behaviour Change Strategy and Interpersonal Communication Skills in Part 1:** The material is presented in a training format and designed so that a staff person should be able to facilitate the sessions for peer educators not yet trained or those that would like a review of the material.

The activity explained below is an example of the type of activity that could be conducted during one of your organization's peer educator meetings when reviewing a specific module or topic. You may lose your peer educators' attention if you present information in lecture format. You may want to refer to "Ice Breakers, Energizers, and Other Games" in Part 1. Try playing one of these activities at each of your weekly or monthly meetings. Your peer educators may also be able to then try out these activities if they meet their peers in a group setting.

### **Condom Time Bomb Game**

Supervisors collect questions on condom and lubricant use that peer educators received from their peers when they were in the field. These should be questions that they found difficult to answer or that prompted a great discussion. These questions are then written on slips of paper and placed inside various condoms (one question per condom). Ask your peer educators to stand in a circle. Blow up a condom and tie the end, then hand it to someone. Explain that you will play some music. Participants should pass the "balloon" around the circle anyway they want – handing it or batting it to the person next to them, dancing with it, and so on. When the music stops (when you turn it off), whoever is holding the condom balloon must break it, take the question out, and answer it. When the participants find it difficult to break the condom, point out how strong it is! After discussing the correct answer, start the music and the entire process again. This activity is a good review for everyone on condom and lubricant use. (Note: the Supervisor can add questions he has in addition to the ones the peer educators came up with.)

## **OTHER TOPICS AND IDEAS**

### **1. Monitoring Requirements**

Supervisors will introduce the forms that their peer educators will complete. Explain the process and the importance of completing the forms. Supervisors can slowly go through filling out the forms with their peer educators. This will probably need several demonstrations. Once the supervisor feels that the peer educators understand the process, they can be asked to complete the forms themselves using data provided to them.

### **2. How to Make Effective Referrals**

Knowing how, when, and where to make referrals is an important skill that your peer educators should have. Peer educators should have access to information in a directory of services in their area.

### **3. Counselling Training from a Counsellor Trainer**

Training could be provided to those peer educators who are more experienced and have expressed an interest in gaining counselling training. This additional skill would be very useful to the peer educators when they are speaking with their peers.

### **4. Internet Resources**

There is a wealth of information available to MSM on the internet and internet sites and chat rooms could be shared with peer educators for subsequent sharing with their peers. Websites such as <http://www.men2men.co.za> offer advice on safer sex and sexual health.

## 5. Guest Speakers

Your organization should consider bringing in experts in a specific area (or you may have someone within your organization who would be willing to present a specific topic to the peer educators). In addition to providing information, guest speakers are a good way of introducing key players who are also supporting MSM. These people may be health workers, counsellors, support groups, or people from other NGOs.

## CALENDAR DAYS AND COUPLE DAYS

Calendar days and couple days are special days designated for MSM. These days offer MSM a chance to feel good about themselves, come together as a group, and/or celebrate with a loved one. These special days may be internationally- or nationally-recognized days, or they may be a day that your organization has set aside with a special event. The following are some examples of the types of days that could be used.

1. Valentine's Day (February 14): A special dinner or dance could be offered to MSM and their regular partners. A card could be produced that has a condom attached to it.
2. "It's My Turn" Day: Each MSM is invited to bring one person that they consider very special in their lives to an event organized by your organization. A small gift could be provided that has the "It's My Turn" symbol on it (e.g key chain or pen).
3. Easter Party: In Ghana, Easter is celebrated by many people with a lot of music, dancing and parties. It can become a high-risk event if there are unprotected sexual encounters and numerous partners. Organize an Easter party that promotes the healthy behaviours. Get a trained DJ Host to promote entertaining and educational messages. Other calendar days are Christmas and traditional durbars in specific villages or towns, etc.

