



# Join In Circuit Facilitator Manual

## Zimbabwe

# Imprint

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# About the Manual

## What is the Join In Circuit (JIC) manual about and who is it for?

This manual aims to guide trained JIC facilitators on how to conduct JIC activities and can be used as reference material during JIC facilitator trainings. It is also for anyone who wishes to know more about the JIC concept.

Thematic areas covered by the JIC are referred to as stations.

The manual consists of three main chapters:

**Chapter 1** provides an overview of the JIC concept, methodology and the main objectives of the JIC stations.

**Chapter 2** gives information on the roles and responsibilities of JIC facilitators and of the facilitation skills needed for JIC. It provides tips for facilitators, as well as basic background information on HIV and AIDS, sexually transmitted infections (STIs), contraception and aspects of positive living. There are notes on how to facilitate each station, including guidance on what happens at each station, its objectives, the tools needed for the station and the main message and reference material for each station.

**Chapter 3** provides a monitoring and reporting section for the JIC in Zimbabwe.

The Manual is based on JIC experience in Zimbabwe and aims to guide trained JIC facilitators to conduct high quality, standardized JIC activities.

**Chapter 4** provides basic information on the main issues in JIC. The fact sheets can be used as hand-outs for JIC participants to provide background information for those topics that require technical information.

Other resource materials available should be used in conjunction with the manual and the JIC tools to maximize benefit across available information, education and communication (IEC) materials. The manual is specifically designed for use by JIC

facilitators and is to be used to complement existing tools around adolescent sexual and reproductive health (ASRH). It is important to note that the manual and the JIC approach is not intended to cover all aspects of youth development.

## How was the manual developed?

The manual was developed with the support and ownership of ZAN after consulting a number of stakeholders, including civil society organisations which had established youth programmes in both urban and rural settings in Zimbabwe. After introduction of the original JIC concept in late 2005, cultural adaptations were suggested to suit the Zimbabwean setting. At a training of trainers' workshop, participants practiced facilitating with the JIC tool and provided valuable input to the production of the initial JIC training manual.

The manual review of 2010 ensured the alignment of the document with the National Adolescent Reproductive Health Strategy 2010 – 2015 and the national ASRH Conceptual Framework. The goal of the framework is to improve the sexual and reproductive health status of young people (10-24 years) in Zimbabwe. The tool also supports the Zimbabwe National Health Strategy (2009-2013) to prevent and control HIV and STI transmission and to promote positive behavioural change through adequate health promotion.

The review in 2012 updated the content according to current trends and to make the manual more youth friendly.

The JIC is a tool that aims to support protective behaviours among young people by addressing some of the key skills that help to protect them from HIV transmission such as:

- Responsible sexual relationships
- Practising safer sex
- Consistent use of condoms
- Self respect and self-esteem
- Voluntary medical male circumcision
- Living positively with HIV

# Chapter 1: About the Join in Circuit

## What is the background of JIC?

The Join In Circuit on HIV, love and sexuality is a mobile learning system on the core topics of reproductive health and HIV and AIDS, targeting especially young people. First developed in 1994, the JIC is part of a larger behaviour change campaign called “Don’t give AIDS a Chance”, initiated by the National Centre for Health Education (BZgA) in Germany. The JIC works with person-to-person communication in order to give an opportunity for discussion and for providing information in an open, fun atmosphere. In 2001, the former German Technical Cooperation (GTZ) entered into cooperation with the National Centre for Health Education in Germany and has, since then, supported national initiatives to respond to the HIV pandemic. They have successfully adapted and implemented the JIC in more than 20 countries.

The JIC programme uses interactive exercises, pictorial aids and edutainment strategies to promote behaviour change among young people aged 15 years and older. Central to the JIC concept is the belief that love, sexuality and growing up are pleasurable experiences in a young person’s life and youth programmes need to emphasise these exciting aspects as they appeal to young people instead of only talking about the dangers and negative aspects of growing up. Innovative strategies enable young people to talk more openly about HIV and AIDS; help them to confront the challenges they face as they grow up and motivate them to take protective action against HIV. The theme for JIC is “Don’t give AIDS a chance”.

## What are the main messages of JIC?

**1. Inform yourself** – Emphasis is on the fact that information is power – hence individuals should have sufficient information about HIV so that they can make informed and responsible decisions. They should know the general situation of the epidemic – statistics on prevalence – as well as knowing what puts young people at risk of HIV infection. It is the individual’s responsibility to be well informed on the epidemic.

**2. Protect yourself and others** – After knowing about the epidemic, an individual needs to take the responsibility of protecting themselves and others from getting infected. The message that is sent asks participants to assume responsibility for their health by taking actions like learning their HIV status, deciding to abstain or practicing safer sex.

**3. Show solidarity** – The message is to reduce stigma and support those infected and affected by HIV and AIDS. Correcting misconceptions that reinforce

While the main target groups are young people and young adults, the JIC can be and has been used to meet the information needs of a wide variety of participants, ranging from students and youth groups to health personnel, management of public and private organisations, employees, prisoners, police and members of the armed forces. In public assignments the JIC has been used to reach adults and families.

stigma and discrimination against those who are HIV positive is a practical way of showing solidarity.

## What are the features of the JIC methodology?

There are three main features for the JIC methodology:

### 1. Participation

Participants are active, not a passive audience. They use their experiences, needs, concerns, feelings and knowledge as a starting point for discussions and their contributions direct the focus of discussions.

### 2. Facilitation

There is a need for at least one facilitator at each station to guide participants through the interactive, participatory learning activities. The facilitator helps the group to work well together and provides guidance on the objectives and contents of the JIC programme.

### 3. Combination of games and discussions

Games are combined with discussions to actively engage people in the learning process on the transmission of HIV, how that affects that person’s life and their own lives and how they can strengthen good practices and behaviour change.

## What are the benefits of using the JIC methodology?

### Learning about our lives

Interactive learning methods help us to talk about and explore different life experiences related to HIV and AIDS and sexual and reproductive health (SRH). It supports us in learning more about ourselves.

### Engages body, mind and soul

By being actively involved in discussions and games, right answers and messages can be explored in a way that helps us adjust our behaviour to match them.

By identifying ourselves with someone who is HIV positive we experience how people’s thoughts, attitudes and actions affect themselves and others. This is very useful in addressing stigma and discrimination, sexuality, gender and relationship issues.



## Ways of discussing sensitive issues

Games are useful for raising and discussing sensitive and taboo topics, because people may feel more encouraged when participating and asking questions. This opens up a safe space for wider discussion than when people are just asked to raise their questions.

### Accessible

Games and performances are familiar activities. Not only children and young people enjoy them. Adults like educational entertainment as well.

### Voice of the less powerful

Through participatory learning methods, the voices of those who are less powerful in communities, settings and groups can be heard. It is one of the mobile JIC facilitator's tasks to encourage the quieter participants, such as youth, girls and women to participate.

## Summary of JIC stations

### 1. HIV Transmission

Some common everyday-life activities are depicted through pictures and participants are asked to classify each activity by describing the HIV infection risk for each activity. Using colour-coded cards to assess the risk (red card), or no risk (green card) for HIV transmission, the activities are discussed and classified. Myths and misconceptions relating to transmission and risk factors are dispelled at this station.

### 2. Contraception

Pictures of different types of contraceptives available in Zimbabwe are displayed on a board. Participants are asked to identify any contraceptive method that they recognize and to talk about how it works to prevent pregnancy, its advantages, and disadvantages, and how much it protects against HIV.

### 3. Condom use

Using a condom cartoon character (in many countries referred to as Rolfi), the correct use of the male condom is discussed. The cartoon character, a penis, is shown in different situations as he tries to wear a condom. Participants are then asked to arrange pictures of the cartoon in the correct sequence in the form of a story. Advantages of using male and female condoms are discussed in detail.



### 4. Sexually transmitted Infections (STIs)

A picture story of a young man, demonstrating the risk of unprotected sex and experiencing the symptoms of an STI, is used to begin discussions around different types of STI. The variety of signs and symptoms are discussed, how they manifest differently in men and women, and how they can be prevented. There are pictures that show photos of affected genital organs. Myths and misconceptions on prevention methods are dispelled.

### 5. Body language, love, sexuality and HIV

Participants volunteer to be shown a word or phrase, which they act without speaking. The word is written on the back of a jigsaw piece. The group is asked to guess the term being acted. This methodology allows for discussions on culturally sensitive issues around relationships and sexuality, such as caressing, breaking up and sexual harassment.



## 6. Positive Living with HIV

This station focuses on positive living aspects for those infected with HIV, and how they can be supported by their families and communities. Pictures depicting various activities to do with positive living are shown.

## 7. Protection station

A dice is used for discussions of the social and clinical aspects of HIV and AIDS. One of the participants rolls the dice showing a symbol. Participants have to locate the envelope that contains the symbol. Inside the envelope are a set of HIV related questions that participants will discuss. The dice is rolled again and the cycle is repeated.

## JIC run

For an activity to be defined or described as a JIC Run, participants will have gone through all the stations. Ideally, participants are divided into groups i.e. one group at each station (see the graphic on the JIC run setting on the next page). Since it is a circuit, a group can start at any of the stations, as long as they go through all the stations to make a full circuit.

If the JIC facilitators are well capacitated and organised, it should be possible to finish all the activities in about 15 minutes per station. After every 15 minutes, all groups should move to the next station. The JIC supervisor should act as time keeper and instruct the groups before moving on to the next station to minimise confusion.

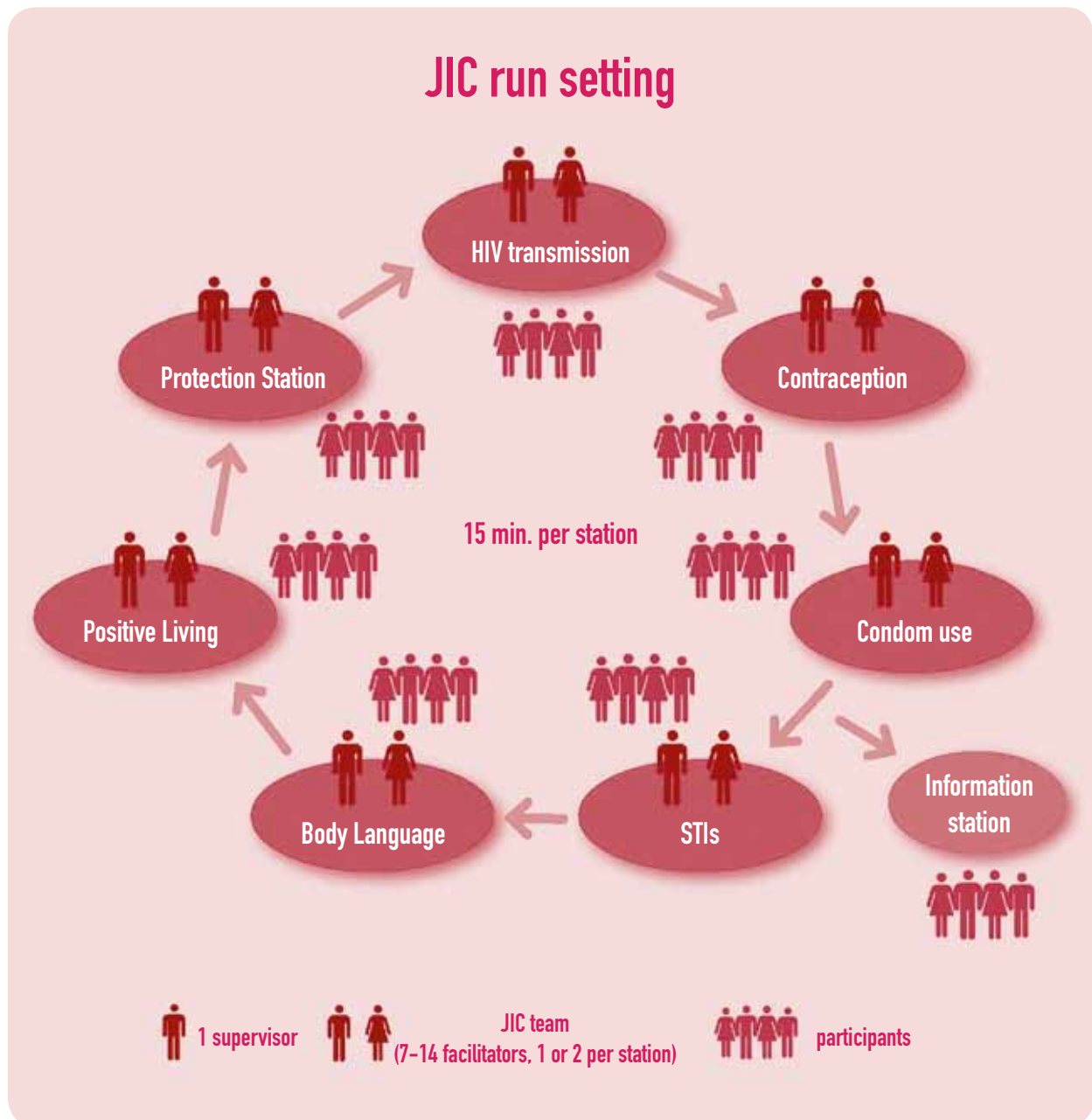
An additional table should be set up to provide IEC materials available to the implementing organisation. This can be in form of leaflets, brochures or handouts on specific topics. A resource person who is knowledgeable in all the JIC station topics (e.g. from a health facility) can also be approached at the information table to clarify any issues.

**The success of JIC is dependent on good facilitation.**

At the end of JIC runs, male and female condoms can be distributed, as well as information materials on HIV/SRH-related services located within reach. JIC runs can also be conducted in combination with HIV counselling and testing (HCT)



## JIC run setting



# Chapter 2: Conducting and Facilitating

## the Join in Circuit

### Roles and responsibilities of JIC Master Trainers and Facilitators

#### Key responsibilities of Master Trainers

JIC Master Trainers in Zimbabwe are experienced professionals who have been completed a master training course and been instrumental in the national adaptation and implementation process of the JIC in the country. They provide training to JIC facilitators, follow-up training for trainers, and supervision and quality assurance services for the JIC in Zimbabwe. They are also responsible for the overall management of the JIC implementation in Zimbabwe. In many instances they also act as contact persons for decision-makers, cooperating partners, facilitators and staff members. They should have an overview of all the JIC projects in the implementing organisations they are linked with.

The JIC Master Trainer is responsible to report on progress to his/her organisations that are implementing the JIC. JIC progress reports are submitted to FACT Mutare for on-submission to GIZ.

In some instances JIC master trainers take on the role of being supervisors for JIC teams and ensure that all facilitators are conducting the JIC according to the set quality standards.

#### JIC Facilitators

In order to ensure that facilitators perform their roles effectively, selected JIC team members need to prepare themselves well. They undergo intensive training and must acquire the competencies required to take-on responsibilities as JIC facilitators. The following points must be observed in order to be recognised as a JIC facilitator:

- Undergo intensive training organized and conducted by JIC Master Trainers
- Develop full understanding of HIV-related topics in the context of the local sociocultural setting, by acquiring mastery over the JIC materials
- Sharpen their interpersonal communication skills
- Have comprehensive knowledge of the roles and functions of JIC facilitators
- Be aware of gender-issues
- Minimum of three O level subjects including English language.

#### Key traits of JIC Facilitators

- Respected by peers
- Knowledgeable on HIV and SRH
- Non-judgemental
- Discrete
- Tolerant
- Role model
- Energetic
- Interested
- Self-confident
- Friendly
- Committed
- Responsible
- Effective communicator
- Motivated

#### Key responsibilities of JIC facilitators

The success of JIC as a strategy to convey vital messages to young people lies in the ability of the facilitator to transfer key messages in an entertaining and participatory way. Besides, JIC facilitators have to keep abreast of new information and knowledge in respect of adolescent concerns, sexual and reproductive health and rights, HIV and AIDS and related issues.

#### Key responsibilities



Knowing the content of the JIC stations (pictures, messages, challenges)



Responding to the needs of participants



Actively involving and engaging participants at the stations



Never giving out wrong information



Making sure to remain within the timeframe – time management!

## Facilitation skills in JIC

A good facilitator is someone who has the ability to engage all participants to participate fully, leading them through a process where they feel that their input matters. In the process, a good facilitator tactfully controls dominating characters and manages to pull contributions out of the quieter participants. Being knowledgeable and confident, yet humble enough to listen to all participants, the ideal facilitator is non-judgmental and makes an effort not to impose their own prejudices and opinions on participants. Ideally, a good facilitator should acknowledge that they do not know everything and so be in a position to refer difficult questions or situations to others, as needed.

## Ground rules of facilitation

**Respect:** Facilitators must respect every participant - whether young men or young women. This means there are no attacks on individuals and everyone is sensitive to and respects other people's points of view. It is much more effective to say, 'Well, for me personally, I feel that ...' than to say, 'No, you're wrong, the right thing is ...'

**Attentiveness.** Facilitators listen to what others are saying and make those who are speaking feel comfortable.

**Openness:** To get the most out of the session, facilitators should encourage participants to speak about their own experiences and not to speak for others. Facilitators are not afraid to speak openly and are never aggressive, abusive, or insensitive.

## The role of the facilitator

- To explain and guide through the objective, content and procedure of the station.
- To establish a positive relationship with participants and maintain this throughout the circuit.
- To structure and consolidate knowledge.
- To help develop personal HIV prevention strategies.
- To encourage participants to support people living with AIDS-related illnesses.
- To adapt content and type of facilitation to the target group.
- To co-operate with your team partner at the station.
- To give feedback to the participants and to your co-facilitator.
- To stay open minded towards the contributions/questions of participants and avoid judgments on their contributions.

- To be aware that someone in the audience may be HIV positive or directly affected by HIV and dealing with grief, shame, worries.
- To develop stress coping mechanisms to help you to cope with difficult situations during the JIC activities.

An ideal JIC facilitation team may have up to 15 facilitators. Each station (7 in total) should be manned by two facilitators (preferable a girl and a boy). There should be a group leader (supervisor) who is also a time-keeper who advises everyone when to move stations.

The group leader introduces the concept, summarizes at the end of the circuit and takes care of any guests, i.e. teachers, headmasters, school doctors, journalists. Given the short period of time for each station, facilitators must decide on priorities for the station; they need to have a checklist of what information should be cover and what information should be emphasized. Good time management is vital as facilitators may get carried away, giving too much information in one area and consequently not covering all the essential areas.

*If resources and availability of people do not allow for 15 facilitators per JIC run, the implementing organisation can decide to involve fewer facilitators*

## Facilitating as a team

Preferably, facilitators work in pairs when facilitating the JIC stations. In order to accomplish good co-facilitation it is important that the team is clear about who has which role – leading or backing-up – during the facilitation and to stay in that role until the end of the session.

## Different roles based on task sharing

One facilitator does the introduction, including introducing the team and the objective of each station while the other team-partner explains the procedure of each station and works with the group. Team-partners are always ready to assist each other.

*As much as JIC includes elements of fun and jokes, these should not take so much time that they distract the group from the main points of the station*

One facilitator is the leader and the other one plays the role of back-up/observer. In this case, the observer facilitator only steps in when necessary. This allows the team to review together in greater detail what happened during the facilitation, once the JIC run is completed.



## Do's and don'ts of co-facilitating

The relationship between the facilitators is of primary importance to the learning of the group.

