



UGANDA RED CROSS SOCIETY

PEER EDUCATORS HANDBOOK

FOR BEHAVIOUR CHANGE COMMUNICATION

ON HIV AND RELATED ISSUES

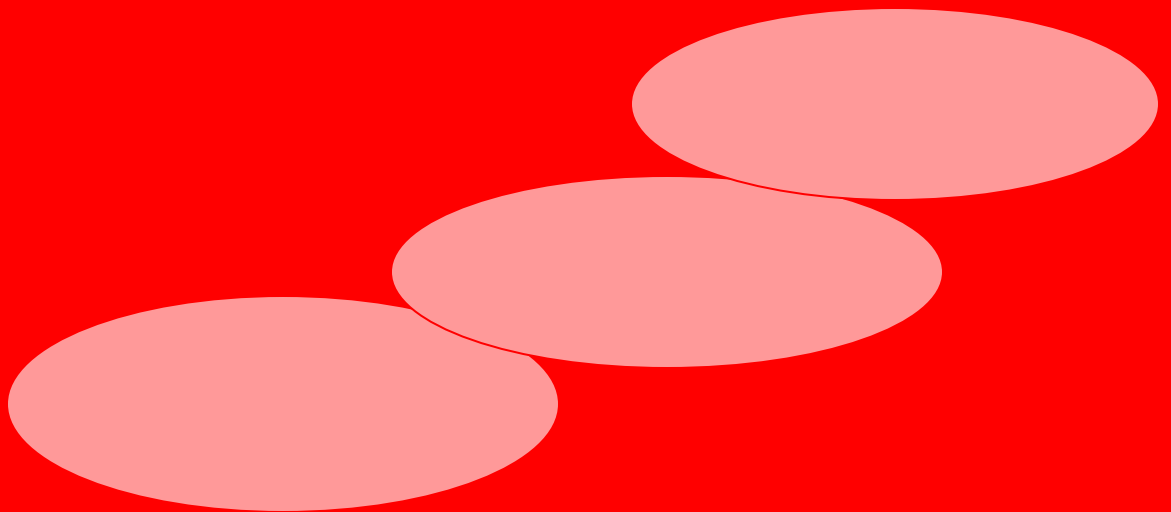


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AIDS	-	Acquired immune deficiency syndrome
ART	-	Anti retroviral therapy
ART	-	Anti Retro viral drugs
HCT	-	HIV Counseling and testing
HIV	-	Human Immune Virus
RH	-	Reproductive health
STIs	-	Sexually Transmitted Infections
STDs	-	Sexually transmitted diseases
PMTCT	-	Prevention of Mother to child transmission
VCT	-	Voluntary counseling and testing

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Thank you very much

HIV/AIDS continues to be the biggest challenge the human race has ever had to deal with effects that cut across a wide range of disciplines from social, economic, health and all levels of human society. There being no cure as yet, locally based communication prevention, care and support strategies remain key on priority program agendas.

Given the dynamics of the HIV/AIDS scourge and limitation of resources, there is need to develop program strategies that make communities active participants and owners of the change processes and strategies.

In light of that, Uganda Red Cross society is committed to the utilization of locally based, sustainable strategies for prevention, care and support. Among the key strategies is peer education that focuses on the multiplier approach to behavior change. Under this program, implementation will pay special attention to empowering the peer educators for their own individual change, supporting change in others and supporting those embracing positive change to impact change on their peers.

Development of the hand book is part of the efforts to equip the peer educator with knowledge and skills for facilitating the change in individuals and groups.

Its being hoped that its effective utilization will lead to empowered individuals and groups who are capable of making safe and informed choices and decisions regarding reproductive Health, HIV/AIDS prevention, care and support for those living with HIV/AIDS.



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**SECRETARY GENERAL
UGANDA RED CROSS SOCIETY**

This hand book is intended to facilitate peer educators in their efforts to influence positive behavior change. Focus has been put on helping the peer educator know how to conduct activities that impact effectively on the lives of the peers and not the content of the learning issues. You are therefore being advised to use the hand book together with materials that contain detailed information on issues like HIV/AIDS, STIS, HIV counseling and testing, and Reproductive health among others. Materials recommended for this are; “Peer Educators handbook, A guide for Peer Educators, by Uganda Youth Empowerment Alliance), HIV and AIDS Peer Education manual.

1.1 WHO IS THIS HAND BOOK FOR?

This hand book has been developed to assist Peer Educators when carrying out activities for influencing positive behavior change among their peers and those around them. The major target audience for this hand book are youth aged 14-25 but can also be used among adult peers to address HIV/AIDS related issues. The content is intended to provide knowledge and understanding on the techniques for influencing positive behavior change and how to effectively design and implement activities that make significant effects on people’s knowledge, attitudes and beliefs regarding Reproductive health, HIV prevention, support and care.

Its also helps the Peer Educator to follow activities step by step and to focus on particular behaviors or knowledge gain expected to result from the activities. The peer educator is also enabled to assess whether any progress is being realized in the peers through interactive discussions and other activities.

1.2 HOW TO USE THE HAND BOOK

It is a good idea to take some time and first read through the entire hand book before you begin any activity. Take time to reflect and determine those activities which you think you have the resources to carry out effectively, and which you think would be your peers or target audience would find more comfortable.

can participate. For instance during a discussion, they can participate in reading out content of a material, leading energizers and distribution of materials.

Though the content is laid out in logical order, you can choose any activity you think is most relevant to your audience one at a time. Always make sure that you discuss with your peers whether the activity was useful and let them fill in the commitment form to determine which behaviors they will adopt or maintain to prevent HIV or live positively or support those living with HIV.

You can use other information materials available to you if you need detailed information on the RH/ HIV/AIDS related issues being addressed at the time. This hand book focuses more on the steps for conducting activities in a way that influences change among your peers or those around you. Please carry it with whenever you are going to conduct an activity in it until you have mastered the steps.

1.3 WHEN DO YOU USE THIS HAND BOOK

This hand book can be used any where depending on change you want to influence in your peers or those around you. Discussions can be conducted with small groups (5-10 people) and larger groups (more than 20) if done with other activities like film shows to influence knowledge, attitudes, fears and beliefs. This is because it allows individuals to ask questions, discuss and think through issues with others and to reflect on their own behaviors and practices.

