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## **Early Intervention:**

### **HIV/AIDS Programs for School-aged Youth**

By

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This report encourages a collaborative effort in the field of HIV/AIDS prevention and appropriately represents a collaboration in the gathering of information and findings.

Kim Seifert, MPH  
Project Director

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## ACRONYMS

ABEL	Advancing Basic Education and Literacy
AIDS	Acquired Immune Deficiency Syndrome
AIDSCAP	AIDS Control and Prevention Project
APCD	Associate Peace Corps Director
CDO	Community Development Officer
FHI	Family Health International
FHT	Family Health Trust
HIV	Human Immunodeficiency Virus
HHRAA	Human Health and Research Analytical Activities
IEC	Information Education and Communication
IRESCO	Institut de Recherche et des Etudes de Comportement
KAP	Knowledge, Attitude, and Practice
NGO	Non-governmental Organization
NORAD	Norwegian Aid
PCV	Peace Corps Volunteer
POW	Peer Outreach Worker
PSI	Population Services International
PTA	Parent-Teacher Association
STDs	Sexually Transmitted Diseases
TEFL	Teaching English as a Foreign Language
TEPA	Teach English Prevent AIDS
UNFPA	United Nations Family Planning Association
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization
YMCA	Young Men's Christian Association
YWCA	Young Women's Christian Association

## EXECUTIVE SUMMARY

### Rationale

There is a need for appropriate and effective Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) prevention programs for youths. More than half the world's people are below the age of twenty-five. The World Health Organization (WHO) estimates that half of the global Human Immunodeficiency Virus (HIV) infections have been in people under twenty-five years and that up to two-thirds of all new infection are among people aged fifteen to twenty-four. HIV/AIDS prevention for youths is now recognized not only as a health issue, as it has traditionally been considered, but also as a development issue, as the subgroup represents a significant part of the productive labor force and future leadership.

As there is still no cure for the HIV infection, prevention is the only solution at the present time. For the most **part**, the health sector has been the primary source of information and education. However, if widespread changes are to occur, individual behaviors must not be the only actions targeted; social norms must ultimately be shifted to those that promote healthy lifestyles. This will require the cooperation of multiple sectors using a variety of approaches.

The role of education in the fight against HIV/AIDS is crucial. Schools and nontraditional educational facilities need to play a particularly strong role in the process as they are working with young people in their formative years. Young people need appropriate and effective education programs--accurate information as well as a comfortable forum in which to openly discuss what are often difficult issues. Although the 10-24-year-old subgroup has only recently been acknowledged as a target group in the fight against AIDS, innovative programs for them do exist. A great deal can be learned from these programs to support the adoption of similar efforts in other locations. For although there is great diversity in peoples and environments across sub-Saharan Africa, there are also many common factors that unify societies and favor collaboration among countries. HIV/AIDS prevention is one of these.

This study sponsored by the Africa Bureau is a first step in this learning process. It is an effort to identify low-cost HIV/AIDS awareness programs in in-school as well as community-based settings that target school-age children and particularly adolescent and pre-adolescent youth. The primary objective is to determine the transferability of alternative and community-based programs to a larger scale through programs that use schools as a point of delivery. By sharing information, other programs, either active in HIV/AIDS education or beginning to plan for such programs, can gain from the experiences and information provided.

Two promising programs were selected for in-depth review: a community-based outreach program for out-of-school youths in Zambia; and a school-based program in the Cameroon developed through the U.S. Peace Corps. The two programs are very different in their approach of HIV/AIDS prevention and offer a good balance of strategies.

## **The Programs**

### ***Zambia Morehouse/YWCA Program: Out-of-school Youth Component of the Morehouse HIV/AIDS Prevention Project***

The out-of-school youth component of the Morehouse HIV/AIDS Prevention Project is a community-based prevention program sponsored by USAID/Zambia in cooperation with the Morehouse University School of Medicine. It is being implemented in areas in three provinces in Zambia with large numbers of out-of-school youths, high incidences of STDs and teen pregnancy, and minimal **NGO** outreach.

For this program, program workers select and train teens who are at risk of contracting HIV/AIDS to serve as volunteer peer outreach workers (POWs). POWs provide information, counseling, and instruction on decision-making skills to other at-risk youth. Teen participation is generated through large group presentations, which are followed by small group discussions, one-on-one visits by POWs, and group activities. The program also raises awareness and provides outreach activities to parents and other adults in the community.

The program uses a holistic, lifestyle approach to HIV/AIDS prevention, with activities that provide information, income-generating skills, and social/recreational outlets. Information is disseminated through a variety of multi-media materials, including print documents, short and full-length videos, and a community wall mural cartoon. Print materials are drafted by a Youth Materials Production Team, a subgroup of the POWs, with guidance from program staff. Materials are produced on desktop publishing equipment and distributed by the POWs throughout the community.

### ***The Peace Corps Cameroon: Teach English Prevent AIDS Program***

The Teach English Prevent AIDS (TEPA) Program in Cameroon is a school-based prevention program sponsored by USAID, through the Peace Corps, in collaboration with the Ministries of National Education and Public Health. Implemented in the French-speaking provinces of Cameroon, its target group is all students in secondary school studying English as a second language.

TEPA integrates AIDS education into the standard school curriculum for secondary school students through the Teaching English as a Foreign Language (TEFL) program. To help ensure relevancy, basic concepts included in the curriculum were identified during a series of workshops with officials from the Ministries of Education and Health and Peace Corps and Cameroonian teachers with experience in teaching and curriculum development. Materials also were pilot tested with groups of teachers and revised based on their classroom experiences. A resulting TEPA Guide, which includes a teacher's manual with 80 hours of lesson plans, provides instruction to the teacher on how to present to the students the desired knowledge, attitudes, and practices that relate to AIDS prevention. A student workbook also is provided. A two-week training session

provides teachers an opportunity to become familiar with the content and the strategies for integrating **AIDS** prevention into the **TEFL** instruction. Teachers present technical health information and coping skills to students using games, songs, interviews, role plays, discussion, and demonstration. Teachers select lessons as they feel appropriate. Teacher participation in the program is voluntary.

## Conclusions

**ABEL 2's** research on the two programs confirms that *HIV/AIDS education can be provided effectively for school-aged youths in both in-school and out-of-school settings*. **HIV/AIDS** prevention is a development issue; therefore, programs and strategies to address **HIV/AIDS** should resemble other community development programs in terms of approach, communication vehicles, and target audience participation. The research revealed the following supporting findings, some of which already have been confiied in other community development efforts.

The Out-of-school Youth Component of the Morehouse **HIV/AIDS** Prevention Project in Zambia shows that:

- ▶ *Involving the target audience* in program planning and monitoring helps to ensure that interventions are appropriate and respond to the audience's needs.
- ▶ *A varied, holistic approach* to **HIV/AIDS** education that is based on extended, and sometimes personalized, contact with the target audience maximizes program impact and promotes behavior change.
- ▶ *Young teens*, even high-risk youths, can be effective advocates for **HIV/AIDS** prevention.
- ▶ *A holistic approach* that addresses issues both directly and indirectly related to **HIV/AIDS** increases the likelihood of behavior change,
- ▶ *A combination of same-sex and mixed group sessions* provides a comfortable forum for young teens. Same-sex sessions allow teens to discuss sensitive issues related to **HIV/AIDS**, while mixed group sessions provide teens opportunities to practice negotiation skills during real life simulations.
- ▶ *Positive and close community relations* support program maintenance and sustainability.
- ▶ *Open communication channels* among all sectors of the program facilitate feedback and assist with the monitoring process.
- ▶ Regular and effective *monitoring and evaluation* are needed for **HIV/AIDS** youth prevention projects to measure progress and attribute actions to the observed results.

The Teach English Prevent AIDS Program in Cameroon shows that:

- ▶ With *careful planning*, HIV/AIDS prevention concepts can be integrated into existing secondary level formal school curricula.
- ▶ *Integration* of HIV/AIDS prevention into an established school curriculum can help to institutionalize HIV/AIDS instruction and ensure program sustainability.
- ▶ *High level support* for HIV/AIDS prevention programs demonstrates commitment and helps to assure that sustainable broad-based interventions are carried out in a consistent fashion.

Research on both programs supports that:

- ▶ *Thorough preliminary research* helps to assure that the program reflects the target audience.
- ▶ Programs that *build youths' self-respect* instill self confidence, which helps them to consider various life options and challenge accepted, risky behaviors that often lead to HIV/AIDS.
- ▶ *Collaboration* across sectors and organizations increases the potential for synergistic effects and helps reduce duplication of efforts.

The majority of the youth programs identified in this research target youths of the older age bracket, where youths are sexually active or are approaching the onset of sexual activity. Although **this** important group must be reached, there also is a need to expand the target audience and begin even earlier. Children 5 to 12 have been referred to as the "window of hope" when speaking of HIV/AIDS prevention. They are, for the most part, HIV free and at a point where attitudes and behaviors are being formed and thus are more malleable to change.

## I. INTRODUCTION

*They don't believe us. They think that we are just cheating them, trying to make them stop playing in sex. It is normal for them to test their power in sex, enjoying the pleasure and seeing if they can make a pregnancy. And now, these days they also decide to test to see if what we are saying about AIDS is true. They really doubt that we are telling them the truth and think that we are just trying to stop them from sex. They do not believe us that AIDS is a real disease from sex. And they want to see if they can get past it.*

*They do understand HIV,... but their lives hold little promise of anything outside of the village. And having children in the village is the most important thing many of them will ever do. We must say that it is a calculated risk they make when they test to see if they will get AIDS from unprotected sex. It is unfortunate that the effects of AIDS are so long down the road that many of them think they have gotten past the disease after a few weeks pass and there are no symptoms. In their minds, the practical evidence suggests that we have cheated them in what we have told them about HIV, trying to stop them from reproducing.*

Bradford Strickland, Rural Health Official

## BACKGROUND

There is a need for appropriate and effective Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) prevention programs for youth. More than half the world's people are below the age of twenty-five. The World Health Organization (WHO) estimates that **half** of the global HIV infections have been in people under twenty-five years and that up to two-thirds of all new infection are among people aged fifteen to twenty-four. HIV/AIDS now is recognized not only as a health issue, as it traditionally has been, but also as a development issue, as the subgroup represents a significant part of the productive labor force and future leadership. The following statistics highlight this situation.

- ▶ **O**f the worldwide population under the age of twenty-five, some 80 percent live in developing countries.
- ▶ Although **data** on sexually transmitted diseases (STDs) among adolescents in the developing world are not available in all countries, best estimates indicate that, on average, about one out of twenty teenagers in the world contracts **an STD** each year, including about six million youths who have become infected with HIV.<sup>1</sup>

- ▶ Since the **beginning** of the pandemic, an estimated **30.6** million people worldwide had been infected **with HIV** by January 1996. The largest number (19.2 million, or **63** percent of the global total) was in sub-Saharan Africa (Reported by the Global **AIDS** Policy Coalition).

As there is still no cure for the HIV infection, prevention is the only solution at the present time. For the most part, the health sector has been the primary source of information and education, with strategies that have focused on changing individual behaviors. If widespread changes are to occur, however, individual behaviors must not be the only actions targeted; social norms must ultimately be shifted to those that promote healthy lifestyles. This shift will require the cooperation of multiple sectors using a variety of approaches.

Schools and nontraditional educational facilities need to play a particularly strong role in the fight against HIV/AIDS as they are working with young people in their formative years. Many are entering the onset of sexual activity without sufficient knowledge about reproductive health or the skills to assist them with negotiation and appropriate decision making. Although traditional African societies often include rites of passage that are used as channels for transmitting reproductive health information and social structures that discourage premarital sex, modernization and urbanization often have contributed to the separation of youths from the elders who were responsible for conveying sex education.

The education system can help to effectively fill this void. WHO recommends educating young people about a range of options for HIV/AIDS prevention. First and foremost, WHO recommends postponing sexual activity. For those who are already sexually active, WHO recommends employing safer sex practices. It is hoped that by starting with the young and offering age-appropriate information at different stages, abstinence and safer sex practices will become norms and not just encouraged behaviors.

But simply knowing the facts is not enough. Because **an** individual is able to recite means **of H N** prevention does not mean that **s/he** is practicing them. For example, the evaluation **of** the Teach English Prevent AIDS (TEPA) (US Peace Corps **1996**) Project revealed that **96** percent of **post**-intervention respondents reported knowing that AIDS is transmitted through sexual intercourse, yet only **47.3** percent reported using a condom during their last sexual intercourse. Behavior change is a complex process that requires stimulus from a variety of influences in one's life, including social and economic influences. Therefore, HIV/AIDS prevention should be addressed as a lifestyle issue with multi-sector collaboration. Youths require specific interventions that are tailored to their needs. They need appropriate and effective education programs that provide accurate information as well as a comfortable forum in which to openly discuss what are often difficult issues.

