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HAPA GRANT

Final Evaluation Report

"Training of Trainers for AIDS Education"

Save the Children/Cameroon Field Office

September 1, 1989 - November 30, 1991

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**Save the Children
54 Wilton Road
Westport, CT 06880
(203) 221-4000**

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GLOSSARY

AID	Agency for International Development
AIDS	Acquired Immune Deficiency Syndrome
AT	Assistant Trainer
CDO	Community Development Officer
CDW	Community Development Worker
CHA	Community Health Assistant
CRTV	Cameroon Radio and Television
CS	Child Survival
DIP	Detailed Implementation Plan
EOP	End of Project
FHI	Family Health International
GTZ	German Agency for Technical Cooperation
HAPA	HIV and AIDS Prevention in Africa
HCW	Health Care Worker
HGSP	HAPA Grants Support Program
HIS	Health Information System
HIV	Human Immuno-deficiency virus
IA	Impact Area
IEC	Information, Education and Communication
KAP	Knowledge, Attitudes and Practices
MD	Medical Doctor
MOH	Ministry of Health
MTE	Midterm Evaluation
NAC	National AIDS Committee
NGO	Non-Governmental Organization
OPG	Operational Program Grant
PVO	Private Voluntary Organization
PSI	Population Services International
SC	Save the Children
STD	Sexually transmitted disease
TBA	Traditional Birth Attendant
TOT	Training of Trainers
WHO	World Health Organization

C

EXECUTIVE SUMMARY

The Save the Children/Cameroon Training of Trainers Program for AIDS Education was successfully implemented in six activity zones in the Far North Province. Although the scope of the project changed from three impact areas to one and from twelve target groups to two, the number of people trained and the ripple effect that was created far exceeded the numbers as originally projected in the DIP. More than 316 trainers were trained during 14 TOT sessions and more than 24,000 people were reached by the trained trainers. In addition, more than 104,000 condoms were distributed. The posters developed for the project adorn walls in clinics and hospitals throughout the Province.

In the Far North Province, where the focus of activities took place, the effects of the TOT sessions, according to individuals interviewed during the FE, have indeed been profound. Participants in the FE report that major changes have taken place both in their personal and their professional lives and that the TOT project was largely responsible for creating the differences.

Nevertheless, the project experienced major problems that influenced the overall effectiveness of the activities. Most of these can be classified into categories relating to managerial issues, such as staffing, training and supervision, budgeting and finance. As a result, procedures related to assessing the effectiveness and quality of the project activities were largely overlooked.

Another major area of difficulty centered on the vertical nature of the program and the unrealistic time-frame in which funding was made available.

The HAPA project was implemented in an IA that does not have an active national HIV/AIDS prevention program. The project staff did collaborate effectively with other NGOs and with the local MOH in the Far North Province, but their efforts did not lead to an integration of other health promotion activities. The sustainability of this program is, therefore, questionable unless the OPG primary health care project being implemented by SC in the Far North fully utilizes the experiences gained by the trained trainers and continues to support HIV/AIDS educational activities. With the momentum generated by the TOT project, HIV/AIDS prevention could well take on an important dimension in the Far North Province.

I. INTRODUCTION

Save the Children/Cameroon has been involved in development projects in Cameroon since 1978. These integrated development activities focused mainly on improving community health programs, the development of community water supply, and the construction of schools in three Impact Areas (IAs): Doukoula, located in the dry Sahelian region of the Far North Province; Ntui, in the Central Province; and Yokadouma, in the Eastern tropical forest region.

In December 1988 SC submitted a proposal for a two-year Training of Trainers (TOT) for AIDS Education Project to USAID. At that time, SC was implementing a Child Survival (CS) program in the three original impact areas. It was felt that the HAPA project could "piggy-back" on the community-based primary health care and CS program already in place. The project was approved in April 1989 but, at the same time, SC was unsuccessful in securing follow-up funding for the CS program. Thus, when HAPA funding began in September 1989, the CS programs (and their infrastructure) were ending. A decision was also made at this time to close the Yokadouma IA due to financial constraints.

Initially the project intended to reach a target population from the three arrondissements where the IAs were located of a total of approximately 120,000 people, almost one-third of whom were between 15 and 34 years of age.

Based on the concept that people are more receptive to being educated by someone from their own community, especially when dealing with a sensitive social issue, the primary goal of SC's AIDS education program was to teach health personnel, educators, and groups at high risk the skills, facts, and attitudes that could help them to limit the spread of AIDS in their communities. Once trained, the individuals then could serve as trainers for their target group population.

During the first year of the project a request was made by the Provincial Health Delegate of Public Health in the Far North Province that SC extend its role in AIDS education to include Logone and Chari, Diamare, Kaele, and Mayo Danay divisions. This expansion meant the addition of 23 more administrative units for a target population of 1.5 million.

Because of SC's expanded role in the Far North Province, the MTE team made a recommendation that project activities be concentrated there. Any further training activities in Ntui, except for 1st generation trainers follow-up and refresher courses, were to be suspended.

Although the original intent of the project to conduct TOTs in three IAs was reduced during the lifetime of the project to one, the total number of persons that were reached by TOT activities increased from 1,500 to 24,000.

II. EVALUATION METHODOLOGY

A. *Purposes of the evaluation*

A major purpose of the end-of-project evaluation was to assess the effectiveness of the approaches used in the SC/Cameroon TOT program for AIDS Education and to determine the extent to which the project's stated objectives were met during the two-year period.

Another important aspect of the evaluation was to identify factors that influenced the quality and the efficiency of the project's operation from a managerial perspective. These included issues related to staffing, supervision of personnel, technical assistance, financing, planning, and evaluation, among others.

In addition, the evaluation aimed to identify those aspects of the project that enhance sustainability of HIV/AIDS activities and promote their integration into other health or relevant programs.

Since the SC/Cameroon HAPA Project focused mainly on the training of trainers to spread educational messages about HIV/AIDS and thereby influence people's behavior, the main thrust of the evaluation was to determine the effectiveness of the training programs in terms of methodologies employed and target groups selected.

B. **Composition of the Evaluation Team**

Helga M. Morrow	Team leader, Independent Consultant Baltimore, USA
Nicola Gates	AIDS Coordinator, Save the Children Westport, USA
Esther Gwan	Pediatrician, University Centre Hospital, Yaounde, Cameroon
Zoua Kideu	Technicien Supérieur en Soins Infirmiers, Maroua, Far North Province, Cameroon
Ali Perr'tiangha	HAPA Project, Assistant Trainer Save the Children/Cameroon Maroua, Cameroon

C. Evaluation Methodology

Because of time constraints, distances that had to be covered, and minimal activities that had taken place in Ntui, the evaluation team concentrated its efforts on the Far North Province where the largest number of activities had been carried out and the greatest number of trainers could be contacted. Evaluation activities were hampered by the fact that no baseline survey had been carried out at the onset of the project, pre- and post-tests for the TOT sessions had not been conducted consistently, and much of the training material and report forms had neither been pilot-tested nor evaluated during the lifetime of the project. The team, therefore, decided to limit its information gathering by asking each of the trained persons contacted to respond to an individual five-item questionnaire, and held focus group discussions with 1st and 2nd generation trained trainers and in-depth interviews with key informants.

During the first day of the evaluation program, the team discussed the methodology to be used to gather the most relevant information and developed the necessary tools. These included questionnaires for focus group discussions for 1st and 2nd generation trainers (Appendices II & III), a questionnaire to assess knowledge of modes of HIV transmission and AIDS prevention and any behavioral changes that may have taken place as a result of the training (Appendix I), and guidelines for in-depth interviews with SC staff, outsiders and other key informants (Appendices IV & V). Each focus group had a principal discussion leader and a recorder. None of the discussions were tape-recorded. In-depth interviews were carried out by the team and recorded.

Results of the short questionnaire were collated according to 1st and 2nd generation respondents, while the statements of the participants in the focus groups were analyzed, grouped, and then synthesized to obtain an accurate evaluation of the perceptions of the participants.

Results of the evaluation team's conclusions and findings were shared with the SC/Cameroon Director, Dr. Nkodo Nkodo, and SC Project Manager for the OPG project, Dr. Luke Nkinsi, in Maroua, and with Mrs. Elizabeth Yunga/Project Coordinator, Mr. Richard Green/USAID, and Prof. Lazare Kaptue/former Director of the NAC, in Yaounde.

III. EVALUATION FINDINGS

A. *Project Design and Implementation*

1. Target Area

When the original proposal for HAPA funding was written in 1988, SC/Cameroon was implementing a Child Survival program in three impact areas: Ntui, Doukoula and Yokadouma. It was felt that the HAPA project could "piggy-back" on the activities already in place, particularly since the community had been sensitized to the notion of voluntary education trainers and SC had excellent relationships with the MOH in these areas. However, SC was unsuccessful in its bid for follow-up funding of the CS activities. As a result, the CS program ended and the Yokadouma IA was closed due to financial constraints even before the HAPA project was started. In addition, on the recommendation of the MTE team, HAPA activities were curtailed in Ntui to allow more focus on the greatly expanded scope of the project in the Far North.

Strengths

The establishment of a trusting relationship between organizations - both governmental and non-governmental - and between agencies and communities takes time. SC has such relationships as a result of its long history in Cameroon of implementing community development activities, including health projects that included training health care personnel in oral rehydration therapy (ORT) and expanded program for immunization (EPI). Access to the MOH and other NGOs was greatly facilitated because of SC's previous accomplishments. Locating TOT interventions in SC established IAs facilitated access to the communities and enhanced cultural appropriateness of the project.

Weaknesses

Wide dispersion of IAs demands adequate logistical back-up to ensure effectiveness. Even with the elimination of one of the IAs before the outset of the project and a further reduction in areas later on, the extension of services in the Far North Province created difficulties in coverage and accessibility due to limited availability of transport and personnel. The placement of the Project Coordinator outside the IAs further complicated logistic support.

2. Target Population

In the DIP it was envisioned that 5-19 people from each of 12 groups would be trained to carry out AIDS-related activities for a total of 150-200 first generation trained trainers. These groups included:

Health workers
Community development assistants
Teachers
Students
Military personnel
Commercial sex workers
Village health workers
Local leaders
Traditional birth attendants
Church leaders
Truck/Inter-province drivers
Parastatal extension agents

The number of groups targeted for training was eventually reduced from twelve to two (health workers, including military health workers, and teachers) because it was felt that limiting the number would give project staff more time for supervision and to carry out follow-up work. Furthermore, it was found that getting people to be interested in participating in TOT workshops was more difficult than originally thought. Unfortunately, teachers were soon dropped as a target group since the Ministry of Education decided that it preferred to mount a nationwide effort to train teachers and write curricula - something beyond the scope of this project. In the MTE it was recommended that commercial sex workers be targeted as well for training. However, this group remained elusive throughout the duration of the project.

Strengths

Targeting clearly defined and cohesive groups for TOT appears to be an effective and cost-efficient way for influential people in communities to reach others. The ripple effect that TOTs are expected to generate is possible when target populations are carefully selected and have the support or back-up of their organizations. The project did not require people to work outside the confines of their own work areas or scope of work, which made the voluntary aspect of the project practical. From Focus Group discussions with 2nd generation trainers it was found that indeed influential people in the community, such as health care workers and teachers, are considered to be among the most qualified people to provide information concerning HIV/AIDS to adults and to children.

Weaknesses

The original number of target groups was too ambitious and some target populations were not consulted before their selection. As each target group has its own needs and characteristics, and as these must be taken into consideration in the development of training materials and during and after the TOT sessions, criteria must be established before the selection of specific target groups. Furthermore, consultation with leaders of

specific target groups and with Ministries must be done before target group selection to determine interest, best training and supervision approaches to be used, and ensure enduring cooperation and commitment to the project.

3. Main strategies

The main strategies as defined by the DIP were as follows:

- Selected individuals from each target group will be trained to disseminate information on AIDS.
- They will be taught to teach adults in both formal and informal settings.
- They will be visited regularly to see how effective they are as trainers and how well the curriculum is supporting their training.
- Each of 150-200 trainers will go on to train 10-15 people, for a total target population of 1500-3000 people.

Main strategies as actually implemented included:

- Visits by project staff to IA Administrative authorities and community leaders to inform them of SC's AIDS project.
- Meetings with Department Chiefs, District Medical Officers and group leaders to elicit support for the training of their personnel.
- 3- to 4-day TOT workshops for selected individuals that included AIDS information, techniques of adult learning, and planning AIDS education activities.
- Refresher courses for trained trainers.
- Follow-up/Supervisory visits to 1st and 2nd generation trainers to discuss individual's plan of action and assess accuracy of their AIDS messages.

Strengths

Training target groups with common characteristics in their workplace setting and with the support of management is an effective way to create a 'ripple' effect among specific communities. Especially in under-served areas, a TOT strategy to educate people about HIV/AIDS appears to be an efficient and more convincing way to influence behavior than do TV and other media messages.

The participatory training approach used in the TOT sessions, although new to most of the participants, was highly appreciated and created enduring positive impressions.

Weaknesses

TOT endeavors require ensured logistical support to maintain high levels of motivation. Supervision and follow-up are essential. Moreover, in the planning of TOT sessions, the needs of the participants, e.g., per diem, must be taken into consideration to increase their incentives to go beyond what is normally expected of them. Especially in areas where everyday life is already very difficult, unrealistic expectations of individuals should not be made. The project, according to the participants, did not provide adequately for their needs. Efforts to implement the project were also hampered by a severe cholera epidemic and a meningitis epidemic, which downgraded the importance of HIV/AIDS activities. Some of the trained trainers assisted with epidemic control activities.

4. Project Management

a. Staffing and technical assistance

Staffing

Changes in senior level personnel of SC/Cameroon and delays in hiring staff adversely affected the project's operations. In September, 1990, the former FO Director resigned that position to assume another position as Project Manager for the OPG health project in the Far North. The present Director, Dr. Nkodo, was in the FO but was not formally named Director until January 1991. During this three-month period it was not clear to FO staff who the Director really was.

The project's coordinator and lead trainer was hired in October 1989 and worked alone until an assistant trainer was hired in May 1990. A second assistant trainer was hired in November 1990 but was based in Yaounde until February 1991. The first assistant trainer then left the project in May 1991. Thus, during the 26 months of the project, a full complement of staff worked together for only seven months. (See Appendices VII & VIII for CVs)

A further complication in staff issues resulted from the change in field office location from Yaounde to Maroua in Year 2 of the project. Although during the second year of the project the locus of activities took place in Maroua, the project's coordinator remained stationed in Yaounde with only a skeleton staff. This split in sites not only made secretarial support for the project difficult, but also created problems with transport and communication.

Technical Assistance

The project received technical assistance for the initial 3-week TOT workshop held in Yaounde in October 1989. The workshop acquainted project staff with adult education techniques and

covered information that they would need as AIDS educators. Also in October 1989, staff from the HAPA Grant Support Program helped review project plans and visited the Doukoula IA. In March 1990, Dr. David Sokal from FHI/AIDSTECH visited the field office to review the TAG comments of the DIP. In September 1990, SC's Westport-based AIDS coordinator, Ms. Nicola Gates, spent two and half weeks in Cameroon assisting in the MTE and writing the report. An AIDSCOM consultant, Ms. Nathalie Weeks, spent almost two weeks in Cameroon in September 1990 working with project staff to help implement some of the recommendations made by the MTE team. Ms. Weeks helped staff develop different forms for follow-up visits. Technical assistance visits by Westport-based staff and visits by the Cameroon project staff to other AIDS programs in Africa planned for Year 2 did not occur due to travel limitations imposed by the Gulf War.

Strengths

The need for the TOT project, especially in the underserved areas of Cameroon, was well recognized by staff and, as a consequence, their level of commitment was commendable. The project's coordinator participated in a 3-week AIDS TOT workshop held by SC in Cameroon in October 1989. The training covered information about HIV/AIDS transmission and modes of prevention, and included techniques in adult participatory education. The Project Coordinator and an Assistant Trainer also participated in a workshop sponsored by the HAPA Support Program in October 1990 and in an AIDSTECH-sponsored counseling workshop in January 1991.

Project staff found the written materials provided by HGSP (Quarterly Updates), Family Health International (AIDSTECH monthly articles), and articles and papers forwarded to them from the Health Unit in SC's Home Office very useful.

Weaknesses

As mentioned above, the project was generally inadequately staffed and supervised. A project of this nature requires staff consistency to reap ultimate benefit of staff experiences and to establish effectiveness. Inadequate training of all staff members and their inadequate supervision resulted in breakdowns in communication regarding financial matters and a lack of recognition of the importance of evaluation at all levels of project operation.

The MTE team recommended that a greater level of technical support be provided for Year 2 of the project, especially in the area of materials development and the development of future plans. Such support was neither asked for nor provided yet, according to the project coordinator and assistant trainer, was greatly missed. In addition, some of the planned TA and exchange visits were unable to occur because of travel restrictions imposed during the Gulf War.

Some of the project's greatest shortcomings are in the area of lack of technical assistance and supervision of staff. This is attested to by the fact that project staff failed to recognize the importance of such activities as conducting pre- and post-tests to assess training effectiveness and quality, and evaluating and up-dating the training manual and other material produced by project. In essence, no monitoring activities were consistently carried out during the life-time of the project.

b. Budgeting/financing

As this project was a Training of Trainers project, most of the funds were used to support training of the various groups targeted by the project. This support included trainer/coordinator salaries, training supplies and materials, per diems for participants, transport, and in-country travel costs. Computer equipment, including a laptop computer and printer, were purchased in Year 1 of the project for a total of USD 4,824.00, including shipping costs, to facilitate management of the project. In Year 2, a video camera and monitor were purchased for a total of USD 1,845.64, including shipping, for use in training sessions. These assets will be assumed under SC's A.I.D. Mission-funded Operational Program Grant, which includes an AIDS education component.

Please see Appendix IX for a budget summarizing project expenditures through September 1991. Final figures will be sent to A.I.D. before February 28, 1992, within 90 days of the end-of-project.

Strengths

In spite of the expansion of the project in the Far North, careful planning of training sites and scheduling of supervisory and follow-up visits allowed for training objectives to be met within the guidelines set forth in the budget. Conservation of funds was made possible because staffing was kept at a minimum.

Weaknesses

General management of the grant in Year 1, including financial management, was made more difficult by the distance between the accountant, based in the field office in Yaounde, and the project site in the Far North Province. This distance sometimes hampered effective communication. Some of these issues were resolved in Year 2 when the field office was moved to the Far North Province but a lack of adequate communication about budgetary matters seemed to persist between the accountant/field office and project staff.

c. Information system

Trained trainers were given a monthly reporting form that they were expected to fill out and submit to the assistant trainer.

The forms, which were different for different groups (Appendix X), were to include a summary of training sessions completed by the trainer, the length of the training sessions, number of people reached, number of diagnosed cases of STDs reported, and a list of the most frequently diagnosed illnesses in the community. The reporting system was only operational in 2 out of 6 areas.

Strengths

The development of an information system that allowed for some monitoring of activities was initiated (Appendix XI). The system helped with tracking the activities of the trained trainers and with their supervision, and tested their knowledge of material presented in the TOTs.