You can also use activities like film shows with the help of this hand book to influence level of risk perception regarding a particular behavior or practices. Likewise, drama is useful in raising risk perception levels and acting as an entry point to discuss sensitive issues like sexuality among others.

Risk perception exercises would be useful after a film show, or a drama that depicts HIV/AIDS related risks. “Silent Epidemic “ is good example of a film that can effectively increase risk perception levels. The exercise helps to confirm amount of risk perceived in the film or dram but also helps one to identify options for reducing risk in his/her life. This can also help those targeted to become advocates of positive change among their peers hence the multiplier effect.

Activity

2.0 THE PEER EDUCATION APPROACH TO BEHAVIOR CHANGE COMMUNICATION

2.1 Who is a peer?

It is important to understand the concept of “A peer” before we can discuss the peer education approach and its importance. A peer is someone who shares many things with another that may include; geographical coverage, experiences/ concerns, interests, age category, needs professional, social status among others.

2.2 Who is a peer Educator?

This is someone who has been prepared (usually through training) and equipped to reach out to his/her peers with information and skills for purposes of influencing voluntary decisions, actions, practices or behaviors. A peer educator can be an adult or a youth depending on the target audience for the program.

2.3 What is Peer Education?

This is a strategy where by people are trained and equipped to reach out to their peers (Because they have much in common) with information and skills for purposes of influencing knowledge gain, attitude change in order to make informed choices and decisions. The Peer educator can be an adult or a young person. The strategy can be used to influence positive behavior change.

2.4 Rationale for peer Education

A person’s peer group has a greater influence the choices and decisions they make and eventually on their behaviors and practices. Peer education provides positive peer pressure and impacts on the behaviors of others.

The strategy has been used in many settings and proved to have the following advantages as compared to other behavior change communication strategies:

- It is more cost effective (many people can be helped to change behavior through the peer educators using few resources).
- Peers are credible source of information to each others (trust and confidence already exist)

- It utilizes an already existing means of sharing information and providing help
- It can be sustained over time without external support
- Promotes community capacity and ownership hence continuity
- Very helpful in sustaining support for the hard to reach

2.5 Roles of a peer educator

Application of this hand book gives a Peer Educator three key roles; These include;

2.5.1 The Peer Educator as a role model

In communication, we have a principle that say “To change others, we must change ourselves first”. This simply means that we cannot succeed as advocates of positive change unless we demonstrate that change in our lives. The first step ideal step is to work on our own beliefs, attitudes and values regarding what we advocate for to change in the same direction. For instance, You cannot effectively advocate for HIV testing if you do not know your own HIV status.

2.5.2 The Peer educator as an agent of change

After adopting a positive change, the next key role is to make our changed lives, together with a deliberate effort to educate and provide skills necessary to others, cause our peers and those around us to adopt HIV risk prevention or reduction practices/ behaviors. It is important to know that it may take a short time for some people to change behaviors and others a much longer time. It all depends on the existing barriers in the individual, our commitment to support the change process as well as our availability to provide continued support and follow up.

2.5.3 Tips to making effective influence on others

- Take time and determine the people you can support to change in a given period
- Learn more about their interests, knowledge levels, risk perception levels,

- Determine the key behaviors that you want to influence in each of your peers and focus on those for a time
- .Keep regular follow ups to assess whether there is any progress regarding the barriers you identified and discuss behavior targets with them.
- Record any progress in simple ways that help you remember where each is (see annex ...)

We shall later on discuss the behavior change process to help you appreciate how change occurs and the key factors that influence positive behavior change among various categories of people.

2.6 What is the multiplier effect strategy?

This is the approach used to influence behavior change using a cascade approach to behavior change. Under this approach, behavior change starts with the peer educator. The changed peer educator then influences a positive change among his peers and they adopt the promoted behavior/practice. After realizing the benefits of the new behavior or practice, they target their peers who in turn choose to change behavior. It is not as simple as it sounds. The peer educator must demonstrate to the peers that he/she believes in the change he/she is advocating for. Continued information, skills impartation and advocacy is expected to influence the peers to change behavior who should again be supported to influence change among their peers. The peer educators determine how many of his peers he/she will target for a particular change in behavior over a given period like 6 months. After some have adopted the behavior, then he/she supports them to target others for change on and on until a whole group has changed.

ILLUSTRATION

- Stage 1 Peer educator adopts change
- Stage 2 Peer educator targets peers
- Stage 3 Some of the targeted peers adopts change

Stage5 The targeted peers adopts change

2.6.2 The Peer Educator as a multiplier facilitator

Peer education makes less logical sense as a communication strategy until a multiplier effect is realized.

A multiplier effect refers to a situation where those we influenced to change have been able to maintain the positive change in their own lives and are impacting positively on the behaviors of their peers or those around them.

2.6.3 Required support for a multiplier approach to behavior change communication

The person who has adopted change requires a significant amount of support from the Peer Educator to maintain the change and later on be able to advocate for the same change among his/her peers.

The role of the Peer Educator is to ensure that this support is available until a multiplier effect is realized. Support may vary from individual to individual but usually, may include; discussions, re assurance visits, recognition and appreciation expressed for efforts made, participation in other peer educators activities including planning and target setting, counseling support and provision of information materials.

2.7 Qualities of a good Peer educator

Given the above discussion, we need to review key qualities that we need to have as Peer Educators to be able to influence effectively, the behavior of other people.

- Be able to role model the desired behaviors
- Be a good communicator who listens to others, is open and flexible
- None judgemental
- Knowledgeable about the subject matter
- Available when required to support others in need
- Sociable (easily interacts with others at various levels)

Activity

3.0 THE BEHAVIOR CHANGE PROCESS

3.1 Behavior change and Behavior change communication

Individual behavior change is a transformation that occurs in people's attitudes, beliefs and value system as reflected by the choices, decisions, actions or practices they adopt. Behavior change communication is a set of actions, approaches and methods utilized by the Peer educator to influence voluntary choices, actions and/or practices of the peers or those around us.