- **Do go over with your co-facilitator what you will each be covering before you get to a JIC run.** Be clear who is doing what and in what time frame.
- **Do be on time. Don't be late.** Be early enough to decide how you and your partner want to set up and arrange the JIC station.
- **Do be responsible for your own time.** Carry a watch with you and check it so you are aware of how much time you have to go.
- **Do start and end on time. Don't go over the time agreed upon.** If you run out of time and you haven't covered all that you were supposed to, stop where you are and do better next time.

- **Do contribute to your partner's leadership. Don't interrupt or challenge.** Wait to be invited to speak by your co-facilitator. You can add what you know about the subject when it's your turn to present next.
- **Do invite your co-facilitator to speak when you need help.**
- **Do stand on the other side of the station when your partner is presenting a subject.**
- **Do focus on what your partner is saying.** Don't work on other things while you are not facilitating. When presenting after your co-facilitator, try to refer to that she/he said. If you pay attention to what you co-facilitator says, your participants will too.
- **Do help when needed. Don't give directions for activities that contradict what your partner is trying to do.**
- **Do compliment your partner.** Tell your partner what you liked about their presentation (what they said and what they did). Positive feedback on specific actions means that action will be repeated. A positive, supportive relationship between co-facilitators creates a safe learning environment for the participants.
- **Don't stay next to your co-facilitator or hide where he or she can't see you.** Stay somewhere where you can both make eye contact, but also where the person who is presenting can have the whole spotlight.

## Preparing for the JIC run

Once a JIC team wishes to conduct a JIC run, certain aspects need to be considered before the actual run can take place:

### Introduction to the community

The first start is for the implementing organisation to explain the purpose of the intervention and get permission for the JIC run, so that they build good relationships with stakeholders, leaders and key people in the community, school, etc.

## Gathering information about the target group

Facilitators work with the stakeholders and community or key person(s) of the relevant setting to get an understanding of the characteristics of the community or target group(s). Who they are, which age group, how many male and female participants, and what their cultural and religious back-grounds are. It is also important to define a convenient time to conduct the JIC run, in order to allow full participation for both female and male participants. Equally important is the selection of a convenient venue for all participants.

## Defining issues and topics

For every target group, it is important to define what issues will be highlighted per station. It will help to ask key contact persons (e.g. from the implementing organisation and nearby youth-friendly health services) about important issues that should be raised. It is also important to find out whether the demonstration of male and female condom use and distribution is acceptable.

## Plan and prepare

After facilitators have agreed with key authorities on conducting the intervention in a particular setting, they prepare the session by ensuring that:

- They know the contents of the JIC stations
- They arrive on time so that they have time to prepare the stations thoroughly
- They place the stations where: they are visible; participants feel comfortable; it is less disturbing
- They know the closest HIV service providers (Youth friendly services, HCT, clinic, support group...)
- They know where to find or buy male and female condoms.

## Tips for the facilitator

Before you start with the JIC run, make sure that participants know that there will be no reporting of the session. The discussions should be conducted in a manner that is not personalised or specific. Always share information about where individuals who want to discuss a personal situation can get confidential advice.

## Facilitators' reminder list

### Useful suggestions for successful communication:

- Check your visual and training aids
- Know who the participants are and what education and social background they have
- Be friendly
- Stay at one side of the panel and face participants, don't talk to the visual aids
- Ensure all participants can see the visual aids. Don't block them with your body
- Form a semi-circle so that each participant can easily see the visual aids
- Speak loudly enough so that, every participant can hear you clearly
- Listen. Don't interrupt participants' search for words or expressions
- Establish eye contact with those who speak to you or to whom you speak
- Encourage the shy ones to speak up, and control those who dominate discussion ("That was very good; I think you know a lot, but who else would like to contribute something")
- Check that participants are still following the process. If they reconfirm your messages verbally ("aha", "mmh") or with a gesture (nodding the head), they are still with you. If not, you might have lost some or all. Try to catch their interest again
- Look at all participants. Do not limit your interest to one or two
- Check time discretely
- After 13 minutes, politely tell participants how well they have contributed. Start to sum up brought forward arguments
- Terminate your session with the prepared key messages that the participants should remember about your station.



## Step by step station management

**Step 1:** If co-facilitating with a colleague, discuss roles before the run starts and discuss or decide how you will keep check of time. Rehearse what will be said and done at the station.

**Step 2:** Depending on the target group, choose the pictures that are most appropriate for the context or setting.

**Step 3:** Familiarise yourself with the main objective the station. discuss or think through the best way of communicating the objective and how you will keep steering the group to not get out of topic.

**Step 4:** It is important to review all the fact sheets pertaining to each station to be prepared to deal with the difficult situations or recurring misinterpretations of pictures

**Step 5:** Have a copy of the key information checklist and the relevant handouts for the station and a list of resource places and or people where participants can go for further help.



# Details of each Join In Circuit Station

## Station 1: Ways of HIV Transmission

Objective	What you need
<p>By the time participants leave the station, they will have learned about</p> <ul style="list-style-type: none"> <li>the situations that lead to HIV infection</li> <li>be able to examine the risk of transmission in different situations.</li> </ul>	<ul style="list-style-type: none"> <li>Station hardware</li> <li>Twelve pictures showing possible/impossible situations of HIV-transmission</li> <li>Twelve red and green cards for each participant to rate the likelihood of transmission.</li> <li>One card on HIV Transmission</li> </ul>
Time	Handouts
15 minutes	Fact Sheet: HIV and AIDS Basic Facts
Methodology	Facilitator's preparation
<p>Pictures depict scenes of people engaged in various daily or common activities. Participants should assess scenes in which HIV transmission is possible or likely and apply different colour cards - red and green - to each picture to assess the risk of transmission.</p>	<p>Reference material: Ways of transmission (p 14)</p> <p>Have the correct choice of the cards for every picture in mind, so that every facilitator uses consistent messages</p> <p>Checklist: Key Information (p 42)</p>

## Facilitation

Present the objective of the station and explain the meaning of the risk cards



= Risk

= No risk

1. Check that all participants understand the different scenes of the pictures because some situations might be unclear. Point out that the individuals in the pictures are unprotected.

2. Ask all participants as a group to assess the HIV transmission risk at each picture. The group should place the green and red cards by the corresponding pictures. Allow participants to discuss the different situations. After placing the cards, examine together with the rest of the group whether the placement of cards is correct. Let the group explain, why the placement is wrong or right. Ask what conditions need to be fulfilled; describe what the respective risks are and let them explain why.

3. Conclude by explaining to the participants that the illustration shows there is a danger of becoming infected when **these factors come together**:

- Sufficient quantity of HIV-infected body fluids
- An entry point to the body





### There are three main ways of HIV transmission:







- unprotected sexual intercourse
- from mother to her infant during pregnancy, birth or breastfeeding, if no preventive treatment has been taken
- sharing of contaminated injection equipment, tattooing or skin piercing tools and surgical equipment.








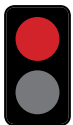
### Facilitators Note:

- It is best to have a maximum of 12 pictures so that the station is not cluttered.
- Allow for debate and different interpretations but ensure that accurate information is passed on.
- If you are not sure about something, do not hesitate to refer to other team members, or to facilities in the community.
- Remember to refer to other resource materials.
- Summarise the session by using the illustration.
- Encourage discussion on how sexually assaulted individuals may access Post Exposure Prophylaxis (PEP) treatment within 72 hours of exposure.





## 1. Reference Material: HIV: Ways of HIV transmission station

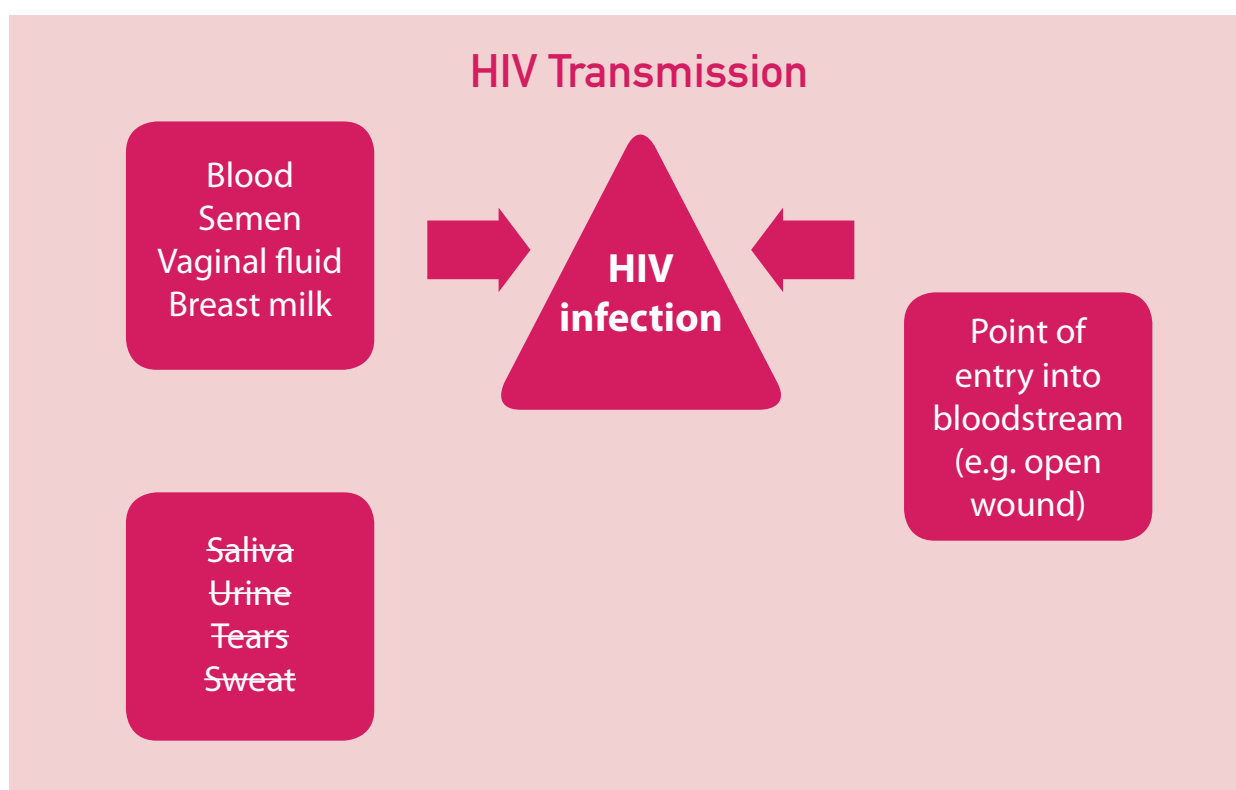
Picture	Rating	Why?
<p><b>Unprotected Sexual intercourse</b></p> 	<p><b>Red</b></p> 	<p><b>HIV risk.</b> Unprotected sex is the most common way of HIV infection, when two persons exchange body fluids (vaginal fluid and semen), which can lead to HIV transmission.</p>
<p><b>Mosquito bite</b></p> 	<p><b>Green</b></p> 	<p><b>No risk.</b> There are no cases known of becoming infected with HIV from a mosquito or any other insect. When mosquitoes bite, they do not inject any blood, but only their own saliva. The blood containing the virus goes into the stomach where it is digested. The virus does not survive in the insect's body. Mosquitoes do not become infected with and are not able to transmit HIV.</p>

Picture	Rating	Why?
<b>Blood transfusion</b> 	<b>Green</b> 	<b>No risk.</b> Today, in Zimbabwe, blood used for transfusion is tested for HIV. When going for an injection you should make sure the syringe is new.
Picture	Rating	Why?
<b>Sharing a syringe (needle)</b> 	<b>Red</b> 	<b>High risk.</b> Any instrument or object that can pierce the skin or cause bleeding should not be shared, because there will be a small amount of the other person's blood on the needle which creates a risk.
<b>Pregnancy</b> 	<b>Red</b> 	<b>HIV risk.</b> <ul style="list-style-type: none"> <li>• A baby can become infected with HIV in the womb. If the mother is HIV positive and has other infections (e.g. malaria, STIs) this weakens the placenta (the organ which separates the unborn baby's blood supply from his or her mother's blood) and she may infect the unborn baby with HIV.</li> <li>• If a mother is infected with HIV during pregnancy, she is more likely to pass the infection on to her baby because her viral load will be very high. All HIV positive women should seek prevention of mother-to-child transmission (PMTCT) services.</li> <li>• Uninfected pregnant women are advised to use condoms during pregnancy to avoid this risk. All pregnant women should attend for antenatal care and be screened for other infections to reduce the risk to their unborn baby.</li> </ul>

Picture	Rating	Why?
<p><b>Birth</b></p> 	<p><b>Red</b></p> 	<p><b>HIV risk.</b> During delivery it is possible for an HIV positive mother to infect her baby. To avoid this, mothers living with HIV should attend for PMTCT services. They will be treated with ARVs before giving birth and the child will also be given ARVs after birth. If the mother needs to be on ART for her own health, then she will remain on ART after the baby is born.</p>
<p><b>Breastfeeding</b></p> 	<p><b>Red</b></p> 	<p><b>HIV risk.</b> The baby may be infected with HIV through infected breast milk. All HIV positive mothers should practice exclusive breastfeeding for the baby's first six months and longer if there is insufficient alternative food available. Mothers should attend for PMTCT services where they will be advised on how to reduce the risk of infecting their baby through breastfeeding.</p>
<p><b>Sharing a toothbrush</b></p> 	<p><b>Green</b></p> 	<p><b>No risk.</b> No one is known to have caught HIV from sharing a toothbrush. But for general health reasons it is better not to share a toothbrush.</p>
<p><b>Sharing a razor blade used by a traditional healer and tatooing</b></p> 	<p><b>Red</b></p> 	<p><b>High risk.</b> Any instrument or object that pierces the skin or causes bleeding should not be shared, because there may still be a small amount of the other person's blood on the razor blade.</p>



Picture	Rating	Why?
<b>Kissing (saliva)</b> 	<b>Green</b> 	<b>No risk.</b> Kissing can't spread HIV, unless both people have bleeding gums or open sores in their mouth. Then there may be a small risk. The amount of HIV found in saliva is too small for it to be dangerous, so saliva cannot spread HIV.
<b>Handshaking</b> 	<b>Green</b> 	<b>No risk.</b> The HIV germs cannot pass through the skin on the outside of someone's body unless both people have an open wound/cut. In addition the open wounds/cuts need to get in close touch.



## Station 2: Body Language

Objective	What you need
<p>By the time participants leave the station; they should have learned:</p> <ul style="list-style-type: none"> <li>To express their emotions and feelings using body language, in the areas of love, sexuality and relationships</li> <li>How to consciously and creatively use their bodies to communicate</li> <li>How to be able to appropriately interpret other people's body language.</li> </ul>	<p>Jigsaw puzzle of a loving young couple with the concepts above relating to love, partnership and sexuality written on the reverse of each jigsaw piece.</p>
Time	Handouts
15 minutes	
Methodology	Facilitator's preparation
<p>At the back of each jigsaw piece, there are different action words. The actions have to do with love, affection or scenes related to people in relationships. The following concepts are written on the pieces of the puzzle:</p> <p>Kissing, being shy, winking, prostitution, fighting, crying, hugging, worried, saying no to sex, breaking up, caressing, intergenerational relationship, sexual harassment</p>	<p>Familiarise yourself with the concepts on each of the puzzle pieces and consider local terms that can be used and are relevant for the target group. Consider which concepts the target group might have difficulty acting out and have tips and hints ready in mind for them.</p> <p>Checklist: Key information (p 42)</p>

### Facilitation

1. Welcome participants to the station and tell them the objective of the station.
2. Ask a volunteer to come out of the group. Have the volunteer pick up a piece of the puzzle and read the action word on the back to themselves. The volunteer must ensure that the rest of the group does not see what is written on the card.
3. Ask him/her to mime the action. The rest of the group should try to figure out what word was on the card by interpreting the volunteer's body language.
4. Depending on time, have more participants mime some actions. The volunteer can ask for someone to help, especially if the action is better acted by more than one person.
5. Provide support and tips. Make sure participants don't use spoken language.
6. To conclude the station, ask all participants to put together the pieces of the puzzle to make up

the main picture. Ask participants to describe the couple on the picture: Which kind of relationship do they have? What are her/his expectations from this relationship? Collect ideas and suggestions from participants on how to conduct a happy, healthy and responsible relationship, e.g. practising safer sex, knowing your HIV status, supporting self-respect, self-esteem and so on.

#### Facilitators Note

Performing the guessing and having fun as a group usually loosens participants' tongues. Be aware of culturally sensitive actions e.g. public displays of affection in young people of the opposite sex.

Some participants may be too shy to act out the concepts in public and should not be put under pressure.

## Station 3: Positive Living

Objective	What you need
<p>By the time participants leave the station, they should:</p> <ul style="list-style-type: none"> <li>• have taken a critical look at and be sensitized to the various aspects of living positively with HIV</li> <li>• have an appreciation of the possible problems and conflicts encountered by a person living with HIV in their community</li> <li>• reflect on their own personal attitudes in dealing with infected people and reduce prejudices and insecurities.</li> <li>• know where to turn if infected or affected</li> </ul>	<ul style="list-style-type: none"> <li>• Station hardware</li> <li>• 14 pictures showing scenes of daily life and issues related of living with HIV</li> </ul>
Time	Handouts
15 minutes	<p>Fact Sheet: Antiretrovirals - ARVs (p 50)</p> <p>Fact Sheet: Opportunistic Infections (p 52)</p> <p>Fact Sheet: Positive Living (p 54)</p> <p>Fact Sheet: HIV in Children (p 55)</p>
Methodology	Facilitator's Preparation
<p>Through a personalised picture story, participants have to identify themselves with someone who just received a positive HIV test result and are confronted with the various aspects of HIV-infection, possible problems and conflicts a person living with HIV might face. Participants put themselves into the person's place and have to reflect on their own attitude in dealing with HIV positive people.</p>	<p>Reference Material: Positive Living (p 20)</p> <p>Be well prepared by reading through all the relevant fact sheets and familiarise yourself again with the picture material and the relevant questions. Find out about the local service provision in regard to HCT, ART (antiretroviral therapy) and where local HIV support groups can be found.</p> <p>Checklist: Key Information (p 42)</p>

## Facilitation

Welcome participants to the station and tell them the objective of the station.







1. Start with a blank board and the picture of the main character in the centre.
2. Have the group decide if they would like to discuss a man or a woman.
3. Ask the participants to consider this person: What is his or her name? How old? Is he or she married? What profession does he or she have? What does he or she do in his or her spare time? The questions help the participants to develop the biography of this individual and to identify themselves with this person. Add pictures according to participants' answers.
4. Discuss why a healthy looking young man and or young woman should go for HIV testing. Ask participants where he or she can go for testing and how it takes place.
5. Tell them that this person has just been tested positive and ask the question: How does this new situation affect his or her life? What would be his or her next steps? Can he or she continue his or her activities (family, school/work, spare time)?