# CONTINUING EDUCATION & SUPPORT GUIDE

## PART 3

### SUPPORT AND SUPERVISION

- RESPONSIBILITIES OF A SUPERVISOR
- WAYS THAT PEER EDUCATORS CAN BE SUPERVISED
- MONITORING AND EVALUATION



It's my turn



## RESPONSIBILITIES OF A SUPERVISOR

### Objectives:

- To come up with a list of activities that a supervisor can use to support the peer educators
- To discuss different ways to motivate peer educators
- To recognize signs of stress and how to deal with it
- To identify resources available to supervisors

**Time:** 1 hour and 30 minutes

**Materials:** Flipchart and markers

**Type of Activities:** Presentation, brainstorming, and small and large group discussion

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### Activity

The amount of support and supervision a peer educator requires depends on several factors:

1. **Types of activities** they do. Peer educators who conduct large group educational sessions may need more supervision and support than those who meet peers casually; also, those who deal with emotionally difficult situations may need more support.
2. **Amount of training** they have had. Peer educators who have had only a day or two of training and limited experience may need more support and information needs than those who have had more thorough training or who are experienced peer educators.
3. **Type of Individual** they are. Some peer educators may require more emotional support than others. Additionally, some peer educators may need assistance in understanding that they are acting as role models to their peers and thus how they speak, talk, dress, and interact are important.

As a group, brainstorm what type of support your peer educators will need to be able to do their jobs effectively. Write the responses on your flipchart. Discuss the activities under *Trainer's Notes* if they were not brought up during the brainstorming activity.

### TRAINER'S NOTES:

#### Support Activities for Peer Educators

1. Ensure that the peer educators fully understand how to conduct the activities and have reviewed the necessary information.
2. Take responsibility for the *Manual and Tools for Peer Educators of Men who have Sex with Men in HIV and AIDS Prevention* and ensure that the tools for MSM peer educators are complete and available to the peer educators.
3. Conduct regular in-service meetings for all peer educators.
4. Provide refresher courses on activities that peer educators will use.



5. Appraise individual peer educator's needs to identify capacity building needs.
6. Train peer educators on other or new activities or topics not found in Part 2 (e.g. counseling, care and support for PLHIV).
7. Acknowledge peer educators' contribution to the project.
8. Be available to help peer educators deal with discouraging or difficult experiences.
9. Provide opportunities for peer educators to share their experiences, as this may help other peer educators in dealing with similar issues during outreach activities.
10. Ensure that the peer educators always have a sufficient supply of condoms and lubricants to sell to their peers.
11. Ensure that there is an adequate supply of visual aid reminders that the peer educators will give to their peers after their sessions.
12. Monitor peer educators' work and provide constructive feedback.
13. Provide special activities just for fun.
14. Link peer educators with other community groups.
15. Assist peer educators in referrals for other available resources.
16. Provide opportunities for established peer educators to teach and mentor new peer educators.
17. Be available to listen and provide advice if asked.

Motivating your peer educators will be a key part of your job as their supervisor. It is highly doubtful that they are doing their job for monetary gain alone. Motivation can be accomplished in two ways:

1. Acknowledging their contribution to the project by:
  - Providing certificates
  - Providing t-shirts, bags, or hats to identify them as trained peer educators
2. Rewarding your peer educators who have done an outstanding job by:
  - Giving certificates of recognition
  - Organizing an awards ceremony or special gathering
  - Provide opportunities to travel to give motivational talks to peer educators in other districts or regions where NGOs are also working with the MSM community

Being able to recognize whether your peer educators are exhibiting stress is very important. Explain to the group that you want to discuss the various signs of stress that a peer educator might exhibit, and what a supervisor could do to help the peer educator deal with stress.

Break your group into two smaller groups and ask them to take 15 minutes to discuss the topic. You will then have them present their discussion points to the larger group. Once both groups have presented, summarize and combine their presentations so you have one list. Refer to the *Trainer's Points* which follows for some stress symptoms and hints on how to deal with stress.

## **TRAINER’S NOTES:**

### **Signs of Stress**

- Headaches or backaches
- Diarrhoea
- Constant fatigue
- Depression
- Irritability
- Absenteeism
- Avoiding colleagues

### **Hints to deal with Stress**

- Strong support system with other peer educators and yourself
- Frequent meetings to share frustrations and experiences
- Effective planning to avoid unnecessary pressure
- Suggest a healthy lifestyle – good diet, exercise, and sleep
- Relaxation techniques – music, engaging in other activities outside work that bring pleasure
- Give the peer educator a break from the daily routine after speaking with him.

Knowing when and where to go for assistance is an important quality for supervisors to have. Understanding the importance of networking and using outside resources will make a supervisor’s job much easier.

Brainstorm and discuss resources that supervisors can use when they are faced with challenges that they do not know how to handle. A few resources are listed under the *Trainer’s Notes* below.

