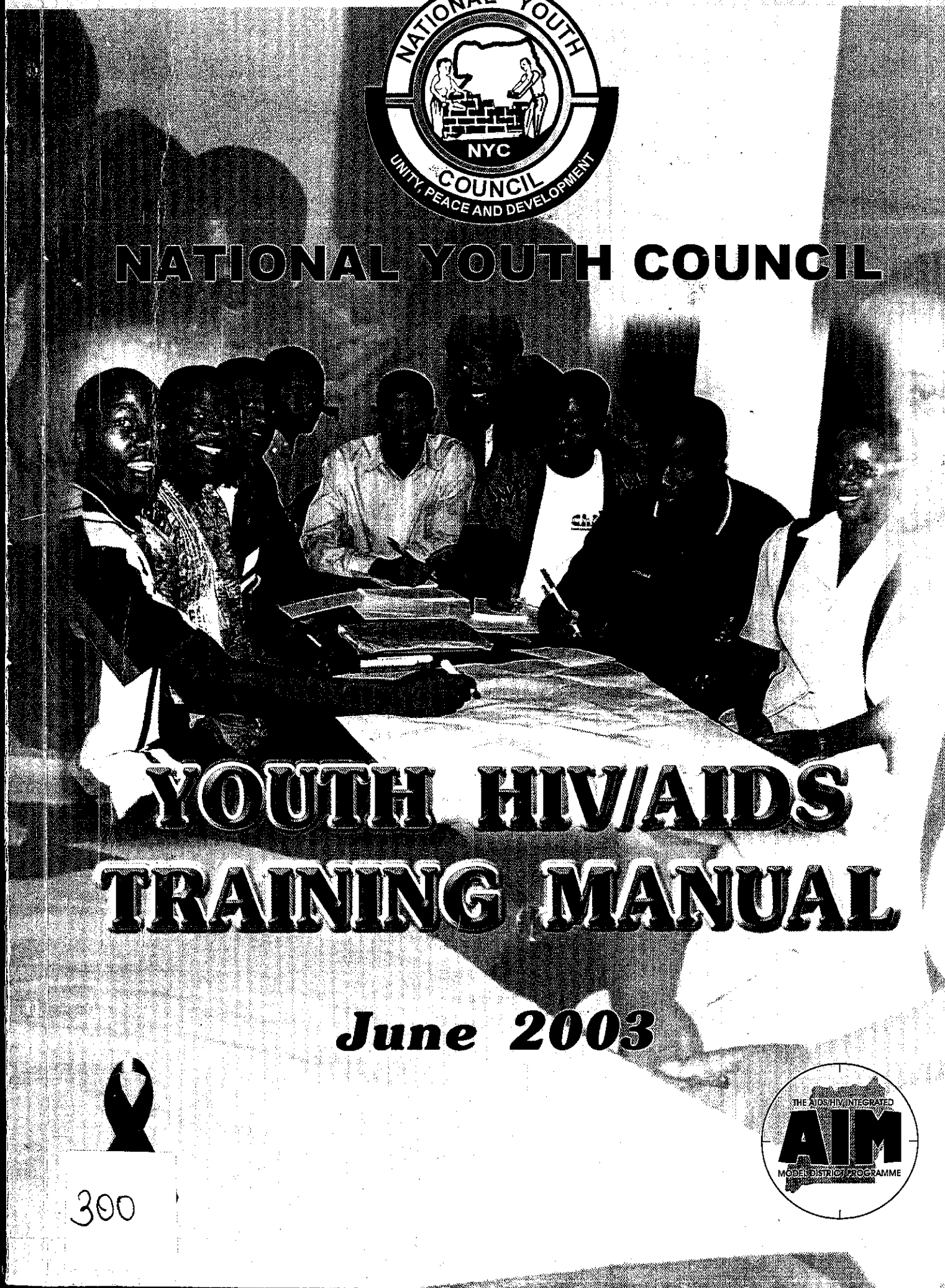



# NATIONAL YOUTH COUNCIL

# YOUTH HIV/AIDS TRAINING MANUAL

## June 2003

THE AIDS/HIV INTEGRATED
AIM
MODEL DISTRICT PROGRAMME

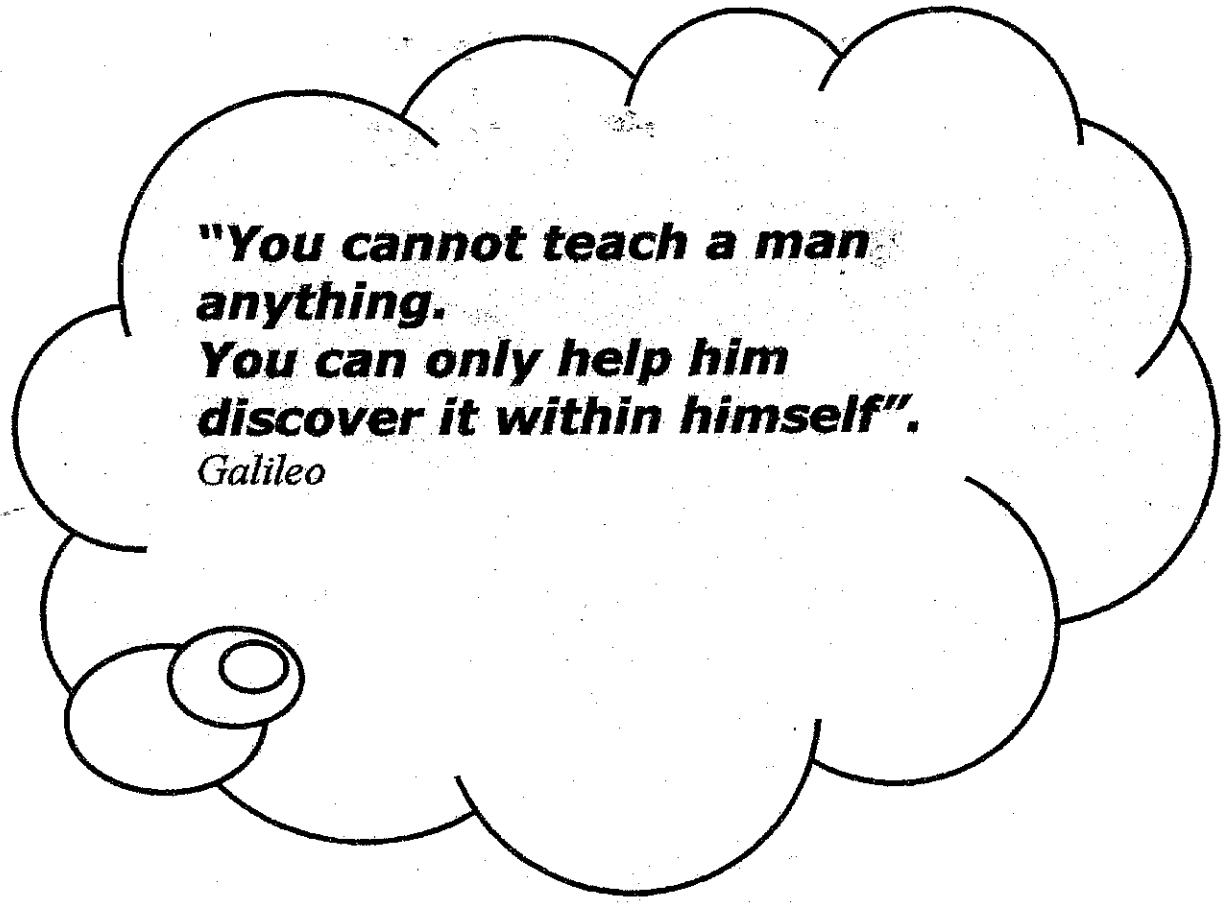
300

# NATIONAL YOUTH COUNCIL

# YOUTH HIV/AIDS

# TRAINING MANUAL

## June 2003




2003
National Youth Council
P.O BOX 7136
Kampala
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## Foreword

Since 1982 when AIDS was first identified in two people in the fishing village of Kasensero, Rakai, District, around Lake Victoria, a lot has been done to combat its spread and mitigate the adverse social and economic effects of the pandemic.

The realisation in the mid 80's that AIDS posed a very serious health problem and had devastating effects on the economy prompted the Government of Uganda to mount a vigorous broad based effort against the epidemic. To this end, government adopted a policy of openness about HIV/AIDS so as to stop its silent spread. The approach for creating intensive awareness aimed at enlightening people about how the virus is acquired and how to protect them from the same has yielded a lot of good. The prevalence rate currently stands at 6.1% and it is also visible that the rates have gone down among youth and young people because of the ABC strategy to fight the disease. The country is now hailed as a global model and success story because of its openness in the fight against HIV/AIDS. However, routine programs and strategies are needed to ensure complete victory in this struggle.

The Uganda AIDS Commission (UAC) was instituted by government to draw guidelines on how HIV/AIDS activities could be implemented to reach out to people in all districts. To a large extent the UAC has succeeded as a national planning body. The Uganda AIDS Control Project (UACP) was institutionalized to handle all donor funds aimed at HIV/AIDS activities in the country and also to monitor and evaluate various projects.

Youth /young people are at a very high risk of this disease because they are at an age of self discovery and will always do things to see what happens next. It is upon this premise that all government efforts as well as those of other development agencies have had to target this category of people taking various approaches in addressing the need to arrest the situation.

The National Youth Council as an umbrella organ for the youth of Uganda is faced with a challenge of addressing HIV/AIDS issues among youth at all levels of the council structure. This training manual is a central material to spearhead the awareness programs among youth as peer educators and counselors will keep on disseminating this information in youth groups to arrest the high risk behaviour and attitudes. This will have a multiplier effect, spreading correct information about HIV/AIDS and reproductive health issues reaching out of school youth through the youth groups/Associations.
I urge all youth to utilize this manual because if used correctly, it will propel our society towards an AIDS-free Uganda and the country will live up to its reputation as a model country in the fight against HIV/AIDS.

I appreciate the contribution of AIM-Programme Uganda and UAC for the financial and technical assistance to NYC, which has enabled them to reach out to the youth even at the lowest level in the council structure. This input is remarkable.

Hon.Zoe Bakoko Bakuru
**HON. MINISTER OF GENDER, LABOUR AND SOCIAL DEVELOPMENT**

## Preface

Young people are the foundation of any community. As such, no serious community development effort can succeed or be sustained without the creativity, energy and contribution of its young people.

The Government of Uganda has been hailed as a role model in the fight against HIV/AIDS. The Government has taken a multi-sectoral approach to combat the spread of HIV and mitigate its adverse socio-economic effects. The youth are recognised as active participants in this struggle.

This HIV/AIDS Youth training manual is a response to the call by the youth themselves to improve communication and awareness programs in society so as to be able disseminate similar information to youth groups.

Young people below the age of 30 constitute 78% of Uganda's population. Of these over 29% are between 18-30 years while young people below the age of 18 constitute about 43%. As such, they should be seen as an important human resource to be engaged in productive ventures as their participation in the development process is crucial.

Uganda has made a considerable effort in the fight against HIV/AIDS thus becoming a model country. The success has been attributed to the reduction in the prevalence rates especially among young people. This manual should be used by youth trainers to continue with the awareness programs among youth in the communities.

We are grateful to the funding agencies that include AIM programme and UACP for the financial support extended to National Youth Council to enable it implement HIV/AIDS activities as stipulated in the Council's five-year strategic plan.

I call upon all youth leaders and workers to effectively utilize this manual as the struggle continues.

Hon. Felix Okot Ogong
**MINISTER OF STATE FOR YOUTH AND CHILD AFFAIRS**

## Message from the Executive Secretary

Dear Youth Leader,

The National Youth Council is an umbrella youth organisation in Uganda. The Council has produced this HIV/AIDS training manual specifically for youth workers and leaders. We hope it will help you learn about HIV/AIDS and its adverse effects on our community and also motivate you to continue learning and use the ideas presented to promote reduction of HIV sero-prevalence among the youth.

The National Youth Council recognizes that young people are full of enthusiasm and motivation for a new project especially if they feel that the outcome will have an effect on their lives. The council also firmly believes that young people can be excellent health educators and are very instrumental in influencing the attitudes and behaviour of their peers for the better. It is this belief that has guided the production of this resource manual.

HIV/AIDS is preventable in society and among young people, if clear information about its resultant effects on communities is addressed. Routine awareness, can lead to further reduction of sero- prevalence from the current 6%. Youth need a supportive environment to have behavioural change to reduce the likelihood of transmission of the virus. They are a group which needs particular attention when planning for Reproductive health promotional campaigns

As a youth worker/leader, already involved with youth, you are in an strategic position to extend your activities to cover HIV/AIDS health education. This year, let us bring youth together in the fight against AIDS. Let us touch the lives of others, and better understand the continuous efforts/need to join the struggle to further reduce the spread of HIV/AIDS.

Through training and awareness programmes, together we can create lasting behavioural change for a better Uganda. Whatever you decide to do, it is our hope that the manual will help you understand HIV/AIDS and its adverse effects and be able to pass on acquired information to other youth groups.

With this manual we bring into circulation a very vital piece of work to scale up efforts to prevent HIV and mitigate it effects.

Yours sincerely,

Shaft Nasser Mukwaya
**Executive Secretary**
**National Youth Council**

## Table of Contents

# Acknowledgement

This manual has been produced with the financial and technical assistance from AIM-programme extended to National youth council. Special gratitude goes to Dr Maurice Adams under whose leadership, the relationship between AIM-programme and NYC was seriously improved.
Our gratitude goes to Ms Susan Karungi, for her special contribution to the production of the manual.

We would also like to acknowledge the enormous contribution of a number of people who in one way or the other helped in the compilation of this manual. Our sincere gratitude goes to-:
Ms Margaret Njeri AIM programme for the technical guidance on the preparation of the manual, Ms Proscovia Mbonye of UNICEF documentation center for availing us with relevant literature, Dr. Janex Kabarangira UNICEF, Dr. Kusasira Stephen Mulago, for their comments and input.

Special thanks go to the following people who participated in the various training and for their role in pre-testing this manual. There are Nasser Shaft Mukwaya, Lillian Bagala, Baale Samuel, Okwiswa Geofrey, and Angela Rubarema. Thanks also go to the NYC staff especially Elizabeth Mugume for her administrative contribution.

Lastly, the National Youth Council would like to extend sincere gratitude to AIM-programme who provided the resources for production of this manual.

# Introduction

The National Youth Council was established by the National Youth Council Statute (1993) with the overall objective of mobilizing and organising the youth of Uganda to engage in productive ventures as well as to protect them from any kind of manipulation.

Its formation was largely attributed to the acknowledgement that youth who are defined in the NYC statute as persons between the age of 18 –30 years, ultimately have a crucial role to play in the national development process, especially considering the demographic characteristics which reveal that young people constitute over 75% of the country's total population of about 24.7 million are below 30 years of age, while 47.3% are young people below the age of 18 years

NYC has a long term commitment to work for the youth of Uganda through the institution of programs that are aimed at moulding them into responsible and caring adults. In this regard, a five-year national strategic plan was developed to guide the council. The plan stipulates priority programme areas that are deemed to create a meaningful and lasting impact on youth development.

The Youth and Health: HIV/AIDS and Reproductive Health Issues programme is one of those that are stipulated in the strategic plan. The programme aims at contributing to the national goal of reducing HIV/AIDS sero-prevalence among youth by 20%.

The production of the HIV/AIDS training manual for youth leaders is just one activity that aims at enlightening the youth about the adverse effects of HIV/AIDS on the overall community and development process. The manual gives the role of youth as peer educators and counselors as they participate in the overall struggle to scale down the sero-prevalence rates among young people.

The manual will act as a resource for youth leaders to help them change their behaviours and attitudes and to mobilise others to be proactive in the fight against HIV/AIDS.

**What strategies have NYC in place to address HIV/AIDS among the youth?**

The NYC adopted a strategy to have routine awareness programs through life skills and peer education training by organising sensitization seminars for the youth and distribution of IEC materials. It is believed that this will help the youth

leaders develop and acquire relevant skills and information required to change their behaviour. In turn, the youth leaders would pass on these skills to members of different youth groups at the various levels of the council structure.

In this endevour NYC has approached several funding agencies o secure some funding for the implementation of the HIV/AIDS activities. AIM programme was approached tofund the life skills project which entails District level, Sub county, parish and village level training for youth leaders. Initially the training will be implemented in 8 districts but with more funding it would be extended to other districts.

Life skills training strategy was adopted by the NYC so as to empower the youth to stand up for their rights and beliefs when faced with difficult situations thereby enabling them to make responsible choices.

**Expected output**

- Encourage the participants initiate youth groups to fight HIV/AIDS among other things as grass-root initiatives
- Youth friendly HIV/AIDS services will be availed
- Youth will be well – equipped with relevant information and counselling skills to have improved services that involve all youth
- Youth Leaders trained on HIV/AIDS from over 13 Districts and will continue with the training at grassroots levels in the NYC structure
- Participants will have acquired skills to be peer education & counselling;
- More youth will be interested in taking part in District HIV/AIDS Committees (DHACS);

**Expected impact of the project**

*What the trained youth leaders at the different levels are going to do once they have been trained?*

After the training, the peer educators will be charged with the following roles:

- Training of others at the sub-county who in turn will train the youth at parish level and lastly at the village level.
- Give information to the youth about the life skills education to be simplified to target also the out of school youth
- They will advocates and lobby for youth friendly services in a more organised and polite way
- In the long-term, the peer educators will be responsible with the advocacy at district level directly dealing with the DHACS
- They will develop and write proposals for funding after consultation with fellow youth at the lower levels and programmes that suit their communities will in turn be implemented by development agencies that deliver services

- They will have the capacity to organise youth led groups and advise them on management and administration matters
- At the end of it all, the trained youth at the district level will be in charge of overall supervision, monitoring and evaluation of the programme at the lower level. They will also write reports about the trainings at the lower levels and present them to NYC.

**What mode are we using to reach the youth?**

In the process of reaching out to the youth, National Youth Council employs Training of Trainers approach who after the training become peer educators. They will also be facilitated to conduct similar training at lower levels at sub county, parish and village.

## How to use this manual

The material in this manual has been written for trainers of youth and youth leaders who shall be engaged in the life skills training and peer education project of the National Youth Council.

The ultimate goal of this manual is to develop adequate capacity of the youth and to sensitize them about HIV/AIDS and other related problems they are confronted with in their daily lives.

Specifically, the manual has been designed to:

- Provide information about AIDS and the situation of the youth in the world of HIV/AIDS.
- Provide practical skills to youth needed to overcome their fears and anxieties as they grow up.
- To act as a reference point for youth leaders/peer educators as they impart knowledge to others.

The philosophy behind this manual is that training is an interactive process between the trainer and the participant. As such, most of the training methods that are proposed in the manual are highly participatory; aimed at allowing participants to share their experiences, anxieties and fears. The trainer has to acknowledge that participants may already have much of the knowledge they need to be effective in their work and that the training is intended to reinforce this knowledge. Each of the proposed method is explained below.

This manual should be used as a resource guide and trainers are urged to read it prior to any training. However, trainers are encouraged to do further research and build upon what is provided as it is not exhaustive. Moreover, statistics change over time.

This manual provides an outline and instructions for a five-day training session. It includes a proposed training schedule, and each session has a proposed lesson plan to help the trainer manage time.

In this manual, particular training methods are recommended for each session. However, the trainer should note that a combination of two or more methods often yields better results. In the next section a brief note on these methods is given. Chapter 13 is more elaborate on Presentation and Training skills.

## A brief note on the methods...

### BRAINSTORMING

Brainstorming is a good way of involving the whole group and allowing them to think freely about a certain subject. It is a method of solving problems in which group members generate solutions and discuss them. The trainer may for example, provide the group with a question "how can we prevent stigma and discrimination?" participants are allowed to give their ideas. The group leader writes down all the ideas without comments. Now you can look at the list and clarify common opinions etc. There is no right or wrong answer.

Companies, associations, societies and government agencies have used the method with much success. The main objective of this free expression of opinions is to gather all possible ideas regarding a particular issue as soon as the ideas come to the individual's mind; without taking time to say for example: "this is not going to work, so why should I say it."

Brainstorming is not a debate. Whereas a debate consists of conflicting ideas and requires critical thinking, clear conviction, and the capacity for appreciation and diplomacy by all participants, during a brainstorming session, participants sometimes seem to be illogical and not very convinced. The idea is to produce ideas as fast as possible without any concern with logic or common sense.