3.2 Steps to behavior change

The behavior change process theory asserts that individual behavior change occurs in stages and that we need to support individuals move from one stage to another. It is also important to note that it may be very difficult to find a community where every one is at the same stage of change. This means that as explained earlier on, we need to know where the individuals we are targeting are regarding a particular practice of behavior. Each stage requires specific support to move the individual to another stage until they are maintaining the behavior and/or advocating for the same change among their peers.

It is also important to note that if not supported adequately, individuals can experience set backs on the journey to change behavior.

STEP	EXAMPLE	SUGGESTED ACTIONS AND APPROACHES
1. Pre contemplation	The individual is not aware of the benefits of HIV Counseling and testing and where to get services	You can provide information through discussions, provision of information materials like leaflets, drama and use of testimonies from other people.
2. Contemplation	The individual thinks about it but has other barriers internal or external hence unable to make a decision to test for HIV	Interpersonal communication using counseling, discussions with those who have tested, film shows and drama among others. Make sure you identify and deal with internal and external barriers to adoption of the practice.
3. Approval	The individual believes in the information provided and approves of the practice. He/she has a positive attitude and believes the practice is good for them	Follow up and support for action. Cause the individual through interpersonal communication to make commitment regarding the practice/behavior
4. Intention	The individual makes voluntary plan to take action .	Re assurance would be useful. Communicate and appreciate progress made so far. Re assure individual that she/ he is capable of making positive change. Re enforce messages about benefits and ask for action
5.Action	The individual voluntarily seeks HCT services, gets tested and knows his/her HIV status	Provide positive rewards, link individual to other people who have tested especially if the results are positive (Post test groups). Re enforce messages on HIV prevention/reduction practices. Agree on further action. Influence upon him/her the importance of telling others about the benefits of the practice.
6. Maintenance (Advocacy)	<p>The individual continues to test regularly and tells others about the benefits of the practice</p> <p>The individual who tests positive continues to practice positive living and tells others about the benefits.</p>	Involve him/her in the peer education activities. Provide motivation through positive rewards and recognition for the efforts to reach others so far made.

3.3 **Key factors that influence positive behavior change**

As part of the efforts to learn more about how to influence positive behavior change among our peers and those around us, let us discuss the factors that influence many people to change behavior . These include;

Perceived benefit of change

Many people would be interested in adopting a new behavior if they are to perceive a personal benefit from the messages we give them verbally or written. One of the best ways is to be role models of change so that they learn from us.

Availability of the required skills

The Some of the behaviors we advocate for require certain skills. Information alone would not for instance help a young man without negotiation or peer resistance skills to abstain from sex. We need to provide skills like communication, negotiation, assertiveness, self esteem building and decision making among others.

Availability of required services

As a Peer educator, you need to find out where people can go for services, what is involved before you promote those services to others. Otherwise it can be frustrating when people have been motivated to test for HIV and there are no services anywhere near them.

The people who influence our decisions and actions (social support network)

This refers to the people who influence decisions of those you are trying to reach for positive behavior change. You need activities that reach the larger audiences where your target audience lives or works or goes to school. Such activities like home/school visits, drama shows, puppetry shows, film shows and large group discussions are important. Referrals are very useful so that your target audience is linked to people who view things the way you want your audience to view them.

In built ability to decide or act (Self efficacy)

many Ugandans we to empower our peers with skills for building self efficacy or target those who influence their lives

Perceived costs of adopting change

When individuals perceive greater costs (psychologically and socially) for adopting the desired behavior, then they will be reluctant to change. We need to help them deal with the perceived costs through activities like counseling, testimonies and demonstrations especially if the perceived costs are built on myths and misconceptions.

In conclusion, we need to put all the above factors in consideration when planning to target individuals for the change process.

3.3 The 7 Cs of communication

These are elements that greatly improve on our communication in the efforts to advocate and cause positive behavior change among our peers and those around us. Their observation help people move faster on the behavior change continuum. These include;

Command attention

Ensure that the way you communicate (verbally and non verbal) makes people want to listen to you again and again. We can improve our communication by freeing it from judgment, negative criticism, biases and mistrust. The written messages should be simple enough and free of complicated words or phrases

Call for action

Make sure at the beginning and/ or end of every activity, tell your peers what you want them to do about your message(s).

Communicate a benefit

In order to help your peers to approve of your messages, tell them how they benefit if they adopted the behavior or practice.

Clarity

Ensure that your message is clear to your audience. Do not assume, make an effort and ask whether they have any questions to the information given.

Cater to the heart and the head

Create trust

Make an effort to be a good example for the advocated change, use channels of information they trust.

Consistency counts

Be consistent in your behaviors and messages so that over time, peers will recognize them and eventually approve.

Activity**4.0 IMPLEMENTING PEER EDUCATION ACTIVITIES****4.1 Introduction**

Many activities can be implemented by peer educators but not all have the same capacities to lead to change in the desired direction. It is therefore important to determine and select those that have more capacity to influence change and multiplier effect but off course bearing in mind the resources available and access of such activities to the peers. In this section, we shall critically discuss them individually. However, as an experienced peer educator, you can use others that may not be discussed in this hand book but you have used before and found very effective or those you have heard about and can be adapted to your environment (school or out of school).

4.2 Forming functional educative clubs

Clubs can be defined as sets of identification through which people come together and conduct various activities for a common purpose. The club usually has a name, a set of objectives, a constitution and sometimes a motto. A good club also bears a set of values whose members live by and promote. Examples of values of a club may include ; abstinence, not taking drugs, honesty, caring for the needy among others. A club has people who subscribe to being members either by paying a fee or subscribing to he club values and conditions.

4.3 Importance of clubs

It provides an opportunity for the members to undertake some form of responsibility, to be recognized and accepted. It provides a sense of belonging, ownership and continuity of activities. Because peers remain members to a club for a long time, they can in the long run change due to positive peer influence from members of the clubs. Clubs provide an opportunity for realizing potentials and talents. Clubs can be conducted with local resources and hence sustainable.