Weaknesses

The value of collecting information and the uses this might have relative to monitoring and assessing effectiveness of the TOT project and follow-up activities was not fully recognized by project staff. Information recorded on the forms was not systematically analyzed and was only used by the assistant trainer for supervisory activities. In only two out of six areas was the reporting system functioning. Furthermore, the short questionnaires administered by the assistant trainer during follow-up visits were not used to monitor the effectiveness of the TOT sessions or of the material presented.

5. Collaboration with MOH and NGOs

Until recently, efforts to halt the spread of HIV/AIDS in Cameroon have been coordinated by the National AIDS Committee (NAC). The NAC is an inter-agency "taskforce" whose mandate includes the development and coordination of national AIDS policies and programs. NAC reports bi-annually to the 'Comite Mixte', which is composed of donors and both NGO and Governmental implementing agencies. SC is a member of the 'Comite Mixte'.

An IEC Committee serves as a consultation and coordination body for all AIDS educational activities and the development of educational materials. Though SC is not a formal member of the IEC Committee, it is often invited to its meetings and has access to its members and resources, one of these being the Department of Health Education. This department collaborated with SC in conducting some of the TOT workshops.

Following decentralization of NAC activities, the Provincial Director of Health in Maroua, delegated the chair of the Provincial AIDS Committee to SC and all IEC activities in 4 out of 6 departments or divisions are being carried out by SC in collaboration with the medical personnel of the divisions of Mayo Danai, Kaele, Diamare, and Logone and Chari.

SC has collaborated with a number of NGOs. It exchanged visits with CARE's health personnel and extended the scope of Population Services International (PSI) in the Far North Province by distributing condoms and helping to set up direct links between PSI and a local distributor. Furthermore, a member of German Agency for Technical Cooperation (GTZ) was among the three Cameroonians who participated in the three-week initial TOT workshop held by the project in October 1989.

SC was invited by Family Health International (FHI) and NAC to the first nation-wide workshop on counseling as a participant and facilitator, that was held in January 1991. Recently SC was asked to assist the NAC with the development of Counseling Manuals for Trainers and Counselors. The two manuals will be completed by November 1991.

Strengths

The project attained a close level of collaboration with the NAC at the national level and with the local MOH at the provincial level. In addition the project worked well with several NGOs in establishing a system for distributing condoms and in training staff members for HIV/AIDS TOT activities. At the community level the project worked with chief medical officers to establish training sessions and to carry out follow-up activities.

Weaknesses

It appears that even though the local government official in the Far North Province initiated the extension of the TOT project, a sense of involvement was not fostered and a feeling of local ownership not encouraged. The TOT project remained essentially an outside and isolated endeavor.

B. Process

The major TOT AIDS Education project activity was a series of 3-4 day workshops during which time information concerning the transmission of HIV/AIDS and its prevention was disseminated. Topics requiring technical and scientific competence were conducted by physicians. The training manual used during the workshops was based on a list of AIDS facts, skills and attitudes originally developed by SC staff in Westport, CT. This curriculum was pretested at a week-long workshop that was held in September 1989 in Westport with representatives from both the home office and field office participating. The curriculum was further revised in October 1989 at the time of the first TOT workshop held in Cameroon. Project staff did some further work on the curriculum until early 1990. The last version of the curriculum is included in the DIP (Appendix XII). Although it was anticipated that the curriculum would be adapted to the needs of different target groups and would undergo periodic changes as

a result of workshop evaluations, no such activities were carried out.

A series of posters were developed by the project with the help of a local artist whose cartoons frequently appear in the national daily newspapers (Appendix XIII). These posters were pre-tested with a group of teachers in the Far North and several changes were made to make them more culturally appropriate. The posters are very popular and can be found in the offices and clinics where training has taken place.

Some of the training material used in the workshop were developed by GTZ, the MOH, AMA and WHO. They were not pilot-tested by the project, nor evaluated for their effectiveness.

The workshops themselves were not evaluated by the participants, nor was pre- and post-workshop testing done consistently.

It is difficult to relate changes in knowledge and behavior directly to TOT activities, other than through qualitative data gathering as done during the MTE and the FE. As mentioned in the DIP and again in the MTE, no baseline survey was carried out. Neither was there a systematic effort made to assess the quality and effectiveness of the training material, the training sessions, the supervision and the follow-up visits. It became evident, however, during the focus group discussions that the TOTs had been the major factor that influenced behavioral change among the participants.

Some of the questions asked in the focus group discussions with the trained trainers aimed at assessing the quality of the training sessions in terms of clarity of messages delivered and the usefulness of the information received. Participants responded that the participative format of the sessions allowed each one of them to be a teacher, that the diversity in which the information was presented made it easy for them to understand the topic matter, and that the demonstration clarified things even more. Although many had heard messages about HIV/AIDS on the radio and had seen programs on TV, the majority claimed that the TOT sessions had influenced them the most in terms of changing their behavior and increasing their knowledge of HIV/AIDS transmission and ways to prevent transmission of the virus.

To track the efforts of 1st generation trainers and assist with supervision, project staff developed a reporting form that trainers filled out detailing their quarterly plan of action and how they planned to disseminate AIDS messages. The assistant trainer reviewed progress made according to the plan during his follow-up visits. During follow-up visits the assistant trainer administered a short questionnaire measuring knowledge retention of the material presented during TOTs. Any misconceptions or misinformation the trainers might have had was immediately corrected. The follow-up visits also included a condom demonstration. No systematic collection of data was done of

these follow-up sessions and, as such, their evaluation value was lost.

C. Outputs

The DIP included the following objectives:

- 144 people will have attended 4-7 days of AIDS prevention training by the end of the project.

- At least one training session will have been held for trainers from each of the 12 target groups by the end of the project.

- Each trained trainer will have trained 10-15 people (1,500- 2000 total) from the target groups by the end of the project.

- 80% of the population reached by the trained trainers will be able to identify the three main modes of HIV/AIDS transmission by the end of the project.

- 50% of the population reached by the trained trainers will be practicing at least one of the three protective behaviors - abstinence, limiting sexual partners and use of condoms - by the end of the project.

- Self-reported condom use at the time of training and one year later will be reported for a sample of the TOT participants.

- Self-reported frequency of STDs at the time of training and one year later will be reported for a sample of the TOT participants.

Lessons learned during the first year of the project led to a revision in the number of groups targeted for TOT from 12 to 2 and a reduction in the number of days needed to cover the material in the curriculum. It was envisioned that the two groups would include health care workers and teachers. However, it was not possible to include the teachers in the training, as has been previously mentioned. Based on the recommendations of the MTE team, activities in Ntui were suspended. Furthermore, the MTE team suggested that a revision be made in the project objectives as the data gathered by them indicated that the accomplishments of the TOT project had indeed been impressive in terms of number of people trained, knowledge of HIV/AIDS transmission and prevention, and reported changes made in safer-sex practices among TOT participants. On the strengths of the findings the objectives of the project were revised.

The revised project objectives as stated in the MTE are as follows:

- By August 31, 1991, at least 300 people in the Far North Province will have been trained as trainers in a 3-day TOT.

- By August 31, 1991, 90% of the trained trainers will be able to demonstrate the correct use of a condom on a model.

- By August 31, 1991, 90% of the trained trainers will be able to name three major modes of AIDS transmission and 3 ways to prevent transmission.

- By August 31, 1991, each trained trainer will have trained an average of 100 people.

- By August 31, 1991, 80% of the population reached by the trained trainers will be able to identify the 3 main modes of AIDS transmission and 3 methods of prevention.

- By August 31, 1991, 50% of the population reached by the trained trainers will be able to demonstrate the correct use of a condom on a model.

- By August 31, 1991, 75% of the population reached by the trained trainers will be practicing at least one of the following protective behaviors: abstinence, limiting numbers of sexual partners, using condoms, and for certain health workers, taking necessary precautions in the work place.

To date the project has accomplished the following:

- A total of 316 people have been trained in 14 TOT workshops. Of these, 253 were trained in 11 workshops held in the Far North Province.

- A total of 24,393 have been reached by trained trainers. Of these 21,466 are located in the Far North Province.

- More than 103,000 condoms have been distributed.

- 11 posters were developed for urban populations

- 4 posters were developed for rural populations

- A play (see Appendix XVI for script) on HIV/AIDS produced by Jeunesse Animation Culturel in collaboration with high school students in Maroua received assistance from project staff. The play had its public opening on the October 31, 1991.

- 9 one-day refresher courses were held. (Appendix XVII). Seven of these took place in the Far North Province and were attended by 189 1st generation trainers.

At the time of the FE, not all reports on follow-up activities had been tabulated. It appears that the revised objectives in terms of numbers to be reached may have been somewhat unrealistic

given the constraints of the project as a result of staff shortages. The objectives related to numbers of trained trainers in the North and the numbers of 2nd generation persons reached were respectively 84% and 71.5%.

D. Outcomes

Focus group discussions and interviews conducted with key informants (see Appendices II-VI for places, numbers and tools used) allowed the FE team to assess the current state of knowledge of 41 1st and 31 2nd generation trained trainers concerning modes of HIV/AIDS transmission and methods of prevention, in addition to reported changes of behavior and practices as a result of the TOT program. The population that participated in the evaluation exercise were those 1st Generation (1G) and 2nd Generation (2G) trainers that happened to be available at the time of the team's visits to the IAs. Random sampling was not attempted; those interviewed were a "convenient sample" and may or may not have been representative of their target group.

Findings of the evaluation are reported below:

N=41 1st Generation (1G) N=31 2nd Generation (2G)

Objectives: 90% of the trained trainers (1G) and 80% of the population reached by the trained trainers (2G) will be able to name three major modes of AIDS transmission and 3 ways to prevent transmission. In this convenient sample all of the 41 1G trainers and two-thirds of the 2G trainers were able to name three major modes of HIV/AIDS transmission, and 38 1G trainers and 24 2G trainers could name 3 ways to prevent the transmission.

Objectives: 90% of 1G trainers and 50% of 2G trainers will be able to demonstrate the correct use of a condom on a model. 29 of the 1G trainers and 14 of the 2G trainers were able to demonstrate the correct use of a condom on a model.

Objective: 75% of the population reached by the trained trainers (2G) will practice at least one of the following protective behaviors: abstinence, limiting numbers of sexual partners, using condoms, and for certain health workers taking necessary precaution in the workplace. Although no specific objective concerning safer sex was listed for 1G trainers in MTE, they were asked to respond to the question concerning safe sex practices. 41 of 1G trainers and 31 2G trainers responded that their behavior had changed since learning about HIV/AIDS and that they followed at least one of the protective behaviors. 21 of 1G trainers and 23 of 2G trainers report that they now use condoms.

It is not possible from the "convenient sample" to determine the extent to which the above objectives were met. It is, however, possible to state that those individuals who responded to the

questionnaires and participated in the focus group discussions demonstrated a high level of knowledge of both the modes of HIV/AIDS transmission and its prevention. Impressive was their response to what effects the training had had on their own behavior in terms of their own protection. Overwhelmingly, the participants stated that the workshops had influenced their behavior and that they were now much more careful about their own safety. Whereas before condom use was rarely practiced, now it is commonly used by those interviewed. Again these changes were linked to the TOT sessions.

Other project outcomes

a. Influence on professional life

Focus group discussions with the health care workers revealed that the TOTs had increased their awareness of infection control and had changed their practices in the following ways:

- as a result of the TOTs, nurses now demand that patients bring in their own needles and syringes to out-patient clinics;
- pregnant women have to bring a pair of gloves with them for hospital deliveries ;
- in clinics where one non-disposable syringe and needle were used for multiple patients, the procedure now is to change the needle for every patient, but not always the syringe;
- blood transfusions are ordered only rarely (this change was necessitated by the fact that the Province had lacked the equipment to test any blood for the 4 months prior to the FE);
- greater care is being taken to protect patients, e.g. handwashing between patient care, better cleaning of instruments;
- some trainers are now known for their knowledge of HIV/AIDS, which has increased their status among community members;
- one razor blade is used per person.

b. Influence on personal life

Trainers of trainers report that aspects of their personal lives have changed as well. Some of these changes include:

- use of condoms;
- limiting number of sexual partners;
- abstinence;

- increased knowledge of HIV/AIDS has increased their responsibility vis-a-vis educating others;

- increased status in the community.

c. Unexpected outcomes

In one of the hospitals visited, as a result of the demand by nursing staff that patients bring in their own needles and syringes, the evaluation team found the grounds around the hospital complex littered with used disposable needles and syringes. The team was told that as patients now bring in their own supplies, many demand that they be given the used syringes and needles. Furthermore, it appears that some people now collect the disposable syringes and needles from garbage cans or other waste disposal sites and then try to resell them. The team discussed the importance of adequate disposal of the needles and syringes with both a senior medical officer and the nurse in charge. The team was promised that the problem would be taken care of.

The demand that patients bring in their own supplies may have inadvertently increased their use of "charlatans" as these "traveling" injection-givers charge only a fraction of what it costs a patient to buy the medicine and the needle and syringe in the local pharmacy.

In one hospital where women in labor now have to bring in a pair of gloves for delivery, it was found that practice had increased the number of free deliveries performed by the near-by traditional birth attendant since some of the women simply cannot afford to buy the gloves.

Infection control procedures in some of the hospitals visited are inappropriate, e.g., 2-4 hour boiling of instruments.

Prices of needles and syringes have come down due to increased consumption.

The demand for condoms has greatly increased.

Hair dressers and barbers now use a new razor blade for each person.

The HAPA project has also had a positive effect on AIDS programming for Save the Children as a whole, both at the headquarters level and in other field offices. With HAPA funding, SC was able to initiate two AIDS education programs in Cameroon and Zimbabwe, the first for the Agency. As part of SC's commitment to provide adequate technical assistance for these programs, HAPA funding also supported the creation of the position of AIDS Coordinator, based in the headquarters. Not only did the creation of this position facilitate effective support of the two field programs and ensure good communication

with the funder and HGSP, but the AIDS Coordinator was also able to advocate for AIDS programming at the Home Office and among other field offices.

In June 1990, SC received a grant from AmFAR (American Foundation for AIDS Research) for a community-based AIDS education project in The Gambia. That program is similar to those piloted under the HAPA grant in that village-based workers (health workers, teachers, and agricultural workers) are targeted for AIDS TOTs. This cadre of worker is, in turn, responsible for educating community members about AIDS. This education is done through home visits and by holding village-wide meetings about AIDS during which a variety of methods are used, including drama, songs, discussion, and the presentation of a video made by project staff.

Other SC offices, especially those in Africa, are currently developing AIDS proposals and several have already begun integrating AIDS messages into on-going health programs such as Child Survival. SC's Nepal and Honduras field offices included an important AIDS component in their proposals for CS8 funding this year. In short, an interest in AIDS programming has been growing slowly but steadily over the past two years.

The Westport-based AIDS Coordinator reported that she expected the initiation of new AIDS projects in SC field offices will be greatly aided by the recently completed AIDS training curriculum that has been in development over the past two years. The curriculum incorporated many of the lessons learned by SC's three AIDS projects and will be widely disseminated among SC field offices and other organizations working in AIDS education worldwide.

E. Sustainability

The changes in practices and behaviors, as reported by 1st and 2nd generation trainers, that resulted from the TOT project appears to genuine. Among individuals interviewed, HIV/AIDS is no longer considered a problem that "affects only others". Knowledge about HIV/AIDS transmission and its prevention is high. The fact that the project has been able to make an impact, at least on those interviewed by the FE team, and that a reported 24,000 people have been reached by the trained trainers is quite a remarkable feat. It is likely that the ripple effect will continue, at least for some time even after the project ceases, because the trained trainers appear to be highly motivated.

Whether the changes in behavior are sustainable over a long period of time and whether knowledge about HIV/AIDS is even a sustainable issue, is questionable. Once funding for the project ceases, the TOT refresher courses will stop as a vertical entity. It was the opinion of the FE team that HIV/AIDS education should be integrated in the OPG primary health care project currently in

place in the Far North Province and collaboratively administered by SC and CARE. There is no doubt that the TOT Education for AIDS project has had a major impact on those individuals interviewed by the FE team and that the trained trainers were committed to educate others. The momentum generated by the project should not be lost.

As major changes in infection control are taking place in hospital and clinic settings and as the OPG project is looking at cost-recovery issues, the FE team suggests that the pharmacies linked with the OPG project be adequately stocked with either disposable or non-disposable needles, syringes and gloves at a cost the community can afford. The FE team also suggests that the pharmacies be adequately stocked with decontamination and cleaning supplies, such as chlorine solutions and soap products, and with condoms. Information concerning infection control and guidelines for infection prevention in clinics and hospitals appear to be needed. Building upon the knowledge of the trained trainers might be an effective means to spread infection control messages.

As mentioned earlier in the report, the project has collaborated closely with the NAC and with the MOH, especially in the Far North Province. It also collaborated with several NGOs, namely PSI in the supply and distribution of condoms. In spite of these efforts in collaboration, the project essentially remained a vertical endeavor of SC and as such was not seen as an integral component of existing health education services, other than what might be accomplished with the OPG primary health care project.

IV. CONCLUSIONS AND RECOMMENDATIONS

PROJECT DESIGN

Conclusion

The Save the Children/Cameroon Training of Trainers Program for AIDS Education was successfully implemented in six activity zones in the Far North Province of Cameroon. The project staff collaborated effectively with physicians in activity zones in the implementation of HIV/AIDS activities. However, the project remained essentially a vertical endeavor.

Recommendations for Save the Children and MOH

To ensure sustainability, strong collaboration must exist between the implementing agency and national, provincial, and local health authorities during the conceptualization phase of the project and during the planning, implementation and evaluation of project activities.

Roles and responsibilities of organizations and individuals involved in the project must be clearly defined to further ensure the sustainability of the project.

Conclusion

Integration of the HAPA project activities into the existing health care delivery system could have greatly enhanced the project's effectiveness.

Recommendations for Save the Children, MOH, and U.S.A.I.D.

To sustain HAPA HIV/AIDS initiatives, HIV/AIDS activities should be fully integrated into the Operational Program Grant (OPG) primary health care support program currently being implemented by SC in the Far North Province.

To take advantage of the human resources already developed by the HAPA project, every effort should be made to retain the AIDS trainer currently in place in the Far North.

Assets procured under the HAPA project should be transferred to the OPG for HIV/AIDS activities.

Conclusion

The project has shown that a multiplying effect can be achieved by training targeted community members to pass on essential information concerning HIV/AIDS to other members

of their own community. However, as each target population, e.g. health workers, teachers, etc. has its own unique characteristics and needs, these must be taken into consideration in the design of future TOT programs.

Recommendations for Save the Children and MOH

The selection of target groups for TOT interventions needs to be based on carefully defined criteria that include an individual's ability to reach and influence others.

The number of groups targeted should not exceed the capacity of the grant/program resources.

Training materials need to be specifically adapted to the needs and characteristics of different target groups.

Conclusion

Although the TOT HIV/AIDS project met its training objective, a two-year time frame for any TOT program is insufficient to maintain training momentum and to optimize the educational and behavior benefits that take place among the target populations.

Recommendations for U.S.A.I.D.

Funding agencies should seriously consider increasing the life of grants in which behavioral changes are anticipated. A two-year time frame is unrealistic.

The lifetime of HIV/AIDS grants should be based on a time frame in which objectives can be realistically attained and not on arbitrary guidelines.

MANAGEMENT

Staff recruitment and development

Conclusion

The effectiveness of the project and roles and functions performed by staff were limited by delays in staff recruitment and posting to job sites, lack of initial orientation, and inadequate supervision in the field.