The philosophy behind brainstorming is simple. It espouses that there is no one answer to any problem. It assumes that many of the most successful ideas are those that first appeared illogical, or unworkable. The critical evaluation of ideas must be separated from the process of creating them.

How to do conduct a brainstorming session

- The trainer explains the purpose of the brainstorming, announces the rules, and writes the subject on a large blackboard.
- The trainer then invites ideas and suggestions, which are recorded on the blackboard/newsprint immediately as they are offered.
- The ideas are recorded as they are expressed, without trying to give them a better presentation.
- If a short period of silence occurs, the trainer should not panic. She/ he can repeat the ideas already expressed or present the problem in a different way to get new ideas.

- The members of the group remain seated and give ideas as fast as the chairman can record them. Any criticism is forbidden at this stage, and freewheeling is encouraged.
- The brainstorming continues for up to ten minutes or until the ideas stop flowing.
- The trainer thanks the participants and the group then evaluates the ideas in terms of their suitability. Participants may break into smaller groups for this purpose.

**When can it be used?**
First of all, it is necessary to have a problem that needs a solution. For example: what can we do to increase the level of awareness about HIV/AIDS in our country?

No matter what problem you have, it must be presented in a positive attitude and not in a dubious way, like "Is there any solution for the HIV/AIDS pandemic in our community?" Normally, ideas come out easier when there is confidence in a victory.
Brainstorming method is always used to allow participants express their views/understanding of concepts/topics to enable them internalize the ideas. It is recommended at the beginning of a new session/topic.

## BASIC RULES

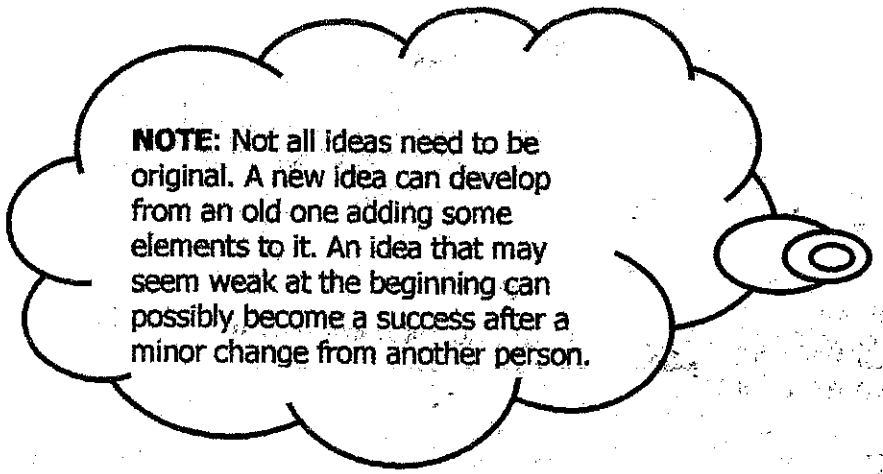
The basic principle behind brainstorming is that the ideas produced go unchallenged in terms of their practicability i.e. ideas first, criticism later.

For each brainstorming session, the following rules apply:

- Brainstorming means expressing any idea.
- Criticism of other's ideas will not be allowed.
- The ideas must be expressed with the same rapidity as they come to mind.
- The repetition of ideas by other members is allowed
- Each idea will be immediately classified, taking into account its value and not its originator.

**Emphasize that:** only constructive ideas will be accepted and that a trainer will call to order when ideas such as the following are presented: "This was discussed before..." "It will not work..." "It is too expensive..." "It is a stupid idea..." The participants must also avoid negative phrases such as: "This probably will not work, but..." "This is a crazy idea, but..."

If opinions like these are allowed, they will limit and discourage the enthusiastic and confident creation of ideas.




**Advantages**

- It can disclose new ways to solve old problems.
- Increases the members' potential to express creative ideas.
- It will reveal new talents and show us that all groups have members whose ideas are not completely used.
- Brainstorming will stimulate ideas that can help solve future problems.
- Practice in brainstorming improves creative powers. Some people are born "idea people" but all of us can improve our creative faculties through practice.
- Brainstorming can save hours or research. Often many valuable ideas are created during a ten-minute session.
- Brainstorming improves communication between people. Its very informality is conducive to friendliness.
- Brainstorming is a method in which the most reticent (reserved) member has an opportunity to make his contribution.

**Disadvantages**

- It is time consuming and needs strict time keeping
- It does not allow the trainer to say this is right or wrong answer so participants might end up noting each and everything being said
- Can be unfocused.
- Needs to be limited to 5 - 10 minutes.
  Students may have difficulty getting away from known reality.
- If not managed well, criticism and negative evaluation may occur.
- Participants may not attach a lot of value to the session.

The trainer must therefore select the issue carefully and must be ready to intervene when the process is hopelessly bogged down.

## DISCUSSION GROUP

This is a method employed to explore all avenues of a particular subject. It is also used to enable participants think about and then express their opinions based on their own experience.

**When is it used?**

- When the subject is wide with difficult components or wide enough to allow generation of ideas
- When the subject is controversial and the trainer wants to harness diverse points of view. E.g. the trainer may want participants to give recommendations on how negative harmful cultural practices can be stopped or the steps government should take to address the orphan problem or substance abuse by the youth.

**Conducting a group discussion session**

- Divide the participants into groups of no more than ten.
- Each group then elects its own leader and its own presenter.
- Once the purpose of the discussion has been established, give the groups eight to ten minutes for their debate.
- At the conclusion of the allotted time, the instructor calls on the group presenter to report on the group's findings.
- After each group has reported, participants have a clearer idea of the subject under discussion.
- The instructor summarizes the points made by the spokesman. He emphasizes the main points and adds any that have been overlooked.
- For each discussion period, the group selects a new leader and presenter.

**Advantages**

- Everyone has the opportunity to participate in the discussion.
- Each participant feels that that he is contributing and that his contribution is being recognized. Everyone now feels like a significant member, and a part of the driving force of the group.
- The leader in each group gains experience in leading a discussion.
- The presenter in each group gains experience in summarizing the group's discussion and presenting them verbally to the entire gathering.
- Enables participants think about and then express their opinions based on their own experience.
- Group discussions are useful especially because they help broaden or change people's opinions about certain issues
- they encourage participation of those people who may feel timid or shy to contribute in the larger group

**Disadvantages**

- Groups may get side tracked
- It is sometimes time consuming especially if the purpose is not clearly defined.

The trainer needs carefully think about the purpose of the group and prepare specific questions or tasks for the participants to answer.

## CASE STUDY

**What is it?**

A case study is a written description of a situation that contains a number of problems. It provides participants with a basis for studying a situation, analyzing its important aspects, and reaching various conclusions.

A case study describes a situation or problem that the group has to deal with. Case studies may be designed to give people information, help them consider their attitudes, or discuss the skills they might need to deal with the problem. The case study should be simple to follow. It is best to do it in small groups with an appointed leader.

**How to do it**

- Have the material to be used in the case study copied for each person who will take part in the discussion. In that way the participant will be able to prepare himself before the discussion.
- The trainer should not give information; his aim is to assist participants to analyze and clarify their thinking about situations.
- The trainer should keep the discussion to the point in question and encourage participation.
- Groups should be restricted to about eight to ten members to maximize involvement. Large groups should be subdivided, and each group reports upon re-assembling.
- Group discussion and analysis of the case follow with the entire group.
- The whole case study exercise should not take longer than 20 minutes.

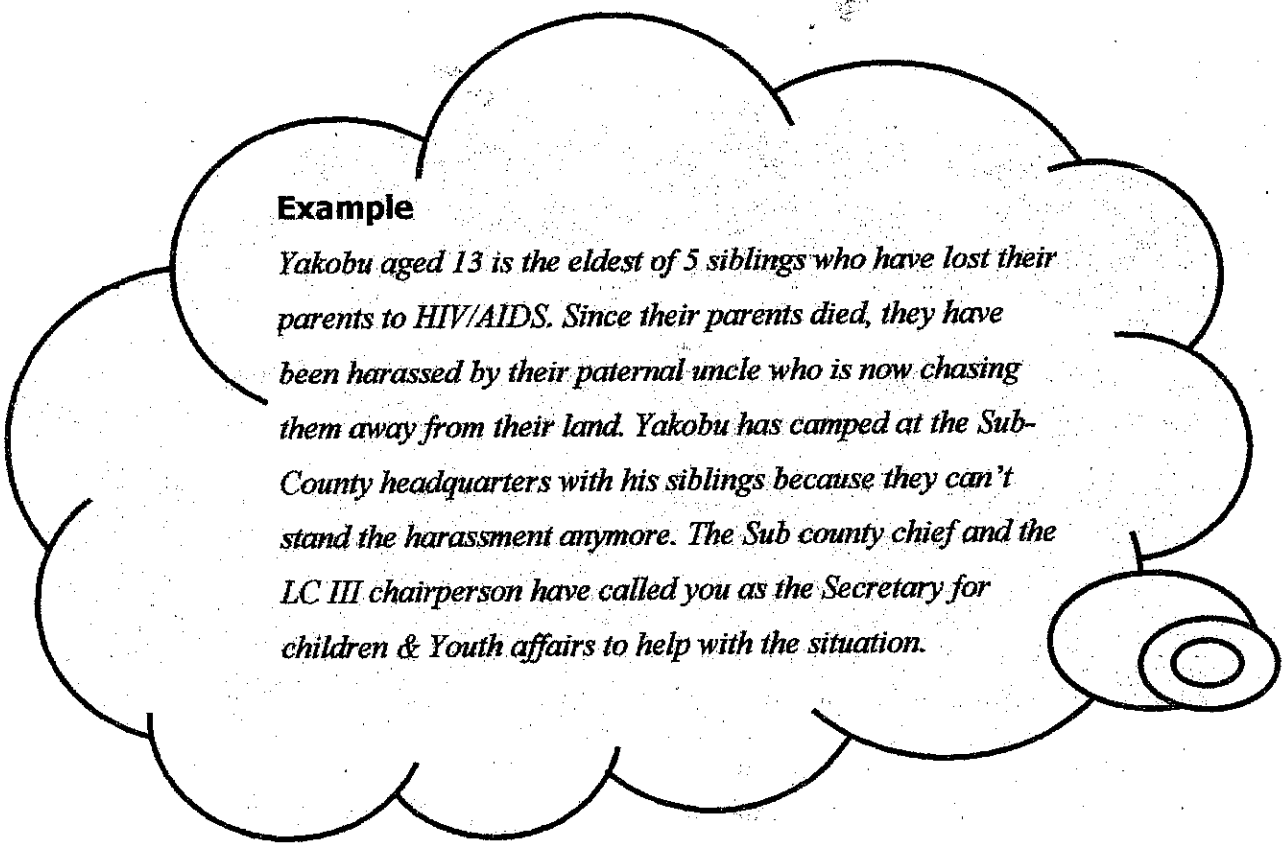
**Advantages**

- Participants will be able to discuss case problems among themselves and improve their ability to perceive the interrelations between the factors mentioned.
- Discussion will help participants to distinguish relevant material from the superfluous.
- Allows participants to apply new knowledge and skills
- Develops analytic and problem solving skills
- Allows for exploration of solutions for complex issues

**Disadvantages**

- Participants may not see the relevance of the case to their own situation
- Insufficient information can lead to inappropriate results
- May not be appropriate for people whose level of understanding is elementary.

The case must therefore be clearly defined and prepared.



**Example**

*Yakobu aged 13 is the eldest of 5 siblings who have lost their parents to HIV/AIDS. Since their parents died, they have been harassed by their paternal uncle who is now chasing them away from their land. Yakobu has camped at the Sub-County headquarters with his siblings because they can't stand the harassment anymore. The Sub county chief and the LC III chairperson have called you as the Secretary for children & Youth affairs to help with the situation.*

**ROLE-PLAYS**

This involves presenting small spontaneous plays that describe possible real life situations. Ideas for role-plays may come from the participants themselves. Be careful not to portray a real life situation that might be identified as that of someone within the group.

**How to do it**

- Prepare the material to be used for the role-play. Each participant should be availed a copy of the written script.
- Make sure that each participant understands the script.

- Ask participants to volunteer to take on roles or characters described in the script
- The volunteers act out the parts of the characters as the rest of the group watches carefully. After the play, they discuss their reactions to it.

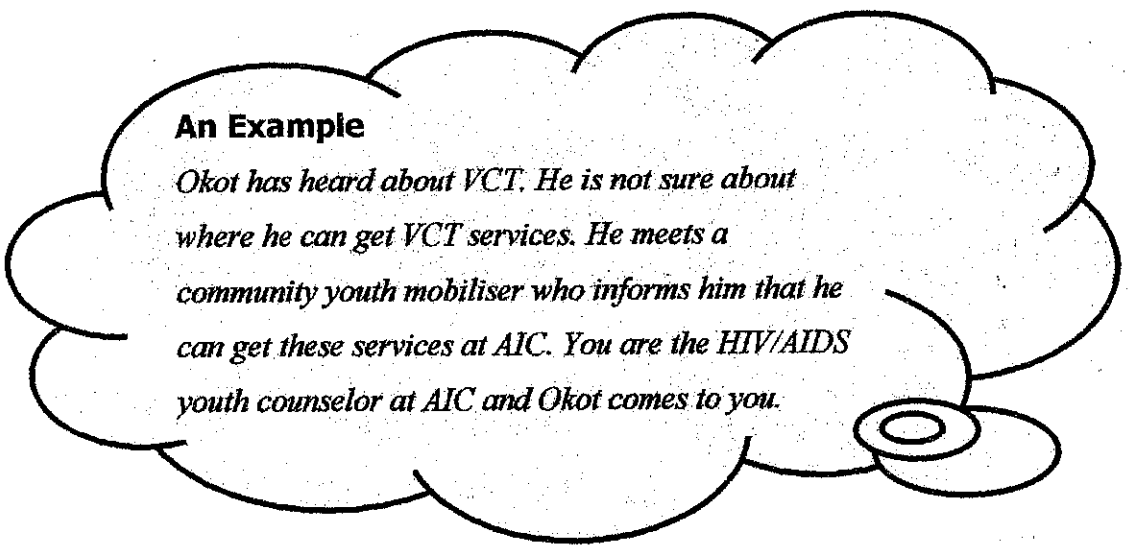
**Advantages**

- Introduces problem situation dramatically
- Provides opportunity for participants to assume roles of others and thus appreciate another point of view
- Allows for exploration of solutions
- Provides opportunity to practice skills

**Disadvantages**

- Some participants may be too self-conscious
- Role plays may not be appropriate for large groups
- Some participants may feel threatened especially if the situation being acted seems like their own.

The trainer therefore needs to define the problem situation clearly and give clear instructions.




Role-plays are useful because they portray real life situations. The "actors" and their "audience" feel that they are part of the situation that is being acted.

## DEMONSTRATION

This is usually done to introduce new products or explain something in more detail. It allows the expert to tell it as it is, impressing on the participants the value of doing, supporting, or learning something.

**When is it used?**

- where there is a new product
- To showcase certain skills
- To explain or expound new ideas and concepts.

E.g. demonstrate how to put on a condom both male using an artificial penis and female condom using fluid.

**Advantages**

- It is gives participants a visual and first-hand experience of the item being demonstrated.
- Enables participants to get practical understanding of the subject.
- Enhances understanding of the subject.

**Disadvantages**

- It may be time consuming as participants will be interested in asking so many questions

## LECTURE

This method does not seek to be participative but in certain situations, it allows participants to absorb information further. In this manual, this method is referred to "interactive lecture" because it should be made as participatory as possible. Trainers should encourage dialogue, questions and even information from the participants. This method should be used mostly when giving factual information e.g. statistics.

**Advantages**

- Factual material is presented in a direct, logical manner.
- May provide experiences that inspire
- Useful for large groups.
- Involves participants, at least after the lecture.
- Gives participants opportunity to question, clarify and challenge especially if interspersed with discussion.

**Disadvantages**

- Audience is often passive.
- Learning is difficult to gauge.
- Communication is one-way if the lecture is not interactive.
- Time constraints may affect discussion opportunities.
- Effectiveness is connected to appropriate questions and discussion; often requires teacher to "shift gears" quickly.

The trainers should be prepared to allow questions during lecture, as appropriate and also he/she should anticipate difficult questions and prepare appropriate responses in advance.

**DEBATE**

A debate requires dividing the whole group into two equal teams and devising a loaded statement to consider. One team defends the statement. The other team opposes and attacks the statement. The teams face each other, and beginning with the defending team, present their positions, alternating between the two teams until everyone has spoken.

A debate is a training method where a subject of contribution with an antagonistic view is presented to the participants. This involves arguments where each side defends their points of views by explaining, arguing, and convincing the other to accept their views.

**When should debate be used?**

A debate is a good method to be used when the topic/subject of discussion is has a strong-sided view. E.g. you may want to discuss which spouse is more responsible for the spread of AIDS. Whereas it is true that both are responsible, a debate will give different perspectives on the subject.
A topic for debate could be: "It is immorality rather than the ignorance that has led to the spread of Aids."

**How is it done?**

- Choose the topic but make sure it is relevant, appropriate and is within the training objectives.
- Choose debating sides.

**Advantages**

- Captivating, interesting and highly involving.
- It is highly instructive as both sides of the argument as explained.

- It enables the individual debater to be creative, innovative and it enhances communication skills.
- It relieves the audience from the boredom and monitory of lecture, group discussion etc.

**Disadvantages**

- Time consuming.
- The debate can be derailed or misleading.

In this manual it is suggested that the trainer blends a number of methods as one method may not be adequate. For each session, we recommend a number of methods that we feel are appropriate. The trainer should not feel constrained by the methods proposed i.e. there is room for flexibility.

## Note for the trainer...

As a trainer, you must be prepared and organized. Preparation involves:

- Selecting the participants and notifying them e.g. through radio announcements. Notify participants of the place and time and what they need to bring along for the training.
- Identify a suitable venue – one that will enhance learning and book it in advance.
- Introduce yourself to local leaders
- Make a formal invitation to any special guests you may have before hand. E.g. for closing and opening the workshop.
- Ensure that you have all the necessary materials required to conduct the training- stationery, money etc.

## List of Acronyms

| | | |
|---|---|---|
| ABC | - | Abstain, Be faithful, and use a Condom |
| ARV | - | Anti Retroviral |
| ACP | - | Aids Control Program |
| AIC | - | Aids Information centre |
| AIDS | - | Acquired Immune Deficiency Syndrome |
| AIM | - | The AIDS/HIV Integrated Model District Program |
| CDC | - | Centre for Disease Control |
| GOU | - | Government of Uganda |
| HIV | - | Human Immunodeficiency Virus |
| IEC | - | Information, Education & Communication |
| MOH | - | Ministry of Health |
| NYC | - | National Youth Council |
| PMTCT | - | Prevention of Mother to Child Transmission of HIV/AIDS |
| TB | - | Tuberculosis |
| UACP | - | Uganda AIDS Control Project |
| UAC | - | Uganda AIDS Commission |
| UDHS | - | Uganda Demographic and Health Survey |
| UNAIDS | - | Joint United Nations Programme on HIV/AIDS |
| VCT | - | Voluntary Counseling and Testing |
| WHO | - | World Health Organisation |

## Suggested Training Schedule

| | |
|---|---|
| **DAY ONE** | Arrival of participants to center |
| **DAY TWO** | **Introductions and Ice breaking** |
| 8:00-8:30 Am | Welcome & Getting Acquainted |
| 8:30- 9:30 Am | General workshop overview |
| 9:30- 10:30 Am | Situation of Youth & HIV/AIDS |
| **10:30-11:00 am** | **BREAK** |
| 10:30- 11:00 am | Official opening |
| 11:00 - 1:00 pm | Counseling skills |
| **1:00-2:00 pm** | **LUNCH** |
| 2:00- 3:30pm | Life Skills |
| 3:30- 5:00pm | Communication Skills |
| **5:00 -5:30pm** | **BREAK** |
| 5:30 – 6:00 pm | Wrap-up |
| **DAY THREE** | |
| 8:00- 8:30 am | Recap of Day two |
| 8:30- 10:00 am | Peer Education |
| **10:00-10:30 am** | **BREAK** |
| 10:30– 12:00 pm | Social Economic Impact of HIV/AIDS |
| 12:00-1:00 pm | Condom Use |
| **1:00- 2:00 pm** | **LUNCH** |
| 2:00-3:00pm | Condom Use |
| 3:00-5:00pm | Mobilisation Skills |
| 5:00-5:30pm | **BREAK** |
| 5:30-6:00pm | Wrap-up of Day Three |

**DAY FOUR**

| | |
|---|---|
| 8:00-8:30 am | Recap of day three |
| 8:30-10:30 am | BCC, Stigma & Discrimination |
| **10:30- 11:00 am** | **BREAK** |
| 11:00-1:00 pm | Drug and Substance Abuse |
| **1:00-2:00 pm** | **LUNCH** |
| 2:00- 3:30 pm | Unprotected Sex & Teenage Pregnancy |
| 3:30-5:00 pm | Prevention of Mother to Child Transmission |
| **5:00-5:30 pm** | **BREAK** |
| 5:30-5:30 pm | Wrap-Up of day Four |

**DAY FIVE**

| | |
|---|---|
| 8:00-8:30 am | Recap of day Four |
| 8:30-10:30 pm | Harmful Culture Practices |
| **10:30-11:00 am** | **BREAK** |
| 11:00-1:00 pm | Training & Presentation Skills |
| **1:00 – 2:00 pm** | **LUNCH** |
| 2:00-2:30 pm | Training Evaluation |
| 2:30-3:00 pm | Presentation of Certificates |
| 3:00-4:00 pm | Official Closing & Departure |

**NOTE TO TRAINER: This program can be modified to suit your situation**

# Introductions & Getting Acquainted

**PURPOSE**

- To set ground rules for the training workshop
- To introduce the trainers and participants to each other
- To identify participants´ expectations and fears for the workshop

## OBJECTIVES

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

- Identify each other
- State the code of conduct for the workshop
- Understand the objectives of the workshop
- Know how to cope with fears and expectations.

