



DRAMMA TOOLKIT

ACT, EDUCATE & ENTERTAIN



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RAPIDS

Reaching HIV/AIDS Affected People with Integrated Development and Support (RAPIDS) is a five year (2004-2009) consortium project composed of six NGO's - World Vision (lead agency), Catholic Relief Services (CRS), Africare, CARE International, The Salvation Army and Expanded Church Response (ECR). It is funded by the U.S. Government under the President's Emergency Plan for AIDS Relief (PEPFAR).

The goal of the RAPIDS program is to improve the quality of life of Zambians affected by HIV/AIDS. RAPIDS uses a community led household approach that recognizes that HIV care must be delivered at household level in a holistic way that addresses the causes and affects of HIV. RAPIDS has contributed to a systematic scale-up of successful community-based palliative care models of home-based support to OVC, PLWHA, as well as interventions targeting youth economic stability and life skills, including prevention and abstinence messages. The program further supports other on-going programs including counseling and testing and ART adherence support.

HCP

The Health Communication Partnership is team comprising of John Hopkins University Center for Communication Programs, Save the Children, and the International HIV/AIDS Alliance, with the overall aim of promoting health competent societies by advancing the field of health communication. In Zambia, HCP's goal is to support communities, households and individuals to take positive health action through strengthening community-based systems and networks, mobilizing religious and traditional leaders and youth, and promoting the change of harmful social and gender norms. HCP has technical expertise in the following areas; Child Health, Malaria, Maternal Health, Reproductive Health and HIV/AIDS.



BACKGROUND

This toolkit came about following discussions between members of RAPIDS and HCP after observing various drama productions in different communities. It was felt that many community based drama groups could benefit from a toolkit which gave some guidance on how to produce a good community based drama that would convey accurate messages regarding HIV/AIDS that are relevant to the community. As drama is such a popular tool used throughout Zambia to both educate and entertain. Hence with the assistance of the consultants the organizations brought their expertise together to develop this toolkit.

RAPIDS wished to develop a drama toolkit to assist the community groups it works with to convey accurate messages on HIV/AIDS in line with its programmatic areas. HCP wished to develop a toolkit for drama on various health issues for dissemination through the wider community, starting with HIV/AIDS.

INTRODUCTION

Theater is live and human: it uses voice, speech, language, the body and emotion. It makes people think and respond.

Moreover theatre groups can create space for storytelling and discussing because such theatre can convey information and still remain popular and entertaining too. It is relatively easy to create a play which is readily accessible to most communities, since there is no need for complicated or expensive technology or equipment. Theatre performed live can deliver a message that the audience will remember because the audience is engaged and involved, but also because it is uniquely rooted in many peoples' culture.



THE POSITIVE IMPACT OF THEATRE.

When theatre is well used, it can:

- 1.** Grab the attention and interest of a great number of people.
This is because theatre is performed live and based on reality. It combines oral communication, physical expression, dance, image, music and song, which work together to maintain peoples interest over time.
- 2.** Bring people together to discuss a problem.
- 3.** Arouse strong emotions. The whole person is involved when participating in a drama- the mind, emotions, prejudices, and passions; therefore, the experience and learning is not easily forgotten.
- 4.** Be adaptable to local realities, because plays can be performed anywhere, at anytime and in local languages presenting real life situations.
- 5.** Sensitise the community on priority issues and create collective ownership of individual stories.
- 6.** Promote tolerance and mutual understanding by allowing the audience or actors to experience a different point of view or a role. In facing the problem one faces, someone who was previously seen as the other becomes familiar and the actors/audience gains empathy.
- 7.** Encourage participation and self- expression, especially from those who often go unheard.
- 8.** Provide entertainment! Many people learn best while enjoying themselves.

Using theatre to raise awareness about HIV/AIDS

People typically learn more by doing than by merely receiving information. Participatory activities (such as games, arts, activities and role plays) help people see things from a fresh perspective by sharing opinions, experiences, ideas, concerns and analyzing issues.

All of the above said, no single art form is the ideal educational tool for HIV/AIDS awareness- raising tasks. Depending on the context, different art forms can be equally relevant. This toolkit focuses on the particular use of drama method- Community theatre.

Community theatre that is well done gets the audiences to discuss different issues relating to one's personal life that would otherwise not be easy to discuss honestly. In the open and fictitious setting, audiences can take ownership of issues and their solutions. After collectively debating the challenges and identifying some problematic behaviour the actors portray, people are often motivated to avoid similar behaviour of their own that they might have been unconscious of before.

In the context of HIV/AIDS education, Community theatre is effective because it favours critical thinking and highlights social and psychosocial aspects of the pandemic. By presenting certain challenges related to HIV, such as stigma and then demanding the whole audience search to resolve the issue, Community theatre breaks the silence around HIV/AIDS. Ideally, the audience will leave with a renewed sense of their own personal responsibility. For example afterwards some might be compelled to go for an HIV test. Some could leave with important messages that it is possible for people to live a quality life with HIV. Hopefully many will leave with a great commitment to support those who live with the virus.

Theatre reaches the heart and the mind in a way that reading a pamphlet or listening to a speech is unlikely to. What happens to the character, and the emotions one feels while watching a play, strikes people in unique way and will likely be remembered long after the play has finished.

MAKING A DIFFERENCE: Community Theatre INTERVENTION

Objectives

1. A society in which individual members are making informed choices which lead to their holistic growth and development which contributes to healthy growth and development of their society.

Methodology- educational Theatre

Educational Theatre can:

2. Engage the audience and communicate factual information.
3. Present characters for the audience to identify with and thus personalize the message.
4. Demonstrate appropriate attitudes and ways of behaving.
5. Demonstrate inappropriate attitudes and behaviour patterns, and challenge them.
6. Explore difficult issues in an accessible way.
7. Challenge the audience.

MAKING A DIFFERENCE: Impact

1. Giving the audience the information, skills and confidence to make their own choices.
2. In order to have impact, personal identification by the audience and the provision of relevant factual information are essential.

Behaviour change is a process on a continuum and can occur at various levels:

- Starting on the continuum towards change.
- Facilitating movement along the continuum.
- The maintenance of the changed behaviour.

Results

1. Audiences are informed about HIV/AIDS, Youth Prevention (Abstinence), Being Faithful, Gender Relations/Gender Based Violence, Positive Living, Orphans and Vulnerable Children, Malaria, Home Based Care, Counseling and Testing, Stigma and Discrimination and Antenatal with PMTCT (Prevention of Mother to Child Transmission of HIV/AIDS).
2. Skills necessary to make informed choices are given.
3. Decrease in the misunderstandings, myths and taboos.
4. Understanding of situations and options.
5. Understanding of rights.
6. Confidence and understanding of themselves, and how they relate to society.
7. Where and how to exercise their rights and options, and where and how to get support and aid for that choice.

Facilitation Techniques:

1. Communicate in an open and honest manner.
2. Be wary of being judgmental or moralistic.
3. Avoid swearing and blasphemy (remember that words which seem harmless to you, such as "rubbish" or "damn" can be offensive to others).
4. Respect other people's choices and know that they have the right to make decisions about their own lives. The object is to encourage positive and mutually affirming relationships and healthy life style choices, not to tell people what to do.
5. All team members are to remain interested and listening at all times even if they are not answering a question.
6. Be aware of your body language and facial expressions at all times. An audience can very quickly pick up when you are feeling uncomfortable, angry or bored just by looking at your posture.
7. Remember that you are a role model and that the audience is looking to you for an example of how to behave, as well as for your approval or consent on certain matters, so you need to be aware of yourself and your hidden messages at all times.
8. Be prepared and keep information updated, look things up. Ask at the clinic or organizations dealing in the same things you're dealing with.
9. Keep your notes with you on stage and use them if you need to.
10. Encourage questions about the issues in the show (not generally if they liked it or what they thought about you).
11. If questions are not forthcoming, ask them about what they thought about a specific issue in the show. Go through a list of issues raised in your specific play and compile a standard list of questions for each topics, for example: Abstinence- what do you feel about my character, forcing my friend to have sex with his girl friend? Malaria- in the play the husband decided to sell the mosquito net instead of the pregnant wife

and the under 5 child sleeping under the net, how do you feel about that? Such questions are likely to spark lively debate about how the characters behaved, their attitude, the way they responded to each others and the choices they made. It will also give you a very good idea of how the audience feels about the topic and each other.

12. Try to involve everyone, but not make anyone feel singled out, threatened or embarrassed.
13. When trying to get questions and responses, try not to always return to the same person, even if they are very eager or have a dynamic personality.

The Questions

1. Listen- really listen- remember body language, attentiveness, and eye contact.
2. Repeat the question:
 - a) to ensure that the whole audience has heard
 - b) to ensure that you heard and understood correctly
 - c) to give yourself time to think it through
3. Encourage people to participate by respecting them and showing a genuine interest in what they are saying. Acknowledge all questions and contributions, but say 'Thank you' only when you mean it (not for every question). Praise and support people without being patronizing. Your objective is to make them feel good about themselves, the issue and the topic.
4. Try not to dismiss or laugh at anyone; reassure them that the only 'stupid' questions are those not asked.
5. Accept all questions positively and unconditionally. Respond to all questions, which you have elicited and agree to answer them. Avoiding questions by saying "we'll come back to that later" or refusing to answer, or skirting the issues (especially those that are shocking, offensive or contentious) only serves to make the audience more curious.
6. Don't lie.

Asking the Audience

1. If the audience is not responding or you feel that they have not brought up enough of the issues, try to ask them what they thought about specific things in the play. Ask them open ended questions.
2. Be careful of asking leading questions which may force them to give the answer you want.
3. Reflect the questions back to the group (especially simple factual questions and those involving personal opinion) making them think for themselves and drawing the information from them, rather than providing answers, allow for their active participation, which in turn facilitates learning and understanding of the issues.

The Discussion

1. Allowing the audience to give their own answers, provide a range of options and perspectives. This gives you the opportunity to show that there is not always one right answer, that different people have different opinions and (as long as they are not hurting anyone else), they have the right to that.
2. Avoid telling people that their answers are wrong in an outright or dismissive fashion; rather ask if anyone has other ideas and then sum up with the correct answer, showing that the previous one was incorrect.
3. Give positive 'do' messages as opposed to negative 'don't' messages. Rather than saying 'don't do this' and 'don't do that' encourage a sense of self worth, life-style

choices which are healthy to self and not damaging to others, and dreams and plans for the future. Avoid the 'doom, gloom and damnation' threatening approach of "if you do this, you will die..."

4. If you don't know the answer or are unsure about something, earn their respect by saying so (you are some times fallible too); ask if any one else knows, or refer them to a place where they can discover it, or delegate the questioner to research the answer and report back to the others. Never make up answers to questions.
5. Listen to each other to ensure that questions are being answered correctly and add, if you feel that your team mate has not covered everything or is wrong. (Try not to add to every point just in order to say something). If a team mate has made a mistake, try not to humiliate him or her or argue on stage say something like "actually newer research shows that..."

Summing up

1. If an audience member answers correctly, repeat the answer to ensure that everyone heard.
2. Summerise and clarify what has been said and draw the answer to closure, particularly when there have been a number of different answers. Be direct and brief, but thorough.
3. Check to see that your answers have been understood and that you have answered the questions asked.
4. You can use the summary to spark further discussion or if you feel that you have exhausted an issue, try to lead the discussion on to other topics.

Closure

1. Ensure that you have covered as many of the salient topics as possible, as long as they are relevant to that audience. Remember the list of issues covered in your play.
2. Use the full amount of time available as constructively as possible.
3. Watch the time; tell them that you are taking the last few questions about five minutes before the end, and round off the session with a "last question".
4. Refer them to other sources of information.
5. Tell them that if they have any personal question or things they didn't wish to discuss in front of the whole group they can come and chat to you while you are packing up.
6. Affirm them by, for example, thanking them for great discussion and get them to give themselves another round of applause.

Professional

1. Avoid internal discussions and arguments on stage.
2. No team member may leave the stage or pack up during a facilitation session.
3. Ensure that your cell phones are switched off for the duration of the show and the facilitation and do not take calls at any time while on stage.



