

Sisters with a Voice

PEER EDUCATION MANUAL



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GIZ

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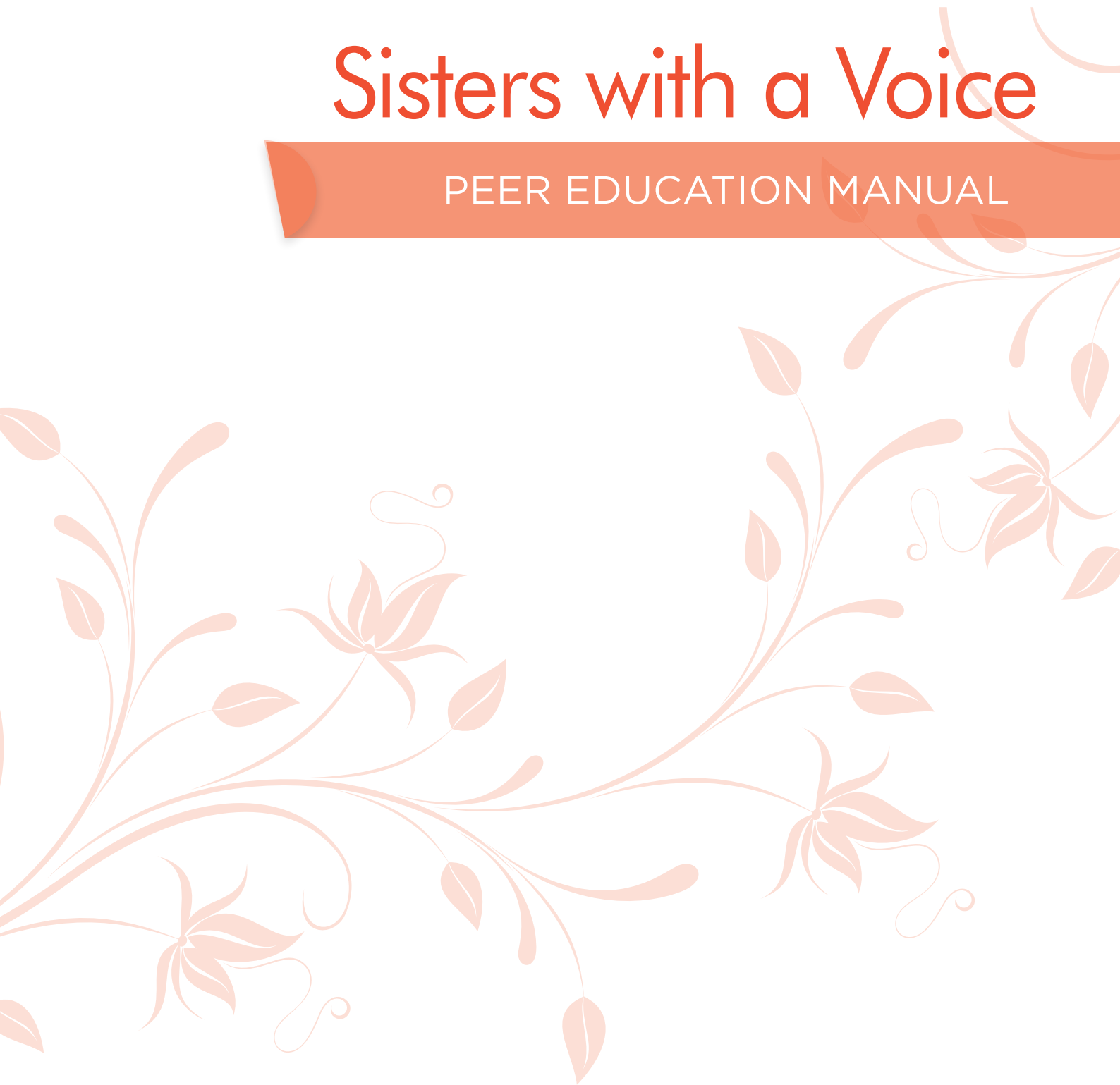
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Preface

The Ministry of Health and Child Welfare, the Ministry of Women Affairs, Gender and Community Development, the Zimbabwe National Family Planning Council, the National AIDS Council and collaborating partners are implementing the Integrated Support Programme for Sexual and Reproductive Health and HIV prevention in Zimbabwe (ISP). With support from DFID, Irish Aid and the Government of Sweden, this programme is implemented within the context of the National Health Strategy (2009-13), the Reproductive Health Road Map (2007-2015), the Zimbabwe National AIDS Strategic Plan II (ZNASP II) 2011-2015, and the National GBV Strategy (2012-2015). UNFPA Zimbabwe collaborates with GIZ in providing technical support and further material support to implementing partners of the sex work component of the ISP programme.

This programme aims to increase knowledge and utilisation of integrated HIV prevention, SRH and GBV services. A component of this programme encapsulated in this manual concentrates on enhancing the self-efficacy and agency of sex workers to access and utilise these integrated services by empowering them to make and act on responsible reproductive health decisions.

Hence, the methodology that has been chosen for this manual is twofold. The first component seeks to build self-respect of the sex worker. It is felt that only when the woman has a level of respect for herself and her body will she start adopting a healthier lifestyle and seeking healthier options such as early treatment for STIs and a stronger position in negotiating the use of condoms. The second component looks to build a sense of rapport amongst the sex workers' community, starting with those that attend the sessions as the core group. The educational sessions provide an environment where sex workers or "Sisters" can build supportive, beneficial relationships among themselves and develop a support network within their own community that moves beyond health seeking behaviour and is supplemented with further training related to their legal rights as Zimbabwean citizens.

Providing information and education is only one component of changing an individual's behaviour. The peer educators, themselves sex workers, working with the support and under the guidance of the implementing partner organisations, GIZ and UNFPA, will draw on the expertise and skills of other organisations located within their communities, including access to legal advice through the ZLHR, MoHCC and local municipal clinics and social support networks. Working together, these organisations and individuals will strive to improve the health, skills and capacities of the "Sisters" in their communities. In that vein, we would like to thank all of the individuals and organisations that have contributed in any way to the development of this guide.

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Minister of Health and Child Welfare

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List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ALAFA	AIDS Lesotho Alliance to fight HIV and AIDS
CeSHHAR	Centre for Sexual Health, HIV and AIDS Research
FACT	Family AIDS Caring Trust
GBV	Gender Based Violence
GIZ	Deutsche Gesellschaft fuer Internationale Zusammenarbeit (GIZ) GmbH
GWAPA	Gweru Women AIDS Prevention Association
HIV	Human Immuno-deficiency Virus
HPV	Human Papilloma Virus
ISP	Integrated Support Programme for Sexual and Reproductive Health and HIV Prevention
IUCD	Intrauterine Contraceptive Device
MAC	Matebeleland AIDS Council
MASO	Midlands AIDS Support Organisation 
MOHCC	Ministry of Health and Child Care
NAC	National AIDS Council
PE	Peer Educator
PSI	Population Services International 
RDS	Regai Dzive Shiri
SRH	Sexual and Reproductive Health
Sister	Sex Worker
UNFPA	United Nations Population Fund
VIAC	Visual Inspection with Acetic Acid and Cerviography
ZLHR	Zimbabwe Lawyers for Human Rights
ZNASP II	Zimbabwe National AIDS Strategic Plan 
ZNFPC	Zimbabwe National Family Planning Clinic

Introduction

We are privileged to welcome you to the **Sisters with a Voice** Training. You have been invited to take part in this training because you have been selected to be a peer educator to your friends and colleagues. Well done!

This material has been developed specifically to help you communicate the material to your Sisters in a way that is participatory and will allow them space to think about the message, and influence their behaviour by taking action for the better. The process that you will undergo as part of the peer education training will help you understand how to run these sessions and how to communicate the important information with your colleagues and friends in a relaxed manner.

One of the most important things to remember about peer education is that it is not merely focussed on sessions and knowledge. Rather peer education focusses more on the person and their behaviour. Peer education is not just about telling people to “get things right”; it is about walking with people to help them improve their own lives, while you yourself walks the talk. Because of this peer education is not just about running these sessions as dictated by the manual. Rather we see these sessions as the beginning point of starting a trustworthy relationship with a friend, a sister, with the aim of helping them improve their life as you also improve your own life. So, when it comes to running peer education programs don’t think that simply because you are doing what the manual tells you, you’re a successful peer educator.

A successful peer educator will get to understand their friends’ needs and will give them the information that they need to change their behaviour, walking with them while they undertake this journey. What this means is that the training material in this manual contains just the basic information that you need to be a successful peer educator. As you develop relationships with your colleagues, and as they in turn see you are someone that they can trust to provide them with support on up-to-date information. You will realise that in most cases, the material simply provides an entry point for you to begin discussions about improving your colleagues’ lives.

More importantly, you are expected to give appropriate referrals to relevant service providers. In that case, you are expected to know where, within your community, your sisters can get services, including the Sisters’ clinic, for increased utilisation of integrated HIV prevention, SRH and GBV services. You do not necessarily need a special place to get started and going. Use the material to begin conversations with your colleagues while you’re socialising with them in a bar, while you’re waiting with them for clients, or while you’re “off-duty”.

We therefore look forward to working with you in changing your own life and helping change the lives of those around you.

A note on Terminology

While the term “Sex Worker” is an acceptable term amongst those involved in the practice, in many cases throughout this manual the term Sex Worker has been replaced with the more pleasant and personal term “Sister”. In your delivery of the sessions, “Sisters” will create a more intimate, personal and non-discriminatory atmosphere.

The Structure of this Manual

This Manual is separated into three parts:

1. A short description about the overall programme and your role and position in the programme.
2. Exercises and guidelines for peer education sessions with your Sisters.
3. A copy of the report format that you are requested to complete when you run sessions

These three parts work together like this.

Part one describes the overall programme and your peer educator role in the programme as well as answering some questions you may have about how to run peer education sessions with your Sisters.

Part two of the manual is filled with activities for discussion in three thematic areas; Looking after Yourself, Looking after Your Clients and Partners and Looking after Your Community. We hope that over time, the group that you peer educate will support and learn from one another. It is also your responsibility and that of your Sisters to respect and practice good health for your clients and their partners. A healthy client means good health for sex workers, which means good health for partners of the clients and the nation at large. Engaging partners of your clients for good health practices is mutually beneficial to you and to them. As you will see later, some of the sessions focus on “Looking after your Community”. By this we mean you, and the Sisters that are part of your network. The Sisters who work the same streets as yourself, the ones who you see hanging out in the same bars, those that work from home or any other place within your community; all of these are part of your network.

Part three contains the reporting format that you are required to complete when you have run a session and the guidelines for completing the report. You will be given extra copies of this report to complete, so the copy in this manual is just for your information. Reporting formats may change over time so it is important for you to remain guided by your mentors, the programme outreach workers.


Programme outreach workers and sometimes other staff members will guide you throughout, starting with the training. Feel free to approach them for any support that you may require from time to time.

Part One:

All about the Programme

Why am I Here and How Does This Work?

We are all aware that HIV is a major health risk in Zimbabwe. In fact, at the end of 2012 it was estimated that about 1.2 million people were living with HIV in Zimbabwe and about half of these needed ARV treatment. In 2012 the HIV prevalence rates in Zimbabwe were recorded as being about 18% for women and 12% for men. However, current estimates for HIV prevalence among sex workers remain disproportionately higher, ranging between 40%-60%. Yet, sex workers reportedly face challenges in accessing integrated HIV/SRH health and GBV prevention services due to stigma, marginalization, and abuse of human rights including GBV.

Nevertheless, ZNAS  2011-2015 recognizes the public health benefits of HIV prevention among key populations. Sex work and sex work settings currently account for 11% of the new HIV infections that are transmitted sexually. It is therefore practically impossible to Get to 3 Zeros (Zero new HIV infections, Zero HIV related deaths and Zero stigma and discrimination) without actively involving sex workers in HIV prevention, treatment and care programmes.

As a result sex work programming, is part of the national plan currently in place whereby the Zimbabwean Ministry of Health and Child Care, (MPHCW) the Ministry of Women Affairs, Gender and Community Development, (MWAGCD), the Zimbabwe National Family Planning Council and the National AIDS Council and other partners are implementing the integrated support programme (ISP) for sexual and reproductive health and GBV and HIV prevention in Zimbabwe.

This training is therefore part of this overall plan. It is aimed at equipping you as a Peer Educator to work with your colleagues to have increased access to, and make more use of:

- HIV prevention, treatment and care health services
- Related reproductive health services including STI and cervical cancer screening and treatment as well as family planning.
- GBV prevention services
- Legal services to protect, promote and fulfil your specific SRH and general human rights.

The manual will speak to your health needs as sex workers and help you be aware of and request your rights as a Zimbabwean citizen. This will assist you in taking greater control of your life in your relationships with your partners and your clients.

So, thank you for your participation and your effort. Always remember, you are part of a national plan. Be proud of it!

What is Peer Education?

A lot of programmes say they make use of peer education methods or use peer educators to educate people about a number of different issues. But sometimes there is a lot of confusion about what makes up a peer education programme. So the section below outlines some of the basics of a good programme and what you need to have to be an effective part of this programme.

What is a Peer?

A peer is a friend or a colleague who has a similar background to you. You are a peer to all your Sisters, simply because you share a similar way of living and working and live in the same area.

What is Peer Education?

Peer Education is about engaging people who have a similar background to share a way of thinking and doing mutually beneficial to the learners and facilitator. It involves spreading factual information or to educate the learners about a specific subject. Formal sessions often take place in small groups, but a good peer educator does not limit their facilitation or teaching only to these times. A good peer educator will use normal daily interactions to help his or her peers. In a workplace this might be informal discussions while waiting in line for something, in a community or family setting they might be the everyday chats that mothers have while doing laundry or cooking. In the field of sex work these might be times where a group are gathered at a bar waiting for clients, or when whiling time on a “slow” night.

Who is a Peer Educator?

A peer educator is someone who provides factual information and knowledge to his or her friends and colleagues. A peer educator has been trained as a peer educator in the material that he or she shares with his or her friends and colleagues. She or he continues to learn through further reading or researching to get current information about their topic. She or he shares information that they have learned freely with their colleagues and friends using many different types of training methods; e.g. telling a story, organising a drama, discussing a picture, playing games, etc.

What qualities should a Peer Educator have?

A good peer educator will display a number of important qualities. All of these qualities will assist the person in effectively communicating with his or her friends and colleagues.

A good peer educator will

- Always try to learn what is new in their field and will regularly want to share this information
- Facilitate effective sessions one on one, to small groups or a reasonably large audience.
- Be able to listen actively and respond constructively to his or her peers to understand their concerns and encourage their positive aspirations.
- Be able to deal with emotional situations with empathy
- Not judge friends and colleagues in their behaviour, but assist them in changing negative behaviour.
- Be able to adapt and motivate others to seek HIV, GBV and SRH and rights services
- Be a role model, which means leading by example on safer sex practices

- Provide support and encouragement to 'Sisters' even after hours
- Keep things confidential and earn the trust, respect and acceptance by sex work peers
- Advocate for the programme to key stakeholders including law enforcement agencies

What makes me a good Peer Educator?

There is so much that goes into making a good peer educator. Too often, we tend to think that simply knowing the session material well make a good peer educator. But even if you as a facilitator were able to recite the training material word for word this would not necessarily make you a good peer educator.

So What Skills Should I Have?

- **Willingness to learn** – a good peer educator does not claim to know everything on a given subject. They know the limits of their knowledge and always accept further coaching and training to improve their own skill and knowledge base.
- **Respect** – always greet your participants and make them feel welcome. Respect your participants and acknowledge that they are there to learn. It is also important to acknowledge **the learning and experiences that your participants bring** with them into the training session. Adults bring with them a host of lifetime experiences and opportunities. Always thank your audience for their participation.
- **Honesty** – if someone asks a question and you do not know the answer then say so! Do your best to find the right answer and communicate it to the group the next time you meet. Do not hide your own ignorance by misleading people with incorrect information or attempting to answer questions that you are not qualified to answer. Avoid promising what you and the programme cannot deliver.
- **Patience** – adult participants are sensitive to criticism, whether direct or implied. Some people have not experienced a formal learning environment and may feel intimidated. It is important that your participants feel comfortable and relaxed and that they are able to speak up if there is something that they have not understood fully. If a peer educator is impatient, rushes past a question or even misses a confused look, the learner may shut down and dismiss the rest of the training session as a waste of time. Create a learning atmosphere of mutual trust and respect by being attentive and patient!
- **Listening** – one of the most important skills a good peer educator possesses is the ability to listen and demonstrate that they are listening. Listening actively often falls second to talking in a lot of people's minds, but to be a good peer educator, is to be a good listener. Listening is one of the most important tools in your toolkit. Listen to your audience, do not interrupt them, or finish their sentences. Show them you are listening, look at them, nod perhaps, do not stare out the window or start talking to someone else – it will diminish your learner's confidence and they may not speak up again.

Being a good listener is harder than most people think. If you can successfully listen to someone it means that you:

- Give confidence to your audience to trust you and open up to you
- Increase your understanding of an individual or the group's information needs
- Manage time better. You will waste less time on misunderstanding things, having to repeat discussions and questions and people are less likely to become bored and irritated. It is important to get your message across in the time that you have.

Perhaps the most important characteristic that a peer educator can show is respect and care for his or her companions, which means having a desire for them to improve their lives by changing their behaviour.

Why are you working with Sex Workers?

HIV affects everyone, from the boss of a company to the beggar on the street. A healthy community and a healthy country is made up of healthy people. Sex workers are a group of people that are often excluded in outreaches to improve the wider population's health largely due stigma and discrimination. Stigma and discrimination by service providers is further complicated by criminalization of sex workers, often leading to gender based violence by both clients and law enforcement agencies. Yet, fighting sexually transmitted diseases, including HIV can never succeed without active participation of sex workers, who naturally should be at the forefront of any fight against the transmission of the infection. However, due to discriminatory mind sets and institutions that often exploit and abuse sex workers, this means that sometimes a Sister might be denied her rights, yet these very rights are often what helps her improve her life and act to limit STI transmission.

So, we want to work with the sex worker community to:

- Improve the sexual health of the sex workers
- Help prevent the spread of HIV to Sisters, their clients and partner of their clients in the interest of public health
- Help the sex workers improve their own life by knowing and exercising their rights

How do I fit in?

You are a central part of making this programme successful. Through you, all of the information will reach your colleagues who might otherwise not get to hear about it.

There are several ways that you can use to spread the message about what you have learned. Three examples are given below, but these are not the only ways you play a role.

- **Use a natural, casual conversation.** Once you have been trained it will be easy for you to strike up a conversation with Sisters about some of the topics in the training. One of your colleagues might make a statement or ask a question, and because of your training, you will have the answer. But if you are in a casual setting, like a bar, or waiting on the street, it is not always possible to pull out your training material then and there and start training unless you are able to make a quick reference. Instead you can simply make a date and a time for the group to meet where you can spend time answering their questions or sharing your knowledge related to that topic.
- **Use a formal invitation to attend a clinic session.** There are outreach clinics that focus on the needs of sex worker. Outreach sites are in operation about once every two weeks while static sites open every week day. During the time that the clinic is operational, you might ask to use the clinics facilities to run a peer education session. You can invite friends to come and join you at these sessions.
- **Set up a regular time for a group of you to meet.** A group of your friends might express interest in meeting more regularly, maybe once a month. In this case you need to arrange a suitable time and a place to meet. It could be someone's home, or it could be a corner of a bar that you all use, or it could be a room in a hotel that you frequent. If you are all regular customers, just ask the owner or the manager if they will let you use the venue free of charge for an hour or so each month, to run a peer education session. You can also request key stakeholders like leaders in your area to facilitate free venues for your meetings.

Be aware that the makeup of the group will change. Not all Sisters will be able to attend all the sessions. As a result some may ask questions that could have been answered in earlier sessions. This is where you need to "read" your group of Sisters to

see what they are interested in, what information they need, and what information is most relevant to them at the moment.

Planning and conducting a Session

These exercises are structured to be run during periods of time when you and your colleagues have some time for discussion. So don't try to fit in a session in five minutes when you are waiting for a client to arrive. You can of course use such short periods to advertise the programme. Some of the sessions have "Teasers" that you might use to begin conversations that will interest your Sisters to attend the sessions.

When you have such few spare minutes, you might want to use "Teasers". These are statements or questions that you might use to attract interest in some of the topics for training. Use these as an idea of the topics that your colleagues would be interested in hearing more about. Don't try and force training on topics that no one wants to hear about – no matter how important it is. No one will listen and some people will just get annoyed with you. Rather, encourage participation on topics that might not be that popular by offering a number of "teasers", or by asking some pointed questions about the topic.

When you run the exercises for the Sisters, choose the exercises you think will benefit them at that point in time. You do not have to run the exercises from number one to number forty-five in order.

Even though the attendance at these sessions might change, it is hoped that as a group the Sisters will support and learn from one another. For this reason it is important to provide an opportunity for them to reconnect with one another and to allow time for them to tell their colleagues about any important things that would have happened to them since their last session. This also gives them a chance to reflect on their lives since the last meeting and provides them with an opportunity to identify anything that they think they might want to share or ask questions about.

You should always build in a time for reflection and for "catch up" early on in the session.

Similarly because you are trying to build an atmosphere of communication and confidentiality, you should run a session on communication as well. These sessions (reflection and communication) might be the same exercise, or they might be two separate exercises.

What do I do during a Session?

The most important part of the peer education sessions happens BEFORE the session. This part involves your planning for the exercises. Read through your material. If you need to prepare material, or have cards ready, then do this in advance of the session. Understand the message you are trying to communicate during the session. Try to anticipate some of the questions that may be asked during the session and how you will handle dealing with these. (You might answer the questions, ask your colleagues to come up with answers, get them to debate the questions that have no right or wrong answers, for example). The more planning you do for your sessions, the more successful your sessions will be.

Each session you plan will be different, depending on the needs of your colleagues and your own expertise. Remember, try to run sessions that reflect the needs of your colleagues and answer their questions.

The exercises are not designed to be run in order. They are designed to be run to meet the needs of your colleagues. Some exercises build on others, and so DO need to be run first before their follow on exercises, but most of the exercises can be run as standalone sessions. You need to know and read through the material, so that you can choose the exercises that best suit the needs of your colleagues. One way of doing this is to listen to the conversations your colleagues have with one another. On what subject are they asking one another questions? Another way is to ask them directly what they would like to learn about and then match their answers with the sessions that closest meet their needs.

In terms of planning, you might only choose to run one exercise with your colleagues in a bar, or in someone's home, where you meet once a month. However, because the clinic environment is different you might choose to run two or three sessions in a clinic setting. The exercises allow for this level of flexibility. You choose what to run, how to run it and where and when to run it.

Remember: You are in control of the training, not the other way around. Make decisions that you think are best at the time, to ensure that you can assist the behaviour change process. You should NEVER leave the participants in a worse position than when you arrived.

Things to look out for in your session

Some of the people attending your session might be drunk or high on drugs. Some people when they are drunk or high get argumentative. So they might start an argument with you. Don't argue with them, if you recognise that they are just being difficult. Rather explain to the rest of the group that you are not going to argue with that person, because it will not resolve anything, and ask the rest of the group if you can move on. If the person continues to be very disruptive agree with other participants on the way forward. You might have to postpone the meeting and agree with the group on where and when to meet again. There is no definite answer to this situation. As you get more experienced and interact more with your group, you will learn which method is the best way of dealing with this situation.

Why do we play games?

Some people think that playing games is childish and a waste of time. Some people think that learning can only take place in a classroom or another formal setting. This session is to explain that we learn all the time, no matter what the situation, and often as adults, we learn better by DOING rather than by HEARING.

Remember you need to change ATTITUDES and SKILLS, not just give information. People need time and space to practice new behaviour. They can start by doing this in the games and role plays that you have in these exercises. In many of the exercises there is an opportunity for the Sisters to actively practice the skills or attitudes that are explained in the session. Give them time to practice and exercise these new found skills. Make sure you have mastered the skill yourself before you start teaching it to others.

Setting up the environment

Remember that you will be having a conversation with a group of people for an hour or two. In this time people can become quite distracted. We have tried to make the sessions as active as possible to avoid this. Try to limit the number of distractions. This can be difficult if you are meeting in a public place and some people might come over to find out what is going on; but people's curiosity may fade after a few weeks.

Be aware that in places that are too dark or too hot, especially at night, people will tend to fall asleep. If it is too cold, people will not be able to concentrate, and where there is no air flow, people will also grow tired quickly. You probably won't be able to change these things, but you need to take them into consideration when working with your group to make sure that you keep their levels of concentration high.

How to use Posters and write on Flip Charts

Everyone should be able to see the posters and the parts that are being pointed to. Writing on the flip chart should be clear and neat – many people are nervous and write in small letters – the writing should be able to be seen and read by the person furthest from the flip chart. If necessary pass the posters or flip chart around the group to let all of the Sisters see and read.

How do I facilitate discussion and answer questions?

One of the best things a peer educator can do is promote learning to happen in people. Get them to ask their own questions, rather than simply agree with the answers they think are correct. Do this by asking probing questions. Open ended questions tend to illicit more discussion than closed questions. A good facilitator knows how to balance between the two. Encourage your group to ask questions by stopping often and asking if there are any questions. Listen to them state their opinions. Make sure one person does not dominate conversations. Your answers should ALWAYS be correct, or you should say you do not know. You MUST NEVER give an incorrect answer. Answering questions should be a gentle process, where the questioner is encouraged and not diminished.

Don't dominate the session by being the only person that talks. Let your Sisters debate issues and ask and answer questions. As long as everyone, at the end of the session, has the correct information. Ask for action oriented steps because agreeing on a way forward ensures that participants not only practice what they have learnt but also take action on improving their own health or the environment that supports such changes

Issues relating to legislation

You need to be aware of what the law states regarding the health issues. Government regulations deal with things like anti-retrovirals, mother to child transmission, male circumcision, access to contraceptives and cervical cancer treatment. Although we have tried to include information that is as up to date as possible, we strongly encourage you to link up with organizations in your community that are familiar with recent government policies and legislation to ensure that the material you train is as up to date as possible.

Of course, being involved in sex work means that what you are doing is illegal in Zimbabwe. You need to know that sex workers face verbal, physical and sexual abuse as well as harassment and arrest. In addition, sex workers report facing stigma and discrimination which may reduce their access to legal advice and health services. Nothing in this manual promotes sex work itself, but rather concentrates on encouraging sisters to make healthy decisions in their daily life and to cooperate with one another to improve their lives for their own and everyone else's public health benefit.

Time Constraints

Remember you only have limited time to meet. Plan your activities accordingly. If you have agreed to meet for two hours, plan for this. When you are running the session you might realise that you are going to run out of time. In this case, you might choose not

to move onto the next session, because you would have to rush through it. Rather end a little early and keep the next activity until the next session.

Whatever the overall objective you decide on, we would strongly suggest that you do not run more than you think your colleagues can handle. Even though you have planned for two hours, if after an hour and a half you find that your group are tired, do not try to finish the last thirty minutes. Important information from one training session can easily be lost through trying to facilitate a group that is tired. Rather have a good ninety minute session, than a longer session that the Sisters regret.

Timing should consider other important activities taking place around your location and beyond. For example, around public holidays, most people are mobile or busy with visitors and may not have time for community events. If you work in an area that is mainly agricultural, remember to take harvest season into account as well.

Issues of perspective

Given that we are dealing with people, they often have their own ideas and opinion, especially when it comes to issues relating to sexuality and gender relations. It is important to listen to these and to appreciate your colleagues for who they are. You may disagree with their opinions and ideas, but the only thing you are allowed to correct them on is FACTS. Only facts are right or wrong. To antagonise someone by aggressively disagreeing with them over an idea or a perception will only serve to alienate you from the group. After such a disagreement nothing you say will be taken seriously.

Potential Embarrassment

The material relating to HIV and AIDS and reproduction might be regarded as sexually explicit, especially in more conservative settings. While Sisters will be familiar with the sexual act, viewing the pictures and talking about various body parts could still be embarrassing.

Many Sisters will use humour to cover up their own embarrassment. Often, under this humour, is a self-deprecating mind set. In other words, the Sister does not respect herself. An important step in the process of behaviour change is getting the Sister to treat her own body with respect. As a result, we suggest that when it comes to discussion of body parts and functions, that although the jokes are likely to told, that as the session progresses, you suggest that they use more respectful words to speak about the body, especially their own body parts. For you to do this, you need to be secure in your feelings about your own body too!

One of the most effective ways of promoting this security is for you to demonstrate confidence in the training material. If you appear embarrassed by the words and materials used in the training, the Sisters might also appear uncomfortable with the material and learning objectives, thus hampering their ability to absorb and personalize the information. For this reason, we would encourage you to be more than familiar with the training material, the terminology and issues relating to all of the topics to be discussed.

At all times in dealing with issues of culture, we ask you to be sensitive to the feelings of your participants. It is important for the messages to be heard, but it is also important that this is done in a manner that make them feel safe and secure.

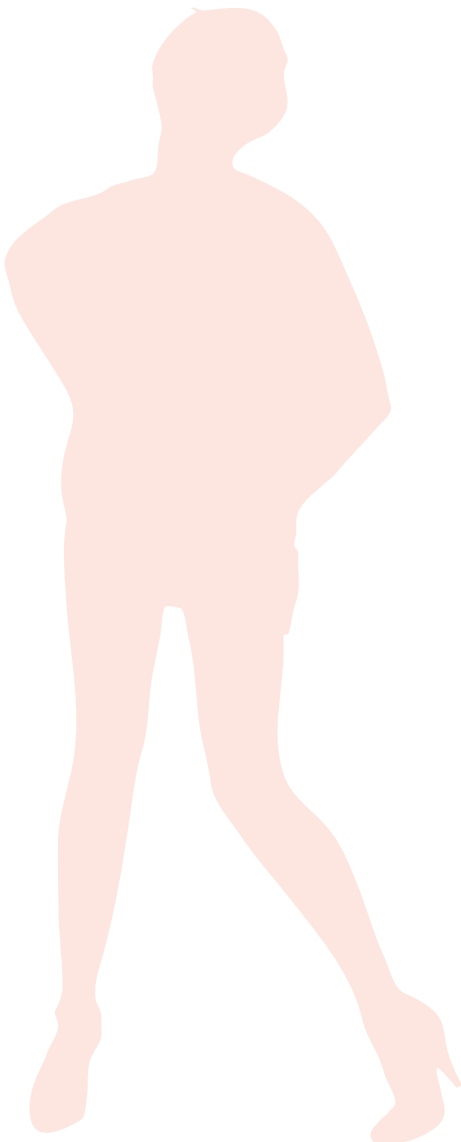
Part Two:

The Toolkit

Just as any normal toolkit has a number of tools, this one consists of a number of parts. This toolkit has the following:

- This manual
- Flip book of posters
- A marker pen
- A set of cards (A4 size) for you to cut up.
- A set of envelopes to keep the cut up cards in order.
- A ball of wool or string.

How to use the rest of the tools will be explained later in this section



The Exercises

As mentioned in the previous section there are three overall themes in this manual. You can choose to mix and match exercises to best meet the needs of your colleagues. Don't expect to get this mix right first time around. As you use this principle more, so you will choose exercises that are the most appropriate without even thinking about it.