Recommendations for Save the Children

Criteria for the selection of key project staff should be established and staff recruited before project activities commence.

Key staff should be fully oriented and trained before they take on their responsibilities in the field.

The placement of project staff should be carefully planned to ensure their adequate supervision and technical support.

Information system

Conclusion

A system of quarterly action plans for trainers complemented by monthly report forms was developed in the second year of the project to monitor progress, assist in supervision, and provide feedback to the trainers. However, the information collected was not always used effectively.

Recommendations for Save the Children and MOH

A carefully developed information system on which decision-making can be based needs to be put into place at the outset of the project in order to maximize on the wealth of information TOT HIV/AIDS projects generate.

All participants in the information system must be adequately trained to understand the necessity for collecting the information/data and how it can be effectively used to influence decision-making and project management.

Information systems need to be evaluated periodically to ensure their continuous validity.

Logistical support

Conclusion

Project staff performed their training and follow-up activities admirably despite the lack of a project vehicle. However, supervision was compromised during Year 2 when the project's scope was expanded without due consideration for the necessary logistical support this expansion required.

Recommendation for Save the Children and MOH

The very nature of a TOT AIDS/HIV program requires assurance that there be adequate provision for transportation.

Budget and finances

Conclusion

In spite of the expanded role of the TOT HIV/AIDS project, staff managed to meet training objectives without benefitting from an increase in the project's financial resources. Nevertheless, the project encountered difficulties in tracking finances and a lack of communication between staff regarding financial issues affected training activities.

Recommendations for Save the Children

Orientation of key project staff should include training in basic financial management.

Clear lines of communication regarding finances must be established to ensure accountability.

IMPLEMENTATION, MONITORING & EVALUATION

Conclusion

The fact that training took place where people worked greatly enhanced the ability of the trained trainers to train others. However, it cannot be assumed that a high level of motivation can be maintained without adequate support, follow-up, and supervision.

Recommendation for Save the Children and MOH

When implementing TOT strategies, careful thought must be given to continuous follow-up and supervision of the trained trainers to enhance sustainability and continuation of the ripple effect of educational activities.

Conclusion

The training materials used in the TOT sessions were clear and the participatory methodology was appreciated by the trainers. Nevertheless, the effectiveness of the training sessions could not be assessed due to lack of baseline data, pre- and post-tests, and evaluation of the training curriculum.

Recommendations for Save the Children and MOH

For any TOT program, all training material needs to be pilot-tested on the target audiences to ensure its

appropriateness and effectiveness.

To evaluate the effectiveness of the training activities, projects in which a behavioral change is expected must include a baseline KAP survey and must make provisions for the periodic evaluation of KAP among the target population, e.g. focus group discussions, pre- and post-tests, etc..

The importance of evaluation methodologies and the development of evaluation tools must be included in the human resource development of key project staff.

Conclusion

The project has demonstrated that the training of trainers methodology can be an effective, cost-efficient strategy to reach large numbers of people with HIV/AIDS educational messages, particularly in those areas where access to mass media campaigns is limited. The selection of influential members of the community such as community development agents and health workers can lead to positive changes in work place policy and in individual behavior and play an important role in sustainability of TOT endeavors.

Recommendations

Given the positive outcome of this project, all HIV/AIDS TOT activities should be coordinated and integrated with other HIV/AIDS prevention or health promotion programs.

APPENDICES

QUESTIONNAIRE

1. How is AIDS transmitted?

Quelles sont les modes de transmission du SIDA?

- a) sexual intercourse - relations sexuelles
 b) infected blood + instruments - sang infecté + instruments
 c) mother-to-child - de la mere à l'enfant
 d) other (specify) - autre (precisez) _____

2. How can transmission of AIDS be prevented?

Comment peut-on prevenir la transmission du SIDA?

- a) abstinence - abstinence
 b) using condoms - utilisat du condom
 c) limiting numbers of sexual partners - limitant les partenaires sexuels
 d) faithfulness to one (or set of) partner - la fidelité à un (ou plusieurs) partenaire
 e) screening blood - tester le sang
 f) using sterile instruments - utilisation des instruments steriles
 g) taking necessary precautions at work (for health workers) - prendre les précautions nécessaires au travail (agents de santé)

3. Since you've learned about AIDS, have you changed your behavior?

Est-ce que votre comportement a changé depuis que vous avez reçu les informations sur le SIDA?

- a) Yes - Oui b) No - Non

4. If yes, how?

Si oui, comment?

- a) use condoms - utiliser les condoms
 b) limit numbers of partners - limiter les partenaires
 c) faithful to partner(s) - fidel à (aux) partenaire(s)
 d) abstain - abstenir
 e) take precautions at work - prendre des précautions au travail
 f) other (specify) - autre (precisez) _____

5. Please demonstrate the use of a condom on this model.

Sur ce model, demontrez l'utilisation du condom, s.v.p.

- a) correct b) incorrect

QUESTIONNAIRE POUR LE GROUPE FOCALISE
(1st Generation)

- 1- Quelle influence la formation a-t-elle eu sur votre vie professionnelle ?
What influence has the training had on your professional life?

--

- 2- Quelle influence la formation a eu sur votre vie personnelle?
What influence has the training had on your personal life?

- 3- Quel autres benefices avez-vous tiré de vos activités en tant que formateur sur le SIDA ?
Have your activities as an AIDS trainer been of any other benefit to you?

- 4- Quelles difficultés avez-vous rencontrées dans vos efforts d'éduquer les autres sur le SIDA?
What difficulties have you encountered in your efforts to educate others?

- 5- Donnez votre opinion sur la clarté des messages reçus pendant la formation?
Please give your opinion of the clarity of the messages that were delivered during your training?

- Citez les différentes manières par lesquelles l'information vous a été utile.
List the different ways the messages information were useful to you.

FOCUS GROUP DISCUSSION

(2nd Generation)

1- Quelle(s) information reçue sur le SIDA a été la plus bénéfique pour votre protection?

What information you have received concerning HIV/AIDS has been most beneficial in terms of your own protection?

2- L'Information/connaissance reçue sur HIV/SIDA a-t-elle eu un impacte sur votre capacité de décision quant à votre propre protection et sécurité?

Has the information/knowledge you have received on HIV/AIDS had any impact on your own protection and safety?

3- Selon vous qui est le mieux qualifié pour vous renseigner sur le HIV/SIDA?

Who in your opinion is most qualified to provide information concerning HIV/AIDS to you?

4- Selon vous qui est le mieux qualifié pour fournir l'information sur le HIV/SIDA à vos enfants?

Who in your opinion is most qualified to provide information concerning HIV/AIDS to your children?

5- Quelle(s) sources d'information sur le SIDA vous ont le plus influencé et pourquoi?

Which source(s) of information have influenced you the most and why?

6- Est-ce que les gens de votre communauté font quelque chose pour se protéger depuis qu'ils ont entendu parler du SIDA? si oui, quoi?

Are people in your community doing anything to protect themselves since hearing about AIDS? if so what?

7- Quel est l'importance du condom dans la protection contre le SIDA/HIV?

What is the importance of a condom in HIV/AIDS protection?

8- Quels facteurs influencent l'utilisation du condom dans votre communauté?

What factors influence the use of condoms in your community?

9- Quelle activité aimeriez-vous voir mener dans votre communauté pour la lutte contre le SIDA/VIH?

What activity would you most like to see in your community in relation to HIV/AIDS prevention?

Questionnaire Guide used for SC staff

1. What managerial aspects of the project has helped you to carry out your work?
2. What managerial aspects have been a constraint?
3. How would you suggest that things be done differently?
4. How could do sustainability aspects of such a project be improved?
5. How can collaboration with other NGOs and the MOH be improved?
6. What processes were used to assess the effectiveness of the training materials, the training sessions and the trainers?
7. What processes were used to support/motivate the trainers?
8. How much of your time is actually spend on TOT activities as compared to organizing and planning for TOT sessions?
9. What recommendations/suggestions do you have for improvements of similar projects?

Appendix V

Questionnaire Guide used for Key Informants

1. Can you tell us about the SC TOT program in Cameroon?
2. In what ways have their activities contributed to the National strategy to fight against HIV/AIDS?
3. The decentralization of NAC has been conceptualized, but has not yet been put into practice. What future plans are there to make this plan a reality and what role does SC have to help NAC meet its objectives?
4. How can projects such as SC's TOT be better integrated into existing health programs?

Evaluation Schedule of Activities

Date	Place	Activity
21 October	Maroua	Arrival
22 October	Maroua	Team meeting, development of questionnaires.
23 October	Kaele	Focus Group/Interview Hospital Staff Community Development
	Doukoula	Overnight stay
24 October	Doukoula	Focus Group/Interview SC Staff, Lycée Catholic Mission, Hospital
25 October	Yagoua	Focus Group/Interview Hospital Staff
	Maga	Hospital Staff
26 October	Maroua	Team meeting, preliminary analysis of questionnaires
27 October	Waza Kousseri	Focus Group/Interview Overnight
28 October	Kousseri	Focus Group/Interview Community Development Hospital Staff, Military
29 October	Maroua	Focus Group/Interview Military District Delegate
30-31 October	Maroua	Analysis of data, draft conclusions, recommendations debriefing with SC director
1 November	Yaounde	Interview USAID, Public Health, SC

Appendix VI

Key Informants

Dr. Nkodo Nkodo	Director, SCF/Maroua
Mrs. Elizabeth Yunga	Coordinator, HAPA Project SC/Cameroon
Ms. Nicola Gates	SC, Home Office, Westport
Dr. Hamidou Issoufa	Provincial Delegate for Public Health, Far North
Mr. Ali Perr' Tiangha	Assistant Trainer, SC/Cameroon
Dr. Luke Nkinsi	Project Manager OPG SC/Cameroon
Dr. Alexis Tougourdi	Chief Medical Officer, Mayo Danai Cameroon
Dr. Bray Zoua	District Medical Officer, Logone Charri
Dr. Elizabeth Alkali	Chief Medical Officer, Kousseri
Dr. Kera Mouyebe	Chief Medical Officer, Maga
Dr. Simomia	Captain and Medical Officer Garrison, Maroua
Mr. Richard Green	Nutrition, Health and Population U.S.A.I.D., Yaounde
Prof. Lazare Kaptue	General Inspector, Public Health Yaounde
Mr. David Nbobade	Delegate Agriculture, Dept. Community Development, Kaele
Mr. Flauribert Mvongo	Coordinator, SC Impact Area Doukoula

Appendix VI (continued)

Total Number of people interviewed

Locality	Total	#1 st Generation		#2 nd Generation	
		FG	Questionnaire	FG	Questionnaire
Kaele	9	7	8	0	1
Doukoula	21	10	10	5	11
Yagoua	5	5	4	0	1
Maga	7	7	3	0	1
Kousseri	34	11	12	23	15
Maroua	8	8	4	0	2
Total	84	41	31	28	31

Focus Group discussions were held with first generation trainers in Kaele, Doukoula, Yagoua, Kousseri and Maroua and with 2nd generation trainers in Doukoula and Kousseri. The following table is a breakdown of the number of people who participated in focus group discussions and/or responded to the questionnaire.

RESUME

ELIZABETH YUNGA
 C/O MR. JOSEPH YUNGA
 MINISTRY OF EDUCATION
 TEL: 22-25-96. H: 21-51-52
 YAOUNDE, CAMEROON

EDUCATION

1988:
 Masters degree in Social Worker (M.S.W).
 University of Maryland at Baltimore School of Social Work
 and Community Planning-Maryland, U.S.A

CONCENTRATION : Social Administration.

1987:
 Bachelors degree in Social work (B.A).
 University of the District of Columbia, Washington, D.C,
 U.S.A.
 HONORS : Dean's list.

1981:
 Diplome de langue Francaise (parlé)
 Alliance Francaise, Paris-France.

1975:
 Community Development Professional Certificate.
 Community Development Training Center Kumba, Cameroon.

1973 :
 General Certificate of Education (G.C.E).
 Queen of the Holly Rosary Secondary School Okoyong, Mamfe-
 Cameroon.

OTHER EDUCATIONAL EXPERIENCES

1. Trained as trainer in adult eduction techniques (Oct. 1989 for 3 weeks) by Save the Children Home office West-Port, CT..
2. One week workshop organized by HIV/AIDS Prevention for Africa (HAPA) for all HAPA Grants Projects in Africa (OCT. 1990) for coordinators of AIDS programs.

WORK EXPERIENCE

October, 1989 - Nov. 1991
 AIDS Project Coordinator, Save the Children Federation
 Cameroon Field office, with the following responsibilities:

1. Design training of trainers (TOT) program in AIDS Educations.
2. Develop and execute plan of implementation.

3. Design and develop training and educational materials (already developed a manual for TOT).
4. Monitor and evaluate program effectiveness:
 - ensures program compliance with HAPA, grants budget and reporting requirements.
5. Maintain liaison and collaborate with other relevant organizations.
6. Prepare and submit quarterly reports.
7. Train and supervise training staff.
8. As member of the field office senior staff, assist and support the Program Representative as needed to ensure an efficient and effective country program (Save the Children Community Development projects).
9. Counseling (currently working with NAC counseling unit to develop manuals for trainers and counselors).

April, 1989 - Sept, 1989

Opportunities Industrialization Center (OIC) Buea.

Worked as a Student Services Coordinator with duties as follows:

1. Admission of Students
2. Organized ON-the-Job training and Job placements
3. In charged of the Management Information Systems (MIS)
4. Supervised Counselors and Job Developers

Sept, 1987 - May, 1988.

Field Placement (Administrative Student); Baltimore Department of Social Services MD, U.S.A.

Duties:

1. Planned program for staff AIDS training.
2. Conducted an evaluation of the Foster Care Child Support System and developed management procedures for the Units Concerned.
3. Assisted in the assessment of supervisors' development needs and developed a training curriculum for them.

Sept, 1986 - May, 1987

Field Placement (Clinical Student; Department of Human And Social Services (Income Maintenance), Washington D.C.

Duties:

1. Counseling
2. Assessed clients' needs, conducted interviews to determine eligibility and referred clients to appropriated community resources.

Dec., 1975 - August, 1977.

Community Development Assistant, Ndop Area Council

Duties:

1. Organized women's groups and taught them needle work, sewing, home economic (management of available resources).
2. Organized seminars for villagers.

Sept., 1973 - Nov., 1975.
Community Development Assistant, Mankon Urban Council.
Duties as Above.

VOLUNTEER EXPERIENCE

August, 1986 - June, 1987
Montgomery Association for Retarded Citizens; Rockville
Maryland, U.S.A.

Duties:

Serve as Community Living Assistant in a group home.
- Taught clients individual lessons
- Supervised clients on recreation trips.

Feb., 1987 - March, 1987
Colonial Villa Nursing Home, Silver Spring, Maryland, U.S.A.

Duties:

Participated in organizing recreational activities for the
residents (outing singing and fares).

HOBBY: Sewing and needle work and gardening.

Working languages - Fluent in English. Have a good working
knowledge of French.

OTHER SKILLS: Typing, good experience in operating micro
computers and a good knowledge of MICROSOFT WORD

Reference will be provided on request.

50

C U R R I C U L U M V I T A E

ALI ZACHARIE PERR'TIANGHA
B.P. 4227
Yaoundé, CAMEROUN

EDUCATIONAL BACKGROUND

- PRESENTLY - Preparing a degree in Rural Development from EDUCATEL FRANCE (a correspondence institution)
- 1990 (3months) - Seminar on AIDS organized by the Institute of Demographic Research Yaounde
- 1984 - 1986 - Studying at Imo State University - Nigeria - Department of Environmental Sciences - School of Pre professional Sciences.
- 1975 - 1977 - School of Forestry in Yaounde Cameroon.
- 1971 - 1975 - Government Technical College Ombe - Cameroon
- 1969 - 1971 - Cameroon Commercial College (studied accounts, bookkeeping, commerce, etc. and use of office machines)
- 1961 - 1969 - Primary School

PROFESSIONAL EXPERIENCE

- Nov 90-Oct 91 - Project Assistant/Trainer - AIDS Prevention Education Project Save the Children, Cameroon.
- Sept-Nov 90 - Trainer and leader of a team that carried out a KAP survey on Family Planning in Ntui Impact Area in 19 villages for the Population Council Project for Save the Children.
- May-Sept 90 - Field controller for data collection on a KAP survey carried out by the Institute of Demographic Research on AIDS in the South west Province of Cameroon funded by the German International Cooperation Agency GTZ.
- Jan-Apr 90 - Trained for data collection at the Institute of Demographic Research and helped translate and process questionnaire - from French into Pidgin English - to be used in the anglo saxon regions of the Cameroon.
- 1986 - 1989 - Administrative and personnel officer in TECHNI CONSULT a Belgian construction firm.
- 1981 - 1984 - General Services Assistant - ELF SEREPCA DOUALA - a French Petroleum Exploitation and Producing firm.
- 1979 - 1981 - Archivist - Procon International Inc. - Builder of the Cameroonian Petroleum Refinery at Limbe during the building Project.
- 1977 - 1979 - Instructor Timber Promotion Centre and the Government Technical College Fumban Cameroon.

LANGUAGES

English and French spoken and written

COMPUTER KNOWLEDGE

WordPerfect 5.1 - Good
MicroSoft Word - Good

PUBLICATIONS

Two short articles published in the National Daily "Cameroon Tribune" on the role of the Forest entitled: THE FOREST AS A COMMUNITY // L'HOMME ET LA FORET

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LANGUAGES

English and French spoken and written

COMPUTER KNOWLEDGE

WordPerfect 5.1 - Good
MicroSoft Word - Good

PUBLICATIONS

Two short articles published in the National Daily "Cameroon Tribune" on the role of the Forest entitled: THE FOREST AS A COMMUNITY // L'HOMME ET LA FORET

HO

13-Jan-92 aidsca

AIDS EDUCATION: CAMEROON

BUDGET VS. ACTUALS FOR YEAR 2 AND TOTAL EXPENSES TO DATE VS. TOTAL GRANT AWARD

	YEAR 2: EXPENSES VS. PLANNED BUDGET *					LIFE OF GRANT: CUMULATIVE EXPENSES VS. TOTAL GRANT AWARD *			
	EXPENSES YEAR 1	EXPENSES 09/30/91	PLANNED BUDGET**	BALANCE	% EXPENDED	CUMULATIVE ACTUALS	TOTAL PLANNED BUDGET	BALANCE	% OF TOTAL GRANT EXPENDED
HD Support	21,684.53	23,590.37	39,045.47	15,455.10	60.4%	45,274.90	60,730.00	15,455.10	74.6%
Overhead	12,451.26	10,882.06	15,600.74	4,718.68	69.8%	23,333.32	28,052.00	4,718.68	83.2%
Evaluation	0.00	0.00	8,500.00	8,500.00	0.0%	0.00	8,500.00	8,500.00	0.0%
Project Activities	75,851.48	64,149.89	82,099.52	17,949.63	78.1%	140,001.37	164,718.00	24,716.63	85.0%
TOTAL	109,987.27	98,622.32	145,245.73	46,623.41	67.9%	208,609.59	262,000.00	53,390.41	79.6%

* Final Home and Field Office Expenses and Overhead Through September 1991.

