



GOVERNMENT OF KENYA



CFBT

School & Community **COURSE A & B**

TRAINING NOTES



PRIMARY SCHOOL ACTION FOR BETTER HEALTH





COURSE A & B

TRAINING NOTES





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FOREWORD

One of the key education goals that we aim to achieve within our education system is individual development and self-fulfillment. This involves identifying the potential in the young people we meet, as teachers, and providing them with opportunities for the maximum development of their potential. A vital element of this individual development is that of positive character formation, which requires a planned approach focusing on the needs of our pupils and consideration of the methodologies we can use to help mould these young individuals. Teachers and parents have a central role to play in fostering sound morals and religious values in order to help children grow up into self-disciplined, self-reliant and socially integrated citizens.

We appreciate, therefore, the content of the Primary School Action for Better Health training programme, which has been offered to School Quality Assurance and Standards Officers, TACH Tutors, Headteachers, Resource Teachers and Parent/Community Representatives. The central objective of the programme of bringing about positive behaviour change in young people is clearly reflected in these training notes, which offer a range of information and activities that can support teachers and parents in creating a supportive school and home environment to support healthy behaviour patterns and characteristics. The programme has been designed to address HIV infection, which is the current most serious threat to the well being of our young people. It is therefore a valuable asset to any teaching force. The material incorporates guidance on technical issues, such as the integration and infusion of HIV and AIDS information in existing subjects, as well as substantial material on adolescent health and development in the context of strong life skills and living values.

The Ministry of Education (MoE), and Ministry of Health (MoH) personnel who have already trained under the programme will find these materials essential in passing their knowledge on to their colleagues as they build support for the full incorporation of HIV and AIDS education in their respective schools and communities. The materials are intended to be used as practical reference material by those who have already attended the Primary School Action for Better Health (PSABH) training programme and to support them when running capacity building courses for both new and experienced teachers and parents.

We are grateful to The Department for International Development (DFID) for funding the PSABH programme and recommend these training notes to all officers, at the various education levels, concerned with the professional development of primary school education in Kenya.



Mr. Enos Oyaya

Director, Quality Assurance & Standards

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INTRODUCTION

These training notes have been compiled over the last 5 years during the implementation of the HIV and AIDS education project, PSABH. During this time, over 300 trainers delivered the training courses to approximately over 20,000 adults, including Zonal Quality Assurance and Standards Officers, TAC Tutors, Headteachers, Resource Teachers and Parents/Community Representatives in the Nyanza, Rift Valley, Eastern, Nairobi, and Central Provinces. Over 6,000 upper primary school pupils also received a training course based on this material.

The aim of these notes is to act as a reference source to any trained person during their implementation of the HIV and AIDS syllabus. In addition, these notes will support Zonal Quality Assurance and Standards Officers, Headteachers and Resource Teachers in the planning and delivery of training to other members of staff who have a key role to play in reaching all our primary school pupils with these materials.

Three sets of training notes have been produced as follows:

- PSABH Course A: School and Community Training Notes
- PSABH Course B: School and Community Training Notes
- Peer Supporter Training Notes

Other productions include:

- HIV / AIDS Templates
- School Health Club Kit
- Questions and Answer booklet

Given the complexity of the behaviour change process in relation to the risk of HIV infection, these training notes are intended to be dynamic in nature, allowing participants to address the reality prevailing in their own schools and communities. They are designed to be implemented within the usual school setting and are intended to maximise the existing school opportunities for positive character formation and modification. We hope that those who have been trained under PSABH will use these materials to share with others and increase the numbers of adults who have the confidence, ability and willingness to address this critical area.



Mary Gichuru

Senior Projects Manager & Technical Adviser

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While DFID has funded the PSABH project and the production of this information, the contents of these training notes do not necessarily reflect the views of DFID.

ABBREVIATIONS LIST

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti - Retroviral Therapy
BC	Behaviour Change
CfBT	Centre for British Teachers
CO	Course Organiser
DEB	District Education Board
DFID	Department for International Development
DHT	Deputy headteacher
DR	Daily Rapporteur
DT	District Trainer
FoD	Facilitator on Duty
HAPAC	HIV/AIDS Prevention and Care
HTSG	Headteacher Support Groups
HIV	Human Immunodeficiency Virus
HT	Headteacher
IC	Information Corner
IGLA	Income Generating and Learning Activities
KCPE	Kenya Certificate of Primary Education
KIE	Kenya Institute of Education
LIPs	Local Influential Persons
LTA	'Let's Talk about AIDS', KIE series of textbooks
LVEP	Living Values Education Program
MoE	Ministry of Education
MoH	Ministry of Health
NGO	Non Governmental Organisation
OVC	Orphans and Vulnerable Children
PA	Parents Association
PRISM	Primary School Management
PSABH	Primary School Action for Better Health
KRT	Key Resource Teacher
QASO	Quality Assurance and Standards Officer
QB	Question Box
RT	Regional Trainer
SCAPP	School and Community AIDS Prevention Programme
SDP	School Development Plan
SHC	School Health Club
SHG	Self-Help Groups
SMC	School Management Committee
STI	Sexually Transmitted Infection
TACT	Teachers' Advisory Centre Tutor
TASO	The AIDS Support Organisation
TOD	Teacher on Duty
TOT	Trainer of Trainers
TV	Television
VCR	Video Cassette Recorder
VCT	Voluntary Counselling & Testing
ZOPA	Zonal Parents Association

PRIMARY SCHOOL ACTION FOR BETTER HEALTH

Project Purpose

To bring about positive behaviour changes in sexual relationships of Upper Primary pupils in targeted areas of provinces in Kenya such that the risk of HIV/AIDS transmission will be reduced. We aim to provide accurate information on prevention, promote abstinence and delay the onset of sexual activity.

Outputs

1. A cadre of adult community representatives (including Headteachers, Teachers, PA members and other community members) equipped to lead a sustained learning and communication process that will establish behaviour change to reduce the risk of HIV/AIDS transmission.
2. Resource materials to support education, communication and behaviour change activities readily available in targeted schools.
3. Positive changes in the knowledge, attitudes and behaviour established among the Primary 6-8 student population such that the risk of HIV/AIDS transmission is reduced.

Approaches

1. Working through the existing education system, including: integrated training teams from MoE and MoH, use of HIV/AIDS schools curriculum, and provision of Kenya Institute of Education teaching resources.
2. Two cycle training programme, split by a semester back at schools and incorporating the development of a School Action Plan for Better Health.
3. Based on Living Values and Life Skills and including a Peer Supporter component directly to the pupils.
4. Response to the emerging issues in the intervention schools and communities.
5. Training of Zonal QASO to monitor school level implementation and collect research data.
6. Inclusion of pre-service teacher training colleges.

Main Activities

1. Training workshops for school/community representatives i.e. one Headteacher, three Resource Teachers and Community Representative (parent) from each school.
2. Development of School Action Plans for Better Health (within the School Development Plan) and teaching and learning activities to support behaviour change for adolescents.
3. Selection, procurement, generation, and distribution of resource materials to teachers and schools.
4. Capacity building of teachers to incorporate HIV/AIDS knowledge and awareness within the normal curriculum through the use of:
 - Improved resource materials (much of it self-generated)
 - Innovative teaching methodologies
 - Creative forms of student self-expression
5. Public activities, such as inter-school and inter-zone competitions, in drama, music, art, public speaking, recitations, writings, sports and exhibitions etc.
6. Active inclusion of different opportunities for discussion and participation such as question boxes, information corners and school health clubs (Club Activity Kit developed).
7. Training of Education Officers in the monitoring of HIV/AIDS education in schools.
8. Training of Deans of Curriculum and Dean of students from all pre-service teacher training colleges.
9. Substantial research and evaluation plan providing integrated quantitative and qualitative information.



TRAINING ADMINISTRATION FOR RESIDENTIAL WORKSHOPS

The facilitators need to arrive early in order to be fully prepared to register participants and organise the course. Responsibilities for course administration must be clearly allocated by the Course Organiser (CO).

Registration and Course Organisation

- Registration with numbered nametags – number must be recorded against name in case tags get lost. All materials issued to participants (eg. books, handouts, forms) will be distributed using the same numbers
- Materials distribution
- Stationery distribution
- Teaching/learning items: AIDS syllabus, Facilitator's Handbook, Let's Talk About AIDS series, one HIV/AIDS Reader
- School Responsiveness and Community Responsiveness Surveys

The participants should bring: The PRISM Training Module I, and the Kenya Primary School syllabus Vol. 1 & 2

Managing a Daily Reflection Session

The participants and Facilitator on Duty (FOD) should meet after the day's last session and evaluate the day's activities and confirm the Report of the Day. (Session to last approximately 15 minutes). Three questions to be answered are:

1. What went on well?
2. What did not go on so well?
3. What was of benefit to you and your job?

The Report of the Day is a summary of activities that highlight: *(See template at Appendix A1)*

- Sessions' contents
- Facilitators' performance
- Day's proceedings
- Emerging and interesting features
- Summary and conclusion

Recommended Process

The Daily Rapporteur (DR) reads through report. Reactions are taken on any issues that have not been reported. The Course Organiser (CO) asks for endorsement of the report. In addition, participants may be asked to write their personal comments under the headings 'emerging and interesting features' and 'critical issues raised'. These can be attached to the report.

The following suggested reporting system is to be applied where there is more than one training group:

Day 1 & 3: All groups to report separately.

Day 2 & 4: The two groups to be joined together. In this case after each group reports, the reports will be forwarded to CO. CO will combine the two reports using a highlighter. They should be handed in for typing on a daily basis. This will include the different points raised by the groups.

Day 5: You may do the reporting by whole group. By now all reports will be ready and adding CO's summary and conclusion should take one hour, at most. A course report and summary of final course evaluation should be complete at the end of any course. *(See Appendix B)*

Daily Sessions Led by Participants

Spiritual Session 7.45 – 7.55

News Summary 7.55 – 8.00



Facilitators' Guidelines

- The Course Organiser must adhere to the set timetable
- Being a behaviour change programme, trainers must observe high standards of moral behaviour
- Participants should work as a team
- Plan in teams to team-teach
- Be the first to arrive at centre and last to leave
- Check venue and have facilitation and residential areas ready before the arrival of participants



Summary of Report Inputs

(See Appendix D – Summary of Course Organisation)

PSABH: A BEHAVIOUR CHANGE PROGRAMME

Objectives of course 'A' Training Programme

The aims of this course are to:

- Train and support trainers, teachers and parents in the implementation of the AIDS Education Syllabus through appropriate methodologies and approaches.
- Provide and encourage appropriate use of relevant teaching and learning resources.
- Prompt inter-sectoral approach in matters of HIV/AIDS and other social issues in institutions of learning.
- Expand the base of informed facilitators.
- Encourage the production and use of appropriate teaching and learning resources.

	TOPICS	TIME	PAGE NO.
	COURSE A		
1.	Evening Session (Expectations/Ground rules)	1 hour	5
2a.	Climate Setting Course A	1 hour	7
2b.	Climate Setting Course B	1 hour	10
3.	Project Overview	2 hours	14
4.	SDP and Action Plans for Health	2 hours	18
5.	Life Skills and Living Values	2 hours	23
6.	TASO Video	1 hour	33
7.	Sexuality and Touch Continuum	2 hours	34
8.	STI, HIV/AIDS/ HIV AIDS Counselling	9 1/2 hours	40
9.	Curriculum Overview	2 1/2 hours	51
10.	Emerging Issues	2 hours	58
11a.	Implementation of HIV/AIDS Education Policy in Schools	2 hours	59
11b.	Community Mobilisation - "Everyone's Child"	2 hours	63
12a.	Implementation of Infused & Integrated Syllabus	2 hours	66
12b.	Community Session - OVC	2 hours	71
13.	Activities For Developing Life Skills	2 hours	74
14.	Co-curricular Activities and Video	2 hours	81
15.	Adolescent Health and Sexuality	2 hours	87
16.	Adolescent Health: Avoiding Risk	2 hours	99
17.	Communication Approaches at School	2 hours	105
18.	Guidance	2 hours	112
19.	Dealing with External and Conflicting Messages through Song and Dance	2 hours	116
20a.	Community Responsiveness	45 Min	119
20b.	School Responsiveness	45 Min	120

Videos to be shown: *Silent Epidemic, Born in Africa, Everyone's Child, Sara Saves a Friend TASO, and Banana.*
(See timetable Appendix A1 and A2)

1. EVENING SESSION

(Total time: 1 hour)

1. Prayers.
2. Formal introductions.
3. Expectations/ fears. Each participant writes his or her fears/expectation on a small piece of paper. These must be summarised by the facilitators on a flipchart for the next morning.
4. Setting ground rules contributions from the whole group and inclusion by consensus.
5. Election of team leaders (*Post up full lists of leaders in a central place in or outside training rooms*).
6. Checking that all participants nametags have numbers and checking the time table.



Proposed Group Leader Positions

- Captain overall
- Welfare overall
- Class secretaries (per class)
- Dormitory captain (male/female)
- Time keeper (per class)
- Daily rapporteurs (per class, per day)
- Spiritual leaders (per class)
- Newscasters (per class)



CONTENT AND PROCESS

STAGE	CONTENT	PROCESS	TIME	FACILITATOR
One	Prayer	Facilitator welcomes everybody to the workshop and requests one of the participants to pray.	3 mins	
Two	Introduction	Participants are introduced in groups. Facilitators are introduced as well.	7 mins	
Three	Expectations and fears	a) Facilitator hands out 2 pieces of paper to each participant and asks participants to write down their expectations of the course. Papers with expectations are collected. b) Facilitator asks participants to write down their fears of the course. Papers with fears are collected. c) Facilitator summarises the expectations and fears for display the next day.	10 mins	
Four	Course norms/ground rules	Facilitator guides participants to come up with minimal but effective/practical ground rules. e.g: Punctuality should be observed all the time.	15 mins	



CONTENT AND PROCESS Cont.

STAGE	CONTENT	PROCESS	TIME	FACILITATOR
Five	Election of leaders	<p>Facilitator leads participants to elect:</p> <ul style="list-style-type: none"> (a) Group captain (b) Welfare officer (c) Spiritual leader <p>In case of double classes, the following leaders are elected the next day:</p> <ul style="list-style-type: none"> (a) Class secretaries (b) Rapporteurs for all the days (c) Class spiritual leaders (d) Time-keepers 	15 mins	
Six	Welcoming remarks	<p>Facilitator hands over to the Course organiser who:</p> <ul style="list-style-type: none"> (a) Introduces and welcomes Institutional head or representative to give welcoming remarks. (b) Gives his/her remarks about the workshop. 	10 mins	

2A. CLIMATE SETTING (Total time: 1 hour)

Training Materials *(Pre-prep)*

Handouts:

- Characteristics of small animals/insects

Materials:

- Quarter of A4 paper per participant
- Drawings of small animals
- Pins

Other

- Workshop Timetable
- Workshop objectives
- Charts one experience and challenges



Session Objectives *(5 min)*

- To prepare the participants for the programmes activities
- To enable the participants know and familiarize themselves with each other
- To appreciate and integrate human behaviour with nature



CONTENT AND PROCESS

STAGE	CONTENT	PROCESS	TIME	FACILITATOR	
ONE	Objectives	<ul style="list-style-type: none">• Facilitator reads through the session objectives displayed on flip chart	2 min	1	
TWO	Ice Breaking	<ul style="list-style-type: none">• Facilitator issue participants with papers to write names of insect preferred from the following selection (Bee, Safari Ant, Spider, Butterfly)• Facilitators will display large drawings/pictures of the insects in different parts of the room• Participants pin the paper on their Lapel and move to their insect groups	3 min	2	
THREE	List characteristics	<ul style="list-style-type: none">• In their insects groups participants discuss and list reasons for their choice e.g. Bee – Busy Safari Ant – Organized Termite – Division of Labour Spider – Protective Butterfly – Beautiful (Use checklist attached)• Facilitator gets feedbacks from groups using the format below	40 min		
		Name of insect			Characteristics
FOUR	Characteristics in relation to Positive Behaviour	<ul style="list-style-type: none">• Facilitator enhances discussion on the characteristics of the insects in relation to Positive Behaviour Change and Peer Support (Use questions below) (i) How does the insect protect itself?			





STAGE	CONTENT	PROCESS	TIME	FACILITATOR
	Change and Peter Support	(ii) What shows that the insects support each other? (iii) What could be the danger if they do not support each other?		
FIVE	Experience and Challenges	<ul style="list-style-type: none"> Facilitator reads through the experiences and challenges demystifying and clarifying them to meet reality Participants are asked to own the norms recorded by the group 	10 min	
SIX	Workshop objectives/ Timetables	<ul style="list-style-type: none"> Using flip chart, facilitator reads through Workshop Objectives and Timetable 	5 min	1



Summary of Expectations and Fears (20 Min)

Go through the expectations and fears with the participants. (eg. that HIV tests will be conducted). The facilitator should demystify the fears and correct those expectations that reflect passing responsibility to others. (eg. the government should, . . .). The facilitator should harmonise the expectations with the objectives of the workshop.

Climate setting checklist

	INSECT	CHARACTERISTICS	POSITIVE BEHAVIOUR THAT WE CAN EMULATE
1.	Safari Ant 	<ul style="list-style-type: none"> Organised company Organised movement Lives in colonies Shared responsibility in groups 	<ul style="list-style-type: none"> Take and accept roles and responsibility at home and at school Respond to commands at school and home Always move purposefully Living and working in groups
2.	Spider 	<ul style="list-style-type: none"> Protective Creative in the design of the web Alert / sensitive / reactive Responsive to danger Non provocative 	<ul style="list-style-type: none"> Avoid risk Protect each other from risky irresponsible sexual behaviour Adopt activities that reduce risk of engaging in early sex Be vigilant to pressure to engage in sex Be able to say NO to risky behaviour
3.	Bee 	<ul style="list-style-type: none"> Social Hard working Fierce if provoked Assertive Busy Avoids contamination Always returns to the hive 	<ul style="list-style-type: none"> Enjoy social activities We should always work hard on every assignment We should be protective of our selves and our image Be assertive to say no to sex Always keep busy because "Idle mind is the devil's workshop" Respect yourself Be disciplined and always avoid over-spending
4.	Butterfly 	<ul style="list-style-type: none"> Beautiful Harmless Flies away when interfered with Grows through complete metamorphosis 	<ul style="list-style-type: none"> Appreciate beauty Appreciate others and treat them with respect Run away from danger Children should wait until they are adult before having sex

Note:

Using nature to discuss human behaviour helps to not only let us appreciate our environment but it breaks inhibitions to discuss human behaviour related to sexuality more easily.

2B. CLIMATE SETTING

(Total time: 1 hours)

For Teachers

Training Materials *(Pre- prep)*

Handouts:

- Characteristics of big animals

Materials:

- 1/4 A4 sized cards for all participants
- Drawing of big animals - Giraffe, elephants, lion, buffalo, rhino
- Charts of expectations and fears
- Workshop timetables
- Workshop objectives

Session Objectives *(2 min)*

- To prepare the participants for the programmes activities
- To enable the participants know and familiarize themselves with each other
- To appreciate and integrate human behaviour with nature

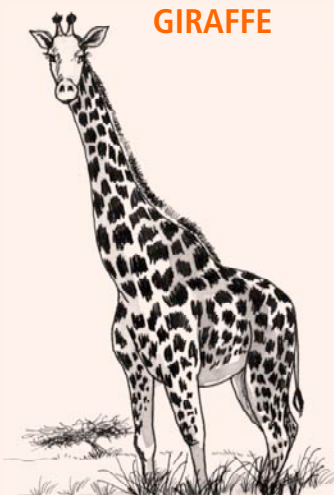
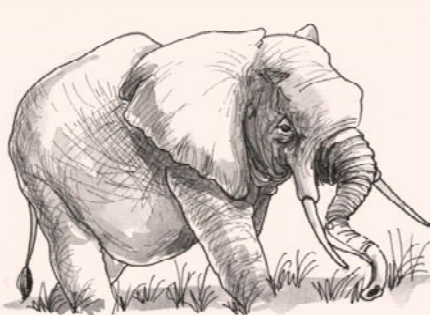


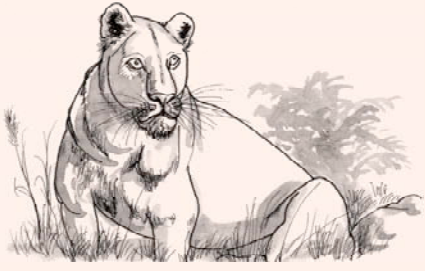


CONTENT AND PROCESS

STAGE	CONTENT	PROCESS	TIME	FACILITATOR				
ONE	Objectives	<ul style="list-style-type: none">• Facilitator reads through the session objectives displayed on flip chart.	2 min					
TWO	Ice Breaking	<ul style="list-style-type: none">• Facilitator gives out to the participants 1/4 A4 manila card and pins to write names of big animals preferred from the following select:<ul style="list-style-type: none">• Giraffe• Elephant• Lion• Buffalo• Rhino• Facilitator will display large drawings/pictures of the animals in different parts of the room.• Participants pin the paper on their lapel and move to their animal groups.	3 min					
THREE	List Characteristics	<ul style="list-style-type: none">• In their animal groups, participants discuss and list reasons for their choice e.g. Giraffe – elegant Elephant – sharp memory Buffalo – protective• Facilitator gets feed back from groups using the format below. <table><tr><td>NAME OF ANIMAL</td><td>CHARACTERISTICS</td></tr><tr><td></td><td></td></tr></table>	NAME OF ANIMAL	CHARACTERISTICS			40 min	
NAME OF ANIMAL	CHARACTERISTICS							

STAGE	CONTENT	PROCESS	TIME	FACILITATOR
FOUR	Characteristics in relation to positive behaviour change and peer support	<ul style="list-style-type: none"> Facilitator enhances discussion on the characteristics of the animals in relation to positive behaviour change and peer support. <p>Use Questions Below:</p> <ul style="list-style-type: none"> How does the animal protect itself? What shows that the animals support each other? What could be the danger if they do not support each other? 	30 min 10 min 5 min	
FIVE	Fears and expectations	<ul style="list-style-type: none"> Facilitator reads through the expectations and fears demystifying and clarifying them to meet reality. Participants are asked to own the norms recorded by the group. 		
SIX	Workshop Objectives and Time Table	Using flip chart, facilitator reads through the workshop objectives and timetable		

Climate Setting

	ANIMAL	CHARACTERISTICS	RELATIONSHIP TO BEHAVIOUR CHANGE
1.	GIRAFFE 	<ul style="list-style-type: none"> • Tall • Focused • Selective • Visionary • Beautiful • Graceful • Humble 	<ul style="list-style-type: none"> • See beyond the limits • Focus on set goals for achievements • Make informed decisions • Need for a vision/a dream, a goal; know what you want to be • Be admirable in terms of character and behaviour • Retain/sustain your beauty. Do not misuse your gifts • Humility allows learning to take place.
2.	ELEPHANT 	<ul style="list-style-type: none"> • Huge • Strong • Fearful/fierce • Valuable • Lives in established territories/moves in herds • Takes care of the young • Protective • Sensitive • Keen • Good memory/ keep on track • Supportive/peer 	<ul style="list-style-type: none"> • Be strong in character. • Be determined to live a HIV free life. • When one knows their rights, they cannot be swayed. • Everyone has a potential that can be useful/ valuable to the community • Teamwork/peer support is important in life • Avoid danger • Take care of the youth and protect them from danger • Be sensitive to risky situations • Be aware of dangers around you • Remember the advice given or information gained to use in all situations.

	ANIMAL	CHARACTERISTICS	RELATIONSHIP TO BEHAVIOUR CHANGE
3.	LION 	<ul style="list-style-type: none"> • Fierce when provoked • Moves in a family set up • Female hunts for food while the male protects the young • Protective • Feeds on fresh flesh – not left overs • Strong and fast • Focused • “King of the Jungle” • Confident • Strong • Hardworking 	<ul style="list-style-type: none"> • Be assertive and stand for your rights • You need to care for your family • Responsibilities should be shared • Protect yourself and your virginity • Be selective in life and keep healthy • Be strong willed and quick to achieve goals • Be focused so as to achieve goals • Be a star in whatever you do. Be a hero • Be confident in life. • One needs to be strong willed and assertive • Hard work leads to the achievement of goals
4.	BUFFALO 	<ul style="list-style-type: none"> • Strong • Hardworking • Fierce and protective when provoked • Has initiative (sprays urine on enemy when they cannot reach them) • Has high sense of smell 	<ul style="list-style-type: none"> • One needs to be strong willed and assertive • Hard work leads to the achievement of goals • Be assertive and protect your family and peers • One has to have own initiative to be able to tackle situations • Be alert and sensitive to dangerous issues
5.	RHINO 	<ul style="list-style-type: none"> • Fierce/aggressive when provoked • Sensitive • Lone ranger • Has value • Harmless if NOT provoked 	<ul style="list-style-type: none"> • Be assertive • Be sensitive to danger • Be independent – avoid peer pressure • Everyone has good potential, which can be exploited • Do not look for problems • Do not provoke others • Be peaceful and humble • Do not be in conflict with yourself

3. PROJECT OVERVIEW (Total time: 2 hours)

Training Materials (Pre- prep)

Flipcharts on:

- Behaviour change as a process
- Key features of PSABH
- Features of a responsive school

Session Objectives (5 min)

At the end of the session the participants should be able to:

- Describe the main features of PSABH
- Internalise the behaviour change process
- Identify key features of a responsive school.



CONTENT AND PROCESS

CONTENT	PROCESS	TIME																																										
Introduction	<p>Remind participants of PRISM programme. Ask what they gained from PRISM (e.g. skills, materials). The objective of PRISM was to strengthen school management skills. The target group was the Headteachers, Education Officers and some Deputy Headteachers.</p> <p>Health programmes CfBT has managed three health programmes in schools.</p> <table> <tr> <td>Bondo</td><td>247 schools</td><td>PSABH I</td></tr> <tr> <td>Nakuru</td><td>100 schools</td><td>SCAPP</td></tr> <tr> <td>Nyanza</td><td>1,250 schools</td><td>PSABH II 2001 - 2003</td></tr> </table> <p>Rift Valley sites</p> <table> <tr> <td>Kericho</td><td>65 schools</td><td>PSABH II & III 2003 - 2004</td></tr> <tr> <td>Nakuru</td><td>69 schools</td><td>PSABH III</td></tr> <tr> <td>Uasin Gishu</td><td>34 schools</td><td>PSABH II & III</td></tr> <tr> <td>Eldoret</td><td>45 schools</td><td>PSABH II</td></tr> <tr> <td>Kitale Municipality</td><td>25 schools</td><td>PSABH III</td></tr> <tr> <td>Trans Nzoia</td><td>25 schools</td><td>PSABH III</td></tr> </table> <p>Eastern Province</p> <table> <tr> <td>Kitui District</td><td>50 schools</td><td>PSABH III</td></tr> </table> <p>Central Province</p> <table> <tr> <td>Thika District and Municipality</td><td>50 schools</td><td>PSABH III</td></tr> <tr> <td></td><td>5000 Schools</td><td>PSABH IV 2004 - 2005</td></tr> <tr> <td></td><td>8000 Schools</td><td>PSABH V 2006 - 2008</td></tr> <tr> <td></td><td>2000 Schools</td><td>Refresher</td></tr> </table> <p>The objective of PSABH is to bring about positive behaviour change to reduce the risk of HIV transmission in Standards 6,7 and 8 pupils.'</p>	Bondo	247 schools	PSABH I	Nakuru	100 schools	SCAPP	Nyanza	1,250 schools	PSABH II 2001 - 2003	Kericho	65 schools	PSABH II & III 2003 - 2004	Nakuru	69 schools	PSABH III	Uasin Gishu	34 schools	PSABH II & III	Eldoret	45 schools	PSABH II	Kitale Municipality	25 schools	PSABH III	Trans Nzoia	25 schools	PSABH III	Kitui District	50 schools	PSABH III	Thika District and Municipality	50 schools	PSABH III		5000 Schools	PSABH IV 2004 - 2005		8000 Schools	PSABH V 2006 - 2008		2000 Schools	Refresher	15 mins
Bondo	247 schools	PSABH I																																										
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Behaviour Change Process (40 min)

Question: How do we change behaviour?

Personal Activity (15 min)

We will start by looking at our own experiences of behaviour change. (Lead participants through the activity step by step, allowing them to write down their responses. At the end take the stages one by one and elicit responses to build picture of typical or common responses).

Instructions to Participants

- Write down a pattern of behaviour or a bad habit that you personally have tried to change in the past and have either succeeded or failed to change in the long term. (e.g. to stop smoking, to drink less, to get fit, to save money etc).
- Write down all the reasons why you thought this was a good change to make. (e.g. to make you healthier, to be able to pay all your children's school fees etc)
- Write down how you tried to change this pattern of behaviour. (e.g. started walking to work, took less money out with you etc)
- Write down the three main things that helped you to sustain (*kudumisha*) the change in behaviour or that made it more difficult (*kuteleza*).



Seek Responses Step by Step and Summarise (Responses: 25 min)

Reasons for change - often health, concern for family, awareness of well being. It is not difficult to know WHY something is bad for you. i.e., Knowledge is not the problem. Strategies getting up early, sharing plans, saying 'No', making choices. Had to change patterns, took actual effort.

What helped to sustain the change? (*kudumisha*) - recognition, strong image of the benefits. Support from others and rewards for success are central to change.

What hindered change? (*kuteleza*) - old habits, other people's expectations. Often the most difficult aspect of change is the threat to established friendships and challenge of making new ones.

Summarise responses in a table, using the responses of participants

REASONS FOR CHANGE	STRATEGIES FOR CHANGE	SUSTAINING FACTORS	HINDRANCE
<ul style="list-style-type: none"> • Marital problems • Health reasons • Waste of resources • Lack of support from family • Unproductiveness at my place of work 	<ul style="list-style-type: none"> • Withdraw from the wrong group • Sharing plans with spouse • Identify viable projects for investment • Changed to taking tea • Stopped going to discos • Allowing my spouse to accompany me on trips 	<ul style="list-style-type: none"> • Success on my projects • Joined Christian union • Respect for my body • Self-discipline • Support from my family members 	<ul style="list-style-type: none"> • Other people's expectations. • Old friends' influence. • Weak will.

Prepare flipcharts to reinforce the main 5 points of each stage

REASONS FOR CHANGE	STRATEGIES FOR CHANGE	THINGS THAT HELP US TO CHANGE	THINGS THAT HINDER OUR EFFORTS TO CHANGE
<ul style="list-style-type: none"> • Concern for health • Well-being of family • Improved quality of life • Self-development • Success at work 	<ul style="list-style-type: none"> • Give up old friends • Ask for help • Take less money out with you • Take up a new leisure activity • Avoid old places 	<ul style="list-style-type: none"> • Support from family and friends • Celebrating success • Recognising progress • New friends • Clear goal 	<ul style="list-style-type: none"> • Old friends' influence • Other people's expectations • Backsliding • Too high goals • Loneliness

Messages for Behaviour Change to Reduce HIV Transmission (25 mins)

(Teach using flipcharts. Prompt participants to describe the current sexual behaviour that needs each message)

We have discussed a range of behaviours, but what is the main behaviour that represents the highest risk of HIV transmission? (Answer: By far, the most cases of HIV infection come from unprotected sex with someone who is infected.)

There are some common messages used in HIV/AIDS education. Let's look at the behaviours that relate to each message.

Current Behaviour Pattern		Desired New Behaviour
Virgin	A	Abstain - delay onset of sex
Married	B	Be faithful to your partner
Having sex with multiple partners	C	Use a condom correctly and consistently
Having unprotected sex / Having an STI	D	Treat STIs with drugs (full dosage)
Having unprotected sex / Having an STI	E	Early and effective Treatment of STIs

Give examples of where these messages can be plugged in and how they are value-laden. To reduce the transmission of HIV, we must recognise the existing behaviour pattern to know which message is appropriate - i.e. we need to know the entering behaviour. We cannot select the behaviour change messages to give based only on age because some very young pupils are already sexually active, and may even be infected.

We have seen that behaviour change is a complex process. We use a theoretical model (behaviour change ladder) to reflect the process of change.

• Unawareness

This is not very low now in relation to HIV, but often people have an inaccurate perception of their personal risk.

• Awareness of a problem

People tend to have general awareness of HIV/AIDS but have not internalised it. Negative consequences still accompany HIV positive status.

• New knowledge/skills

Knowledge can be given and skills practiced in a school setting.



• Motivation to act

Motivation does not come from knowledge alone. It can come from role models, peer encouragement, inspiration from new skills or the belief in living values etc.

• Trial and re-trial

We can provide the chance to try out new skills in co-curricular activities, such as role play or performance.

• Success

We need to reward or recognise small steps in progress towards success.

• Sustained change

This often needs peer support and broader adult/community endorsement.



Project Features (15 min)

How do we expect to achieve this behaviour change through the education sector?

Whole School Approach

Through all that takes place in a school e.g.:

- Extra-curricular - Assembly, Parents' Events, Headteacher support groups (HTSG), Self-help groups (SHG) etc
- Curriculum – Science, Religious Education etc
- Co-curricular – Drama, Music, Dance, Games Sports and clubs

Existing Structures and resources

- AIDS Education syllabus
- KIE books 'Let's Talk About AIDS' series
- Trainers from health and education sectors
- Kenya Primary Education curriculum
- KESSEP (Kenya Education Sector Support Programme)

Two-Cycle Training Programme

- For Headteacher, Resource Teacher and Community Representative – all from the same school
- Two additional Teachers for all target schools

Features of a Responsive school (15 min)

If we are effective, we expect the following outcomes in the targeted schools:

- Teaching plans showing behaviour change messages (schemes of work, lesson plans)
- Action Plans for Health included in the School Development Plan (SDP)
- Staff involvement (team approach to teaching AIDS education)
- Parent involvement (discussions during open days, performances)
- Behaviour change messages and activities throughout school life
- Programme features
 - Active school health club
 - Functional question box
 - Book box usage
 - Peer support activities
 - Current information corner



Summary (5 min)

Today's pupils are tomorrow's adults. The knowledge they gain now and the attitudes they form will affect them throughout their life. So, give them factual knowledge and build a foundation on which they can make sensible and safe decisions in the future.



4. SDP AND ACTION PLANS FOR HEALTH

(Total time: 2 hours)

Training Materials *(Pre-prep)*

Handouts:

- SDP and Action Planning
- Sample: School Action Plan for Better Health

Flipcharts on:

- SDP cycle from PRISM Module 1 Pg 6
- Checklist on Pg 40 of Module 1, separated according to the activities
- Blank format for School Action Plan for Better Health
- Generate Fig. 1.1 on Pg 6 of PRISM Module 1
- PRISM Module 1, Pg 1-6

Session Objectives *(5 min)*

At the end of the session the participants should be able to:

- Appreciate and use the concepts of an SDP and draw up a School Action Plan for Better Health
- Confidently monitor and mentor the school and community implementation process.



CONTENT AND PROCESS

Discussion *(10 min)*

Drawing on PRISM experience.