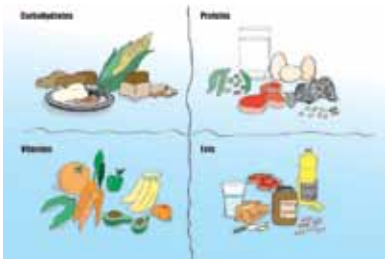




6. Ask the group what the person needs in order to cope with the condition. As participants respond with the needs, find pictures that best describe the suggested activities.
7. The facilitators address the following topic during the discussion: counselling, social contacts, sexuality, school/training/occupation, leisure/sport, AIDS related-illness/care, medical aspects. Depending on the target group and the dynamics of the discussion topics are flexible e.g. certain pictures may not be displayed.
8. Make sure that participants tell a lively story and that they create a climate of understanding and solidarity for people living with HIV.

### Facilitator's Note

- Ask yourself about your own fears and prejudices about HIV and people living with HIV. Share and discuss this with your co-facilitator in order to avoid giving conflicting messages.
- Remember to ask the participants what they would do at a personal level to facilitate each of the discussed activities in solidarity with people living with HIV and AIDS in their community.
- Provide examples from your own experience and how you or someone you know has been supporting people living with HIV.

### 3. Reference Material: Positive Living

Picture	Questions
<b>Pictures of young man and woman</b> 	<b>“Stepping into the other person’s shoes”</b> <ul style="list-style-type: none"> <li>• What is his or her name?</li> <li>• How old?</li> <li>• Is he or she married? /Does he or she have a relationship?</li> <li>• Is he or she at school? /What profession does he or she have?</li> <li>• What does he or she do in his/her spare time?</li> </ul>
<b>Pictures goi for HCT</b> 	<b>“Counselling”</b> <ul style="list-style-type: none"> <li>• Why did X go for an HIV-test?</li> <li>• Where did he or she go for the test?</li> <li>• What did he or she do first, after receiving the test results?</li> <li>• How did X feel?</li> </ul>
<b>Picture with family</b> 	<b>“Family”</b> <ul style="list-style-type: none"> <li>• Did X tell his or her family members?</li> <li>• How did they react?</li> <li>• Is he or she receiving support?</li> <li>• What kind of support?</li> <li>• What are the fears of family members?</li> </ul>
<b>Attending support group meetings</b> 	<b>“Social contacts”</b> <ul style="list-style-type: none"> <li>• For a long time X has considered, with whom he or she can talk to about his her infection.</li> <li>• Finally X talked to Y</li> <li>• How did this person react?</li> <li>• Where can X get support?</li> </ul>
<b>Picture with partner</b> 	<b>Needs: “Sexuality”</b> <ul style="list-style-type: none"> <li>• Did X tell his or her partner? Why?</li> <li>• How did he or she react?</li> <li>• Did they still have sex?</li> <li>• X has fallen in love again. What is X doing?</li> </ul>
<b>Picture with church</b> 	<b>“Spiritual needs”</b> <ul style="list-style-type: none"> <li>• Where can X go to get some psychological and or spiritual support?</li> <li>• How can spirituality help him / her?</li> </ul>

Picture	Questions
<p><b>Visiting health facilities for regular medical care and check-up</b></p> 	<p><b>“Medical aspects”</b></p> <ul style="list-style-type: none"> <li>• X hopes for a cure, what are the chances?</li> <li>• How long is X’s average life expectancy?</li> <li>• Can you support the care of (X)?</li> <li>• Which diseases can he or she get?</li> </ul>
<p><b>Healthy food</b></p> 	<p><b>“Healthy living”</b></p> <ul style="list-style-type: none"> <li>• What can X do for his or her health?</li> <li>• As a friend, how can you support the care of (X)?</li> </ul>
<p><b>Herbs</b></p> 	<p><b>Herbs and HIV</b></p> <ul style="list-style-type: none"> <li>• What can X do to boost his or her immune system?</li> <li>• Are herbs always helpful?</li> </ul>
<p><b>Taking ARVs in time</b></p> 	<p><b>“Taking ARVs”</b></p> <ul style="list-style-type: none"> <li>• What does he or she need to be aware of when on ARVs? What are the possible side effects of ARVs and how can they be reduced?</li> </ul>
<p><b>Leisure activity</b></p> 	<p><b>“Leisure/sport”</b></p> <ul style="list-style-type: none"> <li>• Does X have to consider his or her HIV status during leisure activities?</li> <li>• What kind of sports or leisure activities can X do?</li> </ul>
<p><b>Working on the field</b></p> 	<p><b>“Working”</b></p> <ul style="list-style-type: none"> <li>• Can he or she continue working?</li> <li>• Would they need to take time off work?</li> </ul>



## Station 4: Sexually transmitted infections (STIs)

Objective	What you need
<p>By the time participants leave the station; they should have learned</p> <ul style="list-style-type: none"> <li>• What STIs are</li> <li>• How they present in men and women</li> <li>• How they can be prevented and treated</li> <li>• About the relationship between STIs and HIV.</li> </ul>	<ul style="list-style-type: none"> <li>• Station hardware</li> <li>• 8 pictures (story of a young man) and two cards for conclusion</li> <li>• 1 card on symptoms</li> <li>• 6 real pictures of STIs</li> </ul>
Time	Handouts
15 minutes	<p>Fact Sheet: STI (p 46)</p> <p>Fact Sheet: Medical Male Circumcision (MMC) (p 57)</p>
Methodology	Facilitator's preparation
<p>The cartoon picture story of a young man having unprotected sex and who contracts a STI is used to introduce discussions on STI. A card with different signs, symptoms and effects of STIs such as:</p> <ul style="list-style-type: none"> <li>• pain on passing urine</li> <li>• itching</li> <li>• discharge</li> <li>• swelling in the groin</li> <li>• genital sores</li> </ul> <p>is used to discuss about STIs, their impact and how to prevent them. Types of STIs are also portrayed via real pictures.</p>	<p>Be well prepared by reading through all the relevant fact sheets and familiarise yourself again with the picture material and the relevant symptoms. Find out about local terms used by the target group for STIs (formal or slang). Find out about local service provision with regards to STIs and where young people can go for counselling and treatment.</p> <p>Reference Material: STI (p 23)</p> <p>Checklist: Key Information (p 42)</p>

## Facilitation

Welcome participants to the station and tell them the objective of the station.

1. Explain to the group that you will be talking about sexually transmitted infections.
2. To help the youths relax in talking about STIs, take them through the cartoon story of a young man who goes out at night and meets a girl. They go home together and have unprotected sex. Afterwards, the boy suffers from itching. He is unsure what to do about the situation and shares his story with a friend who gives him some pills that are supposed to cure his suffering. He takes the pills, but has pain on passing urine.
3. Let the group discuss the story and ask what the character should have done to avoid this situation (i.e. use of condom) and what he should do now. Add the two final cards of the story, with the boy going to the doctor and the advice for partner treatment.
4. Facilitate a discussion on what the group knows about possible symptoms and consequences of STIs. To support, use the related card.











5. Ask participants about general signs of STIs in men and women.
6. Discuss the relationship between STIs and HIV.
7. Discuss issues of treatment and prevention.
8. Discuss possible effects of STIs:
  - Premature babies
  - Infertility
  - Chronic Pain
  - Cancer of the cervix
  - Heart and brain damage
  - Blindness in babies

At the end you can show participants the pictures with STI symptoms. Use these pictures to underline that early treatment of STIs helps avoid unpleasant consequences.

### Facilitators Note:

To ensure that correct information is passed on refer to the Factsheet on different types of STI. Make sure to dispel myths and misconceptions about STIs; virgins; bathing after sex etc.

## 2. Reference Material STIs

Cartoon Story contents			
Young man is going out at night		He shares his story with a friend, who gives him some pills that are supposed to cure his suffering	
They go home together		He takes the pills	
They have unprotected sex		He has pain on passing urine	
He suffers from itching after having sex			
He is unsure what to do about the situation			



Tertiary syphilis: Gumma of the penis



Secondary syphilis: Oral lesions



Genital warts  
(Credit: SOA-AIDS Amsterdam)



Purulent urethral discharge in gonorrhea



Genital warts: female

## Station 5: Contraception Station

Objective	What you need
<p>By the time participants leave the station; they should have learned:</p> <ul style="list-style-type: none"> <li>about the different types of contraceptives</li> <li>how they are used</li> <li>how much protection they offer against HIV.</li> </ul>	<ul style="list-style-type: none"> <li>Station hardware</li> <li>Six pictures showing contraceptives</li> <li>Six cards with statements which underline main aspects of each contraceptive</li> <li>One card with a star</li> <li>Bag with samples of contraceptives available in Zimbabwe</li> </ul>
Time	Handouts
15 minutes	Fact Sheet: Contraceptives (p 47)
Methodology	Facilitator's Preparation
<p>Participants are asked to pick a contraceptive method from a bag and explain the method. During facilitation it emerges that only condoms offer protection against HIV and other STIs.</p>	<p>Be well prepared by reading through the fact sheets and familiarise yourself again with the various contraceptives.</p> <p>Find out about youth friendly service provision in regard to FP in the area.</p> <p>Reference Material: Contraception Station (p 26)</p> <p>Checklist: Key Information (p 42)</p>

## Facilitation

Welcome participants to the station and tell them the objective of the station.



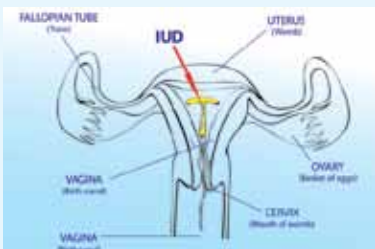


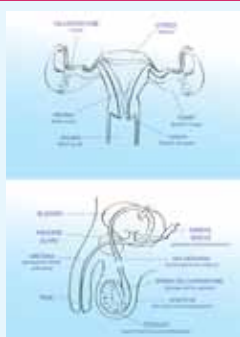
1. Introduce the subject briefly, showing the picture of the young couple and explaining that the couple has come to the station to get information on different contraceptive methods.
2. Participants are asked to pick a contraceptive method from a bag or a picture of a contraceptive method and explain as much information as possible about the method. Encourage group discussion and exchange of information among participants by asking, for instance:
  - What is it?
  - Who might use it?
  - Where can you get it?
  - Does it need a prescription or a medical consultation?
  - How expensive is it?
  - What does it protect you from?
  - Does it have any side effects?

3. After discussing each method, ask participant to match the contraceptive method with the most suitable statement on the board.
4. Go through all the methods.
5. Ask the participants to identify which contraceptive methods offer dual protection against unwanted pregnancies and STI/HIV and place the card with the star on the male/female condom picture.

### Facilitators Note:

- Use the fact sheet with additional information on summaries about each method.
- It is important for facilitators to know about family planning service providers in the community like ZNFPC clinics, CBD etc. so as to appropriately refer technical and medical questions and questions of a personal nature.
- Highlight that family planning is the responsibility of both male and female and the importance of consistent condom use, as a dual protection against unwanted pregnancy and STIs.

#### 4. Reference Material: Contraception Station/Family Planning

Type	Statement
<b>The Pill</b> 	Take one every day to protect you from unwanted pregnancy.
<b>Male/Female Condom Condom</b> 	Offers protection from unwanted pregnancies, STIs and HIV when used correctly and consistently.
<b>Intrauterine Contraceptive Device (IUD/loop)</b> 	Inserted in the uterus by a health professional.
<b>Injection</b> 	One shot offers protection for three months.
<b>Implant</b> 	Long lasting protection under your skin.
<b>Female Surgical Contraception (tubal ligation)</b> <b>Male Surgical Contraception (vasectomy)</b> 	Lifelong contraceptive, usually not reversible.



## Station 6: Condom Station

Objective	What you need
<p>By the time participants leave the station; they should:</p> <ul style="list-style-type: none"> <li>• be able to correctly demonstrate how to use a male and a female condom</li> <li>• be aware that the condom is the only method that protects sexually active people from HIV.</li> </ul>	<ul style="list-style-type: none"> <li>• Station hardware</li> <li>• 12 pictures (Story of Rolfi)</li> <li>• Four pictures on female condom</li> <li>• Penis (and pelvis model)</li> <li>• Male and female condoms</li> </ul>
Time	Handouts
15 minutes	Reference Material: Rolfi Story (p 29)
Methodology	Facilitator's Preparation
The proper use of real male and female condoms is discussed and demonstrated.	<p>Confirm whether the condom demonstration can take place. Find out where youth can collect condoms in the area and about youth friendly service provision. Read the list of condom myths and benefits.</p> <p>Reference Material: Rolfi story (p 29)</p>

## Facilitation

Welcome participants to the station and tell them the objective of the station.












- 1 Introduce the cartoon characters and ask the participants to give names to the character (JIC facilitators often call it "Rolfi").
- 2 Give the participants the task of placing the pictures in the right order so that they tell a meaningful story. It is important that they work together as a group. Help them by giving hints in case they cannot find the proper sequence of the story.
- 3 Let participants tell the story they have constructed. If there are mistakes, correct them.
- 4 Revise the correct use of condom step-by-step with the help of the pictures. (Where can you buy condoms? Where should condoms be stored? How long? How do you open the package? Which rules should be observed when wearing a condom? Why are condoms wet? How do you dispose of a used condom? Discuss the advantages and disadvantages of condoms.
- 5 Demonstrate and/or ask the participants to demonstrate the proper use of condoms using penis and pelvis models if available.

### Facilitators Note:

- If condom demonstration is not possible due to organisational restrictions, the picture of male and female condom can be shown to participants
- It is essential to highlight important facts about condoms - being the only methods for sexually active people that protect from STIs and HIV, efficacy etc.
- Talk about where youths can collect condoms from within their community
- Ensure to address condom myths on brand names and effectiveness and point out that all condom types are effective and quality guaranteed
- Include a point on the advantages for girls to use the female condom. Gender issues e.g. can be positioned before sexual activity, which may be particularly useful when alcohol or drugs increase the risk of not using a male condom; the penis does not have to be in erection therefore intercourse is not interrupted; enables the women to take initiative, to have greater control and a new way to communicate; women can feel safer and enjoy the intercourse more

Condom	
Myths	Benefits
<ul style="list-style-type: none"> <li>• Condoms are too small</li> <li>• They reduce pleasure</li> <li>• They might fall off inside a woman</li> <li>• Condoms often break and are unreliable</li> <li>• Only 'loose' women use condoms</li> <li>• Only unfaithful couples use condoms</li> <li>• Men can't keep an erection if they put condoms on</li> <li>• It is difficult to ask one's partner to use a condom.</li> <li>• Condoms irritate the skin</li> </ul>	<ul style="list-style-type: none"> <li>• Prevents STIs, including HIV</li> <li>• Prevents unwanted pregnancies</li> <li>• It is manly to use condoms – it can slow down ejaculation and enhance male performance</li> <li>• Condoms are sexy – it can prolong pleasure for both partners</li> <li>• Feels cleaner</li> <li>• Feels more secure</li> <li>• Shows you care about your partner</li> <li>• No need to spend money on medications to treat STIs</li> <li>• Saves you the cost and embarrassment of an STI</li> <li>• Requires no medical screening advice – can use your own</li> <li>• They are often free or inexpensive</li> <li>• They encourage male participation in reproductive health practices</li> <li>• Are easily accessible</li> </ul>

## 5. Reference Material: Condom station

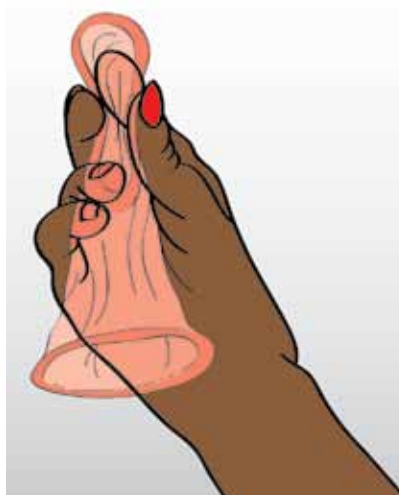
Picture	
<p>1, (Rolfi) wakes up, feeling happy</p> 	<p>2. He goes to the condom box</p> 
<p>3. He opens the condom package</p> 	<p>4. He starts putting it on, but upside down</p> 
<p>5. It jumps off</p> 	<p>6. He is puzzled and sad</p> 
<p>7. He gets another condom</p> 	<p>8. A hand comes to help him</p> 
<p>9. The hand rolls the condom on</p> 	<p>10. The condom fits nicely and he can enjoy</p> 
<p>11. The hand helps to take it off</p> 	<p>12. The condom is safely disposed of by:</p> <ul style="list-style-type: none"> <li>• Burning</li> <li>• Burying</li> <li>• Blair Toilet</li> </ul>

## Female Condom use

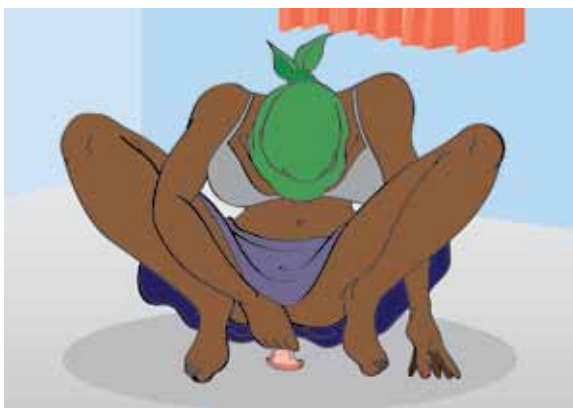
Open the Female condom package carefully


















While holding the Female condom at the closest end, grasp the flexible inner ring and squeeze it so it becomes long and narrow



Choose a position that is comfortable for insertion  
– squat, raise one leg, sit or lie down



## Station 7: Protection Station

Objective	What you need												
<p>By the time participants leave the station, they should be able to:</p> <ul style="list-style-type: none"> <li>• assess their individual risk of HIV infection</li> <li>• discuss personal questions related to HIV</li> <li>• adopt a self-responsible way of protection.</li> </ul>	<ul style="list-style-type: none"> <li>• 1 dice with five different symbols on it</li> <li>• 5 bags with pre-written questions (1 bag per symbol)</li> </ul>												
Time	Handouts												
15 minutes	Additional youth friendly information												
Methodology	Facilitator's Preparation												
<p>The symbols on the dice refer to the different colour cards, which represent the following category of questions:</p> <table> <thead> <tr> <th>Symbol</th><th>Question category</th></tr> </thead> <tbody> <tr> <td></td><td> <ul style="list-style-type: none"> <li>• "Don't give AIDS a chance" – HIV Testing</li> </ul> </td></tr> <tr> <td></td><td> <ul style="list-style-type: none"> <li>• Culture and relationship (behaviour in partnership)</li> </ul> </td></tr> <tr> <td></td><td> <ul style="list-style-type: none"> <li>• Positive living</li> </ul> </td></tr> <tr> <td></td><td> <ul style="list-style-type: none"> <li>• Condom use</li> </ul> </td></tr> <tr> <td></td><td> <ul style="list-style-type: none"> <li>• HIV transmission</li> </ul> </td></tr> </tbody> </table> <p>Participants have to pick question card according to the symbol that is shown on the dice and the group reflects on the answers.</p>	Symbol	Question category		<ul style="list-style-type: none"> <li>• "Don't give AIDS a chance" – HIV Testing</li> </ul>		<ul style="list-style-type: none"> <li>• Culture and relationship (behaviour in partnership)</li> </ul>		<ul style="list-style-type: none"> <li>• Positive living</li> </ul>		<ul style="list-style-type: none"> <li>• Condom use</li> </ul>		<ul style="list-style-type: none"> <li>• HIV transmission</li> </ul>	<p>Read the reference material. Contextualize key epidemic drivers per area – i.e.</p> <ul style="list-style-type: none"> <li>• Intergenerational and transactional sex</li> <li>• Low and inconsistent condom use</li> <li>• Limited medical male circumcision</li> <li>• Marginalisation of women and girls</li> <li>• Multiple concurrent partnerships</li> <li>• HIV-related stigma and discrimination.</li> <li>• Not knowing each other's status in a steady relationship</li> </ul> <p>Other drivers can be border jumping and migration, homosexuality, men who have sex with men (MSM), age mixing, most at risk populations (MARPs), sex orgies at parties, substance and alcohol abuse, internet dating and multiple</p> <p>Facebook partners, online prostitution, (the role of technology); sex tourism.</p> <p>Sort out questions that pertain to the area!</p> <p>Reference Material: Protection Station (p 32)</p> <p>Checklist: Key Information (p 42)</p>
Symbol	Question category												
	<ul style="list-style-type: none"> <li>• "Don't give AIDS a chance" – HIV Testing</li> </ul>												
	<ul style="list-style-type: none"> <li>• Culture and relationship (behaviour in partnership)</li> </ul>												
	<ul style="list-style-type: none"> <li>• Positive living</li> </ul>												
	<ul style="list-style-type: none"> <li>• Condom use</li> </ul>												
	<ul style="list-style-type: none"> <li>• HIV transmission</li> </ul>												

## Facilitation

- 1 Welcome participants to the station and tell them the objective of the station.
- 2 Let one participant volunteer to throw the dice.
- 3 Let another participant pick a card out of the bag with the corresponding symbol.
- 4 Let the volunteer participant read out the question and lead a discussion where the rest of the participants respond to the questions.
- 5 Correct or complete the group answer when necessary. At the end it must be clear to all participants what the right answer to the question is.