## **TRAINER’S NOTES:**

### **Resources available to Supervisors**

- NGO Program Officer
- Health Facility
- Senior Nurse in charge of STI Clinics
- Other Supervisors

## WAYS THAT PEER EDUCATORS CAN BE SUPERVISED

### Objective:

- To discuss the various ways that peer educators can be supervised to ensure that they are being effective in their activities

**Time:** 30 minutes

**Materials:** Flipchart and markers

**Type of Activities:** Presentation, small group discussion

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### Activity

Supervision is necessary as it ensures that peer educators are doing a good job. Tell the group that this session will look at the various ways that peer educators can be supervised.

Break the group up into smaller groups of four or five participants and ask them to discuss and compile a list of the techniques that a supervisor could use to supervise their peer educators. Choose one person who will present to the larger group. Points can be written on a flipchart.

Mention the activities under *Trainer's Notes* if they were not brought up during the brainstorming activity.

### TRAINER'S NOTES:

#### Ways to Supervise Peer Educators

- One-on-One visits or meetings with peer educators
- Group meetings to resolve common problems, share challenges, and successes
- Observation of peer educators during their activities
- Phone calls to check-in with peer educators after meeting with their peers
- Weekly meetings with peer educators
- Completion of monitoring form when observing peer educators and providing your comments with suggestions for improvement (feedback) in a timely manner to the peer educators.
- Evaluation of peer educators' performance and feedback to them about the evaluation
- Monthly written or oral reports and your responses to them

**Even with excellent training, not all peer educators will be fully prepared to do a good job. The continuing improvement of your project depends on good supervision and monitoring.**

# MONITORING AND EVALUATION

## Objectives:

- To understand the importance of monitoring and evaluation
- To discuss feedback and how it is effectively used
- To discuss and understand the usefulness of the supervisor and peer educator forms developed to monitor activities

## Time:

1 hour and 20 minutes

## Materials:

Flip chart and markers

Peer Educator's Supervisor's Visit Form

Peer Educator's Daily Activity Report Form

Referral form

## Type of Activities:

Presentation and Discussion

## Activity

Ask the participants why they think that monitoring and evaluation are important parts of any project. *(They provide a way to determine whether the project is meeting its goals and objectives, provides an opportunity to improve on the project make any necessary changes, as well as a reporting mechanism to key stake holders.)*

Now ask them if any of the supervising techniques identified and discussed in the previous activity are also techniques used to monitor a peer education programme. Which ones?

Next, stress that providing feedback to the peer educators is very important. Supervisors are expected to observe the peer educators interacting and presenting information to their peers (monitoring). It is important to note the following when providing feedback to your peer educators:

## GUIDELINES FOR FEEDBACK

1. Feedback is about what the person did and not about who the person is. Describe the behavior or action and not the person's character.
2. Feedback should be given with specific and concrete examples.
3. Feedback should be given about something the individual can change or do something about. For example, you would not want to say, "You looked a little short up there" because people can't change their height! .
4. Feedback should be given at an appropriate time. For example, feedback several weeks after observing your peer educator will not be as useful as that provided shortly after the presentation.
5. Feedback should be given in a positive, constructive fashion. Focus first on what they did well and then on what they could improve upon.



Now, pass out copies of the three forms: Peer Educator's Supervisor's Visit and Peer Educator's Daily Activity Report Form. Ask the supervisors if they are familiar with these forms. If yes, do they find them useful? What do they use them for?

Go over each form with the group and make sure they understand what the form is asking for and how to complete it.

1. **Peer Educator's Supervisor's Visit Record Form**
2. **Peer Educator's Daily Activity Report Form**
3. **Referral Form**

### **Peer Educator's Supervisor's Visit Record Form**

#### Discussion Questions:

- Why is it important to visit your peer educator (monitoring) while she is speaking with her peer(s)?
- What type of useful information could you gather that would have an impact on how the peer education program moves forward?
- On the Supervisor's form, why is it important to speak with the peer educator after you observe her?
- Why do you think that positive comments are shared with the peer educator before suggestions?
- Let's take a look at #7, # 10 on the form. If poor was circled for each of these items, how could a supervisor turn these around to be suggestions? (Have the group come up with one or more suggestions for each one.)
- What do you find challenging in completing this form or collecting the data? (Discuss how to address these challenges.)