The 10-24 year-old subgroup has only recently been acknowledged as a target group in the fight against **AIDS**. Despite the general lack of awareness of the risks for this age cohort, innovative

programs for them do exist. A great deal can be learned from these existing programs to support the adoption of similar efforts in other locations. There is no need to recreate programs in a field where wasted energies cannot be afforded. The sharing of information--what has and has not worked--is imperative.

## **THE HIV/AIDS EDUCATION STUDY**

The following report is an account of the second phase of an HIV/AIDS education study focusing on youths in sub-Saharan Africa. The study was designed to identify low-cost, HIV/AIDS awareness programs that target school-age children, particularly adolescent and pre-adolescent youths. The research considered in-school as well as community-based programs. The primary objective was to determine the transferability of alternative and community-based programs to a larger scale through education programs that use schools as a point of service delivery.

The study stems from a 1993 report entitled, "Final Report on Lessons Learned on the Integration of Health, Population, and Environment Issues into Basic Education Curriculum in Africa,"<sup>2</sup> which examined the integration of family life education, HIV/AIDS, environment, democratization, and privatization into the curricula in formal school systems in selected African countries. That study highlighted difficulties with effective implementation of family life and HIV/AIDS curriculum in the formal school setting and suggested that a subsequent study, to include a review of alternative education programs, be conducted. As a result, the United States Agency for International Development (USAID) sponsored, through the HHRAA and the Advancing Basic Education and Literacy (ABEL 2) projects, a two-phase HIV/AIDS education study.

During the first phase, researchers identified existing HIV/AIDS education programs targeting youths in sub-Saharan Africa. The goal was to identify "successful" alternative education and school-based programs. Because so few programs had been able to demonstrate actual behavior change, other criteria established by experts in the field<sup>3</sup> were used to examine the program approaches. Several program aspects were studied: the process of program development, implementation, and monitoring; the program's successes; and lessons learned. Based on the established criteria, promising programs were identified.

The purpose of the second phase was to examine in greater detail the promising programs identified in phase one. Two of the programs were selected for field visits: a YWCA community outreach program in Zambia; and a school-based program in Cameroon developed through the U.S. Peace Corps. Visits were made to Zambia and Cameroon over a six-week period to obtain information about the programs. Participants at various levels of the organizations were interviewed and consulted (see Annex I).

The two programs are very different in their approach to HIV/AIDS prevention and in the strategies employed to achieve similar goals. In addition, one program is being implemented in an anglophone country, while the other is being implemented in a francophone country. The

program in Zambia has been evaluated for reported behavior change, and results were positive. In Cameroon, the program was undergoing evaluation, and positive reports<sup>4</sup> resulted from focus group sessions conducted with participating teachers. The two programs selected also appeared to have different strengths and could offer valuable information about diverse components. Zambia's program provided information about its collaborative efforts throughout the process of program implementation; Cameroon's contributions lie in the multi-sectoral approach, careful development **of** the curriculum, and the introduction **of** new teaching methodology and the student-centered learning process.

**This** report examines the two programs **and** offers certain conclusions based on those experiences. Although not the primary focus of this study, other programs working with youth HIV/AIDS education in the countries visited were reviewed in order to learn more about various approaches and strategies (see Annex II). Procedures **and** lessons learned from those programs are included where appropriate.

## **ORGANIZATION OF THIS REPORT**

This report begins with summaries **of** the two selected programs. Program summaries are based on anecdotal information, observations, a review of documents, and interviews conducted over the course of the field visit. Because much **of** the information is qualitative in nature, the program descriptions and the discussion **of** their components are not intended to be technical but rather to provide an overview of the programs. Program summaries are followed by discussions of factors that contribute to program success and lessons learned concerning sustainability. Findings and conclusions also are provided.

## 11. ZAMBIA MOREHOUSE/YWCA PROGRAM: OUT-OF-SCHOOL YOUTH COMPONENT OF THE MOREHOUSE HIV/AIDS PREVENTION PROJECT

*It's very interesting. At times you share an idea with your friend and later discover that person accepted the idea. You see the change. It just gives self-pride, self-satisfaction. It's also beneficial because you turn out to be a role model. You tend to lead a life that is healthy. You can't go astray because a lot of people know that you are there teaching a lot of youths. Whatever you do, you have that thing on your mind that 'I'm a role model, I'm a role model' and you end up being a healthy person as well as making other youths healthy.*

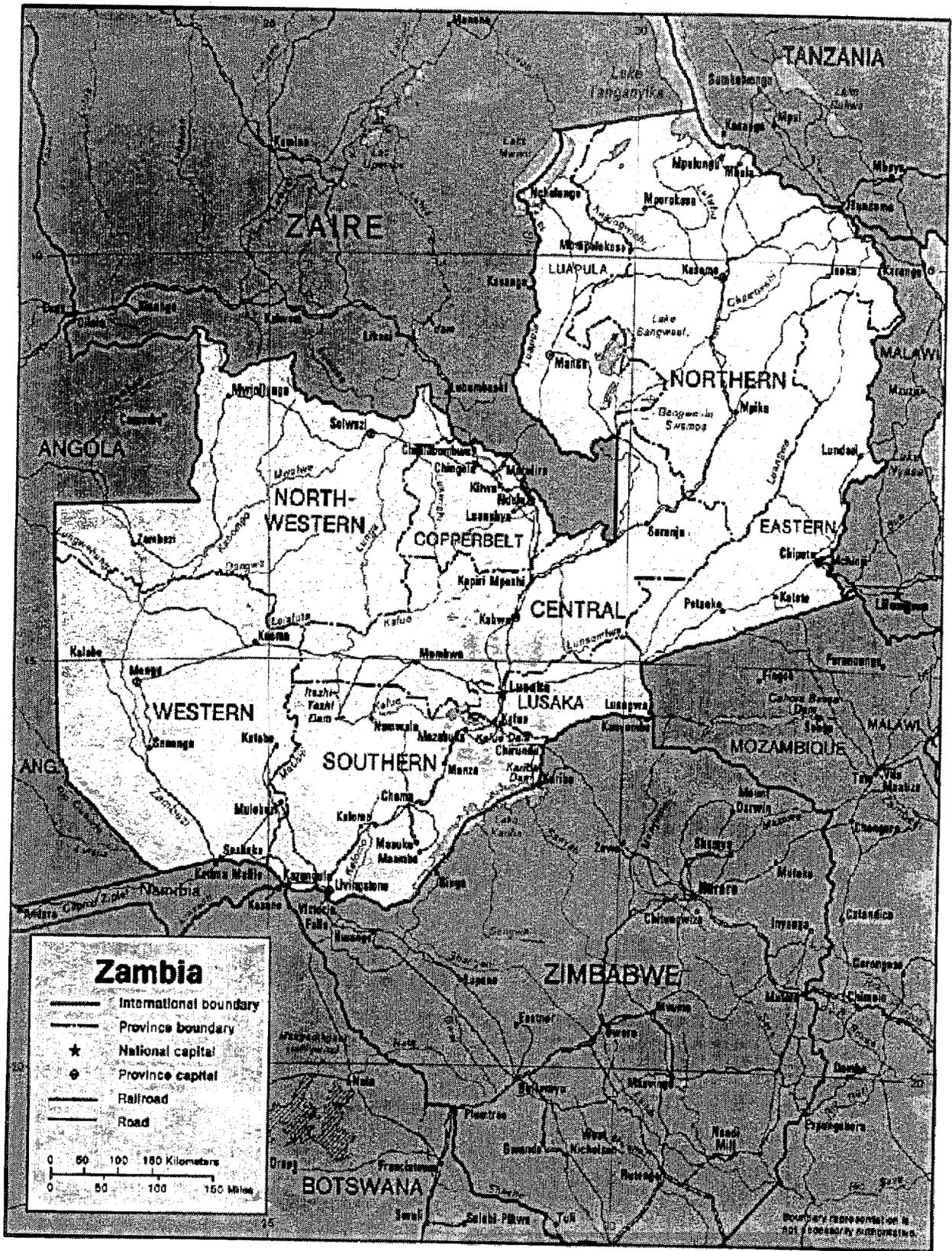
Gilbert Mwenya, Peer Outreach Worker

### PROGRAM DESCRIPTION

#### Overview

The out-of-school youth component of the Morehouse/YWCA HIV/AIDS Prevention Project was started in September 1994 as one element of a comprehensive HIV/AIDS project conducted by Morehouse University in Atlanta, Georgia. This component, which has been managed by the Young Women's Christian Association (YWCA) of Zambia, is an HIV/AIDS and STD prevention peer outreach program for out-of-school youths between the ages of thirteen and nineteen. Designed to improve a YWCA youth reproductive health effort that had been started in 1992, the Morehouse/YWCA pilot program differed from its predecessor in that the 1992 program targeted only girls while the Morehouse-funded program targeted boys and later adults as well. The component was originally piloted in the Lusaka province and was later introduced in two other provinces: Central and Copperbelt.

The aim of the program is not only to provide youths with HIV/AIDS-specific information but also to help them become more aware of the pressures driving their sexual behaviors and to reflect on the potential consequences of these behaviors, thus encouraging self-sufficiency (See Annexes III and IV for suggested topics for small group discussions, and information and skills learned through the project). At the community level, the program aims to create peer pressure that supports positive behavior choices through communication among the trained teens (see below), their clients, and ultimately the community.



Financial and technical support is provided by USAID/Zambia and the Morehouse School of Medicine in Atlanta. The Morehouse HIV/AIDS Prevention Project was originally funded as a pilot program to continue through September **1996**. Due to the success of the youth component and the promise for a more sustainable program, additional funding was requested to support activities in **1997**. The United Nations Family Planning Association (UNFPA) and Margaret Sanger<sup>5</sup> are replicating the youth component in different sites, also working through the **YWCA**. Due to the tentative funding, extended implementation is uncertain.

The component consists of outreach activities, information, education, and communication activities, and other locally tailored program activities. Each type of activity is described below.