**Duration:** 30 Minutes
**Methods:** Self Introduction, introducing another person, Name game, Name tags, Question & Answer
**Materials:** Prepared Newsprint on "Introductions", "Expectations" & "Ground Rules", Newsprint or Chalkboard, Markers or Chalk, Tape

## TRAINING PLAN

| Activity | Duration |
|---|---|
| Self introductions | 5 minutes |
| Name game | 10 minutes |
| Expectations & Fears | 10 minutes |
| Code of conduct/ground rules | 5 minutes |

## Format

- Prepare newsprint sheets with the words "Introductions", Expectations/ Fears and "Ground Rules"
- Identify one participant to lead the introductions after brief instructions
- Respond to the expectations & fears of participants

- Introduce yourself and other facilitators, telling something about your experience and training in order to have participants trust your ability to lead the workshop. However, DONOT BOAST.
- Allow each participant to introduce him/herself, telling: their names, their current occupation or position, what they value and one expectation for the workshop.
- Below is an example of a name & description game.

**Name Description Game**

Pretend for a moment that you have done something wonderful and you hear your name mention on the radio. How would you like the reporter to describe you? Participants should write down several characteristics or qualities by which they would like best to be remembered and let them chose their favourite one to share with the Group.

Each person should then share their name and characteristic e.g. Susan: Hardworking, Richard: Charismatic etc as you write these on News Print. You could them randomly call off individual characteristics and have the group yell out the name e.g. Hardworking? SUSAN! Charismatic? RICHARD!

Close the activity by challenging the participants to think of these characteristics as qualities that they can contribute to the training. Mention that even though they may not be experts, they have talents and skills that will be useful to the rest of the group.

*Adapted from: Rural Youth Entrepreneurship & Leadership Training of Trainers pilot project Manual (National Youth Council & Uganda National Students Association)*

- This process will set the tone for the workshop. The introductions help you to assess the experiences and backgrounds of the participants- this will in turn help you decide what topics to emphasize.
- Participants may come up with expectations that will not be met by the workshop. It is important for them to know early if they have expectations that the workshop will not address.

# SESSION I: OVERVIEW OF THE SITUATION OF YOUTH & HIV/AIDS IN UGANDA

**SESSION OBJECTIVES**

This session is intended to:

- Provide relevant information about HIV/AIDS
- Enable participants relate HIV/AIDS to teenage growth & Development
- Provide information on where to access youth friendly health services
- Explain the vulnerability of young people to HIV/AIDS.

**Methods:** Lecture, Brainstorming, Group Discussion. Participants may be divided into groups to gauge their knowledge about the above.
**Duration: 1 hour**
**Materials required:**

**TRAINING PLAN**

| **Activity** | **Duration** |
|---|---|
| Introduction & definition of terms | 10 minutes |
| Group discussions | 10 minutes |
| Group Presentations | 15 minutes |
| Wrap-up & Evaluation of topic | 25 minutes |

# TRAINER'S NOTES

**Introduction**

A youth is characterized by an exceptional rapid rate of growth and development. The youth pass through a time of rapid social changes, exhibiting a shift from family to peer group orientation and to the establishment of new skills. The period roughly corresponds with phases in physical, social and psychological development in transition from childhood to adulthood. The relationship between these rapid physical, social and psychological changes make the youth vulnerable and yet they have not been adequately addressed by many available health systems.

**Definition of Youth**

*WHO* has defined persons in the 10-19 age group as 'adolescents' while those in the 15-24 age group as 'youth' Again WHO combines these two overlapping groups, into one entry called 'young people' covering the age range 10-24 (WHO 1989)

*National Youth Statute 1993,* defines the youth as persons between the ages of 18-30 years. This is a period of great emotional, physical and psychological changes that require societal support for a safe passage from adolescent to full adulthood.

**The situation of youth and HIV infection in**

The HIV/AIDS sero prevalence rates recorded at 30% in 1992 have reduced dramatically over the years to 10% and currently UNGASS report 2002 gives a further reduction rate of about 6.1%

- Nearly 32% of Uganda's population of 24 million is aged 10-19 years.
- Fertility among teenagers is on the increase, with teenage pregnancy rate of 43% (the third highest in Africa).
- By 18 years of age half of Ugandan women have become mothers.
- It is estimated that over 1.5 million Ugandans are infected with HIV. Nearly half of these are youths.
- The female to male ratio is 4:1 of teenagers while for adults it is 1:1.
- Sentinel surveillance data indicate that HIV infection cases begin to increase in the 15-19 age group and peak in the age range of 20-40
- In the 15-19 age groups the number of girls with HIV infection is three to six times more than that of boys while among those aged 20-24, the ratios for women are twice as high.
- The main impact of HIV/AIDS on the youth is the diminished capacity to engage in economic activities.

Source: AIDS Control Program/Ministry of Health, Uganda2001

**Why are young people vulnerable to HIV/AIDS?**

Some reasons that explain the vulnerability of young people to HIV infections are given below:

- Risky sexual behaviour- because they lack access to information about HIV and prevention services.
- A large number of youth engage in sex at an early age (15.6 years for girls and 17.6 years for boys and usually with older partners.
- Most of the sexual encounter is without the benefit of consistent and correct condom use to ensure protection.
- The social- economic conditions that have given rise to "SUGAR DADDY "phenomenon; especially among girls.

## Protecting the young people from STDS/HIV

The future course of the HIV/AIDS epidemic depends on the efforts mounted today to prevent HIV infection among young people because "young people are themselves a force for change".

The prevention and control efforts of this epidemic has been a collective effort by the government, NGOs, religious groups, individuals, institutions as well as people living with HIV/AIDS, otherwise known as the "multi-sectoral approach".

There is now increased need to integrate and strengthen adolescent reproductive health youth friendly services into the existing health care system with the aim of reducing the incidences of unplanned pregnancies, unsafe abortions and births, STDs and HIV among youths.

The main programme in the ministry of health to support the District Health Teams in planning and implementations of HIV/AIDS prevention and control is the STD/AIDS Control programme; headed by Dr. Elizabeth Madraa. However the programme works with many other stakeholders like the National Youth Council.

## Interventions to prevent HIV/AIDS

- Provision of HIV voluntary counseling and testing (VCT) services – this is the entry point to HIV prevention and care interventions. VCT services are mainly provided by NGOs like AIDS Information Center and Naguru

Teenage Center. The Ministry of Health has established VCT sites in 20 districts so far but with the goal of scaling up to cover the entire country in the next years.

- Effective management of sexually transmitted diseases (STDs) - this involves early diagnosis and treatment services for STDs. However, these services are limited in Uganda and where available are often accessible to the youth.

- Promotion of Information, Education and Communication (IEC)- This involves providing HIV/AIDS prevention, sexual and reproduction health and life skills education and information to the youth whether they are in school or not, e.g. IEC on safer sexual practices.

- Promotion of both male and female condoms in rural areas and urban areas.

- Providing psychosocial support and counseling to individuals and families infected with HIV.

- Universal infection control procedures in all public and private health units.

- Promoting and protecting the rights of the child including the right to information, education, health and health care, the rights of girls to equality in education, sexual and reproductive decision making. Key implementers are Hope after Rape, Slum Aid Project, Save the Children Alliance, School Health Education as well as Ministry of Gender and Social Development.

- Reaching out through peers – targeting young people who are in school and those who are not.

- HIV Prevention programme for young people in schools – prevention health education that provides an age-appropriate balance of life skills development and discussions of attitudes and values.

- Prevention of Mother to Child Transmission of HIV (PMTCT)- This is an intervention for providing antiretroviral drugs (ARVs) for HIV positive mothers and their babies to prevent HIV from passing on from an infected mother to her infant. PMTCT programmes exist at 19 sites in14 districts in Uganda; with a goal to scale up and cover the entire country in the near future. It also involves observing basic infection prevention control measures, all aiming at preventing mother to child transmission of HIV.

- Providing and improving access to youth user friendly services which ensure:
    - Access to information and advice to promote safer sex.
    - privacy and confidentiality
    - Treatment for sexually transmitted infections. (STIs
    - Affordability

**Examples of providers of HIV/AIDS youth friendly**

- AIDS Information Center (AIC) whose package includes -: Voluntary Counseling and Testing, STI management, Post Test Clubs.
- Naguru Teenage Center -AIDS Education and Counseling, VCT, Condom promotion
- Hope after Rape: Psychosocial support and counseling to sexually abused children and youth.
- African Youth Alliance (AYA): AIDS Education and Operation Research.
- GOAL Uganda: AIDS Education programme especially for youth living on the streets.
- Save The Children Alliance (i.e. Save the Children U.K, Save the Children Norway and Save the Children Denmark).
- Ministry of Health. The Reproductive Health Unit, School Health Unit and the STD/ACP Unit.
- Delivery of improved services for health (DISH).

CONCLUSION

HIV/AIDS prevention concerns and needs of youth need to be addressed by all stakeholders at every level through a multi-sectoral approach.

The challenge remains scarcity of youth user-friendly services among the existing health care systems.

# SESSION EVALUATION FORM

The questions below are designed to help us evaluate each session and to pinpoint those areas that should be redesigned for future participants. Please take a few minutes to answer as honestly and accurately as you can. Your feedback is very IMPORTANT. Place a tick in the appropriate box

**1. Please indicate your overall reaction to the training session just completed.**

☐ Very good ☐ Good ☐ Fair ☐ Poor

**2. Did the session meet your expectations?**

☐ Yes ☐ No

If No, please state why.....
.....
.....

**3. Did the session/topic presented relate to your needs?**

☐ A great deal ☐ Somewhat ☐ Very little ☐ Not at all

**4. Will you be able to use and apply the material presented in your daily duties?**

☐ A great deal ☐ Somewhat ☐ Very little ☐ Not at all

**5. What do you feel about the time allocated for the session?**

☐ Adequate ☐ Too much ☐ Too little

**6. What was your overall assessment on the way the facilitator presented the session?**

☐ Very good ☐ Good ☐ Fair ☐ Poor

**7. What is your reaction on the quality of the training materials (handouts) used?**

☐ Very good ☐ Good Fair ☐ ☐ Poor

**8. Were the methods used appropriate?**

☐ Very Appropriate ☐ Not appropriate

**9. What suggestions do you have for improving this training session?**

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

**THANK YOU!**

# SESSION II: LIFE SKILLS

**SESSION OBJECTIVES**

**This Session is intended to:**

- Provide an understanding of the concept of life skills
- Enable participants to identify categories of life skills
- Explain the benefits of life skills and how they are acquired.

**Duration:** 1 hour
**Method:** Brainstorming, Buzz Groups, And Interactive Lecture
**Materials required:** markers, newsprint and tape, manual
**Content**

- Introduction and definition of key terms
- Categories of life skills
- Acquisition of life skills
- Benefits of life skills

**Training Plan**

| | |
|---|---|
| Introduction & Definition of key terms | 15 minutes |
| Buzz groups | 10 minutes |
| Lecture | 20 minutes |
| Wrap-up /Evaluation | 15 minutes |

***Guide questions for the brain storming session***

*What is self-Awareness?*

*What is the importance of knowing oneself?*

*What is self-esteem and how does one acquire it?*

*What are the benefits of having self-esteem?*

*How does one cope with emotions in life?*

*What is stress? And what causes it?*

*How do you cope with stressful situations?*

*What is assertiveness?*

# TRAINER'S NOTES

**Introduction**

The starting point for any intervention to fight HIV/AIDS is by choosing to lead a responsible and meaningful life. The important thing to note is that every action has consequences and one has to choose to accept responsibility for the outcomes of his/her actions.

This therefore calls for adaptive and positive behaviour that enables an individual to deal effectively with the demands of every day life. This behaviour is what is collectively referred to as "life skills". They are those skills that are needed by an individual to deal effectively in society in an active and constructive way.

Life skills enable the individuals to function confidently with themselves, with other people and with the wider community in which they live. In addition, they enable the individual to:

- Make positive health choices
- Make informed decisions
- Practice healthy behaviours
- Recognize and assess risky health situations
- Avoid risky health situations and behaviours.

**Life skills are:**

"Abilities for adaptive and positive behaviour that enables an individual to deal effectively with the demands of everyday life" (**World Health Organization)**

"Those skills needed by an individual to deal effectively in society in an active and constructive way."

"Personal and social skills required by individuals to function confidently with themselves with other people and with the wider community."

**Categories of life skills**

**Skills of knowing and living with yourself.**

- **Self-awareness:**
  - Knowing and understanding oneself, one's potential, feelings and emotions, and position in life and society;
  - Awareness of one's strength and weaknesses
- **Self esteem:**
  - The art of knowing and understanding one's self worth in relation to others
  - Self confidence
  - Individual feelings about personal aspects and how they believe what others think about them
  - High esteem encourages positive healthy choices and behavoiurs

- **Coping with emotions**
  - One's ability to manage or deal effectively with a situation or problem;

- Emotions include fear, love, anger, shyness, disgust and the desire to be accepted by others;
- One needs to recognize his/her emotions and the reasons for them in order to make positive decisions.

- **Coping with stress:**
  - Stress is a condition of increased activity in the body, which overwhelms the individual beyond what his/her mental capacity can handle;
  - Causes of stress include physical, psychological or emotional;
  - The need to recognizes stress its causes effects and how to manage it is very important
- ***Assertiveness***
  - Expressing one's feelings needs or desires openly and specifically in a respectful manner;
  - Standing up for one's beliefs without letting down others in the process;
  - Knowing what you want and taking the necessary steps to achieve it.

**The Skills of knowing and living with others.**

- **Interpersonal Relationships:**
  - Ability to relate amicably with other;
  - The need to contain difficult situations and utilize every opportunity to build mutual understanding with others;
- **Friendship formation**
  - The ability to build/make meaningful and healthy associations with other people.
  - The need to understand how mutual friendships are formed and developed in order to resist risky situations and behaviors.

- **Empathy**
  - The ability to understand and appreciate other people's circumstances/ problems and finding ways of helping them;
  - Giving support to other people in order to enable them make the right decisions.
- **Negotiation:**
  - Ability to compromise on issues without compromising one's principles;
  - Ability to cope with potentially threatening or risky situations.

**Peer Resistance:**

- Ability to resist the desire to go along with the crowd. It makes a person stand up for his/her values and beliefs in the face of conflicting ideas or practices from peers.

- **Non-violent conflict resolution:**
  - Ability to handle hostile situations or friction calmly and peacefully;
  - The reduction or elimination of destructive confrontation with mutual respect and consideration for others.
- **Effective Communication:**
  - Ability to express oneself clearly and appropriately during interactions;
  - Ability to listen to and understand the feelings of other people so as to improve relationships and minimize possibilities of conflict.

**The skills of making effective decisions:**

- **Critical thinking**

Ability to explore the possibilities of doing a task in more than one way when placed in unexpected or unfamiliar situations;

- **Creative Thinking-** Involves coming up with new ways of doing things, ideas, arrangements or organizations.
- **Decision making**

Ability to utilize all available information to analyze a situation and make informed choices and decisions.

- **Problem solving:**

Ability to identify, cope with and find solutions to difficult or challenging situations.

**Who needs Life Skills?**

Every body needs life skills especially children and adolescents.

- Children are persons under 18 years of age.
- Adolescents are persons from 10 to 19 years.
- An adult is one who is above 18 years.

**Benefits of life skills**

- Life skills empower one to have a greater control over his/her own life by:
  - Promoting healthy behaviour e.g. delaying early sexual involvement and pregnancies and avoiding high risks of HIV/AIDS/STI transmissions;
  - Building self-esteem, self-worth and self-confidence.
  - Empowering the girl/boy child to positively and effectively assert themselves when confronted with difficult situations.
  - Promoting participatory teaching/learning methods which improve academic performance thus enhancing teacher job satisfaction.
  - Helping to identify the needs of young people in today's multicultural society.

**Life skills are acquired.....**

- Right from birth
- As we interact with other people
- From parents, brothers, sister, uncles, aunts, teachers, and other people.

**From the ....**

- Home
- School
- Community

**Your role in life skills training**

As a teacher/ Youth leader,

- Infuse life skills in schemes of work
- Infuse life skills in lesson plans
- Teach Life Skills
- Promote behaviour change
- Be a role model

As a Student / young person

- Communicate assertively
- Make informed decisions
- Practice healthy behaviour
- Avoid risky situations
- Build high self-esteem As a Parent
- Impact Life Skills to your children
- Be a role model

# SESSION EVALUATION FORM

The questions below are designed to help us evaluate each session and to pinpoint those areas that should be redesigned for future participants. Please take a few minutes to answer as honestly and accurately as you can. Your feedback is very IMPORTANT. Place a tick in the appropriate box

**1. Please indicate your overall reaction to the training session just completed.**

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**2. Did the session meet your expectations?**

☐ Yes ☐ No

If No, please state why.....

.....

.....

**3. Did the session/topic presented relate to your needs?**

☐ A great deal ☐ Somewhat ☐ Very little ☐ Not at all

**4. Will you be able to use and apply the material presented in your daily duties?**

☐ A great deal ☐ Somewhat ☐ Very little ☐ Not at all

**5. What do you feel about the time allocated for the session?**

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**6. What was your overall assessment on the way the facilitator presented the session?**

☐ Very good ☐ Good ☐ Fair ☐ Poor

**7. What is your reaction on the quality of the training materials (handouts) used?**

☐ Very good ☐ Good Fair ☐ ☐ Poor

**8. Were the methods used appropriate?**

☐ Very Appropriate ☐ Not appropriate

**9. What suggestions do you have for improving this training session?**

.....

.....

.....