### Facilitators Note:

- Addition of discussion of practical life skills as part of responding to questions, e.g. how do young people abstain – practical ways of how to avoid sex – decision making skills, critical thinking skills, assertiveness skills, relationship skills, self-esteem building skills. At this point, you can add additional information – Auntie Stella Cards, CDC kit etc.
- Point out importance of referring to youth friendly facilities, counsellors, or whatever facilities are available for young people to discuss issues of love, sexuality and HIV and AIDS.



## 6. Reference Material: Protection Station

Condom use

Symbol: Rolfi



Question	Answer
What can you do if your partner refuses to use a condom?	Do not have sex with him or her. Try to explain why protection is important for you and for the relationship. Refer to Zimbabwe's high HIV prevalence (2010 14.3%)
How often can you use a condom?	A condom should only be used once and then be disposed of.
List the advantages of using a condom.	A condom is the only way to protect against HIV during sexual intercourse. Additionally, condoms protect against pregnancy and other STIs. Condoms are easily accessible. They are cheap and do not require any medical consultation or prescription.
Where and how should condoms be stored/carried?	A condom should be stored in a dry and cool place. When keeping a condom in your pocket avoid having sharp items around it.
What are the advantages of using a female condom for a woman?	Women can protect themselves without being dependent on their sexual partner.
What can you do if a condom bursts or slips during sexual intercourse?	Stop immediately. Both partners should get tested for HIV as soon as possible, and again after 6-12 weeks (window period). Screening for other STIs is also important. You can ask for post-exposure prophylaxis (PEP), a treatment for HIV that may prevent infection if taken within 72 hours of the incident. You can also request emergency contraception (morning-after-pill), within five days of the incident in order to avoid unwanted pregnancy.

## 6: Zviri kutaurwa nezvazvo: Rudo, Zvepabonde, Kudzivirirwa kuhutachiona hweHIV

Mashandisirwo ekondomu

Mucherechedzo: Rolfi



Mubvunzo	Mhinduro
Ungaita sei kana shamwari yako yepabonde ikaramba kushandisa kondomu?	Usasangane naye pabonde, mutsanangurire kukosha kwe kuzvidzivirira iwe pamwe nekuhushamwari hwenyu. Mutsanangurire kuti muZimbabwe vanhu vari kurarama nehuhachiwana hwe HIV vakawanda zvakadzi. (2010- 14.3%)
Unogona kushandisa kondomu rimwe chete kangani?	Kondomu rinofanira kushandiswa kamwe chete robva ratoraswa.
Doma zvakanakira kushandisa makondomu.	Kondomu ndiyo nzira yoga yaunogona kuzvidzivirira kuutachiona hweHIV panguva yekusangana pabonde. Pamusoro pazvo, makondomu anodzivirira kubata pamuviri nezvimwewo zvirwere zvepabonde. Makondomu anowanikwa nyore nyore usina kuonekwa na cheremba.
Makondomu anofanira kuchengeterwa kana kutakurirwa pai?	Kondomu rinofanira kuchengetwa panzvimbo isina hunyoro uye inotonhorera. Kana uchichengetera kondomu muhomwe dzako, usariise pedyo nezvinhu zvinobaya kana kucheka.
Makondomu echikadzi akanakireyi kumadzimai?	Madzimai vanogona kuzvidzivirira pachavo zvisina kutongerwa neshamwari yepabonde.
Unofanira kuita sei kana kondomu rikaputika kana kuzvomoka pabonde?	Mirai pakarepo. Mese ibvai maenda kundoongororwa utachiona hweHIV nekukurumidza. Mozodzokera zvekare pakati pemasvondo matanhatu ne gumi nemaviri (6- 12 weeks). Kana 72 hours dzisati dzapfuura pamunoenda kuchipatara, munogona kupihwa mapiritsi ekudzivirira kubata hutachiwana hwe HIV (PEP). Kune munhukadzi, unofanirawo kufunga nezve kunoongororwa kuti hauna kubata pamuviri here. Kana mazuva mashanu asati apfuura, mukadzi unokwanisazve kupihwa mapiritsi ekudzivirira kubata pamuviri.

## JIC Logo

Testing Symbol:



Question	Answer
Why is it important for one to disclose his or her HIV+ status and to whom, when and how?	Disclosure is very important because it helps a person living with HIV to cope with the situation. But: each person has to decide when the right moment has come and which persons he or she can trust. It might be useful to get advice from people living openly with HIV.
What can one do after a risky sexual encounter (e.g. rape)?	Get tested for HIV as soon as possible, and again after 6-12 weeks (window period). During this time, use a condom when having sexual intercourse. Screening for other STIs is also important. You can ask for post-exposure prophylaxis (PEP), a treatment for HIV that may prevent infection if taken within 72 hours of the incident. You can also request emergency contraception (morning-after-pill), within five days of the incident in order to avoid unwanted pregnancy.
What is the window period?	The window period is the time between first infection and when an HIV test can reliably detect infection. The body can take up to three months to develop enough antibodies against HIV to be detected by the test. Within this period you may receive a false HIV negative test.
What is the difference between HIV and AIDS?	HIV (human immunodeficiency virus) is the virus that leads to AIDS (acquired immunodeficiency syndrome), which is a combination of serious illnesses experienced by those whose immune systems have been destroyed by HIV.
What are the benefits of HIV counselling/testing?	To know your status, to protect yourself and others. To get on treatment early.
Where can you go for an HIV test?	At most HCT centres it is offered for free.
How often should you get tested for HIV?	<p>How often you should get an HIV test depends on your circumstances. If you have never been tested for HIV, you should be tested at least once. CDC recommends being tested at least once a year if you do things that could result in HIV infection. These include:</p> <ul style="list-style-type: none"> <li>• injecting illegal drugs or steroids with contaminated injection equipment</li> <li>• having unprotected sex for money or drugs</li> <li>• having unprotected sex with an HIV-infected person</li> <li>• having more than one sex partner since your last HIV test</li> <li>• having a sex partner who has had other sex partners since your last HIV test.</li> </ul> <p>If you have been tested for HIV and the result is negative and you never do things that might help transmit HIV infection, then you and your health care provider can decide whether you need to get tested again. Remember that your partner may not tell you they are having sex with other partners. Talk to your health care provider about how often to get tested for HIV.</p>

## Kuongororwa utachiona hweHIV

Mucherechedzo:

Mucherechedzo weJIC



Mubvunzo	Mhinduro
Sei zvakanakosha kuti munhu anehutachiona hweHIV abude pachena? Anofanira kubuda pachena riini, sei uye kuna ani?	Kubuda pachena kwakanakosha nekuti kunobatsira munhu ari kurarama neutachiona hweHIV kugamuchira mamiriro anenge aita zvinhu. Asi: Munhu ega ega anofanira kusarudza kana nguva yacho yakafanira yasvika uye kuti ndiani/ndivanaani vaangavimbe navo. Zvinogona kubatsira kuti munhu awane mazano kubva kune vamwewo vanhu vanorarama pachena neutachiona hweHIV.
Chii chingaitwe kana munhu achinge aita bonde rinogona kumuisa panjodzi (semuenzaniso kumanikidzwa bonde (rape)?	Enda unoongororwa utachiona hweHIV nekukasika. Wozoendazve mushure memwedzi mitatu (iyi ndiyo nguva yokuti utachiona hweHIV hunenge huchiri kuumbamasoja muropa romunhu). Panguva iyoyi, shandisa makondomu nguva dzose pamunosangana pabonde. Unofanira kunopihwa mapiritsi ekudzivirira kubata hutachiwana hwe HIV (PEP) nekukurumidza 72 hours dzisati dzapfuura, uye kana mazuva mashanu asati apfura mugona kupihwa mapiritsi ekudzivirira kubata pamuviri.
Chii chinonzi (window period) kugadzirwa kwemasoja eutachiona hweHIV?	Utachiona hwe HIV hunoda mwedzi mitatu kuti huvakemasoja mumuviri, anove ndiwo anozobatwa panoitwa ongororo.
Pane musiyano wei pakati peHIV ne AIDS?	HIV (hutachiona hunoderedza masoja emumuviri) utachiona hunokonzera chirwere che AIDS (musanganiswa wezvirewe zvinouya mumuviri nekuda kwemasoja aderedzwa nehutachiona hwe HIV).
Ndezvipi zvakanakira kuongororwa utachiona hweHIV?	Kuziva paumire- kuzvidzivirira iwe pamwe chete nekudzivirirawo vamwe. Kuti uwane kurapwa kwakakwana nguva dzakafanira.
Ndekupi kwaunogona kunoongororwa utachiona hweHIV?	Kuongororwa utachiona hweHIV kunogona kuitwa panzvimbo dzinoitwa zvekupanga mazano maererano neutachiona hwe HIV (VCT Centres), mumakiriniki, kuna vanachiremba kana kumwewo kwakadaro.
Unofanira kunoongororwa utachiona hweHIV kakawanda zvakanakira?	<p>Kuwanda kwekuongororwa HIV muropa zvinoenderana nemamiriro emunhu. Kana munhu asati amboongororwa ropa anokurudzirwa kuongororwa kamwechete. Rimwe sangano rekudzivirira zvirwere re CDC rinokurudzira kuti munhu aongororwe ropa kamwe chete pagore kana paine zvinhu zvinoisa munhu panjodzi yekutapurirwa sezvinotevera izvi:</p> <ul style="list-style-type: none"> <li>• Kushandisa ma jekiseni netsono zvakamboshandiswa</li> <li>• Kubhandarwa kuita bonde</li> <li>• Kusangana pabonde nemunhu ane hutachiona hwe HIV</li> <li>• Kusangana pabonde nevanhu vanopfuura mumwe chete.</li> <li>• Kusangana pabonde nemunhu akasangana nevamwe vanhu mabva kunoongororwa ropa.</li> </ul> <p>Kana waongororwa ropa ukaonekwa usina utachiona hwe HIV uye usina zvinhu zvinokupinza panjodzi yekutapurirwa HIV unofanira kutaurirana na chiremba wako kuti unofanira kuongororwazve rinhi.</p>

## Culture and relationships

Symbol: Heart



Question	Answer
Why do young people get involved in sexual relationships with older people and how does this influence the spread of HIV?	<p>In Zimbabwe, intergenerational sex (sex with a partner ten or more years older) is considered socially acceptable. Families may encourage young girls to marry much older men.</p> <p>Also, girls may see having sex with older men as a way to get money, school or college fees, and cell phones. They do not balance the risk they are running against the short term benefit. In some cases they get involved because the man has power over them and can force them to have a relationship. In such cases girls can find help at Childline, phone free helpline 116, Victim Friendly Units at police stations and at the nearest health facilities.</p> <p>Older men are more sexually experienced and therefore more likely to be infected with HIV or STIs. Younger women are less likely to be able to negotiate condom use in such relationships.</p>
Who is responsible for protection against pregnancy and STIs in a sexual relationship?	<p>In a relationship both partners are responsible for protection as well as for family planning. But because it is the girl who gets pregnant, she should always ensure she is protected from pregnancy and not rely on her partner.</p>
How does alcohol influence your sexual behaviour?	<p>Alcohol reduces your inhibitions and can make you more likely to have sex. Research shows that people who have taken alcohol are also more likely to have unprotected sex.</p>
What are the advantages of sticking to one sexual partner?	<p>The risk of HIV-infection and other STIs, can be lower and a trustful sexual relationship can be built up, but only if both partners have tested negative before starting the sexual relationship and when both partners are mutually faithful.</p>
What examples of cultural practices contribute to HIV?	<p>Some traditions like wife inheritance, child pledging and the misguided belief that sleeping with a virgin will cure HIV.</p>
What are the benefits of contraceptives?	<p>Contraceptives allow family planning; Couples/women can decide how many children they would like to have according to their life-plan. Male and female condoms also protect against HIV and STIs.</p>
Does sleeping with a virgin cure HIV?	<p>No it does not. It is a myth.</p>



## Tsika namagariro pamwe chete nezveukama

### Mucherechedzo: Moyo



Mubvunzo	Mhinduro
Sei vana vechidiki vachidanana nevanhu vakuru uye izvi zvinokonzeresa sei panyaya yekuparadzirwa kweutachiona hweHIV?	Vasikana vanoona sekunge kuita bonde nevarume vakuru inzira iri nyore kuwana mari, school fees nemafooni. Havafungi njodzi dzavanogona kuwana nekufara kwenguva diki. Nedzimwe nguva vanozviita nekuti varume vanenge vaine simba pamusoro pavo zvinoita kuti vavamanikidze pabonde. Kana zvaitika saizvozvo vasikana vakadaro vanogona kuwana rubatsiro ku Childline, vanofona parunhare runoti 116 pasina mubhandaro kana kuenda . kubazi remapurisa rinonzi Victim Friendly Unit rinowanikwa kumahofisi emapurisa uye kana kuenda zvipatara zviri pedyo.
Ndiani ane basa rekuona nezvekuzvidzivirira kusabata pamuviri kana pazvirwere zvepabonde?	Paukama hwepabonde, vanhu vose vari vaviri vane basa rekuona nezvekuzvidzivirira pamwe chete nezvekuronga mhuri.
Ko zvinodhaka zvine chekuita here pamaitiro ako panyaya dzezvepaonde?	Zvinodhaka zvinogona kukumutsidzira nyore nyore kuti unzwe kuda kuita zvepabonde. Ongororo inoratidza kuti vanhu vanenge vakadhakwa ndivo vari nyore kuti vaite bonde vasina kushandisa nzira dzekuzvidzivirira.
Doma zvakanakira kuve neshamwari yepabonde imwe chete!	Njodzi yekutapurirwa utachiona hwe HIV nezvimwewo zvirewere zvepabonde inogona kuderera uyewo munogona kuvaka ukama hwepabonde hwakavimbika. Izvi zvinoitika chete kana vaviri vaongororwa ropa vakaonekwa vasina HIV vasati vasangana pabonde nekunge vese vakatendeka.
Ndezvipi zvakanakira kushandisa nzira dzekuronga mhuri?	Nzira dzekuronga mhuri dzinobatsira pakudzora uwandu hwavana vangagona kuzvarwa; vakaroorana kana munhukadzi anogona kuita sarudzo yehuwandu hwavana vavanoda kuita zvichienderana neurongwa hwavanenge vainahwo muupenyu.
Ndedzipi tsika namagariro zvine chekuita panyaya yechirwere cheshuramatongo?	Dzimwe tsika dzakaita sekugara nhaka netsika yakaipa yekuti kusangana pabonde nemhandara kuno rapa HIV.
Ko kusangana pabonde nemhandara kunorapa chirwere cheAIDS here?	Kwete hakurapi chirwere ichi. Anongove manyepo chete.

## Positive Living

Symbol: Smiley



Question	Answer
If two people living with HIV have sexual intercourse, do they need to use a condom?	People living with HIV should use condoms every time they have sex to prevent re-infection. Re-infection can lead to a faster multiplying of the virus and to being infected with a strain of HIV that is resistant to ARVs.
What are ARV's for?	Antiretroviral medicines slow down the replication of the virus, which helps the immune system stay healthy and therefore people can live longer, healthier lives.
Where can people living with HIV get support?	From family, friends, churches, support centres, partners, or networks of people living with HIV e.g. ZNNP+.
What factors increase life expectancy for someone living with HIV?	A balanced diet, exercise, appropriate medical treatment and care, social and spiritual support and reduced levels of stress.
Where can you get ARV's in Zimbabwe?	At government clinics hospitals, as well as through some NGOs and from private doctors and pharmacists).
What are the responsibilities of a person with HIV?	A person living with HIV has the responsibility of reducing the risk that he or she passes on the virus. For instance. They should always use a condom when having sex.

Kugamuchira pamwe chete nekurarama wakasununguka asi uchiziva kuti une utachiona hwe HIV

Mucherechedzo:  
Unonyemwerera



Mubvunzo	Mhinduro
Kana vanhu vaviri vanorarama neutachiona hweHIV vakasangana pabonde, chii chavanofanira kufunga nezvacho?	Vanhu vanorarama neutachiona hweHIV vanofanira kushandisa makondomu nguva dzose pavanosangana pabonde kudzivirira kuramba vachingotapuriranazve utachiona. Kusashandisa makondomu kunokonzero kuti utachiona hukurumidze kupararira muropa uye kuti maARV azoshayiwa simba mumuviri.
Basa remaARV nderei?	Mishonga yema ARV iyi ndeyekuderedza kuberekana kweutachiona nekudaro anobatsira kuti munhu agone kurarama nguva refu.
Ndezvipi zvinobatsira munhu anorarama neutachiona hweHIV kuti agone kurarama nguva refu?	Kudya kwakakwana kunovaka muviri, kurapwa muzvipatara, kuchengetwa kwakakwana, rutsigiro rwehama neshamwari pamwe chete nerutsigiro rwepamweya.
Ndekupi kwaungawane maARV muZimbabwe?	Mumakiriniki (ehurumende kana akazvimirira ega), muzvipatara zveematunhu.
Chii chinogona kuitwa nemunhu anorarama neutachiona hweHIV kuti asaparadzire?	Munhu anorarama neutachiona hweHIV ane basa rekuderedza njodzi yekutapurira vamwe utachiona uhu. Semuenzaniso, anofanira kushandisa kondomu nguva dzose dzaanosangana nemunhu pabonde.