### **Outreach Activities**

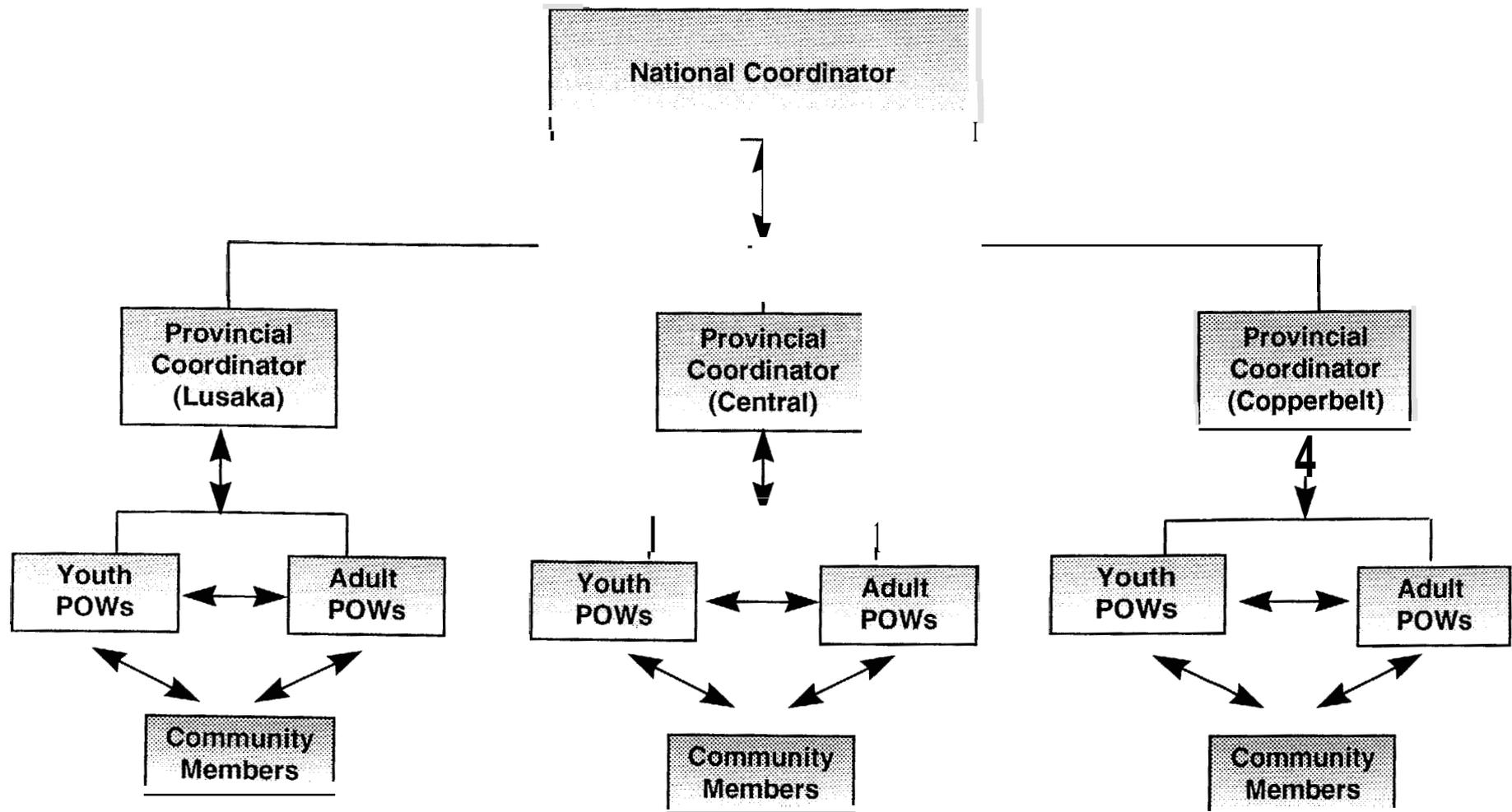
The core of the program is the community outreach, which has several distinguishing characteristics. First, the activities are conducted by peer outreach workers (POWs)--youths who are at risk of contracting HIV/AIDS that are recruited, trained, and assigned to teach other teens who also are at risk. Pilot work regions are divided into zones, and the POWs are each assigned a specific zone in which to work. The POWs provide regular education, counseling, and motivational communication to their peer clients. Efforts have been made to ensure that the selected POWs reflect the makeup of the different types of youths in the community. With most of them in the **16-20** year-old bracket, the POWs provide a combination of peer and big brother/sister assistance. In addition, other community youths, parents, and community leaders help to create the positive, accepting social environment. A National Coordinator and Program Coordinators in each province provide leadership, technical guidance, and administrative support.

Second, the community outreach utilizes a "client-centered" approach to instruction and information dissemination. Large group presentations and discussions are used to make initial contact and generate interest with the at-risk teens. Trained POWs enroll youths identified from these activities into the program and follow up with small group discussions and one-on-one meetings. The youth clients also are invited to participate in regular group events.

Most small group discussions include approximately ten participants of the same gender and similar background and age. Sessions generally run two to three hours and are held two times per week. These same-sex sessions, which provide a safe environment for the discussion of sensitive topics, are particularly important confidence and self-esteem builders for the girls who may not be accustomed to speaking their views freely in the presence of boys. Confidence in the subject matter and self-assurance in communicating openly then allow for more productive mixed-sex sessions, when **males** and females discuss issues and practice communication and other skills. **POWs** spoke specifically of the various advantages of holding same-sex and combined group discussions.

# Communication Channels

## YWCA Zambia Youth Peer Outreach Program



8

*It is good to separate [males and females] to build confidence and the like, to discuss issues amongst themselves, [and] to then get together to debate with facts and share views.*

Male POW

*It is good to bring males and females together at times. For example, it's good for girls to hear boys speaking their views that they might not have imagined. They hear things like, 'girls should be respected' and they hear their views directly.*

Male POW

*In some sessions they (males and females) ask questions directly to each other.*

Female POW

Third, the Morehouse youth community outreach component uses a holistic/lifestyle approach to HIV/AIDS prevention, where teens are taught information about HIV/AIDS as well as the knowledge and **skills** necessary to manage their own lives. It moves beyond a "one-way channel" approach to education, which offers a specific answer to the problem, to an approach that presents "a menu **of** choices" to assist youths in their decision making.

To support and complement the youth outreach activities, outreach also is conducted on a smaller scale with selected community adults. The adult peer outreach program, which was begun in early 1995, targets adults because of their potential roles as parents **of** the targeted youths, people who have influence over the beliefs and behaviors of the youths, **and** people who may interact sexually with target youths. The adult outreach program follows the same model as the youth program and includes similar activities. Youth and adult outreach workers collaborate in the field, referring cases to one another.

### **Information, Education, and Communication Activities**

Varied information, education, and communication (IEC) activities were developed to support the youth and adult outreach efforts. **To** ensure that all **IEC** materials reflect the needs and concerns of the target youths and effectively use their language, all materials are developed by a Youth Materials Production Team, a **group** of teens selected from the cadre of trained POWs. Members of the team hold specific positions for writing, computer work, pre-testing, etc. Together the Youth Materials Production Team drafts the materials, pretests them with a representative group, finalizes the text, and produces final copy using the program's desk-top publishing capabilities.

IEC materials produced to date include a magazine entitled, "Let's Talk About It," **pamphlets and brochures**, a full-length video used for large group education and discussion, and a wall mural cartoon. **Training and** facilitation are offered by the Morehouse Youth Program Coordinator and experts in the media field.

### *Print Materials*

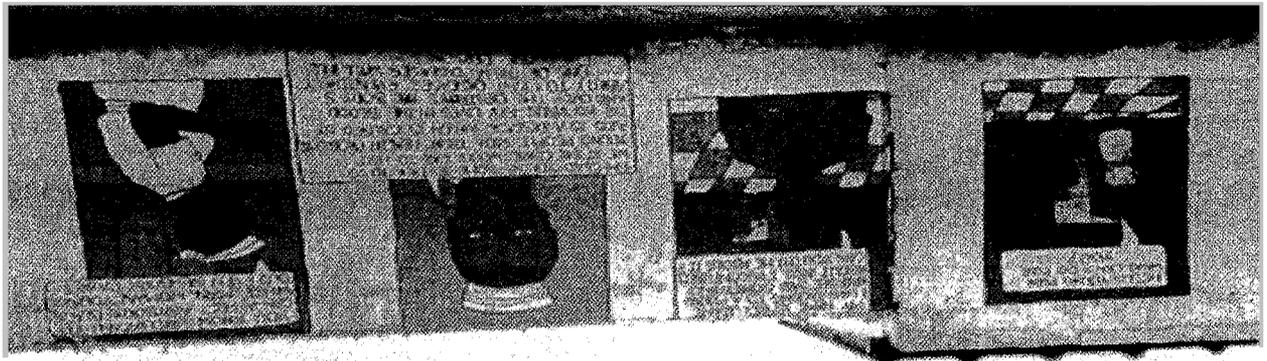
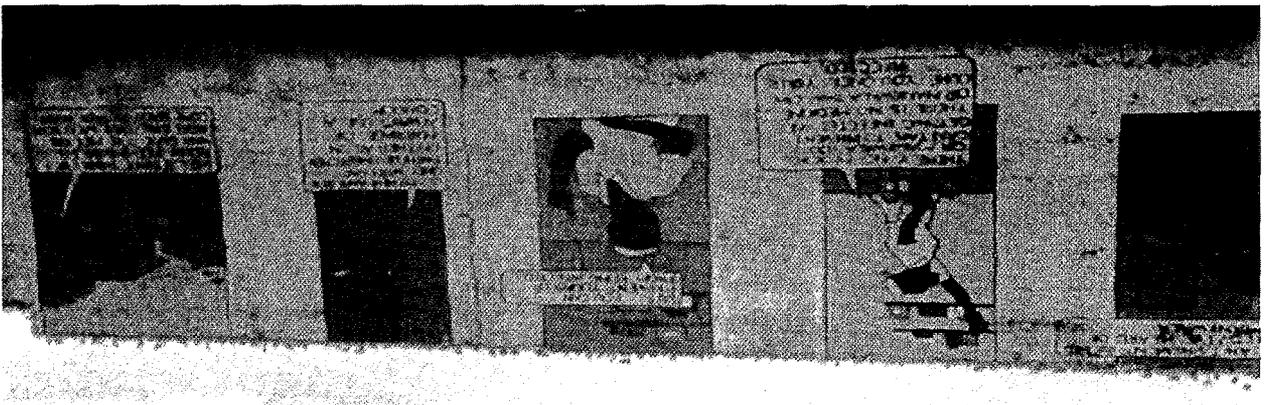
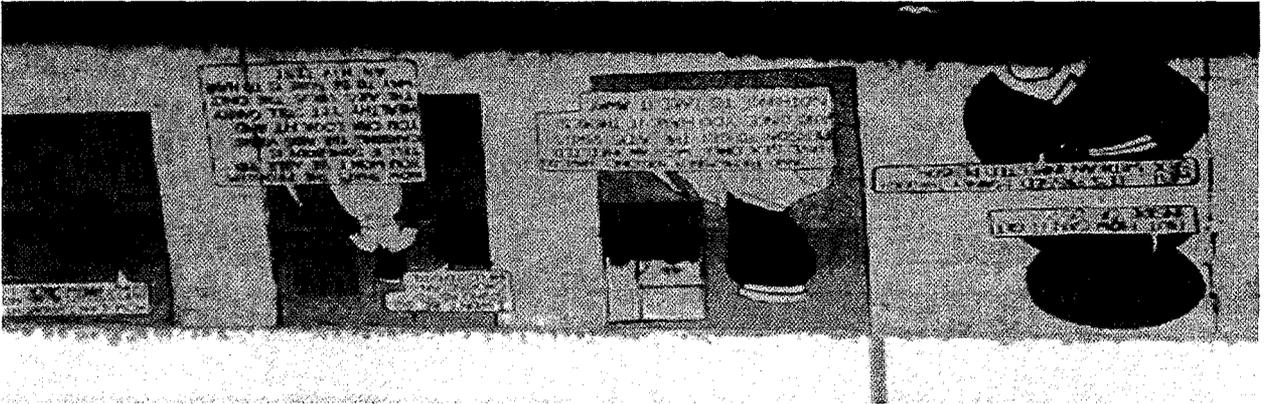
Print materials are developed in English and some local languages. The languages used in the materials are carefully selected, based on the audiences to be reached. For example, local languages have been used for pamphlets that are distributed to community members. As one POW explained, "Parents are very happy to receive information in their local language. It makes them very proud." On the other hand, English is spoken in the full-length video (see below) so that it may be used throughout the country. POWs also believe that the images in the video facilitate understanding whether or not the viewers are conversant in English.

### *Wall Mural Cartoon*

The wall cartoon is painted on the large, exterior clinic wall in Mutendere, located on the outskirts of Lusaka (see Figure 2 for a simulated version). The wall is situated next to a road highly trafficked by youths and other pedestrians. (This IEC activity is unique to Mutendere, but there are thoughts of replicating it in other areas.) The cartoon series consists of two separate stories, each presenting one installment of a mini-series dealing with relationships and decision making in dating in an era when AIDS is prevalent. Wall space has been left after the first installment for the second installment, which is soon to follow. This staggered approach encourages discussion about issues raised in the first installments as the story is not given an ending. The stories encourage youths not to rush into sex. Storylines were developed through a workshop with selected youths from Mutendere and the Youth Materials Production Team, with assistance from the artists. As explained by the POWs, the wall cartoon has attracted a lot of attention and provoked much conversation by the viewers.

### *Videos*

Videos are used to reinforce program concepts. A full-length video, which was written and produced by **POWs** in the Copperbelt province, conveys a story incorporating many of the community controversies that have an impact on HIV/AIDS prevention such as "sugar daddies" (men who provide money for sexual favors) and financial and peer pressures. Project youths were used **as** the actors and actresses. The completed video is used for large group discussions and was also aired on national television. In addition, five short videos were produced by Morehouse with the help of a local video production team. The shorter videos, which are open-ended dramas, present characters in challenging situations regarding risk and behaviors and are intended to be used as discussion starters for group sessions.



Morehouse HIV / AIDS Prevention Wall Mural Cartoon

Figure 3

The full-length video presentation has had some success in attracting the attention of both youths and adults and has led to extended outreach and discussion about contracting HIV. For example, in Lusaka, after seeing the video in a local bar, one soccer player requested that the POW come and present the video to his team. This request demonstrates the importance of a stimulating first contact. Large group sessions are conducted to arouse interest in HIV/AIDS prevention as well as to provide information. The success in engaging this one soccer player was the key to contacting a much larger group.