**THANK YOU!**

# SESSION III: COMMUNICATION SKILLS

**SESSIONOBJECTIVES**

This session is intended to enable participants:

- Define communication
- Identify communication skills
- Explain the communication process
- Define inter personal communication
- Appreciate the significance of effective communication in creating behavioral change

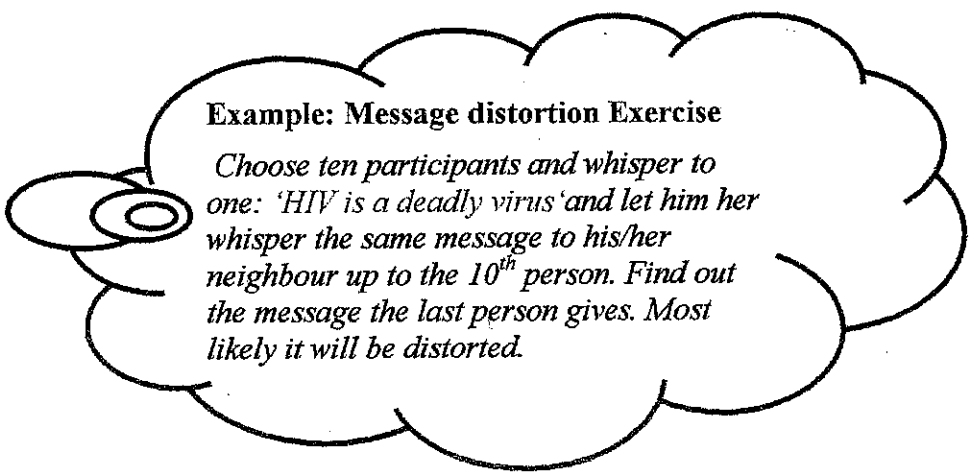
**Content**

- Introduction
- Communication defined
- Communication process
- Factors that create barriers to effective communication
- Interpersonal communication- meaning & process

**Duration:** I ½ hours

**Materials required: Manual, Newsprint, and Markers**

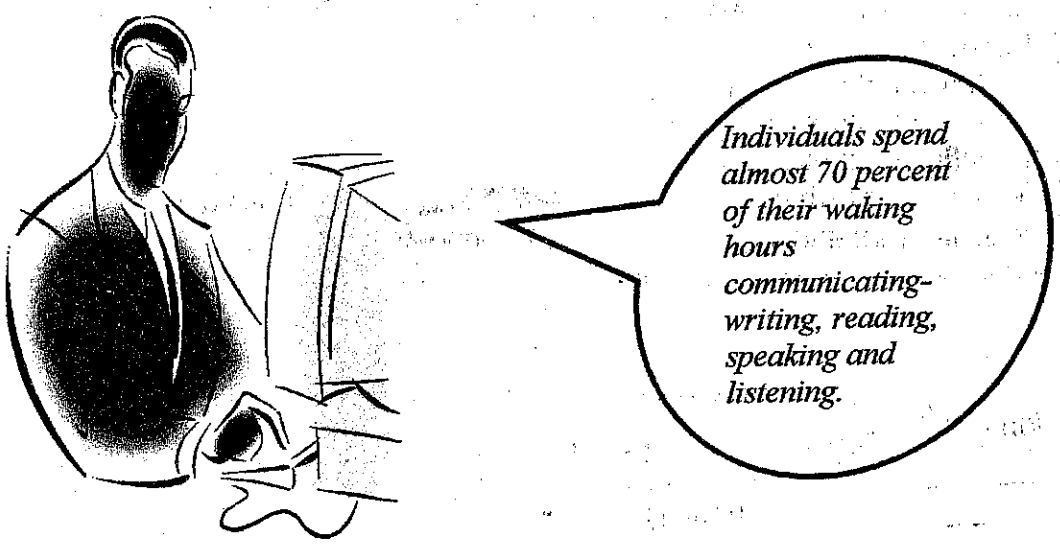
**Methods:** Exercises e.g. message distortion exercise, Group Discussion, Question & Answer



Participants may be divided into 4 or more groups depending on the number and each group given a task structured according to the content above.

**TRAINING PLAN**

| **Activity** | **Duration** |
|---|---|
| Introduction & definition of terms | 15 minutes |
| Message distortion exercise | 10 minutes |
| Group discussions | 20 minutes |
| Presentations | 20 minutes |
| Wrap-up/Evaluation | 35 minutes |



# TRAINER'S NOTES

**Introduction**

Effective communication is needed to ensure that we get the right information to the right person at the right time. For every society to exist and be organized there must be communication because every joint action by individuals is based on shared meanings that are transmitted from one individual to another.

**Definition**
What is communication? (Brainstorming)
Communication is:

- Transmitting information or thoughts on a particular topic through words, actions, or signs so that the sender and receiver reach a common understanding.
- A two way process by which information is transmitted from one person to another to elicit a change in behaviour, knowledge and response.
- The exchange of information, facts, ideas and meanings
- The transference and understanding of meaning from one person to another.

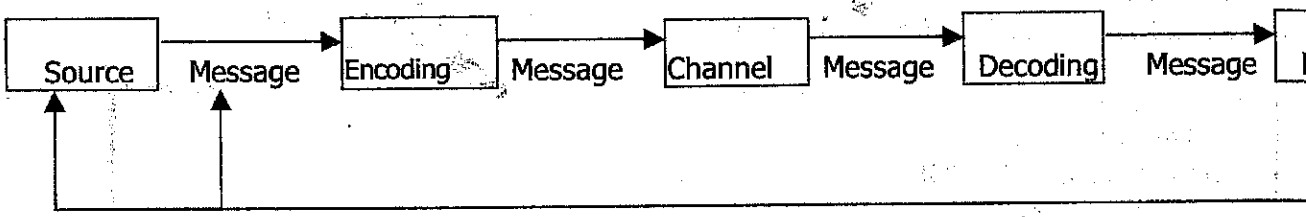
**Note to facilitator:** Allow participants to give their understanding of communication. However, emphasize the following:

A good communicator should always put in consideration the following questions

- **Why-** i.e. the objective of the communication. This is paramount as it will dictate the feedback and the entire flow of communication.
- **What-** i.e. the content of the message to be communicated. It is important for the sender to clarify in his/her mind what he/she intends to communicate.

- **When-** this relates to timing of the message. For information to be useful, it must be timely
- **How-** i.e. the choice of medium. Decide whether you wish to communicate verbally or by telephone, fax or e-mail or by body language.

## The Communication Process




Feed back

Source: S.P Robbins 1991

- The **Source** is the "initiator" of the message by encoding a thought. To encode is to convert a message to symbolic form: Writing, Verbal (spoken) or sign, paints and gestures.

- The **Message** is the actual physical product from the source. E.g. when we speak, the speech is the message, when we make gestures; the expressions on our face are the message etc.

- The **Channel** is the means or medium through which the message is conveyed.

- The **Receiver** is the person who is the target of the message. The receiver decodes the message i.e. attaches shades of meaning to the message. No message serves a useful purpose unless it has been understood.

- The **Feedback loop** is the final link in the process. The process is completed when there is both verbal and non-verbal feedback. Without feedback, the sender would not be sure if his ideas were received and understood. Feedback forms the basis of any follow up communication.

### Interpersonal communication

Interpersonal communication is verbal or non-verbal exchange of information between two or more people.

## The Interpersonal Communication Process

The Interpersonal Communication Process is a two-way interactive cycle in which the communicators exchange messages. All parties involved are both senders and receivers in this process; the receiver interprets previous messages and responds with new messages. Messages communicated are both verbal and non verbal.

The process can be divided in a series of steps as follows:

**Steps in Interpersonal Communication**

**Assess:** i.e. collect information about the client's or audience's culture, past experience, attitudes, and knowledge e.g. with respect to Reproductive Health Services

**Analyze:** i.e. interpret the information gathered about the client or the audience to identify information needs and formulate a plan.

**Communicate:** i.e. put the plan into action

**Evaluate:** i.e. determine the effectiveness of the communication. For example:

- Was the client interested?
- Was the message understood?
- Will the client act on the information?

Results will assist the service provider to improve communication with others.

### Interpersonal communication skills

- **Actively listening/attending**

This means hearing and trying to interpret your client's words. It involves paying attention to what the client is saying without interrupting them. Quite often we listen with the intention to speak not with the intention to understand. By listening actively, we are able to make appropriate responses to our client' questions and/or concerns.

**Example:**
**Client:** I think a woman should have as many children as God gives her.

**Nurse:** You think a woman should have as many children as God gives her. Do you think God wants you to stay healthy to take care of your children?

**Client:** It is my duty to care for them.

**Nurse:** You see? It is your duty to care for your children. What are some ways we can make sure you stay well to help your children grow well?

**Consider the above example (and others that follow) in a Hospital setting. Participants may be encouraged to act out the scenario.**

**Summarizing and paraphrasing**

This means repeating in a short form, what the client said. This is intended to show the client that you are listening and also to clarify his/her feelings. This is most useful when taking a client's history or when the client seems concerned about something.

**Example**
**Client:** I have been seeing some blood, but my mother-in law says I should not worry because everyone sees blood during pregnancy. It comes often and sometimes I just need to rest but there is hardly time to lie down. I don't know what it means.
**Nurse:** It sounds like you have been bleeding for some time and you think the bleeding might be a cause for concern. You have made a good decision to come and tell me about it.

**Reflection and Acknowledgement**

This is almost similar to summarizing and paraphrasing; reflection is a process of reflecting client's emotions back to them. Acknowledgement is a verbal recognition of fears, concerns or satisfaction. Reflection and acknowledgment validate the client's feelings and show empathy and respect on the part of the provider.

**Example**

**Client:** I feel like I am being torn in bits with my husband, the new baby, and my little boy wanting me to do things.

**Nurse:** You sound confused by competing responsibilities. It seems as if there are a lot of demands in your life.

- **Questioning**

This is a technique for learning from the client specific information or general feelings and concerns. Good questioning skills are needed to make sure that clients are not offended or embarrassed.

Questions may be open- ended, closed or probing.

- **Open-ended questions** cannot be answered by a "yes," "no". They encourage clients to open up and express their feelings and situations in their own words.

  Examples: How does your husband feel about it?
  - Could you tell me more about it?
  - What have you thought of doing about it?

- **Closed questions** are used to get specific information and can be answered with a "yes," or" no" or single response, "I don't know. The provider is directing the clients' thoughts and feeling and controlling what s/he will say. Closed questions usually do not give information about the client's feelings.

  Examples: Are you ready to come to the examination room?
  - Don't you want to use condoms any more?

- **Probing questions** are asked to probe more deeply into reasons for an attitude or belief, or to elicit more specific information. Probing questions begin with the words "why" or "how,"

Example: Why do you believe your partner has STI?

- How have you been taking your pills?

- **Praise and encouragement**

This involves speaking to the client using words that motivate and assure him/her that you approve of her. Praise and encouragement help build a client's confidence and reinforce desired behaviour. Praise elicits feelings of self-worth in clients, which in turn empowers them to make the right decision or execute the right task *with* enthusiasm.

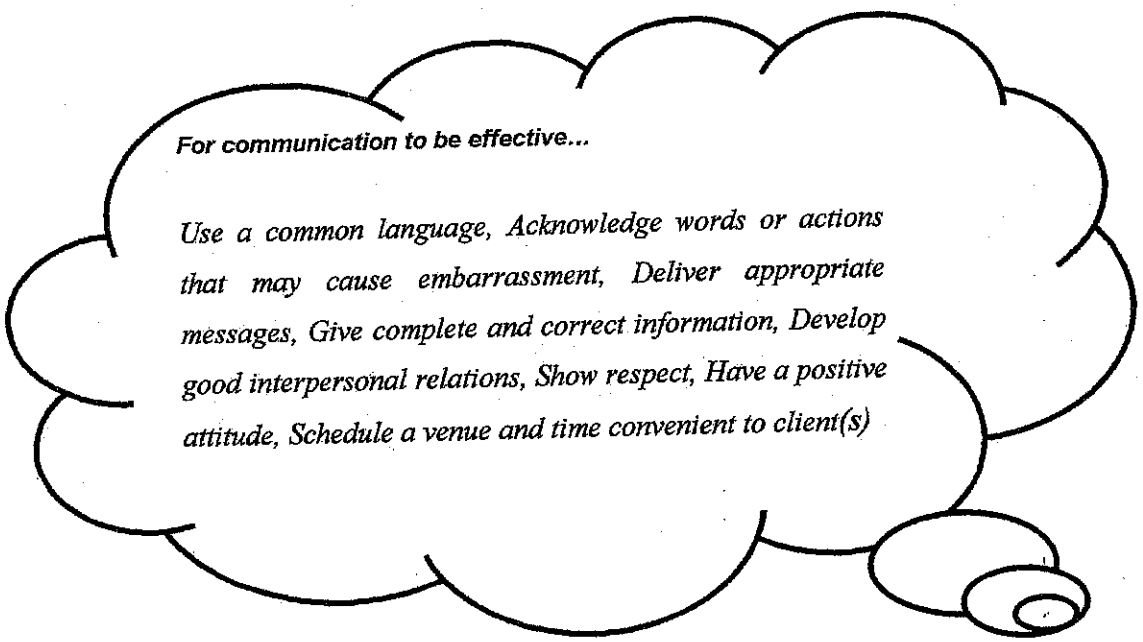
***Example:***

*A client comes in after several hours of labor.* ***Nurse:*** You did well to come for help

**Giving information**

This involves giving information basing on what the client already knows to ensure the client's information is complete and /or correct. Information should be simple and clear.

**Interpersonal communication skills are useful when:** Conducting a client education session, taking a client's history, counseling client or motivating a client.



# SESSION IV: COUNSELING SKILLS FOR YOUTH

**SESSION OBJECTIVES**
By the end of this session, participants should be able to:

- Define counseling
- Differentiate between HIV/AIDS counseling from other types of counseling
- Identify the elements of counseling, including VCT
- Identify the skills and qualities of a good counselor

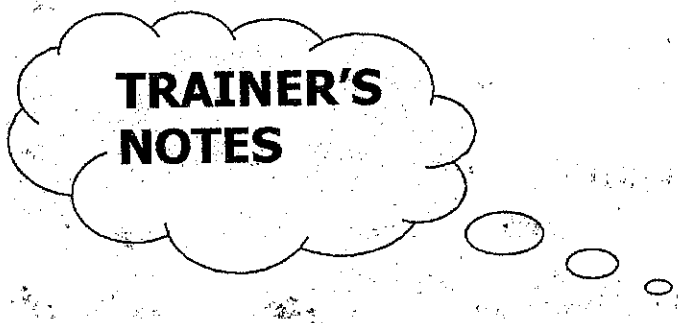
**Methods:** Interactive Lecture, Brainstorming, Role Play Skills practice, buzz groups (to identify counseling skills and qualities)
**(Use example of role play provided in the Author's Note)**

**Duration:** 2 hours

**Materials required:** Manual, newsprint

**TRAINING PLAN**

| Activity | Duration |
|---|---|
| Introduction & Definition | 15 minutes |
| Buzz groups | 20 minutes |
| Role play | 35 minutes |
| Interactive lecture | 15 minutes |
| Wrap- up/ Evaluation | 35 minutes |




**Counseling defined**
**What is counseling? (Brainstorming)**

- Counseling is a process in which a person helps an individual or group of individuals or family members to gain self understanding and understanding of others in order to solve problems more effectively and resolve conflicts in every day situations.
- It is an interactive process and involves a high level of personal relationship between the counselor and the client.
- It is a face-to-face interaction or process of establishing a rapport between two people.

In relation to HIV/AIDS, counseling is relationship between the client and the counselor with the objectives of:

- Preventing transmission of HIV/AIDS.
- Providing social and psychological support to those already infected their families and close associates.
- Discourage risk behaviours that enhance the spread of HIV/AIDS.
- Promote & sustain behaviour changes needed for prevention and control of HIV transmission.
- Help clients accept information and adapt to the consequences of being infected.

**NOTE TO FACILITATOR: This list is by no means exhaustive**

**HIV/AIDS counseling is appropriate for:**

**What types of people need counseling? (Brainstorming)**

- People who are worried that they might be infected with HIV.
- People who are considering being tested for HIV & those that have been tested regardless of whether they are infected or not.
- Those who choose not to be tested.
- Those with AIDS or other diseases related to their HIV infection.
- People experiencing difficulties in their work place, homes and families as a result of HIV infection.

**GENERAL PRINCIPLES OF COUNSELLING**

- **Individualization** i.e. recognizing that each client is different from the other.
- **Empathy** i.e. putting yourself in the client's position.
- **Non-judgmental** i.e. not letting your values or principles interfere with the session.
- **Confidentiality** i.e. assurance that the client's HIV status will be kept secret unless with permission.
- **Patience** i.e. taking time with the client
- **Self- Determination** i.e. allowing the client to take decisions concerning him/her.

**Counseling may take 3 forms namely:**

- **Preventive counseling** – this is intended to help people change high-risk behaviour. The major goals are to:
  - Provide general information about HIV/STDs transmission so as to reduce unnecessary fear and misunderstanding.
  - Provide information to uninfected persons on how to avoid getting infected; to the infected about how to avoid transmission.
- **Pre-test counseling-** this is a dialogue aimed discussing the HIV test and the possible implications of knowing one's HIV sero status. This helps

the client to make an informed decision as to whether or not to take the test. The major goal is to:

- Assess current and past sexual behaviour e.g. use of condoms, number of sexual partners, frequency of unprotected vaginal, anal or oral intercourse, etc.
- Assess knowledge about the test & ability to cope.

- **Post-test counseling** is aimed at discussing the HIV test and providing appropriate information, support and referral.
  - If the test result is **negative,** the counselor should emphasise prevention of further exposure to HIV infection and the need for positive health behaviour.

**It is important to explain that the result may not be reliable because of the "window period" and ask the client to consider another test after 3-6 months.**

- If the result is positive, the counselor must determine the best way to tell the client. Give the client time to absorb the news.
- Emphasise:
  - That HIV is not AIDS.
  - The need to take care of one's general health
  - The need for informing key persons in the client's life. (Review the advantages & disadvantages of this)
  - The importance of consistent use of condoms.

**Counseling skills**

- **Active listening**- the counselor indicates by words, expressions and gestures that he/she understands what the client is saying
- **Encouraging** expression of feeling by the client so that they can begin constructive change.
- **Recognizing** the various emotions the client is experiencing.

- **Acknowledging** feelings such as anger, sadness etc in a direct way.
- **Effective Questioning** using open ended questions. (see **Chapter on communication)**
- Empathy i.e. placing oneself in another person's situation.
- Respecting client's views and beliefs.
- Challenging or confronting the client with inconsistencies in the story or failure to perform agreed tasks.
- Emphasizing and pinpointing the most critical issues of concern to the client and identifying those that need immediate attention.

**A good counselor must be:**

- Respectful, knowledgeable, compassionate, friendly, observant, amiable, non-judgmental, humorous, empathetic, consistent, available, consistent, acceptable, accessible. Above all, he/she must be able to keep confidentiality.

**Common reactions to news of HIV infection.**

- **Shock-** numbness, stunned silence or disbelief, confusion, uncertainty about present & future etc.
- **Denial-** "this cannot be happening to me"
- **Fear** – 'I am going to die', 'how do I tell my family?'
- **Anger** – can cause irritability, feeling that one is unlucky or is to blame

**HIV Testing & Counseling**

- HIV testing is the process by which blood or body fluids are analysed for the presence of antibodies or antigens produced in response to HIV. HIV testing should be undertaken with informed consent and be voluntary.
- HIV counseling is a confidential process that enables individuals to examine their knowledg and behaviours in relation to their personal risk of acquiring or transmitting HIV infection. Counseling helps to make a decision on whether or not to be tested and provides support when receiving the test result.

## Why it is Important

- Knowledge of sero status through testing and counseling is the key entry point to **prevention** services in populations at risk and to **care and support** for persons living with HIV/AIDS.
- Knowing that one is HIV infected is a pre-requisite to accessing HIV care and support services.
- Knowing HIV infection status strengthens prevention efforts, encourages infected persons to avoid ongoing transmission to others, and motivates those who are uninfected to remain so through risk reduction strategies.
- HIV testing and counseling can lead to a reduction in the number of sexual partners, increased condom use, fewer sexually transmitted infections, and safe injecting practices.

# SESSION EVALUATION FORM

The questions below are designed to help us evaluate each session and to pinpoint those areas that should be redesigned for future participants. Please take a few minutes to answer as honestly and accurately as you can. Your feedback is very IMPORTANT. Place a tick in the appropriate box

1. **Please indicate your overall reaction to the training session just completed.**

☐ Very good ☐ Good ☐ Fair ☐ Poor

2. **Did the session meet your expectations?**

☐ Yes ☐ No

If No, please state why.....

.....

.....

3. **Did the session/topic presented relate to your needs?**

☐ A great deal ☐ Somewhat ☐ Very little ☐ Not at all

4. **Will you be able to use and apply the material presented in your daily duties?**

☐ A great deal ☐ Somewhat ☐ Very little ☐ Not at all

5. **What do you feel about the time allocated for the session?**

☐ Adequate ☐ Too much ☐ Too little

6. **What was your overall assessment on the way the facilitator presented the session?**

☐ Very good ☐ Good ☐ Fair ☐ Poor

7. **What is your reaction on the quality of the training materials (handouts) used?**

☐ Very good ☐ Good Fair ☐ ☐ Poor

8. **Were the methods used appropriate?**

☐ Very Appropriate ☐ Not appropriate

9. **What suggestions do you have for improving this training session?**

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**THANK YOU!**

# SESSION V: PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV

**SESSION OBJECTIVES**

This Session is intended to enable participants to:

- Understand the ways through which HIV can be transmitted from a mother to the Child.
- Appreciate the need for PMTCT
- Identify the recommended strategies in PMTCT.