Ten steps to good facilitation

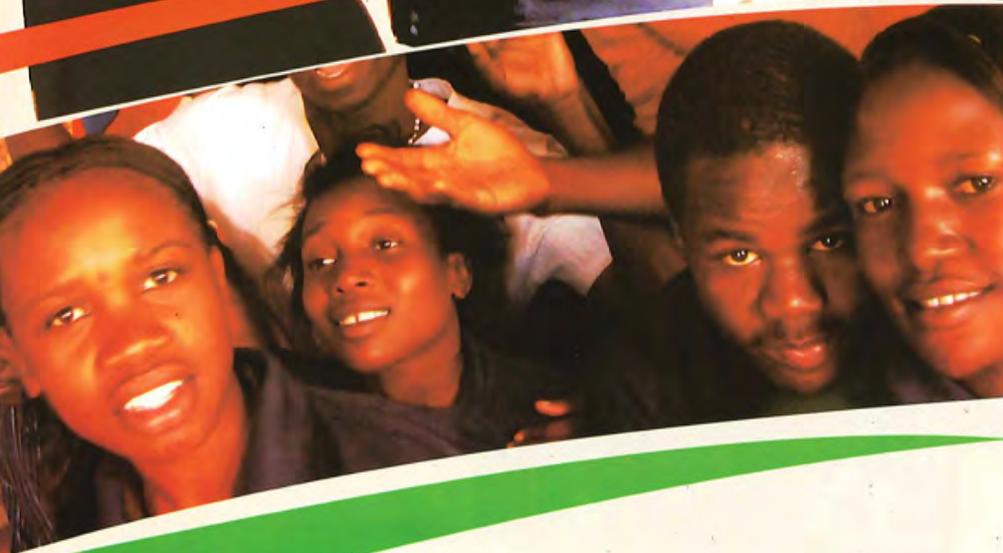
- 1. Ask questions**
Use simple, clear, and 'open' ended questions that allow for many different answers and discussion.
- 2. Wait for responses**
Give people time to think and come up with an answer. Do not overwhelm them with more questions.
- 3. Encourage everyone to contribute**
Make eye contact, use hands, walk close to shy people and use names.
- 4. Use minimal encouragements**
"Yes...I see... and then?" "Tell me more...!" They help keep the person talking.
- 5. Listen actively**
Use eye contact and body language. Praise and encourage- but do not over praise.
- 6. Rephrase**
Briefly restate what people say in your own words, to make sure you have heard and understood.
- 7. Probe**
Ask follow up questions to explore issues and make it clearer- "why? Tell me more. Can you explain further?"
- 8. Redirect**
Get others to contribute: "she said- do you agree?" "What do others think?"
- 9. Observe**
Look around and see who is participating and who is left out. Are people still interested?
- 10. Summarise**
Restate what people have said in a simple, brief form. This will make it easier for people to contribute.



Note

The facilitator's role:

1. Always make your audience feel welcome.
2. Create a non- judgmental environment where all ideas can be expressed.
3. Ask open- ended questions and remain open to what the crowd says, even if it is not what you were looking for or expected to see.
4. Avoid having long discussions with the audience; ask to see their ideas.
5. Encourage participation by making sure that actors are not personally criticised.



'SHE CAN'T BE A FRIEND'

'SHE CAN'T BE A FRIEND'

YOUTH PREVENTION

This play has been written as a guide on how to prevent youth from contracting HIV, by promoting abstinence and other prevention methods. Feel free to adapt or change the play to suite your situation or your community environment. Please make sure that all important key messages come out in the play. Look at the glossary of messages and make sure that they come out during facilitation.

CAST:

Malita: (Mabvuto's girl friend)

Mabvuto: (Malita's boy friend)

Patrick: (Mabvuto's friend)

SCENE ONE:

Scene opens in the street Mabvuto and Patrick are talking.

Patrick:

You know my plans are that I go to university and study law.

Mabvuto:

That sounds good you are now talking sense, from the time we completed school we have just been playing around. You are lucky my friend that you still have both your parents alive. As for me, you know I only have my mother alive.

Patrick:

Mabvuto how were your results? How many points did you get?

Mabvuto:

I thought I showed them to you immediately after I got them, last month.

Patrick:

Oh, yes I remember, 12 points is that right? And what do you intend to study with those good results?

Mabvuto:

Well I haven't made up my mind yet.... (Enter Malita with a basket on her way to market)

Malita:

Hello Mabvuto, hello Patrick.

Mabvuto/ Patrick:

Hello Malita.

Mabvuto:

Where are you off to?

Malita:

To the market (pause) ... and infact I passed through your place.

Mabvuto:

My place?

Malita:

Yes your place, I wanted those two text books, you promised me. The biology and chemistry.

Mabvuto:

Let's go you collect them.

Malita:

No, not now I will collect them immediately after I come back from the market.

Mabvuto:

Ok you will find me home. I will wait for you, but please don't take long.

(Malita exits, Mabvuto and Patrick look at her lustfully)

Hey man why are you looking at her like that? She is my girlfriend.

Patrick: (whistling)

I don't understand why you waste your time leaving a beautiful girl like her, pass through your eyes. You let her pass through your eye like a lost butterfly. Wake up man!

Mabvuto:

What do you mean she is just a friend?

Patrick: (burst laughing)

Don't be a fool. What do you mean by saying that she is just a friend? That's why they say maize is only grown for those who don't have teeth. You are wasting your time the earlier the better; the earliest bird catches the worm.

Mabvuto:

What do you want me to do?

Patrick:

You should make love to her!

Mabvuto:

What do you mean? Can you be serious for once man?

Patrick:

You must make love to her. You are the only one who is not doing it in the group. Prove to her that you are a man, so that she can love you more and give you a lot of respect.

Mabvuto:

Are you telling me that she will accept having sex with me? Besides she is a born again Christian.

Patrick:

Yes! Why not? She will accept, look at the help you are giving her. What kind of girl would refuse to pay back for what you have done for her? Nothing is for free in this world. Tell her that, do you hear me?

Mabvuto:

You're right man. I will do just that when she comes home. I better go home before she comes back from the market.

Patrick:

You better hurry.... Eh... I need a good report tomorrow. Remember the rules of our group we believe in results.

(Both Exit)

SCENE TWO:

Scene opens at Mabvuto's home he is seated going through some books enters Malita stage right.

Mabvuto:

What happened you have taken longer than I expected. Has the market shifted? And where is the basket?

Malita:

Sorry I had to take what I was sent to buy home first. You know it's bad manners moving around with food. Where are the books?

Mabvuto: (hesitant)

Oh books... you mean books? But why are you in a hurry? Relax lets sit down a bit I need to discuss something with you.

Malita:

Okay go on what do you want us to talk about?

Mabvuto:

Come on Malita you are not a child, we have been together for a long time now. You know I have feelings and you also have feeling I believe. You know what I mean.

Malita: (firm)

Don't beat about the bush just say what you want say.

Mabvuto: (moving closer to her)

You mean you don't know?

Malita:

I don't know.

Mabvuto:

I...I I want to have sex with you..... You see I want our relationship to grow. We are the only ones who are not doing it all our friends have already done it.

Malita: (strong)

No Mabvuto. That's wrong.

Mabvuto:

Malita I love you and I will give you whatever you want, especially where school is concerned.

Malita:

Mabvuto I didn't expect you to say that. I'm shocked.

Mabvuto:

I'm only human, moreover, every one is doing it. Look at Patrick and his girl friend.

Malita:

I don't care what every one is doing and I'm not every one and neither are you Mabvuto. Mabvuto I'm still at school and we are both still young. Let's continue abstaining. What has happened to our promise of waiting for the right time when we get married? I don't want to get pregnant and besides there is HIV/AIDS nowadays.

Mabvuto:

Who said you will get pregnant or where have you seen HIV/AIDS on my body?

Malita:

If Patrick and others are doing it. It doesn't mean we should start having sex as well. We should wait for the right time, remember? When we get married and settle down, as for now all we need to do is concentrate on our education, get involved in recreational activities like sports and make ourselves busy (Mabvuto nods his head). Don't listen to your friend's wrong advice. Let's focus on our goals and remember you are the one who is supposed to take care of your mother since your father is dead.

Mabvuto:

That is beside the point, every one is laughing at us they think we are too old fashioned. I just don't know how to handle this situation now. Come on Malita think over it. I don't want to lose you or any of my friends.

Malita:

You don't need to please anyone Mabvuto. Why should you have sex? What has become of you? Having sex is not a sign that you are man enough. Remember to always put God first in whatever we do. I don't blame you.

Mabvuto: (sheepishly)

But what will I tell my friends? Yes you are right. Here are the books you were looking for.

Malita:

You don't have to prove anything to them it is your life and not theirs. What if I become pregnant are you ready to become a father at your age? Or worse of all, if I contract HIV, the virus that causes AIDS. I will have not fulfilled our dreams. Remember Abstinence Ili Che!

Mabvuto:

What are you saying that I am HIV positive? Malita I can't believe that is coming from your mouth again.

Malita: (shaking hands)

No I don't mean that. Okay suppose I have HIV myself. You see, you can't tell by looking. Friends!

Mabvuto:

But there are other means of protection, like condom use.

Malita:

No, I know some people choose to use condoms and I know it protects against HIV and even pregnancy if used correctly and every time, but that is their choice but for me I'm not ready for sex yet, period. If you think and feel that I am old fashioned please look for another girl friend as for me I will stick to our promise of waiting until we are ready for marriage.

Mabvuto: (in deep thought, handing Malita the books)

Okay here are the books you asked for.

Malita:

Thanks... I hope you understand. (Extending her hand) friends?

Mabvuto:

Friends.

(BOTH EXIT)

END

FACILITATION GUIDE:

1. What have you observed?
2. What is this play about?
3. What has happened to Malita and Mabvuto?
4. Was there any thing in the play that wasn't clear, or do you have any questions about what you saw in the play?
5. Do these things happen among youth?
6. How do you feel Mabvuto should have reacted when Patrick was trying to force him to have sex with Malita?
7. What would have you done if you were in Malita's situation?
8. Who is causing the problem?
9. Who was most affected by the problem? Or, who suffers the most?
10. How many of you think there was more Malita or Mabvuto could have done?
11. Is it okay that the play should end this way?

KEY MESSAGE:

- Having sex doesn't make one man enough.
- You are drivers of your own lives remember to be assertive.
- Do not be pushed to do things that are not right because of peer pressure.
- Mean what you say, when you say NO its no and not no meaning yes.
- The only sure way of not contracting HIV/AIDS is by abstaining.
- The other preventive measures include being faithful and sticking to one uninfected sexual partner and through consistent and correct condom use.
- HIV/ AIDS is real. It doesn't choose whether you are young or old.

(HIV is the virus that causes AIDS and AIDS is a disease that is caused by the virus)

BEING FAITHFUL



'I'M SORRY MY WIFE'

2

"I'M SORRY MY WIFE"

BEING FAITHFUL

This play focuses on being faithful among married couples; it is merely a guide for an educational play. The play has four characters that are helping in telling our story. Please feel free to adapt or change it to situate in your environment and your community. Please make sure that all important key messages come out in the play. Look at the glossary of messages and make sure that they come out during facilitation.

CAST:

Mrs. Chella: (Mr. Chella's wife)
Mr. Chella: (Mrs. Chella's husband)
Mrs. Mumbi: (Mrs. Chella's friend)
Counselor

SCENE ONE:

Scene opens with Mrs. Chella at home doing house chores then enter Mrs. Mumbi dressed in a funeral gear.

Mrs. Chella:

Welcome, please do take a seat. You are lucky you couldn't have found me, I was about to go to the market, no wonder I was feeling lazy. It is you who kept me home.

Mrs. Mumbi:

Thank you, how are the children and bashi baby?

Mrs. Chella:

The kids are okay. But our problems are still on going we haven't started talking yet. I suspect he is having an affair. Every time I ask him he is also shouting even the children are scared to go to him for school books.

Mrs. Mumbi:

Are you sure about those suspicions you have about him? If it has reached the level where you suspect that another woman is involved, you better start talking, before it gets out of hand. These are difficult times you don't want to end up contracting preventable diseases like AIDS. Mind you, you have children. Do you even know the woman he is having an affair with?

Mrs. Chella:

Not really, but I suspect it's that lady Stella. Because I have been hearing these rumours for a long time now, but I don't have any proof.

Mrs. Mumbi:

That is sad... wait a minute, which Stella? You mean this one who lives near the school?

Mrs. Chella:

Yes although I don't have enough evidence but rumour has it that she is the one my husband is messing around with.

Mrs. Mumbi:

If that is the case then I don't know how to say this.

Mrs. Chella:

What do you mean?

Mrs. Mumbi:

You mean you haven't heard that she died two days ago?

Mrs. Chella: (alarmed)

What?!

Mrs. Mumbi:

Yes. She is dead.

Mrs. Chella:

How... how did she die?

Mrs. Mumbi:

She got sick for some time, infact that is where I'm going. The burial is tomorrow (pause) You look alarmed? Is anything the matter?

Mrs. Chella:

I'm scared my friend. Suppose she died of AIDS, who am I going to leave my children with? Are you sure she is the same person we are talking about?

Mrs. Mumbi:

There is no need to be so worried. The best is to talk to your husband. It is not too late. The only way for you to be sure is by asking your husband for you both to go for counseling and testing so that you know your HIV status.

Mrs. Chella:

It's not easy but I will try. Thanks for your advice.

Mrs. Mumbi:

I hope you will be able to convince your husband to go for voluntary counseling and testing for HIV. Maybe it is best that you both go together. My husband and I have gone and we know our HIV status I will see you when I come back from the funeral house.

(Both Exit)

SCENE TWO:

Scene opens with Mrs. Chella at home, her husband enters looking worried.

Mrs. Chella:

How, was your day? Are you alright, you look like there is something eating you up.