### **Other Program Activities**

Program Coordinators assigned to each province meet with POWs on a weekly basis to review activities, identify problems, and develop appropriate activities to address those particular problems in his/her immediate environment. Province-specific activities in the Copperbelt province at the base in Ndola illustrate the type of activities that have been developed. In this province, many of the risky behaviors related to HIV are a result of a lack of finances and constructive activities.

One activity that was developed is the carpentry club in Chipulukusu, one of Ndola's target sites. Eight clients and POWs began the club in September 1995, with a total funding level of 50,000 kwacha (US \$50) provided by the project. Members purchased an initial stock of timber to make cupboards and furniture and rented tools on a monthly basis. The club opened a group bank account, and a portion of earnings is used to replenish the stock. Members, one of whom is an experienced carpenter, share skills; every Thursday the group meets to learn new skills. Members feel that the club has given them important skills and motivates them to work.

*Before I worked with this group I knew nothing about carpentry, but I now has a skill that I can work with.*

*The community also appreciates the work that we do. **The** work is good quality and sold at affordable prices.*

Carpentry Club Members

A second activity is the "Girls Friendly Club," an income-generating club that was initiated in Ndola a few months after the project began, when program participants noted that numerous girls were sitting at home with nothing to do or were spending their time with activities associated with risky behavior. The Provincial Coordinator saw the void as a pressing need in HIV/AIDS prevention and wrote a proposal to the National YWCA requesting funds to form a club. Two hundred and fifty nine thousand kwacha (US \$259) was granted.

The program teaches skills such as knitting, baking, sewing, and crocheting. Interested members also gather **for Bible study**. The goods produced by the group are sold, and proceeds are apportioned. Some monies--the amount determined by the group--are deposited into a group bank account. Excess money is shared equally among participants. Many of the girls explained that they have learned skills that they never knew and appreciate what they have gained through the club. Most of the participants are clients, and club activities are supervised by some of the **POWs**.

*I have learned skills from the Girls Friendly Club that also help me and my family at home.*

**Girls Friendly Club Member**

In addition to the income-generating projects, the members participate in program-initiated sports clubs and activities. Discussions about HIV/AIDS and teenage pregnancies are conducted during these gatherings. These sports clubs and other social clubs keep youths busy with constructive activities and help entertain the community.

*Before the project, the lack of activities was a problem. With the project, we are given information and activities.*

**Male POW**

A "drop-in center," a resource for counseling services, is also a part of the Copperbelt province program. The drop-in center has been functioning in Ndola since November 1995 and is open five days a week. The facility, which serves as a backup for **POWs**, is a place where **POWs** can refer difficult cases, yet it is open to anyone in the community in need of assistance. The drop-in center was started because the **POWs** were encountering numerous youths with serious problems, for whom sufficient follow-up was difficult and **POW** time for the needed one-on-one counseling was not available. In addition, many of the problems were affecting the education of those who did attend school: some teens' grades were dropping, or the teens were simply dropping out.

The facility is staffed by two full-time workers who are former **POWs** and a full-time volunteer. The main worker, a reformed alcoholic and drug user who has been trained by the **YWCA** in counseling skills and collaboration with various social organizations, sees approximately fifteen clients a week. Common cases include "property grabbing" (where a widow loses her deceased husband's property to **his** family), child abuse, incest, drug abuse, teenage pregnancies, and orphaned children. The drop-in center workers counsel clients and refer difficult cases **to** other agencies including the Child Care Adoption Society, the Women's Legal Clinic, Social Welfare, and the Police's Victim Support Unit.

## Program Development

When the Morehouse/YWCA program began in the Lusaka Province in **1994**, the core staff consisted of two people: Mrs. Monica Gertrude Shinkanga, the YWCA National HIV/AIDS Coordinator with significant experience in education; and an individual who took care of the finances. Later, Mrs. Grace Phiri, a Registered Nurse who worked as the YWCA Provincial HIV/AIDS Coordinator in Ndola, also played a prominent role in the program's development. Ten girls, who had been working with the **YWCA**, were originally trained to be **POWs**. Within a matter of weeks, however, a group of boys also was selected for training.

A series of workshops was held in the pilot communities to determine pressing needs, identify the people working in the key areas, identify what assistance people wanted and/or needed, and determine the gaps and how to fill them. The YWCA contacted community leaders, church leaders, and community adults to request permission to work with the children. A psycho-social approach, which included the use of theater groups and drama to develop interest, was employed. Video and discussion also were used on occasion.

The YWCA held a two-week workshop, organized by the National Coordinator, to train POWs using participatory approaches. The training workshop covered issues of self-image, values clarification, and personal responsibilities. It also included STD/HIV/AIDS-specific information and information about communication skills and tools. Trainers conducted exercises to look at participants' past and present actions and to consider what they would like to be in the future.

*They had never really looked at the future before.*

**Monika Shinkanga, National Coordinator**

During the three months following the training, the POWs went out to the communities, where they held group discussions, registered clients, and conducted door-to-door campaigns. (Peers were assigned to specific zones in a site.) After this period, they implemented program activities and reported their progress.

In February **1995**, the project was started in Kabwe, the capital of the Central province. In November of that year, the project was implemented in Ndola, the capital of the Copperbelt province. In each of the three provinces, the program's goals, objectives, and principal activities are consistent. Each province, however, addresses its own issues through province-specific approaches that reflect the area's problems and available resources.

## IMPLEMENTING THE PROGRAM

### Selecting Target Groups

The primary target for the peer outreach program--out-of-school youths between the ages of thirteen and nineteen--were targeted because of the documented need. Over 70 percent of teenagers are not in school, as very few are able to continue past primary school! Out-of-school youths spend much of their time trying to earn money and alleviate boredom. Many start experimenting with alcohol, drugs, and sex, and exchange sex for money. These activities make them highly vulnerable to HIV infection. In addition to the peer, economic, and social pressures, most of these youths have few, if any, skills and little access to sources that provide accurate information about HIV/AIDS.

Both program organizers and POWs who were recruited noted that adults needed to be included in youth interventions as a secondary target audience. Adults not only influence the youths' behavior but are also the gatekeepers of activities that take place at home. POWs reported some initial difficulties in reaching youths at home before involving parents because of the parents' lack of understanding about program goals and activities. For example, one POW described an incident where a client's parents approached him with suspicion, but eventually became more accepting with time, discussion, and the brochures. Some of these reactions were avoided later, when the parents were involved from the beginning.

*To work with the youth is only half way, some parents used to refuse (the project). It is important to give recognition to the parents and their acceptance makes things easier.*

**Male Adult POW**

*They now understand the project. I have even taught adults to change their behavior. Some of the men have stopped going with the young girls.*

**Female Adult POW**

### Selecting Work Sites

Sites were selected because, as explained by the YWCA HIV/AIDS National Coordinator, Mrs. Shinkanga, "they are sites that have all the disadvantages (for HIV infection) and have no NGO outreach programs." In the Lusaka Province, three sites were originally selected as focal areas: Mutendere, an easy-to-reach, low-income area with a large population of out-of-school youths and a high incidence of STDs and teen pregnancy (all indicators for risk of HIV infection); Kanakantaba, a comparable rural site where the YWCA was already operating and where there

were no NGO HIV/AIDS outreach programs; and Chienda, an area where there were no NGOs in the area and no schools or other infrastructures other than a clinic created by the Lions Club and a Catholic church. A fourth location, Katondwe, was later selected in May 1995.

When the program expanded to include the Copperbelt Province, the Provincial Coordinator, Mrs. Phiri, established criteria for site selection similar to that used in Lusaka. Low-income groups were found to be at **risk** as most never went to school, or stopped early, and many had little or no constructive activities to occupy their time. Girls often turned to prostitution or vending, which often ultimately leads to prostitution, and boys spent most of their time "smoking daga (marijuana), **fighting** in the streets, **and** looking for girls."

The Provincial Coordinator worked in collaboration with the Director of Public Health and a senior staff member to review records of health problems and identify target areas. Together they identified five possible work areas. Then, using clinical records, focus group discussions based on select questions from the Demographic Health Survey (DHS) tool, and assistance of clinic workers, they narrowed the five possible sites down to two. In these two areas, Kaloko and Chipulukusu, the Provincial Coordinator and the Director of Public Health again conducted focus groups in greater detail to confirm their selection.

The Provincial Coordinator and the senior staff member contacted the Counselor for the ruling party and other community leaders to see if they were interested in the project. Realizing the importance of the project, the Counselor suggested that Community Development Officers (CDOs) assist them, as the CDOs represent all sectors and political affiliations. Volunteer Resident Development Officers, who were assigned as counterparts to the Coordinator, worked in the compounds (neighborhoods) by contacting leaders and influential individuals that they thought would be helpful--community leaders, church leaders, CDOs, businessmen, political leaders, teachers, and nurses. A three-day workshop to discuss the project was held with these leaders.

### **Selecting Peer Outreach Workers**

The rationale behind peer outreach is that young people are able to identify with other young people like themselves and are more likely to be influenced by them than by adults or other young people with whom they do not share the same life experiences. The selection of youths that represent the range of subgroups in the community was considered critical.

The Morehouse/YWCA's first peer outreach workers were girls in Lusaka who had been trained to work in the YWCA's youth reproductive health program in 1992. Later, male members of a drama group, who performed at the YWCA, also were selected and trained to participate as well. The combined group became the Senior Peer Outreach Workers (Senior POWs). When the program expanded, these Senior POWs observed clients to identify other POWs in the Lusaka province. Senior POWs looked for individuals who demonstrated a real interest in the project, worked hard, and were prompt. Unlike the Senior POWs, who had not been members of the

communities where they worked, it was decided that the newly appointed **POWs** should be members of the communities where they would be assigned.

In the Copperbelt province, **POW** candidates were proposed by the community leaders and parents. **During** the first workshop, the **YWCA** program objectives and strategies were discussed with leaders, and the **importance** of the participation of youths from all subgroups was *emphasized*. Participants were informed that the community needed to select ten youths, with a balance of **boys** and girls, who would serve as **POWs**. The importance of involving influential youths, including those considered to be "difficult" such as prostitutes and gang leaders, was emphasized. The leaders called a general meeting with the parents of the compound, and the names of suggested youths were solicited. Two days later, the Provincial Coordinator, Mrs. Phiri, met with the recommended youths, where she discussed the project objectives with them and tested them to see if they could read and write.

Mrs. Phiri was supportive **of** the participation of youths from all subgroups yet spoke of the challenge in creating a program in which the leaders were composed of out-of-school youths, many of whom were struggling with substance abuse and even deviant behavior. "It was very difficult at first," she said, "**I** was used to order," referring to her prior work with the Ministry of Health. She explained that during the early meetings, many were impatient, especially the daga smoking boys and the prostitutes who were anxious to leave by 3:00 p.m. to prepare for the evening.

The Coordinator explained that through experience they learned to work well together. She, however, recommends, "The person working with them must be level headed and must set an example." She also brought in peer role models for them to talk with and noted that, in discussing issues with other youths, they gained a greater sense of self-value. She emphasized that she, too, has learned a lot and offered the example, "Those considered to be "good youths" aren't necessarily better."

### **Preliminary Work**

In an effort to get the program interventions quickly underway, Morehouse and the YWCA collected minimal amounts of formative research data at the beginning of the program. Project design relied heavily on a review of existing studies and extensive dialogue with key stakeholder and target group members. **A** post-test-only comparison group design was agreed upon for project evaluation, referencing **data** from tools such as the workshop pre-tests used in some of the other components as baseline information. It was understood, however, that interventions would be modified based on monitoring data.

Several pre-test activities were conducted. Focus group discussions were held early in the program to look at youth understanding of and attitudes towards HIV/AIDS. In addition, a three-day exploratory workshop was held with ten youths from a Lusaka urban compound. Through small group discussion and role playing, participants explored the youths' ideas about HIV/AIDS-

related issues, tested out different educational methods, and reviewed HIV/AIDS prevention IEC materials to help determine if any existing materials could be adapted for distribution.

At each project site, POWs conducted a community diagnosis "listening survey" to learn more about the community's concerns and ideas. To conduct these surveys, POWs positioned themselves in strategic social places to observe youths and community members' surrounding environment and daily activities and to listen to topics of discussion and the languages used.

They also conducted a community mapping exercise in each site where the compound layout, including important social landmarks, were noted. This activity demonstrates where social activities transpire and offers a better understanding of the importance placed on the various activities (for example, a bar on every block is an indicator of priorities). On a more informal basis, outreach workers asked new clients brief KAP-type questions when signing up. Although obtaining information during this first visit could be effective as a means of collecting baseline information within the program structure, it was not part of the data collection methods discussed at the beginning of the program, and the results proved to be general and of limited use. An improved intake form is presently being developed to gather focused baseline information for each client coming into the program.