**Content**

- Introduction
- Why is PMTCT important?
- Strategies recommended for PMTCT
- Way forward

**Duration:** 1 hour, 30 minutes

**Methods:** Interactive Lecture, Question & Answer, and Brainstorming

**Materials Required:** Manual, Newsprint, and Markers.

**TRAINING PLAN**

| Activity | Duration |
|---|---|
| Introduction | 10 |
| Brainstorming | 20 |
| Lecture | 30 |
| Question & answer | 20 |
| Evaluation | 10 |


**Introduction**

Mother-to-child transmission (MTCT) of HIV is the most significant source of HIV infection in children below the age of 10 years. HIV can be transmitted during pregnancy, labour and delivery, or after birth through breastfeeding

**Why PMTCT?**

- Since the beginning of the pandemic, an estimated 5.9 million children worldwide have been infected. In the year 2001, more than 800,000 children were newly infected, 90% of them in Africa;
- In the absence of any intervention, rates of transmission of the virus from an HIV-infected woman to her child in recent studies ranged from 15 to 30%, the highest rates being observed in populations where prolonged breastfeeding is common;
- HIV among children causes much suffering and threatens to reverse progress in improving child health and survival, particularly in the countries hardest hit by the pandemic.

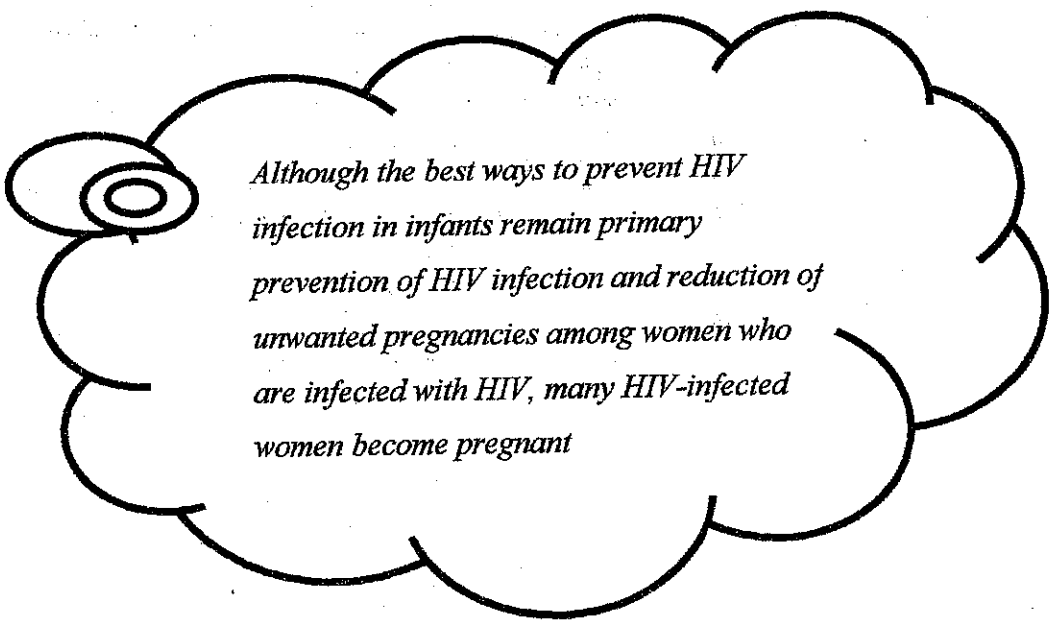
Source: UNAIDS

The strategy recommended by the United Nations agencies to prevent mother-to-child transmission of HIV includes:

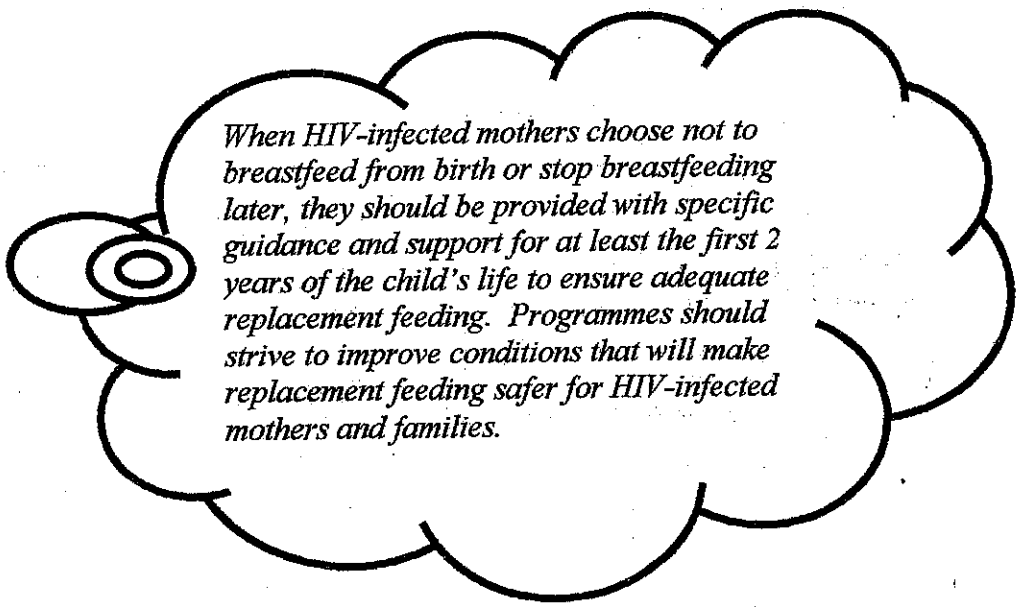
- **The primary prevention of HIV infection among parents to be-** this involves targeting women who are at risk and their partners. Avoiding infection in women will make an important contribution to the prevention

of HIV transmission to infants and young children. HIV infection during pregnancy and breastfeeding poses an increased threat of mother-to-child transmission. Therefore, HIV prevention efforts should address the needs of pregnant women and those who are breastfeeding.

- The prevention of unwanted pregnancies in HIV-infected women- this involves:
  - Strengthening Reproductive health and family planning services so that all women, including those who are not infected, can receive support to prevent unintended pregnancies.
  - Increasing availability of counseling and testing services so as to enable women who are infected to obtain essential care and support services, including family planning and reproductive health services, so that they can make informed decisions about their future reproductive lives
- The prevention of HIV transmission from HIV-infected women to their infants which is done through antiretroviral drug use, safer delivery practices and infant feeding.



- Antiretroviral drugs e.g. nevirapine, have been shown to be effective in reducing mother-to-child transmission of HIV. The choice of antiretroviral drugs to be used should depend on their efficiency, as well as cost.
- Safe delivery practices such as Elective caesarean section has been shown to be effective in reducing the risk of mother-to-child transmission. Delivery practices such as breaking the fore waters artificially, cutting intended to enlarge the birth outlet (episiotomy) may increase transmission of HIV to the infant. Their use in HIV-infected women should be avoided unless it is absolutely necessary.
- Breastfeeding is associated with a significant additional risk of HIV transmission from mother to child as compared to non-breastfeeding. This risk varies according to pattern and duration of breastfeeding.
- The risk of MTCT of HIV through breastfeeding appears to be greatest during the first months of infant life but persists as long as breastfeeding continues.



**PMTCT & other interventions**

- The prevention of mother-to-child HIV transmission should be part of the minimum standard package of care for women who are known to be HIV infected and their infants.
- MTCT-prevention interventions should be integrated where possible into existing health care infrastructures and reproductive health services i.e. they should be part of a wider response to HIV/AIDS, which includes expanding access to care and support for HIV-infected mothers and their families, including treatment of opportunistic infections.

## The Way forward

- All HIV-infected mothers should receive counseling, which includes provision of general information about the risks and benefits of various infant feeding options, and specific guidance in selecting the option most likely to be suitable for their situation. Whatever a mother decides, she should be supported in her choice.
- Information and education on mother-to-child transmission of HIV should be urgently directed to the general public, affected communities and families.
- Adequate numbers of people who can counsel HIV-infected women on infant feeding should be trained, deployed, supervised and supported. Such support should include updated training as new information and recommendations emerge.

# SESSION EVALUATION FORM

The questions below are designed to help us evaluate each session and to pinpoint those areas that should be redesigned for future participants. Please take a few minutes to answer as honestly and accurately as you can. Your feedback is very IMPORTANT. Place a tick in the appropriate box

1. **Please indicate your overall reaction to the training session just completed.**

☐ Very good ☐ Good ☐ Fair ☐ Poor

2. **Did the session meet your expectations?**

☐ Yes ☐ No

If No, please state why.....
.....
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3. **Did the session/topic presented relate to your needs?**

☐ A great deal ☐ Somewhat ☐ Very little ☐ Not at all

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7. **What is your reaction on the quality of the training materials (handouts) used?**

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8. **Were the methods used appropriate?**

☐ Very Appropriate ☐ Not appropriate

9. **What suggestions do you have for improving this training session?**

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**THANK YOU!**

# SESSION VI: THE SOCIAL ECONOMIC IMPACT OF HIV/AIDS

**SESSION OBJECTIVES:**

This Session is intended to:

- Identify the effects the HIV/AIDS pandemic has had on the different sectors of the economy
- Explain the measures that are being undertaken by government to mitigate the effects of the pandemic.

**Methods: Brainstorming, Lecture, and Group Discussions**

**Duration: 1 hour & 30 Minutes**

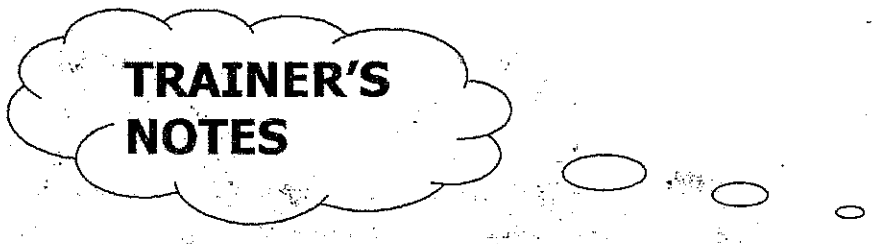
**Content:**

- Introduction
- Meaning of impact
- Situation in Uganda
- From health issue to development crisis
- Demographic impact
- Impact on Households
- Orphans- a real crisis!
- Impact on Education, Health, Agriculture and Business
- Mitigation measures

Participants should be divided into 4 or more groups to discuss the impact on health, agriculture, education etc.

**TRAINING PLAN**

| **Activity** | **Duration** |
|---|---|
| Introduction | 5 minutes |
| Brainstorming (e.g. understanding of impact) | 5 minutes |
| Group Discussions | 30 minutes |
| Group presentations & discussion | 40 minutes |
| Wrap-up/Evaluation | 10 minutes |




**Introduction**

A decade ago, HIV/AIDS was regarded primarily as a health crisis. Today, it is clear that AIDS is a development crisis and in some parts of the world a security crisis.

HIV/AIDS is a cross-sectoral issue that affects the interdependence of production systems and erodes their capacity and ability to function adequately

**Situation in Uganda**

- Uganda is one of the least urbanized countries in Africa- 80% of the population lives in rural areas. About 40% the population is below 15 years.
- Nearly 80% of those infected with HIV are between the ages of 15-45 years, a most economically productive age group and often fenders of families. Adolescent girls between 15-19 years are particularly vulnerable, 4-6 times more than their male counterparts.
- About 2 million children of less than 18 years are orphans, with one or both parents dead.
- By December 2000, a cumulative total of 58,165 AIDS cases (children and adults); had been reported to the ministry of health AIDS control Programme surveillance units, up from 55,861 in 1999. Of these 53,879 (92.6%) are adults and 4,286 (7.4%) are children aged 12 years and below.

Source: Uganda AIDS Commission: The HIV/AIDS Epidemic: Facts and Figures May 2002

**Impact** = effect, outcome or result of something. May be good or bad, positive

**From "Health Issue" to Development Crisis**

- HIV/AIDS has led to the destruction of social capital. In other words, it has eroded the knowledge base of society, affected production sectors especially Agriculture, and Industry and weakened institutions such as Governance, Civil Service, Judiciary, Armed forces, Education and health.

- The epidemic has inhibited private sector growth and led to wider, deeper poverty. The complexity of AIDS is such that the sexually active population is at the same time, the socially and economically productive age groups.

*Participants should be informed that while it is difficult to measure the precise impact of HIV at national level, a great deal of information exists about how the epidemic is affecting households as well as the public and private spheres of the economy.*

**Demographic impact of HIV/AIDS**

- Life expectancy in Uganda has declined to about 38 years due to AIDS
- In Sub Saharan Africa, life expectancy has declined from 62 years to 47 years due to AIDS.
- High Infant mortality –AIDS is the fourth leading cause of death among under-five children. If mother-to-child transmission of HIV is not

contained, the epidemic may increase infant mortality by 7.5% and the under-five mortality by over 100%.

**Impact on Households**

Every household in Uganda has been affected by the epidemic in one way or another.

Notably, the epidemic has had an impact on Households in the following manner:

- Dramatic decrease in incomes-fewer purchases and diminishing savings.
- Increased expenditure on health care
- Threat on food security as rural families' agricultural output is halved.
- Increased pressures on the extended family as traditional coping mechanisms are overstretched.

**The growing number of Orphans**

- Increased number of orphans- who stand at an estimated 1.7 million children below 15 years. Figure is expected to increase to 3.5m in 2010.
- They experience orphan hood at an age when parental guidance and socialization is most desirable.
- Rise of child-headed households-deterioration of societal structures that may lead to worsening insecurity.
- A study from Uganda shows that 25% of households are providing for an orphan

**Impact on Education**

The impact of HIV/AIDS on education can be divided into two: Impact on learning & impact on teaching.

**Impact on learning**

- AIDS in the family is often pointed as a direct cause of school drop-outs
- Temporary interruption in the child's schooling due to shortage of cash occasioned by spending on a parent's ill health or by periods of work in the home

**NOTE to Facilitator:**

***Participants need to be aware that such statistics change over time. Thus, they need to keep abreast of latest developments on HIV/AIDS.***

**Impact on Agriculture**

- In Uganda, agriculture is the mainstay of the economy contributing up to 80% of Gross Domestic Product (GDP).
- The adverse effect of the disease is a result of the subsistence and small- holder farming methods that rely on family labor. Increased morbidity threatens productivity.
- Affects labor availability as families reallocate labor to patient care(women bear the greatest burden of care giving)
- AIDS mortality permanently removes family labor
- Loss of family income from un marketed/ un tended crops
- Women form the population that is most affected, yet they provide almost 70 % of the agricultural labor force in Uganda.

**Impact on Business**

HIV/AIDS is hurting business. The cost of HIV/AIDS is manifested through:

- Absenteeism
- Lower productivity
- Higher overtime costs (for workers obliged to work longer hours to fill in for sick colleagues)
- Increased spending on funerals

- Likelihood of arranged marriages-seen as a relatively less painless way of ensuring that a girl would be cared for.
- The need to take paying work

**Impact on teaching**

- Supply of teachers eroded
- Increased class sizes- quality of education compromised
- Family budgets are being eaten up, thus reducing the money available for school fees

**Impact on Health**

- The huge numbers of clinically ill patients has increased the workload of an already over-stretched and further weakened the health system.
- Only half of all Ugandans have access to good health care and 134 children out of every 1000 live births do not live to celebrate their fifth birthday.

Source: Uganda AIDS Commission. The HIV/AIDS Epidemic: Facts & Figures May 2002

- The growing demand on health care systems is aggravated by the TB epidemic-which presents a further cost to the health sector. For example, the World Bank has estimated that 25% of the HIV-negative persons dying of TB in the coming years would not have been infected in the absence of the HIV epidemic
- The development of new therapies and vaccines will further raise health care costs in infrastructure, training etc.
- Hospital bed occupancy increased from 50% in 1990-70% in 2000
- Treatment costs for one AIDS patient is estimated at US$ 100 per month, yet the national annual health expenditure per capita is US$ 12!
- 60% of people with HIV have TB as well.

- In some countries, illness and death have become the leading cause of employee drop-out replacing old age.

**General impact on the economy**

- HIV/ AIDS has had a devastating impact on the economy. The direct and indirect effects of AIDS are eventually manifested at the macro-economic level. The epidemic has exacerbated poverty at the House hold level by reducing people's consumption capacity. Reduced consumption directly impacts on production
- In Uganda, the estimated annual loss to GDP is 0.8% - 0.9%. For countries with national HIV prevalence rates in excess of 20%, annual GDP growth has been estimated to drop by 2.6% on average.
- Over 80% of HIV infections are among people aged 15-45, the age group that constitutes the largest part of the most productive labour force. Their sickness and eventual death correspondingly affect the labour force supply and the economy in general. There is reduction in the following: the family labour capacity; land under cultivation; income; food security; and children's education opportunities.

**Mitigating the Impact**

In the absence of a cure or vaccine and given the long period that elapses between infection and actual death, provision of AIDS care and social support are among the priority areas:

- Distribution of drugs for the treatment of opportunistic infections and home-care kits to governments and NGO health units.
- Provision of improved health care services of People Having AIDS (PHA's) through home based care and community outreaches, which has improved the quality of life.
- Training of health care service providers aimed at reducing stigma towards and discrimination against PHA's.

- Absorption of AIDS orphans by relatives in the expanded family systems and addressing their educational needs through the Universal Primary Education (UPE).

**Government support**

Government recognizes the fact that HIV/AIDS is a crosscutting issue that affects all developing programmes. Thus it adopted a multi-sectoral approach to fighting HIV/AIDS and mitigating its effects. A political strategy was used to mobilize society for a common goal.

HIV/AIDS issues have been incorporated into all the four goals of the Poverty Eradication Action Plan (PEAP), the overall government policy framework for eradicating poverty. The PEAP goals are:

- Creating a framework for economic growth transformation;
- Ensuring good governance and security;
- Promoting actions which directly increase the ability of the poor to raise their income; and
- Promoting actions that directly enhance the quality of life for the poor.

The implication of this incorporation is that HIV/AIDS activities will be funded through the Poverty Action Fund (PAF). PAF is the finance mechanism for PEAP priority programmes. HIV/AIDS activities will also benefit from debt relief funds through PAF. In addition, HIV/AIDS has been incorporated into fiscal decentralization, with accelerated resource transfer mechanisms to Local Governments.

# SESSION EVALUATION FORM

The questions below are designed to help us evaluate each session and to pinpoint those areas that should be redesigned for future participants. Please take a few minutes to answer as honestly and accurately as you can. Your feedback is very IMPORTANT. Place a tick in the appropriate box

**1. Please indicate your overall reaction to the training session just completed.**

☐ Very good ☐ Good ☐ Fair ☐ Poor

**2. Did the session meet your expectations?**

☐ Yes ☐ No

If No, please state why.....

.....

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**3. Did the session/topic presented relate to your needs?**

☐ A great deal ☐ Somewhat ☐ Very little ☐ Not at all

**4. Will you be able to use and apply the material presented in your daily duties?**

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**5. What do you feel about the time allocated for the session?**

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**7. What is your reaction on the quality of the training materials (handouts) used?**

☐ Very good ☐ Good Fair ☐ ☐ Poor

**8. Were the methods used appropriate?**

☐ Very Appropriate ☐ Not appropriate

**9. What suggestions do you have for improving this training session?**

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**THANK YOU!**

# Session VII: MOBILISATION SKILLS FOR YOUTH

**SESSION OBJECTIVES**
This session is intended to enable participants to:

- Define mobilization
- Appreciate the need for mobilisation
- Identify skills needed for effective mobilisation

**Content**

- What is mobilisation?
- Who/what may be mobilized?
- Why mobilisation?
- What are the skills needed for Effective mobilisation?
- Group formation and mobilisation

**Duration:** 1 ½ Hours

**Method:** Brainstorming, Case Study, Lecture

**Materials required:** Manual, Newsprint, tape, Markers.

**Example: Case study**

*An international NGO is interested in funding initiatives to mitigate the effects of HIV/AIDS in your Sub County. The NGO has approached the District authorities who are supposed to make the necessary arrangements for these funds to be released.*

*The condition is that the funds have to be given to organised youth groups.*

*The youth in your area feel that HIV/AIDS does not affect them in any way. In fact they prefer playing cards and omweso all day. After all, they say, they are sure they are not infected.*

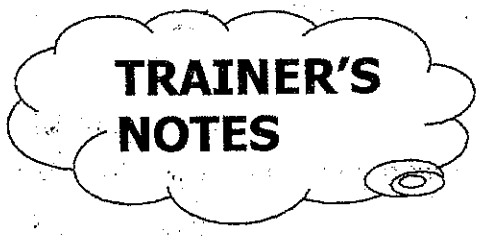
*In addition, some say that there are no direct benefits to be derived. All they are concerned about is money to get them out of poverty.*

*The District HIV/AIDS focal person approaches you and tells you about the NGO and the money involved. He tells you to inform all the youth groups to submit proposals. You are aware that there are no organised groups in your Sub County but you don't want to tell this official.*

*You go back home and what do you decide to do? Do you forego the money?*

## TRAINING PLAN

| Activity | Duration |
|---|---|
| Introduction & definitions | 15 minutes |
| Case study | 40 minutes |
| Discussion and lecture | 20 minutes |
| Wrap-up/ Evaluation | 15 minutes |




**What is mobilisation?**

- Mobilisation may refer to the process of organising people and/or resources to do something or to attain certain set objectives/goals. Mobilisation may be of human beings as well as other resources. Such resources may include: money (funds), land, machinery etc.

**Why mobilisation?**

- The essence of mobilisation is the need to respond to a given cause. Such cause may include; solving a given problem (crisis), pursuing a given ambition/vision etc.

**IMPORTANT NOTE:**

- Mobilisation must always be related to a **cause** otherwise people will not have reason(s) for getting involved in activities, which consume their energies, time, funds etc.
- The cause **must** be genuine and popularly acceptable to be worth the opportunity cost.
- Mobilisation may be categorized as community mobilisation if the community is the target group, but also as Youth mobilisation if the Youth are the target group.

**Participants should give instances that may require mobilisation in their respective areas. (Examples may include: Sports, feeder road maintenance, income generating activities, anti-HIV/AIDS coalitions etc)**

**Who is a Youth mobiliser?**

- Any person, man, woman, Youth or otherwise who dares to convince Youth to come together and carry out particular tasks, or assignments.

**What are mobilisation skills?**

- These may be referred to as abilities/techniques that are required to ease the tasks of a mobiliser. These include:

- **Language-** mastery of the local language helps the mobiliser to be identified with the community.

- **Good communication skills-** Effective communication is one of the key factors that influence the mobilisation process. It is therefore pertinent to remember that the way of communication is as important as the message itself. This includes good listening skills. By listening you get to know the fears, expectations and interests of your target group,

- **Respect for the target group (the Youth) –** i.e. make the Youth that you mobilise feel recognised. An address that starts by expressing your respect to them will surely not only win their attention to you but will compel them to equally accord you respect in return.

- **Patience-** change does not happen overnight. A reasonable level of patience is crucial in any mobilisation effort.

- **Exemplary leadership-** Lead the Youth by example. Demonstrate to them that you also do what you ask of them. It is not advisable to play the role of supervisor/superior.

- **Should be able to correct wrong perception/opinion tactfully -** Avoid saying yes for its sake, neither should you out rightly discard peoples' ideas as this will embarrass and demoralize them, but rather choose a friendly and tactful way of putting things right.

- **Try to know people by names-** People feel good if somebody considered important calls him or her by names. This raises their confidence in the mobiliser.

- **Get interested in the people-** If people are to get interested in you, get genuinely interested in them first. People normally get interested in others when they realise that they are loved and taken seriously.

- **Identify with the Youth-** Mix with them; learn from them starting from what they know/have. This strengthens the sense of ownership or belonging to the programme.

- **Visionary-** A Youth mobiliser should always have vision and a clear idea of what should be done. The mobiliser should inspire the Youth to be able to embrace and follow the ideas.

- **Approachable and Accessible-** The mobiliser should make it easy for the Youth to approach him/her at any time and in any form. Meetings need not to be formal all the time.

**The list for mobilisation skills is endless, other skills may include: Knowledgeable, Team builder, Charismatic, Analytical, Respectful of the diverse cultures of people, Creative and Flexible.**

## YOUTH GROUPS

Group formation is a function of mobilisation.

### Why do people form groups?

- The main reason for group formation is to respond to a given cause that concerns the interested persons or community. The cause will always vary from one group to another or from one community to another.

Once a group has been formed, it is important to:

- Identify a group name
- Set up popular leadership from within the group
- Set group objectives
- Set norms of the group (including the roles of each member) this is commonly referred to as the "constitution" of the group
- Identify the appropriate activities to achieve the set objectives

When managing groups, it is important to keep proper records including keeping minutes of each meeting. These minutes can be used for reference purposes in future and also for profile building.

**Group transformation**

When groups are initiated, they under go three major transformations, namely;

- **Forming:** when individuals come together to constitute a group for a common goal
- **Storming:** characterized by conflict/disagreement over who will control the group. This causes tension and friction, which threaten to tear it apart. (Here the skills of mediation and other conflict resolution skills are very crucial).
- **Norming:** when mutual understanding has been reached and business is running according to plan. At this stage, every member wishes to identify with the group.

It should always be remembered that for proper management of groups, many skills have to be put into practice. These include leadership skills, technical skills interpersonal skills etc.

## Final note on Effective mobilisation

- Mobilisation is said to be effective if the set objectives have been realized with in the set time frame.
- Mobilisation is about dealing with people and making them not only to believe in, but also to act according to what you tell them. The master key to dealing with people lies in ones ability to fit in the shoes of the person you are dealing with. Always endeavor to create and strengthen among the people a sense of ownership of what ever programme for which you mobilise them.

# SESSION EVALUATION FORM

The questions below are designed to help us evaluate each session and to pinpoint those areas that should be redesigned for future participants. Please take a few minutes to answer as honestly and accurately as you can. Your feedback is very IMPORTANT. Place a tick in the appropriate box

1. **Please indicate your overall reaction to the training session just completed.**

☐ Very good ☐ Good ☐ Fair ☐ Poor

2. **Did the session meet your expectations?**

☐ Yes ☐ No

If No, please state why.....
.....
.....

3. **Did the session/topic presented relate to your needs?**

☐ A great deal ☐ Somewhat ☐ Very little ☐ Not at all

4. **Will you be able to use and apply the material presented in your daily duties?**

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5. **What do you feel about the time allocated for the session?**

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6. **What was your overall assessment on the way the facilitator presented the session?**

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7. **What is your reaction on the quality of the training materials (handouts) used?**

☐ Very good ☐ Good Fair ☐ ☐ Poor

8. **Were the methods used appropriate?**

☐ Very Appropriate ☐ Not appropriate

9. **What suggestions do you have for improving this training session?**

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

**THANK YOU!**

# SESSION VIII: PEER EDUCATION

**SESSION OBJECTIVES**
By the end of the session, participants should be able to:

- Plan and carry out peer education activities.
- Appreciate the need & importance of peer education
- List and explain the approaches to peer education.
- Determine how they can get involved in peer education activities

**Content**
Introduction
Definition
Approaches to peer education
Getting involved in peer education activities

**Duration:** 1 ½ Hours

**Materials Required:** Manual, Newsprint, Markers
**Methods**: interactive lecture, Brainstorming e.g. on skills, qualities and why peer education?

**TRAINING PLAN**

| Activity | Duration |
|---|---|
| Definitions/ introduction | 20 minutes |
| Brainstorming | 35 minutes |
| Lecture | 20 minutes |
| Wrap-up/Evaluation | 15 minutes |


## Introduction

This section describes how young people can educate each other, and provides guidelines on how youth organizations plan and carry out peer education activities.

People are often more willing to, and follow advice from, their peers those similar to themselves in age, background and interests. With basic training and support, young men and women can carry out a range of educational activities ranging from informal conversations to organized group sessions, and can take place in communities, youth clubs, schools or workplaces.

Peer education programmes aim at helping young people to increase their confidence, knowledge and skills in relation to their sexual development. In addition, they may help reduce the risk of young people getting Sexually Transmitted Infections (including HIV/AIDS) and unwanted pregnancies. Also, the programmes can be very instrumental in enabling young people increase their support for people with HIV/AIDS.

## What is Peer Education?

- Peer Education involves training people to carry out informal or organized educational activities with individuals or small groups over a period of time while peer health education programmes aim at helping young people to increase their confidence, knowledge and skills in relation to their sexual development, to reduce their risks of HIV, and other STDs and unwanted pregnancy and increase their support for people living with HIV/AIDS.

## Why peer education?

- Young people are often more willing to listen and follow advices from their peers. Peer education aims at using this influence positively to promote norms, attitudes and behaviors that will reduce pregnancy and infections.

- Young people often question the attitude and values held by adults. They feel have a lot in common with other young people.

- Young people say they prefer to learn about sex and sexual development from their peer. Adults often find it very difficult to talk about these issues in anon-judgmental way with young people.

- It is easy for them to practice doing this with other young people who have the skills already.

- Peer educator can encourage individuals to think about their values and consequences of their decisions and to feel positive about their choices.

- Young people may think to be out of the HIV/AIDS infections, peer educators can help them to realize that they are in every high risk.

- Young people need to have confidence in themselves if they are to resist pressure and adopt safer behaviors such as postponing sex.

- Young people need skills as well as information to enable them to make important decisions about sexual activity or to negotiate safer sex.

## etting involved...

This section gives a set of generic guidelines that can help in establishing a peer education programme:

- Understanding young people's specific problems, attitudes and needs, for information and skills and finding out what they know and feel about themselves and their lives.

- Speak to young people, seek for their input and ask them to get involved in the creation as well as the implementation of the programme. Their participation will ensure success of the program.

- Respond to young peoples priorities, such as advice about training or jobs.

- Making sure that peer educators are involved in defining roles and responsibilities.

- Stressing development of skills as well as attitudes and knowledge, in training and educational activities and increasing access to and use of condoms

- Ensuring that peer educators know where to refer their peers for condoms, appropriate counseling, STDs treatment and family planning services.

- Understanding that peer educators may be active for only a limited time, although with good support, increased responsibility and varied activities, they may continue for a few years.

- Combining peer education with other approaches that reinforce HIV and STD prevention messages and reach more young people, such as radio, posters, community sports and social events.

- Gaining the support of the school administration, health workers and community leaders, especially those in education programs of youth serving agencies, members of the school board, principals and leaders. These may provide important support and feedback about the peer education program.

## Tasks of peer Educators.....

- Compile and maintain a register of peers and of the peer social networks.

- Mobilize and organize fellow peers for recreational, drama and income generating activities.

- Arrange for talks and discussions on reproductive health and other issues, at times the peer educator may facilitate such exercises.

- To provide information and referrals to peers in need of services to the service providers.

## Peer Approaches....

Peer approaches are normally categorized as follows: It is useful to divide peer approaches into three types. These vary in their aims, activities and in how many people are reached:

- **Peer information**
  - Involves briefing people to provide information, often to large groups on a once-only basis. This could include distributing leaflets, performing drama or participating in radio shows.
- **Peer education**
  - Involves people to carry out informal or organized educational activities with individuals or small groups over a period of time
- **Peer counseling**
  - Involves training people to carry out one-to-one counseling with their peers this includes providing support and help with problem solving

# SESSION EVALUATION FORM

The questions below are designed to help us evaluate each session and to pinpoint those areas that should be redesigned for future participants. Please take a few minutes to answer as honestly and accurately as you can. Your feedback is very IMPORTANT. Place a tick in the appropriate box

**1. Please indicate your overall reaction to the training session just completed.**

☐ Very good ☐ Good ☐ Fair ☐ Poor

**2. Did the session meet your expectations?**

☐ Yes ☐ No

If No, please state why.....

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**3. Did the session/topic presented relate to your needs?**

☐ A great deal ☐ Somewhat ☐ Very little ☐ Not at all

**4. Will you be able to use and apply the material presented in your daily duties?**

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**7. What is your reaction on the quality of the training materials (handouts) used?**

☐ Very good ☐ Good Fair ☐ ☐ Poor

**8. Were the methods used appropriate?**

☐ Very Appropriate ☐ Not appropriate

**9. What suggestions do you have for improving this training session?**

.....

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.....

**THANK YOU!**

# SESSION IX: DRUG AND SUBSTANCE ABUSE

**SESSION OBJECTIVES**

By the end of this session, participants should have:

- A firm understanding of the dangers of drug and substance abuse.
- An understanding of the interrelationship between drug abuse & HIV/AIDS.
- Differentiate between the various types of drugs
- Appreciate the factors that force young people into taking drugs.

**Content**

- Background information
- Definition of terms
- Types of drugs
- Effects of drugs

**Duration: 1 hour, 40 minutes**

**Methods: Group Discussion & Interactive lecture**

**Materials Required: Manual, flip charts, markers**

**Group Discussion Guide**

- Definition of drugs & Substance. Drug and substance abuse
- Types of drugs, substances
- Why do people use drugs/ substances?
- What are the effects of drugs and substance abuse?

**TRAINING PLAN**

| Activity | Duration |
|---|---|
| Introduction | 10 minutes |
| Group discussions | 30 minutes |
| Presentations & Discussions | 45 minutes |
| Wrap Up/ Evaluation | 15 minutes |


**Background**

- Uganda is a signatory to the United Nations International Drug Control Programme. (UNDCP) Conventions 1961, 1971, and 1988 on drug and-substance abuse.
- The UNIDCP has a sister body, The International Narcotic Control Board (INCB).
- Some of the functions of UNIDCP include;

    - Alerting the world about the dangers of drug abuse,
    - Strengthening international action against drug production,
    - Strengthening drug related criminal justice,
    - Providing support to local, national and international partners in the fight against drug abuse.

The government of Uganda in 1986 established a department of anti narcotics in the Uganda police force under the Criminal Investigation Department (CID) to try and deal with the problem. The department has done a commendable job.

**Why Focus on the Youth?**

- The youth comprise 78% of the country's population and therefore they form a formidable force in national development.
- The youthful age is a period of great emotional, physical and psychological changes.

- This is a period of heightened individual vigor, experimentation, adventurism and increased vulnerability to drug and substance abuse.
- Police sources indicate that drug and substance abuse is very common among the youth in our communities.

**Definitions**

- **World Health Organization WHO** defines a drug as "a substance that changes a biological system by interacting with it". It is a chemical agent capable of causing psychological changes. If such a change is on the brain the drug is said to be psychoactive and therefore a mood changer.
- **A substance** refers to any type of particular matter. The word is used synonymously with the term "drug".
- **Drug/substance abuse** refers to harmful use of chemicals/substances that might have severe effects on the consumer and if the consumer is not able to function without the drug/substance then she/he becomes a **dependent user**.

## Statistical representation

During the period 1995 – 2002, 619,086kgs of Heroine, 400gms of Ecstasy, 78,345kgs of Methaqualene, 2,600 ampoules of injectable pethidine 50mg, 19,400 tabs of pethidine 50mg, 100 tabs of codeine phosphates, 30mg cannabis have been seized from traffickers. 1,559,584 plants of cannabis plants were destroyed in the operation.

During the same period, 1,602 persons dealing in drugs were arrested. These were mainly drug couriers who use Entebbe Airport and other entry points as their transit routes.

Source: Uganda Police Force, Anti Narcotics Department

**Why the problem exists in our society**

The notable factors that have contributed to the problem of drug and substance abuse include the following:

- Our capacity to detect entry of traffickers at transit points is not adequate.
- Weak & Obsolete legislation. (The 1962 *Enguli* Act)
- Lack of control on importation of precursors.
- Inadequate funding to the anti narcotic unit of the Uganda police force.

**Why do people use drugs and substance?**

**Environmental factors (demand & supply factors)**

**On the demand side**

- Lack of knowledge about the dangers associated by abuse.
- Poverty, unemployment, war, urbanization, peer pressure.
- Cultural use, advertisements, experience of use, availability etc.

**On the supply die, the factors include:-**

Price, Type of drug, Nature of legislation, security system at entry points, Corruption, Availability of the drug etc.

**The host (individual factors).**

Community acceptance, Genetic predisposition especially for alcohol, Expectancy, psychiatric problems, Age, the need to boost sex, gain energy, socialize, feel, happy, curiosity, lack of role models, daily problems, Self-medication, etc

**Other factors for abuse include:-**

Normalization of behaviour, Adolescent development, Enduring life strains, the setting etc

**The community is the key in tackling the problem of drug/substance abuse.**

**Common drugs/substances of abuse**

The most commonly abused drugs and substances in Eastern Africa and Uganda in particular include the following.

**Alcohol-** is the most common drug of abuse amongst people due to its acceptance in most societies. There is substantial presence of alcohol in traditional media, outlets, T.V, Radio, print and open door etc hence making alcohol an integral part of lives of young people and cultures.

It is observed that,

***"Young people across the globe live in environments characterized by aggressive and ubiquitous efforts encouraging them to initiate drinking and drink heavily".*** *(The Globe 2002 issue 2)*

**"Alcohol marketing presents a one side view of alcohol use making it a lead factor in influencing morbidity, mortality and social harm" (ibid)**

The effects of alcohol abuse are diverse and include:

- Social effects e.g. Domestic violence, increased crime rates, high rates of school drop outs, prostitution, family break-ups, etc
- Psychological effects e.g. Headache, Sexual disorders, sadness, black out, suicidal behaviour, psychosis (fixed false ideas) etc.
- Health effects e.g. Loss of appetite, serious dental problems, direct injury to the stomach wall, cancer, liver complications, Tuberculosis, sperm production, miscarriages, under weight fetus, heart related complications etc.

**Tobacco**

This contains nicotine, which is addictive in nature. The abuse pattern is that it's normally smoked. Tobacco smoking leads to: high blood pressure, increased pulse rate, blockage of arteries, Tuberculosis etc.

**Cannabis (enjaye).**

This is the flowering tops of the cannabis plant and at times cultivated under a very sophisticated environment.

Its illicit production is by air-drying, blocks of compressed cannabis resin and the abuse patterns are, - it is smoked in ratios of 0.5-1mg and at times produced as cannabis resin and cannabis oil.

Its harmful effects include: Depression, accidents, redness of eyes, impotence, respiratory problems etc.

Other Dugs/ substances include: Khat (Mairungi), Heroin, Cocaine, synthetics like ecstasy, mandrax, sedatives, Stimulants like caffeine, **Inhalants** like aerosols, petrol, glue, paint, butane gas, Opoids like morphine, pethidine, codeine etc.

**What are the dangers for young people?**

One major concern about drugs is the possible effects on young people as they grow up. Research shows that the earlier people start using drugs, the more likely they are to go on to experiment with other drugs. In addition, when young people start using drugs regularly, they often lose interest and are not motivated to do their schoolwork. The effects of drugs such as marijuana can interfere with learning by impairing thinking, reading comprehension, and verbal and mathematical skills. Research shows that students do not remember what they have learned when they are "high". This increases their vulnerability to sexual behaviour that may expose them to HIV/AIDS and other sexually transmitted infections.

## Link between drug/substance abuse and HIV/AIDS

The following factors are considered to have a high linkage between drug/substance abuse and HIV/AIDS.

- Intravenous Drug use for cocaine, pethadine, heroin etc.
- Exposure to risk of taking risky sexual behaviour.
- Commercial sex to afford drugs.
- Street children phenomenon etc.

The effects of drug and substance abuse as clearly put across in this paper call for us to initiate preventive strategies with specific goals in order to help:-

**What could be done to stop drug/ substance abuse in Uganda- Lessons from the HIV/AIDS Response Strategy**

- There is need to engage in research about the extent of the problem.
- Open policy about the problem by government and the general public.
- Establishment of networks systems at all levels
- Establishing support groups within communities.
- Setting up treatment and rehabilitation centres.
- Establishment of drug and substance information centres, anti-narcotic centres.
- Initiating a drug and substance commission.
- More funds should be injected into the anti narcotic department to facilitate and train more officers.

# SESSION EVALUATION FORM

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**8. Were the methods used appropriate?**

☐ Very Appropriate ☐ Not appropriate

**9. What suggestions do you have for improving this training session?**

.....

.....

.....

**THANK YOU!**

# SESSION X: IMPLICATIONS OF UNPROTECTED SEX AND TEENAGE PREGNANCY

**SESSION OBJECTIVES**

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

- Appreciate health problems associated with teenage pregnancy.
- Appreciate the dangers associated with unprotected sex.
- Decide on appropriate measures that can help them cope with the above problems.

**Content**

- Introduction
- Definition of youth
- Unprotected sex & youth
- Youth & HIV/AIDS
- HIV/AIDS Prevention/mitigation strategies
- Teenage pregnancies
- Unsafe abortions

**Duration:** 1½ hours
**Methods:** Interactive lecture, Group Discussion
**Materials Required:** Manual, newsprint, markers

**TRAINING PLAN**

| Activity | Duration |
|---|---|
| Introduction | 10 minutes |
| Group discussions | 30 minutes |
| Presentations | 30 minutes |
| Wrap-up /evaluation | 20 minutes |

# TRAINER'S NOTES

**Introduction**

A youth is characterized by an exceptional rapid rate of growth and development. It is a time of rapid social changes characterized by a shift from the family to peer group orientation. The period roughly corresponds with physical, social and psychological development from childhood to adulthood.

**Definition of youth**

WHO has defined persons in the age group 10-19 as 'adolescents' while those in the 15-24 are grouped as 'youth'. WHO combines these two overlapping groups, into one entry called 'young people' covering the age range 10-24(WHO 1989).

**Youth and Unprotected sex**

- Unprotected sex and its associated dangers continue to be a big problem in Uganda, especially among the rural youth who have limited access to information about its dangers.
- A number of problems are associated with unprotected sexual intercourse, including **unwanted pregnancies, unsafe abortions and sexually transmitted diseases such as HIV/AIDS.**

**The situation of youth and the HIV/AIDS in Uganda (See session 1)**

Risky sexual behaviors, improper or non-use of condoms, early initiation into sex and socio-economic pressures make the youth quite vulnerable to HIV/AIDS.

A multi sectoral approach involving government, NGO's, religious groups, local and international donors has been adopted in the prevention of this pandemic.

- The future of HIV/AIDS control lies in initiation and strengthening of youth directed preventive measures.
- There is need to integrate adolescent reproductive health programmes into all the existing health care systems.

Strategies for prevention and control of HIV/AIDS among the youth include-:

- Heath education about preventive measures, including abstinence.
- Promotion of both male and female condom use in the rural and urban areas.
- Fighting stigmatization and discrimination of people with HIV/AIDS and encouraging voluntary counseling and testing.
- Promotion and adoption of strategies which directly increase the ability of the poor to raise their incomes;
- Prevention of mother to child transmission by use of antiretroviral drugs for HIV positive mothers.
- Distribution of drugs for opportunistic infections and home-care kits to the infected.
- Provision of health care services through home-based care and community outreach programmes.
- Promotion of children's rights, including the right to information, education and health care.

**Teenage pregnancies.**

- Teenage pregnancy is defined as a pregnancy before the age of 18years. Majority of these pregnancies are unwanted.
- A survey carried out by The Institute of Statistics And Applied Economics, Makerere University in 1988-1990 revealed that 50% females in Uganda get pregnant before they are 20 years of age.

- Lack of information, misinformation, rape and defilement culturally initiated early marriages; unprotected sex, limited or no sex education, and lack of parental guidance are among the reasons for high rates of teenage pregnancies in Uganda.
- The sexual counseling roles of aunties have been abandoned. Previously, aunties used to be the custodians of the cultural values and norms and would ensure that the girl child is protected.

**Unsafe abortions**

> An unsafe abortion is defined as a procedure for terminating an unwanted pregnancy either by a person lacking the necessary skills or in an environment lacking the minimum medical standards or both.
> Source: (WHO 1992): The prevention and management of unsafe abortion. Report of a technical working group, Geneva. WHO/MSM/92.5)

Because majority of teenage pregnancies are unplanned and unwanted they end up in abortions. In Uganda, abortion is illegal and as a result these abortions are clandestinely secured from unsafe places by untrained people. Unsafe abortions with the attendant complications such as excessive bleeding and infections contribute to the high maternal mortality and morbidity rates in Uganda (Uganda Demographic Health Survey, 2001/2002).

Other problems associated with teenage pregnancies include lack of social and economic support, non attendance of antenatal care, difficult labor with high rates of operative deliveries, high chances of developing high blood pressure and anemia, being more prone to malaria infection, high school drop out rates and high rates of infant mortality.

In view of the aforementioned physical, social and economic hardships associated with teenage pregnancies, emphasis should be directed at preventing them. The unfortunate ones who get pregnant need psychosocial and economic support to prevent and/or cope with the traumatic experience.

# SESSION EVALUATION FORM

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8. **Were the methods used appropriate?**

☐ Very Appropriate ☐ Not appropriate

9. **What suggestions do you have for improving this training session?**

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**THANK YOU!**

# SESSION XI: PROMOTING CONDOM USE AMONG YOUNG PEOPLE

**SESSION OBJECTIVES**
This session is intended to enable participants to:

- Understand the dangers of unsafe sex practices.
- Appreciate the need for correct and consistent use of condoms.
- Identify and appreciate the myths and facts about condoms.

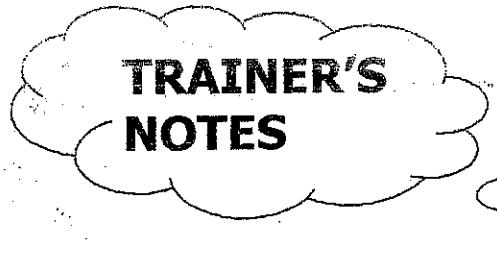
**Content**

- Introduction
- Consistent & correct use of condoms
- Facts & myths about condoms

**Duration:** 1 ½ hours.
**Method:** Role-play, Demonstration, And Interactive Discussion.
**Materials required:** condoms, dummy penis, dummy vagina and manual.

**TRAINING PLAN**

| Activity | Duration |
|---|---|
| Introduction | 15 minutes |
| Demonstration | 15 minutes |
| Interactive Discussion | 45 minutes |
| Wrap up/ Evaluation | 15 minutes |




**Introduction**

Abstaining from sexual activity, faithfulness, and condom use are three behaviors that can prevent or reduce the likelihood of sexual transmission of HIV infection. These behaviors are often considered together as the "ABCs" of HIV prevention –

- A for abstinence (or delayed sexual initiation among youth,
- B for being faithful (or reducing one's number of sexual partners), and
- C for condom use, especially for casual sexual activity and other high-risk situations.

Understanding and promoting these behaviors are key elements in combating the spread of HIV/AIDS.

Condoms are the only contraceptive method that provides dual protection—that is, protects against both pregnancy and most STIs, including HIV.

Condom promotion encompasses a set of interventions to promote the adoption of policies and strategies aiming at increasing the acceptability, availability and use of condoms.

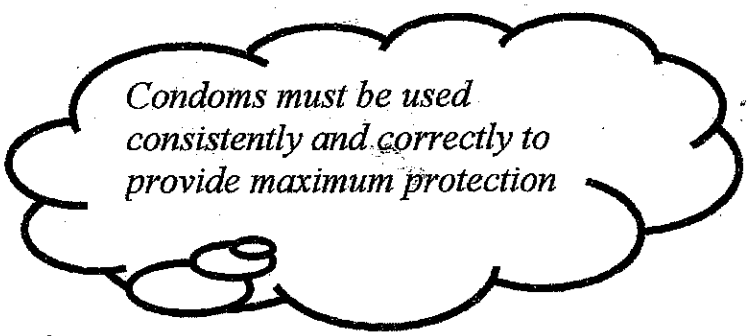
Condom promotion is a key HIV/AIDS strategy because:

- The consistent and correct use of condoms significantly reduces the risk of HIV and other STIs;
- Condoms offer simultaneous protection against unwanted pregnancy and the possible transmission of STIs/HIV (dual protection)

The protection that proper use of latex condoms provides against HIV transmission is most evident from studies of couples in which one member is infected with HIV and the other is not, i.e., "discordant couples." In a

study of discordant couples in Europe, among 123 couples who reported consistent condom use, none of the uninfected partners became infected. In contrast, among the 122 couples who used condoms inconsistently, 12 of the uninfected partners became infected.

Source: US Centre for Disease Control.



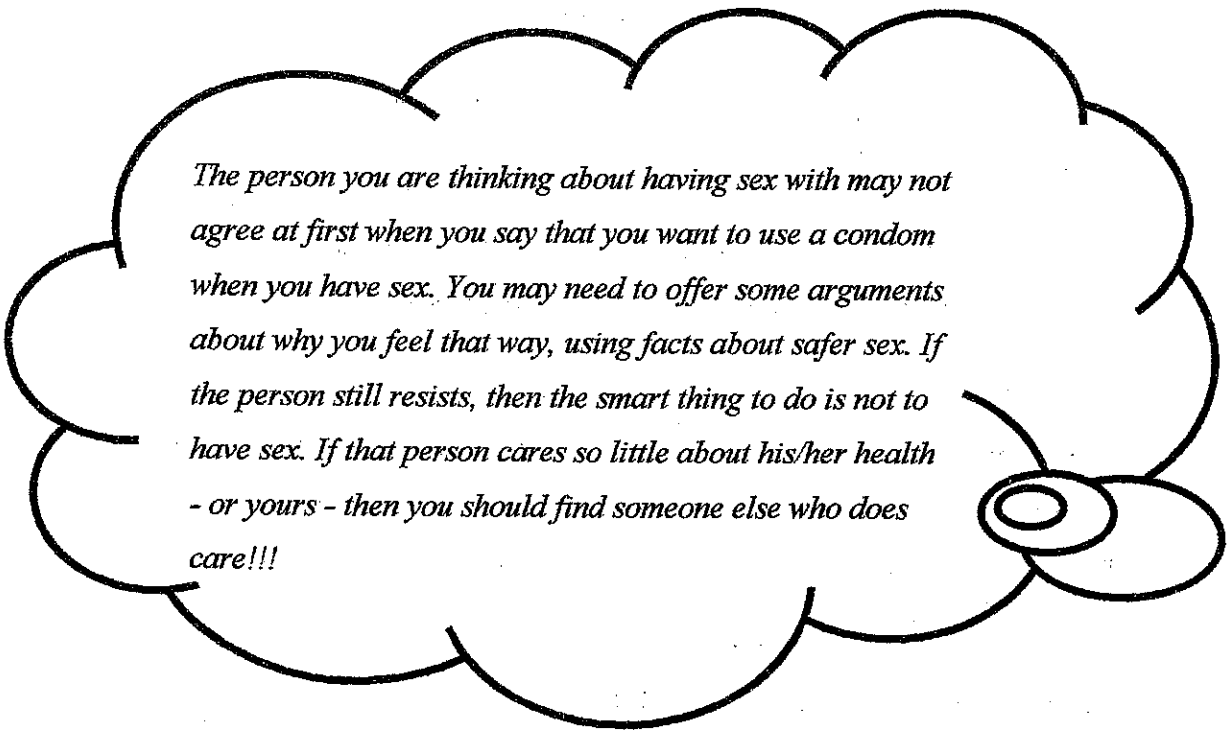

**Consistent use** means using a condom from start to finish with each act of intercourse.

**Correct condom** use should include the following steps:

- Use a new condom for each act of intercourse.
- Put on the condom as soon as erection occurs and before any sexual contact (vaginal, anal, or oral).
- Hold the tip of the condom and unroll it onto the erect penis, leaving space at the tip of the condom, yet ensuring that no air is trapped in the condom's tip.
- Adequate lubrication is important, but use only water-based lubricants, such as glycerine or lubricating jellies (which can be purchased at any pharmacy). Oil-based lubricants, such as petroleum jelly, hand lotion, or baby oil, can weaken the condom.
- Withdraw from the partner immediately after ejaculation, holding the condom firmly to keep it from slipping off.

Using condoms should be discussed with the person you are planning to have sex with.

- Don't wait until the last moment.
- The best time to introduce the subject of using condoms is the first time you think about having sex with someone.
- Planning to protect yourself and your partner from getting a sexually transmitted disease, especially AIDS, shows that you care about your health and about your partner's health.
- It also shows that you are aware of the risks of unprotected sex at a time when AIDS is a serious epidemic all over the world.



*The person you are thinking about having sex with may not agree at first when you say that you want to use a condom when you have sex. You may need to offer some arguments about why you feel that way, using facts about safer sex. If the person still resists, then the smart thing to do is not to have sex. If that person cares so little about his/her health - or yours - then you should find someone else who does care!!!*

## Some myths about Condoms

There continues to be misinformation and misunderstanding about condom effectiveness. Some of the common myths are shown in the box below:

### *Facts & Myths about condoms*

*Myth #1: Condoms don't work*

*Fact: Latex condoms are highly effective, but only when they are used properly*

*Myth #2: HIV can pass through condoms*

*Fact: Although this may be true for natural membrane condoms, laboratory studies show that intact latex condoms provide a continuous barrier to microorganisms, including HIV, as well as sperm.*

*Myth #3: Condoms frequently break*

*Fact: Most of the breakage is due to incorrect usage rather than poor condom quality. Using oil-based lubricants can weaken latex, causing the condom to break. In addition, condoms can be weakened by exposure to heat or sunlight or by age, or teeth or fingernails can tear them.*

## Making Responsible Choices

In summary, sexually transmitted diseases, including HIV infection, are preventable, and individuals have several responsible prevention strategies to choose from. But the effectiveness of each one depends largely on the individual. Those who practice abstinence as a prevention strategy will find it effective only if they always abstain. Similarly, those who choose any of the other recommended prevention strategies, including condoms, would find them highly effective if used correctly and consistently.

## Possible arguments for and against condoms

**Arguments against...**

"I can't feel anything- it is like wearing a rain coat"

"I know I am clean... I haven't had sex with anyone in a long time".

"You don't trust me"

"Just this once"

It is so messy and smells funny

**Arguments for...**

"Once is all it takes"

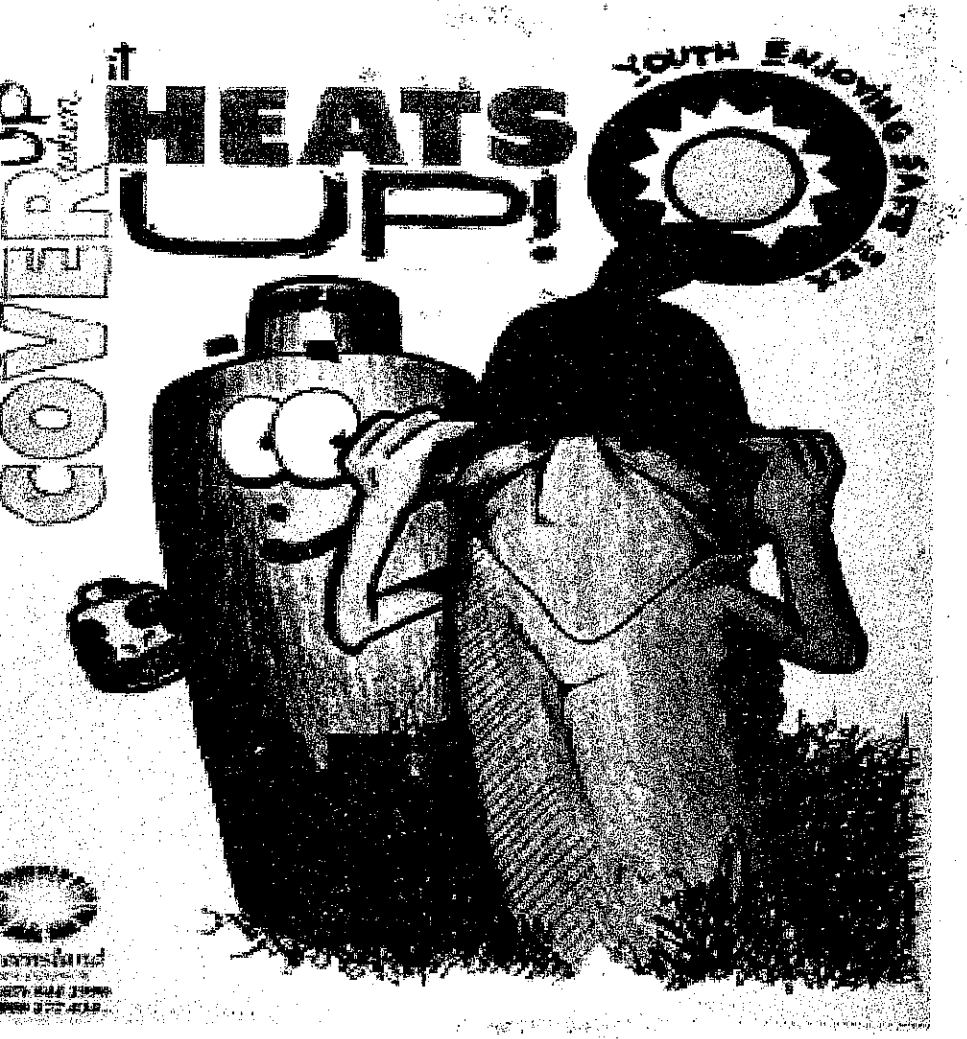
"I know that there is some reduced sensation, but there is still plenty of sensation left"

"I am clean too but I'd still like us to use a condom since either of us could be having an infection.

Abstaining from sexual activity is the most effective HIV prevention strategy. However, for individuals who choose to be sexually active, the following are highly effective:

- Engaging in sexual activities that do not involve vaginal, anal, or oral intercourse
- Having intercourse only with one uninfected partner
- Using latex condoms correctly from start to finish with each act of intercourse

*"Cover up when it heats up" Posters such as this one developed by Queensland AIDS Council-Australia can be very effective in delivering condom promotion messages.*



# SESSION EVALUATION FORM

The questions below are designed to help us evaluate each session and to pinpoint those areas that should be redesigned for future participants. Please take a few minutes to answer as honestly and accurately as you can. Your feedback is very IMPORTANT. Place a tick in the appropriate box

**1. Please indicate your overall reaction to the training session just completed.**

☐ Very good ☐ Good ☐ Fair ☐ Poor

**2. Did the session meet your expectations?**

☐ Yes ☐ No

If No, please state why.....

.....

.....

**3. Did the session/topic presented relate to your needs?**

☐ A great deal ☐ Somewhat ☐ Very little ☐ Not at all

**4. Will you be able to use and apply the material presented in your daily duties?**

☐ A great deal ☐ Somewhat ☐ Very little ☐ Not at all

**5. What do you feel about the time allocated for the session?**

☐ Adequate ☐ Too much ☐ Too little

**6. What was your overall assessment on the way the facilitator presented the session?**

☐ Very good ☐ Good ☐ Fair ☐ Poor

**7. What is your reaction on the quality of the training materials (handouts) used?**

☐ Very good ☐ Good Fair ☐ ☐ Poor

**8. Were the methods used appropriate?**

☐ Very Appropriate ☐ Not appropriate

**9. What suggestions do you have for improving this training session?**

.....

.....

.....

**THANK YOU!**

# SESSION XII: BEHAVIORAL CHANGE COMMUNICATION, STIGMA & DISCRIMINATION

**SESSION OBJECTIVES**

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

- Understand the magnitude of the problem of stigma & discrimination
- Explain the causes of HIV/AIDS related stigma & Discrimination
- Explain the consequences of stigma & discrimination & how they can be minimized.

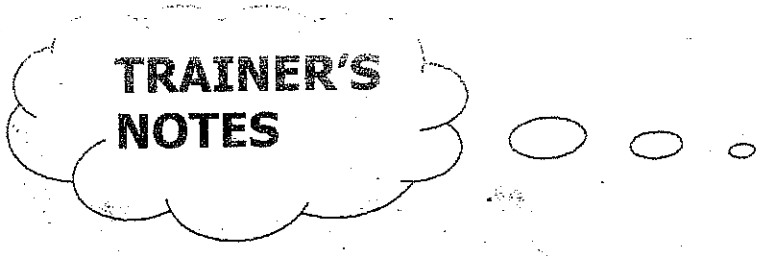
**Content**

- Introduction
- What is stigma/discrimination?
- Causes /consequences
- Need for Behavioral change communication

**uration: 1 ½** hours
**lethods:** Role Play, Interactive discussion
**laterials Required**: Manual

## RAINING PLAN

| ctivity | Duration |
|---|---|
| troduction, definitions | 15 minutes |
| ole play | 45 minutes |
| iscussion | 20 minutes |
| rap up /evaluation | 10 minutes |




**Introduction**

In many places, people are still reluctant to acknowledge the relevance of AIDS to their lives because of the shame and fear that surround this fatal disease and the discrimination directed at those affected. A community in which denial flourishes makes its members vulnerable to the silent spread of AIDS. It is in this regard that youth leaders need to be the torch bearers in the fight against HIV/AIDS related stigma.

**Definitions**
**Stigma** = a bad reputation that something has because many disapprove of it, often unfairly. Or a description of something as bad and deserving extreme disapproval.
**Discrimination** = treating a person or group differently, usually worse than others.

**HIV/AIDS related stigma and discrimination** = a situation where a distinction is made against person(s) suffering from HIV/AIDS where by they are treated unfairly and unjustly on the basis of their HIV/AIDS status.

**Why stigma/ discrimination?**

- HIV/AIDS is associated with behaviour branded as "immoral" e.g. extra marital sex, prostitution, etc.
- Misinformation /inadequate information about the causes of HIV/AIDS.
- Belief that HIV/AIDS is punishment for immoral behaviour. Sometimes, the disease is associated with witchcraft thus, the tendency to avoid those affected/infected.

**Participants should be encouraged to share their own experiences and add to this list**

Stigma and discrimination may occur at any or all of the following levels:

Individual and family level

- Families may reject and refuse to provide care and support to AIDS patients.
- Using certain words that ridicule AIDS patients e.g. "victim". Women are normally stigmatized more than men because they are perceived as 'transmitters' of STIs and AIDS.

- **Community level**
  - Lack of confidentiality; community members may demand to know and in turn disclose the HIV status of fellow community members.
  - Prohibiting Persons Living with HIV/AIDS (PLWHA) from accessing community services such as water services and education.

- Employment/Workplace
  - Rejecting, backbiting and gossiping about PLWHA by fellow employees.
  - Denying employment opportunities to PLWHA.
  - Dismissal from jobs due to one's HIV status.
  - Compulsory screening of employees before jobs can be given.
  - Refusing PLWHA access to essential facilities in the workplace e.g. dining room, toilet facilities etc.
- Health facility
  - Hospital staff may refuse to attend to AIDS patients.
  - Carrying out HIV testing without the consent of patients.
  - Breach of confidentiality.

**Consequences of Stigma and Discrimination**

- Reluctance to disclose their status or even fear to seek treatment, help and care to improve and prolong their lives.
- PLWHA may avoid social contact with others for fear of rejection and they end up feeling alone, unloved and depressed.
- They may develop a negative attitude and decide to deliberately spread the virus as a means of revenge.
- HIV/AIDS-related stigma and discrimination affects the orphans who are struggling to cope with the death of parents from AIDS.

**Fighting Stigma and Discrimination**

- Continue to provide the right information and knowledge to the Youths, families and the communities about HIV/AIDS in order to reduce stigma and discrimination.
- Health care givers and employers should adopt supportive policies towards PLWHA.
- Health care givers should not deny PLWHA access to treatment or breach confidentiality of their patients.
- Government should enact legislation to protect PLWHA from discrimination and their human rights.
- Use of media to carry out information and education campaigns to address negative attitudes and beliefs about PLWHA and AIDS in general.

*"All over the world, the epidemics of HIV and AIDS are having a profound impact, bringing out the best and the worst in people. They trigger the best when individuals group together in solidarity to combat government, community and individual denial, and to offer support and care to people living with HIV and AIDS. They bring out the worst when individuals are stigmatized and ostracized by their loved ones, their family and their communities, and discriminated against individually as well as institutionally"* UNAIDS

**IMPORTANT NOTE**

- PLWHA are normal, they need our love, attention and care in order to live the rest of their lives in a state of mental and physical well-being.
- PLWHA have their rights as human beings and discrimination is a violation of their human rights.
- PLWHA who are not bed ridden are still useful and productive members of society thus they should be allowed to play their part in community and national development.
- Any person can acquire HIV/AIDS at any time.
- Youths and youth leaders, families and communities need to help their friends and loved ones to accept their status and cope with it through counseling.
- PLWHA should appreciate family, community and care and support given to them to enable them enjoy good quality of life.

**Ultimately, it is at the community and national levels that HIV/AIDS-related stigma and discrimination are most effectively combated. Communities and community leaders must advocate for inclusiveness and equality irrespective of HIV status.**

# SESSION EVALUATION FORM

The questions below are designed to help us evaluate each session and to pinpoint those areas that should be redesigned for future participants. Please take a few minutes to answer as honestly and accurately as you can. Your feedback is very IMPORTANT. Place a tick in the appropriate box

**1. Please indicate your overall reaction to the training session just completed.**

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**2. Did the session meet your expectations?**

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If No, please state why.....
.....
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**7. What is your reaction on the quality of the training materials (handouts) used?**

☐ Very good ☐ Good Fair ☐ ☐ Poor

**8. Were the methods used appropriate?**

☐ Very Appropriate ☐ Not appropriate

**9. What suggestions do you have for improving this training session?**

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**THANK YOU!**

# SESSION XIII: SOCIAL- CULTURAL PRACTICES

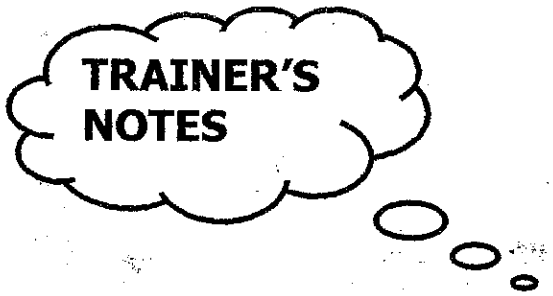
**SSION OBJECTIVES**
he end of this session, participants should be able to:
Identify cultural practices that are detrimental to the health of young people as well as those practices that are constructive and which should be encouraged.
Appreciate and understand their role as positive change agents.

**Content**
- Definitions
- Negative cultural practices
- Positive cultural practices

**Methods:** Brainstorming & Group Discussion
**Duration:** 2 hours

**TRAINING PLAN**

| Activity | Duration |
|---|---|
| Introduction | 20 minutes |
| Brainstorming session | 20 minutes |
| Group Discussion | 30 minutes |
| Presentations | 30 minutes |
| Wrap-up/Evaluation | 20 minutes |




**Introduction**

Uganda is a multi-ethnic country with over 50 ethnic groups, each with its own set of beliefs and practices. These beliefs are as divergent as they are diverse. A variety of cultural practices and traditions increase young people's risk for HIV/AIDS. For the most part, these practices and traditions affect young people more than adults and affect young women even more than young men.

**What is culture?**

- A set of attitudes, norms, beliefs and practices that influence people's behaviour in a given society and are usually passed on from one generation to another.
- The totality of the customs, arts, social institutions of a particular group or nation.
- Norm = standard or pattern of social behaviour that is typical of a group. OR social regulations put in place to control the behaviours of people in a given community

Some cultures are negative while others are positive and should be embraced. The negative cultures make women to subordinate their needs to those of men. With such expectations, young women often feel powerless to protect themselves against HIV infection and unintended pregnancies. Often, adolescent girls endure sexual coercion and abuse.

## ative practices

- Cultural rites of passage from childhood into adulthood e.g. female and male circumcision. Although traditionally they served to unite communities, they can increase risks for HIV. For example, traditional male or female circumcisions are sometimes carried out using un-sterilized equipment.

*Although researchers think that male circumcision reduces risks for HIV transmission by removing part of the foreskin that is particularly vulnerable to HIV, in some communities, circumcision ceremonies often are accompanied by post-initiation sexual experimentation, which increases risks for HIV. For example, among the Masai of East Africa the relationship among male peers is so close that, after circumcision, the initiates share wives and girlfriends.*

FGM is harmful to women because it may cause excessive bleeding, injury, loss of sexual pleasure, painful periods, etc.

- Marriage practices which include:
  - **Early marriages**: In many cultures the premium placed on having children often leads to childhood marriage and early childbearing. Girls as young as age 10 are given to older men in marriage in order to cement friendships and economic ties between families.
  - When young girls are married to older men, they can be vulnerable to HIV infection because their husbands usually have already had a number of sexual partners.

- **Polygamy**- the practice of a man having multiple wives occurs in some countries. In Africa, when the husband seeks a new, often younger, wife, he may have sexual contact with a number of women in the process and thus risk bringing HIV home
- **Wife/widow inheritance**- a tradition in which a wife is given to her brother-in-law upon her husband's death. Thus either partner can be at risk of HIV infection if the other is infected. Younger widows are at particular risk because they are more likely to seek and be sought by other sex partners.
- Wife sharing i.e. the belief that a wife belongs to the whole family or clan. Other cultures encourage the practice of having a bride "tested" by her father in law to confirm that she is good for his son.
- In some societies payment of bridal dowry is necessary when a man and woman marry. In parts of Africa (Uganda inclusive) the man pays the dowry to the woman's family. Once the marriage is sealed with the dowry, the woman is considered "paid for" and often cannot leave her husband, should marital problems ensue. Even if her husband's behavior places her at risk of HIV infection, the woman may not be able to protect herself.

- Sexual practices such as:
  - Dry sex i.e. the insertion of foreign objects to dry the vagina or to make it tighter —can cause cuts and scratches that create openings for HIV to pass through.
  - Virginity testing of women, may place such a high premium on chastity before marriage that unmarried women practice anal sex instead, putting themselves at even greater risk for HIV/AIDS than if they had vaginal sex.

## Positive Cultural practices

- Community parenting i.e. collective responsibility of parents to take care of the adolescents in their community.
- Superstitious stories that are meant to instill fear among young people and protect them from risky situations. Such may include saying that when one walks in the dark, they may never find their way home.
- Contraceptive use- although this is discouraged by some churches, it should be encouraged because it prevents teenage unwanted pregnancies
- Keeping virginity before marriage- although some women may revert to anal sex so as to keep their virginity, anal sex is not widely practiced in Uganda.

## Cultural

- Media (both print and electronic). Print media includes: magazines, newspapers, etc. Electronic media includes radio, TV, internet. The media portrays a lot of pornography which has a bad influence on adolescents
- Foreign cultures that despite some African values. The western cultures are portrayed as ideal and are copied by the young people.

As a youth leader, you can be an agent of change. Culture is not written in stone and since it is an embodiment of beliefs and attitudes, these can change. Although it takes a long time to change people's beliefs they have held for a long time, the starting point should be information dissemination.

Through the use of drama, and other peer education programs, you can influence your community to say NO to harmful cultural practices that put young people (especially women) at risk of HIV infection.

# SESSION EVALUATION FORM

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1. **Please indicate your overall reaction to the training session just completed.**

☐ Very good ☐ Good ☐ Fair ☐ Poor

2. **Did the session meet your expectations?**

☐ Yes ☐ No

If No, please state why.....
.....
.....

3. **Did the session/topic presented relate to your needs?**

☐ A great deal ☐ Somewhat ☐ Very little ☐ Not at all

4. **Will you be able to use and apply the material presented in your daily duties?**

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5. **What do you feel about the time allocated for the session?**

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6. **What was your overall assessment on the way the facilitator presented the session?**

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7. **What is your reaction on the quality of the training materials (handouts) used?**

☐ Very good ☐ Good Fair ☐ ☐ Poor

8. **Were the methods used appropriate?**

☐ Very Appropriate ☐ Not appropriate

9. **What suggestions do you have for improving this training session?**

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

**THANK YOU!**

# TRAINER'S NOTES

**Introduction**

In a group, on average, people remember:

- 20% of what they hear
- 30% of what they see
- 50% of what they hear and see
- 90% of what they hear see and do.

It is therefore important for the trainer/facilitator to actively engage participants in the learning experience.

Key points to note about teaching adults

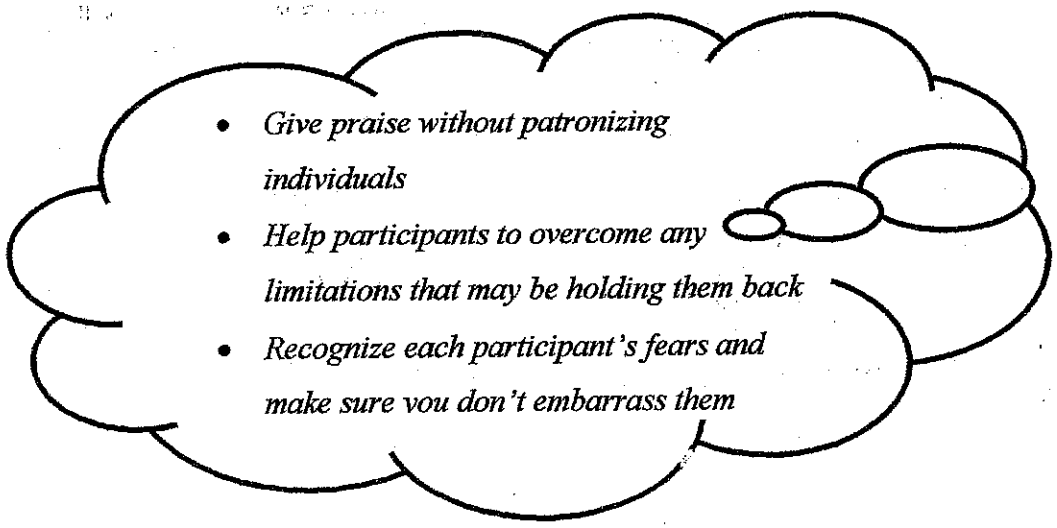
- Time- adults/people have many responsibilities in their lives and less time for learning. Training sessions must therefore be seen to be worth their time.
- Adults must be able to see an immediate use for and relevance of what they are learning
- materials presented must be simple and clear to understand
- keep participants active because this encourages a sense of curiosity
- Give participants an opportunity to give feedback on what they have learned and how this relates to the work they do.
- There is no right or wrong answers. Every individual is a resource person in his/her own right.

A good trainer must be:

- Confident – this requires a high level of preparation and a well-constructed delivery.
- Competent i.e. you must be able to have an answer for almost every situation at your finger tips.
- Congruent i.e. your body language, vocal tone and words must give the same message.
- Communicative- i.e. do not try to prove your own expertise or dominate the proceedings otherwise you will be a total turn off.

Entering the community

- Introduce yourself to local leaders
- Identify and select participants
- Choose an appropriate location and publicize it.



Training design outline

- Get acquainted/ warm up –make participants comfortable, involve everyone while avoiding undue pressure.
- Review the agenda- prepare participants for what they will learn, gain attention, establish your credibility as a trainer, establish expectations of participants, review outline involving time, breaks and when each session will end, etc.
- Decide on method to be used, content
- Summary- i.e. highlight key points reinforcing the importance of what was learned and show how everything fits together. At this point DONOT introduce /add new information- only REINFORCE what was covered.

## PRESENTATION SKILLS

**INTRODUCTION:**

Presentation is synonymous with public speaking, which the art of communication to a group of people as a way of teaching, learning and leading process. This can be through teaching a lesson, presenting a report or delivering a speech.

Public speaking is a great subject for the socio-cultural development of both young and adult people. But it has been given very little or no attention at all in most societies.

Indeed public speaking is felt by most people as "a pain in the NECK." There is a myth that great speakers are born "not made". That some how certain individuals have the innate ability to give a moving speech without any stress in front of an audience.

When one is in a social group she/he can be so anonymous and comfortable, but when singled out to make a presentation in front of an attentive audience she/he will become very visible and intense, making the presentation rather very painful! The fact is that a great public speaker is nurtured (made) and any anybody can

become a great orator (save for natural defects). This can only become a reality if the following are understood and taken note of:

**NERVOUSNESS IS;**

The major cause of fear to speak in public. All we require is to understand nervousness and how to cope up with its resultant stress.

**HOW IS NERVOUSNESS REVEALED**

i) Physical: This is revealed through, rapid heartbeat, quivering voice, shaking hands/knees and sweat.

ii) Mental: This is when memory is lost, points are repeated and there is general disorganization.

iii) Emotional: One feels embarrassed, loses control of audience and plunges in a state of panic and helplessness.

**HOW TO COPE UP WITH NERVOUSNESS**

There are a few things to consider to control nervousness and thus be yourself.

**i. Preparation ahead of time**

Plan and prepare your speech/presentation ahead of time, practice the presentation on an imaginary audience to help you get focused. Do not expect to be perfect but just to do your best. Just before th4e presentation, take three slow deep breaths and concentrate on relaxing your body. Remember to be natural and yourself.

**ii. While presenting**

- Start your speech with a smile, nice greetings and expression of happiness to be with the audience.
- Allow yourself to move and gesture as you speak and concentrate on the message of your presentation.
- Use common sense.
- You must know that people require great motivation to follow your speech/presentation or lecture to the end.

**iii. Incase nervousness takes control?**

When your mouth gets too dry to speak well, pause for one or two small lips of water in glass, that must have been supplied near you. Do not lift glass to eye level to gulp lest you choke. When sweat breaks out, use a clean folded handkerchief to wipe fore head with one quick action. Avoid attracting any undue attention to any of the above actions.

## SPEAKING WHILE LISTENING

Communication is never a one-way process. An effective speaker must therefore speak, while listening and responding to the audience and also observing their body language, just incase people are confused, bored and or in disagreement. When you become too nervous when speaking, it is easy to forget about listening and observing.

## AN EFFECTIVE SPEAKING VOICE

It must be pleasant to hear, it must vary in pitch speed and force or volume. This will help the listeners concentrate and understand your message. The variations may for instance be used to express emotions and put emphasis.

**NB** Most people are capable of listening faster than we are capable of speaking – at an average of 400-500 word per minute.

## TYPES OF PRESENTATION

An effective speaker should take not of the four main types of presentation, which are to;

- Inform/teach, this will require involving the audience through discussions and activities other than just listening.
- Persuade, this is to encourage the listeners to accept a challenge or change.
- Inspire an emotional impact on the listeners.

## KNOWING YOUR AUDIENCE

If you are not familiar with the group you will speak with, gather information about the place before you plan a presentation, to determine their, Sex, Age, Level of Education, culture, size, etc... and communicate in terms of their interests and needs.

## DEVELOPING THE PRESENTATION

A presentation must include all the 3 major part i.e 5% introduction that captures the attention of the audience, 80% Body that presents the facts and a memorable 15% Conclusion that makes the final appeal to the audience.

## CONCLUSION

It must be emphasized that public speaking need not be painful you feel nervous at first it is natural but it can become an extremely rewarding experience once you know how to feel comfortable in front of a group, with practice you become an expert.

# SESSION EVALUATION FORM

The questions below are designed to help us evaluate each session and to pinpoint those areas that should be redesigned for future participants. Please take a few minutes to answer as honestly and accurately as you can. Your feedback is very IMPORTANT. Place a tick in the appropriate box

1. **Please indicate your overall reaction to the training session just completed.**

☐ Very good ☐ Good ☐ Fair ☐ Poor

2. **Did the session meet your expectations?**

☐ Yes ☐ No

If No, please state why.....

.....

.....

3. **Did the session/topic presented relate to your needs?**

☐ A great deal ☐ Somewhat ☐ Very little ☐ Not at all

4. **Will you be able to use and apply the material presented in your daily duties?**

☐ A great deal ☐ Somewhat ☐ Very little ☐ Not at all

5. **What do you feel about the time allocated for the session?**

☐ Adequate ☐ Too much ☐ Too little

6. **What was your overall assessment on the way the facilitator presented the session?**

☐ Very good ☐ Good ☐ Fair ☐ Poor

7. **What is your reaction on the quality of the training materials (handouts) used?**

☐ Very good ☐ Good Fair ☐ ☐ Poor

8. **Were the methods used appropriate?**

☐ Very Appropriate ☐ Not appropriate

9. **What suggestions do you have for improving this training session?**

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.....

.....

**THANK YOU!**

# APPENDICES

## APPENDIX 1: TRAINING EVALUATION FORM

The questions below are designed to help us evaluate the program you have just completed and to pinpoint those areas that should be redesigned for future participants. Please take a few minutes to answer as honestly and accurately as you can. Your feedback is very IMPORTANT. Place a tick in the appropriate box

1. Please indicate your overall reaction to the training just completed.

☐ Very good ☐ Good ☐ Fair ☐ Poor

2. Did the course meet your expectations?

☐ Yes ☐ No

If No, please state why.....
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3. Did the topics presented relate to your needs?

☐ A great deal ☐ Somewhat ☐ Very little ☐ Not at all

4. Will you be able to use and apply the material presented in your daily duties?

☐ A great deal ☐ Somewhat ☐ Very little ☐ Not at all

5. Please indicate the topics that you feel should have been left out.
.....
.....
.....

6. Please indicate those you feel should have been covered in more detail
.....
.....
.....

7. Please indicate any specific topics you feel should be included in future training sessions.
.....
.....
.....

8. What do you feel about the time allocated for the training session as a whole?

☐ Adequate ☐ Too much ☐ Too little

9. What was your overall assessment on the way the facilitators presented the sessions?

☐ Very good ☐ Good ☐ Fair ☐ Poor

10. What is your reaction to the quality of the training materials (handouts) you received?

☐ Very good ☐ Good ☐ Fair ☐ Poor

11. Were the methods used appropriate?

☐ Very Appropriate ☐ Not appropriate

12. Please indicate your reaction to the overall organization of the training with regard to:

a. Time keeping.....
b. Meals.....
c. Venue.....
d. Delivery of course.....
e. Any other comments
.....
.....

13. What suggestions do you have for improving future training sessions?
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**THANK YOU!**