** Planned budget reflects October '90 revision submitted to A.I.D.

Year 1 = September 1, 1989 - August 31, 1990

Year 2 = September 1, 1990 - November 30, 1991 (no-cost extension approved)

- PROJET ANTI-SIDA - Save The Children - Cameroon

SYNTHESE MENSUELLE DU MEDECIN CHEF à remettre à Save the Children

NOM _____ MOIS DE _____

Date de votre formation: _____

Ou _____

Nombre de Formations offertes pendant le mois: _____

Groupes (Nom ou Type)	No. jours	No. de personnes
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Totale	_____

Nombre d'Information offerte pendant le mois:

No. de personnes

Nombre des MST diagnostiquées pendant le mois

Quelles sont les maladies les plus fréquent dans votre communauté? ↙

PROJET ANTI-SIDA - Save The Children - Cameroon

RAPPORT MENSUEL (formateur non consultant)

NOM _____ MOIS DE _____

Date de votre formation: _____

Ou _____

Nombre de Formations offertes pendant le mois: _____

Groupes (Nom ou Type)	No. jours	No. de personnes
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Totale	_____

Information offerte pendant le mois:	No. de personnes
_____	_____
_____	_____
_____	_____
_____	_____

Autre(s)? Expliquez s.u.p.

SCF
APEP - Cameroon

PROJET ANTI-SIDA - Save The Children - Cameroon

RAPPORT MENSUEL (formateur laborantin) à remettre au Medecin Chef

NOM _____ MOIS DE _____

Date de votre formation: _____

Ou _____

Nombre de Formations offertes pendant le mois: _____

Groupes (Nom ou Type)	No. jours	No. de personnes
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Totale	_____

Nombre d'Information offerte pendant le mois: _____ No. de personnes _____

Nombre des MST diagnostiquées pendant le mois _____

Quelles sont les maladies les plus fréquent dans votre communauté?

PROJET ANTI-SIDA - Save The Children - Cameroon

RAPPORT MENSUEL (formateur consultant) à remettre au Medecin Chef

NUM _____ MOIS DE _____

Date de votre formation: _____

Du _____

Nombre de Formations offertes pendant le mois: _____

Groupes (Nom ou Type)	No. jours	No. de personnes
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Totale _____

Nombre d'Information offerte pendant le mois: _____ No. de personnes

Nombre des MST diagnostiquées pendant le mois _____

Quelles sont les maladies les plus fréquent dans votre communauté?

SAVE THE CHILDREN CAMEROON
PROJET D'EDUCATION POUR LA PREVENTION SIDA

Questionnaire du suivi pour les FORMATEURS.

- 1) Avez-vous complété votre plan d'action? Oui [] Non []
- 2) Combien de sessions avez-vous tenu depuis le dernière rapport?
- 3) Nombre de personnes sensibilises _____
- 4) Quel technique ou methode utilisez-vous? _____
- 5) Quel probleme avez-vous pour mener à bien la sensibilisation?

- 6) Pensez-vous avoir besoin d'autre formation.?
Oui [] Non []
Si oui en quoi? _____
- 7) Comment le SIDA se transmet-il? _____

- 8) Citez 4 methodes de protection contre l'infection.

- 9) Citez 5 verités du SIDA? _____

- 10) Demontrer le mode d'emploi du condom?
- 11) Quels sont vos futurs plans?

Questionnaires du suivi pour la deuxieme generation

- 1) Avez-vous entendu parler du SIDA?
- 2) Qui peut avoir le SIDA? _____
- 3) Peut-on soigner le SIDA? Oui [] Non []
- 4) Comment le SIDA se transmet-il?

- 5) Reconnaissez-vous toujours une personne qui porte le virus du SIDA?
 oui [] non []
- 6) Quels sont les symptomes du SIDA?

- 7) Comment peut-on éviter le virus ? (Vous pouvez repondre au verso)
- 8) Avez-vous changé votre comportement sexuel depuis que vous avez entendu parler du SIDA? oui [] non []
- 9) Parlez-vous du SIDA avec d'autres personnes?
Non _____ Pourquoi _____
Oui _____ Avec qui _____
- 11) Serait-il bon d'isoler un porteur du virus?
Non _____ Pourquoi?
Oui _____ ~~oui~~ Pourquoi?
- 12) Selon votre opinion est ce que les porteurs du virus doivent avoir d'enfants?
- 13) Mode d'emploi du condom.

DRAFT
SCF/CAM AIDS EDUCATION
CURRICULUM
TOT

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INTRODUCTION

AIDS (Acquired Immune Deficiency Syndrome), a new epidemic in the 20th century, poses one of the most challenging health problems to the medical profession since no cure has been found. AIDS, as a sexually transmitted disease (STD) that is incurable and fatal, has far-reaching economic, social, and demographic consequences. Education, information, and communication are presently the most important anti-AIDS weapons we have available to us.

The government of Cameroon is concerned about the consequences of AIDS on the population if left unchecked. To insure the well being of the citizens against the AIDS infection, in 1985 Cameroon established the National AIDS Committee (NAC) to carry out research and education programs.

To support the nation in the fight against AIDS, The Cameroon Field Office of Save the Children (SCF), a community-based, integrated rural development organization, has incorporated AIDS education in its program. Working in close collaboration with the NAC and MOH, the Save the Children education program aims at developing a network of trainers who will teach the rural population skills, attitudes and facts that will help protect their families and communities against HIV infection. The target population (trainers) of this project are health workers, school teachers, students, people from high-risk groups, village/local leaders, community development workers and extension agents. Training activities will be focused at the provincial, divisional and district levels.

AIDS is a sensitive issue that delves into people's private lives. Legally and morally people may question what right we have to tell couples not to have children because one or both of them are HIV positive. What right have we to interfere in someone's sexual life? How do we ensure public protection without violating individual rights? You and I cannot answer these questions. But we have a moral obligation to communicate the necessary information to the population. It is therefore our duty to provide the population with the necessary information to help them adopt protective behaviors.

The spread of AIDS in Africa depends largely on one of the most compulsive of human behaviours - sexual behaviour. Letting people know that AIDS is a dangerous disease is not enough to effect a change or modification in an individual's sexual life. Individual behaviour is difficult to change unless he/she feels a need to change.

Since AIDS is a new disease, and more importantly a hidden epidemic, many people are not yet convinced that it exists and that they could be victims. Educators in the field therefore have the difficult task of convincing people of the danger of AIDS to themselves and their communities. It is only when people accept that they themselves are at risk that a behavioral change can be effected. To achieve this aim, SCF/Cameroon has developed workshops to provide participants with the opportunity to learn and explore appropriate AIDS protective behaviors through adult learning experiences. This will be accomplished by using role plays, demonstrations, games, discussions, and video presentations.

In developing this curriculum, SCF has used adult learning principles and has kept the educational message as simple and straightforward as possible. The content of this curriculum addresses issues such as:

- (1) General information on AIDS - Facts, Skills and Attitudes
- (2) The use of condoms
- (3) How to raise the AIDS issue with a sexual partner
- (4) How to insist on safe sex
- (5) Response to a person with HIV/AIDS

SCF/Cameroon, conscious of the fact that the value of a nation lies in the health of its people, that AIDS has no cure, and that education is the only weapon against AIDS, felt it necessary to develop these messages. It is hoped that this curriculum will help us present information effectively and efficiently.

A NOTE TO TRAINERS

This curriculum has been developed for health workers, group leaders, Community Development Assistants, social workers, family planning service providers and others who provide direct services to the population. Its purpose is to help service providers to incorporate AIDS education into their on-going programs and services.

The curriculum is divided into two sections. Section One deals with the technicalities of training, which includes adult learning principles, developing a work plan, formulating learning objectives, and evaluation. These will provide a base and also prepare trainers for the training sessions in Section Two. It is hoped that this section will help trainers who will develop and facilitate AIDS education activities with different groups in the community to plan and deliver messages that will be accepted.

Section Two carries the AIDS messages for the general population. It deals with the facts, skills and attitudes about HIV and AIDS. The sessions are structured in a way to permit group members to participate fully in their own learning. The training methods, including discussions, role plays and games, serve as a base for motivation and participation.

SAMPLE LECTURE

* AIDS stands for "Acquired Immune Deficiency Syndrome". It is a disease that breaks down a part of the body's immune system so that the person with AIDS is susceptible to a variety of life-threatening illnesses that healthy people can resist. It is a fatal disease.

You may have heard that AIDS is a "white man's disease". That is not true. AIDS has no colour, race or sex preference. It does not discriminate. Adults, children, blacks and whites can all get AIDS.

AIDS is caused by a virus called HIV. Anyone infected with the virus can become ill, regardless of age, sex, race, sexual orientation, or anything else.

HIV, just like many other viruses, can cause a wide range of symptoms. Individuals infected with HIV can experience one, two, or all three "phases" of the illness:

1. Many people infected with the virus look and feel perfectly healthy. Such people can pass the virus on to others. they are called "Asymptomatic Carriers," that is, carriers of the virus without symptoms of the disease.
2. Other people develop symptoms related to AIDS, but do not fit the criteria that medical researchers use to diagnose AIDS. These people are said to have AIDS Related Complex (ARC). They can be fairly healthy or quite sick. Some of the symptoms experienced by people with ARC are diarrhea, weight loss, and night sweats. Some people with ARC may become so ill they die without ever being diagnosed with AIDS.
3. Finally, other people infected with the virus develop full-blown AIDS. The body's immune system is no longer fully capable of combatting infection and disease. This is the most serious form of the disease and those who develop full blown AIDS usually die.

Because many carriers appear healthy and do not know they are infectious, it has been hard to stop the spread of the disease. The virus also has a long incubation period. It can take quite a while between the time a person is first infected and the time he or she actually begins to exhibit symptoms. With AIDS, this might take anywhere from several weeks to seven years or more.

Fortunately, AIDS is not a difficult disease to avoid. Let me tell you some of the safe things you can do that do not expose you to the virus. You do not get AIDS by touching or hugging someone, sharing food or drinks or riding buses with someone who is HIV-positive. You do not get it from toilet seats or sinks or swimming pools. You do not get it from drinking fountains. You do not get it by sharing telephones, paper, or pencils. You do not get it from someone coughing or sneezing near you. You do not get it from donating blood when sterile needles are used.

People get AIDS by having very intimate, very direct contact with the sperm, vaginal secretions or blood of someone else infected with the virus. More specifically:

1. HIV can be passed between sexual partners engaging in either vaginal, anal, or oral intercourse. In Africa, 80% of HIV/AIDS cases results from sexual intercourse.
2. Statistics in Africa show that 10% of HIV/AIDS cases are children infected by mothers. The babies are infected before birth, when they share the mother's blood system.
3. In the past, some people have gotten AIDS from blood transfusions, or from special blood products that people with diseases like hemophilia receive. In Africa 10% of the AIDS cases are a result of blood transfusions. Now in big cities and provincial capitals, blood donations are screened and tested, so the blood supply is quite safe. The medicines for people with hemophilia are now heat-treated in order to destroy any undetected virus.
4. HIV can enter the blood stream directly when IV drug users share needles. AIDS can also be transmitted by people sharing needles for tattooing or ear piercing if improper sterilization of the needle takes place.

These are the ways we know that the AIDS virus is transmitted. We know it is not spread by casual contact. Even transmission by saliva (kissing, for example), sweat, tears or mosquitoes has not been shown to take place.

Since you can see now that AIDS is not easy to get, and since you know the ways people can get it, what can people do to make sure they don't get it?

Two Simple Rules:

1. Think carefully about whether you want to have sex with someone else. Abstinence is 100% effective in preventing the sexual transmission of AIDS.

If you do decide to have sex, don't take any body fluids directly into your body during any kind of sexual

intercourse. Use latex condoms (rubbers) - they are able to protect against HIV when used correctly.

2. Don't share needles for IV drugs, tattoos, or ear piercing.

Remember that you cannot tell just by looking at someone whether he or she has been exposed to the virus. Some people infected with HIV look and feel very healthy. Your best bet is to follow these two prevention guidelines all the time.

* Adapted from Teaching AIDS by Marcia Quacken-Bush and Pamela Sargent, 1988.

There are some important facts, skills and attitudes that we need to know about AIDS. These include the AIDS facts, seven AIDS skills and six AIDS attitudes listed below. The facts give general information about AIDS, the skills deal with AIDS prevention and the attitudes with behaviours and practices to adopt to protect against AIDS.

8 AIDS Facts

1. AIDS is transmitted through sexual intercourse (semen and vaginal secretions) and by infected blood, including blood from mother to unborn child.
2. AIDS is not spread through casual contact.
3. AIDS is a hidden epidemic. Carriers who transmit it may have no symptoms.
4. There is no cure for AIDS.
5. AIDS makes a person vulnerable to other infections.
6. When you have sex with one person, in effect you have sex with all of his or her previous sexual partners, thereby increasing your risk of infection.
7. Washing materials contaminated by body fluids with household bleach will kill the virus.
8. Available technology can test for antibodies to the AIDS virus.

7 AIDS Skills

1. How to raise the issue of AIDS with one's sexual partner.
 2. How to insist on safe sex.
 3. How to use a condom effectively.
- 5

4. How to refuse inappropriate I.V./I.M. drugs and blood transfusions.
5. How to teach children to refuse inappropriate I.V./I.M. drugs and blood transfusions.
6. How to care for AIDS patients.
7. How to encourage HIV-infected couples not to have children.

6 AIDS Attitudes

1. Affirm the positive significance of sexuality. Affirm that sex is a good thing.
2. Commitment to the idea that teenagers and adults have the right to know the 8 AIDS Facts before they become sexually active.
3. Willingness to consider limiting one's sexual activity to one partner or a defined set of partners.
4. Respect/support/care for AIDS patients.
5. Willingness to exercise caution as appropriate to prevent transmission.
6. Commitment to help teenagers and adults develop the perception that they are capable of making responsible decisions which demonstrate their power and influence over their own lives.

SECTION ONE

PLAN 1

Session I : INTRODUCTION

PARTICIPANTS : TRAINERS

Objective: 1. To establish trust, respect and confidence
2. To create a free and open atmosphere for discussion
3. To introduce the objectives of the training.

Methods: 1) group work
2) discussion

Materials: Flip chart and markers

Activities: 1) Greeting and introduction of facilitators
2) Present a chart with objectives on it
3) Participants will, individually or in groups, look for an object or draw a picture using symbols that show who they are, what they do, what they think about AIDS. Participants will share their expectations of the training.

NB: Questions will provide a basis for discussion in all the sessions of the training curriculum. Participants' responses to questions will be charted. There is no wrong or right answer. Facilitator may chart the possible written answers when necessary.

Questions:

- What did you discover about yourselves?
- What feelings about AIDS did you discuss in your groups?
- What would you like the facilitators to know about you?
- Why are you here?

GENERAL PURPOSE AND OBJECTIVES

Purpose: 1) To stop the spread of AIDS through education
2) To train AIDS trainers

Objectives:

1. At the end of the training, trainers will know
 - a) basic information about AIDS
 - b) the facts, skills, and attitudes about AIDS prevention
2. Participants will be able to design and facilitate AIDS education sessions.

PLAN 2

Title: How Adults Learn

Participants : Trainers

Purpose: For the trainer to understand how adults learn and plan their lessons accordingly.

Objective: At the end of the session participants will be able to identify 3 ways by which adults learn.

Method : 1. Lecture
2. Discussion

Time: 45" +

Activities: A. Tell the group that you will discuss how adults learn.

B. Exercise.

1. Individually, let each member think for 2 minutes of the most significant learning experience he/she has ever had.
2. Tell the whole group about their experience.

Questions:

- 1) Why was this learning experience significant to you?
- 2) How did you feel?
- 3) How useful was this?

C. Chart and discuss the following :

1. Adults learn through
 - a. respect
 - b. immediacy
 - c. experience

Respect is very important in a learning situation

- Everyone's opinion counts
- Everybody is an equal
- Everyone has a chance to speak

Discuss how this fits in with the different experiences previously expressed.

2.

Diagram of how adults learn

3.

Learning Needs Analysis

4. The degree of learning in different situations:

20% retention after lecture (heard)
40% retention when visual aids are used (seen)
80% retention when involved in practice (experience)

Conclusion: In designing a training program we must make sure that everyone involved feels respected, sees the immediacy of the learning, and how he/she will practice it (experience).

Session 1: How to develop a work plan

Participants: Trainers

Purpose: To train trainers how to develop a training work plan that can be used in a learning situation.

Objectives: 1) Participants will practice using the 7 steps of planning
2) Participants will be able to design a one hour session using the 7 steps of planning

Methods: 1) Discussion
2) Demonstration

Materials flip charts, flash cards of the 7 steps, markers

Time: 1 h 15 mins +

Activities: 1) Let participants sit in groups
2) Share cards and ask them to arrange the cards in a sequence from 1 to 7.

7 Steps:

- 1) Who
- 2) Why
- 3) What for
- 4) How
- 5) What
- 6) Where
- 7) When

3) Let each group chart its sequence.

4) Discussion in a large group and make modifications.

Question for discussion:

- What does each of the 7 words mean in program planning?
- chart answers.

C. 1. In groups again let them design work plans using the seven steps.

2. Chart work plans and discuss one after the other.

D. Ask question for clarification and then summarize important points.

SESSION 2 : How to engage learners in learning situations

A. How can the facilitator involve all members of the groups in their own learning?

Possible Answers.:

- Through
- 1) Discussion
 - 2) Analysis of stories/pictures based on real situations
 - 3) Presentations
 - 4) Role play
 - 5) Open questions
 - 6) Practice facilitating

B. Vignette story (page 42)

- Questions
1. What do you see happening in this story?
 2. Why is it happening?
 3. If you were Mr Bouba, how would you feel?

POL : Ask Questions - summarize important points

Session 2: The Use of Open Questions

Participants: Trainers

Purpose: To train participants in the use of open questions as a base for discussion and as an important tool in adult learning.

Objective: 1. Practice using open questions
2. Demonstrate the difference between open and closed questions.
3. Demonstrate how open questions are basic to adult problem-posing experience.

Method: Discussion

Materials: flip charts, markers, pictures

Time: 45 minutes +

- Activities: A. 1. Questions in groups
Why are these called open questions?
Possible answers.:
- They do not need a yes or no answer
 - there is no right or wrong answer
 - they invite the individual to say more
2. Write out 3 open questions
Examples:
- What do you see happening?
 - Why do you think it's happening?
 - When it happens in your situation, what problems does it cause?
 - What can we do about it?
3. Why do we use open questions?
- They engage people into conversation.
 - It encourages sharing of ideas/experiences.
 - They show respect for the person to whom they are addressed.
 - They promote problem-solving.
 - They promote discussion
 - They encourage participation.

Chart all responses.

- B. In groups let participants practice using the four open questions by using pictures/stories related to AIDS.

Chart all answers

Ask questions for clarification

Summarize session as follows:

- Open questions are used to learn from objects, pictures, stories, and role plays that represent a problem-solving situation based on what people need to know about the subject - AIDS. (8 Facts, 7 Skills, 6 Attitudes).
- Open questions are very important in a training situation
 - 1) Identify - What is happening
 - 2) Analysis - Why it is happening
 - 3) Application - Understanding of the situation
 - 4) Implementation - What should be done to help prevent reoccurrence of the situation

PLAN 4

Title: How to set training or learning objectives

Purpose: For trainers to know how to write clear and measurable learning objectives.

