INSIDE OUT!

HIV Harm Reduction Education for Closed Settings
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<tr>
<td>AIDS</td>
<td>acquired immune deficiency syndrome</td>
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<tr>
<td>ART</td>
<td>antiretroviral therapy</td>
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<tr>
<td>CDC</td>
<td>Centres for Disease Control and Prevention</td>
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<tr>
<td>DOLISA</td>
<td>Department of Labour, Invalids and Social Affairs</td>
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<tr>
<td>HIV</td>
<td>human immunodeficiency virus</td>
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<tr>
<td>IDU</td>
<td>intravenous drug user</td>
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<tr>
<td>MDG</td>
<td>Millennium Development Goal</td>
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<tr>
<td>MSM</td>
<td>men who have sex with men</td>
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<tr>
<td>MOLISA</td>
<td>Ministry of Labour, Invalids and Social Affairs, Viet Nam</td>
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<tr>
<td>OH&amp;S</td>
<td>occupational health and safety</td>
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<tr>
<td>PEP</td>
<td>post exposure prevention</td>
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<tr>
<td>STI</td>
<td>sexually transmitted infection</td>
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<tr>
<td>UNAIDS</td>
<td>The Joint United Nations Programme on HIV/AIDS</td>
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<td>UNODC</td>
<td>United Nations Office on Drugs and Crime</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>WPRO</td>
<td>Regional Office for the Western Pacific</td>
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Acknowledgements

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Graphics copyright of FPA Health and Family Planning New South Wales, 328-336 Liverpool Road, Ashfield, NSW 2131, Australia for ‘How to use a condom’, page 57, [www.fpahealth.org.au](http://www.fpahealth.org.au). May not be reproduced without prior permission of the FPA health,
What is *Inside Out*?

Welcome to *Inside Out: HIV Harm Reduction Education for Closed Settings*. This package is written to help staff who work in Drug Treatment and Rehabilitation Centres develop and deliver staff training and resident education to reduce HIV transmission. It may also be adapted for use in other closed settings but its primary purpose is for use in centres where all residents have used illicit drugs.

The development of *Inside Out* has been informed by the input of a large number of people and existing programmes. As part of the development of the programme, centres in Viet Nam and China were visited and Ministerial and centre staff, nongovernmental and international agencies, donor organizations, medical personnel and residents were spoken to. Important inputs were received from all of these individuals and agencies. Much of this pointed to the need for highly interactive training activities that engaged the learner fully in the process.

Following early drafting, *Inside Out* was field-tested in Drug Treatment Centres in Viet Nam and China. This demonstrated the effectiveness of the interactive approach and the appropriateness of the proposed activities. It also highlighted areas where additional material was needed and which was then incorporated following the field test.

Peer review of the material occurred at the Fourth Partners Meeting on Harm Reduction in Kunming, China in November 2005. The final draft of the programme was developed after this review.

The title.

*Inside Out* describes precisely the intent of this educational material. It contains HIV harm reduction educational and training materials that, if implemented effectively inside Drug Treatment and Rehabilitation Centres (and other closed settings), can reduce HIV risk behaviour both in closed settings and on the outside when residents return to their communities.

Who is *Inside Out* for?

*Inside Out* provides educational material for use with residents of Drug Treatment and Rehabilitation Centres to help them to reduce the risk of the spread of HIV and to deal with the impact of HIV in their lives. It also provides material to reduce the risk to staff working in these centres. *Inside Out* is a comprehensive package that staff can use to design effective behaviour-oriented resident education and staff training programmes that help people to understand:

- What is HIV? (the virus and disease characteristics)
- How do you get it? (transmission)
- How do you avoid getting it? (prevention and safe behaviour)
- How do you live with it? (being HIV positive and supporting HIV positive people in the closed setting, the community and the workplace).
How to implement *Inside Out*.

As with any comprehensive package, the implementation of *Inside Out* requires work at the local level. Sections A and B of the package contain a range of educational activities that can be structured into effective programmes for either staff or residents. Section C helps staff in centres to develop a specific programme to fit local needs. To implement *Inside Out* at the local centre level:

- Look closely at the Introduction to: set the context; become familiar with the way the material is structured; and identify objectives and outcomes.
- Familiarize oneself with the activities in Sections A and B.
- Read carefully the section on “How to Deliver effective HIV/AIDS education” (Section C). This outlines a variety of ways that the material can be used to provide staff training and resident education.
- Identify the programmes that need to be conducted at the centre and design them using the relevant structures outlined in Section C and the activities in Sections A and B.
- Prepare the actual programme carefully and become very familiar with the activities that you are going to be used within the training and/or resident education workshops. Be committed to delivering engaging interactive programmes that focus on promoting safe behaviour.
- Identify who is going to deliver the education (or training) programme. Is it a staff member, a peer educator, the Centres for Disease Control (CDC), another doctor and/or someone from an international agency? Make sure you brief them fully and familiarize them fully with the relevant parts of the *Inside Out* materials.
- Deliver and evaluate the programme. Section C contains helpful information on undertaking evaluation in order to identify the extent to which the programme is effective.

**How can *Inside Out* be adapted for other uses?**

*Inside Out* can also be adapted for use in a range of other circumstances. Section D will assist in this process. It might be used at a provincial or national level, in closed settings other than drug treatment and rehabilitation centres, and to educate people about other viruses, for example, hepatitis C.

**Commitment, enthusiasm and a strategic approach**

For successful use of *Inside Out* within any one centre or nationally, it is essential that there is a commitment to its complete implementation and a desire to put harm reduction education into practise so that it has a real impact on reducing unsafe behaviour among people who are marginalized. This requires drive, enthusiasm, an understanding of harm reduction and a strategic approach within each individual centre and at the national level.
Introduction

Purpose and target

Inside Out contains resident education and staff training material primarily for use within drug treatment and rehabilitation centres.

When HIV enters a group of IDUs the rapid spread and speed of the epidemic has proven to have a devastating impact....It has been shown that a little education can go a long way in reducing the harms associated with drug injecting, including HIV infection.¹

Inside Out: HIV Harm Reduction Education for Closed Settings is written specifically for this purpose – to assist staff and residents of closed settings to act in ways which help prevent the spread of HIV.

Inside Out is about prevention, prevention and more prevention. It focuses on providing those in compulsory drug treatment and rehabilitation centres with staff training and resident education materials that promote a harm reduction approach to HIV, both within the centre and outside of it: hence the title - Inside Out.

The training and educational activities of this package are divided into four key content areas or modules:

1. What is HIV? (the virus and disease characteristics)
2. How do you get it? (transmission)
3. How do you avoid getting it? (prevention and safe behaviours)
4. How do you live with it? (being HIV positive and supporting HIV positive people in the closed setting, the community and workplace).

Grouping of content under these modules is based on previous successful work undertaken in educating IDUs about blood-borne viruses.²

In developing and implementing Inside Out, the WHO Regional Office for the Western Pacific aims to assist those member countries who operate compulsory drug treatment and rehabilitation programmes to build into such programmes significant HIV harm reduction activity. The material in Inside Out can also be used in a broader range of closed settings including justice institutions/prisons and other institutions where those incarcerated, particularly injecting drug users (IDUs), are at risk of infection with HIV.

Residents of Drug Treatment and Rehabilitation Centres are the primary focus of the harm reduction approaches in Inside Out. Staff from these centres are another important client group, mostly because they are responsible for resident management and education and in part because of the need to reduce the occupational risk of infection.

While Inside Out has been developed for use throughout the Western Pacific Region, the issues that it addresses are not exclusive to this part of the world and, therefore, it can be used more widely. Also it should be noted that good evidence is emerging that the provision of condoms and injecting equipment in closed settings (especially prisons) is having an impact on the reduction of HIV transmission of and thus it is likely this will become more widespread internationally as public policy.

¹ Center for Harm Reduction. The manual for reducing drug related harm in Asia. Macfarlane Burnet Centre for Medical Research and Public Health Ltd, Australia, 2003:p36
Note 1: *Inside Out* does not focus on reducing the spread of hepatitis C although the means of infection among IDUs are similar to those of HIV. Appendix 3 contains an information sheet on hepatitis C. If desirable in some locations, health promotion about hepatitis C could also occur in a centre through the implementation of an adapted *Inside Out* programme (see Section C). It is important to note though that if the re-use of injecting equipment is reduced in the community, the risk of hepatitis C transmission will also be reduced.

Note 2: *Inside Out* does not focus on other sexually transmitted infections (STIs). Although it was not the brief of this project to provide information about STI in this material, it is recognized that this area is highly relevant. Programme designers and group leaders at the local level are encouraged to source and use STI education materials as part of a comprehensive health and education programme for residents. Most of the activities in Section A could be adapted for STI content. Similar educational activities could be used to teach residents about STI.

**Why use this material?**

Compulsory drug treatment and rehabilitation centres provide a significant opportunity to use education and training as a harm reduction approach.

Given the nature of HIV transmission, those who inject drugs and re-use or use others’ injecting equipment are at significant risk. It is essential, therefore, to take the opportunity to act to minimize transmission through health promotion in closed settings. It is clear that, for many countries in the Western Pacific Region, the re-use and multiple use of injecting equipment is a major vector of infection of HIV. Targeted and effective harm reduction approaches are essential in these circumstances. While access to the physical means of prevention (condoms, sterile injecting equipment) is not a policy option for closed settings in most countries, information and education is possible. Effective education programmes will focus on reducing inside and outside risk behaviours.

*Inside Out* provides a comprehensive purpose-built programme for use with both staff and residents in drug treatment and rehabilitation centres. Other material is available but it is often more broadly targeted and does not link staff training and resident education materials in one package. If implemented fully, *Inside Out* will reduce HIV transmission among residents and reduce HIV risk for staff. *Inside Out* deals directly with the contentious issues that are a part of HIV harm reduction and provides effective educational and training approaches for dealing with these. Material on contentious issues in Section C will assist staff to understand how to approach these within their training and resident education programmes.

**How to use this material**

Section C of this document provides comprehensive advice on how to use this material.

*Inside Out* has not been written so that it sits on a shelf. It requires consideration, review and adaptation at the local level in order to ensure implementation. The programme has been designed as illustrated in the following diagram. It is essential that the programme is adapted for use at the local level (see Section D).

**Section A** contains a bank of activities for use with residents and/or staff. These are organised under the four components of the programme:

1. What is HIV? (the virus and disease characteristics)
2. How do you get it? (transmission)
3. How do you avoid getting it? (prevention and safe behaviours)
4. How do you live with it? (being HIV positive and supporting HIV positive people in the centre, the community and workplace).
Section B contains supplementary activities that can be used to energize participants, divide participants into small groups, and provide closure to sessions and programmes.

Section C contains guidance on how these activities might be used and structured in the delivery of effective HIV harm reduction programmes for residents and staff. It also shows how to:
- develop and deliver specific pre-release programmes for residents;
- develop and deliver peer education programmes for residents; and
- evaluate resident and staff HIV harm reduction programmes.

Section D focuses on helping to adapt the material:
- for use in local situations at the country wide level and the specific centre level;
- for the inclusion of hepatitis C as a content area; and
- for use in a variety of other institutions and circumstances.

Appendices: A number of Appendices are included. These provide assistance to the programme designer in developing peer education and evaluating the programme. References and a Glossary are also provided.

Harm reduction, health promotion and achieving behavioural change

Inside Out has been developed within a health promotion framework, where promoting harm reduction behaviour every time is the intended outcome of all aspects of the delivery of the programme. The programme is built upon solid conceptual underpinnings that are outlined in summary below.

"The key to limiting the spread of HIV lies in harm reduction among intravenous drug users."
Dr Gro Harlem Brundtland

At the international level, in line with Dr Brundtland's perspective, it is acknowledged that significant harm reduction activity needs to occur with IDUs. It should be noted that

"Harm reduction refers to an approach where the goal is to decrease the risks and harmful health and social consequences of drug use without necessarily reducing drug use. Examples of harm reduction approaches include:
- Nicotine patches for cigarette smokers.
- Methadone maintenance for opioid users.
- Sterile syringe-needles for IDUs.

The WHO South East Asia and Western Pacific's Biregional strategy for harm reduction defines harm reduction as follows:

"Harm reduction is a comprehensive package of policies and programmes which attempt primarily to reduce the adverse health, social and economic consequences of mood altering substances to individuals, drug users, their families and their communities."

The WHO Regional Office for Europe defines it slightly more broadly as:

“In public health ‘harm reduction’ is used to describe a concept aiming to prevent or reduce negative health consequences associated with certain behaviours. In relation to drug injecting, ‘harm reduction’ components of comprehensive interventions aim to prevent transmission of HIV and other infections that occur through the sharing of non-sterile injection equipment and drug preparations.”

The United Nations Declaration of Commitment on HIV/AIDS: Global Crisis — Global Action states that:

Section 52. By 2005, ensure that a wide range of prevention programmes which take account of local circumstances, ethics and cultural values, is available in all countries, particularly the most affected countries, including information, education and communication, in languages most understood by communities and respectful of cultures, aimed at reducing risk-taking behaviour and encouraging responsible sexual behaviour, including abstinence and fidelity; expanded access to essential commodities, including male and female condoms and sterile injecting equipment; harm reduction efforts related to drug use; expanded access to voluntary and confidential counselling and testing; safe blood supplies; and early and effective treatment of sexually transmittable infections.

While there is no specific international policy position on the use of harm reduction in closed settings, the following WHO advice on prisons is relevant:

The evidence shows that such (prison) programmes should include all the measures against HIV transmission which are carried out in the community outside prisons including HIV/AIDS education, testing and counselling performed on a voluntary basis, the distribution of clean needles, syringes and condoms and drug-dependence treatment, including substitution treatment. All these interventions have proved effective in reducing the risk of HIV transmission in prisons. They have also been shown to have no unintended negative consequences. The available scientific evidence suggests that such interventions can be reliably expanded from pilot projects to nationwide programmes.

At a more local level, the WHO Regional Office for the Western Pacific has published a Regional Vision of Health Promotion.

To promote health and well-being among individuals, communities and populations, enabling them to address the broad determinants of health in order to reduce the vulnerability and risks to ill health and disability throughout the life cycle, especially among poor and marginalized groups.

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*WHO Regional Office for the Western Pacific. Regional vision of health promotion 2001.
This vision relates directly to the Ottawa Charter on Health Promotion (see Appendix 2), which states that, in order to be effective, Health Promotion must address five core elements:

- Building healthy public policy
- Creating supportive environments
- Strengthening community action*
- Developing personal skills*
- Reorienting Health Services

The elements marked with an * are particularly important to the local development and delivery of *Inside Out*, although all five elements are of contextual importance.

*Inside Out* sits squarely within the WHO Regional Office for the Western Pacific’s vision and the Ottawa Charter and addresses the following health promotion strategy:

To support countries in identifying and prioritizing major risk factors based on leading causes of morbidity, mortality and burden of illness and developing relevant and appropriate health promotion interventions to reduce risks related to settings, populations and lifestyles.