- What is SDP in full? - discuss for a consensus
- What is School Development Planning?

Activity *(30 min)*

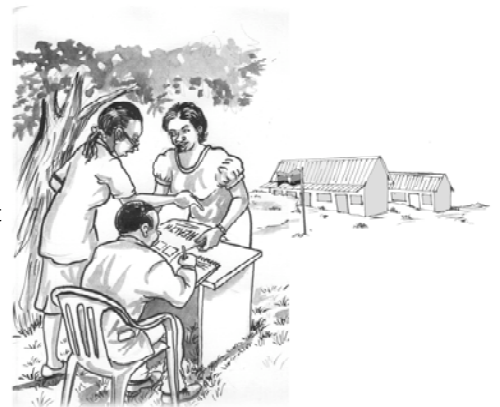
Organise the class into three groups and assign each group a different question to address (15 min group discussion)

Group 1: Why should one have a plan?

Group 2: Who should be involved in planning?

Group 3: What should a plan contain?

(Feedback: 5 min per group = 15 min)



Discussion *(10 min)* **SDP Cycle**

Discussion using Pg 1-6, PRISM Module 1

Revise how an SDP is prepared.

- SDP cycle
- Review
- Priorities
- Sequence over three years
- Action Plans
- Implementation and monitoring
- Evaluation and reporting

Action Planning *(15 min)*

Explain the sample action plan for health at the school level.



1. SDP and Action Planning

The SDP

SDP means School Development Plan. The knowledge skills and competence to prepare a SDP require individuals to think strategically, plan ahead, consult widely and prepare plans that are feasible. It should be implementable and acceptable within the parameters of both the school and the wider community. SDP should have priorities arranged in order of importance. The Head Teacher, in consultation with stakeholders, should decide on the criteria to determine the level of importance of the priorities by considering the urgency and cost of each need and have clear targets and tasks for each priority.

What is SDP

The SDP is a line of action designed by a school to achieve desired targets within a given time scale using available resources.

Overall Principles Guiding the SDP

The following questions are very important when formulating the SDP:

- Where are we now?
- Where do we want to be?
- How do we reach there? (changes needed)
- How do I know the change has been successful?

Purpose of the SDP

The SDP mission, aim and motto help the Head Teacher, school committee and community to have a comprehensive and coordinated approach to managing the school, hence helping the team to focus on common goals.

The following stakeholders should be involved in developing the plan:

- School Management Committee(SMC)
- District Education Board/Municipal Education Committee or City Education Department
- Parents
- Various interest groups i.e. chiefs, church leaders, teachers, pupils etc.

Marketing the Plan

Ensure that involvement, ownership and support are solicited from all stakeholders and is maintained. The involvement of all members is the solution. You should be able to:

- Explain to the stakeholders how the target would improve the pupils' performance
- How the activities in the plan will be sustained
- How evaluation and report will be done
- How review and refining will be done.

How to Mobilize Community Support

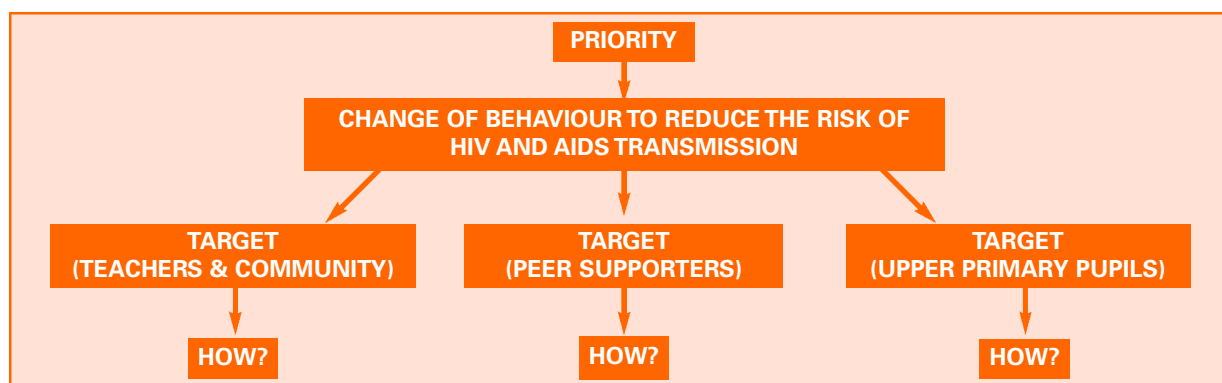
To gain ownership and sustain commitment during the implementation period, the Headteacher, with the support of education officers and health workers, will be expected to Mobilize support from teachers, pupils, school committee and the community to:

- Be accessible to give and receive advice
- Participate in joint meetings to discuss progress and constraints
- Access expenditure on finances set aside for intended changes.



Monitoring and Evaluation

Monitoring is a continuous process, which is built into the implementation of the SDP in order to identify constraints and devise strategies to overcome them (successful monitoring and evaluation should be able to note changes in practice).



TASKS	TASKS	TASKS
<ul style="list-style-type: none"> • Acquire knowledge and skills on HIV/AIDS • Form training teams • Train and disseminate information on HIV/AIDS 	<ul style="list-style-type: none"> • Acquire knowledge and skills on HIV/AIDS • Pass information to other pupils, parents, etc • Plan their activities • Plan, monitor and evaluate competitions • Arrange for competitions and follow-ups • Plan the timetable of yearly events 	<ul style="list-style-type: none"> • Acquire knowledge and skills on HIV/AIDS • Take part in various activities e.g. music, drama, poems, and rhymes competitions • Establish features of a responsive school • Counsel and support one another

Priorities – Action Plans

Once the SDP has been agreed upon and the first priority identified, the head, staff, community and pupils prepare the action plan, which is obtained as a result of a whole school review e.g. school information, number of pupils by gender and age, enrollment, number of streams, retention and drop out rates and other key features.

Priorities are arrived at, through discussions with the stakeholders. The action plan should include the following:

- What should be developed - set targets according to priorities
- Tasks to be done and by whom
- The time scale with a clear activity for each step
- The cost
- Source of funding
- Staff development needs and priorities
- The indicators of success (success criteria)
- Timetable of yearly events.

Having designed an effective action plan, you should be able to:

- Assign responsibility
- Collect evidence by observing the tasks in progress
- Note changes in practice as a result of the plan
- Write a brief report on whether targets are being met and identify hindrances
- Assess implication for future development.

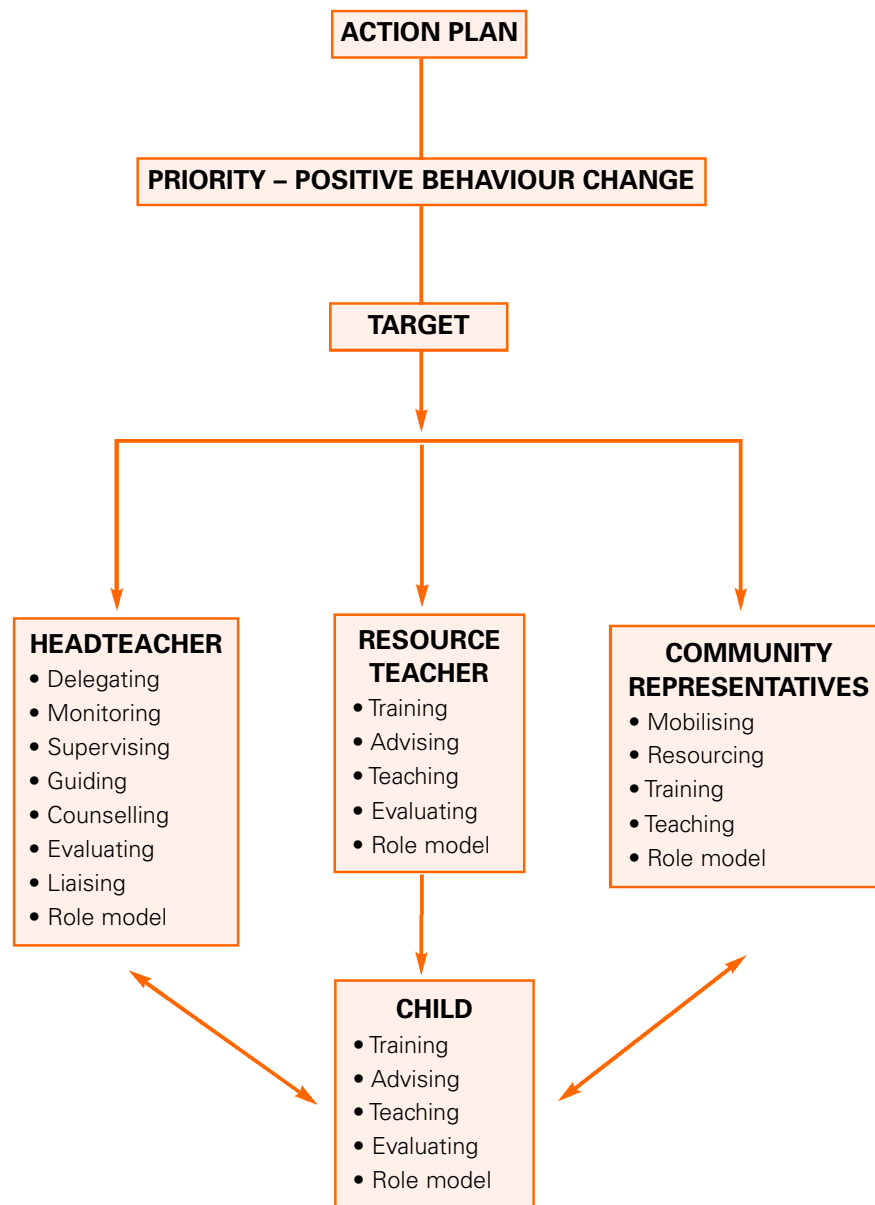
Assignment

Draw an action plan for better health for teachers. Indicate level, key-leaders, target audience, objectives, time/date resources, internal and external support, outcome and, monitoring and evaluation date. Under priority hence target tasks in themes under action plan and present it during plenary.

Assignment

Draw a School Action Plan for Better Health (See the sample given below)

Figure 1. School Action Plan for Better Health



5. LIFE SKILLS AND LIVING VALUES

(Total time: 2 hours)

Training Materials *(Pre-prep)*

Handouts:

- Life Skills and Living Values

Flipcharts on:

- Three categories of Life Skills
- Values web on freedom
- Core values

Video:

- 'Sara Saves a Friend', Unicef (*duration 17 min*)

Book reference:

- Facilitators' handbook pg 61

Note to facilitator: Refer to handout for detail in content

Session Objectives *(5 min)*

At the end of the session the participants should be able to:

- Appreciate the importance of life skills and living values in the development of young people
- Establish strategies at school and community to monitor and mentor the inclusion of life skills and living values in the school and its environment.



CONTENT AND PROCESS

Life Skills *(20 min)*

Brainstorm with the participants on what 'life skills' are.

Cite examples of life skills and list them on the flipchart.

Note for the facilitator: You must correct ambiguous contributions

Categorize the life skills into three groups i.e.

- Knowing and living with oneself
- Living with others
- Making effective decisions

Note for the facilitator: Give examples of each category from your display

Emphasise the benefits of life skills as they relate to HIV transmission and prevention and put them on the flipchart e.g.

- Translate knowledge, attitudes and values into actual abilities
- Behave in healthy ways
- Give desire, scope and opportunity to behave in healthy ways
- Motivate and enable one to behave positively and prevent health problems

Living Values *(20 min)*

Brainstorm with the participants on what 'Living Values' are.

Note for the facilitator: You must guide and correct ambiguities

Cite examples of living values and list them on the flipchart.

Go through the 12 Core Living Values on the flipcharts (*See handout in page 27-28*) Freedom, Peace, Love, Respect, Responsibility, Honesty, Humility, Happiness, Simplicity, Tolerance, Cooperation, Unity etc).

Display what each value stands for on the charts.

Emphasise the benefits of the living values as they relate to behaviour formation and put them on the flipchart. (See the examples below).

- Enable one to make socially conscious choices
- Are the treasures of life
- Bring happiness
- Bring self respect and dignity
- Increase independence and freedom
- Expand capacity to be self-sufficient
- Liberate one from external influences
- Offer protection
- Bring empowerment
- Open heart and human nature so that life is filled with compassion and humility

Values Web (15 min)

Emphasise the benefits of living values and relate them to HIV and AIDS messages in the curriculum. Use the values web (on freedom) on the flipchart or handout.

Example: Freedom

Q: What is freedom?

A: Empowerment to take responsibility.

Note that there is no freedom without responsibility. In the curriculum, freedom can be developed in Art and artistic impressions such as colour and mood. Freedom is a basic human right. Living peacefully with others. Children need to know that good healthy habits harmonise living with others peacefully.

Freedom in subjects such as:

Science: Living things growing and the need to provide an environment for healthy growing can be infused in science topics.

GHC: Explain the effects of war as they relate to the spread of HIV/AIDS and what and where children can have correct values instilled in them. The values include: love, humanity, happiness and unity. Such values control sexual exploitation and hence lead to decrease in the spread of HIV.

The web provides for other areas in the curriculum to be briefly discussed or mentioned.

Finally: Values cannot be developed out of context. They should be infused and integrated in the teaching and learning environment.

Video Show and Discussion

'Sara Saves a Friend' (55 min)

Note for the facilitator: Put participants in groups before they watch the video. Give the participants the following task to do as they watch the video. (Video runs for 17 min)



What skills and values are evident in the video? (Discussion: 15 min)

SKILLS	WHERE IN THE VIDEO	VALUES	WHERE IN THE VIDEO

Discussion (10 min)

Discuss the importance of developing strong living values and life skills and why there is adult resistance to developing some of these skills and values in young people. (For example: Assertive young people challenge adult authority; Strong self-esteem is feared to lead to conceit and arrogance etc.).

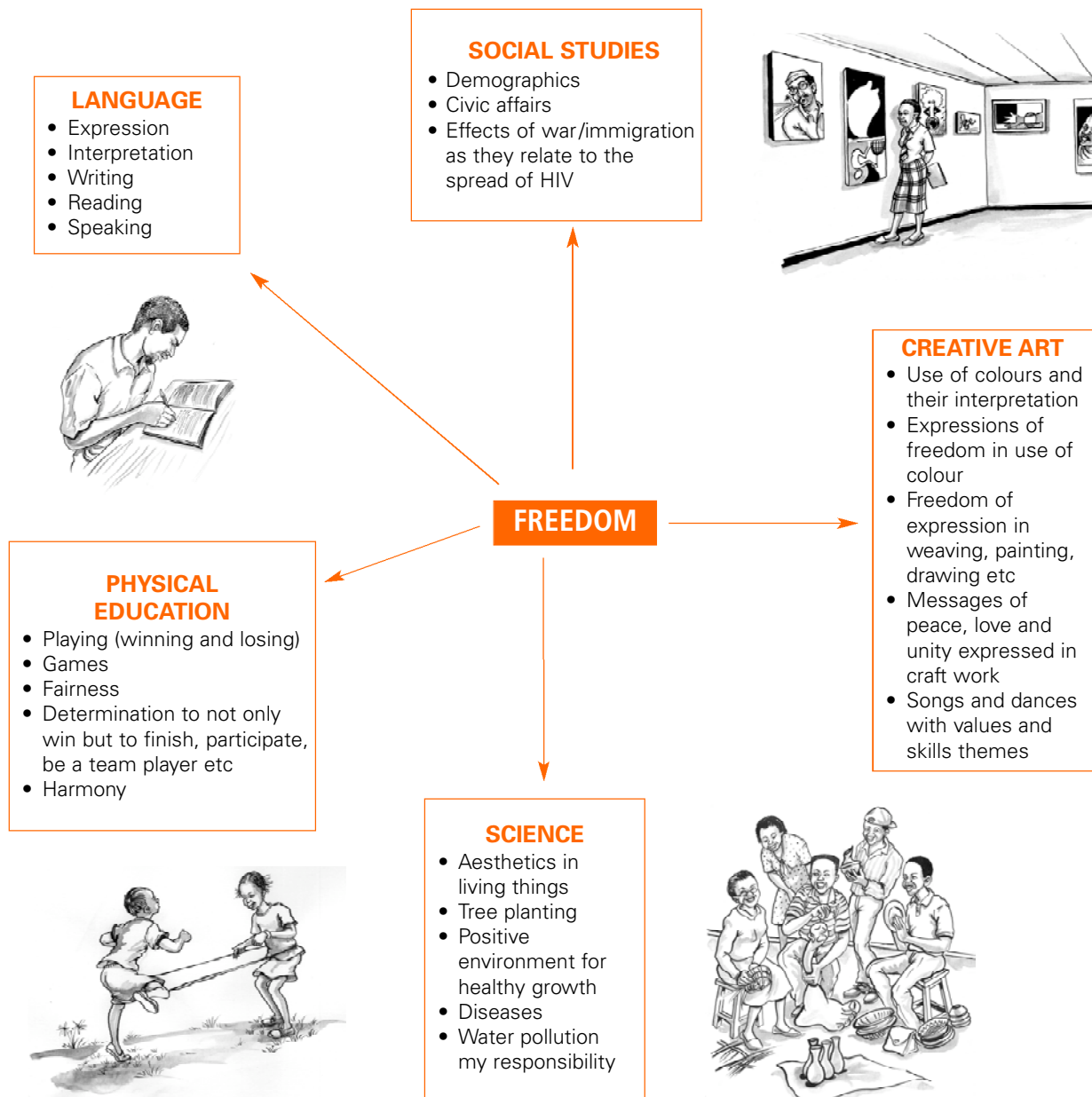
Discussion (10 min)

How can these life skills and living values be promoted in a school setting?

**Summary** (3 min)

What is the relationship between living values and life skills and reducing the risk of HIV/AIDS transmission?

Figure 2. Values Web on Freedom



1. Life Skill and Living Values

Purpose of Life Skills Education

Life skills enable individuals to translate knowledge, attitudes and values into actual abilities i.e. what to do and how to do it.

Psycho - Those skills deal mainly with mental function and processes. These are the problem solving skills, which are carried out in the mind.

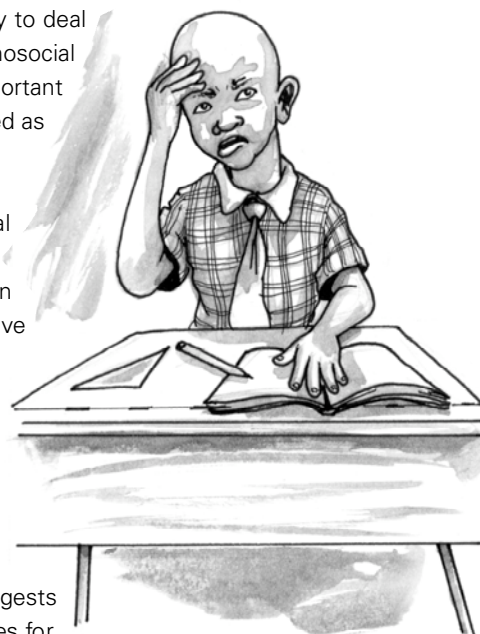
Social - Those skills dealing with one's interaction with environmental and culture. They are the interpersonal skills culture.

Life Skills for Psychosocial Competence

Psychosocial competence is a person's ability to deal with the demands and challenges of everyday life. It is a person's ability to maintain a state of mental well being and to demonstrate this in adaptive and positive behaviour while interacting with others, his/her culture and environment.

Psychosocial competence has an important role to play in the promotion of health in its broadest sense and in terms of physical, mental and social well being. In particular, where health problems are related to behaviour, and where the behaviour is related to an inability to deal effectively with stresses and pressures in life, the enhancement of psychosocial competence could make an important contribution. This is especially important for health promotion at a time when behaviour is more and more implicated as the source of health problems.

The most direct interventions for the promotion of psychosocial competence are those which enhance the person's coping resources, and personal and social competencies. In school-based programmes for children and adolescents, this can be done by teaching life skills in a supportive learning environment.



Defining Life Skills

Life skills are abilities for adaptive and positive behaviour, which enable individuals to deal effectively with the demands and challenges of everyday life. Described in this way, skills that can be said to be life skills are innumerable, and the nature and definition of life skills are likely to differ across cultures and settings. However, analysis of the life skills field suggests that there is a core set of skills that are at the heart of skills-based initiatives for the promotion of the health and well being of children and adolescents.

Problem Solving Skills

These skills can be looked at as a process in which a challenge, demand or problem has to be solved. This process enables an individual to deal constructively with a problem in life.

Critical Thinking: This means an attempt to understand what really constitutes the problem. It also means analysing the problem and what may have caused it to emerge.

Creative Thinking: Once the problem is understood and analysed, as to its cause and its components, the next step is creative thinking. This involves looking for solutions. One may come up with various options.

Decision Making: This involves weighing each option. It goes back to critical thinking around each option. In weighing the options, it is necessary to look at each possibility in the light of:

- Options foregone/discarded
- Possible combinations of options
- Outcomes of foregoing/discarding options
- Outcomes of chosen options
- Positive or negative outcomes of the chosen options

Decision-making then means taking the best option out of all the possible options.

Although these skills seem like internal mental functions - which indeed, they are - it is possible for one who has a problem to solve to ask for advice from those who have had more experience and are trusted. When a decision has been arrived at, one should be able to steadfastly hold onto it and be committed to it.

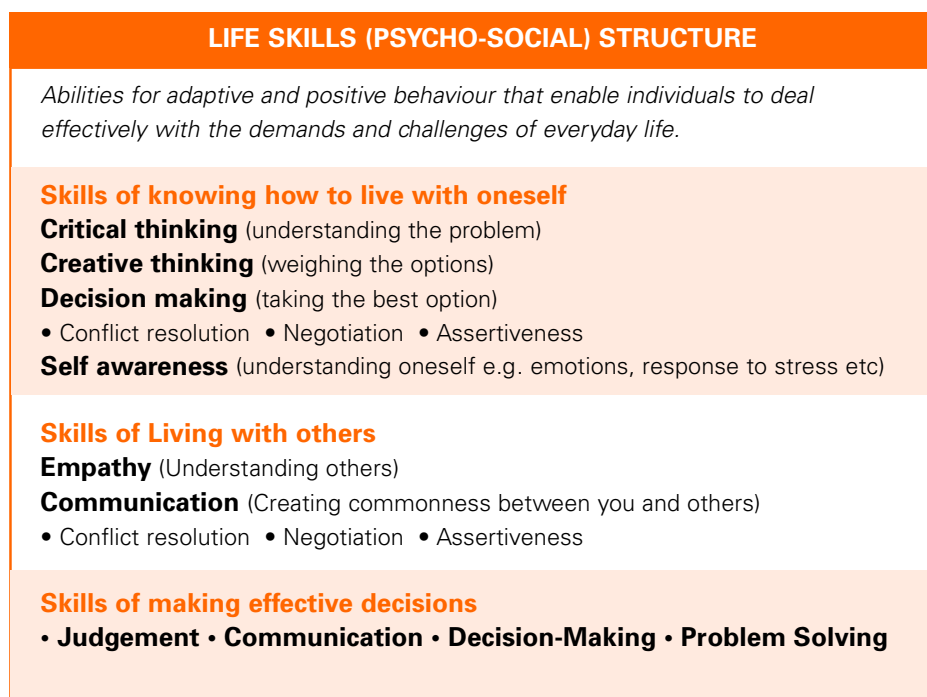
This ability to unwaveringly commit oneself to a decision is referred to as Assertiveness. Without having gone through the process of critical thinking, creative thinking and decision-making, assertiveness may not be possible. The process helps one to argue out his/her case where pressure has been exerted on his/her behaviour and/or values. Ability to argue out one's case is called Negotiation Skills.

Negotiation skills are important in conflict resolutions. These conflicts may be internally or externally created. Such internal conflicts come from desire or pressure on an act, which seem to have more than one option. The question of should I or should I not? This process helps in overcoming stress and emotions.

Although the psychosocial life skills are mental functions and processes which cannot be separated into specific definable compartment within an individual's mind, for the purpose of training, it is important to look at each one of them as a separate segment. The process may also be laid down in a series of steps as a display on paper. This must be viewed only as a pedagogical exercise since as mental functions, one cannot, for example, decide to carry out only creative thinking while critical thinking is put aside until later.

For this academic exercise, therefore, it is possible to divide the life skills into two main areas namely:

- **Psycho** - those dealing mainly with mental function and processes. These are the problem solving skills, which are carried out in the mind
 - **Social** - those dealing with ones interaction with environmental and culture. They are the interpersonal skills
- We can illustrate this as shown below:



Interpersonal Relationship Skills

These skills help us to relate positively with people with whom we interact:

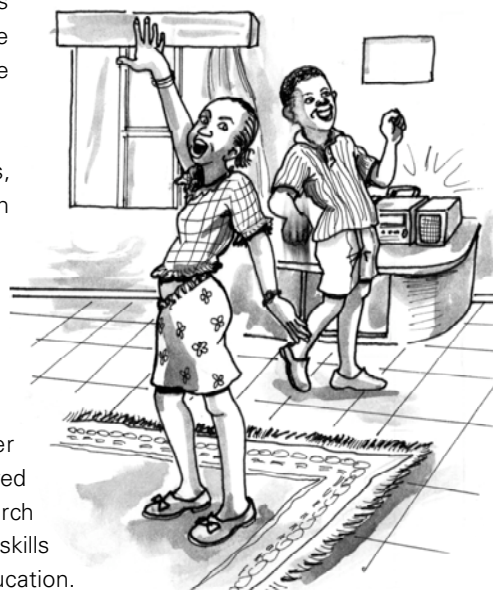
Self-awareness: This includes recognition of ourselves, character, strengths, weaknesses, desires, emotions, capabilities etc. It helps us not only to overcome stress but also to decide on what is best for us.

Empathy: This is the ability to imagine what life is for others even in situations which we have not experienced. Empathy helps us to understand others who are different from ourselves. It enhances our capacity in social interactions.

Effective communication: This is the ability to express ourselves and to exchange ideas. One expresses his/her personal ideas. These must be an outcome of our self awareness. Also, unless we have empathy, such ideas could be egoistic and hurtful to others.

From the above we see that in problem-solving, assertiveness, negotiation and conflict resolution are internal processes within Interpersonal relationships. They are expressed to other people and are, therefore, external.

Teaching life skills as generic skills in relation to everyday life could form the foundation of life skills education for the promotion of mental well-being and healthy interaction and behaviour. More problem specific skills, such as assertively dealing with peer pressures to use drugs, to have pre-marital sex, or to become involved in vandalism, could be built on this foundation. There are research indications that teaching skills in this way, as part of broad-based life skills programmes, is an effective approach for primary prevention education. (Errecart et al 1991; Perry and Kelder, 1992; Caplan et al, 1992).



The model below shows the place of life skills as a link between motivating factors of knowledge, attitudes and values, and positive health behaviour; and in this way contributing to the primary prevention of health problems such as HIV and AIDS.



Life skills enable individuals to translate knowledge, attitudes and values into actual abilities i.e. “What to do and how to do it”. Life skills are abilities that enable individuals to behave in healthy ways, give the desire to do so and give the scope and opportunity to do so. They are not a panacea; “how to do” abilities are not the only factor that affect behaviour. If the model above were placed within a larger, more comprehensive framework, there would be many factors that relate to the motivation and ability to behave in positive ways to prevent health problems, social support, cultural and environment factors.

These factors include such things as effective acquisition and application of life skills. They can influence the way we feel about ourselves and others. Equally, they will influence the way we are perceived by others. Life skills contribute to our perceptions of self-effectiveness, our self-confidence and self-esteem. Life skills, therefore, play an important role in the promotion of our mental well-being. They contribute to our motivation to look after ourselves and others, and the prevention of mental disorders, and health and behaviour problems.

Living Values And Education Programme (UNICEF)

Living values and Educational Programme was born when 20 educators from around the world gathered at UNICEF Headquarters in New York City in August, 1996, to discuss the needs of children, their experiences of working with values and how educators can integrate values to better and prepare students for lifelong learning. The Living Values “Educators Kit” was prepared and piloted in February 1997. Since then, Living Values has been gaining momentum.

What Kind of Programme is Living Values?

It is a values education programme, which offers a variety of experiential values activities and practical methodologies to teachers and facilitators to enable children and young adults to explore and develop key personal and social values.

- | | |
|---------------|------------------|
| • Cooperation | • Peace |
| • Freedom | • Respect |
| • Happiness | • Responsibility |
| • Honesty | • Simplicity |
| • Tolerance | • Humility |
| • Unity | • Love |

Living Values Education Programme (LVEP) also contains special modules for parents, caregivers and refugees. The Refugees' module is specifically for children affected by war. LVEP is already in use at over 800 sites in 62 countries. Pilot results in schools indicate that students are responsive to the values activities and become interested in discussing and applying the values. Teachers report not only a decrease in aggressive behaviour but also note that students are more motivated and exhibit an increase in positive and cooperative personal and social skills.

The Purpose of Living Values Education

It is to provide guiding principles and tools for development of the whole person recognising that the individual comprises physical, intellectual, emotional and spiritual dimensions.

The aims are:

- To help individuals think about and reflect values and the practical implications of expressing them in relation to themselves, others, the community and the world at large
- To deepen understanding, motivation and responsibility with regard to making positive personal and social choices
- To inspire individuals to choose their own personal, social, moral and spiritual values and be aware of practical methods of developing and deepening them
- To encourage educators and care givers to look at education as providing students with a philosophy of living, thereby facilitating their overall growth, developments and choices, so that they may integrate themselves into the community with respect, confidence and purpose.

The Call of Values

The values call is echoing throughout every land, as educators, parents, community and more and more children are increasingly concerned about and are affected by violence, growing social problems, the lack of respect for each other and the world around them, and the lack of social cohesion.

Education has a fundamental role to play in personal and social development. Education is not a miracle cure or a magic formula opening the door to a world in which all ideals will be attained. It is one of the principal means available to foster a deeper and a more harmonious form of human development and thereby to reduce poverty, ignorance, oppression and war. The programme of "Living Values" has been produced in response to the call of values.

Need for Values

- Values bring happiness in life
- Values are the treasure of life, making humans wealthy and rich
- A life filled with values is a life of self-respect and dignity
- Values bring independence and freedom
- They expand the capacity to be self-sufficient
- They liberate one from external influences
- They offer protection and those who get it are able to share with others
- Values bring empowerment and remove weaknesses and defects
- They open the heart and transform human nature so that life is filled with compassion and humility
- Students also thrive in a value-based atmosphere in a positive, safe environment of mutual respect and care. Where students are regarded as capable of learning to make socially conscious choices.

Value activities can be utilised by teachers and parents. Students learn by example and are most receptive when the information and learning points are congruent with the behaviours of the person sharing.

Values Activities

In the values activities for children, reflective and visualisation activities teach students to access their own creativity and inner gifts:

Communication activities teach students to implement peaceful social skills.

Artistic activities - songs and dance inspire students to express themselves while experiencing the value of focus.

Game-like activities are thought provoking and fun. The discussion time that follows these activities helps students to explore effects of different attitudes and behaviours. Other activities stimulate awareness of personal and social responsibility and social justice. The development of self-esteem and tolerance continues throughout the exercises.

Teaching Values

- Living values are designed to motivate students and to involve them in thinking about themselves, others, the world and values in ways that are relevant
- They are designed to provoke the experience of values within and build inner resources. Students are asked to reflect, imagine, dialogue, communicate, create, write about and play with values
- Each student does care about values and has the capacity to positively create and learn when provided with opportunities.

Incorporating Values Into Existing Curriculum

This can be done in subjects at primary school. Values can be developed through books and stories that are selected with a heroine or a hero demonstrating the value of focus. A variety of methods and modalities can be used to enable students to explore each value in several ways. For example students can be asked to:

- Reflect on the effects of each positive and the consequences when the value is not there
- Experience values through visualisation, play and songs etc
- Express their values artistically.

Values will touch the core of the individual, perhaps inspiring positive change, which can contribute to world transformation. The world will automatically become a better place when each individual becomes a better person. As we develop values within the self, we share the fragrance of those values with the world around us and in this way move forward to a better world.



The 12 Core Living Values

LOVE

Where there is love, there is a world.
 Love looks on all with a vision of equality.
 Love is all giving without any thought of a return;
 A heart that has love is able to accommodate
 the whole universe and still has space for more.
 Selfless love is truly unlimited;
 It forgets and forgives the weakness
 And sees only beauty and specialties in everyone.

HONESTY

Speak with honesty and you will get a chance to learn.
 The one who is honest will speak about themselves first, not about others.
 Others won't get impressed by your words,
 or even by your face....
 But by your honesty and truth.
 To speak that which you think and to do that
 Which you speak is honesty.

TOLERANCE

Where there is tolerance,
 You are able to remain quiet and happy inside.
 One who has tolerance has the power to
 accept and accommodate all situations.
 Only when you are content internally can there be tolerance.
 When you are content,
 then just like a mother who has love for her child,
 There is no limit to tolerance.

SIMPLICITY

Simplicity is identifying and being comfortable with those elaborate
 circumstances which shape our lives without worrying or
 making matters complicated.
 It requires facing any complexity with a plain and simple mind.
 Simplicity starts with the self and overflows to everything else around us.
 A life lived in simplicity is a satisfying life
 which inspires everyone yet is possessed by one.

PEACE

Peace is the original quality of the self.
 In its purest form, peace is inner silence.
 It consists of positive thoughts, pure feelings and good wishes.
 To have peace you need patience.
 When you are peaceful, you create an atmosphere of peace.
 Peace in the world can only be realised
 when there is peace in the minds of man.

HAPPINESS

There is happiness when each moment
 is used in a worthwhile way.
 Happiness is such a nourishment that it can transform a person,
 from weak to powerful, it makes
 difficult things easy; and heavy things light.
 To remain happy and share happiness with others is
 the greatest act of charity.
 No matter what happens, your happiness
 should not be lost.

COOPERATION

It is based on faith, love, trust and understanding.
 It is not a bargaining game, in which one person's success is
 achieved at the expense of another's.
 Real cooperation takes place
 when there are good wishes
 and pure feelings for each other.
 The highest cooperation is to partake of God's task;
 And in return He will cooperate with you forever.

HUMILITY

Humility is dedication to the extent that no
 acknowledgement is sought for the self.
 Humility allows you to learn.
 There is great strength in humility.
 It never holds on to anyone for support.
 Everyone bows down to those who bow down first.
 Humility is not subservience but greatness.
 It is visible when there is love.
 Have love for humility. It helps you to remain happy.

RESPECT

True respect is valuing one's
 own existence and the existence of others.
 It is not connected to a person's role,
 social position, nor his capacities or talents.
 It is the awareness that everyone has value;
 Everyone is unique.
 When there is respect, there is understanding,
 giving and taking on basis of love.
 Only when you give respect do you earn the
 respect of others.

RESPONSIBILITY

The world's a stage and we are all actors.
 Each actor plays a unique part and
 is responsible for his own actions.
 Responsibility means playing our part
 accurately no matter what the task may be.
 Each one of us has a huge part in creating a better world.
 Just respond to the abilities
 within you and become responsible.

