



HCP Ethiopia

Building Skills, Lowering HIV Risk



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A measure of HCP Ethiopia's success has been the wide network of partnerships the Project has formed and the commitment and dedication of each partner towards furthering the Project's aims of HIV risk reduction in Ethiopia. HCP Ethiopia wishes to express its gratitude for the contributions of the following partners:

NGO Partners

Abebech Gobena	Family Guidance Association of Ethiopia - Addis Ababa	PACT International
Adama Edirs		Pathfinder International
African Medical and Research Foundation	Family Guidance Association of Ethiopia - Dire Dawa	Population Services International
CARE	Family Health International	Project Concern International
Catholic Relief Services	Forum for Street Children	RATSON Adama
DKT	Geneva Global	Save the Children U.S.
Engender Health	GOAL	Sister Self Help Association
Ethiopian Catholic Secretariat	Integrated Service for AIDS Prevention and Support Org	Ethiopian Sanitary & Photosanitary Standards & Livestock & Meat Market
Ethiopian National Association of the Blind	International Rescue Committee	Timret Le Hiwot/Wise Up
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Ethiopian Red Cross	Nikat Charity Association	World Vision
Ethiopian Youth Network	PACT Ethiopia	ZOA
Family Guidance Association of Ethiopia - Adama		

Government Partners

Adama Education Bureau	Bahirdar Youth and Sport Bureau	Federal Ministry of Health
Adama HAPCO	Dessie Education Bureau	Federal Ministry of Youth and Sport
Adama Youth and Sport Bureau	Dessie HAPCO	Jimma Education Bureau
Addis Ababa Education Bureau	Dessie Youth and Sport Bureau	Jimma HAPCO
Addis Ababa HAPCO	Dire Dawa Education Bureau	Jimma Youth and Sport Bureau
Addis Ababa Sub City Education Bureaus	Dire Dawa HAPCO	Mekele Education Bureau
Addis Ababa Youth and Sport Bureau	Dire Dawa Youth and Sport Bureau	Mekele HAPCO
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Amhara Regional HAPCO	Federal Ministry of Agriculture and Rural Development	Oromia Regional Education Bureau
Bahirdar Education Bureau	Federal Ministry of Education	Tigray Regional HAPCO
		Tigray Regional Health Office

University Partners

Adama University	Dire Dawa University	Meda Walabu University
Arbaminch University	Gonder University	Mekele University
Axum University	Haramaya University	Semera University
Bahir Dar University	Hawassa University	Meda Walabu University
Debre Birihan University	Jigjiga University	Wolega University
Debre Markos University	Jimma University	Wollo University

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Introduction

Since 2004, the USAID-funded Health Communication Partnership (HCP) Project has developed and implemented communication strategies and tools in collaboration with the Ethiopian government, international organizations, and local NGOs. HCP is managed by the Johns Hopkins Center for Communication Strategies (JHUCCP) and, in Ethiopia, is led by its subcontractor, AED. From 2004–2007 HCP worked in the areas of child survival, reproductive health, and HIV/AIDS prevention.

In 2007, USAID requested that HCP focus its programming on HIV prevention for most-at-risk populations under a three-year associate award, which ends in October 2010. Under the associate award, HCP's primary interventions include HIV prevention programs: **Smart Journey**, a program for commercial sex workers, **Campus Life**, a life-skills program for college and university students, and **Beacon Schools, Sport for Life, Youth Action Kit**, and **At-Risk Youth** programs targeting in—and out-of-school youth grades five through 12.

HCP's strategic approach has been to address both social and individual behavior change through increasing the individual and collective efficacy of participants to protect themselves from HIV by employing a core set of best practices. As requested by USAID, HCP's programs are concentrated in Ethiopia's seven highest HIV-incidence cities: Addis Ababa, Dire Dawa, Jimma, Adama, Mekele, Bahir Dar, and Dessie.

One of HCP's primary partners over the past three years has been the Ethiopia HIV/AIDS Prevention and Control Office (HAPCO). All of the programs described in this report have been carried out in close collaboration with the national and regional HAPCO offices. HCP has also worked continuously with the Ministries of Education; Health; and Youth, Sports, and Culture and dozens of international and local NGOs in support of its programs. This end-of-project report focuses exclusively on the HIV/AIDS prevention work carried out since 2007 under HCP's Associate Award.

HCP HIV Prevention Program Best Practices

- 1. Integration of Education and Behavior Change Communication:** Educational activities build essential life skills. Communication reinforces individual understanding, extends program reach, and boosts overall program impact.
- 2. Recognition of Individual and Collective Achievement:** At the end of each program, participants celebrate their collective success and take on additional HIV/AIDS prevention responsibilities.
- 3. Community Outreach:** Community outreach components are built into each program's strategy. Community outreach multiplies impact and strengthens participants' sense of commitment to HIV/AIDS prevention.
- 4. Peer-Led Approach:** Peer leaders are trained to deliver specific, structured content, as well as to serve as role models.
- 5. Innovative Behavior Change Tools:** Innovative tools such as risk assessments are used to add life and spark interest in HCP's programs.
- 6. Access to Enabling Services:** HCP works to strengthen STI testing and youth-friendly services, as well as to provide access to enabling products such as condoms.

Smart Journey

“As my mother did not have enough resources to support me, I was adopted by a local bar owner. He abused me and exposed me to all kinds of risks and dangers. I probably faced the most difficult and dangerous situations in his place.”

Smart Journey Participant

* *Setting the Stage*

For women that engage in sex work, life is hard and dangerous. With little in the way of legal or social protection, sex workers are among society's most vulnerable groups. On a daily basis, sex workers place themselves in harm's way. They often have few choices and little voice. Sex workers are a priority population for HIV prevention programming under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) because of their high number of sexual partners, high-burden of sexually transmitted infections (STIs), and marginalization within society. Through support from PEPFAR in 2008, HCP developed the Smart Journey skill-based program to prevent HIV and AIDS among this most-at-risk group. A formal quantitative evaluation carried out in April 2010 demonstrated that the program exceeded its original objectives and today, Smart Journey provides sex workers with a forum where they can learn and be heard, empowering them to have a voice and a role in their own protection.

In Ethiopia, HIV rates within the general population have been relatively stable at 2.1%.¹ Higher rates, however, are found in urban areas, rural hot spots, and among high-risk groups, such as sex workers. An Ethiopian woman today is almost *three times* as likely to be infected with HIV as a man, and young women, in particular, are especially vulnerable to the virus.² Among sex workers, HIV prevalence rates have been estimated as high as 11%. The number of sex workers in Ethiopia is increasing weekly as hundreds of young rural women arrive in cities and struggle to find work and because the demand for commercial sex continues to grow. Without effective HIV prevention, this translates into continued high rates of HIV infection.

Achieving behavioral impact among sex workers presents several challenges. Although the majority of sex workers use condoms regularly, they commonly have unprotected sex with boyfriends and with clients that offer to pay more for sex without a condom, putting both them and their sexual partners at risk for HIV. Three-out-of-four sex workers regularly drink and use khat, a local stimulant, which serves to further increase their risk. These women are two times more likely to have unprotected sex than non-users.³ While some women engaging in sex work recognize their risk of STIs and HIV, HCP's experience suggests that many underestimate their own personal risk.

¹UNAIDS. (2008). *Ethiopia Country Situation*. Retrieved from http://data.unaids.org/pub/FactSheet/2008/sao8_eth_en.pdf.

²Central Statistical Agency [Ethiopia] and ORC Macro. (2006). *Ethiopia Demographic and Health Survey 2005*. Addis Ababa, Ethiopia and Calverton, Maryland, USA: Central Statistical Agency and ORC Macro.

³Alem, A., Kebede, D., Mitike, G., Enqusellase, F., & Lemma, W. (2006). Unprotected sex, sexually transmitted infections and problem drinking among female sex workers in Ethiopia. *Ethiopian Journal of Health Development*, 20(2), 93-98.

The Smart Journey program was designed by HCP—with assistance from HAPCO and Global Learning Partners, and regular input by sex workers themselves—to prevent and mitigate the effects of HIV.

Beginning a Smart Journey

The Smart Journey program aims to provide women engaged in sex work with the skills and knowledge they need to keep themselves healthy from diseases, particularly HIV and AIDS. The program has three main components: 1) structured group peer education sessions, 2) provision of condoms, 3) and referral to clinics for sex workers. In collaboration with lead partners, Family Guidance Association of Ethiopia (FGAE), Population Services International (PSI), Nikat, Sister Self-Help Association, and Adama Atekalay Idirs Association, HCP trains current and former sex workers as peer educators. These women visit establishments/brothels weekly and carry out a series of activities related to safer sex and protection from violence. Peer educators also distribute condoms and make referrals for free STI tests.

Smart Journey aims to build the skills of women engaging in sex work in three main areas:

1. Ensuring their personal safety
2. Consistent and correct condom use
3. Regular clinic visits

At the end of each peer education session, women share one thing that they have done since the last meeting related to these three areas. HCP attributes the significant program impact to the consistent reinforcement of these core behavioral change objectives aimed at ensuring that women protect themselves. An additional indirect aim of the program is



to encourage each participant to help other women in the sex establishment to also protect themselves.

To achieve these objectives, teams of two peer educators composed of a current and a former sex worker lead 12 sessions in sex establishments over a three-month period. Using a *Peer Learning Guide*, developed by the Project, peer educators engage women in dialog around topics related to challenges and opportunities in their work, STIs, condom use, negotiating safe sex, and sharing and celebrating their success.

Becoming a Peer Educator

“She treats us as family. When she teaches, she touches the inside of our life.”

Smart Journey participant about her peer educator

The initial cohort of Smart Journey peer educators was referred by HCP’s partner

“At the beginning, I was not interested. But now, I always expect her being eager. She tells us her life experience without reservation. She was living our life I can say; she eats what we eat. All her experience was our life. I don’t feel she is a teacher, I consider her one of us. She was helping us on her own time. She gave us her telephone number so that we can get her any time we face problem. She is patient and soft.”

Smart Journey participant describing her peer educator

organizations. As the program has expanded, however, the majority of educators have been recruited from participants who have demonstrated leadership capacity while in Smart Journey. As a result of this approach, peer educators are readily accepted by participants because they live the same lives and share the same challenges as the women they work with.

To become a peer educator, women attend an initial, three-day training. This is followed by two, three-day follow-up trainings one month and two months into the program. HCP’s training approach has been successful because it does not overload peer educators with too much information at once and because it provides opportunities for regular experience sharing and feedback. To date, 440 peer educators have been trained. Each peer educator receives the equivalent of USD \$1.85 for each session she leads. Many peer educators are now in their second year with the program and have led six-to-eight different groups. Several of the most skilled peer educators have been recruited as program supervisors, which has served as an important source of motivation for the entire cohort.