Mr. Chella:

I'm fine just tired, since when did you start getting concerned about my health.

Mrs. Chella:

You are my husband I have every right to care about your feelings. I have realized that two wrongs never make a right. That's why I have decided to break this silence that has been going on in the house.

Mr. Chella:

Makhe I 'm not a child, I can see that there is something you want to talk about. Say it unlike going round in circles. .

Mrs. Chella:

There are two things. 1st it is about Stella the one who just died, in our neighborhood, and 2nd is about encouraging one another to go for counseling and testing. .

Mr. Chella: (annoyed)

What about Stella.

Mrs. Chella:

You know she is dead, don't you?

Mr. Chella:

So what if she is dead?

Mrs. Chella:

My husband I know for sure that you used to have an affair with her. I am worried for us and our children.

Mr. Chella:

What are you suggesting?

Mrs. Chella:

I think it is better to know our HIV status before things get out of hand. It's better to know now instead of waiting when it is too late.

Mr. Chella:

Are you sure you know what you are talking about?

Mrs. Chella:

Off course, I do. This thing has happened so there is no need to start thinking that things are alright.

Mr. Chella:

Oh I know your plan, if you want to leave, just go ahead instead of making me go for that test or what ever!!!!

Mrs. Chella:

It's not what you think. I'm doing it for our benefit. It's better to know our HIV status than wait when it is too late.

Mr. Chella:

Okay let me think it over.
(Both Exit)



SCENE THREE:

Scene opens with Mr. and Mrs. Chella at the counseling centre with a counselor and both being talked to.

Counselor:

It is good that you decided to come for testing as a couple, and now that your results are negative it is import for you to continue being faithful to each other so that none of you should bring the virus in the house.

Mr. Chella:

But counselor how possible is it that one can be infected and the other person isn't?

Counselor:

It is possible this is what we call a discordant couple; meaning one partner is HIV positive while the other is HIV negative. How this happens needs a doctor to explain, but it is more common than you would think. You see the other thing you need to know is that not all people who are sick are HIV positive.

Mr. Chella:

I must confess I am not myself, it was wrong for me to be selfish and for having an extra marital relationship outside our home.

Counselor:

You did the right thing to come for counseling and testing. You should also realize that you need to come back after 3 months for another test. Because of the window period, that it takes for the virus to make itself known if you are newly infected. As of now you should use condoms as a means of protecting. The best thing for people who are married is to be faithful to each other so that you avoid infecting your partner with HIV.

Mrs. Chella:

Well it good that you agreed to come here in the first place my husband even if it wasn't easy for you to agree.

Mr. Chella:

It wasn't easy I must confess, especially knowing what I have gone through in the past months. I'm glad that you also understand, after what I made you go through. I'm so ashamed of myself.

Mrs. Chella:

This doesn't mean that I have forgiven you; you have a lot of explaining to do both to me and to your parents and mine. Because of your extra moodiness, even the children's performance at school has been affected.

Counselor:

Thank for coming please remember what I have just advised you. See you again.

Mr. Chella:

Thank you counselor. I will always be a good husband and father to my children I promise. I shall always be faithful to you, my one and only.

Mrs. Chella: (a little jokingly)
Stop being nice to me. Lets go home you will see the real me.

(They all exit)
(THE END)

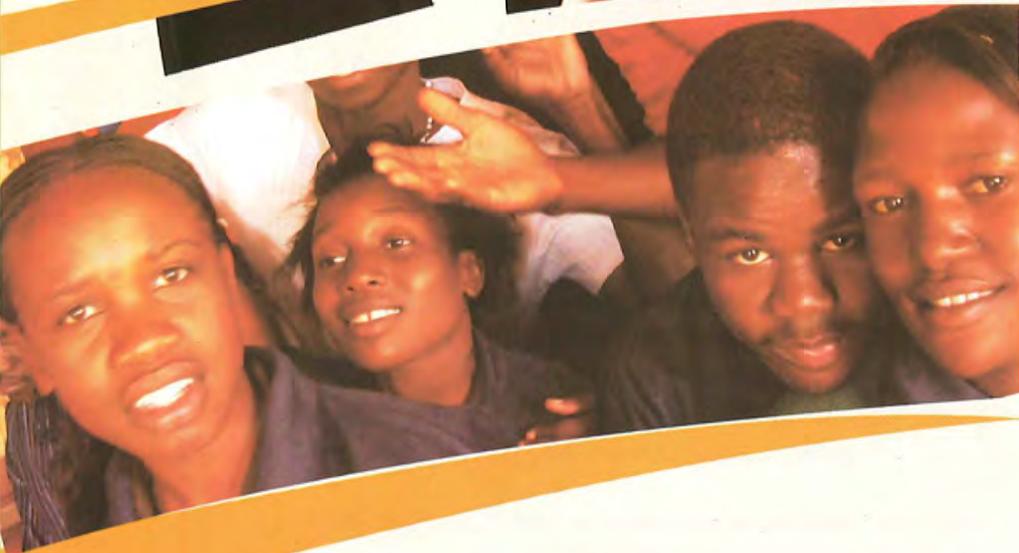
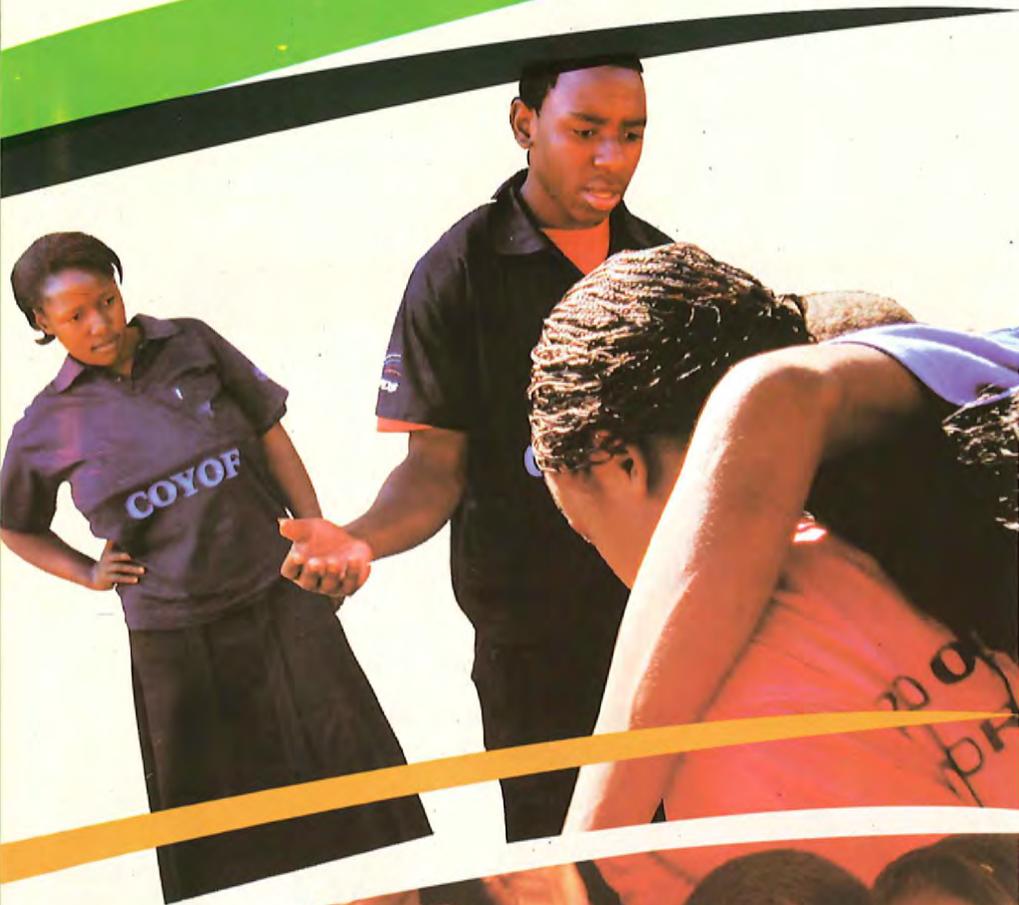
FACILITATION GUIDE:

1. What have you observed?
2. What is this play about?
3. What has happened in this family?
4. Do these things happen in our community?
5. If they do what can we do as community members to make sure that these things are reduced or done away with completely?
6. Was there any thing in the play that wasn't clear, or do you have any questions about what you saw in the play?
7. Was there a problem?
8. Who is causing the problem?
9. Who was most affected by the problem? Or, who suffers the most?
10. How many of you think there was more Mrs. Chella or Mr. Chella could have done?
11. If you were in Mrs. Chella's position what could you do?
12. How do you feel if you were in Mr. Chella's position?
13. What difference would you make if you were in this couple's position?
14. Is it okay that the play should end this way?

KEY MESSAGE:

1. Having multiple concurrent sexual partners puts one at risk of contracting HIV. Because as soon as you get the virus is when you are most infectious. The virus is multiplying and your body has not had time to respond to the virus yet. This is when you can easily transmit the virus to any other sexual partner you have at the time.
2. It's not always the prostitute or person who sleeps around that gets HIV. Anyone who has the virus can unknowingly transmit it.
3. The importance of knowing your HIV status & not leaving it to too late.
4. It is important for a couple to go for counseling and testing together.
5. It is possible for one partner to test HIV+ and the other to test HIV-.
6. Being faithful to your sexual partner is another important way of preventing the transmission of HIV/AIDS.
7. Always seek the advice of health care providers and care givers for more information in your area.

HOME BASED CARE



'WE NEED ONE ANOTHER'



'WE NEED ONE ANOTHER'

HOME BASED CARE

This play focuses on Home Based Care among people suffering from critical illnesses. It is meant for the community, care givers and people looking after the chronically ill in their communities and homes. It has five characters that help tell the story. Please feel free to adapt or change it to situate in your environment in you community. The names used are only helping us explain the characters in the story, you can change the names to suite your community. Please make sure that all important key messages come out in the play. Look at the glossary of messages and make sure that they come out during facilitation.

CAST:

Mr. Mweshi: (Mr. Daka's brother)

Mrs. Mweshi: (Mr. Mweshi's wife)

Mr. Daka: (Mr. Mweshi's brother)

Mrs. Daka: (Mr Daka's wife)

Mr. Chingaipe: (HIV+ friend from local support group)

SCENE ONE:

Opens with Mrs. Daka at home busy with house chores, and then enters Mr. and Mrs. Mweshi from the hospital, Mr. Mweshi looking very sick.

Mrs. Mweshi:

Odi!

Mrs. Daka: (startled in disapproval)

You have been discharged?....by which doctor?... or have you run away?

Mr. Mweshi:

Do I look like some who can run away?

Mrs. Daka:

Did you talk to your brother about your coming here?

Mrs. Mweshi:

Yes he actually came to the hospital; he is the one who suggested that we come here.

Mrs. Daka: (rudely)

Oh... he didn't even have the courtesy of informing me? What has gone wrong in his head?

Mr. Mweshi: (painfully)

Mulamu... can I rest, we'll talk about this later.

Mrs. Daka: (in an annoyed tone)

And the medicine? Did they give you the medicine? Or we'll have to buy it for you?

Mrs. Mweshi:

No he has been given enough up to the next time I have to take him back to the hospital.

Mrs. Daka:(sarcastically)
Oh....so it's home based care now?

Mr. Mweshi:
Mulamu, I said can I rest please?
(Enters Mr. Daka)

Mr. Daka:
Oh.... You have arrived its good you are here. I was told that you will be discharged so I thought of coming to pick you up. I'm glad that you accepted to come and stay here with us. Mirriam please show them their room.

(Mrs. Daka leads them out and she quickly returns fuming with anger and stops staring at the husband)

Mr. Daka:
Is there anything wrong?

Mrs. Daka:
Why didn't you tell me that your brother and the wife were coming here?

Mr. Daka:
That's why I have come I had to make a decision otherwise my brother was going to die like a destitute.

Mrs. Daka:
What do you think people will think about our home? Don't they have their own home?

Mr. Daka:
In the state in which my brother is, they can't afford to stay on their own. This is the moment when they need the family's and community support, especially from you and me. (Looking into each others eyes enters Mr. Chingaipe)

Mr. Chingaipe:
Good afternoon.

Mr. Daka:
Good afternoon, Mr. Chingaipe, as we discussed on the phone, your friend is already here. Please you better have a word with him and encourage him. You are the living hope.

Mr. Chingaipe:
Sure may, I see him?

Mr. Daka:
Off course you can see him, you actually found me on my way out. Let me check on him before I go. (Exits Mr. Daka)

Mrs. Daka:
Mr. Chingaipe you're looking good, you have fully recovered every one had lost hope in you we thought you were going to die.

Mr. Chingaipe:

I am looking good because in addition to taking my ARV medicines properly my relatives with the support of care givers in the community cared for me while I was sick at home. Some of my other relatives like my uncle almost grabbed my property when I become critically ill. All is well that ends well.

Mrs. Daka:

What do you mean?

Mr. Chingaipe:

I am alive to day because my family cared for me well, so I'm well.