4.4 **Issues/behaviors which can be addressed through clubs**

- Early sex
- Limited knowledge on HIV/AIDS/RH and related services
- Drug and alcohol abuse
- Unfaithfulness in marital relations
- Transactional sex

4.5 **Forming club objectives**

Clubs can have a number of objectives to guide their activities. Examples are shown below:

1. Promote sexual abstinence among youth in and/or out of school
2. Provide peers with information on HIV/AIDS/RH and related services
3. Campaign against drug, alcohol abuse and sexual transaction among peers.
4. Promote faithfulness in sexual relationships among married peers.

4.6 **Forming effective peer education clubs**

A number of things have to be put in place before a good club is formed. These include; careful identification of the target groups, issues which will be addressed and the activities to be undertaken. It is also important to plan how club members will determine that their activities are causing positive change among their peers.

4.7 **Steps in forming a new club**

1. Be clear of the objectives of the club

4. Identify together the activities which you will conduct to address those objectives
5. Develop the norms which will govern members
6. As a team, mobilize more members into the club. A good club should have at least 20 members but they can be more
7. Develop a governance structure and roles of each person at the management committee. Management of a good club rotates among members over time
8. Identify roles of each member and discuss them to ensure each member understands clearly what they are expected to do.
9. Meet regularly to review progress

4.1 Activities that can be implemented through clubs

Various activities can be conducted by the peer educators to provide HIV/AIDS education and promote sexual abstinence among the youth in the school and /or in the communities. It is good to identify and use those activities whose resources are readily available in the community or those activities which do not demand expensive resources from the peer educators. Consideration should also be given to those activities attract many people bearing in mind that they learn more through entertainment. It is also good to involve peers in selecting the activities to be implemented. Examples of educative activities that can be conducted through the clubs; music dance and drama, poems, sports competitions, behavior change communications discussions, film shows, puppetry among others. We shall discuss in details how we can conduct and design each of these activities in order to support our peers with information and skills for sexual abstinence.

Activity

5.0 DESIGNING AND CONDUCTING CLUB ACTIVITIES FOR IN AND OUT OF SCHOOL COMMUNITIES.**5.1 Introduction**

Drama is known widely for being able to pull large crowds and impact on attitudes/emotions and values. However, it should be carefully designed to ensure there is a relevant message(s) for the target audience, entertainment is available and that lessons learnt are discussed with the viewers.

Through this section an effort is made to discuss steps for designing and conducting a good drama show, messages that can be promoted through drama and how to assess any positive effects of a drama show among your peers or target group.

5.2 Steps to be followed in developing and conducting a drama show:

Step 1 Decide on what you want the drama show to influence among your audience (is it knowledge gain?, Increasing risk perception?, influencing attitudes and values, improving practice, adopting behavior?) .

These can be determined by your performance checklist (see annex)

Step 2 Develop themes for your drama basing on the decision you made at step 1

Step 3 Decide on at least two messages which you want to pass on to your peers /audience through the dram show.

Step 4 Write a simple script with someone who has some experience in script writing.

Step 5 Mobilize your peers and go through the script with them. Let members select the roles that they can best perform. Take them through simple performance skills.

- Step 7** Rehearse the roles and use club members who are not performing or community members to comment on the rehearsals.
- Step 8** Invite other people or youth (depending on your target audience) who are not members of the group to watch one show before you take it to the larger group.
- Step 9** Revise according to the comments given.
- Step 10** Identify and notify the audiences where you will take the show at least two weeks in advance of the show. You can use local council leaders, youth forums, women groups, bar owners, school administration and church leaders among others to publicize the shows.
- Step 11** Conduct the show but start with some brief discussion to explain what the show is about. In the middle of the show, pause and discuss with you audience lessons learnt so far, what risks the main character is facing and what help she/ he needs to reverse the trend of thins.
- Step 12** Assessing change realized

It is very important to find out whether the content of the show had a positive influence on the knowledge, attitudes, values and or beliefs on the audience in the desired direction. Various methods can be used like question and answer but discussions are usually better. Discussions can help check the change

combined with other activities to maximize results. Below is an example of an assessment tool we can use in establishing change realized.

NB. Get to know your audience well in advance or be sensitive when mobilizing your audience to avoid embarrassment or cultural offences for instance condom promotion among abstinence adoption groups.

5.3 Guideline for discussing drama shows

1. What did you learn from the drama?
.....
2. What risky behaviors or actions did you see in the drama?
.....
3. What practices or decisions by the people in the drama are common to young people in your communities?
.....
4. What do you think influences individuals in the drama into risky practices?
.....
5. What do you think individuals should do to avoid the risks we have seen in the drama?
.....
6. What do you plan to do in your life bearing in mind what you have seen in the drama?
.....

7. What do you want us to communicate to you through drama next time?

Activity

6.0 HOW TO CONDUCT EDUCATIVE FILM SHOWS

6.1 Introduction

People like entertainment.

So using films to pass on educative information is an appropriate method, however we need to be careful and ensure that your peers have enjoyed the film but have also learnt some lessons that will support them adopt preventive behaviors regarding HIV/AIDS and access RH/HIV/AIDS services

6.2 Key messages for film shows

The following key messages can be emphasized before and after the film show depending on the film shown.

Below is some of the common video tape that we shall be using and key messages for each. However, incase you get a film away from those mentioned below, see that you know what it contains and get the key messages.

TITLE OF THE FILM	KEY MESSAGE(S)
Silent epidemic	<ul style="list-style-type: none"> ➤ Sexually transmitted infections increase one's risk to HIV. ➤ Most sexually transmitted infections are curable if treated early. ➤ The best way to know HIV status is by testing for HIV. ➤ Abstinence is the most effective method of preventing HIV and other STIS.
Dangerous decisions	<ul style="list-style-type: none"> ➤ Abstinence is the best way to prevent unwanted pregnancy and other associated risks. ➤ We should be assertive and resist peer pressure for sex from our peers ➤ We should avoid keeping close company with friends who practice risky behaviours. ➤ We should believe adults who lure us with presents to have sex with them.

School canteen	<ul style="list-style-type: none"> ➤ We need to be assertive and resist pressure for sex. ➤ Transactional sex can lead to HIV, Unwanted pregnancy and many other risks.
Lost victory	<ul style="list-style-type: none"> ➤ Virginity is good value which protects us from HIV and other risks.
Yellow card	<ul style="list-style-type: none"> ➤ Abstinence saves us from risks of HIV and unwanted pregnancy. ➤ Sexual feelings are normal and can be controlled.