Just as a reminder there are three themes that the exercises speak to:

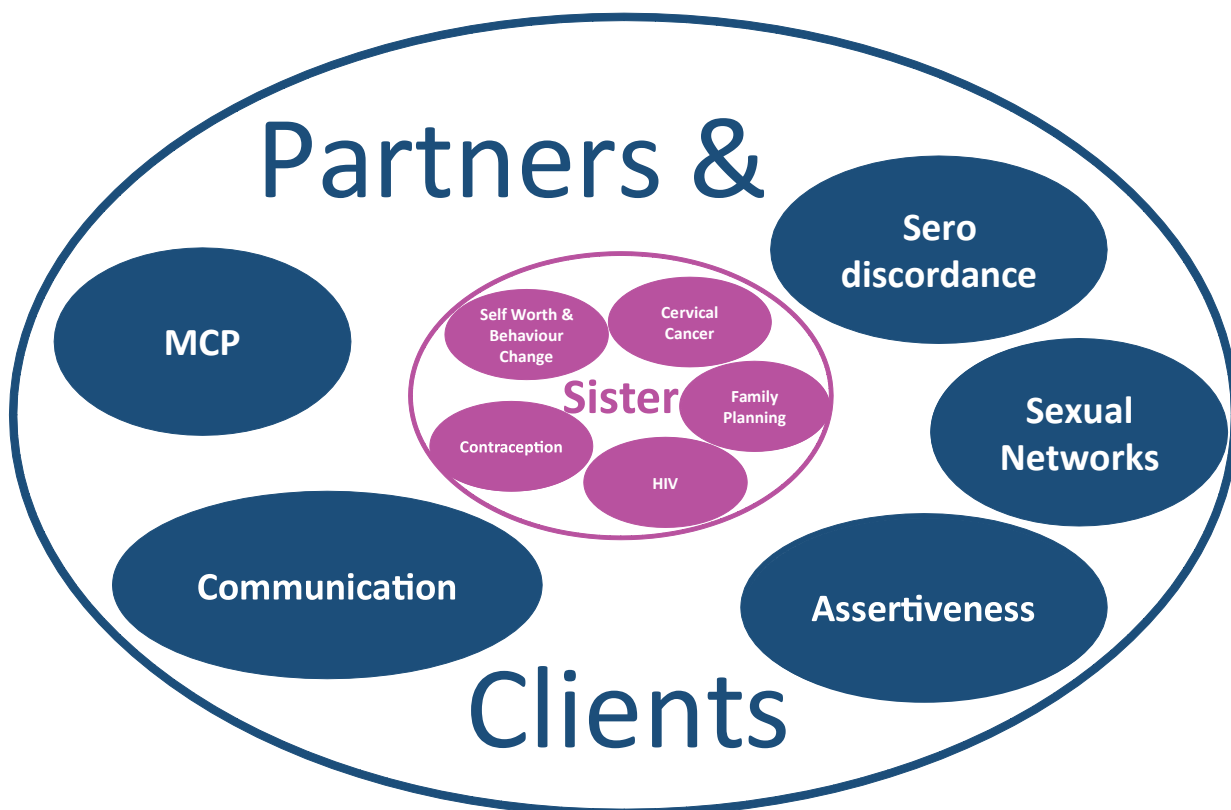
- Looking after Yourself
- Looking after Your Clients and Partners and
- Looking after Your Sisters

The three themes work together like the three rings below. Information can flow from the outer ring towards the inner ring, and from the inner ring towards the outer ring. So it does not really matter which theme you use to start your sessions, or if you choose to run different exercises from each theme in one session. All of the information is interlinked.

At the centre of the programme is the sex worker herself. Without her active involvement this programme would be worthless. Her own self-respect is key to effective Sisterhood. In this theme we have a number of exercises that deal with issues that relate closely to her own health. These include HIV and other STIs, the transmission of the infection and its prevention, treatment and care, family planning and contraception, information relating to cervical cancer, etc.



The next theme deals with those who are most closely affected by the Sister's actions; her clients and her partners. In this theme some of the HIV related information deals with Multiple Concurrent Partnerships (MCP), sero-discordance, and issues relating to negotiation and communication.



The third ring speaks to the community. By this we mean the community of Sisters that work in your area or neighbourhood, the Sisters that attend the same clinic that you do, the Sisters with whom you might share clients. This theme speaks to issues that concern all of you, and focus on topics like your rights, mutual support and stigma.



A note on behaviour change

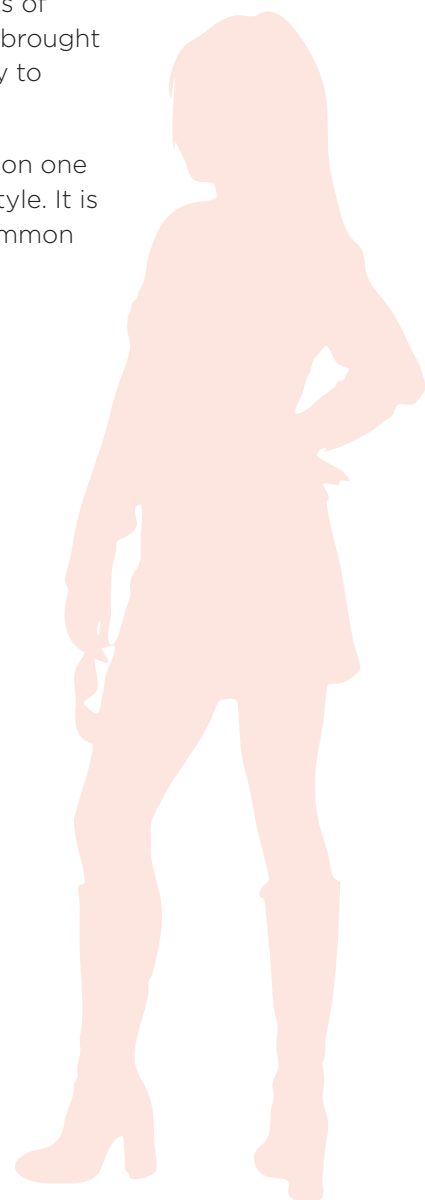
There is no point to running these sessions unless they impact positively on the Sisters' lives. You are not running the sessions simply to share information, you are running them to change their lives. However, the Sisters themselves are responsible for changing their behaviour.

A foundational stepping stone of positive behaviour change is recognising the worth and value of yourself. If you think that you have no value then there is no incentive to change your behaviour and your lifestyle. So some of the sessions speak to the Sisters' behaviour and their self-perception and their self-worth.

So these peer education sessions are not just about imparting knowledge, but about allowing and encouraging that knowledge to make a difference. Learning takes place when people apply the knowledge that you have given them. Always remember; the main purpose of your work is to bring about desirable change.

This type of behaviour change involves participants of equal standing talking among themselves and determining a course of action. It is not about other people telling the Sisters about how they should change their lives and behaviour. This is why your sessions will have a lot of participant interaction and discussion. Talking and discussion is how we express our thinking. So that no one feels at a disadvantage, the exercises are designed to accommodate any level or combination of levels of formal education or literacy skills. The full participation of a group of people, brought together through collective dialogue regarding a common problem, is the key to successful behaviour change strategies.

As a side benefit to these sessions we hope that the Sisters will begin to rely on one another for support and help in making changes and seeking a healthier lifestyle. It is believed this will also help Sisters participate in organizing themselves for common outcomes.



The exercises follow on the next page and are generally laid out like this. Not every exercise has every section.

Exercise Number and Title	
Teaser	Although contextual notes are given at the beginning of each section, sometimes an exercise is provided with its own teasers. These are just examples of things you might say to establish interest in the session that you plan to run.
Purpose	This section tells you why the exercise is important and provides you with some guidance about when to use it.
Outcomes	This section tells you what we expect the Sisters to be able to do after they have completed this exercise.
Time Required	This tells you approximately how long the exercise will take. However, be aware that exercises often take longer with larger groups.
Setting	If you need to be outside to run the session or if you need a large room, this section will warn you of this in advance
Other Requirements	This section tells you what other materials you might need to use for this exercise. Most of these materials have been included in your toolkit. Other materials (water, cups, etc.) should be easily available.
Method	This is the step by step process of how to run the exercise.
Hints, Suggestions and Challenges	In this part we give you some advice or tips of things to look out for when running this exercise, or problems that you might encounter.

When you are running your session, do not read the Teaser, the Purpose or the Outcomes aloud to the participants. This information is for your benefit. It is your role as a peer educator to make sure that the participants achieve the Outcomes outlined in the exercise.

Please remember that although some of the exercises suggest that you separate the participants into two or more groups, many of the exercises can be run with a smaller number of people. They just need to be adjusted a little. Remember you can also participate in a number of the exercises as a participant, if you need to. With practice you will be able to run these exercises with any number of people.

Section One:

Looking after Yourself

The exercises in this section explore areas that affect the Sister directly and areas where she often has control over. For example, she has control over her opinion towards people that are HIV positive, she has control over the words she uses to describe her own body.

If people have no respect for themselves or their bodies they will not pursue health seeking treatment and they will not change their behaviour over the long term.

People are often shy about speaking openly about their bodies – even sex workers. While they might show bravado in speaking about clients, when it comes to their own bodies they may feel more reluctant to speak openly. However, a first step in being able to identify disease and seeking treatment is knowing and being comfortable with your body. When you are familiar with your healthy body, disease becomes more noticeable. There are a number of exercises in this manual that focus on body parts and understanding the functions of those parts.

There are also a number of exercises that focus on topics such as human reproduction and the structure and function of our reproductive organs. It is important that the participants are aware of how their body functions so that they can clearly understand the implications of disease, infection and in some cases how treatment works. It is important that all of the participants have at least this level of basic knowledge. If you or any of the participants are able to provide more advanced information please feel free to do so, once the foundation has been laid.

Be aware of questions or statements from your colleagues that reflect:

- Concern over a discharge or burning in their genital area
- Worries about their body
- Harsh words made about another Sex Worker, commenting on their health

Teasers that you can use for exercises in this section include:

- Do you really know how your body works?
- Do you know that women are more likely to get HIV than men? Why do you think that is?
- Do you know where your cervix is?
- Which part of a man's body gets cut off during circumcision?
- Can you tell me five facts about HIV and AIDS?
- How do you convince a client to wear a condom?
- Name three body fluids that transmit HIV.

01 | I am Unique

Teaser

Start a conversation with your Sisters about whether they think they are special. Ask questions like: “Do you think you are special?”, “What makes you so special?” “Come and find out why you are special”.



30 Minutes

Other requirements

- A large sheet of paper stuck to the wall.
- A number of smaller sheets of paper.
- An inkpad or a marker pen

Purpose

People are often measured, assessed and sometimes judged as part of a group. Their performance and their abilities are often determined by their group. People often judge themselves as a member of a group as well, and in doing so, limit themselves to the expectations of their colleagues. In this exercise the participants are encouraged to identify themselves as unique, and as a consequence, as special, as individuals. Although they may be part of a group, they are responsible for their own decisions and their own actions. Accepting this state of mind is one of the first steps in moving towards positive behaviour change.

Outcomes

This exercise will enable the participants to understand that all human beings are unique in their own way and will encourage them to acknowledge and respect their own personal uniqueness.

Method

1. Explain that this session will be about exploring a person's uniqueness.
2. Ask the participants to stand in a circle and to look at one another. Then ask them to close their eyes.
3. Gently tap a person on the shoulder and ask her, without opening her eyes, to tell you which Sister is wearing a certain colour like pink, or dressed in jeans, or has dreads etc.
4. Allow the participants to open their eyes to see if the Sister guessed correctly.
5. Repeat this exercise a few times with different Sisters from the circle.
6. Point out that all of the questions you were asking related to a person's appearance or what they were wearing which would not be exactly the same for each participant as they have different tastes. They are unique. However, remind participants that all of us

are more unique than our clothes and our appearance. Each one of us is different.

7. Ask all the participants to use the inkpads and affix their thumb impression onto a smaller piece of paper.
8. Collect all the papers and stick them on the larger sheet or simply lay them out on the floor.
9. Point out that each thumb print is different to the other, and this is only one way that each person in the room is unique and special.
10. Break the group into smaller groups of two or three Sisters and ask them to discuss the following:
 - » How would you describe yourself?
 - » What does unique mean?
 - » What makes you as a person unique?
11. Get some feedback from some of the Sisters on what makes them and their colleagues unique from one another.
12. Point out that just as we are all different from one another, so our thinking and behaviour should be different as well.
13. Explain that we are responsible for our own decisions and need to make these decisions for ourselves.
14. Explain that in the course of some of these sessions, people might decide to follow different paths, and we should encourage and support them to do so, as long as these actions are not harmful. For example:
 - » Some Sisters might decide to be tested for HIV or screened for cervical cancer
 - » Some Sisters might decide to stand up for their rights
 - » Some Sisters might confront their partners or clients regarding violent behaviour.

02 | My Support Network



20 Minutes

Other requirements

- Flipchart
- Network poster
- A piece of paper and pen for each Sister

Purpose

Part of deciding to change your behaviour is identifying people on whom you can rely to support you during this period of change.

In this situation these people might not be fellow sex workers (although they could include colleagues) but they might be individuals with whom the Sister has a supportive relationship, they might include a religious leader, a partner, a family member, a nursing Sister that is supportive or a friend.

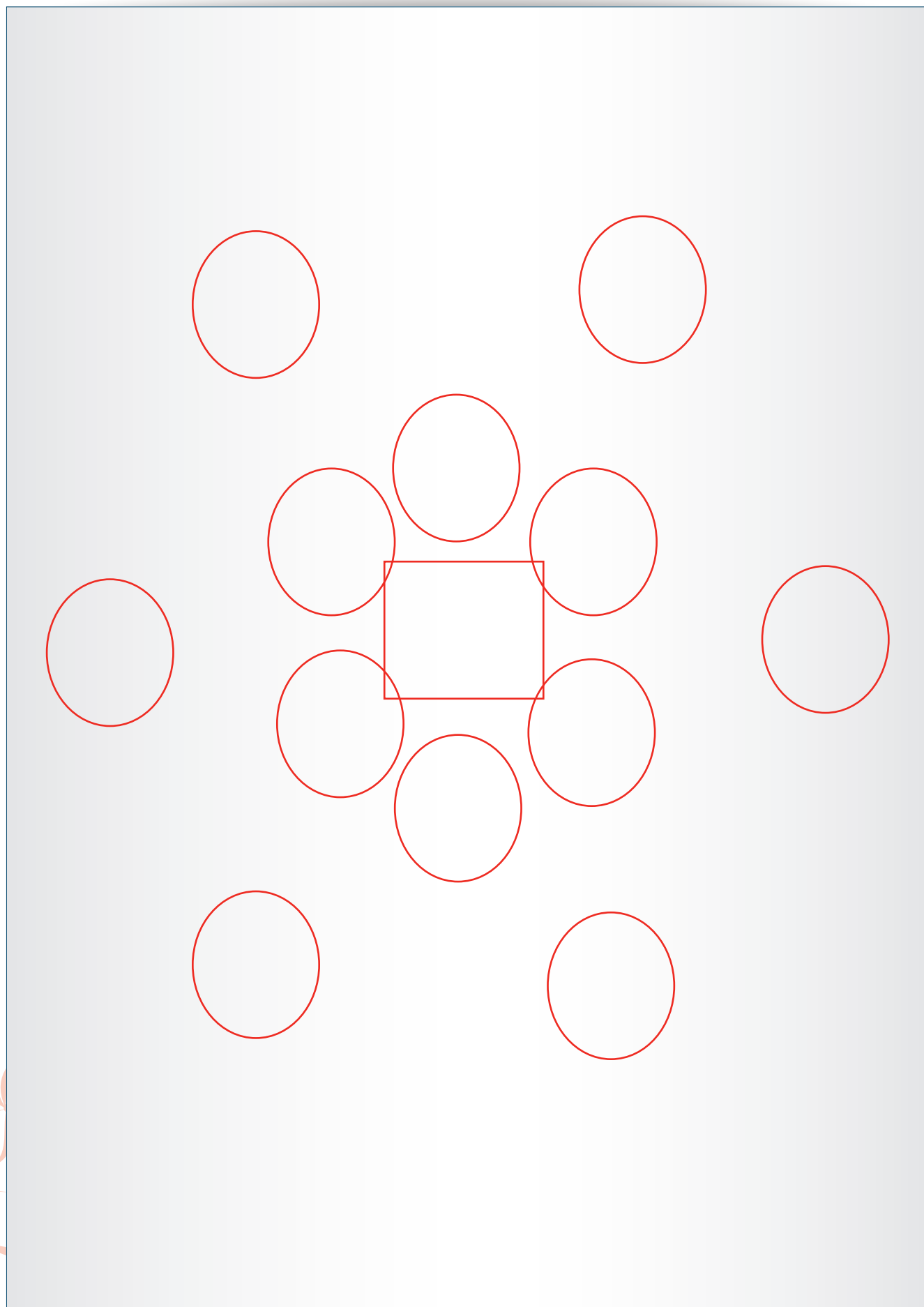
Outcomes

By the end of the session, participants will be able to identify people with whom they have relationships, either from whom they learn or who look up to them.

Method

1. Give each Sister a pen and a piece of paper.
2. Ask them to brainstorm the people with whom they have good relationships. Get them to shout out the names or types of relationships they have with these people. The answers you are looking for include: Sisters, brothers, friends, leaders, partners, mothers, daughters, grandmothers, friends, colleagues, nieces, neighbours, etc.
3. Show the network poster and draw a similar poster on the flipchart
4. Tell the Sisters to write their own name in the middle rectangle.
5. Then ask each to write the names or the relationships that she has with her closest friends and family in the circles surrounding the rectangle
6. These people also have relationships with other people. Ask the volunteer to write the names or relationships that THESE people have with at least one other person in the next set of circles.

7. While the groups are doing this, you demonstrate your relationships on the network poster at the front of the group.
8. Now ask the Sisters to identify the level of relationship she has with each of the people.
 - » Ask her to put a star next to the names of the people she looks up to.
 - » Ask her to put a triangle next to the names of the people with whom she feels are equal friends.
 - » Ask her to put a square next to the names of the people that she feels look up to her for guidance and advice.
 - » Point out that sometimes one relationship can have all three aspects
9. When this exercise has been completed, divide the Sisters into smaller groups to discuss the following: When it comes to changing my behaviour;
 - » What can we learn from those people with stars next to their names?
 - » How can we ask them for help and assistance?
 - » What does it mean to have people looking up to me for guidance and support?
 - » Are we risking anything in our relationship with the people with squares and triangles next to their names?



03 | Body Mapping

There are many questions that you might pose to Sisters to stimulate their interest in this session. They include “What is the job of a cervix?” “What is the proper name for the (scrotum – slang word)?”

Teaser

Purpose

It is likely that sex workers will have a wide range of language which they commonly use for both their own and their clients' body parts.

This exercise performs a number of functions. Importantly, it allows the facilitator to introduce the concept of speaking about your body with respect. This step is vital in seeking healthy behaviour change. If a person shows no respect for an item, they will not seek to preserve or guard it. Similarly, if a Sister has no respect for her own body she will not seek assistance if she thinks something is wrong. Secondly, while it is not important for the participants to use medically correct terms for the various body parts, this exercise will allow them to agree on names that they will use in these exercises to refer to the various body parts. It is likely that Sisters from different parts of the country refer to various body parts by slightly different names.

This is important to try and prevent miscommunication in later sessions.



45 Minutes

Other requirements

- Outline of a body, or two outlines depending on size of group
- Sets of body part cards
- Paper for participants to write on

Outcomes

This exercise allows the group to use the language with which they feel most comfortable in describing their body and its functions. In doing so, the group learns about their own bodies and that of the other gender.

It is important that the facilitator encourages the group to use names for body parts that show some level of respect.

Method

1. Explain that you are going to share what you know about how our bodies work.
2. Give the card containing the body outlines to the group.
3. Ask the participants to indicate, by shading in the parts of the body that are most often visible and the parts that are most often covered by clothes.
4. Ask the participants in their groups, to quickly discuss why they think these areas are covered by clothes.

5. After facilitating feedback from the groups, explain that the areas of our bodies are often covered by underwear, are covered because we treat these parts of our bodies with more respect.
6. Explain to the participants that even though they may be involved in sex work this does not mean that they should not respect their own bodies. Explain that more respect they show to their body, that the more respect they can expect others to show their bodies as well.
7. Hand the body part cards to the groups. If you have more than one group make sure that you have more than one set of body cards to be able to give one set to each group.
8. Ask the participants to show where these body parts mentioned on the cards are located on the body outlines.
9. Ask the participants to describe the body parts on the cards using slang or everyday words or phrases. Encourage them to use any words or phrases they know, in any language. As these words are mentioned write them on the flipchart. Once everyone has finished come together and read through the list carefully and slowly.
10. Ask the following questions:
 - a. Were you embarrassed to see, write or hear any of the slang words?
 - b. Are there any words that you are embarrassed to use in polite company?
 - c. When do we use slang words and when do we use correct words? Why?
 - d. Do some of the words seem overly harsh or abusive?
 - e. What does it mean when people use these words?
 - f. Which words or phrases show more respect for our bodies?
11. Ask for agreement among the participants on which words or phrases to use during the next sessions to describe various body parts.
12. If time allows you might ask the smaller groups to discuss why they should use words or phrases that show respect for the various body parts. Ask them to discuss what this does for their opinion of their own body and their opinion of their client.
13. After these discussions explain that treating our bodies with respect (and speaking about them with respect) is the first step towards looking after our bodies. If we cannot respect our own bodies, we cannot expect others to respect them.

Hints, Suggestions and Challenges

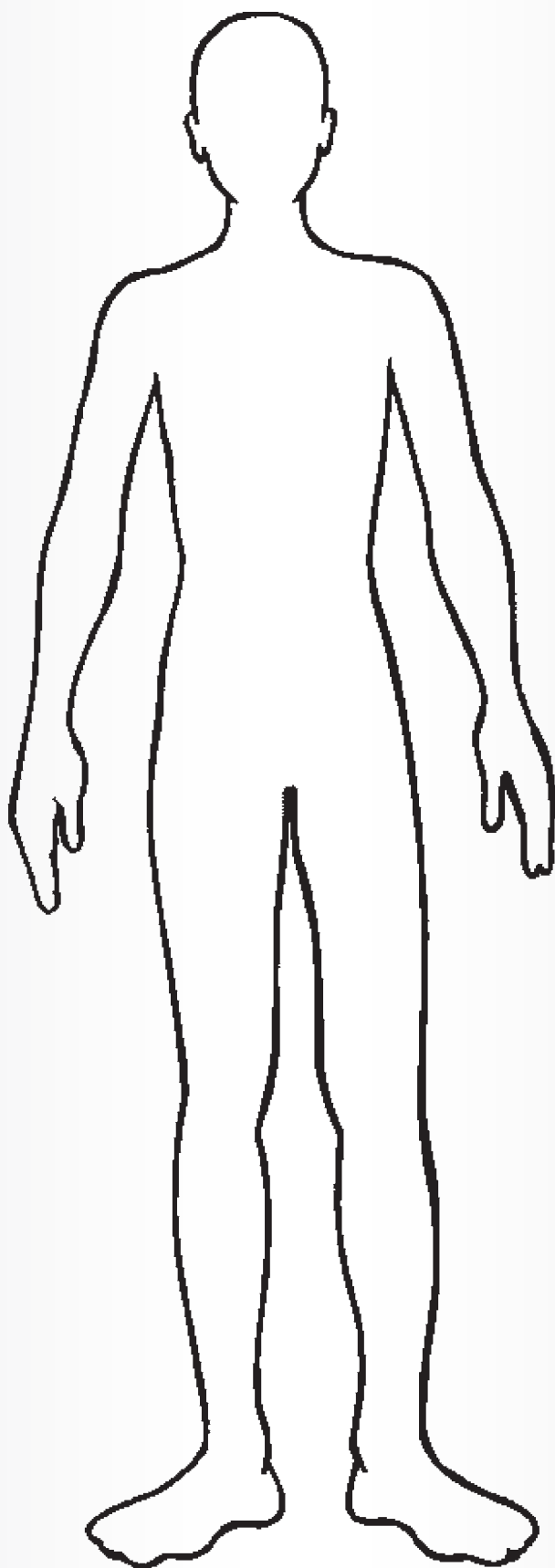
This session should enable the participants to decide on local names that are acceptable to use for the different body parts and an opportunity to mention, in discussion, body parts that are associated with sex with which the participants might otherwise have difficulty.

Make sure that the participants clearly understand that they should identify the areas that are covered by underwear. In some cultures, it is normal for men to wear long pants and for women to wear long skirts in public. However, when these individuals are relaxing with their friends and family they may wear shorts and T-shirts. You can use these distinctions in discussion to show that when we are more familiar with the people in our company, we sometimes reveal different body parts, (bare legs, bare arms, etc.).

Body Mapping Cards

man	woman
penis	vagina
testicles	breasts
labia	glans
scrotum	clitoris
cervix	foreskin

Body Mapping Outline



04 | Human Reproduction

Purpose

Many of the lessons in this series focus on aspects of the human reproductive system. While these lessons are valuable, the value is often lost if participants have no context in which to place this information.

Again, while sex workers will be familiar with the act of sex it cannot be assumed that they are familiar with the component parts of the reproductive organs. Nor can it be assumed that they are familiar with the position and purpose of these component parts.

This lesson provides participants with that context by simply exposing them to the parts of the male and female reproductive systems in a fast and fun manner.



30 Minutes

Other requirements

- Human Reproductive System Posters
- Human Reproductive System jigsaw puzzles (male and female)

Outcomes

Participants will know the parts that make up the human reproductive system.

Method

1. If possible divide the participants into two teams. It is OK to have even smaller teams for this exercise.
2. Explain that you are going to give each team a different puzzle and there is a competition between the teams to complete their picture. The first team to correctly complete their picture will win.
3. Hand each team the pieces of the puzzle.
4. Shout "1, 2, 3, GO!"
5. The puzzles should only take a few minutes to complete.
6. Make sure that each team has correctly arranged their puzzle.
7. Declare the team that was first to correctly arrange their puzzle the winner.
8. Collect the pieces and swap them with the other team. Repeat the

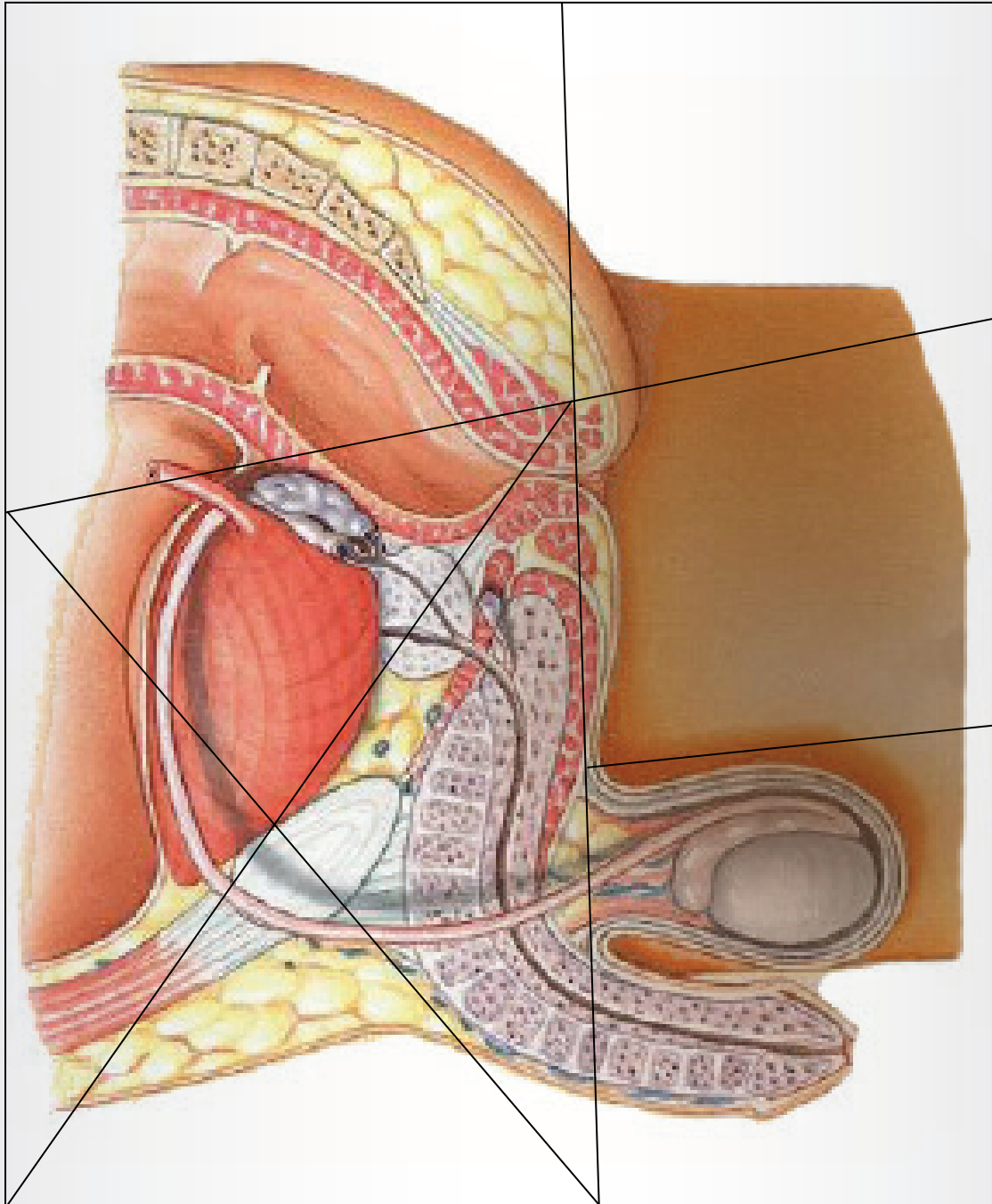
process to allow both teams to complete both pictures. Ask the participants if they are aware of what the pictures represent.