If *Inside Out* is to have an impact in closed settings it must be adapted for in-country use in all compulsory drug treatment and rehabilitation centres (see Section C). For this to occur, the programme needs to be supported by the relevant ministries in each country and be implemented fully to achieve HIV harm reduction behaviour by all residents, both while they are in the centre and when they return to the community.

Achieving behavioural outcomes via training and education alone is difficult, but it is certainly not impossible. There is ample evidence of significant health outcomes that have been achieved through these approaches. It is important to note however, that when health promotion approaches are used in the community they are most effective when supported by other harm reduction services, for example, condom and injecting equipment availability, counselling and support services.

“**UNAIDS proposes that peer and outreach based HIV prevention programmes for young people should be expanded and include steps to improve access to information and prevention equipment such as condoms, needles and syringes and HIV/AIDS care services**”.

In closed settings, such approaches are usually not available and so improved health outcomes must be carried forward by education and training alone. The programme therefore must be comprehensive enough to encourage and support behaviour change when residents return to the community. This places a significant responsibility on each centre within each jurisdiction, to develop and deliver the best programme possible and to monitor the impact that the programme is having.

Safe behaviour is the key to *Inside Out*. If harm reduction programmes are merely increasing the residents’ and staff knowledge of HIV then they are of limited value. It is clear that, upon release, some former residents resume injecting and do not use clean equipment, despite knowing about HIV. Knowledge is important but it is not enough.

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attitudes and practises and improves skills as well as building knowledge. If a resident, upon release, is able to remain drug free then HIV risk is reduced markedly; if a former resident continues to use drugs but does not inject, HIV risk is also reduced. These are major harm reduction outcomes, although it should be noted that safe sexual practise is also of real importance. In order to reduce harm though, Inside Out must target those residents who upon release will continue to inject and might reuse needles. Given that it is impossible to know which residents within the centre will fall into this category, all residents must be educated in appropriate ways to reduce the risk in all possible situations.

The Stages of change model\textsuperscript{11} proposes that people progress through a number of stages in making change:

- Pre-contemplation
- Contemplation
- Preparation
- Action
- Maintenance

The aim of harm reduction programmes is to progress residents through the pre-contemplation, contemplation and preparation stages so that when residents leave the centre and the time for action approaches, they will be ready to act appropriately and responsibly. This aim may be achieved using the nature and range of interactive strategies in the “How to avoid getting it” section of this document. The challenge for the programme is to equip former residents with the ability to make appropriate harm reduction decisions when they are “hungry for the drug” and when they are in other potential risk situations, such as sexual or workplace exposure.

Education of those people who know they are living with HIV is also most important from a harm reduction perspective. The “How do you live with it?” section of the programme includes a number of activities specifically for people who are living with HIV. These must be delivered so that safe behaviour becomes the norm. This section also contains activities that assist others to live harmoniously and supportively with people with HIV.

On the outside, peer networks and support are essential to promoting continuing safe behaviour. It is conceivable that immediately upon release former residents are highly motivated to behave safely: this can decay over time. Delivering Inside Out will optimize the prospects of necessary support being available and/or sought once a resident has left the centre. The intention of a well-implemented programme is that former residents support the harm reduction decisions of their peers.

In order to achieve desired safe behaviour outcomes, all centres have a responsibility to plan and deliver the most effective programmes possible. Section B, gives advice on how this might be undertaken.

In summary therefore, in order to see harm reduction occur once residents leave the centre, the programme must:

- Have significant ownership and planning in each centre.
- Focus on improving residents’ knowledge, skills and attitudes.
- Be aimed at residents and staff and be strongly supported by staff.
- Be realistic about the likelihood of residents continuing to use drugs.
- Promote safe behaviour all the time in the strongest terms possible.

Objectives and outcomes of *Inside Out*

**Objectives:**

The complete delivery of a locally adapted *Inside Out* programme in any closed setting, will contribute towards:

**For Residents:**
- Increased resident knowledge and skills about HIV, transmission and safe behaviour.
- Reduced incidence of risky practices by residents in closed settings.
- Increased safe behaviour among residents on release into the community.
- Reduced use of used injecting equipment, to the extent that this becomes normative behaviour among IDUs.
- Increased understanding of how to live with HIV and how to avoid transmitting it.
- Increased support by residents for those who are living with HIV.

**For Staff:**
- Increased knowledge and skills among staff in closed settings about HIV, transmission and safe behaviour.
- Reduced occupational health and safety (OH&S) risk of HIV transmission for staff in closed settings.
- Increased understanding of the need for HIV harm reduction within a compulsory drug treatment and rehabilitation programme.
- Increased capacity and willingness of staff in closed settings to educate residents how to prevent the spread of HIV.
- Reduced discrimination by staff towards people in closed settings who are living with HIV.

**Outcomes:**

The following outcomes will be facilitated by the full implementation of *Inside Out* within a centre:

- Residents, staff in closed settings, IDUs in the community and the community in general are better informed about HIV risk and safe behaviour.
- There is reduced risk of HIV transmission in centres.
- There is reduced risk of HIV transmission among IDUs in the community.
- There is increased condom use and reduced reusing of injecting equipment occurs among IDUs in the community (note possible increased use of clean equipment).
- There is reduced discrimination, both in centres and the community, towards people with HIV and AIDS.
Section A: Understanding HIV: Training and education activities

How to use this section

This training manual is divided into four key content areas or modules:

1. What is HIV? (virus and disease characteristics)
2. How do you get it? (transmission)
3. How do you avoid getting it? (prevention and safe behaviours)
4. How do you live with it? (being HIV positive and supporting HIV positive people in the centre, the community and workplace).

Each of these sections contains materials suitable for both staff and residents, with some activities specifically identified for staff, particularly in the prevention and safe behaviour module. Other activities have been developed only for residents. The activities are relevant for use in staff-led programmes, peer education programmes or for peer group leader training. Group leaders from external agencies can also use them, for example, local Centers for Disease Control or international organizations.

This conceptual grouping or ‘chunking’ approach is based on previous successful work undertaken in educating IDUs about blood-borne viruses. 12

These materials are designed to be as interactive as possible. Effective learning processes oriented towards behaviour change need to engage the learner and not simply present information didactically. In addition, only using materials that rely on logic and rational thought would be ineffective when educating people about unsafe drug use and sexual behaviour; actions not usually associated with rational or logical choice. The materials in Inside Out engage participants by using a variety of strategies that place HIV information in the context of people’s lives. Information sheets are provided with each of the modules but they are not intended for use in isolation – they will only contribute towards behaviour change when supported by interactive activities that personalize learning.

The modules can be delivered on separate occasions, but they need to be delivered in sequence. That is, in the order described above – What is HIV? How do you get it? How do you avoid getting it? and How do you live with it?. In addition, each activity is linked to the objectives for the entire Inside Out programme (see Section A). It is essential that the whole range of programme objectives be covered when the programme is delivered. Not all activities need to be delivered (see Section C) but all objectives need to be addressed.

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12 Sheaves F. et al. Op cit. Ref 2:8
This is a sequenced collection of activities, which will have to be structured according to need, available time and expertise of presenters, and the policies and procedures of centres. Some sample staff, resident and peer education programmes are presented in Section C, which also contains advice on how to deal with the sensitive issues raised by the programme.

As the materials are interactive, it is important to establish an appropriate climate or rapport so that participants will be comfortable discussing and exploring HIV issues and content. Module One therefore includes a number of introductory activities. If the HIV education is being conducted over a series of different sessions, it is recommended that at least one of these activities be used at the beginning of each session. Physically, the training space should be set up to encourage interaction, with enough room for participants to move into pairs or small groups for discussion. Section B of this document contains a number of other activities that can be used by the group leader to energize the participants, to divide them into small groups, and to begin and end training/education sessions.

A number of activities ask participants to read and write although most rely primarily on discussion. Where this is a potential problem, the group leader should:

- Identify those in the group who cannot read and write.
- Make sure they work in groups/pairs with those who can, so that someone records.
- Read out all overheads and handouts.
- Make sure activities are conducted as primarily verbal processes.

Given the demographic profile of the residents of drug treatment centres, most of the scenarios and case studies have been written with male characters. There are female characters in all scenarios and, when working with mixed groups or female residents, the group leader can change the names of characters in most cases.

Overheads (O/Hs) and handouts have been kept fairly simple. There is a large amount of HIV education material already available in each of the four module areas (the virus, transmission, prevention and living with HIV) so this material does not seek to duplicate existing material. Other print and web-based materials can be used to support and supplement those provided (see Section D). It should be noted that the O/Hs may be used as overhead transparencies or grouped together into a PowerPoint presentation.

**HIV education acknowledgement**

It could be said that there is nothing really ‘new’ in the field of HIV education and training. The materials in these modules reflect an area of HIV/AIDS education and health promotion work that began nearly 20 years ago. Many of the activities that follow have been newly written specifically for *Inside Out*, but others are adaptations of HIV education strategies which have been used all over the world for some years. WHO Regional Office for the Western Pacific wishes to acknowledge all educators for their contribution towards the field of work that forms the context for these materials. Table 1 lists all activities in the training manual.
### List of modules and activities

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<td><strong>3: How do you avoid getting it?</strong></td>
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<td>7. Lee’s story, Revisited</td>
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Module 1: What is HIV?
Module 1: What is HIV?

Activity 1: Introduction (Part 1) and overview of programme

Purpose:
- To introduce participants and group leaders.
- To provide an overview of the education session(s).
- To begin discussion about current levels of HIV knowledge.
- To agree to basic ground rules for the sessions.

Objectives:
- Increased resident knowledge and skills about HIV, transmission and safe behaviour.
- Increased knowledge and skills among staff in closed settings about HIV, transmission and safe behaviour.

Style of activity: Whole group discussion; presentation; line-up activity

Time: 15 - 20 minutes.

Materials:
Overheads (O/Hs) or handouts with programme outline.

Method:

A. Introductions
- Group leader(s) introduces him/herself.
- Ask everyone in the group, in turn, to introduce himself or herself.
- Alternative introductory activities:
  - Ask participants to spend two minutes talking to either a partner or the person sitting next to them and then to introduce that person to the group.
  - Four Corners
    - The group leader distributes blank sheets of paper or cards to all participants and explains that this is an introductory activity to enable participants to begin talking to each other and talking about HIV.
    - Ask participants to write their name in large letters in the middle of the paper.
    - Ask participants to write something different in each of the four corners of the card. For example: ‘in the top left of the card, write your favourite food. In the bottom left, write one thing you know about HIV. In the top right, write the name of your favourite TV or movie star. In the bottom right, write one way to avoid HIV. (The group leader can adapt this and put different things in the corners.)
    - Once this is completed, participants stand and walk around the group, holding up their cards in front of them, introducing themselves, reading each other’s cards and asking questions about any of the 'four corners.'
    - Non-written option: Participants walk around the room, introducing themselves, and discussing in turn, the four different things – e.g. ‘I’m ... One way to avoid HIV is...’
• **Note:** Section B contains other activities that might be useful to introduce the programme and the participants.

B. **Session outline**
   • Present the outline of the session, or series of sessions, using either overheads or handouts and answer any questions.

C. **Line-up**
   • Ask participants to imagine that there is a line (or continuum) across the room, going from one side to the other; one end represents knowing a lot about HIV, the other represents knowing nothing at all.
   
   • Ask participants to place themselves somewhere on the line that represents their current level of knowledge about HIV.
   
   • Explain that all of the positions are ok, that this is not a competition and that the point of the exercise is for them to identify where they believe themselves to be, at the beginning of the training sessions.
   
   • They should then discuss for a few minutes, with someone standing near them on the line, why they have placed themselves in that position.
   
   • The group leader may ask a couple of the participants why they are standing where they are on the line. The group leader may also take this opportunity to ask participants where they have learnt about HIV.
   
   • After a few minutes, participants return to their seats.

D. **Basic Agreements**
   • The group leader explains that many of the activities within these HIV education sessions are interactive and require them to think about and discuss their personal understanding, experiences and views. There are therefore some key points that participants need to agree on:

   o What is discussed and shared by individuals will be kept confidential. All the knowledge gained is for sharing with other people but the personal views of other participants are not to be repeated outside of the session.

   o Participants have the right to ‘pass’ and not share their views or thoughts on a particular issue.

   o Participants should treat each other with respect in the training sessions. Many issues related to HIV and AIDS are sensitive, controversial and difficult and there will be many different views and opinions.

   • Ask participants whether they have any questions about the above and then to put up their hands to show that they agree.

**Notes:**
   • Identify those in the group who cannot read and write. In this first session, especially when working with residents, the group leader may ask the group whether reading and writing activities will be a problem. The group leader must then ensure that throughout the training those participants for whom literacy is a problem are given other options, or paired with other participants.

   • Make sure they work in groups/pairs with those who can write so that someone records.
Module 1: What is HIV?

Activity 2: Introduction (Part 2) – What is HIV?

Purpose:
- To provide basic information about HIV and its impact.
- To allow participants to identify their information needs.

Objectives:
- Increased resident knowledge and skills of HIV, transmission and safe behaviour.
- Increased knowledge and skills among staff in closed settings of HIV, transmission and safe behaviour.

Style of activity: Presentation; small group discussion.

Time: 30 minutes.

Materials:
- O/Hs 1 – 4: HIV and AIDS definitions; What is HIV?; What does HIV do in the body?; Where is HIV in the world?
- Prepare a current version of O/H 4 – ‘HIV & AIDS in the world’.
- If possible, the group leader should prepare an O/H on ‘HIV in this country’.
- Pens and paper for participants.
- Large blank sheets of paper and pens for collecting responses.

Method:
- Present O/H 1 ‘HIV & AIDS definitions’.
- Ask participants to form into small groups. Ask each group to identify three questions about HIV that they would like to have answered by the end of the education sessions. One person in each group should keep a record of the questions.
- After five minutes, ask one person from each group to read out their questions. The group leader should write them in large print on the large blank sheets of paper. Put the sheets of paper on the walls. Tell the group that you will be referring back to these questions during the session(s).
- Present O/Hs 2 - 4, on HIV, its impact in the body, and in the world.
- If prepared, the group leader also presents an O/H on ‘HIV in this country’.
- Ask the participants whether any of their questions have been answered so far and explain that you will be referring back to these questions over the next few sessions. It is important that the group leader does not begin to answer transmission questions at this point, only questions to do with the information covered so far.
- The group leader should collect and keep the ‘Three Questions’ sheets for use in the later activities if the education is to occur over a number of different sessions.