HCP’s peer-led format allows women to open-up and share their personal experiences.

It does not take long before participants realize that they each face the same risks. One woman remarked, *“I used to see the other women in the establishment as my competitors. Now I realize that our dangers are the same.”* Evaluation results show that after four-to-five Smart Journey sessions, a ‘trust threshold’ is reached and new prevention behaviors are more rapidly adopted. Since a sex establishment is in many respects a closed, contained environment, program impact is seen both through individual behavior change as well as through newly created collective efficacy and peer support.

Building a Community of Support

“My boss is young and he supports me for attending the education session. When we show him the teaching materials, he says that it is nice and do not miss it. Since he is educated and knows about disease, he encourages us to attend the education sessions.”

Smart Journey participant

When launching Smart Journey activities in a new neighborhood, HCP first organizes a joint-implementation meeting for sex workers, their boyfriends, sex establishment owners, community leaders, and police. During this



meeting, program supervisors introduce Smart Journey's objectives and seek to engage all stakeholders. Smart Journey works closely with establishment owners initially to gain access to the sex workers. Once the owners understand that the program's goal is to ensure the health and safety of women in their establishment, the majority actively support the program.

Participant Snapshot

The average Smart Journey participant is young (under 24 years' old), works in a small establishment with five or six other women, and sex work is her primary source of income. The average participant has under a sixth grade education, is single, and has few, if any, children. To date, over 10,000 women have graduated from the program in the program's two cities of Addis Ababa and Adama.

When looking at impact across all HCP programs, including Smart Journey, three main themes emerge: *Protecting Myself*, *Protecting Others*, and *Becoming the Person I Am Meant to Be*. A discussion of the findings from HCP's programs will be structured around these themes.

Protecting Myself

Many women are initially reluctant to participate in Smart Journey for fear of 'wasting time,' being lectured, or being bored. Through the program's initial session, 'Coming Together for a Purpose,' however, participants begin to see the program as an opportunity for themselves and others. Soon, participants realize that this is not an ordinary program, but rather a journey that sparks their interest and enables them to build critical skills and confidence to foster a safer

and more supportive community for them and others. The first step of this journey is learning how to protect oneself.

Using Condoms Every Time

“I previously entered a room with only three condoms. If a client sees that I have many condoms, he might ask me for more sex. Now, I carry at least six condoms but I hide some of them in my bag. When a condom breaks or gets inverted, I use one of the extra condoms. My usual need is three condoms per client overnight. Now I have extra if they are needed.”

Smart Journey participant

Before Smart Journey, the majority of participants used condoms though not always consistently or correctly. Smart Journey builds condom-related skills in three areas: 1) knowledge of *correct* usage; 2) successful negotiation; and 3) using condoms *consistently* and with *all* partners. The program’s quantitative evaluation found that as a result of its

emphasis on consistent and correct condom usage, sex workers in HCP intervention areas are significantly more likely to believe that using condoms every time will reduce their chances of HIV (96%) than sex workers in non-intervention sites (82%).⁴ Smart Journey provides women with up to 56 free condoms each week while also encouraging them to purchase extra condoms as needed to ensure that they use protection during every sexual encounter.

Before Smart Journey, many sex workers did not use condoms correctly. According to one peer educator, *“The topic is not new, but they [participants] are not well aware of the issues. They say they are aware of how to use a condom, but then when they are asked to demonstrate, they don’t do it properly.”* After learning the correct steps of putting on and using a condom, participants share with each other the challenges they previously faced in using them. Ready access to condoms is another factor important to ensuring that women are able to protect themselves when the need arises. Smart Journey participants have greater numbers of condoms on hand or in their room (47) on average than non-participants (17).^{5*}

“During the first session, the women resist everything. They are not interested; they ask, ‘What’s in it for me?’ By the third or fourth meeting, however, they discover it is not a lecture-type course and they begin to like it and become more engaged.”

HCP program officer

⁴Mela Research, PLC (2010).

⁵Mela Research, PLC (2010).

*Throughout this report, Smart Journey participants refer to sex workers in HCP’s intervention area as a whole. Non-participating sex workers refer to non-HCP intervention areas.

“Mostly we spend the night with clients...only one day a week with a boyfriend. So, when we ask our boyfriends to use a condom, he won't be happy. ‘You are my girlfriend, why do you ask me to use a condom?’ he says. I respond, ‘You don't know me. I go with other people. I am living with this work. You are my boyfriend; I want to save your life.’”

Smart Journey participant

Building Condom Negotiation Skills

“If the client has a family, tell him if you are safe, your wife and family are safe. If he is aggressive, approach him softly.”

Smart Journey participant on negotiating condom use

Tips for Negotiating Condom Use

1. Have condoms in place.
2. Do not drink too much or use drugs so you can stay in control and so you are safe.
3. Take time to discuss using condoms before the client starts warming up to have sex.
4. Use creative ways to put a condom on a client. Be completely immersed in your emotions when you do.
5. Keep the condoms nearby so you can reach for them without breaking the client's mood.

From HCP's Peer Learning Guide

Increased ability to safely negotiate condom use with a client is a key skill participants develop through the Smart Journey program. At the outset of the condom negotiation session, participants listen to scenarios in which women like themselves engage in unsafe sexual encounters. Participants then discuss and role play ways in which they can approach clients about using a condom. According to one woman, *“To convince a client to use a condom, make nice, keep cool, and talk nice. Leave if he refuses.”*

New Strategies for Condom Use

“They [other sex workers] turn off the light when they enter the bedroom as they are ashamed. I was not ashamed when we negotiated the money. So why should I be ashamed when we have sex? So, I keep the light on.”

Smart Journey participant

Smart Journey participants are vocal advocates for being the one who puts the condom on their client—rather than the client administering the condom himself—to ensure that it is done correctly. Another strategy women employ is keeping the lights on to ensure that condoms are used continuously during sexual encounters and to increase their personal safety. According to one woman, *“Before we go into this program,*

we make sex in a hidden way. Now things are open. He is open to me. I am open to him;” and another, “I used to have sex after turning off the lights. Now, I never turn off the lights. I have to watch what he is doing.”

Once participants learn negotiation skills they are better equipped to handle a client that refuses to use a condom. According to one woman, *“I just tell him, if you don’t use a condom, you better go to another place. I don’t have sex without a condom.”* Another adds, *“Whatever the amount of birr, she should not accept it if he doesn’t want to use a condom. If I get that money, I may lose it by having to go to the clinic.”*

Increasing the use of condoms with regular sexual partners is difficult for many sex workers to do, particularly if they did not insist on using a condom with them in the past. With regular partners, ‘love’ and ‘trust’ are often cited as reasons for why women do not use a condom. Ensuring condom usage consistently with these partners requires a different set of negotiation skills and additional practice.

Increased condom use with non-paying partners is perhaps the most significant impact of Smart Journey (see Table 1). 92.5% of Smart Journey participants report using condoms with non-paying partners

Table 1.

Reported Condom Use by Type of Partner

	Smart Journey Participants	Non-Smart Journey Participants
Frequency of Condom Use with all Regular Paying Clients (Last 30 Days) (p=0.007)		
Every time	98.0%	91.5%
Almost every time	0.8%	5.0%
Sometimes	1.2%	3.1%
Never	0.0%	0.4%
Of Those Whose Last Sex was a Non-Paying Partner (Last Seven Days), % Who Used a Condom with that Non-Paying Partner (p=0.011)		
Percent that Used a Condom	92.5%	64.3%
Frequency of Condom Use with Non-Paying Partners (Last Year) (p=0.001)		
Every time	75.1%	54.2%
Almost every time	4.6%	9.2%
Sometimes	5.2%	7.8%
Never	15.0%	28.9%

Source: Mela Research PLC, 2010

as compared with only 64.3% of non-Smart Journey participants. Smart Journey participants are also statistically more likely to have positive attitudes towards condoms than sex workers not participating in the program. Positive condom attitudes increase with exposure to the Smart Journey program.

Staying Healthy

“Previously, programs only gave information on HIV prevention and testing. HCP gives us STI services. No one was doing that before.”

Smart Journey participant

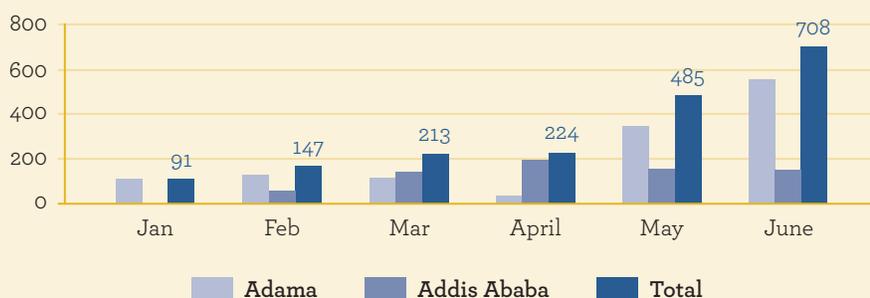
STIs are by far the most popular topic among Smart Journey participants. While many women are generally familiar with STIs, much of the information presented in the program is new to them. Smart Journey participants are statistically more likely than non-participating sex workers to have heard of STIs (97.2%/73.3%) and to know of at least one STI symptom (95.5%/63.5%).⁶ During the course of Smart Journey, peer educators work with

women to accurately assess their risk and to teach them when to go to the clinic for testing. At one session, peer educators pass around photos of the common infections. At first the women gasp as they view the pictures, but then they lean in closer to learn more about what STIs look like. *“I learned about the complications of STIs,”* said one woman; *“In some cases if you go for treatment, you can cure them.”*

The barriers women need to overcome to obtain medical services are great. To address this, peer educators lead women in comparing the direct and indirect costs of routine clinic visits versus getting sick. Together, women reach consensus that it costs more if they become sick than if they went to the clinic. Many women are afraid to access services for fear of finding out they’re infected. Others do not see the merit of getting tested if they are continuing with sex work. Peer educators address these issues and encourage women to share positive experiences they have had when visiting the clinic. The free clinic vouchers provided by Smart Journey are critical to the program’s success in this area (see Figure 1).

Figure 1.