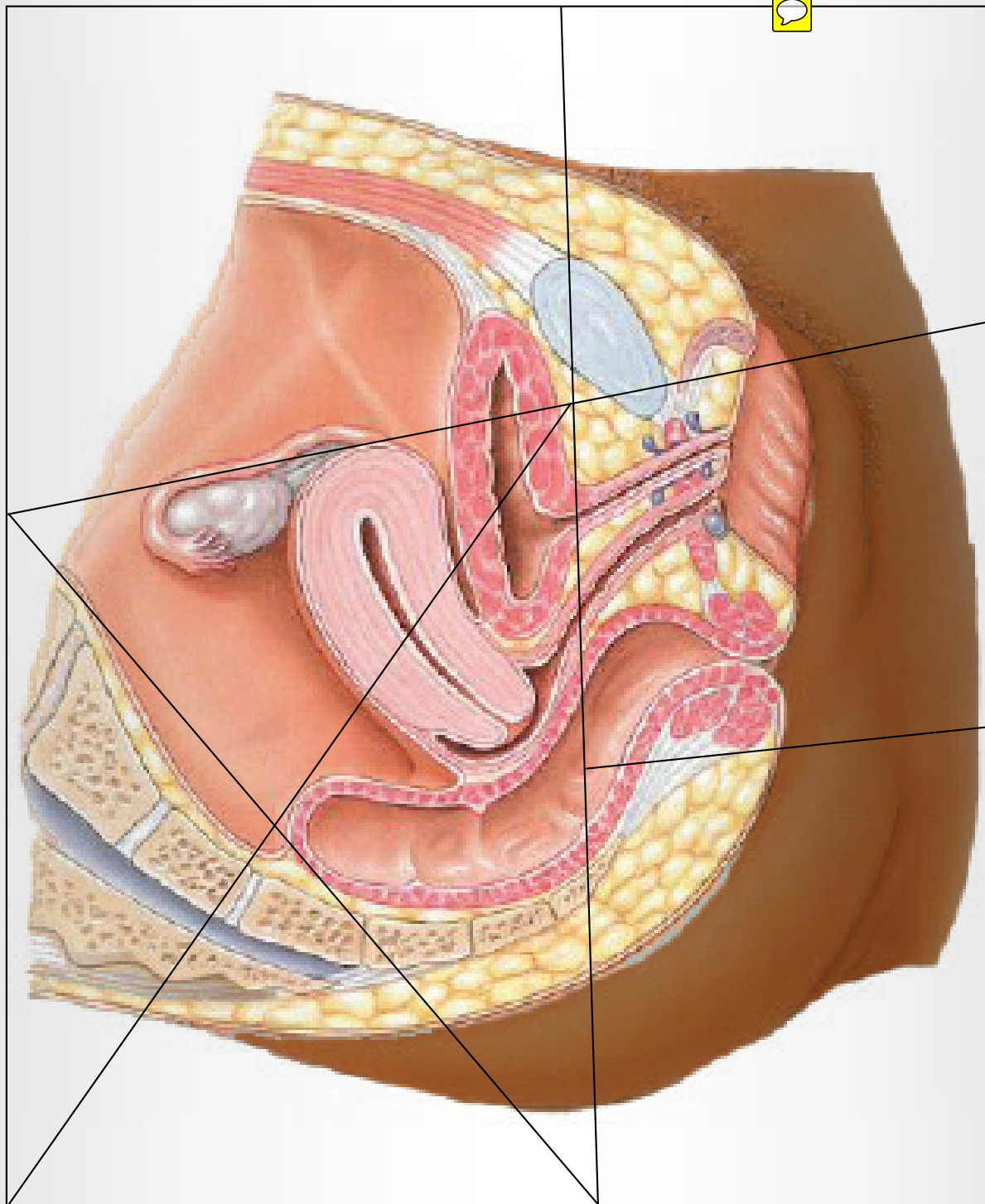
9. Explain that these pictures are of the male and the female reproductive systems.
10. Using the cards from the Body Mapping exercise, ask the participants to identify the correct body parts either on their jigsaw puzzle or on the posters.
11. Take some time to explain the basics of human reproduction and ask if there are any questions. While those participants who have already had children may understand the basics, it may be a good idea to ask them to identify the ovaries, the uterus, the cervix etc.
12. Take time to point out the ovaries, the uterus and cervix and their purpose as well as the testes and their purpose.
13. Use the posters to point out the parts of the reproductive systems that you will be referring to later.
14. Pause often during this session to ask if there are questions.

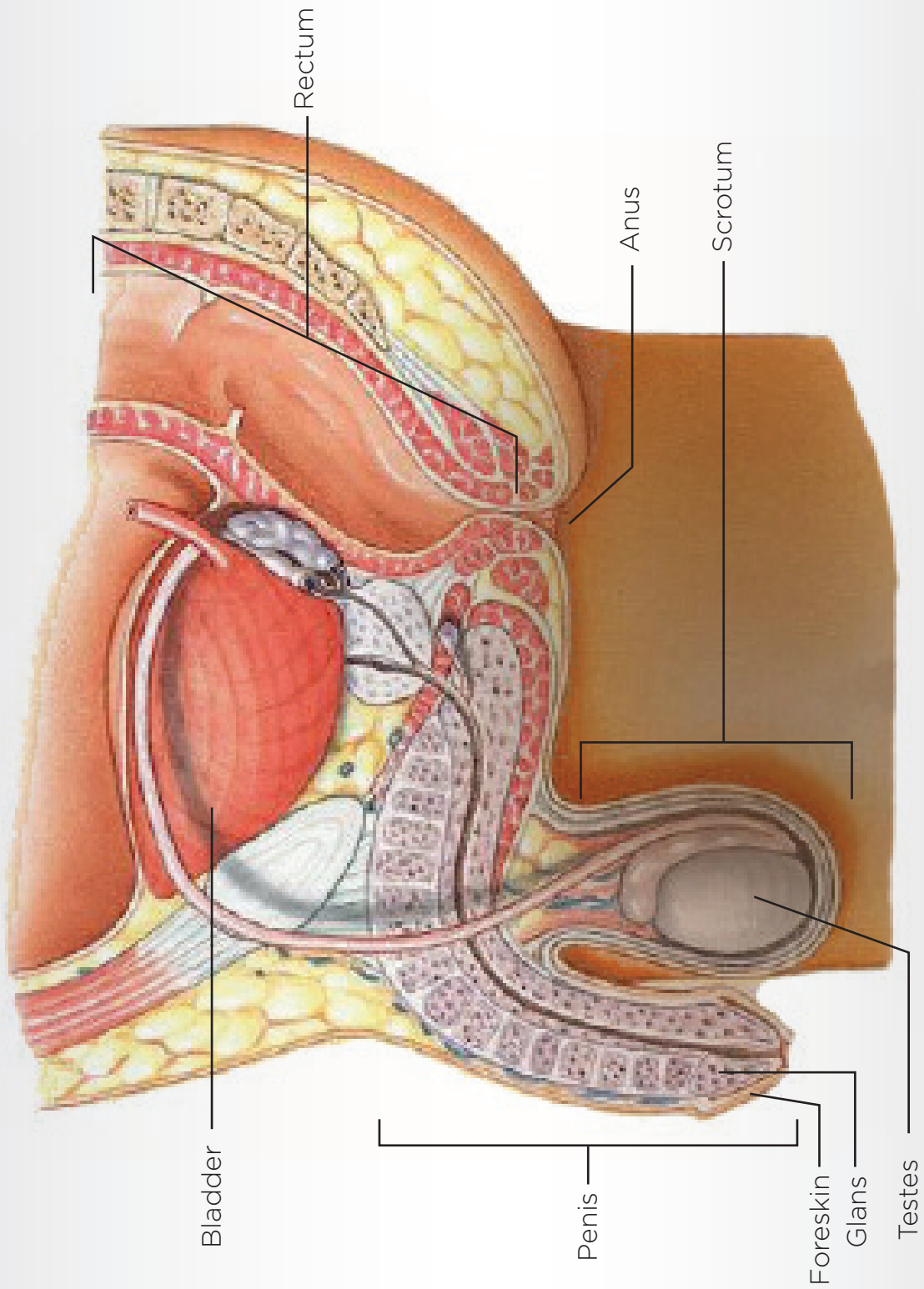
Hints, Suggestions and Challenges

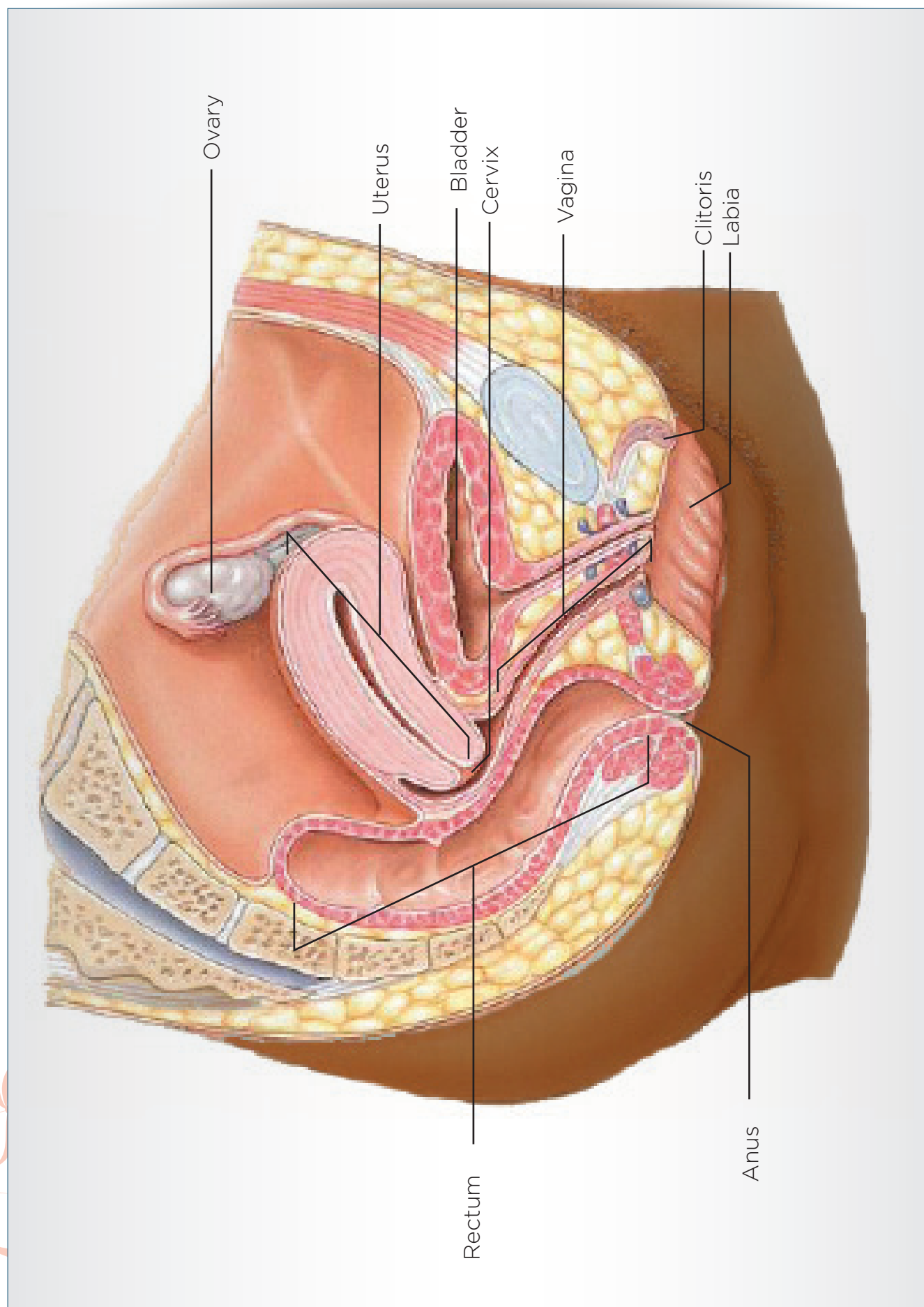
For participants who seem to know all the answers, you may want to ask them some of the following questions;

- Can you point out the part of the body that is removed during male circumcision?
- Can you point out the clitoris?
- How come a man can ejaculate using the same organ that he uses to urinate?
- What part of the body does a vasectomy involve?
- Where is the vagina?
- What is the purpose of the vagina?
- Can you point out the organ that a woman uses to urinate?









05 | Myths and Facts about HIV and AIDS

Given the amount of information that is in circulation about HIV and AIDS, it is likely that any specific teaser relating to this information would easily be answered by a Sister.

Instead we suggest that you keep your colleagues guessing and challenge them to prove how much they know. Do they know more than you? You might want to offer them a small prize such as a sweet, if they show that they know the most of anyone in the group.

Teaser

Purpose

This is a simple exercise to ensure that the participants understand correctly about HIV transmission and prevention. The cards can be adapted to include local myths and rumours as they are generated. The most important part of this exercise is to ensure that the explanations given are correct. If these are correct then the foundational understanding of the participants is sound.

As participants become more comfortable with the facts about HIV, they will be able to dispel myths and rumours.

While it is likely that sex workers participating in these sessions will have heard a lot of information about HIV and its transmission, the knowledge may not have been transferred. This quick exercise will allow you to determine the level of knowledge of your Sisters, and whether you need to spend more time discussing HIV basics.



20 Minutes

Other requirements

- MYTH and FACT cards
- Game cards
- Flipchart to keep score

Outcomes

At the end of this exercise participants will be able to distinguish between what is true or false regarding HIV transmission.

Method

1. Stick the two sets of MYTH and FACT cards on a wall or place them far apart on the table.
2. Explain that a myth is a story that is not true. There are many untrue stories about HIV and AIDS. AIDS is a new disease and people are scared of getting it. Sometimes when people are scared, they believe stories that are not true. One should know the truth about HIV and AIDS so that one can protect oneself from the virus. Facts are things that are true.
3. Explain that this is a race between the two groups to get the most correct answers.

4. Divide the participants into two teams. Show each team where their MYTH and FACT cards are.
5. Place the Game Cards face down between the two teams.
6. The first person in each team must pick up the top card and run to their MYTH or FACT cards
7. They must then stick the card under the correct title card, depending on whether their Game Card is a MYTH or a FACT.
8. They must then run back to their group and the next person in the group must pick up the next card and repeat the exercise.
9. When all the cards are finished ask the participants to sit down and then examine the cards placed under each title card.
10. Award each team 10 points for each correct card. Award the OTHER team five points for each incorrectly placed card.
11. The winning team is the team with the most points.
12. If there are fact cards that are incorrectly placed discuss why these are incorrectly placed and make sure that all of the participants understand the correct information.
13. If all of the cards are placed correctly then ask some of the participants to explain why some of the myths are myths. It is important that the reasoning here is fully understood.

Hints, Suggestions and Challenges

You can divide the teams in a number of ways; height, alphabetical order of first names, birthdays in random months. Choose a way that is most appropriate for the group.

Remind participants that when it comes to HIV and STIs there are many rumours and myths. They should only speak the truth about these things, and if they are not sure about the facts, then they should find out from a good source, like the clinic.

Remember

Myth

Fact

Myth

Fact

Myth and Fact Game Cards

You cannot get AIDS if you use the same toilet as someone who is HIV+.	When people donate blood they get AIDS.
You cannot get AIDS by visiting with someone who is HIV+.	If I am HIV+ I have got AIDS.
You can get AIDS if a mosquito bites you.	You cannot get AIDS if you eat from the same plate as somebody who is HIV+.
HIV is passed on from one human to another human.	Bad people who wanted to hurt other people made HIV.
If I am being treated for an STI, I cannot get infected with HIV	If I get an injection, I will get AIDS.
The African potato can cure AIDS.	I cannot protect myself against HIV.
You get AIDS if you are a bad person.	AIDS is caused by not eating healthy food.

Only thin skinny people have AIDS.	I can get AIDS if I live with somebody that has AIDS.
If a client has an STI he is more at risk of spreading HIV	I must use condoms with “short time” clients as I can get infected.
A mother can give her baby HIV.	Only people with AIDS eat “E-pap”.
HIV only passes through broken skin.	I cannot get AIDS if I work with somebody that has AIDS.
AIDS is caused by witchcraft.	HIV can live outside the human body for a day or longer.
If you eat at a restaurant and the cook is HIV+ you cannot be infected by food he or she prepared.	If I am HIV+ I cannot do anything to stay healthy.
You can only get HIV if you do “long time” with clients.	If I have sores in my mouth I have got AIDS.

06 | Transmission of HIV

Teaser

Tell your Sisters you have a simple three step process that they can follow to see if HIV has been transmitted in any action or accident. Ask them if they can think of the three steps and to come to the session to find out the correct answer.



30 Minutes

Other requirements

- Bodily Fluids Chart
- Three Step Process Chart

Purpose

To explain how HIV is transmitted through some bodily fluids and to explain the existence of the “window period”.

Outcomes

Participants will be able to demonstrate an understanding of the modes of HIV and AIDS transmission and will be able to demonstrate an understanding of how HIV is not transmitted.

Method

1. Ask the group to mention all the bodily fluids they can think of. Tell them to use the words that they use in everyday speech.
2. Write these down on the flip chart as they mention them.
3. Explain that you are going to read a story to the group and that they must stop you whenever they hear you mention or refer to ANY bodily fluid.
4. Even if you don't say the word directly but when a bodily fluid is referred to ask them to jump to their feet.
5. Read the story about Ropa aloud to the group. Be sure to read slowly.
6. Ask volunteers to come forward and place a mark next to the fluids you mentioned in the story.
7. Explain that HIV is transmitted though the exchange of bodily fluids but that not ALL of the bodily fluids are infected with the virus.
8. Show the participants the flip chart and explain that the bodily fluids are separated into those fluids that transmit HIV and those that don't. These are listed as “Infectious” and “Non-Infectious”.

9. Ask the participants to identify the fluids on the flipchart that can transmit HIV.
10. Circle these or highlight them in another way.
11. Break the group into smaller discussion groups.
12. Ask the groups to decide whether Ropa is HIV+
13. Ask for feedback from the groups on their decision.
14. Introduce the Three Step Process to the group and explain the process
15. There are three steps to determining if a person could have been infected with HIV.
16. The three steps are:
 - a. The bodily fluid most come from the body of someone who is HIV+.
 - b. The virus must be in a bodily fluid that is infectious.
 - c. There must be an opportunity for the virus to enter the other person (sex, open wound, cut or scrape, opening in the baby's digestive tract when breastfeeding, etc.)
17. If you are not sure if the virus was present then there is a risk that HIV could have been transmitted.
18. Now ask each group to revisit their decision by using this three step process and give feedback to everyone on their final decision.

Hints, Suggestions and Challenges

Read the Basics of HIV Transmission before running this session.

We don't know if Ropa is HIV+.

Ropa's Story - Transmission of HIV

Ropa was 26 years old. She had been born and brought up in Mutare but because there was no work in the area, she moved to Harare to look for work. She had a four year old daughter that she left at home with her family. The father of the child had died of TB shortly after Ropa had fallen pregnant. She would miss her daughter but the one thing that she was glad to leave in Mutare were the mosquitoes that always sucked her blood at night.

When she was on her way to Harare the bus she was travelling in blew a tyre and skidded off the road. A number of passengers were hurt. Blood was seeping from gashes and grazes on their heads, their arms and their legs. Ropa was fortunate in that although she had a deep cut on her leg it was not bleeding badly, so she was able to help a mother whose baby had grazes all over her body. The baby had a cold and was coughing and spluttering mucus all over its face. Ropa helped clean the baby before handing her back to the mother.

While the bus tyre was being changed, the passengers shared refreshments. The baby's mother offered to share her food and cool drink with Ropa. Although there was not much, Ropa was very hungry and so ate and drank from the woman's cups and plates, along with the woman and the baby.

When she arrived in Harare, she made her way to her aunt's house. While she was walking down the road she passed a few bars. The music made her want to dance in spite of her injured leg, but as she was about to walk into a bar a man bumped into her on his way out, vomiting. She looked down in disgust at her legs and shoes now speckled with vomit and decided that she had better get to her aunt's house to clean up, before she started to party.

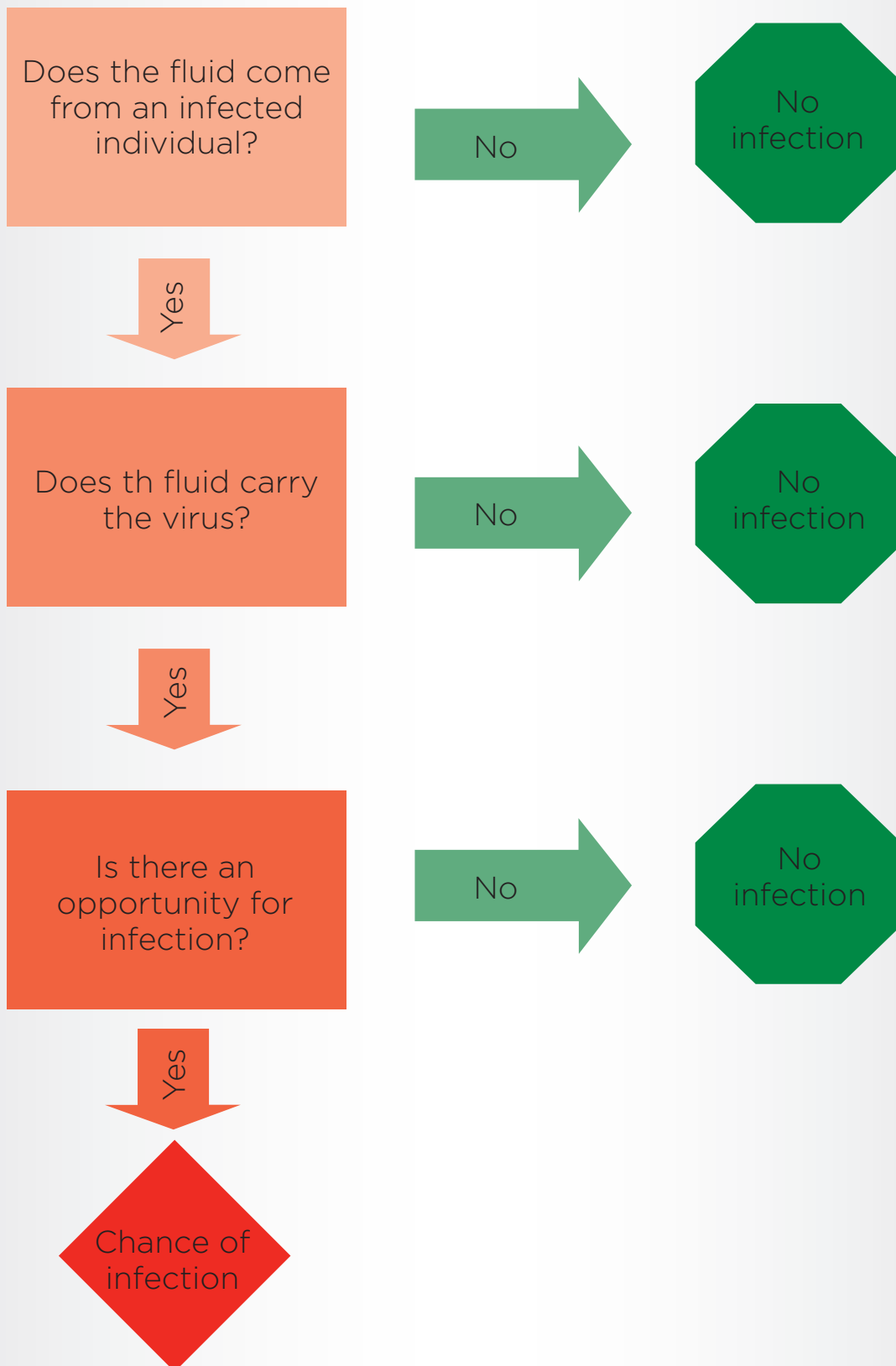
Her aunt welcomed her warmly but immediately put her to work making food. Her aunt had just cut her finger on the grater and asked Ropa to take over the grating of the vegetables. Ropa washed the blood off the grater and chatted happily with her aunt while they finished their chores.

Ropa stayed with her aunt for a few weeks and was happy but things changed one night when her aunt was out at a church meeting and her cousin came home drunk. He claimed that Ropa was tempting him and he cornered her in the bedroom and forced her to perform oral sex on him. Later that night he raped her. Ropa felt that she could not stay in the house anymore and left the following morning, desperate to find a place to stay.

Later that night Ropa found a cheap room in a person's backyard and paid to stay there for a week. That was all she could afford. That night the fleas and the bed bugs bit her all over, but she had no option except to stay there.

After a week Ropa was feeling ill. She went to the clinic and described her conditions to the Sister. She was sweating and coughing. She had a fever, diarrhoea and a headache. She felt weak and did not want to get out of bed.

The Sister asked if she wanted to be tested for HIV and she explained that she had been tested a year ago and the result was negative – so she couldn't have HIV.



Bodily Fluids

Infectious

Contains infectious amounts of HIV

Vaginal Fluids

Blood

Breast Milk

Semen

Non-Infectious

Contains little or no HIV

Saliva is not considered infectious – only if it contains blood

Urine and Tears.
Traces of HIV have been found in these fluids, but not enough to be regarded as infectious.

Sweat, faeces and vomit. HIV has not been found in these, but they would be considered infectious if they contained blood. But, you can become infected with other disease through inappropriate handling of faeces.

The Basics of HIV Transmission

How is HIV spread?

- Sexual intercourse is the most common way through which people become infected.
- Babies born to mothers with HIV can also become infected during birth, or during breast-feeding.
- Infected blood can spread the virus, for example if it splashes on broken skin, or by friends or family members sharing blades, razors or toothbrushes.
- The virus could spread at work by blood from an accident splashing on broken skin of someone. This is one of the reasons workplaces have safety codes, and observe what is called “Universal Precautions”.
- People who share needles, (e.g. drug addicts, diabetics, people getting tattoos), can infect each other.

Although blood used in transfusions is carefully screened for the virus, errors sometime happen and occasionally blood transfusions may be a cause of infection.

What does NOT spread the virus?

- You cannot be infected with HIV by sharing a house, desk, chair, office, car, taxi, locker, telephone, cup, fork, plate, mug, toilet, towel, sheets or clothes with someone who is infected.
- You cannot be infected with HIV by sharing food, sharing a bath, sharing a swimming pool, or shaking hands with someone who is infected.
- If you hug or kiss someone with HIV, you cannot be infected.

You cannot be infected with HIV by being bitten by a mosquito, bed bug, tick or flea that has bitten a person with HIV.

The progression of the disease

- Immediately after a person is infected with HIV, some tests still show that they are HIV negative. This is because the test looks for the virus, and there are not enough of the virus in the blood to be detected. This is called the window period. The person is infectious but may not know that they are even HIV positive.
- The virus duplicates in the body and a person might begin to feel ill. At this point the viral load of the person is high – there is a LOT of virus in the body. This might take up to four weeks from the date of infection.
- The body now begins to fight back and destroys many of the HI viruses and the viral load drops. The person lives a normal life and shows no signs of being ill. This stage is called asymptomatic infection.
- If the person is not on any type of treatment, in time, the virus begins to duplicate again within the body, and slowly begins to attack the body’s immune system. This is called HIV progression
- When the body’s immune system is destroyed, the person is said to have AIDS. At this point any disease, even a common cold, can kill the person.

07

High and Low Risk

Teaser

Ask your Sisters “We know what behaviour transmits HIV, but what behaviour is the riskiest and why?”



about
15 Minutes

Setting

Enough space for participants to move around freely. If necessary move this exercise outside.

Other requirements

- High Risk and Low Risk Cards
- Various behaviours printed on cards describing situations where transmission may or may not take place

Purpose

People do not often regard themselves as risk takers, and as a result tend to see their own activities and behaviours as “safe”. This exercise illustrates that some behaviours and activities are higher risk than others, allowing each individual to assess their own behaviour without disclosing this to others.

Outcomes

To solicit discussion around what types of behaviour are “low risk” or “high risk” and to move from the “how” to the “why” of transmission

Method

1. Place the High Risk Card and the Low Risk Card at opposite ends of the room
2. Create a “safe area” called “Not Sure”.
3. Explain that you will read out a situation on a card and ask the participants to decide if this is a high risk or a low risk activity for transmitting HIV.
4. Ask individual participants to explain why they choose to stand in a certain area.
5. Explain that each individual has to take the responsibility for his or her own actions and decisions.

Hints, Suggestions and Challenges

Some people may be confused with moving around and may simply follow others.

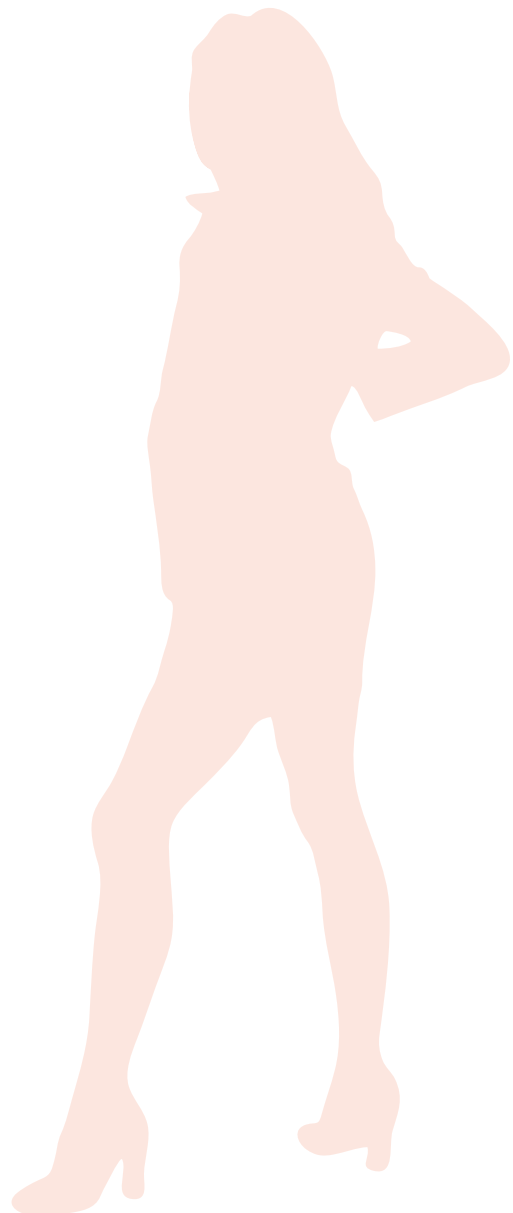
Ensure that participants know that for some situations, there are no correct answers.

In the debatable situations, make sure that people in different areas all have a chance to explain why they chose to stand in a particular area.

Ensure that participants know that lower risk activities are still risky.

What will the participants do, to lower their risk of exposure or risk of transmission?

Remember



High / Low Risk Assessment

Performing oral sex on a new client	Performing oral sex on an old client
Have sex without a condom with a new client	Have anal sex without a condom
Having sex with my long-term partner	Getting a blood transfusion
Sitting next to a PLWA	Have sex without a condom with an old client
Have oral sex with a condom with an old client	Have “dry sex” without a condom
Eat from the same plate	Have unprotected sex only once with an HIV+ person
Breastfeeding	Having sex with a person with an STI
A mother can infect her baby during childbirth	Being bitten by an insect

08 | Getting Tested

Purpose

While it is general knowledge that sisters should be tested to know their HIV status, some may opt not to be tested for a number of reasons including a lack of awareness of the actual process and this leading to fear of what the procedure entails. This exercise seeks to fill that possible gap in knowledge and to place testing in a positive light.

Outcomes

At the end of the session sisters will know why it is important to be tested for HIV, the process that needs to be followed to be tested.



20 Minutes

Setting

An area large enough for a role play (drama) to be seen by all the participants.

Other requirements

- Two copies of the dialogue
- Two peers with good reading skills
- Two sets of Questions and Answers

Method

1. Introduce the session and split the group into two
2. Ask for two volunteers to read the dialogue – one from each group.
3. Tell the group there will be a quiz after the dialogue so they should listen carefully
4. Get the volunteers to read the dialogue and return to their groups
5. Hand out the questions and ask the groups to fill in the letter of the correct answer.
6. When the groups have finished, read out the correct answers for each question
7. Give each group a round of applause for their correct answers.
8. Now ask the groups to discuss reasons why people do NOT want to get tested.
9. Write these on the flip chart.
10. Ask the groups to counter each of these answers with good reasons why a person should know their status.
11. If there were any incorrect answers during the Questions and Answers, make a note of these and emphasise them in later sessions.