FREEDOM

Freedom starts in the mind.
 Understanding the self is the key to freedom.
 The more one understands the self,
 the easier it is to be liberated from waste.
 Freedom means to be uninfluenced,
 unaffected and to be at peace with the self.
 True freedom is to experience
 the true essence of one's being and that is peace.

UNITY

Unity is harmony within and amongst individuals.
 It is built from a shared vision
 for the common good.
 Unity is appreciating the values of each
 individual and their unique contributions.
 When there is the willingness
 within the self to accommodate others, unity blossoms.
 When I take the first step to mend fences, others will also change.

6. THE AIDS SUPPORT ORGANISATION (TASO) VIDEO

(Total time 1 hour)

Training Materials *(Pre-prep)*

- TASO video
- TV and VCR

Session Objectives *(2 min)*

At the end of the session the participants will have observed and discussed basic counselling skills.



CONTENT AND PROCESS

Viewing *(20 mins)*

Class Discussion *(8 mins)*

Use checklist to identify qualities that a Counselor should have. *(15 mins)*

- Intellectual ability and judgment
- Originality, resourcefulness and versatility
- Fresh and insatiable, curiosity, self learner
- Interested in persons as individuals rather than as material for manipulation
- Regard for integrity of others
- Insight into ones own personality, characteristics and sense of humour
- Sensitivity to complexities of motivations
- Tolerance
- Ability to adopt a therapeutic attitude
- Ability to establish warm and effective relationships with others
- Industry, methodical work habits and ability to tolerate pressure
- Acceptance of responsibility
- Tact and co-operation
- Integrity self control and stability



Observe Basic Counselling Skills *(10 mins)*

- Communication in its totality
- Skill of observing
- Empathy
- Listening
- HIV/AIDS counselling
- Making a difference



Summary *(5 min)*

7. SEXUALITY AND TOUCH CONTINUUM

(Total time: 2 hours)

Training Materials *(Pre-prep)*

- Sexuality
- Touch continuum

Flipcharts on:

- Circles of sexuality

Session Objectives *(5 min)*

By the end of the session the participants should be able to:

- Identify and categorise the main five circles of sexuality
- Discuss touch continuum to show the need for attitude development in sexuality
- Make accurate reference to the names of the circles by the participants.



CONTENT AND PROCESS

Sex and Sexuality *(20 min)*

Brainstorm on what is meant by sex?

What then is sexuality?

Get feedback and harmonise this with the checklist.

Checklist - Sexuality is much more than being male or female. It involves:

- Feelings
- Thoughts
- Behaviours of being male or female
- Being attractive
- Being in love
- Being in a relationship
- Being in a relationship that includes sexual intimacy and physical and sexual activity.
- One's reproductive system
- Sexual behaviour as male or female
- Biology
- Anatomy
- Physiology



5 Circles of Sexuality *(60 min)*

Note for the facilitator: Refer to handout for content on each circle

Take the participants through the five circles of sexuality, with the use of a flipchart, in the following order:

- Sexual identity
- Sexual health and reproduction
- Sexualisation
- Sensuality
- Intimacy

The Touch Continuum (30 min)

Facilitator explains the touch continuum using practical examples:

- a. Lack of touch (good/bad)
- b. Nurturing touch (good)
- c. Confusing touch
- d. Exploitative touch (bad)

It is important to learn to differentiate between good and bad touches.

Conduct the individual activity on touch, using handout. (Activity:15 min)

Lead participants to share experiences on b, c and d (15 min)



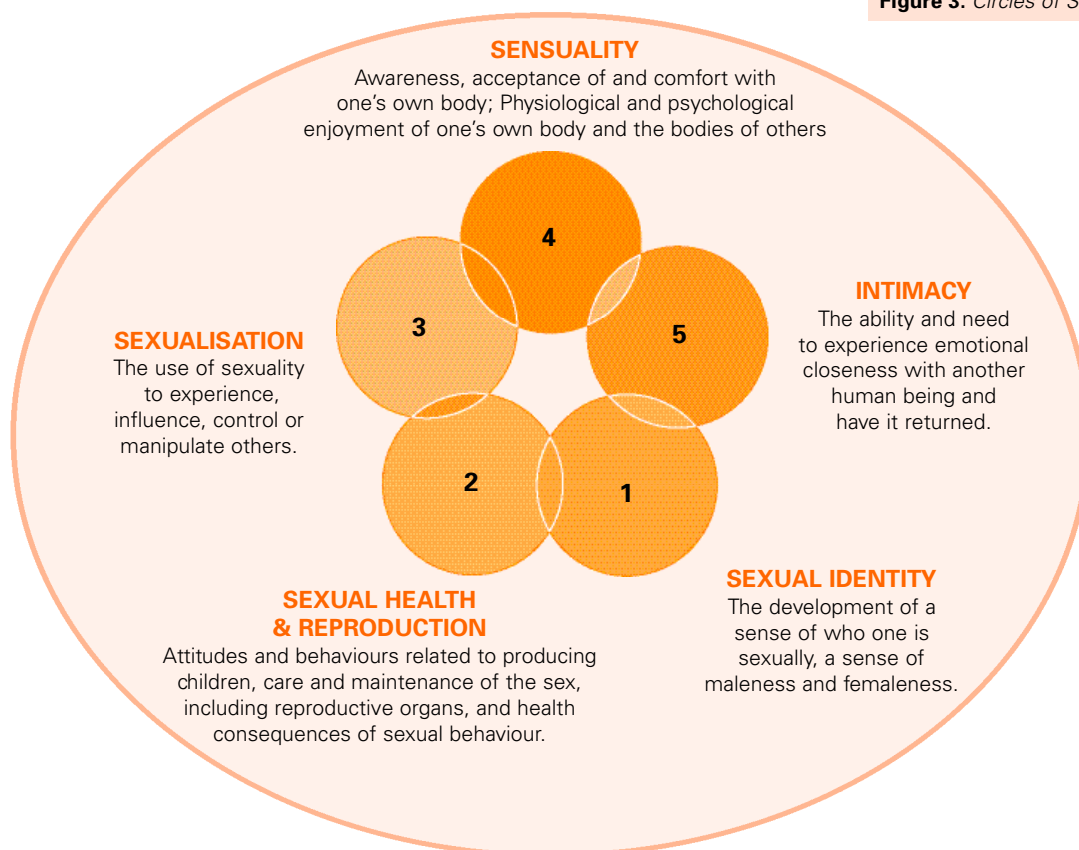
Summary (5 min)

Summarise and encourage nurturing touch

Note for the facilitator: Good touches are a crucial element in everyone's sexuality. *(The material on Sexuality and the Touch continuum is derived from training materials produced by the Programme for Appropriate Technologies for Health, PATH, Kenya Office)*

CIRCLES OF SEXUALITY

Figure 3. Circles of Sexuality



Sexuality

When most people see the words 'sex' or 'sexuality' they think of intercourse and other kinds of physical sexual activity. It is important to tell the learners that sexuality is much more than sexual feelings or sexual intercourse. It is an important part of who a person is and what she or he will become. It includes all the feelings, thoughts and behaviours of being female or male, being attractive and being in love, as well as being in relationships that include sexual intimacy and physical sexual activity. Sexuality begins when a person is born and ends when he/she dies. On the other hand, sex refers to one's reproductive system and gender behaviour as male and female. It has to do with biology, anatomy, and physiology. It is a crucial element in everyone's sexuality.

(See Figure 3 above).

Explanation of Circles of Sexuality

Circle 1 – Sexual Identity

Sexual identity is a person's understanding of who she or he is sexually, including the sense of being male or female. Sexual identity can be thought of as three interlocking pieces that, together, affect how each person sees himself or herself. These 'pieces' are:

Gender identity - knowing whether you are male or female;

Gender role - knowing what it means to be male or female or what a man or woman can or cannot do because of gender;

Sexual orientation - whether a person's primary attraction is to:

- People of the same gender (homosexuality)
- The other gender (heterosexuality)
- Both genders (bisexuality)

In Africa, a person's primary attraction is predominantly to the other gender (heterosexuality).

Circle 2 – Sexual Health and Reproduction

Reproduction and sexual health are the capacity to reproduce and the behaviours and attitudes that make sexual relationships healthy, physically and emotionally. Specific aspects of sexual behaviour that belong in this circle are:

- Factual information about reproduction
- Feelings and attitudes
- Sexual intercourse
- Information on the prevention and control of STDs
- Responsible sexual practices and contraceptive information

Circle 3 – Sexualisation

Sexualisation is using sex or sexuality to influence, manipulate or control other people. Behaviours include:

- Flirting
- Seduction
- Withholding sex from a partner to 'punish' or to get something you want
- Offering money for sex
- Selling products with sexual messages
- Sexual harassment
- Sexual abuse or rape



Circle 4 – Sensuality

Sensuality is awareness and feeling about your own body and other people's bodies, especially the body of a sexual partner. Sensuality enables us to feel good about how bodies look and feel and what they can do. Sensuality also allows us to enjoy the pleasure of what our bodies can give us and others. This part of our sexuality affects our behaviour in several ways:

- It shows the need to understand anatomy and physiology
- It reflects our body image whether we feel unattractive or proud of our own body
- It satisfies our need for physical closeness – to be touched and held by others in loving and caring ways
- It helps us to experience pleasure and relief from sexual tension
- It satisfies our need for physical attraction for another person – the centre of sensuality is not in the genitals, but in the brain
- It helps us to have fantasies about sexual behaviours and experiences.



Circle 5 – Sexual Intimacy

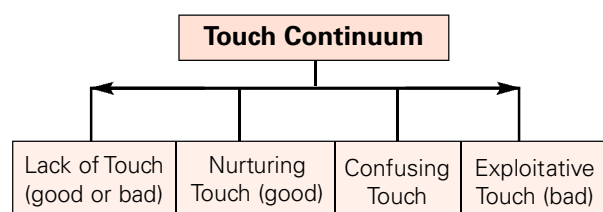
Sexual intimacy is the ability and need to be emotionally close to another human being and have that closeness returned. Sharing intimacy is what makes personal relationships rich. While sensuality is about physical closeness, intimacy focuses on emotional closeness. Aspects of intimacy include liking or loving another person. To have true intimacy with others, a person must open up and share feelings and personal information. As sexual beings, we can have intimacy with or without having sexual intercourse.

Touch Continuum

Purpose of Session

- Need to focus clearly on sexual issues
- Appreciate sex education that does not exploit sexuality
- Behaving lovingly without sexualisation

The Touch Continuum is the range of touch: lack of touch, nurturing touch, confusing touch, exploitative touch.



The lack of touch can be good or bad. If a person does not get any touch, yet needs and wants it, this lack of touch can be bad. If a person simply does not want to be touched, that is an individual's right. In this case, lack of touch can be good.

The **nurturing touch** is a positive and good touch. A touch that feels like something is being given or shared with you hugs, kisses and some games are examples of good touch.

The **confusing touch** is any touch that is not clearly good or bad. Both good and bad touches may become confusing. Therefore, confusing touches can't be labeled. Any touch may become confusing when:

- We are not sure what the person means by it
- When the person is saying something that does not fit with the way he or she is touching us (we are getting a double message)
- When we are not used to the touch or the touch doesn't fit in with our values, or we simply do not want to be touched
- When the touch is equated with sex.

The **exploitative touch** is a tricked or a forced touch – a touch that feels painful, or as if something were being taken away from you, or as if you were being used. Kicks, hits, slaps and sexual abuse are kinds of exploitative touches. Even simple touches or games like wrestling or tickling may become bad or exploitative touches if someone is hurt or forced.

a) Write down here what you think are:

Examples of Nurturing Touch:	Examples of Confusing Touch:	Examples of Exploitative Touch:



b) Describe here what you feel about touch:

How I feel when a touch is nurturing	How I feel when a touch is confusing	How I feel when a touch is exploitative



c) Write here what you do about touch:

What do I do when I get a nurturing touch:	What do I do when I get a confusing touch:	What do I do when I get an exploitative touch:



8. STIs, HIV AND AIDS

(Total time: 2 hours)

Training Materials *(Pre-prep)*

Handouts on:

- STIs
- HIV and AIDS

Video:

- Silent Epidemic

Others:

- Question box
- Question and answer booklet

Session Objectives *(5 min)*

At the end of the workshop the participants should be able to:

- Define STIs, HIV and AIDS and differentiate between them
- Discuss the characteristics of at least four common STIs
- List some of the behaviours that increase the risk of contracting STIs, HIV and AIDS
- Explain risk reduction behaviours to minimise chances of contracting STIs/HIV and AIDS



CONTENT AND PROCESS

	TOPIC	DURATION
1.	Voluntary counselling in HIV/AIDS	2 hrs
2.	Introduction to HIV/AIDS	30 min
3.	Transmission of HIV	1 hr
4.	Disease progression	30 min
5.	Sexual networking experiment	30 min
6.	Sexually transmitted illnesses + video Silent epidemic	1 hr
7.	Prevention	30 min
8.	Vulnerable groups	30 min
9.	Anti retroviral therapy and role of nutrition	45 min
10.	Positive living	15 min
11.	Question box	30 min
12.	Video: Bushfire	1 hr
	TOTAL	9½ hours

1. Voluntary Counselling and Testing *(2 hrs)*

VCT definition

It is the process by which a person finds out whether or not he/she is infected with HIV, the virus that causes AIDS.

Note:

- VCT services are always
- Voluntary – informed consent
 - Confidential
 - Anonymous (no names)

Who should receive VCT?

- Anyone SERIOUS about behaviour change
- Those with more than one sexual partner
- Those diagnosed with a Sexually Transmitted disease or TB
- Anyone 18 years and over
- Couples before starting a relationship, before marriage, and for pregnancy planning
- Mature minors (15 and 18) who have already engaged in risky behaviour.

Note: Children under 15 should be served only with parental consent and only if there is a clear benefit to the child.

Basic steps involved in counselling for HIV

- HIV and AIDS information
- Pre-test and test decision counselling
- Post-test counselling
- Plans for reducing risky behaviour

Benefits of VCT to the individual

- Empowers the uninfected person to protect him/herself from HIV
- Assists infected persons to protect others and to live positively
- Offers the opportunity for treatment of infections associated with HIV

Benefits of VCT to the couple and family

- Supports safer relationships – enhances faithfulness
- Encourages family planning and treatment to help prevent pre-natal HIV transmission
- Allows the couple/family to plan for the future

**Benefits to the community**

- Generates optimism as large numbers of persons test HIV negative (currently >80% of people test negative at VCT centres)
- Impacts community norms (testing, risk reduction, discussion of status, condom use)
- Reduces stigma as more persons go public about having HIV
- Serves as a catalyst for the development of care and support services
- Reduces transmission and changes the tide of the epidemic

What tests are done at VCT centres

- It is a simple rapid blood test that tests for anti-bodies to HIV
- The results are available within half an hour of being tested

How accurate is HIV testing?

HIV ELISA test is more than 99% accurate. It will confirm your status with certainty.

What is the cost of HIV testing?

- VCT is absolutely free

Where are VCT centres found?

- VCT centres are found countrywide

2. Introduction to HIV/AIDS (30 min)

Objectives

1. To define terms.
2. To give facts and demystify HIV/AIDS.
3. To bring about positive behaviour change in sexual relationships through change in
 - Attitude
 - Practice

Definitions

What is HIV?

H - Human

I - Immune deficiency

V - Virus

What is AIDS?

A - Acquired

I - Immune

D - Deficiency

S - Syndrome

Human - The virus infects human beings only

Immunity - Body defense against illnesses

Virus - Smallest known germ

Acquired - To acquire means to get

Deficiency - Lack of something

Syndrome - Collection of signs and symptoms

Origins

The origin of HIV is unknown

History of HIV

1981 - AIDS described in gay men and Intra Venous drug users in America.

1983 - Virus isolated

1984 - First Kenyan case described at KNH by Prof. Arthur Obel

1999 - AIDS declared a national disaster in Kenya by President Moi

2003 - President Kibaki vigorously promotes VCT.

Global figures -

UNAIDS Report for 2003 (*Estimates*)

People living with HIV/AIDS 37.8 million (34.6m – 42.3m)
Children orphaned in 2003 13 million
HIV infections in Sub-Saharan Africa 5 million (23.1m – 27.9m)

Kenyan figures

(2003 Kenya Demographic Health Survey)

People living with HIV/AIDS 1.1 million
National prevalence 9.4%

- HIV prevalence is almost twice as high in urban areas as in rural areas (10% and 6% respectively)

Age Group Prevalence	Women Prevalence	Men Prevalence
15 – 19	3.5%	0.5%
20 – 24	8.7%	2.4%
25 – 29	12%	6.5%
30 – 34	11.6%	6.1%
35 – 39	11.8%	8.6%
40 – 44	10.8%	8.6%
45 – 49	4.7%	6%

- Deaths due to HIV/AIDS approximately 500 per day
- Orphans due to HIV/AIDS approximately 1.3 million

	HIV Awareness	Known HIV Status
Men	99.3%	14.1%
Women	98.4%	12.8%

3. Transmission of HIV (1 hr)

Definition

- To transmit is to pass on something
- In HIV/AIDS, transmission is the passing on of the virus from one infected person to another, who may or may not be infected with HIV

Risky fluids

- Semen
- Vaginal secretion
- Pre-ejaculatory fluids
- Breast milk
- Blood

Non-risky fluids

- Tears
- Sweat
- Saliva
- Mucus
- Urine
- Sputum
- Pus
- Diarrhoeal stools

Note: If any of these non-risky fluids have blood in them, they then have an element of risk.

Modes of Transmission

1. Sexual (80%)
2. Blood and blood products (10%)
 - Through transfusion
 - Contaminated needles and syringes
 - Sharing circumcision knives
3. Mother to child transmission (10%)
 - During pregnancy
 - During delivery (carries the higher risk about 60-70%)
 - During breast feeding

Myths and misconceptions

There are several myths and misconceptions about HIV transmission. You do not get HIV from:

- Hugging
- Sharing of toilets
- Sharing utensils
- Shaking hands
- Sharing clothes
- Living in the same house
- Mosquito bites
- Kissing



Note: Kissing might be risky if one has bleeding gums, wounds or when saliva is mixed with blood.

4. Disease Progression

(Natural History of HIV Infection)

1. HIV attacks the CD4 lymphocyte (WBC).
 - The virus has a special affinity for the CD4 lymphocyte
 - It multiplies within these cells
 - The rate of destruction of the CD4 cells exceeds the body's ability to replace them
 - There is progressive decline of CD4 cells.
2. HIV infection leads to immunodeficiency.
 - HIV destroys CD4 cells which play a role in immune function
 - Loss of CD4 cells = immunodeficiency in HIV infection
 - The patient becomes susceptible to "opportunistic infections"
 - HIV causes progressive and irreversible destructions of the immune system
3. Immunodeficiency causes opportunistic infections.
4. Immunodeficiency leads to death.

5. Sexual Networking Experiment - Exchanging Fluids (45 min - 1 hr)

Objectives:

- Help participants understand HIV transmission
- Give a picture of sex life and sexual network
- Raise issues on sexuality/sexual behaviour

Note: The materials and equipment need to be prepared very carefully. After the activity, the materials need to be cleaned thoroughly to prevent residual chemical activity interfering with the next experiment.

Procedure

- Explain that the activity is called exchanging fluids and that it will attempt to help understand sex life/sexual network and HIV transmission
- Ask for 30 or 40 volunteers. If more participants are present, the rest will be spectators
- Ask for six participants from the group of 30, or eight from the group of 40 to step aside
- Give each one of them a glass of water from the tray. Ask them to divide about half of the water into the empty glasses and then set them aside. Let these 6 (8) sit together at one side of the room and not to participate until asked to do so later
- Allow the other participants to choose and pick their own glasses
- Ask to confirm that the fluid in their glasses all look the same
- Let them divide the fluid in their glasses into the empty glasses and set them aside
- The two facilitators should then demonstrate how to exchange fluids. Each one of them has a glass of water and syringe and draws up about 2cc of their own fluid and injects it into their partners' glass.

Care should be taken not to:

- Let syringes touch
- Let glasses touch
- Let syringes touch the others glass or fluids
- Splash out.

Let them use their syringes to stir the fluid in their own glass and show the fluid to the participants and ask if it now looks any different.

- Ask the participants to pair up. Let each one of them draw 2cc of their fluid and inject it into their partner's glass. This exchange should be done simultaneously. They should use their syringes to stir the fluid in their own glasses
- Let them repeat this about five times, and with a new/different partner each time
- After five rounds let them stop.

Allow the 6 (8) who had stayed apart to join the game, by choosing only one partner from those in the field. Let them exchange the fluids only once and then go back to their seats.

Discussion Points

- Confirm that the participants realise that in this activity, exchanging fluids represents having sex. All the participants' glasses look the same, showing that we cannot tell from appearances who has HIV. But the fact is that there are people whose fluid is positive. Ask them to look at the fluid in their glasses again and whether they can tell who has HIV
- Explain that though we cannot tell from appearances those with HIV, blood testing can confirm the infection. Ask the participants if anyone is ready to be tested
- If any one asks to be tested, ask him/her how he/her feels about being tested. Drop phenol into their glasses (2-3 Drops). If water changes colour, it means they are HIV positive. A common reaction is "Who gave me the virus?" (People do not/rarely ask who did I give the virus to?)
- Ask these first "positive" participants who they think gave them the virus. Encourage them to be tested. Then ask the rest of the group whether they think they might be positive, and whether they want to be tested and why they want to take the test. Ask others why they do not want to take the test. Test all those who ask
- Finally, test all participants except the 6 (8) volunteers. 10 or more are likely to test positive
- Test the 6 (8) volunteers by dropping phenol; normally, 1-2 will test positive.
- Explain that these volunteers exchanged fluids only once. They represent people who have had only one episode of sexual intercourse or have engaged in sexual intercourse for the first time
- Discuss whether having only one sexual partner can keep you safe from getting HIV
- Discuss/ask why having sexual intercourse only once can lead to HIV infection
Explain that the experiment was a model of scenario where having sex many times can put one at **high** risk of getting HIV, and that sex with only one partner can be **risky**
- Ask, in reality, how many partners the participants have had/will have in their lives. Do they think they are at risk of HIV?
- Ask the participants how many glasses originally contained the virus. Provide the answer by dropping phenol (2-3 drops) into the glasses set aside at the beginning of the experiment. (Only one will test positive)
- Ask the participants whose fluid changed colour, what they would feel if this were the real blood test and they were found to be HIV-antibody positive. Point out the importance of adequate preparations for testing

Note:

HIV spread
Sexual history
Sexual networking
Testing
Counselling
Interrupting transmission

Clinical Stages of HIV Infection

HIV Status

i Acute HIV infection	-	NEGATIVE TEST
ii Seroconversion	-	POSITIVE
iii Asymptomatic HIV infection	-	POSITIVE
iv Full blown AIDS	-	POSITIVE

Note: The window period is the period between Stages I and II. It may last between 6 weeks and 6 months.

Factors affecting progression of disease

- Genetics
- Nutrition (diet)
- Occurrence of opportunistic infections
- Pregnancy
- Use of Anti-retrovirals drug. This prolongs survival
- Avoidance of drugs e.g. alcohol

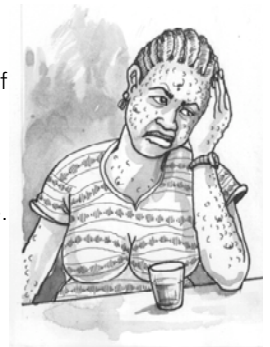
6. Sexually Transmitted Illnesses + Video Silent Epidemic (30 min)

- Define STI/STD?
- Which STI's/STDs do you know?

STI Stands for Sexually Transmitted Infections. These are infections whose main mode of transmission is sexual contact.

Classification

- Those that cause discharge from the genitalia or pain/burning sensation when passing urine.
 - Gonorrhea
 - Chlamydia
 - Trichomoniasis
- Those that cause sores or ulcers in the genitalia.
 - Syphilis
 - Chancroid
- Those that cause growths (projections) called warts.
 - Human papilloma virus (HPV)
- Others
 - HIV/AIDS – very important
 - Hepatitis B



Relationship between HIV and STIs

- HIV is an incurable STI
- Other STIs highly increase the risk of getting HIV by 6 – 10 times
- It is difficult to treat STIs in an HIV infected person
- Both STIs and HIV infections are indicators of high risk sexual behaviour
- One can get infected with HIV and an STI at the same time of exposure.

Notes on STI treatment

- Seek early and prompt treatment of STIs
- Follow the 4Cs
 - Counselling to avoid further risk
 - Compliance to recommended treatment
 - Correct and consistent use of condoms
 - Contact tracing and treatment of partners.

7. Prevention of HIV Transmission

- ABSTINENCE** and delayed onset of sexual activity.
- Be **MUTUALLY FAITHFUL** to one uninfected partner.
- CORRECT** and **CONSISTENT** use of condoms.
- DRUGS** – Treatment of STI. Prophylaxis against HIV infection in cases of rape and accidental inoculation.

Prevention of Mother to Child Transmission

- Use of anti-retroviral drugs
- Take medicine for opportunistic infections
- Proper ante-natal care
- Going for VCT at the earliest available opportunity (at best, before conception)
- Avoiding additional exposure to the virus during pregnancy
- Avoid breast feeding the child after delivery (on doctor's advice) i.e. using alternative milks vs exclusive breast feeding and then abrupt weaning.



8. Vulnerable Groups (30 min)

Vulnerable means at risk or susceptible. Vulnerable groups in HIV and AIDS are those at higher risk of getting infected with the human Immune deficiency virus.

Who are vulnerable to HIV and AIDS?

- Women and girls
- Children and orphans
- Marginalised groups e.g. homosexuals, the disabled etc
- Rape victims
- Migrant workers working away from home.

Why are women and young girls vulnerable?

- Women have an 8-10 times higher risk
- STDs increase risk due to wounds or mucosal inflammation allowing viral penetration
- Pregnancy
- Heavier workload, child bearing
- Poor diet
- Wife inheritance
- Polygamy
- Fear of stigmatisation – afraid to reveal what spouse died of
- Prostitution and sexual harassment.

General causes of vulnerability

- Fear, denial and stigmatisation
- Lack of information
- Lack of education
- Lack of human rights
- Poverty.

How to avoid vulnerability

- Give correct information
- VCT
- Discourage discrimination of HIV positive people
- Address poverty
- Education level improvement
- Gender sensitivity
- Care of orphans and children
- Human rights.

9. Anti-Retroviral Therapy (ARV) & Role of Nutrition (45 min)**Definition**

ARVs are drugs that have been developed to fight HIV/AIDS by:

- Delaying the progression of HIV/AIDS
- Reducing the viral load burden in the body

Note: There is no cure for HIV/AIDS.

Benefits of taking ARVs

- To reduce plasma viral load levels.
- To reduce incidence of opportunistic infections.
- To boost immunity shown by increased CD4 cells.
- To reduce mother to child transmission.
- Prophylactic use in accidental inoculation.
- To increase the life span of people living with HIV/AIDS.

A. The commonly prescribed Anti-retrovirals are:

1. Zidovudine (AZT), Videx, Zerit
2. Stocrin, Virmune
3. Indinavir, Ritonavir, Saquinavir



B. The gold standard of antiretroviral therapy is

HAART (Highly Active Antiretroviral therapy)

C. What is HAART?

This is a combination of three or more antiretroviral drugs in the treatment of HIV infection.

The decision to start therapy should be made after considering:

- Patient's acceptance or readiness
- Probability of adherence/compliance
- Clinical state i.e. symptomatic HIV
- CD4 cell count <350mm³ (USA), <200mm³ (Kenya)
- Viral burden/load

The access to drugs in Kenya is increased due to:

- Reduced cost
 - Triple therapy (HAART) is now Kshs 500/= in Government of Kenya hospitals and Kshs 1,500/= (cheapest) in the private sector
- Increased availability in many centres:
 - Mission for essential drugs
 - Mission hospitals
 - Private hospitals
 - Government hospitals
- ARVs need to be initiated by people trained in treatment and monitoring them
- Compliance is very important to get desired results
- Recommended drug combinations keep changing according to need, development of resistance and tolerability

9. Nutrition and HIV/AIDS**Why do we eat?**

Generally, we eat so that our bodies can:

- Develop, repair and replace cells, tissues and muscles
- Produce energy to keep us warm and enable us to move and work
- Develop resistance and protection against infections
- Fight and recover from sickness.

Importance of good nutrition in HIV

- It enables an infected person to cultivate healthy eating habits
- Helps an infected person to maintain good health and quality life
- It reinforces the effect of medications
- Nutrition education allows for "all time" food security.

Note: Good nutritional status is important from the onset of HIV infection.

Food Variety

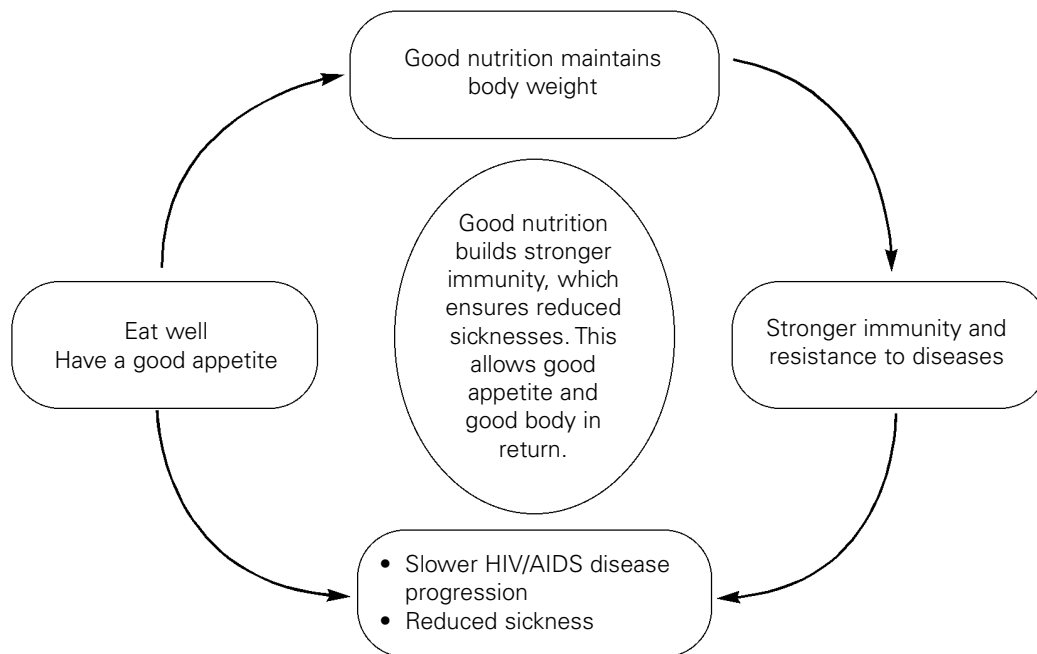
Enjoy a variety of foods in order to get adequate supply of all nutrients.

They should include:

- Staple cereals with every meal e.g. rice, maize, Irish potatoes, cassava, yams and banana. They supply energy and some proteins
- Legumes e.g. Soya, peas, beans, groundnuts, simsim. They provide proteins, vitamins, minerals, and fibre needed to develop and repair tissues as well as build muscle
- Dairy and animal products e.g. Eggs, fish, meat. They supply high quality proteins, vitamins and minerals which help to strengthen muscle and the immune system
- Vegetables and fruits e.g. Pumpkin, spinach, pepper. They help the body to fight infections
- Fats, oils and sugar are a good source of energy. They also help stimulate appetite
- Drink clean boiled water.



Figure 4. Importance of Good Nutrition



10. Positive Living with AIDS (15 min)

Definition

Positive living encompasses what one needs to do to stay healthy and longer when one is HIV positive.

In positive living, we advocate five basic/essentials:

- Believe in yourself that you can do it
- Learn all you can do
- Listen to your doctor/health care provider
- Lean on others
- Relieve stress, anger, or negative emotion.

Positive living encompasses

- Maintaining body weight through proper nutrition
- Maintaining personal hygiene
- Regular physical exercises
- Behaviour modification
- Practising responsible sexual behaviour
- Continuing with work
 - (a). Important as a means of raising income
 - (b). Continuing with social life
 - (c). Avoiding alcohol, tobacco and addictive drugs
- Seeking medication and medical advice
- Regular counselling
 - (a). To be able to share and explore your problems and situation
 - (b). Helps to deal with day-to-day problems.



11. Video “Bushfire” Discussion Points

Objectives

At the end of this session, the participants should be able to discuss and perceive HIV/AIDS risky situations.

1. How do you compare characters of Nandi and Taabu?
 - (a) What contributed to Taabu’s poor performance at school?
 - (b) Do you have such girls in your community?
 - (c) How would you describe Nandi and Taabu’s performance?
2. What do girls like Taabu need?
 - (a) Emotional support
 - (b) Guidance
 - (c) Counselling
 - (d) Spiritual support
 - (e) Goal setting
3. How was Taabu influenced by the following characters?
 - (a) Pastor
 - (b) Teacher
 - (c) Doctor
 - (d) Matatu conductor
 - (e) School boys
4. How was Nandi influenced by Taabu?
(She pretended to be a friend)
5. What can we put in place as peer supporters to help girls like Taabu and Nandi?
6. What can we do to prevent situations like this happening? Discuss

9. CURRICULUM OVERVIEW

(Total time: 2 and 1/2 hours)

Training Materials *(Pre-prep)*

Flipcharts on:

- 3Ts and behaviour change ladder.
- Curriculum definition
- Syllabus
- Checklist
- Session Objectives
- Teaching techniques/approaches

Book references

- Facilitator handbook
- Selected readers on AIDS
- Lets talk about AIDS; Book 1, 2 & 3

Session Objectives *(2 min)*

At the end of the session, participants are expected to be:

- Conversant with the National goals of education in relation to HIV/AIDS Education.
- Familiar with the use of teaching resources available under the PSABH programme.
- Able to identify relevant and quality teaching and learning activities that support behaviour change.
- Able to apply behaviour change teaching approaches and methodologies.



CONTENT AND PROCESS

1. HIV and AIDS Education *(10 min)*

- (a) Describe 'curriculum'

What is a curriculum?

All that is planned to enable learners acquire and develop desired knowledge, skills and attitudes.

- (b) What is a syllabus?

(Interactive discussion with the syllabus)

It is the breakdown of the curriculum into teachable units/topics for a given period with specific objectives.

- (c) What is HIV and AIDS Education? (Ref: pg vii, AIDS Education Syllabus by KIE introduction paragraph) – Discuss

- (d) AIDS Education consists of knowledge, skills and attitudes meant to assist the learners to develop and adopt behaviour that prevent them from being infected with HIV. It will also equip them with the necessary skills to pass on AIDS information to others. This will help them prevent HIV infection and control the spread of AIDS.
- (e) The major purpose of AIDS Education is behaviour development and change that is appropriate to the youth's stage of development that will help in HIV/AIDS prevention and control.