Smart Journey: Number of STI Tests at FGAE Clinics, 2010

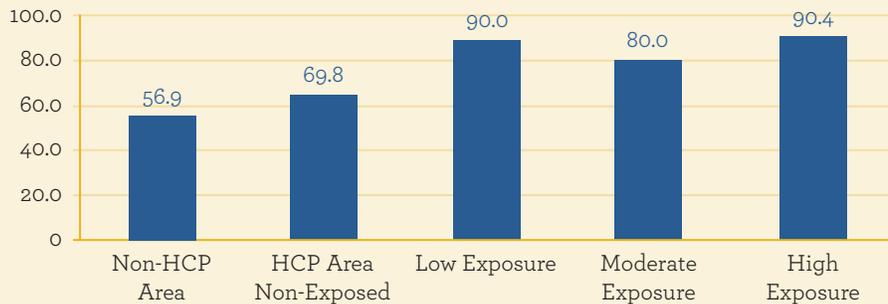


Source: HCP, 2010

⁶Mela Research, PLC (2010).

Figure 2.

Positive Attitude towards Seeking Care for STIs by Smart Journey Exposure, 2010 (Percent above the Mean Score)⁸



Note: Results are statistically ($p=0.001$) significant between non-HCP intervention areas and HCP intervention areas.

Peer educators also help to organize group clinic trips to make it easier for participants to handle their inertia and fear over visiting the clinic.

Evaluation results show that Smart Journey participants with at least one STI symptom (79.4%) were more likely than non-participating sex workers (63.8%) to seek care at the health facility.⁷ According to one woman, “No one previously went to the clinic. Now, some of us get screened.” Said another, “When we got illness in the past, we used to use hot water with salt. Now we go to the clinic when we have an illness and also sometimes to get screened.” Smart Journey participants have significantly greater positive attitudes towards seeking care for STIs than sex workers outside of the program (see Figure 2).

Protecting Others and Becoming the Person I Am Meant to Be

All HCP HIV prevention programs, including Smart Journey, emphasize the importance of community outreach activities. Programs aim for *each one to teach one*—encouraging all participants to multiply program impact by passing on what they have learned to friends, families, and clients. To facilitate this, Smart Journey participants receive additional clinic referral slips and STI and family planning pamphlets to share within their neighborhoods. Participants who encourage 10 women or men to visit an STI clinic are honored as “Referral Heros.” A new clinic referral slip has also been designed for boyfriends and clients. Uptake among boyfriends has slowly improved as peer educators learn which strategies successfully

⁷Mela Research, PLC (2010).

⁸Mela Research, PLC (2010).

Tigest's Story

Tigest is a 25-year-old mother of one. Today, she works as a commercial sex worker but before, Tigest was married and living in Dubai with her husband and child. After her husband died, Tigest returned home to Ethiopia to find herself and her child abandoned by her in-laws. After a series of financial setbacks she took a job as a cashier in a hotel where her salary was meager. After several cash shortfalls, Tigest turned to sex work. Tigest has been a sex worker for only six-months but is already hardened to her new life and accustomed to the establishment where she lives and works with 25 other women.

Tigest first joined the Smart Journey program while at another establishment. When she moved to her new establishment, which serves as a bar and brothel, Tigest eagerly rejoined the program, proudly earning her Smart Journey certificate of completion. Today, Tigest considers herself an expert in the content of the program and easily recounts the top three things she has learned and applied: 1) correct condom usage—prior to the program, Tigest used condoms two times (and inside-out) before disposing of them; 2) strategies for protecting herself from condom breakage; and 3) information on STI transmission and side effects.

Tigest actively uses the skills she developed through Smart Journey and reports that she will no longer use a condom that a client brings but instead will only use condoms provided by Smart Journey or that she purchases herself. There have been times that Tigest has been offered marriage or additional money for sex without a condom. Tigest consistently refuses these offers stating that her primary goal is to be there for her child. Outside of work, Tigest also has a boyfriend. She insists on using a condom with him and while this has been a source of continued argument between the two of them, it is a decision that Tigest refuses to negotiate.

As part of Smart Journey, Tigest went to a clinic for STI testing. Since that time, however, she has not yet returned, saying she says she feels healthy and is busy. Regular visits to the clinic are one area promoted by the program that Tigest has had a harder time following, though going the first time for her was an accomplishment.

motivate men to visit a clinic. HCP is also piloting an outreach activity that employs a new flipchart, entitled *Munit's Smart Journey*, aimed at facilitating recruitment of new participants into the program.

Social Capital and a Growing Sense of Collective Efficacy

"It [Smart Journey] taught me that all women in the world will come together...taking care of their health... I learned much in the topic. I learned in it love."

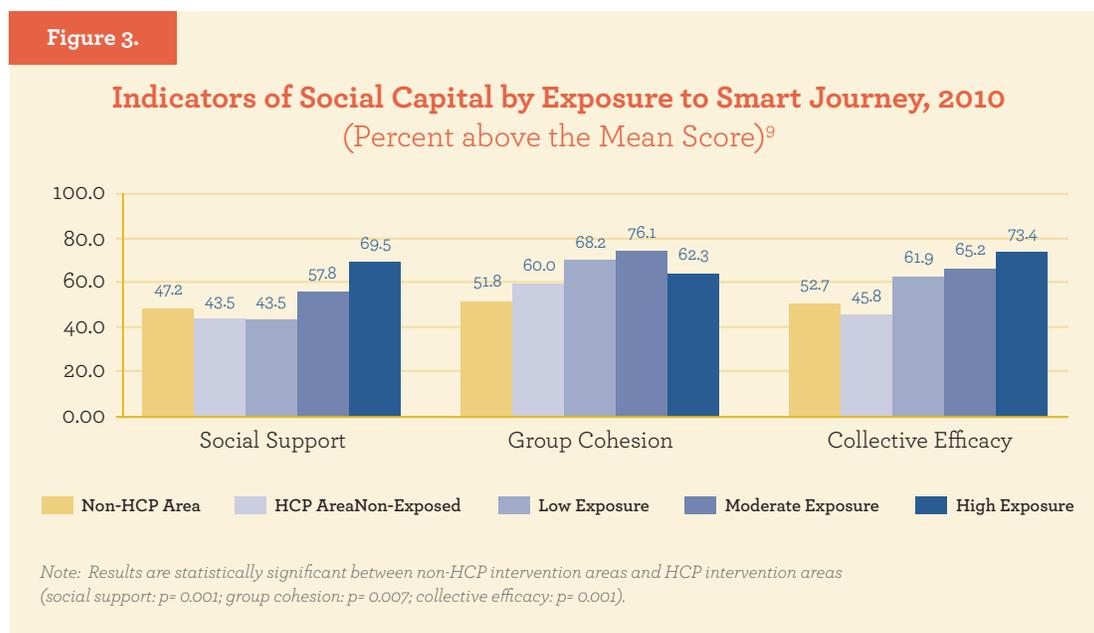
Smart Journey participant

"I have built my self confidence. Previously if I had questions, I did not ask them. Now I can freely ask questions. Even in my interpersonal relationships. I am now free of fear."

Smart Journey peer educator

Significant program impact comes through the strengthened personal bonds Smart Journey creates within an establishment. A new sense of closeness and camaraderie extend outside of peer education sessions. For example, women report helping each other out when they are sick or need money or a condom. Women who participate in Smart Journey are statistically more likely to have higher scores on social capital scales that measure factors such as social support, group cohesion, and collective efficacy compared to non-participating sex workers (see Figure 3).

In keeping with demonstrated social capital improvements, Smart Journey participants actively support each other to maintain each other's health and safety. If a woman calls out while with a client, the other women in the establishment will frequently come to her support. If a man asks for sex without a condom and others hear, they will often go to help her. According to one participant, "We used to in the



⁹Mela Research, PLC (2010).

“I am the first peer educator. I am happy to share ideas with friends. First, I saved myself. Then, I helped others to save themselves.”

Smart Journey peer educator

past quarrel with the guy and beat him and have him leave the compound. Now, we try to negotiate with him [to use a condom] so we don't lose our business. It is not always a success if she refuses and lets him go. If everyone refuses though, he comes around.” Another example of the strong ties created within establishments is that women will often signal to each other when they have had too much to drink or they think a client is encouraging a coworker to become drunk in hopes of having sex without a condom. Establishment owners also play an important role towards increased group efficacy. Many actively encourage women to always use a

condom and will intervene when a customer refuses. Others promote frequent clinic visits, if only because healthy women are better for their business than sick women. According to one establishment owner, “We support them and when we hear them cry, we are the ones to reach for them. Every 15 days we meet and discuss issues. We tell them about men's character and behavior about condoms. If we hear about a man that won't use a condom, we enter and separate them. If he is drunk, we take him to the police.”

Teaching Others

“Many sisters died without getting knowledge. Now we are passing on what we have learned.”

Smart Journey peer educator

Smart Journey participants and peer educators are enthusiastic about sharing their new knowledge and are eager to learn more. “We want you to teach us everything,” exclaimed one participant. Participants who demonstrate an interest and aptitude for facilitation and mentorship are invited to become peer educators. From their participation in training and as peer educators, many women have called their Smart Journey experience “life transforming.”

Peer educators are proud of their accomplishments and of their role in helping other women to protect themselves. According to one educator, “Now we have known and let others know. This is part of our success. Now peer educators are over 600 and we are expanding.” According to another, “I am happy. I am a sex worker also. We

Step 3
Make a **Plan**
to lower your **risk**

Check the boxes for the actions you will take	
1. I will use condoms with all my clients everytime I have sex.	<input type="checkbox"/>
2. I will use condoms with my boyfriend everytime I have sex.	<input type="checkbox"/>
3. I won't have sex without condom even if a client pays me more money.	<input type="checkbox"/>
4. I will make clinic visits every month for STI check up.	<input type="checkbox"/>
5. I won't go out, of the establishment where I work, to have sex with a client.	<input type="checkbox"/>
6. I will share my secrets with friends whom I trust.	<input type="checkbox"/>
7. I will support my friends to visit clinic every month for STI check up.	<input type="checkbox"/>
8. I will encourage my friends to use condom every time they have sex.	<input type="checkbox"/>
9. I will	<input type="checkbox"/>

(add another action here)

Step 4
Review your plan every week and share your successes and challenges with your friends.

face similar problems. When we come together and discuss [issues] openly, I feel happy.” Peer educators and participants cite the desire to influence their peers in positive ways as a key reason for their participation in the program. According to one woman, “[Now] we always talk about these things, as in the night, we may face some problems...” such as ‘he beat me,’ ‘sometimes he asks for different positions,’ etc. We always discuss these problems. It is better to share our problems with our friends. If I keep quiet, maybe my friend will also face that problem.”

Desire for Change

“After [participating] in this program, we got much information on rescuing our life. We now know how to use a condom. If we use it properly, we will be saved of having unintended child and caught with diseases. So now I hope I can reach higher status like anyone else. I have more hopes this time than before.”