6.4 How to conduct an educative film show

Step 1. Identify the issue/behavior you want to promote to your peers through the film show.

Step 2. Decide on the film you plan to use to bring out the messages.

Step 3. Identify the relevant key messages that you will discuss through the film.

Step 4. Organize an appropriate venue that can be accessed by many targeted people in the communities.

Step 5. Make announcements for the show early enough (At least two weeks before the date of the show) you can also conduct home visits and explain to parents about the film and how their young people will benefit.
Going through the parent peer educators will be useful too.

Step 6. Agree before the show as to who will do the discussion before and after the show among the peer educators.

Step 7. Conduct the show, ensure that you are at least an hour early before the show and test all the equipment to ensure that it is operating well. Introduce your team before the show and tell them about the show and tell them about the show. Whenever possible, pause once in a while (after 30 minutes) and discuss issues.

Step 8. Assess the show with the peers using the guide below

6.5 Guideline for assessing film shows.

1. What did you learn from the film we have just watched?

.....
.....

2. What risky behaviors or decisions or actions did you see in the film?

.....
.....

3. What practices or decisions by young people in the film are common to young people in your communities?

.....
.....

4. What do you think influences young people into risky practices?

.....
.....

5. What do you your people should to avoid the risky the risks we have seen in the film?

6. What do you plan to do in your life bearing in mind what you have seen in the film?

.....
...

7. What else would you want us to communicate to you about through film shows?

.....
.....

Activity

7.1 Introduction

Informal or formal discussions can be used to pass on information and influence attitudes and beliefs. The importance of this interpersonal approach can be found in the fact that it facilitates use of all the other approaches so far discussed in this hand book. However, it is always important to prepare for the discussion and determine the materials that you will need to conduct the activity.

Effective discussions should contain between 0-15 people. Discussions can be conducted anywhere as long as the place and time are convenient to your audience. It can be conducted under a tree or at a football match.

7.2 Key steps in conducting effective peer discussions

Step 1 Select at least three discussion topics which you can discuss based on your performance checklist.

Step 2 Determine what you want your audience to learn from the discussion

Step 3 Select through consensus the Peer educators who will lead the discussions for each topic and inform them at least two weeks to the discussion.

Step 4 select the key messages for each topic and decide on the discussion days.

Step 5 Make announcements for the day and time of the discussions and agree with your peers on these.

Step 6 Prepare other entertainment activities like energizers to be conducted during breaks.

Steps during the discussions

Step 1 Introduce your team, the roles they will play and the purpose of the discussion.

Step 2 Let the peers introduce themselves if they are not too many (over 15)

Step 3 Ask members to identify roles they can play in making the activity a success.

Step 4 Start with a short energizer that involves everybody.

Step 6 Introduce the issue for discussion and ask participants to tell you what they know about.

Step 7 Provide relevant information and ask peers this is a common issue among them, what causes it and how they think it should be addressed to prevent HIV.

Step 8 Allow them to express and share their views

Step 9 Assess the discussion using the assessment tool below:

7.3 Guideline for processing peer discussion

Title of the discussion
.....

Location.....
.....

Date
.....

No of people present
(approximate).....

1. Did you find today's discussion helpful? Yes [] No []

Please explain

.....
.....

2. What new thing did you learn from the discussion?

.....

3. What do you plan to do differently in your life after this discussion?

.....

4. What challenges if any do you envisage in carrying out your plans?

.....

5. What other support do you think you will need to put the plans in action?

.....

6. What other issues should we communicate about next time?

.....

7. Give suggestions for improving future discussions?

.....

7.3 Helping peers assess personal risk to HIV

Introduction

Risk perception is key to positive behavior change. Many people including, adults rarely reflect on their behaviors and the relationship between those behaviors and the risk to HIV. Risk you can help your peers assess personal risk by taking them through the exercise below. Risk assessments can be done after or during any of the other activities discussed earlier on.

Step 1 Introduce the purpose of the exercise to your audience

Step 2 Explain how the exercise works and the benefits

Step 3 Read the questions to them slowly so that everyone understands

Step 4 Provide the scores and what they mean

Step 5 Develop action points with the peers.

RISK ASSESSMENT FORMAT

1. Have you ever had sex? Yes [] No []
2. Have you heard un protected sex in the last 12 months?
Yes [] No []
3. Have you ever had sex with more than one person in your life?
Yes [] No []
4. Do or did you know the HIV status of the person you had sex with?
Yes [] No []
5. Do your know your HIV status?
Yes [] No []

Score sheet

A “no” to question 1 implies a very low risk to Sexually transmitted infections including HIV especially if you continue to abstain from sex and if you know your HIV status.

A yes to question 2 and three especially if accompanied with a ‘no’ to question 4 and 5 implies a high risk to HIV and other STIs.

Action points for peers

1. Get tested for HIV
2. Choose and maintain the decision to abstain from sex
3. In future you and your partner must be tested for HIV before engaging in any sexual relationship.
4. Make a commitment to your life that will continue to abstain from sex
5. Develop the practice of keeping closer company with peers or friends who believe in abstinence.
6. Seek counseling support from trusted adults and peer educators whenever you are not sure of what to do next.

Activity

8.0 STRENGTHENING LIFE PLANNING SKILLS AMONG OUR PEERS

8.1 Introduction

It has been strongly observed that life planning skills greatly influence our ability as individuals to make safe and responsible choices and decisions. They also enable us to cope with difficult challenges in our lives and respond to them more responsibly. The social –cultural environment in which many young people live has not been very supportive in building these skills. This has made it hard for them to deal with challenges like negative peer influence, sexual harassment and abuse among others. Hence, their increased risk to HIV/AIDS and other related risks. As part of the efforts to enhance their capacity to adopt HIV preventive behaviors, we need to add the impartation of skills to our efforts of providing knowledge. This section briefly discusses the importance of life planning skills and how we can transfer them to our peers.

8.2 What are life planning skills?

These are competences or abilities that can be acquired to enable individuals deal effectively and responsibly with life challenges and ambitions.

7.4 Rationale for life planning skills

Life planning skills enable people to discover who they are by answering appropriately the key life questions;

Who I am I ?