2. General Objectives of HIV and AIDS Education *(10 min)*

The learner should be able to:

- Acquire necessary knowledge, skills about HIV/AIDS, STIs.
- Appreciate facts and issues related to HIV/AIDS and STIs.
- Develop life skills that will lead to AIDS and STIs free life.
- Identify appropriate sources of information on HIV/AIDS related issues.
- Make decisions about personal and social behaviour that reduce risk of HIV and STIs infection.

- Show compassion towards and concern for those infected and affected by HIV/AIDS.
- To be actively involved in school and out of school activities aimed at prevention and control of HIV and STI's infections.
- Communicate effectively with peers and others, issues and concerns related to HIV/AIDS and STIs.

3. National Goals of Education Related to HIV/AIDS (15 min)

- How many National goals of education do we have in Kenya?
- Discuss goals of education that are related to HIV/AIDS Education as follows: (2a, 3, 4, 5, 6 & 8).

2 (a) Social Needs

Education in Kenya must prepare children for the **changes** in **attitudes** and **relationships** which are necessary for the smooth process of a rapidly developing modern economy. There is bound to be a **silent social revolution** following in the wake of rapid **modernisation**. Education should assist our youth to **adapt** to this **change**.

3. Promote individual development and self-fulfillment

Education should provide opportunities for the fullest **development** of individual talents and **personality**. It should help children to develop their potential interests and abilities. A vital aspect of individual development is character building.

4. Promote sound moral and religious values

Education should provide for the development of **Knowledge, Skills** and **Attitudes** that will enhance acquisition of **sound moral values** and help children to grow up into self disciplined, self reliant and **integrated** citizens.

6. Promote respect for and development of Kenya's rich and varied cultures

Education should instill in the youth of Kenya an understanding of **Past** and **Present** cultures and their valid place in **contemporary society**. The children should be able to **blend** the **best** of **traditional values** with the changed requirements that must follow rapid development in order to build a stable and modern society.

8. Promote positive attitudes towards good health and environmental protection

Education should inculcate in the youth the **value** for **good health** in order to **avoid indulging** in **activities** that will lead to physical or **mental ill** health. It should foster **positive attitudes** towards environmental development and conservation. It should lead the youth to appreciate the need for a healthy environment.

4. Resources to Support the Teaching of HIV and AIDS Education (10 min)

- What books are available?
- What do they contain?
- How can they be used? (Relate to the syllabus and discuss use of readers)
- Primary syllabus
- HIV and AIDS syllabus by KIE
- Lets talk about AIDS 1,2,3 by KIE
- Facilitators Handbook KIE
- Readers (select)
- HIV/AIDS handbook for the youth by focus

5. Implementation of HIV/AIDS Education (40 min)

It is important to note that AIDS Education is a value-laden subject, which requires value clarification.

Note for the facilitator: This is a class activity, using interactive discussion, explain the following examples.

Example 1: The condom message as a prevention message.

Explain: The importance of correct, and factual message about the condom.

- The condom can reduce the risk of getting STI, HIV and pregnancy and it is 98% safe when used correctly and consistently.
- This is a factual message that is at the teaching level of transmission.
- Knowledge alone does not change behaviour.
- The young person requires to be guided on what to do with the information at this level.
- The teacher needs to go further to clarify the dangers of early and/or casual sex in the context of healthy living and living values.
- The benefits of waiting until marriage.
- The religious, cultural and social values tied to virginity.
- The learner needs to know of the dangers of contracting STIs and HIV.
- Information on treatment of STI and that HIV has no cure.



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- The learner needs to know of the dangers of contracting STIs and HIV.
- Information on treatment of STI and that HIV has no cure.

Example 2: Abstinence

Explain: Abstinence as a prevention message is not enough

- The message of abstinence “telling youth to abstain or say no to sex” is not enough.
- The youth should be guided on ways to achieve abstinence.
- All these can be dealt with, at different parts of curriculum implementation in normal school teaching/learning.
- The youth will require support on any message advocated.
- In abstinence, they need guidance on how to manage their sexual energy.
- Gaining self-esteem and sustaining self-control in all matters, including sex, are best developed early in life.
- Thematic games and sports is a very effective way to develop self esteem, teamwork and support for common goals

Some issues and topics contained in AIDS Education are sensitive and the values attached are deeply rooted.

Example 3: Circumcision (in the rites of passage) is often taken very seriously by the community and the young person.

Explain: There is much more in circumcision relating to the rite of passage.

- The approach used in teaching must bear in mind the feelings and background of the learner.
- Any user of the AIDS Education material should aim at making the learner feel at ease as well as discussing and reflecting critically on the issue.



Example 4: Language and response to young people's questions.

Explain:

- Language use on sexuality references should be well selected.
- The teacher's response to the young person's questions and problems should be delivered with sensitivity.
- Creating an enabling environment for youth to discuss issues that relate to sexuality and offering constant support as regards their health.

6. Messages need to respond to the behaviour change process and be selected to take the learner through Transmission, Transaction and Transformation. (expound – use handout, page 69). The achievement of teaching requires that teachers prepare records such as schemes of work and lesson notes (20 mins)

- (a) These records need to have details such as:
- Sensitivity of the subject.
 - Value involved.
 - Skill development.
 - Feelings, experiences and background of the learner.
 - Learner involvement.
 - Teacher's perception and opinions.
 - Subject clarification.

7. Approaches suggested by the Ministry of Education (15 mins)

- An integrated syllabus Vol 1 & II is provided in primary schools in Kenya
- Teachers' schemes of work and lesson notes.
- Promotion of practical aspects such as School Health Club, Question box, Information corner.
- The achievement of teaching requires that teachers prepare records, such as schemes of work, lesson notes etc. These need to have details such as:
 - Sensitivity of the subject
 - Value involved
 - Skill development
 - Feelings, experiences and background of the learner
 - Learner involvement
 - Teacher's perception and opinions.
 - Subjects clarification as carrier thus containing AIDS content/non-carrier or communication subjects.
- The content of the syllabus needs to be well understood and planned for in the teaching and learning activities.

8. Teaching Techniques (50 mins)

Brain storm: what are the suitable teaching technique that you have used?

Note for the facilitator: Organise the class into groups for these activities

- In what subjects can each of the outlined methods listed below be effectively applied?
 - Case study
 - Story telling
 - Discussion
 - Singing
 - Debates
 - Projects
 - Games
 - Dramatisation (role play)
 - Use of media

Reference Materials

- Facilitator's Handbook
 - Pg 6 - Case Study (Taila and Greg)
 - Pg 12 - Debate (Polygamy promotes increase of HIV/AIDS infection)
 - Pg 64 - Role Play (Example 1: Jane and John)

- Pg 76 - Discussion (Consequences of irresponsible sexual behaviour)
- Pg 69 - Games (If someone says you say)
- Let's Talk About AIDS; Bk for Class 1, 2 & 3 Pg 45 – Song (Do all the good you can)
- Let's Talk About AIDS, Bk for Class 4 & 5 Pg 39 – Poem (Fighting a dangerous monster)

9. Class Activity (10 mins)

Brainstorm - (Your best friend is HIV positive. What do you advise them to do?)



Summary (8 mins)

- HIV/AIDS is a core component in relation to the National Goals of Education.
- HIV/AIDS Education is value laden thus requiring value clarification.
- The teaching approaches/techniques and materials should be well selected.

10. EMERGING ISSUES

(Total time: 2 hours)

Training Materials *(Pre-prep)*

Flipchart with three columns, *(See the sample next page)*

Session Objectives *(2 min)*

At the end of the session, the participants should be able to:

- Identify emerging issues in relation to HIV and AIDS
- Strategise a positive way forward



CONTENT AND PROCESS

We talk of people being “infected” and “affected” by HIV. Check if everyone is familiar with these terms. In this session, we will look at the ways in which we are affected by HIV and AIDS.

Activity 1 *(Personal reflection exercise -13 min)*

Participants will be asked to:

- Write down one way in which they have been affected by HIV and AIDS
 - In their homes
 - At work

(This is a personal exercise not to be shared, but to set the climate).

Activity 2 *(Brainstorming - 10 min)*

Brainstorm on some of the issues that relate to issues that are developing around us as a result of the spread of HIV and AIDS *(prompt for an example e.g. Increase of orphans and child labour).*

Activity 3 *(In Group work – 30 min)*

- Some groups will work on issues emerging from inside the school e.g. Unfinished assignments
- The other group will work on issues emerging from outside the school e.g. Dropout rate, increased / orphans increases.

Feedback

Activity 4 *(In Group work - 30 min)*

- Facilitators debrief the participants on the activity using the table and ask each group to identify three key emerging issues from Activity three and for each issue, stating the opinions/views of:
 - The cultural group (i.e. What the majority of people at home think)
 - Informed individuals (i.e. What the participants, who have now received several days’ training, think)

Feedback

Activity 5 *(In Group work - 30 min)*

- Each group to take one key issue from activity four and develop strategies to influence and change the view of the cultural group. *Feedback*



Summary *(5 min)*

Everything in the session has come from the participants. The challenge now is for them to make these strategies real, by including them in the SDP and action plans.

Note for the facilitator: Emerging issues and strategies from Course A form part of the course report. These are samples for facilitators’ own information and reference.

	ISSUE	CULTURAL GROUP	INFORMED INDIVIDUAL
1.	Absenteeism	Stigma, Separation	HIV doesn't spread through social contact. Children need support and tolerance
2.	Mean Score	Non-performers should be left out	Treat children as individuals, give remedial teaching
3.	Sickness	There is no hope once someone is sick from HIV	We can live for a long time with the HIV virus with support and healthy practices
4.	Burial ceremonies	Close schools to support families	Children must be in school, involve adults only
5.	Withdrawals	It is not going to affect us. Not a social issue	Give guidance
6.	Hunger	Non-committed	There should be a feeding programme
7.	Language for sexuality	There should be openness, being modern	More guidance is needed
8.	Indiscipline	Pupils are adults	These pupils need counselling/guidance and regular meetings
9.	Drugs	Spoilt generation	Know it is a risky behaviour, but no one is taking responsibility
10.	Homosexuality	Foreign culture	Young people need guidance

Samples and strategies that can be put in place to respond to the emerging issues

1 Sickness (*Teachers and pupils*)

- Mobilize operational guidance and counselling
- Create awareness to teachers, pupils and community
- Mobilize health workers and social workers
- Principal stakeholder to form support structure (*repair/revise existing structures*)
- Set up working committees at zonal level to cater for sickness and the costs of health support
- Provide first aid kits at school.

2. Hunger

- Form income generating activities
- Start feeding programmes at school (*contact supermarkets or markets*).

3. Drug Abuse

- Mobilize community in awareness programmes
- Organise campaigns and rallies
- Involve lawmakers and law enforcers
- Involve bureau of standards.



	ISSUE	CULTURAL GROUP	INFORMED INDIVIDUAL
1.	Street Children	Should be settled and be given education/food/health services	Should be cared for
2.	Poverty	Government responsibility	Over burdened caring for immediate family and family orphans
3.	Child labour	It creates employment (Knows it is wrong but still practices it)	Knows it is wrong and avoids personal involvement
4.	Media	Complaining silently	Knows that its use should be controlled by the individual

Samples of strategies that can be put in place to respond to the emerging issues

1. Street children

- Liaise with other concerned parties (church, provincial administration, NGOs) to identify the needs of children, especially in relation to education
- Continue taking action on identified needs at zonal level

2. Poverty

- Form support groups to create income generating activities
- Form welfare groups involving the HT to start school feeding programmes
- Solicit funding from NGOs and others to eradicate poverty

3. Media

- Enlist support from and create forums with other leaders (ZOPA, church, politicians, provincial administration) to educate the public, including the school committees and PAs

11A. IMPLEMENTATION OF HIV/AIDS EDUCATION POLICY IN SCHOOLS (Total time: 2 hours)

Objectives (3 mins)

By the end of the session, participants will be able to:

- Have a clear understanding of the policy on HIV/AIDS education.
- Reinforce the implementation of HIV/AIDS education.
- Internalise behaviour transformation.

1. Introduction (10 mins)

(a) What is a curriculum?

A curriculum is all that is planned to enable learners acquire and develop desired knowledge, skills and attitudes.

For a curriculum to be effective, it has to respond to the challenges, realities and the changing times which are characteristic of a dynamic society like ours. It should accommodate the emerging issues such as HIV/AIDS, environmental issues, drug abuse, gender, etc, besides the normal school disciplines that are targeted. But the question is to what extent?

(b) Education theorists have identified four pillars of education, which teachers and all those concerned with education should help schools and learners to focus on. These are:

- | | |
|------------------------------|--|
| 1. Learning to know | - Cognitive |
| 2. Learning to do | - Psychomotor (skills) |
| 3. Learning to live together | - affective |
| 4. Learning to be | - complete development and fulfillment of a person |



(All these are entrenched in our national goals of education and more clearly illustrated by various subject disciplines)

2. General Comments About our Education Systems and Curriculum (15 mins)

What do people say?

What is really the problem

Do teachers teach as they should?

Is the total contact time fully utilised?

When term opens when does teaching start

When does teaching stop?

Are all lessons attended to by teachers?

Who should take responsibility for time wasted

Are there guidelines on how to implement learning?

Do teachers refer to the goals of education?

Why is implementation the way it is?

What can we do?

1. Our education system is examination oriented.
2. The curriculum is overloaded.
3. It is too academic.
4. We only teach examinable subjects.

3. Policy on the teaching of HIV/AIDS in schools (20 mins)

(a) What is a policy?

A policy is a statement of action.

There is a government policy on the teaching of HIV/AIDS in schools from primary level to college level. This is shown in: Education Sector Policy on HIV and AIDS page 13

The goals

1. Prevention

An environment in which all learners and education sector personell are free from HIV infection.

2. Care and Support

An education sector in which care and support is available for all, particularly OVCS and those with special needs.

3. HIV and AIDS and the workplace

Non-discriminatory labour practices, terms and conditions in service frameworks.

4. Management of response

Management and structures and programmes are in place at all levels of Education sector to ensure and sustain quality education in the context of HIV and AIDS.

(b) Kenya National HIV/AIDS Strategic Plan of 2000 – 2005 (Office of the President)

After identifying priority areas requiring intervention, the strategic plan stipulates as follows:

“The education sector is the most important since it has the potential to influence behaviour formation and behaviour change among 50% of the country’s youthful population. Priority interventions in the sector include the teaching of HIV/AIDS in schools and colleges, research and policy analysis. The larger challenge however, will be teaching of HIV/AIDS to children and youth and out of the schools.”

The plan identified key actors to this task as; MoE, NGO’s, Religious Organisations and other GoK Ministries.

(c) The Sessional Paper No. 4 of 1997

This was developed earlier than the strategic plan and states the following:

That the government will

- Provide direction in designing culturally, morally and scientifically acceptable AIDS Education Programme for the youth in and out of school.
- Advocate for the protection of youth against antisocial behaviours such as premarital sex, drug abuse, teenage pregnancy and school drop out.
- Strengthen the capacity of teachers, parents, learners and communities in general to enable them lead and educate young people about HIV/AID and provide role models for the youth.

The relevant AIDS Education syllabus prepared by MoE through KIE is in line with the two government policy documents stated above. All the objectives in the syllabus are intended to achieve behaviour development and change among the youth in and out of school.

The government through the president in November 1999 declared HIV/AIDS as a National Disaster. What does it mean?

Guidelines came in from the Ministry of Education to use one P.E. lesson to teach HIV/AIDS as a response to the national disaster declaration.

There are now efforts to equip teachers with the approaches of infusion and integration from KIE, the ACU (MoE) and NGOs, etc.

4. Kenya Education Sector Support Programme (KESSP) (5 mins)

The Ministry of Education launched the education policy on HIV/AIDS in September 2004 and the structure of this HIV/AIDS investment programme follows the four main goals that guide the policy.

These are:

1. Prevention.
2. Care and Support
3. Work Place issues
4. Management of response and advocacy.

5. Prevention (20 mins)

The policy stipulates the following on prevention.

(Facilitator discusses these and clearly relating to PSABHS response)

- The development of skills and values and changing of attitudes to promote positive behaviour is the responsibility of learning institutions.
 - Whole school approach.
 - PSABH works within existing structures/systems.
- Life skills be mainstreamed into the existing curriculum and co-curricular activities at all levels.
 - Has integrated approach to knowledge, skills and values.
- Institutions to Mobilize the local communities, religious groups, leaders, parents, care givers, guardians and intersectoral departments to address prevention and control.
 - Target group – School & Community)
- Relevant and suitable teaching/learning materials and approaches for HIV/AIDS be developed for use by all learning institutions.
 - PSABH features of a responsive school e.g. Question box, School Health Club, Information Corner, etc)
- Learning institutions to create awareness on rape and sexual harassment through sensitisation of girls, boys, men and women to enhance safety and protection for young people.
 - PSABH training model - addresses this through a whole school approach.

6. Strategies to teach HIV/AIDS education (20 min)

Any strategy selected to teach AIDS education should consider the following:

- AIDS Education is relatively a new discipline that cannot be easily categorised as either a science or an art. Its content cuts across all these disciplines.
- Some issues and topics contained in AIDS Education are very sensitive both to learners, teachers, parents, community, church leaders, etc.
- AIDS Education is a value laden subject with values attached and deeply rooted in culture.
- Its major focus is behaviour transformation

<ul style="list-style-type: none">• Unawareness• Awareness of a problem• New knowledge/skills	Transmission
<ul style="list-style-type: none">• Motivation to act• Trial	Transaction
<ul style="list-style-type: none">• Success• Sustained change	Transformation

- It is about life it is not about failing or passing exams. It puts all of us at the centre of action.

Approaches used then should be interactive and participatory. They should enable people (learners) feel at ease to discuss and critically reflect on the issues of HIV/AIDS. They should then be able to make informed and rational decisions.

7. Who then should teach AIDS Education (20 mins)

Should it be the Guidance and Counselling teacher, the Head of Institution, Science, C.R.E., church leaders?

It is important to note that issues of AIDS Education can be enriched and dealt with effectively by the imagination and creativity of good facilitators but it can be seriously hampered by the limitation and attitude of other facilitators; most teachers/educators can effectively facilitate HIV/AIDS sessions since they are thought to influence the behaviour of learners provided, they have the following attributes:

- Good knowledge of the subject/accurate and adequate information — Always in search of more knowledge.
- Good role models
- Effective communication
- Observant/keen
- Committed especially to changing behaviour
- Emphatic/Show genuine concern
- Sensitive to cultural practices
- Have basic knowledge in guidance & counselling
- Creative/innovative
- Non-judgemental — not to blame or moralize
- Work with others in a team, can consult.



Summary and Conclusion (7 min)

Heads of education institutions and all other education managers have a pivotal role in disseminating the information contained in the policy. In issuing the policy, the ministry expects them to do the following:

- Share and discuss the policy with all teachers and school employees.
- Place the accompanying posters and information in visible positions in learning institutions
- Share and discuss the policy with the committee members, parents and other stakeholders
- Ensure that the policy reaches the widest audience possible
- Use the policy to develop a plan of action for combatting the scourge in your school and community.

11B. COMMUNITY MOBILISATION - "EVERYONE'S CHILD"

(For community representatives only. Total time: 2 hours)

Note for the facilitator: The video 'Everyone's Child' should be watched the evening before. The facilitator should introduce the purpose of video in relation to this session

Training Materials

Handouts:

- Video discussion points on Everyone's Child

Video:

- Everyone's Child (85 min)

Flipcharts on:

- Emerging issues in session No. 16
- Community mobilization action plan format

Session Objectives (2 min)

By the end of the session the participants should be able to:

- Identify and practice mobilisation skills
- Identify the difficulties facing orphaned children
- Draw up action plan/ way forward on how to assist the orphans.



CONTENT AND PROCESS

Introduction (15 min)

- What is a community?
- What is community mobilisation?
- What skills do you need to Mobilize a group of people / community?

(Expected response)

Negotiation	Conflict resolution
Consultation	Monitoring
Planning	Evaluation
Organisation	Implementation
Communication	Supervisory
Leadership	Collaboration

Video Show (shown night before - 85 min)

- Discuss with participants the key points highlighted from the video. Use leading questions during the discussions as follows:.

Discussion Points for 'Everyone's Child'

1. How is your life and your community similar to the one in the video?
 - Are there orphaned children in your family or community?
 - How is your situation similar to Uncle Ozias'? How is it different?
 - Are there children under stress. Do you know their family or neighbours or friends? Does this make a difference?
 - Do you think Uncle Ozias was right in what he did?
2. What do the children need?
 - Emotional support?
 - Material support?
 - Other support?
 - What is difficult for children like Tamari and Itai?

- What is difficult for children like Tamari and Itai?
 - What would happen if they didn't get that support?
 - Traditionally, how have these children been supported?
 - What is stopping you from giving that support?
3. What choices do orphaned children have?
- What difficulties do Tamari and Itai face?
 - What dangers did Tamari face in the video?
 - What made Tamari do what she did?
 - Who is to blame for the situation Tamari finds herself in with Shaghi?
 - Does Tamari have any choice?
 - Does our society force girls and women into this kind of situation?
 - What can we do to protect children like Tamari from sexual exploitation?
4. What happens to neglected children?
- In the video, what did the Pastor do?
 - What else could he have done?
 - How was Itai's experience in the children's home?
 - What support can institutions like the church, school, and the state give the children?
5. What is life like for a street child?
- What made Itai go to town?
 - What makes other children go to town?
 - What dangers did Itai face in town?
 - What could we do to support children like Itai?
6. Recap to sequence No 1:
- Whose responsibility are the children?
 - Do you think Ozias was right in what he did?
 - How has the extended family changed?
 - Whose responsibility are the children?
7. What can we do to prevent situations like this happening?
- How did you feel when Nkamo died?
 - Does it need a disaster to make people care?



Summary (5 min)

Stress on:

- Benefits of why a child is everyone's child.
- Why everyone should be involved.
- Importance of mobilisation.

Action Planning –Discussion (15 mins)

As adults and as a community:

- What resources do we have?
- What can we do as individuals to support such children in our community?
- What can we do as a community to support these children?

As a group, complete the table below. Your action should be S.M.A.R.T (Specific, Measurable, Achievable, Realistic and Time-bound)

Action Plan and Report Back



Community Mobilisation Action Plan

PROBLEM/ CHALLENGE	ACTIVITY/ TASK TO DO	WHO WILL DO IT	WHEN WILL IT BE DONE	IMPACT INDICATORS



Summary (5 min)

Stress key points on ways to help orphans.

- Love them
- Give them shelter
- Help them to be in school
- Let them be part of us



12A. IMPLEMENTATION OF INFUSED & INTEGRATED SYLLABUS (2 hours)

Training Materials

Flip charts

Samples of Schemes of Work.

Sample of a Lesson Plans.

Behaviour Change Ladder and the 3Ts.

Book References

- Let's talk about AIDS; Books 1 – 3
- Facilitators handbook – KIE
- Kenya Primary Syllabus Vols 1 and 11 - 2002

SESSION OBJECTIVES (2 MINS)

At the end of the session, the participants are expected to:

- Draw up Schemes of work and Lesson Plans responsive to HIV & AIDS education implementation.
- Guide teachers to apply the 3Ts methodology in the preparation and presentation of the lesson.



CONTENT AND PROCESS

1. Introduction (15 min)

- Recap on what the syllabus is?
- Brainstorm on what is the structure of the syllabus.
- Facilitator to display and go through the checklist below in way of interacting with the syllabus
 - The National Goals of Education
 - General objectives
 - Subject time allocation
 - The Kenya National Anthem
 - Themes
 - Topics
 - Sub-topics
 - Specific objectives
 - Content

2. Infusion and Integration (10 mins)

The emerging issues such as HIV/AIDS, drug abuse, etc have been infused and integrated in the syllabi.

Brainstorm

1. What is infusion? (incorporation, inclusion)
2. What is integration? (mixing, injection)

3. Teaching Approaches: Introduce Behaviour Change Ladder and the 3Ts (Transmission, Transaction and Transformation) (20 mins)

Recommended Approaches

Facilitator to go through the recommended approaches on flip chart.

- Story telling
- Debate
- Drama

- Role play
- Discussion
- Poetry
- Case study
- Songs
- Questions and answer in comprehension
- Brainstorming

4. Scheme of Work (25 mins)

A good scheme of work addresses four key questions:

1. Why?
2. What?
3. When?
4. How?

Group Activity

Facilitator distributes questions to different groups.

Discuss

1. Why prepare Schemes of Work?
2. What are the qualities of a good scheme of work?
3. When should Schemes of Work be prepared?
4. How can the schemes of work be effectively implemented?

Facilitator to harmonise with checklist.

Sample Schemes of work and Lesson Plans (20 mins)

Facilitator to go through a sample Scheme of Work and lesson plan on flip chart.

5. Group Activity (50 mins)

In groups participants prepare Schemes of Work and lesson plan and display for critique.



Summary (18 mins)

Checklist

Facilitator emphasises the benefits of integrated approach using the summary checklist.

1. Why?
 - To divide topics into the week of the term/year.
 - In case of any change e.g. transfers
 - For content suitability to the learner.
 - To organise for materials.
 - Coverage sequence and completion.
2. What?
 - Time frame
 - Smart objectives
 - Topic
 - Sub topic
 - Activities
 - References
 - Teaching/Learning Aids
 - Remarks



3. When?

- Before the term commences (over the holidays)
- To cover 39 weeks in a school year i.e. Term 1 – 14 weeks, Term II, 14 weeks, Term III – II weeks

4. How?

- Identify methods that can best be used to effectively implement the scheme of work. E.g. preparation of lesson plan.
- Identification and availability of resources/materials.
- Remedial teaching and learning.
- Provision of materials e.g. books, readers.
- Teaching approaches and techniques.
- Operational subject panels.

Summary Checklist for Lesson Plan (10 mins)

- Themes in syllabus have been well addressed.
- The purpose of the syllabus must be well understood.
- The content builds on knowledge, attitudes and skills.
- Brings about linkages of various subjects.
- Offers opportunities for use of various methodologies, which makes learning interesting.
- Its time saving.



Summary (10 mins)

- For the school to achieve the positive character formation of its pupils in line with the Kenya national goals of education, we need concerted effort.
- Teachers need to participate in every aspect of school life in order to realise the desired change. This is to be made possible through systematic planning by the entire school community.
- The Headteacher, having been sufficiently trained in school management, will facilitate in developing action plans, for health, that will create an enabling environment in the school for teachers to work together in the delivery of the curriculum and AIDS education.
- Schools, through their SDP, will also provide for systematic monitoring and evaluation of teaching and learning.

It is worth noting that the teacher, as an agent of change, will need to be vigilant and learn fast in order to provide examples to the learners by being a role model. All said and done, nothing is so difficult with concerted effort. We wish to urge Headteachers, teachers, parents, pupils and education officials to fight the war against AIDS as a team.

Implementing AIDS Education in Schools

AIDS Education consists of knowledge, skills and attitudes meant to assist the learners to develop and adopt behaviour that will prevent them from being infected with HIV. It will also equip them with the necessary skills to transact and transmit AIDS information to others. This will help in the prevention of HIV infection and control the spread of AIDS.

The major purpose of AIDS Education is behaviour development which is appropriate to the youths' formation, to help in HIV/AIDS prevention and control. The AIDS Education General Objectives: (Reference: Kenya AIDS Education Syllabus, KIE 1999)

The learners should be able to:

- Acquire knowledge and skills about HIV/AIDS and STIs.
- Appreciate facts and issues related to HIV/AIDS and STIs.
- Develop life skills that will lead to AIDS and STIs free life.
- Identify appropriate sources of information on HIV/AIDS related issues.
- Make decisions about personal and social behaviour that reduce risk of HIV and STIs infection.
- Show compassion and concern for those infected and affected by HIV and AIDS.
- To be actively involved in in-school and out-of-school activities aimed at prevention of the spread of HIV infection.
- Communicate effectively with peers and others on issues and concerns related to HIV/AIDS and STIs.

The National AIDS Education Syllabus has been developed and distributed. It aims at enriching the existing school curriculum by focusing more on HIV and AIDS related issues.

The syllabus outlines the following aspects for various classes and levels:

1. Topics
2. Specific objectives.
3. Content.
4. Learning/teaching activities.
5. Resources
6. Suggested assessment methods.
7. Suggested time.

Implementation

The AIDS Education content can be carried out through most of the school curriculum by infusion and integration.

It is important to note that AIDS Education is a value-laden subject, which requires value clarification methods when teaching it. Some issues and topics contained in AIDS Education are sensitive and the values attached are deeply rooted. Therefore, the approach used in teaching must bear in mind the feelings and background of the learner. Any user of the AIDS Education materials should aim at making the learner feel at ease as well as discussing and reflecting critically on the issues.

Consequently, the following approaches have been found to be useful when dealing with HIV and AIDS issues.

The use of the 3Ts (Transmission, Transaction, Transformation). These can be aligned to a behaviour change process characterised by the following stages:

- Unawareness
- Awareness
- Acquisition of knowledge and skills
- Motivation to take action
- Trial of new acquired knowledge and skills
- Sustained behaviour

Transmission

- The teacher is the source of all information and regards the learner as a blank slate to be filled with information.
- This can be useful only when knowledge levels of the learners are low or when content being taught is completely new or difficult.

Transaction

- This is a self-discovery method, with the teacher acting as a director or guide of what is to be achieved.
- Here, the teacher is aware, before hand, of the knowledge level of the learners and guides them to a specific and known direction of achievement.

Transformation

- This allows for learners to initiate their own learning activities so as to develop their own attitudes and solution.
- The teacher plays the role of a facilitator and allows the learners to think critically, analyse their experiences and draw their own conclusions.
- It is a very effective method for behaviour change as it is learner-centred. It attaches value/worth and self-esteem to the learner.

The three Ts discussed here are useful. The challenge is for the teachers to use which and when or a combination of all. The third T is recommended for behaviour formation or change as learners take charge of their own learning activities.

Methods

Specific methods of teaching that will ensure that learners actively and freely participate in learning of AIDS messages should be selected. These need to have clear aims of enhancing positive behaviour towards the prevention of HIV/AIDS. Such methods include:

- Case studies
- Story telling
- Discussion
- Singing
- Debates
- Projects
- Games
- Dramatisation/role play
- Use of media

Other methods are useful for out-of-class activities. They include clubs such as the school health club, anonymous question box, information corner, school assembly, music, drama and athletics, among others.

12B. COMMUNITY SESSION - OVC

(2 hours)

OBJECTIVES (2 mins)

At the end of the session, participants should be able to:

- Identify who the orphans and vulnerable children are.
- Sensitise community to identify situations and activities that pose risks to OVCs and lay strategies to alleviate risk.
- Sensitise the community on the care and support of OVC using community resources.



CONTENT AND PROCESS

Who is an orphan? (10 mins)

An orphan is any child below 18 years who has lost both parents.

Who is a vulnerable child?

Vulnerable children are those at high risk of contracting HIV/AIDS e.g.

- Street children/families
- Girl child
- Disabled
- Children under difficult circumstances e.g. refugees, immigrants, displaced families etc.
- Children without parents.

What are the social benefits of taking care of orphans? (Brainstorm) (10 mins)

Discuss social benefits in general.

Social Benefits (Brainstorm activity)

- Future leaders
- Future adults.
- Future parents.
- Community progression/continuity/sustainability depends on the child.
- Future nation generation depends on the child.

There is need, therefore, to mould this child through constant healthy interaction

- Giving quality assurance in life (appreciating)
- Giving quality support.
- Creating an enabling environment for good growth (and positive behaviour formation and change)
- Provision to competing for job opportunities on the labour market.

Reflection on the past (10 mins)

The life of the child depends entirely on a community. In the olden days, there was communal life.

Brainstorm on what happened to orphans?

- Took care of them along with their own children.
- Children were regarded as property of the entire community.
- This provided a living for the disadvantaged who managed to go through normal life.
- Orphans who became successful in life could talk of their childhood with nostalgia.

We should not lose sight of these living testimonies or examples. We need to understand the challenges/hindrances we are facing today i.e. HIV virus, AIDS impact, poverty and societal change. There is, therefore, need for positive behaviour change for all of us. We need to come out collectively to fight what affects our youth.

Activity 1 – in groups (40 mins)

Today in your community, what situations or activities poses risk to OVC? Discuss and record strategies that could be used to alleviate these risks.

Risks	Strategy	Activity
<ul style="list-style-type: none"> • Rape • Abuse • Child labour 	<ul style="list-style-type: none"> • Orphans must be under care • They must access education • People who are to look after children should be censored by the community 	<ul style="list-style-type: none"> • Composition of village elders • Strengthen community networks.

Orphans' schooling can be affected through economic stresses on their households, psychological impacts that are a result of changes in family structure and functions that involve new responsibilities to care for the sick, the elderly or siblings, as well as loss of parental guidance and interest in children's education.

Activity 2 (40 mins)

Below is a table showing the needs of orphans and vulnerable children as identified by children. The overriding need is food, as identified intellectually by adults and demonstrated physically by children, who are hungry. It is noted that clean water, security and schoolbags were mentioned by children more prominently and with greater emotion than by adults. Those most frequently mentioned needs after food are school uniforms.

By priority as given by Orphans	At Home	At School
<ul style="list-style-type: none"> • Food • Clean water for drinking • Health care • Uniform • School bags • Security • Bedding • Daily wear 	<ul style="list-style-type: none"> • Food • Clean drinking water • Medicine • Protection (security, especially at night) • Clothes to wear at home (including underwear) • Housing (with space for doing homework) • Examples of others doing well (hope and motivation) • Bedding – sheets, blankets, mattresses, Pazia (Sheet used to partition a room for privacy) 	<ul style="list-style-type: none"> • Uniform (including PE kit and sanitary towels) • Textbooks (if sharing, don't always complete homework) • School bags (get in trouble if books spoilt) • Shoes (especially for sport and to visit latrines) • Privacy when using latrines (no doors)

Examples from one community

	Priority needs in school	How	Resources	By who?
1.	Food			
2.	Medical care			
3.	Access to education			
4.	Security			
5.	Psycho-social support			

**Summary** *(8 mins)*

- Emphasise on the importance of acting immediately.
- Why communities must break the silence surrounding the impact of HIV.
- Action taken should be followed through.

13. ACTIVITIES FOR DEVELOPING LIFE SKILLS

(Total time: 2 hours)

Training Materials *(Pre-prep)*

Flipchart:

- Piece of paper A4, one per participant

Flipcharts on:

- Assertive, Passive, and Aggressive characteristics; Decision making model
- Prepared cards for role play
- Report format on role play
- Three categories of life skills

Session Objectives *(5 min)*

At the end of the session the participants should be able to lead activities that are intended to strengthen life skills on self-esteem, assertiveness and decision-making.



CONTENT AND PROCESS

Revision of Life Skills *(10 min)*

Revise the three categories of life skills:

- Knowing and living with oneself (knowing who they are, their weaknesses and strengths, self-esteem, assertiveness, coping with situations, managing self).
- Knowing and relating to others (skills for interacting with others, negotiation, assertiveness).
- Making effective decisions (creative and critical thinking, judgment).

Taking one skill from each group, take participants through the following activities, which are given in detail in the handouts.