Notes:
- Identify those in the group who cannot read and write.
- Make sure they work in groups/pairs with those who can so that someone records.
- Read out all overheads and handouts.
- If a number of the participants have literacy problems, an alternative here can be to ask the participants to draw a picture representing what HIV & AIDS means for them, and to discuss it with others in their group.
HIV and AIDS DEFINITIONS

HIV stands for: Human Immunodeficiency Virus

H  Human

I  Immunodeficiency – this means the body cannot defend itself properly from disease

V  Virus – this is something that can cause infection

AIDS stands for: Acquired Immune Deficiency Syndrome

A  Acquired – a person gets it from someone else

I  Immune

D  Deficiency – immune deficiency means the body cannot defend itself properly from disease

S  Syndrome – a group of illnesses or symptoms that make up a disease
WHAT IS HIV?

- HIV - Human Immunodeficiency Virus – is the virus that causes AIDS.

- People with it are said to be HIV positive [HIV+ve].

- If you get HIV your body will try to fight it and will make antibodies. A special blood test can detect these antibodies.

- This does not mean you have AIDS. AIDS is the sickness that develops over time, as a result of having HIV.
WHAT DOES HIV DO IN THE BODY?

- HIV can multiply quickly in the body.
- Over time, it attacks and wears down the body’s immune system, so that the body cannot fight diseases as it normally would.
- Many people can have HIV but not get sick for many years. They will look, and feel, perfectly healthy.
- When the immune system has been badly damaged by HIV, people can get very sick from infections or cancers.
- At this stage, a person has AIDS.
HIV & AIDS IN THE WORLD

INSERT MOST RECENT WHO OR UNAIDS MAP HERE

See www.unaids.org
**HIV & AIDS IN** (insert country name)

Insert most recent information here
Module 1: What is HIV?

Activity 3: What does it mean for me?

Purpose:
- To recognise and begin to discuss concerns and fears about HIV.
- To begin to consider the implications of HIV in individuals’ lives and in their world.

Objectives:
- Increased resident knowledge and skills of HIV, transmission and safe behaviour.
- Increased knowledge and skills among staff in closed settings of HIV, transmission and safe behaviour.

Style of activity: Individual reflection; small group discussion; whole group discussion.

Time: 20 minutes

Materials:
- Small sheets of paper (or blank postcards) for participants.
- Pens and paper for participants.

Method:

A. Concerns and Fears
- The group leader explains that HIV is not only about knowledge but also about feelings and beliefs – about the head and the heart. In this activity, participants will begin to explore some of their feelings and beliefs about HIV.
- Give participants a small sheet of paper or card and ask them to think about, then write down, their greatest concern or fear about HIV. They should not write down their name on the paper. Tell them that these cards will be collected and randomly distributed, for reading out in the group.
- Collect all the cards and redistribute them.
- Each person reads aloud, in turn, the fear on the card.
- Ask the group to break into small groups of three and spend five minutes discussing the different fears or concerns that were read out, and whether they shared them or had a different view.
- In the whole group, allow time for any general comments and questions.
- An alternative way to do this activity is to ask participants, in groups of three, to write down and/or draw their fears or concerns.
- Non-written option: Ask the groups of three to identify what they believe are the greatest fears in the community about HIV and then discuss whether they share them or have a different view. Increased resident knowledge and skills about HIV, transmission and safe behaviours.

B. Drawing it Together
- At the conclusion of these activities, the group leader should summarize the key points which have been covered so far, and refer back to the ‘Three Questions’ sheets which are on the walls, confirming which questions have been answered.
- It is also important to summarize the concerns and implications that the participants have begun to identify and to comment on any common issues.
Module 2: How do you get it?
Module 2: How do you get it?

Activity 1: Principles of transmission

Purpose:
- To provide basic information about HIV transmission.
- To allow participants to clarify their understandings of HIV transmission.

Objectives:
- Increased resident knowledge and skills of HIV, transmission and safe behaviour.
- Increased knowledge and skills among staff in closed settings of HIV, transmission and safe behaviour.

Style of activity: Presentation; small group discussion; whole group discussion.

Time: 30 minutes

Materials:
- O/H 6 & 7 - ‘Principles of transmission’ and ‘How people become infected’
- The ‘Three Questions’ sheets from Module 1 Activity 2 should be put on the walls again if they were removed after the earlier session.
- Pens and paper for participants

Method:
A. Presentation
- Present O/H 6 - ‘Principles of Transmission’: stress that each of the points listed has to happen for transmission to occur. Explain that while HIV is very powerful within the body, it does not survive very easily or for very long outside the body.
- Distribute Handout 1, ‘How do you get it?’
- Whole group discussion regarding the questions that have been answered so far. Allow time for any general comments and questions. The group leader should refer back to the “Three Questions” sheets as appropriate.

B. Quiz
- Ask participants to move back into those same groups of three and give each group a copy of Handout 2 ‘How Do You Get It? Quiz’. Tell the groups that this is a competition to see which group gets the most correct answers.
- Groups have 15 minutes to complete the quiz. Each group should write ‘true’ or ‘false’ next to each statement.
- In the whole group, go through the answers, using the Quiz Answer Sheet. Refer back to “Principles of transmission”, drawing out the reasons for the true and false answers. Acknowledge the group(s) that gets the most correct answers. (The group leader may have some small rewards, such as lollies, for the group that scores the highest).
- Reinforce the transmission information by presenting O/H 7 ‘How people become infected’.

Notes: Remember -
- Identify those in the group who cannot read and write.
- Make sure they work in groups/pairs with those who can so that someone records.
- Read out all overheads and handouts.
PRINCIPLES OF TRANSMISSION

1. HIV must exit the body of an infected person

2. HIV must remain living in the environment

3. HIV must enter the bloodstream of an uninfected person
HOW PEOPLE BECOME INFECTED WITH HIV

- Sharing drug-injecting equipment.
- Having sex – vaginal, anal, and also oral.
- From an HIV positive mother to her baby through pregnancy and breastfeeding.
- In some countries, through blood transfusions and organ transplants.
- Any other activity where blood (including menstrual blood), semen, vaginal fluid or breast milk from an infected person can enter the bloodstream of an uninfected person.
HOW DO YOU GET IT?

HIV is not spread easily. A person has to get infected blood or sexual fluids into his or her body.

These are the main ways that people can become infected with HIV:

- Sharing drug-injecting equipment.
- Having sex — vaginal, anal, and also oral.
- From an HIV positive mother to her baby through pregnancy and breastfeeding.
- In some countries, through blood transfusions and organ transplants.
- Any other activity where blood (including menstrual blood,) semen, vaginal fluid or breast milk from an infected person can enter the bloodstream of an uninfected person.

For transmission to occur, the following must happen:

- HIV must exit the body of an infected person.
- HIV must remain ‘alive’ in the environment.
- HIV must enter the bloodstream of an uninfected person.

REMEMBER, HIV IS MAINLY TRANSMITTED THROUGH BLOOD, SEMEN, AND VAGINAL FLUID.
HOW DO YOU GET IT?  QUIZ

Write ‘true’ or ‘false’ next to each statement.

1. Sharing drug-injecting equipment can give you HIV.
2. HIV is mainly transmitted through blood, semen and vaginal fluids.
3. You can get HIV from deep kissing.
4. Condoms can prevent you getting HIV.
5. Women cannot pass on HIV.
6. If you only use the injecting equipment of people that you know, you won’t get HIV.
7. If you already have HIV, it doesn’t matter if you share injecting equipment.
8. You can get HIV from oral sex.
9. Even if you have no symptoms of HIV, and look very well, you can pass it on.
10. If you have sex with many different people, you are at higher risk of HIV.
11. Only bad people get HIV.
12. You can only get HIV if you share injecting equipment with someone you don’t know well.
13. You can get HIV by sharing a room with someone who has it.
Handout 2. Answer sheet: How do you get it? Quiz

1. **Sharing drug-injecting equipment can give you HIV.**
   **True.** Sharing, or using someone else’s injecting equipment, especially needles, is a very efficient way to transmit HIV. Small amounts of blood, which can even be invisible, can remain in or on the syringe. You should treat all blood as if it is HIV positive and can therefore potentially transmit HIV.

2. **HIV is mainly transmitted through blood, semen, and vaginal fluids.**
   **True.** This includes menstrual blood. Breast milk can also transmit HIV. HIV cannot be transmitted through sweat, urine, tears, or saliva.

3. **You can get HIV from deep kissing.**
   **False.** HIV is not transmitted via saliva. If there are sores or cuts in the mouth, or if gums are bleeding, this may present some risk.

4. **Condoms can prevent you from getting HIV.**
   **True.** If condoms are used properly, they can help prevent transmission.

5. **Women cannot pass on HIV.**
   **False.** A man can get HIV from a woman during sexual intercourse. Women can pass HIV to men or women during sexual activity if the partner’s skin is cut or damaged.

6. **If you only use the injecting equipment of people that you know, you won’t get HIV.**
   **False.** It doesn’t matter how well you know the person. If they have HIV, this is a very effective way of transmitting the virus.

7. **If you already have HIV, it doesn’t matter if you share injecting equipment.**
   **False.** You could be re-infected with a different strain of HIV, or you could be infected with another blood-borne virus, such as hepatitis C. You can also infect the people you are sharing with.

8. **You can get HIV from oral sex.**
   **True.** HIV is present in semen, so transmission is possible in this way. The risk is higher if there are cuts or abrasions in the mouth.

9. **Even if you have no symptoms of HIV, and look very well, you can pass it on.**
   **True.** If you have HIV, you can pass it on whether you are sick or well. Most people with HIV will look healthy.

10. **If you have sex with many different people, you are at higher risk of HIV.**
    **True.** Having different sexual partners increases the risk of exposure to HIV. Remember, you cannot tell if someone is HIV positive just by looking at them.

11. **Only bad people get HIV.**
    **False.** Anyone who engages in any behaviour that allows infected blood, semen, or vaginal fluid to get into their bodies, is at risk for HIV.

12. **You can only get HIV if you share injecting equipment with someone you don’t know well.**
    **False.** It doesn’t matter how well you know the person. If they have HIV, this is a very effective way of transmitting the virus.

13. **You can get HIV by sharing a room with someone who has it.**
    **False.** Unless you engage in behaviour that allows infected blood, semen, or vaginal fluids to get into your body, you are not at risk for HIV. Regular physical or social contact is not a risk for HIV. HIV cannot be transmitted through sweat, urine, tears or saliva.
Module 2: How Do you Get It?

Activity 2: Lee’s story

Purpose:
- To apply knowledge of transmission to ‘real-life’ situations.
- To allow participants to clarify their understanding of HIV transmission.

Objectives:
- Increased resident knowledge and skills of HIV, transmission and safe behaviour.
- Increased knowledge and skills among staff in closed settings of HIV, transmission and safe behaviour.

Style of activity: Small group discussion; whole group discussion.

Time: 30 minutes.

Materials:
- Copies of Handout 3, ‘Lee’s story’.
- Pens and paper for participants.

Method:
- Divide participants into groups of three or four. Distribute Handout 3, ‘Lee’s story’.
- Read ‘Lee’s Story’ one section at a time, stopping for small group discussion at each transmission question point. For example - Is there a risk of HIV transmission here? Who is at risk, and why?
- After discussing each section move to the next section. At the conclusion, hold a whole group discussion about each of the transmission questions.
- Clarify any questions or issues about transmission, referring to the previous overheads and handouts.

Notes:
- If the group is not very large, and if they are comfortable talking together, this can be conducted as a whole group activity.
- Lee’s Story will be re-visited in Module 3, How do you avoid getting it? in order to discuss possible prevention and/or safety strategies.
- Remember -
  - Identify those in the group who cannot read and write.
  - Make sure they work in groups/pairs with those who can so that someone records.
  - Read out all overheads and handouts.
Lee’s story (Part 1)

Lee is 22 years old and moved three months ago from a small country town to the city. He is living with a friend, Mohan, from his old town. He has recently discovered that his friend is an injecting drug user, and every weekend there are groups of Mohan’s friends, also IDUs, who visit Mohan. Lee socializes and eats with them. Mohan has told Lee that a couple of his friends have HIV. Mohan and his friends usually use the same needles and syringes, as it can be difficult to get new injecting equipment.

Is there a risk of HIV transmission here? Who is at risk, and why?

Sometimes they leave the needles and syringes, and other equipment, lying around on the floor and furniture and Lee tries to tidy up the mess they have left.

Is there a risk of HIV transmission here? Who is at risk, and why?

Lee’s sister, Aila, comes to stay with him while she looks for work. She and Mohan begin a relationship. One day Lee comes home early from work, and finds his sister shooting up with Mohan. He pulls her away from his friend, and in the process he sticks himself with the needle.

Is there a risk of HIV transmission here? Who is at risk, and why?
Module 2: How Do You Get It?

Activity 3: What is the HIV risk if.....?

Purpose:
- To apply knowledge of transmission to ‘real-life’ situations.
- To allow participants to clarify their understandings of HIV transmission.

Objectives:
- Increased resident knowledge and skills of HIV, transmission and safe behaviour.
- Increased knowledge and skills among staff in closed settings of HIV, transmission and safe behaviour.

Style of activity: Small group discussion, whole group discussion.

Time: 30 minutes

Materials:
- Copies of Handout 4, ‘What If’, and a copy of the Answer Sheet for the group leader.
- Pens and paper for participants.

Method:
- Divide participants into groups of three or four. Distribute Handout 4, ‘What If?’
- Allocate each group two of the ‘What If’ situations. Ask them to identify what the extent of the HIV transmission risk is, in each situation.
- After 10 minutes, have a whole group discussion, going through each situation and referring to the ‘What If’ answer sheet. Allow time for any general comments and questions. Refer back to the previous overheads or handouts as necessary.

Notes:
- ‘What If’ may be revisited in Module 3, How do you avoid getting it? to discuss possible prevention and/or safety strategies.
- Remember -
  - Identify those in the group who cannot read and write.
  - Make sure they work in groups/pairs with those who can so that someone records.
  - Read out all overheads and handouts.
What is the risk of HIV if...?

1. You find a used syringe with blood in it on the street.

2. A friend of yours tells you s/he is HIV positive. You often eat and socialize together.

3. You are staying in a house where there is an HIV positive person. There are many mosquitoes and everyone gets bitten.

4. You share injecting equipment with someone who is HIV positive.

5. You have sex with a complete stranger at a party.

6. You have sex with a friend at a party.

7. You visit a friend who is a homosexual.

8. While you are having sex with your wife/husband/partner, the condom breaks.
Handout 4: Answer sheet. What is the risk of HIV if...?

1. You find a used syringe with blood in it on the street.
   No risk if you pick it up by the barrel and put it in the bin. Low risk if you jab yourself, as HIV does not live for very long outside the body.

2. A friend of yours tells you s/he is HIV positive. You often eat and socialize together.
   You are only at risk if you have shared needles or had unprotected sex with your friend.

3. You are staying in a house where there is an HIV positive person. There are many mosquitoes and everyone gets bitten.
   Mosquitoes (and other insects) do not transmit HIV. You are not at risk.