Objectives: Each participant will be able to write at least two learning objectives at the end of the session.

Method: Discussion

Material: handout, flip chart, markers

Time: 45 minutes +

Activities: A. Tell participants you will be discussing objectives for the next 45 minutes.

B. 1. What is an objective?

Possible answers.:

An objective is what you want to achieve at the end of a certain action.

2. Why must we set objectives when we are carrying out a training program?

C. Characteristics of a good objective

How do we know that an objective is good?

-Activities lead to achievement of objectives

- Objectives are measurable and specific

D. Use Michael's story (page 41). Let participants in groups write out one objective for the story

Question:

What do you think about Michael's objective(s)?

E. 1. Give out a list of action verbs that can be used for writing objectives.

65

ACTION VERBS FOR OBJECTIVES STATEMENTS

demonstrate	explain	review
discuss	practice	reflect
use	design	speculate
plan	defend	name
initiate	decide	state
write	examine	describe
create	prepare	observe
interview	show	gather facts

2. Still in groups let participants read through them and write two objectives each.
3. Let each group chart its objectives and they will be discussed in a large group.

POL: Ask questions and summarize important points.

PLAN 5

Title: How to evaluate learning

Purpose: To make trainers aware of the need for and the techniques of checking what occurs as a result of any learning activity.

Objectives: Participants will demonstrate an understanding of the subject by evaluating a given experience in a group by the end of the session.

Method: Discussion

Materials: Flip charts markers

Time: 45 minutes +

- Activities:
- A. Introduce topic and explain the importance of evaluating the results of the ideas we share with learners. It's necessary to know whether or not learning has taken place after a learning activity is over. This will help us in planning for the next lesson and in decision-making. If specific objectives are set for the session it will be easier to evaluate. Hence, when setting learning objectives, we should indicate not only what is expected to be learned but also how it will be known that learning has actually taken place.
 - B. In groups ask participants "what evaluation means to them"
 - C.
 - 1 Ask each participant to think of a situation where he/she had to facilitate and evaluate a lesson for 2 minuits.
 2. Ask several of them to share their experiences with the group. Choose one and ask these questions:
 - a. What did the group want to learn?
 - b. Did they learn or not?
 - c. How did you know that they did learn something new?
 - d. What was the evidence that they learned?
 - D. What are some of the ways that indicate that someone has learned?

POSSIBLE ANSWERS:

1. By asking learners to demonstrate verbally or in writing

the skill they have learned.

2. Learners will be willing to ask and answer questions.

3. They will discuss freely.

E. Handout Michael's story.

1. What are his objectives?

2. Were they clear to the participants? why?

3. How could he have been more specific in his objectives?

4. How will he know that the participants have learned?

PROOF OF LEARNING : Ask questions and summarize important points

SECTION TWO

PLAN 1

Title : AIDS

Participants: Trainers or population

Purpose : To give the participants general information on AIDS

Objective : 1. Participants will at the end of the sessions demonstrate an understanding of basic information about AIDS by naming 3 ways by which AIDS is spread and 3 ways by which it is not.

2. Participants will demonstrate a knowledge of general risk-reduction guidelines for AIDS by identifying 3 skills.

3. Participants will clarify their misconceptions about AIDS by getting correct information.

Methods: 1. Discussion
2. Game (continuum)
3. Lecture (only when necessary)

Time : 50 mins +

Materials : Handouts (vignettes), flip charts, markers, video tape, video tape screen.

Session I: Knowledge about Aids

Objective: To assess participants' knowledge about AIDS.

Activities: 1. Introduce topic--Tell participants you will be discussing AIDS in the session for the day.

2. Use a private continuum to assess participants' knowledge about AIDS. Chart continuum

Questions to be discuss in a large group

1. What do you know about AIDS?
2. What are some of the rumors or jokes you hear about?
3. Do you believe in them? Why?

Session 2 AIDS Information

Activities

- A.
- 1) What is AIDS?
 - 1 Acquired Immune Deficiency Syndrome
 - 2 It's a dangerous disease
 - 3 It destroys the body's immune system rendering the person vulnerable to other life-threatening diseases, e.g. diarrhea, T.B. skin cancer, etc.
 - 2) Who can get AIDS?
 1. Anybody. AIDS is color blind, has no boundaries and is non-discriminatory.
 - 3) How do people get AIDS?

By exchange of body fluids :

 1. Sperm and vaginal secretions during sexual intercourse
 2. Infected blood (transfusions, needles that have not been sterilized)
 3. Placentally, mother to child
 - 4) What are some of the ways AIDS can not be contracted?
 1. Touching, kissing, eating with a Persons With AIDS (PWA), sharing clothes, toilet, etc.
 - 5) How does a Persons With AIDS look?
 1. Can't tell immediately.
 2. A sero-positive person may not exhibit any symptoms of illness. This group of people is a danger to the society because they spread AIDS without knowing.
 3. It could take a few weeks to seven years or more before a person infected with the virus develops symptoms of AIDS

- 6) What might make you suspect that someone could have AIDS?
(symptoms)
 1. Diarrhea lasting for more than a month
 2. Persistent severe fatigue
 3. Fever for more than one month
 4. Cough for more than one month
 5. Cold sores all over the body for more than three months
 6. Weight loss of more than 4.5. kilos within a short period of time

- 7) How can we prevent AIDS or protect ourselves from it?
 1. Use condoms during sexual intercourse
 2. Limit sexual partners
 3. Abstinence
 4. Avoid unsafe sex
 5. Screen blood before transfusion
 6. Sterilize all syringes, needles, etc. before use.

Flash cards will be used to generate discussion about the disease.

Break.

Session 3 Story

Objective: To reinforce or make the above information relevant to participants

Activities:

A) In small groups, hand out Zachary's story (page 43) to participants.
Give them 15 minutes to read and discuss the following questions in groups.

1. What do you see happening with Zachary and his family?
2. What should he have done to protect himself?

Each group will chart its answers for others to see.

B) Discuss the questions below in a large group:

1. What do you think about Zachary's behavior?
2. What has all this got to do with us?
3. Is there any way you can see your life being affected by the AIDS epidemic? Why?

Break

Session 4 Film on AIDS

Objective: To reinforce the information learned from previous sessions.

Activities: A. Show a film

B. Questions:

1. What do you see happening in the film?
2. Why did it happen?
3. What problems has it caused?
4. What could be done to help?

Proof of Learning (POL) Evaluation

Ask participants to name

1. 3 ways by which AIDS is transmitted
2. 6 ways by which AIDS is not transmitted
3. 3 methods of prevention

POL: Invite and ask questions to ensure understanding

Summarize important points

12

Title: The AIDS Facts, Skills, and Attitudes

Purpose: To impart general information on AIDS

Objective: Participants will review 8 facts, 7 skills and 6 attitudes related to AIDS.

Method: Discussion

Time: 1 hour 45 minutes

- Activities:
- A. Invite participants to form small groups.
 - B. Pass out handouts on the 8 facts, 7 skills, 6 attitudes and ask them to read them with the following questions in mind:
 - 1. How is what you just read like or different from your own beliefs?
 - 2. How relevant is this to Cameroon
 - . Discuss these questions in the large group and chart responses. Make modifications to the 8, 7, 6 according to results of the discussion.
 - C. Pass out Zachary's story for participants to read and discuss in small groups
 - D. Discuss the following questions in the large group:
 - 1. What facts about AIDS does Zachary need to know?
 - 2. What attitudes does he have and how have they led to his predicament?
 - 3. What skills does he need to learn?
 - 4. What problems could this cause if there was a Zachary in your family?
 - 5. What are some of the ways that you could respond to Zachary?

Proof of learning-Summarize by recalling the main points.

PLAN 3

Title: AIDS: A Hidden Epidemic

Purpose: To let participants know that a person can be infected with the AIDS virus and not look sick.

Objectives: Participants will know that HIV carriers cannot be identified by looking at them.

Methods: 1) Discussion
2) Lecture
3) Role Play

Materials: Flip chart, markers, handouts.

Time: 1 hour +

Session I

Activities: A. 1) Introduce topic
2) Review basic information on AIDS

B. Discussion through questions

Questions:

1. How does a person become infected with HIV?

possible answers:

1. By having sexual intercourse with an infected person.
 2. By transfusion of infected blood.
 3. By an infected mother to her unborn child.
 4. By infected blood on needles, syringes or other instruments.
2. What happens when the virus infects somebody?
- It destroys the body's immune system which protects the body from disease.
3. How does a person know that he/she is infected with HIV?
- By testing. Two types of blood tests: ELISA and Western Blot Blood Tests.
4. How long can a person with HIV live before developing AIDS?
- From a few weeks to seven years or more.

Title: Public Opinion about AIDS

Participants: Trainers or population

Purpose: 1) To Assess people's attitudes towards Persons with AIDS (PWF)
2) To allow participants to explore their personal attitudes and feelings towards AIDS

Objective: At the end of the lesson, participants will demonstrate an understanding of the consequences of public negative re-action towards PWAs and HIV positives.

Method: Discussion

Materials: flip charts, vignettes, markers

Time: 45mins +

Session I : Feeling about AIDS

Objective : To explore people's feelings about AIDS

Activities: A. 1. Review previous day's session for 5 mins.
2. Introduce topic for the day

B. In small groups let them discuss these questions and chart their answers. 3 ans. each.
- What are some of the public responses and reactions to AIDS?
- What do you as an individual think about AIDS?

C. In a large group discuss these questions:
- Why are people afraid of getting AIDS?

possible answers.: It's incurable

- Why are people more concerned about AIDS than about other STDs?

possible answers:

1.It's a new disease.

75

Session 2 Story

Objective: To reinforce information learned.

Activities: A. Pass out the story of AKWA (page 42).

Questions:

1. What do you see happening in the story?
 2. Why is it happening?
 3. What problems has it caused?
 4. How many people are infected with HIV?
 5. What did Akwa fail to do?
 6. What lesson can we draw from Akwa's story?
- B. Draw a diagram of the HIV spread among Akwa's friends.
7. What do you see happening from the diagram?
 8. Why is it happening?
 9. What problems has it caused?
 10. How many people could be infected with HIV?
 11. What did Akwa fail to do?
 12. What lesson can we draw from Akwa's story?

POL Invite and ask questions from the participants

Title: Knowledge, Attitudes, and Practices

Participants: Trainers

Purpose : To give the participants basic information on AIDS prevention

Objectives: 1) By the end of the session participants will be able to discuss AIDS openly
2) know how to use condoms
3) Know the importance of safe sex

Time: 1 hour +

Session I : How to Raise the Issue of AIDS with a Sexual Partner

Purpose : To create awareness of the need to discuss AIDS among sexual partners.

Objective : To practice raising the AIDS issue with a sexual partner.

Methods : 1) Discussion
2) Role play

Activities: Introduce topic and objectives.
In small groups, read stories of Theodora, the and the man overseas (page 42) and Role play

Questions:

1. How did you feel about your partner when he/she started the discussion?
2. What feeling did you have about your role?
3. What facts about AIDS makes it necessary to raise the issue of AIDS with a sexual partner?
5. What makes it difficult to raise this issue?
6. In what ways could your partner have raised the AIDS issue that would have affirmed that sex is a good thing?

POL : Summarize session by recalling important points

2. It's a hidden epidemic that increases with time.
3. It's a sensitive issue that deals with people's private lives. AIDS has some important ramifications regarding sexual practices.

Break : 10 mins

Session 2 "AIDS Hysteria" or Over-Emotional Reaction

Objective: To show that AIDS is not contracted by casual contact.

Time: 45 mins +

Activities: A. 1. Hand out two vignettes in small groups, stories of Sunday and Ada. (page 41)
2. Let participants read the stories and discuss the following questions.

1. What are your feelings about Sunday's decision to go back to work?
2. Why did Mrs Lundi behave the way she did?
3. What facts about AIDS does she need to know?
4. How would you feel if you were Sunday's co-worker?
5. What are the consequences of this behavior to Sunday and his family?
6. Was the reaction of the Abou's relatives and the other parents reasonable? Why?
7. What do they not know about AIDS?
8. What would you tell people who refuse to associate with a PWA?

POL : Ask and invite questions from participants

Summary important points.

Session 2 How to Use a Condom

Purpose : To prompt condom use as one means of preventing the spread of AIDS.

Objective : Practice the skill of using a condom.

Methods : 1) Discussion
2) Role play
3) Demonstration

Time : 1 hours

Materials: condoms, bananas, handout

Activities :A. 1. Give out condoms
2. Facilitator demonstrates how to open a condom

Questions:

1. What do you feel right now holding a condom in your hand?
2. What are your feelings about using a condom?
3. What would you feel if you were to go and buy a condom?

- B.
1. Facilitator demonstrates putting on and off a condom on model.
See chart of seven steps, list them.
 2. Break into groups
 3. Pass round the story of John (page 42), new condoms and bananas
 4. Ask them to role play the story
 5. Ask questions in a large group:

Questions:

1. What were your feelings when you were talking to your friend?
2. What were your feelings receiving advice?
3. What were your feelings when he/she bought up the idea of using a condom?

POL : Summarize the session by noting important points.

Session 3: How to Insist on Safe Sex

Purpose : 1. To raise people's awareness of their capacity to make responsible decisions in their sexual lives.

Objectives: 1) Participants will know the risks involved in having unsafe sex.
2) They will learn what behaviors will reduce the probability of their contracting AIDS.

Time: 45 mins +

Activities:

- A.1. On a private continuum, let participants identify their positions with regards to their risk of contracting AIDS.
2. Chart positions on continuum and discuss them

Questions:

- What behaviors will lead to a person contracting HIV?
 - What behaviors will reduce the risk of contracting HIV?
- Chart responses.

B. Discuss the following questions:

1. Some people have heard about AIDS yet they still practice risky behaviors. What are some of the reasons for their actions?

Possible responses:

1. Might not believe that AIDS exists (a made-up disease)
 2. Feel that they can't be infected
 3. Have immediate need for money
 4. Have no willpower to say no to unsafe sex
 5. Will not suggest the use of condoms to a sexual partner because his or her fidelity would be questioned
2. How can we help change peoples' attitudes about AIDS?
 - Educate them on the AIDS facts, skills and attitudes

C. Hand out vignette. (page 42)

Vignette: The story of Anna, a prostitute who refuses to pressure her customers to use condoms because she is afraid of losing them. Participants read vignette for about 3 minutes followed by a group discussion using the questions below:

1. What attitudes led her into this situation? (see 6 AA #3, 5, 6).
2. What facts make it necessary to insist on safe sex? (8 AF #1, 3, 4, 6).

EVALUATION INSTRUMENT
PRESENTATION/MATERIALS .

1 Did you get more or less out of the training than you expected?

If yes, what was missing?

2. What specific topic do you think there should have been

a. more emphasis on?

b. Less emphasis on?

3. Which of the techniques or instrument (lecture, discussion, role play, and exercise) did you get:

a. the most from

b. the least from?

4. were the handouts helpful?

5. was the content of the presentation helpful?

6. To what extend do you think the training would be helpful in your performance?

7. Were the objectives of the course:

a. not clear _____

b. clear _____

c. very clear _____

8. In what specific ways could the training have been improved?

9. What could the facilitator have done specifically, to improve it?

10. Would you recommend this training to other people?

11. How did the subject matter meet your needs?

12. Are you aware of any significant behavioral change on your part that you can attribute to your participation in the training?

NO _____

YES, to some extent _____

3. Why could she not foresee the risk of having AIDS?-

Evaluation

Ask participants to name 3 ways by which AIDS is spread, and 5 ways by which it is not spread.

Name 3 ways by which AIDS can be prevented

Summarize session by recalling important points

GENERAL EVALUATION:

PARTICIPANTS WILL ANSWER THE EVALUATION QUESTION ORALLY.

markable change _____

13. Was the time frame:

too long _____

too short _____

14. Additional comments or suggestions:

EVALUATION INSTRUMENT
TRAINING OF TRAINERS

After the practical training of trainers workshop, how do you rate yourself? Use this scale with these questions.

SCALE

0	1	2	3	4
not	with	well	very	with
yet	difficulty		well	ease

How well can you:

determine through dialogue, observation and study the learning needs of a group?

0	1	2	3	4
not	with	well	very	with
yet	difficulty		well	ease

design a two hour training session using problem posing materials and tasks?

0	1	2	3	4
not	with	well	very	with
yet	difficulty		well	ease

demonstrate the use of open questions to motivate group discussions and spark meetings?

0	1	2	3	4
not	with	well	very	with
yet	difficulty		well	ease

demonstrate how to set tasks to get learning groups working?

0	1	2	3	4
not	with	well	very	will
yet	difficulty		well	ease

demonstrate how to build accountability into a learning session to show learners that they have indeed learned?

0	1	2	3	4
not	with	well	very	with
yet	difficulty		well	ease

demonstrate how to use the seven steps of planning to design a training for a community group?

0	1	2	3	4
---	---	---	---	---

not with well very with
yet difficulty well ease

demonstrate how to show relationships for development Adult/
Parent/Child/to a community group using role plays, pictures
and charts, discussions?

0 1 2 3 4
not with well very with
yet difficulty well ease

demonstrate how to make problem- posing teaching materials
to engage learners as their own decisionmakers?

0 1 2 3 4
not with well very with
yet difficulty well ease

facilitate a meeting where group maintenance and task
maintenance was occurring to make it an effective meeting?

0 1 2 3 4
not with well very with
yet difficulty well ease

describe how adults learn?

0 1 2 3 4
not with well very with
yet difficulty well ease

demonstrate some ways to respect learners and colleagues?

0 1 2 3 4
not with well very with
yet difficulty well ease

Adopted from feedback guidelines originally published by
N.T.L.

REFERENCES

1. ADULT EDUCATION
2. Arnold Martha S. and Gill Gordon. AIDS Education for Family Planning Clinics Services Providers. Kenya, Uganda, 1989
3. B.U.Crirwa and E. Sivile, "Enlisting the Support of Traditional Healers in AIDS Education Campaign." H.E.U, MOH. Lusaka, Zambia. 1988
4. Gill Gordon and Tony Klouda. "Talking about AIDS." Macmillian Pub. 1988
5. Gretchen G. Breggren. "Technical Information on Saving our Children from AIDS" Save the Children, 1988
6. "guidelines for Teaching about AIDS: TECHNews Vol.iv.no 1., Jan. 1989
- 7.. Quackenbush Marcia and Pamela Sergent. Teaching AIDS NetWork Pub. Division of ETR Associates, Santa Cruz, CA, 1988
8. Report to Congress on the USAID Program for Prevention and Control. HIV Infection and AIDS, USAID, Wash., DC. 1989
9. Virginia Dept. of Welfare and Dept. of Continuing Education, School of Social Work, VA Commonwealth University. Training for Trainers. 1980

AIDS
PRE- and POST-TEST of KNOWLEDGE, ATTITUDES and PRACTICES
(KAP)

Date :

Town or Village _____ Province _____

Age: Check the range in which your age falls.