Self-Esteem Activity *(20 min)*

One of the skills that motivates children to change is strong self-esteem. However, some adults fear building strong self-esteem in their children for fear that the children will become arrogant or difficult to discipline. There are many things we can do in school and at home to either build or destroy the self-esteem of young people.

Lead participants through the self-esteem activity.

Assertiveness Activity *(25 min)*

Lead participants through the assertiveness activity.

Role Play *(35 min)*

Lead participants through the role play.

Decision Making *(20 min)*

Introduce participants to the process of decision-making and encourage them to do the activity in their own time.



Summary *(5 min)*

School environment can be used to help young people Practice life skills.

Self-esteem

Reflect: What do you understand by self-esteem?

One of the values that motivate children to change is strong self-esteem.

Self-esteem is how someone feels about himself or herself, whether they think positively about themselves or appreciate their individuality.

When someone feels positively about themselves, they are more confident and ready to accept challenges. They are less likely to be influenced negatively by others. Sometimes we discourage high self-esteem in children for fear that they will become too proud or conceited. Healthy self-esteem is a positive value to develop in young people.

Our self-esteem is built (and destroyed) by those around us: parents, teachers and friends. It is an on-going process.

Self-esteem Activity

Take a clean piece of A4 paper. Clear a space in front of you. As the following statements are read out, tear a piece of the paper off. Make the size of the piece represent how much of your self-esteem is damaged by what has been read out. Put the piece of paper to one side on the table.

For example:

1. Your best friend laughs at your new hairstyle or new shoes (ensure all participants have understood).
2. You fail an exam.
3. Your husband or wife forgets your wedding anniversary.
4. You have a problem but none of your family friends has time to sit and talk about it.
5. You are retrenched from your job.
6. You find out you are HIV positive.

Ask participants to hold up what is left of the paper. Stress that we all have something remaining in order to carry on. Without any self-esteem, we would give up on life.

Building Back Self-esteem

Read out the following statements and see what participants do: Participants will use the shredded pieces of paper to build back their self-esteem.

1. If you come home and your child has drawn you a picture
(if someone tears the paper again, ask whether that really would damage their self-esteem.
Establish that good and supportive things build our self-esteem. Read the rest of the statements).
2. A friend calls and thanks you for the help you gave them in arranging a party.
3. Your contributions at work are praised by your boss in an office meeting.
4. You get an unexpected pay rise for hard work.
5. You win a singing competition.
6. You return home after a workshop and your family tells you how much they missed you.

Now hold up your paper – how big is your self-esteem?

How do you feel about yourself and your ability to deal with life?



What examples can we think of as things that can destroy a child's self-esteem? What can build it? How can this be applied to school life?

Self-esteem gives us strength. As teachers, we need to strengthen the self-esteem of the children.

Assertiveness

Stage 1 (Read the following case study)

You have been standing in the queue at the post office for half an hour. You are getting anxious because a friend is waiting for you to take some medicine to him. There are only three people in front of you, each with a single bill, and you are sure you will be served in the next few minutes. Out of nowhere, another person enters the Post Office and sees his friend in front of you. He walks up to his friend, greets him and joins the queue in front of you.

Read the following three possible behaviours and ask the participants the action they would take?

1. Tell the person off angrily and demand that he goes to the end of the queue.
2. Feel very angry and whisper to the person behind you that you think it is very bad manners for someone to jump the queue.
3. Calmly tell the new person that you have been waiting for a long time and firmly ask him to take his place at the back of the line.

Get one representative of each type to move to the appropriate part of the room where you have put a newsprint with the characteristics of that behaviour type.

Stage 2 (Ask the participant to turn the newsprint over and read through that behaviour pattern.)

Passive

- Do not stand up for their own rights
- Put others first at their own expense.
- Give in to others
- Always apologise
- Remain silent when something bothers them

Assertive

- Respect self and other people
- Listen and talk
- Express positive and negative feelings

- Are confident and not pushy

- Stand up for own rights without putting others down

Aggressive

- Have no thought for other people
- Put self first at the expense of others
- Overpower others
- Argue
- Get what they want at the expense of others

Discussion

What are the advantages of being assertive?

- You can say no without feeling guilty
- You ask you for help when needed
- You have better relationships
- Others will respect you
- You disagree without becoming angry
- You feel better about yourself
- You have respect for yourself
- You have more friends

Questions

1. Which behaviour pattern can help young people avoid the risk of HIV infection?
2. Do we promote this behaviour in our girls and boys? If yes, HOW do we promote it? If no, WHY NOT?
3. Are we ready to promote this behaviour pattern or are there strong reasons against it?

Role Play Activity

What skills are needed to be able to respond assertively when someone wants you to do something you know is wrong?

Example of Responding to Persuasion

New friend	You
Suggests /offers something	No. - explain your feelings (verbal and non-verbal message)
Distracting statement	Get back on topic
Persuade	Refuse (repetition)
	Delay
	Bargain

Role Play in Pairs

Give one card to each of the pairs and ask them to act the situation that is written. All three-role plays are scenarios where an assertive response can be practiced.

(Note that the first two are suitable for adults and young people. The third scenario might not be the most effective for young people. Even for adults, it is easier to provide examples of behaviour when the scenario does not involve sex. The choice is for the facilitator as to what will be the most effective). Before the role-plays begin, ask the audience to fill in the table as follows, writing down what they observe.

(Do not provide the answers. This table is filled in as an example to the facilitator).

Role play	Relationship observed	Life skill Demonstrated	Strategy Approach used
1. Smoking	Friends/agemates/peers	Self control/ responsibility	Advising a peer/reminding
2. Finding money	Workmates/peers	Honesty/openness/ frankness	Influencing/persuading/ tempting
3. New friends	Strangers/age mates/ New acquaintances	Self-control/responsibility/ assertiveness	Repeating no, stating one's view calmly

Role Play 1:

Card A: You meet a friend who has given up smoking. You try to get him/her to smoke again.

Card B: You have recently given up smoking. You are determined not to start again. You meet a friend.

Role Play 2:

Card A: You and a friend find some money that someone has dropped at your place of work. You want to give the money to your supervisor.

Card B: You and a friend find some money that someone has dropped at your place of work. You want to keep the money.

Role Play 3:

Card A: (man): You have taken a new girl friend out for the evening. You like her very much and you want her to come home with you.

Card B: (woman): You have been out for the evening with a new boyfriend. You like him very much, but you don't want to go home with him.

Lead a discussion on what was observed in the role-play. How can these be used to support behaviour change?

Discussions that rose from this session included the issues of assertiveness among women. During PSABH we have found that although parents wish to protect all their children, both boys and girls, from HIV infection and, in principle, support the idea of longer abstinence, there is a cultural conflict surrounding sexual roles.

Men tend to voice the opinion that women either mean 'yes' when they say 'no' or shouldn't refuse sex when a man persists.

When the audience is made up of adults, and especially teachers or teacher trainers, the responsibility for changing culture in the face of a fatal disease (i.e. an illness resulting in death) lies with them. There is no point paying lip-service to AIDS education unless we are prepared to change prevailing sexual behaviour and practices.

Decision Making

Three Cs to Good Decision Making

Step 1 Explain that making decisions and knowing the consequences are important skills young people need. Ask teens to take out a blank piece of paper and write down a serious decision that they or their friends are currently making.

The decisions can be about anything: school, a job, a family situation, or a friend. Instruct them to choose a decision where the consequences really matter, instead of something that will not make much difference. Assure them that what they write will remain confidential.

Step 2 Collect the papers in a basket or hat. Read them quickly and choose five or six that are tough decisions, and have the co-facilitator write them on the newsprint, editing them to keep confidentiality.

Step 3 Explain to the group that these are the kind of challenges many young people face, especially as they become independent. Teens must make decisions and learn to live with the consequences.

Step 4 Using an overhead transparency or newsprint, display the chart with the decision making model on it and point to the word “challenge. Ask the teens to choose one challenge, then write it on the first line of the model. Now point to the word “choices” on the model. Ask the group to brainstorm several choices or options that a person making this decision has. List those beside the word “choices” and add any others that you can think of. Be sure there are at least three choices.

Step 5 Remind the youth of the consequences in the previous activity. Point to the word “consequences” on the model. Ask them to think of possible negative and positive consequences for each choice. Add any obvious consequences the group may leave out, especially negative ones. Point out that the number of choices should not determine the best choice. You should note the intensity or weight of each choice.

Step 6 Tell the group to look at the choices and consequences and make a choice together. Try for consensus or take a vote to determine the outcome. Clarify that decision-making is usually done alone, but people may seek other people’s opinions before making a decision.

Step 7 Summarize what is on the newsprint and help learners to articulate the three steps in making a good decision when facing a challenge. Conclude this activity using the discussion points.

Discussion Points

- Do certain decisions warn you right away to choose something else? If so, what are they? (possible answers include: a risk to health or to your own or someone’s life, a risk of going to jail, a risk of losing your integrity).
- What negative consequences relate to a person’s feelings or values? (Answers include: guilt about choosing against your values, feeling bad for doing something your parents, religion, traditions, culture or friends would disapprove of, feeling used or exploited).
- When facing a tough challenge, and unsure of the decision to take, who could you turn to for help? (possible answers: talk to someone who can help, such as a friend, teacher, school Counselor, religious leader, parent or other trusted adult).
- How can you explore all the possible consequences of a particular choice? Who can you talk to and how can they help?
- Are you facing a decision now? Can you use this model to help you?

(Adapted from Life Planning Education, Advocates for Youth, Washington D.C.)

Three Cs to Good Decision Making Model

1. Challenge (or decision) you are facing:

2. Choices you have:
Choice 1: _____
Choice 2: _____
Choice 3: _____
3. Consequences of each choice:
Positive: _____ Negative: _____
Your decision is: _____
Your reason is: _____

(Adapted from Life Planning Education, Advocates for Youth, Washington D.C.)

Advance Preparation: Write out each one of the “Tough decisions” role-plays on a separate piece of paper or photocopy them and cut them apart so each group will have one role to play. Each team will also need a copy of the “Three Cs Model.”

Remind the learners of the Three Cs that can guide good decision making: the challenge, the choices and the consequences. Point out that it is important to analyse the three Cs for decisions that could have a major impact on a person’s health or future.

Divide the group into 4 teams and give each one a role-play scenario. Tell the learners that they are now going to have a chance to Practice using the three Cs model so they will be able to use it to make major decisions. Present the following instructions for this activity:

1. Each group will write out the model for each decision on a piece of newsprint or on the handout. Spend 10-15 minutes on this activity.
2. Then each group should spend 10-15 minutes preparing a role-play based on your scenario plus the choices you have made, and another 5 minutes to present it to the entire group.
3. After all the role-plays have been presented, take 3-5 minutes to share your decisions with the entire group.
4. Make sure learners understand each other in the role-play and the decisions made are based on the play. Conclude this activity using the discussion points.

Discussion Points

- Is it difficult to make good decisions? What makes it difficult? (possible answers are: the influence of drugs or alcohol, pressure from peers or a partner or not realising a decision has to be made). What makes it easier? (Answers include: knowing how to resist pressure, being sure about one’s values and goals).
- How are most decisions made, in reality? (they are not made consciously, and events or things just happen).
- Have you ever made a decision that affected other people? What happened? Have you ever drifted into a decision or let someone lead you into a decision? What were the consequences?
- Can you use the model to help you make important decisions?

One of the decisions young people have to make is whether or not to have sex. The following reasons for and against should be raised in any discussions, along with others from young people themselves.

Reasons for having sexual intercourse as a single teenager	Reasons for not having sex as a single teenager
<ul style="list-style-type: none"> • To stop pressure from friends/partner • To communicate loving feelings in a relationship • To avoid loneliness or get affection • To get/receive presents/gifts • To receive and give pleasure • To show independence from parents and other adults • To hold onto a partner • To prove one is an adult • To become a parent • To satisfy curiosity 	<ul style="list-style-type: none"> • To follow religious beliefs or personal or family values to be ready for intercourse at the right time • To keep a healthy relationship from changing • To avoid pregnancy • To avoid STD/HIV/AIDS • To avoid hurting parents • To avoid cervical cancer • To achieve goals • Self dignity

NB. Discuss the risk of having sex and benefits of not having sex or delaying having sex

14. Co-CURRICULAR ACTIVITIES & VIDEO

(2 hours)

Training Material *(Pre-prep)*

- Use of video, drama and music video.
- “Banana” video
- Thematic song “Ukimwi tuvute chini”
- Choral verse “Believe in Yourself”
- Cards on “Set my daughter free”

Session Objectives *(2min)*

By the end of the session, the participants will be able to identify:

- The ways of using video, drama and music in passing positive behaviour change messages and select themes to be used in co-curricular activities to reinforce positive behaviour change.

Co-curricular Activities

What are co-curricular activities *(5 mins)*

- Brainstorm and list co-curricular activities

Activity 1 *(10 mins)* When do we use the activities?

- Explain that the video, drama and music are part of learning resources and teaching methodologies.
- Group activity to discuss the further purpose of video, drama and music
- Report back in groups
- Trainer to harmonise the point.

Activity 2 *(10 mins)* How do we use them?

In a group, discuss how co-curricular activities may be used to pass or reinforce positive behaviour messages. (Report back and harmonise)

Activity 3 *(30 mins)* Drama

- Act one and two – set my daughter free. (use handout)
- Trainer to initiate the discussion points.

Activity 4 *(25 mins)* Music

- Introduce the thematic song “UKIMWI Tuvute Chini”
- Participants to listen to the song.
- Sing and discuss.
- Discuss the quality of the song in terms of knowledge, action, motivation to act and change message.



Activity 5 *(30 mins)* Video

- Introduce the video i.e. “The Banana”
- Participants to watch the video and draw various messages such as abstinence/avoidance of risk.
- Get feedback from the messages and discuss guided questions on the handout.



Summary (8 min)

Harmonise the importance of co-curricular activities in bringing about positive behaviour messages.

- support integrated approach
- Develops variety of skills
- It is enjoyable
- Offer opportunity for talents development in young people
- Guided use of energy
- Character formation
- Raises self esteem

Use of Video Drama and Music

Objective

By the end of the session, the participants should be able to identify ways of using video, drama and music in passing positive behaviour messages.

Video, drama and music are part of mass media or are resources that can be used among major channels of communicating key messages that can influence or strengthen behaviour change among the target audience. In order for them to be used effectively, the messages they carry should address a carefully targeted objective and of HIV/AIDS transmission and prevention, among others.

When do we use them?

To capture and maintain the interest of the learners.

1. Introduction - as a catalyst to provoke learners' interest.
2. As a bridge (e.g. 2 minutes interlude) to sustain learners' interest.
3. As a summary or conclusion.

Used as a summary, these forms can provide an opening for follow up activities

1. To supplement content and enhance understanding of technical or abstract topics.
2. Topics the presenter may not be comfortable with e.g. the mention of certain terminologies.
3. If a topic needs to resolve conflicts due to certain cultural norms in a community that are no longer meeting the needs of that particular community in the contemporary society.
4. These can also be used as alternative methods of communication in cases where one is absent
5. During free time as entertainment or for enjoyment
6. To convey a message that provokes listeners to carry out follow-up activities e.g. write a composition, carry out a project, etc.
7. For marketing purposes; they need to be continuously reviewed to compete with the market.

How do we use them?

- By selecting a relevant theme e.g. 'Men who care make a difference'
- By explaining what this theme entails.
- Letting audience listen to the information and analyse it.
- Letting the audience express any criticisms and contribute personal experience concerning the message and set them free to decide on what to do about it.
- Once can use a written document in the form of an exercise to accompany the channel of communication.
- They can be used to emphasise solutions.
- They contain messages of hope e.g. "How to have fun", "Stay healthy", "Get good advice".
- Why do we use audio videos? Understand better when we hear and see a message.

Drama: Can be on radio, television or real drama

Real drama can be used in situations where audio-video and radio are inadequate and unavailable.

Real drama can be used very effectively to emphasise behaviour change because it is more:

- Believable
- Informative
- Suitable for all ages.

This is more so when the cast is drawn from among the audience. The roles actors play should come out real.

This drama can be used in any setting of audience, thus a good behaviour change drama will:

- Offer positive role models in realistic situations.
- Demonstrate new behaviour.
- Suggest strategies that can be adopted.
- Offer an opportunity to consider different responses to difficult situations.

Behaviour change can be encouraged by:

- Writing your own drama (endorses use of common expressions, exploration of common views)
- Acting in drama (offers an opportunity to Practice new behaviour)
- Discussing a drama (personal reactions to the drama can be investigated and influenced by discussions with the whole audience)

Title: Set My Daughter Free

(Sarah is on her way from school when she meets Mr. Nyang, a local businessman)

Mr. Nyang: Hi Sarah, babe..., dearest.... You are looking so beautiful. See how fast you've become a woman, your legs ah, your waist ah, your ah! ah!

Sarah: *(Shyly)* Well thank you.

Mr. Nyang: So, where are you going?

Sarah: *(walking away)* I have been sent to the shop.

Mr. Nyang: Come on Sarah, I am your friend *(now going after her)*. I've got a nice gift for you and if you don't mind, I can give it to you in style at Disneyland Hotel, the place is wonderful!

Sarah: Well, thank you, but my dad says I must not go to hotels.

Mr. Nyang: Sarah ah! What is the matter? Don't you like me?

Sarah: Well, my mother says it is not good to stand gossiping around.

Mr. Nyang: But look, I have a nice watch for you, beautiful one. It will help you plan your study time.

Sarah: Excuse me *(looking back)*. Thank you but I have to ask my parents first before I can accept gifts.

Mr. Nyang: But Sarah....

Sarah: I gave you my last word, I have to go now.

Mr. Nyang: Come on Sarah.

Sarah: No, thank you, my mother is waiting for me. Bye.

Mr. Nyang: *(running and blocking her way)* – Sarah come on Sarah. Do you really mean it? *(Sarah raises her hands)* Sarah don't be a baby in this thing.

Sarah: Look here comes my uncle! *(Mr. Nyang turns around and she takes off)*.

Discussion Points:

Sarah's response to the situation.

- 1) How else could she avoid these unwanted advances?
- 2) Do you think Sarah needs any assistance for her problem and whom do you suggest she should approach for instance?
- 3) Suggest possible (popular) phrases of saying NO to unwanted sexual advances.

Act Two:

(Sarah is hunched in a corner crying. The teacher approaches her and Sarah looks up)

Teacher: Hi Sarah

Sarah: Hello teacher *(stands up)*.

Teacher: Is something bothering you?

Sarah: *(sobs)*.

Teacher: Tell me about it Sarah.

Sarah: It is Mr. Nyang, the shopkeeper. He keeps asking me to take gifts from him. Today he tried to force me to go out with him and I am scared.

Teacher: Ah! He must be a very bad man. Do you go out with him?

Sarah: No.

Teacher: Are you sure Sarah?

Sarah: Yes teacher.

Teacher: So what did you tell him.

Sarah: I told him I am too busy for his chips and gifts.

Teacher: Well Sarah that was very wise of you but you must not go out with any man for chips or anything else. What are you going to do now?

Sarah: I do not know teacher. I've been trying not to meet him.

Teacher: Well now Sarah, I think I should talk to your parents about Mr. Nyang or perhaps the headteacher could talk to the man?

Sarah: Well then, let me talk to the head-teacher and (*freeze*).

Discussion Points:

1. Do you think Sarah is right to discuss her problem with her teacher (if no, where else do you think she could have sought help)?
2. What do you think of the teacher's response?
3. What do you think will happen if the teacher refers the matter to the head-teacher?
4. After talking to the teacher, do you think Sarah is any closer to the solution for her problem? What else could she do?
5. Who do you think should approach Mr. Nyang? should it be the teacher, Sarah's parents, or an elder? And what do you think would be Mr. Nyang's reaction?
6. Who should take the initiative in the discussion of such matters? What can be done to prevent these situations?
7. What if Mr. Nyang was the headteacher? The teacher? Another pupil?

Note:

- Both boys and girls can receive unwanted attention
- Not only do young people need to be able to protect themselves whilst young, they should also not grow up to be like Nyang
- Discussions should be controlled to realistic situations and solutions for behaviour change.

Additional Discussion points

Good ways to get of difficult situations

Make an excuse to leave

- I have errands to run and then I have to do my homework.
- I have been sent on an errand
- I have to go now, they are waiting for me at home

Refer to a higher authority

- I have to ask my parents if I may accept a gift
- My mother says: It is not good to stand gossiping
- My father says: I must go straight home after school

Physical response

- Run away
- Shout or scream
- Go home by another route
- Always walk with friends

Repeat the same strong statement

- Thank you, but I have to ask my parents' permission.
- I do like/love you, but I don't want to do that yet (or go there now)
- If you like/love me, you will listen to me and respect my wish.

Guided questions for use after watching "The Banana"

- What do you think about the video in terms of passing messages on behaviour change?
- What was wrong with Hamnakapere?
- The poet refers to the Banana. What do you think this means in the video?
- What positive messages are relayed to the youth in this drama?
- In your view, what type of people is the video suitable for?

UKIMWI TUVUTE CHINI *(Words and music by Eric Wainaina)***BOY:**

Will you come for a walk with me little girl?
 I've got plans for you and for me little girl
 I will give you gifts, sweet things and promises
 Hugs and kisses and all that you dream of
 Will you come for a walk with me little girl?

GIRL:

I've been warned before about people like you my friend
 Who promise the world and sweet things that turn bitter in the end
 I have dreams of becoming a doctor (Oh yes)
 A pilot, a colonel or teacher (Oh yes)
 I don't believe your plans are going to help this little girl (No)

CHORUS:

Ukimwi tuvute chini (Chini! Chini!) (lets bring down the killer Aids)
 Lazima tulenge juu (Juu! Juu) (We must aim high (high high))
 Ukimwi tuvute chini (Chini! Chini) (lets bring down the killer - Aids)
 Mimi na wewe ndugu (me and you my brother)

BOY:

How can I prove my love for you little girl?
 If you won't let me whisper my thoughts in your ear pretty girl

GIRL:

You can prove your love by taking your hands off me
 By getting to know me and keeping yourself for me

CHORUS:

Ukimwi tuvute chini (Chini! Chini) (lets bring down the killer - Aids)

BOY:

But when boys like me get the urge it must be satisfied
 We can't let the feeling go to waste, tell me should we be denied?

GIRL:

That I believe my friend separates the men from the boys
 Having the power of control separates the men from the boys

CHORUS:

Ukimwi tuvute chini (Chini! Chini!) (lets bring down the killer Aids)
 Lazima tulenge juu (Juu! Juu) (We must aim high (high high))
 Ukimwi tuvute chini (Chini! Chini) (lets bring down the killer Aids)
 Mimi na wewe ndugu (me and you my brother)

"BELIEVE IN YOURSELF!" BY CAROLINE NDERITU*(Edited by Dr. Okumu-Bigambo)*

1. What is life?
A game of football or netball...
As we are cheered on by all?
Or days spiced... mmmh...
Aaaah... kuku choma topped with kachumbari,
With friends puffed up with chapatti?
2. If life is life what's life?
Walking and talking, talking-walking
Cool – majestic walky – talky
On many inviting paths
Spread forth before our feet?
3. Whatever life you choose to choose choose!
Whatever life you enjoy –
As sure as fish choose their swim-way
As the eagle sets to a flight
And how high to fly she chooses,
Be fuelled by a glowing hope –
Believe in yourself!
4. Set your destiny
Look down not, midway never!
Be all that you can be,
Not settling for sand
When you can harvest the stars;
Aspire and inspire
Not dreams but hope...
Believe in yourself!
5. Believe in yourself,
Allow yourself to see
Driven in the strength of our bright minds,
With the courage of cheerful hearts blending;
Whether you choose architecture or adventure,
Export, import or transport,
Choose life,
Believe in yourself!
6. Choose life in its prime –
What's honourable and true-take!
Of low and of no value – break!
For the untidy, crazy life – reject!
Look up to the stars
Holding the promise of a new day,
Cheer up with hope –
Without wandering,
Believe in yourself!
7. The power to choose you have –
Hold it true to yourself...
All begins and ends with you,
In the sighs and dreams – stay on course,
With friends and family
Education and frustration
Fish and chips and cheap cheers,
Choose life true to yourself
What you choose to choose cho-o-se!
Believe in yourself!

15. ADOLESCENT HEALTH AND SEXUALITY

(Total time: 2 hours)

Training Material *(Pre-prep)*

Handouts:

- Adolescent health materials:
- Posters, diagrams, newsprints, health and nutrition charts

Session Objectives *(5 min)*

The objective of this session is to discuss adolescent health in order to:

- Prevent infections
- Prevent use of harmful illicit drugs, including alcohol
- Discuss sexuality and fertility management
- Prevent sexually transmitted diseases and pregnancy.



CONTENT AND PROCESS

General Health *(30 min)*

Group Discussion: Let the groups brainstorm on the three areas indicated *(Report back)*

- List down the physical body changes for boys and girls
- List down health problems that can affect both boys and girls (non STIs)
- List down STIs that you know.

Girls	Boys
<ul style="list-style-type: none"> • Growth in height • Growth in hips • Increase in body odour and pimples • Breast enlarge • Enlargement of sex organs • Production of ova (eggs) • Start of menstruation • Growth of pubic and underarm hair 	<ul style="list-style-type: none"> • Growth in height • Growth of chest (broadens) • Increased body odour and pimples • Deepening of the voice • Enlargement of sex organs • Wet dreams • Growth of pubic and underarm hair

Drugs *(20 min)*

Harmful Illicit Drugs. In groups, list down harmful illicit drugs that you know

Facilitator to display a checklist on illicit drugs

Sexuality and Fertility Awareness *(45 min)*

Sexuality and Fertility Awareness

(Group discussion on:)

1. Sexuality in its totality.
2. Fertility as the potential to become a parent.

Females	Males
<ul style="list-style-type: none"> • Conception • Puberty • Menstrual cycle • Bleeding phase • Ovulation phase • Pre-menstrual phase 	<ul style="list-style-type: none"> • Conception (how a male comes into being) • Puberty <ul style="list-style-type: none"> - New experience - Sperms/erection/wet dreams - Masturbation - Negative development - sex - Orientation

Report back

The facilitator to refer to charts in the handout.

Sexuality

Brainstorm as a class on the items listed in managing sexual energy.

1. Self Awareness

Why do I need to know myself? *(Refer to handout)*

So who am I? *(Refer to handout for more details)*

- I am unique
- I am a sexual being
- I have a free will
- Can I then do what I wish with my life?
- I am a gift

2. Managing Sexual Energy: What to Do with Your Fertility *(Refer to handout) (15 min)*

How to maintain healthy friendships with the opposite sex

- How to go about it – values, respect, integrity, fidelity to self and God
- Prioritising generally
- Set rules of conduct in your dating
- Knowledge on sexuality
- Learning to control own sexual desires
- Seek good counsel
- Keep a healthy distance from opposite sex
- Involve God in friendships



Summary *(5 min)*

Stress the importance of:

- Self awareness
- Managing fertility
- Managing sexual energy

Adolescent Health

It is very important for young adolescents to go for medical check-up regularly.

The leading causes of death and disability among adolescents are preventable.

- Prevention of infectious diseases should include immunisation and counselling
- Prevention of sexually transmitted diseases and pregnancy is an important issue to be addressed in sexually active adolescents of both sexes
- Prevention of the use of harmful illicit drugs and alcohol and the potential for related injuries should be reviewed

Substance Abuse

Drugs - What are the common drugs used?

Alcohol - Marijuana and alcohol are the most popular substance of abuse among adolescents.

Cigarettes - There is an addictive effect of nicotine, which is absorbed by multiple sites in the body - including lungs, skin, gastrointestinal tract etc.

Glue - Results in inattentiveness, lack of coordination and general disorientation.

The breast - Breast development is one of the first signs of puberty. But it is often the focus of attention and a cause of anxiety in adolescents. Girls should be taught how to check for lumps (majority of these are benign and easy to treat).

Menstrual problems

Some variety of menstrual dysfunction occur in adolescent females. Most of the problems are minor. However, severe dysmenorrhoea or prolonged menstrual bleeding can be debilitating to a teenager. Adolescents with minor dysfunctions that do not require medical intervention should have their condition explained to them and should be reassured about their reproductive normality.

Amenorrhoea

Primary or secondary amenorrhoea may also be caused by chronic illness, particularly that associated with malnutrition.

Dysmenorrhoea

Painful menstrual cramps can be experienced. A few girls may significantly miss school.

Sexually transmitted diseases

The behavioural and physiological characteristics of adolescence predispose sexually active adolescents to the increased acquisition and reverse consequence of sexually transmitted diseases (STDs). Specific rates of many STDs are highest among sexually experienced adolescents. Intimate sex contact is the common mode of STD transmission.

Urethritis - Inflammation of the urethra.

Epididymitis - Inflammation of Epididymis in adolescent male. It is often associated with an STD.

Vaginitis (vulvatiis) - Vaginitis is superficial infection of the vagina, frequently presenting as a vaginal discharge.

Pelvic inflammatory disease - This include inflammation of endometrium tubo-ovarian abscess pelvic peritonitis (Gonorrhea).

Genital Ulcer Syndromes - These ulcers are most commonly seen on the penis and vulva. They also occur on oral and rectal mucosa, depending on the sexual practices of the adolescent (syphilis).

HIV - Human Immunodeficiency Virus.

AIDS - Acquired Immunodeficiency Syndrome (refer to doctor's notes).

Skin Problems

Acne

As adolescents become preoccupied with their appearance acne assumes great importance. For that reason, offering treatment even to the youngster whose acne is mild may enhance self-image and is appropriate. The skin of the adolescent is influenced not only by the hormones of puberty but also psychosocial factors occurring in a sexually transmitted disease with dermatological manifestations, stress, and drug abuse.

Use common sense

- You are intelligent and your will power enables you to choose chaste life as the only way to happiness
- Every human person, including the youth, has to be self controlled in his/her sexuality
- If you fail in this area, then you fail in other important aspects of your life including your studies.

Self Awareness

Why do I need to know about myself?

- To understand myself and appreciate myself in order to live in harmony with myself
- Being at peace with myself will enable me to live at peace with others
- Be able to respect myself – I will be able to respect others then and hence build a better relationship with God, my parents, my teachers, my peers and the entire community e.g. my church
- To know my talents and my gifts – therefore be able to develop full potential and be useful to others. Hence I will be a good person (leader), worker, good mother, father, brother etc
- To know my limitations and weaknesses

So Who Am I?

1. I am a human being – person with a body, mind and soul:

- My body is what everybody can see of me, my physical attributes. It is made of soil (mud) – Gen. 2:7 “ God fashioned man of dust from the soil.” In this regard it is the same as that of animals Gen 2:19 “so from the soil Yahweh fashioned all the wild beasts and birds of heaven” I am flesh and blood just like animals
- This body has needs e.g. food, clothing and shelter must be recognised and attended to. It has feelings, and emotions that must be understood and managed appropriately
- I have a mind that makes me higher than an animal. This is the reasoning faculty in me. I am an intelligent being. Therefore I can learn, choose and make decisions. Animals cannot do this but use instincts. So if instincts and not reason lead me, I am no better than an animal. Others will realise this and treat me as an animal
- The soul is that part of me that makes me like God. It helps me to have values and to know what is right and what is wrong. Gen 2:7 ‘ then He breathed into his nostrils a breath of life, man became a living being’
- My three components (body, soul and mind) are interrelated and they interact. If I, therefore, conceive myself in this totality, I will appreciate the value of taking care of all my faculties as I go through life. As young person I experience dramatic physical, spiritual and emotional changes. Understanding myself in this totality will help me to cope with all these changes

2. I am unique

- I am the only one of my kind. God has never created anyone like me and will never create another like me. God never repeats himself. He took the same care in creating me as He did with Adam and Eve. He created His spirit in me as I was created in my mother’s womb. So I am very special to God! He (God) created me a unique person for a unique purpose. If I don’t fulfil that unique purpose (work), no one else can do it. It will remain undone even in eternity Jer. 1:4-5. “Before I formed you in the womb, I knew you, before you came to birth, I consecrated you.” So was I, I am therefore not an accident! I am here because God wanted me to be here, and found that I am good exactly the way I am. I may have some weaknesses, but these together with my strong points are unique and if God in His wisdom decided that I should have them, then I lovingly accept myself just as I am in that uniqueness. I am also unique in my sexuality. I am therefore a unique gift from God to my parents, my society and my country Kenya. I will respect my youth and in this I will be respecting the life of the whole nation. (“Youth – future/present of any Nation”).

3. I am a sexual being

- I am male or female. There is no one part of me that is male/female. I am a sexual being in my totality – even the way I behave, respond to others, think etc, is part of my sexuality.

4. I have a free will

- God does not impose Himself or anything on me. He leaves me free to choose Him out of my free will. I can refuse to choose Him. That is a risk He takes because He loves me so much that He would not force Himself on me. He, however, is always near me so that He can help me along when I choose right. That is why He gave me a soul and intelligence so that I can make right decisions
- I can therefore choose positively or freely to be a future leader in the church, future parent, priest or religious, a good citizen etc.

Question: Can I then do what I wish with my life?

- Lastly, I have a potential to be good, because God created me good (together with the rest of creation). “He saw all He had made and indeed it was good.” Thus by using my freewill to choose and God’s grace I can develop that potential in me and become a better person as I relate to God and all others.

5. I am a gift

- This knowledge of ourselves can help us if we let Christ point the way for us. Since we are created in the image of God we can seek sincere knowledge of ourselves by learning how God is. The perfect example is Jesus Christ – true God and true man. He only can point out the authentic way to human knowledge of self
- “Thus your first priority is to strengthen your personal contact with Christ through reading of the Gospel, meditation upon mystery of salvation and prayer. This will make you good neighbours to your brothers and sisters.” This is quoted from Holy Father’s address to the young people of Luthinia. It does surely apply to us here
- Therefore, when we have come to such knowledge of ourselves, then love and friendship with other people will take a new depth of meaning, especially when we look at them through the eye of Christ
- Remember, what is true of you is true of all the others.

How to Maintain Healthy Friendships with the Opposite Sex

- Friendship is a normal and healthy need for all human sexes. Young people get acquainted to each other. It is from these acquaintances that firm and special friendship between boys and girls grow
- Friendship means getting to know another person or persons more deeply. This leads to a deeper understanding more accepting and respect for each other
- Being loved and having good friends is basic human nature and a very normal one
- A particular girl/boy may wish to deepen their acquaintances and often desire to be together, communicate more often and even concentrate on each other more. This is normal development and one need not feel guilty about it. The problem is not usually the friendship but how to go about it.

How to go about It**1. Develop positive feeling of self-worth and self-dignity**

Live up to your values and personal integrity. Live in fidelity to your commitments. Respect yourself and your friends.

2. Prioritise

- Have your goals in mind and share them with your friends
- Friendship should never be allowed to pre-occupy the two so much that their immediate priorities are over-shadowed.

3. Socialize Generally

- Have very many friends of both sexes. If you tie yourself to one person, you lose opportunities of meeting many others
- Have many acquaintances and general friends
- Have many special friends, both boys and girls. It is from the many friends that you will be able to choose a close intimate friend – boy/girl friend
- Continue your friendship with all the other friends you had before.