4. You share injecting equipment with someone who is HIV positive.
   This is a very efficient method for transmission of HIV. You are at very high risk.

5. You have sex with a complete stranger at a party.
   If the sex is unprotected (you did not use a condom), you may be at risk of HIV (and other STIs).

6. You have sex with a friend at a party.
   If the sex is unprotected (you did not use a condom), you may be at risk of HIV (and other STIs).

7. You visit a friend who is a homosexual.
   Just because someone is homosexual, does not mean that they have HIV. It is not possible to tell whether someone has HIV by looking at them. Regular physical or social contact is not a risk for HIV. If you have unprotected sex (without a condom) with your friend, you are potentially at risk.

8. While you are having sex with your wife/husband/partner, the condom breaks.
   If either of you is HIV positive, there is a high risk of transmission through semen or vaginal fluid.
Module 2: How Do You Get It?

Activity 4: Transmission Game

Purpose:
- To allow participants to clarify their understanding of HIV transmission.

Objectives:
- Increased resident knowledge and skills of HIV, transmission and safe behaviour.
- Increased knowledge and skills among staff in closed settings of HIV, transmission and safe behaviour.

Style of activity: Whole group activity and discussion.

Time: 30 minutes.

Materials:
- A set of statement cards (two sets if the group is large). The cards should be mixed up, so that all the 'high risk' cards, for example, are not together.
- Three A4 sheets, marked separately ‘HIGH RISK’, ‘NO RISK’, ‘DON’T KNOW’.

Method:
- Ask the group to imagine a line (continuum) along the floor, ranging from 'high risk' to 'no risk'. Designate a separate space for 'don’t know', and place the large A4 sheets in the three places. Alternatively, if a large wall space is available, the group leader may stick the A4 sheets along the wall as a continuum.
- Hand out the statement cards, so that each participant has one or two cards.
- Explain to the group that their task is to decide how risky the activity on the card is. In all cases, they are to assume an HIV positive person is involved.
- One at a time, each person should read aloud what is on their card, place it on the continuum where they think it belongs and make a statement about why they have put it in that position. They can also put the card on the 'don’t know’ space.
- Anybody in the group can challenge them or make suggestions about where the card should be placed, and the person whose card it is can move the card, or leave it.
- Continue, one at a time, until all of the cards are laid out.
- The group leader’s role is to then guide the discussion, encouraging the group to consider relative risks, confirming which cards are in the correct positions and providing information based on ‘Transmission game: Answer sheet’.
- The information can be reinforced as appropriate, using O/H 6 & 7 - ‘Principles of transmission’ and ‘How people become infected’.

Alternative version:
- If the group leader wishes to emphasize a particular type of risk, such as sexual transmission, s/he can conduct the above activity using only the cards that relate to sexual transmission.
- The participants will then be identifying a sexual risk continuum, which can be used to encourage more detailed discussion about sexual practice and relative risk.
- Non-written option: The group leader reads the statement cards one at a time, to each participant, and s/he moves to the place on the continuum that s/he thinks represents the risk.
Transmission game: statement cards

Shaking hands
Having a blood transfusion
Breastfeeding
Having sexual intercourse without a condom
Having sexual intercourse with a condom
Holding hands
Deep kissing
Giving first aid where blood spills and/or splashes have occurred
Getting a tattoo
Getting your ear (or any other body part) pierced
Giving mouth to mouth resuscitation
Being splashed in the eye with spit/sputum
Sharing injecting equipment
Being bitten
Sharing food or drink
Being bitten by insects
Cleaning up vomit
Getting a needle stick injury
Sharing a razor
Being sneezed on
Having sex with a sex worker
Having oral sex
Swimming in a public pool
Caring for someone with AIDS
Having anal intercourse without a condom
Transmission game: Answer sheet

Shaking hands
As the act or ritual of shaking hands does not normally involve blood exchange, there is no risk of transmission.

Having a blood transfusion
Very low risk in countries where blood products are screened. Otherwise, blood transfusions may be a significant risk.

Breastfeeding
Breast milk can transmit HIV. There is also the risk that cracked or bleeding nipples can transmit HIV via blood.

Having sexual intercourse without a condom
There is a high risk of HIV transmission through semen or vaginal fluid. Having sex without a condom increases your risk of infection with many STI, as well as becoming pregnant or impregnating someone.

Having sexual intercourse with a condom
Low risk. Used properly, and with a water-based lubricant, condoms considerably reduce the risk of HIV transmission.

Holding hands
Holding hands does not normally involve blood exchange, so there is no risk.

Deep kissing
Very low risk. HIV is not transmitted via saliva. If there are sores or cuts in the mouth, or if gums are bleeding, this may present some risk.

Giving first aid where blood spills and/or splashes have occurred
If standard infection control procedures are used, the risk is very low. Standard infection control procedures assume everyone is potentially infectious and the basic procedure means not coming into direct contact with any potentially infectious body fluid – blood, semen or vaginal fluid. Remember that sometimes blood can be invisible to the naked eye.

Getting a tattoo
Contaminated tattooing equipment can potentially transmit HIV, although the quantities of blood present would not usually be sufficient for this to occur. However, there is significant risk for transmission of other blood borne viruses, such as Hepatitis C.

Getting your ear (or any other body part) pierced
Contaminated piercing equipment can potentially transmit HIV, although the quantities of blood present would not usually be sufficient for this to occur. However there is significant risk for transmission of other blood-borne viruses, such as Hepatitis C.

Giving mouth to mouth resuscitation
If standard infection control procedures are used, the risk is very low. Standard infection control procedures assume everyone is potentially infectious and the basic procedure means not coming into direct contact with any potentially infectious body fluid – blood, semen or vaginal fluid. Remember that sometimes blood can be invisible to the naked eye. It is unlikely that the virus is present in sufficient quantities in saliva for this to be a risk.
**Being splashed in the eye with spit/sputum**  
Unless there is a large amount of blood in the spit/sputum, it is unlikely that the virus is present in sufficient quantities in saliva for this to be a risk.

**Sharing injecting equipment**  
High risk. Sharing injecting equipment, especially needles, is a very efficient way to transmit HIV. Small amounts of blood, which can even be invisible, can remain in or on the syringe. You should treat all blood as if it is HIV positive and can therefore potentially transmit HIV.

**Being bitten**  
Low risk. In this situation, HIV could only be transmitted by blood-to-blood contact – that is, the blood of a person infected with HIV has to get into your bloodstream. Unless the skin is broken and there is blood present for both people, transmission is unlikely in this situation.

**Sharing food or drink**  
No risk. Regular physical or social contact is not a risk for HIV. HIV cannot be transmitted through sweat, urine, tears, or saliva.

**Being bitten by insects**  
No risk. The evidence for this is that in places in the world where insect bites are common, only babies, sexually active adults, and IDUs get HIV, not children or old people. If insect bites could transmit HIV, there would be many more people infected, and it would be spread evenly through the population.

**Cleaning up vomit**  
If standard infection control procedures are used, the risk is very low. Standard infection control procedures assume everyone is potentially infectious and the basic procedure means not coming into direct contact with any potentially infectious body fluid – blood, semen or vaginal fluid. Remember that sometimes blood can be invisible to the naked eye.

**Getting an injury from a needle or sharp implement**  
Potentially high risk, depending on the amount of blood present and the depth of the injury.

**Sharing a razor**  
Transmission is unlikely. In a worst possible case, a person would have to cut themselves deeply with a razor, almost immediately after it had been used by an HIV positive person, who had also cut him/herself with it. Most people would not use a bloody razor or toothbrush without washing them.

**Being sneezed on**  
No risk. Regular physical or social contact is not a risk for HIV. HIV cannot be transmitted through sweat, urine, tears or saliva.

**Having sex with a sex worker**  
This depends on what kind of sex, and whether or not a condom is used. There is a high risk of HIV transmission through semen or vaginal fluid if a condom is not used. Having sex without a condom increases your risk of infection with many sexually transmitted infections. In some places, many sex workers have sex without condoms; having different sexual partners increases their risk of exposure to HIV. Remember, it is not possible to tell that someone is HIV positive just by looking at him/her.
Having oral sex
There is some risk. HIV is present in semen, so transmission is possible in this way. The risk is higher if there are cuts or abrasions in the mouth.

Swimming in a public pool
No risk. Regular physical or social contact is not a risk for HIV. HIV cannot be transmitted through sweat, urine, tears or saliva.

Caring for someone with AIDS
Low risk in relation to regular physical or social contact. In relation to medical care, if standard infection control procedures are used, the risk is very low. Standard infection control procedures assume everyone is potentially infectious and the basic procedure means not coming into direct contact with any potentially infectious body fluid – blood, semen or vaginal fluid. Remember that sometimes blood can be invisible to the naked eye.

Having anal intercourse without a condom
There is a high risk of HIV transmission through semen. This is one of the highest risk sexual activities, especially for men who have sex with men. Having sex without a condom also increases the risk of infection with many STI.
Module 3: How do you avoid getting it?
Module 3: How do you avoid getting it?

Activity 1: Drug use: harm reduction (resident activity)

Purpose:
- To increase participants’ understanding of ‘harm reduction’ in relation to drug use.

Objectives:
- Reduced incidence of risky practices by residents in closed settings.
- Increased incidence of safe behaviour among residents on release into the community.
- Reduced use of used injecting equipment, to the extent that this becomes normative behaviour among IDUs.

Style of activity: Whole group brainstorming session and discussion; small group discussion; individual reflection.

Time: 60 minutes.

Materials:
- Whiteboard or large sheets of paper for recording responses.
- O/H 8: Harm reduction.
- Pens and paper for participants.

Method:
A. Drug use
- In the whole group, ask participants to brainstorm all the different kinds of drug use that they know of, while the group leader records them on the board. This is not just different types of drugs, legal and illegal, but also different ways of using them. Encourage participants to think broadly: the list should include behaviours such as drinking alcohol, and even coffee.
- Remind participants of the different ways that HIV can be transmitted (O/Hs 6 & 7 Principles of Transmission and How people become infected from Module 2).
- Divide participants into groups of three or four, and ask each group to attempt to reach agreement about the ordering of the drug use activities from least harmful to most harmful, in relation to transmission of HIV. (Highlight that ‘no use’ is the least harmful activity).
- After 10 minutes, ask each group to present their ratings, and compare the different groups’ responses.

B. Harm Reduction
- Show Overhead 8 ‘Harm Reduction’, and explain its application to the range of drug-related harms and activities. The group leader should correct any misinformation, referring back to the previous overheads or handouts as necessary.
- Taking each of the identified risk activities in turn, ask participants if there are ways either to make the activity safer, or alternatively, if there are safer ways to use the drug.
- Back in small groups, ask participants to identify other harms (non-HIV) associated with the various kinds of drug use.
- Each group presents these ‘other harms’ to the whole group, with discussion and clarification as required.
C. Making it real

- Ask participants, individually, to reflect on the discussions so far, of different drug-related harms and whether they have learnt anything new.

- Ask each person to think about his or her own drug use history, and write down (or consider) the three most significant points for them, from the previous discussion. Can they identify any behaviour that might have put them at risk in relation to HIV? Or where they might have put others at risk? Encourage them to consider actions/behaviour that have implications both for themselves personally and for their families and friends.

- Remind the group about the confidentiality agreement, and then in pairs, ask each participant to share one of the three things they have written down. Participants should only share something they are comfortable talking about.

D. Drawing it together

- At the conclusion of these activities, the group leader should summarize the key points covered so far. It is also important to summarize the concerns and implications that participants have begun to identify, and to comment on any common issues.
WHAT IS HARM REDUCTION?

In public health “harm reduction” is used to describe a concept aiming to prevent or reduce negative health consequences associated with certain behaviours.

In relation to drug injecting, “harm reduction” components of comprehensive interventions aim to prevent transmission of HIV and other infections that occurs through the sharing of non-sterile injection equipment and drug preparations.

Module 3: How do you avoid getting it?

Activity 2: Safe sex: harm reduction (resident activity)

Purpose:
- To increase participants’ understanding of harm reduction in relation to safe sex.

Objectives:
- Reduced incidence of risky practices by residents in closed settings.
- Increased incidence of safe behaviour among residents on release into the community.

Style of activity: Whole group brainstorming session and discussion; small group discussion; individual reflection.

Time: 30 – 40 minutes.

Materials:
- Whiteboard or large sheets of paper for recording responses.
- O/H 9: Safe sex.
- Pens and paper for participants.

Method:
A. What is safe sex?
- Write ‘Safe sex’ in the middle of the board, or a large sheet of paper,
- Ask participants to brainstorm what they think that might mean, pointing out that ‘safe’ can mean different things e.g. it might mean safe from a STI such as HIV, or it might mean safe from pregnancy or it might mean safe from physical or emotional harm.
- Show O/H 9 ‘Safe sex.’ Explain that the term ‘safe sex’ as we are using it here is in relation to STI but that the other concepts of safety are also important.
- Go back to the brainstormed list of ‘safe sex’ activities and identify which ones are ‘safe’ in terms of that definition. You may also wish to refer to O/H 6 ‘Principles of transmission.’ If it is not identified, remind participants that masturbation is a safe sex activity.
- Participants should also consider the safety of the above activities in the context of whether they are male-to-male or male-to-female.
- Ask participants, individually, to reflect on their own sexual behaviour and to think about any behaviour that might have put them or others at risk in relation to HIV.
- On a sheet of paper (not for sharing) ask each person to write down the most important thing they can decide to do to keep themselves, or others, safe in relation to sexual transmission of HIV. (Non-written option: the group leader to ask participants to consider, rather than write, the above).

B. Pressure for sex
- The group leader explains that people are often ‘pressured’ to have unsafe sex and that it is important to consider how to respond to that. In this activity, the group leader will take the role of the person doing the ‘pressuring’ and will go to each participant in turn, with a request that they have to say ‘no’ respond to the request to have unsafe sex. Again, it is important to recognize that sometimes this behaviour will be male-to-male.
- Brainstorm with the whole group some of the lines and words people might use to pressure other people to have unsafe sex. Examples might be: “but I’m your friend, I’d never infect you,” “don’t you trust me?” “if you cared for me, you would...” “sex with condoms feels awful.”
• The group leader then goes to each participant in turn, using one of the brainstormed lines, or others, and each person must respond by refusing to have unsafe sex. It is important to make this activity a fun one with the group. For example, other people in the group can help think of responses; the group leader can ask questions of the group like “Is that good enough?” “Would that stop you?” “What else could he/she say?”.

• At the end of the activity, the group can vote on who gave the best responses – small rewards, such as lollies, can be used.

Extension activity:
• The group leader can identify for the group that sometimes pressure or coercion is used to force people to have sex when they do not want to.

• In small groups, ask participants to identify how common they believe this situation to be and possible responses when it occurs. The small groups can also consider the possible HIV risk in this situation.