Smart Journey participant

Almost without exception, if presented with a choice, women engaged in sex work would choose to work outside of their industry. According to one woman, “I want to live with my children and also wish them not to experience the bad life I went through.” There is currently a cohort of senior Smart Journey peer educators that manage multiple peer education groups. Some facilitate six groups at a time and the small stipend they receive has allowed them to leave sex work altogether. Other women have left sex work solely as a result of their participation in the program.

An HCP qualitative assessment of the Smart Journey program found that peer educators and participants alike shared a sense of hope



that sex workers not in the program did not have. They believed as a result of Smart Journey that changes in their lives were possible. They also inspired other sex workers to believe in the possibility of change. According to one woman, “Before I knew HCP, I did not have hope to survive. I felt that life could not change and I would always live in commercial sex work.” According to another, “I have a hope and I also started the journey to achieve my hope...Before, I did not have an objective for change and to be out of this work. But now I stopped many things.” Smart Journey’s quantitative evaluation showed that participants demonstrate higher levels of self-efficacy than sex workers that do not participate in the program.

Celebrating Our Success

Participants who successfully complete Smart Journey’s twelve skill-building sessions are recognized for their accomplishments at a community celebration. During this “graduation” ceremony, peer educators review and reinforce essential behaviors and risk reduction actions



promoted by the program. Boyfriends of sex workers, police, and establishment owners also participate in the celebrations to strengthen the women's sense of community and support. The results of these graduations have been impressive—in Addis Ababa, police and sex workers have agreed to work hand-in-hand to reduce violence and robbery in their localities.

At the End of the Journey

Quantitative and qualitative evaluation results have demonstrated the significant impact the Smart Journey program has had around critical prevention areas. The program has demonstrated significant increases in correct condom usage by sex workers with all partners (including non-paying partners), improved attitudes and practices related to care-seeking, and increased social capital and community support. The emphasis Smart Journey has

placed on pairing skill-building with supportive behavior change communication has resulted in meaningful individual and collective behavior change among sex workers. The true impact of the Smart Journey Program, however, is reflected in the stories the women tell each other about their *journey*—stories of improved efficacy, empowerment, and hope.

Building upon the program's success in Addis Ababa and Adama, Smart Journey's next logical direction is to scale-up the program to reach women in cities across Ethiopia. As the program evolves, additional understanding of the sustainability of key HIV prevention behaviors is needed to inform future program content. Strengthening Smart Journey's outreach to reach women before they enter sex work and establishing stronger linkages between the program and education for HIV positive women are areas of future exploration.

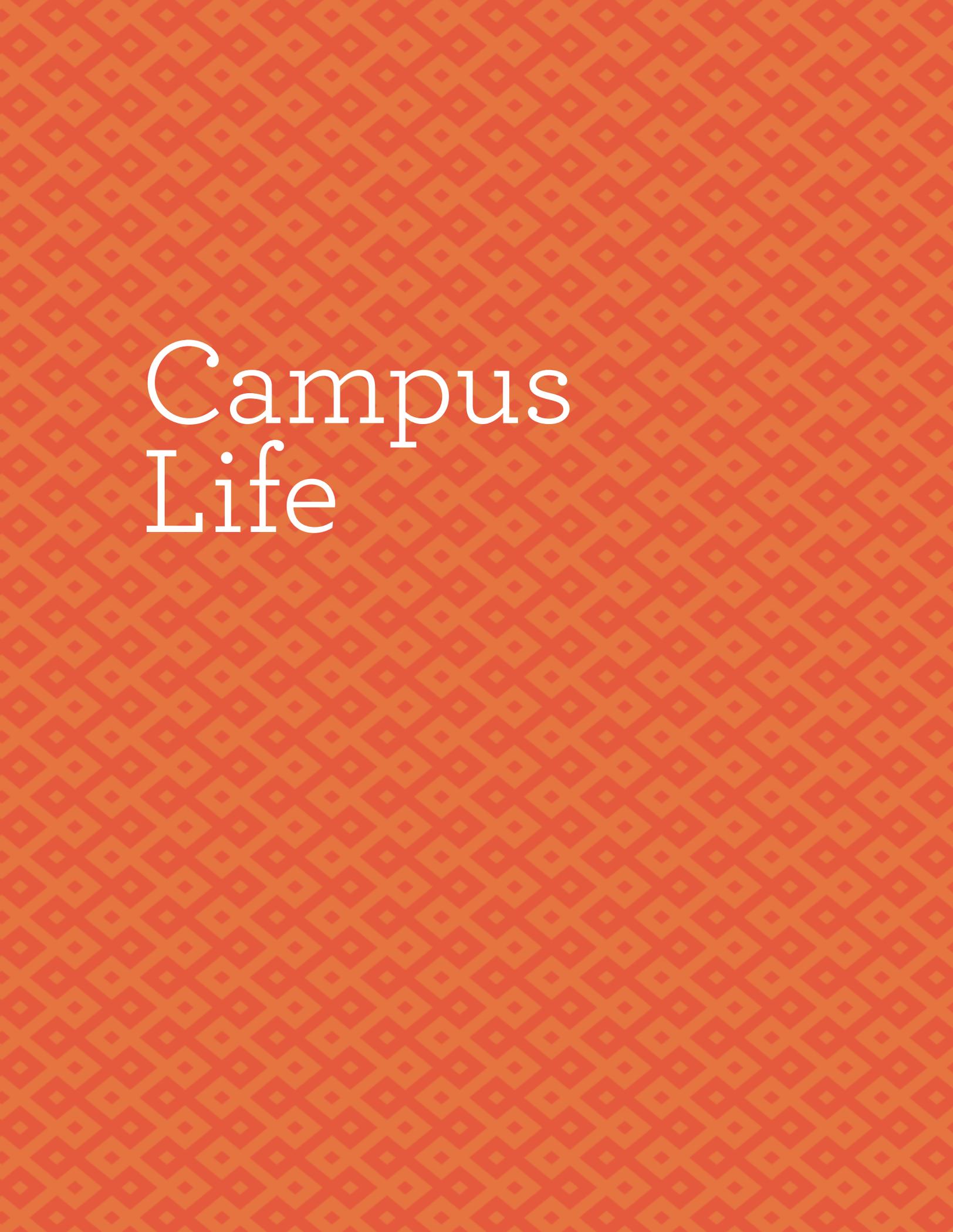
Yeshi's Story

Yeshi had slept with this client before. Afterwards, he begged and begged her to go with him to his home. She always refused for her safety. Finally, after some time and much begging, she gave in. He picked her up in his car one night and they traveled a very long distance. He asked her to drink and she said okay. He asked her to have sex...then she saw his knife and chain.

Yeshi did not know what was happening to her as this client had given her a nice amount of money in the past. Now, he threatened to kill her unless she had sex with him right then and there. *"I will kill you,"* he said.

Yeshi responded, *"I love you. You were not like this. If you kill me, no one will see you except the car and God. If you want to kill me, just do it."* Yeshi sorrowfully recounts, *"I trusted him. I loved him...He decided to kill me. I accepted this and gave into God."* After seeing her acceptance of the situation, her client began to weep. He stopped everything and brought her back to the establishment where she worked. There, he spent the night. When he left the next day, he left for good and never returned to the establishment again.

Yeshi recounts her story during the middle of a Smart Journey session on negotiation skills. She advises her fellow participants, *"Always, when any client asks you and is aggressive, be calm and try to bring down his hurt or warm him up."* She tells the women who listen with horrified expressions that this Smart Journey session was the first time she had ever told her story. She explained that she was sharing her story now so that it would serve as a good example to others, her sisters, so that they would not find themselves in that situation. And, if they did, by her example, they would know what to do.



Campus Life

* *Setting the Stage*

In Ethiopia, university students are considered a high-risk group for HIV by PEPFAR and the HIV community because of the converging risk factors they face when they move away from home for the first time. Most students enter school with limited knowledge of sexual and reproductive health and often face pressure from peers to engage in risky behavior. This puts them at increased risk for unplanned pregnancy, STIs, and HIV, particularly as they commonly underestimate their personal risk. As educational attainment increases in Ethiopia so do HIV infection rates, according to findings from a 2005 population-based survey.¹⁰ On campuses, there are wide differentials in the knowledge and experience of students—particularly between older and younger, and urban and rural students. While many students have general knowledge of HIV and its prevention, nearly 60% of students at one major Ethiopian university did not know that condoms, when used consistently, could protect against STIs and HIV.¹¹

Newfound freedom and feelings of invincibility while away at school also compound the risk that students face. Belachew et al.¹² found that over half of sexually active students at one university did not perceive that they were at risk for HIV, although nearly 30% had multiple sexual partners and over a third did not use condoms consistently. More broadly, among males ages 15–24 that had sexual intercourse within the last year in Ethiopia, almost 40% reported engaging in what is defined as high-risk sexual activity.¹³ Stigma envelops topics related to sexual and reproductive health, which traditionally are not openly discussed on campuses. Gender myths and misconceptions perpetuate the silence and confusion around

these issues. As a result, high-risk sexual activity among women ages 15–24 is often underreported in Ethiopia.

To address these issues, HCP developed the Campus Life program in 2007–2008 to prevent transmission and to mitigate the effects of HIV and AIDS among university students. The program is designed to prepare students to successfully handle the transition of living at a university and to resist peer pressure and the frequent demands placed upon them to engage in risky behaviors. Three *major challenges* faced by university students are addressed through the program: 1) unplanned pregnancy, 2) STIs, and 3) HIV. Before the Campus Life program

¹⁰UN Central Statistical Agency [Ethiopia] and ORC Macro. (2006). *Ethiopia Demographic and Health Survey, 2005*. Addis Ababa, Ethiopia and Calverton, Maryland, USA: Central Statistical Agency and ORC Macro.

¹¹Belachew, T., Jira, C., & Mamo, Y. (2004). Knowledge, Attitude, and Practice about HIV/AIDS, Voluntary Counseling and Testing Among Student of Jimma University, Jimma Zone, Southwest Ethiopia. *Ethiopian Journal of Health Sciences*, 14 (43–53).

¹²Belachew et al. (2004).

¹³Central Statistical Agency [Ethiopia] and ORC Macro. (2006).



was established, a study at Addis Ababa University found that only 12% of students received sexual and reproductive health information from campus sources; instead, mass media was the students' primary source for information.¹⁴ Campus Life achieves impact among the students it serves by ensuring that relevant health information is available at a time when students need it the most and that this information is relayed through trusted channels.