What do I want to be in future?

How do I get there?

Life planning skills help us to deal effectively with negative peer influence hence enabling us to prevent or reduce HIV risks in our lives.

They help us to realize our goals in life.

8.5 Types of life planning skills

There are those skills that help us to live positively with other people (peer resistance or assertiveness, non violent conflict resolution, decision making, critical thinking, negotiation, communication, friendship formation among others)

There are also those that help us live positively with our selves (self awareness, self image building, self esteem building, dealing with emotions and feelings, value clarification among others)

8.6 Helping peers apply life planning skills in their lives

As discussed at the beginning of this hand book, it is always important to know our peers well enough to be able to tell the challenges or barriers to changing behavior that may exist. In the majority of cases there key indicators that one is lacking some of the key life skills and so may not easily make independent decisions.

Tips on indicators of life skills gaps in an individual

COMMON INDICATORS	LIKELY SKILLS MISSING	USEFUL SUPPORT
Inability to associate with new people or talk	-Self esteem building -Self image building	Use interpersonal approach like counseling or a discussion to allow the person reflect on their past experience and together establish key causes. Introduce the missing skills and its benefit to the peer. Explain how it works and what she/he should do to practice. Regularly follow up to review progress. Give simple tasks like in the next meeting, talk to at least one new person
Shy to volunteer or participate in group activities	-Effective Communication Self esteem building -Self image building	In addition to the above, introduce effective communication and the other skills. Give small tasks and follow up to review progress. You can also use a relevant film or dram show one has watched
Inability to resist peer pressure Inability to express personal opinion or make personal decisions	Self esteem building -Self image building -Effective Communication -Decision making -Negotiation	As above, introduce the skills and phase them into different sessions for easy grasping
Self guilt or low self worth	-Self esteem building -Self image building -Value clarification	As above
Failure to deal positively with other people or quickly reacts violently to un acceptable responses	-Friendship formation -non violent conflict resolution	Take the person through and identify situations for application, agree on review period. Tag these to adoption of a particular behavior and how this would help
Inability to cope with difficult situations or emotions	-self image building -Coping with emotions -critical thinking -Decision making -value clarification	As above

Activity

9.1 Introduction

The previous sections are intended to help you understand a number of things that include; the concept of peer education, your roles as a peer educator, how behavior change occurs and to conduct successful peer education activities.

This section is intended to provide you information regarding what you communicate through the different activities. While many people lack factual information required to influence positive change in their lives, many others need information to impact on their attitudes, risk perception levels and vales to be able to make voluntary decisions and actions.

You are being encouraged to read the information not only before activities begin but even during your free time so that with time you master the content. Remember one of the qualities of a good peer educator is knowledgeable.

The content is not so exhaustive so you are also encouraged to source and read other relevant information materials at your disposal.

9.2 HIV/AIDS

9.2.1 What is HIV?

HIV is an abbreviation of Human Immune Deficiency Virus

This is the virus that causes AIDS. This is the virus termed HIV because it infects and affects only HUMAN BEINGS. Secondly, when it affects Human Beings, it destroys the body's ability to fight off diseases; this renders the immune system defenseless and vulnerable to all forms of infections.

9.2.3 What is AIDS?

AIDS is an abbreviation of: Acquired Immune Deficiency Syndrome. Acquired is something you get, immune is the resistance against infections, deficiency is lack of and in this context lack of protection. A syndrome is a collection of signs and symptoms.

AIDS is therefore a condition characterized by illnesses

- A person with HIV looks healthy while a person with AIDS is sick.
- A person can live with HIV and take a long time before developing AIDS.
- A person with HIV cannot be recognized unless he is subjected to an HIV antibody test.

9.2.4 Modes of transmission

1. Having unprotected sexual intercourse with an HIV infected person
Statistically this mode of transmission accounts for 90% of HIV transmissions in Africa. It is important to note that this is the common route for HIV transmission in Uganda. HIV concentration is high in both sexual fluids; semen and vaginal fluids, when both these fluids are exchanged during sexual intercourse, HIV crosses over from an HIV infected person to another person.

2. Sharing unsterilized HIV contaminated skin piercing instruments
Such instruments include injection needles, razor blades, safety pins, circumcision knives, toothbrushes etc since these instruments carry blood and transmission of HIV can occur if they are shared.

3. Being transfused with HIV infected blood
HIV concentration is high in human blood. Though blood for transfusion is widely tested against HIV, there is still some risk. At times the blood donor may donate blood when she is in the window period; this means when the body has not yet formed enough antibodies against HIV. This means that though the person maybe infected, the test cannot show that there are antibodies to HIV, hence the person is told that she/he is HIV negative when in actual fact the person is infected.

4. Mother to Child Transmission

An HIV infected mother can pass HIV to her unborn baby. This occurs mainly during pregnancy, during birth and during breast feeding. When the baby is in the womb it does share same blood with the mother. The baby's blood stream is linked to that of the mother through the placenta. The function of the placenta is mainly to transport food nutrients, immunity in form of antibodies and oxygen to the fetus. Under normal circumstances, HIV does not cross over to the fetus. This can be due to various factors, which may lead to the inflammation of the placenta. Sexually transmitted infections like syphilis can damage the placenta which can allow the maternal blood to seep into the fetal blood stream. Shock due to trauma (accident or assault) can also hurt the placenta and the baby. Other ways of vertical transmission are believed to take place during labour when the baby gets injured in the birth canal and the mother's HIV infected blood crosses into the blood stream or when the placenta separates before the baby's cord is cut.

Recent research findings prove that HIV exists in breast milk. Thus breast feeding is one of the ways of HIV transmission from an infected mother to her baby. However in situations where a mother is unable to substitute breast milk with appropriate alternative, she is encouraged to continue exclusively breast feeding.

9.2.5 How can one tell whether they have HIV or not?

The only way to know one's HIV status is to take an HIV test, usually three times in a period of nine months.