Dialogue for “Getting Tested”

Introduce the Role Play like this...

This is Peter, he has worked with people living with HIV and AIDS for 7 years. He helps with testing and talks to people that have been tested. He answers Susan’s questions in a kind and understanding way.

Susan	What is the test for HIV?
Peter	It is called the ELISA test and shows whether there are antibodies (germ fighters) against HIV in your blood
Susan	Why should I get tested?
Peter	Well, if you are not infected, it will be a relief to know. And from then on you will have to protect yourself against HIV. If you are infected, there are a number of things you may need to think about. You will want to make sure that you do not infect others, you should not donate blood and you may decide not to have a baby, and your partner will need to be informed.
Susan	What is it like to be tested?
Peter	Some blood is taken and tested. You sometimes get the results in half an hour or so, and sometimes you will have to return to get your results.
Susan	Is the test always right?
Peter	The test is 99% accurate. To be absolutely sure, the test should be taken twice in between without taking any risks or having unprotected sexual intercourse.
Susan	Where can I get tested?
Peter	At a hospital, a health centre, STI clinic or an HIV testing centre.
Susan	What if I have HIV?
Peter	You will be given help and advice. The test is confidential that means that no one will be told.

Questions and Answers for “Getting Tested”

The number of times you need to be tested in three months is.....?

When no one else is told about the test, that means that it is?

It is important to take the test so that you can.....?

The test for HIV is called...?

You get tested at...?

It is also important to take the test so that you will...?

The test for HIV looks for...?

The test is accurate to... ?

To get the results you will probably have to....?

If you have HIV, you will be given...?

Advice and help	A
Come back later	B
Health care centre or hospital	C
ELISA	D
Antibodies	E
Twice	F
Take precautions not to infect others if you are HIV positive	G
Confidential	H
Tell your partner if you test positive	I
99%	J

Questions and Answers for “Getting Tested”

The number of times you need to be tested in three months is.....?

When no one else is told about the test, that means that it is?

It is important to take the test so that you can....?

The test for HIV is called...?

You get tested at...?

It is also important to take the test so that you will...?

The test for HIV looks for...?

The test is accurate to... ?

To get the results you will probably have to....?

If you have HIV, you will be given...?

Advice and help	A
Come back later	B
Health care centre or hospital	C
ELISA	D
Antibodies	E
Twice	F
Take precautions not to infect others if you are HIV positive	G
Confidential	H
Tell your partner if you test positive	I
99%	J

Correct Answer for “Getting Tested”

The number of times you need to be tested in three months is?	F - Twice
The test is accurate to?	J - 99%
It is important to take the test so that you can?	I - Tell your partner/ G - Not infect others
The test for HIV is called?	D - ELISA
You get tested at?	C - Health Care Centre or Hospital
It is also important to take the test so that you will?	I - Tell your partner/ G - Not infect others
The test for HIV looks for?	E - Antibodies
When no one else is told about the test, that means that it is?	H - Confidential
If you have HIV, you will be given?	A - Advice and help
To get the results you will probably have to?	B - Come back later

09

Gender Norms and HIV Transmission

Teaser

Ask your Sisters “Do you know why men are less likely to get HIV than women?” Ask them to come to the session to find out.



about
20 Minutes

Other requirements

- A cup
- A bucket or a box
- Two small balls, beanbags, or pieces of newspaper rolled into a ball.
- Male and Female reproductive organ posters

Purpose

Men and women have different risk levels when it comes to being susceptible to contracting HIV and other STIs. In addition women are often unaware of contracting an STI simply because there are fewer visible symptoms. This exercise is used to make the participants aware of why this is the case. Although many of the reasons are also steeped in the unequal socio-economic status of women in society, some of the reasons are also biological. This exercise only explores these biological reasons.

It is important that the Sisters recognise that as women they are at greater risk for contracting HIV simply because of their sex.

Outcomes

Participants will understand why women are more biologically susceptible to contracting HIV.

Method

1. Place the cup and the bucket on the far side of the room.
2. Draw a line on the floor half way across the room.
3. Separate the participants into two teams.
4. Explain that there is going to be a competition.
5. The competition for each team to stand behind the line and to take turns to throw the ball into their “goal”.
6. The first team to score five goals, wins.
7. Explain that one team has a bucket as a goal and one team has a cup.
8. Do not accept any comments or complaints from the team that has been allocated the cup as a goal.
9. Shout “1, 2, 3, GO!”
10. Cheer both teams as they try to score goals.
11. Congratulate the team that is the first to score five goals.
12. Ask the participants to sit down.
13. Ask whether they thought the game was fair or not. Now listen to

the complaints from the team that had a cup as a goal.

14. Ask why this made it difficult for the one team to score a goal.
15. Point out that when it comes to HIV infection, things are not fair between men and women either.
16. Show on the posters that the area of a vagina and the area of the penis that are exposed during sexual intercourse are very different in size.
17. The area of the vagina is about the size of your hand.
18. The area of the penis is about half the size of your little finger.
19. Explain that when it comes to HIV infection, the area where HIV could gain entry is larger in a women's body than in a man's.
20. As a result women are more likely to be infected with HIV than men.
21. Point out that women are also more at risk than men because the semen which contains the virus, stays in the vagina for a longer period of time than the penis stays in the vagina. This means that the vaginal tissue is exposed over a longer period of time than the penis.
22. The tissue tends to be softer in women than men due to less exposure and presence of vaginal fluids. Some practices and forced sex causes cuts to the tissue.
23. Point out that because the participants are involved in sex work, they are more vulnerable to being infected with HIV. As a result they have a duty to protect themselves from HIV and other STIs by using protection every time they have sex.
24. In their teams, ask the participants to discuss what other factors are they aware of that make women more susceptible to HIV than men. Use the following points to guide the discussion:
 - » Women, especially young women and girls, are 2-4 times more susceptible to HIV infection because they have a larger exposed area in the vagina and, in young girls, an immature vaginal surface that is more liable to tearing.
 - » Girls in the 15-19 age group in sub-Saharan Africa are 5-6 times more likely to be affected than boys of the same age due to sex with older and more experienced men who are likely more exposed to HIV
 - » Gender violence, which is prevalent in our societies, increases the risks to women and girls as they often find it difficult to negotiate for safer sex
 - » Myths about sleeping with virgins as a cure for HIV/AIDS expose female children to HIV infection
 - » Cultures that subordinate women to men increase women's vulnerability as these women do not have control over their sexuality, do not make decisions on when and how to have sex and ultimately lack the space to negotiate safe sex. Women often lack access to resource for their own protection from or treatment to HIV.
25. As a sex worker the participants DO in fact have more control over their own sexuality and can make decisions that protect themselves from HIV as well as prevent infection to their clients. Encourage the participants to do so.
26. Ask the women to commit to action that will reduce their exposure and their clients' and partners' exposure to HIV. These might include using a condom with all clients, getting tested regularly, taking ARVs regularly if they have already tested positive. Remember that any small positive change in your Sisters' behaviour is better than no change.

10

What encourages HIV Transmission?

Teaser

Ask your Sisters what they think about the following: “If you are HIV+ and your partner is HIV+, should you still use a condom? Why?”



40 Minutes

Other requirements

- Run this session after the session ‘Transmission of HIV’
- Picture of a food garden flourishing
- Picture of a food garden NOT flourishing

Purpose

It is likely that all participants know that HIV is transmitted through exchange of any HIV-infected body fluids and that fluids are exchanged during sexual intercourse. This session highlights that HIV can more easily be transmitted when there are sores or cuts or even small tears in the membrane linings of the genital, oral or anal tracks.

Sex workers may be exposed to some clients that want to have unprotected sex because “I am HIV+ anyway, so it doesn’t matter”. This exercise shows that it is important to use condoms even if both people are HIV+ to prevent the transmission of other infections and to prevent reinfection.

Outcomes

By the end of the session, participants will be able to explain why two HIV+ people should continue to practise protected sex.

Method

1. Divide the Sisters into smaller groups of four or five people.
2. Briefly reflect on how HIV is transmitted using the three step process
3. Show the Sisters the two pictures.
 - » A flourishing food garden on the one side, and
 - » A food garden that is clearly not flourishing: i.e. dry, little crop and unattended.
4. Ask each group to quickly discuss why the food garden in the first picture is significantly better than the food garden in the second picture. What do they think is the story behind the two pictures?
5. Ask each group to dramatize their story with a one or two minute act and give them five minutes to prepare and present their dramas.
6. Pick out the activities from the dramas that promoted the growth of the flourishing garden, things like tilling, and planting, cultivating, and harvesting crops.

7. Point out that if they were given a dry, dead vegetable garden and they wanted it to be healthy they would need to do all of these things to make sure the garden grew and flourished.
8. Explain that this is similar to a person who is HIV+. They need to do a number of things to continue to live a healthy life.
9. Ask the groups to mention things they know of that an HIV+ person should do to live a healthy life. As the Sisters mention these things write them on the flip chart. Some suggestions to get the list going are included in the Hints section below.
10. Explain to the participants that the following factors can influence the transmission of HIV and affect the health of the HIV infected person.
 - » Sexually transmitted infections (STIs)
 - » Injury to the genital tract/vagina
11. Explain as follows:

Sexually transmitted infections (STIs)

- » HIV+ persons with STIs are more likely to transmit HIV than people without STIs
- » People with STIs often have open sores or cuts in and around their genital area. If these people are HIV+ then the open wounds facilitate the transmission of the HI virus by making the exchange of bodily fluids easier, during sexual intercourse.
- » Similarly people with STIs who might be HIV- are more likely to become infected with HIV.
- » Partners are more likely to become infected with HIV if they have other STIs

Injury of the genital tract/vagina or anal-rectal area

- » Partners with cuts or abrasions of the membranes of the genital or anal tract are more likely to be infected with HIV than partners with healthy genital tract membranes. Cuts or abrasions could be caused by “dry sex”, rough/ forced sex or rape and using newspaper or other abrasive materials as sanitary pads/tampons
12. Encourage your Sisters to continue to persuade their clients and their partners to use condoms even if they have been diagnosed with HIV

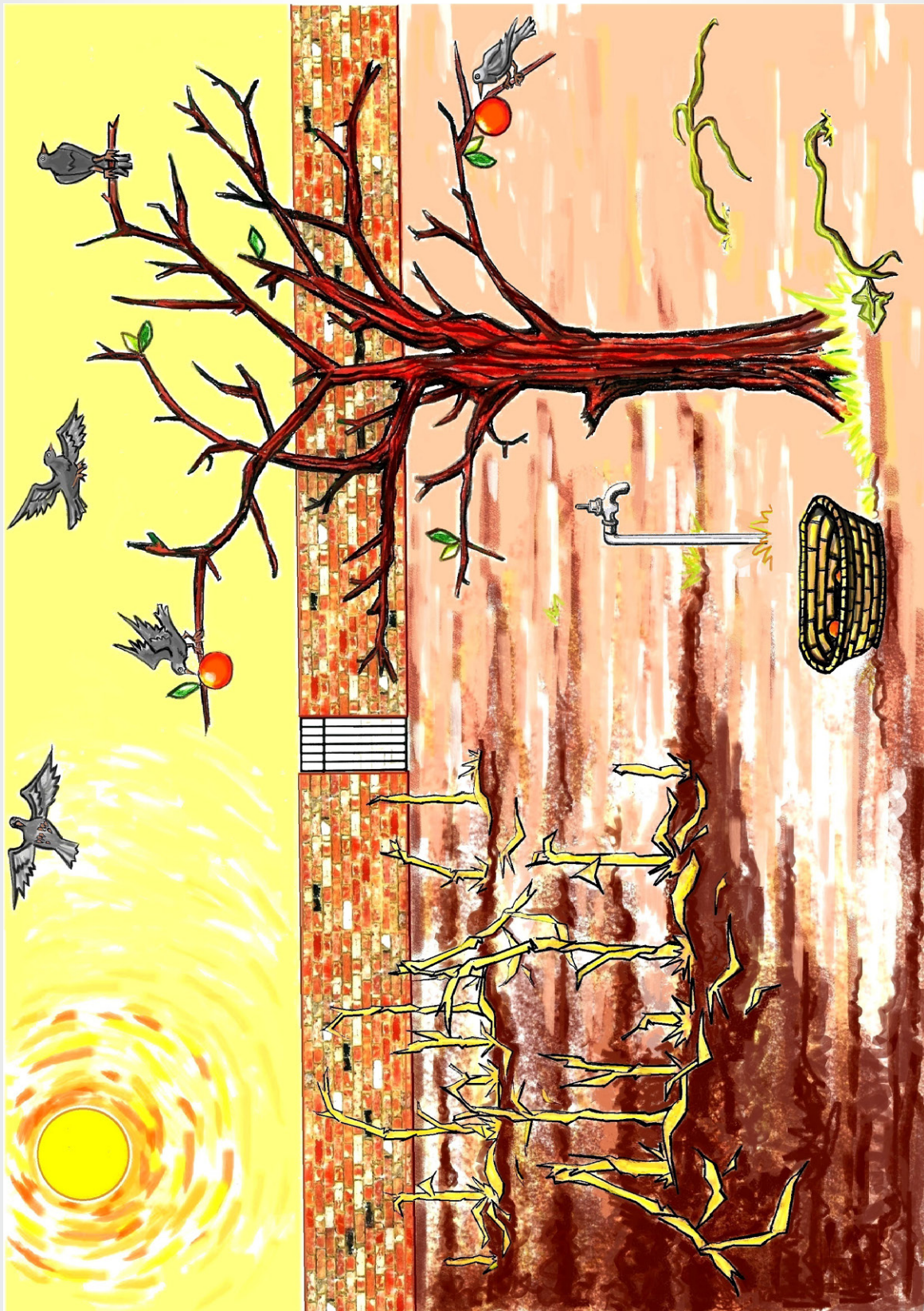
Hints, Suggestions and Challenges

Healthy lifestyle tips should include:

- Eating healthier
- Drinking less alcohol
- Exercise
- Taking medication regularly and correctly
- Early treatment for illness including STI diagnosis

If you have time in this session then you might want to ask the participants what they can do to ensure that their sexual organs are free from sores, cuts and tears. The answers you are looking for include: practice good personal hygiene, get treated early for STIs, practice foreplay before having sex, use lubricant, etc.





11

HIV Transmission and MCP

Teaser

Ask your Sisters “If you only have sex with one person, can you still get an STI or HIV?” Ask them to come to the session to find out the answer.



30 Minutes

Other requirements

- A number of containers, one for each participant (Cans, paper cups, paper bags)
- Enough white beans to half fill each cup
- Enough red beans to half fill one cup

Purpose

Multiple Concurrent Partnerships are a difficult concept to explain simply because of people's perceptions of time. This exercise shows that having sex with multiple partners or having sex with one person who in turn has sex with multiple partners increases the risk of being exposed to HIV.

Outcomes

Participants will understand that being involved in sexual networks increases their risk of exposure to HIV and other STIs and that as a result the Sister should use all possible means to protect themselves by practicing safe sex.

Method

1. Allocate each person a role as outlined in Hints, Challenges and Suggestions. Do this by speaking quietly to each person, so that others will not overhear.
2. Explain that:
 - » You are going to hand each person a cup and that the cup has beans in it.
 - » The participants have to act according to their allocated role
 - » Each time ‘the person has sex’ they must swap some of the beans in their cup with some of the beans in the other person’s cup.
 - » They must always have about half a cup of beans
3. Hand each person a cup and ask all the participants to mingle with one another.
4. Tell them that they must behave according to their role that they have been allocated.
5. Allow some time for people to mingle and exchange beans.
6. Call a halt to the game and ask the participants to sit down.

7. Ask the participants to look into their cups.
8. Ask them to see if they can see any red beans in their cups.
9. Explain that when the game started only one person had a cup with red beans and that everyone else had white beans.
10. Explain the different roles you allocated to participants
11. Ask each group to come forward and reveal if they have any red beans in their cup or cups.
12. Point out that even the person that only had sex with one other person was at risk for being infected with HIV simply because her partner has sex with others.
13. Point out that the only person who was not at risk was the person who refused to have sex with anyone.
14. Explain to the Sisters, that they are at risk for contracting HIV because they have sexual intercourse with a wide network of people.
15. Explain that as a result they also put their partners at risk of contracting HIV, even if their partners only have sex with them.
16. Ask the Sisters to gather in smaller groups and to discuss the following:
 - » What can they do to decrease their risk of contracting HIV?
 - » What can they do to decrease their chance of transmitting HIV to their partners?
17. Facilitate feedback from these groups. Ensure that the Sisters understand that they **MUST** use condoms every time they have sex (with clients and with partners) to reduce their exposure to HIV, and to reduce the risk of reinfection.
18. Encourage the Sisters to take action steps that will decrease their risk of contracting or transmitting HIV.

Hints, Suggestions and Challenges

If you cannot get beans to use in this exercise, use something that is widely available; different coloured stone, or sand, small crumpled pieces of paper, etc.

If you cannot get enough cups, simply take sheets of paper from a note pad and roll these into cones of paper to hold the beans.

Make sure that the cup with red beans is allocated to 'a person who will have sex with anyone'.

For every ten people in your group ask:

- Four people to have sex with anyone
- One person to act as a sex worker
- One person to have sex with only one other person (they can choose the person)
- Three people to have sex with people if they like them or if they are convinced to have sex
- One person not to have sex at all.

12 | My Attitude towards HIV

Teaser

Get a conversation going with your Sisters that asks questions like “Do we deserve to get HIV?” “Does anyone who is HIV deserve it?” “If there was one person that could be saved from getting HIV, who do you think it should be?”



20 Minutes

Setting

Group in a large circle where all can see the flip chart

Other requirements

- Flipchart
- Marker pens
- Copy of the Story “Your attitude towards HIV”

Purpose

Sex workers may be used to being the recipient of stigmatised behaviour. But this does not mean that they are immune from stigmatising someone else, even fellow sex workers. So it is important, especially if you are trying to build a sense of community amongst the Sisters that they recognise that their own behaviour can stigmatise others. This will allow them to change their own behaviour and being able to rely on one another for support within their own community.

This exercise allows participants to explore what they might think about HIV positive individuals. Only by acknowledging our own views and attitudes can we begin to change them.

Given that sex workers are a high risk group for contracting HIV, it is important that they develop support structures and processes within their own networks to provide support to one another.

Outcomes

To get the group to acknowledge their own views and attitudes about HIV. Participants will realise that they often make decisions based on limited information.

Method

1. Explain that you are going to read a story and you need the participants to listen very carefully as they will have to make a decision based on what they hear.
2. Separate the participants into smaller groups.
3. Read the first episode of the story to the group and allow the groups a short time to discuss it (30 seconds).
4. You can allow the groups to share their views with one another.
5. Ask the group to vote and record their votes on the flipchart.
6. Read the next episode and ask the group to discuss and vote.
7. Read the final episode and ask the group to discuss and vote.

8. Point out that the votes have changed from episode to episode and ask the groups to discuss the following:
 - a. Why the number of votes changed from one vote to the next?
 - b. What was your opinion about the characters in the story?
 - c. How does stigmatization and stereotyping negatively impact on people living with HIV?
 - d. What can we as individuals do to change our behaviour regarding this?
 - e. What should we as fellow Sisters do to change our behaviour?
6. Allow the groups to report back to the big group and comment positively on the behaviour that the participants state they will change.

Hints, Suggestions and Challenges

Expect the voting to work out like this:

After episode one, most people will choose Ruth, as they will think she could still make a difference in the community. Most of participants would have a negative attitude towards Admire, the homosexual man, because they believe that he brought HIV on himself by being homosexual and that he may even spread the virus by continuing to be sexually active.

After episode two, most people will prefer Bev because she was “innocently” infected with HIV. Ruth is immediately rejected, as she is considered to have brought it upon herself.

After episode three, most people will vote for Ruth, because she has no money and because they have now realized that Ruth was not a sex worker, but an “innocent” cashier. The most important objective of this exercise is to make the participants realize how quickly they judge and that they base their choices on the minimum of information.

This topic can become very heated, because many people feel very strongly about their opinion. You will have to be very strict with the time in this exercise. Some people may feel that their views were not heard and will want to speak to you after the session. You may want to speak to others in the group after the session, if you think they feel they were treated unfairly.

For many people, HOW a person got infected with HIV is important. Are they “guilty” or “innocent”? **But, we need to ask ourselves: “What difference does it make how people contracted HIV?”** These quick decisions and judgments show us very clearly that we all tend to put people in boxes as we adhere to different kinds of stereotyping.

It is very likely that some of the participants had been subjected to stigma simply because of their work. They may wish to run this exercise with people they know, pointing out how they have been victims of stigma, especially if people did not understand their full situation.

Again, this is a useful exercise to use to point out to the participants that simply because they are sex workers does not mean that they have to regard themselves as inferior. It can also be useful to use this exercise to begin to get the participants to agree to support their colleagues who may be HIV positive.

Story for “Your attitude towards HIV”



Episode One

Exciting news! It has just come to our attention that the resourceful HIV and AIDS scientists in Harare have discovered a ground breaking new HIV and AIDS drug! Unfortunately this drug will not cure a person living with HIV, but will allow them to live without taking ART every day.


The government has decided to run a pilot research project on this drug. However, the project budget can only fund one person’s treatment. You are part of the panel that has been asked to make recommendations on who would be the most appropriate person to receive this drug.

The three potential candidates are:

- | | | |
|--------|---|---|
| Admire | - | A homosexual man |
| Ruth | - | A peer educator that works for the Department of Health |
| Bev | - | A domestic worker |

Who should be awarded the chance to participate in the trial? Remember that this treatment could mean an extended life span for the recipient!

Episode Two

Admire, the homosexual man, is a surgeon who was accidentally infected by a patient. He has been in a long- term relationship with another man for nine years. His partner is a pharmacist and has decided to stay with Admire and to spend as much quality time with him as possible 

Ruth, the peer educator, was infected sexually. She is 25 years old and has been subsidizing her low income she works in a strip club and bar.

Bev, the domestic worker, does not really know how she got infected. She only discovered her HIV status two years after her husband’s death, when she wanted to re-marry and her new husband demanded she goes for an HIV test. She tried to think how this could be possible. It could have been during a tribal ritual when the traditional healer used the same unsterilized razor to cut a number of people. But Bev’s husband died of TB, which could have been AIDS-related, so he might have infected her.

Episode Three

Admire and his partner have been successful in their careers and they are quite wealthy. The question is; should Admire not be given preference over Ruth and Bev because he was infected through his work?

Ruth, the peer educator, does not have any medical aid and due to her HIV status, she cannot get life insurance. This means her two children will be orphaned with no financial support. In the meantime, to help pay the ever increasing medical bills, Ruth is forced to keep her part time job as a cashier at the strip club. Should Ruth be the one who receives the treatment?

Bev, the domestic helper, has just been paid off because her employers found out that she is HIV+. Fortunately for Bev, her late husband had taken out a retirement annuity years before. This annuity has now paid out one million US dollars. Bev's daughter and son in law have asked her to come and live with them and to invest her money in their very successful business for a very good monthly return. Should Bev be left to pay her own medication, or should the government consider her for treatment because of her unfair dismissal?

The scoring sheet should look like this

	Admire	Ruth	Bev
After Episode One			
After Episode Two			
After Episode Three			

13 | HIV, Sexual Networks and Stigma



30 Minutes

Other requirements

- Picture of the person lying in bed
- Description cards

Purpose

This exercise takes lessons learned regarding stigma and applies them to the reality of sexual networks.

Outcomes

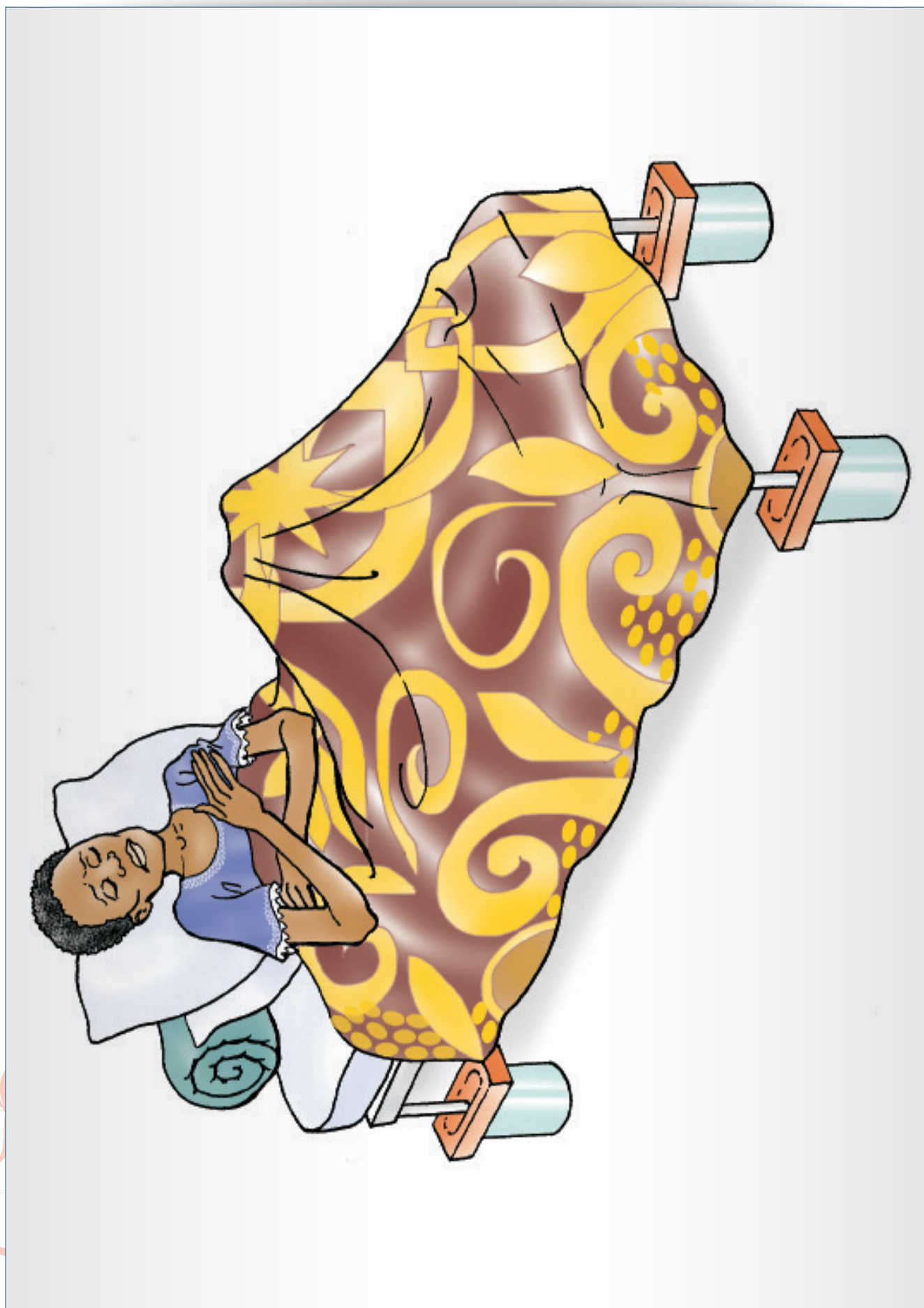
By the end of the session participants will be able to:

- Understand the concept of sexual networks
- Develop strategies to mitigate against stigma

Method

1. Divide your participants into smaller groups (4 or 5 in a group).
2. Tell your participants they are not allowed to talk to one another or to another group, until you tell them.
3. Tell your participants you are going to show them a picture and then give them a card that gives them some information about the picture.
4. When you ask them, each group is to discuss what they thought about the picture.
5. Hand out the picture of the person lying in bed.
6. Make sure each person in each group has seen the picture.
7. Make sure that no one talks.
8. Collect the picture.
9. Hand out one description card to each group.
10. Inform the groups that this card gives them some information on the picture.

11. The groups may now discuss the picture and the information they have and answer the first question on their cards.
12. After three minutes get the groups to report back IN NUMERICAL ORDER. (Get group 1 to report back first, then group two and so on).
13. Get all of the groups to give their answers to question one.
14. Get all of the groups to discuss question two and report back in numerical order.
15. Get all the groups to discuss question three and report back in numerical order.
16. After each set of answers point out that there are differences between the groups' answers.
 - » The feedback from the groups should range from discriminatory to supportive.
 - » Group 2 for example will report that this was not the woman's fault.
 - » Point out that all the differences between the groups' answers relate to the circumstances that they know about the person.
17. Ask all of the groups to quickly discuss how they would feel if they were the person lying in the bed. After you facilitate feedback on this, point out that:
 - » As sex workers we face stigma on a daily basis, from police and health staff, for example.
 - » We do not need to endure stigma from others, who should be in a position to understand our situation.
 - » As Sisters we should ensure that we do not discriminate against one another.
18. Ask the small groups to suggest one way in which they can avoid stigmatising their Sisters.
19. Give the small groups three minutes to discuss this and then facilitate feedback from the groups.
20. Encourage the Sister to practice these suggestions in their everyday life.



Group 1

The person lying in the bed is a man. He was a miner in Johannesburg. He has a wife in Mufakose and girlfriends in Johannesburg and in Bulawayo. He is HIV+.

Whose fault is it that this person is HIV+?
What could have been done differently?
Do you think this person is stigmatised?

Group 2

The person lying in the bed is a woman. Her husband is a miner in Johannesburg. She sometimes struggles to feed her children when money does not come from her husband. Sometimes one of the men in the village will give her food in exchange for sex. She is HIV+.

Whose fault is it that this person is HIV+?
What could have been done differently?
Do you think this person is stigmatised?

Group 3

The person lying in the bed is a woman. She is a girlfriend of a miner in Johannesburg. She had another boyfriend in her village in Murehwa. She slept with her landlord to pay less rent. She is HIV+.

Whose fault is it that this person is HIV+?
What could have been done differently?
Do you think this person is stigmatised?

Group 4

The person lying in the bed is a man. He is a factory worker in Highfield. He was usually faithful to his wife, but a tenant offered to sleep with him if he reduced her rent. And once he was celebrating at a shebeen and was seduced by a sex worker. He is HIV+.

Whose fault is it that this person is HIV+?
What could have been done differently?
Do you think this person is stigmatised?

Group 5

The person lying in the bed is a woman. She is a sex worker. She was a factory worker in Highfield, but the factory closed down. She needed to look after her children. She is HIV+.

Whose fault is it that this person is HIV+?
What could have been done differently?
Do you think this person is stigmatised?

14 | Condom Balloons

Teaser

Ask your Sisters “How many condoms can you break with your body?”



45 Minutes

Setting

A room large enough for the group to move around comfortably, without having to move tables and chairs

Other requirements

- Excuses on slips of paper
- Male condoms

Purpose

Sex workers are well aware of the need to use condoms in every transaction. However, clients can sometimes put forward strong arguments that convince the Sister to disregard her safety and to have unprotected sex.

Reasons to wear a condom are not thought of on the spur of the moment while negotiating with a client. These reasons have to be well developed and practised before they can be used in real life.

This exercise allows participants the opportunity to discuss reasonable counter arguments to excuses for not making use of condoms. Encourage the Sisters to use real life arguments and real life language during this exercise.