Program Overview

Campus Life is designed to provide students with sound information and the practical skills needed to make responsible decisions with respect to their sexual and reproductive health. Students, ages 18-24, are the program's primary beneficiaries. Both male and female students participate in the program, though a special emphasis is placed on reaching female students and freshmen to address their special

vulnerabilities. Campus Life enables students to accurately assess their risks so that they can gain greater insight into their behavior and that of their friends. Campus Life's primary behavioral objectives are to:

1. Build skills that will enable students to remain at zero or low risk,
2. Assist students at high or very high risk to take steps to lower their risk, and
3. Promote an environment where students support each other to maintain low risk or reduce high risk.

HCP has found that students' risk levels increase with each successive year they are at college or university, and up to 15% of students can be classified as high-risk or very high-risk. Often, these students need only to adopt one or two key actions—such as using a condom at every sexual encounter (even though they 'trust' their partner)—to dramatically lower

¹⁴Belayneh, Y. (n.d.). Reproductive Health Needs and Service Utilization of Addis Ababa University Students. Thesis submitted to the School of Graduate Studies, Addis Ababa.

their risk for HIV. Because peer pressure is so intense on campuses, Campus Life recognizes that it takes enormous will and self-confidence to resist it. Many actions required to maintain low risk or to lower one's high risk status are too difficult for a student to tackle alone. They need help from their friends.

To achieve behavioral impact, the Campus Life program was designed based on a model that employs a mix of information and education with behavior change communication and strengthened services. Today, this model is being used on 54 campuses across Ethiopia. Campus Life's approach includes skill-building exercises and tools to help students assess their personal risk of HIV and to improve their understanding of themselves. The program works to build students' self-confidence, to develop prevention skills, and to improve their communication with others. Using a structured peer education model, trained peer educators facilitate specific half-day courses, act as mentors, and organize campus events. The majority of peer educators are selected from student clubs where they have already been acknowledged as campus leaders.

Program Design

Over the past three years the Campus Life program has evolved based on feedback from students and college administrators and to enable a rapid scale-up of the program. During the 2009-2010 academic year, with the support of regional HAPCOs, Campus Life expanded from 26 universities and colleges to 54. HCP accepted the challenge to more than double its reach in a year's time based on the understanding that has grown out of all HCP youth prevention programs since 2004—that getting essential actionable information into the hands of many students has a greater public health impact than working more intensively

with fewer students. Simply said, once a solid program has been developed, scale becomes everything.

From 2007 to 2009 under Campus Life, peer educators conducted a series of 21 interactive skill-building activities using a facilitator's guide with student club members. One challenge that the original Campus Life program faced was achieving wide-reach among students, in particular with women and higher-risk students. The 21-activity program was time-intensive, and as students were recruited primarily from campus clubs, higher risk and vulnerable students were not being reached in large numbers. During the 2009-2010 academic year, Campus Life introduced its HIV prevention-focused "Freshman Orientation" with a new training manual developed in support of this new course. The half-day course focuses on basic skills and information that a student entering college needs to have, particularly as it relates to their protection. Students and administrators alike believe that the Freshman Orientation is an enormously beneficial introduction to student life at school. One only needs to attend one session to observe the impact the course has on shy, rural students coming to a large town for the first time as they begin to soak up the course's material.

Maximizing Impact at Scale

Based on the success of the "Freshman Orientation" held during the 2009-2010 academic year, HCP staff, in consultation with peer educators, campus administrators, and HAPCO determined that the most cost-effective way to reach the greatest numbers of women and high-risk students was to extend the half-day course format to also reach second, third, and fourth year students. HCP recognized that the half-day

courses might catalyze some behavior change among students, but sustaining that change would require reinforcement that could only come through regular communication support and strengthened services. The model that emerged, following extensive consultation with HAPCO and other stakeholders, includes four components:

1. **Self-Awareness:** The cornerstone of HCP's Campus Life program is a ten-question personal risk assessment tool designed to serve as a behavior change wake-up call for students. The tool is designed to enable students to accurately determine their risk of HIV by focusing on the drivers of HIV on campus, such as unprotected sex. Through use of the tool, Campus Life encourages students to develop risk-reduction plans and to work in small teams to provide mutual support to each other around difficult behaviors, such as resisting peer pressure. To reach large numbers of students with this tool, HCP launched "Know your Risk Weeks" on campuses throughout Ethiopia.
2. **Education:** Two half-day skill-building courses were developed in addition to the Freshman Orientation entitled 'Essentials' and the 'Self-Reflection Passport and Red Card Course.' Priority material from the program's original 21 activities were selected and narrowed down to six of the most essential risk reduction activities for students.
3. **Behavior Change Communication:** Supportive HIV prevention campus activities, such as drama competitions, mass media, festivals, and other campus events reinforce students' learning throughout the academic year, enrich the behavior change environment, and extend Campus Life's reach.

4. **Strengthened Services:** In partnership with Engender Health, HCP provided training to clinical staff on campus to improve the youth friendliness of services. Campus Life also offers condom distribution and a new mentorship program entitled the *Living Hotline*.

Behavior Change Communication

To strengthen its program implementation, HCP ensures that students are exposed to a mix of reinforcing activities and events on each campus where it works. Supportive behavior change communication activities include dramas and media—such as video programs that employ dynamic magazine formats and mix entertainment with short pieces that capture a sense of what is happening on campus related to HIV prevention. The overarching message of the videos are that *"it's cool to be low risk,"* it is good to think about your friends' health, and that aggressive behavior is no longer tolerated now that young women are using the Red Card. Video programs are aired on campuses and used during trainings. Further supporting the Red Card activities are a series of HCP-produced television spots that capture and model typical situations, such as dealing with sugar daddies or excessive alcohol use where the Red Card is used. A series of five Red Card spots have been shown during festivals on campuses.

In April 2010, HCP organized drama competitions at nine universities and colleges in Jimma and Bahir Dar, placing a special emphasis on involving high-risk students through recruitment at khat houses and bars near campuses. The objectives of the competitions were to:

- Encourage college students to lower their risk of being infected with STIs and HIV;

Three Campus Life Courses

- 1. Freshman Orientation:** Approximately 75% of entering freshman come to school at zero or low-risk for HIV, according to HCP's risk assessment tool. Students' risk increases as they spend more time away from home. The freshman orientation is the first time for many that HIV/AIDS information is presented not as a list of "do's and don'ts," but rather as a series of exercises and role plays that require students' active engagement. During the fall of 2009, Campus Life reached over 54,000 students through HCP's freshman orientations where they participated in a series of six activities including resisting peer pressure, decision-making, relationships (friendships), STIs, and family planning. HCP distributed 150,000 brochures to students reinforcing the information provided in the Orientation. Many campuses shut down classes for a day to facilitate this course.
- 2. Essentials Courses:** These courses are offered to upper classmen. They include six skill-building activities related to how HIV is transmitted, STIs, condom use, family planning, negotiation, and gender equity. During 2010, the Essentials Courses were rolled out to over 108,000 students. Almost all participating campuses closed classes to facilitate the three courses.
- 3. Self Reflection Passport and Red Card Course:** To engage additional students, especially women, who had not previously participated in Campus Life activities, HCP designed a three-hour course entitled, "Self Reflection Passport and Red Card." The Self Reflection Passport is a tool that assists students to connect with their personal values and develop strategies for dealing with peer pressure. Developing these skills results in greater self confidence and better decision-making. The Red Card is a tool given to women to help them resist pressure in situations where they are uncomfortable or "can't find the right words." During the course, students practice using the Red Card in typical scenarios, such as with a boyfriend who is encouraging a young woman to have sex without a condom.

Almaz's Story

Almaz recounts her deeply personal story in tears. She is a senior at her university for the second time. Almaz was supposed to graduate last year but was held back because she refused the sexual advances of one of her professors. Her professor, angered by her refusal, retaliated against her by giving her a failing grade and by having his co-worker change her grades from A's and B's to C's so that she would not graduate. When Almaz reported her professor's behavior to the University Director, she was asked for proof of his harassment. Almaz brought three friends with her as witnesses to the professor's behavior. Despite this, the professor and his co-worker lied to school authorities about her grades and she was forced to repeat her final year of school.

This year, when Almaz came to school, she had the same professor again. He told her that if she did not sleep with him, the same thing would happen to her. Almaz begged him to reconsider but he insisted that if she did not go with him, he would give her an 'F' in his class. Almaz asked her friend for advice. Her friend advised Almaz to sleep with the teacher, saying that "everyone is doing it and there is nothing wrong about it." Almaz was about to relent to her teacher's advances, believing that "if she did it one or two times," she could avoid being where she currently was. Before the program, Almaz reported being angry, sick, and depressed.

Almaz decided to join Campus Life as a peer educator and during her training, she was asked two questions: 1) how do you resist peer pressure; and 2) what would you do if a professor asks you to have an affair? These questions made Almaz emotional and she began to cry; she was sick about the entire situation with her professor. A trainer from HCP helped her to open up and the group discussed ways she could resist her professor's sexual harassment. Almaz stood up during the training and told her peers that if a professor asked her to have an affair, she would say "no," even if she got kicked off campus. Her friends and fellow trainees agreed with her and it felt good.

Almaz began to share her story with others participating in the Smart Journey program and with other peer educators. Together, they came up with the idea that she switch her class with the teacher and she did. Today, Almaz reports that the program helped her to resist her professor's pressure and to enable her to tell her story to others.

- Use drama to demonstrate how individuals can come to grips with their risk level and take positive actions by themselves and with the help of friends; and
- Use media to multiply the impact of the dramatic presentations.

The six-minute dramatic presentations were focused on three themes—1) peer pressure, 2) influence of alcohol, 3) multiple partnerships, 4) transactional sex, and 5) the Red Card. At each university, 15-20 competing groups were formed. Winners were selected across each of the thematic areas. Selected dramas were successful in portraying life on campus, particularly in demonstrating the negative consequences of risky behavior and the positive benefits of safer practices.

Strengthened Services

To support demand for services at schools created as a result of Campus Life’s intervention, HCP distributes free condoms on some campuses and supports campus clinics. In partnership with Engender Health, HCP provided training to clinical staff from 14 campuses using the MOH-certified *Youth Friendly Service* curriculum. Youth friendly services emphasize freedom and anonymity in seeking care, provision of services without judgment, and ensuring that youth are at ease while at the clinic. HCP also provides campus clinics with STI and family planning information.



Another way that HCP works to strengthen support systems for the students it reaches—particularly women—is through its new mentorship program. In collaboration with HAPCO and university gender offices, HCP piloted a mentorship program in 2010 entitled, *Living Hotline*, under which older women provide mentorship to younger women on

“I know the [students] love this program because when we call for academic class, they do not come. When they call for Campus Life program, they come. They like this better than their regular classes. They like it because it’s directly related to their life. They want to learn more about it.”