Symbol: Lightning Bolt -  
HIV Transmission



Question	Answer
Why does dry sex increase the risk of HIV infection?	Dry sex increases friction which can cause cuts and wounds on the inside of the vagina and on the penis. These wounds increase the risk of HIV transmission.
Can a person who is abstaining be at risk of contracting HIV?	There is still a risk through contact with infected blood for example by sharing contaminated sharp objects, or in the case of mother-to-child transmission.
What can younger girls do to minimize the risk of being HIV infected?	Younger girls are more vulnerable because their bodies and especially their cervixes are not fully developed. This makes injury during intercourse more likely. Delaying sexual activity is a good idea. Often young girls are more dependent and have less power in a relationship. Younger girls should have responsible sexual relationships, practise safer sex, use condoms correctly and consistently and have self-respect and self-esteem.
What are the risks of having more than one sexual partner?	If one is part of a sexual network and one person in the network gets infected, the virus can easily be transmitted within the network.
Is there any risk of HIV infection when giving first aid/doing home based care?	Giving home based care/ first aid is not risky provided you avoid unprotected contact with body fluids.
What does poverty have to do with HIV and AIDS?	Often poor people have less access to information, to quality health care and to healthy nutrition. Furthermore, poverty is often a reason for having transactional sex.
How can you get infected with HIV?	Through: having unprotected sex; sharing contaminated sharp objects; accepting contaminated blood and blood products other than from a hospital/ medical doctor.

## Kutapurirwa kweutachiona hweHIV

### Mucherechedzo: Mheni



Mubvunzo	Mhinduro
Sei kushandisa mishonga yekuti nhengo yesikarudzi yemunhukadzi inge yakaoma panguva yaanosangana pabonde kuchiwedzera mukana pamwe chete nenjodzi yekutapurirwa utachiona hweHIV?	Kushandisa mishonga yokuti nhengo yesikarudzi yemunhukadzi inge yakaoma panguva yaanosangana pabonde kunowedzera kukwizana kwakanyanya kwenhengo, izvo zvinogona kukonzera kuchekeka kana maronda mukati mesikarudzi yemunhukadzi pamwe chete nepanhengo yemunhurume. Izvi zvinowedzera njodzi yekutapurirwa utachiona hweHIV.
Pane njodzi yekutapurirwa utachiona hweHIV here kana usingaiti zvepabonde?	Hongu njodzi iripo kuburikidza nekusangana kweropa, semuenzaniso panguva yaunenge uchibatsira munhu anenge akuvara kana kukanganisika.
Zvii zvingaitwe nevasikana vechidiki kuti vadzikisire njodzi yekutapurirwa utachiona hwe HIV.	Vasikana vechidiki vari panjodzi huru nemhaka yokuti kazhinji kacho havagoni kuzviriritira pachavo vega uye vanenge vasina simba rakanyanya pavanhu vavanenge vachidanana navo. Vasikana vechidiki vanokurudzirwa kuva nehukama hwekudanana hwakanaka, kuve nebonde rakadzivirirwa, kushandisa makondomu zvakanaka nguva dzose, uye kuzvikoshesa nekuzvida.
Pane njodzi yei pakuita shamwari dzepabonde dzakawanda?	Kana munhu mumwe chete pachikwata chevanhu ivava akabatwa neutachiona, utachiona uhu huri nyore kutapurirwa kuvamwe vose vari muchikwata ichocho.
Pane njodzi yekutapurirwa utachiona hweHIV here panguva yaunenge uchipa munhu rubatsiro / uchichengeta kumba munhu ane utachiona uhu.	Kuchengeta munhu anorararama neutachiona hweHIV kumba/ kumupa rubatsiro hakuna njodzi kana uchichenjerera kuti pasave nekusangana kwemvura dzemumuviri.
Ko hurombo hune chekuita here pautachiona hweHIV pamwe chete nechirwere cheAIDS?	Kazhinji kacho vanhu vanoshaiwa kana kuti varombo havanyatsowana ruzivo rwakakwana pamusoro peutachiona kana chirwere ichi, kurapwa kwakakwana pamwe chete nekudya kwakakwana kunovaka muviri.
Ungatapurirwe sei utachiona hweHIV?	Kuburikidza nekuita bonde risina kudzivirirwa, kushandisa zvinobaya zvamboshandiswa pane mumwe munhu, kuwedzerwa ropa nemunhu asiri chiremba kana kuti kusiri kuchipatara chinosivikanwa.



# Checklist for Facilitators: Key Information

Station	Objective	Key information
<b>HIV Transmission</b>	Participants are able to assess situations in which transmission is possible or likely.	<ul style="list-style-type: none"> <li>• HIV transmission can be prevented</li> <li>• Fluids that are sufficiently contaminated to transmit HIV infection are: blood, semen, vaginal fluids and breast milk</li> <li>• Three main ways of HIV transmission (unprotected sexual intercourse, receiving contaminated blood or blood products e.g. sharing contaminated sharp objects, mother- to-child transmission)</li> <li>• Demand PEP when exposed to HIV</li> <li>• Situations that put young people at increased risk of HIV transmission - intergenerational sexual relationships, alcohol abuse, illicit drug use and multiple concurrent partnerships</li> <li>• Medical male circumcision as an additional protective measure</li> <li>• Violence increases the risk of HIV transmission</li> <li>• Resource people and places in the community for further information</li> </ul>
<b>Contraception/ family planning</b>	Participants know the different types of contraceptives, how they are used and how much protection they offer against HIV.	<ul style="list-style-type: none"> <li>• Only male and female condoms provide dual protection against unplanned pregnancy and STIs including HIV</li> </ul>
<b>Condom use</b>	Participants know how to use male and female condoms properly.	<ul style="list-style-type: none"> <li>• Condoms are the only way to protect from HIV and other STIs</li> <li>• Condoms should be used correctly and consistently</li> </ul>
<b>Sexually Transmitted infections</b>	Participants know methods of protection, major symptoms and implications of untreated STIs. They are alerted on the importance of seeking medical attention when experiencing symptoms.	<ul style="list-style-type: none"> <li>• Some STIs present differently in men and in women</li> <li>• STIs are common in Zimbabwe and not only amongst sex-workers</li> <li>• Washing after sex as a method to prevent STIs is not effective</li> <li>• Medical male circumcision helps to reduce the risk of contracting/getting STIs including HIV</li> <li>• Everyone has the right to be treated for STIs</li> <li>• Communicate with sexual partners and bring them in for treatment</li> <li>• All STIs can be prevented, including HIV, and most STIs can be cured</li> <li>• The presence of STIs increases the risk of contracting/ getting HIV</li> <li>• Resource people and places in the community for further information</li> </ul>

Station	Objective	Key Information
<b>Body language</b>	Participants open up to express situations using body language.	<ul style="list-style-type: none"> <li>• Everyone must clearly communicate what they mean e.g. NO must be said emphatically so that there are no misunderstandings</li> <li>• NO should not result in violence.</li> <li>• Cultural gestures where youths show respect to elders should not be mistaken for consent. Still on the cultural note, young people should be given space to make their own decisions</li> <li>• Gender stereotypes of not allowing girls to be assertive and expecting them to be shy and submissive increases their vulnerability to HIV infection</li> <li>• Give a list of people and places from where young people can get help in relation to communication, parent/child miscommunication, abuse etc</li> </ul>
<b>Positive living with HIV</b>	Participants practice solidarity with people infected with HIV and suffering from AIDS. They gain knowledge about the importance of treatment with ARVs.	<ul style="list-style-type: none"> <li>• Personalise the support that each one can give to someone living with HIV in their family or community</li> <li>• Emphasize that with ARV treatment, good health can be maintained. Many opportunistic infections can be prevented and treated</li> <li>• Point out that people living with HIV have the right to have or not to have children hence they should be supported to do whatever they decide</li> <li>• Point out the importance of people living with HIV sharing their status with their sexual partners</li> <li>• List facilities and places where people living with HIV can get support</li> </ul>
<b>Protection</b>	Participants can speak more openly about issues related to love, sexuality and partnership and know how to protect themselves from HIV and STIs.	<p>Key skills that help protect young people from HIV include:</p> <ul style="list-style-type: none"> <li>• Having responsible sexual relationships</li> <li>• Practising safer sex</li> <li>• Consistent condom use</li> <li>• Having self-respect and self-esteem</li> <li>• Voluntary medical male circumcision</li> <li>• Living positively with HIV...</li> </ul>

# JIC Material List

Stations	Materials
<b>Ways of transmission</b>	<ul style="list-style-type: none"> <li>• 2 headline cards</li> <li>• 11 pictures</li> <li>• 24 risk cards (each 12 in green and red)</li> <li>• 1 small bag for the risk cards</li> <li>• 1 card with body fluids</li> <li>• 1 metal stand to assemble/reassemble</li> <li>• 1 big bag to transport the supporting frame</li> <li>• 1 glue stick</li> </ul>
<b>Contraception</b>	<ul style="list-style-type: none"> <li>• 1 headline card</li> <li>• 3 classification headline cards (short term methods, long term methods, permanent methods)</li> <li>• 1 small bag to conceal the real contraceptives</li> <li>• Real contraceptives (Zimbabwean types)</li> <li>• 9 pictures of contraceptives</li> <li>• 1 bag for contraceptives</li> <li>• 1 big bag to transport the supporting frame</li> <li>• 1 glue-stick</li> </ul>
<b>Condom Use</b>	<ul style="list-style-type: none"> <li>• 1 headline pictures</li> <li>• 12 pictures (Rolfi-story)</li> <li>• 4 pictures on female condom</li> <li>• 1 metal stand to assemble/re-assemble</li> <li>• 1 big bag to transport the supporting frame</li> <li>• 1 wooden penis model / 1 vagina model (if available)</li> <li>• Female condoms local brand</li> <li>• Male condoms local brand</li> </ul>
<b>Sexually transmitted infections (STIs)</b>	<ul style="list-style-type: none"> <li>• 2 headline cards</li> <li>• 10 pictures (storyline)</li> <li>• 5 cards with symptoms</li> <li>• 6 pictures with symptoms</li> <li>• 1 metal stand to assemble/re-assemble</li> <li>• 1 big bag to transport the supporting frame</li> <li>• 1 glue-stick</li> </ul>
<b>Positive living</b>	<ul style="list-style-type: none"> <li>• 2 headline pictures</li> <li>• 14 pictures</li> <li>• 1 metal stand to assemble/re-assemble</li> <li>• 1 big bag to transport the supporting frame</li> </ul>

Stations	Materials
<b>Protection</b>	<ul style="list-style-type: none"> <li>• 1 headline picture</li> <li>• 5 small bags for the question cards</li> <li>• 6 Question cards (Rolfi/Condom use)</li> <li>• 7 Question cards (Logo/Testing)</li> <li>• 7 Question cards (Heart/Love &amp; Relationship)</li> <li>• 6 Question cards (Smiley Face/positive living)</li> <li>• 7 Question cards (Lightening/Transmission)</li> <li>• 1 dice (out of foam)</li> <li>• 1 bag for the dice</li> </ul>
<b>Body language</b>	<ul style="list-style-type: none"> <li>• 2 headline pictures</li> <li>• 13 puzzle pieces of a loving couple</li> <li>• 1 bag for puzzle</li> </ul>



# Chapter 3: Fact Sheets

## Fact sheet on sexually transmitted infections (STIs)

### What are STIs

Sexually transmitted infections (STIs) are infections that are mainly passed from one person to another during sex. There are more than 30 different sexually transmitted diseases e.g. syphilis, chancroid, genital herpes, bubo, gonorrhea, trichomoniasis, candidiasis, chlamydia etc. These diseases may be spread through vaginal, anal or oral sex. Most sexually transmitted diseases will only affect you if you have sexual contact with someone who has an STI. However there are some health problems - such as thrush - which are referred to as STIs because they can be transmitted, but are also acquired in other ways. STI symptoms vary, but the most common are pain, unusual lumps or sores, itching, pain when urinating, and/or an unusual discharge from the genitals. Most genital discharges and genital ulcers may look and feel the same. To distinguish them needs a very experienced health worker and laboratory swabs to confirm the type of STI causing the ulcer or the discharge. However, many STIs do not have obvious symptoms. STIs may be caused by bacteria, viruses or parasites.

### Treatment of STIs

All STIs can be treated, though in some cases, as in genital herpes, the infection remains and will recur; only the outbreak can be treated. If untreated, STIs can have significant negative impacts on your health and wellbeing, on your future ability to have children, and on your child if you or your wife is pregnant. Take responsibility for yourself, your partner and your (future) children. Make sure that you and your partner(s) are treated quickly and competently for any STI. Remember that often STIs do not present with clearly identifiable symptoms or may be present with no symptoms at all. Make sure you see a health care provider if you have the slightest suspicion that you have been exposed to an STI.

This text is adapted from <http://www.avert.org/stds.htm>

### Facts on STI prevention and treatment

All STIs are preventable and condoms are known to effectively prevent STIs.

- 1 Good personal hygiene, especially of the genital area, helps to reduce the risk of contracting STIs.
- 2 Most STIs, except those caused by viruses, can be cured. It is important to stress that anyone with signs of STIs should seek medical treatment. While on treatment, one must either abstain from sex or use condoms, even if the partner is on treatment too.
- 3 People with signs of STIs must be encouraged to notify their sexual partners and have them get treated as well.
- 4 It is important to note that some STIs have no symptoms in either men or women, e.g. gonorrhoea has no symptoms in almost 70 % of women.

### Complications of STIs include:

- Blocking of both male and female reproductive tubes resulting in infertility;
- Disfiguring of sex organs;
- Passing the infection on to unborn children and interference with fetal development, e.g. syphilis;
- Passing the infection on to babies during delivery, e.g. children born with discharging eyes (ophthalmia neonatorum) if mother had gonorrhoea; children born with congenital heart defects if mother had syphilis etc



## Fact sheet on contraceptives

### Contraceptives

All methods of birth control are based on either preventing a man's sperm from reaching and entering a woman's egg (fertilization) or preventing the fertilized egg from implanting in the woman's womb (uterus) and starting to grow.<sup>1</sup>

### Hormonal Methods

Hormonal contraceptives change the hormone cycle in the woman's body to block ovulation. In this case, eggs are not released so there is nothing for the sperm to fertilize.

There are several hormonal methods of birth control. The differences between them involve the type and amount of hormone used and the way it enters a woman's body, e.g. hormones may be taken orally, or be implanted into body tissue, injected under the skin, and so on.

All hormonal contraceptives basically work the same way. Their main goal is to stop an egg from leaving the ovary. In this way, the egg cannot become fertilized. Another effect of hormonal contraceptives is to make it very difficult, if not impossible, for either eggs or sperm to travel through the uterine tube, so fertilization does not take place. Furthermore, hormonal contraceptives make it difficult for a fertilized egg to implant or attach to the uterine lining of the womb, because they make it very thin. Hormonal contraceptives do not protect from HIV and STIs.

#### Oral Pill

These are pills that contain synthetic hormones. They prevent pregnancy by taking one pill every day. There are two types of pill; - the combined oral contraceptives (COC) with combined hormones, such as Lofeminol, Logynon, Trionodiol ; and those with only one hormone –the Progestogen only Pill (POP). These are associated with breastfeeding mothers because they do not interfere with milk production. Examples of POP are Ovrette, Micronol and Famyrel. COC have an effectiveness of 99%, while for POP effectiveness is 96%. The COCs have minor side effects like nausea, loss of libido, headaches, weight gain and mood swings because of the hormones. POP has the

disadvantage of having reduced effectiveness, and resulting in irregular periods. Taking the pill needs a highly motivated client. However, the contraceptive effect of pills is easily reversible and clients can achieve conception soon after stopping taking them. A disadvantage is that they do not protect from STIs and HIV.

#### Injectables

These contraceptives (e.g. depo-provera and noristerate) must be injected by a health-care professional every three months as an intramuscular injection. They are discrete, but they contain higher doses of hormones so side effects of hormones like irregular bleeding, headaches, weight gain, mood swings etc tend to be exaggerated. It can take longer for a woman to get back her fertility after stopping.

#### Implants

These are inserted under the skin of a woman's arm and can remain effective for up to five years e.g. Jadelle. They are discrete and do not require motivation. Hormonal implants work by slowly releasing hormone to prevent the ovaries from releasing eggs. However, they do not protect from STIs and HIV.

#### Emergency Pill – Morning-After-Pill

These are pills that are used as emergency contraception (EC) if taken within five days of unprotected sex. An example of pills for EC is Postinor2. These pills do not terminate pregnancy. The pills work by delaying ovulation, immobilizing semen, preventing fertilization and inhibiting implantation of the ovum in the uterus.

#### Intra Uterine devices (IUD) or Loop

An IUD is a small "T" shaped device that is inserted into the uterus by a health care provider. It works by stopping sperm from making it through the vagina and uterus to fertilize an egg. It is a long term method and once it is inserted into the womb can remain useful for 5-10 years. There are two types of IUDs, the hormonal IUD and the copper IUD. Copper IUDs work by irritating the lining of the uterus so that there is nowhere for the egg to implant itself even if it is fertilized.

<sup>1</sup> [www.medicinenet.com](http://www.medicinenet.com); [www.minnesota.publicradio.org](http://www.minnesota.publicradio.org); [www.plannedparenthood.org](http://www.plannedparenthood.org)

Though it may cause initial discomfort, this is a very convenient method, it has no hormonal effects and does not interfere with sex. It does not protect from STIs and HIV. IUDs cause very few side-effects. The most common are pelvic cramping and menstrual problems, including heavy and prolonged menstrual bleeding, and intermenstrual spotting.

The multi-load and the Lippes loop are very effective and can be easily removed at client's request.

## Barrier methods

Barrier methods prevent the sperm from getting to the egg, usually by covering the penis, or by blocking the cervical opening.

### Condoms

Male and female condoms are examples of commonly used barrier methods. As family planning methods, they are not as effective as the other methods - having a 17% failure rate. However, they are the only family planning method that offers dual protection - against pregnancy as well as against STIs and HIV.

Advantages of using the **female condom** are as follows:

Can be inserted up to eight hours before sexual activity; so does not interfere with the sex act and is useful for men who may not achieve full erection before penetration.

Female condoms cover and protect the vulval area. The man does not need to withdraw immediately after ejaculation.

Some men complain of constriction at the base of the penis by the male condom. The female condom is roomy and does not constrict.

All brands of condoms are highly effective and are tested for quality assurance by the Medical Control Authority of Zimbabwe (MCAZ).

### Spermicides

Spermicides are chemical substances that kill sperm. They are available over the counter in the form of foaming tablets, creams, gels or film. These are free of systemic side

effects but have a lower effectiveness rate and do not protect from STIs and HIV. Local irritation of the vagina is not uncommon with spermicide use.

Spermicides may be used alone, but are more effective when used in combination with a condom, diaphragm, or cervical cap, to maximize the contraceptive effect. Effectiveness is reduced if the patient does not wait long enough for the spermicide to disperse before having intercourse, or if intercourse is delayed for more than one hour after administration.

## Natural Methods

Natural methods of contraception are considered "natural" because they are not mechanical nor a result of hormone manipulation. Natural methods do not protect from STIs and HIV and are less effective as contraceptives.

### Fertility Awareness Methods (FAMs)

These are based on knowing when a woman ovulates each month. It is necessary to watch for the signs and symptoms that indicate ovulation has occurred or is about to occur. A woman who has a regular menstrual cycle, has about nine or more days each month when she is able to get pregnant. These fertile days are about five days before and three days after ovulation, as well as the day of ovulation.