Mrs. Daka:

Is your family still on the Copperbelt?

Mr. Chingaipe:

Yes they are, but my brother's wife has been of great help to my well being.

Mrs. Daka:

And how is your business?

Mr. Chingaipe:

Some family members were almost ripping me off of my property, when I got so sick. But after I was encouraged by the care givers and my brother, I wrote a will and gave my son the powers to be administrator of my estates, things are okay. Things became very good for my family. I thank God that I have well recovered and can work again.

Mrs. Daka:

God is great! If I didn't see and talk to you. I would have kicked my brother in law out of this house.

Mr. Chingaipe:

That would have been the worst crime against humanity. Somebody in Mweshi's condition needs everybody's care and support for them to feel better and help them make decisions that benefit them and their families.... In the event of them dying, they will have died in dignity, besides put yourself in Mrs. Mweshi's shoes. Would you be happy being forsaken by your own family because of your condition?.

Mrs. Daka : (shakes her head in agreement)

No I wouldn't. but do you mean you, had reached the extent where your friend is?

Mr. Chingaipe:

Maybe worse.... may I see him?

Mrs. Daka:

He must be sleeping by now.

Mr. Chingaipe:

I will let him rest if that's the case I will come and see him later then. (About to exit)

Mrs. Daka :(Smiling at Chingaipe)
You are really looking good.

Mr. Chingaipe:

It's all out of love, care, support and compassion by my family and friends. See you later.

Mrs. Daka :(in deep thought)

Care, support and compassion are the key words... it's stronger than medicine. Let me go prepare food for my patient before my husband comes back home.

(EXIT)

END

FACILITATION GUIDE:

1. What have you observed?
2. What is this play about?
3. What has happened to Mrs. Daka?
4. Was there any thing in the play that wasn't clear, or do you have any questions about what you saw in the play?
5. Was there a problem?
6. What is the play trying to teach us?
7. How many of you think this situation happens in our community?
8. What should the community do to help people like Mr Mweshi?

KEY MESSAGE:

1. Medicines are important but are not the only thing that can help someone get better.
2. It is important for people who are critically ill to write a will so as to secure a future for their families.
3. People who are ill, need a lot of support from relatives and the community.
4. Care, love and compassion are very import for people who are critically ill.
5. It's easy to care and support people who are critically ill at home because they can be taken care of without the restrictions one gets at the hospital.



POSITIVE LIVING



'IT'S WORKABLE'



“IT'S WORKABLE”

POSITIVE LIVING

This play focuses on positive living and the importance of positive living among people living with the virus and even those who have undergone counseling and testing on how to live healthy life styles. It also focuses on positive eating and physical health. This play has three characters that help tell the story. Please feel free to adapt or change it to situate in your environment in your community. Please make sure that all important key messages come out in the play. Look at the glossary of messages and make sure that they come out during facilitation.

CAST:

Mr. Mwaba: (Mrs Mwaba's husband)

Mrs. Mwaba: (Mr. Mwaba's wife)

Mr. Daka: (Chairman of the local HIV support group)

SCENE ONE:

Opens with Mrs. Mwaba on stage, she is later joined by her husband.

Mrs. Mwaba:

Welcome.

Mr. Mwaba: (sitting down)

Thank you

Mrs. Mwaba:

How has been your day?

Mr. Mwaba: (sounding low)

Fine...

Mrs. Mwaba:

You don't sound fine, dear. You know that you are not being fair to yourself.

Mr. Mwaba: (with irritation)

What do you mean?

Mrs. Mwaba:

I can see that you are worrying too much of late. Being worried isn't a solution at all accepting your HIV positive status is the first step and important thing in living positively.

Mr. Mwaba:

There you go again.

Mrs. Mwaba:

After we did our HIV tests, I joined a support group at the clinic and the other support group members have helped me a great deal. This has helped me live a positive life; I strongly feel you should join one. I believe it will help you cope with the situation. Look at me; it has given a new lease of life.

Mr. Mwaba:

I can't stand this, everywhere I pass I feel like people are talking about me. Why me? Why us? I just can't understand this.

Mrs. Mwaba:

Bashi Mwamba. Being HIV+ is not a death sentence. We just have the virus that causes AIDS we don't have the disease yet, meaning you are just as normal as any other person. In the support group we are told how to seek healthy behaviors and how to live with the virus. We are advised on what type of food to eat and how to avoid stress, including physical activity, hygiene issues, avoiding infections, having safer sex, family support and disclosure. Positive living is all about loving yourself and making yourself happy. Worrying will make the situation worse.

SCENE TWO:

Enter Mr. Daka and find the couple in the sitting room.

Mr. Daka:

Odi kuno mbuya.

Mrs. Mwaba:

Kalibu, please take a seat.

Mr. Daka:

Thank you, Mbuya.

Mrs. Mwaba:

Bashi Mumba this is Mr. Daka the chairman of our support group. Mr. Daka this is my husband.

Mr. Mwaba:

You are welcome Mr. Daka; I have heard a lot about you from my wife... don't worry, it's all the good things about you.

Mr. Daka:

Thank you. I am humbled.

Mrs. Mwaba:

Bashi Mwamba yesterday I asked Mr. Daka to come and have a word with us today, that's the reason why he has come.

Mr. Daka:

Thank you Mbuya. My names are Samson Daka, chairman of Tithandizane Support group. Your wife is one of our new members, she explained your situation to us and we are happy that both of you have tested.

Mr. Mwaba:

That's the biggest mistake of our life. I think it was wrong for us to go for a HIV test. I regret it because I can't stand the feeling of living with the virus. I feel hopeless.

Mr. Daka:

No mbuya on the contrary that's the most important and wise thing you did, when you find that you are HIV positive you may have lots of different feelings and emotions, depressed and angry with yourself and people around you.

Mr. Mwaba:

That's how I feel I am upset, angry why me of all the people? Why us?

Mr. Daka:

I also felt like that when I tested HIV positive, it took some time before I accepted what had happened. It is important to that you think positively about yourself and your life.

Mrs. Mwaba:

That is what I tell him ba Chairman, but this man is headstrong, he worries too much about his HIV status.

Mr. Mwaba:

Can you wait for him to finish talking to me, stop interrupting.

Mrs. Mwaba:

I am sorry. I am only agreeing with the chairman. Look at me I stopped worrying a long time ago and see I have even started looking good and putting on weight.

Mr. Daka:

I just wanted to encourage you. You are not alone in this situation. It is important that now you know your status. Most people have died ignorantly without knowing. It's not easy being HIV positive but when you know you can easily take precautions, when your health starts failing. It is also important to know when to start treatment. The first step in all this is by accepting your status it makes life easy.

Mr. Mwaba:

But what will motivate me to live positively. I am scared that since we are both HIV positive I don't know who will take care of my family. I am the bread winner and I am getting weaker by the day.

Mr. Daka:

That's the more reason you need to live positively. Thinking negatively will weaken your immune system. Your children need you. You still have to fulfill your family commitments and provide for your children. You need to tell the virus that you are in control and it is only squatting in your body.

Mr. Mwaba:

I can't hide this from you; I actually didn't know there are men in the support group. I thought my wife was trying to push me into something which isn't workable.

Mr. Daka:

Yes Mr. Mwaba in your condition you need to meet with other people who can help you live positively. Being in this support group has really helped me. Would you believe that I have lived with the virus for the passed 15 years now?

Mr. Mwaba:

No that can't be true.

Mr. Daka:

But that's the truth. The only important thing is to accept your HIV status and you can live as long as any other person.

Mr. Mwaba:

Thank you very much for having come to give support and share this important information with us. I must confess I admire you Mr. Daka you have taught me a lot. You are strong man I like your courage it has not been easy for me, but I am now ready to accept my HIV+ status. I need to join your support group so that I can learn more.

Mrs. Mwaba:

Thank you for coming and talking to my husband Mr. Chairman.

Mr. Mwaba:

Thanks again Mbuya, I am speechless.

Mr. Daka:

You are welcome see you next week at support group meeting.

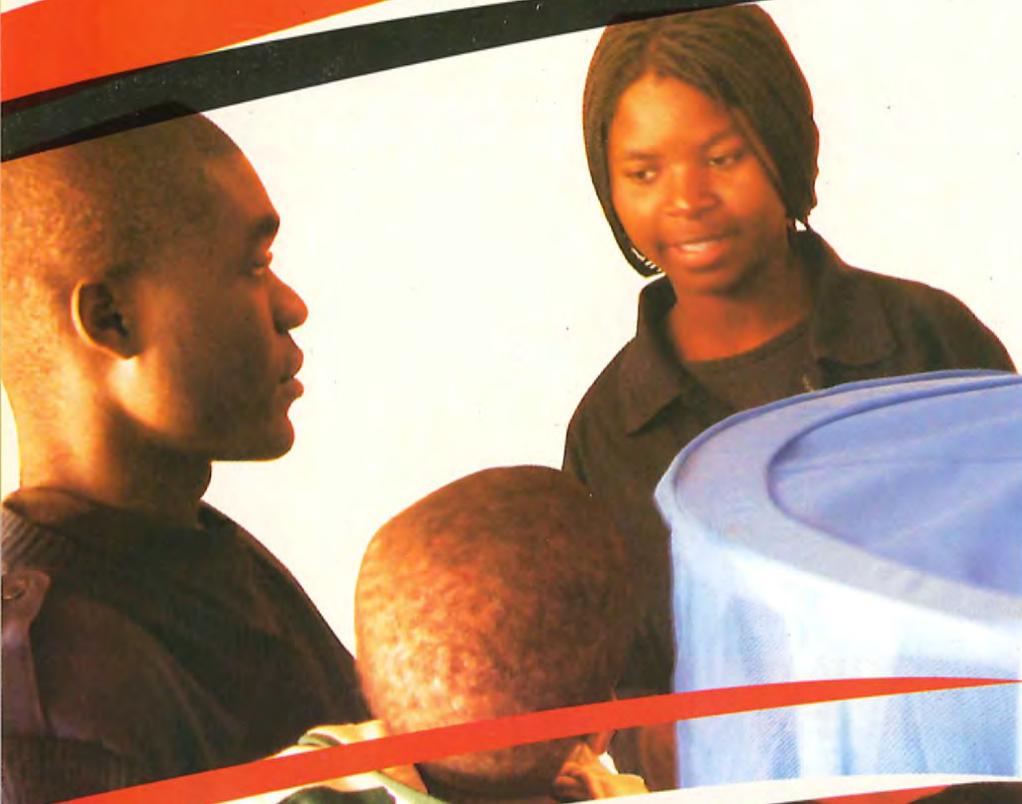
FACILITATION GUIDE:

1. What have you observed?
2. What is this play talking about?
3. Was there any thing in the play that wasn't clear, or do you have any questions about what you saw in the play?
4. Was there a problem with Mr. Mwaba?
5. How has Mr. Mwaba been helped?
6. Do we have such people in our community?
7. Who was most affected by the problem? Or, who suffers the most?
8. How should the community help people like Mr. and Mrs. Mwaba?

KEY MESSAGE:

1. Attitude and behavioral change are the first steps to positive living.
2. Being HIV positive is not a death sentence you can live a healthy and positive life.
3. Being open about your positive status can bring out your leadership qualities.
4. Eat healthy food and keep your body active to stay strong.
5. Learn more about HIV to help yourself and others.
6. Understand that you are not alone in this situation.
7. Stay strong and feel good about yourself.
8. Keep thinking positive and remember that you have rights as a person living with HIV.
9. Taking excess alcohol is not wise for PWLHA as it reduces your immune system and your ability to take ARVs accurately.

CHILD HEALTH



'DON'T BE CHEATED'

5

“DON'T BE CHEATED”

CHILD HEALTH - (MALARIA)

This play focuses on child health and malaria in particular and on how malaria can affect an HIV positive child. The importance of sleeping under a insecticide treated net, especially for HIV positive pregnant mothers and under five children. This play has four characters that help tell the story. Please feel free to adapt or change it to situate in your environment or in your community. Please make sure that all important key messages come out in the play. Look at the key messages at the end of the play, and make sure that they come out during facilitation.

CAST:

Mr. Chishala: (Mrs. Chishala's husband)

Mrs. Chishala :(Mr. Chishala's wife)

Mrs. Tembo :(Mrs. Chishala's friend)

Mr. Tembo: (Mrs. Tembo's husband)

SCENE ONE:

Opens with Mrs. Chishala who is pregnant, she has just arrived from the clinic, she is preparing water to bath her son who has been found with malaria. Enters her husband.

Mrs. Chishala:
Welcome back

Mr. Chishala:
Thank you, how is Robert doing?

Mrs. Chishala:
I took him to the hospital and he has been found with malaria.

Mr. Chishala:
Malaria! How? Oh that day he was eating unripe mangoes, I have told you time and time again that you shouldn't be giving the child any of those mangoes you eat. Now see what you have done to the poor child.

Mrs. Chishala:
That is not the cause; you know for sure that you're the one who has led to this.

Mr. Chishala:
Why me? Who gave the child those mangoes didn't I warn you?