### **Monitoring**

A variety of monitoring tools and activities were used. Weekly meetings between POWs and their respective Coordinators, and monthly meetings between the Provincial and National Coordinators were conducted. Peer diaries were introduced as a main monitoring tool to collect data on peers' observations of problems clients face, topics discussed and achievements in outreach sessions, and changes that the POWs observed in their clients and community youths. In addition, an effort was made to collect some quantifiable information using a chart-type form.

### **ASSESSING THE OUTCOMES**

Three evaluations have been conducted since the program's onset: a mid-term quantitative evaluation;<sup>7</sup> an internal evaluation, which focuses on better understanding the nature of the outreach and the effect it is having on clients' attitudes and behaviors; and a USAID evaluation focusing on operations research.

The mid-term evaluation was a review of the behavioral impact of the youth component and was conducted less than 18 months after the program began. (As the first phase of this study examined behavior change, this evaluation was more closely examined.) The review examined the impact of the component on knowledge, attitudes, and behaviors regarding STD/AIDS-related issues as well as the youths' perceived vulnerability to STD/AIDS. In absence of pre-test data, a post-test only coincident cross-sectional design was employed (using post-intervention comparisons of experimental and comparison groups, and the sites were carefully chosen to ensure that the experimental and comparison groups were as similar as possible. The experimental group

consisted of 105 youth clients of youth **POWs** from Mutendere, a lower-middle income area in Lusaka east, and the comparison group, which consisted of 101 youths interviewed at community meeting places in Kabanana, a lower-middle income area in Lusaka north. A 42-item questionnaire that took approximately 20-25 minutes to complete was used.

The findings demonstrate that the youth component is having an impressive impact on the reported sexual behavior and the underlying knowledge, beliefs, and attitudes of young people. The intervention group reported significantly greater knowledge about **STD, AIDS**, and condoms, more discussion about **AIDS**, more appropriate attitudes towards sexual choice in sexual relations, fewer sexual partners, and higher levels of condom use in sexual intercourse.

## **DISCUSSION**

Several elements contribute to the implementation of the YWCA HIV/AIDS prevention program. Each is described below.

### **Protocol**

From the onset of the program careful efforts were made to follow the proper protocol for both social and professional structures. Before reaching the local level, planners followed accepted channels of communication so that all of the influential players at all levels of each organization were informed and in agreement about the project. Local authorities were asked for permission to conduct the project, and their inputs were respected. Social structures were carefully considered. Local and religious leaders, and community adults participated in the initial phases of developing a work plan and provided their opinions about project goals, the selection of youths, etc. In the case of the Copperbelt province, local authorities were even involved in the selection of pilot work areas, and local leaders assisted in the process of selecting **POWs**.

Informal structures also were used very effectively. Informal leaders as well as parents were integrated into activities from the very beginning. Their opinions were asked, and they assisted in making decisions concerning important program plans. Such participation not only results in acceptance but also gives participants a sense of ownership of the project, a factor that is crucial to program success. Through group discussions in pilot communities, community members verified that efforts were their own and showed pride in their program.

### **Program Staff**

The character of the staff associated with this program--both paid and volunteer--has been an important factor contributing to the program's success. This begins with the Coordinators. In part, the program's positive relationship with the communities is due to the coordinators' efforts, their dynamic nature, and their relationship with **POWs**. During a focus group discussion, one of the **POWs** stated that they really like their coordinator. "She is our mother."

The coordinators also are experienced, resourceful, and well connected in the surrounding community. The program utilizes individuals with various community, health, and education backgrounds and experiences that have contributed to this program's activities. Mrs. Shinkanga, for example, who has worked closely with UNICEF, Planned Parenthood, and local organizations on various projects relating to youth health, developed a curriculum for the POW training based on her past work with youths and her solid knowledge about the process of building community participation. Mrs. Phiri, the Provincial Coordinator of the Copperbelt province, used professional contacts to obtain funding to complete a POW-produced video on HIV/AIDS and have it aired on national television.

The POWs also are a great asset to the program. Their dedication and sincere interest in the program create a strong base for program activities. They are determined to reach as many youths as possible and are concerned about making the information available to as many people as they can.

*It has become a part of our lives, it's in the blood, we just have to talk about it, no matter how sensitive it is as long as it is something that can terminate a life then there is need for us to discuss it.*

Female POW

One POW explained that "free time" no longer exists for him as there is always more to learn; he spends much of his time off reading or talking with others to learn more about HIV/AIDS so that he may better educate others. The POWs take their position very seriously and talk about being a role model with great pride.

*As a Peer Outreach Worker you serve as a role model. Before you go out there is need for you to be somehow taken for surgery [evaluate yourself and change your own behavior] so that you can be seen as a complete role model.*

Male POW

*The project didn't impose values of others on us. It encouraged us to identify what could be a role model, what could be a POW, what are these values and responsibilities. Personally, I like high life but I think I now have something to do in life, I have a purpose. Every time I am trying to do 'this' I realize that I don't have to confer, I have limits. It helps me see why I am here, the purpose of living. The project has helped me. I think I am now in a world where there is some direction.*

Male POW

Based on the program experiences, Morehouse/YWCA recommends that **POWs** be members of the target group, preferably school leavers, ages 14-18 from the community they will work in, and be leaders of positive and negative groups/gangs in the community, i.e., vendors, childminders, "troublemakers," church **kids**, etc. **POWs** also should be highly motivated and have good communication skills. Those selected can then be trained in listening, remaining neutral, communicating the facts properly, and counseling other young people in their decision making. Although some **POWs** were reportedly difficult to work with at first, former prostitutes and drug users now **talk** about changed behaviors and their gratitude to the program. Such youths communicate easily and have credibility with peers of similar backgrounds. Bernadette, a former prostitute in her late teens, shares a particularly poignant perspective.

*In 1993 I had nothing to do. I had no funds, no one to support me, nothing. I met a friend who went out with men for money and I joined my friend. We were running after money. We went out with truck drivers, [we] would drink and go to taverns and bars. I never used to listen to warnings of dangers, I just wanted money. In May I was approached by Cosmos, a Peer Outreach Worker, who invited me to attend a workshop. The lessons were very good. I learned about self awareness, gender issues, AIDS prevention, signs and symptoms and many other things. I saw a change in myself; I think I was just costing my life - HIV can kill me. Although... I was still thinking of men, I didn't have money. When I returned, I started teaching friends (about HIV/AIDS). Because I was a Peer Outreach Worker, I saw that I should change my behaviors. I am thanking the YWCA for changing me. I didn't know anything about HIV. I now know I have to stand on my own.*

Bernadette, POW

The method of selecting **POWs** that has evolved with the program also seems to contribute to the program's effectiveness. The community is consulted and, in addition, experienced **POWs** recommend clients that have demonstrated interest and responsible behavior. Names of the new **POWs** are posted in the area where they live. As a result, clients have access to **POWs** who understand them and their environment. The first group of **POWs** commented on the initial difficulty of working in an outside area, where clients were suspicious about their intentions and viewed them as some kind of spy. Selecting **POWs** from the locale minimizes these kinds of feelings.

### **Preliminary Research**

A solid understanding of the target audience has proven to be very important to the success of an intervention. Input from the coordinators to the outreach workers emphasized this point. The preliminary mapping exercises and listening surveys were particularly important to the first group of **POWs**, who were not working in their own areas. The **POWs** referred frequently to the

importance **of** understanding the gestures, language, and even dress **of** the various subgroups of youths, especially when working with gangs.

*It was important to spend time in the compounds trying to understand the community so that it becomes our culture. That is where we invest much, knowing the people.*

Male POW

*We go to the compounds to listen. We get to know their language, we get to see how they behave, how they respond to certain things, certain situations. Then we come back here and try to look into that and see how we can adapt the information - what kind of approach we can take. Once they identify that you are conversant with their language, they will more easily accept you and it is easy that you can discuss anything with them.*

Male POW

The Morehouse Coordinator explained that in the future she would emphasize taking the time at the onset to conduct community mapping exercises (as the **POWs** do) and would encourage the study **of** social networking **as** well. She also emphasized the importance **of** solid monitoring in this system, to effectively measure progress throughout the program's implementation.

### **Communication Channels**

The communication structure **of this** program is one **of** its greatest strengths. From the community, clients, and the **POWs** to the **national** and provincial coordinators, planned activities facilitate communication among all the parties. Feedback is integrated into the activities, and the **work** plan is **flexible** enough to **be** adjusted accordingly.

The **POWs** are in constant contact with the clients and frequently request their input regarding discussion topics and impressions of **IEC materials**. Clients are often asked to suggest topics that they would like to discuss in future sessions. When talking **of** **IEC** production one male **POW** claimed, "Every single idea that we come up with, we **try** to involve our clients **so** that we move together." The youth **POWs** share these ideas during their regular meetings with their Provincial Coordinators. They also meet regularly with the adult **POWs**. While discussing their ability to influence program decisions one **POW** explained, "We usually have meetings with our coordinator, especially Mondays, where we explain to her about what **is** happening in the field. We give her a feel, an overview, and so forth, and from there we present what we feel is needed. We discuss with her, then we come up with something, that is involving **us** in the decision making," More importantly, the Coordinators respond to **this** input. Another **POW** stated, "She **has** been very supportive. She accepts suggestions." The **POWs** also meet amongst themselves once a week to discuss successes and problems encountered, to offer constructive criticism to one

another, and to share ideas and materials. They feel very strongly about these meetings and have gained a lot through this interaction.

## Education Approach

The peer approach to education provides numerous advantages in the educator-client relationship such as trust, credibility, and understanding. POWs don't present themselves as people who have all of the answers but rather as peers who also want to learn from the clients.

*One thing that taught me a lot of lessons was there were already projects or programs being too teachy and it hasn't been very helpful to these youths. They can respect us by our approach because our approach is 'let's discuss'.*

### Male Youth POW

*Before most people would hear about AIDS from the radio and the media. This didn't make people really understand. When I heard that this was face to face I wanted to participate, to assist.*

### Male Adult POW

*Before a lot of the (AIDS) information came from cartoons and things like that so it gave me the impression that this disease was not for real people, just for drawings and things; so you just throw it away. But this program, it deals with actual people. You get the full impact. There's reality in it--this HIV is actually a big one, not for cartoons and that kind of thing.*

### Female Youth POW

The POWs talked about the fact that other projects had been through the area yet did not appear to make an impact. They feel that theirs is quite different for several reasons. They explained that the clients appreciate the fact that the POWs don't give orders concerning what needs to be done but that they provide a variety of options for the client to think through and decide on. Peer education also helps to create positive peer pressure towards HIV/AIDS-related behaviors.

The variety of activities and materials in which the messages are communicated--the large group discussions stimulated by theater, music, or a video, small group discussions, and one-on-one discussions or counseling, as well as the IEC materials, the wall cartoon, and the video--increases the likelihood that the messages will be heard. If one approach does not work for an individual, POWs are encouraged to try another or a combination of approaches. In addition, by using multiple communication vehicles, the audience is surrounded by messages promoting positive behaviors. These serve as a constant reminder and help to provide a supportive environment.

The program's holistic approach to HIV/AIDS prevention addresses not only HIV/AIDS-specific knowledge but also offers support for 'secondary issues' that influence behaviors. The program focuses on issues of gender, self-esteem, and decision making, all of great importance to adolescents' overall health.

*I stopped school in grade 9 due to money. Staying at home was difficult. I had nothing to do so, I spent my time drinking and sleeping around. One day I was given a note saying that people who can read and write are needed. I went to the council and was told about peer outreach with the YWCA. I was selected and taught on HIV/AIDS - at that time I didn't even know the difference. But since that time I learned (about HIV/AIDS) and the dangers of alcohol, promiscuity, and other things. I learned how to respect myself. I started working in March and started sharing information. This also influenced my friends' behavior. I am a different person from what I was. If it weren't for the Y, I might have died by now from AIDS.*

Male POW

*I have learned to be social. I used to be very shy and quiet. I can now do drama in front of large groups of people. I have learned to talk freely and I like being with people.*

Male POW

*I used to be shy to talk about sex but now I feel very free to talk about it. I can discuss it with anyone.*

Female POW

## **IEC Materials Development**

Producing locally relevant materials that address current issues in the environment results in a product that is not only specific to the intended audience but also responds to their voiced needs. The clients frequently communicate, through POWs, the information that they need or are interested in, often asking specifically for written materials to share with others. Production of the materials through the youth materials production team helps to ensure that the materials are relevant and appealing. The pre-testing of proposed materials also helps to assure maximum effectiveness of the materials.