To have success with this method, the woman needs to learn to predict which days are fertile. This method may involve checking cervical mucus (Billings method). Cervical mucus is the discharge from vagina. When it is clear and slippery like raw egg white, the woman is most fertile. Alternatively the woman can record her body basal temperature each day. Basal temperature is the lowest temperature attained by the body during rest. It is generally measured immediately after awakening and before any physical activity. On the first day of ovulation basal temperature rises.

### Withdrawal

Withdrawal (pulling out) is where a man pulls his penis out of the vagina before he ejaculates. Withdrawal is not a reliable method because a male ejects pre-ejaculate fluid while he is aroused and still inside the vagina. Furthermore, the withdrawal method relies on complete self-control.

## Breastfeeding

While a woman is continuously breastfeeding, her body does not make the hormone necessary for ovulation — the release of an egg from an ovary. Pregnancy cannot happen if an egg is not released. Using breastfeeding as birth control can be effective for six months after delivery only if the woman

- o does not substitute other foods for a breast milk meal
- o feeds her baby at least every four hours during the day and every six hours at night
- o has not had a period since she delivered her baby

Breastfeeding does not protect from sexually transmitted infections. It is necessary to use a male or female condom to reduce the risk of infection.

## Permanent methods

Permanent methods, like vasectomy and tubal ligation are surgical procedures for sterilization. They should only be used by persons who feel that their families are complete, as these are usually not reversible. Unfortunately, they are also not protective against STIs and HIV.

## Vasectomy

Sperm are made in the testicles. They then pass through two tubes (vas deferens) to mix with seminal fluids to form semen. Vasectomy blocks the tubes and keeps sperm out of the seminal fluid. The sperm are absorbed by the body instead of being ejaculated. Without sperm, the seminal fluid cannot cause pregnancy.

## Tubal Ligation

The uterine tubes which lead from the ovaries- the place where eggs are provided - to the uterus are closed off surgically, preventing eggs from making their journey out of the ovaries.

## Fact sheet on anti-retroviral medicines (ARVs)

### Definition of ARVs

HIV belongs to a group of viruses called retroviruses. Medicines that have an effect against these viruses are called antiretrovirals (ARVs). Treatment with ARVs is called antiretroviral therapy (ART).

### Goals of ARV

- 1 ARVs are used to suppress the reproduction of HIV in the body of someone who is infected. When the blood of someone taking ARVs is tested, ideally there should be 'undetectable' levels there should of the virus.
- 2 ARVs help to protect and reactivate the human body's defence system (immune system) against disease. This makes the person less susceptible to the infections that often affect people with HIV (opportunistic infections), which take advantage of the weakened immune system. In the laboratory the recovery of the body's defence system is measured by the quantity of special cells in the blood (CD4 cell count).
- 3 When the immune system recovers, the body should no longer be susceptible to opportunistic infections, leading to improved quality of life.
- 4 ARVs can also be used to prevent HIV transmission in cases of accidental injuries, sexual assault - post-exposure prophylaxis (PEP), and to prevent of mother-to-child transmission (PMTCT).

### When and how to start ARVs

The latest thinking is that ARVs should be started as soon as the person feels comfortable with taking them and certainly before the immune system is badly damaged – usually when the CD4 count falls to 350. Modern ARVs cause fewer side effects, but once started, they must be taken for life. ARVs are one component of a comprehensive package that includes

counselling, treatment of opportunistic infections, family planning and prevention of mother-to-child transmission (PMTCT), positive living skills etc. Unless someone is very sick, starting ARVs is not an emergency, as the management of opportunistic infections is often more important. Based on CD4 cell count and viral load tests your health service provider will advise you whether to start ARVs or not.

### Other factors that determine when someone should start ARVs include the following:

- 1 The patient's readiness to take ARVs, i.e. someone who has been adequately counselled on the benefits and risks of the medication.
- 2 The patient's financial status and how any financial barriers to accessing treatment will be dealt with. Issues to address are adequate money to cover the cost of tests to start treatment -, liver function tests, CD4 counts etc., money to procure the ARVs, if they are not to be provided by government, money for tests to monitor that the drugs are not causing harm to the body, for consultation fees and for transport to the review venue etc.
- 3 The patient's potential for adherence to ARVs because for the drugs to be effective, adherence needs to be above 95%. Resistance may set in earlier if adherence is poor.

### TB and ARVs

People with HIV are up to 20 times more likely to contract TB than those without HIV. Therefore it is very important to screen everyone who is HIV positive for TB and to test everyone who has TB for HIV. ARVs reduce the risk of people living with HIV getting Tuberculosis.

However, drug interactions between the TB-drug, Rifampicin, and some ARVs can complicate TB-treatment for people on ARVs. If someone needs treatment for both conditions, the doctor will decide the best way forward.

### **ARV side effects**

Like any medicines, ARVs have side effects - undesired outcomes of taking medicines. Most side effects happen just after starting the medicines as the body is getting used to the ARVs. Because people react to medicines differently, some may not experience side effects while others on the same treatment may experience severe side effects.

#### **Minor side effects include the following:**

- Discoloration of nails
- Nausea
- Headache
- Failure to sleep
- Anxiety
- Abdominal cramps
- Dizziness
- Skin rash
- Loss of hair

These are minor side effects i.e. those side effects that may not be very serious. The patient can try to find home remedies to resolve the problem

#### **Major or serious side effects include the following:**

- Too few red blood cells in the body (anaemia)
- Inflammation of the liver, resulting in yellow eyes
- Tingling pain, or numbness of the feet or hands
- Changes in the distribution of fat in the body
- Skin rash accompanied by fever, or ulcers in the mouth
- Severe abdominal pain

If any of these occur, they may be signs of deeper problems or damage to important internal organs like the liver or kidneys. The patient must go to see a doctor without fail.

ARVs may interact with other drugs - making them weaker or stronger, so it is important for anyone taking ARVs to let the doctor know if they are taking other medicines.

## Fact sheet on opportunistic infections

### What is the immune system?

The immune system is a combination of different parts of the body – the chemicals, cells, tissues and organs that protect the body from harmful organisms/germs. The immune system can tell the difference between what belongs to the body and what does not. It is often called the body's defence system. When the immune system is strong, the body is able to fight foreign bodies that enter the body and avoid getting sick. White blood cells are a vital part of the immune system especially those called CD4 cells.

### What can affect the immune system?

Conditions or situations like poor nutrition, smoking, alcohol, chronic infections like malaria, pregnancy; certain chemicals such as food preservatives and pesticides, cancer and cancer treatment, HIV; chronic conditions like diabetes, stress etc can all affect the immune system.

### What diseases take advantage of an affected immune system?

Diseases that take advantage of an affected immune system are called opportunistic infections and include the following:

#### Candidiasis

Candida is yeast that is normally found in the body, including those who are HIV negative, without causing problems. When the immune system is weakened, the yeast starts to grow and begins to cause problems, for example thrush in the mouth, which can be painful and make it difficult to eat. It appears as thick, white lacy patches inside the mouth, or sometimes it makes the tongue look red. Women also get thrush in the vagina, where it shows as a white thick discharge that causes itching and burning pains. If the immune system is severely damaged Candida can also get into the blood and into various organs. Such infections can be life threatening. Candida infections with symptoms always need treatment. People living with HIV are advised to reduce refined (white) sugar intake to reduce the likelihood of getting candidiasis.

#### Herpes Zoster

This is a skin condition that happens as a result of the virus that causes chicken pox (varicella). The virus can lie dormant in the body until the immunity is lowered. It then causes blisters along a nerve. Herpes Zoster or shingles can occur more than once in the same patient.

This condition does not have a cure since it is caused by a virus, but early treatment with Acyclovir can reduce the severity of the infection, and reduce the pain. Acyclovir ointment can also be applied to the blisters.

### Tuberculosis / TB

TB is the most common and most serious opportunistic infection in people living with HIV. TB kills 2 million people worldwide each year. It is a condition caused by a bacterium (mycobacterium) that affects the lungs but can also affect other parts of the body. TB can be cured, even in people living with HIV. It is important to seek treatment early.

### How is TB spread?

TB is spread through the air from one person to another. The bacteria are put into the air when a person with TB disease of the lungs or throat coughs, sneezes or spits out sputum. People nearby may breathe in these bacteria and become infected. The bacteria can settle in the lungs and begin to grow. TB is very infectious, but not everyone who is infected with the TB bacteria gets sick. In people living with HIV, TB tends to progress to serious illness more quickly. You cannot get TB from clothes, drinking glass, eating utensils, handshake, toilet or other surfaces.

### What does someone feel like when they have TB?

Any person who has a cough with thick, cloudy mucus (or sputum), sometimes with blood, for more than two weeks; fever, chills, and night sweats; fatigue and muscle weakness; weight loss; and in some cases shortness of breath and chest pain, should suspect that they have pulmonary tuberculosis.

### Is there any difference in the symptoms for PLHIV?

PLHIV have similar signs to HIV-uninfected patients. When the immune system is already damaged, the less specific signs like night fever and night sweats, weight loss, decreased energy, generalized lymph node swellings, may be attributed to HIV itself and the possibility of tuberculosis overlooked. When the immune system is already damaged, the bacterium can also spread inside the body and affect parts other than the lungs.



### **What should someone do if they suspect that they may have TB?**

The important thing to note about TB is that it can be cured. If diagnosed early, the outcome is good. TB can also be prevented.

If you think you have been exposed to someone with TB disease, you should contact your doctor or local health facility about getting a sputum test for TB germs, a TB skin test or a special TB blood test. Be sure to tell the doctor or nurse when you spent time with the person who has TB disease. A latent form of TB can be present without clear symptoms. Taking into account the high risk that PLHIV have of being infected, it is very important for them to have yearly TB testing. Isoniazid preventative therapy (IPT) is now recommended for PLHIV, to prevent them developing TB disease.

### **How is TB treated?**

In 2007, the Ministry of Health and Child Welfare of Zimbabwe introduced Fixed Dose Combinations (FDCs). The drugs are taken in two phases – intensive phase i.e. the first two months of treatment and the continuation phase – the last four months of treatment. A complete course of TB treatment lasts for 6-8 months.

### **Note:**

TB can be cured even if someone is HIV positive. TB treatment is free throughout Zimbabwe

### **Meningitis**

This is a condition in which the patient has severe headaches accompanied by neck stiffness and fevers. Like TB, meningitis can be cured and be prevented by taking some medicines. When treated early, meningitis can be cured. If not treated, it kills.

### **Prolonged Diarrhoea**

Unsafe drinking water, a poor digestive system or descending infection of candidiasis after oral thrush can cause prolonged diarrhoea. The client should see a doctor so that the cause of the diarrhoea may be identified and be dealt with.

### **Unexplained fevers**

A person living with HIV and AIDS may have bouts of feeling very hot and feverish followed by feeling cold/ and chilled. This may be accompanied by sweating. Drinking a lot of fluids sometimes helps to control the fevers. Fever can always be a sign of undiagnosed TB and should be checked by a doctor.

### **Skin Infections**

Skin infections of all kinds are more common in PLHIV. As many of these may be contagious it is important to maintain high standards of personal hygiene, to use cotton clothing and sheets that cover the affected parts of the body and to wash these frequently with boiling water. It is important to see a health provider for treatment and advice to avoid passing on the infections to other members of the household, especially children.

### **Remember**

- Not everyone who is living with HIV will get all the opportunistic infections.
- Not only people living with HIV will present with opportunistic infections.
- Most opportunistic infections can be prevented.
- Most opportunistic infections can be cured.

## Fact sheet on positive living

Positive living is a process of developing skills to cope with the challenges of HIV in a positive way. It helps people live healthy productive lives while living with HIV. It revolves around five aspects of life.

### Mental

- Emotional support and a healthy outlook: people living with HIV should seek psychosocial support. Counselling : receiving supportive counselling to cope with the new challenges is important
- Information : ensure access to correct and up-to-date information
- Managing stress : developing skills to manage stressful situations, taking up meditation or other relaxing pastimes

### Social

- Acceptance : create a safe and supportive environment for disclosure
- Love from family, friends : the love and support of close persons is very important
- Peer groups : joining support groups and sharing experiences with others in the same situation, or helping others is helpful
- Respect : a stigma free environment is imperative for a healthy life

### Physical

- Exercise and rest : a healthy balance of rest and exercise is important
- Sex: a healthy sexual life is part of a healthy lifestyle. Do not forget to practice safer sex
  - o Treatment- and regular medical checkups: Adherence to the prescribed ARVs ensures their prolonged effectiveness. Regular medical check-ups are important to monitor the person's health status.

Important: any herbal remedy that a person wants to use should first be discussed with the health service provider, as some of these may interact with ARVs.

- Good hygiene : Following good personal and environmental hygiene practices helps prevent infections

### Spiritual

- Counselling : some people find comfort and support in their religious beliefs and religious communities
- Prayers: for people with strong religious faith, prayers can be very supportive.

### Nutrition

Nutrition is one area of positive living that needs a lot of emphasis. People are what they eat.

A healthy balanced diet is essential. Indigenous foods are encouraged because they are cheaper, readily available and healthier.

Balancing the diet – the right proportions of all the nutrients is of paramount importance. In positive living, there are foods that should be avoided and these include:

- Foods with preservatives, as the chemicals may affect the immune system
- Highly processed foods: white bread, white rice, parmenta mealie meal. PLHIV should eat brown bread, brown rice and roller meal, as they contain more nutrients than the processed kind.
- Alcohol and tobacco
- Red meat and pork because of the high levels of cholesterol and animal fat
- Fizzy drinks and foods that contain sugar like cakes and sweets.

## Fact sheet on HIV and children

Worldwide, in 2008, an estimated 430,000 [240,000–610,000] new infections due to HIV occurred in children, of which 90% were acquired through mother-to-child transmission (MTCT) of HIV. Of the 430,000 new infections, between 280,000 and 360,000 were acquired during labour and in the pre-partum period. Of the remaining new infections, the majority were acquired during breastfeeding.

In Zimbabwe, more than 15,000 children are infected with HIV every year - the majority through mother-to-child transmission, which accounts for the highest number of HIV infections after heterosexual sex (the primary route of transmission). Approximately 25% of infants born to HIV infected mothers are also infected and an estimated 152,189 children are living with HIV in Zimbabwe. This number is declining, as a result of the campaign to eliminate vertical transmission of HIV and expand prevention of mother-to-child (PMTCT) services in the country.

### Preventing HIV in children

If you are pregnant or planning to get pregnant, it is important that you and your partner know your HIV status so that you can take measures to prevent the unborn child from being infected with HIV. Visit your local clinic and find out about PMTCT services. After testing, if you find out that you are not HIV positive, you should go on to find out what you can do to stay negative while pregnant and while you breastfeed the child. Using condoms during pregnancy and breastfeeding is advised.

If you are HIV positive you can prevent your child from being infected by making use of the PMTCT services offered at all local clinics providing antenatal care.

### HIV in children and young people

If a child is born with HIV infection, they may not grow well – fail to thrive. They may suffer badly from childhood illnesses, or acquire TB, and consequently die while still very young. However, some babies born with HIV have survived with the infection and grown to adolescence. Some of these young people are still undiagnosed.

## Benefits of Testing Children for HIV infection

Testing children for HIV is important for parents or guardians for the following reasons:

- It helps them know the HIV status of the child – if the child is not HIV positive and is unwell, then other causes of the illness can be sought
- It helps them plan the child's life including having the child started on ART
- They can seek and receive information on where they can get care, support and treatment for the child
- When the child is old enough to understand what is happening to them, it is important to find a way of communicating to the child why they are sickly and why they need to keep taking medication. This is called disclosure. As a parent or guardian, you can ask a health worker or counsellor to help you communicate about HIV to an infected child.

### When does a child need to be tested for HIV?

- Babies need to be tested when it is known that mother is HIV positive. This should happen at 6 weeks of age or at the earliest opportunity thereafter
- Babies need to be tested when the HIV status of the mother is unknown at the first postnatal visit (usually 6 weeks), or other child health visit
- Babies need to be tested, when the status of the parents is not known but they are not growing well or present with any of the opportunistic infections at or after 6 weeks of age
- Children 18 months or older, with suspected HIV infection or HIV exposure, can be tested for HIV according to the standards used for adults.

### Deciding when a child should start ART

All children with HIV should be started on ART as soon as possible. Parents and guardians should be counselled on the importance of the child taking the medicines at the right time every day (adherence). If the child is old enough, the child should also be counselled and involved in issues about their treatment.

Paediatric formulations of ARVs are now generally available. The dose of ARVs for infants needs to be adjusted as the child grows, so regular visits to the clinic are essential.

Some major considerations are:

- Ensuring that the child's medicine refills are obtained before the previous supply is finished.
- Will the medicine go bad or need refrigeration?
- What does the medicine taste like? If bitter, then the child will not like to take it and will need to be encouraged.
- If the child is too young to swallow tablets, then they can be crushed and mixed with milk.
- How does this step of taking lifelong medication alter or affect the lifestyle of the child and of that of the parent / guardian?

### How to support a child taking ARVs

- If the child has problems taking the medicine because it is bitter, discuss with your health providers which fruit, sweeteners or other food products can be used to help the child to take the medicine. It could also help to link drug taking with a positive routine (doing something the child likes).
- Be aware that it is easy to forget taking the medicines. Be creative about ways to remind you and your child. Cell phone reminders can be helpful.

- If you fear stigma and discrimination if someone finds out that the child is on ARV discuss the best way to approach this with trusted persons
- It may be helpful to inform your child's teacher of the child's status, but this should be the child's choice – remember that not all people may respect your privacy.
- A child taking ARVs can lead a normal life. Try to make sure that she or he gets the same kind of support as other children.
- If older children refuse to cooperate in taking their ARVs when they feel better, it is important to make them understand why they must continue. Try to link up with other parents with children on ARV.
- A child on ARV needs to be protected against the usual childhood illnesses and should receive the normal immunizations.
- Adolescents on ARVs may need extra support, especially when they are dealing with the other issues related to puberty and developing their sexuality. Support groups may be very helpful during this period.

## Fact sheet on medical male circumcision (MMC)

### What is MMC?

Male Circumcision is the removal of the foreskin which covers the glans of the penis. Some ethnic and religious groups have male circumcision done for traditional or religious reasons. In recent years, the procedure has been promoted as an additional protective measure against HIV.

Medical male circumcision for HIV prevention is done at a health facility by specially trained health workers. Those wishing to be circumcised are counselled and given information on the procedure, the post-operative care and the need for sexual abstinence for six weeks after the procedure to allow healing to take place. There is no advantage to men who are already HIV positive having MMC.

### How does MMC help to reduce HIV transmission?

The inner surface of the foreskin contains special cells which are targeted by HIV. In addition, this inner surface is usually damp, delicate and is easily bruised during sexual contact. Entry of HIV into the body is made easy through these special cells and the openings caused by bruising, while the dampness increases the risk of some STIs. Removing the foreskin makes it more difficult for the virus to enter the body. This is why male circumcision can reduce the risk of HIV infection in men.

### What are the benefits of MMC?

In a health facility, MMC is done in sterile surroundings. The specially trained health workers use sterilised instruments. When a boy or man is circumcised, he will have:

- Reduced risk of HIV infection
- Reduced risk of STIs
- Reduced risk of cancer of the penis
- A penis that is a lot easier to keep clean
- Female partners of circumcised men have reduced risk of cancer of the cervix.

### Who should have MMC done?

- All men and adolescents above the age of 13 years are eligible to be circumcised.