10 - 19 20 - 29
30 - 39 40 - 49 50 +

Sex: Male Female

Civil status: Married Single

polygamy monogamy

1. Have you heard about AIDS?

yes no

2. Is AIDS a serious health problem?

yes no

3. Aids can be cured by

- a) vaccination
- b) operation
- c) None of the above

4. AIDS is transmitted or spread by

- a. sexual intercourse
- b. transfusion of unscreened blood
- c. unsterilized needles, blades, etc...
- d. none of the above
- e. all of the above

5. Who can get AIDS?

- a. anybody
- b. men only
- c. women only
- d. all of the above

6. How do you know if someone has AIDS?

- a. cannot tell
- b. has a fat stomach
- c. don't know

7. We can protect ourselves from AIDS by

- a. using condoms

- b. limiting our sexual partners
- c. abstinence
- d. none of the above
- d. all of the above

8. What is the difference between a person with AIDS and a person with HIV?

9. Have you ever had any STD's (sexually transmitted diseases?) Yes No

If yes, how many in the past year?
 Which one(s)?
 Did you seek treatment? Where?
 Was treatment effective?

10. Is AIDS a serious health problem?
 yes no

Attitude/Practice

1. How many times have you had sex in the last 3 months?

2. With how many partners?

3. Do you use condoms? no yes

If no, why not?

If yes, why?

4. Where can one buy condoms?

5. Where would you like them to be sold?

6. What is the price of a packet of 4 condoms?

7. Since you have been hearing of AIDS, have you

- limited the number of your sexual partners?
 yes no
- been using condoms?
 yes no
- used some other method of protection?
 yes no

If yes, which?

8. Personally, do you think AIDS is a danger to your life?
 yes no

9. Do you talk about AIDS with your
husband [] wife [] sexual partner []
children []

10. Is there a person with AIDS in your family?

11. If there were a person with AIDS in your family, would
you care for him/her? yes [] no []

If yes, how?

If no, why not?

12. In your opinion, should people who are HIV positive have
children? yes [] no []

If yes, why?

If no, why not?

13. Do you think that people with AIDS should be isolated
from the rest of the population ?
yes [] no []

If yes, why?

If no, why not?

14. Comments:

STORY APPENDIX

1. BOUBA

BOUBA, a Community Development Officer, met with the Village Development Committee to discuss development projects in the village. During the meeting, BOUBA did most of the talking and focused his attention only on those who answered his questions. After 40 minutes the rest of the group was bored. Others felt ill at ease and wanted to leave.

2. MICHAEL

Michael, a young agricultural extension officer met a group of farmers on his monthly visit to the village of..... He spoke to them about using food waste to fertilized family garden. He spent the whole afternoon explaining how this system of fertilization works and demonstrating it on a single garden. He answered their questions about the process before leaving them. He will return in a month.

3. SUNDAY

Sunday worked in MAISCAM in Ngoundere as a secretary. He went to donate blood for a relative who had an accident and was diagnosed as having HIV. He was shocked by the news and decided to go on leave. Before he left, he told his boss Mrs. Lundi about his health.

After one month Sunday decided to return to work. At work Mrs Lundi told Sunday that he could not continue to work for the company because he has AIDS. Mrs. Lundi made the decision because she wanted to protect the welfare of Sunday's co-workers who shared the same toilets, telephone, drinking cups, etc. with him.

4. ADA

Ada is one years old. She has had chronic diarrhea and was diagnosed as having AIDS. Mr and Mrs. Abou, Ada's parents also tested positive with the virus. News quickly spread in town that the Abou family had AIDS. Friends and relatives became scared and stopped visiting the Abous. The nursery school refused to keep Ada because other parents threatened to take their children out of school.

5. AKWA

Mr Akwa went for a one month mission overseas. One night he heard for a bar where he found himself a pretty girl for the night. He returned home not knowing that he had been infected with HIV. Akwa continued living with his

girlfriend Asho. Several months later Akwa and Asho broke up. Akwa became sexually involved with Amina who had three other boy friends. Asho started dating Ngwa who was to get married soon to Fatima.

6. THE MAN OVERSEAS

A man gets a chance to go overseas. His wife, scared of AIDS, warns him to behave himself. One night in the big city overseas he heads for a bar. There he finds himself a pretty woman for the night and the next morning he brags of his exploit. He returns home bringing gifts for all. But he is very worried about his relationship overseas. He feels that he has been infected with AIDS and would like his wife to know.

7. JOHN

John and Mary have been married for five years and have two children. John has been away for one and a half years studying in Zaire. During his absence his wife heard and learned about AIDS from the mass media. While in Zaire, John had many sexual partners. In all his sexual relationships he never used a condom because he felt it interfered with his pleasure and dignity.

8. ANNA

Mr Banda was a labourer with Cameroon Development Corporation (CDC) earning 80,000 francs because of his long services with the company. He died three years ago leaving his wife and four children, ages eight to fourteen years old, with just enough money to feed themselves for six months.

Anna, his wife, had no skills in any trade. The only way out for her was to become a commercial sex worker. In her job she noticed that her clients did not like the idea of using condoms. Anna could not insist on the use of condoms during sexual intercourse though she knew the danger in which she was putting herself. She eventually died of AIDS, leaving her four children without a mother.

9. THEODORA

Theodora has been married to Abdul for two months. Her relatives are already dropping hints about grandchildren and her husband is anxious to have a son. But Theodora is

worried about AIDS. She believes that her husband had girlfriends before their marriage. She very much wants to talk to him about AIDS.

10. JOSEPH

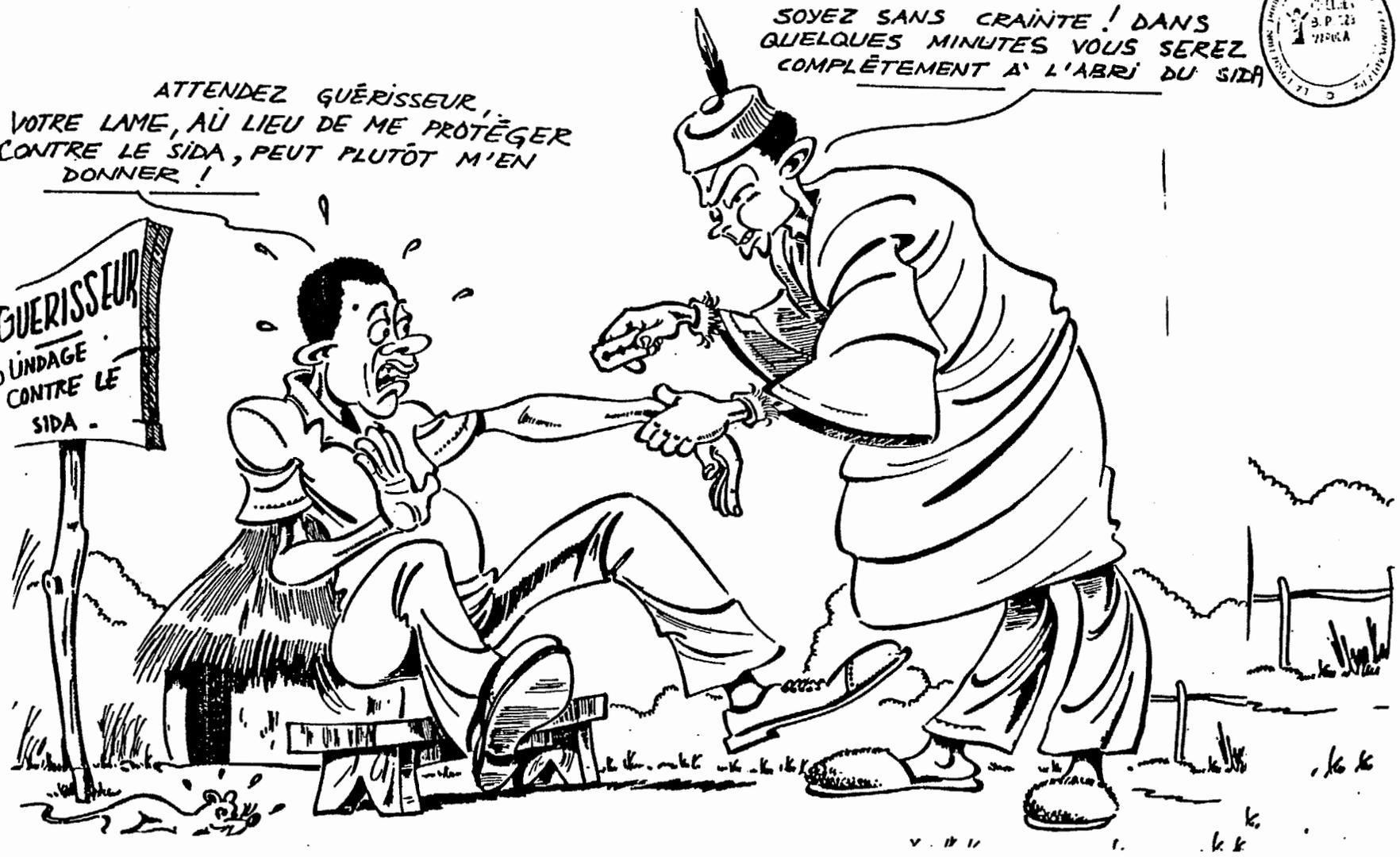
Joseph is the first son in a family of five. His parents are very proud of him. He went to the University and became a Lawyer in the big city. He hasn't married yet but he plans to marry next year. He is a smart young man and he is good to his parents. Joseph lives in the big city and he loves the night life there. He goes dancing and has many girlfriends. He hates condoms and doesn't use them. A year ago Joseph began to have swollen glands in his neck and under his armpits. Many night he has a fever and sweats a lot. He sometimes gets a skin rash. He finally decides to go to the doctor to see what is wrong. The doctor tells him that he may have AIDS. Joseph tells the doctor that he is wealthy and can pay for the cure.



SOYEZ SANS CRAINTE ! DANS QUELQUES MINUTES VOUS SEREZ COMPLÈTEMENT A L'ABRI DU SIDA

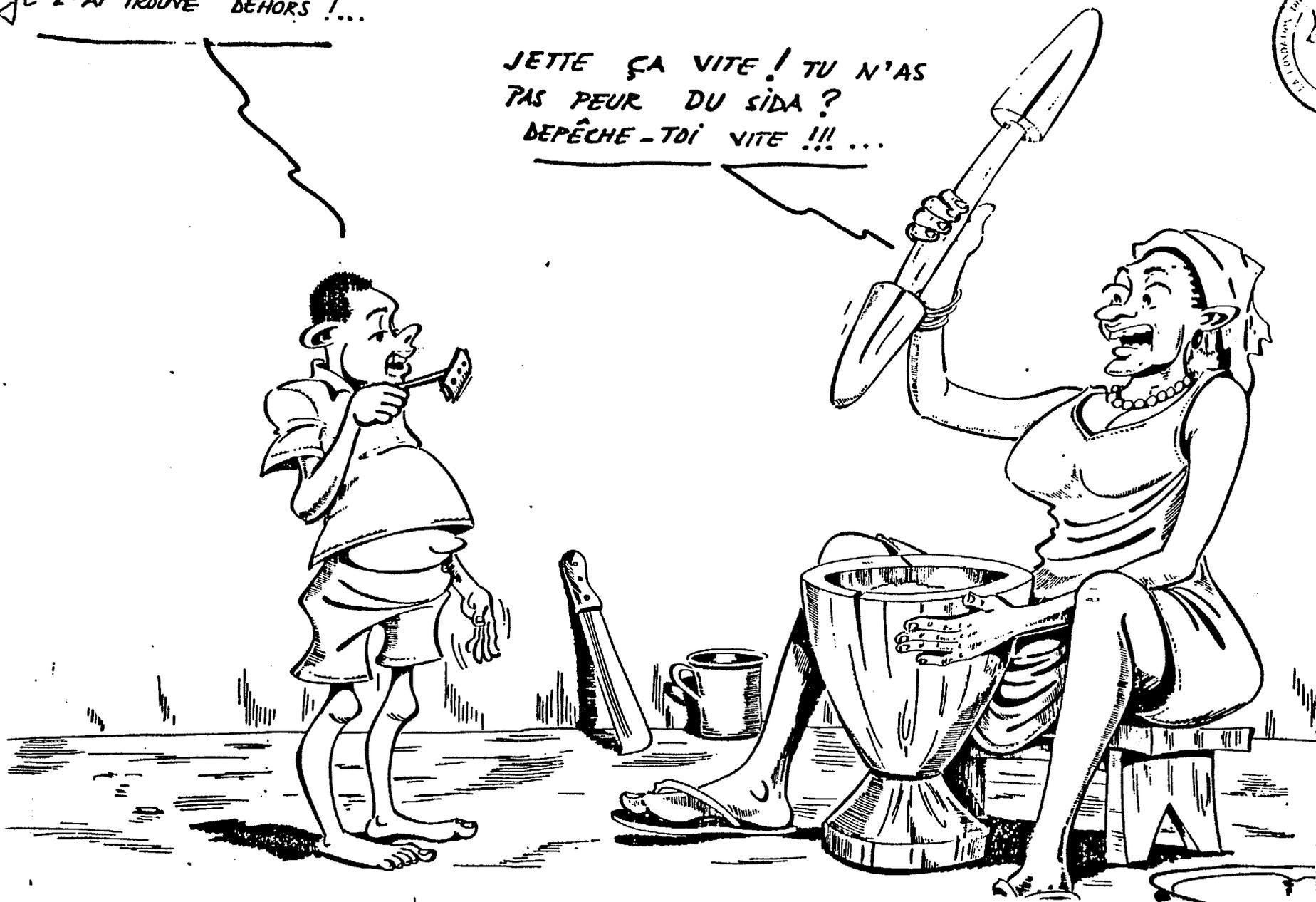
ATTENDEZ GUÉRISSEUR, VOTRE LAME, AU LIEU DE ME PROTÉGER CONTRE LE SIDA, PEUT PLUTÔT M'EN DONNER !

GUÉRISSEUR
B LINDAGE
CONTRE LE
SIDA -



AMAN, TU AS VU MON RASOIR,
JE L'AI TROUVÉ DEHORS !...

JETTE ÇA VITE ! TU N'AS
PAS PEUR DU SIDA ?
DEPÊCHE-TOI VITE !!! ...

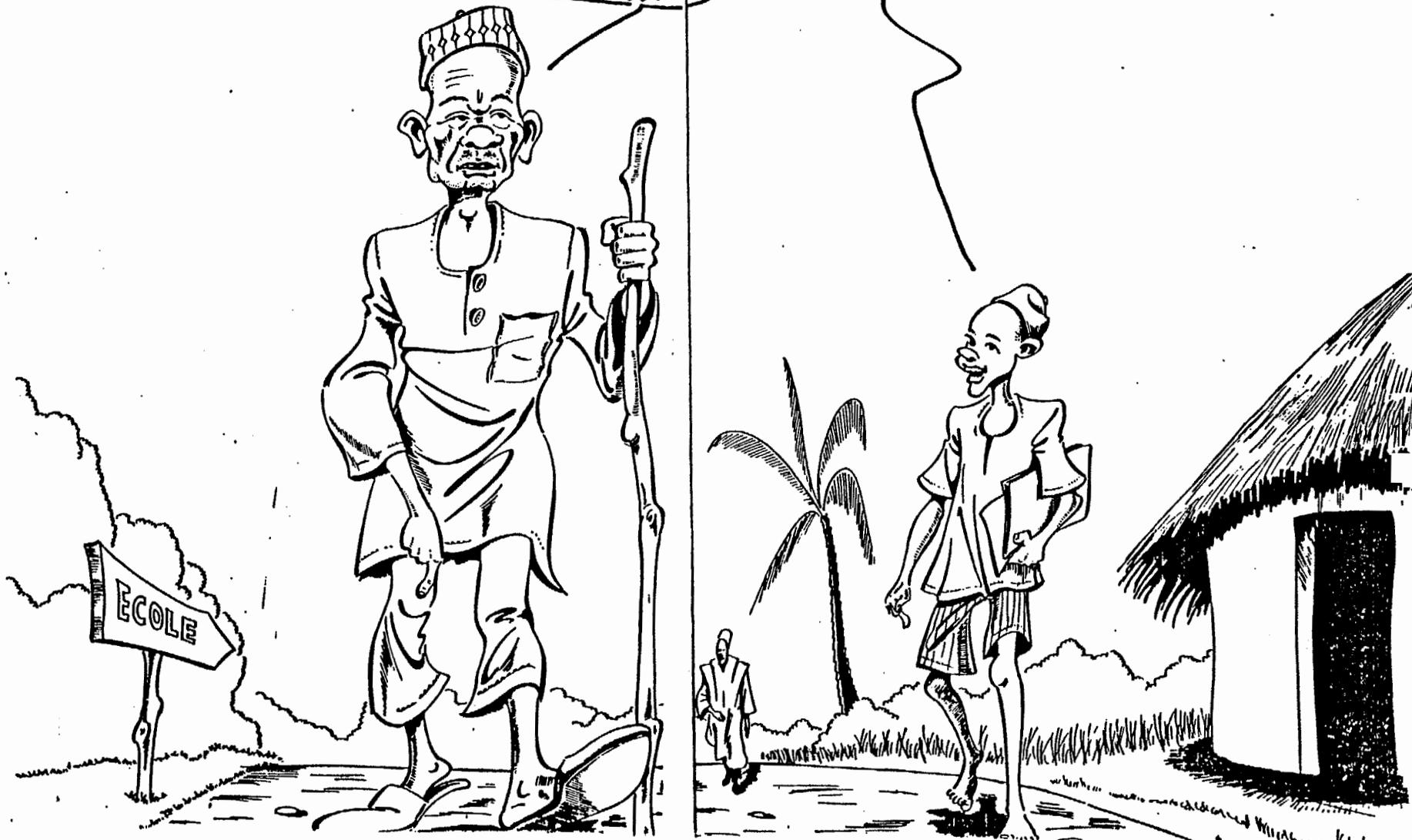


95



GRAND-PÈRE, LE SIDA EXISTE MÊME ICI AU VILLAGE?

OUI FISTON ! JE CROIS QU'IL EST TEMPS
QU'ON INSÈRE DES LEÇONS SUR LE SIDA DANS VOS
PROGRAMMES SCOLAIRES !!!



SAVE THE CHILDREN CAMEROON FIELD OFFICE - APEP

LES VERITES SUR LE SIDA (destinée au population)

1. Le SIDA n'a pas de traitement mais on peut le prevenir.
2. le SIDA est une epidemie latente. Les porteurs de son virus qui le transmettent peuvent ne pas avoir les symptomes.
3. Le SIDA se transmet par: les relations sexuelles (sperme et secretions vaginales), du sang infecté, et par mere enceinte.
4. Les SIDA ne se transmet pas par du simples contacts tel que : les poignées de main pendant les rencontres, les objets de toilette, les repas, et même les autres ustensiles et materiels communs.
5. Pour prevenir le SIDA, vous devez: reduire le nombre de partenaires sexuels, utiliser toujours le condom au cours des rapports douteuse, et établir une relation à long terme avec un partenaire non infecté.
6. Avec la technologie actuel, l on peut dépister des anticorps du virus de SIDA. Pour avoir plus des renseignements concernant le dépistage, contacter votre hôpital le plus proche.
7. Les materiels contaminés par le sang, sperme etc d'un sujet atteint de SIDA peuvent en toute sûreté etre nettoyer avec l'eau de javel.
8. Prenez la responsabilité d'être sain et sauf dans votre couple. Soyez- desormais informé des risques du SIDA et les moyens de le prevenir. Contactez votre centre de santé pour les renseignements concernant cette redoutable maladie le SIDA.
9. Tou le monde peut contacter le SIDA. Il n'a ni couleur, ni sexe, in agé.