Student dean

campus. At each campus, an average of 50 women, selected by peers and school administrators, participated in a three-day training. The training included basic counseling and referral skills related to Campus Life's content.

A Movement in its Own Right

Campus Life has been highly successful with both private and public universities throughout Ethiopia, as demonstrated by the commitment of university administrators to facilitate a series of student-led activities and special events. During the 2009-2010 academic year, Campus Life reached 162,000 university students. The large-scale exposure and impact of this program are among its greatest successes. According to one student dean pleased with Campus Life, most programs work only with government institutions, and Campus Life is the first time the university has participated in this type of a program.

Protecting Myself

A primary goal of Campus Life is to assist students to gain the knowledge and the skills they need to protect themselves from HIV. Offering a dynamic mix of educational and communication activities on campus is critical to creating a behavior change environment that promotes both student's individual and collective efficacy. Students who are used to a more 'top-down' lecture format rapidly become engaged in Campus Life activities because the content is new and relevant topics are presented in a participatory, experiential manner. To observe a Campus Life program is to witness students eagerly participating in peer-led discussions and activities, pondering new questions, and challenging misconceptions on the topics that interest them most.

Strategies to Successfully Resist Peer Pressure

"Students come from different directions. They are not dependent on families and are easily influenced because they are young. Friends and new things are exciting—such as khat and alcohol."

Student dean

Learning to handle peer pressure at school is a theme that cuts across all Campus Life activities. According to one woman, "Most students are new, they don't have guidance. They succumb to peer pressure." Findings from a 2010 HCP risk assessment of students from 22 universities showed that 66% of male students and 33% of female students responded affirmatively to the question, 'I get myself into risky situations because of my friends.' Twenty-eight percent of students report using khat and 37% report using it daily.¹⁵ Pressure to use khat and alcohol affect both male and female students. "Most freshman female students think it is cool to hang out with boys and drink," says one student. Through the program, students share the various ways they have tried to reduce the pressure they face to have unprotected sex, chew khat, and drink.

The most popular Campus Life activity, which is entitled 'Chocolate,' tackles the issue of peer pressure head-on. Students practice negotiating with a friend over a piece of chocolate candy. Male students try to convince female students to give them the piece of chocolate that they are holding, which everyone participating in the program realizes represents sex. The activity helps students to examine the types of pressure friends can place on them to engage

¹⁵HCP (2009). Self Reflection Risk Assessment results from 22 universities and colleges.

Step 1

Do You Know Your Risk...

... of having an STI or HIV?



Write the number that corresponds to your answers in the boxes below:
 Never = 0 Only once = 5 2-3 times = 10 Many times = 20

1. I get myself in risky situations because of my friends.	
2. I have had unprotected sex without a condom in the past 6 months.	
3. I have not used a condom to show trust in my partner.	
4. I have had unprotected sex with someone assuming she or he is HIV free.	
5. I have had more than one partner at the same time in the past 6 months.	
6. I have had unprotected sex under the influence of alcohol or chat.	
7. I have received or given gifts, grades or money in exchange for sex.	
8. I have had sex with someone I don't know or just met.	
9. I have had sex with someone who is 8 or more years older than me.	
10. I have pressured someone or been pressured to have sex.	
Total Score	

Step 2: See inside what your "Total Score" means



0-10 Points - Low Risk

- You make decisions carefully and you avoid unnecessary risk;
- You are a good role model.

Stay safe and help your friends to lower their risk

11-30 Points – Some Risk

- You sometimes give-in to temptation;
- Be sure to weigh your risk and benefits.
- Work with your friends to lower your risk.

Weigh your risk, walk away and protect yourself





31-60 Points - High Risk

- Do you play a passive role in making decisions and let others push you into risky situations?
- Get tested for HIV.

Make a plan today to lower your risk



Above 60 Points - Very High Risk

- Your life is based on pleasure and taking risks;
- You put yourself and others in danger;
- You should immediately get tested for HIV and STI's.

Make a plan now to lower your risk; ask friends for help

See next page to **make a Plan**

Step 3
What is your
3-Month
Plan?



My Plan is to lower my "Total Score" to ...

Check the boxes for the **actions you will take**

- I will help my friends lower their risk by sharing my experiences.
- I will say "NO", when my friends push me into risky situations.
- I will use condoms correctly and consistently every time I have sex.
- I will not take on a second or third partner.
- I will not give or accept gifts, grades or money for sex
- I will _____
(add another action here)

Step 4
Review your plan **every week** and share your successes and challenges **with your friends**.



Friends who will support me to lower my risk!

- _____
- _____
- _____

Join the Campus Life Program, Lower Your Risk!

in behaviors they do not want to do. According to one student, *“From the Chocolate Activity, I learned how to resist peer pressure and to negotiate for what I want.”* Another said, *“I used to be pressured by friends. Most of my actions were based on my friends’ feelings. Since the training [Campus Life], this has changed.”*

A commonly held belief on campuses is that females are likely to fall victim to sexual pressure if they are of lower socioeconomic standing or are offered incentives, such as clothing or perfume by potential suitors. An HCP assessment found that 33% of students believe it is normal for a woman to have sex with an older person or a sugar daddy.¹⁶ Counteracting the commonly held acceptance of these types of social norms is an ongoing challenge, particularly as women report widespread instances of sexual pressure by teachers and upper classmen.

Countering Misconceptions

“I used to think that if she looked one way, she was safe. I learned not to judge by appearance. Anytime [you have sex] you need to use a condom.”

Campus Life participant

It is fascinating to observe a Campus Life peer educator skillfully navigate students’ ideas and misconceptions around topics such as gender, STIs, and condoms and to watch students’ faces as they come to new realizations. Common misconceptions among students include that you can tell if someone is HIV-positive by their appearance and that you cannot get infected with HIV the first time you have sex.

Correct and consistent usage of condoms is a key area covered by Campus Life. Before participation in the program, students talk about their previous condom misconceptions—most commonly, *“It [condom use] is like eating a banana without peeling it.”* Male and female students alike believe that using condoms will reduce their sexual satisfaction. Addressing these misconceptions is an important part of the Campus Life program. During the Essentials Course, students learn how condoms prevent pregnancy and STIs. They also practice the correct steps for using a condom. According to one student, *“Condoms—before they were secret. Now I hold it; put it on my hand.”* For many students, Campus Life is the first time that they have ever seen a condom. As part of the program on some campuses, peer educators make free condoms available to students in order to support the education they receive through the courses.

Protecting Others and Becoming the Person I Am Meant to Be

Helping Others Protect Themselves

“I first changed myself, then it [Campus Life] helped me to assist other students. There are no words to express how I feel.”

Campus Life peer educator

As with the Smart Journey program, Campus Life encourages an each one, teach one approach. Sharing information gained during the program and generating discussions among

¹⁶HCP (2009).

Chocolate Activity

Adapted from Campus Life's Peer Guide

Objective: To help participants identify effective and ineffective ways to reduce risk.

Materials: Chocolate or candy

Time: 40 minutes

Activity Steps:

1. Divide participants into two groups and take one of the groups outside the room. Tell them to prepare for a role play on balanced and unbalanced friendships.
2. One group will represent a dictating and influential friend (A), and the other, a receiving and submissive/easily influenced person (B).
3. Give each person representing B one chocolate bar. Their task will be to act as if they really want to keep the chocolate bar for themselves.
4. All those representing A will act as an influential friend. Their task will be to use all skills, strategies, or tactics, knowledge, and experience to effectively influence and convince the B's to give up their chocolate bars.
5. Instruct the B's to give up their chocolate bars only if the A's do or say something that is really convincing to change their mind in a real-life situation.
6. Give five minutes for this exercise.

NOTE TO THE FACILITATOR: *Encourage participants to use a variety of perspectives, such as being influenced by same-sex and different-sex friends, teachers, neighbors, relatives, classmates, boyfriends/girlfriends, intimate friends, parents, etc.*

Discussion Points:

1. What did you feel when you played the role of A or B?
2. How many individuals representing B gave up their chocolate?
3. What were the exact statements/questions and methods/approaches you used while you played the role of A or B?
4. Ask participants to tell similar stories where they have been influenced and gave something up.
 - a. Who influenced or convinced them?
 - b. What was the issue/thing they wanted or ultimately gave up?
 - c. What was the consequence of that process? Are they happy for giving up what they needed or do they regret their action?
5. Ask participants about how a university student can manage such pressures coming from friends, classmates, and teachers in their own campus setting and real-life situation.

friends and family helps to reinforce lessons learned, as well as to generate behavior change momentum. Sharing can be informal—such as a casual dormitory conversation—or it can be a structured activity, such as student drama.

HCP's goal is to ensure that all activities are interesting and informative so that students will naturally want to discuss them with their friends. According to one woman, *"After completing the session, I always tell my friends in the dormitory about any activity. Sometimes they laugh at me on some points, but they think it is good training. After telling friends, they have joined the training."* Another student echoes her sentiments: *"I told my friend in the dorm and showed them the strength of condoms and steps to use it. They now want to participate in the training."*

A Sense of Pride

"After training, I became a trainer. Now I am a model to others. I used to hang out with girls and smoke. Now I don't do that, as I am a role model for other students. I don't have the words to express what I have learned from this training. If I could open myself up to show you, I would."

Campus Life peer educator

Campus Life peer educators are thoughtful and eloquent about how the program has affected their lives. For most peer educators, the sense of pride and accomplishment they feel in being



able to help others and in serving as role models shine through brightly. According to one peer educator, *"I have been given a responsibility to share with my friend. I feel proud."* For many, the program has enabled them to speak confidently and freely. One female peer educator attests, *"In general I was shy at first and didn't discuss sex. Campus Life helped me to now discuss these things with my friends."* According to another, *"What I get from Campus Life is I am ready for everything—peer pressure, how to use condoms—it keeps me ready to face challenges. I feel proud to be a peer educator. It helped me to know myself and helped me to help my friends."*

Impact at Scale

To achieve impact at scale on universities across Ethiopia, HCP has played an active role in the Federal HAPCO's National Higher Education Forum for university and college presidents and administrators. The collaborative bonds created by this forum facilitated Campus Life's most important accomplishment: reaching critical masses of students with STI and HIV education and supportive behavior change communication in a participatory manner. The buy-in and support the program has received from university officials is unprecedented. Campus Life effectively enables large numbers of students to identify their risk and builds students' skills to navigate social situations and peer pressure involving HIV drivers, such as alcohol abuse, transactional sex, and concurrent partnerships.