## **Monitoring**

The monitoring tools and activities had mixed success. POW and coordinator meetings helped to facilitate communication. The diaries proved to be time-consuming and inefficient. The charts also were not effective, with columns misused and figures reported incorrectly.

Nevertheless, monitoring was recognized as a key component of the program and is currently undergoing improvement. Suggestions for improvement include technical assistance for those personnel who lack experience, the use of a small sample of the POWs who are capable of accurately using certain for most tasks, and simplifying other tools and procedures for the rest of the POWs. A worker who could analyze the results properly would also be helpful.

Data collection tools currently under development include a client intake questionnaire and a client history form. The client intake questionnaire will assess the clients' basic knowledge and attitudes about HIV/AIDS and STD prevention, as well as their sexual behaviors. The client history form, which will replace the diary, will be used by POWs to record each event, group activity, or individual visit that the client participates in, with key observations about the client's progress. The new approach is expected to help project coordinators conduct better follow-up with individual target youth and help the program qualitatively improve individual outreach over time.

The development of the POWs, in a sense the first targets of the outreach program, also needs monitoring. A POW profile, including a brief narrative written by the POWs, was planned but has not yet been executed. This will be followed by additional entries made by the POWs and the Provincial Coordinators on a periodic basis.

### **Extended Contact with Target Audience**

Closely related to the channels of communication is the continuous contact that educators have with their audience. Outreach workers are highly visible and easily accessible. They work Monday through Friday in their respective areas leading activities. In addition, the diverse activities that are conducted and the various subgroups that are reached create a community awareness that serves as a constant reminder and support for HIV/AIDS prevention.

The sequence of activities is also beneficial to the change process. The large group sessions, which serve as a point of contact and an initial attention-getter, provide some basic facts. Yet it is the follow-up activities that are more likely to change individual behaviors. In the small group discussions and one-on-one meetings, the participants are able to ask more personal, in-depth questions. Regular sessions allow participants to ask follow-up questions about issues that they've since encountered or questions that have arisen after reflecting on previously discussed material. For example, one participant asked what one should do if he/she were already married and discovered that he/she was HIV+. He wondered if it would be wrong not to inform a spouse so that she/he would not leave and he questioned how one could introduce condom use in such a situation. These questions stimulated much discussion among participants and indicated the steps that are necessary in the process of behavior change.

The POWs explain how they observe changes in their clients. They noted that the change is an extended, gradual procedure that requires constant follow-up. This is the main reason that they support the Morehouse approach to HIV/AIDS prevention as opposed to simple mass media campaigns or short-term education campaigns. They explain that it takes some time for the clients

to understand that they are personally at risk. Once this is done, additional time is needed before behaviors are affected.

## **Community Involvement**

The support of the entire community in this program is an obvious asset. By including local leaders, parents, religious leaders, and government employees, such as health workers, the program's efforts are backed by the community at large and various subgroups are actively involved. The addition of the adult peer outreach workers (APOWs) helped to ensure that the parents of the targeted youths and other adults in the community were educated about **HIV/AIDS** issues and supportive of the project's efforts.

The involvement of various religious groups also has contributed to the strong community network. The **YWCA** program does not discriminate between religions and has networked closely with many denominations. Starting with sensitizing activities, the program tapped into the established community networks and has collaborated with different groups on various activities. In the Copperbelt province, for example, several church groups outside of the pilot areas contacted the **YWCA** Coordinator to request that their youths participate in the **POW** training so that they may conduct activities in their own areas. (This collaboration is discussed further in the sustainability section.)

The **POWs** were sincerely distressed about the possibility of the pilot project ending at the end of the Morehouse contract. Surprisingly, their personal job loss was not once mentioned. They talked about the unfortunate situation that this would create for clients who only recently began working with the project. One **POW** said that many of the clients are still in the middle of the cycle and have not yet achieved behavior change. He explained that clients need continued contact so that they too can reach their goal.

## **SUMMARY**

The out-of-school youth component of the Zambia Morehouse **HIV/AIDS** Prevention Project provides much-needed services to teens who are not in school and begin experimenting with alcohol, drugs, and/or sex to earn money and alleviate boredom. The program offers information, alternative activities, and skills to counter this situation.

The program is distinctive both in the type of information that is communicated and the vehicles that are used to provide that information. The holistic/lifestyle-approach communicates facts about **HIV/AIDS** while helping participants become more aware of the pressures driving their sexual activity and the potential consequences of these behaviors, and alternative behaviors to use. This information is communicated to other teens in the community, not through authority figures or outside experts but through their own peers, many of whom have been involved in similar types of behavior but have been recruited and trained for this program. Initial contact through large group events and presentations are followed by small group activities and one-on-one meetings.

Adult peer outreach workers, who also are selected from the community, communicate similar messages to community adults. Special interest clubs that offer income-generating skills, sports, and/or social outlets provide positive alternatives to sexual activity. Outreach workers are supported by National and Provincial coordinators who are experienced and resourceful, and who bring various community, health, and education experience.

Pre-program data of the target audiences collected through focus group discussions, community diagnosis "listening surveys," and community mapping of important social landmarks help planners to pinpoint high risk areas and develop program activities that address specific needs and interests. Traditional monitoring mechanisms such as monthly reports and regular meetings provide continual feedback to the program organizers concerning the problems that clients face, the topics discussed, and achievements that are made.

Although statistical data are not yet available, the anecdotal evidence suggests that the out-of-school youth component is having an impressive impact on the reported sexual behaviors and the underlying knowledge, beliefs, and attitudes of young people. The intervention group has showed substantially greater knowledge about STD, AIDS, and condoms, held more discussions about AIDS, and demonstrated more appropriate attitudes and responsible behavior. Characteristics that appear to influence the program's success include adherence to traditional protocol, the careful selection and training of paid and volunteer staff, the preprogram work that is done before the actual program is started, the communication channels, the holistic, client-oriented educational approach, youth-designed and developed materials, wide-range involvement of parents and other adults, and extended contact with the teens and parents.



HIV /AIDS peer education session with Zambian youth.



HIV /AIDS educational drama in Zambian village.

### III. PEACE CORPS CAMEROON: TEACH ENGLISH PREVENT AIDS PROGRAM

*The TEPA project is not only adapted to the public health issue in Cameroon but it also adds the dimension of student participation. It penetrates the entire society by starting with the youth of 'Seconde' that would initiate the long process of change to the rest of the population.*

English Teacher, evaluation focus group discussion

#### PROGRAM DESCRIPTION

The Teach English Prevent AIDS (TEPA) Program is a school-based program for secondary school students. It began in June 1992 as a Peace Corps project with the collaborative efforts of the Ministries of National Education and Public Health. The Associate Peace Corps Director (APCD)/Education, Mr. Gabriel Kwenthieu, and the National Inspector of Education, Mr. Michael Nama, were the principal organizers of the project.

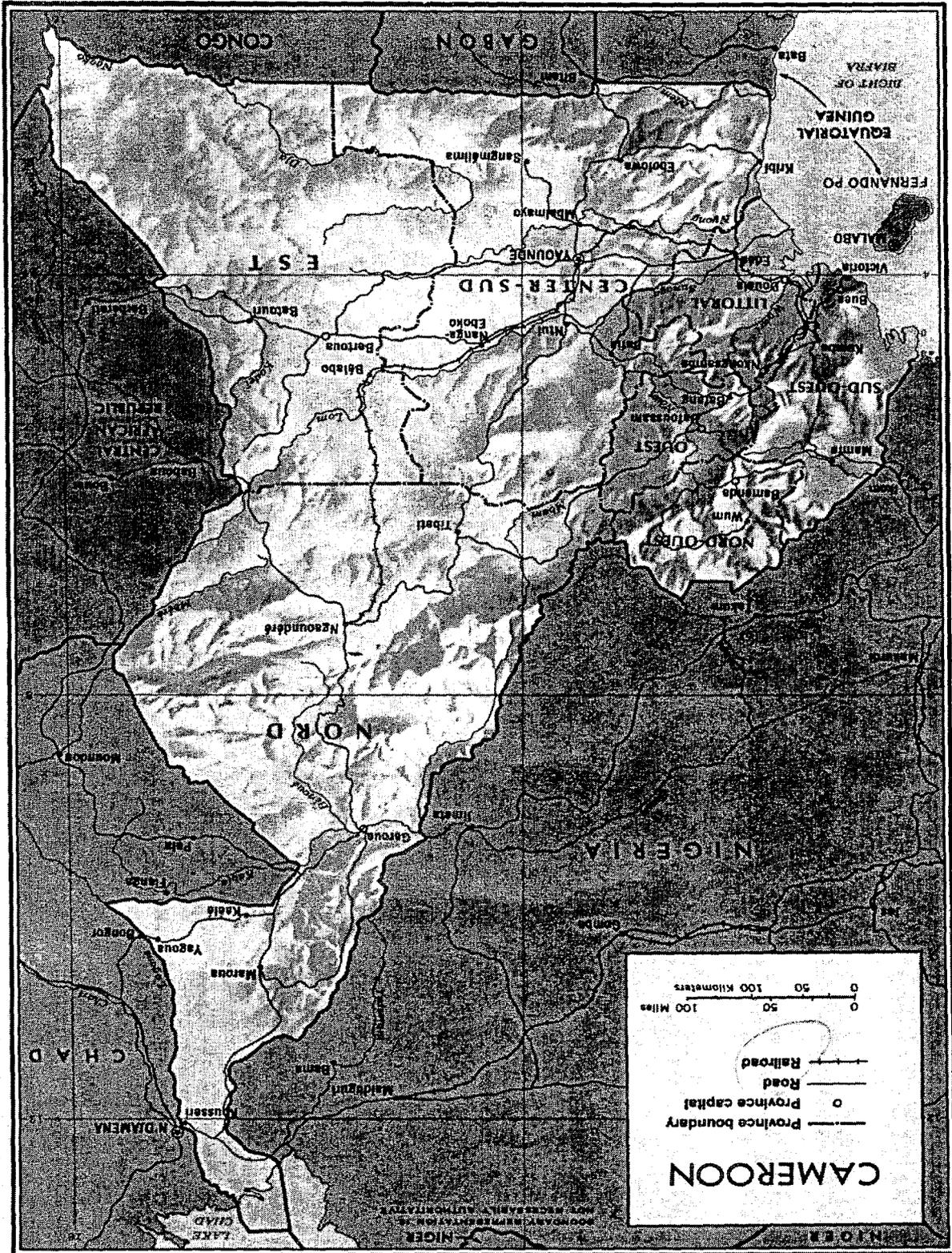
The project was initiated to integrate AIDS education into the curriculum and to make the TEFL (Teaching English as a Foreign Language) program more substantial. (The teaching of English is a government policy and is an important part of the academic curricula in Cameroon and since Cameroon is a bilingual country where both English and French are spoken.) The TEPA program utilizes a content-based approach to the teaching of English, where teachers use English to teach students about other subject areas. Students learn how to listen to, read, write, and speak English through other subjects, in this case AIDS.

The materials are presently being used in eight of the country's ten provinces (i.e., all of the French-speaking provinces). A description of the materials themselves and the process that was used in developing them is provided below.

#### Materials

A TEPA Guide, which includes a teacher's manual and a student workbook, provides the direction for the program. The content includes knowledge, attitudes, and practices that relate to AIDS prevention. The intervention promotes first abstinence, then faithfulness and safer sex practices (condom use).

The teacher's manual presents these content-based practices in 80 hours of instructional material. It includes techniques to use in addressing the challenges of teaching large classes with few



resources. Content is presented using participatory approaches such as games, songs, interviews, role plays, discussion, and demonstration. Peer education activities also are incorporated in the manual. Teachers are free to select lessons as they feel appropriate.

The TEPA manual offers some material that extends IEC activities beyond the classroom. One example of this is an interview exercise where class students are divided into small groups and asked to select interview questions that they would ask of community members for homework. All questions to be asked concern HIV/AIDS. Interviews are conducted in English, French, or a local language, although an oral report to the class the following day is presented in English. This activity encourages open communication about HIV/AIDS, solicits the views of various community members, and offers grounds for discussion about the social environment concerning HIV/AIDS in the classroom.