Summary TOT Workshops

Activity Zone	Province	Date of Training	Number Trained	Participants
Doukoula	Far North	6-8 Feb. '90 13-14 Feb. '90	19	HCWs, CDWs Military
Kaele	Far North	2-4 May '90 10-13 July '91	56	HCWs CDWs Military
Mayo Danai	Far North	11-13 July '90 15-18 July '91	69	HCWs CDWs Military
Yaounde	Center	1-4 Oct. '90 29-30 Oct. '90	22 08	Military EIL Staff CDWs
Diamare	Far North	12-14 Oct. '90 18-20 Oct. '90 21-23 Oct. '90	57	HCWs, Party CDWs, Social workers, PCVs Military, Leaders
Ntui I.A.	Center	25-29 Oct. '90	33	HCWs, TBAs CHAs
Logone & Chari	Far North	11-13 Dec. '90 14-18 May '91	52	HCWs, CDWs Military
Total trained			<u>316</u>	

SAVE THE CHILDREN CAMEROON
Projet d'Education pour la Prevention du SIDA

PROGRAMME DE FORMATION DES FORMATEURS EN MATIERE DE SIDA

YAGOUA 15,16,17,18, Juillet 1991

PARTICIPANTS: Les pourvoyeurs des services dans la population choisie par le MCD.

FACILITATEURS: PERR'TIANGHA ALI (ASSISTANT DU PROJET)
DR. TOUGORDI MEDECIN CHEF DEPARTEMENTAL)
UN ENCIEN FORMATEUR (à être choisie par le CSDSP)

BUT: - PREVENIR LA PROPAGATION DU SIDA PAR L'EDUCATION
- FORMER LES PARTICIPANTS EN MATIERE DU SIDA

OBJECTIFS: A l'issue de leur formation les participants connaîtront :

- les notions elementaires sur le SIDA;
- les techniques à appliquer face au SIDA;
- comment concevoir et faciliter les séances d'éducation.
- les modes de transmission du SIDA;
- les moyenes de protection etc.

PREMIERE JOURNEE

07:30 - 8:00 Arrivée et installation des participants
08:00 - 8:30 Mot de bienvenu du Medecin Chef départemental. Ouverture du seminaire atelier par le Préfet
08:30 - 9:00 Pre-test sur les connaissances, attitudes et pratiques des participants en matière du SIDA.
09:00 - 10:00 Comment les adultes apprennent-ils? Comment amener les participants à s'intéresser à la formation?
10:00 - 10:30 PAUSE CAFE
10:30 - 11:00 Comment servir les questions à réponses multiples?
11:00 - 12:30 Comment definir les objectifs d'une formation?
18:00 PROJECTION D'UNE FILM SUR LE SIDA

DEUXIEME JOURNEE

08:00 - 9:00 définition des anagrames (HIV/SIDA) etc
09:00 - 9:30 les notions élémentaires sur le SIDA
09:30 - 10:00 L'HIV/SIDA, UN CASSE-TETE POUR LES CHERCHEURS(Dr.TOUGORDI)
10:00 - 10:30 ébauche de l'épidémiologie du SIDA (par le Dr. TOUGORDI)
10:30 - 11:00 PAUSE CAFE
11:00 - 12:00 l'opinion publique sur le SIDA (hystérie et surexcitation
12:00 - 12:30 comment engager des discussions sur le SIDA avec son partenaire sexuel (JEUX DE ROLE)
18:00 PROJECTION DE FILM SUR LE SIDA

TROISIEME JOURNEE

08:00 - 8:30 comment utiliser un préservatif (appeler condom)
08:30 - 10:00 exploitation des résultats du pré-test
10:00 - 10:30 questions - réponses
10:30 - 11:00 PAUSE CAFE
11:00 - 12:00 le test de dépistage, le test de confirmation, la procédure réglementaire, le resultats etc., questions - réponses
12:00 - 12:30 comment annoncer le résultat à un séropositif (JEUX DE ROLE)
12:30 - 15:00 REPOS
15:00 - 16:00 comment élaborer un plan d'action. Elaboration d'un plan par les participants pour les trois mois à venir
16:00 - 16:30 distribution des matériels éducatif
16:30 - 17:00 cloture par le Préfet.

AP/ap

Save the Children USA Cameroon
HAPA Project

Types of audio visual materials used during the project:

Films	Source	Summary
- BORN IN AFRICA		- About a Ugandan musician who tested positive and decided to come forward and make the public aware of the danger of HIV infection. It shows how he lived positively with AIDS until his last day.
- FROM THE CAMEROON		- This is a documentary compiled by a popular French journalist called Christine Ockrent giving information about how people live positively with AIDS from all over the world and an update on what has been done so far aboutvaccins. This one hour documentary was projected in June 1991 in a popular TV program known as "Regard sur le monde."
- WHO		- Fifteen minutes documentary about AIDS

Slides

- | | |
|--|---|
| - From the National AIDS sub Committee for clinical care filmed by Dr. Monny Lobe its President. | - These slides show a few Cameroonian partients with AIDS at the final stages and some very advanced stages of STDs with cutanuus manifestations. |
| - L'Office Fédéral de la santé ^Publique and L'Aide suisse contre le SIDA. | - More than fifty slides were received but only about thirty were adaptable to the local context. They showed AIDS in all stages and mostly how to live in society with people with AIDS. |

AP/ap

Save the Children - Cameroon
Projet d'Education pour la Prevention du SIDA
QUELQUES DEFINITIONS:

QU'EST CE QUE LE SIDA?

LE SIDA EST UNE MALADIE DUE A LA DESTRUCTION DU SYSTEME IMMUNITAIRE PAR UN VIRUS. CE QUI ENTRAINE L'APPARITION D'INFECTIONS GRAVES ET CERTAINS CANCERS.

QU'EST CE QU'UN VIRUS?

LE VIRUS EST UN AGENT INFECTIEUX RESPONSABLE DE NOMBREUSES MALADIES CHEZ TOUS LES ETRES HUMAINS. LE VIRUS RESPONSABLE DU SIDA S'APPELLE VIH (1) OU (2).

VIH = VIRUS D'IMMUNODEFICIENCE HUMAINE

S = SYNDROME: ENSEMBLE DES MANIFESTATIONS QUI
CARACTERISENT UNE MALADIE

I = IMMUNO: IMMUNITAIRE

D = DEFICIENCE: AFFAIBLISSEMENT DU SYSTEME IMMUNITAIRE

A = ACQUISE: QUI N'EST PAS HEREDITAIRE MAIS DUE A UN
VIRUS RENCONTRE PAR LE MALADE

COMMENT AGIR NOTRE SYSTEME IMMUNITAIRE?

NORMALEMENT - NOTRE SYSTEME IMMUNITAIRE AGIT DANS TOUS L'ORGANISME GRACE A CERTAINS CATEGORIES DES GLOBULES BLANCS DU SANG: LES LYMPHOCYTES QUI PATROUILLENT EN PERMANENCE DANS L'ORGANISME. LES LYMPHOCYTES T ATTAQUENT LES ENVAHISSEURS, TEL QUE LES MICROBES. LES LYMPHOCYTES B, EUX, ATTAQUENT AUX MOYEN DE SUBSTANCES APPELEES ANTICORPS QUI S'ATTACHENT AUX GERMES ET LES DETRUISENT. C'EST AINSI QUE, NORMALEMENT, NOTRE ORGANISME SE DEFEND CONTRE LES MICROBES.

MAIS DANS LE CAS DU SIDA LE VIRUS AFFAIBLIT ET DETRUIT LES LYMPHOCYTES ET REND L'ORGANISME INCAPABLE DE SE DEFENDRE CONTRE LES MICROBES. CE VIRUS EST REDOUTABLE CAR IL ATTAQUE LE CENTRE MEME DE COMMANDE DU SYSTEME IMMUNITAIRE ET PARALYSE LES DEFENSES.

COMMENT DETECTE-T-ON LE VIRUS DU SIDA?

ON DETECTE LES ANTICORPS PRODUITS PAR L'ORGANISME EN REACTION AU CONTACT AVEC LE VIRUS DU SIDA GRACE A UN TEST EFFECTUE EN LABORATOIRE. CE TEST SERT A DEPISTER LES PERSONNES QUI SONT INFECTE PAR LE VIH.

LE TEST PEUT ETRE POSITIF. ON DIT ALORS QUE LA PERSONNE EST ENTREE EN CONTACT AVEC LE VIRUS ET EST DONC SEROPOSITIVE. SI LE TEST EST NEGATIF, ON DIT ALORS QUE LA PERSONNE EST SERONEGATIVE.

ICI
VENTE DES
PRESERVATIFS

(CONDOMS, CAPOTS ANGLAISES)

POUR VOUS PROTEGER CONTRE :

**LES MALADIES SEXUELLEMENT
TRANSMISSIBLES**

INCLU

LE SIDA

ET

CONTRE LES GROSSESSES INDESIREES



SAVE THE CHILDREN FEDERATION®

Cameroon Field Office

AIDS PREVENTION EDUCATION

TRAINING OF TRAINERS

This is to certify that

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has participated in the AIDS training Workshop held

from to at


Mrs Elisabeth YUNGA

AIDS Coordinator

Dr. NKODO NKODO

Save the Children Director

DRAMA ON AIDS

Appendix XVI

Title: ALHADJI le Commerçant

COURS:	----	Elève .
BEATRICE	----	Elève
ASTA	----	Prostituée
BERNADETTE	----	Elève
J.P.	----	Professeur
Mr. BOSCO	----	Commerçant
ALHADJI	----	Père de ASTA
BABA HAMAN	----	Elève
AMADOU	----	Une des femmes de ALHADJI ~
HAWA		

us nous retrouvons dans la cour du Lycée où les élèves attendent la sonnerie de la cloche
ur entrer en classe. Dans
tte cour BEATRICE et J.P. sont en train de parler du week-end passé.

ATRICE: Bonjour J.P

P: Bonjour BEBE

ATRICE: Je ne m'appelle pas BEBE mais BEATRICE

P: Tu recommences hein? Toi quand tu passes un mauvais week-end c'est sur moi
que tu viens déverser toutes tes rancœurs. Ah! Laisse-moi.

ATRICE: Je n'ai pas passé un wek-end. Et puis je ne vois pas comment il peut être
mauvais si je ne l'ai pas passé.

P: Tu peux me dire où tu étais BEATRICE. C'est la police ou la CIA? Alors
intervient ASTA.

ASTA: Vous ne pouvez pas rester tranquille tous les deux sans vous chamailler?

J.P.: C'est elle. Tu la connais. Elle provoque trop.

ATRICE: Qui ça ne peut que être moi. Est-ce-que je t'ai demandé où tu étais le week-
end?

J.P.: Dans mes cahiers.

ATRICE: Dis donc! Mens à ceux qui ne te connaissent pas. Toi qui a horreur des cours
réguliers aux heures régulières! çà! le gars-ci connaît mentir!!! C'est pas
possible.

ASTA: Abrégez. Voilà le Prof qui arrive.

Ils se dirigent tous vers la salle de classe. Entre alors Mr. BOSCO.

Mr. BOSCO: Bonjour les élèves.

EN CHOEUR: Bonjour Monsieur.

Mr. BOSCO: Bon. Aujourd'hui le cours va porter sur les maladies transmissibles et les
maladies héréditaires. Qu'est-ce-qu'une maladie héréditaire? Qui peut
répondre?

- J.P. : C'est une maladie qui se transmet de parent à l'enfant par le biais de gènes.
- Mr. BOSCO : Expliquez-vous bien.
- J.P. : Je peux expliquer en donnant un exemple?
- Mr. BOSCO : Oui. Pourquoi pas.
- J.P. : Supposons que mon père a une quelconque maladie. Si personne de son entourage n'a cette maladie et que moi j'ai la même maladie, on peut dire que c'est une maladie héréditaire. Exemple la drépanocytose.
- Mr. BOSCO : Très bien. Vous avez tous compris? Bon maintenant les maladies transmissibles, qui peut les définir?
- ASTA : Une maladie transmissible est une maladie qui peut se contaminer de façon directe ou indirecte. De façon directe par contact avec la personne malade. De façon indirecte, à travers les objets souillés par le malade.
- En chœur - Corrigé!!!
- Mr. BOSCO : Silence! Je disais donc ... c'est très bien ASTA. Tu mérites 2 points pour la parfaite définition que tu viens de donner.
- J.P. : Et moi Monsieur?
- Mr. BOSCO : Tu auras 1 pt si tu donnes un exemple de maladie transmissible.
- J.P. : Je peux même donner 10! Il y a la tuberculose, la lèpre, la gonococcie, le SIDA et...
- BEATRICE : Ça va. On sait. Tu ne peux être fort que dans ce domaine.
- J.P. : Toi qui t'a demandé? Regardez-moi...
- Mr. BOSCO : Arrêtez-moi ce genre de conduite. Où vous crovez-vous? Bon J.P., tu disais donc que le SIDA est une maladie transmissible? Qui est d'accord avec lui?
- BEATRICE : Pas moi tout de même. Parce que d'après ce qu'on dit il paraît que c'est une maladie des Blancs seulement et puis elle est découverte pour décourager les amoureux.
- ASTA : J'ai même entendu dire que c'est une maladie qu'on a découvert dans des laboratoires aux Etats-Unis et que seuls les Gens de l'hôpital ont le SIDA.
- J.P. : Moi je crois que c'est la punition de DIEU Bruit de remue-ménage et la sonnerie de la récréation retentit. Dans la cour le groupe se reforme.
- ASTA : Dis donc J.P., Où est-ce-que tu as déniché cette définition? Dans le guide BORDAS ou bien tu es abonné à l'ordre des Médecins?

3. 02. 1988

- BEATRICE: Ne lui donne pas des ailes il risque de s'envoler.
- J.P.: Dis donc Bébé, est-ce que tu es suivi ce qui se passe quand on a le SIDA? On dit que la personne maigrit et elle meurt vite.
- BEATRICE: Tu vois ce que je disais! Les gens-là veulent nous tromper.
- ASTA: Non il ne veulent pas nous tromper. C'est que nous ne connaissons rien de cette nouvelle maladie.
- AMADOU: Ce n'est pas une nouvelle maladie. Mon grand-père a dit que dans le temps, il y avait déjà cette maladie.
- J.P.: Et comment elle s'appelait?
- AMADOU: Ah! Moi je ne connais pas, mais on peut certainement trouver un nom à cette maladie. La sonnerie de la fin de la récréation retentit et les élèves se dirigent vers la salle de classe.
- Mr. BOSCO: Avant d'aller en récréation, nous parlions des maladies transmissibles et on a dit qu'une maladie transmissible est une maladie qu'on attrape par contact d'une personne malade à une personne saine ou par l'utilisation des objets souillés par le malade. Mais toutes les maladies ont leur spécificité. Quelqu'un a mentionné le SIDA. Qui peut nous parler un peu de cette maladie.
- AMADOU: Moi Monsieur. Le SIDA est une maladie qui se transmet comme toutes les autres maladies.
- Mr. BOSCO: Qui est d'accord avec lui?
- EN CHOEUR: Tout le monde.
- Mr. BOSCO: Je vois que personne ne connaît quelque chose à propos de cette maladie. Prenez donc vos cahiers et marquez.
- "UNE MALADIE TRANSMISSIBLE: LE SIDA"**
- Le SIDA signifie syndrome d'immuno-déficience acquis. C'est t-à-dire l'ensemble des signes et des manifestations qui montrent que l'organisme est faible et qu'il ne peut pas lutter contre une maladie. L'agent responsable de cette maladie est un virus. (Qu'est-ce qu'un virus?)
- UN ELEVE: Un virus est un petit microbe invisible à l'œil nu et au microscope ordinaire. Mais on peut le voir au microscope électronique.
- Mr. BOSCO: C'est ça. Le virus responsable du SIDA s'appelle le VIH (Virus d'immuno-déficience humaine) en Français ou HIV (human immunodeficiency virus). Quand il attaque l'organisme, il détruit les globules blancs responsables de la protection de l'organisme. Quand ces globules sont détruits, l'organisme ne peut plus se défendre contre les maladies. Qui sait comment on attrape le SIDA?

BEST AVAILABLE COPY

J.P.: Moi je crois qu'on peut l'attraper quand on mange ensemble avec une personne qui a le SIDA. Quand on porte ses habits ou quand on utilise les objets qu'il a touchés.

Mr. BOSCO: Bien. Ce que J.P. vient d'expliquer est vrai pour certaines maladies. Voilà ce qui fait la différence avec le SIDA. Le SIDA ne se transmet quant à lui que de deux façons:

- Par le sang
- Par les rapports sexuels.

J'explique. Quand le sang d'une personne infectée, c'est-à-dire malade, touche le sang d'une personne saine par le moyen des injections, des transfusions sanguines, ou de l'utilisation des rasoirs ou autres matériels tranchants, la personne saine peut devenir malade. Pour les rapports sexuels, c'est quand une personne saine a des rapports sexuels avec une personne malade qu'on parle de transmission par voie sexuelle. Une autre méthode de contamination est de la mère à l'enfant. C'est-à-dire que si une mère est infectée l'enfant aussi risque de l'être. Donc s'il y a des questions je suis prêt à répondre.

AMADOU: Comment se fait la contamination lors des rapports sexuels?

Mr. BOSCO: La contamination lors des rapports sexuels se fait quand il y a blessure de part et d'autre des deux conjoints. En ce moment le virus qui se trouve soit dans le sperme ou dans la sécrétion vaginale profite pour entrer dans le sang de la personne saine.

BEATRICE: Est-ce-que cela veut dire si on fait les R.S. sans blessure on ne va pas attraper le virus?

Mr. BOSCO: Oui mais le pourcentage de chance est infiniment petit parce qu'il n'y a pas de rapport sans blessure. Mais seulement il faudrait faire très attention parce que vos parents pourraient vous demander des informations sur cette nouvelle maladie. Alors, je crois que vous avez de quoi vous défendre comme des bons élèves. Le cours est fini et à demain.

Ils sortent tous de la salle de classe et AMADOU et J.P. se retrouvent à deux.

AMADOU: Dis donc je t'assure que j'ai entendu deux petits enfants s'amuser dans le quartier. Tu sais ce qu'ils se disaient?

J.P.: Non. Raconte alors. Qu'est-ce qu'il y a à poser des questions quand tu sais que la réponse est non?

AMADOU: Bon, attends. Tu vas dire 1 et moi deux ainsi de suite d'accord?

J.P.: Je commence: 1

AMADOU: 2

J.P.: 3

AMADOU: 4

J.P.: 5

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AMADOU: SIX SIDA.

J.P.: Ça! Même les enfants?

AMADOU: Alors qu'est-ce-que tu croyais?

ASTA: Et BEATRICE les rejoignent

BEATRICE: Qu'est-ce que vous manigancé encore?

AMADOU: Rien. Je lui raconté juste une histoire à propos des 2 enfants que j'ai vus jouer dans le quartier. Hein, J.P.?

J.P.: Sour! I (Et ils r4ecommencent le jeu jusqu'au chiffre 6 et ensemble ils disent SIDA IIII)

ASTA: Vous les garçons-là vous ne cesserez jamais de nous étonner.

BEATRICE: ASTA:qu'est-ce-qu'on fait? Moi je vais aller au marché et toi?