Campus Life continues to refocus its intervention package to maximize its cost-benefits and to ensure that the program focuses its attention on women and high-risk students, while at the still time providing a basic prevention package to hundreds of thousands of lower-risk students. As the program continues to evolve, it will focus on learning more about what motivates students to lower their risk to inform future programming. Future directions for Campus Life include further scale-up of its approach to enable it to reach new campuses and students.

Kebede's Story

Kebede comes from a poor family outside of Gonder. When he came to university he wished for many things, including girlfriends. Before university, he had very little information about girls as in his area as wives are chosen by the family. A friend from the city came to his village and told Kebede what university was like and said there were many girls to choose from. Kebede worked hard and was able to collect enough money to attend university; however, when he got there, he was unable to find a girlfriend. He thought that since he had some money he would have girls—as many as three to five. Kebede's thoughts were always on girls and not his education, which greatly affected his grades.

After participating in Campus Life, Kebede reflects that his previous understanding of women was not true. He realized, in fact, that all of his notions were wrong: *“money is nothing, love is everything.”* Before Campus Life, he thought if you met a girl, you must sleep with her, whoever she is. Now he realizes he must change this idea. Since the program, Kebede has met a girl but has decided not to sleep with her. He wonders, *“If I have contact with her, what is the consequence?”* Before the program, Kebede used to think, *“What is wrong with me?”* He says that Campus Life has given him some important answers to these questions.



Youth Programs

* *Setting the Stage*

HCP's Smart Journey and Campus Life interventions aim to reach individuals at times in their lives when they are engaged or likely to engage in unprotected sexual activity. HCP believes it is important to also work with adolescents early on, so that they are well-equipped when they first face important decisions about who to hang out with, whether to start drinking or chew khat, or whether to initiate a sexual relationship. To this end, since 2004 HCP has developed and implemented life-skills programs for in-and-out-of-school youth ages 10 to 20. HCP's programs include: Beacon Schools, Sport for Life, the Youth Action Kit, and At-Risk Youth.

These programs provide youth with the knowledge and skills they need to protect themselves, as they first encounter risky situations and become sexually active. HCP's youth programs have achieved widespread impact in Ethiopia; they span eight school grades and are increasingly being integrated directly into school curricula by Regional Education Bureaus. As with the other priority populations served by HCP, general knowledge of HIV among youth in Ethiopia is relatively high. Knowledge of specific topics, such as modes of transmission, however, is much lower (under 44% for adolescent boys and girls in rural Ethiopia).¹⁷ Knowledge of STIs is also very low among this age group, particularly among adolescent females (37% of adolescent females in one study were aware of STIs).¹⁸ Before the HCP programs, students in Addis Ababa received their knowledge of HIV and AIDS primarily from radio or television or posters found in health facilities or in schools.



¹⁷Alene, G.D., Wheeler, J.G. & Grosskurth, H. (2004). Adolescent Reproductive Health and Awareness of HIV among Rural High School Students, North Western Ethiopia. *AIDS Care*, 16(1), 57-68.

¹⁸Alene et al. (2004).

Program Overview

Starting in 2004, in partnership with HAPCO, the Ministry of Youth and Sport, and the Regional Education Bureaus of Addis Ababa, Dire Dawa, Tigray, Amhara and Oromia, HCP developed four HIV/AIDS life-skills curricula for youth designed to reach students in grades five through 12. Students that participate in the programs learn age-appropriate lessons and skills related to communication, values, self-esteem, decision-making, hygiene, puberty, HIV/AIDS, and stigma and discrimination (see Table 2). A 2007 end-line evaluation of HCP's Sport for Life and Youth Action Kit programs demonstrated impact among participants

across a broad spectrum of behaviors. The programs resulted in increased HIV risk perception, HIV testing, gender equitable attitudes, and interpersonal communication.

Each of HCP's youth programs started as an after-school or weekend activity but today, Beacon Schools and Sport for Life programs are integrated into the official curricula in some areas. During the 2009–2010 academic year, Beacon Schools and Sport for Life were implemented in every public primary school in the seven target cities where HCP is active (see Table 3). Youth Action Kit and At-Risk Youth operated in all secondary schools in the seven

Table 2.

HCP Youth Program Objectives

Program	Knowledge Objective	Life-Skills Built
Beacon Schools	<ul style="list-style-type: none"> • Transmission • Our bodies • Personal values 	<ul style="list-style-type: none"> • Communication • Decision-making • Knowing ourselves
Sport for Life	<ul style="list-style-type: none"> • Prevention • Puberty • Gender • Risky behaviors 	<ul style="list-style-type: none"> • Communication • Decision-making • Translating personal values into action
Youth Action Kit	<ul style="list-style-type: none"> • Peer pressure • High-risk situations 	<ul style="list-style-type: none"> • Communication • Self-confidence • Decision-making • Identifying personal risk
At-Risk Youth	<ul style="list-style-type: none"> • Drivers of the HIV epidemic in Ethiopia 	<ul style="list-style-type: none"> • Making healthy decisions • Resisting negative peer pressure • Negotiating difficult situations successfully

Table 3.

Reach of HCP's Youth Programs (as of May 2010)

Program	Grades	Schools with Extra-Curricular Programs	Schools with Integrated Programs
Beacon Schools	5-6	156	310
Sport for Life	7-8		
Youth Action Kit	9-10	125	NA
At-Risk Youth	11-12		
Total		281	310

Note: Beacon Schools and Sport for Life programs are implemented in the same schools.

cities with the exception of Addis Ababa (HCP has programs in 52 of the 166 public schools in Addis Ababa).

Mainstreaming HIV/AIDS and Life Skills Topics in Schools

“The normal curriculum has HIV content in it—three units. But, it does not allow for students to internalize the information the way that Sport for Life or Beacon Schools does. They [students] are hearing it but not absorbing it with the old curriculum.”

Primary school teacher

As demand for HCP youth programs increased, education officials suggested including the Beacon Schools and Sport for Life programs as part of the existing primary school curricula. In 2007, HCP began working with curriculum experts at the Addis Ababa and Dire Dawa Education Bureaus toward integrating the programs into six subjects: biology, health and physical education, social studies, language,

and music. A series of new, supplementary manuals were produced to accompany teachers’ regular text books.

The end result of this first-of-its-kind curricula integration has been:

1. Increased program reach by a factor of ten at the individual school level;
2. Increased exposure of students to age-specific curricula as students move from grade-to-grade;
3. Integration and mainstreaming of HIV and life-skills topics into major subjects, resulting in greater numbers of teachers engaged in continued reinforcement and application of lessons and skills; and
4. True program sustainability as the content has been mainstreamed into the educational system.

During the fall of 2008, the Educational Bureau of Addis Ababa and Dire Dawa piloted the integrated program in 76 schools. Supervision visits carried out by education bureau staff confirmed

that the pilot was a resounding success. Teachers reported that the experiential learning activities complemented and added life to the HIV/AIDS curriculum that was already in place. At a quarterly partners' meeting in Dire Dawa, one teacher remarked, *"We've been talking about student-centered education for years, but it's always teacher-center. At last we can see what student centered is."* Perhaps most importantly, the physical activity and participatory nature associated with all Beacon Schools and Sport for Life activities was conserved in the curriculum during the integration process.

As a result of the success of the pilot program, during the following academic year (2009–2010) HCP expanded the Beacon Schools and Sport for Life programs to all 230 primary schools in Addis Ababa and to all 80 primary schools in Dire Dawa. Based on the success in each of these locations, the regional education bureaus of Tigray, Amhara, and Oromia have also requested that HCP integrate the programs into their curricula. Funds and time, however, did not permit this.

Participatory Learning Approaches

"Students are bored with the main text book. As they sit and talk about HIV/AIDS through role play, this is the type of education students become really engaged in. As the supplementary manual and the text book are integrated, there is more engagement. Engagement with the supplementary manual enhances the learning of regular lessons. The regular lessons are very didactic. This is more interesting."

Teacher





HCP's youth programs employ a participatory approach to learning that both teachers and students alike are enthusiastic about. According to one teacher, *"When I teach gymnastics, they do the bridge activity and balance beam and talk about HIV. This is a new thing."* While the regular Government curriculum in Ethiopia utilizes several different types of teaching techniques outside of traditional lectures, the HCP curricula is considered by many to be 'different' or 'more interesting' and reportedly *"bridges the gaps between students and teachers."* According to one student, *"The curriculum is related to regular subjects but is much more enjoyable!"* One principal agrees, *"I saw one of the teachers teaching a health and physical education class [using the supplementary manual]. Right after they finished the course, they wanted to do it again because of the approach."* Many teachers report having adapted methods from the supplementary manuals into their teaching approach for other topics outside of HIV because of the success they have seen in using it with their students.

HCP's experiential programs offer the opportunity for students to build self-confidence and effective communication skills. According to one student, *"I used to discuss HIV with my sister but with fear. I lacked confidence to discuss HIV with other people. But after [the program], my understanding about HIV has improved. I have built up my self-confidence. I discuss with people topics like HIV without any fear."*

Supportive Behavior Change Communication

To reinforce youth program activities and boost program impact, HCP launched a media campaign in 2010. In total, 66 radio spots were produced and aired on local community radio stations in Jimma, Dire Dawa, and Addis Ababa



“I have acquired indispensable knowledge from Sport for Life. The program prepares a person for real life. I used to think that changing behavior is difficult but I am learning from the Sport for Life activities that it can be done. Sport for Life has trained me to realize people must get the necessary education and should be helped to find what they need. Sport for Life has changed my attitude that I have regarding the youth. I now know the youth need a mindset that guides them to take care of themselves and others as well.”

Teacher

for four months, reaching as many as 40,000 students. The underlying message of all media programs was “Youth Talent Beats AIDS,” or in other words, that youth are on the move, they have the resources and understanding to make smart decisions, and they are taking positive steps to protect themselves and their friends from HIV. HCP’s media productions focused on letting youth tell their own stories about how they have gained a deeper understanding of who they are and what they stand for as a result of participating in the HIV prevention programs.

Protecting Myself

“When I grow up, I will give everything I have. So I have to take care of myself.”

Student

Through participation in HCP’s youth programs, students have the opportunity to progressively build their life skills as they advance through the educational system. In a sense, this is

true of HIV/AIDS prevention; programs start as youth gain an initial awareness of sexuality with continued incremental interventions through high school. This investment can yield immediate returns as many students, especially young women, drop out of school after the eighth grade and engage in high-risk activities shortly afterwards. The cost-effectiveness of reaching students while they are in school is exponentially higher than working with at-risk youth who are already out of school. In terms of behavior change, it is exceptionally more difficult to reduce high-risk behaviors and habits than it is to prevent them in the first place.