9.2.6 How can we prevent HIV/AIDS in our lives/

1. Total abstinence from sex
2. Correct and consistent condom use
3. Mutual Faithfulness to one sexual partner

9.3 Sexually transmitted Diseases (STDs)

9.3.1 What are Sexually Transmitted Diseases?

Sexually transmitted diseases are infections passed on by having un protected sex an infected person. These infections are caused by different tiny organisms/germs [bacteria, viruses and protozoa]

People [especially women] may some times have an STD but have no symptoms for long time! Therefore, it is always important that you inform your partner that you have an STD and to encourage him/her to ee a doctor. Most STDs can be cured if treated correctly. Some STDs are hard to kill and the medicine prescribed by the doctor must, therefore, be taken until the disease is completely cured. It's also important not to have sex before the treatment of an STD is complete.

Most STDs do not cause serious problems if they are detected and treated early. If this is not the case, the infection may spread and cause serious complications. The best way of protecting yourself against STDs is to use a condom when having sex.

9.3.3 Common signs of STDs

In Women

- Unusual discharge or smell from the vagina
- Pain in the area between lower abdomen (also called the belly or sex organs)
- Burning or itching around the vagina.
- Bleeding from the vagina, when not in menstrual period.
- Pain deep inside vagina when having sex.
- Serious abdominal pains
- Sores in or around the private parts

In Men

- An abnormal discharge from the penis
- Sores in or around the private parts
- Itching on or around the private parts

Both Men and Women

- Sores, bumps or blisters near sex organs or moth.
- Burning and pain when urinating or defecating
- Fevers, chills and aches like the flu.

- Swelling in the area around the sex organs.

9.3.4 Common STDs in Uganda

- Gonorrhoea
- Syphilis
- Genital warts
- Cancroids
- Candidiasis

The relationship between HIV and STDs

- The presence of another STD can facilitate the transmission of HIV. Many STDs cause sores, which are openings to skin in and around the genitals. These STDs make it easy for HIV to get into the body
- The predominant mode of transmission of HIV and other STDs is sexual.

How can we prevent STIS/STDs?

- Abstinence from sex
- Correct and consistent condom use
- Sexual faithfulness to one uninfected partner

What about if I have a sexually transmitted Infection/diseases?

- Seek early treatment from a health unit (Do not treat yourself)
- Complete your treatment
- During treatment, abstain from sex or use a condom
- Notify your partner and get him/her to seek medical treatment
- Go back to the health unit for a test to confirm your recovery

9.4 DRUG AND SUBSTANCE ABUSE

9.4.1 What is drug abuse?

Excessive and addictive use of chemical substances and narcotics

9.4.2 What are the commonly abused drugs in Uganda?

Marijuana

Bangi

Mairungi

9.4.3 What are the major documented dangers of drug and substance abuse?

- Addiction
- Mental illness
- Emotional instability (Loss of capacity to make rational judgments)
- Violence
- Social deviance
- Death in extreme in excessive use

9.4.4 How can one avoid drug abuse?

- Avoid company of people who abuse drugs
- Avoid alcohol use
- Develop personal values that support avoidance of drugs
- Keep company with people who do not believe in drug abuse
- Be assertive and protect your decision not to abuse drugs
- Seek help whenever in un sure circumstances

9.4.5 In case you have already started abusing drugs

Talk to a trusted adult or peer educator

Believe that you can stop

Break company with those who abuse drugs

Find an alternative leisure activity that keeps you busy

Develop values and make an effort to protect them

Seek help/counseling whenever you feel like giving up the struggle

9.5.1 HIV COUNSELING AND TESTING (HCT)

What it is

This is a process of testing a blood sample or any other blood fluid to identify HIV.HIV can be identified in two ways;

1. HIV antibody detection
2. viral load test for virus itself

With regard to this service, an individual decides on his or her own to go for a confidential discussion with a trained person called a counselor on issues related to his/her health, including HIV/AIDS. In this process, he or she is helped to reach a personal decision to have his or her blood tested for the presence or absence of HIV infection. This is called voluntary counseling and testing.

Benefits of HIV counseling and testing (HCT)

Taking an HIV/AIDS test is the only way to know if you are HIV/AIDS positive or negative. Many people think they are already infected when they are not and they are many who think they not yet infected when, in fact, the infection is progressing in their bodies.

Benefits of HCT when HIV negative

- Gives opportunity for discussion of HIV/AIDS issues, learn more and clear doubts, myths and misconceptions
- Helps assess risks and design or consolidation of further risk reduction plans. HCT strengthens one's determination to remain HIV/AIDS negative.
- Provides motivation for staying HIV/AIDS negative for ever

Benefits of HCT when positive

- Helps one understand better their health status
- Provide an opportunity to start on prophylaxis (prevention of opportunistic infections)
- Helps one to contribute to the prevention of HIV infection. In our programmes we call this PWP (prevention with positives)
- HCT is the gate way to treatment, care and support
- Supports one to make important decisions about sexual relationships, pregnancy and marriage
- Assists in early access to treatment of opportunistic infections and ARVS. Many people go for treatment when it is too late because of not knowing they are HIV positive.
- Offers early education on positive living, which improves quality of life.

- Helps in planning for the future. An HIV-positive individual is able to plan his future. Such plans can include education for the children and future investments.

VCT involves these steps

- Pre-test counseling
- Blood drawing and testing
- Giving of test results and post-test counseling
- Disclosure

Present counseling for decision making

A caring and trained counselor will then have a confidential discussion with you going, going through the whole process and supporting you to take voluntary and informed decision on whether or not to give blood for testing.

Receiving results

When results are ready, the counselor will proceed to discuss your situation with you. This is called post-testing. If one is HIV negative, the counselor will discuss with him/her on ways of keeping negative. If one is found positive, the counselor will offer emotional support and discuss the positive living package with him/her. This will include advice on treatment of opportunistic infections and ARVs.

9.5.2 PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT)

What it is?

This is a medical service provided to HIV positive women during pregnancy and delivery to prevent HIV transmission from the mother to the unborn child.

What are the key benefits of this service?

There is documented evidence that use of this service greatly reduces the risk of the baby from getting HIV through the mother.

Where can one get services for PMTCT?

PMTCT services can be obtained from major hospitals and health center 3s.

However, the mother's HIV status must be known to be positive before she can enroll in the PMTCT program, hence the need to know test for HIV especially during pregnancy.