Mrs. Chishala:
I didn't give him any of those mangoes, besides malaria is not caused by unripe mangoes. That's not what they said at the clinic. It is caused by a bite should be from a mosquito that is carrying the malaria germ.

Mr. Chishala:
Now, what is the connection between me and the mosquito?

Mrs. Chishala:

I told you not to sell the mosquito net and what did you do? You went ahead and sold it.

Mr. Chishala:

Don't be forgetful didn't you see the fish I brought the other day? Mr. Mubanga is making a lot of money from those nets. One net at the river is equivalent to 3 big bundles of fish. But here what do you achieve by sleeping under them?... nothing only getting choked at night from those chemicals they have put on the net.

Mrs. Chishala:

The clinic said those chemicals only kill mosquitoes but are safe for people including children these nets are not meant for fish, but combating malaria. Now see what has happened here instead of the net protecting us, it is the malaria which is killing us.

Mr. Chishala:

Who told you that malaria kills? The child will be fine didn't they give you any medication at the hospital? Just continue giving him the medicine he will be fine.

(Exits Mr. Chishala and enters Mrs. Tembo she is also pregnant)

Mrs. Tembo:

Neighbor, how is the patient now? What did they say at the clinic?

Mrs. Chishala:

They said it is malaria, that's why he had that fever and the vomiting, they said it is malaria plus, plus. Anyway good enough for me, I have been given another insecticide treated net. (She shows Mrs. Tembo how to properly use the net)

Mrs. Tembo:

Malaria, at this time of the year? That is strange, I though malaria was only in the rainy season.

Mrs. Chishala:

That's what I thought as well but when I went to the hospital the health care provider told us that one can get malaria in any season. She also told me that the kind of mosquitoes that carry the malaria germ bite late at night or early in the morning. She taught me, how to tuck in the mosquito net so that there are no spaces the mosquitoes can find to come. They also insisted that especially us women who are pregnant and children who are under 5 years of age have to sleep under insecticide treated net to prevent us from catching malaria. They even said that people living with HIV should also sleep under insecticide treated nets, as they have a weakened immune system.

Mrs. Tembo:

That not true. I hear sleeping under a mosquito net can cause you to have breathing complication especially if you are pregnant because of the chemicals they use to kill mosquitoes.

Mrs. Chishala:

Don't be cheated Bana Lillian. Those chemical are put on the net to chase away mosquitoes and to kill them. They are not harmful to human beings. They also told me that pregnant women and children under 5 years are more likely to get very bad malaria because they are not as strong as other people. This includes people living with HIV.

Mrs. Tembo:

That sounds encouraging I didn't have all this information, you see that net I collected from the clinic is just packed away.

Mrs. Chishala:

That's the problem I have in this house, the net I collected was sold by bashi Mubanga and what has happened? The child is now sick.

Mrs. Tembo:

The health care provider also emphasized that priority should be given to

- (1) us pregnant women because malaria can cause complications to our health and that of the unborn child if it is not prevented or treated
- (2) children under 5 because their immune system is not fully developed to fight the malaria parasite
- (3) people living with HIV or suffering from TB
- (4) the elderly

(Enters Mr. Chishala shaking and looking every sick)

Mrs. Tembo:

Bana Mubanga hurry, bring him something warm he is looking very sick see he is shaking. (Feels his temperature) he has a high fever.

Mr. Chishala:

Bana Mubanga I'm going to die, bring me some water and a mat, I want to lay down.

Mrs. Chishala:

Hang on bashi Mubanga; how are you feeling?

Mr. Chishala:

I am feeling bad I need to sleep, I'll be fine I think it's from the beer I was drinking last night, I will be fine just bring me a blanket.

Mrs. Chishala: (feeling his temperature)

You are too hot my husband; just tell me how are you feeling?

Mr. Chishala:

My body feels hot but the weather is cold, see how I am shivering, my joints are painful. And I have diarrhoea, vomiting and my head aches a lot.

Mrs. Chishala:

These are signs of malaria. Let me give you some food you haven't eaten anything.

Mr. Chishala: (shivering)

No I only need to sleep. I don't have any appetite. Just give me some water.

Mrs. Chishala:

Mrs. Tembo these are suspected malaria signs let me take him to the clinic. These are the signs they said a person suffering from malaria shows, when I went to the clinic. Help me let's take him to the clinic.

(all exit)

SCENE TWO:

(Enter Mr. and Mrs. Chishala from the clinic.)

Mrs. Chishala:

Be strong, at least they have given us some medication you will be better soon.

Mr. Chishala:

Don't say that woman you should be sorry for me I am sick, you need to show heart.

Mrs. Chishala:

This is your problem, you are the one who was selling the mosquito nets. You heard what the health care provider said. Malaria is a number 1 killer in this country.

Mr. Chishala:

I heard no need to remind me. If anything give me that net so that I cover myself.
(Enters Mr. and Mrs. Tembo)

Mr. Tembo:

Neighbor I came as soon as I heard. How are you feeling now?

Mr. Chishala:

I will be better neighbor the people at the clinic have assured me.

Mr. Tembo:

What is the sickness?

Mr. Chishala:

It's malaria neighbor. I was very foolish neighbor instead of sleeping under the insecticide treated net. I exchanged the nets for fish at the river and sold some at the tavern for some beer.

Mr. Tembo:

That was a good idea neighbor.

Mr. Chishala:

I was foolish neighbor, see now I am sick and I won't be able to finish my field on time because I will be down in bed for a few days now.

Mr. Tembo:

But what benefits are there in sleeping under a treated net?

Mrs. Chishala:

The ITNs are one of the cheaper ways of preventing malaria. If properly used, they prevent malaria by reducing bites from the malaria carrying mosquitoes. Look at your friend if he hadn't sold the nets I got from the clinic, he shouldn't have been sick.

Mrs. Tembo:

The nets also reduce the number of visits to the clinic by reducing overall costs of health services. Our children will be healthy and be able to attend school regularly.

Mrs. Chishala:

Adults like you will have less malaria attacks and be able to work and provide for the family. Look at us we are now tired we can't afford to provide for the family, so we need you to be well.

Mr. Tembo:

Where did you get all this information from?

Mrs. Tembo:

At the clinic of course.

Mr. Chishala:

Give me the net I need to cover myself before anymore mosquitoes bite me.

(All burst laughing)

(They all exit)

END.

FACILITATION GUIDE:

1. What have you observed?
2. What is this play about?
3. What has happened to this family?
4. Was there any thing in the play that wasn't clear, or do you have any questions about what you saw in the play?
5. Do these things happen in your community?
6. What can your community do to solve this problem?
7. Who was most affected by the problem? Or, who suffers the most?
8. What would you do if you were in Mrs. Chishala's situation?

KEY MESSAGE:

1. Malaria is a leading cause of illness and deaths in Zambia, especially among children under five.
2. Malaria is preventable with measures to avoid mosquito bites, such as Insecticide Treated Nets (ITNs)
3. Malaria can be prevented in pregnant women by giving them Malaria Medicine. Intermittent Preventive Treatment (IPT)
4. Old and new bed nets should be re-treated with insecticide periodically or as directed by the manufacturer or at the clinic
5. Bed nets should be thoroughly washed with water and mild soap before they are treated with insecticide.
6. Mosquito nets should be hung properly to cover the sleeping area and below enough to ensure the net is tucked under the mattress or mat to prevent mosquitoes from getting in.

COUNSELING AND TESTING



“FOR OUR LOVE”



"FOR OUR LOVE"

COUNSELING AND TESTING

This play's main focus is on counseling and testing. It looks at the importance and challenges of one taking an HIV test. This play has four characters that help tell the story. Please feel free to adapt or change it to situate in your environment or in your community. Please make sure that all important key messages come out in the play. Look at the key messages at the end of the play, and make sure that they come out during your facilitation after the performance.

CAST:

BWALYA: (Ester's Fiancé)

Ester: (Bwalya's fiancé)

Mother: (Bwalya's mother)

Counselor

SCENE ONE:

(opens with Bwalya and Ester on stage it is in the street discussing the marriage plans)

Bwalya:

I can't believe that we have come this far. Just after next month we will be finally married.

Ester:

God be praised, it's a dream come true. I can't wait for that day when we will walk hand in hand Mr. and Mrs. Bwalya.

Bwalya:

Which reminds me...? I have been waiting to ask you, how many children do we intend to have?

Ester:

Why... hmm let me guess 5, Two boys and 3 girls.

Bwalya: (surprised)

Haa! ...that's too many. At least 3. Two boys and 1 girl.

Ester: (protesting)

No. no, that's not fair – okay 2boys and 2girls. (changing the subject). By the way when are we going for counseling and testing. Just like we have decided to get married it is also important to know our HIV status.

Bwalya: (Alarmed)

Iwe what for? Testing...? In short you are trying to say that you don't trust me. Why Ester?

Ester:

Hmm it's not a question of not trusting you. I am only trying to say that it is better to know our HIV status so that we can properly plan for our family together.

Bwalya:

But sweet heart who is putting all this counseling and testing nonsense in you. I can't go for this testing because I know and trust myself, I am negative.

Ester:

That's better for you. But me I don't know my status because I have never gone for an HIV test.

Bwalya:

I have also never done a test before, but I know myself.

Ester:

That's the problem. You can only know that you are negative after doing an HIV test. You see both of us have our pasts before we met each other. The only way we can start talking about those four children is after knowing our HIV status.

Bwalya:

Stop talking like that Ester. I need to discuss this with my mother first. Can we change this topic and discuss something else please.

Ester: (Disappointed)

Well if you insist... but please think over it.

(Both Exit)

SCENE TWO:

(scene opens with Ester at Bwalya's place and she confronted by Bwalya's Mother)

Ester:

Odi...odi

Mother:

Come in ... welcome my daughter.

Ester:

Thank you mother.

Mother:

Ah you have come at the right time, so how are the rehearsals for the wedding going.

Ester:

We are doing fine mother but I am scared I can't wait for this wedding to pass.

Mother:

Which reminds me, my son was telling me that you are suggesting to him that the two of you go for counseling and testing. Why?

Ester:

Yes mother, we need to know our HIV status,

Mother:

I know that you want know about AIDS, but why this time? Do you suspect my son of something? Listen to me my daughter and listen carefully. You know now that you are about to get married all sort stories will come from people who don't want you and my son to get married. So don't listen to them.

Ester:

I appreciate your advice mother. But there is no one telling me any thing. I wouldn't change my mind now mother, I love your son. We want to do this HIV testing so that we can properly plan for our family.

Mother:

You are confusing me my daughter. What are you trying to say?

Ester:

You see mother I am sure both of us could be found HIV negative but it is important to know for sure by doing counseling and HIV testing. The counselor can also help us maintain our status, and even if we are found to be HIV positive we can properly plan how to have safe delivery without passing the virus to the child.

Mother:

Oh you are clever my daughter, I am sure my child wasn't wrong to propose you for marriage, come here...(hugs her) I am proud of you my daughter, let's go and talk to your husband to be.

(Both Exit)

SCENE THREE:

(At the counseling centre the counselor talking to Bwalya and Ester)

Bwalya:

To be honest I am scared I don't know what to expect when the results come.

Ester:

I am also scared but this is for our own good.

Bwalya:

Suppose my results are HIV positive what am I going to do?

Ester:

Don't think like that, like I promised I will still marry you, I hope you will do the same for me.

Bwalya:

I will marry you regardless of the result.
(Holding each others hand) (Enters Counselor)

Counselor:

Here are your results but before I give them to you I would like to congratulate you for having the courage to come for an HIV test. It's not easy but it's worth it. Here are your results.

Bwalya: (sigh of relief)
It's negative.

Ester:
Look at mine negative too. (They hug each other.)

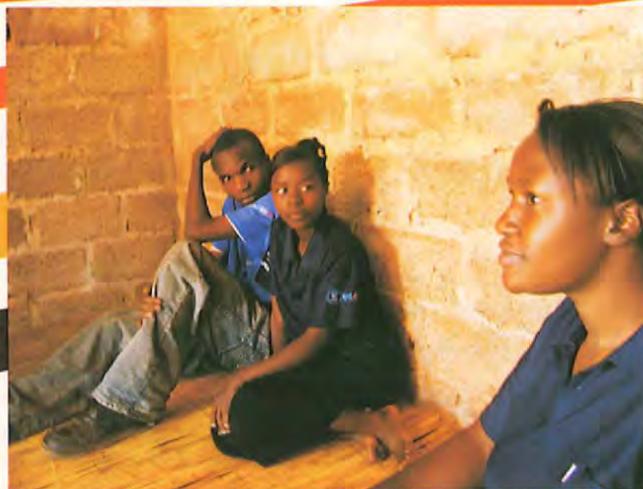
Counselor:
That's good what is important now is make sure that you maintain your negative status, by sticking to your partner.

Bwalya:
Thanks Ester for initiating this idea of doing counseling and testing. I was scared when you first suggested that we come here.