4. Set rules of conduct in your dating

- Set up rules of conduct in your life
- Think through your standards and develop criteria for your action based on your personal values and word of God
- Discuss your values and how you expect to be treated with your friends of the opposite sex
- Meet and communicate only when necessary. This will help you to avoid wasting too much time
- Meet in the open daylight hours
- Meet with an agenda.

5. Know about your sexuality and that of the opposite sex

- One cannot maintain chastity by being ignorant.

6. Learn to control your sexual desires through sublimation

- Convert sexual desires and urges into acceptable outlets
- Be active by having specific times for games and sports
- Never be idle just the two of you.

7. Seek good counsel when you need it

- Look for a trustworthy adult who will not lead you astray
- Keep healthy distances with friends of opposite sex
- Bodily closeness like cuddling, kissing etc arouses sexual desires and urges and can easily lead to pre-marital sex
- Never assume you are too good or too religious to fall. Your body has feelings that can be very strong.

8. Involve God in your friendships

- Remember when you date, you have God as the third partner
- Be steadfast in prayer
- Having a healthy friendship becomes almost impossible if God is not involved.

Sexuality and Fertility Awareness

So what is sexuality?

- It is a state of being male or female as a total person – from head to toe
- It is a gift each one of us happens to be. It is not only unique to each one of us but is sacred (holy).

Sex is that state of being male or female and not an organ. There is the proper order that has to be followed before one gets into sexual intimacy:

1. One must attain total maturity: emotional, physical, mental/social and economical. (Do you plant green seeds?)
2. Acquire a companion – socialisation
3. Enter into a permanent union – blessing in marriage
4. Sexual intimacy – license to engage in sexual intimacy which is holy/sacred.

Fertility

The ability to become a parent

Fertility awareness in Girls

Conception: Fertilization takes place when X chromosomes from a man joins X chromosomes from a woman to form a baby girl. A human female starts her life.

Puberty: Ovaries start to function. One ovum (egg) ripens every cycle (Activated by brain). The function of ovaries results in the production of female hormones that give the individual her feminine characteristics which include: breasts, skin complexion, feminine figure, menstruation, hair under arms and pubic are, and feminine psychology i.e she starts thinking and behaving like a woman.

Menstrual Cycle: This is the duration between one bleeding to the onset of the next. The hormones produced – oestrogen and progesterone – control the behaviour and the moods variations of that girl. The girl goes through three main phases:

1. Bleeding Phase

One feels low esteem, dull, may experience pain and discomfort. Sometimes she may have irregular bleeding and may feel dizzy. All these are normal feelings. The girl should use her intelligence and prepare herself emotionally so that she will remain cheerful and do exercises to reduce pain and discomfort etc. Keep high standards of hygiene.

2. Ovulation Phase

Immediately after bleeding, oestrogen levels start to increase and reach maximum when the egg is released (ovulation). This hormone makes her feel easily excitable when in company of opposite sex. The girl has high esteem of herself, is in happy and pleasant mood, and very active. Once she understands what is happening and why, she applies her mind and will engage herself in constructive activities and control her moods.

3. Pre-menstrual Phase

The levels of oestrogen and progesterone increase in volume. The girl feels irritable, tense and has temper tantrums. Once the girl understands this, she will anticipate this phase and be ready to intelligently control her temper and manage her tension and irritability.

Note: This girl is an intelligent human being and has a soul that helps her to choose what is right, unlike animals which use instincts. This fertility of the girl is normal and does not need any drugs! It is not a disease to be treated. It is there and does not need to be tested.

Fertility awareness in Boys

Conception: Fertilisation takes place when Y chromosomes from a man joins X chromosomes from a woman to form a baby boy. A human male starts his life.

Puberty: Production of male sexual hormones giving rise to the deepening of voice, beards, hairs, growth in muscles etc. Sperm cells are manufactured continuously until death.

New experiences:

- Interest in himself and opposite sex
- Seeking identity with peer group
- Seeking recognition and independence.

Others:

- *Erection* – Natural and normal occurrence. Not to worry about it
- *Wet dreams* – Natural emptying of sperms from seminal vessels (storage) when full – usually at night – normal
No need for treatment
- *Ejaculation* – Removal of sperms
- *Masturbation* – Self-sexual stimulation – over-indulgence is not a healthy habit – may give the boy guilty feelings or desire to indulge in sexual activities.

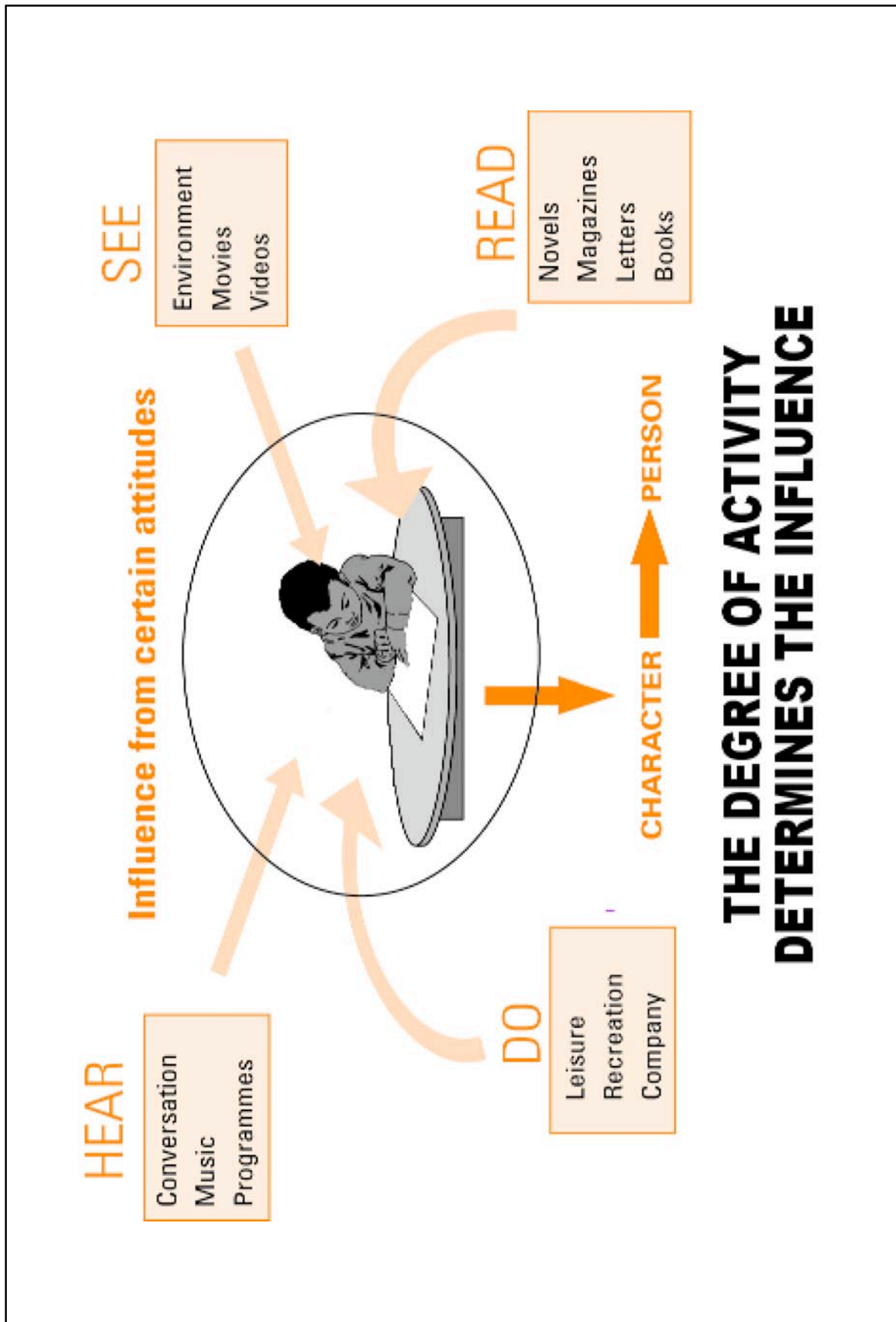
Negative effects: Painful breasts, enlarged testis. This is a normal development. The breast and testis will adjust once the boy understands what is happening in himself. He can then control himself using his intelligence. He should not act on instincts like animals do.

Managing sexual energy /what to do with your fertility?**Suggestions to boys and girls**

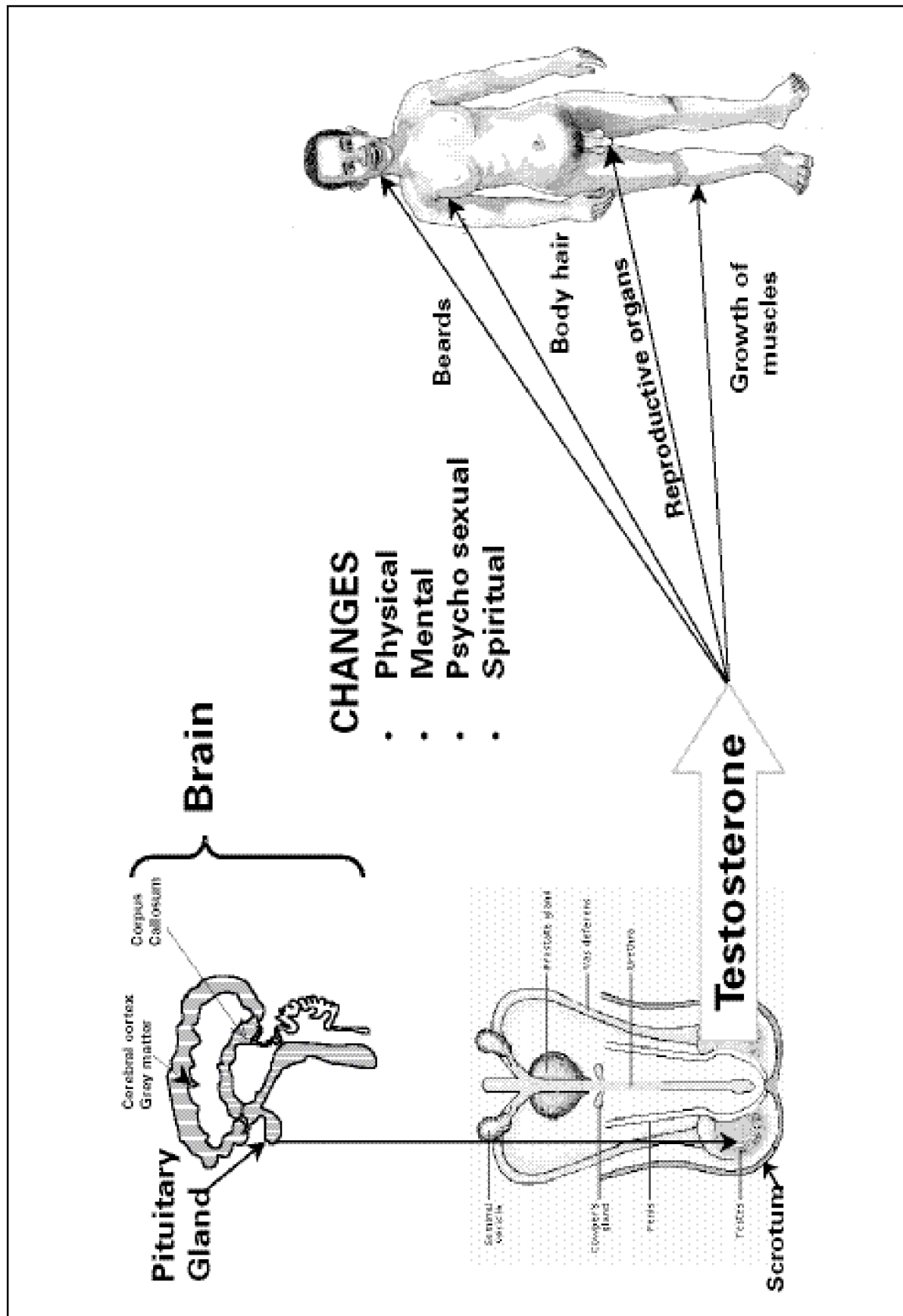
- Protect your fertility, treat yourself with respect, and maintain self-dignity
- Be aware of your sexuality – hence you will not be confused by people with ulterior motives
- Realise the opposite sex possesses sexual powers that attract you. Thus, use your intelligence and keep a healthy distance
- Be constructively engaged; avoid idleness and useless pastimes
- Avoid pornography and other sexy information materials. They just succeed in weakening your moral stand

- Avoid bad company. Do not listen to unfounded opinions of your peers or friends in respect to engagement of your fertility. Check the credibility of those peers who wish to influence you.
- Keep in touch with your parents: they possess useful experience. Reject any suggestions that will divide you from your parents
- Say 'no' to sex outside marriage, even if you are engaged. You stand to lose more than you gain . Develop self-control and maintain your chastity
- Develop spirituality. Have strong values and a strong friendship with God.

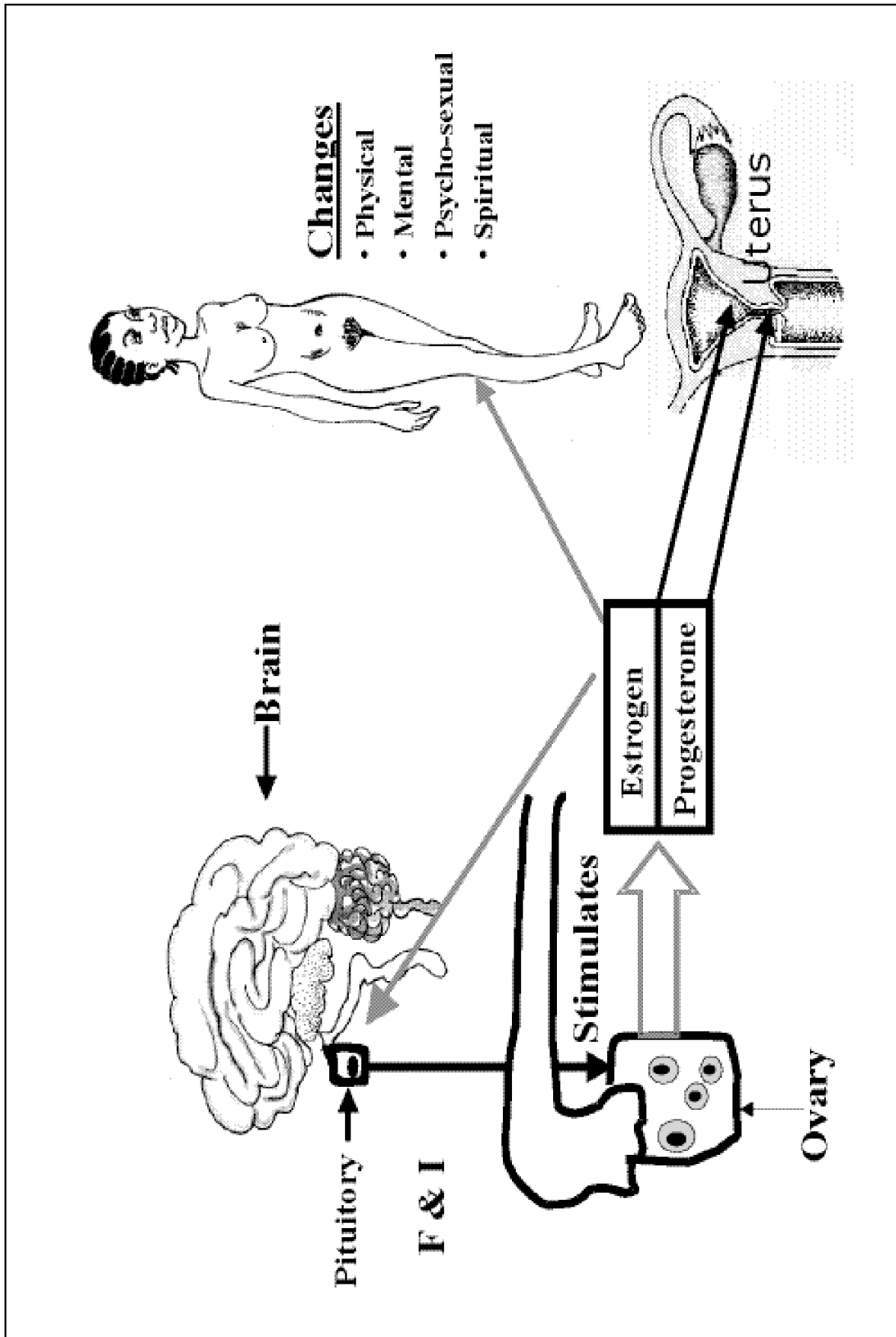
Your Mental Well Being



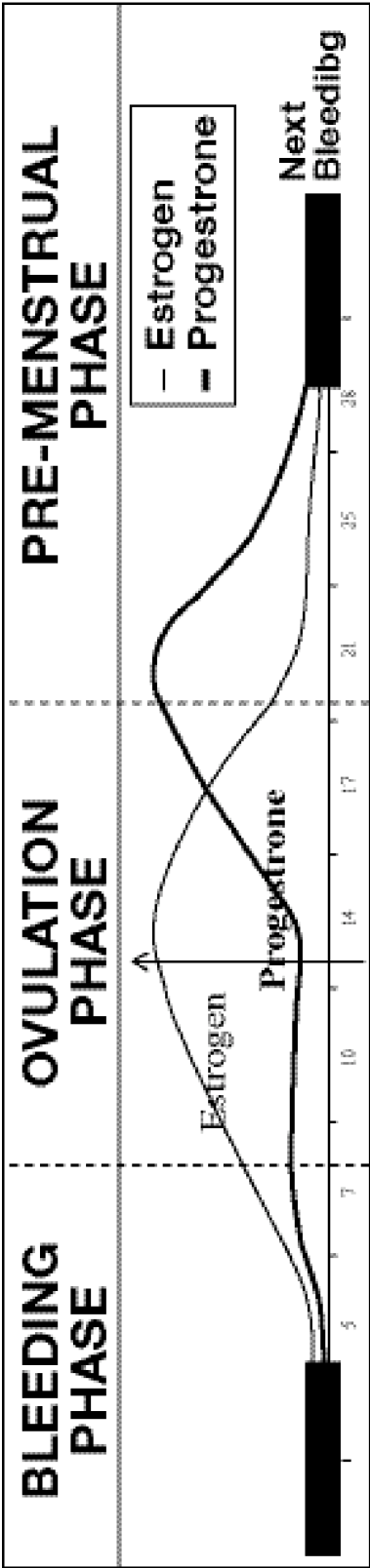
Activity of Male Sex Hormones



Activity of Female Sex Hormones



Menstrual Cycle and its Effects



	BLEEDING PHASE	OVULATION PHASE	PRE-MENSTRUAL PHASE
Feeling Emotions	<ul style="list-style-type: none">• Low self-esteem• May experience pain and discomfort• Dizziness• Bleeding may be irregular	<ul style="list-style-type: none">• High self-esteem• Easily excitable• Happy and pleasant mood• Active	<ul style="list-style-type: none">• Tension• Very moody• Irritability• Temper tantrums
Needs	<ul style="list-style-type: none">• Always have pads ready• Extra body hygiene• Pain-killers only when absolutely necessary• Be emotionally ready and control feelings	<ul style="list-style-type: none">• Control emotions• Be constructively active e.g. engage in games and other energy consuming activities• Keep healthy distance with the opposite sex	<ul style="list-style-type: none">• Be aware of this phase• Use your intelligence and self-will to control yourself

16. ADOLESCENT HEALTH: AVOIDING RISK

(Total time: 2 hours)

Training Materials *(Pre-prep)*

- **Flipcharts**
- **Felt pens**
- **Handouts: Youth and AIDS**

Session Objectives

At the end of the session, participants should be able to:

- Discuss sexuality, fertility management and practice with young people.
- Create sustainable and supportive environment through strategies that have a moral demand on adults and youth alike.



CONTENT AND PROCESS

STAGE	CONTENT	REF.	PROCESS	TIME	FACILITATOR
One	Session objectives		Use the flipcharts to read through the objectives	2 mins	
Two	Introduction	Course A Teachers notes Pg. 78-80	Recap (Brainstorm) on course 'A' work on Adolescent Health and Sexuality (a) Self awareness (Knowing self) (b) Managing sexual energy	10 mins	
Three	Youth and HIV/AIDS 'research'	Refer to Research Finding notes	Go through the current research findings	20 mins	
Four	Adolescent and environment	Pg. 91 -92	<ul style="list-style-type: none"> • In groups, discuss and list situations that lead the young people to risky behaviour of spreading HIV/AIDS. • Discuss why young women are at higher risk of contracting HIV/AIDS. • Report back. • Harmonise with notes on Pg. 19 	10 mins 10 mins 10 mins 10 mins	
Five	Strategies	Pg. 92-93	<ul style="list-style-type: none"> • Discuss in groups strategies to promote an enabling environment. • Highlight key points from the teaching notes. 	15 mins 10 mins	
Six	Needs and interest of the youth	Pg. 94-95	<ul style="list-style-type: none"> • In groups, discuss the needs and interests of the youth. • Highlight key points from the teaching notes. 	10 mins 10 mins	
Summary			Stress on key points	3 mins	

Youth and HIV/AIDS

Can we avoid catastrophe?

Today's young people are the AIDS generation. They have never known a world without HIV. Millions already have died. Yet the HIV/AIDS epidemic among youth remains largely invisible to adults and to young people themselves. Stopping HIV/AIDS requires comprehensive strategies that focus on youth.

Of the over 60 million people who have been infected with HIV in the past 20 years, about half became infected between the ages of 15 and 24. Today, nearly 12 million young people are living with HIV/AIDS. Young women are several times more likely than young men to be infected with HIV. In nearly 20 African countries, 5% or more of women aged 15 to 24 are infected. Such statistics underscore the urgent need to address HIV/AIDS among youth.

Why So Vulnerable?

Physical, psychological, and social attributes of adolescence make young people particularly vulnerable to HIV and other sexually transmitted infections (STIs). Adolescents often are not able to comprehend fully the extent of their exposure to risk. Societies often compound young people's risk by making it difficult for them to learn about HIV/AIDS and reproductive health. Moreover, many youth are socially inexperienced and dependent on others. Peer pressure easily influences them often in ways that can increase their risk.

AIDS and Education

Important components of AIDS education programme for youth include addressing peer pressure and norms that encourage risky behavior. Changing young people's risk-taking behaviour requires going beyond providing information to help them acquire the ability to refuse sex partners.

Researchers have identified the following key elements of HIV/AIDS education programmes:

- Focusing on reducing specific risky, sexual behaviour
- Using theoretical approaches to behaviour change that have proved successful for programme development
- Having clear messages about sexual activity
- Providing accurate basic information about risk of adolescents' sexual activity and about methods of avoiding intercourse
- Dealing with peer pressure and other social pressure on young people to be sexually active
- Providing modeling and practice of communication negotiation and refusal skills
- Using a variety of teaching methods that involve participants and help personalise information
- Using teaching methods and material appropriate to student age sexual experience, and culture
- Selecting as teachers people who believe in the programme and then training them to be effective.

Peer Education

Many strategies for youth now make peer education a key approach. Perhaps the most important goal of peer education is to establish standards for acceptable behaviour change.

Most young people find trained peer educators credible because they communicate well with other youth and set believable examples of behaviour. Peers can also help other young people acquire such skills as sexual negotiation and assertiveness.

Adolescents and their Environment

- For young people, the most obvious obstacle to their sexual and reproductive health is simply lack of accurate information
- In sub-Saharan Africa however, sex is generally considered a taboo subject for discussion within society and especially within the family
- Mass media and entertainment industries present sexual images in ways that are degrading (especially to women) and often convey factually incorrect information about sex
- In the absence of accurate information about sexuality and reproduction, many young people rely mainly on information and advice from one another often with disastrous consequences
- Parental attitudes and behaviour constitute another factor, which can pose a threat to young people's sexual and reproductive issues. Parents often admonish their children to live moral lives and preach the value of virginity, especially for girls. Yet many parents (especially fathers) fail to set positive examples for their children in their own gender attitudes and sexual behaviour.

- The failure of government, international agencies and financial institutions to provide young people with employment is another external factor, which increases their vulnerability to HIV
- Many young men and women are unable to find regular jobs and lack clear direction in life. They seek excitement and pleasure through alcohol, drugs and casual sex
- When the future seems to hold little or no hope, the risk of contracting AIDS through pleasurable sexual activity hardly seems important
- Another external factor that increases vulnerability of young people to HIV is lack of access to health services, especially to the treatment for STDs. It is now well known that the presence of an STD greatly increases the chances of a person transmitting or being infected by HIV.

Young Women at Risk

- Girls and young women in Sub-Sahara Africa are at even higher risk of contracting HIV and other STDs than their male counterparts (in Tanzania for example, researches found that 17% of young women aged between 15 and 24 in Mwanza town were HIV positive, compared with only 5% of their male counterparts)
- This is not because more young women are involved in higher risk sexual behavior than young men.
- Surveys in some African countries have found that unmarried teenage women are in fact less likely, than their male counterparts, to be sexually active
- The higher level of HIV infection among women is due to a combination of factors which to a large extent are beyond their own control. Women are much more likely to become infected with HIV. They have much larger genital surface area than men. The female genital tract retains semen for considerable period of time
- In addition, in some countries of Sub-Saharan Africa, women introduce drying or tightening agents into the vagina in order to increase male sexual pleasure. This custom increases the risk of abrasions during sex, which in turn heightens female vulnerability to HIV infection
- For societal reasons as well, young women are more likely to be exposed to HIV than older women. Traditionally, women tend to have older men as their sexual partners
- With the spread of HIV epidemic, many African men are seeking even younger women and girls for casual sex in the belief that this will reduce their own chances of contracting HIV.

Resisting Peer Pressure

Peer pressure is the pressure we often feel from our friends and from our agetates to do things that we don't approve of or that we don't really want to do.

Point out to the group that there are different ways of saying "no" and that how we say "no" can make a lot of difference to what happens.

(Demonstrate two ways: aggressive and passive)

Emphasise the importance of body language in this and point out that our body language may sometimes control our words. Show the importance of body language (demonstrate two ways of coming into a room aggressively and passively without saying anything).

Ask participants to observe for the first storm in, slamming the door, glaring around taking up more than your own share of space etc.

For the second, knock timidly. Enter quietly, closing the door softly. Tip-toe to your seat, with eyes down-cast, taking up as little space as possible, looking timidly around etc. *(Ask for comments on what participants have noticed).*

Point out that it is essential to find another way of saying "no" when you need to, a way that is neither aggressive nor passive. Show that there is a middle way, that can be expressed even in our body language by going back to the part of exercise in which different ways of coming into a room were demonstrated. Remind them of the aggressive and passive way and then demonstrate an assertive way. (Knock quietly but firmly, enter confidently but not disruptively, look around openly, take your place without shrinking away or taking over. Meeting people's eyes say that your word for this is assertive.

Definition

Passive: 'Giving up one's rights or position and going along with the position of someone else.'

Example

You are with some friends and one of your friends says let's go and steal some beer from the store. You don't agree with him, but you go along anyway.

Aggressive: 'Demanding one's right or position at the expense of others.'

Example

You are with some friends and you decide you want to go to a local store and steal some beer. Your friends do not think this is a good idea but you keep pestering them and calling them chicken, until finally some of them agree to go.

Assertive: 'Claiming and maintaining one's rights and or position without compromising the rights of others.'

Example

You are with some friends and one of your friends says let's go and steal some beer from store, you don't agree with them... you do not plan to go along with them... they can do what they wish, but you will not go with them.

Tips about Assertive Behaviour

1. Be clear on what you want, where you stand as regard doing whatever is in question.
2. Look for time, if you need it, to find out what you want. (You do not have to be rushed into hasty decision).
3. Say it and say it clearly. Say it concretely. (if you are saying "no" be sure you use the word "no" sometimes we think we are saying "no" but no clear message is given).
4. Repeat it if necessary: it may take time for the other person to hear.
5. Communicate what you are feeling if this seems relevant. (If you are feeling guilt or pressurized, etc, it can help communication and help the relationship to let the other person know how you are feeling).
6. Listen to, and acknowledge the other person's needs and wants. (This may involve some compromise, but there are also times when you need to stick to your principles or what you need for yourself. It is important to recognise both the other person and yourself as persons of respect and having specific needs. There are times when you should compromise or negotiate in order to find a way in which both people are satisfied. On the other hand, where you believe the behaviour in question is wrong, compromise is not to be condoned).
7. Do not get tangled in distractions (often we can get diverted from a simple request by response which brings in irrelevant logic or argumentative bait) e.g. you want to return defective goods you have bought. The shop assistant tells you "no one else complained" or "these never broke before" and so on. Don't get hooked into irrelevant argument or allow yourself to be distracted from the real issue.
8. Find a way of closing the issue when it is right. (Having said "no" or whatever you need to say, make it clear that the issue is closed rather than giving the message that you are waiting for a new round of persuasion. You will need, of course, to find a balance between this and cutting the other person off without hearing him/her).

Adolescence

Adolescence is a special group. They are at a stage of starting sexual activities and can be guided into safe practices. They should be encouraged to delay sexual debut and Practice abstinence. Those already engaging in sexual intercourse should be educated on how to discontinue sexual activities and engage in less risky practices.

Adolescent girls are more vulnerable, biologically and socially, to HIV transmission. The considerably higher rates of HIV infection in young women should alert counselors to special circumstances and needs of young girls. The particular vulnerability of the girl child involved in commercial sex work should be considered by the VCT Counselor.

Youth Problems

Youth problems may originate from:

- Home and educational environment which fail to provide adequate moral, religious/spiritual, cultural and human values, giving rise to misguided, scandalized and unprincipled moral values.
- School and administrative system, which fail to educate the total person, emphasising academic skills and ignoring formation values e.g. justice, hard work, respect etc
- Economic problems of unemployment, inflation, discrimination, poverty etc. (is not always negative) frustrate the youth and lead them to crime, anger, black marketing, shame, isolation, vagrancy etc
- Crises and conflict in the youth themselves cause tension especially between
 - Modernity and traditionalism (we are members of both old tradition and the modern)
 - Oneself and others. Conflict about their growth, parents, priest and teachers
- Society and its institutions in general have little concern for youth activities
- Old mentalities (children should be seen not heard)
- No organized youth activities
- No effective support for activities the youth organise for themselves. (We have to be involved and support their own activities and be careful with how far we can go)
- The youth have developed a life-style based on naiveté (immature) easy and permissive life. This has led to irresponsibility, selfishness etc
- Urbanisation has created an environment of poor morality where many youth lose the good values they may have acquired at home and school
- Lack of continuous religious spiritual education has brought about crisis of faith and religion (children have to utilise their faith. It has to be my faith and not my parents' faith)
- Some youth have abandoned faith, as they do not see its meaning or relevance in their daily lives
- Introduce the children in the family activities. Let them know the activities you are involved in and about how much money you need to do them
- Communication is very important. Inform them when they go out so that you have nothing to worry
- We have to form our youth all around as total people (spiritually/religious)
- Until the parents get involved and are equipped with the skills to educate the children we shall not have total person.



Needs and Interests of the Youth

Needs and interests of the youth keep on changing as they develop and mature. Some of the needs and interests are:

1. Recognition

- At puberty the youth discover that they are different i.e. they have their own identity from that of their parents. They are individuals
- They crave for this recognition
- They need affection, respect, interest and understanding due to them as individuals
- Development of their self-esteem, and self-confidence depends on how each one of them is recognised, respected and appreciated
- We must recognise the youths' needs and we must change them (we must grow with them).

2. Sense of belonging

- They feel great need of being taken as an important person, in the family, in the school, in the church community etc
- They want an assurance that their presence or absence makes a difference
- Once they are assured that they 'belong'; they participate willingly and generously (*Guide them slowly and let them feel they are part of the family, their role in family must be recognised, eg "when you were away we missed your contribution"*).





3. Independence

- There is need for the youth to make decisions for themselves without control or judgement from the adults
- This comes as a process of growing to maturity
- There is need for careful guidance so that eventually they are able to make mature and independent decisions.

4. New experiences and adventures

- This is expressed in acquisition of new friends, new interests, wanting to go to places etc. Confront them to make choices of their own. (But guide them)
- Help them in these experiences and adventures.



5. Privacy and private ownership

- The youth have great need for privacy e.g. a room to oneself. (girls alone / boys alone)
- They want to be left alone to do personal things
- They have an urge to own things - responsibility and accountability
- Recognise and grant where applicable. Train on responsibility
- Look at the positive aspects of the individual child and capitalise on that (so that she can feel needed)
- Freedom and decision. They must take responsibility. Let them get in messes and out of them by themselves
- Guide them to make independent decisions.



6. Sympathetic understanding

- In search for independence, the youth may experience loneliness, insecurity, anxiety and sense of uncertainty
- They crave for sympathetic understanding and support
- When given by adults, there should be minimum fuss as this can easily put them off.



7. Discovery of oneself

- The youth go through self-transformation in their personality
- A new realisation is emerging and they get confused before they get used
- They need understanding and loving guidance. They are in fact looking for a role model in the adult world
- This new ego makes the youth feel a need to exert themselves.



8. Need for friendship

- The youth develops interest in the opposite sex
- Friends of both sexes mean a lot to the youth
- They need to know how to have friends of both sexes without getting into anything major.

9. Reading

- They develop a great scope of reading, especially novels and magazines
- There is need for guidance in selecting positive reading materials.

10. Films, dances, videos etc

- The youth need to be educated on the choice of what they see
- It is possible to organise activities that can train them on these e.g. at home, in school, and at church (under supervision yet not interfering)
- Saying "no" to any of their activities must be explained.

17. COMMUNICATION APPROACHES AT SCHOOL

(Total time: 2 hours)

Training Materials *(Pre-prep)*

Handouts:

- Keys of Good Communication
- Running a Good Information Corner, Question Box and School Health Club
- Roles and Objectives of Health Club
- Information Corner

Flipcharts on:

- Good Communication
- Information Corner, Question Box and School Health Club

Book Reference:

- Let's Talk about AIDS, Facilitator's Handbook page 53

Session Objectives *(5 min)*

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

- Identify various communication approaches that can be used for AIDS education in schools
- To encourage appropriate use of features of a responsive school



CONTENT AND PROCESS

Effective Communication *(30 min)*

What is communication? *(Brainstorm 5 min)*

(Message, Sender, Receiver, Channel, Effect, Feedback (Refer to Pg 53 Facilitator's Handbook - read from the book)
Message passed between sender and receiver. Some feedback. A channel (*written information; verbal information; gestures; signs; symbols.*) Practical elements.

Talking about communication involved in passing messages about HIV. 96% awareness, but AIDS continues to spread. Messages are being sent but are not necessarily received. These practical things are essential, but other features or qualities are necessary.

What is effective communication?

a) Relate the 7 Cs of effective communication to the 10 keys to effective communication for prevention of AIDS. Note that the 10 keys are for reinforcing the 7 Cs.