As a result of HCP’s youth programs, participants are better equipped to take steps necessary to lower their risk of HIV. According to HCP’s 2007 end line evaluation, increased mean age at first sex among male participants increased from 16.82 to 18.07 years. Females also reported that the age of their sexual partners at first sex decreased from 23.11 to 20.84, indicating their ability to better resist older partners.

Protecting Others and Becoming the Person I Am Meant to Be

“In our neighborhood, there are people with diseases. We have to care and do things for them. We and our family can do this.”

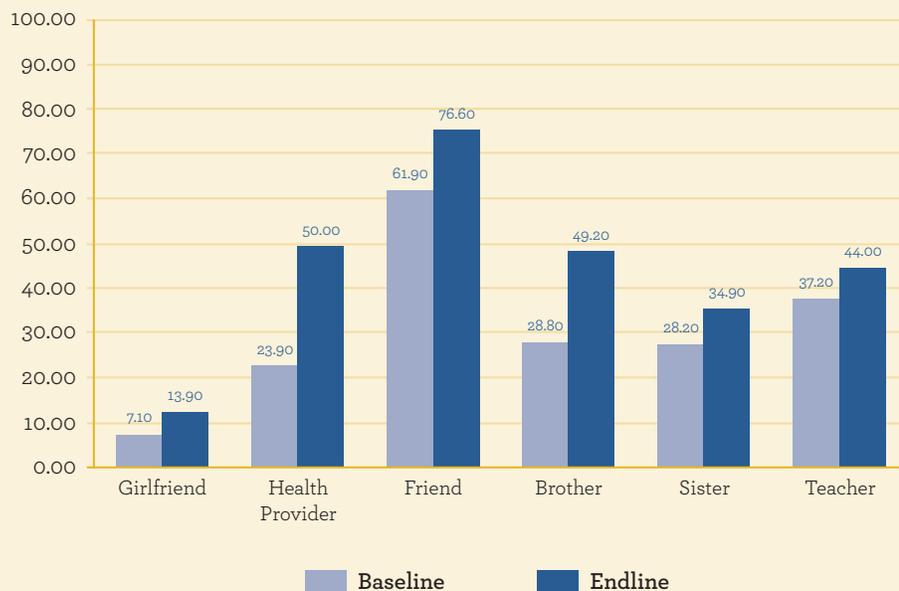
Student

Students that participate in Beacon Schools, Sport for Life, Youth Action Kit, and At-Risk Youth are enthusiastic about how the programs have empowered them to share what they have learned and to help others within their family and larger community. Students are eager to

carry messages home, extending the reach of the program, and take HCP’s call to action to become frontline leaders in the fight against AIDS seriously (see Figure 4). In one classroom, nearly one-half of students, when asked if they have shared what they have learned in the program with their family, raised their hands in affirmation. According to one student, “I participate in girls’ club so I know my neighborhood and that there is someone with HIV. I tell my mom and dad to change their mind about her by telling what I learned from school.” HCP’s 2007 evaluation found that the percentage of Sport for Life and Youth Action Kit participants that ‘encouraged a friend or relative to take action to lower their HIV risk’ increased by approximately 20%

Figure 4.

Percent of Male Youth Action Kit Participants that Discussed Condoms with Others in Last Six Months, by Type of Individual (HCP, 2007)



Risky Situations: Harmful Traditional Practices

Adapted from: Sport for Life: Social Study for Grades Seven and Eight Supplementary Manual

Introduction: This activity enables students to identify “Harmful Traditional Practices”—especially as they relate to HIV/AIDS—and to substitute those harmful practices with healthy ones.

Objectives: At the end of the lesson, students will be able to:

1. Define the meaning of Harmful Traditional Practices
2. List examples of Harmful Traditional Practices
3. Explain the effects of Harmful Traditional Practices on health
4. Explain how to fight Harmful Traditional Practices in their community
5. Explain the relationship between Harmful Traditional Practices and transmission of HIV/AIDS

Key Messages:

- Gender-based violence is observed in different parts of Ethiopia in various forms, such as rape, abduction, female genital mutilation and others.
- Gender-based violence prevents people from contributing their skills and knowledge to the development of society.
- Gender-based violence causes economic and social problems by spreading HIV/AIDS.

Exercise: Have students perform a role play based on the following story: Birtukan is 14 years old. She experienced genital mutilation when she was young. She discontinued her education to help her parents. She always fetches water and collects fire wood from distant areas. Once upon a time; Birtukan was abducted by Ato Ayele and his friends when she was going to fetch water. They forcefully took her to Ato Ayele’s home and Ato Ayele raped Birtukan. After he raped her, Ato Ayele sent the elderly to get her parents’ consent for marriage and her parents agreed that she should marry Ato Ayele. After some time of being married, Ato Ayele started to beat Birtukan. In the meantime, Birtukan gave birth to her first child with difficulty and because she was too young to give birth. She became a fistula patient and Ato Ayele forced her out of her home.

Discussion:

1. What lessons did you get from Birtukan’s story?
2. Have you ever seen or heard of girls like Birtukan in your community facing such problems?
3. What are the harms caused by abduction and female genital mutilation?
4. What are the major health problems that women suffer from as a result of early marriage?
5. How can you substitute the harmful traditional practices with healthy practices?
6. In what ways are HIV/AIDS and harmful traditional practices related?
7. What are the economic and social problems caused by the spread of HIV/AIDS?

In one classroom, students eagerly watch a role play by their fellow students on stigma and discrimination. One ‘actor’ acts out the pain that she feels by being ostracized by others because she has HIV. Those in the back crane their necks to see the performance and the students laugh as the class clown attempts to make the subject a bit lighter with his humor. After the session, a discussion is held about the key things students have taken away from seeing the role play. Students bring up the ways in which HIV can and cannot be transmitted. According to one student, *“Even in our neighborhood, if we have someone with HIV, it doesn’t mean it’s transmitted by a cold.”* They then come to a consensus that they need to be open to others and to share the information they learned in class with others. *“We learned about stigma and discrimination and it’s really bad. People discriminate. It happens to the poor, those with HIV, those with different religion....We need to tell others not to discriminate.”* The teacher recaps the session by explaining to students, *“This could be our sister or brother. Treat others as though they are family. We have to share what we learned in the program. We have to tell others that do not know.”*

among males and 15% among females from baseline to end line.

Sustainable Prevention Programming

HCP’s youth programs offer innovative and sustainable approaches to ensuring students receive comprehensive education on HIV as their likelihood of encountering higher-risk situations increases. By ensuring that programs are offered continuously from primary school through high school, the prevention and life skills messages and education is consistently reinforced. The greatest success of HCP’s youth

programs have been their integration into the Ethiopian Government curriculum. To watch a Beacon Schools or Sport for Life session is to see teachers seamlessly switch between activities in the Government text book and HCP’s supplementary manuals. As HCP’s youth programming continues to build momentum, HCP aims to fully integrate all four programs into the primary and secondary school curricula in Oromia, Tigray, and Amhara in coordination with the Regional Education Bureaus. HCP also would like to work towards launching fully integrated youth programs in 20 additional Ethiopian cities and HIV/AIDS “hotspots.”



* Conclusion

For over two decades, there have been hundreds of successful HIV and AIDS prevention programs, but only in rare instances have national infection rates been lowered significantly as a result. The fundamental reason for this is scale—or lack of scale. It is not uncommon when one does the math to learn that a successful program has reached one, two, or maybe five percent of the target population—far too few people to have a lasting and desired impact.

Following six years of HIV/AIDS prevention work in Ethiopia, HCP has identified the emergence of a comprehensive prevention model that addresses both quality programming and scale. This model has two basic components:

- **Building a Solid Prevention Foundation:** HCP works to ensure that active-learning programs are integrated into primary and secondary school curricula in all major cities and HIV hotspots in the country. The program has found that this is the most sustainable, cost-effective approach to tackling HIV/AIDS, as it is incredibly difficult and expensive to design effective programs for out-of-school youth. The logic of reaching youth when they are coming to school on a daily basis is overwhelming.
- **Targeted Programming for Most-at-Risk Populations:** Given their exposure to and risk of HIV, commercial sex workers and college-aged youth are two broad categories of most-at-risk groups requiring specialized programs. While conditions for these groups vary somewhat from place-to-place, the overall dynamics of their sexual activity do not

change dramatically. In the same manner that we would recognize inefficiencies of each school designing its own math curriculum, at this point in the AIDS epidemic, it is equally inefficient to redesign programs for most-at-risk populations at every turn where successful models and best practices, such as HCP's, have been identified.

Within Ethiopia, programs employing best practices and proven innovations, such as HCP's Smart Journey, Campus Life, Beacon Schools, Sport for Life, Youth Action Kit, and At-Risk Youth programs need to be actively promoted by HAPCO, Ministries of Health and Education, and local and international organizations.

The HCP model described above does not include targeted programming for people living with HIV and AIDS, which is a shortcoming that should be considered. Expanding HCP's model and including people living with HIV/AIDS would go far towards addressing the needs of the conservatively estimated 500,000 newly at-risk Ethiopians each year and in achieving public health impact at scale.

* *Related Program Publications*

Smart Journey

FGAE Referral Card
Flip Chart II for HIV+ Women
Invitation Card for HIV+ Support Groups
Munit's Smart Journey Flip Chart
Pamphlets (HIV+ Boyfriends, HIV- Sex Workers, Testing, STIs, Family Planning)
Peer Education Manual I and II
Peer Learning Guide I and II
Posters for STI Clinics
Program Banners
Risk Assessment Form
STI and Family Planning Pamphlets
Testing Poster for Clinics

Campus Life

Banners
Brochures (Freshmen)
Campus Life Manual
Community Radio Cassettes
Freshmen Training Manual
High-Risk Passport
Mentee Invitation Card
Mentorship Manual
Pamphlets (Red Card, STIs, Family Planning)
Peer Education Manual
Posters (Risk Assessment, Drama Festival, Red Card)

Red Card
Risk Assessment Form
Self-Reflection Passport
Tee Shirts (Drama Festival, Grant Festival)
TV Programs: Campus Life
Video: Drama Competition
Youth Friendly Clinic Invitation Card

At-Risk Youth

Making Decisions that Matter Manual

Beacon Schools

Activity Book
Ministry of Education Integrated
Supplementary Manuals

Sport for Life

Coach's Guide
Ministry of Education Integrated
Supplementary Manuals
Youth Passport

Youth Action Kit

Activity Book
Scenario Book
Youth Passport

Health Communication Partnership

Communication Materials

AT-RISK YOUTH
SMART JOURNEY
CAMPUS LIFE
BEACON SCHOOLS
SPORT FOR LIFE
YOUTH ACTION KIT







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