Outcomes

Participants will be able to identify counter arguments to excuses for not wearing condoms

Method

1. Before the session, blow up and tie off a number of condoms so that they form balloons.
2. Place the condom balloons around the room.
3. Place the Excuse Cards on a table on the far side of the room.
4. Ask the Sisters to line up on the other side of the room
5. Explain the rules of the game
 - a. When you say “Go!” the first Sister will race to the excuse cards and pick up a card.
 - b. She will read the card out aloud and she will have 10 seconds to think of a good response to this excuse.
 - c. The other Sisters will decide whether this is a good enough excuse. Get more than one opinion from the participants about the response.

- d. If they agree, the Sister may sit down.
 - e. If they disagree the Sister must pick up a condom and try to pop it by sitting on it.
 - f. The next Sister then picks up the next excuse card until all the cards have been used.
 - g. Once all the condoms have been popped, highlight the excuses that were not realistic or good enough and discuss what could be done to improve these. Point out that in a real life situation there is little time to think of a response, so the Sisters should have a number of excuses available to them.
6. Encourage the Sisters to use real life experiences to make this game more realistic.
 7. After the last Sister has had a chance to read a card separate the Sisters into smaller groups of about four or five in each group.
 8. Ask the Sisters to discuss the following:
 - a. Are you more likely to have unprotected sex with your partner than with your client? Why?
 - b. Are you less likely to transmit HIV or become infected with your partner?
 - c. Sometimes there are financial benefits for having unprotected sex. Are these benefits worth the risk of becoming infected?
 - d. What are you risking (apart from your health) having unprotected sex?
 9. Receive feedback from the groups after giving them time to discuss these issues and write down innovative or unique ideas that Sisters might have about protecting themselves.
 10. Explain that it is important that the Sisters have prepared arguments to give to a client or partner that wants to have unprotected sex. It is unlikely that they will be able to think of good excuses at the time, so they need to remember some of the better excuses given in this session.

Hints, Suggestions and Challenges

In some cases the condoms won't burst – provide a pair of scissors to break the condom.

If you have already run the sessions relating to assertive communication, then remind the sisters of these, and ask them to form excuses using these skills.

Encourage participants to use real life excuses and not the more popular ones that simply promote condom use, like "No glove, no love", "No condom, no sex". Explain that these tag lines are unlikely to work in a real life situation.

Role-play a situation as an example, with the trainer playing the role of the client or partner.

Remember to clean up the room after you have finished and dispose of the condoms.

I will lose my erection	The condoms are too tight	I am not HIV positive, don't worry
I will pay you more	Why do you care? I am paying you.	Don't you trust me?
I am allergic to these condoms	They break	They are unnatural
I am drunk and can't put on a condom	When I use one I can't feel anything	It will spoil the mood

15 | The Oversized Pumpkin: Cervical Cancer Awareness

Ask your Sisters “What do vegetables, pumpkin and cancer have in common?”

Teaser

Purpose

Cervical cancer is the second highest form of cancer in the world and the fifth deadliest cancer for women. If it remains untreated it can spread throughout the body. It is relatively easy to treat if it is diagnosed earlier and there are some basic steps that can be taken to reduce a woman's risk of contracting cervical cancer.

This exercise is a foundational exercise that explains the basic facts about cervical cancer, what can be done to reduce risk and what can be done to treat it.



30 Minutes

Outcomes

Participants will understand the basics related to all cancer but specifically cervical cancer, and how it can easily be treated if it is diagnosed early.

Other requirements

- Picture of Gertrude and the vegetable garden
- Make sure you have read through the Basics of Cervical Cancer, so that you can use this information in the discussion.

Method

1. Explain that you are going to read a story and ask some questions about it. Ask the participants to listen carefully.
2. Explain that although the story is about a vegetable garden, the garden is like our bodies.
3. Read through the story and if you want you can point to the picture card at appropriate points.
4. Ask the participants to tell the story again in their own words.
5. Ask them to identify when things started to go wrong. Ask the following questions:
 - a. Did they start to go wrong when Gertrude planted the seeds?
 - b. Did they start to go wrong when the pumpkin started to grow?
 - c. Did they start to go wrong when Gertrude went away for a few weeks?

- d. Why was this?
 - e. Could Gertrude have prevented this from happening?
 - f. What could she have done?
6. Explain to the participants that the vegetable garden is like a person's body. It has many different parts and all these parts work together, and keep us healthy.
 7. However there is a disease called cancer.
 8. Cancer occurs when normal cells of the body behave differently and start growing and growing and growing.
 9. Most cancers if they are found early can be treated. Just like Gertrude could have stopped the pumpkin from destroying the other vegetables, if she had acted earlier.
 10. If cancer is left untreated it can take over the whole body, just like the pumpkin took over the vegetable patch.
 11. There is a type of cancer that only affects women – it is called cervical cancer. It is when cells on the cervix continue to grow.
 12. Explain where the cervix is located. If you have already done the Body Mapping Exercise, then reflect on this exercise, and point to the position of the cervix on the Body Outline.
 13. If cervical cancer is found early, it can be treated easily, just like Gertrude could have saved the pumpkin if she had spotted the beetles early.
 14. Explain to the Sisters that because they have several sexual partners and the chances are their partners have multiple partners, they are at high risk of contracting cervical cancer.
 15. It is suggested that women, at least once every three years, allow a medical practitioner to perform an inspection of her cervix. This is a process called VIAC.
 16. Explain what VIAC stands for and the process followed during VIAC.
 17. Encourage the Sisters to schedule an appointment to be examined for cervical cancer. Remind the Sisters that the cancer is easy to treat if it is found early.

Hints, Suggestions and Challenges

If there is time and you have a lively group of people, you could ask some of the participants to dramatize this story.

The Oversized Pumpkin

Gertrude loves fresh vegetables. These vegetables are grown in her own vegetable garden in the small patch of land behind her house. She has many different types; spinach, corn, carrots, beetroot, sweet potatoes, onions lettuce, potatoes and butternut. The one thing she does not grow however, is pumpkin. Can you think why? Let me tell you the story..

The morning promised a wonderful day ahead. Gertrude headed out to the garden with all her equipment in hand, a hoe, a small trowel, a large fork for turning the soil and, of course lots of seeds. Gertrude planned her garden well and looked after it. After all, much of her daily food came from this garden. If she did not look after it, she would not be as healthy as she was. She weeded and watered and planted and trimmed and pruned and composted and mulched and supported and harvested.

"Mmm, let's see", she said to herself, "I will plant carrots at the front where there is more drainage, and onions over there. Potatoes far away from the onions – they don't like growing near one another. Maize I will put at the back, against the wall so that they don't shade the other plants. What about the pumpkin? Where shall I put that? I know, over there where there is lots of space for it to grow."

Soon, the garden began to flourish. Fresh vegetables were on her dinner table and the tables of her neighbours every night. She was particularly pleased with her pumpkin – it was her favourite. Green shoots and creepers from the plant quickly established themselves. A few flowers soon indicated that there was going to be a number of pumpkins, but instead only one pumpkin seemed to appear. It was round and smooth, just as it should be. And it grew, and grew, larger and larger.

Gertrude, in her garden each day, did not pay too much attention to it. After all pumpkins are known to take up lots of space, and it was her favourite. However, one evening, after returning from a visit to family for a few weeks, she took a walk into her garden and noticed that her beetroot plants had withered and dried.

The following morning she went out to take care of this and realised that her peas and beans were also "under attack". The pumpkin leaves had shaded them and prevented the sun getting to them. The pumpkin had also grown up the supports Gertrude had placed for the peas and beans and, as a result, the pods for the peas and beans were small and withered. The pumpkin had also made its way into the rows of spinach leaving them looking wilted. "My goodness", she thought, "I have lost all of my vegetables, but at least I still have the pumpkin".

In contrast, the pumpkin itself looked wonderful. It was big and fat and round, and by the looks of things promised to provide enough pumpkin for Gertrude and all her neighbours. But there was something wrong. "Sniff! Sniff!" Gertrude tilted her head and tried to find out where the smell was coming from. "Sniff! Sniff!" As she bent over the beautiful, round, fat pumpkin, the smell grew stronger and stronger. And it was not a nice, warm, rich healthy smell of a vegetable garden; it was a terrible, rotten smell.

Gertrude turned the pumpkin over, and there, a round brown hole, with beetles crawling in and out told the full story. Taking a spade and whacking the pumpkin revealed the awful truth; the pumpkin had been eaten from the inside.

Gertrude was very disappointed. She looked over her ruined garden, no beetroot, no peas and beans, withered spinach and now no pumpkin. There was nothing left to take to her family and friends.

And from that day on Gertrude never grew pumpkin in her garden again.



The Basics of Cervical Cancer

Cervical cancer is caused by the Human Papilloma Virus (HPV) which is transmitted through genital contact (not necessarily sex).

If cervical cancer is found early there is a 100% survival rate

Who is at risk of getting cervical cancer?

Your risk increases if:

- You had your first sexual intercourse before turning 18
- You have had multiple sexual partners
- Your sexual partner has had multiple sexual partners
- Smokers
- You have other STIs
- You are HIV+
- Your diet does not include a variety of fruit and vegetables

Signs of cervical cancer

- There are not many early signs of cervical cancer

Later signs include:

- Abnormal bleeding or spotting from your uterus
- Periods last longer than usual
- Periods are heavier than usual
- You have abnormal vaginal discharges
- You have vaginal pain

How do you guard against cervical cancer?

- Delay your first sexual intercourse
- Reduce the number of sexual partners you have
- Go for regular VIAC – to check on the health of your cervix
- Stop smoking
- Eat more fruit and vegetables
- Circumcised men are less likely to pass on the HP virus to their partner.

The Purpose of the Cervix

- To act as a gateway to the uterus (womb)
- To lubricate the vagina
- To act as a protective mechanism for the unborn child

16 | What does the cervix do, anyway?

Teaser

Ask your Sisters “Do you know what the cervix does for your body?”



20 Minutes

Other requirements

- Picture of the vegetable garden
- Make sure you have read through the Basics of Cervical Cancer, so that you can use this information in the discussion.

Purpose

The participants will already have been introduced to cervical cancer in the previous exercise, “The oversized pumpkin” and they may know the location of the cervix in the body. (If they are not aware of this you may want to run the Body Mapping and Human Reproduction sessions). This session explains the purpose of the cervix. It is hoped that when the Sisters understand the importance of the cervix they will be more inclined to seek screening treatment for cervical cancer.

Outcomes

Participants will understand the function of the cervix and its importance in the female reproductive system.

Method

1. Divide the Sisters into smaller groups and give each group a piece of paper and some pens.
2. Remind the Sisters about the story of Gertrude and her garden.
3. Ask each group to quickly draw a picture of the garden as they imagined it.
4. Get them to display their pictures to the rest of the group
5. Admire the pictures and pay particular attention to any of the pictures that show a fence or a wall.
6. Ask the groups to explain the purpose of the fence.
7. Summarise the explanations by pointing out that the purpose of the fence is to protect what is inside the garden.
8. If no drawing has illustrated a gate in the fence, ask the Sisters how Gertrude is supposed to get into the garden.

9. Summarise the feedback again, by pointing out that the purpose of the gate is to restrict access to garden. Only people that Gertrude wants in the garden will be allowed through the gate. You can explain further if you need to by asking if Gertrude would allow sheep or cows into the garden. What about chickens? Etc...
10. Ask the Sisters to think about a situation where the gate was rotten or broken or was old and weak? Would this be a good barrier to the garden? What could Gertrude do to change this situation?
11. Ask the Sisters if they remember what you mentioned last time about the cervix and cervical cancer? If not then briefly summarise the basics of cervical cancer.
12. Explain that the cervix is the gate to the uterus. It control what goes in and out of the uterus.
 - » If the cervix was not there the uterus would be totally open to the vagina, and through the vagina to the outside world. This would mean that infections or bacteria could easily pass into the uterus.
 - » The mucous the cervix produces is sticky and stops a lot of the sperm passing through it, limiting the amount of sperm that enters to uterus.
 - » The cervix also lubricates the vagina and by doing this, cleans the vagina of unwanted bacteria
13. Summarise by pointing out that if the Sisters had a vegetable garden they would look after the plants by protecting them. Similarly they need to look after their bodies by protecting them.
14. Explain that they can easily protect their cervix by being screened for cervical cancer.
15. Briefly explain the process of screening, or if you have a staff member at the clinic who can speak about this ask the Sister to explain.
16. Encourage the Sisters to schedule an appointment to be examined for cervical cancer. Remind the Sisters that the cancer is easy to treat if it is found early.

Hints, Suggestions and Challenges

If you do not have paper and pens to give the Sisters to draw a picture of the garden, simply ask them to discuss it within their group and then to paint a "word picture" of the garden for the rest of the group.

There is also a picture of a vegetable garden in the posters that you can use to illustrate the wall or fence and the gate.

17 | Family Planning



40 Minutes

Other requirements

- Flip chart and pen
- Advantages of Family Planning Cards
- Disadvantages of Family Planning Cards
- Comparison Chart of Family Planning methods

Purpose

Family Planning is often something that is thought of too late in the dynamics of a relationship. However, a spaced and planned family can have incredibly positive benefits to all of the members of the family.

It is also important to realise that family planning is not simply avoiding pregnancy, through condom use. It is also not simply avoiding having children. Family planning includes thinking about the life you want your children to have and planning for this.

This exercise introduces family planning and its benefits and looks at some of the possible methods of family planning including short term (the pill, condoms) and longer term (implants and injectables)

Outcomes

Participants will understand short and long term family planning options and will be able to discuss the advantages and disadvantages of each, and which is the more appropriate method for their family.

Method

1. Ask the participants to list how many times they eat and drink during one day. Some examples might be; Breakfast, Tea time, Lunch Time, after I come home from work, when I wake up, ten o'clock etc.
2. As these are mentioned write them down on the left hand side of the flipchart
3. Then ask what they eat and drink at these times.
4. As they mention this list it on the right hand side of the flipchart
5. When they have finished listing their food, point out that all of the participants spread their eating throughout the day.
6. Ask the following questions:
 - a. Why do you spread your eating throughout the day?
 - b. If you had to eat all of this food (point to the right hand side of the flip chart) in one sitting, how would you feel

- i. Immediately after finishing?
 - ii. At the end of the day?
7. Summarise by saying that we spread our eating out throughout the day to make sure that we have energy for the whole day and so that we don't overload our bodies.
8. Point out that family planning is much the same.
9. Family planning does not mean not having children.
10. Family planning also does not mean not having sex.
11. Family planning simply means deciding how many children you want and then planning when to have these.
12. The purpose of family planning is to make sure parents are not overwhelmed and to make sure that the children are well looked after and cared for.
13. Sisters can use a number of family planning methods to plan their family effectively. (If you need to you can move onto the contraception exercise)
14. Use the chart to summarise the family planning methods that are available to the participants.
15. Guide the participants in a discussion about the advantages and disadvantages of the various family planning methods
16. As they mention these things turn over the correct cards and place them on the table in front of you, so that the participants can read them.
17. Summarise the discussion by pointing out that family planning is a good thing and that the Sisters need to decide the following for themselves:
 - a. How many children they would like to have?
 - b. When they would like to have children.
 - c. What method of family planning would be best for them to use.
 - d. Explain that any Sisters that are on ART should check with their clinic about which method of family planning is best suited to their needs.
18. Conclude by telling the participants where they can get the various family planning methods and if there is a cost involved.

Hints, Suggestions and Challenges

Remind participants that:

- Condoms are still necessary to prevent transmission of HIV and other STIs, even if another method of family planning is being used.
- Family Planning methods prevent pregnancy NOT STI and HIV transmission
- To get more information on various family planning methods at the clinics and Zimbabwe National Family Planning Council (ZNFPC) office.

Advantages of Family Planning Methods

Gives a choice to a woman about whether and when she wants to fall pregnant	Places less strain on the family to provide materially for the child
Improves a woman's health	Limit the size of families by choice
Reduces infant mortality (Death of babies)	Some methods prevent STI infection
Children with fewer brothers and sisters tend to stay in school longer	Reduces maternal mortality (Death of the mother)

Disadvantages of Family Planning Methods

Some methods have to be used consistently to be effective	Some methods cannot be taken while breastfeeding
Some methods require the attention of a medical practitioner	Some methods may affect menstrual flow

Summary Comparison of Family Planning Methods

	Method	Description	Comments
Longer Term Contraception	Norplant Jadelle Implanon	Small, flexible rods or capsules placed under the skin of the upper arm; contains progestogen hormone only	Health-care provider must insert and remove; can be used for 3–5 years depending on implant; irregular vaginal bleeding common but not harmful
	Depo Provera	Injected into the muscle every 2 or 3 months, depending on product	Delayed return to fertility (1–4 months) after use; irregular vaginal bleeding common, but not harmful
	Copper Intrauterine device (IUCD) Copper T 380A Multiload 375 Cu Progesteset / Levo Nova	A small, T-shaped flexible plastic device containing copper sleeves or wire that is inserted into the uterus	Longer and heavier periods during first months of use are common but not harmful; can also be used as emergency contraception
	Lofeminal Duofem Marvelon	Contains two hormones (oestrogen and progestogen)	Reduces risk of endometrial and ovarian cancer; should not be taken while breastfeeding
Short Term Contraception	Ovrette / Secure Micronor Exluton	Contains only progestogen hormone, not oestrogen	Can be used while breastfeeding; must be taken at the same time each day. Recommended for feeding mothers.
	Male condoms	Sheaths or coverings that fit over a man's erect penis	Also protects against sexually transmitted infections, including HIV
	Female condoms	Sheaths, or linings, that fit loosely inside a woman's vagina, made of thin, transparent, soft plastic film	Also protects against sexually transmitted infections, including HIV
Emergency Contraception	Positor 2	Progestogen-only pills taken to prevent pregnancy up to 72 hours (3 days) after unprotected sex	Does not disrupt an already existing pregnancy
Permanent (Sterilisation)	Female	Cutting and tying of the tubes that lead from the ovaries to the uterus	This method of family planning is permanent and you will not be able to have children after this surgery.
	Male (Vasectomy)	Cutting and tying of the tube that carries the sperm from the testes	

18 | Contraception

Teaser

Ask your Sisters to name as many different types of contraception that they know of. If they don't name all of them, ask them to come to the session to learn more. If they do know all of them, you might ask them to come and explain the differences to the other Sisters.



30 Minutes

Other requirements

- Male and Female Reproduction System posters
- A balled up piece of paper or something soft to throw.
- A box, bucket or bag. Something to catch the ball
- If possible, real samples of the following contraceptives, (or the pictures of the contraceptives)
 - A male condom
 - A female condom
 - A packet of contraceptive pills
 - The injections
 - An IUD
 - A diaphragm

Purpose

This exercise is a follow up exercise from Family Planning. It can be run on its own as well.

The purpose of this exercise is introducing a variety of contraceptive methods to the participants and to demonstrate how these various methods work. The exercise differentiates between short term and longer term contraceptive methods.

Outcomes

Participants will be familiar with various contraceptive methods and how they work in relation to the human reproductive system.

Method

1. Explain that the purpose of the game is to score a "goal" by throwing the ball into the box. There are no teams and each person will play for themselves, one at a time.
2. Ask the participants to line up at one end of the room.
3. Place the box about ten paces away from the participants.
4. Show how to throw the ball into the box.
5. Explain that the participants will have an opportunity to throw the ball into the box but that the next person in line will be allowed to try and prevent this from happening by doing ONE thing.
6. They can cover the box, move the box, catch the ball, hit the ball away, turn the box upside down; jolt the person's throwing arm, anything they can think of. As soon as one person has used a technique no one else is allowed to use it.
7. Explain that you are now going to give the ball to the first person and that they must throw the ball into the box. However before they do this, tell them that you will try to prevent them from scoring by doing ONE thing.

8. Take note of the method that the participants use.
9. When everyone has had a chance of throwing the ball cheer anyone who managed to score a goal.
10. Ask the participants to sit down and then discuss the methods that they used to prevent goal scoring. Which methods were most effective? Why was this?
11. Introduce the topic of the session – contraception. Add that this is about stopping women from getting pregnant.
12. Ask the participants to mention the various methods of contraception that they know of.
13. If possible, show participants each contraceptive method, for example oral contraceptives, injectables, condoms (male and female), IUCD (intrauterine devices). Allow participants to look at, touch and feel each contraceptive – if available.
14. Ask the groups to evaluate the methods of contraception mentioned in their group and which methods are applicable and why
15. Point out that some of the contraceptive are short term (the pill and the condom). This is similar to hitting the ball away. Action has to be taken every time the ball is thrown, so every time there is sexual intercourse a condom has to be used. Oral contraception has to be used consistently (every day) to be effective, even if the woman does not have sex on that day.
16. Other contraceptives are longer term (Injectables, IUCD). This is similar to turning the box upside down to prevent someone from scoring. Until it is turned around, no one will be able to score a goal.
17. Discuss each contraceptive method: its action, effectiveness, advantages and disadvantages.
18. Make sure that each of the participants are aware of where they can buy contraception or where they can get it for free.

Hints, Suggestions and Challenges

Read about contraception and visit the local, CeSHHAR or ZNFPC clinic to get more and latest information from staff. You can ask trained staff to assist you deliver this session.

19 | Knowing my HIV Status



20 Minutes

Setting

An area large enough for a role play (drama) to be seen by all the participants.

Other requirements

- Markers
- Flipchart

Purpose

While it is likely that the majority of sisters have a basic knowledge of HIV, some might still be wary or afraid of finding out their own status. This exercise allows them to explore their concerns through the story, and to begin to internalise the positive benefits of knowing your own status.

It is important to remember that behaviour change is a process and that this exercise might be the first step a sister takes in finding out her status, so in this exercise the facilitator needs to act as a support to any sister that indicates she is not aware of her status. This means that the facilitator needs to encourage but not force or coerce the sister to get tested.

Outcomes

Sisters will be able to discuss why it is important to get tested for HIV and be familiar with the process of being tested for HIV.

Method

1. Prior to the session, gather information on local centres where Sisters can be tested and, if possible, arrange for a staff person to participate in this session and/or for the participants to visit the centre itself. It is also important to be aware of policies and services related to the provision of antiretrovirals (ARV) for people who have HIV and AIDS.
2. Ask for two volunteers to do a role-play of a sex worker arriving at a health centre to get an HIV test and a counsellor helping the sex worker. The participants should decide what the scene is like, the expression on the sex worker's face, her behaviour, and the appearance of the counsellor. Encourage the sisters to make sure the scene is realistic.
3. Explain to the sisters conducting the role play that you will ask them to stop at a point in the drama, by asking them to "Freeze". At this point they must stop what they are doing.
4. Explain that it takes some time to receive the result of the HIV test and that this is the sex worker's first contact with the health centre. The counsellor should be friendly and create a rapport with the sex worker. When you think it is appropriate, stop the scene with a command (e.g., "Freeze!").

5. Then, discuss the following questions with the participants:
 - » What would make a sex worker not want to take a test?
 - » What do you think made the sex worker want to take the test?
 - » How long do you think it took her to decide to take the test?
 - » How do you think she will cope with the result?
 - » How is she feeling? Is she afraid? Confident? Why?
 - » Do you think her family or friends know what he has come to do?
6. After discussing these questions, ask two other pairs to role-play the same scene, but this time, they should begin just as the test result is given. Assign a positive result to one pair and a negative result to the other, and have the counsellor in the role play give the result and the sex worker reacting. Do not let the other participants know which pair will act out the positive and negative results.
7. Prompt the group with questions about the two role-plays:
 - » How did the sex worker receive the news about being positive/negative?
 - » Who do you think the first person she talks to will be?
 - » Why do you think the result of the test was positive/negative?
 - » What is she thinking of doing now that she knows she has/does not have the virus?
8. Divide your participants into smaller groups and ask them to discuss what the future holds for the sex worker who receives a positive result and for the sex worker who receives a negative result. Allow one participant in each of the small groups to give feedback on their discussion.
9. Wrap-up the discussion with the questions below.
 - » Do the sisters in your community know where they can go for HIV counselling and testing? Do they trust it will be done safely and anonymously?
 - » How do you think sex workers are treated when they seek HIV counselling and testing?
 - » How do you think they should be treated?
 - » What do you think are the biggest factors that hinder sisters from seeking HIV counselling and testing?
 - » What can be done to address these factors?
 - » What should a sister do if her test result is positive?
 - » What should a sister do if her test result is negative?
 - » How can we as a group encourage more sisters to be tested?

Hints, Suggestions and Challenges

At the end of this exercise de-brief the Sisters that were allocated the HIV positive role at point 6. Thank them for their assistance and ensure that the rest of the group are aware that they were simply acting in this role, and this is no reflection on their status.

Explain to participants that sex workers are often less likely than other women to seek health services, including counselling and testing for HIV, since they often see themselves as stigmatised. However, as has been discussed, sisters face many risks, and HIV testing is an important part of taking care of themselves and their partners. It is important for sex workers to know where in their community they can get these services and to seek them out.

The participants should think about how to support sisters who test negative so that they continue to protect themselves and how to encourage sisters who test positive so that they live positively, that is, to seek out appropriate services and protect themselves and their partners and clients from re-infection.

20 | Understanding STIs



15 Minutes

Setting

Space for small groups to form and have short discussions

Other requirements

- Run this session in a light-hearted, fun manner
- Read through “The basics of STIs” before running this session
- If possible, pictures of genitalia showing various STIs

Purpose

Sexually Transmitted Infections can be painful and embarrassing, even for Sisters. As a result sometimes Sisters may not be able to ask anyone for guidance or assistance about an STI.

This exercise provides an opportunity for Sisters to talk openly about STIs by introducing the topic in a fun way.

Outcomes

Participants will increase their level of knowledge on sexually transmitted infections.

Method

1. Ask the group to break into smaller groups of five or six. Give each group the name of something (See Suggestions).
2. Ask each group to quickly discuss the purpose of their allocated group.
3. Ask the groups to give quick feedback to everyone on their allocated group and what they think its purpose is. Tell the groups that the most obvious answers are probably the correct ones (See Suggestions)
4. Now ask the groups to quickly discuss what can go wrong with the things in their allocated group and how they will know that something is wrong. Again the most obvious answers are probably the correct ones. (See Suggestions)
5. Thank the participants for their participation and now ask them all to consider the purpose of our genitals. Feedback from this is likely to include – pleasure, sex, and procreation.
6. Now ask the participants to quickly discuss in their groups how they know something is “wrong” with their reproductive organs.
7. Summarise the feedback from this by stating that we know that something is wrong with our reproductive organs because we are familiar with what they look and feel like when they are not infected or sore.



8. At this point if you have STI related pictures you can begin to pass them around amongst the participants.
9. Point out that because we know how our reproductive organs feel and work when they are healthy, when something goes wrong we are also aware of this.
10. Explain that we should seek medical assistance as soon as possible if we think something is wrong.
11. Explain that if we have a sexually transmitted disease it is very easy to spread this to our sexual partners, and sometimes even to others in our household, because some diseases can be spread not just through sexual contact.
12. Ask the groups to quickly discuss reasons why they might not seek treatment for an STI or a suspected STI. Reasons might include:
 - » Embarrassment
 - » Fear of notifying partners
 - » Absence of partners to notify as required by service providers
 - » Unaffordable user fees
13. Point out that by not seeking treatment, we are putting our own health and the health of our families (including our unborn children) at risk.
14. Explain that we can prevent the transmission of STIs by:
 - » Using a condom when having sex
 - » Encouraging our partners to get checked and treated for STIs
 - » Avoiding sexual contact with clients that have STIs (some signs are obvious)
 - » Seeking early treatment if we suspect we have an STI

Hints, Suggestions and Challenges

The names of the groups are groups of s. These can include fruit, cars, clothes, furniture, etc.

Initial feedback might include:

- The purpose of fruit is to spread the seeds of the trees, to give us something to eat, to give us diversity in our diet, etc.
- The purpose of furniture is to make sure we don't sit on the floor, to allow us to sit, to place things on the furniture, to make the home look pretty, etc.
- The second set of feedback might include:
 - We know something is wrong with the fruit when it smells off, or when it is soft and it should be hard, or when it looks rotten.
 - We know something is wrong with the furniture when a leg is broken, when it no longer performs its function, when the cushions are torn, etc.
 - If you choose to use pictures, it is important that the information communicated is not focused on the technicalities (correct names of diseases, etc.) but rather on the fact that the participants should seek medical assistance as soon as possible if they suspect they have an STI.
 - Point out that it is very important that pregnant women are tested for a range of STIs, including HIV, to prevent transmission to their children

The Basics of STIs

STI stands for sexually transmitted infections.
STDs stands for Sexually Transmitted Diseases

STIs can affect our whole body, not just our genitals. The diseases can spread through our bodies

STIs can weaken our immune system and as a result leave us vulnerable to other sexual and non-sexual infections

Women often have no outward signs of STIs and sometimes display no symptoms in the early stages of infection.

The risk of STI infection increases if

- We have other untreated STIs
- We have multiple sexual partners
- We have unprotected sex
- We don't seek early treatment for STIs
- Our partner does not seek treatment for STIs

21 | Understanding Alcohol Abuse

Purpose

The abuse of alcohol is known to affect our emotions and our decision making process. As a result, when we are drunk we may make decisions that we might not make if we were sober. Alcohol and sex work also often go hand in hand, with alcohol sometimes being used by the sisters, or being used by the client, or both. Negotiating condom use for safer sex and using the techniques of assertive communication are all affected if either person in the discussion is drunk. Contraception or taking medication timely is also not taken seriously.

The purpose of this exercise is to open up discussion on the use and abuse of alcohol and the impact it has on the decision making of the Sisters.



30 Minutes

Other requirements

- Flip Chart
- Body Part Cards
- A circle drawn on a wall or whiteboard at eye level

Outcomes

Participants will be able to describe the effects of alcohol on the body and behaviour and how this could impact on their decision making and negotiating with clients.

Method

1. Ask for seven volunteers.
2. Give each volunteer a Body Part card and ask them to keep this secret.
3. Explain that you are going to read some information. The volunteers must listen carefully and act out their body part reaction, if this is mentioned when you read.
4. Tell them that they have to make their body part obvious in their acting. The rest of the group will have to guess which body part they are.
5. Read the Alcohol Information then call the volunteers up one at a time to act out their roles.
6. Ask the group to guess which volunteer acted for which body part.
7. Thank the volunteers and ask for another volunteer and ask her to stand on the side of the room opposite the circle.

8. Point to the circle on the wall.
9. Tell the volunteer that they have to walk up to the circle and point to the middle of the circle without stopping.
10. Ask the Sister to perform this simple task.
11. Thank the Sister and tell her she will have to repeat the exercise so ask her to return to the starting point.
12. Ask her to close her eyes and spin her around five or six times.
13. Ask her to open her eyes, walk to the circle and point to the middle of the circle without stopping.
14. She will likely struggle to do this.
15. Point out that alcohol affects our sense of balance as well, and that is why when we are drunk we struggle to walk properly.
16. Separate the group into two.
17. Ask one group how they think alcohol affects the drinker's body and abilities. (See example 1 below)
18. Ask the other group for examples of things a person might do that would be harmful to that person or others after drinking. (See example 2 below)
19. Give the groups a few minutes to discuss their problem statement and then give feedback to the whole group.
20. Summarise by stressing that the use of alcohol, involves many risks and can be harmful physically, socially and emotionally. Sometimes using alcohol – or being with someone who has used alcohol – can even be fatal.