Command attention

Clarify message

Communicate a benefit

Consistency counts

Create trust

Cater for the head and the heart

Call for action

What are the Barriers to Effective Communication? *(Internal/external).*

Enlist information from your participants (e.g. age difference, distractions like noise, mixed roles in one person)

Communication methods in schools

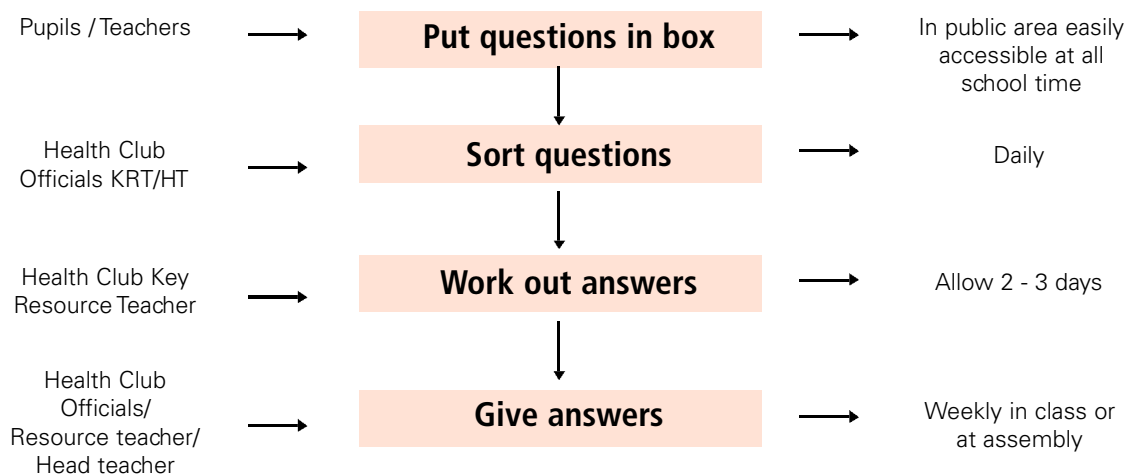
In relation to behaviour change, what are the features of a good communication?: *(10 min)*

- Question Box
- One AIDS lesson per week
- School Health Club
- Information Corner



What they are and how

How to use the question box system (25 min)



Sample Format for Trainers:

ACTIVITY	CURRENT SITUATION	DESIRED CHANGE
1. Performance for Parents	Parents are not responsive – songs, drama etc are treated as mere entertainment activities	The messages in the shows/ performances like songs/drama should be explained in detail before and after the presentations. Parents to take a lead as role models
2. Assembly	Used for administration instructions; flag raising; punishment and prayers. Very little behaviour change messages are passed	Specific behaviour change messages on risky situations; activities of SHC and Question Box be addressed. Special assembly for behaviour change messages be set aside
3. Class Teacher Time	Used for calling register, and discipline. Teachers are shy about discussing other issues	Guidance and counselling be intensified. BC messages be passed and discussed



Summary (5 min)

Effective communication approaches encouraged by PSABH Programme are:

- Question box
- Information corner
- School health club
- Quality collaborative approach in activities
- Assembly
- School performances that correspond to the three Ts
- Class teacher involvement in behaviour change.

Communication

Communication is the process of exchanging ideas and information among people.

The Communication process

- Sender
- Receiver
- Channel
- Feedback

A good message will follow the 7 Cs of effective communication

- **Command attention.**

Statements that are interesting claim people's attention. Sometimes questions that make them think can be used. People do not give attention to things they have heard many times, like 'AIDS is a pandemic and there is no cure'

- **Clarify message**

It is important to speak or write in a way that people can understand. Unusual or difficult words need to be explained. Don't just assume that people have understood – give enough detail to make sure they have got the whole message

- **Communicate a benefit**

As you talk or write, show people how the information you are giving can help them and how they can use the new knowledge to their advantage

- **Consistency Counts**

When people hear or read things that contradict what they have otherwise been told, they start to doubt what is true. It is important not to confuse people by being inconsistent

- **Create trust**

If your audience is to take notice of your message, they must have trust that you are a reliable source of information. It is important to have all your facts correct and not to pass inaccurate pieces of information so that they can trust you

- **Cater for the head and the heart**

Your messages need to address people's emotional response (heart) as well as what they think (head). You can use your own experiences to understand how people feel, perhaps the feelings that stop them from changing their behaviour. Even if someone knows something is good for them, they may still fear change

- **Call for action**

End your message with a clear statement of what you want your audience to do – be faithful to their marriage partners, talk to their children, be responsible role models etc

External barriers must also be overcome: (e.g. noise, age difference, mixed roles in one person etc).

The Role of the Communicator

- Find ways to encourage AIDS prevention as part of daily life
- Raise public consciousness so that people think about AIDS prevention as an issue for their neighbours and for society
- Raise individual consciousness so that people think about AIDS
- Address prevention as an issue that has impact on their personal behaviour

An effective communication programme must also be concerned with feelings, incentives, obstacles, and the ways this can be manipulated through messages to help people

Ten Keys to Effective Communication for AIDS Prevention

Whatever strategy is chosen, it is important in effective communication to:

1. Define the persons practising high risk behaviour

These persons are the audience for your messages. Depending on the particular strategies you select, your audience could be one or all of the following: the sexually active population, school children, or persons practising high risk behaviours. However, each separate target group will require completely different communication approaches. Segmenting your audience before you begin will help to ensure that your messages and strategies will affect those you are trying to help.

2. Determine the existing levels of knowledge, attitude, and types of high-risk behaviours within your target groups.

- Understand what correct information they already have and how they behave.

3. Specifically define what behaviours must be changed.

- What information needs to be changed, and what attitudes require changing, in order for people to protect themselves? This is the crucial step of strategy development.

4. Determine the relative benefits of each behaviour.

- Which behaviours are currently practiced as compared to those you will be promoting? View this as though they were products competing for the individual's attention.

5. Select the benefits of the correct behaviour.

Which benefits are most competitive in the minds of those most at risk? This step requires an in-depth understanding of what motivates your target audience. Is your audience most concerned about:

- Protecting themselves
- Protecting their children
- Protecting their families

6. Craft messages and appeals that highlight specific benefits.

- Make sure that there is consistency across all of your messages and materials.

7. Pretest messages and appeals that highlight specific benefits.

- Try to learn whether the members of your audience understand, believe, and are motivated by the messages.
- Do the visual images in the materials support the words?
- Do the images represent people, places, or products with which the audience is familiar?
- How can the messages be changed to improve the likelihood that they will influence behaviour change?

8. Select channels that most persuasively reach the audiences at risk.

- How can school children and your audience (parents) complement each other for better sources of information, to benefit both and have a larger impact?

9. Organise the effective delivery of the messages through the selected channels.

- What is the "language" of your target audience?

10. Monitor delivery for mistakes and unexpected changes in the audience.

- Are drawings, illustrations giving the correct information and are they displayed?
- Are teachers giving the right directions to their pupils? Are the pupils interpreting the messages correctly?
- Have your audience members reached a point of saturation with information? Do they feel unable to perform the behaviours you are promoting?

Note: Communication is flexible and fluid; it can change, grow, develop, and continue to influence throughout this process. The challenge is to utilise limited resources in a way which informs, motivates, and sustains the behaviours that are most crucial to AIDS prevention programmes.

A successful prevention includes three principles:

- Put the audience first
- Target the behaviour to be changed
- Integrate diverse strategies.

The challenge for us now is to move to beyond denial, beyond information, toward more targeted and integrated programmes of prevention. Using communication as a means to understand, reach and influence the youth and the society

Running a School Health Club

What is a school health club?

A unit set in the school to promote health aspects of pupils and school community in general. This club can be introduced so that it runs along with other clubs that are in existence. Health is the sum total of physical, mental and social being of a person.

1. Physical health

In the club, the pupils will engage in activities that promote physical health. For instance, in music they can participate in creation and performance of a dance accompanied by a song.

2. Social health

The pupils engage in activities that promote social aspects of health e.g., participating in debates, drama, and music, which one does jointly.

3. Mental health

Pupils will engage in activities that promote emotional and psychological aspects of health e.g. guidance and counselling of pupil to pupil, teacher to pupil. They can also form peer groups for the purpose of peer education.

4. Spiritual health

Engage in activities that promote spiritual aspect of health e.g. invitation of guest speakers like preachers, pastors etc.

Guidance for Goal Setting *(Further Reading)*

Roles/Objectives of the School Health Club

1. To promote the following among club members and the wider school community:
 - Personal responsibility for one's health
 - Accurate knowledge of HIV/AIDS, its transmission and effects
 - Responsible sexual behaviour to avoid infection (including changes in high-risk behaviour).
2. To organise health related activities e.g:
 - Visit health centres and homes
 - Talks from health professionals
 - School health days
 - Health-oriented competitions
 - Support for those living with long-term illnesses in the communities.
3. To provide an information and support resource able to respond to the following needs:
 - First aid
 - Professional health services
 - Spiritual and emotional support in matters relating to health
 - Development of school health library.
4. Other matters to be decided within each school include:
 - Membership of all pupils or some standards only?
 - Time of meeting to be acceptable to all intended members
 - Leadership of the club even if this is a pupil-led club. Some substantial health knowledge will be needed.
A teacher or health worker could be involved
 - Which official positions are needed in the club e.g. Chairperson, Co-ordinator, Treasurer, Secretary, Patron etc?

Use of Question Box in School

During the AIDS Education workshops, the use of an anonymous question box has been proved useful in enabling people to ask questions on matters that they are unsure about.

How can such a system be used in a school setting?

1. Where would such a box be placed?
2. Would questions be just on AIDS or on health in general?
3. How often would the box be opened?
4. Who would read the questions?
5. How would the answers be given?
6. What support services are available if a pupil has a serious problem that cannot be dealt with by the school?
7. What measures need to be taken to protect pupils' rights to confidentiality?

Refer to HIV/AIDS information on condoms if the subject arises in the question box.

Giving information and facts is important in making informed decisions and acts as a check to ensure that young people are not being misled by advertising or negative peer pressure.

How can we best respond to questions posted in the question box?

The respondent needs to be a familiar figure at the school. He/she should probably have been involved in activities such as health talks, question box sessions or other school activities that are related to the children. The head teacher or teachers need to make a deliberate attempt to introduce this person so that the pupils can identify with him/her.

How can such a question box be used effectively in a school setting?

Essentially there are four stages in using a Question Box:

Who?	Activity	When?	Where?
	<ul style="list-style-type: none"> • Put questions in the box • Sort questions • Work out answers • Give answers • (Questions and answers should be recorded in a book for further reference) 		

During the discussion on how difficult questions will be dealt with, the facilitator should acknowledge that teachers do face difficult situations but it is their responsibility to answer questions accurately and in the light of their knowledge of their pupils.

Sometimes a question is not answered in full immediately as the teacher might wish to consult with other colleagues first OR the answer is given to a smaller group of pupils instead of the whole class.

18. GUIDANCE

(Total time: 2 hours)

Training Materials *(Pre-prep)*

Handouts:

- Guidance for Goal Setting

Other:

- Scarves or blind folds

Session Objectives *(5 min)*

At the end of the session the participants should be able to:

- Improve personal guidance skills as a mentor.
- Support good guidance practices in school (e.g. *advising on selection of Guidance teacher*).
- Continuously guide peers.



CONTENT AND PROCESS

Guidance Activities *(110 min)*

Activities *(with blindfold - 30 min)*

Select 5 pairs of people, one with and one without a blindfold. The person without the blindfold leads the one who cannot see around the area for a few minutes. The person leading must NOT talk to the one who cannot see.



Select another group of 5 pairs and set the same task. This time the person leading MAY talk to the one who cannot see and give instructions.

Class discussion: How did it feel to lead someone?

How did it feel to be guided without being able to see? How were the experiences different?

What is guidance? *(Brainstorm)*

- Giving direction
- Leading
- Assisting/help
- Information
- Empowering/giving advice
- Caring/providing
- Encouraging
- Giving assurance
- Instilling confidence



What guidance is NOT? *(Brainstorm)*

- Judging
- Scorning
- Conditioning
- Condemning
- Misleading
- Sympathising



Activity 3A (in groups - 35 min)

Discuss how to organise guidance at school (use the guided questions)

Trainers come up with scenarios that should generate discussion and conclude topics to be taught

- At Kanagi Primary school, the teacher on duty found used cigarette butts in class 7
- At Sabaki Primary school the teacher found a couple of love letters written by pupils to each other in class 8
- In the school question box at Sulwet Primary School there have been persistent accusations by students of sexual harassment.

School	Topic	Target group	Expected outcome

1. What is the topic that requires guidance to be given?
2. Who is the guidance intended for? (What do you expect to come out of it?)
3. Why does this group need guidance?

Activity 3B

Class discussion (Things to consider).

1. When would be the best time to give the guidance sessions? (*Time is available in school, as long as it is properly planned*)
2. How should these sessions best be given? (What resources are needed – a chalkboard?)
3. Who should give the guidance sessions? (*The audience needs to recognise the speaker as a source to be trusted. The speaker also needs time to prepare and must know what is expected of him/her, who he/she is to talk to, what the purpose is, the time they have etc*)
4. Where should the guidance sessions be held? (*consider the size of the audience, how long they are expected to attend, where will they sit, is there a big enough room? etc*)

Activity 4 (25 min)

Suggest topics that could benefit from guidance (Through group or class discussion. Show method to be used and suggest facilitators).

Topics at school	Method (Examples for Trainers)	Facilitator (Examples for Trainers)
STIs among the youth	Discussion Video – Silent epidemic, Sexual Networking experiment	Community health worker, Key resource teacher
Reproductive health in adolescence	Discussion Charts of Adolescent Health	Homescience teacher/key resource teacher/headteacher
Drug abuse	Drama/role play (Pg 84 to Pg 87) Discussion/lecture	CRE teacher, key resource teacher, church leader
Living values and life skills	Talk, Life skill activities, integration discussion, Video (Sara Saves a Friend)	Invited guest speaker, headteacher, key resource teacher, class teacher
Value of co-curricular activities	Discussion, talk, practical activity, video (Banana)	Professional speaker, games teacher, class teacher, Headteacher, Key resource teacher

Activity 5 (10 min)

The general benefits of guidance are to:

1. Give knowledge.
2. Create awareness.
3. Influence behaviour.
4. Offer emotional support.
5. Offer chance of discussion – the discussion should focus on learning points to bring out the intended behaviour change.

**Summary** (5 min)

- Stress key points on guidance
- What guidance is and its benefits
- The need to plan for guidance at school level.

Points to consider when Guiding a Child

- Every career is good and children should not overlook any
- Every career has opportunities and challenges
- Careers complement each other. No career is less important than the other
- Children should always look for alternatives. For example if you can't be a doctor, you can be a nurse, a volunteer, or First Aid activist etc
- Children should be encouraged to go for vocational training
- They can change careers at any stage of life
- Anything done well will be rewarded in future. The children should always do the best they can in whatever they do
- A career is one of the life choices they must make while growing up
- They should not let anything stand in their way of achieving a certain career (assertiveness).

Why is career guidance and counselling necessary in our schools?

- For maximum identification and development of talents and gifts in individuals
- To help the children cope with challenges in future and give them encouragement
- To help them make correct choices
- To help children live a fulfilling life
- To help in confidence and moral building and motivates children to high goals
- To help children to make good use of their gifts
- To lead to appropriate utilisation of available resources
- To encourage positive healthy competition in schools
- To help learners to understand and appreciate the role of education
- To Discuss different jobs on the market.

Forms of Child Abuse

Physical Abuse : Anything that is done to inflict bodily pain on the child

- Harsh punishment
- Defilement / rape
- Child labour
- Involving children in war
- Burning hands / fingers or any other part of the body
- Battering
- Pressing child's private parts / breasts
- Rape and Female Genital Mutilation (FGM)
- Child abduction
- Torture such as corporal punishment
- Puncturing
- Cutting private parts of a child.

Sexual Abuse: An act done to manipulate the child into underage

- Rape
- Defilement
- Touching private parts
- Giving material for sex
- Bad language
- Pornography
- Indecent touches / fondling
- Female Genital Mutilation
- Sexual language
- Indecent dress, walk

Emotional Abuse : Any act that is done with an intention of hurting a child's feelings

- Denying the children access to information concerning their lives (e.g. name of father, relatives, disabilities, using demoralising words to a child)
- Bullying



- Reprimanding
- Child neglect
- Intimidation
- Seduction
- Child abduction

Who Are the Potential Child Abusers?

- Parents
- Teachers
- Community
- Siblings
- Peers

The Society

How to help an abused child

- Find out the problem of the child
- Don't put the blame on the child
- In cases of physical abuse, the child should be taken for medical check up
- If the child is emotional, allow him/her to narrate his / her experiences without being hurried i.e. allow emotions to flow freely e.g. anger, hatred, crying, hopelessness
- Be empathetic when dealing with sensitive issues like defilement, incest etc
- Inform the authorities about the abuse.

Emotions Associated with Child Abuse

- Guilt about the act
- Anger - against the abused
 - against the abuser
- Hopelessness
- Anxiety
- Depression and stress
- Fear
- Disbelief etc.

19. DEALING WITH EXTERNAL AND CONFLICTING MESSAGES THROUGH SONG AND DANCE

(Total time: 2 hours)

Training Materials *(Pre-prep)*

Charts on:

- Two songs – one with conflicting and one with reinforcing messages

Session Objectives *(5 mins)*

At the end of the session the participants should be able to:

- Identify conflicting messages that can be a barrier to positive behaviour change
- Appreciate songs and dances as tools to communicate positive behaviour change.



CONTENT AND PROCESS

STAGE	CONTENT	PROCESS	TIME	FACILITATOR
One	Session Objectives	<ul style="list-style-type: none"> • Facilitator reads objectives 	2 min	
Two	Introduction	<ul style="list-style-type: none"> • Facilitator introduces the song with conflicting messages 	5 min	
Three	Read through the song	<ul style="list-style-type: none"> • Facilitator reads through the song as participants listen 	5 min	
Four	Singing	<ul style="list-style-type: none"> • All sing and dance to the music/song 	7 min	
Five	Discussion	<ul style="list-style-type: none"> • Making use of the discussion questions below, participants identify the conflicting messages 	20 min	
Six	Alternative song with positive messages	<ul style="list-style-type: none"> • 2nd song introduced, sung and discussed to counter conflicting messages– example of positive messages 	18 min	
Seven	Formulating songs	<ul style="list-style-type: none"> • Participants in groups formulate/compose songs with positive messages 	25 min	
Eight	Presentations	<ul style="list-style-type: none"> • Participants in groups present songs and dances with positive messages • Analyze/critique songs and dances presented 	30 min	
Nine	Summary and Conclusion	<ul style="list-style-type: none"> • Facilitator stresses on the importance of positive songs and dances in passing behaviour change messages 	8 min	

1. Song with conflicting messages

Waniuaua kipenzi waniuaua x 2

Mwendo wako wa maringo waniuaua x 2

Macho yako ya gololi yaniuaua x 2

Kiuno chako chembaba chaniuaua x 2

2. Song with positive messages

Abstain, abstain, abstain from sex till you get married

Secure your body until you marry

Your body's the temple of God.

Discussion Questions for both songs

1. Do you think the musician is sincere in the message he is sending?
Give reasons for your answer.
2. Is the song entertaining/educating?
3. Does it have messages that you could compare to other messages in the media? Which ones?
4. Suppose you were the youth, who is being addressed by the song, how would you feel about it?
5. What challenges are our youth facing in music and dance? What can they do to face them?

Note:

- Songs with negative/conflicting messages should only be sung by presenter or listened from a recorder. Participants should not be made to sing
- Use examples to demonstrate the misleading messages.

20a. COMMUNITY RESPONSIVENESS

(Total time: 45 min)

Session Objectives (5 min)

At the end of the session, participants should be able to:

- Evaluate the course through identification of key features of a responsive school and a responsive community
- Appreciate the teamwork approach in the implementation of AIDS Education in schools and community (5 min)



CONTENT AND PROCESS

Step 1:

Brainstorm with the group of community representatives on: (10 min)

- What activities will be put in place at the school in response to the PSABH training? (10 min)
- What activities will be put in place at the community following the PSABH training? (5 min)

Step 2:

Discuss features of a PSABH responsive community (25 min)

Participation at school

- Attendance at meetings
- Whether meetings address HIV and AIDS
- What other topics have to be addressed

Participation in the community groups

- Religious groups
- Women groups
- Other groups (name)

Soliciting for support for community mobilization : Brainstorm on who are the key stakeholders.

Checklist after brainstorming

- Chief
- Assistant chief
- Chair of women's group
- Parents of school children
- Religious leaders
- Head teacher
- Your neighbours
- Politicians
- Others e.g CBO, Teachers and Civil Servants

Including HIV/AIDS in community activities

- Brainstorm what some of these groups are
- Harvest festival
- Marriage ceremony etc

20b. SCHOOL RESPONSIVENESS

(Total time: 45 min)

Session Objectives (5 min)

At the end of the session, participants should be able to:

- Evaluate the course through identification of key features of a responsive school and a responsive community
- Appreciate the teamwork approach in the implementation of AIDS Education in schools and community.



CONTENT AND PROCESS

Step 1:

Brainstorm with the group of school representatives on: (10 min)

- What activities will be put in place at school in response to PSABH training?
- Who will be involved and why?
- How long will it take?

Who is to be involved?	What is the activity?	How long?

Step 2 (10 min)

List down, in order of priority the topics that will be covered while training the teachers.

Use checklist:

- Action planning
- Question box
- Life skills and values
- Life skills and value activity
- Emerging issues
- Use of curriculum
- Adolescent health and sexuality
- Guidance
- Counselling
- Communication approaches

Step 3 (10 min)

Discuss the features of a responsive school. Use checklist:

- The role of the community
- Behaviour change lessons infused and integrated
- Messages that respond to the three Ts (Transmission, Transaction and Transformation)
- Question box in place and accessible
- Questions regularly answered
- Existence of the functional School Health Club
- Peer supporters leading the School Health Club
- Use of available AIDS Education resources

Step 4 (10 min)

Critique the action plans on the basis of:

- Priority of activities
- Relevance to PSABH School/Community involvement
- Time allocated to activity etc



COURSE B

ADDITIONAL TEACHERS

1. PSABH: A BEHAVIOUR CHANGE PROGRAMME

Objectives of the Course 'B' Training Programme for Additional Teachers

At the end of Course B the participants should have reflected and reviewed all aspects of their Action Plans and identified gaps and barriers to success.

The course aims to enable participants to:

- Strengthen the teaching of HIV/AIDS by identifying conflicting messages and putting in place strategies to reduce high-risk behaviour
- Provide youth with factual knowledge, abilities and practices through which they will be able to adopt effective and safe behaviour
- Use enhanced knowledge for the support of positive living and home-based care
- Strengthen their inter-sectoral networking and develop ownership strategies for the purpose of sustainability
- Establish and implement peer support activities.

COURSE B			
	TOPICS	TIME	PAGE NO.
1.	Climate setting – Big animals	1 hour	12
2.	Project Overview	1 hour 45 min	14
3.	Review of Action Plans	2 hours	18
4.	Life Skills and Living Values	2 hours	23
5.	Counselling in HIV/AIDS	2 hours	26
6.	Video - TASO	1 hour	33
7.	Sexuality and Touch Continuum	2 hours	34
8.	STI, HIV/AIDS & Question Box	6 _ hours	40
9.	Video - Bushfire	1 hour	50
10.	Curriculum Overview	2 _ hours	51
11.	Implementation of HIV/AIDS Education Policy in Schools	2 hours	59
12.	Implementation of Infused and Integrated Syllabus	2 hours	66
13.	Life Skills Activities	2 hours	74
14.	Curriculum Displays	1 hour	81
15.	Adolescent Health & Sexuality "A"	2 _ hours	87
16.	Guidance	2 hours	112
17.	Peer Support concept	2 hours	99
18.	Co-curricular Activities "Banana"	2 hours	105
19.	Video - Everyone's Child	1 hour	63
20.	Communication Approaches	2 _ hours	105
21.	Question Box, HIV/AIDS Practice	2 hours	106
22.	Dealing with External and Conflicting Messages	2 hours	117
23.	Sustainability, Way Forward, Evaluation & Close	2 hours	123

Videos to be shown: Nkosi, Bushfire, Living with AIDS, Peer Support, Silent Epidemic

Note: *Timetable includes core sessions in Course A*

Refer to Course A Page 5 for Evening Session

2. WAY FORWARD AND REVISED ACTION PLANS

(Total time: 2 hours)

Training Materials *(Pre-prep)*

- Revised Action Plan Format on flipchart
- Previous school Action Plans

Session Objectives

At the end of the session, participants should be able to have:

- Reassessed the identified challenges and agreed on new targets for the group and strategies to achieve them
- Drawn up revised action plans for health based on knowledge and skills gained during the workshop.



CONTENT AND PROCESS

STAGE	CONTENT	PROCESS	TIME	FACILITATOR
One	Session Objectives	Reading through the objectives on a flipchart.	2 min	
Two	Introduction	<ul style="list-style-type: none"> • Self reflection on the Action Plan prepared during Course A • Give feedback on what was achieved 	15 min	
Three	Challenges	<ul style="list-style-type: none"> • In groups, reassess the identified challenges faced during implementation of the plans • Come up with strategies to counter the challenges • Report back on flipchart. 	15 min	
Four	Priorities and targets	<ul style="list-style-type: none"> • In groups, discuss and agree on revised priorities and strategies to achieve them. • Report back on flipchart. 	10 min	
Five	Preparation of Action Plans	<ul style="list-style-type: none"> • In groups, participants come up with action plans on flipcharts. • Report back and critique. 	20 min	
Six	Summary	Stress the need to implement the action plan	8 min	

Action Plan Format Sample

				RESOURCES		
PRIORITY /ACTIVITY	TARGET	MEASURING INDICATOR	HOW	HUMAN	MATERIALS	SUCCESS INDICATORS
<ul style="list-style-type: none"> • Training • HIV and AIDS transmission • M. T. C. T. • Home Based Care 	<ul style="list-style-type: none"> • Staff • School Management Committee • Parents' Association • Teachers 	By October 2007	<ul style="list-style-type: none"> • Training teams formed • Materials available 	<ul style="list-style-type: none"> • MOH personnel • PSABH trainers 	<ul style="list-style-type: none"> • Charts • Handouts • Networking material 	<ul style="list-style-type: none"> • Training done • Awareness created • Infused and integrated schemes of work

Refer to Course A page 11 for Project Overview

3. LIFE SKILLS ACTIVITIES

(Total time: 2 hours)

Training Materials *(Pre-prep)*

Flipcharts on:

- All activities

Session Objective

By the end of the session, participants should be able to lead a range of life skills activities that are intended to strengthen the abilities and practices of the youth in schools to affect their safe behaviour.



CONTENT AND PROCESS

STAGE	CONTENT	PROCESS	TIME	FACILITATOR
One	Session Objectives	Read through the objective on the flip chart.	2 min	
Two	Introduction	Brainstorm (i) What is a case study (ii) Why do we use case study	5 min	
Three	Case Study	Participants read through the case study "Jane meets a stranger."	3 min	
Four	Skills	Facilitator refers the participants to the questions below the case study. <ul style="list-style-type: none"> • In groups, the participants discuss possible answers for the questions • They report back in plenary 	15 min	
Five	Summary	<ul style="list-style-type: none"> • Participants brainstorm on the lessons they could learn from the case study • The facilitator to emphasise the need to learn survival skills and how best to apply them 	5 min	

Refer to Course A page 20 for Life Skills and Living Values

Use of Case Study (30 mins)

Jane a Standard 7 girl from school meets a stranger on her way back home. the stranger grabs her and wants to rape her.

Stranger: Hey girl, sweetie, how are you?

(He intercepts Jane and grabs her).

Jane: Hi, leave me alone, I am rushing home and it is late.

Stranger: I have caught you and must pay in kind. *(The stranger drags the young girl to a near by house and waves a knife at her).*

Jane: *(Sensing danger)* Alright, relax, I have no objection. Let me undress *(The stranger puts down the knife as he undresses. Pretends to remove her clothes, picks the knife and kicks the man between the legs and she runs away as he falls down – groaning).*

**Survival Skills Discussion Points**

- Which skills did Jane use to evade the attack?
- What would have happened to Jane if she showed direct/open resistance immediately she encountered the stranger?
- Under what circumstance would this (rape) happen?
- After this attempt what is Jane supposed to do?
- What are the dangers/risks related to rape?
- To avoid such scenarios what advice should be given to the youth?

Checklist: Survival Skills Questions

Which skills did Jane use?

- Kicking between the legs
- She was able to sense danger
- She ran away
- She used some negotiation skills

What would have happened if Jane showed arrogance?

She would have been:

- Raped
- Killed
- Injured

After this rape attempt what was Jane supposed to do?

- Report to some authority like parents, teachers etc

What are the dangers/risks of rape?

- Psychological torture
- Pregnancies
- STIs/HIV and AIDS
- Injuries

What advice should be given to the youth?

- Do not walk alone but in groups
- Avoid risky/isolated paths

The Role of Self-esteem: Differentiating Needs from Wants (30 min)



CONTENT AND PROCESS

STAGE	CONTENT	PROCESS	TIME	FACILITATOR
One	Activities on how self-esteem may be influenced by peers	Group work: Discuss ways in which peers may influence the self-esteem of youth in and out of school. (Use the report format 1 below) Report back and harmonization.	3 min 5 min	
Two	Differentiating needs/ wants	Group Work: List the needs and wants. Sometimes young people follow their desires (wants) to find a substitute for some of their needs, such as acceptance, love, self-esteem (Use the report format 2 below)	2 min 3 min 2 min 5 min	
Three	Effects on self-esteem	Group Work: How can the needs/wants listed above affect/influence the youths' self-esteem? (Use the report format 3 below)	8 min	
Four	Summary	Wants impact negatively on positive behaviour change	2 min	

Report Format 1: Ways peers influence each other in and out of school.

WAYS:	IN SCHOOL:	OUT OF SCHOOL:
Dress		

Report Format 2: Differentiating between Needs and Wants.

NEEDS	WANTS (Often activities to substitute for needs)
Food Shelter Love Security Acceptance Reassurance	Smoking Discos Sex

Report Format 3: The effects of realising needs and wants.

NEEDS	EFFECTIVE/INFLUENCE	WANTS	EFFECTS
Clothing	Feel	Sex	STIs

Decision Making Skills (30 min)



CONTENT AND PROCESS

STAGE	CONTENT	PROCESS	TIME	FACILITATOR
One	Presentation	<ul style="list-style-type: none"> Facilitator introduces the role-play. Facilitator explains to the participants that as they watch the role-play they should check the areas where the following skills were used. <ul style="list-style-type: none"> Decision-making Critical thinking Negotiation Self-expression 	3 min	
	Discussion			
	Summary		5 min	
			2 min	
			3 min	
Two		Role Playing:	2 min	
		Facilitator uses the discussion points:	3 min	
		SKILLS WHERE IN HOW	2 min	
		ROLE PLAY	5 min	
Three		Facilitator stresses the importance of decision-making	8 min	

Role Play: Innocent (a School Girl); Nyangau her cousin as "Tutor"; and Naima (Innocent's Friend)

SCENE I: (Innocent goes to her cousin's house for tuition. Knocks at Nyangau's door).

Nyangau: Oh! welcome. have a seat next to me.

Innocent: Let me sit on the other chair.

Nyangau: Please sit here. (He pulls her and sits her on the chair next to him).

Innocent: This is not healthy; it is harassment!

Nyangau: Don't worry Innocent. (Offers her a glass of juice).

Innocent moves her chair away from Nyang'au while he fetches the juice.

Nyang'au: Can you please collect some books from my bedroom?

Innocent: That is not right! (She adamantly refuses).

Nyang'au: Come with me! (Holds her hand tightly and leads her towards the bedroom).

Innocent: (Cunningly) Let me close the door. (She closes the door behind her, and runs away).



SCENE II: (Innocent meets her friend Naima).

Naima: Innocent, what's wrong! why are you running so fast?

Innocent: It is Mr. Nyang'au! He wants to rape me. (Narrates to Naima her encounter with her cousin Nyang'au).

Naima: Oh! I am sorry. How can a cousin behave in such a manner?

Innocent: All men should never be trusted.

Naima: Where are your books?

Innocent: I left them in Nyang'au's house.

Naima: Let us go and collect the books from him.

(Innocent and Naima move in and confront Nyang'au. They emphatically put it to him that for future tuition they would be coming together. He is told to be human and not to act as an animal).

Nyang'au: (He apologizes). I am sorry for my bad behaviour. please Innocent forgive me?

**Leadership Skills** (30 min)**CONTENT AND PROCESS**

STAGE	CONTENT	PROCESS	TIME	FACILITATOR
One	Introduction	Preparation, characterization, casting and synopsis and what to look for (learning points and skills.)	3 min	
Two	Role Play	Cast presents the skit as the rest of the class observe and identify learning points and skills.	9 min	
Three	Discussion	Through discussion point, participants come up with skills and learning points.	15 min	
		SKILL		
		WHERE PROJECTED		
	Summary	Facilitator underscores the importance of developing leadership responsibility/skills in the youth.	3 min	

Role Play Synopsis

An irresponsible student comes to class with a bottle of 'changaa'. He tries to influence his friends to join in the taking but in vain due to one of the student's intervention.

Teacher: Children, that is the end of the lesson. Continue with the assignment.

John: *(Moves closer to Juma and produces a bottle of 'changaa')* Have a sip.

Juma: *(Sips and says)* Aah! It is sweet.

John: Come on ... keep on.

Otieno: *(Who is also a Christian Union leader and observing keenly from next desk intervenes politely)*
My friends, what is happening?

John: Why ask the obvious? Do you want some? Here you are, help yourself.

(Attracted by the conversation, the class members move towards the three and a commotion ensues).

Otieno: Quiet please! Calm down! Everyone go back to your seats. *(Calmly he comes up to state the dangers of noise making, bringing the illicit brew to class and even drinking it. He refers to the Religious Education lesson, moral values and Head Teacher's advice of being responsible).*

John: *(Remorseful and guilty)* Please forgive me. I will not drink again. *(Hands over the bottle to Otieno).*

Class: Hooray! *(Claps and applauds).*

Discussion Points

1. What skills did Otieno display:

- (a) When he calmed the class?
- (b) When he intervened between John and Juma?
- (c) When he referred to the moral values?

2. Why do you think the class calmed down and applauded when Otieno addressed them?

Note:

In overall summary, stress the importance of Knowledge Attitude and Practice (KAP).

Refer to Course A page 57 for Infusion and Integration

4. PEER SUPPORT

(Total time: 2 hours)

Training Materials *Pre-prep*

Handouts on:

- Peer Support

Others:

- School Health Club Activity Kit
- Format for report back

Facilitators Handbook – page 33

Session Objective

At the end of the session the participants should be able to describe and appreciate peer support concepts.