Counselor:
It is normal to be scared, getting tested is something challenging for every one, but after the test it helps an individual regardless of the results. 1) If you test positive you will be told how to live a positive life. 2) If negative like you, you will also be told and encouraged on how to maintain your negative status. You see a lot of people are scared to test because they think that at the counseling centre results are always HIV positive which is not the case. Now one last thing – be sure to come back after 3 months for a repeat test because of this thing we call a 'window period' it takes for the virus to make itself known if you are newly infected.

Bwalya:
That's encouraging counselor. I can't wait to share this information with my mother. Sweetheart my mother will be proud of you, your are courageous and caring.

Ester:
Thanks darling, you are very understanding.
(All Exit) END.





FACILITATION GUIDE:

1. What have you observed?
2. What is this play about?
3. Why do think it is important for people to know their HIV status?
4. Do you feel there is any thing in the play that wasn't clear, or do you have any questions about what you saw in the play?
5. Do these things happen in your community?
6. What can your community do to encourage people to go for an HIV test?
7. What would you do if you were in Bwalya's situation?

KEY MESSAGES:

1. You can't tell by looking the only sure way for one to know their HIV status is doing a test.
2. Remember – if you are found negative you must re-test in 3months to make sure you are truly negative after the window period.
3. Assume you are positive until after you test negative so take a test now.
4. Not all people who go for counseling and testing test HIV+.
5. It's alright to be scared before you take a test, but it frees your mind.
6. HIV medicines are free only after you test HIV+ then you can access them.
7. Not everyone testing HIV+ needs to start ARVs immediately. The health care provider will advise on the best time to start.
8. Knowing your HIV status can be the start of a new life, not the end.
9. To be a good role model one needs to know his or her HIV status.
10. Be cool and get tested.



“SUPPOSE IT WAS YOU?”

“SUPPOSE IT WAS YOU?”

STIGMA

This play's main focus is on stigma and discrimination. The purpose of this play is to try and educate the community on the negative effect stigma has on a person living with HIV/AIDS. It is also important to challenge people watching your performance to make informed decisions so that they help fight stigma and discrimination against the people living with HIV/AIDS in the community. This play has four characters that are helping in telling our story. Please feel free to adapt or change it to situate in your environment or in your community. Please make sure that all important key messages come out in the play. Look at the key messages at the end of the play, and make sure that they come out during your facilitation after the performance.

CAST:

Mrs. Mwale: (Lisa's aunty)

Bashi Kyapusana.: (Bana Kyapusana's husband)

Bana Kyapusana: (Bashi Kyapusana's wife)

Lisa: (Mrs. Mwale's niece)

SCENE ONE:

(Opens with Mrs. Mwale visited by Bana Kyapusana)

Mrs. Mwale:

Odi, oh Bana Kyapusana, How are you?

Bana Kyapusana:

I am fine and how are you?

Mrs. Mwale:

Fine dear, I am glad to see you.

Bana Kyapusana:

It's my pleasure.

Mrs. Mwale:

Take a seat.

Bana Kyapusana:

Thank you (sits) are you just alone?

Mrs. Mwale:

No. I am with this living – of the dead one.

Bana Kyapusana:

What do you mean living of the dead one?

Mrs. Mwale:

Oh you must be the only one who doesn't know?

Bana Kyapusana:

Know what?

Mrs. Mwale:

That my husband's niece is sick. She has HIV/AIDS. I have tried to send her away but he does not listen.

Bana Kyapusana:

Oh I have heard of that story is it true? (Before Mrs. Mwale answers, Lisa passes by and the two stop talking they stare at her in disgust as she goes in the house.)

Mrs. Mwale:

You see, she is just as thin as a nail.

Bana Kyapusana:

Really, the Living of the dead. And what is she doing here any way?

Mrs. Mwale:

I would have thrown her away a long time ago. She is still here because her uncle is the administrator of her mother's property as soon as he collects her mother's benefits she will have to pack and go.

Bana Kyapusana:

But are you not scared of contracting the disease yourself especially the children.

Mrs. Mwale:

We are. That's why I have given her her own plates, cups, and buckets to use. She even cooks her own food. As soon as the children close school I will send them away to my mother.

Bana Kyapusana: (alarmed)

This is scary; we will stop visiting you if you continue living with her.

Mrs. Mwale:

It's shameful, can't you see that I have even stopped going to the market of late. I can't walk with my head high anymore. Everyone is saying I am keeping a dead person at home. And as if that is not enough, she is busy telling everyone that she is HIV positive.

Bana Kyapusana:

Ah this girl is a shame; she is just trying to make you look bad. Well I just passed through to say hello I am going to the market.

Mwale:

Thank you, Let me see you off. (EXIT)

SCENE TWO:

(Opens at Bana Kyapusana's house enters Lisa with a brazier)

Lisa:

Knock, knock.

Bana Kyapusana:

Odi, please come in (without checking who it is).

Bana Kyapusana:

You, you are not even ashamed of bringing your thin legs in my yard.

Lisa:

Sorry, I just (Bana Kyapusana Interrupts).

Bana Kyapusana:

Lisa what do you want at my house...? Go back and tell your aunty that if she wants fire, let her send somebody else. Do you want to infect everyone in this community with your HIV?

Lisa: (annoyed)

Bana Kyapusana. I just came to ask for fire and not to be insulted by you. HIV is not contracted through shaking hands or through plates nor is it air borne.

Bana Kyapusana:

I don't care how it is not contracted. But I don't want you in my yard.

Lisa:

Bana Kyapusana I have the virus but I don't have AIDS yet. There is no way I can infect you with HIV, by just standing in your yard or near you, or even touching you.

Bana Kyapusana:

You must be very lucky to have an aunty like yours. If it were me, I would have thrown you out of my house a long time ago. You are not even ashamed of embarrassing your aunty by announcing your HIV status to everyone.

Lisa:

There is nothing wrong with that. I am only trying to make the community be aware of the disease.

Bana Kyapusana:

Stop teaching me about your shameful disease I just don't want to see you at my house.

Bashi Kyapusana :(dumb founded)

What is going on?

Bana Kyapusana:

Bashi mpundu, look at this girl she has AIDS and she is coming in my yard. She wants to infect everyone in this community. Look at her. She is not even ashamed of herself.

Bashi Kyapusana:

No. No. No. my dear what you are doing is not right, how can you be saying such things to an innocent person?

Bana Kyapusana:

Oh so you mean that you don't know that she dying from AIDS? You must be the only one in this community who does not know that she is sick.

Bashi Kyapusana:

I know, and I am one of the people who admire her courage. I know of a lot people who are in her situation and can't get even seek medication at the clinic because they are scared of people like you...who don't mind there own business.

Bana Kyapusana:

But the truth is that she is sick, and I am not.

Bashi Kyapusana:

The way you are behaving is so primitive, right here you don't even know your HIV status, but you are busy stigmatizing you friend.

Bana Kyapusana:

But I am fine, what about you who is supporting her do you know your status?

Bashi Kyapusana:

I don't know, that's why I see it wrong to stigmatize or discriminate against anyone. Lisa is a role model to me. Lisa I apologise on behalf of her. I would really like you to have a word with our daughters especially the twins. Please talk to them about the challenges of Life. Don't feel shy they are more like your kid sisters.

Lisa:

It's fine, I will try. Thank you for being so understanding you are one of the few people who so understands in this community. About Bana Kyapusana I don't mind how she feels about me. I am now used it, with time she will appreciate how I feel.

Bana Kyapusana:

I hope you know what you are trying to make the children go through. (Bana Kyapusana takes her brazier)

Bashi Kyapusana:

Those are young girls who are growing up they need to know about how to take care of themselves and she is the only one who can make them understand that.

(They All Exit)

END



FACILITATION GUIDE:

1. What have you observed?
2. What is this play about?
3. What has happened to Lisa?
4. Do these things happen in our community?
5. If they do, how often happen? How should we address them?
6. Was there any thing in the play that wasn't clear, or do you have any questions about what you saw in the play?
7. Was there a problem?
8. Who is causing the problem?
9. Who was most affected by the problem? Or, who does it affect the most?
10. What would you do if you were in Lisa's situation?
11. Is it okay that the play should end this way?

KEY MESSAGE:

1. There is no need to be scared of a person who is HIV+. HIV can only be spread through unprotected sex or exchange of blood from an infected person or from mother to baby via breast milk.
2. You can't get HIV/AIDS through shaking hands or by sharing cups and plates.
3. HIV is disease like any other disease(diabetes, High Blood pressure or asthmas).
4. We need to show love, care and support to people suffering from HIV/AIDS.
5. Stigma and discrimination is more deadly than HIV/AIDS itself.
6. The real sickness is people's attitude not HIV.
7. People with HIV can do anything that any other person can do.
8. It is a crime to deny someone a job or a place at school because of the person's HIV status.
9. For more information about stigma and discrimination you can contact Network of Zambian People Living with HIV/AIDS (NZP+) or Treatment Advocacy & Literacy Campaign (TALC).
10. If you are dismissed because of your HIV status you can contact Zambian Research Advocacy Network (ZARAN) or Legal Resource Foundation.

ORPHANS AND VULNERABLE CHILDREN



"SHE IS YOUR NIECE"



“SHE’S YOUR NIECE”

ORPHANS AND VULNERABLE CHILDREN.

This play's focus is on orphans and vulnerable children. The purpose of this play is to try and educate the community on how to care for orphans and vulnerable children. It is also important to challenge people watching your performance to make informed decisions on how to care and support orphans and vulnerable children in the community. It also looks at child exploitation and abuse.

This play is merely a guide for an educational play. This play has three characters that are helping in telling our story. Please feel free to adapt or change it to situate in your environment or in your community. Please make sure that all important key messages come out in the play. Look at the key messages at the end of the play, and make sure that they come out during your facilitation after the performance.

CAST:

Mrs. Miti: (Mr. Miti's wife)
 Marjorie: (Mr.&Mrs. Miti's Niece)
 Mr.Miti: (Husband to Mrs. Miti)

SCENE ONE:

(The play begins with Mr. Miti and Marjorie his niece,
 Discussing in the living room of Uncle Miti's house)

Mr. Miti:
 Hallo Marjorie, good day.

Marjorie:
 Hello Uncle, good day.

Mr. Miti:
 You asked for me, what was it you wanted to discuss with me?

Marjorie:
 I wanted to discuss about my school fees, which are now due.

Mr. Miti:
 Oh it's about school fees, how much is the balance? (Uncle moving towards Marjorie and touches her on the shoulder) (Marjorie surprised, pushes Mr. Miti away)

Marjorie:
 What are you doing?

Mr. Miti:
 Are you not old enough to know what I want?

Marjorie: (Earnestly)

Stop it Uncle. Have you run out of your senses? When will you pay the balance for the school fees?

Mr. Miti:

Well if you sleep with me and have sex, I will pay the balance soonest.

Marjorie:

If you insist uncle, I will have no choice but to report you to my auntie and to the police.

Mr. Miti:

I have nothing to lose, because, I will chase you out of my house together with your auntie

(Mr. Miti speaking and advancing towards Marjorie, immediately Mrs. Miti enters, Mr. Miti withdraws)

Mrs. Miti:

Marjorie what are you doing here in the living room?

You are supposed to be in the kitchen, cooking preparing supper, in fact go and clean the toilet when you finish with that, go outside and water the garden before sunset.

Mr. Miti:

(Hmmm.) Honey why do you give Marjorie all those jobs to do alone. What about our daughter Patience? What have you asked her to do?

Mrs. Miti:

Honey.. eeh Patience is our daughter, Marjorie is an orphan, and what is she here for, eat, sleep and get plump? Frankly speaking we are not responsible for her parent's death. So she just has to earn her living here. Hey you little slut, get the hell out of here now!! (Marjorie leaves in a depressed way)

Mr. Miti:

Honey take it easy- by the way Marjorie needs the balance for her school fees, in order for her to go back to school.

Mrs. Miti:

There is no need for that, she will soon become of age, we can always organize someone to marry her, and that will end the story of school fees. And what were you doing with her alone?

Mr. Miti:

Oh come on, we were discussing the issue of school fees (Mr. Miti convincing the wife). Honey I think we need to support our niece. It is not right, just think if we were both dead, and Patience going through what we are subjecting Marjorie to?

Mrs. Miti:

Ok honey, let me think about it, but I don't like the way you look at her and the way you talk to her. She is your niece.

FACILITATION GUIDE:

1. What have you observed?
2. What is this play about?
3. What would have happened to Marjorie if Mrs. Miti didn't come in the house?
4. Do these things happen in our community?
5. If they do how often?
6. Was there any thing in the play that wasn't clear, or do you have any questions about what you saw in the play?
7. What should be done to people like Mr. & Mrs. Miti?
8. Should Marjorie report her aunt and uncle to the police for child abuse?
9. What should the community do to orphans like Marjorie?
10. What would you do if you were in Marjorie's situation?
11. Is it okay that the play should end this way?