Although the manual provides the basic HIV/AIDS information and clearly describes how teachers should conduct the exercises, questions raised during class often extend beyond the information presented. Thorough training, in-service workshops, and collaboration with other specialists (such as health care workers) strengthen teachers' abilities to respond to these types of questions. It is important that teachers have a solid understanding of HIV/AIDS-related issues in order to feel secure presenting the subject matter. Access to resources, either human or material, to further teachers' knowledge also is a support.

The response to the teacher's manual is generally positive. Teachers experienced in TEPA spoke of lessons learned through the use of the manual and suggested using a centrally located TEPA manual as a "key" where teachers could share experiences, provide comments and suggestions on lessons they have used, and help facilitate the process for others.

*Conferences, talks by medical officers, teachers, and some other knowledgeable people may answer some common questions that students ask at the end of AIDS lessons. For example, 'How do we know a condom is a good type? How do we make sure we don't have AIDS if we are afraid of going to the hospital for a check-up?'*

English Teacher during Evaluation Focus Group

*These are the most exciting materials I've been teaching. And students are joyful when they see the book. I used the materials once a week with my 'Seconde' class. My only regret is that there is so much material for the little time; I was forced to select activities.*

English Teacher during Evaluation Focus Group

Mr. Bindzi, the Head of the English Department in the Tchinga District who has published several teaching manuals, spoke very highly of the TEPA manual. However, because the materials do not present the moral value of abstinence, which he considers a real void in today's society, he has included such discussions in his teaching. He feels that this addition has made a difference. Mr. Bindzi also explained that students like talking about AIDS-related issues, even though he is not sure that they take it seriously. Nevertheless, he reported seeing some changes in his students' attitudes about HIV/AIDS-related behaviors.

*The first change is that they are able to talk about it [HIV/AIDS-related issues]. At first, students were very reluctant to discuss the issues in class. At the beginning students weren't familiar with condoms. Later, when we were discussing condom use at least six students produced condoms. The other students encouraged this by going out to buy bananas so that a demonstration could be done. Both a boy and a girl demonstrated.*

**Mr. Bindzi, Head of English Department, Tchinga, Cameroon**

**This** example not **only** demonstrates a willingness of the students to openly discuss AIDS-related issues in the classroom but also demonstrates a level of acceptance of prevention activities. For the adolescent age group, where peer pressure is of concern, peer acceptance is a significant factor when talking about behavior change.

### **The Curriculum Development Process**

Development of the curriculum was conducted through a series of workshops involving participants from different levels of the education system and from various sectors. The first workshop, which was held June **10-12, 1992**, included Ministry of Education officials (including three provincial inspectors of English), Ministry of Health officials, and both Peace Corps and Cameroonian teachers with experience in teaching and curriculum development. The curriculum was developed using the content-based curriculum model, which was a new approach to Cameroon. A list of essential AIDS information also was made available, and Ministry of Health personnel were used as technical resources. The purpose of the workshop was to decide how to teach the information and to decide what students were to do with the information.

Utilizing the facts provided by the experts and written materials and assistance from health care professionals, the workshop participants wrote the curriculum content. Twenty-four lessons with material ranging from HIV/AIDS information to prevention and action were drafted during the workshop. The workgroup also decided that teachers needed to be trained before they could begin teaching lessons and outlined the training content.

The draft lessons were used in a pilot period from September through December. (It was later noted that **this** period was too short for evaluation.) Teachers were asked how people reacted to the materials, and a teacher questionnaire was distributed. Feedback from teachers in the various

regions was solicited since the regions vary in ethnic groups and culture. The Provincial Inspector of English explained, "the draft was tested to verify the new methodology, to assure that the level of the materials was accurate, and to obtain feedback from the English department bureaucracy." A draft copy was also sent to Peace Corps/Washington for feedback.

In February 1993, a second, three-day workshop was held in order to receive feedback from the teachers after piloting the materials. Feedback from Washington was also shared with the teachers at this time. More technical information was offered to improve the contents. The overall impressions were that the materials were generally good but that the subject matter was difficult to introduce in some areas. For example, some principals did not want sex education in the schools. Participants developed strategies to help overcome some of the difficulties. One strategy was to meet with PTA associations to discuss the program purpose and approach. The workgroup decided, however, that if teachers and/or communities did not want this information, the program would not be employed. During an additional two days, the teachers assisted in the design of a training model that would be used to train approximately forty teachers at a time.

In December 1993, the training began. A series of three-day workshops was held to train selected teachers (both Peace Corps and host country nationals), Heads of English Departments, and Provincial Inspectors who were interested in participating. Workshops covered the experiential learning cycle, which was to be used for each lesson, the development of a lesson plan, and the use of the TEPA manual. Teachers were taught how to construct and use a hectograph (a mold made of gelatin, sugar, and water that is used to effectively duplicate writings/drawings from a carbon copy, made on "Spirit Master Carbon") so that they would be able to make their own photocopies, although it was later discovered that the materials needed for the process were difficult to obtain. Training sessions were held in each province with the exception of a few regions that were combined.

Planners adhered to traditional protocol in announcing the training sessions. The Minister of Education presented the official letter announcing the workshop to the National Inspector of Education. The National Inspector then invited the Cameroonian teachers through the Provincial delegate. The Education APCD, Gabriel Kwenthieu, invited the Peace Corps volunteer teachers. The importance of respecting protocol was stressed.

## **IMPLEMENTING THE PROGRAM**

### **Selecting Target Groups**

The target audience for this program is the students of "secondaire" (sophomore or junior) English classes in high school. This group was selected through discussions between Peace Corps and the Ministry of Education. The Education APCD explained that at the time of program's development more than half of the reported HIV positive individuals were between the ages of eighteen and twenty-five. The majority of the students of the target level were found to be either sexually active or considering sexual activity. Prevention interventions therefore needed to be introduced before

the university level. Program organizers also agreed that students of this age group are flexible and that it would be possible to change negative behaviors or convince them to adopt positive ones.

Other factors also were considered. Language level was taken into consideration, as were the academic requirements of each scholastic level. First, students need a certain level of English to discuss the subject matter that students of "secondaire" would have. Second, secondaire students do not have an end-of-the-year exam as do the "premier" (Senior) students. Their schedule was therefore more adaptable to accommodate the program. The lack of the end-of-the-year exam, which relaxed the need for the strict teaching of specific subjects, also provided a number of open hours where teachers were able to implement the TEPA manual.

### **Selecting Work Sites**

**All** of the eight French-speaking provinces were targeted. At least one teacher (Peace Corps and/or Cameroonian) from each secondary school was selected to attend the provincial workshop. Participants were free to choose whether or not to attend. Teachers also could choose whether or not to use the materials.

A work site is considered functional if the workshop participants decide to utilize the materials. Although the materials may not have been used, in the absence of a monitoring system, the arealschool was considered "covered" if teachers attended the workshop. Efforts are currently being made to include English-speaking provinces so that all of the country's ten provinces will be utilizing the TEPA program.

### **Selecting TEPA Teachers**

Provincial workshops were held, and the Provincial Inspectors of English were all invited to participate in the provincial workshops. Their acceptance and participation were crucial to the success of the province's activities because if the Inspectors are in agreement with the activities, project implementation and acceptance were more likely to occur. Where possible, the Heads of the English Department were invited to participate because they could influence and train other teachers in the use of the TEPA manual. There is no formal job description for implementation and supervision; therefore the involvement of the various personnel depends on their interest in the project.

The Peace Corps Education **APCD** selected Peace Corps volunteer participants, and the National Inspector of Education selected the Cameroonian participants. The National Inspector of Education felt that proper selection of teachers was critical. He explained that he looked for leaders and active teachers and emphasized, "the steam of the project comes from the teachers." **As** there is no official policy regarding the implementation of the materials, the use of TEPA materials is ultimately up to the teachers themselves. Further, the voluntary participation of the teachers is a strength because participant motivation is not an issue.

*Those (the teachers) who are involved are really involved!*

National Inspector of English

## ASSESSING THE OUTCOMES

### Monitoring

Due to financial constraints, there is no formal monitoring of the TEPA program. Teachers are equipped with the TEPA manual, but the decision to implement the program in their classrooms is left up to them. The Peace Corps APCD explained that Provincial Inspectors would like to do follow-up work after the teacher training to determine if and how the material is being used and to discuss problems they **may** have encountered. The APCD suggests that this could be done through a school-based workshop. Where possible, the Peace Corps also encourages its volunteers and their trained host country national counterparts to sit in on each other's lessons for evaluation purposes. Spencer Brinker, a former Peace Corps volunteer who had experience with the TEPA material and was the Technical Trainer of the **1996 Peace Corps** education training, expressed **concern** about the lack of follow-up. He believes that such activities are crucial to the program's success. Mr. Brinker suggested that a Peace Corps volunteer extending a third year could serve as provincial supervisor while the program is still developing.

### Evaluation

An evaluation workshop was held in early April **1996** for Provincial Inspectors and teachers experienced with the TEPA materials. Focus groups were conducted with teachers from all of the French-speaking provinces to evaluate the materials and to obtain the teachers' impressions about the information.

A formal evaluation was also conducted by IRESCO (l'Institut de Recherche et des Etudes de Comportement) using data collected pre- and post-intervention (the **1995-96** scholastic year). The intent of the evaluation was to measure the impact of the program on students' knowledge, attitudes, beliefs, behaviors, and sexual practices. With assistance from AIDSCAP, a quasi-experimental design was employed using a questionnaire formulated with key indicators from the TEPA manual. At the same time, focus group discussions with students were conducted to obtain more in-depth qualitative information about knowledge of **HIV** transmission and prevention, perceptions about partner networking, condom use, negotiating skills, assessment **of** personal risks, STD treatment-seeking behavior and attitudes towards persons with **AIDS**. With less than a full year in operation, however, meaningful conclusions could not be drawn.

## DISCUSSION

### Materials Development

The careful effort that went into developing the material resources for this program is clearly a great strength. Various sectors and individuals of different positions were brought together to assist in the creation of a culturally relevant resource that is specific to the environment and target audience. Technical health information was obtained from written materials as well as the Ministry of Health professionals. Experienced curriculum developers assisted in the development, and a methodology expert from Washington also participated. The resource was tested across the country, and student and teacher feedback was incorporated before the materials were produced in final form. **An** outside review from Washington was also conducted before the manual was completed.

The feedback from the teachers was very positive. Overall, they like the manual and appreciate the participatory activities, which were new to many of them. They appreciate having the resource of lessons that are reportedly easy to follow.

*There are raps, songs, games, poems, contemporary language. Students enjoy the contemporary approach and respond positively.*

*The texts create a very positive response and a lot of variety in terms of structure and activities. Even without student copies, lessons are easily followed.*

English Teachers, Evaluation Focus Group

The main complaint about the manual is that it offers too much material. For those less experienced in teaching, this appeared to be problematic. Many suggested that organizing the manual into modules would facilitate its use. In this way, one could select lessons from the different modules and still move through the materials in a logical fashion, at an appropriate pace.

### Protocol

The importance of following proper protocol was highlighted in this program. The **APCD** and National Inspector both specifically mentioned the value of respecting the accepted hierarchy. Ministry officials were always contacted first, and all activities were announced through Ministry channels. **This** process not only benefits the program in assuring acceptance by Ministry officials, but it also displays Ministry support to the community and employees. It helps maintain coherence between provinces and enforces the program throughout the country. When asked about Ministry support of the program, several teachers responded that simply receiving the announcements from the Ministry demonstrated to them the Ministry's support.

## Formal Commitment

*They don't say yes, they don't say no.*

English Teacher

The lack of formal ministry commitment to the program is problematic. Participation from Ministry of Education and Health officials has been a major asset to the program forwarding efforts in areas where those interested are involved. However, the absence of policy or official commitment leaves the program vulnerable to change.

*Some of the participants feel that the Ministry of National Education is far too passive on the problem. If the Ministry of National Education was more involved, the TEPA could be integrated with the full power of the Ministry and ministry officials would participate actively and make publicity.*

Focus Group Discussion Summary Report

As it stands, participation in the TEPA program is voluntary and thus activities are not consistent throughout the country; whether and how the program is implemented depends on participants' initiative and the local support that they receive.

*A teacher said, "My only support is the fact that I am free." The school administration, according to many participants, are not cooperative. The teachers are left to themselves.*

Focus Group Discussion Summary Report

Some teachers have taken the initiative to integrate "outside" AIDS prevention efforts with their own activities in the TEPA program. Extended efforts are haphazard, depending on the teacher's initiative and local activities, yet teachers' examples should be considered and could be formally integrated into the program structure.