9.5.2 ANTI RETROVIRAL DRUGS (ARVS)

What are they?

They are drugs designed to retard the progression from HIV infection to AIDS by interfering with certain vital processes in HIV replication. These drugs are usually given in combinations.

Does every one living with HIV need ARVs?

No, some people living with HIV may not need ARVs especially when their immune system is still strong meaning the soldiers (CD 4 cells) that protect the body from infections are still many.

When does one start using ARVS?

These drugs are started when the doctor checks the CD4 cells and finds out that your CD4 count is less than 200.

Do ARVS cure HIV or AIDS?

No ARVS only prevent the replication of the virus but do not cure HIV. Currently, there is no known cure for HIV

For how long does one take ARVS?

ARVS are taken for life once you start on them.

How are ARVS taken?

They are usually given in combinations of three drugs

In Uganda, they are given only at the doctor's recommendation and in a health unit after counseling the patient.

What are the common side effects of ARVS?

Nausea, vomiting, general weakness and anaemia

What should one do when she/he experiences any of the side effects?

See your doctor immediately.

Can one share their ARVS with another person?

No, the drug combination that works on one may not work well on another. Taking less of the drugs by sharing them with another person may cause serious side effects.

9.5.3 POSITIVE LIVING

Introduction

Some people have not tested for HIV because they believe that they cannot adequately cope with the emotional and other challenges that are often accompanied with one knowing they have positive HIV status.

With improved counseling services, this fear is being addressed day by day. Many people have tested HIV positive and been able to cope and make great and useful decisions to themselves and those around them. Such people have been very useful in promoting awareness regarding HIV/AIDS, supporting couples to test for HIV as well as provide post test care and support for those living with HIV/AIDS. There are challenges off course to deal with but one needs to seek HIV counseling and testing services from qualified health workers and preferably from a government health unit or one where pre and post test counseling services are provided.

What is positive living?

Being able to accept and cope effectively with challenges that arise from living with an HIV positive status. It involves adoption of a number of practices that include;

1. Abstinence from sex or adopting safer sex practice
Practicing responsible sexual behavior helps prevent re infection of yourself, getting other sexually transmitted infection and passing on the infection to others.
2. Avoiding alcohol, tobacco and drugs. These affect the effective operation of the drugs
3. Having enough rest during the day and at night
4. Taking your drugs as instructed by your doctor
5. Following your diet as advised by your health workers.

6. Doing exercises as advised
7. Practice proper hygiene to avoid infections
8. Visit your doctor whenever instructed or when ever you are not feeling well
9. Join groups of others living with HIV/AIDS for emotional support

9.5.4 STIGMA AND DISCRIMINATION

What is stigma?

This refers to the way individuals or groups feel when they experience judgments, ridicule, isolation and blame among others on the basis of their HIV status.

What is discrimination?

This is when individuals or groups are being treated unfairly by what others say or do to them.

It is common in many communities to find people being treated unfairly and discriminated against because of their HIV positive status.

People living with HIV/AIDS need our support and care. They have equal rights as every human being.

How does stigma and discrimination influence HIV/AIDS?

- People fear to test for HIV which increases the risk of HIV
- Many of those who test positive fear to disclose their HIV status which further influences re infections and infecting others
- The risk of children born with HIV increases
- Those living with HIV are unable to use services adequately hence their health might deteriorate.

Common things people do that stigmatize those living with HIV

- Calling them names
- Pointing fingers at them

- Isolating them
- Refusing to share things with them
- Harassing them
- Denying them opportunities
- Not caring for them

How can we support people living with HIV/AIDS(PHAS)?

- Emotional support
- Referral for services
- Provide home care services
- Link them o support groups

Activity

10.0 Introduction

Monitoring is an important part of good programs. We want to know whether our activities, the methods we use and the resources we are using will make us meet our objectives (changing behavior among our peers). We should be able as peer educators to implement activities that help us to assess the performances we have done. We will discuss more of the monitoring methods and formats in this section.

10.1 What is monitoring?

These can be referred to as any efforts made to track implementation progress of activities done.

10.2 Why do we monitor?

We monitor because we want to know whether implementation adequate enough to cause the change at the expected time, so that we can come up with solutions before its too late.

10.3 What do we monitor?

We monitor inputs (resources used like money, time, materials, and equipment), activities and the very people we are targeting to establish whether they understand, accept, support the messages we are giving them.

10.4 When do we monitor?

Monitoring is a process that should begin when we begin activities but should be prepared for well in advance.

10.5 How do we monitor

We can monitor our activities through a number of ways based on the work plan we developed. Monitoring activities are based on clearly specified indicators.

We can monitor through:

- Preparation and submission of activity reports
- Discussion/review of activity reports as compared to work plans

- Visits to the actual people we targeted for change to discuss any progress
- Group discussions with our peers in school or communities
- Direct observations of the choices, decisions and actions of our peers and the behaviors of their peers

10.6 Monitoring tools

We will show only the key monitoring tools we will be using in our peer education program

ISSUES	KEY TRAGET BEHAVIORS	KEY TASKS/ACTIVITIES	NO ADOPTING CHANGE IN SIX MONTHS	EXPECTED BEHAVIOR OUTCOMES	MEANS OF VERIFICATION
Early sex	Abstinence from sex	Film shows Drama shows Life skills sessions		Reduced incidence of student sexual practices Reduced incidence of teenage pregnancy	Activity reports Minutes of staff review Meetings Annual reports Drama processing results
Drug abuse	Void use of drugs and substances	Film shows Drama shows Life skills sessions		Reduced incidence of drug abuse	Testimonies from PHAs Increased levels of testing Increased HIV positive status disclosure
Cross generational sex	Abstinence from sex	Film shows Drama shows Life skills sessions		Reduced incidence of cross generation sex Reduced incidence of STIS	Activity reports Increased client load at service points

UGANDA RED CROSS SOCIETY

PEER EDUCATOR'S REFERRAL FORMART

DISTRICT

Sub County.....

Date

Names of peer Educator

Names of client.....Residence..... of

Reason for referral(Please tick below) Health unit referred to

More information on	Treatment	Further counseling	Spousal issues	Other (Specify)
HCT				
PMTCT				
ART				
STIS				
Other (Specify)				



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