KEY MESSAGE:

1. Orphans and vulnerable children need to be loved, cared for and supported.
2. Making sexual advances toward a minor is defilement and one may be sent to prison for that.
3. Making children fetch water from very far distances is child exploitation and abuse. Girls may end up being raped or defiled resulting in them being infected with HIV.
4. Every child has a right to shelter, food, clean water, health and education.
5. Engaging a child in employment is crime and it is called child labour.
6. Everyday household chores are fine but making children carry very heavy loads on their heads or making them do very hard work for their age is child abuse.
7. All children should be protected from all forms of exploitation and abuse.





'WHAT WILL HAPPEN TO ME'



'WHAT WILL HAPPEN TO ME'

GENDER BASED VIOLENCE AND HIV/AIDS

This play's focus is on Gender Based Violence. It is trying to teach the community on the effect of gender based violence and how to help the community refrain from this vice. It is also important to challenge people watching your performance to make informed decisions on how to help reduce or do away with gender based violence in their homes and community.

This play is merely a guide for an educational play. This play has four characters that are helping in telling our story. Please feel free to adapt or change it to situate in your environment or in your community. Please make sure that all important key messages come out in the play. Look at the key messages at the end of the play, and make sure that they come out during your facilitation after the performance.

CAST:

Mr. Manjimela: (Mrs. Manjimela's husband)

Mrs. Manjimela: (Mr. Manjimela's wife)

Mr. Phiri: (Mr. Manjimela's friend)

Mr. Kabwe: (Mr. Manjimela's friend)

SCENE ONE:

(Mr. & Mrs. Manjimela are in the living room discussing)

Mr. Manjimela:

Woman, I suppose there is no need to continue living together in this house as husband and wife. You are refusing to have sex with me your legal husband.

Mrs. Manjimela:

I don't think you are solving the problem that way. I do not accept the beatings in this home, some time just because I do not want to have sex.

Mr. Manjimela:

Then go and live with your relatives.

Mrs. Manjimela:

You know very well, that for along time now that I have had sexually transmitted diseases which keep on coming back every time I have sex with you. Above all I have asked you to come along with me to the clinic as advised by the clinical officer, you have always refused.

Mr. Manjimela:

Woman you better go or else, I will bring another woman who is interested in me.

Mrs. Manjimela:

Chasing me from my matrimonial house or bringing another woman here is not a solution to our problems in this house.

Mr. Manjimela:

(Annoyed. Stands up calling her names) You woman – I've told you over and over that you are not faithful that is the reason why your sexually transmitted diseases don't come to an end.

Mrs. Manjimela

(Shouting back) The reason why I don't get cured, is that each time I get treated from the clinic, I get re-infected by you. This time, I refuse to have unprotected sex with you. Either we use condoms or also go together to get the STIs treated or I will not have sex with you. I will also not leave my matrimonial home, under these circumstances.

Mr. Manjimela:

Woman I can you see you have started growing big headed. I am going to the tavern you will see what will happen to you when I come back. I can see that you have forgotten about my beatings.

Mrs. Manjimela;

You try and touch me today I will report you to the victim support unit of the police. Because of your violence I have suffered too much. This time I totally refuse, not until we both go to the clinic and seek medication.

Mr. Manjimela:

Who tells you that I am the one infecting you these same STIs? I can see your unfaithfulness has increased.

Mrs. Manjimela:

Stop insulting me, you are the only husband I have and I don't sleep with anybody else. At the clinic they said that I am being re-infect with the same disease and this is coming from you, because you are the only man I sleep with.

Mr. Manjimela:

I am wasting time talking to you. I am going when I come back you know what is expected of you. I will come beat the hell out you.

Mrs. Manjimela:

You come and try! You will see what the police will do with you.

Mr. Manjimela:

What do you think the police will do with me.? I am your legal husband this is a family issue the police have nothing to do with me disciplining my wife.

Mrs. Manjimela:

You go ahead today you will receive a shock of your life. I don't care even if they send you to prison.

(both exit)

SCENE TWO:

(opens with Mr. Manjimela, Mr. Kabwe and Mr. Phiri at the tavern drinking)

Mr. Kabwe: (after taking a sip from the beer)
This beer is strong as though it wasn't brought today.

Mr. Phiri:
This is brown mbuya it is strong. Have you heard that Mr. Mweemba has been arrested? He will be appearing in court soon for assaulting his wife.

Mr. Manjimela:
The police can't be serious, how can they arrest somebody for disciplining his wife.

Mr. Kabwe:
No, the police are right. The way Mweemba beats wife, it's like he was just forced to marry her. You can't beat a woman to a point where she even faints.

Mr. Phiri:
That's nonsense and the next person to be locked up is you Manjimela. What offence does your wife commit for you to be beating her every time you are drunk? Real men sit their wives down and just discuss, not resorting to violence.

Mr. Kabwe:
Normally men who beat their wives are cowards. Civil men discuss issues and resolve them with their wives.

Mr. Manjimela:
I don't blame you; you gentlemen are under petticoat government. Me; my wife knows I don't tolerate any nonsense.

Mr. Phiri:
You see the government is now very strict with people who are being violent with their spouses. They are calling it Gender Based Violence. If they report you to the police you are in for it.

Mr. Kabwe:
The way Manjimela is behaving, exactly how Mweemba behaved. His neighbors advised him but he thought they were only threatening him. When he beat his wife the women went and reported him. Right now he is inside and his wife has refused to withdraw the case.

Mr. Manjimela:
How can she do that to her husband? Who will look after their children if he sent to prison?

Mr. Phiri
He should have thought about that before he battered his wife. He is a savage I won't be surprised if she divorces him.

Mr. Manjimela: (concerned)
You mean even just a small slap, you can be locked up for that? Then our wives will get stupid. Because of every simple misunderstanding they will report you to the police.

Mr. Kabwe:

Violence is violence my friend. Why should you beat your wife in the first place that's why God gave us a mouth to use for discussion.

Mr. Manjimela:

That's why my wife was threatening me to try and beat her. I will surprise her. When I go home I will just sit her down and discuss our misunderstanding. Thank you gentlemen for the advice.

END.

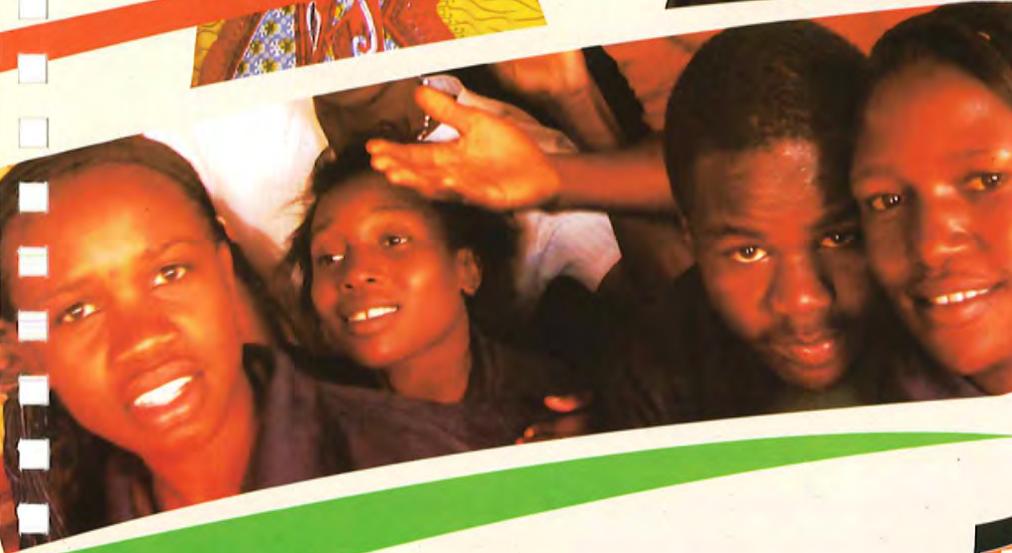
FACILITATION GUIDE:

1. What have you observed?
2. What is this play about?
3. What has happened to Mr. Manjimela?
4. Do these things happen in our community?
5. If they do how often?
6. Was there any thing in the play that wasn't clear, or do you have any questions about what you saw in the play?
7. What should the community do to address this problem?
8. Is there anything the community can do about this problem?
9. What would have been the problem if Mrs. Manjimela did not threaten to report her husband to the police?
10. What would you do if you were in Mrs. Manjimela's situation?
11. Is it okay that the play should end this way?

KEY MESSAGE:

1. Gender Based Violence is one the worst forms of violence that women suffer in the world.
2. Due to gender based violence a lot of women have been infected with HIV/AIDS by their spouses.
3. A lot of people have died or have been disfigured due to gender based violence.
4. A lot of women are scared to report their violent husbands due to the fear of having their bread winners being sent to prison.
5. A lot of women suffer in silence through gender based violence because of cultural and traditional beliefs.
6. Violent spouses don't love their partners if they can hurt them.
7. Children who watch violence in their families can be deeply affected by it.

ANTENATAL AND SAFE DELIVERY



'HE MUST KNOW'

10

'HE MUST KNOW'

ANTENATAL AND SAFE DELIVERY

This play's focus is on the importance of pregnant women going for ante natal check ups and looks at some of the myths and misconceptions surrounding ante natal check ups. It challenges people watching your performance to make informed decisions on why pregnant women need to attend clinics regularly during their pregnancies and deliver their babies at health care facilities where there are trained staff.

This play is merely a guide for an educational play. This play has four characters that are helping in telling our story. Please feel free to adapt or change it to situate in your environment or in your community. Please make sure that all important key messages come out in the play. Look at the key messages at the end of the play, and make sure that they come out during your facilitation after the performance.

CAST:

Mr. Banda: (Mrs. Banda's husband)

Mrs. Banda: (Mr. Banda's wife)

Mr. Mulenga: (Mrs. Mulenga's husband)

Mrs. Mulenga: (Mr. Mulenga's wife)

SCENE ONE:

(The scene opens at Mr. Mulenga's house. Mrs. Mulenga and Mrs. Banda have just come from the market.)

Mrs. Mulenga:

Bana Mabvuto what has been happening I haven't been seeing you for ante natal at the clinic these passed months. Don't you realize that you are putting your life and that of your unborn child at risk?

Mrs. Banda:

I understand you very well my friend. But the problem I have, is that my own mother in-law and my husband, they are against me to going to the ante natal clinic.

Mrs. Mulenga:

Why? Haven't you explained to them, the benefits of going for antenatal checkup, and planning to deliver the baby at a health centre, assisted by a trained health care provider.

Mrs. Banda:

I have tried, but none of them seem to be interested in that. My mother in law is the one who is worse. She believes in this rumour going on about Satanism.

Mrs. Mulenga:

But you heard about what we were taught the last time we went together. The importance of a pregnant woman being tested and treated if necessary for diseases like Malaria. Which is a number one killer among pregnant women, they also talked about the importance of prevention of mother to child of transmission of HIV/AIDS if the mother is found to be HIV+.

Mrs. Banda:

Those are some of the reasons why they cannot allow me to go to clinic. He doesn't want anything to do with the HIV testing, my husband and my mother in law claim that pregnant women are given an injection which they use to draw blood and the blood is sacrificed for Satanism rituals.

Mrs. Mulenga:

Who has been feeding them such wrong information? Last month when I went to the clinic they even did my blood pressure so that it is controlled before I go into labour. They also told us that those women who might test HIV positive are monitored and given HIV medicines called ARVs which protect the child from getting the HIV virus from the mother during birth.

Mrs. Banda:

That's good to hear but the problem is my husband, he listens so much to his mother than he does to me. He even threatens that if I do a test and the results are positive he will divorce me, which also scares me. (Enters Mr. Mulenga)

Mr. Mulenga:

Good morning ladies.

Both answer:

Good morning.

Mrs. Banda:

Sorry sir, I was almost leaving before you came in. Goodbye to both of you.

Mrs. Mulenga:

Goodbye Mrs. Banda.

Mr. Mulenga:

Is your friend okay today? What is the problem? What were you two discussing?

Mrs. Mulenga:

I suggest that you talk to her husband.

Mr. Mulenga:

About what?

Mrs. Mulenga:

Allowing his wife to go for antenatal checkups and go through the counseling and testing which is now done for all pregnant women, this will help them plan their lives and that of their unborn child. Just like you and me did.

Mr. Mulenga:

You mean, Mr. and Mrs. Banda haven't been to clinic yet?

Mrs. Mulenga:

No they haven't that's what his wife was complaining about. She says her mother in law has also been discouraging her too.

Mr. Mulenga:

That's strange because he has been boasting to us that he takes his wife for ante-natal. He called it male's involvement. Anyway I will talk to him.

Mrs. Mulenga:

You're such a darling. Let's get into the house now.

SCENE TWO:

(The scene opens with Mr. Banda on stage. Enter Mulenga (Mr.))

Mr. Mulenga:

Hello Mr. Banda.

Mr. Banda:

Hello my friend how are you and my sister in-law.

Mr. Mulenga:

She is at home resting. We just come back from ante-natal clinic.

Mr. Banda:

What do you mean 'we' don't you know that ante natal services are for women.