Hints, Suggestions and Challenges

Example 1: The drinker's judgement is affected. She might be unable to think of positive alternatives or might make an impulsive decision without considering the consequences. People often lose control of themselves if they drink alcohol. When people drink, they are more likely to do things they ordinarily wouldn't do.

Example 2: Drive a car, ride with a drunk driver, smoke or use other drugs, have unsafe sex with someone, go somewhere that is dangerous or a place they would not normally go, say or do things that hurt or disappoint friends or family members, become violent or overly emotional, act foolishly or immaturely.

Body Part Cards

Brain

Digestive
system

Eyes

Muscles

Heart

Reproductive
system

Behaviour

Unborn Baby

Alcohol Information

- Alcohol enters the bloodstream very quickly without being digested and is carried in the blood to the brain and the rest of the body. The liver slowly eliminates most of the alcohol from the bloodstream, at a rate of about 30ml each hour.
- Over the short term, alcohol slows down the body's systems. It interferes with thinking, muscle co-ordination and reaction time, possibly resulting in accidents and injuries to the drinker and others.
- Alcohol robs the drinker of self-control, which can lead to embarrassing situations, broken relationships, a poor reputation and loss of self-respect. Because alcohol affects judgement first, the drinker is often the last to realise what the alcohol is doing to him or her.
- Alcohol can stimulate negative emotions. People who use alcohol can become depressed, angry or violent, sometimes causing personal injury and family problems.
- Over the long term, drinking large amounts of alcohol causes or worsens heart and digestive problems, some of these problems, such as heart disease and cirrhosis of the liver, can be fatal.
- If a pregnant woman uses even small amounts of alcohol, the baby may be affected. Large amounts of alcohol may cause the baby to have some or all of a group of permanent birth defects called foetal alcohol syndrome.
- Teenagers who use alcohol are at greater risk than adults because this drug interferes with their social and emotional growth and because they are more likely to lose control of themselves. Teenagers can also become physically dependent on alcohol in a shorter time than adults.

22 | Alcohol and Risk

Purpose

This session follows from Understanding Alcohol, which was a general introduction to the effect that alcohol has on the body. It is important that the sisters, recognising that alcohol can impair their judgement and the judgement of their clients, develop strategies to mitigate against the impact of alcohol on their lives and their work.



30 Minutes

Outcomes

Participants will be able to think of and practice implementing strategies to mitigate against making decisions while under the influence of alcohol.

Other requirements

- Situation Cards
- An empty bottle (any bottle will do, a beer or soft drink bottle, or even a sauce bottle)

Method

1. Ask participants to sit on the floor in a circle.
2. Place the cards upside down in a circle inside the circle of Sisters.
3. Place the empty bottle on its side in the middle of the circle of cards.
4. Explain that the purpose of the game is to have fun and to think about how high risk situations arise when people are drinking too much alcohol.
5. Explain that each Sister will take turns to spin the bottle.
6. When the bottle has stopped spinning she will do two things:
 - » Answer the question card that the bottle is pointing at.
 - » Share an experience that she has had involving alcohol or drugs
7. The Sisters will then discuss the situation and suggest a strategy that she could adopt if she faces that situation again.
8. The next Sister will spin the bottle.
9. When each Sister has had an opportunity to spin the bottle, conclude the session by summarising some of the main lessons learned. Point out that
 - » Alcohol affects communication skills
 - » If you are on ARV treatment then Alcohol can negatively affect the impact of ARVs
 - » Alcohol affect negotiation skills
 - » Alcohol hinders a person's ability to make sound judgement
 - » Alcohol encourages a person to "drop their guard"
 - » All of these things might impact on a Sister's decision to practice safe sex, always use protection and always use contraception.
10. Thank the Sisters for their participation and encourage them to adopt strategies that were discussed that will help them avoid abusing alcohol and negatively affecting their behaviour.

Alcohol and Risk Situation Cards

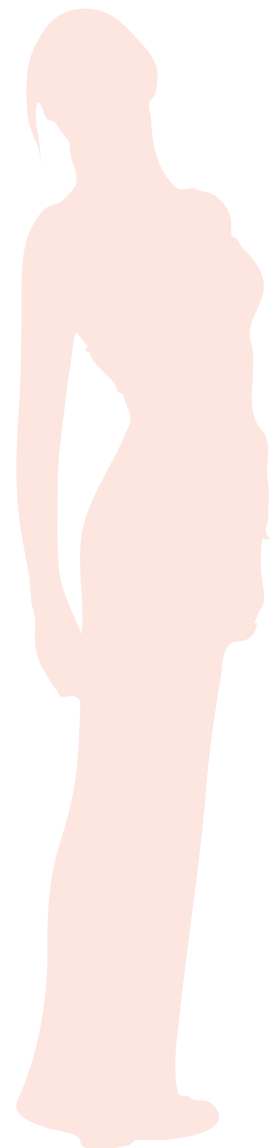
Drinking a lot of alcohol can harm your health. True or False?	How can you sell a lot of beer to clients without getting drunk yourself?
Act out typical behaviour of a drunk client.	Put a condom on the bottle using your mouth.
Why do people like to drink so much alcohol?	Will you go on a motorbike with a drunk customer? Why or why not?
Are there benefits of having sex while sober? What are they?	Spin the bottle again
Tell at least two ways to prevent HIV transmission.	Name two things that happen to your body when you drink too much.
What is the difference between having HIV infection and having AIDS?	I cannot limit the amount of alcohol I drink. True or False?
Can you convince a drunk client into using a condom?	It is easier to convince clients to use condoms when they are drunk. True or False?

Section Two: Looking after Your Clients and Your Partners

This exercises described in this section focus on the interaction of the Sister with her clients, and her partners. We feel that it is important to see the Sister as a whole person and to address all of her needs as a person, not just her needs related to sex work.

While it is important that the Sisters learn to communicate assertively with their clients, it is also important that they learn to communicate effectively with their partner. If the Sister is going to change her behaviour and seek a healthier lifestyle, she will need support. Part of this support can be from her partner. But the foundation of building this support is communication.

Some of the sessions are more important for the Sisters in working with their clients. Some of the sessions are more focussed on the Sister communicating more effectively with her partner. Some of the sessions would be applicable to any woman who was looking to speak to her partner about difficult issues such as condom use, or being tested for HIV or being treated for an STI.



23 | Power and Assertiveness

Teaser

Ask your Sisters to name four different types of power. If they can't name them, invite them to the session to find out the answers. If they can name them, ask them to come to the session and share their knowledge with the other Sisters.



20 Minutes

Other requirements

- Flip Chart

Purpose

Run this exercise and the following one “Different types of Power” immediately afterwards if possible.

Most sex workers often see themselves as being powerless. This can lead to a low self-esteem and resulting behaviour, including a lack of standing up for their rights. These exercises expose sex workers to different types of power and the fact they within their own lives they continue to hold the power to make decisions.

Power is often seen in a one-dimensional setting. It is either perceived as being “good” or “bad” depending on the situation or perception of the individual. This exercise shows that power can be positive or negative, and that both types of power can evoke a range of emotions. The exercises also illustrate that power relations are evident in all aspects of our lives.

Outcomes

By the end of the exercises the participants will be able to identify the emotions associated with power and how they affect us.

Method

1. Ask individuals to identify the most powerful person they know personally. (Tell them they are not allowed to mention anyone famous unless they know them personally).
2. Get the participants to consider the following:
 - » What do you admire about these people?
 - » What do you fear about these people?
3. Divide the flip chart into two columns and write these qualities on the flip chart.
4. Divide the group into pairs.
5. Ask each pair to become still images, like statues. The images will show one person in a position of power and the other in a powerless position. Allow them a few minutes to prepare for being

statues. Ask the participants to swap around (so that the powerful figure becomes the powerless and vice versa) and prepare a second statue.

6. When they have prepared both statues, give each pair the opportunity to show them to the rest of the group. Ask for quick comments about what participants observe. Ask both members of each statue to express what they are feeling in one word (proud, scared or humble).
7. See if any of the descriptions are recorded on the flipchart.
8. Ask participants to discuss the following in pairs. Allow 10 minutes for discussion and allow participants to report back to the big group.
 - » Which of the two positions felt more familiar to you?
 - » Can you relate any of the emotions you felt to situations in your lives?
 - » What did you feel for the powerless person when they were in the powerful position, and vice versa?
9. Ask the participants what they might be able to do to change their own behaviour to encourage one another when they might feel powerless.

Hints, Suggestions and Challenges

Be aware that feedback from the group might be emotional

Remind the participants that power is not simply a display of force, but that true power is being ABLE to do something, but choosing not to do it, and choosing to act in a more gentle fashion.

24 | Different Types of Power



60 Minutes

Other requirements

- Flip Chart

Purpose

This exercise, as a follow on to Power Relations, explores the different types of power that people hold. Power is often seen as a negative quality, simply because it is often abused. However, power can also be enabling. This exercise allows the Sisters to differentiate between the different types of power.

Outcomes

The Sisters will be able to differentiate between types of power and recognise the roles that these types of power play in their own community.

Method

1. Ask the Sisters to think of any group of things, (e.g. fruit, cars, houses, and people).
2. Point out that even though all of these things together are called by the same name, they are different. Bananas are different to guavas and these are different to pineapples even though they are all fruit.
3. Explain that power is the same. There are different types of power. We often think of power as a negative thing because it is a quality that is often abused by the people that have it.
4. Divide the flipchart into four quarters.
5. Explain to the Sisters that each of these quarters represents a different type of power.
6. Ask the Sisters to name examples of “power”. It is likely that most of the example provided will relate to “power over” (See Hints and Suggestions). Write all of the examples that relate to “power over” in the same quarter.
7. When you have received enough examples, explain the other types of power to the Sisters. Note that “power within” can sometimes be a bit difficult to understand.

8. Write different examples in the different quarters of the page, and make sure that each quarter of the page is correctly labelled.
9. Divide the Sisters into groups of four or five.
10. Ask each group to think about each of the four types of power on the flipchart.
11. Ask each group to think of a way to mime an example of each type of power. They can choose an example on the flipchart or think of their own example.
12. Give the groups five minutes to think of their four different mimes.
13. Ask the first group to perform their first mime and then ask the other groups to guess which type of power was being displayed.
14. Repeat this through all the groups.
15. Then ask the groups to mime their second type of power and ask the other groups to guess which type of power was being displayed.
16. Repeat this though the other groups and repeat again twice for the remaining types of power.
17. Remind the Sisters that there are different types of power, but that any types of power that are abusive or take advantage of other people are simply forms of violence.
18. In their groups ask the Sisters to discuss the following:
 - a. When do they feel powerless?
 - b. Is there anything the other Sisters can do to resolve this situation or to help their Sister feel more powerful?
19. Get feedback from the groups and if necessary facilitate a discussion about how the group want to take this process forward.

Hints, Suggestions and Challenges

The four types of power are:

- “Power over” – this is the most commonly thought of type of power and relates to one person’s control of another person or group. It is often thought of in a negative sense, but a positive form of power over can be the power of a parent in protecting his or her child.
- “Power with” – this is a collective type of power that is found when groups of people with similar goals and aspirations join forces. Think of a group of people trying to pull a large load. Individually they cannot do it, but if they join their power and pull at the same time, then they can succeed.
- “Power to” – this type of power is aimed at achieving an objective. Each individual has the power to make changes to their own life.
- “Power within” – this is the inner strength that each person has. This is a person’s belief in their own abilities and in themselves.

A mime is a drama or an act where no words are spoken. So in the power mime, none of the Sisters are allowed to speak.

25 | Sexual Networks



50 Minutes

Other requirements

- Two balls of wool of different colours
- Names cards
- Story of Peter's sexual network
- Story of Sibongile's sexual network

Purpose

This exercise illustrates how multiple concurrent partners and sexual networks aid the spread of STIs and HIV.

Outcomes

Participants will understand

- the role played by sexual networks in the spread of HIV
- how sexual networks combine with one another

Method

1. Ask for volunteers to take up the number of name cards you have.
2. Hand out the name cards to the volunteers.
3. Explain that you are going to read a story. As you read a character's name this person who holds the string must hold onto the string or wool and throw the ball of string to the person playing that character.
4. Give the ball of wool to Peter and as you tell the story get the participants to throw the ball to the next role player that you mention, while still holding tightly onto the wool.
5. The wool gets thrown between the participants as their characters names are read out.
6. Read the story of Peter's sexual network. Point out the sexual network.
7. Ask participants to identify the danger of this network.
8. Give the second ball of wool or string to Sibongile.
9. Read the story of Sibongile's sexual network

10. Pause at the place mentioned and point out that there are two sexual networks.
11. Ask the two groups to move apart while not letting go of their wool.
12. Continue with the story and allow the two sexual networks to join together.
13. Point out that the two networks have combined and that you will ask the participants to consider some questions about this.
14. Thank all of the participants and ask them to sit down.
15. Break the participants into smaller discussion groups.
16. Ask them to discuss the following questions:
 - » Why do people have sex with many others?
 - » Should men and women both have many partners?
 - » Does culture play a role in sexual networking?
 - » Do you think that Joe knows Mary?
 - » Do you think that Mary knows Fungai?
 - » Do you think that these people could influence one another?
17. Ask each group to offer one suggestion to reduce their risk of being infected with STIs or HIV through sexual networking.
18. Divide the large group of Sisters into smaller groups.
19. Explain that as Sisters,
 - a. they are all part of a sexual network and are therefore at a high risk of being infected with HIV or STIs or both.
 - b. they are all working in the same community or neighbourhood that it is possible they are infecting or re-infecting one another, simply as a result of sharing their clients. Some partners (and Sisters) may not know that they are infected because of the window period.
20. Ask the small groups to discuss ways in which they can reduce infection within their community, and reduce re-infection of their Sisters.
21. Get feedback from the small groups and make sure the following points are raised:
 - » Consistent condoms use
 - » Reduction of the number of partners
 - » No sexual activity when treating an STI
22. Thank the Sisters and suggest that they practise safer sex to reduce the risk of HIV transmission through MCP.

Peter's Sexual Network

Peter is 28 years old. He lives with Mary, who is 25 years old. Peter and his friends think Mary is very beautiful, and Peter is proud to be seen with her.

But Mary is very demanding and stubborn. Peter says that she makes him feel like a child, always telling him what to do. She shows him no respect. Especially when he did not have a job. She makes me feel like “a simple”. If you don't have money, you are nothing and a woman can show you no respect”, says Peter. Peter also complains that they do not have enough sex. Because Peter works night shifts, he and Mary are only together for four nights in every month. “A man cannot be satisfied with 4 days in a month”. What Peter does not know is that Mary feels the same, and so she is having a sexual relationship with John.

Peter's family lives in Harare and he goes to his home at the end of every month. When he is in Harare, Peter always meets up with his friend Susan. Their two families have known each other for a long time and it was always expected that Peter and Susan would get married. They have one child together. Susan now lives in Masvingo. Peter says Susan does not want to marry him because she has “too many better choices in Masvingo”. Susan and Peter still see each other when they are home in Harare because “we are used to it and because Susan always says that I am the best one in the bedroom”, says Peter.

Three months ago, Peter found employment as a security guard at a new hotel. At the hotel he met Chipso. Chipso is 26 years old and works in the bar at the hotel. They have sex when they are working on the same shift together. Chipso thinks that Peter is very handsome. “She likes my manhood,” says Peter. Peter and Chipso do not use condoms because Peter wants to have a baby with Chipso. Peter says, “She is the one for me. I love her and if we can have a baby, we will be together”. Peter says it is also great to have Chipso as a girlfriend because she works in the bar and they can both get alcohol from the bar.

Chipso's job does not pay as much as she needs, so towards the end of the month she often turns to sex work as an income source. She makes sure that Peter will never know about this, as he would dump her. But she needs the money. One of her regular clients is Joe, who always treats her well, as long as he can have sex without a condom.

Sibongile's Sexual Network

Sibongile is a 32 year old factory worker who lives in Mutare. Her first husband, Zenzo died in 2009 after a long battle with TB. He was 43 years old. Sibongile now lives with a new boyfriend, Garikai. Garikai is a quiet man who keeps to himself a lot. Sibongile hates that he is old and boring, but he is a good provider. They met at an overnight prayer meeting. Garikai is a truck driver and is away from home a lot. Sibongile is sure he has other girlfriends or sex workers when he is on the road.

When Sibongile worked in the industrial area in town she often has sex for money. The pay was not high and she needed to make sure she had enough to pay for new clothes and still pay her rent and buy food. She did not have a lot of clients, but a regular was Fungai. He was a lot of fun, and always bought her drinks, as long as he could have sex “without a raincoat”.

When Garikai is out of town, Sibongile sees another boyfriend. His name is Tafadzwa and he is her “Minister of Transport”. Whenever she needs a lift, she calls him. Sibongile would rather give him sex than waste her money on transport.

PAUSE HERE AND POINT OUT THAT THERE ARE TWO SEPARATE NETWORKS. WHEN EVERYONE CAN SEE THIS, READ THE REST OF THE STORY

When Sibongile is short of cash, she sometimes works as a sex worker in Mutare. She does not use a condom with all her clients because they pay more for sex with no condom. One of her favourite clients is a guy, Joe. He always seems to have enough money to buy some drinks and sometimes dinner, before they sleep together. She lets Joe have sex with no condom, because he always treats her well.

Peter	Sibongile
Mary	Zenzo
John	Garikai
Susan	Fungai
Chipo	Tafadzwa
Joe	

26 | GBV – What Is It?

Purpose

This session introduces the concept of Gender Based Violence to the participants and opens up the opportunity for them to engage with the topic and to think about ways in which they might have participated in a situation relating to GBV without even realising it.



20 Minutes

Outcomes

By the end of the exercise the participants will know that GBV has a number of facets. It is also hoped that this exercise will open up an opportunity for the family to act together to address GBV within their community.

Setting

Space to allow small groups to present dramas

Method

1. Divide the participants into four groups,
2. Ask whether they have heard of GBV and what they think it stands for. Ask if they can think of examples of GBV.
3. Define the term “gender” for the participants by explaining that gender is how society tells us men and women should act and behave and the roles and positions that men and women can have in the society.
4. Point out that GBV can show in a number of ways including:
 - a. physical (hurts the body)
 - b. emotional (hurts feelings)
 - c. sexual (controls sexuality) and
 - d. economic (controls access to money, property or resources).
5. Also point out that violence is not necessarily doing something, but it might also be withholding or NOT doing something.
6. Ask the participants to think of a situation where NOT doing something is worse than doing something. Some examples are given in the Hints section below.
7. Assign one category of GBV to each group.
8. Ask the participants to think of a short drama that illustrates only their own category of GBV.
9. Ask each group in turn to perform their drama.

Other requirements

- Make sure that you have contact details for the following offices before you run this session; the nearest GBV One Stop Centre, the Zimbabwe Republic Police Victim Friendly Unit, the nearest offices of the Zimbabwe Lawyers for Human Rights or Social Welfare.

10. Thank the groups for their dramas, and point out that each drama had a victim.
11. Ask for ideas on how the victim suffered as a result of the violence. (E.g. physical might result in bruises and cuts and broken bones, emotional might result in depression and low self-esteem, etc.)
12. If you have already held the power related sessions, tie in the types of power into this discussion.
13. Point out that in many cases GBV is hidden from the community, and it is only seen when the victim speaks out.
14. In their smaller groups ask the Sisters to share any events where they might have experienced or seen GBV because they are women and because they are sex workers. Facilitate feedback from the groups without identifying any specific Sisters. Do not name any Sisters during this exercise.
15. Point out that if a partner or a client makes one of the Sisters suffer through GBV, the partner or client may do this repeatedly and come to another Sister in a short time, and make them suffer as well. In this way the whole community of Sisters suffers.
16. Ask the participants about what they can do to start speaking out against GBV in their community. Separate this into two categories:
 - a. How to support the victims
 - b. How to prevent or discourage abuse
17. Refer participants to clinics or GBV One Stop Centres nearest to them or the Zimbabwe Republic Police Victim Friendly Unit or the offices of the Zimbabwe Lawyers for Human Rights or Social Welfare.
18. If you are unsure of what to do, seek advice from programme staff including Outreach Workers and Nurse Counsellors. Make sure that any Sister that needs support after this exercise receives it quickly.

Hints, Suggestions and Challenges

If there are not enough participants in the group to have four groups, then go through the four categories of GBV separately and allow all the participants to take part in the dramatization of each category.

Examples of NOT doing something include: not feeding your child, not rescuing someone who is drowning, not giving attention to some who needs it, not giving money.

This can be an extremely emotive session to run. Although the exercise speaks only to the community and not to the family, this exercise could evoke anger for any GBV offenders in the family. As a result you need to be extremely careful in choosing which audiences to expose to this exercise.

Remind participants that there are resources within their community that they can draw on to combat GBV including;

- The Police Victim Friendly Unit
- One Stop Centres
- The Anti-Domestic Violence Act.

Explain to the Sisters that simply because they are sex workers this does not give anyone, whether they are partners, clients, the police or clinic staff the right to treat them any way they feel. This includes all forms of GBV. They can report these abuses.

Remind the Sisters that they are not allowed to commit GBV or any form of violence. Remind them that some examples given above are forms of domestic violence which sex workers should not commit, for example neglecting children or having sex with clients or partners while children can observe.

Guidelines related to assisting survivors of rape and GBV.

People that have been sexually violated can visit any service provider closest to them (these include health facilities (clinic or hospital), ZRP Victim Friendly Unit, Legal services). These have been provided with guidelines of providing this services which include the following:

- No decision should be made without the informed consent of the survivor.
- Conduct discussion in private settings, preferably with same-sex staff (where possible)
- Be a good listener , and non-judgemental
- Be patient; don't press for information she doesn't want to share
- Ask only relevant questions
- Avoid the survivor having to repeat her story in multiple interviews
- Do not laugh, show disrespect, disbelief or sympathy.
- Never blame the survivor
- All times prioritise survivor and staff safety and security
- By law, all incidents of rape and sexual abuse of children must be reported to the police.
- Always observe the guiding principles of Confidentiality, Safety, Respect and Dignity.
- By law, rape treatment can be initiated before informing the police.

Nurses can now treat survivors and are authorised to fill out the medical affidavit.

Priorities for referrals are:

1. Health care
 - » Survivors of rape and sexual abuse are encouraged to seek health care as quickly as possible. Delay in seeking help can destroy or weaken evidence, reduce effectiveness of remedies and increase trauma for the survivor
 - » Female survivors will get emergency contraceptives within 5 days of incident.
 - » Post Exposure Prophylaxis (PEP) for HIV within 3 days of incident
 - » STI Prophylaxis within 5 days of incident
 - » Termination of pregnancy in the event of pregnancy after sexual abuse. This termination is done after authority is granted by a magistrate.
 - » Survivors of sexual violence can access services at a hospital or clinic nearest to them.
2. Psychosocial support
 - » It's never too late to seek emotional and psychosocial support
 - » Helps adult survivor to make decisions about reporting to the police
 - » Helps survivor to move on
 - » Involvement of the Department of Social welfare in cases involving children.
 - » Cases can be referred for community based counsellors for long term support
 - » Assists in finding safe shelter for the survivor.
3. Legal/Justice AID
 - Victim Friendly Units – ZRP have been trained on appropriate interaction and treatment of survivors of sexual violence.
 - Department of social services is called in for cases involving children and vulnerable adults as probation officers.
 - Cases of sexual violence can be tried before a victim friendly court.
 - Legal aid service organisations can help survivors through the court process.

27 | Communication between Couples



25 Minutes

Other requirements

- A piece of paper and a pen or pencil for each couple

Purpose

This exercise with the Sisters serves two purposes. The first is that it assist her in understanding the dynamics of being able to communicate effectively with her partner. The second is that it assists her in understanding the dynamics of communicating effectively with her clients. The purpose behind the exercise is to show the Sister how easily conversation can shift a power base, and illustrates the need for her to communicate effectively and clearly all the time.

Outcomes

By the end of the exercise the participants will understand the challenges that couples can face in communicating effectively and the Sisters will identify some strategies for addressing these challenges.

Method

1. Divide the participants into pairs.
2. Ask one of the Sisters to pretend to be the man in the couple and the other Sister to be the woman.
3. Tell the couple that they are not allowed to talk or to communicate with one another.
4. Ask the participants to imagine their dream house. Money is no problem and they can choose to build it anywhere they want.
5. Emphasise that the couple are not allowed to talk to one another.
6. Hand each couple a piece of paper and a pen.
7. Ask the couples to draw their dream house on the paper while they are BOTH using the same pen – and remind them they are not allowed to communicate. Both Sisters must hold the pen at the same time.
8. Allow some time for the couples to draw their houses.
9. Show off the house designs and drawings to the whole group. Point out the funny things in the house, like the wavy lines for the walls and the skew roof.

10. Ask the participants the following:
 - a. How did they feel during the exercise?
 - b. How did they manage to complete their drawing?
 - c. What challenges did they encounter?
 - d. Did one member of the couple “give in” and allow the other to take over the drawing?
 - e. Explain that this was a demonstration of a lack of communication and the problems that this leads to. Ask how couples can improve their communication.
11. Ask the couples if it would have been easier to complete the challenge if they had been able to communicate?
12. Point out the following and facilitate discussion:
 - a. As a sex worker with a partner they often face challenges and it is vital to ensure that communication between themselves and their partner is reliable and ongoing. What problems do Sisters face with their clients?
 - b. It is equally important to communicate effectively with their clients.
 - c. To allow one person to dominate is not effective communication
 - d. To allocate blame or to force behaviour from someone is not effective communication.
 - e. Communications requires listening to the other person as much as you expect them to listen to you.
13. Explain to the Sisters that they need to learn to communicate clearly and effectively with their clients and their partners.
14. Ask the Sisters for some ideas of how they might communicate better with these two groups and encourage them to implement their suggestions.

Hints, Suggestions and Challenges

If you have the space and the resources available, put flipchart paper on the walls and get the Sisters to draw the houses on this paper with marker pens.

28 | Couples HIV Testing



15 Minutes

Other requirements

- A red card
- A yellow card
- A green card

Purpose

Many sex workers have boyfriends. These partners may be aware of the work that the Sisters do. However, if the Sister and her partner are having unprotected sex, both the boyfriend and Sister are in a high risk category for being infected with HIV. Mostly women, including those in 'steady' relationships, have more risk of getting infected from their regular than irregular partners mainly due to 'trust' or wanting to be trusted.

This exercise emphasises the advantages of couples being tested for HIV and for being tested at the same time. Just because a Sister is a sex worker does not mean she and her partner should not be tested for HIV together.

Outcomes

The single objective of this exercise is to encourage Sisters to be tested together with their partners for HIV.

Method

1. Ask for two volunteers. Explain that they are going to perform a simple task.
2. Ask the two volunteers to leave the room, but tell them that they are not allowed to communicate with one another.
3. When they are out of the room, explain to the other participants that you are going to give the two volunteers the same task, but using slightly different language.
4. Ask one of the participants to come back into the room and tell them, that you are going to give them instructions. You will say the instructions only once and then ask them to leave the room again. They must not tell the other volunteer anything.
5. Then say to them "Stick the cards in the corner of the room."
6. Ask the volunteer to leave the room and call in the second volunteer.
7. Tell volunteer 2 that you are going to give them instructions. You will say the instructions only once and they must not tell the other volunteer anything.

8. Say to them "The order of the cards must be yellow, red, green".
9. Call in volunteer 1 and ask both volunteers to perform their task as quickly as possible.
10. After they have finished their task, thank them for participating and ask them to return the cards to you and to join the rest of the participants.
11. Ask for two more volunteers.
12. Hand the second set of volunteers the cards and tell them together, "Stick the cards in the corners of the room, in order yellow, red, green."
13. After they have finished their task, thank them for participating and ask them to return the cards to you and to join the rest of the participants.
14. Ask all of the participants which set of volunteers were fastest in doing their job. Ask which set of volunteers had less conflict or tension in performing their task.
15. Ask all of the participants if you gave different information to the first set of volunteers. (They should answer "Yes").
16. Ask if the information you gave the first set of volunteers was contradictory. (They should answer "No").
17. Point out that sometimes it helps in communication if people can hear the same information at the same time from the same source. This allows them to ask questions and to help one another understand the information better and take collective responsibility about what needs to be done.
18. Ask the participants if they can think of advantages and disadvantages of being tested with their partner. Use the chart on the next page to guide this conversation.
19. Ask the participants if they can think of advantages and disadvantages of being tested with their partner. Use the chart on the next page to guide this conversation. End by pointing out that a Sister owes herself the respect to know her own status even if her partner refuses or does not want to be tested. Encourage the Sisters to get tested regularly.

Hints, Suggestions and Challenges

If you do not have different colour cards available, draw three symbols on a piece of paper (a circle, a triangle and a square) and change the instructions accordingly. You can also use locally available resources for the variation.)

Ensure that you have details of the nearest facilities where couples can go to be tested. Leave this information with the participants at the end of the session.

**Benefits and Risks of a
Woman declaring her Positive Status to her Partner.**

Benefits	Risks
Increased opportunities for receiving social support	Loss of economic support
Improved access to necessary medical care	Blame
Increased opportunities to discuss HIV risk reduction with partners	Physical and emotional abuse
Increased opportunities to carefully and thoughtfully plan for the future	Stigma and discrimination
	Disruption of family relationships
	Abandonment

29 | Living in a Sero-Discordant Relationship

Purpose

This exercise introduces the concept of sero-discordant couples, and the fact that couples in this situation can continue to have a safe sexual relationship. The exercise shows that condoms and anti-retroviral treatment both play a role in ensuring the safety of this sexual relationship.

This exercise is aimed at the Sister who may be in a sero-discordant relationship with her partner.



15 Minutes

Outcomes

At the end of the exercise the participants will be aware of the existence of sero-discordant couples and at least two mechanisms that these couples can practice to have a safe and healthy sexual relationship.

Setting

It might be best to run part of this exercise outside.

Other requirements

- Two plastic bags
- One tennis ball, or a ball of newspaper
- A small bucket of water
- A rag or a small towel

Method

1. Ask for two volunteers; explain that they are going to be throwing a ball to one another.
2. Explain that the two people are sexual partners (not sex worker and client) to one another.
3. Ask the couple to throw the ball backwards and forwards between them.
4. As a couple they have a regular and healthy sex life. Explain that throwing the ball backwards and forward between the two represents the couple having sex.
5. Explain that one of the couple begins to feel sick, gets tested and find out that they have HIV.
6. Submerge the ball in the water and ask the couple to throw the ball backwards and forwards to one another.
7. Explain that the water represents the HIV infection and it can be easily transmitted through sex.
8. Ask the group what the couple can do to prevent the uninfected partner from contracting HIV. (If the participants' level of knowledge about HIV is high, the chances are the participants will respond that the couple should use condoms).