• In the whole group, discuss the issues that have been identified in the small groups. Ask the group where they might get help after this kind of occurrence?

C. Drawing it together

At the conclusion of these activities, the group leader should summarize the key points that have been covered so far. It is also important to reinforce any new information, and to encourage and acknowledge participants for their “behaviour rehearsal” responses above.

Notes:
• Sometimes participants will want to focus on persons, rather than behaviour, when talking about risk. It is important to stress, repeatedly, that risk is about behaviour, not particular groups of people.

• The ‘Pressure for sex’ activity can also be used in relation to pressure to use drugs or share injecting equipment.
SAFE SEX

• Safe sex means ways of having sex that either reduce or remove the risk of becoming infected with, or passing on, a sexually transmitted infection (STI) including HIV.

• In relation to HIV, safe sex is any sexual contact where one person’s blood, semen, or vaginal fluid, cannot come in contact with another person’s bloodstream.

• Safe sex includes penetrative sex (anal or vaginal) with condoms.

• Safe sex also includes ‘non-penetrative’ behaviour, such as kissing and massage, and self-pleasuring activities like masturbation.
Module 3: How do you avoid getting it?

Activity 3: Drug use and safe sex: harm reduction (staff activity)

Purpose:
- To increase participants’ understanding of harm reduction in relation to drug use and safe sex.

Objectives:
- Increased knowledge among staff in closed settings of HIV, transmission and safe behaviour.
- Greater understanding of the need for HIV harm reduction within a compulsory drug treatment and rehabilitation programme.

Style of activity: Whole group brainstorming session and discussion; small group discussion; individual reflection.

Time: 60 minutes.

Materials:
- Whiteboard or large sheets of paper for recording responses.
- O/H 8: Harm reduction, O/H 9: Safe sex.
- Pens and paper for participants.

Method:

A. Drug use and harm reduction

- In the whole group, ask participants to brainstorm all the different kinds of drug use that they know of, while the group leader records them on the board. This is not just different types of drugs, legal and illegal, but also different ways of using them. Encourage them to think broadly: the list should include behaviour such as drinking alcohol, and even coffee.

- Remind participants of the different ways that HIV can be transmitted (O/Hs 6 & 7 Principles of transmission and How people become infected? from Module 2).

- Divide participants into groups of three or four, and ask each group to attempt to reach agreement about the ordering of the drug use activities from least harmful to most harmful, in relation to the transmission of HIV. (Highlight that ‘no use’ is the least harmful activity).

- After 10 minutes, ask each group to present their ratings, and compare the different groups’ responses.

- Show Overhead 8 ‘Harm reduction’, and explain its application to the range of drug-related harms and activities. The group leader should correct any misinformation, referring back to the previous overheads or handouts as necessary.
• Taking each of the identified risk activities in turn, ask participants if there are ways either to make the activity safer or alternatively, are there safer ways to use the drug.

• Back in small groups, ask participants to identify other harms (non-HIV) associated with various kinds of drug use.

• While participants are in small groups, ask them to consider how they can encourage residents to understand reducing harm associated with drug use.

• Discuss responses in the whole group.

B. Safe sex

• Ask participants to repeat this activity, this time brainstorming what ‘safe sex’ might mean.

• Show O/H 9 ‘Safe sex’. Explain that the term ‘safe sex’ is used here in relation to STI but that other concepts of safety are also important.

• Go back to the brainstormed list of ‘safe sex’ activities and identify which ones are ‘safe’ in terms of the definition. You may also wish to refer to O/H 6 ‘Principles of transmission.’

• Explain to participants that whether or not they have a specific role in formally educating residents about safe sex, it is important that they are aware of and able to provide informal education, as appropriate.
Module 3: How do you avoid getting it?

Activity 4: Using a condom (resident activity)

Purpose:
- To provide residents with information about condom use.
- To increase residents’ skills in condom use.

Objectives:
- Reduced incidence of risky practices by residents in closed settings.
- Increased incidence of safe behaviour among residents on release into the community.

Style of activity: Presentation; small group discussion; whole group discussion.

Time: 30 minutes.

Materials:
- Copies of Handout 5: ‘How to use a condom’ for all participants.

Method:
A. Introduction
- The group leader explains to participants that it is important that condoms are used effectively every time. Residents need to understand that if condoms are not used properly they will not protect against the transmission of HIV.

- Some discussion should occur at this stage about where to get condoms, how expensive they are and how to purchase them.

B. How to use a condom
- Handout 5 ‘How to use a condom’ is distributed to all residents.

- The group leader uses the illustrations in the handout to describe how condoms are used. The group leader must cover the following information:
  - Convincing your partner to use a condom. This is important for both male and female residents.
  - Use a condom every time you have sex.
  - How and when to put a condom on the penis.
  - How and when to remove a condom after sex.

C. Making it real
- Whole group discussion about the difficulties of using a condom. Both the practical and emotional difficulties should be covered in this discussion.

Notes:
- Remember -
  - Identify those in the group who cannot read and write.
  - Make sure they work in groups/pairs with those who can so that someone records.
  - Read out all overheads and handouts.
This is the right way to put a condom

Step 1:
- Check expiry date.
- Push the condom to the side of the packet

Step 2:
- Tear the condom packet carefully with your fingers.
- Take it out of the packet using your fingertips.

Step 3:
- Squeeze the teat on the tip of the condom between two fingers.
- Hold the condom against the head of the hard dick.
This is the right way to put a condom

Step 4:
- Smoothly unroll the condom down to the base of the click with the other hand.
- Add plenty of lube.

Step 5:
- After sex, take the hard dick out by holding onto the base of the condom and dick.

Step 6:
- Place the condom in a plastic bag.
- Put in the bin.

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Module 3: How do you avoid getting it?

Activity 5: Cleaning injecting equipment

Purpose:
- To provide residents and staff with information about cleaning injecting equipment.
- To increase residents’ skills in safer injecting.

Objectives:
- Increased safe behaviour among residents on release into the community.
- Increased capacity and willingness of staff in closed settings to educate residents in preventing the spread of HIV.

Style of activity: Presentation; small group discussion; whole group discussion. See important note below about the sensitive use of this activity.

Time: 30 minutes.

Method:
A. Introduction
- The group leader explains to participants the importance of educating friends and others about safer injecting when they return to the community. If they continue to use drugs, it would be best not to inject. If they continue to inject, where possible, new injecting equipment should be used every time. However, sometimes it is simply not possible to get new equipment. In this case, injecting equipment can be cleaned, before it is reused. It is important to note that many experts do not consider this to be an effective way to prevent the transmission of HIV, or other blood-borne viruses such as Hepatitis C, but that it seems to be safer than reusing dirty equipment.
- Some discussion should occur at this stage about where to get new injecting equipment in the community.

B. How to clean injecting equipment
- It is important that residents understand that every effort must be made to ensure that equipment is clean. There are a number of different methods recommended by different authorities, however the following steps should be taken:
  - Step 1: Soak all equipment in bleach or dishwashing detergent for two minutes.
  - Step 2: Wash out the syringe in tap water by drawing up the liquid and squirting it down the sink, twice.
  - Step 3: Repeat Step 2 but by using bleach instead of water.
  - Step 4: Repeat Step 2 with water and ensure equipment is fully rinsed.
C. Making it real

- Whole group discussion about the safest ways to inject. The group leader should stress that while it is expected that participants will not inject when they leave the centre, other people in the community probably will. Ask participants to consider how they would respond if one of their friends wanted to inject and had no clean equipment available.

Notes:
The group leader needs to be aware that this is a challenging and sensitive activity. While it is important that residents understand how to clean injecting equipment effectively this is an option of ‘last resort.’ The key messages from the whole programme about reducing harm, in order, are:

1. Try not to use drugs in the future.
2. If you do continue to use drugs then don’t inject them.
3. If you do inject drugs never share (reuse) injecting equipment.
4. If you do share (reuse) injecting equipment then clean it as well as possible.

Remember -
- Identify those in the group who cannot read and write.
- Make sure they work in groups/pairs with those who can, so that someone records.
- Read out all overheads and handouts.
Module 3: How do you avoid getting it?

Activity 6: Ali and Jela

Purpose:
• To consider the implications and consequences of sexual and drug use behaviours.

Objectives:
• Increased knowledge among staff in closed settings of HIV, transmission and safe behaviour.
• Reduced incidence of risky practices by residents in closed settings.
• Increased incidence of safe behaviour among residents on release into the community.

Style of activity: Individual values ranking; small group ranking and discussion; whole group discussion.

Time: 30 minutes.

Materials:
• Copies of Handout 6: ‘Ali and Jela’ for all participants.

Method:
• The group leader introduces this activity by saying that there are no ‘right’ answers and that the purpose of the activity is to begin to consider what influences people’s responses to HIV-related matters.
• Hand out a copy of Ali and Jela to all participants: they should read it themselves or the group leader should read the story aloud.
• Ask everyone, individually, to rank the characters in the story from best to worst, according to their behaviour. Ranking 1 is the character whose behaviour is best, 4 is worst.
• Divide participants into groups of four or five and ask each group to attempt to reach agreement about the ranking of the characters.
• After 10 minutes, ask each group to present their rankings, and compare the different groups’ responses. Ask the groups what the key issues were in their discussion and where it was easy or difficult to reach agreement.
• If it has not already been covered in the discussions, ask the group:
  • if they can identify the key ‘decision points’ in terms of safe or unsafe behaviour.
  • if they can identify how others’ behaviour (e.g. the mother urging her son not to tell his girlfriend that he might be sick) influenced each person’s ability to make safe decisions.

Alternative:
Instead of asking participants to rank the characters, the group leader can break them into four groups, one for each character, and ask groups to prepare, then present to the whole group, the ‘case’ for-and-against, for their character.

Notes:
Remember -
• Identify those in the group who cannot read and write.
• Make sure they work in groups/pairs with those who can, so that someone records.
• Read out all overheads and handouts.
Ali and Jela live in a coastal town about one hour from the capital. They are both 22. They are boyfriend and girlfriend and have been together for about three years. They plan to marry. Ali has just returned from six months working in the city. During his time in the city, he occasionally had sex with sex workers and did not use a condom. Once, he also injected heroin with one of his friends in the city and they used the same needle and syringe.

A few weeks before his return, he was very sick for a few days and thought he had the flu. His friend (the one he had injected with) told him that he should see a doctor as he himself had just been told he was HIV positive. Ali was too frightened to go to the doctor.

When he returns home, he resumes his relationship with Jela. They do not use condoms, as they never did before and he does not want her to be suspicious. He tells his mother that he is worried about his health and why. She urges him not to tell Jela, or anyone else, as she is worried about the shame it would bring on the family. His mother tells him he should go back to the city and see a doctor but he refuses.

*Rank each of the characters in the story - Ali, Jela, his friend, and his mother, from 1 to 4, 1 being the character whose behaviour you think is the best, 4 the worst.*

**Ali**

**Jela**

**Friend**

**Mother**

Think about how much responsibility each character took for themselves and for others.

*What is the group ranking? Is it different to yours?*

**Ali**

**Jela**

**Friend**

**Mother**
Module 3: How do you avoid getting it?

Activity 7: Lee's story: Revisited

Purpose:
- To add an understanding of safe behaviour to previous transmission risk knowledge.

Objectives:
- Increased knowledge among staff in closed settings of HIV, transmission and safe behaviour.
- Reduced incidence of risky practices by residents in closed settings.
- Increased safe behaviour among residents on release into the community.

Style of activity: Small group discussion; whole group discussion.

Time: 30 minutes.

Materials:
- Copies of Handout 7: ‘Lee’s story, Revisited.’
- Pens and paper for participants.

Method:
- Divide participants into groups of three or four. Distribute Handout 7: ‘Lee’s story: Revisited’
- Read ‘Lee’s story: Revisited’ in sections, stopping for small group discussion at each transmission question point - Is there a risk of HIV transmission here? Who is at risk, and why?
- This time, also add the question: What could each person do to reduce the harm to themselves and others at this point?
- After a few minutes discussing each section, have a whole group discussion, about each of the harm reduction points.
- Clarify any questions or issues about harm reduction, referring to the previous overheads and handouts.

Notes:
- Remember -
  o Identify those in the group who cannot read and write.
  o Make sure they work in groups/pairs with those who can, so that someone records.
  o Read out all overheads and handouts.
Lee’s story: Revisited

Lee is twenty-two years old and moved from a small country town to the city three months ago. He is living with a friend, Mohan, from his old town. He has recently discovered that his friend is an injecting drug user, and every weekend there are groups of Mohan’s friends, also IDUs, who visit Mohan. Lee socializes and eats with them. Mohan has told Lee that a couple of his friends have HIV. Mohan and his friends usually use the same needles and syringes, because it can be difficult to get new injecting equipment.

Is there a risk of HIV transmission here? Who is at risk, and why? What could each person do, to reduce the harm to themselves and others, at this point?

Sometimes they leave the needles and syringes, and other equipment, lying around on the floor and furniture and Lee tries to tidy up the mess they have left.

Is there a risk of HIV transmission here? Who is at risk, and why? What could each person do, to reduce the harm to themselves and others, at this point?

Lee’s sister, Aila, comes to stay with him while she looks for work. She and Mohan begin a relationship. One day Lee comes home early from work, and finds his sister shooting up with Mohan (injecting drugs and using his needle). He pulls her away from his friend and in the process he sticks himself with the needle.

Is there a risk of HIV transmission here? Who is at risk, and why? What could each person do, to reduce the harm to themselves and others at this point?
Module 3: How do you avoid getting it?

Activity 8: Safe behaviour brochure

Purpose:
- To translate participants’ understanding of harm reduction into materials for their former peers.
- To allow participants to clarify their understanding of HIV harm reduction.

Objectives:
- Increased knowledge and skills among staff in closed settings of HIV, transmission and safe behaviour.
- Increased resident knowledge and skills of HIV, transmission and safe behaviour.
- Reduced incidence of risky practices by residents in closed settings.

Style of activity: Information presentation; small group art and design activity.

Time: At least 2 x 60 minute sessions.

Materials:
- Copies of Handout 8: ‘How Do You AvoidGetting It?’
- Pens, crayons, paints, cardboard, paper, and other materials to make resources, for participants.

Method:
- Distribute copies of Handout 8: ‘How do you avoid getting it?’ which summarizes the key points they have covered so far. Briefly go through the information sheet with the whole group.
- Divide participants into groups of five or six. There are two tasks: half of the groups will complete one, and half the other.
- Explain that it is now three months since they have returned home, after their time in the centre. Because they have learnt so much about HIV and harm reduction while they have been away, they are doing volunteer peer group leader work with a local organization. With the other people in their group, they have been asked to design a small, easy-to-understand brochure for drug users about:
  - Safer drug use
  - Safe sex (including how to use a condom)
- Tell participants that they can refer to the information sheet, but they should try to make their resource as ‘visual’ as possible.
- The group leader should move from group to group, helping to ensure that the information is correct.
- Completed resources are presented to the whole group, and group leaders may be able to arrange with centre staff for some limited copies to be made.