- Prior to MMC, HIV testing is routinely offered, because the program primarily targets men who are HIV negative as an additional means of prevention
- Babies and younger children may be circumcised with the consent of the parents or guardians. Children who are old enough to understand should be involved in deciding to be circumcised.

### What else do I need to know about MMC?

- MMC does not prevent transmission of HIV from a man to the female partner. Male or female condoms must still be used during sexual intercourse. MMC reduces the risk of being infected with HIV, but the risk remains.
- Six weeks of abstinence is essential following MMC
- Myths and wrong information about MMC are circulating. It is important to address all issues in one or more counseling sessions with a qualified health worker. They will be happy and able to answer all questions.

### Men and women play an equal role in MMC

- Women want to know when their partners go for MMC
- Women want to support their partners after the surgery
- Women want to know how MMC affects them
- Both partners should be tested for HIV prior to MMC

### Where can one go for MMC?

You can get more information on MMC at a health facility. You may have heard that MMC could be done traditionally but it is best to go to a health facility to have MMC. Because MMC is a national program, there are special campaigns to bring MMC services near to where you live.

### What happens after MMC?

One has to abstain from sex for at least six weeks after the operation to allow complete healing of the wound. After the six week period, male or female condoms must be used correctly and consistently each time one has sex.

## Fact sheet on gender based violence

### What is gender based violence (GBV)?

Gender based violence encompasses a wide range of human rights violations, including sexual abuse of children, rape, domestic violence, sexual assault and harassment, trafficking and several harmful traditional practices. In many families in Zimbabwe, boys and young men are brought up to maintain a position of power over girls and to resolve conflicts through violence, whereas girls are encouraged to be obedient and submissive. Therefore girls and young women are more at risk than young men of being victims of gender based violence. It is important to know that this is not the inevitable result of male biology or sexuality, but a matter of how young men and young women view themselves as men and women and the way they view each other.

### How is GBV related to HIV?

**Rape and sexual assault** –takes away someone's control over his or her own body and life. The person is made unable to decide when, with whom and how to have sex which makes them more vulnerable to HIV infection. Sexual violence can also lead to HIV infection directly as traumatic abrasions and lack of lubrication increases the risk of transmission.

**Intimate partner violence** – this makes it difficult or impossible to negotiate for safe sex. The term intimate partner violence describes physical, sexual, or psychological harm by a current or former partner or spouse.

**Violence related to condom use** – violence sometimes results from women's suggestion to introduce condom use in relationship. Some women and girls fear that they may encounter some violence if they insist on condom use.

**Violence related to transactional sex** – women's and girls' engagement in transactional sex may put them at special risk of experiencing sexual violence, including forced first intercourse.

Most young women in Zimbabwe report that their first sexual experience is forced. Differences in power between young people and their adult sexual partners and transactional sex are often exploitative and can result in sexual abuse and lack of control over the young person's sexual rights. Older sexual partners have an increased risk of HIV transmission.

Unfortunately, sexual violence is more socially accepted in situations where women and girls receive money from the perpetrator in exchange for sex. Many sex workers suffer from harmful behaviour, including stigma, discrimination, violence and assault by customers, their community and other sex workers. Insisting on condom use often results in loss of income, loss of clients, forced sex or violent reactions.

**Violence following disclosure of HIV status** – because of stigma and discrimination, most women and girls fear the possibility of being attacked once they disclose that they are HIV positive.

GBV is an abuse of people's human rights. Zimbabwe now has laws against gender-based violence (the Domestic Violence Act) and it is important that women and girls who experience GBV report it and take action against the perpetrators if possible. There are several NGOs that exist to help people who experience this and women and girls should be encouraged to take up their services. So far, there have been very few prosecutions under the Domestic Violence act because of women's unwillingness to take action against those who commit acts of violence on them. This is an important part of changing society's attitudes towards abuse of women and girls.



## Fact sheet on HIV and AIDS basic facts

HIV stands for Human Immunodeficiency Virus. HIV is a virus (germ that causes diseases when it enters one's body) that weakens the human immune system by attacking it. The immune system is the body's defence against disease.

AIDS is the name given to a group of serious illnesses experienced by HIV positive people that arise when their immune systems are no longer able to fight disease. AIDS stands for Acquired Immune Deficiency Syndrome.

**Acquired** means a disease that you are not born with but that you contract during life.

**Immune Deficiency** – means a weakness in the body's immune system.

**Syndrome** means a group of particular health problems that make up a disease.

### How is HIV transmitted?

HIV can be transmitted in three ways. Through: **sexual contact** - having unprotected sex is most common way through which people contract HIV; **blood contact** – sharing needles or other sharp objects contaminated with HIV infected blood; **mother- to child transmission** – mothers can pass HIV on to their babies during pregnancy, childbirth or breastfeeding.

### How is HIV not transmitted?

- Through social contact such as hugging, kissing, shaking hands, breathing the same air, coughs and sneezing, sweat, contact through sport, tears.

- Through sharing things such as toilet seats, food utensils or drinking cups, clothes, public baths or swimming pools. Through insect bites such as mosquitoes, bed bugs or other blood sucking insects.

### How can HIV transmission be prevented?

- Having safer sex through the correct and consistent use of male or female condoms, abstinence, being faithful to an uninfected partner, or having non-penetrative sex.
- Having open discussion on HIV and AIDS and reducing stigma and shame around being HIV positive.
- Knowing your HIV status by making use of voluntary counselling and testing services, and if HIV positive, protecting your sexual partners from transmission.
- Prevention of mother-to-child transmission (PMTCT) by taking ARVs, breastfeeding exclusively for six months or using alternate feeding, and choosing delivery by caesarean section.

### How do I know if I am HIV positive?

The only way to know your HIV status for sure is to take an HIV test. You can learn your HIV status by making use of HIV Counselling and Testing (HCT) services in your community.

### HCT services are offered by:

- Doctors
- Local clinics and hospitals
- Special clinics set up just for HCT
- A mobile unit that offers the services in your community

## Chapter 4: Monitoring & Evaluation – How to monitor



The quality of the JIC is influenced by many different factors. All factors must be right, if HIV prevention impacts are to be achieved. Monitoring is the regular collection, analysis and use of information to help guide the quality assessment of the JIC implementation. Monitoring compares the way things are actually done with the way they were originally planned. Hence, it is important to collect useful data and to report on the process and outcomes of the JIC.

### JIC run documentation

Facilitators need to provide some important documentation of data on each event which is carried out. The aim is to gain evidence-based learning for action and to improve the understanding of what works well in the JIC implementation in order to guarantee the sustainability of efforts. Facilitators are responsible for monitoring and reporting.

Two important types of monitoring are to be distinguished: quantitative and qualitative.

**1. Quantitative monitoring** (measures quantity) tends to document numbers associated with the JIC run. It focuses on in which way and how often the JIC is carried out and involves record-keeping and numerical counts, to assess progress.

After every JIC-assignment, the JIC team leader or the supervisor, together with the facilitators, completes the monitoring sheet - one after every JIC intervention. The completed monitoring sheets are summarized in a quarterly report and sent to the implementing organisation.

## Zimbabwe Monitoring/Reporting Sheet for JIC Run

JIC Team: .....

JIC run No..... in 201..... Date:...../..... 201.....  
(day/month)

### 1. Stations conducted (please tick)

- a. Ways of transmission ..... ☐ e. Body language ..... ☐  
 b. Contraception ..... ☐ f. Living with HIV and AIDS ..... ☐  
 c. Condom use ..... ☐ g. Protection ..... ☐  
 d. Sexually Transmitted Infections ..... ☐

2. Time (from/to) .....

3. Names of facilitators:

.....

4. Location:

.....

5. Target group:

- youth ..... ☐ church ..... ☐  
 workers ..... ☐ community ..... ☐  
 tertiary education ..... ☐ others ..... ☐

6. Kind of settings:

- open (for community) ..... ☐ closed (for specific group) ..... ☐

7. Age group of participants:

- youth ☐ adults ☐ elderly ☐ mixed ☐

8. Nr. of participants:

- Female ☐ Male ☐

9. Financing

- Implementing organisation ☐ other resources ☐

10. Implementing partner:

.....

11. Cooperating partner:

.....

12.	<b>List down the frequently raised topics</b>
	..... ..... .....
13.	<b>How was the participation?</b>
	very low.... <input type="checkbox"/> low.... <input type="checkbox"/> ok.. <input type="checkbox"/> high... <input type="checkbox"/> very high.. <input type="checkbox"/>
14.	<b>Explain why</b>
	..... ..... .....
15.	<b>Background knowledge of participants:</b>
	very low.... <input type="checkbox"/> low.... <input type="checkbox"/> ok.. <input type="checkbox"/> high... <input type="checkbox"/> very high.. <input type="checkbox"/>
16.	<b>What went well in the assignment?</b>
	..... ..... .....
16.	<b>What was not so good in the run?</b>
	..... ..... .....
17.	<b>What will you improve in the next run?</b>
	..... ..... .....
18.	<b>Special occurrences?</b>
	..... ..... .....
19.	<b>Distribution of additional material after assignment?</b>
	No.... <input type="checkbox"/> Yes.... <input type="checkbox"/> , if yes, what material .....
20.	<b>Comments (i.e. feedback on the tool on supervision / management of the assignment)</b>
	..... ..... .....

## Gwaro rekuongorora/ kunyora zvaonekwa muongororo yechirongwa che JIC

Zita rechikwata che JIC.....

Ongororo yechi.....ye JIC muna 201..... Zuva:...../...../ 201.....  
(zuva/ mwedzi)

### 1. Zvikamu zvakurururwa (maka)

1. Nzira dzokutapurirwa..... ☐
2. Nzira dzekuronga mhuri ..... ☐
3. Kushandisa makondomu..... ☐
4. Zvirwere zvepabonde..... ☐
5. Kutaurirana uchishandisa muviri (sekushandisa maoko)..... ☐
6. Kurarama neutachiona hweHIV nechirwere cheAIDS)..... ☐
7. Kuzvidzivirira..... ☐

### 2. Nguva (kubva pakutanga /kusvika panguva idzi).....

### 3. Mazita evari kutungamirira

.....

### 4. Zita renzvimbo

.....

### 5. Chikwata chashandwa nacho:

- |                                      |                          |                           |                          |
|--------------------------------------|--------------------------|---------------------------|--------------------------|
| Vechidiki .....                      | <input type="checkbox"/> | chechi .....              | <input type="checkbox"/> |
| Vashandi .....                       | <input type="checkbox"/> | vanhu vemunharaunda ..... | <input type="checkbox"/> |
| Vari kuita zvidzidzo zvepamusoro ... | <input type="checkbox"/> | vamwewo .....             | <input type="checkbox"/> |

### 6. Mhando yenzvimbo iri kuitirwa chirongwa:

- Pachena/panze (kuvanhu vemunharaunda) ..... ☐
- Panzvimbo yakakomberedzwa (kuzvikwata zvevanhu vanoita chinhu chimwe chete) ..... ☐

### 7. Mazera evanhu vari kukurururwa navo:

- |                  |                          |                    |                          |
|------------------|--------------------------|--------------------|--------------------------|
| Vechidiki .....  | <input type="checkbox"/> | Vanhu vakuru ..... | <input type="checkbox"/> |
| Vachembera ..... | <input type="checkbox"/> | Vakasangana .....  | <input type="checkbox"/> |

### 8. Uwandu hwevanhu vari muchirongwa:

- |               |                          |              |                          |
|---------------|--------------------------|--------------|--------------------------|
| Vakadzi ..... | <input type="checkbox"/> | Varume ..... | <input type="checkbox"/> |
|---------------|--------------------------|--------------|--------------------------|

### 9. Kuri kubva mari:

- |   |                          |               |                          |
|---|--------------------------|---------------|--------------------------|
| KuSangano riri kuita chirongwa ichi ..... | <input type="checkbox"/> | Kumwewo ..... | <input type="checkbox"/> |
|---|--------------------------|---------------|--------------------------|

### 10. Rimwe sangano riri kuitwa naro chirongwa:

.....

### 11. Rimwe sangano riri kubatsira:

.....

12. Nyora pasi mibvunzo yanga ichinyanyobvunzwa

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

13. Vanhu vaipindura mibvunzo nekukurukura zvakadini?

Zvakaderera chaizvo... ☐ zvisoma... ☐ zvakana... ☐ zvikuru... ☐ Zvakanyanyisa... ☐

14. Tsanangura kuti sei?

.....  
.....

15. Ruzivo rwevanhu vanga vari muchirongwa:

Rushoma zvakanyanya ... ☐ rushoma ... ☐ ruri nane ... ☐  
rwakakura ... ☐ Rwakanyanyisa ... ☐

16. Chii chanyatsofamba zvakana pachirongwa ichi?

.....  
.....

17 Chii chisina kunyatsofamba zvakana pachirongwa ichi?

.....  
.....

18 Chii chauchawedzera/ kunatsurudza pachirongwa chinotevera?

.....  
.....

19 Zvinhu zvakakosha zvakaitika

.....  
.....

20 Kugoverwa kwezvimwe zvinhu mushure mebasa iri?

Kwete ... ☐ Hongu ... ☐

kana mhinduro iri hongu, zvinhu zvacho zvii?

.....

21. Zvaungade kutaura (sekuti zvawawana pamusoro pegwaro ranga richishandiswa, pamusoro pekuongorora /kutungamira pabasa iri)

.....  
.....

22. Ndezvipi zvimwe zvakaitwa pamusangano we JIC? Muenzaniso: Kuongororwa ropa kana kupa nzira dzokuronga mhuri. Vasikana vangani ne vakomana vangani vakwanisa kuita izvi pamusangano we JIC?

.....  
.....



**2. Qualitative monitoring** (measuring quality) asks questions about how well and effectively the JIC elements are being carried out.

## Facilitation

### Self-evaluation questionnaire

For the JIC methodology to be effective it is important to observe, learn and constantly reflect on facilitation experiences in conveying the intended JIC messages to the target populations. It is important at the end of each JIC assignment to capitalize on and maximize what went well and to reduce the less-than-desirable occurrences. That is how facilitators sharpen and perfect their skills in specific areas and become really efficacious facilitators. Each facilitator has to assess his or her own performance individually after every JIC run and discuss the results of the self-evaluation questionnaire during a plenary session with fellow-facilitators or individually with the supervisor. Facilitators evaluate their experience / performance / competencies and knowledge on a scale of 1 (lowest) to 10 (highest) and write their evaluation of each item under the sub-competencies. Each facilitator should reflect on the JIC assignment and how reality compared to what was planned. When facilitators conduct self-evaluation they have to be careful to be objective and to evaluate what happened from an outsider's perspective. The goal is improvement for future JIC runs. Self-evaluation questionnaires are collected by the JIC team supervisor and handed over for filing to the implementing organisation, as they are important quality assurance documents. Facilitator self evaluation does not need to be done at every JIC run.



Self-Evaluation Questionnaire for JIC Facilitators: Facilitation of individual JIC stations			
a) Location.....		b) Date: .....	
c) Target Group.....		d) Number of Participants ..... (male / female)	
e) Supporting NGO.....		f) Supervisor .....	
g) Facilitator.....		h) Station.....	
i) Language(s) used .....			
	Self-evaluation (1-10 points)		Remarks
	Personal rating	Max points	
<b>Facilitation Skills</b>			
(1) A warm welcome and farewell to participants at station is provided.		10	
(2) Clear instructions for interacting at the station are provided.		10	
(3) In case guests are present (teachers, medical doctors etc) they are welcomed and accompanied by coordinator through the stations of JIC.			
(4) Probing and bouncing back questions are appropriately used.		10	
(5) Interaction and discussion takes place among participants .		10	
(6) Keeping eye contact with the target group and approaching situations with a positive attitude.		10	
(7) Cards and materials are correctly used. The presentation of the stations follows the JIC method step-by-step.		10	
(8) Time management.		10	
(9) Practicing active listening.		10	
(10) Managing disruptive group behaviour.		10	
(11) Monitoring & Evaluation sheets are administered to facilitators and participants.			
<b>Factual knowledge</b>			
(12) Correct factual information is provided.		10	
(13) The main messages of the station are clearly delivered and underlined.		10	
<b>Approach to target group</b>			
(14) Correct sexual and gender sensitive words and language are used.		10	
(15) A climate of openness and trust to talk about SRH issues is created.		10	
(16) The wisdom of the participants is honoured.		10	
<b>Develop co-facilitation partnership</b>			
(17) Mutual commitments are clarified.		10	
(18) Consensus is developed on tasks, roles and responsibilities.		10	
Decisions taken by the facilitator to improve his/her performance and quality in facilitation, after discussion of self-evaluation in plenary / with supervisor.			
(1) _____			
(2) _____			
(3) _____			
Date _____			
Signed by Facilitator _____			
Supervisor _____			

**Gwaro remubvunzo revatungamiriri ve JIC rekuti vazviongorore ivo pachavo: kutungamirira pachikamu choga choga chechirongwa che JIC**

- a) Nzvimbo ..... ☐      b) Zuva ..... ☐  
 c) Boka riri kukurukurwa naro ... ☐      d) Uwandu hwevanhu varipo ..... (varume/vakadzi)  
 e) Sangano rakazvimirira roga riri kutsigirawo ... ☐  
 f) Mutariri mukuru ..... ☐  
 g) Ari kutungamirira ..... ☐  
 h) Chikamu ..... ☐  
 i) Mutauro/mitauro yakashandiswa ..... ☐

	<b>Ongororo yaunozviita wega</b> (zvibozwa chimwe (1) kusvika kugumi (10))		<b>Zvaungade kutaura</b>
	Maonero aunozviita iwe pachaoko	Mamakisi epamusoro-soro (10)	
<b>Ruzivo pamusoro pekutungamirira</b>			
(1) Kugamuchira pamwe chete nekuparadzana zvakanaka nevanhu vaunenge uchishanda navo pachikamu chamunenge muchikurukura kwaitwa nemazvo		10	
(2) Kupa vanhu vauri kukurukura navo mirairo yakanyatsojeka yekuita hurukuro		10	
(3) Kana vanoremekedzeka vachinge varipo (varairidzi, vanachiremba nevamwewo) vagamuchirwa pamwe chete nekuperekedzwa nemutariri mukuru kuzvikamu zvose zviri kukurukurwa nezvazvo pachirongwa cheJIC		10	
(4) Mibvunzo yekutokonya mhinduro nekutungamirira munhu kuti ataure yashandiswa nemazvo.		10	
(5) Kutaurirana pamwe chete nekuita hurukuro pakati pevanhu vari muchirongwa kwaitwa.		10	
(6) Kutarisana mumaziso nechikwata chauri kushanda nacho pamwe chete nekubata nyaya dzinenge dzichitaurwa ipapo nenzira yakafanira kwavari.		10	
(7) Makadhi pamwe chete nezvimwe zvombo zvokudzidzisa nazvo zvashandiswa nenzira yakafanira. Kuratidzira kwezvidzidzo kwaitwa nematanho ako akatarwa negwara yeJIC.		10	

(8) Kuchengetedza nguva.		10	
(9) Kunyatsoteera		10	
(10) Kugona kudzivirira nekubata zvakanaka maitiro angakanganise hurukuro/chirongwa		10	
(11) Magwaro eongororo anyatsopihwa nemazvo kuvatungamiriri nekuvanhu vanenge vapinda muchirongwa		10	
Ruzivo rune umboo huzere			
12) Ruzivo rune umboo hwechokwadi rwapihwa		10	
13) Zvinangwa/ mashoko makuru ezvikamu zvanga zvichikurukurwa nezvazvo zvadzidziswa nenzira yakanyatsojeka		10	
Maitiro ako kuboka rauri kukurukura naro			
14) Mashoko akafanira ane chekuita nezvepabonde kana mashoko asingakanganisi vanhukadzi/ vanhurume ashandiswa.		10	
15) Wavaka hukama hwakanaka hwokuti vanhu vataure nekukurukura pachena uye vakasununguka nyaya dzine chekuita nezvepabonde, zvekuzvara nekuzvarisa pamwe chete nezveutano.		10	
16) Waremekedza ruzivo pamwe chete nehuchenjeri hwevanhu vauri kukurukura navo.		10	
Kusima mweya wokubatsirana nevamwe vauri kushanda navo pabasa rekutungamira hurukuro dzamuri kuita nevanhu			
17) Wanyatsojekesa donzvo rako rekushanda pamwe chete		10	
18) Mawirirana pakupana mabasa ose amuchazenge muchiita		10	
<p>Sarudzo dzaitwa nemutungamiriri wehurukuro pakusimudzira nekuvandudza maitiro ake pamwe chete nechimiro chekutungamira kwake, mushure mekurukura pamusoro peongororo yaanozwiita iye pachake nevanhu vaari kushanda navo kana kuti nemukuru/mutariri wake.</p> <p>(1) .....</p> <p>(2) .....</p> <p>(3) .....</p> <p>Zuva.....</p> <p>Runyorwa rwemutungamiri.....</p> <p>Mutariri mukuru.....</p>			

## Monitoring Checklist for JIC supervisors

Besides self-evaluation, it is recommended that a supervisor/ team leader conducts monitoring of JIC runs on a frequent basis. The supervisor should carefully observe facilitation on each station and provide individual feedback for each facilitator, as well as for the whole JIC team, in a plenary session after the JIC run. Observed strengths and weaknesses of the JIC facilitation need to be discussed and improvement of future runs should be defined and documented. The monitoring checklist needs to be available to the implementing organisation.