9. Ask the “HIV negative” partner to place the plastic bags on her hands.
10. Now submerge the ball in water again and ask the couple to throw the ball backwards and forwards to one another.
11. Show how the plastic bags prevent the person’s hands from getting wet, and explain that a condom prevents the transmission of HIV and other STIs.
12. Ask the group if there is anything else the couple can do to prevent the uninfected partner from contracting HIV.
13. Explain that the infected partner can take medicine to reduce the amount of virus in her body.
14. Explain that if the water represents the virus in the infected person’s body and they are taking the medicine correctly, then the amount of virus in the body drops.
15. Discard most of the water from the bowl so that the water cannot drip but only make the ball slightly wet and dip the ball into the remaining water.
16. If necessary, dry the ball with the rag or towel.
17. Ask the couple to throw the ball backwards and forwards to one another.
18. Show how there is little chance of the HIV negative partner getting wet, especially if they still have plastic bags on their hands.
19. Thank the volunteers for their participation.
20. End the demonstration by pointing out that a combination of measures, including taking medicine and using a condom, can substantially reduce the risk of transmitting HIV amongst discordant couples

Hints, Suggestions and Challenges

Ask the Sisters if they know their HIV status and the status of their partners. Ask if they know where they can get tested, and encourage them to make an appointment to get tested together.

30 | Let Me Make This Clear!

In a situation where a Sister is complaining about how she struggled to negotiate with a client, or how she had a disagreement with her partner, mention that one of the sessions you run is about communicating clearly and the Sister might want to attend.

Teaser

Purpose

Sex workers often have to bargain and negotiate. One of the tools they can use to improve their skills in this area is to understand the different types of communication they could use.

Often people restrict their communication styles to weak or passive communication where they just accept what they are told or aggressive where they argue with the person asking them to do something. In a sex worker's life, weak communication would mean that they are always going to be taken advantage of. Aggressive communication could result in them being beaten. Assertive or strong communication communicates a message honestly while respecting the receiver of the message. In negotiating prices, condom use or stating their rights, sex workers need to make use of assertive communication.



30 Minutes

Setting

Space for the Sisters to work in pairs

Other requirements

- Flip Chart
- Read the background reading on assertiveness before the session.

Outcomes

The participants will be able to distinguish between assertive, weak and aggressive communication and will be able to practice the assertive communication skills.

Method

1. Group the Sisters into pairs.
2. Ask one of the members of the pair to make a fist.
3. Ask the other member of the pair to try to open their partner's fist for the next 30 seconds, using any means possible without causing any injuries.
4. Swap the roles between the partners and replay this activity.
5. Ask the participants to report back on their techniques and whether anyone opened their hand.
6. Separate the techniques used into helpful and unhelpful. In other words which techniques worked and which did not.

7. Group pairs of people together into three of four groups.
8. Explain to the Sisters that we use different techniques to communicate our needs. Our communication with others can be Weak (You win - I lose), Strong (You win - I win) or Aggressive (You lose - I win). Give the Sisters examples and help them to distinguish between assertive, non-assertive (passive) and aggressive messages.
9. Demonstrate these three styles by asking for a volunteer. Explain that you need some help with cleaning up the kitchen and that the volunteer is your Sister. Turn to the volunteer and demonstrate the following:
 - » Weak communication "I really don't think I can do this, I wish I had someone to help me."
 - » Aggressive communication "You better help me with this or I will tell Dad about what you did last week."
 - » Strong communication "I really need some help with this and it will go quicker with two of us. Please could you help me?"
10. Thank the volunteer and ask her to sit down. Ask the Sisters to gather in their groups to quickly discuss the three types of communication.
 - a. Ask the Sisters to think of the last time they negotiated with a client. What type of communication style did they use?
 - b. Could they have achieved a different result if they had used another style?
 - c. Ask them to pretend to communicate the same message to their client using a different communication style.
11. Get feedback from the groups and make sure that the Sisters can clearly distinguish between the three types of communication.
12. Ask the Sisters to get into their pairs again and to repeat the hand opening game. This time ask them to now use assertive communication to get their partners to open their hands.
13. Ask the Sisters to reflect on their regular communication styles. Do they use weak, strong or aggressive communication? Do they use certain styles of communication with certain people? Do they use a different style with their partner and their clients? Do they use a different style with their family? Do they need to make changes? Ask them to observe their own communication habits over the next week and make a decision about changing the habits, if it is needed.

Hints, Suggestions and Challenges

In the opening of hands game, some Sisters may have used physical means (physically trying to get their partners to force open their hands, or even tickling them to get them to relax their grip), some may have used verbal means (from politely requesting to ordering, to threatening). Others may have made promises. Try to draw out the distinctions between the types of means used. If one form has not been used, ask why?

- Weak communication never requests it simply states the problem
- Aggressive communication threatens and orders
- Strong communication identifies the issue, identifies or suggests a solution and requests assistance.

31

Let's COMMUNICATE!

Ask your Sister whether they would like to improve how they communicate with their families, their partners and their clients.

Teaser

Purpose

This session builds on the session "Let me make this clear!", so make sure you have run this session first. In the previous session the Sisters were exposed to different types of communication. In this session they will be exposed to the steps to take to develop an assertive communication message.



50 Minutes

Outcomes

To learn about and practice the skill of assertive communication

Setting

Space for the Sisters to practice and perform short dramas.

Method

1. Welcome the group and reflect on the lessons learned from "Let me Make this Clear". Ask the Sisters to share the different types of communication and give examples of each from their own experience.
2. Ask any of the Sisters if they have tried experimenting with different types of communication.
3. Recap on the differences between assertiveness or strong communication and aggressiveness.
4. Before the session starts write the parts of a strong message on the flip chart.
5. Refer to the flip chart and explain that there are four parts to a strong message:
 - » "I feel..." Here you describe your feelings or emotions.
 - » "When you ..." at this point you describe the action of the person you are speaking to. What did they do to make you feel the way you do
 - » "Because..." Here you express why their action causes you to feel that emotion
 - » "And I would like..." here you make a request of the person you are speaking to.

Other requirements

- Flip Chart
- Read the background reading on assertiveness before the session.
- Remember, to successfully complete this session you must have already completed "Let me make this clear!" with the Sisters. If some of the Sisters have not managed to attend the first session, you may have to summarise it.

6. Using the examples under hints and suggestions read out the first part of the message and get the Sisters to make suggestions as to the second part, then read out the third part of the message and ask the Sisters for suggestions to end the sentence.
7. Ask the Sisters to break into groups of four or five.
8. Hand each group an “assertiveness role play” card.
9. Tell each group to dramatize the situation. Each drama should not be longer than 3 minutes.
10. They must show a character displaying incorrect behaviour (either aggressive or weak communication) and then another character displaying correct assertive behaviour.
11. Allow groups 10 minutes to prepare
12. Have the groups perform their plays for the rest of the Club
13. Ask the Sisters to remain in their groups for this discussion.
14. Summarise each drama and ask the Sisters to point out which characters in the other plays used assertive communication and which did not.
15. Ask the groups to come up with alternative assertive messages that the characters could have used.
16. Make sure that each of these messages includes all four parts of an assertive message.
17. Point out that there is not necessarily one correct strong message, but there is a correct method of constructing a strong message.
18. Encourage the Sisters to use assertive communication in working with their clients, rather than aggressive communication.
19. Point out that assertive communication can also be used when communicating with the police and other officials.
20. Ask the Sisters to take note of how they interact with other people in the next week. Ask them to think of assertive messages that they could have communicated. Ask them also to remember times when they used strong communication methods.

Hints, Suggestions and Challenges

Read through the background reading on Strong Communication in preparation for this session.

Some examples of assertive communication messages are:

- I feel frustrated when you make these types of excuses to not use a condom, because you are a regular client and I want to make sure you and I are protected.
- I feel angry when you offer me a price that you know is too low for the service you want. You know that I am worth more than that and I would like the price I asked.
- I feel disappointed when you refuse to treat me because it does not matter how I earn money, I deserve medical attention.
- I feel disappointed when you don't keep your promises to me because I regard you as someone that will keep their word, and I want you to only make promises that you will keep
- I feel frustrated when you come to arrest me on a pretend charge and then try to have sex with me. You think that I do not know what is right and wrong. Rather leave me to conduct my business in peace.

Assertive Communication Role Play

A client is treating you with disrespect and refuses to use a condom.

The nurse at the clinic discusses your medical problems with you in a room with other patients.

Your partner arrives late. When you ask him about it, he always says that it is none of your business.

A fellow Sister accuses you of stealing one of her clients.
She starts screaming at you in the night club.

A teacher denies your child access to the school because he knows what you do to earn money.

The nurse at the local clinic does not want to treat you because she knows what you do to earn money.

Background Reading for Strong Communication

- People who use **assertive communication** state their needs, wants, opinions, feelings and beliefs in direct, honest and appropriate ways: “You win – I win”
- People who use **weak communication** do not state their needs, wants, opinions, feelings and beliefs at all, or state them in a way that makes it easy for others to disregard them: “You win – you lose”
- People who use **aggressive communication** ignore or dismiss the needs, wants, opinions, feelings or beliefs of others, or express their own needs or wants in inappropriate ways: “I win – I lose”

Reasons for using **weak communication**

- being afraid of appearing unable to cope
- being afraid of being seen as negative
- wanting to please others
- being lost for words
- not wanting to create a scene or make a fuss
- believing that they cannot change anything

Reasons for being **aggressive**

- feelings of frustration or annoyance
- other approaches have not worked
- being under pressure
- emergencies or stressful situations
- hiding one’s own faults or limitations

Reasons for using **assertive communication**

- to complete what we need to do (to get results at work and at home)
- to protect our own interests
- to maintain a happy and co-operative home and working environment
- more people’s needs can be met
- to lead to a win-win situation

1. Rule 1: Decide what you want

Take time to decide. Don't rush your decision, even if you are put into a situation that you are not prepared for. Think, breathe deeply, and relax. Decide what you want. Don't let others decide your mood or position.

Remember that assertive communication results in a win-win situation (where both parties benefit). This may mean that you do not get all that you want, and perhaps have to settle for slightly less. Decide on what you would like, ideally. This is your ideal. Then decide on the minimum that you would settle for. This is your fall-back.

2. Rule 2: Say it clearly and specifically

Don't be vague. Don't hint. Be brief and direct without being abrupt or rude. Indicate to others around you what you want. Clearly stating your requirements helps to ensure that other people understand. Saying what you need or want means that you need to start your statements with '**I**'. These are known as 'I - statements' which are specific ways of stating how we respond personally to a situation. They say **what** we feel and **why** we feel that way. **I** - statements help us to defend our rights. **I** - statements help us to communicate assertively by saying what we really feel. Remember that there is a fine line between making an assertive statement and attempting to impose our values on another person. **I** - statements allow us to express our wants, needs and feelings in a non-threatening way. An **I** - statement is an opening to a discussion. It will help lead to problem resolution.

A complete assertive message will have the following elements:

1. It always starts with "**I**..."
2. Describe exactly, to the point, **what** your needs are or what is bothering you e.g. "I do not like it when you are late for an appointment"
3. Explain **how** you feel, e.g. "It makes me angry"
4. Explain **how** the other person's behaviour impacts on you, e.g. "It causes me to be late for my other appointments"
5. Suggest **alternative** behaviour, i.e. "I would appreciate it if you could let me know that you are going to be late so that we can re-schedule our appointment"

We use assertive behaviour when we:

- Stand up for ourselves without putting others down.
- Respect ourselves and the other person.
- Say our thoughts and feelings clearly and honestly; say “I” think and “I” feel.
- Stick to our values and principles.
- Match our words to our body language.
- Act confident but respectful.
- Accept praise and feel good about ourselves.
- Accept suggestions for making ourselves better and learn from them.
- Say “no” without feeling bad.
- Disagree without getting angry.

We behave in a weak way when we:

- Take no action to stand up for ourselves.
- Give in to what others want.
- Remain silent when we disagree or feel unhappy about something.
- Put up with anything.
- Say “sorry” a lot.
- Hide our feelings.
- Do not start something new in case we fail.
- Allow others to make all of the decisions.
- Follow the crowd and give in to peer pressure.

We show aggressive behaviour when we:

- Take action with no thought for the other person.
- Say we will do something bad to a person to get what we want.
- Put ourselves first even though others lose.
- Make demands without listening to other people’s ideas and needs.
- Become angry quickly when others disagree with us.
- Shout, push, or physically force people.
- Make people feel that they need to defend themselves.
- Make people look small so that we look big.

32 | Refuse, Delay or Bargain

Purpose

The skill of negotiation is as much about knowing when to speak and when to be silent, as it is about knowing what to say and how to say it. This exercise demonstrates that there are various appropriate responses to situations that a Sister can use – outright refusal being only one of them.

Sometimes it can be dangerous to refuse, but it can also be dangerous to comply with the request. This exercise shows that there are other options available, if you are skilled at communicating.

This is a learned skill and the Sisters need to have space and time to be able to practice these skills. Although the exercise itself only takes about 45 minutes, it is suggested that the portion of the exercise that allows the Sisters an opportunity to practice, is repeated at another time, to allow them to develop these skills in a safe environment.



45 Minutes

Setting

Space to move around

Other requirements

- Situation cards
- Cards: REFUSE, DELAY, BARGAIN

Outcomes

Having learned the skills of strong communication, the Sisters may now be positioned where they will need to defend their opinion. In this exercise the Sisters will learn skills that will enable them to effectively respond to arguments by either refusing, delaying or bargaining.

Method

1. The Sisters are aware that people will not always agree with them when they are assertive. In fact they may interrupt them or try to persuade them to do something they don't want to do. Therefore, it is important for the Sisters to learn how to respond to these situations.
2. Explain that there are a number of ways that people try to win arguments or convince you to do things. Write the bold words below on the flip chart and provide examples to the Sisters.
 - » Put you down e.g. "You are just afraid"
 - » Argue e.g. "Why not? Everyone's doing it."
 - » Threaten e.g. "Do it or else. I can hurt you if you don't. Then I will go to someone else"
 - » No problem e.g. "Nothing will go wrong, don't worry"
 - » Reason e.g. "You owe me. I have been a client for a long time"
 - » Getting off the topic e.g. "You have nice eyes. I like you when you are angry"
3. Explain that in all cases when a person is trying to distract them from their assertive message it is important to get back to the topic.
4. Ask the Sisters to split into pairs and then to choose one of the pair as "the arguer".

5. Explain that it is the job of “the arguer” to distract her partner from her message. The situation is that the Sister wants to go home to her children, but that her friend, the arguer, wants her to go drinking. The Sister has made a suggestion that the two friends go for a drink on another day when she has arranged something for her children.
6. Tell the Sister that she must experiment with ways to keep the discussion in track while the arguer can use the examples on the flip chart to try and distract her from the argument.
7. Give the pairs five minutes to go through this exercise.
8. Ask the Sisters to share some of the methods they used to keep the discussion on track.
9. After writing the suggestions on the flip chart make sure it includes the following suggestions:
 - » “Please let me finish what I was saying”
 - » “Please don’t stop me until I’m finished”
 - » “That’s fine, but please listen to what I have to say”
 - » “I know you think ... but let me finish what I was saying.”
10. Explain to the participants that when another person tries to persuade you to do something you do not want to do, you could: (Write the bold words on the flip chart and give examples).

REFUSE - Say no clearly, and if necessary, leave.

- » No, no, I really mean no
- » No thank you
- » No, no and I’m leaving

DELAY - Put off a decision until you can think about it.

- » I’m not ready yet
- » Maybe we can talk later
- » I’d like to talk to a friend first

BARGAIN - Try to make a decision that both people like.

- » Let’s do ... instead
- » I won’t do that, but maybe we could do ...
- » What would make us both happy?

11. Explain that these actions follow on from giving an assertive or strong message. After the message, if the process continues, it is time to take action.
12. Ask the Sisters to divide up into four groups. (1, 2, 3, 4)
13. Hand each group one of the situation cards.
14. Ask each group to develop an assertive message to resolve the situation on the card.
15. While they are developing their messages, place the Refuse, Delay and Bargain cards at different points in the room.
16. When the groups have finished developing their message, ask group 2 to stand at the Refuse sign, ask group 3 to stand at the Delay sign and ask group 4 to stand at the Bargain sign.
17. Ask Group 1 to read out their situation card and to demonstrate their assertive message.
18. Ask groups 2, 3 and 4 to quickly design a drama that will show the action on their card in response to Group 1’s message. Group 2 will show how to Refuse, Group 3 will show how to Delay and Group 4 will show how to Bargain.
19. After all the groups have shown their drama, rotate the groups (Group 3 moves to Refuse, Group 4 moves to Delay, Group 1 moves to Bargain and Group 2 reads the situation card)
20. Rotate through all the groups so that all groups have a chance to demonstrate all types of responses.

Situation 1

A Sister wants to introduce you to a new client, but you already know he has a bad reputation. She says “You are not afraid, are you?” and pulls a face.

Situation 2

Your boyfriend wants to have sex. You love him but you have just found out you have an STI and are being treated for it. Sex now will impact on the treatment and likely infect him willfully. He says, “You’re just scared. If you really loved me, you’d show it.” Although you are afraid it will end the relationship, you decide to tell him that you are not interested in sex at the moment.

Situation 3

Your client has just been paid and is flashing money around. He wants you to do something you are not prepared to do, and after explaining this to him, he threatens to hurt you if you do not comply.

Situation 4

A policeman recognises you from a raid that he was involved in earlier in the month. You are with your children and your family. He asks for sex for free and when you refuse, he threatens to tell your family what you do for a living unless you agree to sleep with him.

Refuse

Delay

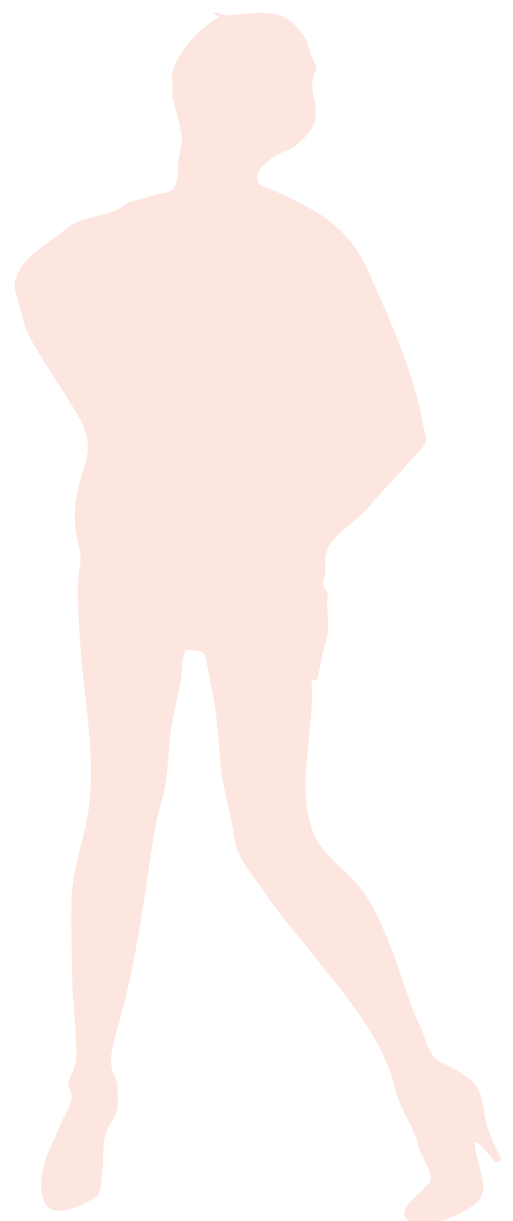
Bargain

Section Three

Looking after Your Sisters

The exercises in this section focus on the world beyond the individual sex workers and her clients. They focus on the community of sex workers that often have informal webs of support. The purpose of these is for the Sisters to recognise the value of these support mechanisms and to draw on them for a variety of reasons including advocacy for better health care, enforcing their call for the rights of themselves and their children and for encouraging one another in an often unstable and unpredictable environment. There are also a number of exercises that focus on the rights of the Sisters and explain some fundamental steps that Sisters should take if they want to advocate for their rights or for changes to the way they are treated.

There are often few members of the community that will stand for the rights of the sex worker and her children, so often the Sisters need to stand together. These exercises will help the community of Sisters to begin to do just that. Remember “Together we stand, divided we fall”.



33 | Ground Rules



45 Minutes

Setting

Enough space for Sisters to sit in a circle.

Enough space for all the Sisters to sit as pairs.

Other requirements

- Flip chart

Purpose

This activity is to ensure that all the Sisters know and understand how they are to conduct themselves during sessions. The Sisters themselves decide on the rules and with some help and guidance from you as the facilitator, they can agree on what type of behaviour is important.

Outcomes

To agree on behaviour that is acceptable and not acceptable within the Club.

Method

1. Welcome the Sisters, and if this is the first time the group is gathering briefly explain the purpose of the meeting. Explain that you are all Sisters and that they can speak openly and freely within the group.
2. Gather the Sisters into a circle and while they are seated ask them to imagine playing a game of netball.
3. Ask the Sisters what would happen if:
 - » There was only one scoring net.
 - » There were three balls in play at once
 - » One side has four times as many players as the other.
4. Ask them what they think makes the game fair. The answer is the rules and the fact that everyone agrees to play by the rules.
5. Explain that the same process happens whenever people get together. We decide as groups of people what the rules should be.
6. Ask the Sisters to mention places where people make rules to monitor behaviour. Some suggestions are: Church – different churches have different ways of doing things; workplaces – we all agree what time work starts and ends; home – each family has a way of doing things; sports Clubs – rules are made as to which teams are allowed to play against one another.

7. Explain that they are allowed to make up the rules that govern these sessions. These rules need to be agreed to by everyone and should not isolate or exclude anyone.
8. Ask the Sisters to pair up and to think of four or five rules that they think are the most important for running sessions like this.
9. Allow the pairs some time to discuss this and come up with suggestions.
10. Get feedback from the pairs, making sure that each Sister has an opportunity to speak.
11. As the Sisters give feedback record the rules on the flipchart.
12. Once everything has been recorded, you will need to:
 - » Delete duplicated rules
 - » Discuss rules that contradict one another
13. Make sure that the following are included:
 - » Respect one another's opinion and experiences
 - » Don't talk when someone else is talking

Hints, Suggestions and Challenges

You may want to introduce a "talking stick" that allows only the person that is holding it, to talk. The stick gets returned to the facilitator when the person has finished talking. The stick can be an actual stick or a rolled up newspaper or something similar.

You may want to revise these rules from time to time as the community grows or as different Sisters join.

34 | My Sisterhood



45 Minutes

Setting

Enough space for Sisters to sit in a circle.

Enough space for all the Sisters to sit as pairs.

Other requirements

- Flip chart

Purpose

Behaviour change does not occur within a vacuum, and those people changing their behaviour often need the support of others, who can understand their situation and their options.

This exercise is a short session that demonstrates the level of interdependence that the Sisters have with one another, even if they are simply working in the same area. It is a foundation exercise that should be done if the Sisters are interested in forming some type of community for support, whether to seek a healthier lifestyle, better conditions for their children in school, better treatment from the health services, or less harassment by the police. This exercise does not build the community, but is a first step in forming one.

This is a good exercise to run as an opening session with a lot of new Sisters attending. It visually demonstrates part of the purpose of the Sisters getting together.

Outcomes

The exercise will allow participants to recognise the interdependence of the individual Sisters in the group.

Method

1. Ask for five or six volunteers and as they step forward give them a name tag.
2. Ask the volunteers to stand in a circle
3. Ask the delegates to display the cards with their roles.
4. Explain that you are going to read a story. As you read a character's name the Sister who holds the string must hold onto the string or wool and throw the ball of string to the person playing that character.
5. Give the ball of wool to Maureen and as you tell the story get the participants to throw the ball to the next role player that you mention, while still holding tightly onto the wool.
6. The wool gets thrown between the participants as their characters' names are read out. This creates a web of relationships.

7. At the end of the story tell people to keep hold of their string, and to step back as far as they can.
8. This should make the “web” tight.
9. Show how tight the string is and comment on how connected everyone is – even if sometimes the relationships between people are strained. Everyone is dependent on one another in this unit.
10. Then tell everyone to keep hold of their string, but say that Maureen leaves town.
11. Ask Maureen ONLY to drop their string.
12. Then ask everyone to try and move further backwards. They should be able to take one or two steps backward.
13. Ask people to make observations about what has happened. Ask what people feel about what they see has happened.
14. Point out that as a result of only one person leaving, the whole fabric of the community is looser and people are now further apart.

Hints, Suggestions and Challenges

You have to have at least three people to run this exercise properly. One of these people must be allocated the role of Maureen.

Maureen

Queen

Mercy

Thoko

Ruvimbo

Fadzai

Story for My Sisterhood

Maureen looked around. It was cold. The wind whipped around her ankles. She stood in the semi-darkness looking for a client. Part of her wished no one would arrive so that she could just go home. But she knew if she went home there would be no food for her or her daughter Ruvimbo. The street looked deserted but she knew that she was not alone. A block away Mercy would be standing in the doorway hugging her pink jersey around her. And around the corner Thoko would be calling out to passing cars in the hope of earning enough to buy another bottle of beer.

Maureen thought about her friends. Mercy had been her mentor when she first entered into the market. She was the one that introduced her to the Queen, the one that told her which clients to look out for and which were OK, the one that persuaded the others to let her ply her trade. Especially Fadzai. Mercy and Fadzai had screaming matches with one another over Maureen. Maureen was not sure at the time why Mercy was so helpful, but over the years she had learned that Mercy had thought Maureen looked ill and desperately needed help.

That was not surprising. She had just given birth to Ruvimbo and it had not been an easy pregnancy or delivery. She had lost a lot of blood and should have been resting, but there was no one to help her now, and she had to do something. That had been four years ago.

Even Fadzai had calmed down in that time. Maureen thought the Queen had said something to Fadzai, not that it mattered now. Fadzai was ill and no longer walked the streets or sat in the bars looking for business. Maureen and Mercy had taken her some food every week when they found out she was ill, but they all knew there was nothing much they could do.

Maureen wondered about Thoko and how long she had before her next bottle became her last bottle. So many people had come and gone.

Maureen's thoughts were interrupted as a car drew up with the face of a regular client behind the wheel. "Ah!" thought Maureen, "There will be food on the table tonight."

35

Can I Help You?



45 Minutes

Setting

Space for the Sisters to walk around

Other requirements

- Two items that can be used as place markers, e.g. chairs or stones.
- A blindfold

Purpose

The purpose of this exercise is to show the Sisters how sometimes assistance or helpful advice can sometimes be confusing, and how there are other ways in which to assist people, but they require commitment.

Outcomes

Sisters will learn that helping people can take a variety of forms and that sometime too much help can be confusing.

Method

1. Place the two chairs some distance apart.
2. Ask the Sisters to stand in one circle surrounding both chairs.
3. Ask for a volunteer.
4. Explain to the volunteer that she needs to walk from one chair to the other, but that you are going to blindfold her.
5. Explain to the Sisters that they are to keep absolutely quiet and not whisper or say a word while the volunteer is walking from one chair to the other.
6. Take the volunteer to one chair, blindfold her, spin her around three times and face her towards the other chair and ask her to walk.
7. She will likely stagger in the direction of the other chair but will not reach it.
8. Thank the volunteer and let her sit in the chair to recover, but do not remove the blindfold.
9. Ask her how she felt during the exercise, (Alone, isolated, abandoned, scared, etc.)
10. Now explain to the Sisters in the circle that the volunteer is going to repeat the exercise and they are to shout direction and encouragement to her.

11. Repeat steps 6 – 8 while the Sisters shout directions.
12. Ask the volunteer how she felt during this exercise. (Confused, overwhelmed, disoriented, etc.).
13. Now explain to the Sisters in the circle that the volunteer is going to repeat the exercise, but ask for a second volunteer.
14. Explain that the job of the second volunteer is to assist the first volunteer reach the chair by guiding her through words and touch. If necessary they can even hold hands or one can hold the other's arm.
15. Repeat steps 6 – 8.
16. Ask the volunteer how she felt during this exercise. (Guided, assisted, confident, self-assured, etc.).
17. Divide the Sisters into smaller groups of four or five.
18. Explain that often when we face difficulties we feel as if we are blindfolded. We cannot see all the facts or solutions because we are blinded by emotions and by the situation. This is where friends who are not blinded can help.
19. Ask them to reflect on the exercise and to discuss the differences in the three exercises. Ask them to think about the following:
 - a. Which type of assistance was most helpful?
 - b. Which type of assistance do we as Sisters give?
 - c. What has to be in place to provide the third type of assistance?
20. Get feedback from the groups and summarise
21. End the session by pointing out that sometimes we think we are helping when we are just shouting from the side-lines. Sometimes we think we are helping and we are just keeping quiet. However, for the third type of assistance to work there needs to be a trust relationship between the people, and the person doing the helping has to know what she is doing. Imagine if she was also blindfolded!
22. Encourage the Sisters to try and offer assistance to their friends, family and fellow Sisters, by walking with them towards a solution and not simply shouting advice. Suggest that if any of the Sisters are facing a problem where they feel they are blindfolded to ask for help from someone they trust.

36

Understanding Stigma



45 Minutes

Setting

Large enough space for participants to move around.

Other requirements

- Stickers with descriptions on them. Every person should have a sticker. If you need to make duplicates of the roles identified in the Hints section.

Purpose

Often stigma is associated with HIV, but as this exercise shows, people can be treated differently, for a variety of reasons. One way of understanding the impact of stigma is to experience it. This exercise allows some of the participants to experience exclusion and stereotyping in a safe and non-threatening manner.

While sex workers are often stigmatised, this does not mean that they are not capable of stigmatising others. As a process of forming a community of support it is important that the Sisters learn to understand and deal with both stigma for which they are responsible and that which they experience externally.

Outcomes

By the end of the session participants will be able to identify stigma and discrimination and develop strategies to mitigate and confront stigma within and outside the sex worker communities.

Method

1. Ask the Sisters to stand in a circle facing inwards.
2. As you move around the circle place a sticker on each Sister's back.
3. Explain the following:
 - a. Individuals will not be able to see their stickers, but everyone else will be able to see it.
 - b. Everyone will treat them as they would treat a person described on the sticker.
 - c. Tell the Sisters that they are not allowed to tell anyone what the sticker on their back says.
 - d. At the end of the game everyone will have to guess the person their sticker describes.
 - e. Ask the Sister to mingle and walk around. As they mix with others, ask them to be aware of how people are treating them.
4. Make VERY sure that ALL the participants understand the instructions and start the game.
5. Give the Sisters three or four minutes to mix with one another.
6. Call an end to the game and ask the Sister to sit in a circle.



7. Ask each of the Sisters if they can guess the description written on their sticker.
8. As the Sister guesses, pull the sticker off and see if they were correct.
9. Ask the Sisters how they were treated during the game and how this made them feel.
10. Ask the Sisters what they think the meaning of stigma is and record their ideas on the flipchart, e.g. condemning others, shaming and blaming, isolating or rejecting, turning our backs, treating as different, treating as outcasts, etc.
11. Explain that we have been socialised to stigmatise others – to judge or devalue them. We are often not aware that we are stigmatising.
12. Point out that as Sisters
 - a. we are often the subject of stigmatisation. For example we might be limited in our access to legal or health services or from accessing accommodation or our children might be barred from school activities. This is not allowed and as Sisters we must learn to communicate our needs and rights assertively.
 - b. this does not mean we do not discriminate against others as well – even within our own circle.
13. Stigma is when we look down on another person as being bad in some way; we assign negative labels to the person and don't value her.
14. Stigmatisation is a process.
 - a. We identify and name the differences in someone.
 - b. We make negative judgments about a person.
 - c. We isolate or judge/ridicule the person – separating “them” from “us”; and the person who is stigmatised (isolated and judged) loses status.
 - d. We can make these judgements about ourselves – this is called self-stigmatisation.
15. Discrimination is the action resulting from stigma when a person is treated differently (e.g., fired from work, kicked out of accommodation or school, stopped from attending meetings, not allowed to use the village bore hole).
16. Ask the Sisters to break into smaller groups of three or four and to quickly discuss where they think they might be responsible for stigmatising others.
17. Then ask the participants what they as a community can do to reduce stigma for which they might be responsible.