Notes:
Remember -
- Identify those in the group who cannot read and write.
- Make sure they work in groups/pairs with those who can, so that someone records.
- Read out all overheads and handouts.
**HOW DO YOU AVOID GETTING IT?**

Remember! HIV is not spread easily. A person must get infected blood or sexual fluids into his or her body.

These are the main ways that people can avoid becoming infected with HIV:

**DO NOT EVER SHARE INJECTING EQUIPMENT.**

**ALWAYS USE A CONDOM WHEN HAVING PENETRATIVE SEX.**

**AVOID UNPROTECTED CONTACT WITH ANOTHER PERSON’S BLOOD, SEMEN, OR VAGINAL FLUID.**

**MAKE SURE THAT SKIN PIERCING OR TATTOOING EQUIPMENT IS NEW OR STERILIZED.**
Module 3: How do you avoid getting it?

Activity 9: Drug use and sexual risk

Purpose:
- To explore factors that influence drug use and sexual risk.

Objectives:
- Reduced incidence of risky practices by residents in closed settings.
- Reduced use of used injecting equipment, to the extent that this becomes normative behaviour among IDUs.
- Increased understanding of the need for HIV harm reduction within a compulsory drug treatment and rehabilitation programme.

Style of activity: Whole group discussion; small group discussion.

Time: 30 minutes

Materials:
- Whiteboard or large sheets of paper for recording responses.
- Prepare Case Study cards ‘Choices.’
- Handout 8: ‘How do you avoid getting it?’
- Pens and paper for participants.

Method:
- Introduce this activity by reminding the group that people often do things in spite of knowing that they are, or could be, risky. Participants now know a lot more about HIV, and drug use and sexual risk than they did before. But they (or residents, if working with a staff group) may still take action that is do things unsafe: sometimes people make decisions that are not rational or sensible. For example, people frequently report that they have done things in relation to sex that they would not normally have done if they had not been affected by some kind of drug such as alcohol.

- Divide participants into groups of three or four and give each group two of the case study cards; their task is to discuss the ‘think, feel, and do’ of each scenario. If working with a staff group, they may be more comfortable if they are asked to imagine that they are residents in the centre.

- Work through the following example with the whole group:
  Your girlfriend has not injected drugs for six months. One day, when you arrive at your girlfriend’s place, it is obvious she is drunk. She has her old injecting gear out and is clearly about to use.
  **What do you think?** (that she is drunk and making a big mistake)
  **How do you feel?** (angry and frightened, for her and for yourself)
  **What do you do?** (try to talk her out of it, take her equipment away and take her out for a walk).

- After 10 minutes in small groups, discuss each scenario in the whole group. Ask them to consider:
  o What might be happening ‘inside’ the person making unsafe choices?
  o What strategies could be used to reduce the harm in each of the situations?

- If Handout 8: ‘How do you avoid getting it?’ has not been used in the previous activity, distribute it here to reinforce safe behaviour.

Notes:
- Remember -
  o Identify those in the group who cannot read and write.
  o Make sure they work in groups/pairs with those who can, so that someone records.
  o Read out all overheads and handouts.
CASE STUDY CARDS

CHOICES

1. You are at a party with a group of friends. Everybody is drinking, including you, and some people are drunk. One of the women, whom you do not know very well, asks you to go with her into the bedroom.

What do you think?
How do you feel?
What do you do?

2. You are at a party with a group of friends. Everybody is drinking, including you, and some people are drunk. One of the men, whom you do not know very well, asks you to go with him into the bedroom.

What do you think?
How do you feel?
What do you do?

3. A friend has invited you for a meal. When you arrive at his/her place, you find him/her smoking heroin. S/he pressures you to join him/her.

What do you think?
How do you feel?
What do you do?

4. You have been drinking with your mates at a sporting game. Soon after, you go to visit your girlfriend. You want to be intimate with her and she refuses.

What do you think?
How do you feel?
What do you do?

5. You are very depressed, because you have just lost your job. You go out to a bar and start drinking steadily. Later, an old contact of yours offers you some drugs.

What do you think?
How do you feel?
What do you do?

6. You have taken a ‘tablet’ that a friend has told you will make you feel really good. He’s right – you feel as if nothing can hurt or harm you. You go into the town and pick up a sex worker (for female groups, change ‘sex worker’ to ‘man to have sex with’). Later, you realise you didn’t use a condom.

What do you think?
How do you feel?
What do you do?
Module 3: How do you avoid getting it?

Activity 10: Storyboard: Happy and unhappy endings

Purpose:
- To consolidate information about harm reduction by applying it to a real life scenario.

Objectives:
- Increased incidence of safe behaviour among residents on release in the community.
- Reduced use of used injecting equipment, to the extent that this becomes normative behaviour among IDUs.
- Increased understanding of the need for HIV harm reduction within a compulsory drug treatment and rehabilitation programme.
- Increased capacity and willingness of staff in closed settings to educate residents in preventing the spread of HIV.

Style of activity: Whole group discussion; small group discussion.

Time: 30 – 45 minutes.

Materials: Nil.

Method:
- Divide the participants into two groups of no more than ten each. Each group will be telling two stories: one with a ‘happy ending’, and the other with an ‘unhappy ending’. If there are more than twenty people, the others can be observers, and provide comment on the key points of each story.
- Each group will start with the basic story of Malak, who has been in a detoxification centre for twelve months and is now going home. Explain that ‘storyboarding’ is a way of telling a story, where one person at a time tells the next part of the story, until the ending is reached. (For female groups, ‘Malak’ becomes a woman e.g. ‘Oanh’.)
- Each group meets separately for 5 minutes, to discuss some of the key elements of their story, but it should not be planned in too much detail, as the fun is in adding to where the story is up to, when it gets to the next person. Encourage the groups to think of a variety of realistic situations, where there could be HIV risk, related to both drug use and sex.
- The first task for each group is the ‘unhappy ending’ story. This will tell the story of Malak, who leaves the centre, goes home, meets up with his family and friends again in various situations and does not avoid all risky HIV behaviour. Malak is HIV positive at the end of this story.
• After the groups have had five minutes to prepare, ask each group in turn, to take turns ‘storyboarding’ Malak. The group leader should start each story, with “Malak has been in a detoxification centre for 12 months and is now going home.”

• Discuss each group’s version of the unhappy ending, commenting on differences and similarities.

• The second task for each group is the ‘happy ending’ story. This will tell the story of Malak, who leaves the centre, goes home, meets up with his family and friends again in various situations and avoids risky HIV behaviour even though he is presented with some risky situations.

• Discuss each group’s version of the happy ending, commenting on differences and similarities.

• Discuss in the whole group, the differences in the two versions of Malak’s story, and draw out the implications for safe behaviour. When working with a group of residents, the key points to be emphasized are the need for safe sex and drug use behaviour. When working with staff, the key point to be emphasized and drawn out is what they can do to help Malak create an HIV-free future.

• At the conclusion of these activities, the group leader should summarize the key points as well as any concerns and implications that participants have identified. In summing up, it is also important for the group leader to emphasize for participants the important points to remember to achieve a ‘happy ending’ to their own story or for the residents who are in their care.
Module 3: How do you avoid getting it?

Activity 11: HIV in the workplace: Transmission and infection control (staff activity only)

Purpose:
- To increase participants’ understanding of safe work practices in relation to HIV.

Objectives:
- Reduced OH&S risk of HIV transmission for staff in closed settings

Style of activity: Presentation; whole group brainstorming session and discussion.

Time: 30 minutes.

Materials:
- O/H 6: ‘Principles of transmission’ (from Module 2 Activity 1)
- O/H 10: ‘Principles of infection control’
- Copies of O/H 10: ‘Principles of infection control’ as a handout for the group.
- Pens and paper for participants.

Method:
- In the whole group, ask participants to brainstorm situations where they may be at risk of acquiring HIV in the workplace.
- Using O/H 6 ‘Principles of transmission’, go through each possible workplace risk identified and decide which of them is an actual risk.
- Use O/H 10 ‘Principles of infection control’ and ask the group to give examples from the brainstorming session of how these principles should be applied.
- The group leader should answer any questions and discuss issues raised. The group leader should stress that intact skin is a very effective barrier against HIV.
- It may be useful here to refer back to the Three Questions activity (Module 1 Activity 2) and the ‘Concerns and fears’ part of “What does it mean for me?” (Module 1 Activity 3) and identify and discuss any workplace-specific questions and fears from these activities.
- Give out copies of O/H 10: ‘Principles of infection control’ as a handout for the group.
- In countries where post-exposure prevention (PEP) is available for staff, it should be explained at this point. If possible, a medical person should provide this information, as it can be very complex.
PRINCIPLES OF INFECTION CONTROL

HIV is only one of a number of communicable diseases to which staff may be exposed. As the infectious status of others may often be unknown:

- The best way to prevent the transmission of blood-borne infection is to consider all people as potentially infectious, that is, to treat all blood or bodily fluid as possibly infectious.

- This means all people are treated equally.

Key infection control principles are:

- Do not allow blood or body fluids directly into your bloodstream.

- Isolate the possibly infectious body fluid, not the person.
Module 3: How do you avoid getting it?

Activity 12: HIV in the workplace: Workplace situations (staff activity only)

Purpose:
• To increase participants’ understanding of safe work practices in relation to HIV.

Objectives:
• Reduced OH&S risk of HIV transmission for staff in closed settings.

Style of activity: Whole group discussion; small group discussion.

Time: 30 minutes

Materials:
• Handout 9 ‘Risk at work?’
• O/H 11 ‘First aid precautions’ (also O/Hs 6 & 10 from previous activity).
• Copies of O/H 11: ‘First aid precautions’ as a handout for the group.
• Pens and paper for participants.

Method:
• Distribute Handout 9: ‘Risk at work’, and read the first of the scenarios to the whole group.
• Divide the participants into small groups and ask them to discuss the questions on the handout.
• After 10 minutes, ask each group to give their feedback to the whole group.
• Summarize the key infection control measures needed here, by showing O/H 11: ‘First aid precautions’.
• In small groups again, consider the other scenarios and questions.
• After another 10 minutes, ask each group to give their feedback to the whole group.
• The group leader should reinforce workplace harm reduction information by referring back to O/H 11 ‘First aid precautions’, O/H 5: ‘Principles of transmission’ (from Module 2 Activity 1) and O/H 10: ‘Principles of infection control’.
• Give out copies of O/H 11: ‘First aid precautions’ as a handout for the group.
• In summary, the group leader should highlight that nothing in life is perfectly safe and that dealing with HIV in the workplace is now a very manageable and ‘normal’ risk for many people in the world.
Risk at work

A. Shortly after lunch one day, you hear loud yelling from the yard. One of the younger residents, Hue, is sitting on the ground with blood streaming down his face from a cut beneath his eye. To stop the bleeding, you pull a cloth or tissue from your pocket and begin applying pressure. Hue is upset, and pushes your hand away. You look down and see that your hand is covered in blood. Hue tells you that he has recently been diagnosed with HIV.

1. Consider the issues, needs and concerns for both yourself and Hue.
2. Assess the risk.
3. How would you deal with the situation?

B. A staff member in the medical detoxification centre accidentally leaves a used needle and syringe in the bed linen. One of the cleaning staff receives a needle stick injury while handling the dirty sheets.

1. Consider the issues, needs and concerns for the cleaner.
2. Assess the risk.
3. How should the cleaner, and the centre where he works, deal with the situation?

C. You and another staff member see a fight occurring between three residents. At least one of them is bleeding. You do not know the HIV status of any of the residents.

1. Assess the risk for residents, yourself and the other staff person.
2. How should you deal with the situation?
3. What do you think all staff should know about dealing with situations like this?

D. While helping a resident in the medical centre, you get a blood splash in your eye.

1. Assess the risk.
2. How should you deal with the situation?

E. One of the residents attempts suicide. You find him while he is cutting his wrists—there is a lot of blood involved.

1. Consider the issues, needs and concerns for both yourself and the resident.
2. Assess the risk.
3. How would you deal with the situation?
FIRST AID PRECAUTIONS

1. Wash your hands with soap and water.

2. Cover any cuts or wounds on your hands.

3. Put on disposable gloves.

4. Attend to the injured person.

5. Use a disposable towel or cloth to absorb the spill and then mop up blood (or other body fluid) and splashed surfaces with detergent and cold water.

6. Remove any clothing splashed with blood or other body fluid and wash as normal.

7. Safely dispose of all materials used to wipe up blood or other body fluid (e.g. put them in contaminated waste disposal or double plastic bags and place in bin).
Module 3: How do you avoid getting it?

Activity 13: HIV in the centre: Transmission and infection control (resident activity only)

Purpose:
- To increase participants’ understanding of safe practices in relation to HIV infection control.

Objectives:
- Increased resident knowledge and skills of HIV, transmission and safe behaviour.

Style of activity: Presentation; whole group brainstorming session and discussion.

Time: 30 minutes.

Materials:
- O/H 6: ‘Principles of transmission’ (from Module 2 Activity 1)
- O/H 10: ‘Principles of infection control’
- Pens and paper for participants.

Method:
- In the whole group, ask participants to brainstorm situations where they may be at risk of acquiring HIV in the centre.
- Using O/H 6: ‘Principles of transmission’, go through each possible centre risk identified, and decide which of them are an actual risk.
- Use O/H 10: ‘Principles of Infection Control’ and ask the group to give examples from the brainstorming session of how these principles should be applied.
- The group leader should answer any questions and discuss issues raised.
- It may be useful here to refer back to the Three Questions activity (Module 1 Activity 2) and the ‘Concerns and fears’ part of ‘What does it mean for me?’ (Module 1 Activity 3) to identify and discuss any centre-specific questions and fears from these activities.
Module 3: How do you avoid getting it?

Activity 14: HIV in the centre: Possible situations (resident activity only)

Purpose:
- To increase participants’ understanding of safe practices in relation to HIV infection control.

Objectives:
- Increased resident knowledge and skills of HIV, transmission and safe behaviour.

Style of activity: Whole group discussion; small group discussion.

Time: 30 minutes

Materials:
- Handout 10: ‘Risk in the Centre?’
- O/H 11: ‘First aid precautions’ (also O/Hs 6 & 10 from previous activity).
- Pens and paper for participants.