## Facilitation of individual JIC stations

Major strength and weaknesses of JIC facilitation are summarized and included in the quarterly report that is sent to the implementing organisation. The results are instrumental in defining the needs for supervision and follow-up trainings. Supervisors use the questionnaire below and evaluate performance/ competencies of JIC station facilitation on a scale of 1 (lowest) to 10 (highest) and write their evaluation of each item under the sub-competencies. Missing messages and observed difficulties for each station are reported separately.

## Monitoring Checklist for JIC supervisors

Location:	Date:	Time:
Number of JIC Team members	Name of supervisor:	
Implementing organisation:		
Target Group:	mixed sex group	single sex group
Number of Participants:		
Name of supporting NGO:		

JIC Stations:

- |                         |                                    |
|-------------------------|------------------------------------|
| 1. Ways of transmission | 2. Contraception                   |
| 3. Condom Use           | 4. Sexually Transmitted Infections |
| 5. Body Language        | 6. Living with HIV and AIDS        |
|                         | 7. Protection                      |

Checklist	St 1	St 2	St 3	St 4	St 5	St 6	St 7	Score out of 70
Delivery of the main message by the facilitator team								
Use of probing and bouncingback questions								
Eye contact and positive body language								
Tie management								
Use of cards and materials								
Use of sexual and gender sensitive and correct words and language								
Ability to talk openly on SRH								
Regarding the content discussed, it seemed that the station for the participants was just right								
Management of participants								
Coordination and cooperation among the facilitators								
Organising and managing station material								

### General observations

Preparation of JIC run by implementing organisation	Poor   satisfactory   good   excellent
The majority of the participants were	Active   passive   bored
Difficult or negative situation observed	
Positive experiences that happened during the JIC run	
Were there any problems in cooperation and communication between you and the facilitators?	
If yes, please mention	
Missing message	

Decisions taken by the supervisor and JIC team to improve team performance and quality in facilitation, after plenary discussion:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Date \_\_\_\_\_

Signed by Supervisor \_\_\_\_\_



## Gwaro rekushandisa pakuongorora kunoitwa nevatariri vakuru veJIC

Nzvimbo..... Zuva..... Nguva.....

Uwandu hwenhengo dze JIC..... Zita remutariri mukuru.....

Sangano riri kushanda munzvimbo iyi.....

Boka revanhu vamakanangana navo.....

boka rine varume nevakadzi..... boka rine vakadzi/varume voga.....

Uwandu hwevanhu vari muboka.....

Zita resangano riri kutsigira chirongwa.....

Zvikamu zveJIC zvichakururwa nezvazvo:

1. Nzira dzekutapurirwa kweutachiona
2. Nzira dzokuronga mhuri
3. Kushandiswa kwemakondomu
4. Zvirwere zvepabonde
5. Kutaura uchishandisa muviri
6. Kurarama neutachiona hweHIV nechirwere cheAIDS
7. Kuzvidzivirira

<b>Zvauchatarisa</b> (Pachikamu choga choga pane zvibozwa 10 kuita 70, uye chikamu choga-choga uchidzika chine zvibozwa 10 zvakare kuita 110)	<b>Ckm 1</b>	<b>Ckm 2</b>	<b>Ckm 3</b>	<b>Ckm 4</b>	<b>Ckm 5</b>	<b>Ckm 6</b>	<b>Ckm 7</b>	<b>Zvibozva zvose pamwe zvinosvika 70</b>
Kupakurwa kwezvinangwa zvechikamu chimwe nachimwe nevatungamiriri vehurukuro								
Kushandiswa kwemibvunzo yekutokonya mhinduro uye mibvunzo inoita kuti vanhu vanzwe kuda kutaura								
Kutarisanawo mumaziso pamwe chete nekushandisawo muviri zvagakodzera								
Kugona kuchengetedza nguva								
Kushandisa makadhi/machati pamwe chete nezvimwewo zvagakodzera								
Kushandiswa kwemashoko akanaka ane chekuita nezvepabonde, mashoko asingakanganisi vanhukadzi/ vanhurume								
Kugona kutaura zvakasununguka nyaya dzepabonde, dzekuzvara nekuzvarisa dziine chekuita nehutano								

Maererano nezvakurukurwa nezvazvo, zvinoratidza kuti chikamu chataurwa nezvacho ndicho chaicho chinopindirana nevanhu vanga vachikurukurwa navo								
Kugona kutungamira vanhu vapinda muchirongwa chehurukuro ichi								
Kushanda zvakanaka pamwe chete nekuwirirana pakati pevatungamiriri vehurukuro								
Kuronga pamwe chete nekutungamirira zvakanaka zvikamu zviri kukurukurwa nezvazvo								
Maonero awaita								
Kugadzirirwa kwechirongwa cheJIC nesangano riri kuchiita	Kwakasara ..... <input type="checkbox"/> kuri nane ..... <input type="checkbox"/> Kwakanaka ..... <input type="checkbox"/> kunofadza ..... <input type="checkbox"/>							
Vazhinji vevanhu vapinda muchirongwa chehurukuro vanga	Vachitaurawo nekukurukura ..... <input type="checkbox"/> Vanga vakangonyarara ..... <input type="checkbox"/> Vachiratidza kusafarira chirongwa ichi ..... <input type="checkbox"/>							
Zviitiko zvanga zvichinetsa								
Zviitiko zvakanaka/zvinofadza zvaitika panguva yaitwa chirongwa cheJIC								
Panga paine matambudziko ekushanda zvakanaka kana matambudziko pakutaurirana pakati pako nevatungamiriri vehurukuro here?								
Kana mhinduro iri hongu, doma matambudziko acho								
Mamwe mashoko akasarira								
Sarudzo dzazoitwa nemumiriri/mutariri mukuru kusimudzira mashandiro nemaitiro pakutungamirira hurukuro, mushure nekukurukura nevamwe vose vakakodzera:  (1)..... (2)..... (3)..... Zuva..... Runyorwa rwemutariri mukuru.....								

## Changes on the level of the participants

In order to track the results obtained by the JIC run it is important to also monitor changes that take place in respect to participants' knowledge levels and attitudes and beliefs about HIV and AIDS. Questionnaires are a relatively simple method to use, in order to obtain information from a relatively large number of people at an acceptable cost in terms of time and effort. JIC implementing organisations are responsible for conducting such pre-post assignment questionnaires for participants on a regular basis. JIC teams need the assistance of supervisors and /or implementing organisation in the application and interpretation of questionnaires. It is recommended to conduct pre and post JIC run questionnaires at least in every second or third JIC run as part of the quality assurance measurement of the JIC methodology. The results of the questionnaire indicate if the direct and indirect objectives of the JIC have been achieved and provide data for further improvement of the JIC.

### Questionnaire for participants of JIC runs intend to track the following changes:

- on the knowledge levels of the target group
- on attitudes and beliefs about HIV and AIDS
- on at-risk behaviors among the target group
- on stigma and discrimination against people living with HIV and AIDS
- on service utilisation (e .g ., health, HIV and AIDS, psychological)



Before a JIC assignment is conducted all participants are requested to complete the questionnaire below. Ask each person to complete the form without any help from his or her friends. Participants should be given about 10 minutes to complete the questionnaires, which are then collected by one of the facilitators. If possible, facilitators like to scan through them quickly to see what the participants already know about the subject, which will help them determine what information they need to focus on. Facilitators need to stress that the same questionnaire will be used at the end of the JIC run to help evaluate the success of the session.

For each question in the questionnaire below, only one answer is appropriate. Right answers in the pre JIC run questionnaire can be counted and directly compared with the number of right answers provided after the JIC run. JIC teams and implementing organisations may choose to translate the questionnaire into local language in order to allow participants to complete them.

Monitoring JIC Participant questionnaire	
Name .....	
Female ..... Male .....	
Age ..... Date .....	
Location ..... Time .....	
Questions	Right
<b>1. Which contraceptive gives you double protection against pregnancy and sexually transmitted diseases, including HIV?</b>	
A Loop	
B Pill	
C Spermicidal	
D 3-month injection	
E Condom	
<b>2. Contraception and family planning is the responsibility of</b>	
A The woman	
B The man	
C Of both	
<b>3. It is easy to recognise a person who has been infected with HIV</b>	
A I agree	
B I disagree	
<b>4. Itching on genitals means that</b>	
A One should wash genitals more frequently	
B One should consult a doctor as soon as possible	
C One should not worry	
<b>5. Sexually transmitted diseases apart from HIV</b>	
A Are not dangerous	
B Can cause infertility and damage the foetus	
<b>6. Using a condom</b>	
A Is the best protection for young people	
B Is only for having sex with a sex-worker	
<b>7. In case of need of professional counselling about reproductive health for you or one of your friends, you</b>	
A Would know exactly where to go	
B Would not know where to go	
<b>8. Do you agree with the following sentences?</b>	
A Sexually transmitted diseases is a topic only for sex-workers	
B Sexually transmitted diseases is a topic which should concern everyone	
<b>9. About yourself you can say:</b>	
A I will use a condom next time I have sex	
B I will not use a condom next time I have sex	

Questions	Right	
<b>10. About yourself you can say:</b>		
A I would like to go for HCT		
B I would never go for HCT		
<b>11. Talking about sex with your friends is for you:</b>		
A Normal		
B Difficult		
C Impossible		
<b>12. The HIV can be transmitted from an infected to an non infected person by</b>	<b>yes</b>	<b>no</b>
A Sharing a toothbrush		
B Having sex		
C Kissing an infected person		
D Bathing together with an infected person		
E Sharing needles with an infected person		
<b>13. Some friends invite you to a party, where you will have the chance of meeting interesting people. Someone tells you, among the guests there will be also some HIV positives. Will you join the party?</b>	<b>yes</b>	<b>no</b>

Gwaro remubvunzo inobvunzwa kumunhu apinda muchirongwa chehurukuro dzeJIC	
Zita.....	
Mukadzi .....	Murume .....
Zera .....	Zuva .....
Nzvimbo .....	Nguva .....
Mibvunzo	Mhinduro yakanaka
<b>1. Inzira ipi yekuronga mhuri inogona kuita mabasa maviri, kukudzivirira kuti urege kubata pamuviri uye kukudzivirira kuzvirwere zvepabonde, kusanganisira utachiona hweHIV?</b>	
A Rupu	
B Mapiritsi ekuronga mhuri	
C Mishonga yekuuraya urume	
D Jekiseni rinobaiwa pamwedzi mitatu yoga yoga	
E Kondomu	
<b>2. Kudzivirira kubata pamuviri uye kuronga mhuri ibasa re</b>	
A Mukadzi	
B Murume	
C Murume nemukadzi	
<b>3. Zviri nyore here kuona kuti munhu ane utachiona hweHIV?</b>	
A Hongu ndinobvumirana nazvo	
B Kwete handitenderani nazvo	
<b>4. Kuvava kwenhengo dzesikarudzi zvinoreva kuti</b>	
A Munhu anofanira kugeza nhengo yake kakawanda	
B Munhu anofanira kunoona chiremba nekukurumidza	
C Izvi hazvifaniri kunganganisa munhu	
<b>5. Zvimwe zvirwere zvepabonde zvisiri HIV</b>	
A Hazvina njodzi	
B Zvinogona kukonzera kuti munhu asazogona kuita vana uye zvinogona kukanganisa mwana ari mudumbu	
<b>6. Kushandisa kondomu</b>	
A Ndiyo nzira yekuzvidzivirira yakanakisisa kune vechidiki	
B Kunongoitwa chete kana uchida kuita zvepabonde nepfambi	
<b>7. Kana uchida kupangwa mazano navanamazvikokota pamusoro penyaya dzine chekuita nesikarudzi iwe kana mumwe weshamwari dzako</b>	
A Unoziva pekunanga chaipo	
B Haungazivi kwekuenda	



<b>8. Unowirirana here nezvirevo zvinotevera?</b>		
A Nyaya dzezvirwere zvepabonde ndedzefambi chete		
B Nyaya dzezvirwere zvepabonde inyaya dzinofanira kutaurwa nemunhu wose		
9. Iwe pachako unoti:		
A Ndichashandisa kondomu pandichaita zvepabonde nguva inotevera		
B Handizoshandisi kondomu pandichaita zvepabonde nguva inotevera		
10. Pamusoro pako iwe pachako unoti		
A Ndinoda kuenda kundoongororwa nekupangwa mazano pamusoro peHIV / AIDS ne chido changu.		
B Handife ndakaenda kundoongororwa pamwe chete nekupangwa mazano pamusoro peHIV/AIDS		
11. Kwauri iwe, kukurukura/ kutaura nezvepabonde neshamwari dzako:		
A Hakuna chakaipa		
B Kwakaoma		
C Hakutomboiti		
<b>11. Kwauri iwe, kukurukura/ kutaura nezvepabonde neshamwari dzako:</b>		
A Hakuna chakaipa		
B Kwakaoma		
C Hakutomboiti		
<b>12. Utachiona hweHIV hunogona kutapurwa kubva kumunhu anahwo kuenda kune munhu anga asinahwo kuburikidza ne</b>	<b>hongu</b>	<b>kwete</b>
A Kushandisa chikwesheso chemazino chimwe chete makawanda		
B Kusangana pabonde		
C Kutsvodana nemunhu ane utachiona		
D Kugeza pamwe chete nemunhu ane utachiona		
E Kushandisa tsono dzimwe chete nemunhu ane utachiona		
<b>13. Ngatiti shamwari dzako dzakukoka kumabiko kwaunogona kunosangana nevamwe vanhu vaunofarira/vanofarirwa. Mumwe munhu obva akuudza kuti, pakati pevanhu vakakokwa ava pachava nevamwe vanorarama neutachiona hweHIV. Ungaende kumabiko aya here?</b>	<b>hongu</b>	<b>kwete</b>

## JIC Participant Feedback

1. Age	2. School	3. Sex	4. Venue			
5. Can you describe in <u>few words</u> your impressions about the Join In Circuit?						
6. What was the <u>key learning</u> for you from the Join In Circuit?						
7. What did you like most?						
8. What didn't you like?						
9. On which subjects would you like more information?						
	Which of these statements is right for you? Mark the ones which correspond to your impressions.					
	The circuit was very informative to me.					
	I didn't like the way of presentation.					
	I was already very well informed about all the treated topics.					
	I was surprised how many things I still didn't know about sexual life.					
	All information I received confused me					
	I would like to inform my friends about some of these topics.					
	How do you like the station (1 means "not at all" and 5 means "very much")	1	2	3	4	5
	Ways of HIV transmission					
	Living Positively					
	Contraceptives					
	Protection					
	Body language					
	Sexually Transmitted Infections					
	Condom use					
10. Do you have comments, critics or suggestions?						

# List of acronyms

<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>ANC</b>	Antenatal Care
<b>ART</b>	Antiretroviral therapy
<b>ARV</b>	Antiretroviral
<b>ASO</b>	AIDS Service Organization
<b>ASRH</b>	Adolescent Sexual Reproductive Health
<b>BZgA</b>	German Federal Centre for Health Education
<b>CBD</b>	Community Based Distributor
<b>CDC</b>	Center for Disease Control
<b>COC</b>	Combined Oral Contraceptive
<b>EC</b>	Emergency Contraception
<b>FDC</b>	Fixed Dose Combinations
<b>FP</b>	Family Planning
<b>GBV</b>	Gender Based Violence
<b>GIZ</b>	Deutsche Gesellschaft für Internationale Zusammenarbeit
<b>HIV</b>	Human immunodeficiency virus
<b>IEC</b>	Information, Education and Communication
<b>IUCD</b>	Intra Uterine Contraceptive Device
<b>IV</b>	Intravenous
<b>JIC</b>	Join In Circuit
<b>MARPs</b>	Most-at-risk populations
<b>MCAZ</b>	Medicines Control Authority of Zimbabwe
<b>MCP</b>	Multiple Concurrent Partnerships
<b>MMC</b>	Medical Male Circumcision
<b>MOHCW</b>	Ministry of Health and Child Welfare
<b>NAC</b>	National AIDS Council
<b>NGO</b>	Non-Governmental Organisation
<b>OI</b>	Opportunistic Infection
<b>PEP</b>	Post Exposure Prophylaxis
<b>PMTCT</b>	Prevention of mother to child transmission
<b>POP</b>	Progestogen Only Pill
<b>PSI</b>	Population Service International
<b>PPTCT</b>	Prevention of parent to child transmission
<b>PLWHA</b>	People living with HIV and AIDS
<b>PSZ</b>	Population Service Zimbabwe
<b>SafAIDS</b>	Southern Africa HIV and AIDS Information Dissemination Service
<b>SIDA</b>	Swedish International Development Cooperation Agency
<b>STIs</b>	Sexually Transmitted Infections
<b>TB</b>	Tuberculosis
<b>UNICEF</b>	United Nation's Children Fund
<b>UNFPA</b>	United Nations Population Fund
<b>HCT</b>	HIV counselling and testing
<b>PIT</b>	Provider Initiated Testing
<b>WHO</b>	World Health Organization
<b>ZAN</b>	Zimbabwe AIDS Network
<b>ZNFPC</b>	Zimbabwe National Family Planning Council
<b>ZNNP+</b>	Zimbabwe National Network of People Living with HIV and AIDS

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[illegible]





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