Mr. Mulenga:

Those services are for women indeed but we need to support our women, besides the children they are carrying are ours isn't it?

Mr. Banda:

But there is also this testing they are doing for HIV for pregnant women which is compulsory.

Mr. Mulenga:

That is the beauty of it, because the test helps you to plan for a safe delivery. They even explained to us the importance of this same compulsory HIV test, this test is to help prevent HIV from being transmitted from mother to child during birth and how a child can be prevented from contracting the virus from the mother during breast feeding. I have learnt a lot.

Mr. Banda:

But those same people at the clinic will go and spread the news of our status and nurses don't know how to handle pregnant women even during delivery. A lot of women have lost their child because of negligence from these nurses.

Mr. Mulenga:

Yes those rumours are there, but the majority of our health practitioners are professional, who will keep your results confidential. You see those concerns used to bother us as well. Those people at the clinic said that our wives need to deliver at the hospital in case of complications during delivery they will be able to be operated on or given a drip of blood. Which you can't do at home. They said this is called safe delivery.

Mr. Banda:

Why are you talking like that?

Mr. Mulenga:

Because I have been there myself, I and my wife have been told the positive health practices that we are to follow before delivery. It is called safe motherhood.

Mr. Banda:

But how will I know that my wife has a safe delivery?

Mr. Mulenga:

You need to go with your wife, and you will be advised not only about the counseling and testing but on how to prepare yourself and your wife when time for her to deliver comes.

Mr. Banda:

Thank you Mr. Mulenga I didn't know more about this for I did not allow my wife to speak (Enter Mrs. Banda). Dear tomorrow you must prepare we are going for antenatal clinic.

Mrs. Banda:

Thank you very much. But why the sudden change (He looks at Mr. Mulenga).

Mr. Banda:

Don't worry Mulenga here has convinced me with his bemba magic.

(They all laugh and exit)

END.

FACILITATION GUIDE:

1. What have you observed?
2. What is this play about?
3. What has happened to this Mrs. Banda?
4. Do these things happen in our community?
5. If they do how often?
6. Was there any thing in the play that wasn't clear, or do you have any questions about what you saw in the play?
7. Is there any thing the community can do help address this problem?
8. What should the community do to make sure pregnant have access to ante natal clinic?
9. Who was most affected by the problem? Or, who does it affect the most?
10. What would you do if you were in Mrs. Banda's situation?
11. Is it okay that the play should end this way?

KEY MESSAGE:

1. To avoid complications during delivery it is important for every woman to attend ante natal clinic during pregnancy.
2. A woman dies every day in Zambia due to pregnancy related complications.
3. In order to prevent mother to child transmission of HIV/AIDS pregnant mothers need to attend ante natal clinic regularly.
4. Every pregnancy needs to be safe.
5. Plan for your transport to the clinic when the baby is ready to come.
6. It's important for mothers to deliver their babies at the health centre where trained health care providers can assist them in case of any problems for them or their babies.

Ten steps to good facilitation:

IMPORTANT:

- 1. Ask questions**
Use simple, clear, and 'open' ended questions that allow for many different answers and discussion.
- 2. Wait for responses**
Give people time to think and come up with an answer. Do not overwhelm them with more questions.
- 3. Encourage everyone to contribute**
Make eye contact, use hands, walk close to shy people and use names.
- 4. Use minimal encouragements**
"Yes...I see... and then?" "...Tell me more...!" They help keep the person talking.
- 5. Listen actively:** Use eye contact and body language. Praise and encourage- but do not over praise.
- 6. Rephrase**
Briefly restate what people say in you own words, to make sure you have heard and understood.
- 7. Probe**
Ask follow up question to explore issue and make it clearer- "why? Tell me more." "Can you explain further?"
- 8. Redirect**
Get others to contribute: "she said- do you agree?" "What do others think?"
- 9. Observe:**
Look around and see who is participating and who is left out. Are people still interested?
- 10. Summarise:**
Restate what people have said in a simple, brief form. This will make it easier for people to contribute.

The facilitator's role:

Note:

1. Always make your audience feel welcome.
2. Create a non- judgmental environment where all ideas can be expressed.
3. Ask open- ended questions and remain open to what the crowd says, even if it's not what you were looking for or expected to see.
4. Avoid having long discussions with the audience; ask to see their ideas on the stage.
5. Encourage participation by making sure that actors are not personally criticised.



Annex

In case you want to develop an educational script these are the some of the things that you need to consider when coming up with your own scripts.

WRITING AN EDUCATIONAL SCRIPT

1) Scriptwriter:

Name of writer.

2) Title:

This must be something catchy and engaging. Ask yourself: "why will people want to see my play?" Therefore not "HIV is a killer Disease" but something like "Silent reaper" or "the secret life". And something appropriate to your story which gives a hint of what it's about but does not spoil the surprise. The title may only come to you after you have finished writing.

3) Theme:

What is the overall topic which you want to deal with in the play? For example: HIV/AIDS, Child Abuse, Substance Abuse, Poverty, Gender Based Violence, etc.

4) Issue:

What are the issues within the overall subject? Break down the theme to a smaller issue or issues, for example: my theme is HIV/AIDS and my issue is living positively with HIV; attitude, care, acceptance in the community. Ask yourself what is the problem here? What is the big issue? Why do I need to write an educational piece?

5) Message:

Within each theme, there are a million possible stories with many messages, therefore what point do I wish to make about the above theme? For example, do I wish to say that people with HIV should be isolated in order to curb the spread of the disease or do I wish to say that people with HIV can lead relatively long and happy lives and be loved and be productive members of society? (Ask yourself: what am I trying to say? What do I want people to learn from what am I saying? What do I want them to have taken from my piece? What do I want my impact to be?- and is this really important?)

6) Target Audience:

Remember that a performance is for an audience, so your script needs to be right for the people for the whom it is intended. Who do I wish the receiver of my message to be and is the message okay? What is my target age group, what language do they speak? What is their cultural background (tradition, western, conservative, religious etc) what gender are they? Are they rural or urban, rich or poor or somewhere in between? What is their education background? What sort of families, and community do they live in? Ask yourself: who is my audience? What am I trying to tell them? What do they already know? And is all of this really important or of good use to them? Is there a need for this message? Are these people ready to hear it in this way?

7) Discourse:

Choose how you are going to tell your story. Decide on the way you wish to get your message across? What medium do you wish to use to tell your story, and is it important? For example, live drama, puppetry, TV, traditional dance, song, mime, ballet, opera, poetry, novel, video, lecture, etc. The style you wish to do in, for example,

comedy, action, drama, realism, musical, story telling, etc. Once you have chosen your discourse and style, ask yourself: is this really the best way to tell the story and is the style I have chosen important to the message and to my target audience? If it is not, then change it.

8) The Big Event:

Now you can start thinking about turning all of the above points into your storyline, and transform your message into a theatrical play: choose the big or central event that needs to happen in the story, ask yourself: what is the crisis point for my characters or what happens in my story that will cause my character to have a realization or make a change? For example, the father discovers that the two young lovers have committed suicide, or the angry brother reaches out to hug his crying sister.

9) The story:

Once you have the big event you need to work out what happens before and after it, or how you are going to get to it and how you get away from it? What is the lead up to the big event and what is the follow on? Where/how do people change? How will you make your point through the lives of fictitious people and a made up story?

Write the story down. For example: Once upon a time there lived a man who had moved away from the farm to go find work on the mine. When he left, his wife and children cried, but he promised to write and send money and visit them at Christmas time. But now he lives far away in the big city with his girl friend and his new baby son and his family had not heard from him in years...

10) Character breakdown:

Who is in my story? Which people are helping the telling of my story? Know everything about everyone in the story, their name, age, culture, family history, background, language, education, experience, relationship, health, views, feelings, economic status, personality traits, likes and dislikes, relationship with others in the story etc, ("know your character better than God knows you") you also need to know exactly what their purpose is in the story; why are they there? How will they serve the story or message? And if they have no real reason to be in the story, then you should cut them out.

11) Scenic breakdown:

Break the story down in scenes which are like chapters in a story book. Each scene needs to be a step in the process, either towards or away from the big event. These will be divided according to:

1. What happens or the action?
2. Who is doing it, or to whom does it happen? Which characters are in the scene and what are they doing?
3. And where does it happen, the setting or time and place? When does it take place and where? Which part of the story is this?

Give the blow-by-blow account of the action in each scene, what purpose the scene serves, and how the characters are affected by the event or by what happens to them? What change or realization occurs in the characters? Which character and plot development has occurred? Cut any scenes that do not truly serve the story or the message.

12) The script;

Filling in the gaps/writing down what characters are saying:

Turn the scene breakdown into drama by adding what characters are saying. Exactly what do people say to one another, and how do they say it? Is it appropriate to the story and character? What conflict occurs? How do the relationships between characters develop? What are the characters thinking and feeling? What is the subtext as created by emotion or relationships?

How do we say the same thing in different ways and what difference does it make? What are better ways of saying something or getting a point across? What are better ways of facilitating change or plot or character development? Is what is said appropriate to the story and the character?

For example:

Scene 1: Daytime. At the train station in Kapiri.

Enters Kabwe stage right carrying a suitcase. As he sets it down and looks up at the clock, Lillian runs in from stage left, she looks frantic.

Kabwe: (Looking surprised)

Lillian! What are you doing here? Who is with the children?

Lillian: (breathless, desperate)

Kabwe, don't go, we can work something out. Please can we just go some where and talk about this.

POINTS

- 1) scriptwriter
- 2) title
- 3) theme
- 4) issue
- 5) message
- 6) target audience - age, language and culture, geographical and social-economic setting, etc

13) Narrative:

- 1 Discourse
- 2 Big Event. Crisis point, pivotal or central occurrence
- 3 Story

14) Character breakdown:

- 1 Name, age, traits, purpose (etc)

15) Scenic Breakdown:

- 2 Action: Events in the scene, what happens
- 3 Character: to whom does it happen and why?
- 4 Setting: where and when
- 5 Purpose of scene change/transition/realisation in characters

16) The script/ plot/ filling in the gap:

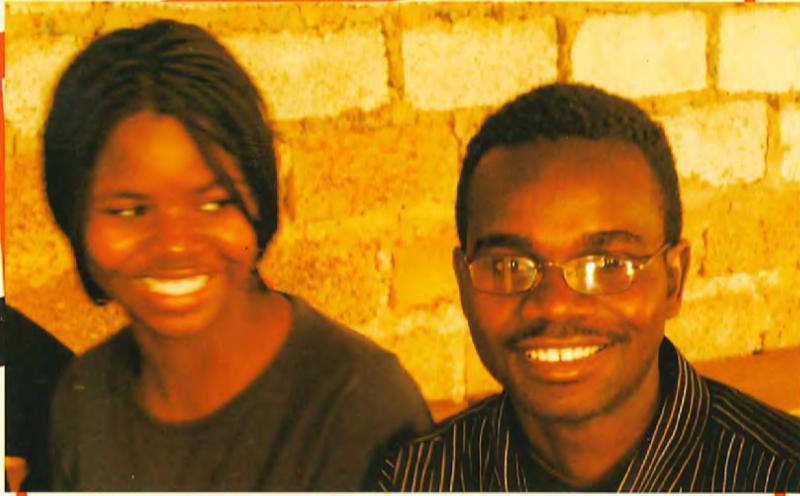
- 1 Drama
- 2 Conflict
- 3 Relationships
- 4 Dialogue

Remember:

1. Keep it short and stick to the point/message/key issue of the story.
2. Keep the script simple (not complicated).
3. Ensure that all the scenes and characters serve a purpose.
4. Maintain the pace of the action in the writing.
5. The crisis point of the story which causes the characters to change.
6. Always keep your audience in mind; their age customs, cultural norms, gender, etc.
7. Active participation, humour, and music can be powerful tools, but only where appropriate to certain audience.
8. Rewrite; do not be afraid of changing and reworking the script.

Abbreviations

AIDS	Acquired Immune Deficiency Virus
ART	Ante Retroviral Therapy (The same as ARV)
ARV	Ante Retroviral Treatment (The same as ART)
CRS	Catholic Relief Services
CT	Counseling & Testing
ECR	Expanded Church Response
GBV	Gender Based Violence
HCP	Health Communications Partnership
HIV	Human Immunodeficiency Virus
HIV +	HIV Positive (Infected with the HI Virus, living with HIV)
IPT	Intermittent Preventative Treatment
ITNs	Insecticide Treated Nets
NZP+	Network of Zambian People Living with HIV/AIDS
OVC	Orphans and Vulnerable Children
PLWHA	People Living with HIV/AIDS
PEPFAR	President's Emergency Plan for HIV/AIDS Response
PMTCT	Prevention of Mother to Child Transmission of HIV
RAPIDS	Reaching HIV/AIDS Affected People with Integrated Development and Support
STI(s)	Sexually Transmitted Infection(s)
TALC	Treatment Advocacy and Literacy Campaign
TB	Tuberculosis
TSA	The Salvation Army
ZARAN	Zambia AIDS Law Research & Advocacy Network





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