Hints, Suggestions and Challenges

Be aware of the fact that your participants will probably want to share the effects that stigma has on them. Allow these discussions, keeping your time limits in mind.

Some examples for the stickers include:

A pregnant woman	An old woman
A policeman	A young woman
A preacher	A teacher
A soldier	A film star
A client	A beggar
A neighbour	

37 | Confronting Stigma



40 Minutes

Setting

Logistically it might be better to play after a break to allow the facilitator time to hide the objects.

Other requirements

- Four small green cards to hide within the room

Purpose

Following from the session “Understanding Stigma”, this exercise opens up the opportunity for the Sisters to begin developing strategies to deal with stigma within their community.

Outcomes

The participants will begin explore the unfairness of judgements against whole groups of people and to develop strategies to guard against this within their own community.

Method

1. Divide the participants into two groups.
2. Explain that anyone who speaks during the game will be disqualified. If two people are caught speaking, the team automatically loses. Instructions will be given to each team separately.
3. Call Team 1 together. Explain that they will have to listen carefully because you will give the instructions only once. They should not interrupt while you explain the rules and there will be no talking during the game or the team will be automatically disqualified. Using very difficult language and in a very quiet tone, explain that several articles have been hidden in the room. The object of the game is to uncover them within the five minutes allotted without talking to anyone.
4. Call Team 2 together in a tight circle and in a whisper; tell them that you have hidden four small green cards around the room. The team which uncovers the four objects first, wins. Be careful not to let the other team hear.
5. The game is over when Team 2 recovers all the objects. Praise Team 2 for winning. Scold Team 1 for not being able to complete the task. Let a few minutes pass for them to begin to feel the feelings associated with being blamed.

6. Confess that Team 2 was given answers at the start of the game and that you were only role- playing to illustrate a certain point. You wanted them to feel how it feels to be blamed for not achieving even though the other team had an unfair advantage and conditions were not equal.
7. Ask the Sisters in Team 1 to make suggestions as to how the game could have been played more fairly.
8. If possible, write these suggestions on the flipchart and point out that they relate to re-writing the rules of the game.
9. Get both groups to discuss whether there are any “rules” in society that disadvantage sex workers.
10. Is there anything the group can do to “level the playing field”?
11. After getting feedback from the Sisters make the following suggestions:
 - a. Indicate that it is up to each and every one of us to confront stigma when we see or hear it in our homes or communities.
 - b. Suggest that one of the most powerful ways to combat stigma is to challenge stigmatizing statements that we might hear.

Hints, Suggestions and Challenges

Ideas for levelling the playing field might include:

- Not ostracising someone who is thought to have HIV in the community
- Supporting a Sister who has HIV or has an HIV positive family member.
- Supporting a Sister who might be “left out” by the community for another reason.
- Making sure that people who are HIV positive are invited to community meetings.

38

We are Stronger Together



25 Minutes

Setting

If the bottles you use do not close properly, it might be a good idea to hold this session outside.

Other requirements

- Two spools of sewing thread or balls of wool
- Two one litre bottles of water
- Two chairs

Purpose

In many of the sessions in this section, we have concentrated on the collective strength of the sisters, supporting one another. In this session we take this concept one step further and point out that by acting together Sisters can achieve more than by acting individually. This is called collectivism or collectivisation. For example, collectivisation can be used to promote the sisters seeking to enforce their rights, or acting collectively to promote condom use amongst all their clients.

There are various ways in which this can be done, and these methods are best explored in the local situation.

Outcomes

The sisters will understand the importance of acting together to benefit all of them.

Method

1. Divide the sisters into two teams and give each team a bottle, a chair and a ball of wool
2. Ask them to place the bottle on the floor at the side of the chair
3. Explain that the job of their team is to lift the bottle to the height of the highest point of the chair using only the wool.
4. Ask them to attach one end of the wool onto the neck of the bottle and to lift the bottle to the highest point of the chair.
5. The wool should break and the bottle will fall back to the ground.
6. Ask the sisters to solve this problem in their teams.
7. Applaud the team of sisters that is first to find the solution.
8. Explain that
 - » The one strand of wool is like a single sister trying to do something on her own.
 - » All of the strands of wool are the same – and none of them will manage to do the job on their own.

- » However if the strands are joined together then they are stronger, and can achieve the goal.
 - » Similarly if the Sisters decide to join together to stand up for their rights, or to negotiate condom use or to advocate for a change in the local environment, they are more likely to succeed if they act together.
9. Encourage the Sisters to work together if they want to achieve a change in their situation.
 10. End this session with a planning session about the next steps of working together, and ensure that responsibilities for the steps are allocated to someone specific within the group.

Hints, Suggestions and Challenges

The problem is easily solved by joining multiple strands of wool together and tying them to the neck of the bottle. In some cases the team might choose to weave or plait the strands together to make them even stronger.

You might choose to use this exercise to promote Sisters working together in a variety of ways including; standing together to advocate for legislative change, working together to help one another regarding child care, assisting one another in dealing with difficult clients, forming a common front regarding condom use with all clients. In any of these cases it would be useful to end the session with a clear indication of the next steps that the Sisters need to take to make this idea a reality.

39 | Safe Spots



20 Minutes

Setting

Enough space for small groups to work independently.

Other requirements

- Pieces of flip chart paper for each group
- Pens or pencils for each group
- Community Resources Survey Form

Purpose

Sex workers may often feel threatened for a variety of reasons. If this happens, sometimes they simply need a place to go and “be safe”. This might be for a short period of time, or for longer. It is unlikely that all community safe spots will welcome Sisters so through word of mouth the Sisters might have their own spaces where they feel safe and supported. This exercise helps them share these places with one another, and helps them assess the safety of these spaces.

It is important that this exercise is not focussed on safe spots where the Sisters can entertain clients, but rather safe spots that they can go to when they feel threatened.

Outcomes

To identify official and unofficial “safe spots” within the community that the Sisters can access if they need to and to identify areas where the Sisters do not feel safe.

Method

1. Ask the Sisters to divide themselves into smaller groups according to where Sisters live or work in the same area.
2. Give each group a piece of flipchart paper and a pen. If you don't have paper and pens, the groups can draw on patches of ground with sticks.
3. Ask each group to draw a map of their community. The map should cover all the main locations in the community that the Sisters will see or use regularly. (Clubs, bars, church, market, store, their houses, houses of friends, beauty parlour, liquor store, garage, factories, etc.)
4. The map does not have to be to scale.
5. Give the Sisters 15 minutes to draw their maps and then ask the groups to present their maps to the Club.
6. After all the groups have presented, give each group three minutes to make adjustments to their map to include things that they might have forgotten and were presented by other groups.
7. Ask the Sisters to get back into their small groups.

8. Draw the following symbols on the flipchart, a tick ✓, a cross X and a question mark ?. If possible use different colours for these.
9. Explain that the cross X represents all the places or areas that the Sisters feel unsafe in their community. Ask the Sisters to discuss which places make them feel unsafe and to mark these on their map with a cross.
10. Explain that the question mark ? represents a place on the map where they can get information about questions they may have. These questions might relate to birth control or STI screening or to legal issues or other health and sex related issues. Ask the Sisters to mark all the places on the map where they can access information.
11. Explain that the tick ✓ represents all the places on the map where the Sisters feel safe and secure. A place that they know they can go to if they are in trouble. Ask the Sisters to mark all the places on the map where they feel safe.
12. Ask the groups to share their maps in plenary and talk through all their decisions.
13. Take note of any contradictions – e.g. where one group think they will be safe at a location and another group feel unsafe. Explore whether some locations are safe at certain times of the day but unsafe at other times.
14. Sisters can discuss whether there are some unsafe spots that can be made safe and how it can be done.
15. Suggest that the Sisters remember and share their “safe spots” with other sisters not necessarily present including those who join their community from time to time. They also need to periodically share views regarding changing status of the ‘safe’ and ‘unsafe spots’ since these conditions may not be permanent for each site.

40 | ART - Keeping Focused



20 Minutes

Setting

Space for the delegates to line up and walk across the room

Purpose

Part of building a participatory community is to practically assist one another. One area where people often struggle is in keeping track of taking their antiretroviral medication.

Participants will understand how difficult it can be to adhere to ART and will suggest methods to assist Sisters and family members on treatment who need support. This will assist in lessening stigma against those on treatment.

Outcomes

To illustrate the difficulties in adherence to ARV treatment and adherence

Method

1. Ask the participants to line up with their back against the wall.
2. Randomly allocate a sequence of five numbers to each participant to remember.
3. Ask participants to hop two steps forward and multiply their number by 2
4. Ask people wearing blue to take a step backward and subtract 100 from their number
5. All people wearing red should take two steps forward, turn around and add 204 to their number.
6. Carry on using this process, until the participants have reached the other side of the room. (See suggestions)
7. Ask each participants to recite their original five number sequence

Processing

1. At the end of the game ask the participants how easy it was to continue to remember the original numbers while being asked to do all these other things.
2. Explain that taking ART is not as simple as taking one piece of medication
3. Ask participants to discuss the barriers to adherence
4. Explain that different types of ARV medicine needs to be taken at different times of the day. Sometimes it is better to take these with food, and sometimes it is better to take them before or after a meal. As a result it can be difficult to keep track of when you have taken which medicine. If possible, provide an example of an ART protocol of the current medicine regime (A protocol is a list that tells you when and how you should take your medicine – your clinic sister should be able to give you one).
5. Let Sisters discuss what they can do to assist Sisters, friends or family members in taking their ARV medication regularly. Their answers should include providing solutions to the barriers identified in 2 above

Hints, Suggestions and Challenges

Be aware that some Sisters might struggle with the points above where they are asked to add, subtract and multiply. If this is the case, substitute these tasks by initially asking them to think of a colour sequence (red, blue, yellow, green), then change the tasks by asking them to think of additional colours in the middle of the sequence (red, orange, blue, yellow, green, yellow, pink).

Other tasks might include:

- Anyone with shoelaces should walk backwards
- Any person whose first name begins with M should turn around three times
- Ask the participants to name a popular artist and sing a line of favourite song

Barriers or reasons why people might struggle with taking ARV might include:

Forgetting, not being able to get to the clinic, alcohol abuse, limited supply of the drugs, being refused treatment at the clinic, being in prison, not being able to afford the treatment, not having money available, etc.

41

Words of Encouragement



45 Minutes

Other requirements

- An A4 piece of paper and a pen or pencil for each Sister

Purpose

Too often, we underestimate our good qualities and things that other people find valuable in us. This can be particularly true amongst sex workers who often feel devalued. This exercise addresses this by giving the Sisters a permanent reminder of what other people see in them as valuable qualities.

You need to allow time for the Sisters to get to know one another before running this exercise.

Outcomes

The Sisters will know what their peers see as valuable qualities in them.

Method

1. Explain to the Sisters that we all have many qualities that make us valuable and worthy.
2. Many times the outside world places enormous emphasis on how a person looks, or the job that they do but we all know that a person is much more than just their appearance.
3. Ask the Sisters to share what other qualities (not looks or appearances) are important to them. Probe their answers to get them to identify good qualities.
4. Explain that too often we don't see these good qualities in ourselves and that this exercise is going to change that.
5. Explain that you would like each of the Sisters to take something valuable from their experience during these sessions. Although you understand that they have learned a lot from the sessions, you think the most valuable part of the sessions has been the relationships that have been built or strengthened between the Sisters themselves.
6. Explain that you would like each Sister to take a reminder of their strong relationships with them.
7. Ask the Sisters to sit in a circle.

8. Hand out a pen and a piece of paper to each Sister.
9. Ask them to write their name on the piece of paper AT THE BOTTOM of the sheet.
10. Ask them to put all the pieces of paper in the middle of the circle.
11. Ask the Sisters to close their eyes and chose a piece of paper from the pile in the centre. Even if they choose their own piece of paper this is OK.
12. Ask the Sisters to look at the name at the bottom of the piece of paper, and to think about that Sister. Ask them to think about the positive qualities of the Sister.
13. Ask them to write one sentence at the TOP of the page describing these positive qualities. This should be a sentence that will encourage the Sister.
14. When they are finished they are to fold the paper over, so that just their sentence is covered. They need to fold over just enough to cover the sentence - no more. You might have to demonstrate this to the group.
15. When everyone has finished writing their sentence, ask the Sisters to hand the piece of paper to their right.
16. Repeat steps 6-9, until each Sister has written on each piece of paper except her own.
17. Collect all the pieces of paper and then hand them back to the owner.
18. Ask each Sister to open their piece of paper and quietly read what is written. Explain that this is a reflection of what the Sisters in the group think of her, and suggest that each member of the group keep this paper in a special place and read it often.
19. Ask if there are any Sisters that would like to share some of the contents of their page with the rest of the group.
20. If it is appropriate, you might want to close this session with a song or a prayer. Ask a participant to volunteer leading such an encouraging prayer or song. Having the participant doing it strengthens the point that they are important.

Hints, Suggestions and Challenges

When a Sister receives her own piece of paper ask her to just sit quietly until the group has finished and then simply pass on the piece of paper. Tell them NOT to open their piece of paper and read what is written.

Some Sisters might struggle to write or express themselves in words. If you have Sisters like this in your group, you might want to change this exercise to a verbal exchange of words of appreciation.

42 | Approaches to Sex Work



20 Minutes

Other requirements

- Approaches to Sex Work Cards
- Read through “Approaches to Sex Work” before running this session.

Purpose

Sex work is illegal in Zimbabwe. However, in some countries sex work has been decriminalised, in some it has been legalised and in some it has been regulated. While all of these changes to legislation has been brought about through advocacy work and changes to the law, the different approaches have different implications to the sex workers themselves.

If Sisters begin to engage in advocacy work, they need to be clear about their goals and about what they want to achieve. This exercise serves as a brief introduction to the different approaches to sex work.

It is suggested that this session is run when the group have settled into a group identity and have expressed an interest in knowing more about legalising or regulating sex work. It may also be a good idea to run this session after some of the Sisters have been exposed to a session on Sex Workers and the Law, or undergone paralegal training.

Outcomes

The Sisters will understand different approaches to sex work and the implications of these for any advocacy work that they undertake.

Method

1. Before the session, stick the Approaches to Sex Work cards, in order, on the wall of the venue, with the words facing the wall, so that no one can read them.
2. Explain that this session is about sex work and changing the law. Explain that you are going to explore different views that some countries have about sex work.
3. Ask the Sisters whether any of them enjoy spicy food.
4. When you know which Sisters enjoy spicy food, ask them to describe how spicy they like their food.
5. Ask some of those who say that they do not enjoy spicy food, what type of food would be too spicy for them.
6. Ask the Sisters to stand up and to group themselves into “No spicy food” “Mildly spicy food” “Hot spicy food” and “Very hot spicy food”. Arrange these groups so that they form a line of groups of

increasing “spiciness”, with “No spicy food at one end and “Very hot spicy food at the other”

7. It is likely that some of the Sisters will have difficulty in identifying which group best describes them as they might enjoy some spicy food at times and more bland food at other times. This is fine, and ask them to choose a group, but remember these specific Sisters to refer to later.
8. Explain that just as they now represent a line of spiciness, so there is also a legal line of different views on sex work.
9. Turn the card that reads “Illegal” over, stick it to the wall. Repeat that although in Zimbabwe sex work is illegal, other countries have different views.
10. Turn over the next card “Decriminalised” and explain that this is a view of prostitution that some countries have. Use the notes in “Approaches to Sex work” to help you explain this point.
11. Repeat step 10 for the next two cards, using the notes to help you explain the differences.
12. Point out that there is no always a clear line between these categories of views of sex work. Recall that some of the Sisters had difficulty in selecting which spicy food group to belong to and explain that sometimes the views on sex work over appear similar.
13. Explain that when the Sisters want to start advocating for changes to the Zimbabwean law they need to be clear about what they want.
14. Explain to this Sisters that if they would like to know more about these approaches to sex work that you will try and contact their programme outreach worker (or, if available, a sex worker legal aid clinic and ask one of their staff) to come and present to the group.

Hints, Suggestions and Challenges

Ask the Sisters to share strengths and weaknesses of the different approaches. This would help them more readily understand the differences in the approaches.

Illegal

Decriminalised

Regulated

Legislated

Approaches to Sex Work

■ Illegal

This is the view that Zimbabwe currently holds. Although it is often difficult to prove that sex worker is guilty of providing sexual acts in return for goods or money, there are range of other offences, (soliciting, committing an indecent act, etc.) that police might use to arrest a sex worker.

In some countries it is not illegal to be a sex worker, but instead it is illegal to be a client of a sex worker.

■ Decriminalised

When sex work is decriminalised it means that it is not illegal for sexual activity to take place between adults that agree to it and that this sexual activity can be paid for or unpaid. Sex workers in a decriminalised setting may continue to work free from threats of violence and abuse. Under this setting a sex worker has the same rights and responsibilities as any other self-employed person.

■ Regulated

Sex work is considered risky but impossible to eliminate through criminalization. Consequently, while it is recognised as a legitimate business and occupation, the main aim is to limit or 'hide' sex work in areas or zones to reduce harm and offending 'innocent' citizens. This means sex workers will be expected to work according to certain employment and especially health laws. It may mean that Sisters need to have regular examinations and tests to ensure that they are free of STIs. In addition to civil regulation, there can also be a process of self-regulation within a community of Sisters. So even if sex work is still illegal, the Sisters can agree that because they often work with the same clients, it is worthwhile for them to look after their own health by making sure that all of them remain healthy. Self-regulation can include agreeing and monitoring each other to use condoms every time including with regular partners.

■ Legislated

Sex work is recognised as a regular or normal business and has laws passed by the government that govern those involved in the business. The business is also then subject to normal business laws and regulation such as employment regulations, tax regulations, registration and inspections. Generally it would mean that in exchange for being a legal and normal business activity, the sex workers activities would have to be reported on, tax would be paid on their earnings.

Given the closeness between regulation and legislation, the two are sometimes used interchangeably.

43

Your rights and the law



20 Minutes

Other requirements

- Basic Human Rights Theme Cards
- Human Rights Situation Cards

Purpose

Sex workers are an easy target for arrest. In many cases the Sisters are not aware of their rights when they are arrested. This session exposes them to their basic rights under current Zimbabwean legislation.

This topic does not address the fine detail of their rights as sex workers which is dealt with more thoroughly in the Zimbabwe Lawyers for Human Rights 2013 publication Sex Work and the Law in Zimbabwe.

Outcomes

The Sisters will have a basic knowledge of their legal rights that they can exercise if they are arrested.

Method

1. Before the session place the Human Rights Theme Cards on the wall of the venue.
2. Explain to the Sisters that the purpose of this session is to explain their rights as Zimbabwean citizens, in terms of Zimbabwean law.
3. Read through the cards that you have placed on the wall and explain that these are the rights that the Sisters are entitled to as Zimbabwean citizens.
4. Hand out the Rights Situation Cards to the Sisters and ask them to read through their card.
5. Explain that they need to match their card with one of the rights placed on the wall.
6. Ask the Sisters to walk around the room and read through the rights places on the wall and to find the one that best matches their card. Ask them to place their card under the Rights Card that best suits the situation described on their card.

7. After each Sister has chosen a place for their card, ask each Sister to read their card and explain why they chose to place their card in that category.

Hints, Suggestions and Challenges

If you have more Sisters than cards, then simply ask the Sister to form pairs and give each pair one card, to discuss and allocate to a Human Rights Theme.

Human Rights Theme Cards

Dignity	Freedom of Assembly
Security	Freedom of Expression
Equality	Freedom of Movement
Health	Freedom from Cruel or Degrading Treatment
Privacy	Freedom to Enforce Human Rights

Human Rights Situation Cards

In representing your Sisters to ask for police to stop raiding your homes, you are arrested as a trouble maker.

An old client who knows where you live comes to your home and threatens to take your money and furniture unless you give him sexual favours for free.

People call you names and swear at you.

At the market place your neighbours force you to crawl in the dust because of what you do for a living.

Your boyfriend hits you and calls you worthless.

You have been arrested and every time you go to sleep the police wake you up and pour water on you.

The magistrate refuses to hear your case because he knows what you do for a living.

You want to report a case of a break in at your house, but the police won't take your statement because they know what you do for a living.

The Sisters decide to form a support group to help another Sister who is ill and whose child needs help. The community resists the formation of this group.

You go to the municipal offices to find out about building regulations, but the clerk will not help you because of what you do for a living.

You go to the clinic to get treated for a cough, but the Sisters will not help you.

You try to enrol your child in school but the principal will not let you register her.

Your neighbours physically threaten you and call you names.

Your neighbours shout at your son and call him names.

You decide to move home so that you can look after your mother. One of your clients is a police officer and threatens to arrest you if you try to move.

The police raid this peer education session and threaten to arrest all of you.

44

This is a Police Raid!



2 Minutes

Other requirements

- Run this session as an interruption session, only after you have run the session “Your rights and the Law”
- Human Rights Situation Cards

Purpose

As a citizen the Sisters have many basic rights. However, to run only one session on this is not enough. In addition, situations in which people are expected to know their rights are often emotionally charged.

In this session you use the same cards that you used in “Your rights and the Law” but simply get the Sisters to identify which their rights in a quick “interruption” session.

Only run this session after you have run the session “Your rights and the Law”.

Run this session as an “Interruption Session”.

Outcomes

The Sisters will be able to quickly identify their rights in a rapid situation.

Method

1. This session is an “Interruption Session”.
2. This means that you can interrupt another session with a few “quick questions” about rights.
3. At first this might seem a little disruptive, but after you have done this a few times, the Sisters will get used to the method and may even look forward to being able to answer quickly and easily.
4. There are times in other sessions where there is often a natural break or pause in the learning process. These are the ideal times to run this interruption session. Do not interrupt another learning process to run this session, rather search for the correct time. As you do more of these sessions, you will learn to identify the correct time.
5. Have the Human Rights Situation Cards ready to hand out.
6. At the right time, explain that this is a “police raid” and the Sisters need to think of which of their rights they are going to claim.

7. Explain that they have 20 seconds to read and decide which basic human right they are going to claim
8. Hand out the Human Rights Situation Cards to either individuals or small groups.
9. Give them 20 seconds to read and decide.
10. Have them read their card aloud and tell the rest of the group which right they are going to enforce.
11. Ask the rest of the group if they think the small group or the individual is correct in enforcing this right.
12. If the small group or individual is correct give them a round of applause. If they are incorrect, make all those involved perform a fun punishment, such as singing a song, or pulling funny faces, or running backwards around the room.
13. Remind the Sisters that they need to know their rights and that the situations when they need to explain or demand their rights will be emotional and they will not have time to think about it. Encourage them to know their rights almost instinctively.

Hints, Suggestions and Challenges

This session only works well if the session is run quickly and the Sisters are forced to reply quickly. Do not give groups or individuals extra time to debate. As a facilitator you will need to know the answers as well, and leave no room for doubt or debate.

The first few times you run this session you may want to have the Human Rights Theme Cards available for the Sisters to consult first. You may need to give some extra time for this process, but try not to lose the rapid nature of the game.

45

Practical Steps in Working Together



About 25 Minutes

Other requirements

- Only run this session if there is a clear indication from the Sisters that they want to mobilise for change or for support.
- A ball (a netball, or soccer ball if possible)
- Two sets of Netball Role cards
- Play this game outside.

Purpose

In some of the exercises in this section there has been a focus on the Sisters working collectively to support one another and to mobilise for change. This exercise takes one more step in this direction.

Often community type groups have good ideas about the changes they want to see but struggle to take the first step. This exercise is an attempt to assist the Sisters in taking that first step to help themselves.

Outcomes

The Sisters will be able to take the first organisational steps towards acting for change.

Method

1. Explain that this session will be about helping the Sisters to help themselves in achieving the change they want to see.
2. Tell them that they are going to play a netball match and separate the group into two teams.
3. Ask each team to choose a name for themselves.
4. Take the two teams outside and show them the field and the nets where each team must score (these can be imaginary).
5. Explain that each team member will have a specific role to play and you are going to allocate that role now.
6. Hand each team member a Role Card and ask them to keep it secret. They must not tell anyone else of the role that they are going to play.
7. Get the two teams into position and start the match.
8. Let the game run for about a minute and then call half time. Get the Sisters of one team to swap their Role Cards with the Sisters of the other team.
9. Start the second half of the match and end it after about one minute.

10. At the end of the match, if there is a winning team, congratulate them.
11. Ask the two teams to gather as two separate teams and to ask themselves the following questions
 - » Did something go wrong during the match?
 - » Why was this the case?
 - » Did the match cause frustration for anyone?
 - » Could we have done a better job and if so, what could we have done?
12. Get feedback from the groups which will probably outline the fact that not everyone was playing the game and that the captain was getting frustrated and that it would have been better if everyone had known what the other people were supposed to be doing.
13. Explain that the same thing can happen when we want to start any type of organisation or to start a process of doing something, especially if many people are involved.
14. Remind the Sisters that they had agreed that they wanted to (add in the activity that they have agreed to do), and that they need to have an action plan and agree on what different roles people will play.
15. Explain also that just as a netball match has time limits, so each of the activities that the Sisters agree to should have a time limit as well. In other words the Sisters should agree a date by when something must have happened.
16. Ask the Sister to discuss what they want to achieve and when they think the first steps should be completed.
17. As they provide feedback write the following on the flipchart.
 - » Ask them to identify the people that they think should be responsible for making sure these things happen. These people need to be present at the meeting.
 - » Ask each of the people individually if they are happy to accept the responsibility of doing this task by the suggested date.
 - » If the person says they are not happy or asks for help then record this on the flip chart as well. If they suggest a different date then record this on the flipchart.
18. End the meeting by asking when the Sisters should gather again to get feedback on what has happened and to see what the next steps should be in achieving their objective.

Hints, Suggestions and Challenges

Make sure that the dates provided are realistic. If the date is too soon, nothing is likely to happen. If the date is too far in the future the urgency of the matter is likely to be forgotten.

Try to make sure that Sisters are not pressurised into doing things. They must be happy to do their job.

Make sure that the Sisters that are doing a job understand that there is no remuneration for doing this job – they are doing it voluntarily as a support to the Sisterhood.

Netball Role Cards

Captain (you are only allowed to give instructions you are not allowed to touch the ball)	Captain (you are only allowed to give instructions you are not allowed to touch the ball)
You are not interested in the game and just want to talk on your cell phone	You are not interested in the game and just want to talk on your cell phone
Scorer, you must stand near the scoring net and shout for the ball all the time	Scorer, you must stand near the scoring net and shout for the ball all the time
Find another team member who would like to fix their hair and help them do this.	Find another team member who would like to fix their hair and help them do this.
Find another team member who would like to fix their hair and help them do this.	Find another team member who would like to fix their hair and help them do this.
You try to score in the opposing team's net.	You try to score in the opposing team's net.
You are only allowed to touch the ball with your feet like you were playing soccer.	You are only allowed to touch the ball with your feet like you were playing soccer.
Jump up and down at the edge of the field and get rid of the ball as soon as you are given it.	Jump up and down at the edge of the field and get rid of the ball as soon as you are given it.
Do everything you can to get the ball to the scorer of your team, but you are not allowed to score a point yourself.	Do everything you can to get the ball to the scorer of your team, but you are not allowed to score a point yourself.

Part Three:

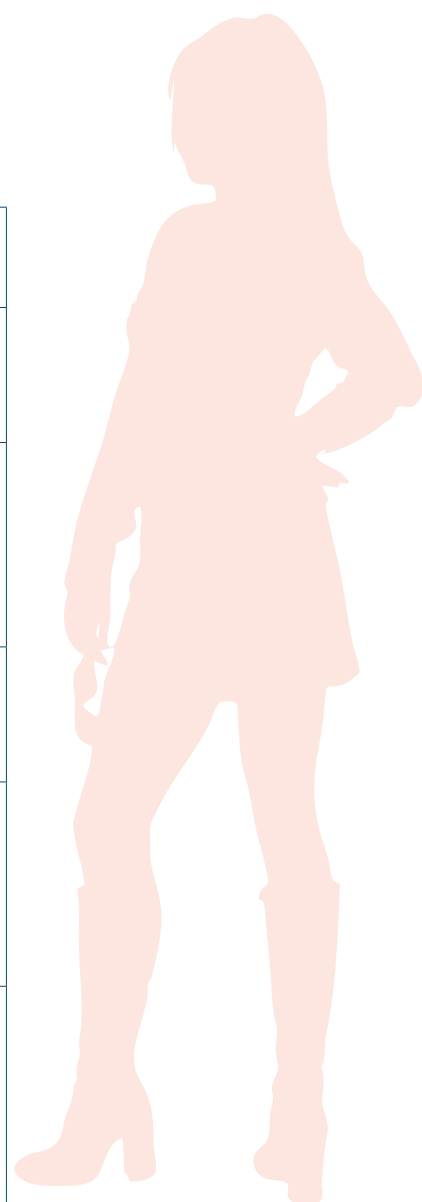
Reporting

It is important that you report on the peer education sessions that you hold with your Sisters. There is a table on the next page that some organisations might choose to use to report on their peer education activities. Your organisation might have a different form to complete. The instructions given below are about how to complete the form on the next page.

How to complete the Reporting Form

The Form comprises of 6 columns and each column is completed as follows:

Column 1	Date Of Contact	You enter the date that you make contact with a Sister
Column 2	Place Where Met	You enter the code which represents the place where the meeting was held. For example if it was at home, you enter the code 1
Column 3	Number Of SWs Involved In Discussion/ Contact	You enter the total number of sisters you spoke to next to "Group". Out of this total number you enter (next to New SWs) the total number of Sisters who are attending your session for the first time.
Column 4	Activities Conducted	Write the number that applies for each activity that you conducted. For example if you held a discussion on STIs you write the number 2
Column 5	Number Of Condoms Given	You enter the total number of single pieces of condoms that you distributed. For example if you gave out 1 full box of male condoms and ten female condoms, you record 100 male condoms and 10 female condoms.
Column 6	Comments	You write any information that you feel is important to inform or give more details to the activities that you conducted. It could be anything ranging from commenting on how the discussion went, or interesting issues that were brought up during the discussion, questions etc.



Week starting ____/____/20____

Peer Educator Name: _____

Date of Contact	Place where met (1=home; 2= beer hall; 3=business centre; 4=other)	Number of SWs involved in discussion / contact Tick which applies	Activities conducted – write the number that applies in the box below next to each contact (1=discussion re HIV; 2= Discussion re STI ; 3=discussion re condoms; 4=condom demonstration; 5= discussion re contraception; 6=drop-in centre; 7=accompany someone to drop in centre; 8=accompany someone to other place; 9=other)	Number of condoms given (male/female)	Comments
		1:1 Group (n=____) New SWs (n=____)			
		1:1 Group (n=____) New SWs (n=____)			
		1:1 Group (n=____) New SWs (n=____)			
		1:1 Group (n=____) New SWs (n=____)			
		1:1 Group (n=____) New SWs (n=____)			
		1:1 Group (n=____) New SWs (n=____)			

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