ASTA: Moi je rentre chez moi. Au revoir.

Nous nous retrouvons au quartier où le père de ASTA est en pleine discussion avec un de ses amis.

BABA ASTA: Vraiment je ne comprends pas nos enfants de maintenant. Regarde-moi par exemple la fille de Malam, elle est déjà très grande. Elle a 14 ans mais elle refuse de se marier au Grand chef DJADURO.

L'AMI: Il a quel âge, le DJADURO?

BABA ASTA: Je ne sais pas mais il paraît que quand les Allemands contruisaient la route, il les avait aidés.

L'AMI: Donc se qui signifie qu'il a plus de 60 ans.

BABA ASTA: Oui. (et il voit ASTA arriver). Ah. Voilà ma fille qui rentre.

L'AMI: Dis donc elle devient belle, hein. Il faut me la donner, non?

BABA ASTA: Hé! Un vieux type comme toi tu es mon cadet de 5 ans seulement et tu veux épouser ma fille qui n'a que 22 ans?

L'AMI: Laisse alors la fille de MALAM tranquile.

ASTA arrive et salue.

ASTA: Bonjour papa, bonjour Oncle.

BABA ASTA: Bonjour ma fille. L'école est finie? Dis-nous ce que tu as appris aujourd'hui.

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ASTA: Oui, l'école est finie et on nous a parlé des maladies.

TOUS LES 2: Les maladies!! Raconte-nous vite ma fille.

ASTA: Papa il y a une nouvelle maladie qui vient d'apparaître. Elle s'appelle SIDA. Elle tue.

L'AMI: Raconte-nous comment est cette maladie.

ASTA: Bien. Le PROFESSEUR a dit que cet un petit microbe qui entre dans le sang et qui empêche le corps de lutter contre d'autres maladies.

L'AMI: Ah! ça c'est une maladie qui était là depuis. N'est-ce-pas BABA ASTA?

BABA ASTA: Moi je ne la connais pas. Mais dis-moi comment l'attrape-t-on?

ASTA: Quand on a une blessure et qu'on touche le sang de celui qui est malade on peut devenir malade aussi.

L'AMI: Et comment peut-on toucher le sang de celui qui est malade?

ASTA: Quand vous partez à l'hôpital par exemple. Si on vous injecte avec une aiguille déjà utilisée on devient malade.

BABA ASTA: Donc tu veux dire qu'on doit acheter nos aiguilles si on veut aller à l'hôpital?

L'AMI: Mais c'est une maladie simple.

ASTA: Si je vous dis autre chose encore vous n'allez pas vous fâcher contre moi?

BABA ASTA: Vas-y.

ASTA: Il paraît qu'on peut l'attraper quand on fait le quartier, avec les femmes qui se promènent.

L'AMI: Tu vois je te dis que ta fille est gâtée.

BABA ASTA: Non. Elle n'est pas gâtée. Comment tu peux accepter rester dans l'ignorance?

L'AMI: Bon dis-nous comment est-qu'on peut le savoir.

ASTA: Seul le DOCTEUR peut le savoir mais on voit certains signes: On maigrit, on a la fièvre et on transpire beaucoup la nuit.

L'AMI: Toi on peut dire que ton père ne t'a pas ratée.

BABA ASTA: Tu vois. Tu as tort de dire que ma fille est gâtée.

L'AMI: Et qu'est-ce qu'on doit faire pour éviter le SIDA?

BABA ASTA: C'est simple, non. Il ne faut pas avoir peur d'aller à la pharmacie pour acheter les seringues et... il faut rester tranquille.

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Ils se separent en riant, et BABA ASTA se dirige vers le marché. Il rencontre BEATRICE.

- BEATRICE: Bonjour Papa, vous êtes venu faire le marché?
- BABA ASTA: Oui, ma fille. Tu n'es pas encore rentrée?
- BEATRICE: Non. Je suis venue voir ALHADJI, le commerçant.
- BABA ASTA: Ah bon. Dis-lui bonjour de ma part.
- ALHADJI: BINGUEL LEKKOL, tu es venue? Bonne arrivée. Qu'est-ce-que tu es venue me raconter encore? Ou tu es là juste pour acheter et partir?
- BEATRICE: Les deux. Donne-moi d'abord le savon et 1 litre d'huile et ensuite je vais te dire quelque chose.
- ALHADJI: Tiens -- ça fait 1200frs.
- BEATRICE: Tu es très cher, ALHADDI. Tu ne peux pas voir que je suis élève?
- ALHADJI: L'affaire d'argent ne regarde pas les élèves. Bon dis-moi ce que tu avais à me dire.
- BEATRICE: On nous a parlé d'une grave maladie à l'école aujourd'hui.
- ALHADJI: De quelle maladie s'agit-il?
- BEATRICE: Il s'agit d'une maladie grave qui n'a pas de remède. Elle s'appelle SIDA et elle tue.
- ALHADJI: L'argent c'est le remède à tout. Et comment on attrape ce SIDA?
- BEATRICE: On peut l'attraper quand on se rase avec la même lame que celui qui a la maladie dans le sang.
- ALHADJI: Pour ça sois tranquille j'ai assez d'argent pour acheter toutes les lames de rasoir de la terre.
- BEATRICE: On peut aussi l'attraper par les femmes. Les bordelles qui vont de gauche à droite là.
- ALHADJI: Ça c'est mauvais alors. Mais dans ce cas les bordelles vont aller où?
- BEATRICE: Il faut qu'elles sachent que c'est dangereux ce qu'elles font non pas seulement pour elles mais pour tout le pays. Il faut qu'elles prennent des précautions pour se protéger. ALHADJI, je bavarde trop, il faut que je parte.
- ALHADJI: Reste. Ce que tu me dis est très intéressant.
- BEATRICE: Au revoir. Je dois aller préparer pour mes frères.

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D'ailleurs voilà BERNADETTE qui arrive. Elle va te tenir compagnie

BERNADETTE: Client, je suis encore là. Bonjour.

ALHADJI: Bienvenu. Je parlais de toi avec la petite.

BERNADETTE: Qu'est-ce que tu lui disais?

ALHADJI: Non rien. Tu sais que les élèves ont toujours quelque chose à nous apprendre.

BERNADETTE: Et qu'est-ce qu'elle t'a appris?

ALHADJI: Oui. Assieds-toi, ça t'intéresse.

BERNADETTE: Parle alors.

ALHADJI: Tu sais pour ces choses il faut le Professeur pour bien expliquer. D'ailleurs le voilà qui arrive.

Mr. BOSCO: Bonjour BERNADETTE, bonjour ALHADJI.

EN CHOEUR: Teacher, bonjour.

ALHADJI: Il paraît que vous avez bombardé nos enfants avec des choses des bêtises et maintenant ils viennent nous raconter ça même au marché.

Mr. BOSCO: C'est vrai. Mais s'ils ne vous racontent rien de ce qu'on leur apprend à l'école, où se trouve l'intérêt de les amener à l'école?

BERNADETTE: Là alors vous avez raison, teacher. Mais ne m'avez-vous pas promis de passer chez moi ce soir?

Mr. BOSCO: Oui. Mais est-ce que tu as besoin de me le rappeler devant ALHADJI?

BERNADETTE: Justement. Tu sais que lui il est cologanne et il n'a pas besoin de moi. Alors que toi, même si tu as tes 5 copines, je m'en fous. L'essentiel est que tu passes.

ALHADJI: Ah bon. Tu crois que je te fais des prix spéciaux parce que tu es ma soeur? D'ailleurs sors avec le Prof. Un pauvre type comme ça. Régarde les chaussettes qu'il porte. On appelle ça des BATS. Il est là seulement à faire le CHAUD GARS devant nos enfants. Il leur raconte des bêtises pour qu'ils viennent nous raconter à leur tour.

Mr. BOSCO: Hé ALHADJI. Tu crois qu'avec ton argent tu me dépasses?

ALHADJI: Oui. Toi qui veux insinuer que l'argent n'est rien. Tu crois que tu travailles pourquoi? Pour la charité? Vas au couvent, pauvre type. Et d'ailleurs le SIDA que tu as mis dans la tête de nos enfants, c'est juste une raison encore pour te faire important. Et même si c'est vrai, j'ai de l'argent pour me faire traiter. Hein, BERNADETTE?

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BERNADETTE: Oui ALHADJI. Le Prof là se vante trop. Hé! voilà une de ces élèves qui arrive. Ferme ta boutique et allons. Ils vont certainement parler SIDA.

Arrive ASTA

ASTA: Bonjour Mr. Je viens de parler à mon père et à un de ces amis. Ils m'ont dit que le SIDA existait bien avant et qu'on n'avait pas seulement trouvé de nom à cette maladie.

Mr. BOSCO: Tu as de la chance d'avoir réussi à convaincre tes gens. De mon côté ça commence mal. Tu vois ALHADJI croit qu'avec son argent il peut trouver le remède du SIDA. Et BERNADETTE qui le suit tout en sachant qu'elle court un danger grave.

ASTA: Mais Monsieur, qu'est-ce-qu'on va répondre quand on nous dit que le SIDA a existé depuis?

Mr. BOSCO: Sois un peu intelligente. Beaucoup de maladies existent même de nos jours mais on ne leur trouve pas de nom ni de remède. Alors on en meurt. La science évolue et on va de découvertes en découvertes. Si on a eu de la chance de découvrir le SIDA, les recherches se poursuivent pour découvrir son remède. Donc pour le moment il ne faut pas mourir d'ignorance. Soyons prudents.

Ils séparent. On retrouve BERNADETTE et ALHADJI dans la chambre.

ALHADJI: Alors ma belle biche, tu sais que j'ai attendu longtemps ce moment?

BERNADETTE: Oui. Moi aussi mais tu sais, ce que le teacher a dit là me dérange.

ALHADJI: Ah! Laisse le salaud. Il est tout simplement jaloux. Tu vois il dit que je suis marié polygame, mais est-ce-que je les aime dis donc. Tu sais que toi tu es très spéciale pour moi. Alors ne perdons pas de temps.

BERN: D'accord mais est-ce après tu es sûr que...

ALHADJI: Tu n'as plus confiance en moi?

BERN: Si, mais...

ALHADJI: Il n'y a pas de mais.

BERN: Bon attends alors.

ALHADJI: Oui chérie.

Et puis un bruit et 5 minutes après ils se séparent. Quelque temps ALHADJI sent des démangeaisons, il a des sueurs nocturnes, et puis il commence à maigrir. Il s'inquiète et va voir sa femme HAWA et lui fait part de ses inquiétudes.

BEST AVAILABLE COPY

- ALHADJI: Ma femme, tu sais je transpire trop et tout mon corps me gratte.
- HAWA: Moi je ne transpire pas mais je me gratte et puis...allons voir le Docteur.
- ALHADJI: Quoi? Mais est-ce que nous sommes malades? Je lui dis que je transpire et je me gratte, elle me dit d'aller voir le Docteur. Régardez-moi ces bonnes dames. Je ne pars pas si tu veux va le voir seule.
- HAWA: Le bruit court en ville que tu nous laisses ici pour voir BERNADETTE la fille de 6 portes là. Tu n'as pas honte?
- ALHADJI: Hé! A qui parles-tu comme ça? Tu oublie que je suis ton mari et que je peux aller où je veux?
- HAWA: Je sais. Nous sommes à 4 dans ta maison. Si nous ne te suffisons pas, tu crois que c'est cette fille qui va te faire quoi? En tout cas, moi je veux être sûre de ce que je souffre. Je vais aller voir le Docteur.
- ALHADJI: Vas-y. Moi je sais que c'est à cause de la boubouille.
- HAWA s'en va voir le Médecin et lui explique sa situation.
- HAWA: Mon mari et moi avons depuis un certain temps des demangeaisons. Lui il a des sueurs la nuit et moi j'ai constaté des pertes.
- DOCTEUR: Oui Madame. On ne peut pas dire tout de suite de quoi vous souffrez. Nous allons vous faire des prélèvements et aussi prendre un peu de votre sang et après on saura. JUSTINE!!!
- L'infirmière arrive en courant.
- DOCTEUR: Faites un prélèvement à Madame et prenez son sang pour la recherche du HIV.
- JUSTINE: Oui Docteur.
- Elle entre dans le laboratoire et après un moment, elle ressort avec un bout de papier qu'elle remet au Docteur. Celui-ci prend le papier et l'examine.
- DOCTEUR: Madame, les résultats de vos examens ressortent des maladies très graves et je voudrais savoir si votre mari peut venir.
- HAWA: Je lui ai demandé de venir avec moi mais il refuse de le faire.
- DOCTEUR: C'est dommage. Je ne sais pas si je dois vous communiquer ces résultats sans lui. Madame prenez votre courage à deux mains: Madame vous êtes SEROPOSITIVE.
- HAWA: C'est quoi, séropositive?

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DOCTEUR: Madame dans votre sang il'y a un très petit microbe qui empêche votre corps de se défendre. Ça veut dire que quand vous serez attaquée par une autre maladie, vous serez menacée de mort.

HAWA: Qu'est-ce que ça veut dire ?

DOCTEUR: Ça veut dire Madame que si votre mari ne se tient pas tranquille vous risquez de mourir avant le temps. Evitez d'être malade.

HAWA: Bon, je vais aller le dire à mon mari.

HAWA va chez son mari et essaie de lui expliquer.

HAWA ALHADI, je suis allée à l'hôpital ce matin.

ALHADJI Et alors?

HAWA Le Docteur m'a examinée.

ALHADJI Et puis qu'est-ce que le Docteur t'a dit?

HAWA Il m'a dit que j'ai le virus du SIDA et que si tu ne fais pas attention nous risquons de mourir avant le temps.

ALHADJI Tu sais, si tu es venue avec ta malchance, je te demande d'aller voir ailleurs, d'accord?

HAWA Mais je te dis que c'est le DOCTEUR qui me l'a dit.

ALHADJI Tu le connais ou bien vous avez des liens? D'ailleurs on m'a dit que tu le vois beaucoup trop.

HAWA Je suis en train de te dire des choses qui sont très importantes pour nous. Je sais que tu es polygame et en plus tu vois BERNADETTE la fille du Bar. Si moi je me tais c'est parceque vous les hommes vous ne pouvez jamais rester tranquille.

ALHADJI Ecoute, tu n'es pas ma femme pour m'insulter chez moi. Et puis regardes-moi, est-ce que je ressemble à un malade? C'est toi qui as des bizzarreries sur le corps et je ne t'ai jamais rien dit. D'ailleurs il ne faut pas contaminer mes femmes. Je vais te dire une chose, fais ta valise, tu n'es plus ma femme.

HAWA Mais...

ALHADJI Il n'y a pas de mais, sors. Je te donne juste le temps d'arranger et puis je ne veux plus te voir, espèce de bordellé va.

ALHADJI sort et va retrouver le Professeur

ALHADJI Teacher tu sais il paraît que ma femme est allée à l'hôpital et le Docteur lui a dit qu'elle a le SIDA.

BOSCO AH! BON! Je crois que c'est le fait que tu regarde trop à droite et à gauche à cause de ton argent. Toi même là tu es malade.

HAWA Ne me parle pas comme ça. Pauvre type va. Regardez-moi les chaussettes

MR BOSCO D'accord que je suis pauvre un type, mais moi je n'ai pas le SIDA. Toi tu es tellement riche que tu as "acheté" le SIDA.

ALHADJI Dis donc tu sais les femmes. Quand elles n'ont rien à faire ou bien quand elles savent que nous allons découvrir leur supercherie, elles inventent des histoires.

MR BOSCO Mais tu dois quand même aller à l'hôpital pour faire des examens.

ALHADJI Qui? Moi? Jamais. Est-ce que je ressemble à quelqu'un qui est malade? D'ailleurs toi aussi tu vas souvent chez BERNADETTE, non?

MR BOSCO Ah! Moi je l'ai bonnie depuis.

ALHADJI Depuis quand?

MR BOSCO Il y'a de cela un mois. Tu sais que je suis seulement avec ma femme et puis ma petite de la 3ème là.

ALHADJI AH! Laisse-nous. Je t'ai aussi vu avec la grande soeur de ASTA. Tu lui faisais un cours de religion? C'est toi même qui nous a apporté ces choses ici.

MR BOSCO Il ne faut pas détourner le sujet. Ta femme est séropositive, toi aussi. Alors tu ferais mieux d'aller voir le Doc. Je vais essayer de convaincre BERNADETTE et ma petite pour qu'on aille ensemble. Prions DIEU que nous n'ayons pas attrapé le SIDA. Sinon...

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Appendix XVII

Summary Refresher Courses

Activity Zone	Date of Course	Number of Participants
Maroua	28 February, 1990	24
Maroua	18 July, 1990	25
Maroua	8 August, 1990	24
Doukoula	16 December, 1990	19
Ntui	December, 1990	28
Ntui		24
Kaele	31 January, 1991	28
Yagoua	18 February, 1991	33
Kousseri	8 July, 1991	36
Total Attendees		<u>241</u>

Number of people reached by Trained Trainers

Activity Zone	Number reached
Doukoula	6015
Ntui	2927
Logone & Chari (Kousseri)	1975
Mayo Danai (Yagoua)	1882
Diamare (Maroua)	6502
Kaele	5092
Total	<u>24,393</u>

SAVE THE CHILDREN CAMEROON FIELD OFFICE
 PROJET D'EDUCATION POUR LA PREVENTION DU SIDA
 SEMINAIRE DE RECYCLAGE

LIEU: MAROUA

DATE: 9 AOUT 1991

PARTICIPANTS: FORMATEURS - MAROUA RURALE

FACILITATEURS:- STAFF DU PROJET HAPA DE SAVE THE CHILDREN
 - MEDECIN CHEF DEPARTEMENTALE

BUT: Faire un recyclage de la formation précédente avec les formateurs.

- OBJECTIFS:
1. A l'issue de cette séance, les participants seront à mesure d'élaborer un plan d'action de trois mois à venir.
 2. Ils seront capables de partager au moins des expériences vécues sur le terrain.
 3. Ils devront se rappeler d'au moins:
 - deux méthodes d'apprentissage des adultes,
 - trois modes de transmission du virus du SIDA
 - trois moyennes de prévention.

ORDRE DE JOUR

- 8:00 - 10:00 - Introduction.
 - Pre-test questionnaire et correction
 - Sentiments des participants sur leur formation précédente.
 - Revision:
 - des vérités sur le SIDA.
 - principes d'apprentissage
 - mise à jour des statistiques et des recherches
 - Discussion Générale
- 10:00 - 10:30 - Pause-café
- 10:00 - 11:00 - Identification des obstacles et difficultés de terrain.
 - Proposition des solutions.
- 11:00 - 12:00 - Discussion générale suite
 - Expérience des participants comme éducateurs en matière de SIDA.
 - Jeu de rôle (comment persuader le conjoint à utiliser les préservatifs dans le cas où l'on craint la contamination)
 - Lecture de l'anecdote de John et de Theodora et commentaires.
- 12:00 - 14:30 - REPOS
- 14:30 - 15:30 - Elaboration des plans d'actions individuels ou par groupe pour une période de trois mois
- 15:30 - 16:30 - Mise à jour des matériels didactiques et appréciation des posters.
- 16:30 - 18:00 - Projection des diapositifs et film sur le SIDA (si disponible).
 - Discussion, évaluation et clôture.
- AP/ap 27 Fevrier, 1991