### **Peer Educator's Daily Activity Report Form or Referral Form.**

#### Discussion Questions:

- Why is it important that the Peer Educators track the number of peers they talked to, the amount of materials (reminders) distributed, the numbers of condoms/lubricants sold, and the number of referrals made?
- What type of useful information could you gather that would have an impact on how the peer education program moves forward?
- What could the supervisors do with this information once it is collected?
- What types of conclusions might one make if the Peer Educators' logs consistently show a high number of condom and TC talks but few sales of condoms and/or low number of referrals for TC (*low condom sales may not mean low condom use*)
- What do you find challenging in completing these forms or collecting the data? (*Discuss how to address these challenges*)

# Strengthening HIV/AIDS Response Partnerships through Evidence based Result (SHARPER) Project, funded by USAID.

## Peer Educator’s Supervisor’s Visit Record Form

This form is to be used at all times when the Peer Educator supervisor is visiting a peer education session. The observations recorded in the form should be discussed by the peer educators at the end of the peer education session. Filled copies of this form will be filed and accessible for review by FHI 360 staff on monitoring visits at the NGO’s office.

**Supervisor** \_\_\_\_\_ **Peer educator** \_\_\_\_\_

**Date:** \_\_\_\_\_

1. Type of interaction:      One-on-One      Small Group (<5)      Large Group (>5)
  
2. Location: \_\_\_\_\_
  
3. Activities Performed:      Discussion      Models      Story cards      Drama  
    Role play      Picture cards           Game  
    Other \_\_\_\_\_
  
4. Materials Used:      Story cards      Picture cards      Brochures      Flyers  
    Flipchart      Game      Video/film      Model  
    Other \_\_\_\_\_
  
5. Topic(s) Discussed:      STIs      HIV      Condoms/Lubricants      TC  
    Stigma      Life Skills      Other \_\_\_\_\_
  
6. Ability to answer questions:      Poor      Fair      Good      Excellent
  
7. Ability to engage peers:      Poor      Fair      Good      Excellent
  
8. Attitude towards peers:      Poor      Fair      Good      Excellent
  
9. Ability to refer for further information, care, treatment, or testing:  
    Poor      Fair      Good      Excellent
  
10. Incorporated the idea of “I am Someone’s Hope?”:      Yes      No

11. List questions PE was unable to answer:



# FOLLOW-UP SUPERVISOR MEETING WITH PEER EDUCATOR

Supervisor \_\_\_\_\_ Peer educator \_\_\_\_\_

Date: \_\_\_\_\_

Positive Comments for peer educator:

- 1.
- 2.
- 3.

Suggestions for peer educator:

- 1.
- 2.
- 3.

Comments from peer educator:

Concerns from peer educator:







## PR2/Strengthening HIV/AIDS Response Partnerships with Evidence-based Results (FHI/SHARPER) Project Funded by USAID Peer Educators Daily Activity Sheet (Prevention Programmes)

Name of Organisation \_\_\_\_\_

Region \_\_\_\_\_ District \_\_\_\_\_ Location \_\_\_\_\_

Year \_\_\_\_\_ Month \_\_\_\_\_

Target Population: General Pop  Youth  MSM  MSW  FSW  IDU  PLHIV  Non-PP

Date	Type		Age	Approach		Services				Referral						
	Old/New	Sex M/F		One on one	Small group discussion	ABC	STI	CT	Condoms sold Male	Female	Lubs. sold	Stigma	Gender based violence	STI	CT	Psycho-social support



Strengthening HIV/AIDS Response Partnerships with Evidence Based Results (FHI/SHARPER) Project

## CLIENT REFERRAL

**Part A:** Referral Slip: To be filled out by the organization/ department , DIC / STI Clinic making the referral (referring organization/ department)

Date: \_\_\_\_\_ PE Code/officer code: \_\_\_\_\_ Client Code: \_\_\_\_\_ Age : \_\_\_\_\_ Sex \_\_\_\_\_

District: \_\_\_\_\_ Region: \_\_\_\_\_ Referred to: \_\_\_\_\_

Referring Organization/Department/ Partner \_\_\_\_\_

Contact Person/Referral focal point person: \_\_\_\_\_

Services provided (if any) by referring person/ department/organization :

HIV/AIDS information (ABC)  Condom  Lubricant  Psychosocial support  Specify \_\_\_\_\_

Services needed : CT  STI treatment  Condom  Lubricant  OIs  Other  Specify \_\_\_\_\_

Additional notes: \_\_\_\_\_

Signature \_\_\_\_\_

Tel. # \_\_\_\_\_