CONTENT AND PROCESS

STAGE	CONTENT	PROCESS	TIME	FACILITATOR
One	Session Objective.	Facilitator reads through the objective	2 min	
Two	Introduction	<ul style="list-style-type: none"> • Participants brainstorm on 'who is a peer?' • Facilitator harmonises – refer to facilitator's handbook page 33 	10 min	
Three	Benefits of Youth Peer Support	<ul style="list-style-type: none"> • Facilitator to lead the participants to discuss formation of youth peer groups and their importance • Participants identify ways in which the peer activities can be incorporated within the school system Report Back. 	25 min	
Four	Peer Support Activities	In groups, participants will use an example of a youth peer group and discuss how the activities operate in influencing positive behaviour change. (Report back using the format 1 below).	35 min	
Five	Strategies for sustainability of Youth Peer Support activities	Facilitator harmonises and refers participants to the SHC Activity Kit <ul style="list-style-type: none"> • Participants identify the strategies for sustainability of peer support group activities • Report back. Harmonise with checklist • Participants prepare sustainability action plans (Report back using the format 2 given below).	45 min	
Six	Summary	Facilitator to emphasize the importance of peer support and the need to sustain the same through various activities e.g. school health clubs, badges for common purpose, School Health Club Activity Kit to enhance behaviour change.	5 min	

Sample Report Format 1: Influence of peer group activities on behaviour.

ACTIVITY	SUGGESTED TASKS FOR BEHAVIOUR CHANGE	POSITIVE INFLUENCE
e.g Home Based Care	<ul style="list-style-type: none"> • Visiting PLWAs • Material support e.g. firewood, water and clothes • Cleaning 	<ul style="list-style-type: none"> • Showing love, care, concern, support, appreciation, acceptance responsibility etc

Report Format 2: Action plan for sustaining peer support groups and activities.

ACTIVITY	TARGET	TASKS	RESPONSIBILITY	TIME	BEHAVIOUR CHANGE SUCCESS INDICATORS	MONITORING DATES
e.g Home Based Care	PLWAs, the needy e.g orphans	<ul style="list-style-type: none"> • Visiting PLWAs • Material support e.g. firewood, water and clothes cleaning 	<ul style="list-style-type: none"> • SHC members • Patron/Matron 	Twice a month	<ul style="list-style-type: none"> • Positive attitude, love towards PLWAs • Enhanced sense of responsibility • Proper use of leisure time 	Monthly

Checklist for Strategies

- Peer support competition
- Raising funds
- Income generating activity
- Monitoring/Evaluation structure
- Schedule of activities
- Clearly set aims and objectives
- Creating ownership through budgets, T-shirts, caps
- Networking with other groups
- Motivation

Peer Support Programme

Background on Peer Support

The peer group (friends of a young person) plays an important role in shaping thoughts, feelings and behaviour. This is especially true as young people mature and start spending more time with friends (at school and at play).

When young people start interacting more with their peers, they experience strong pressure to adopt the attitudes, values and behaviour of their peer group. If young people are able to connect with other peers who display healthy attitudes and behaviour (i.e. abstinence is good and something I want to strive for) they themselves are more likely to be able to lead more positive and healthy lives. Having peers who support one another in a positive (good) way is one way to influence the thoughts, feelings, and behaviour of young people. In fact, studies have shown that adolescents are more likely to practice healthy behaviour (abstinence) if their friends are doing the same.

In addition to school based health education, peers can play an important role in promoting the health of their fellow students. One of the ways they can do this is by giving their peers social and emotional support they need to make responsible and healthy choices during their adolescent years.

Purpose of Peer Support Programmes

The main purpose of a peer support programme is to help young people in their daily lives by providing them with trained role models who are able to support and encourage them to live healthier lives.

Objectives of a Peer Support Programme

Specifically, a peer support programme aims to:

- Provide positive experiences for young people to contribute towards their personal development
- Support and enable young people to make more informed choices about their sexual behaviour and relationships through skills development
- Find new ways of dealing with peer pressure

- Allow youth to talk about the social and cultural pressures they face
- Encourage youth to talk about problems that affect them, both personally and as a group
- Build new, lasting and strong relationships between peers
- Provide ways in which young people can better communicate with their parents, teachers, community members and each other
- Help adults understand the ways in which young people think and feel
- Increase discussion about sexual health in the context of HIV/AIDS
- Help young people accept and care for People Living with AIDS (PLWAs)
- Allow young people to talk about their aims and goals in life
- Have fun.

Such Aims Are Hoped to Lead to:

- More responsible and healthy attitudes and behaviours
- Greater acceptance of and care for PLWAs
- Improved communication between young people and their parents, teachers, community members and peers
- The formation of young role models in both the school and community
- Greater self-confidence in making decisions when faced with difficult ones
- More positive outlook for the future.

The hope is that peers can come to be a support network for one another and in so doing, be able to live and act in a positive and healthy way

Vulnerability Reduction

This is:

- A cultural issue, since it involves reviewing fundamental values and norms
- A human rights issue, since it links intimately to fundamental human rights
- A legal issue, since actions such as discrimination, which enhance vulnerability, are amenable to legal redress
- An issue of democracy and citizenship, since empowerment, connectedness and solidarity are essential to any response
- An infrastructure issue, since hospitals, schools and universities require strengthening if they are to play their proper role in promoting a reduction in societal vulnerability.

Actions for Reducing Vulnerability

Attention should be focused on the following key areas of strategic action:

- Decreasing vulnerability to HIV/AIDS through providing and expanding access to universal, good quality, safe education. This is particularly important for girls, orphans, young people who inject drugs, young sex workers and others, especially vulnerable young people
- Elimination of stigma and discrimination, with a view to respecting human rights and encouraging greater openness concerning the epidemic. This should include discrimination on the basis of HIV/AIDS status, gender, pregnancy, age, sexuality, disability, religion and culture
- Promotion of policies and practices that favour gender equity, school attendance and effective learning, all of which positively affect health, nutrition and the capacity to learn. Beyond this, action should be taken to improve management, safety and security in schools to ensure that they offer healthy, protective and gender sensitive learning environments
- School Health Programmes need to tackle the particular factors rendering some children and young people more vulnerable than others. They can do this through the provision of skills-based health education to enable people to acquire the knowledge, attitudes, values and life skills needed to avoid HIV infection. They can also seek to foster appropriate forms of student/teacher interaction; promote greater gender sensitivity and psychosocial support; and provide safer recreational activities
- Inter-sectoral collaboration to enable young people to access the services and resources they need to protect against HIV infection. These include access to condoms and clean needles. The training of teachers and health workers needs strengthening so as to facilitate the early identification of especially vulnerable children, to promote child protection and safety, and to make appropriate referrals
- Finally, school-community partnerships should be created to build livelihood skills and to facilitate access to young persons, friendly, voluntary and confidential HIV counseling and testing services; early and effective treatment for sexually transmitted illnesses; reproductive health services and services for substance abuse and injecting drug users.

Refer to Course A page 74 for Co-curriculum Activities and Video

5. QUESTION BOX

(Total time: 1 hour)

Training Materials *(Pre-prep)*

Scenarios Question Box

Session Objectives *(2 min)*

1. To facilitate discussion on effective use of Question Box (QB) for positive behaviour change
2. To identify practical strategies to overcome possible problems that could hinder the effective use of QB

Introduction activity 1 Brainstorm *(15 min)*

Effective strategies to make the question box

How to make the question box

- Mobile
- Break the silence surrounding HIV/AIDS and Sexuality
- Increase knowledge and skills to promote positive behaviour change.

Activity 2 Group activity 20 Report Back 20

Scenario

1. A teacher left PSABH training and immediately introduced a Question Box in the school. For the first two weeks, many questions were asked and put in the question box by the pupils. Then, there were no more questions put in the Question Box.
 - (a) What could have caused this?
 - (b) What strategies can the school put in place to revitalise the use of the Question box?
3. In Amiena Primary School, the headteacher, resource teacher and community representative attended PSABH Course A. They introduced a Question Box in the school after Course A. During the first week, many questions were put in the box and answered. Suddenly, the headteacher withdrew the question box and it was never displayed for more questions.
 - (a) What could be the possible causes of withdrawal?
 - (b) How would you address the problems.
4. A Question Box was effectively used in Utopia Primary School. In the second month the Question Box was found missing by the school health club members. Discuss the causes and possible solutions.
5. In a training session, the question box was introduced and participants were requested to put Questions related to HIV/AIDS in the box. The participants failed to ask questions as requested.
 - (a) What could be the causes of failure to ask questions?
 - (b) What would you do as a trainer?



Summary *(3 min)*

If the QB use is well strategised, it can do the following

- Break the silence surrounding HIV/AIDS and sexuality.
- Increase knowledge and skills to promote positive behaviour change.

Refer to Course A page 108 or Dealing with External and Conflicting Messages through Song and Dance

6. SUSTAINABILITY

(Total time: 2 hours)

Training Materials *(Pre-prep)*

Flipcharts on:

- Report formats 1,2,3 & 4

Session Objectives *(5 min)*

At the end of the session the participants should be able to:

- Identify and appreciate the need for the formation of operational outreach groups in and out of schools through:
 - (a) Identification of need, stakeholders and structures within the school and community
 - (b) Strengthened inter-sectoral approach
- Discuss and appreciate the role and the need for volunteerism
- Determine the strategies for food provision by school and community.



CONTENT AND PROCESS

STAGE	CONTENT	PROCESS	TIME	FACILITATOR
One	Session Objectives	Use the flipchart to read through.	5 min	
Two	Identification of needs/issues	<ul style="list-style-type: none"> • Identify the needs/issues for sustainability to create enabling environment in and out of the school for the youth 	10 min	
		Group Work 1: <ul style="list-style-type: none"> • In groups, discuss who should be involved in addressing issues and how (Use report format 1).	15 min	
		Group Work 2: Identify tasks and match them to the existing structures and how they can assist. (Use report format 2).	10 min	
			15 min	
Three	Formation of operational outreach groups	Group Work 3: Discuss and come up with the formation of operational outreach groups in and out of school. (Use report format 3).	10 min	
Four	Food provision	Brainstorm:	5 min	
		<ul style="list-style-type: none"> • List advantages of school feeding programmes • Discuss and come up with the strategies for food provision and feeding programmes in and out of school 	15 min	
Five	Strengthening networking	Group Work 4: Identify other sectors/organizations that can be involved to strengthen the impact of reducing the incidences of HIV/AIDS among the youth. (Use the report format 4).	10 min	
			10 min	



CONTENT AND PROCESS Cont.

STAGE	CONTENT	PROCESS	TIME	FACILITATOR
Six	Summary/ Conclusion	<ul style="list-style-type: none"> Recap on the key issues i.e. formation of operational outreach groups in and out of school 	5min	

Report Format 1:

GROUP	ISSUES	HOW
Volunteers	Peer Support	Peer Education through school health club.
School Committee Members	Orphans	Providing the basic needs.

Report Format 2:

TASKS	GROUP STRUCTURE	HOW

Report Format 3:

GROUP	WHERE	ROLES PLAYED

Report Format 4:

SECTOR	TARGET	HOW

Checklist For Sustainability:

Identify the needs/issues for sustainability to create enabling environment in and out of the schools for the youth.

- Food provision
- School levies
- Learning resources
- School uniform
- Health needs
- Security
- Continuous training and knowledge.

Samples

GROUP	ISSUES	HOW
School Committee Members	<ul style="list-style-type: none"> School levies School feeding programmes Identification of needy cases 	<ul style="list-style-type: none"> Remission to needy cases Mobilize community for feeding programme
Parents' Associations	<ul style="list-style-type: none"> School levies School feeding programmes Identification of needy cases 	<ul style="list-style-type: none"> Through Community Representatives. Remission to needy cases Mobilize community for feeding programme Through Community Representatives
Churches	<ul style="list-style-type: none"> School levies School feeding programmes Identification of needy cases 	<ul style="list-style-type: none"> Remission to needy cases Mobilize community for feeding programme Through Community Representatives
Women's Groups	<ul style="list-style-type: none"> School levies School feeding programmes Identification of needy cases 	<ul style="list-style-type: none"> Remission to needy cases Mobilize community for feeding programme Through Community Representatives

GROUP	ISSUES	HOW
Youth Groups	<ul style="list-style-type: none"> • School levies • School feeding programmes • Identification of needy cases 	<ul style="list-style-type: none"> • Remission to needy cases • Mobilize community for feeding programme • Through community representatives
OSA/Patron	<ul style="list-style-type: none"> • School levies • School feeding programmes • Identification of needy cases 	<ul style="list-style-type: none"> • Remission to needy cases • Mobilize community for feeding programme • Through community representatives

TASK	STRUCTURES	HOW
Provision of food	<ul style="list-style-type: none"> • School committee • Parents Association • Church • Patron 	<ul style="list-style-type: none"> • Growing food • Contribution in kind

GROUPS	WHERE	ROLE PLAYED
4 – K Club	In School	IGLAs
Health Club	In School	Health issues
Volunteer Youth Group	Out of School	Peer education

Operational Groups.

Advantages of School Feeding Programmes

1. Caters for all children
2. Increases enrollment and participation
3. Reduces risk movement
4. Increases performance
5. Promotes team work
6. Reduces sexualisation.

Strengthening Networking

SECTOR/ORGANIZATION	TARGET	HOW
Ministry of Health	School/Community/youth	During Training
Ministry of Education	School/Community	
Ministry of Agriculture	School/Community	
Ministry of Culture and	School/Community	Guidance/Counselling
Social Services	School/Community/youth	Guidance/Counselling
Religious Organisations	School/Community/youth	Guidance/Counselling

APPENDIX A1 Primary School Action For Better Health School & Community Training Timetable For Course A - Residential

4:00pm. Sunday										7:00	8:00 – 9:00pm	
Day 1	Trainers arrive on Saturday at 2:00pm. Trainers’ preparation time on Saturday from 4:00pm through to Sunday (Organise or attend Sunday spiritual service)						Arrival and Registration			R	D	Evening Sessions Expectations & Fears
	7:45am - 8:00am	8:00am - 9:00am	9:00 am 10:45am	10:45 11:00	11:00 1:00pm	1:00	2:00pm 4:00pm	4:00 4:30	4:30pm 6:30pm	E		8:00pm - 9:00pm
Day 2 Mon	Prayers Announcement, News Summary	Climate Setting Small insects	Project Overview	T E A	SDP & Action Planning	L	Life Skills and Living Values video “Sara Saves a friend”	T	Counselling in HIV/AIDS	F	I	TASO - All
	7:45am - 8:00am	8:00am - 10:00am		10:am 10:30am	10:30am 1:00pm	U	2:00pm 4:00pm		4:30pm 6:30pm	L	N	8:00 - 9:00pm
Day 3 Tues	Prayers Announcement, News Re - Cap	Sexuality & Touch Continuum		T	STI HIV/ AIDS	N	STI HIV/AIDS		STI HIV/AIDS	E		Bushfire - All
	7: 45am 8:00am	8:00am - 10:30am			11:00am 1:00pm	C	2:00pm 4:00pm	E	4:30pm 6:30pm	C		8:00 - 9:00pm
Day 4 Wed	Prayers Announcement, News Re - Cap	Curriculum Overview			Emerging Issues		Implementation of Policy		Intergrated and infused Curriculum	T	N	Curriculum Displays
	7: 45am 8:00am	8:00am - 10:30am		E	11:00am 1:00pm	H	2:00pm 4:00pm	A	4:30pm 6:30pm	I		Video “Nkosi for Community Reps.
Day 5 Thur	Prayers Announcement, News Re - Cap	Life Skills Activities “A”			Adolescent Health & Sexuality		Adolescent Health Avoidance of Risk		Action Plans Session in B	O	E	8:00 - 9:00pm
Day 6 Fri	Prayers Announcement, News Re - Cap	Communication Approaches			Guidance		Dealing with External Conflicting Messages through Song and Dance			N		Action Plans “B” Activity in School Teams
Day 7	Departure			A						S	R	Video “ Banana”

APPENDIX A2 Primary School Action For Better Health Additional Teachers Training Timetable For Course B - Residential

	4:00pm.							7:00	8:00 - 9:00pm
Day 1 Sun	Trainers arrive on Saturday at 2:00pm. Trainers' preparation time on Saturday from 4:00pm through to Sunday (Organise or attend Sunday spiritual service)							R	Evening Sessions Expectations & Fears
	7:45am - 8:00am	8:00am - 9:00am	9:00 am - 10:45am	10:45 - 11:00	11:00 - 1:00pm	1:00		E	8:00pm - 9:00pm
Day 2 Mon	Prayers Announcement, News	Climate Setting - Big Animals	Project Overview	T	Review of Action Plans	L	Life Skills and Living Values	F	"TASO"
	7:45am - 8:00am	8:00am - 10:00am		10:am - 10:30am	10:30am - 1:00pm	U	2:00pm - 4:00pm	L	8:00 - 9:00pm
Day 3 Tue	Prayers Announcement, News	Sexuality & Touch Continuum		T	STI, HIV/ AIDS	N	STI, HIV/AIDS Question Box	E	"Bushfire"
	7: 45am - 8:00am	8:00am - 10:30am			11:00am - 1:00pm	C	2:00pm - 4:00pm	C	8:00 - 9:00pm
Day 4 Wed	Prayers Announcement, News	Curriculum Overview			Implementation of Policy	N	Intergration and infused curriculum	T	Curriculum Displays Activities "B"
	7: 45am - 8:00am	8:00am - 10:30am		E	11:00am - 1:00pm	C	2:00pm - 4:00pm	I	8:00 - 9:00pm
Day 5 Thurs	Prayers Announcement, News	Adolescent Health & Sexuality "A"			Guidance	H	Peer Support Concept	O	"Everyone's Child"
Day 6 Fri	Prayers Announcement, News	Communication Approaches		A	Question Box HIV/AIDS Practice		Dealing with External Conflicting Messages	N	
Day 7	Departure							S	

APPENDIX B: COURSE FORMS

CfBT (CENTRE FOR BRITISH TEACHERS)

Daily Report Format

DAILY REPORT FORM	
COURSE:	DISTRICT:
DATE:	DAY:
SESSIONS:	FACILITATORS:
DAY'S PROCEEDINGS	EMERGING AND INTERESTING FEATURES:
CONCLUSION AND SUMMARY	
Report Prepared by:	

APPENDIX C: EVALUATION SHEET

CfBT (CENTRE FOR BRITISH TEACHERS) Evaluation Sheet

School / Community Course _____

Venue : _____

Date : _____

Dear Participant

We would be grateful if you could provide feedback on this workshop. Please rate the various aspects of the workshop listed below by placing a tick in the appropriate box.

(G= Good, S= Satisfactory, U= Unsatisfactory)

Write any comments that you feel would be useful in improving the training workshop in the future in the space provided.

Thank you.

The facilitators.

How would you rate the following aspects of the workshop?	G	%	S	%	U	%
1) Clarity and achievement of the training objectives						
2) Relevance of the activities to the overall purpose						
3) The length of individual sessions						
4) The effectiveness of individual presentations						
5) Planning and organisation of the workshops						
6) Usefulness of handouts and other references						
7) My own personal participation						
8) Group participation						
9) My readiness to implement key features of the project						
10) Facilities of the venue						
11) The meals and snacks						
No. of Respondents:						

1. Benefits of training to myself:

2. Areas I would like to apply to my job:

3. Any other comments:

APPENDIX D: SUMMARY OF COURSE ORGANISATION

CfBT (CENTRE FOR BRITISH TEACHERS) **PRIMARY SCHOOL ACTION FOR BETTER HEALTH PROGRAMME** **Summary of Course Organisation**

Before Course

1. Arrive at the venue earlier than the participants

2. Check on the following items

- Course Registration Form (To be filled in and signed by both facilitators and participants beginning)
- Contact Registration Form (To be filled in and signed by both facilitators and participants beginning)
- Travel Refund Summary Form (If course is funded)
- Daily Registration (Attendance) (Form to be signed by all in the morning and afternoon).
- Daily Report Forms (to be completed by rapporteurs at the end of each day; and verified and consolidated by the Course Organiser in case of double or more classes)
- Guidelines on travel/training allowances
- Relevant video tapes/cassettes

3. Further check and verify that each file has

- A writing pad
- A pen
- A name tag
- A timetable
- An evaluation sheet
- A Claim Form to be filled on arrival and left with the trainers registering participants

4. Check and verify the stationery supplied, namely:

- Fools caps
- Newsprint
- Felt Pens
- Spirit
- Felt pen ink
- Chalk
- Pins
- Masking tapes
- Blue tack
- Envelopes
- Highlighters
- Chalkboard rulers
- Chalkboard dusters
- Stapler
- Stapling pins
- Paper punch

5. Check on the handouts and verify the number.

6. Check on accommodation for both trainers and participants.

7. Give and discuss the timetable with the institutional Head or Liaison Officer.

8. Complete list of attendance for certification per school and indicate TSC numbers, gender and position i.e. KRT, HTR or CR.

9. The following items should be part of the course summary report

- Fears and Expectations (Course A)
- Course Norms/Ground Rules
- Emerging Issues in and Out of School and Strategies – Course A
- Challenges and Experiences (Course B)
- Action Plans for A and revised in Course B
- Questions from Question Box and their answers attached
- Summary of attendance per district per Head Teacher, Resource Teacher and Community Representative and their gender
- Any irregularities should appear on the daily report as summary

10. In all aspects of running the course, high standards of discipline must be observed.

Conducting Arrival, Registration (Evening Session)

- Arrival – Registration – Distribution of Materials
- Ensure you are at hand to welcome participants
- Welcome for evening session by Facilitator on Duty (FoD)
- Facilitator on Duty introduces participants, preferably by school, to determine Head Teacher, Resource Teacher, and Community Representative representation
- FoD leads participants to come up with Expectations; Fears; Rules; and to elect officials, namely,
 - Group Leader
 - Group Welfare Officer
 - Group Spiritual Leader
- FoD introduces course organiser who in turn introduces course facilitators in the absence of CfBT Staff
- Project Coordinator takes over from the course organiser to conduct the rest of the programme i.e. introducing institute Head or Representative to address audience
- Project Coordinator calls upon Project Manager to give welcoming remarks
- Class secretaries and rapporteurs are elected the next day in their various classes
- Facilitators' responsibilities
- Course organizer
- Class leader
- Handouts / Training Materials
- FoDs for 6 days

During Sessions

- All trainers to be in the lecture room for support and reinforcement during sessions
- Those not facilitating could better be seated at the back so that only those facilitating be at the front
- Avoid time wasting
- Prepare and use legible charts
- Morning prayers and re-cap should not take more than 15 minutes
- FoD and class secretary to ensure attendance sheets are signed
- Avoid granting leave to participants unless on exceptional cases
- Issue handouts at the end of each day: number all the handouts. Return leftovers to Course Organiser
- No production of new material or photocopying of handout without consultation
- Always plan as a group and cross check your plans before presentation
- Organise for video sessions well in advance
- Give simple and clear instructions to participants

Conducting Closing Session

- Features of a Responsive School will be conducted as a whole group by the Course Organizer (1 hour) followed by evaluation (15 min)
- Closing Ceremony takes 45 min, with the following speakers:

(a) Entertainment	5 min
(b) Hymn / Word of God	5 min
(c) Group Leader	5 min
(d) Course Organiser	5 min
(f) Institute Head	5 min

(g) Course Organiser	10 min
(h) Guest of Honour	20 min
(i) Prayer	5 min

Course Report

- Rapporteurs need to meet with Course Organiser and be carefully guided on how to report using the daily report
- Before a day's report is adopted the Course Organiser needs to clarify documented issues and proceedings for accuracy
- Interpretations and perceptions should be accurately recorded
- Consistency in all days' reports must be maintained
- Do a checklist for attachments and display it

APPENDIX E: STD AND HIV MATERIALS FOR CHARTS

HIV AND AIDS EDUCATION PROGRAMMES

Evaluation of School Responsiveness

This questionnaire is to be completed by project personnel based on a school visit and interviews with relevant staff.

School Details

Name of School:

District: Division: Zone:

Total on school roll: No. of boys: No. of girls:

Total no. of teachers: No. of male teachers: No. of female teachers:

1) Who has attended Project Training?:

(Put * if it is NOT the same person)

Head Teacher
Deputy Head
Resource Teacher 1
Resource Teacher 2
Community Rep

Course A	Course B

2) Who attended Peer Supporter Training?: Boys: Girls:

3) Person interviewed:

Head teacher ☐
Deputy Head ☐
Resource Teacher (trained)? ☐
Other staff ☐

4) Is the Head Teacher PRISM trained? Yes ☐ No ☐

5) How many other staff are PRISM trained?

6) How many staff have been trained in the HIV/AIDS curriculum?

7) Other than those who attended Project Training sessions, how was the training of school staff accomplished?

.....
.....

8) How many training sessions were held?

9) How long was each session training?

10) What was covered?

	Yes	No
Action Planning		
Question Box		
Life Skills and Values		

	Yes	No
Life Skills and Values Activity		
Emerging Issues		
Diffusion		
Integration		
Adolescent Health and Sexuality		
Guidance		
Counselling		
Communication Approaches		

11) How long has the Head Teacher been in his/her current post?

3 months or less ☐ 3-6 months ☐ 6-24 months ☐ 2 years + ☐

12) Where was his/her previous job? Zone:..... School:

Project: Key Features of Responsiveness

13) Which Action Plans does the school have for this term?

School Dev. Plan ☐ Health Action Plan ☐ Action Plan from other projects ☐ None ☐

14) How many teachers know the Health Action Plan?.....

15) Where is the Health Action Plan displayed?.....

16) How regularly do school staff health meetings take place?

More than once a term ☐ Once a term ☐ Less than once a term ☐ Never ☐

17) How regularly do these meetings address HIV and AIDS related issues?

More than once a term ☐ Once a term ☐ Less than once a term ☐ Never ☐

18) How regularly do parents' meetings take place?

More than once a term ☐ Once a term ☐ Less than once a term ☐ Never ☐

19) How regularly do these meetings address HIV and AIDS related issues?

More than once a term ☐ Once a term ☐ Less than once a term ☐ Never ☐

20) What role(s) does the Community Rep play?

Responding to Q-Box ☐ Sensitising PTA ☐ Contacting NGOs ☐

21) When did the last such activity take place?

.....

22) Were factual HIV and AIDS messages present?

Other

23) Give an example of a factual message seen.

.....

24) Give an example of a behaviour change message seen.

.....

25) Where are behaviour change messages present?

Pupils' Workbooks ☐ Teachers' Plans ☐ Co-curricular activities ☐

Other

26) Does the school have a School Health Club?

Yes ☐

No ☐

27) If yes, how regularly do School Health Club meetings take place?

Once a week ☐

Once every 2 weeks ☐

Irregularly ☐

28) If yes, what evidence did you see of such a Club?

.....

29) If No, why is there no School Health Club?

.....

30) Does the school have a Question Box? ☐ Yes ☐ No

31) If Yes, is the box in an accessible place? ☐ Yes ☐ No

32) How regularly are questions answered?

Once a week ☐ Once every 2 weeks ☐ Irregularly ☐ Never ☐

33) If there is a Q-Box, what evidence of it did you see?

.....

34) If there is no Question Box, why not?

.....

35) What are Peer Supporters leading?

School Health Club ☐ Other School Activities ☐ Peer Counselling ☐

Other.....

36) What evidence of such a Peer Supporter role did you see?

.....

37) Does the school have a Question Box? Yes ☐ No ☐

38) Are there class sets of text books used weekly by students in the classroom?

Yes ☐ No ☐

39) Do students use the student readers in guided reading at least once each term?

Yes ☐ No ☐

40) Do all teachers have easy access to the teacher reference books? Yes ☐ No ☐

41) How do teachers access the teacher reference books?

.....
.....

42) Give examples of how each type is currently being used:

Class Text

Teacher Reference

Student Readers

43) Give reasons why any is not used

Class Text

Teacher Reference

Student Readers

Person Interviewed:

If the person interviewed has been trained by the project, ask them to complete the following questions:

44) What is the most important thing you have learned from the project?

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

45) How have you changed your teaching since being trained in this project?

.....
(ii) Give an example

46) Since you were trained, which of the following have you done?

	Yes	No	Not Sure	Does not apply to me
Abstained from casual sex				
Been faithful to my partner				
Sought treatment for STIs				

	Always	Sometimes	Never	Does not apply to me
Abstained from casual sex				
Been faithful to my partner				
Sought treatment for STIs				

APPENDIX F: COMMUNITY RESPONSIVENESS FORM

HIV AND AIDS EDUCATION PROGRAMMES EVALUATION OF COMMUNITY RESPONSIVENESS

Community Representative Form

This questionnaire is to be completed by project personnel based on a school and community visit and interview with PSABH trained community representative.

Community Details

Name of Community: _____

District: _____ Division: _____ Zone: _____

1) How regularly do meetings take place between parents and school staff?
More than once ☐ Once a term ☐ Less than once a term ☐ Never ☐ Same ☐

2) Is this more or less often than before you were trained in HIV/AIDS Programme?
More than once ☐ Once a term ☐ Less than once a term ☐ Never ☐

3) How regularly do these meetings address HIV and AIDS related issues?
More than once ☐ Once a term ☐ Less than once a term ☐ Never ☐

4) Is this more or less often than before you were trained in the HIV/AIDS programme?
More often ☐ Less often ☐ About the same ☐

5) Which of the following topics have been addressed in parent-school meetings?

- What STIs, HIV and AIDS are
- How they are transmitted and spread
- How they can be treated
- How we can help our children to protect themselves against HIV Infection
- Caring for people with AIDS at home and in the community

6) What other topics have been addressed at parent-school meetings?

(i). _____

(ii). _____

(iii). _____

(iv). _____

(v). _____

7) Besides the school, which groups in the community have held meetings about HIV and AIDS?

Religious groups

When was the last meeting when HIV/AIDS was discussed? _____

Women's group

When was the last meeting when HIV/AIDS was discussed? _____

Other groups:

(Name of group) _____

When was the last meeting when HIV/AIDS was discussed? _____

(Name of group) _____

When was the last meeting when HIV/AIDS was discussed? _____

(Name of group) _____

When was the last meeting when HIV/AIDS was discussed? _____

(Name of group) _____
 When was the last meeting when HIV/AIDS was discussed? _____

(Name of group) _____
 When was the last meeting when HIV/AIDS was discussed? _____

8) Since you were trained, who have you spoken to about HIV and AIDS?

Chief	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sub-chief	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Chair of Women's Group	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Parents of School Children	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Religious Leaders	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Head Teacher	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other Teachers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Neighbours	Yes <input type="checkbox"/>	No <input type="checkbox"/>

9) Since you were trained, who have you spoken to about how the community can support the school in HIV/AIDS education?

Chief	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sub-chief	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Chair of Women's Group	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Parents of School Children	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Religious Leaders	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Head Teacher	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other Teachers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Your Neighbours	Yes <input type="checkbox"/>	No <input type="checkbox"/>

10) Has HIV/AIDS education been incorporated into any community festivals?

_____ No. Why not? _____

_____ Yes Which one? (i). _____
 (ii). _____

11) What is the most important message to get to children about HIV and AIDS?

12) What is the second most important message to get to children about HIV and AIDS?

13) What are some of the concerns of members of this community with respect to HIV/AIDS?

14) What do you think needs to happen in this community to more effectively address the problem of HIV/AIDS?

APPENDIX F: INTERVIEW SHEET FOR THE MONITOR

NAME OF HT: _____
 School: _____
 Zone: _____
 Teachers: Total _____ Male: _____
 Pupils: Total _____ Male: _____
 Name of Monitor: _____
 Date of This Monitoring Visit: _____

TSC No. _____ Grade: _____
 Address: _____
 District: _____
 Female: _____
 Female: _____
 Position of Monitor: _____
 Last Monitoring Date: _____

Assessing the Quality of School Development

Indicators of Quality and their Success Criteria	Satisfaction Levels			
	VG=4	G=3	AV=2	BA=1
SYSTEMATIC PLANNING IN THE SCHOOL (Divide by 17)				
The principles of school development planning are understood and in place.				
The concept and effects of HIV/AIDS education are understood.				
The school has a Mission, Motto and a set of clear aims.				
The aims embrace the HIV/AIDS intervention.				
Action plans have been formed.				
The plans are being implemented.				
An action plan for health has been formed and is being implemented.				
Records, minutes, correspondence and other school documents are available.				
Health records have been established and are in use.				
Parents and the local community are involved in the school development.				
Parents and the community are involved in health programmes.				
There is a school monitoring process in place and it is seen to be working.				
Schools rules are clear and being adhered to.				
Good health practices are in place.				
Monitoring reports are available and communicated to stakeholders.				
The school takes part in HTSG meetings.				
Health Club activities are practiced.				
MANAGEMENT OF THE CURRICULUM (Divide by 9)				
Priorities, targets and tasks are clearly laid out.				
HIV/AIDS messages are clearly included in carrier and communication subjects.				
Provision has been made for appropriate aspects of SEN.				
Provision has been made for appropriate aspects of guidance and counselling services.				
The curriculum is being delivered.				
Behaviour change messages are being properly infused and integrated.				
The delivery is being supervised by the head and subject panels.				
Professional development is being addressed.				
Co-curricula activities enhance HIV/AIDS education messages.				
GENDER EQUITY (divide by 5)				
There is a plan for gender awareness raising and training in the school.				
There are adequate facilities for boys and girls.				
Meetings have taken place for all the staff.				
Issues of HIV/AIDS education implementation have been discussed with all staff.				
Females are involved in positions of responsibility.				

Assessing the Quality of School Development

Indicators Of Quality and their Success Criteria	Satisfaction Levels			
	VG=4	G=3	AV=2	BA=1
MANAGEMENT OF PEOPLE (Divide by 6)				
There is evidence of managing:				
Self				
Teachers				
Support staff				
There is evidence of managing affected pupils and staff				
There is evidence of:				
Working with school committees				
Working with education officials and other interest groups				
MANAGEMENT OF RESOURCES (Divide by 8)				
Budgets, funds, records and spending				
Resources:				
Teaching and learning materials				
Books and other relevant HIV/AIDS education materials				
Equipment and furniture				
Information corner				
Buildings including guidance and counselling room				
Question box availability and use				
Land and title deeds				
IMPACT ON THE SCHOOL (Divide by 6)				
Professional development has improved skills and attitudes.				
Teachers have correct information on HIV/AIDS and means of prevention and transmission.				
School environment has improved.				
Collective responsibility and co-operation are in place.				
School committee and parents have correct information of HIV/AIDS and means of prevention and transmission.				
Cost-sharing is understood by the community and is part of the school plans.				
PUPILS PERFORMANCE (Divide by 4)				
Commitment and behaviour of the pupils.				
Evidence of peer support.				
Attendance and retention rates.				
Examination results indicate improvements.				

Notes for the monitor: Very Good (VG=4), Good (G=3), Average (AV=2), Below Average (BA=1)

1. Complete each row for the success criteria by indicating the appropriate satisfaction box.
2. Judge the average level of success for each indicator and calculate the average in the appropriate shaded box.
3. It may not be possible to assess every row.
4. Calculate the overall average for each of the 4 indicators and write your answer here.
6. Calculate to one decimal place only.

**School Development
SCORE (Divide by 7)**

Areas of improvement:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Sign of Monitor: _____

Sign of Headteacher: _____

School Rubber Stamp:

General comments by the monitor:

