COMMUNITY HIV PREVENTION VOLUNTEERS TRAINING MANUAL

Among Adolescents and Young Women and Their Sexual Partners

USAID Zambia Community HIV Prevention Project (USAID Z-CHPP)

December 2017

Pact is a promise of a better tomorrow for all those who are poor and marginalized. Working in partnership to develop local solutions that enable people to own their own future, Pact helps people and communities build their own capacity to generate income, improve access to quality health services, and gain lasting benefit from the sustainable use of the natural resources around them. At work in more than 30 countries, Pact is building local promise with an integrated, adaptive approach that is shaping the future of international development. Visit us at www.pactworld.org.

December 2017.

Disclaimer:

This Training Manual is made possible by the generous support of the American people through the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The contents of this manual are the sole responsibility of Pact and Plan International and do not necessarily reflect the views of USAID, PEPFAR, or the United States Government.

Recommended citation:

USAID Zambia Community HIV Prevention Project (USAID Z-CHPP). 2017. *Zambia Community HIV Prevention Volunteers Training Manual* for HIV prevention among adolescent girls, boys, and young women. Lusaka, Zambia, and Washington, DC, USA: Pact.

Contacts:

Phesheya Vilakazi
Program Manager
Pact
1828 L Street NW, Suite 300
Washington, DC 20036
202-466-5666
pvilakazi@pactworld.org

Jackson Thoya
Chief of Party
Pact Zambia
Plot 35186, Block A, Alick Nkhata Road
Lusaka, Zambia
+260 (211) 254 089/91
jthoya@pactworld.org

Contents

Acronyms

AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
HTC	HIV Test Counseling
HTS	HIV Testing Services
MSM	Men who have Sex with Men
MTCT	Mother-To-Child Transmission
NAC	National HIV and AIDS Council
PEP	Post-Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PrEP	Pre-Exposure Prophylaxis
SBCC	Social Behavioral Change Communication
SGBV	Sexual and Gender-Based Violence
STI	Sexually Transmitted Infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
VMMC	Voluntary Medical Male Circumcision
VSU	Victim Support Unit
Z-CHPP	Zambia Community HIV Prevention Project

Introduction

Targeting adolescent girls and young women for Human Immunodeficiency Virus (HIV) prevention is a critical piece for the USAID Zambia Community HIV Prevention Project (USAID Z-CHPP), both to keep them and their sexual partners healthy and to instill in them the knowledge and skills to protect themselves and their communities throughout their life. Data from the most recent Demographic and Health Survey (2013-2014) indicates that from the age of 15-35 years, Adolescent Girls and Young Women (AGYW) consistently have higher HIV prevalence than their male peers. Gender inequality also disproportionately affects AGYW, but addressing it requires working with both girls and boys to consider not only unequal power dynamics, but also risk practices and underlying social and gender norms.

This manual's intent is to bring together Community HIV Prevention Volunteers working with adolescent boys, girls, and young women to give them current information on the HIV epidemic, the tools needed to discuss this sensitive topic with young people, and a safe environment to promote cross-learning and discussion.

Who are Adolescent Boys and Girls?

Adolescent boys and girls are young people ages 10-19 years old. During this critical period is when girls and boys experiment with sex and sexuality. They can become vulnerable to contracting HIV if they do not have the information needed to make wise choices. Adolescent girls are particularly vulnerable because they are encouraged to follow the ideal feminine trait of submissiveness, no matter what the situation. This can translate into dangerous sexual activity as many adolescent girls suffer sexual assault or sexual coercion during these years.

Who are Young Women and Their Sexual Partners?

Young women are characterized as females between the ages of 20-24 years who are either married or single young adults. Both groups need greater access to clear and correct information about HIV transmission, cultural gender norms that might put them at risk, Sexually Transmitted Infections (STIs), and sexual and reproductive health information and services. It should not be assumed that these women are monogamous; the sexual partners referred to here are any men with whom a woman engages in regular sexual activity, whether it is mutual or coerced. Reaching out to the sexual partners of unmarried women has proven to be extremely difficult because bringing a "sexual partner" to a clinic or peer counseling session is, by definition, admitting to having sexual relations. For unmarried women, this is dishonorable and might lead friends and family to assume she is a prostitute.

What are the Risk Characteristics for These Two Groups?

Adolescents are most at risk if at least one of their parents is HIV positive or if they have lost a parent to Acquired Immunodeficiency Syndrome (AIDS). However, there are many other "hidden" risks that make adolescents more vulnerable:

- Adolescents are vulnerable when they do not have access to clear and correct information about HIV transmission, testing, and treatment.
- Adolescents who live in poverty are more likely to engage in transactional sex, which puts them at a higher risk of contracting HIV.
- Adolescents who use drugs (especially intravenous drugs) are at a much greater risk of contracting HIV.
- Adolescents in rural areas live without regular access to health care, specifically, reproductive and sexual health care.
- A young adolescent girl is biologically more prone to contracting HIV through vaginal sex since the vaginal lining in young girls is thin and delicate before it is fully formed.

- Adolescent girls are often the target of cultural practices (such as an opening ceremony where girls are made to have sex with a grandfather or uncle to prepare them for their husband) that put them at risk of contracting HIV.
- Adolescent girls are taught to be submissive to their superiors: family, teachers, community leaders, and male peers. Therefore, they are more likely to be coerced into sexual relations that would make them vulnerable to HIV. They can also be pressured into risky sexual behaviors to please men, such as dry sex or sex without a condom.
- Adolescents who are seeking higher education may find that they are asked to partake in transactional sex to pass entrance exams, receive scholarships, or get a recommendation from a past teacher. This issue disproportionately affects girls.

Many of these same risk factors relate to young women as well:

- Young women are vulnerable when they do not have access to clear and correct information about HIV transmission, testing, and treatment.
- Young women who live in poverty are more likely to engage in transactional sex, which puts them at a higher risk of contracting HIV. Young women who migrate looking for work might be forced to partake in risky sexual behavior to secure a job, transportation, and/or tools.
- Young women often balance many sexual partners at once: one "love" boyfriend and several "sugar daddies" who can bring them material objects.
- Young women using drugs (especially intravenous drugs) are at a much greater risk of contracting HIV.
- Young women are taught to be submissive to all men, including boyfriends and sexual partners. Therefore, they rarely have the power to negotiate sex, nor to determine when and how they have sex. They can also be easily coerced into risky sexual behaviors to please a man, such as dry sex or sex without a condom.
- Young women who seek higher education may be asked to partake in transactional sex to pass entrance exams, receive scholarships, or get a recommendation from a past teacher.

Where Can We Find These Target Populations?

Adolescents

- Out of schools
- In schools
- In school-related clubs
- In the home
- In churches
- In compounds

Young Women

- Out of schools
- Petty trading places
- Traditional dancing events
- Fish-selling marketplaces
- Clubs and bars in towns
- In border towns for cross-border trading
- In schools and colleges
- In churches
- In compounds

- In some workplaces (young women who are self-employed in villages and/or who are hired by companies in malls, factories, agricultural firms, etc.)Training Preparations

The Purpose of This Manual

This training manual is for training Community HIV Prevention Volunteers (herein referred to as "Prevention Volunteers") in USAID Z-CHPP. This manual contains all the necessary instructions so that a USAID Z-CHPP staff member or sub-partner project manager or district coordinator could run this workshop without further guidance or research. In collaboration with all 10 sub-partners, this manual will be used to train all the volunteers (peer educators) in USAID Z-CHPP. This guidance will frame an environment for discussion and cross-learning so that all Prevention Volunteers leave with the additional knowledge they need to do important work in their communities.

To make the training easy and appropriate to the local context, there is no PowerPoint and no handouts. Instead, each participant will receive a Participants Handbook to be used as a reference both during and after the training. The Participants Handbook includes all critical information and notes about the topics covered, with each chapter of the Handbook corresponding to the Sessions delivered in this training. For example, Session 1 – Transition to Adulthood and Reproductive Organs corresponds with Chapter 1 – Transition to Adulthood and Reproductive Organs in the Handbook. The Handbook is designed to act as a reference during counseling or outreach sessions, to make sure all volunteers have correct information at their fingers, and to provide illustrations and cartoons to help convey messages pertaining to HIV prevention.

How to Use This Manual

This manual contains an opening, 11 content sessions, and a closing, which complete one 3.5-day workshop. This manual is organized into four chapters, one for each day of the workshop. The writers believe this is the easiest way to present the material needed for the workshop. The topics were chosen by the USAID Z-CHPP team to match the risk behaviors and service needs of the targeted population. The timing can be tailored to meet partner needs; the bulk of the content should be presented as written. If a USAID Z-CHPP partner wishes to make major changes, first seek clearance from USAID Z-CHPP.

Each day of the workshop includes a minimum 6 hours of content material, and time allowed for tea breaks and lunch. Since Zambia typically takes lunch from 13:00-14:00, there is more content in the morning than in the afternoon (roughly 4 hours in the morning and 2 hours in the afternoon). Of course, the facilitators can always alter the suggested time frame if more/less time is needed for any given topic.

Within the structure of the 4-day training, all 11 content sessions will be covered. Each content session has its own theme, objective(s), and activities. A full list is as follows:

Session Number	Theme	Objective – At the end of the session, participants will be able to:
1	Transition to Adulthood and Reproductive Organs	• Explain the physical, emotional, and social changes that affect boys and girls during puberty. • Label the sexual and reproductive organs in boys and girls.
2	Basic HIV Transmission	• Confidently explain to others what HIV is and how HIV is (and is not) transmitted from one person to another.
3	Prevention Methods	• Understand that both a male and female condom prevents the transmission of HIV. • Explain how male circumcision can (and cannot) curb the spread of HIV infections. • Use a male and female condom to prevent the spread of HIV. (Optional)

Session Number	Theme	Objective – At the end of the session, participants will be able to:
4	HIV Testing Services (HTS)	• Understand how our HTS work helps to meet the Joint United Nations Programme on HIV/AIDS (UNAIDS) 90-90-90 target. • Describe the importance and challenges of testing and referral to care.
5	Anti-Retroviral Therapy (ART)	• Explain what ART is. • Explain the benefits of ART. • Explain why adherence to ART is critical.
6	Stigma and Discrimination	• Understand the effects stigma has on People Living with HIV (PLHIV), friends, and family. • Be sensitive to reducing stigma in your community.
7	Gender and HIV	• Examine the implications of gender norms for young men and women. • Explore the linkages between gender and HIV and AIDS throughout the cycle of care.
8	SGBV and HIV	• Explain the linkages between Sexual and Gender-Based Violence (SGBV) and the spread of HIV and AIDS. • Provide information about SGBV prevention and care services.
9	Alcohol and Substance Abuse	• Explore linkages between alcohol, substance abuse, and HIV.
10	Family Planning and STIs	• Understand the options young people have for contraception. • Explain which contraception methods protect against STIs and which do not.
11	Communication and Negotiation	• Effectively communicate your feelings or beliefs. • Be able to listen to other people's feelings or beliefs.

This manual is intended to arm participants with just enough information for them to convey the basics during one peer education session, or roughly 30-45 minutes. However, USAID Z-CHPP sub-partners are the experts on their volunteers; it is always an option to make adjustments to this schedule to spread it out over a longer period of time if the workshop organizers want to spend more time on an issue, go more slowly for a novice group, or add a field trip. Facilitators of this manual should not alter objectives, deviate from the basic content, or delete any sections. However, they should feel free to add to this manual or make small alterations to suit individual training needs.

Perhaps for the first few workshops, facilitators will find that following the script closely works best; for example: reading directions word for word from the instructions, using process questions directly from the manual, and following time suggestions of when to break for tea and lunch. However, after giving this training a few times, facilitators might become comfortable enough with the content to make small alterations to draw special attention to timely topics, concentrate on areas of participant interest, etc.

Sample Agenda

Day 1	
08:30 – 10:00	Workshop Opening
10:00 – 10:15	Tea Break
10:15 – 12:15	Transition to Adulthood

12:15 – 13:15	LUNCH
13:15 – 14:45	Basics in HIV Transition
14:45 – 16:00	Optional Condom Demonstration and Practice
16:00	Close
Day 2	
08:30 – 09:00	Recap of Day 1
09:00 – 10:30	HIV Prevention
10:30 – 10:45	Tea Break
10:45 – 12:15	HIV Testing Services
12:15 – 13:15	ART
13:15 – 14:15	LUNCH
14:15 – 16:15	Stigma and Discrimination
16:15 – 16:30	Tea Break and Close
Day 3	
08:30 – 09:00	Recap of Day 2
09:00 – 11:00	Gender and HIV
11:00 – 11:15	Tea Break
11:15 – 12:45	SGBV and HIV
12:45 – 13:45	LUNCH
13:45 – 15:15	Alcohol and Substance Abuse
15:15 – 15:30	Tea Break
15:30 – 17:00	Family Planning and STIs
17:00	Close
Day 4	
08:30 – 09:00	Recap of Day 3
09:00 – 11:00	Communications and Negotiation
11:00 – 11:15	Tea Break
11:15 – 12:45	Action Planning
12:45 – 13:15	Workshop Close and Evaluation

The Workshop Team

A workshop requires more than one person to implement it effectively. A successful workshop is a team effort, and everyone's role is critical:

- **Lead Facilitator –** Overall responsibility for everything that happens during the workshop sessions: ensures all objectives are met, participants are engaged, and that the training runs smoothly. Clearly delegates roles and responsibilities to co-facilitators. Invites and prepares all guest speakers.

- **Co-Facilitator(s) –** Supports the lead facilitator to deliver workshop content.
- **Lead Logistician –** Overall responsibility for the smooth operation of the workshop before, during, and after. These duties may include: arranging and liaising with the workshop venue; organizing accommodations, transportation, per diem, reimbursements, tea breaks, and meals; purchasing supplies; and coordinating during emergency situations.
- **Support Logistician(s) –** Supports the lead logistician to run a successful program. This could include: making photocopies, running errands, note taking, setting up tea breaks, replenishing supplies, cleaning the room at the end of the day, etc.

Training Methodology

The Community HIV Prevention Volunteers Training Manual was written based on the following principles:

- This training fills an immediate need – the USAID Z-CHPP team is charged with cascading HIV information to the community.
- Sessions balance the importance of delivering technical content with the benefits of participatory learning.
- Learning is two-way: participants and facilitators learn from each other through group activities.
- Time is allowed for discussion, reflection, and feedback.
- A mutually respectful environment is necessary between facilitator and participants.
- A safe atmosphere and comfortable environment should be provided for optimal learning.

To allow maximum participation, the training room should be set up for participants to sit in small groups of five to seven people, often referred to as a "table group" in this manual. This can be done with round or square tables – or no tables at all. This training could be conducted using a room where participants sit in small circles on the floor, if necessary. Whether chairs and tables are used or not, a classroom style or theater set-up is not recommended for participatory training workshops.

To enhance learning and limit boredom, a range of training methodologies is used:

- **Mini-Lectures –** Information presented by the facilitator or a guest speaker.
- **Case Study –** Table groups apply new learning to a "real-life" example.
- **Role-play –** Two or more people enact scenarios in drama format. Role-plays are always fully debriefed so that learning can be extracted afterward.
- **Small-Group Work and Discussion –** Participants share experiences and ideas, jointly develop tools, or solve a problem together. Small groups should not exceed seven people.
- **Voting –** Participants state their opinion about a topic and then discuss their ideas with the group.

Important Facilitator Roles

It is the responsibility of the facilitators to present each session's background material and activities as clearly as possible. Skills used to enhance communication include the following:

Non-Verbal Communication

- Maintain eye contact with everyone in the group when speaking. Try not to favor certain participants or certain areas of the room.
- Move around the room without distracting the group. Avoid pacing. Always stand in a place where everyone can see you.

- Use positive non-verbal body language: nodding and smiling, for example.
- Determine whether it is best to sit or stand. Typically, it is better to stand in front of the group when training and facilitating, particularly when introducing content, giving instructions for a task, brainstorming, etc. However, if participants are working in small groups and/or discussing sensitive topics, sometimes sitting with the participants creates the air of greater trust and intimacy.
- Dress and act professionally at all times.
- Facilitators are different than teachers or lecturers. It is not the job of a facilitator to know every answer to every question. Rather, it is the job of the facilitator to make everyone feel welcome to share their opinions, encourage wide participation, and create a positive learning environment for everyone present.
- The best facilitators are humble facilitators.

Verbal Communication

Questioning Techniques

- Ask open-ended questions that encourage responses. If a participant answers with a simple "yes" or "no," then follow up: *tell me more about that*, *how did that make you feel*, or *what happened that led you to that decision*?
- The facilitator does not have to answer every question. When a participant asks something, you, as the facilitator, can turn the question to the group: *What do others think about this issue*?
- If the facilitator is not sure of something a participant has said, try paraphrasing: *so in other words,* or *if I understand correctly, you are saying XYZ…correct*? Then give them time to correct you if necessary.

Speaking Style

- Tone is important. Never sound harsh, mean, directive, or judgmental.
- Always be respectful in an honest, natural way.
- Speak slowly and clearly.
- Avoid using slang.

Discussion-Management Skills

- Help the group set norms at the beginning of the workshop. Such things as "show respect, everyone participates, mobile phones on mute, take risks" should be included as norms.
- Share personal experiences to build a bond with participants.
- Be sure participants talk more than facilitators. Direct questions to the group to avoid dominating the conversation.
- Encourage all participants to speak and participate. Encourage quiet people without embarrassing them. Gently tell more talkative participants to give others a turn.
- Be aware of underlying tensions and brewing arguments between/among participants. Work to maintain a respectful atmosphere. Participants are welcome to disagree, as long as they remain calm and respectful of each other.
- Reinforce statements by sharing relevant personal experiences: *that reminds me of a past workshop when….*

- Summarize discussions. Be sure that everyone understands the concept before moving forward. Encourage those that have lingering questions to ask for assistance during breaks.

Time Management

- Maintain control at all times. If participants are excited about an issue or a discussion, it is fine to let the discussion continue for another 10 minutes but try not to interfere too much with the timing of subsequent sessions.
- Remember that the facilitator is responsible for delivering the objectives in the allotted time.
- Never blame the participants if you are running late and never tell the participants that you have to cut something out of the workshop due to time. Never say things like, "*We spent too much time on Session 5, so now we do not have time for Session 6!*"
- If two to three participants are in a debate or focused on a concept that others clearly understand, suggest they continue the conversation after the workshop or during the break, and gently bring everyone back to task.
- If you find yourself running late, do not panic! This happens all the time to experienced facilitators. Participants take their cues from the facilitator; if you are nervous, they will be nervous. If you are relaxed and convey the sense that the sessions are on target and on time, the participants will also be relaxed. Just keep the session moving along as best you can. During the break, discuss with the organizing team what and where activities or material can be cut or how to adjust the schedule.
- Similarly, if you are running ahead of time, do not panic! You can take longer for lunch, end early, or keep giving the material in order. This way, if one session goes long in the future, you have extra time.

Content Delivery

Setting the Learning Climate

- Read the training design and review all materials and activities many times to become fully familiar and comfortable with the content.
- Prepare and organize all materials needed for each session (flipcharts, etc.) ahead of time, and keep them close at hand during the sessions. It is important to appear organized at all times.
- The facilitator(s) should set up and be ready about 20 minutes early each morning. This way, he or she can greet participants as they arrive and be prepared if any last-minute problems arise.
- Start on time and establish the facilitator's role by calling the group together.
- Anticipate questions and be prepared with answers.

Presenting Objectives

- Gently transition from one session to the next, making a link between the two. For example, *"Now that we know how HIV can be transmitted, let us talk about how HIV impacts the body if transmission occurs*."
- Tell participants what they will do during each activity to achieve the session's objectives.
- It is always a good idea to write workshop objectives on flipcharts and hang them in the facilitation room for everyone to refer to during the training.

Reflecting on Material Presented

- Allow enough time for participants to absorb new material. Do not move too quickly.

- Encourage participants to share their reactions to new material; encourage them to share past experiences relevant to the new material.
- Ensure that participants receive feedback from both the facilitators and their fellow participants.
- Ask participants to identify key points that emerged from the day.
- Help participants draw general conclusions from the training.

Applying Material to Real Life

- Encourage participants to discuss how new information and skills will be helpful in their own work as Prevention Volunteers.
- Help participants anticipate challenges that they might experience in the community and brainstorm ways to overcome these challenges.
- Discuss what other information is needed to enable participants to successfully achieve their duty as Prevention Volunteers.

The Training Team

- Clarify everyone's roles and responsibilities at the beginning of the workshop. What is the responsibility of the lead facilitator? Co-facilitator(s)? You need to work together to ensure no task is forgotten and no task is duplicated.
- Meet with the team at the end of every day to debrief and see if changes need to be made.
- Pay attention to logistics (meals, accommodation, per diem, transportation, etc.). Poor logistics can ruin a workshop and take attention away from important technical topics.
- Handle any disagreements within the training team quickly. Participants can quickly sense if the team has a conflict, and it always has a negative effect on the training. Remember that the #1 priority of the workshop is participant learning. By focusing on participants, hopefully all internal conflicts can be solved quickly.

The Importance of Preparation

The success of any training is preparation, preparation, preparation! Yes, a training CAN take place with little prep beforehand. But will participants really walk away with the new knowledge? A successful training is not about getting the right number of people into the room, but rather creating an environment conducive to learning so that objectives are truly met and USAID Z-CHPP activities continue at a high level of competence.

- ❖ Facilitators need to make this training a priority and spend adequate time preparing for it in advance: facility, materials, and content. Read through sessions several times to ensure you are familiar with what is expected. Ensure that flipcharts are done the night before and that handouts are printed and ready to go. Do you have enough markers? Tape?
- ❖ Always arrive early! If your workshop starts at 08:30, plan to arrive at 08:00 to set up. This is especially important on Day 1.
- ❖ Designated facilitators (ideally two) need to be in the room every day, all day. When a facilitator is not training, he or she should still be engaged with the group and ready to help.
- ❖ If a facilitator has to leave the room for an emergency, let the other facilitator know and then return as quickly as possible.
- ❖ When using guest speakers (whether from inside or outside your organization), be clear about what the expectations are. Share the manual with them; review their plan beforehand. Ensure they are delivering the information you need them to deliver.

- PLEASE FOLLOW THE MANUAL. This was created specifically for USAID Z-CHPP and should be followed to ensure that all 1,300 Prevention Volunteers receive consistent information.

Sensitivity and Respect

The topics presented and discussed in this workshop are of a very sensitive nature. Participants are asked to open up about topics that tend to be taboo: sex, sexuality, violence, prejudice, and illness. For many people the topics included in this manual are scary, controversial, and/or embarrassing.

At all times the organizing team, facilitators, and participants need to remain respectful not only to each other, but also to this sensitive and highly important topic for which we gather. Facilitators need to understand the weight of their important role and set an example for everyone. Choose words carefully so no one ever feels judged or attacked. Choose guest speakers carefully to ensure that only people who will encourage an environment that is free of judgment are asked to attend. Everyone needs to understand that discussions about personal experiences might be difficult — even traumatizing — for some participants.

When sharing a story about a friend or colleague, we ask that you use a false name and/or refrain from giving details that would divulge anyone's identity. We need to work together to protect and respect people's privacy and personal lives. If you ever want to share a story about yourself but feel embarrassed, simply change the story to be about "a woman" or "a man" you once knew. As well, if a fellow participant shares an intimate story, the group needs to remember to act appropriately. Laughing and making jokes at the expense of others is hugely damaging and does not help us to collectively fight the HIV epidemic.

It is the facilitator's job to ensure that this polite environment is maintained throughout the training. If a participant says anything hurtful or damaging, it is up to the facilitator to determine how best to handle the situation. Always proceed with great care, listen carefully to the range of opinions and perspectives, and find a way to maintain a respectful environment.

If participants ever need to leave the room to collect themselves, they should feel free to do so, with no questions asked. If anyone is ever made to feel uncomfortable, they are invited to have a quiet word with a facilitator during a break so that the situation may be rectified.

Training Day 1

Objectives: By the end of the day, participants will be able to:

1. Explain the physical, emotional, and social changes that affect boys and girls during puberty.
2. Label the sexual and reproductive organs in boys and girls.
3. Confidently explain to others what HIV is and how HIV is (and is not) transmitted from one person to another.
4. Know how to put on a male and female condom to prevent the spread of HIV.

Time Breakdown

Opening	Introductions and Ground Rules	1 hour 30 minutes
Session 1	Transition to Adulthood and Reproductive Organs	2 hours
Session 2	Basics of HIV Transmission	1 hour 30 minutes
Optional	Condom Practice	1 hour
Breaks	Two x 15 minutes each	30 minutes
Lunch		1 hour
TOTAL		**7 hours 30 minutes**

Special Preparations

- Invite and prepare for a guest speaker, if desired.
- Write interview questions on a flipchart, as per Workshop Opening.
- Prepare flipcharts with male/female organs diagram, as per Session 1.

Workshop Opening (1 hour 30 minutes)

1. Welcome the participants to the workshop! Thank everyone for being there, and for devoting time and attention to this important topic – working with adolescents to prevent the spread of HIV.
2. Invite everyone in the organizing team to the front of the room and make introductions: facilitators and logistical/administration staff. Make any necessary announcements (per diem, hotels, transportation, etc.).
3. Take a moment to review the content of the entire workshop so participants know what is coming up and what to expect during the next 4 days.
4. If possible, invite a guest speaker to come and address the group. This can be someone from USAID Z-CHPP leadership, an HIV advocate, government official, or technical expert. The person chosen should ideally have two important characteristics:
   - **Be a motivating speaker.** Select someone who can get participants excited about the days ahead and who can link the work of Prevention Volunteers to the overall health plan of Zambia so that participants feel part of the bigger army of people fighting HIV and AIDS.
   - **Be comfortable with only speaking for about 15 minutes.** Avoid a guest speaker who is known for long speeches. There is a lot of information to review today, and you do not want too much time spent on the opening speech.
5. When finished, tell participants that it is now time for them to introduce themselves to the group. Ask each participant to find a partner in the room. Ideally, everyone will find a partner who they do not know well or do not know at all – someone new!

> **Trainer Tip:**
>
> Alternatively, you can use postcards – one for every two people in the group. (For example, if you have 30 participants, you would need 15 postcards.) Cut them in half. Instead of participants finding a partner, give everyone one half of a postcard. Everyone needs to wander around the room comparing cards until each person finds their match. This is their partner for this activity! Playing cards, magazine photos, and cartoons also work well.

6. Ask partners to interview each other by answering the following questions, which should be written on a flipchart:
   - What is your first name?
   - How long have you been a Prevention Volunteer?
   - What makes you excited about working with adolescents?
   - What are you most looking forward to in this workshop?

   Spend about 5 minutes with one person as the interviewer and one person as the interviewee. The interviewer should feel free to ask additional questions that are interesting. Have a discussion! Get to know your partner. Then switch. After 10-15 minutes, everyone should have the chance to interview and be interviewed.
7. After 5-8 minutes, remind participants to switch if they haven't already.
8. When everyone is finished, ask one pair to volunteer to introduce each other to the large group – about 2 minutes per person. Continue until every pair has the opportunity to introduce each other.
9. During this time, listen to the answers to question 4 (above) and better understand their expectations. If anyone expects something that is NOT in the workshop (e.g., they want information on home-based care), then gently explain that this is not in the program, but where they can find resources on this

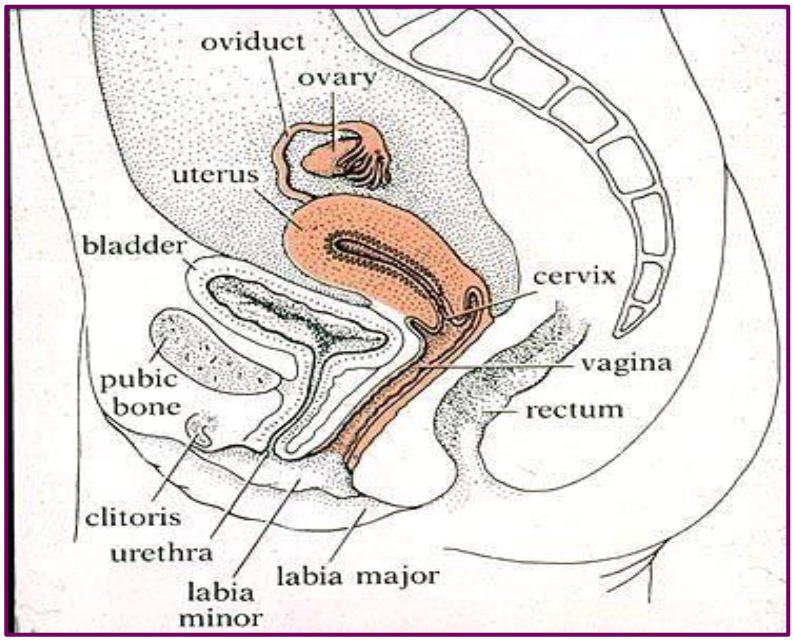
topic. This way, people understand from the beginning what will and will not be included in this workshop.

10. When everyone is done, give a round of applause and welcome everyone again to the workshop.
11. Before continuing to the first session, it is good to decide on some ground rules for the remaining 4 days. Ask the participants: *What ground rules do you suggest for this workshop?* Write answers on a flipchart. Typical answers include: mobiles on silent mode, no mini meetings, participate, have fun, be respectful of each other, be on time, speak through the Chair, etc.
12. When the flipchart is complete, tape it on the wall for everyone to see. Keep it there for the remainder of the workshop.
13. In addition to ground rules, it is important to set the environment of respect for the topics presented. Either read the bold portion of the **SENSITIVITY AND RESPECT** guidelines under the Training Preparations section or paraphrase the content of that section to the group.
14. Now it is time to begin! Transition to Session 1.

Session 1 – Transition to Adulthood and Reproductive Organs (2 hours)

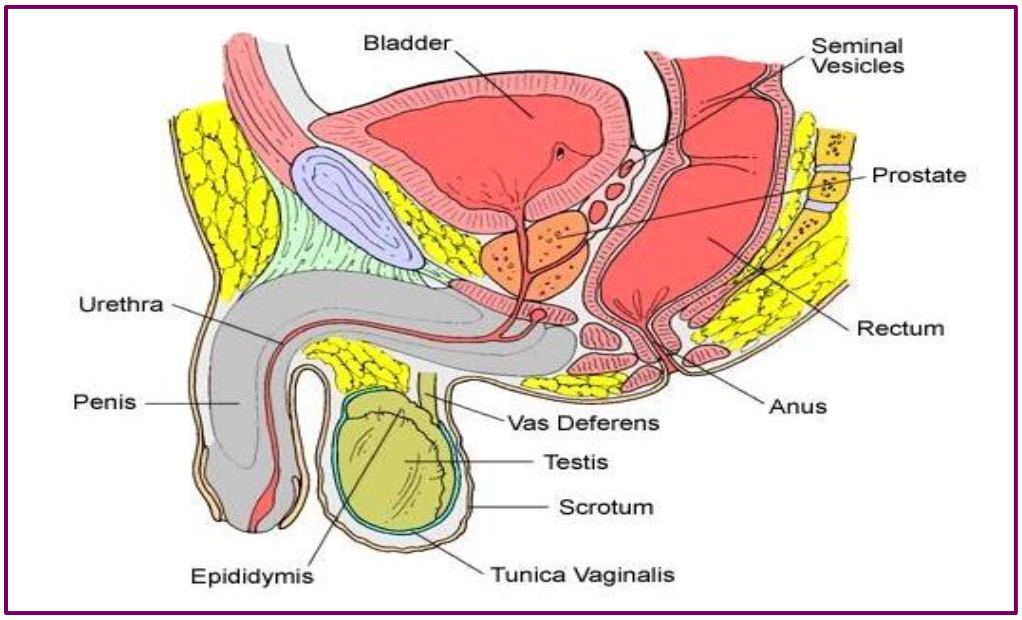
1. Now that we have set the ground rules, and everyone has been introduced, it is time to start the real workshop material.
2. Explain at the very beginning that the content of this workshop will focus on a wide age range: adolescents (ages 10-19) and young women and their sexual partners (up to age 24). If a participant is ever unclear about what *age appropriate* is and is not, they are very free to ask. All participants have likely experienced "pushback" from the community at some point — from parents, teachers, religious leaders, etc. — when they distribute information about condoms and STIs to teens. This is why it is critically important for peer educators to know when and how to talk to young people about issues pertaining to sex.
3. Again, remind participants: If at any time the content is unclear in any way, PLEASE ASK. Explain that questions are expected and encouraged.
4. Explain that the material in this workshop is meant to cover *what you are expected to pass on to your target populations*. We understand that this material may be a review for you as an individual. But that is OK; review is always good. Talking to others about what works and what does not work in the community is good. Refreshing yourself on new training techniques and ways to approach young people is good. If you know the content material in a session, great. Please remain engaged and help those around you who might be struggling.
5. Now it is time to move on to the transition to adulthood — something that everyone in this room has experienced. For the first activity, split participants into two groups: men and women. Within the men's group, assign half as "boys emotional" and half "boys physical." Within the women's group, assign half as "girls emotional" and half "girls physical." It is OK if these groups are imbalanced because of the number of men and women.
6. Ask each group to brainstorm a list of changes that happen to their assigned person at puberty; for example, emotional changes that happen to boys going through puberty, or physical changes that happen to girls during puberty. Ask each group to write their list on a flipchart for everyone to see. Give groups about 20 minutes to complete this task.
7. When complete, hang the flipcharts for everyone to see. Ask one group to present. When they are finished, ask the other participants: *Is there anything to add?* Add any additional information to the flipchart. When ready, move on and repeat with all four groups.
8. When everyone is finished, draw out the differences and similarities between boys and girls, and summarize the information. One key point is that emotional/social changes between boys and girls are very similar. Remind participants that another thing boys and girls have in common at puberty is that both groups have heightened sexual interest, but neither group has good access to information. It is a time of rumors, secrets, and false information, which is why the USAID Z-CHPP is so important.
9. During puberty, it is essential that boys and girls not only know about their own bodies, but also the bodies of the opposite sex. Present two flipcharts that have been prepared before the workshop — one with the male reproductive organs and one with the female reproductive organs — but leave them blank. See the diagrams below.

Female Reproductive Tract



*Groups only need to label the following: ovary, oviduct, uterus, clitoris, vagina, cervix, rectum, and labia major.

Male Reproductive Tract



*Groups only need to label: penis, scrotum, testis, anus, prostate, and urethra.

10. Go back to the working groups and ask all the men to get together and label the women's flipchart; then ask the women to label the men's flipchart. See how well they do! It will likely take about 10-15 minutes. (Answer = See the labeled diagrams from Chapter 1 of the Participants Handbook.)
11. When done, have the groups present to the large group and check to see if they are correct.
12. Ask: *What are common misconceptions that you have heard?* Give participants the chance to share false information they have heard in their community so other Prevention Volunteers are better prepared.

Trainer Tip:

One misconception that is commonly mentioned in Zambia is that if a boy/man has an erection, he must ejaculate or he will become sick. According to Dr. James Kashanian, a urologist at New York-Presbyterian Hospital Cornell, "There is no risk of damage." It is not dangerous, and even a man who is so aroused he feels an ache will not become sick or hurt if he does not have sex. The blood will eventually drain, and the erection (and any discomfort) will disappear on its own.

This is a lesson to girls and women – never allow a sexual partner to guilt you into something you do not want to do.

13. Finish this session with a facilitated conversation using the following questions as a guide. You do not have to ask all of them; perhaps choose two to three of the most relevant.
    - When you were a young adolescent, how much information did you have about your body and sexual health?
    - Did you hold any misconceptions as truths? Give me an example.
    - Is having false information about reproductive organs dangerous? Why or why not?
    - How do you think it makes adolescents feel when they have questions and no one to give them a trusted answer?
    - What makes having these conversations hard in the community? What are the barriers?
    - Who has had success approaching adolescents about these topics? Can you share any tips with the rest of us?
14. Finish the session.

Session 2 – Basics of HIV Transmission (1 hour 30 minutes)

1. Now we are going to talk about the facts of HIV transmission. I think everyone can agree that there is a lot of false information out there, especially among adolescents and young people who often do not know where to go to get correct information. As Prevention Volunteers, you need to be able to connect them to the facts.
2. Some of you might know a lot about this, and some of you might be new to the modes of transmission. That is OK – by the end of this session, we should all be at the same level. Explain that now you will read a series of yes/no questions. After each question, if you agree, STAND UP. If you disagree, SIT DOWN. There is no maybe! If you have to guess, that is OK. But you must make a choice – Up or Down.

> **Trainer Tip:**
>
> If someone has a disability that prevents them from standing, they can simply raise their hands instead.

3. Read the first question and wait for participants to make their choice. You may need to read it a few times for everyone to understand. It may be helpful to translate the questions into participants' local language as well.
4. If it is a unanimous (or nearly unanimous) choice, there is no need for a long review. Just quickly review the correct answer and have someone volunteer to give a bit more background to get at the *why*.
5. If there is a mixed response, lead a conversation to find the truth. Ask: *Why did you sit down?* or *Why did you stand up?* Facilitate a conversation that eventually gets to the correct answer.
6. Decide how fast or slow to proceed. If participants seem to know a given question, move on quickly. If there is confusion or uncertainty, take time to explain. The quiz questions and answers are below. Additional information about each one can be found in the Participants Handbook.

Quiz Questions and Answers

- Immediately after HIV invades the body of an individual, he or she is considered infected and can therefore infect others. (YES)
- HIV can be found in only two kinds of body fluid – blood and semen. (NO – also breast milk and vaginal fluid.)
- If a non-infected person touches infected blood, he or she is at immediate risk of getting HIV. (NO – only if there is a cut on the skin. HIV must actually enter the body to infect someone. It cannot be passed through skin.)
- People can get HIV from borrowing clothes from an infected person, sleeping next to an infected person, or sharing a cup with an infected person. (NO)
- People can get HIV from sharing razors and needles from an infected person. (YES)
- An HIV-positive woman can pass the virus on to her baby before birth, during birth, and via breastfeeding. (YES)
- Globally, the #1 way that HIV is transmitted is through unprotected sex. (YES)
- In Zambia the #1 cause of HIV transmission is unprotected sex. (YES)
- It can take up to 3 months for HIV to show up on a test once a person has been infected. (YES – Note that someone who is infected with HIV *can* have an HIV-negative test result. For fourth-

generation antigen/antibody tests, this period is 4 weeks for 95 percent of infections. However, because 5 percent of people take up to 3 months to develop antibodies, a 3-month window is generally referred.)

- In Zambia young women are more likely to contract HIV than young men. (YES)
- It is okay for an HIV-positive man and an HIV-positive woman to have unprotected sex since they are both HIV positive. (NO – They can reinfect each other and acquire different types of viruses that could be resistant to treatment.)

7. Before moving on, let us tackle all possible HIV rumors among adolescents. Ask each table group to create two more yes/no questions (in the same format as the quiz just completed) that cover common misconceptions about HIV among adolescents. For example: *What is the newest rumor? Is there gossip of a possible cure?* Give each table about 10 minutes to think of their questions and write them on a piece of paper. (A flipchart is not needed.)
8. Ask for one volunteer from the first table to stand and conduct a short quiz with the remaining tables. They should read the questions, one by one, asking participants to stand or sit depending on their response. (Obviously, the table group of this person will stay silent since they helped write the questions.) Review these questions and try to debunk any misconceptions about HIV in the process.
9. When the first table is done, move to the second and proceed with any NEW questions in the same way. Circle around so that all tables have a chance to participate.
10. Once this step is completed, ask: *So, what are the best ways to avoid being infected with HIV?* Allow participants to answer using their own knowledge. Write all correct suggestions on a flipchart. (Answers = Use male and female condoms properly and consistently, abstain from sex, do not share sharp materials like needles, get tested regularly, encourage your partners to get tested regularly, treat STIs quickly, pregnant women should be tested and share their HIV status with a trustworthy clinician who can help them prevent Mother-To-Child Transmission [MTCT].)
11. When the list is complete, explain that we will discuss most of all these things throughout this workshop.
12. Distribute one copy of the Participants Handbook to everyone. Explain again that this workshop does not rely on one-by-one handouts given out. Instead, everyone is receiving a Participants Handbook that contains information from the entire workshop. This Handbook is a special reference that is full of facts and information. We hope you will remember some of it; but if you forget, you can rely on this book when you are in the community.
13. We ask that participants NOT read ahead; tonight, you are free to review Chapters 1 and 2. But please, no more. Also, please refrain from using books during the actual workshop; keep them closed and put away during sessions. Remember, having the answers is less important than understanding the *why* behind the answers, and discussing together how to do the best work possible in the community.
14. However, you are encouraged to review sessions already complete – make notes, highlight specific sections, etc., so that it becomes very helpful to you.
15. This day should end a bit early; so, as an option, keep participants another hour and conduct a session where participants can practice with condoms. The training team should bring in many samples of both male and female condoms and demonstrate how to use them with a model. Encourage participants to touch them and practice putting male condoms on a model. Note that in the Participants Handbook there is additional information about condoms, as well as pictures of how to use both a male and a female condom.
16. Thank everyone for a great first day and close the session.

Training Day 2: HIV Prevention, Testing, and Treatment

Objectives: By the end of the day, participants will be able to:

1. Understand that a male and female condom prevents the transmission of HIV.
2. Explain how Voluntary Medical Male Circumcision (VMMC) can reduce the chances of acquiring HIV infections.
3. Understand how our HTS contributes to meeting the UNAIDS 90-90-90 target.
4. Describe the importance and challenges of testing and referral to care.
5. Explain what ART is.
6. Explain the benefits of ART.
7. Explain why adherence to ART is critical.
8. Understand the effects stigma on PLHIV, friends, and family.

Time Breakdown

Session 3	How to Prevent HIV	1 hour 30 minutes
Session 4	HIV Testing Services	1 hour 30 minutes
Session 5	Anti-Retroviral Therapy	1 hour
Session 6	Stigma and Discrimination	2 hours
Breaks	Two x 15 minutes each	30 minutes
Lunch		1 hour
TOTAL		**7 hours 30 minutes**

Special Preparations

- Invite and prepare the guest speaker, as per Session 3.
- Decide how to manage the case study for Session 5.

Session 3 – How to Prevent HIV (1 hour 30 minutes)

1. Feel free to switch table groups, if desired, before the session begins so that participants have the opportunity to work with different people. Simply switching the name tags around before participants enter the room can do this.
2. Welcome everyone to Day 2! Before getting started, it might be a good time for an icebreaker.
3. Make announcements or give reminders, if necessary.
4. A guest speaker is encouraged for this portion of the training. Concepts around condom use and circumcision are delicate when speaking to young adolescents; having a specialist in the area is ideal. The guest speaker should be someone competent to deal with the subject matter (adolescents and young women), rather than just using the words (connected to USAID Z-CHPP), as this material will be used by different people and projects in the long run. He or she should also be someone connected with USAID Z-CHPP (partner organization or USAID Z-CHPP staff) who can explain what language to use (and what language not to use) when talking about these delicate subjects with adolescents.

Trainer Tip:

1. If no guest speaker is available, the facilitator can refer to Chapter 3 in the Participants Handbook for information that needs to be covered in this session. Remind the participants about the previous session on HIV transmission.

5. Optional – If the participant group is homogeneous in the population that they serve, ask the guest speaker to pretend he or she is presenting to a specific group: young adolescents, older adolescents, or young women. This way, the participants can learn through his or her modeling.
6. Introduce the guest speaker. Explain his or her qualifications and thank him or her for coming. Explain why a guest speaker was asked to come and how it is crucial that all participants leave this session with a clear idea about what is (and what is not) appropriate for young adolescents. The guest speaker should cover:
    - Why HIV makes us sick.
    - How HIV becomes AIDS.
    - What a male condom is and how it prevents HIV.
    - What a female condom is (in broad terms) and why it prevents HIV.
    - What male circumcision is and how it can prevent HIV (and how it cannot).
    - How USAID Z-CHPP volunteers can refer clients for VMMC.
    - How to talk about condom use in the community with younger age groups.
    - Information on Post-Exposure Prophylaxis (PEP), especially among victims of SGBV.
    - Information on why, when, and where one can access Pre-Exposure Prophylaxis (PrEP).
7. Allow the speaker about 20-30 minutes for a presentation and then another 20-30 minutes for questions.
8. After Q&A, ask everyone to stand up. Ask a volunteer: *Name one thing you learned (that you did not know before) from the guest speaker presentation*. After the first person shares, allow him or her to sit down. Tell the rest of the group: *To earn your seat, everyone must share one new thing they learned from our guest speaker*.

9. Take comments, one by one, until everyone is seated. Briefly summarize important highlights from the session as this serves as the “close remarks” for the sessions.

Session 4 – HIV Testing Services (1 hour 30 minutes)

1. So, we now know how HIV is transmitted and how it affects the body. Now let us talk about testing services – how an adolescent or young woman finds out their HIV status.
2. Explain that HTS stands for HIV Testing Services – the process of taking an HIV test and undergoing pre- and post-test counseling. This is a process that, we assume, everyone has gone through before. Emphasize how critical it is for young people to know the importance of HTS and that it is our responsibility, as Prevention Volunteers, to encourage all young people we work with to know their status.
3. Ask participants to close their eyes and think (not speaking, just thinking) of the ideal HTS. How did the client feel? What did the health providers do? When participants are ready, ask two to four volunteers to share their story.
4. Ask: *What do these stories have in common? What are the components of a successful HTS?* Write all answers on a flipchart. (Answers could include = The person being tested goes to the center on their own free will; HTS staff are kind and nonjudgmental; the person being tested is treated with respect; the person being tested is encouraged to ask questions and is given clear and correct information; all results are confidential; no one is stigmatized; no one is judged; test is free; testing centers are close by and easily accessed; testing centers are clean and friendly; and the testing centers include boys and AGYW and their sexual partners.
5. Ask: *Sometimes, this is not always the situation. Sometimes, youths have bad experiences at HTS centers. How can a bad experience affect a young person*?
6. Therefore, encourage adolescents and young women to find quality HTS centers where they can be tested in a respectful manner.
7. Facilitate a short conversation about the age of consent using the following questions as a guide. Add any important information that comes from this conversation to the previous flipchart so it is helpful for the next activity.
    - What is the age of consent for HIV testing in Zambia? (16 and under)
    - For adolescents age 16 and under, how do they receive HIV test results?
    - As Prevention Volunteers, what challenges does this pose to our work with adolescents?
    - What successful strategies have you used to reach those adolescents age 16 and younger?
8. Return to the core material. Explain that generally there are several stages to HIV testing:
    - Step 1 = Pre-test counseling
    - Step 2 = Blood sample (blood drawn from the client)
    - Step 3 = Post-test counseling
    - Step 4 = After receiving your HIV test results
    - Step 5 = Referring negative clients to prevention information
    - Step 6 = Referring positive clients to ART
9. Explain that HTS is a key factor in the UNAIDS target of 90-90-90 by 2020. This target hopes that 90 percent of PLHIV will know their status, 90 percent of all people diagnosed with HIV will have access to ART, and 90 percent of people on ART will have viral suppression. USAID Z-CHPP is focused on the first two 90s: It is the mandate of the project to help 90 percent of PLHIV to know their status and, through the referral system, to link people tested to additional services.
10. Split the participants into three groups. Once they have relocated to sit together, assign the three groups one of the following themes + questions:
    - Getting Tested for HIV – *What are the top two reasons why adolescents do not go for testing?*
    - Referral of HIV-Positive Clients to ART – *What are the top two reasons why an adolescent who has newly tested positive might not want to go for ART initiation?*

- Referral of HIV-Negative Clients to Prevention Information – *What are the top two reasons why an adolescent who just tested negative might not want to go for further prevention counseling?*

11. Give the groups 5 minutes to answer their questions. Ask them to write their answers on a piece of paper.
12. When done, have groups pass their piece of paper clockwise so that each group has a new piece of paper in front of them. Ask groups to **choose one** (of the two barriers listed) and discuss and decide on one to three solutions for countering this barrier. Give groups about 10 minutes for this step.
13. When done, have groups pass their paper one more time so that each group ends up with the one paper they have not seen yet. Ask groups to discuss the second barrier listed and come up with at least one solution to countering the barrier. Give groups about 10 minutes for this step.
14. When everyone is finished, ask that papers be passed back to the original writers. Ask a representative from each group to read through the barriers and solutions.
15. Explain that throughout the HIV prevention community work, Prevention Volunteers will encounter more barriers and will have to be creative to find new solutions. However, volunteers should not give up the fight for adolescents knowing their status.

Session 5 – Anti-Retroviral Therapy (1 hour)

1. After a testing experience, the ideal outcome is to discover that you do not have the HIV virus. But what if you do? What medication do you take? And when do you start? This session answers those questions and introduces ART, which stands for Anti-Retroviral Therapy. Ask: *How is ART different from ARV?* (Answer = Anti-Retrovirals (ARVs) are the names of the actual medications for PLHIV. Anti-Retroviral Therapy (ART) is the treatment of HIV using ARVs.)
2. Introduce the following case study about a young woman named Asha. Ask one participant to volunteer to read this aloud.

   When they first learned of their HIV status: Note that there are blank spaces throughout this case.
3. Ask table groups to read through it again and complete the case study. (As a hint: Choose to write all the answers on a flipchart but mix them up so they are not in order. This way, participants do not have the answer in their minds, but instead simply need to pick the best one from the list provided, similar to a matching exercise.)

Trainer Tip:

There are many ways to proceed:

A. This case study (with blanks) is in the Participants Handbook. Ask participants to bring their Handbook out just this once and read from the ART section.

B. Write the entire case on a flipchart before the workshop, leaving the spaces blank, and ask groups to write the answers on a separate piece of paper at their tables.

C. If a computer and printer are available, you can create a handout by copying the case study from this.

4. When groups have finished, read the case study aloud, slowly going over the answers. If participants seem to understand ARVs, this session can go quickly. If participants are learning and have additional questions, then take this opportunity to share further information about ARVs and answer all questions that the participants have.

Asha Case Study

Asha is a young woman from the Copperbelt area. She is 18 years old. She tested positive for HIV 6 months ago, and it took many months for the shock to sink in. Then, she had questions about treatment, so Asha went to a health center to ask questions. It was there that Asha met Maggie. Maggie is a nurse and was very helpful in giving Asha honest information.

Maggie explained that ARVs do treat the symptoms of HIV, but ARVs are not a (1). ARVs work by suppressing the (2) in a person's body. ARVs can keep a PLHIV (3) for a long time. ARVs can also make someone who is sick with (4) feel well again.

Asha told Maggie that she knows some people who are HIV positive but do not take ARVs. Maggie explained that, in the past, people did not start taking ARVs when they first learned about their HIV status. However, experts are now suggesting that people "test and (5)" to suppress the viral load early. Also, the Zambian government is encouraging this.

Asha asked, "How do I know if it is best for me?" Maggie explained that once you begin ART, you cannot (6) and must take it for the rest of your (7). Therefore, to start, you must be committed. Maggie

explained that it is also important to take ARVs at the same (8) every day, and a person should never miss a dose. Following these instructions is called (9), which is critical for ART.

However, Maggie added that all HIV-positive pregnant women should begin ART (10). Asha said she was not pregnant but would remember that if she became pregnant. Maggie explained that by working with the clinic and with drug adherence, there is a very high chance of delivering a healthy, HIV-negative baby. Asha asked how that works. Maggie explained that if taken appropriately, ARVs decrease a person's (2) and increase their (11) count. The more (11) count in your blood, the stronger your immune system is. During pregnancy, a baby is at higher risk if a mother's (2) is high. So, ARVs are recommended to reduce that risk.

Asha asked about kids and babies – can they take ARVs? Maggie explained that children (12) take ARVs. Like adults, they must take them for the rest of their (7). But – it is an option.

Asha asked about the price – are ARVs expensive? Maggie explained that ARVs were readily available throughout Zambia and were (13). Getting access to treatment would not be an issue should Asha decide she wanted to begin ART.

Asha was scared about starting ART. She had not told her family yet and was scared someone would find her medication and throw her out of the house. Maggie agreed that, if taken improperly, ARVs can do more (14) than good. She also stressed that ARVs should never be shared because prescriptions are specifically for (15) only.

Asha and Maggie set an appointment for another session next month. Maggie encouraged Asha to think about ARVs and also told her how important it was for PLHIV to practice (16) sex and eat (17) food.

Answers:

1) Cure
2) Viral load
3) Healthy
4) AIDS
5) Start
6) Stop
7) Life
8) Time
9) Drug adherence
10) Immediately (Right away)
11) CD4
12) Are able to (Can)
13) Free
14) Harm (or Bad)
15) One person (An individual)
16) Safe
17) Nutritious (Healthy)

Session 6 – Stigma and Discrimination (2 hours)

1. Ask: *What do we mean by stigma and discrimination?* Take a few answers until it is clear that everyone understands.

   - **Stigma** = Is an attitude that significantly discredits an individual in the eyes of others. It also has important consequences for the way in which individuals come to see themselves.
   - **Discrimination** = When a distinction is made between a person that results in their being treated unfairly and unjustly on the basis of their belonging (or perceived belonging) to a certain group.

2. Explain that there are different forms of stigma. This next activity uses role-play to explore the various kinds of stigma, specifically, thinking about stigma and adolescents and young women.

3. Divide the room into five groups. Assign each group one of the following categories. It is helpful to write instructions out on a piece of paper for each group, or on a flipchart for groups to read over and discuss. Allow each group about 20-30 minutes to come up with a 5- to 10-minute role-play illustrating their assigned stigma.

   - **Group 1. Self-stigma** = When an adolescent blames and isolates himself or herself. This could be because he or she is HIV positive or because he or she has a parent who is HIV positive.
   - **Group 2. Enacted stigma** = The real experience of being discriminated against because of HIV status or because of a parent's HIV status.
   - **Group 3. Moralization behavior** = HIV status is linked to moral behavior, and those with HIV (and their families) are judged as sinners or deserving of the disease.
   - **Group 4. Service provider stigma** = Service providers have preconceived ideas about certain populations, such as adolescents or unmarried women, and treat those populations differently.
   - **Group 5. No stigma** = This is what a perfect world looks like, when PLHIV do not feel any effects of stigma and discrimination because of their status or the status of their friends/family.

4. When groups are ready, ask Group 1 to go first. After the role-play, use the following questions to debrief:

   - *How did this individual self-stigmatize?*
   - *What do you think are the long-term effects of self-stigmatizing?*
   - *Why is self-stigmatizing even more dangerous for a young person than for an adult?*
   - *What can you do if you think a young person is self-stigmatizing?*

5. Proceed to Group 2. After the role-play, use the following questions to debrief:

   - *How and why was this person stigmatized?*
   - *Are all actions of discrimination blatant and obvious? Do people sometimes stigmatize by accident? What are examples of this?* (For example: "Clara should not come to the party… she has HIV and might get tired easily. She should stay home and rest." Even though this person might have tried to be kind, he or she is setting Clara apart from her peers due to her HIV status; this is, by definition, stigma and discrimination.)
   - *If you could, what would you say to this PLHIV?*
   - *If you could, what would you say to the people that discriminated against him or her?*

6. Proceed to Group 3. After the role-play, use the following questions to debrief:

   - *Have you ever seen this happening in the community?*
   - *Is it changing over time? Why or why not?*
   - *What can we do to support PLHIV?*

7. Proceed to Group 4. After the role-play, use the following questions to debrief:
    - *Is this common? Have you seen this before? Which groups have been stigmatized?*
    - *What is the risk of service providers stigmatizing certain groups of people?*
    - *What do you do if you encounter such a service provider?*
8. Proceed to Group 5. After the role-play, use the following questions to debrief:
    - *Why was this group so lovely?*
    - *Does this reflect the true picture of what happens in the community?*
    - *What can we do in the community to get to this point – no discrimination?*
    - *What special measures must be taken to reach out to adolescents and young women?*
9. Ask if there are any further questions, and then end the session.
10. This concludes Day 2. Remind participants to review their Handbook tonight – Chapters 3, 4, 5, and 6. Thank everyone for his or her participation and close the session.

Training Day 3

Objectives: By the end of the day, participants will be able to:

1. Examine the implications of gender stereotypes for young men and women.
2. Explore the linkages between gender and HIV/AIDS throughout the cycle of care.
3. Explain the linkages between Gender-Based Violence (GBV) and the spread of HIV/AIDS.
4. Explore linkages between alcohol, substance abuse, and HIV.
5. Understand the options young people have for contraception.
6. Explain which contraception methods protect against STIs and which do not.

Time Breakdown

Session 7	Gender and HIV	2 hours
Session 8	SGBV and HIV	1 hour 30 minutes
Session 8	Alcohol and Substance Abuse	1 hour 30 minutes
Session 10	Family Planning and Sexually Transmitted Infections	1 hour 30 minutes
Breaks	Two x 15 minutes each	30 minutes
Lunch		1 hour
TOTAL		**8 hours**

Special Preparations

- Ensure you have a gender specialist to co-facilitate Sessions 7 and 8.
- Invite and prepare the guest speaker for Session 10.

Session 7 – Gender and HIV (2 hours)

This session requires facilitation by someone who has completed the USAID Z-CHPP gender mainstreaming training. Please contact the USAID Z-CHPP Gender Specialist for help, if needed.

1. Feel free to switch table groups, if desired, before the session begins so that participants have the opportunity to work with different people. Simply switching the nameplates around before participants enter the room can do this.
2. Welcome everyone to Day 3! Ask if there are questions or announcements.
3. Explain that today we are devoting a lot of time to Gender, specifically, Gender and HIV. Why? Because gender issues are often at the core of many problems that perpetuate the spread of HIV – and in this target group working with young women, it is especially critical.
4. Ask: *How many of you have gone through gender training with USAID Z-CHPP?* Those who have will find some of this to be a review, and you can help others in your groups.
5. First, let us begin with some discussion. Many participants might have done this before – it is called Vote with Your Feet. Prepare a long line on the floor (about 5 meters long, if possible) with a piece of tape or string. On one end, write or hang a sign that says "Strongly Disagree"; at the other end, write or hang a sign that says "Strongly Agree." Explain that you will read a statement and then ask that participants come stand on the line to represent how *they* feel about that statement – not about how *society* feels, but rather stand in the place that actually represents their feelings.
6. Read: *Gender equitable relationships should be the goal of an HIV/AIDS program*. Repeat it a few times, if necessary. Ask participants to get up and stand on a spot that represents their views.
7. The learning in this activity is in the discussion. So, ask someone in the Strongly Agree section: *Why did you stand here?* Do the same for the Strongly Disagree section and the middle section. Initiate dialog by asking questions like *What do the others think about that?* or play "devil's advocate," which is pointing out the opposite position to get participants thinking in a new way. However, if you do play the devil's advocate, do so in an obvious way so that it is very clear this is not your belief.

Trainer Tip:

There are many variations on this activity. If the group is very big (too big for everyone to stand on the line), split the groups into two to three smaller groups. Have each group answer two or three questions while the others watch, and then they can switch/rotate.

USAID's Interagency Gender Working Group has a long list of potential statements for this activity. The statements in this guide were specifically chosen because they are appropriate for groups of younger people. However, if you want to change the statements, please refer to this website for other options:

https://www.igwg.org/wp-content/uploads/2017/05/VoteWithYourFeetExamples.pdf

8. After 5-8 minutes of discussion, move on to another question. This entire exercise should only take about 30 minutes. Possible statements are:
   - An HIV-positive woman should avoid getting pregnant if at all possible.
   - HIV behavior change efforts would have greater success if they addressed sexual pleasure.
   - Men who have Sex with Men (MSM) are more vulnerable to HIV because, in most countries, they cannot marry.

- A more "sex-positive" environment — meaning an environment that promotes greater acceptance of sexuality and sexual desires — would decrease HIV risk and vulnerability.
- When finished, thank participants and guide them back to their seats.

Note: The next portion is very similar to the Gender training. If participants know this information, you can go through it quickly. If they struggle, take more time to explain each step.

- Ask: *What do we mean by the term gender stereotypes?* Ask several volunteers until you are comfortable with their understanding. (Answer = Gender stereotypes are rigidly held and oversimplified beliefs about the characteristics of females and males.)
- Ask: *What are some gender stereotypes about men?* (Examples could include: men are strong, men are able to make important and objective decisions, men are not emotional, men are aggressive (sometimes violent), men are adventurous, men are assertive.)
- Ask: *What are some gender stereotypes about women?* (Examples could include: women are weak, emotional, and unable to make important decisions because of their emotions; women are obedient, timid, and passive.)
- Ask: *What is the difference between a gender stereotype and a gender norm?* (Stereotypes are expectations, and norms are behaviors. Therefore, norms are more dangerous because they influence our choices and actions as men and women.)

9. Now let's discuss in detail what gender norms and stereotypes have to do with HIV risk. Ask: *What do gender stereotypes and norms have to do with HIV risk for men?* Answers may include:
   - It is OK for men/boys to have many sexual partners, which leads to increased risk. Often, men are judged if they *do not* have multiple sexual partners.
   - Men and boys experience social pressure to drink heavily, which can lead to risky behavior.
10. Ask: *What do gender stereotypes and norms have to do with HIV risk for women?* Answers may include:
    - Men/boys can decide if and when to have sex; women/girls are not allowed to say no.
    - Men/boys can decide how to have sexual relations; women/girls are not allowed to have an opinion, or their own desires.
    - Men/boys can decide if and when to use a condom; women/girls are not allowed to have an opinion.
    - Men/boys dominate relationships; they will find a way to get what they want one way or another.
    - Because women/girls are thought to be weak and passive, they often do not initiate sexual relationships – and feel pressured into doing things they do not want to do.
11. To better understand this topic, ask participants to take part in a group activity to think about the risks of HIV for women from different perspectives:
    - **Physical/Biological –** Are young women and girls biologically more vulnerable to HIV than men? Why?
    - **Home –** Are young women and girls more vulnerable to HIV than boys in the home or domestic space? Why? (Remember girls with disabilities)
    - **Educational –** Are young women and girls more vulnerable to HIV than boys in schools? Why?
    - **Community –** Are young women and girls more vulnerable to HIV than men in the community at large? Why?

12. Split the group into four smaller groups and assign each group one of the above categories. Ask them to answer their question(s).
13. When completed, ask the Physical group to explain their thoughts to the rest of the group. Ask: *Does anyone agree/disagree? Anything that we need to add?* Feel free to add more information. Refer to notes in the Participants Handbook to assist.
14. Move to the Home group and complete the same process; then move on to the Educational group and finally the Community group.
15. When done, summarize key points or add anything that the groups left out.

Session 8 – SGBV and HIV (1 hour 30 minutes)

This session requires facilitation by someone who has completed the USAID Z-CHPP gender mainstreaming training. For help contact the USAID Z-CHPP Gender Specialist.

1. Introduce the next topic and remind participants, again, to be respectful of each other during this session. It is almost certain that someone in the room has suffered from SGBV, and we want to be understanding of feelings at all times.
2. Ask the large group: *What are the four types (or categories) of gender-based violence?* The participants will likely know this information already.
   - Physical
   - Emotional
   - Economic
   - Sexual
3. It might be helpful to have volunteers give examples of each so that the information is clear.
4. If there is a discrepancy, remember that the core definition of SGBV is that it is a tool of oppression that takes into account the power imbalance between men and women that already exists in society.
5. Remind participants that violence is NEVER acceptable, and no one EVER deserves to be treated in a violent way. It is critical that you, as Prevention Volunteers, tackle violence and speak to people about violence to prevent the spread of HIV.
6. This next activity helps participants think through SGBV as it relates to the continuum of care.
7. Split the participants into four groups and assign each group one of the questions below.

   A. Prevention ←→ SGBV = Find the linkages. How can acts of HIV prevention potentially lead to GBV? How can GBV limit a woman's ability to prevent the transmission of HIV?

   B. Testing ←→ SGBV = Find the linkages. How can testing potentially lead to GBV? How can GBV limit a woman's ability to access testing services?

   C. Treatment ←→ SGBV = Find the linkages. How can treatment potentially lead to GBV? How can GBV limit a woman's ability to access and adhere to treatment?

   D. Care ←→ SGBV = Find the linkages. How can palliative care potentially lead to GBV? How can GBV prevent a woman's ability to access proper care?

   Note: Care is formally outside of the USAID Z-CHPP scope of work; however, it is important to know how SGBV relates to the entire continuum of care. So, for this instance, we will include it.
8. Ask each group to think about the position of their place on the continuum and how it relates to GBV, and then prepare an answer for the group. Give groups about 20 minutes to complete this task.
9. When finished, ask the Prevention group to present. Add anything the participants missed; use the Handbook as a guide. Summarize the session by reminding participants how closely linked GBV and HIV are – and how we, as Prevention Volunteers, need to understand this to be effective in the community.
10. Continue with the Testing, Treatment, and Care groups. When finished, wrap up the session with a facilitated, large-group conversation. Ask: *What are some resource centers for GBV*? *What do you do if someone confides in you?* List these responses on the flipchart and make sure everyone knows this information. Ask: *Which ones are the best? Why*?
    - One-Stop Centers
    - YWCA

Things to Note:

- The Victim Support Unit (VSU) at the police station is NOT always a good option. VSU staff are often overworked and cannot take on new clients. The One-Stop Centers and YWCA, however, have contacts at the VSU and will ensure they pursue the case. **Therefore, Z-CHPP encourages all referrals to go to the One-Stop Centers or the YWCA GBV Care Centers**.
- When in doubt, talk to your District Coordinator first. Remember to ALWAYS keep information confidential until the victim is ready to disclose it publicly. Our #1 priority is to do no further damage, or put the victim in greater danger.
- It is true that many rural areas do not have access to a One-Stop Center or a YWCA. In these circumstances, speak to your District Coordinator so that the correct course of action can be determined.

Finish up by spending some time clarifying what is appropriate and what is not appropriate to discuss with adolescents ages 10-14. If you are not comfortable with this topic, a USAID Z-CHPP DREAMS [Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe] Officer can come in to answer questions. Facilitate a large-group conversation using the following questions as a guide:

- *Is it OK to talk about issues such as defilement and rape with adolescents ages 10-14?*
- *Is it OK to talk about other forms of sexual violence with adolescents ages 10-14?*
- *Is there anything specific we have talked about today that you think is NOT APPROPRIATE for ages 10-14? Or that you are not sure about?*
- *What do others think?*
- *What messages ARE NECESSARY to discuss with younger adolescents?* (Answers could include = there are many ways violence can happen, violence is never validated, women/girls never deserve violence, sexual relations should be agreed on by both parties, men/boys should never force sexual relations, women/girls should never feel as if they have to do something they do not want to do, it is OK to say NO.)

11. Thank everyone for their thoughts, their work, and their attention to this important topic.

Session 9 – Alcohol and Substance Abuse (1 hour 30 minutes)

1. This session closely links with the previous section, as violence is too often the result of alcohol and substance abuse.
2. What do we mean by substance abuse? Ask: *What are some common substances (or drugs) that people take in Zambia?* (Answers may include: alcohol, Benylin, tobacco, dagga (marijuana), cocaine, heroin, khuba, and snuff.)
3. Ask: *What does addiction mean? What happens to the body when someone is addicted?* (Answer = Addiction happens when the normal functions of the body are altered in such a way that the body requires the continued presence of the drug to function.)
4. Sadly, most of the participants likely have a story of substance abuse – a family member, friend, or colleague. Ask participants to think back in their lives and choose one person who they knew (or know) to have a problem with drugs or alcohol. Pause for about a minute for participants to think of someone.
5. Ask participants to find a partner in the room. It can be someone sitting next to them, or not. If there are an odd number of participants, make one group of three.
6. Ask participants to share their stories with each other, making sure to cover the following points. (It is good to write these points on a flipchart.)
    - Give your person a pretend name to protect confidentiality.
    - What substance(s) did he or she abuse?
    - What happened to that person's body over time? What were the physical effects of the alcohol or drug?
    - What were the economic effects of the alcohol or drug over time, if any?
    - What effects did the addiction have on their family and friends?
7. Allow participants about 20 minutes to have this conversation so that each person has 10 minutes to share his or her story. (After 10 minutes, remind participants to switch. Otherwise, they may lose track of time and one person could dominate the entire 20 minutes.)
8. Some of the information shared might be quite personal, and participants may be emotional.
9. When everyone is finished, process the stories in a large-group conversation. Repeat the third question: *What happens to an addicted person's body over time?* Have five or six participants volunteer some information until the group paints an accurate description. (Answer = Changes the way a person thinks, men can become impotent, pregnant women can harm their unborn baby, loss of memory, liver and heart damage, mood swings, depression. Impaired judgment can lead to accidents or risky behavior such as sex without a condom.)
10. Next, ask: *What are possible economic effects of the alcohol or drug over time?* Have five or six participants volunteer some information until the group paints an accurate description. (Answer = Loss of job, debt, spent money on alcohol/drugs so no longer has money for food, medical, family, etc.; some people try to gamble to get more money, but then end up in further debt; lose the house, their land, their inheritance.)
11. Finally, ask: *What effects did the addiction have on their family and friends?* There will likely be many stories. (Answer = Can be violent, loss of relationships, lack of healthy relationships, people become scared of them, uncaring about anyone beside themselves. Over time, friends and family stop trusting them, start fearing them, and slowly fade away.)
12. Ask the following questions to wrap up the session:
    - *What are the key linkages between drugs, alcohol, and HIV?*

- *Why is this topic especially important for adolescents?*
- *Why is this topic especially important for young women?*
- *Do many of your young friends partake in hard drinking or drugs?*
- *How can Prevention Volunteers spread the word about the dangers of drug and alcohol abuse to young women?*
- *Where can young women go if they think they are in trouble, or someone they love has a problem with drugs or alcohol?*

13. Thank everyone for their attendance and their participation.

Session 10 – Family Planning and Sexually Transmitted Infections (1 hour 30 minutes)

> **Trainer Tip:**
>
> Ideally, a friendly female nurse practitioner or clinician would come to speak to the group: *someone who can talk openly and answer questions without being judgmental or enforcing/perpetuating any existing gender stereotypes or stigma toward PLHIV*. This point cannot be stressed enough.

1. This session uses the second and final guest speaker for the workshop.
2. Option 1 is to have the guest speaker give a presentation about family planning methods.
3. Option 2 is to have a pretend "Talk Show" to keep the workshop different and interesting for participants.
    - Arrange two chairs at the front of the room, interview style (like you see on a TV talk show). Invite the guest speaker to sit in one chair, and a facilitator can be in the other.
    - For the next 15 minutes, role-play the scenario of a young woman who is receiving advice on family planning methods. A facilitator can be the young woman, and the guest speaker can play her own role as a clinician. Participants can then be in the "audience" and watch the interaction. The two role-players can be creative with this: make it serious, funny, participatory, or add in information relevant to the location of the workshop. Role-players should focus on the methods most available to young women in the district where the training takes place.
    - The facilitator may choose to use the following questions to prompt a conversation:
        - *I am having sex, but I do not want to get pregnant. And I do not want an STI. What can I do?*
        - *Which method is the most reliable to prevent pregnancy?*
        - *Which method is the most reliable to prevent HIV?*
        - *Can you use two methods at once?*
        - *Which is the easiest to do?*
        - *Which is the cheapest?*
        - *Are there any side effects?*
        - *Where do I get them?*
        - *I live at home. Do I need permission from my parents?*
4. After you have finished either Option 1 or Option 2, give your guest speaker a round of applause and make time for questions. It is best if samples of family planning methods can be brought into the workshop so that participants can see what each one looks like and ask questions about how they are used.
5. Wrap up the session and thank everyone after a long day.