Method:
- Distribute Handout 10: ‘Risk in the Centre’ and read the first of the scenarios to the whole group.
- Divide the participants into small groups and ask them to discuss the questions on the handout.
- After 10 minutes, ask each group to give their feedback to the whole group.
- Summarize the key infection control measures needed here, by showing O/H 11: ‘First aid precautions’.
- In small groups again, consider the other scenarios and questions.
- After another 10 minutes, ask each group to give their feedback to the whole group.
- The group leader should reinforce workplace harm reduction information by referring back to O/H 11: ‘First aid precautions’, O/H 6: ‘Principles of transmission’ (from Module 2 Activity 1) and O/H 10: ‘Principles of infection control’.
- Give out copies of O/H 11: ‘First aid precautions’ as a handout for the group.
- In summary, the group leader should highlight that nothing in life is perfectly safe and that dealing with HIV ‘infection control,’ both in the centre and outside, is now a very manageable and ‘normal’ risk for many people in the world.
Risk in the Centre

A. Shortly after lunch one day, you hear loud yelling from the yard. One of your friends, Hue, is sitting on the ground with blood streaming down his face from a cut beneath his eye. To stop the bleeding, you pull a cloth or tissue from your pocket and begin applying pressure. Hue is upset, and pushes your hand away. You look down and see that your hand is covered in blood. Hue tells you that he has recently been diagnosed with HIV.

1. Consider the issues, needs and concerns for both yourself and Hue.
2. Assess the risk.
3. How would you deal with the situation?

B. You are collecting dirty linen for washing. Someone has left a sharp, bloody object in the sheets. You receive a cut from it.

1. Consider the issues, needs and concerns for you in this situation.
2. Assess the risk.
3. How should you deal with the situation?

C. You and another resident see a fight occurring between three residents. At least one of them is bleeding. You do not know the HIV status of any of the residents.

1. How should you deal with the situation?
2. What do you think all residents need to know about dealing with situations like this?

D. While helping a resident in the medical centre, you get a blood splash in your eye.

1. Assess the risk.
2. How should you deal with the situation?

E. One of the other residents attempts suicide. You find him while he is cutting his wrists – there is a lot of blood involved.

1. Consider the issues, needs and concerns for both yourself and the other resident.
2. Assess the risk.
3. How would you deal with the situation?
Module 3: How do you avoid getting it?

Activity 15: Women and HIV risk (resident activity only)

Purpose:
- To explore particular issues of HIV risk for women.

Objectives:
- Reduced incidence of risky practices by residents in closed settings.
- Increased incidence of safe behaviour among residents on release into the community.
- Reduced use of used injecting equipment, to the extent that this becomes normative behaviour among IDUs.

Style of activity: Whole group discussion; small group discussion.

Time: 45 minutes

Materials:
- If possible, the group leader should gather information about local support services for women, in relation to HIV, general sexual and reproductive health and more general health services.
- Pens and paper for participants.

Method:
- Introduce this activity by explaining that there are some aspects of HIV risk that are specifically relevant to women.
- Divide participants into groups of three or four and ask them to consider the following scenario and questions. Someone in each group can keep a record of the key points discussed.

Hoa has just returned to her home town after six months in a centre. She was sent to the centre because she was injecting drugs, and sometimes working as a sex worker to pay for drugs. While she was there, she discovered she was pregnant. She does not know who the father is. She does not know her HIV status, nor whether she has any other STI.

- What do you think are the most important issues for Hoa, and what do you think she can/should do about them?
- After 10 minutes in small groups, discuss the scenario in the whole group. If not raised, ask them to consider issues such as:
  - What should Hoa be worried or concerned about?
  - What Hoa might need to know/find out about, for both her and the baby’s health?
  - What does she need to do?
  - How do you think other people will treat Hoa?
  - Where can she get help?

- Where possible, the group leader should provide information about HIV relevant to Hoa and her baby and the availability of support and medical services.
Module 4: How Do You Live With It?
Module 4: How do you live with it?

Activity 1: HIV in the body

Purpose:
- To increase participants’ understanding of what it means to be HIV positive.

Objectives:
- Increased resident knowledge and skills of HIV, transmission and safe behaviour.
- Increased knowledge and skills among staff in closed settings of HIV, transmission and safe behaviour.

Style of activity: Presentation; paired discussion.

Time: 30 minutes.

Materials:
- O/H 3: ‘What does HIV do in the body?’ (from Module 1 Activity 2)
- Guest speaker, HIV-experienced doctor or nurse (if possible) who can talk for approx 15 minutes on ‘HIV in the body’.
- O/Hs 12 – 13: Physical effects of HIV and AIDS.
- Pens and paper for participants.

Method:
- Introduce this fourth module by explaining that everyone needs to learn to live with HIV, both those who are HIV positive and those who are not. It is important to know what it means to have HIV, how to get help, how to look after oneself and to care for others, to understand one’s rights, how not to discriminate, and so on. For those who do not have HIV, they will work with, be friends with or come into contact with people who are HIV positive, either knowingly or not.
- This first activity will look at the physical impact of HIV. Show O/H 3: (from Module 1 Activity 2) “What does HIV do in the body?”
- It may be that a doctor best presents this information. If such a guest speaker is available, he/she should present for approximately 15 minutes, on the basic impact of HIV on the body. If not, the group leader uses O/Hs 12 – 13: “Physical effects of HIV and AIDS”.
- If possible, the doctor or presenter can also discuss the fears that participants will have, such as: “Will it hurt if I have HIV?” “What if I cannot afford/get treatment?”
- The group leader/guest speaker should encourage questions from participants, both about the physical effects and other issues such as the fears above.
- Ask participants, in pairs, to identify at least one new thing they have learnt about having HIV.

Notes:
- If antiretroviral therapy (ART) is available, either within the centre or outside, information on it should be included in the presentation.
- Remember -
  o Identify those in the group who cannot read and write.
  o Make sure they work in groups/pairs with those who can, so that someone records.
  o Read out all overheads and handouts.
PHYSICAL EFFECTS OF HIV & AIDS (1)

- When a person is first infected, HIV multiplies for weeks or months before the immune system responds – a person with HIV will not test positive during this time, but can still infect others.

- At this time, some people get flu-like symptoms – fever, headache, swollen lymph glands, sore muscles and joints, skin rash – during ‘seroconversion’. Some people have no symptoms. An HIV test is the only way to be sure.

- Over time, without treatment, HIV attacks and destroys the disease-fighting cells of the immune system.

- When this happens, a person may get an ‘opportunistic infection’ caused by common germs such as viruses, parasites, fungi and bacteria.

- Over time, the body will start showing signs of HIV disease, such as:
  - Fever
  - Night sweats
  - Diarrhoea that lasts for more than a week
  - Deep tiredness or fatigue
  - Swollen lymph glands in the armpits, groin or neck.
PHYSICAL EFFECTS OF HIV & AIDS (2)

- When the immune system is seriously damaged, HIV disease becomes AIDS.

- If an HIV+ve person develops an opportunistic infection (such as pneumocystis pneumonia), the person has AIDS.

- AIDS-related diseases also include tuberculosis (TB), rapid weight loss, brain tumours and other health problems.

- A doctor must diagnose AIDS, like HIV. People can have these symptoms and diseases and not have AIDS.

- At this time (2006) there is no cure for AIDS.

- In some places, drugs are available which can slow down the progression of HIV in the body. Other drugs can be used to treat the opportunistic infections and other symptoms.

- HIV & AIDS are different in every infected person. Some people die very quickly after getting infected, but many people are well for many years before they start showing signs of HIV disease.
Module 4: How do you live with it?

Activity 2: Van’s story (staff activity only)

Purpose:
• To encourage participants to consider the needs of those diagnosed with HIV and the needs of staff dealing with this.

Objectives:
• Increased capacity and willingness of staff of closed settings to educate residents in preventing the spread of HIV.
• Reduced discrimination by staff towards people in closed settings who are living with HIV.

Style of activity: Interactive problem solving strategy.

Time: 30 minutes.

Materials:
• Pens and paper for participants.
• Copies of Handout 11: ‘Van’s story’.

Method:
• Distribute copies of Handout 11: ‘Van’s story’, to the group.
• Read the first part of the story aloud and then break into small groups of three or four to consider the questions. Each group should have one person who writes down the main responses.
• After 5 minutes, the group leader should bring the whole group together again and ask each of the small groups to report on the key points of their discussions.
• Read the second part of Van’s story aloud and then again break into the same small groups to consider the questions.
• Reconcvene the whole group after 5 minutes and again ask groups to report on their discussions.
• At this point, the group leader should draw out issues of discrimination, if they have not already been raised, and reinforce the need for centre staff to discourage discrimination, against those who are HIV positive. The discussion should identify that:
  o A lack of accurate information about HIV and its transmission and the fear associated with this, are often the cause of discrimination.
  o It is therefore very important that staff themselves have this information and are able to provide it to the residents, both formally and informally.
  o Staff also need to actively support resident education programmes about HIV.

Notes:
• In some countries (or centres), Van would not be given his test result at all or staff at the centre would not give it to him. This activity will need to be adapted to reflect the circumstances in each particular country (centre).
**Van's Story**

Van is a resident in the section of the drug treatment centre in which you work. Residents have recently been tested for HIV and Van's test result is positive.

- *In your centre, how and when would Van receive this test result?*
- *What do you think Van will need when he gets his test results? (Consider things like information, support, and any available treatment.)*
- *What do you think is the best way for staff to support Van in his situation?*

Van is the only person in his unit whose HIV positive test results are known. You notice that the other people in the unit are either avoiding him or giving him a difficult time. One day you walk in and find two of the others abusing him and calling him names. Van is very upset.

- *What do you do?*
- *Why do you think Van is experiencing this discrimination?*
- *What do you think are the needs of the different people here? — Van, yourself, the other residents?*

*Considering both parts of Van’s story:*

- *What help/skills/knowledge/training do you think you would need as a staff person in this situation?*
- *What do you already know, or what can you already do, to support Van and stop others discriminating in this way?*
Module 4: How do you live with it?

Activity 3: Who can help?

Purpose:
- To encourage participants to consider possible sources of help for those with HIV.

Objectives:
- Increased understanding of how to live with HIV and how to avoid transmitting it.
- Increased support by residents for those who are living with HIV.

Style of activity: Whole group brainstorming session and discussion.

Time: 30 minutes.

Materials:
- Blackboard or whiteboard or large sheets of paper and pens.
- If available, the group leader should gather information about local support services for people with HIV – both medical and social, as well as other information about the availability of condoms and clean needles. Many agencies also have booklets or pamphlets for people who are HIV positive or living with HIV.

Method:
- Read the following scenario to the group:

  Tien has been a resident in a drug treatment centre for nearly 12 months and has recently been tested and diagnosed with HIV. He leaves the centre, but does not go to his home – he goes to stay with a friend in the city. He has only visited this city briefly before and does not know it very well.

- Using a board or two large sheets of paper, make two columns, one headed ‘Tien,’ the other ‘Tien’s friend.’

- Ask the group to brainstorm what Tien will need to do to care for himself in relation to his HIV. (‘Brainstorming’ happens in the whole group, with anyone who wants to give a response, while the group leader records them without changing them.) The group leader should write up the responses under the ‘Tien’ heading, and should encourage the group to consider a range of issues, such as:

  1. What kinds of help does he need? For example, treatment and medical care? Social support? Access to the physical means of preventing transmission to others, such as condoms?

  2. Where can he go to get any of these things? Who can help him find out where he could get this help?

  3. Does he need to know about legal issues, such as his rights in relation to confidentiality and discrimination?

  4. What kinds of discrimination should he be prepared for and what could he do about this?
• Now ask the group to brainstorm what Tien’s friend can do to support and help him and record these answers in the other column.

• At the conclusion of the discussion, the group leader should summarize the key areas that Tien and his friend will need to think about, so that Tien can best look after himself and be supported by his friend.

Notes:
Remember -
  o Identify those in the group who cannot read and write.
  o Make sure they work in groups/pairs with those who can, so that someone records.
  o Read out all overheads and handouts.
Activity 4: Peng has HIV

Purpose:
- To encourage participants to consider some of the issues for those living with HIV, their contacts and friends.

Objectives:
- Increased understanding of how to live with HIV and how to avoid transmitting it.

Style of activity: Individual values ranking; small group ranking and discussion; whole group discussion.

Time: 30 minutes.

Materials:
- Pens and paper for participants.
- Copies of Handout 12: ‘Peng has HIV’.

Method:
- Distribute copies of Handout 12: ‘Peng has HIV’, to the group. Allow time for the participants to read it or the group leader should read the story aloud. (If reading only, the story might need to be read twice.)
- Ask everyone, individually, to rank the characters in the story from best to worst, according to their behaviours.
- Divide participants into groups of four or five and ask each group to attempt to reach agreement about the ranking of the characters.
- After 10 minutes, ask each group to present their rankings, and compare the different groups’ responses. Ask the groups what were the key issues they discussed and where it was easy or difficult to reach agreement.
- If not raised in the discussions, make sure the group considers the various and sometimes conflicting issues for each of the characters. For example, Suni’s conflict between his promise to his friend, and his loyalty to his father. Even though his father (Raj) was not at risk, why do you think Suni might have broken his friend’s confidentiality?
- In concluding the group leader should ask the group:
  - Who they think should be, or needs to be told about someone’s HIV status? (Refer back to what they have learnt about transmission in the previous modules.) Reinforce the issue of confidentiality.
  - What level of responsibility should people take to protect themselves, and others, from HIV?
  - What are/should be the rights of people with HIV?

Alternative:
Instead of asking participants to rank the characters, the group leader can break them into four groups, one for each character, and ask groups to prepare, then present to the whole group the ‘case for and against’ for their character.

Notes:
- Remember:
  o Identify those in the group who cannot read and write.
  o Make sure they work in groups/pairs with those who can, so that someone records.
  o Read out all overheads and handouts.
Peng and his friend Suni are both going back to their town after being in the detoxification centre for many months. Peng has known that he is HIV positive since just after he arrived in the detoxification centre. He feels and looks perfectly well. Suni knows that his friend is HIV positive. Peng asks Suni not to tell anyone at home.

When they get home, Suni gets Peng a job with him at the small factory managed by Suni’s father, Raj. Sometimes when he is working with the equipment, Peng gets small cuts on his hands, with some bleeding. He is always very careful to clean the blood and to make sure no one comes into contact with it. Suni sees him bleeding one day and decides to tell his father, Raj, that Peng is HIV positive. Suni has learnt about HIV in the centre and tries to educate his father about how HIV can and cannot be transmitted; he warns him to be very careful about touching any blood. Raj is worried but doesn’t say anything to Peng.

Some time later, Peng begins a relationship with one of the other workers at the factory, Ana, who is one of Raj’s most loyal and dedicated workers. Ana used to inject drugs – she has not done so for some years, but she does not tell Peng about this. She has never been tested for HIV. Peng does not tell Ana that he is HIV positive, but he does use condoms whenever they are together. When Raj realises that Peng is seeing Ana, he becomes very worried and upset. He tells Ana that Peng is HIV positive. Ana breaks off her relationship with Peng, and Raj dismisses him, saying that he is a risk to other employees.