Training Day 4

Objectives: By the end of the day, participants will be able to:

1. Effectively communicate their feelings or beliefs.
2. Be able to listen to other people's feelings or beliefs.

Time Breakdown

Session 11	Communication and Negotiation	2 hours
Closing	Action Planning	1 hour 30 minutes
Breaks	Morning Tea	30 minutes
TOTAL		**4 hours**

Special Preparations

None

Session 11 – Communication and Negotiation (2 hours)

1. Welcome everyone to the 4th and final day of the workshop.
2. The last content session of the workshop is Communication and Negotiation. USAID Z-CHPP believes that this is an important last session because adolescent boys and girls, as well as young women, need to have skills in communication and negotiation throughout their lives – and these skills are important in helping them make smart choices regarding HIV. These are also skills that you, as Prevention Volunteers, should have for effectively working with adolescents.
3. Start by inviting a volunteer to the front of the room. Write the following sentences on a flipchart and ask the volunteer to read each sentence, putting the stress on the capitalized word.
    - How do you know **SHE** stole the book?
    - How do you know she **STOLE** the book?
    - How do you know she stole the **BOOK**?
4. Communication is not just what you say, but how you say it. You communicate a different message depending on how you say each of the above sentences, and which word you emphasize. For example:
    - How do you know **SHE** stole the book? (Maybe **HE** stole it!)
    - How do you know she **STOLE** the book? (Maybe she **BORROWED** it.)
    - How do you know she stole the **BOOK**? (Maybe she stole the **PEN**!)
5. Thank your volunteer and ask him or her to be seated.
6. Give a brief mini-lecture (no more than 15 minutes) covering the following terms and notes.[1] It is good to have some sort of visual aid – at the very least, write these concepts on a flipchart. Even better, add some key words next to each term to guide participants through the lecture.

> **Option:** Invite a USAID Z-CHPP District Coordinator or DREAMS Officer to come for this segment since the information presented here is from the Stepping Stone guide.

A. **Influencing Others –** There are four ways to influence others: to be *assertive, aggressive, passive,* or *manipulative*. Assertive is what we strive to achieve; it is when we clearly explain our feelings to another person without threatening them or being rude. It is when we stand up for our human rights without endangering the rights of others. The other three ways happen, but they are not ideal. Aggressive behavior is asserting your own rights at the expense of someone else: yelling, attacking, bullying, and demanding. Passive behavior is when you stand back and let others make choices about your rights: avoiding confrontation, withdrawing, and hiding. Finally, there is manipulation, which is trying to control other people's behaviors by pretending to do or act a certain way. For example, threatening to kill yourself if your partner ends a relationship is manipulating him or her into staying with you.

B. **Verbal Communication –** Verbal communication is everything spoken: both *what* you say as well as *how* you say it, as we demonstrated before. Do you have an honest tone, a suspicious tone, or a judgmental tone? It also means what you do not say – what information is left out or deleted. Verbal skills mean speaking clearly and choosing the right words to correctly represent your thoughts and intentions in a respectful way – with a good attitude. A good communicator does not leave people wondering – what did that person mean?

C. **Non-Verbal Communication –** This is everything not spoken – gestures, facial expressions, posture, etc. Despite the words spoken, it is clear what someone thinks of the situation based on

[1] Following notes come from: Zambia Community HIV Prevention Project (Z-CHPP). 2017. *Stepping Stones: A Training Manual for Sexual and Reproductive Health and Relationship Communication Skills and Empowerment*. Lusaka, Zambia and Washington, DC, USA: Pact.

body language. Do they sit straight, make eye contact, and smile? Or do they lean against a wall, fold their arms, and roll their eyes? Different cultures have different ways to represent respectful and disrespectful body language.

D. **Listening Skills –** How many of us have a friend or family member who is a terrible listener? No matter how hard we try, they only hear what they want – or twist our words based on their own understanding? It is frustrating! Being a good listener is important to understand what someone is trying to tell you – to show you are a good friend. It is important to listen with ears as well as eyes to show that you are truly hearing the speaker.

E. **Questioning Skills –** Can we believe everything our friends tell us? Can we believe everything on TV or online? Of course not. And even when hearing the truth, no one understands everything all the time. We all have questions. Having the confidence to ask questions when we do not understand something is important. It gets us the information we need, and it stops false rumors from spreading further. It helps us fully understand a problem so that we may start to find realistic solutions. Questioning skills also help us learn. Try not to assume you know everything – it is OK not to have all the answers. But it is not OK to guess and give someone bad advice. If someone comes to you with a problem, before you make a snap decision about who they are and what they want, ask questions. Get to know them. In the end, information is power. But you cannot get information without asking questions and being open to answers.

F. **Negotiation Skills –** No one can have everything they want all the time. So, we learn to compromise and negotiate. Think about a market stand selling fruit – the vendor asks for K4. The buyer asks for K2. They negotiate and compromise at 3 ZMW – neither party got their first price, but neither party feels taken advantage of. People use negotiation all the time in terms of money, time, and resources. Often, we use the word negotiation to talk about sex and condoms – we talk about how women need to negotiate sexual activity when they want it, in the way that they want it – so both partners feel happy and no one feels taken advantage of.

7. When the mini-lecture is complete, ask if there are any questions.
8. Ask participants to number off 1-6, to make six new groups. Assign each group one of the six points mentioned above: asserting yourself, effective verbal communication, effective non-verbal communication, effective listening skills, effective questioning skills, and effective negotiation skills.
9. Ask each group to work together to answer the following five questions – inserting their assigned point into the blank spaces. Give groups about 20 minutes for this task.
    - *What is the link between _____ and HIV prevention?*
    - *What are the barriers to adolescent boys using _____ skills, if any?*
    - *What are the barriers to adolescent girls using _____ skills, if any?*
    - *What are the barriers to young women using _____ skills, if any?*
    - *What are some ways Prevention Volunteers can help adolescent boys and girls and young women build their _____ skills?*
10. When everyone is ready, begin with the Asserting Yourself group. Ask them to present their ideas for the questions. When they are finished, ask the rest of the group: *Any other ideas of how we can encourage younger populations to assert themselves?* (Ensure that each group spends no more than 10 minutes presenting, or else time can easily run over on this activity.)
11. Explain that in the Participants Handbook there is additional information about stress, as well as coping with stress, that might be helpful.
12. When complete, thank everyone for participating.

Workshop Close – Action Planning (1 hour 30 minutes)

1. Distribute the Participants Handbooks, if they have not yet been distributed. Everyone should have their Participants Handbook with them for this last activity.
2. It is good to pause at this time to review all material from the past days. This workshop had a lot of information, and subjects covered on Day 1 could be fuzzy by now. Go through the agenda, review all objectives, remind participants of key themes, and ask for lingering questions.

> **Trainer Tip:**
>
> There are many creative ways to handle this segment, depending on time and what the facilitator wants to do. Some choose a "**gallery walk**," where the facilitator saves and hangs flipcharts around the room from all 4 days. Allow participants 20 minutes to quietly walk around the "gallery," reminding themselves of the information that was presented.
>
> Another option is a reminder by objective. Ask participants to grab a partner and assign each partner team one session. Give each pair 10 minutes to review the session's objectives and material; come up with a rhyme or a short rap to sum up the information that was covered. Then, have the sessions performed (in chronological order) to remind participants of the entire workshop.

3. Write the following information on a flipchart:

#1 Learning:
Action Item:
Help I Need:

4. Ask the participants to copy this information on a piece of blank paper at their table.
5. Next, participants are to work individually and silently to decide what their top learning was during this workshop. What were the biggest "aha" moments? The time when they thought, "YES, this is what I need to do in my community." Ask people to write this on a piece of paper. Encourage participants to be SPECIFIC. Do not write "GBV"; instead, write, "I never realized there were so many forms of GBV: physical, sexual, emotional, and economic."
6. When participants are finished, explain that now is the time to put new knowledge into an action plan to bring real and important benefits to USAID Z-CHPP and our community work. Ask participants to come up with an action item for themselves and identify what help they need to make this action item a reality. For example:
   - #1 Learning: I never realized there were so many forms of GBV: physical, sexual, emotional, and economic.
   - Action Item: I want to discuss this point with my community. I want young women to do the same brainstorming exercise that we did so that they too understand all the ways that they might experience GBV, that they are never at fault, and what to do if this happens.
   - Help I Need: I need two other Prevention Volunteers to help me.
7. Once everyone has written their action item, ask participants to take turns sharing their action item with their table groups. Encourage participants to give each other feedback and assist each other to figure out how to find the help that they need – through time, fundraising, etc.

8. When finished, ask each group to choose the ONE action item from among the group that they find the most creative, exciting, or inspiring.
9. One by one, have each table group share their most exciting action item with the large group.

Trainer Tips:

These process sections are very important and should not be skipped. Sharing your action plans out loud is important for three reasons:

1. It is a time for people to get honest feedback from each other about what is realistic, what would make it better, and what is needed to make this happen. If there is extra time, then ask the participants after each group shares: *What do you like about this plan? What could make this plan EVEN BETTER?*
2. Participants can inspire each other. An idea that someone has in one community could work elsewhere; the more they discuss, the better chance for cross-learning and future networking.
3. Saying something out loud increases the chance of it actually happening. The process of stating your plans out loud to a group is an important first step in making that plan a reality.

10. Explain that now we are at the end of our workshop. Answer any remaining questions and make any relevant project announcements.
11. If the facilitation team would like to do an evaluation, this would be a good time.
12. Thank everyone for their time, attention, and commitment to USAID Z-CHPP and HIV prevention work. Thank the training team and all logisticians.
13. Close the workshop.