*Rank each of the characters in the story – Peng, Suni, Raj and Ana, from 1 to 4, 1 being the character whose behaviour you think is the best, 4 the worst.*

| PENG | SUNI |
| RAJ | ANA |

Think about how much responsibility each character took for themselves and for others.

*What is the group ranking? Is it different to your ranking?*

| PENG | SUNI |
| RAJ | ANA |
Module 4: How do you live with it?

Activity 5: Discrimination

Purpose:
- To assist residents and staff to understand the nature of discrimination against people with HIV, and to reduce discrimination.

Objectives:
- Increased support by residents for those living with HIV.
- Reduced discrimination by staff towards people in closed settings living with HIV.

Style of activity: Interactive problem solving strategy; whole group and small group discussions.

Time: 30 minutes.

Materials:
- Pens and paper for participants.

Method:
- The group leader outlines the following scenario to the participants:

  Wang has just finished detoxification at the centre and he is moved into a room with five other residents. He is accepted by the others in the room and makes friends quickly with them. One of the other residents lives near Wang’s village. One night Wang and his friend Hung are talking quietly about HIV and AIDS. Wang says that he thinks he has HIV. Hung’s mood changes straight away. He moves away from Wang and won’t talk with him any more. Hung tells the others in the room and a member of the staff that Wang has HIV.

- If conducting this activity with staff, the group leader divides the participants into small groups of four or five to discuss the following questions:

  1. If you were the staff member that Hung told, what would you do?
  2. How would you ensure that staff or other residents did not discriminate against Wang?
  3. What would you see and hear if Wang was being discriminated against?
  4. Why is it important for staff not to discriminate against Wang?

- If conducting this activity with residents, the following questions should be considered in small groups of four or five:

  1. How would you know if Wang was being discriminated against? What would you see?
  2. What would you see if Wang was not being discriminated against?
  3. Why is it essential not to discriminate against people with HIV?

Drawing it together
- Draw the activity together in the whole group by holding a group discussion about the major issues that emerged from the small groups. Identify whether all people believe that it is essential not to discriminate against those with HIV by asking for a show of hands.
Module 4: How do you live with It?

Activity 6: Values line-up

Purpose:
- To explore values and attitudes about HIV and related issues.

Objectives:
- Increased support by residents for those living with HIV.
- Reduced discrimination by staff towards people in closed settings living with HIV.

Style of activity: Whole group line-up activity; paired discussion; whole group discussion.

Time: 30 minutes.

Materials:
- Four A4 sheets, marked separately STRONGLY AGREE, AGREE, DISAGREE, STRONGLY DISAGREE.
- The group leader may wish to prepare additional/other HIV statements to those below.

Method:
- Ask the group to imagine a line (continuum) along the floor, ranging from ‘strongly agree’ to ‘strongly disagree’. Place the large A4 sheets along the line, in order.
- Explain that you will be reading aloud a series of statements that are some of the things that people believe about HIV and related issues. After you have read each one, participants are to place themselves somewhere along the line, according to whether they strongly agree or disagree with the statement, or anywhere in between. They should try to follow their own ‘internal’ reaction rather than copying those around them.
- Read the following statements, one at a time. When participants have moved to a position for each statement, they should find another person standing close to them and discuss for one to two minutes why they have placed themselves in that particular position.

**HIV ISSUES STATEMENTS**
- Everyone should be tested for HIV.
- Schools should provide education about HIV to all students.
- HIV affects everyone, in one way or another.
- All IDUs are HIV positive.
- We should isolate HIV positive people.
- People with HIV should tell their sexual partners.
- Any woman who is HIV positive must be a sex worker.
- I would want to know if I was HIV positive.
- I would want to know if my best friend was HIV positive.
• Drug users and homosexuals are the cause of AIDS in the world.

• If I had a son or daughter who was HIV positive, I would be frightened that I might get it.

• If I had a son or daughter who was HIV positive, I would support them in every way I could.

• After every two or three statements, or with the ones where there is the most discussion, the group leader can ask people from different positions on the line to briefly comment on why they are there. Similarities and differences can be highlighted and the group leader should be ready to correct any misinformation, or to provide clarifying information.

• Summarize by saying that there are many different views about HIV and AIDS and the issues associated with it. Everyone has a right to hold different views but some of those views are based on fears and false information. Everyone in this group has a responsibility to be informed and to help other people in their community be informed and understand HIV.
Section B: Supplementary Training Activities

This section contains a number of supplementary activities that can be used with either staff or residents during the Inside Out programme. They are grouped under three headings:

- Activities to energize the group
- Activities to divide participants into small groups
- Activities to conclude sessions

Group leaders are advised to familiarize themselves with all of these activities and to use them as desired during the delivery of the modules outlined in Section A.

Activities to energize the group

In order to deliver interactive behaviour-oriented training, the group leader needs to work with participants who are enthusiastic and ready to learn. Given the serious nature of the content in the Inside Out training/community education programme, at times participants can become weighed down and somewhat negative in their outlook. At other times, quite long didactic presentations are required and participants may lower their concentration a little. When this occurs it is wise for the group leader to conduct an activity that energises the group and makes people enthusiastic to continue learning.

Some activities that are purpose-built for this task are outlined below. It should be noted that these also serve the purpose of enabling participants to get to know each other better and to work more cohesively together.

“Find Someone Who...” activity.

- The group leader distributes the ‘Find someone who...’ sheets and explains that this is an introductory activity to enable participants to begin talking with each other and talking about HIV.

- Ask participants to stand up and walk around the group with their sheet of paper, asking each other the ‘Find someone who’ questions, trying to find a different name to fill in for each of the statements.

- The group leader can also participate in the activity if he/she wants to. It can be turned into a competition by telling participants that the goal is to be the first person that fills in all of the statements with a different name. If this is done, the group leader may wish to use some small reward, such as lollies, for the fastest person(s).

- Non-written option: The group leader reads out the ‘Find someone who’ statements one at a time. Participants have to move around the room finding a different person who fits the statement each time.

Four Corners activity

- The group leader distributes blank sheets of paper or cards to all participants and explains that this is an introductory activity to enable participants to begin talking with each other and talking about HIV.

- Ask participants to write their name in large letters in the middle of the paper.

- Ask participants to write something different in each of the four corners of the card. For example: ‘In the top left of the card, write your favourite food. In the bottom left, write one thing you know about HIV. In the top right, write the name of your favourite TV or movie star. In the bottom right, write one way to avoid HIV’. (The group leader can adapt this and put different things in the corners.)

- After this is completed, participants stand and walk around the group, holding up their cards in front of them, introducing themselves, reading each others’ cards, and asking questions about any of the ‘Four corners’.
• Non-written option: Participants walk around the room, introducing themselves, and discussing in turn, the four different things – e.g. ‘I’m ... One way to avoid HIV is...’.

**Tangles (Also known as Knots) activity**
- The group leader explains that this activity involves solving a problem. Groups of between eight and 12 participants are going to form a tangle and then work together to untangle themselves.
- Using one group as a demonstration group, the leader explains that the group must:
  - Stand shoulder to shoulder in a circle.
  - Reach out to hold hands with others in the group, thus forming a tangle.
  - Participants are told that they cannot hold both of the hands of the same person and they cannot hold the hands of the people standing next to them.
- Participants work together to untangle the knot. They cannot let go of their friends’ hands in order to do this but they can adjust grips if it becomes too uncomfortable.
- The group has solved the puzzle if they form into a single circle, two circles or a figure of eight.
- After the groups have untangled the knot, the group leader conducts a whole group discussion about how they managed to solve the puzzle and what they learnt from this process.

**The Moving Team activity**
- The group leader divides the group into teams of six to eight and explains that they are going to have a race but one that will mean that they have to work as a team to move.
- Each team lines up at one end of the room and a chair is placed opposite each team at the other end of the room. The first person in each team is given some sheets of A4 paper. The exact number of sheets is important as it should be one more than the number of members of the team.
- The group leader explains that the team can only move down to the chair, around it and back to the start by standing on a sheet of A4 paper that the first person will place on the ground.
- On “go”, the first sheet of paper is placed on the ground and the first person steps on it, then the second sheet is placed on the ground and the first and second persons step forward and so on.
- The winning team is the one that gets the whole team around the chair and back to the start without touching the floor.

**Stretch Monitors**
- The group leader explains that sometimes participants in training sessions become drowsy or just need to move around a little bit. He or she then asks for two participants to be “stretch monitors.”
- The leader explains that it is the role of the “stretch monitor” to watch the other participants and tell the group leader when stretching is required.
- Once they do this, the monitors are then responsible for leading the group in a series of stretching exercises for one minute.

**Fold Your Arms activity**
- The group leader asks all participants to fold their arms and each participant is asked to note which arm is on top.
- Participants are then asked to swap arms so that the other arm is on top and they discuss in pairs how they felt when asked to make this change. Was it comfortable or uncomfortable?
- In the whole group, discuss issues of comfort and change and how people can deal better with change.
“Everyone Who…” activity

- Participants sit on chairs in a circle. The group leader stands in the middle of the circle and explains the rules of “Everyone who…” as follows:
  
  - There is no extra chair and the group leader wants to sit down.
  - In order to do so he/she will make a statement beginning with the phrase “everyone who…” (for example “everyone who had breakfast this morning”).
  - Participants are told that if they fit this statement then they must change chairs. They cannot move to the chair immediately beside them. The group leader finds a seat so that another participant is left standing and has to make the next “everyone who…” statement.

- The activity continues until the group leader draws it to a close.

Activities to divide participants into small groups

In order to undertake the activities outlined in Section A of Inside Out, it is often necessary for group leaders to divide the participants into small groups. The following are simple activities to achieve this. They have the advantage of ensuring that group membership is randomly allocated.

These activities also energize groups. It is important that a variety of these activities are used within each session.

- *Divide into groups by numbers*: Allocate each participant a number. Form groups by pulling all of the ‘ones’ together etc. Group leaders note that the number of groups will be the total of numbers allocated. (numbers 1-5 = five groups).

- *Divide into groups by letters*: As above but allocate a letter to each participant.

- *Divide into groups by animals*: As above but each participant is allocated an animal and those with similar animals form each group. To add to this activity, participants might be asked to make the noise of their animal so as to locate the others in their group.

- *Allocate participants into groups by favourites*: Identify a number of favourite activities through a brainstorming session. Either allocate one favourite activity to each participant and form groups that way; or allow participants to choose their favourite from the list and join with others who share that favourite.

- *Allocate participants to groups by seasons [four groups only], months of the year, phases of the moon etc.*

- *Allocate participants to groups by personal characteristics.* For example all tall participants together/all participants with long hair together etc.

- *Allocate participants to groups by ages.* Identify the age range of the group and then place people into small groups by saying all people aged between x and y are in one group etc.

- *Allocate participants into groups by names.* All participants whose given name begins with the letters … in one group, etc.

- *Allocate participants into groups by skills.* For example all participants who read well in one group, all participants who play football well in another group etc.

- *Allocate participants into groups by days of the week.* All Mondays together etc.
Activities to conclude sessions

The following activities have been developed to assist group leaders to close at the session and draw the learning of participants together. They are most effective when future sessions are planned with a particular group of participants and they provide a summary of what has emerged from the session. None of these activities are designed to take more than five minutes and it is likely that only one concluding activity will be used per session.

Spider’s web
For this activity you need a large ball of wool or string.
• Ask the participants to stand in a circle and to think of some things that they have learnt from the programme.
• Ask participants to share the things that they have learnt only when they have the ball of string in their hands. As each tosses the ball of string to the next person they must hold onto the string.
• Participants pass the ball across the circle to each other thus forming a spider’s web.
• At the conclusion of the activity, the group leader summarizes the process by indicating that this activity represents the way that the learning occurs in groups, with each person learning from others as well as from the leader.

What I’ll remember and what I learnt
• The group leader asks each participant to think of the one thing that they will remember from the session that they have just been involved in. Also ask participants to think of ‘one new thing’ that they have learnt.
• Share the memories and learning in pairs.
• In the whole group, discuss what was learnt from the session by asking participants to share this with their peers.

Clap
• The group leader explains that the object of this activity is to clap those people who contributed to making the session successful. Anyone in the group might suggest someone who should be applauded.
• In order to commence this process, the group leader might have to suggest the first person to get applause. Then others are encouraged to nominate someone.
• At the conclusion of the activity, the group leader thanks all participants for their contribution to the session and claps all participants.

What are you going to do?
• This activity is designed for use when the group leader believes that the content of the session has been focused on the behaviour of participants. Therefore, it is mainly designed for use with residents.
• The group leader asks each participant to think about (and perhaps write down) what they are going to do as a result of this session.
• These behaviours are then discussed in the whole group as a way of bringing learning together at the end of the session.
Solving a problem

- The group leader explains that this activity will be used as a link between the session just completed and the next session.
- The group leader explains that the group is going to be presented with a scenario involving a problem related to HIV. They will have some time to discuss this problem before this session ends and then to complete their discussions at the start of the next session. Participants are encouraged to discuss this problem in the time between the sessions.

**Staff scenario:** Anna is a staff member in a drug treatment centre. She had to break up a fight today between two residents and while doing so she was badly scratched. One of the residents was also cut: there was a lot of blood around and some risk of HIV transmission. Appropriate first aid was quickly made available to Hoa and she has been tested for HIV. While she is worried that she is infected with HIV, she does not know whether to tell her husband and the rest of her family. She is worried that they will not accept the situation and will not support her to deal with it. What should she do?

**Resident scenario:** Christina is a resident in a drug treatment centre. While she has previously shared needles she knows that she was not infected with HIV when she entered the centre. But she was recently cut badly in a fight with another resident and is worried that she might have HIV. The centre medical staff has tested her but she does not know the results yet. She is really undecided about whether or not to tell her parents about the fact that she might be infected. She is worried about whether her family will accept that she was not to blame for being in the fight. What should Christina do?

- Participants discuss this problem in small groups for about five minutes. They are asked to share what they think that Anna/Christina should do.
- At the start of the next session, the group leader conducts a whole group discussion about how the problem should be solved.

**What will I tell...**

- In introducing this activity, the group leader indicates that the objective of the activity is to decide what each participant will tell other people about the session.
- Each participant is asked to identify one thing that they will tell someone after the session. For staff, this will be one thing that they will tell someone at home; for residents, this will be one thing that they will tell their friend who is not in this particular group.
- All participants are asked to share with the whole group what it is that they will say.
FIND SOMEONE WHO

1. Find someone who…….has the same favourite food as you do.

2. Find someone who…….knows what HIV stands for.

3. Find someone who…….is the same age as you are.

4. Find someone who…….knows what AIDS stands for.

5. Find someone who…….has the same favourite colour as you.

6. Find someone who…….has seen a movie in the last two years.

7. Find someone who…….has already done some HIV/AIDS education.

8. Find someone who…….enjoys the same television show as you.


10. Find someone who…….has been to the sea.

11. Find someone who…….likes animals.

12. Find someone who…….enjoyed going to school.