*Some students who were recently trained by "Save the Children" were very useful collaborators; their knowledge in the area and youthful enthusiasm were easily communicated to their peers.*

Focus Group Discussion Summary Report

Clear, formal direction regarding activities, multi-sectoral collaboration, and role division is needed. Formal commitment to the program is necessary in order to reach all areas of the country in a uniform fashion and to help assure sustainability.

### **Teaching Approach**

The manual is made up of a series of participatory AIDS prevention lessons that use the experiential learning cycle as a base. This pedagogy technique is new to Cameroon and potentially challenging, as classes may include 80 to 100 students. The teachers, however, report they appreciate the teaching style and have incorporated it into their non-AIDS-related subjects as well. They say that the students really enjoy these classes because they like talking about sexual health and they find the participatory activities interesting.

Some of the teachers admitted that they were hesitant at first to try the materials. Some were intimidated by the new teaching style and some were reluctant to talk about AIDS in the classroom. Nonetheless, they explained that once they tried the materials they were encouraged by the success of the classes and that the methodology became easier with experience.

The participatory activities allow for skill development as well as knowledge building. For example, students tested out their negotiation skills through role plays and spoke with community members about their feelings and beliefs about **AIDS** through an interview homework assignment. Although the activity takes place in the classroom, there is potential for activities to extend much further.

During firsthand observations of TEPA classes in the Peace Corps model school (summer practice school for Peace Corps trainees) and actual classrooms, there was evidence of the successful use of the TEPA manual for AIDS education via the teaching of English. The students appeared to appreciate the participatory activities, and the classes were surprisingly orderly given the large number of students participating in small group activities. Again, the more positive environment created due to the volunteer nature of the students is noted; however teachers experienced in teaching TEPA also spoke of positive experiences with the use of these materials.

### **Collaboration**

The integration of English instruction and AIDS education is a practical example of the collaboration that needs to take place in multi-sectoral and/or cross-sectoral efforts. Professionals from the Ministry of Education, the Ministry of Health, and the U.S. Peace Corps came together to produce this program that integrates **AIDS** prevention and the teaching of English as a foreign language.

The need for the program was identified as a result of Peace Corps efforts, and the program **start-up** was generated by Gabriel Kwenthieu, the APCD. Much of the success of the program can be attributed to the volition of the individuals who participated in the planning and design of the

program. The strong support of the National Inspector of Education cannot be overlooked as it was a key factor in moving the procedure quickly through the Ministry of Education. The support of the Provincial Inspectors of English was also beneficial in implementing the program.

On an informal level, collaboration, both in and out of the school, was begun. Teachers of other subjects adapted the TEPA manual for their own use. Several English teachers spoke of Biology teachers who have incorporated the lessons into their teaching. In one school, a Spanish teacher also borrowed the English teacher's manual and adapted lessons for his Spanish class. One teacher who gives English classes to the workers at an aluminum company also used the TEPA manual.

Some of the English teachers have formed, or are planning to form, English/AIDS prevention clubs where meetings include the use of various TEPA activities. One teacher in the Litoral province, Victorine NGO NGUE, has created a Learn English Stop AIDS (LESA) club and has been very successful with activities. She hopes to encourage other teachers in the neighboring schools to do the same so that they may network, have joint activities, and exchange ideas between the groups. Victorine says that she receives positive feedback from supervisors and the program really interests her but that she lacks support. She is presently funding ongoing activities, such as photocopying, with personal funds, and questions how long she can continue.

Peace Corps volunteers in the health sector also have adapted the manual for community education sessions. One health volunteer has offered to teach health sessions in the town's primary school using the TEPA manual as a guide. She has already produced a manual, an offspring of the TEPA manual, that targets elementary school children. {There is very little health education for students in this age group, and she adapted the TEPA materials to suit a younger audience while incorporating other primary health care sessions as well.

An English teacher in the Eastern province, who was invited to attend the TEPA workshop in her province, is also active with the **CARE AIDS** prevention project. She is a supervisor/animator with CARE who trained **six** students to be peer educators and has successfully combined the two activities. **This** integration, which was implemented because of one individual's interest, demonstrates the possibilities for future collaboration and use of the TEPA materials and methodology. Teachers involved in TEPA recognize the importance of collaboration to extend the activities beyond the classroom and seem willing to consider various options.

*It is like planting millet all over and not checking to see if it grows.*  
 Victorie NGO NGUE, English teacher/Head of Department

One of TEPA's biggest drawbacks is the lack of a monitoring system. Once workshop participants are introduced to the TEPA materials they return to their respective posts with the resources they are given. This lack of follow-up, which is due to financial constraints, is frustrating to organizers and participants alike.

### Monitoring

The teachers who were trained were to return to their schools to share their materials with those who did not attend the workshop. Most of the participants, however, mentioned that they wished that more teachers could have attended the workshop personally. (The limited selection of teachers was due to budget constraints.) The selection of certain teachers created jealousy amongst some of those who could not attend. Some of the participants also mentioned that they were not trained to train others. Another concern expressed by some of the workshop participants was that there were not enough hands-on activities such as actual practice lessons.

The teacher training workshop was an important link in the positive development of this program. Training in the use of materials is an essential step that cannot be overlooked in curriculum development. It is important to recognize that not everyone is experienced in the specified approach nor comfortable in discussing AIDS-related issues. Some individuals are intimidated by new material and the opportunity to learn more about it before using it may reduce reservations. Hands-on practice is irreplaceable.

### Training

*It should even reach other institutions, English clubs, official examinations. Since the TEPA's methodology facilitates adaptation and expansion, it is important not to neglect lower or higher classes.*  
*It was noticed that despite the fact that "Seconde" is an appropriate target audience, the information vehiculated by the TEPA program is also important for the entire population. In some parts of the country, like the North, students don't always reach the "Seconde" level. Also, some younger students are sexually active. The information should not be limited to "Seconde" class.*  
 Focus Group Discussion Summary Report

Communication between TEPA organizers and those in the field is limited. Were they given additional support, the organizers would like to continue with follow-up using Provincial Inspectors as focal points for receiving feedback and disseminating information. This could be done at the level of each province, decentralizing the responsibility and making activities more specific to the region.

## **SUMMARY**

The Teach English Prevent **AIDS** (TEPA) Program is a school-based program sponsored by Peace Corps that integrates **AIDS** education with the required teaching of English as a second language in French-speaking regions of the Cameroon. Instruction is provided to secondary school students by English teachers, who teach language while presenting content and practices that relate to **AIDS** prevention.

Teachers are guided in how to present this content through a TEPA Guide, which includes a teacher's manual and a student workbook. Included in this resource are games, songs, role plays, and other participatory activities. Teachers also receive training on how to implement the program and present the information. Both participation in the training and use of the materials in the classroom are voluntary.

The guide was developed during a series of workshops, where program staff, classroom teachers, and representatives from the Ministry of Education and the Ministry of Health decided the content and drafted the lessons. Draft materials were pilot tested in classrooms and reviewed by technical experts before being finalized. These steps, in combination with the teacher training, helped to ensure that the materials were appropriate for the target audience and would be utilized by classroom teachers.

Funding has not been provided for regular monitoring, and the program has not been operating long enough to have extensive outcome results. A preliminary review, however, suggests that factors that seem to affect program effectiveness include the materials development process, the adherence to established protocol in inviting participation in program development, the presence (or absence) of expressed commitment by ministry officials, the participatory approach, and successful collaboration with a wide range of groups and organizations. Because of the minimal follow-up and monitoring after the training and the voluntary nature of the program, teacher orientation and training are particularly important.

## **IV. FACTORS CONTRIBUTING TO PROGRAM SUCCESS**

### **EIGHT KEY FACTORS**

During a careful review of the information presented about the two highlighted programs, eight factors emerged as key contributors to program success: preliminary research; selection of workers; communication structure; monitoring and evaluation; lifestyle approach to prevention; a varied, continuous approach to education; community relations; and collaboration. A more detailed comparison also revealed several discussion points about program planning and implementation. Details are presented below.

#### **Preliminary Research**

Basing a program on the solid understanding of the target population **and** the specific environment makes a program more effective and reduces the energies wasted with "experimentation." Both the Zambia YWCA program and the Cameroon Peace Corps Program conducted some type of formative research, and organizers spoke of its importance.

The Morehouse Youth Coordinator overseeing the YWCA program emphasized the importance of preliminary research and suggested that in the future she would elaborate on what is currently done. She would like to include social networking activities in addition to the community mapping to learn more about the intricacies of the target group. CARE Cameroon also emphasized the importance of preliminary research and demonstrated this by conducting an extensive ethnographic study in the Extreme North province so that they could merge this information with that learned through experience in the East province for the planning of the new program.

#### **Selection of Workers**

The workers who support the project are the backbone of its success. The selection of such workers should not be rushed and should be carefully considered. Criteria should be established, again through careful thought, and the necessary time should be taken to select appropriate candidates.

The POWs in the YWCA project spoke of the importance of taking the time to select effective POWs who are sincerely interested in the project. The impact that experienced, dynamic, understanding workers can make is clearly demonstrated by the example of the YWCA Coordinators who are effective with the POWs, the communities, and collaborating organizations. Several programs also spoke of the balance that needs to be found between dynamic, interested individuals and those who have sufficient time to devote to project activities (especially when speaking of volunteer professionals). A good example of this is the TEPA teachers who have carried their efforts beyond what is required of them, either making a concerted effort to discuss

AIDS prevention in the classroom or integrating HIV/AIDS prevention into club activities. This adds another dimension to the prevention efforts and takes the learning process a step further.

### **Communication Structure**

The integration of two-way communication channels at every level of the program's organization offers great strength to program development. Individuals at each level should feel encouraged to voice their views and, more importantly, should feel that their views are respected. This begins with the clients themselves and continues to the program organizers. Systems that foster open communication need to be in place, and feedback must be responded to.

### **Monitoring and Evaluation**

The experiences of the two programs highlighted in this study show that monitoring and evaluation are difficult to implement, even by programs that recognize the importance of these components and work to incorporate procedures into the implementation plan. Despite good intentions, limited time and resources often restrict the type and level of monitoring that is conducted.

Nevertheless, without convincing documentation concerning program implementation and results, program support is unlikely to be sustained. Therefore, appropriate monitoring and evaluation tools need to be included in the program planning. In addition, programs should be monitored on a regular basis so that developments and/or difficulties can be noted quickly and efforts can be made to attribute changes to their proper cause.

In the same vein, evaluation is important in measuring the effectiveness of interventions and adapting the program accordingly. The development and use of proper tools is important to the collection of appropriate, accurate information. The program response to monitoring and evaluation is the crucial follow-up that gives meaning to the process. Results must be carefully analyzed and responded to appropriately. Findings are useless if they are ignored.

### **Lifestyle Approach to Prevention**

Effective STD/HIV/AIDS prevention moves beyond the mere transfer of knowledge. For behavior change to take place, a practical approach must ultimately be considered. It is not enough to simply know the facts if one's environment challenges the practice of healthy behaviors. A holistic approach must ultimately be adopted, by a single program or through a combination of efforts. Practical needs such as the lack of skills, financial difficulties, and peer pressure, must be addressed if permanent change is expected to occur. Programs that confront "indirect needs" are helping to assure long-term change.

## **Varied, Continuous Approach to Education**

The step from knowledge and attitude change to behavior change, the ultimate goal of HIV/AIDS prevention programs, is a big and often slow one. The probability for success seems to be greater when contact with the audience is extended and activities are innovative and varied. Each individual responds differently to the same stimulus, and thus, a variety and combination of approaches are more effective.

Reports from POWs, who work very closely with their clients, indicate that they have observed gradual attitude and behavior change in their clients over time. They see the success of their efforts as a result of their approach to education, which includes continuous, long-term contact with their clients.

## **Community Relations**

The support of the community is very important to the success of the program, not only for smooth program implementation but also for behavior change. The community's acceptance of the program facilitates implementation and helps to assure sustainability. Positive support creates an encouraging environment promoting healthy behaviors. Community support is a result of making initial contacts with gatekeepers and including influential members in decision making, involving community members in the implementation, and targeting secondary audiences that may influence the primary target group.

## **Collaboration**

Collaboration with other sectors and organizations strengthens the effect of individual efforts and helps eliminate redundancy. Collaboration also works towards creating a lifestyle approach to HIV/AIDS prevention and helps assure sustainability. As not every program is able to address the multiple needs directly and indirectly associated with HIV/AIDS prevention, a collaborative effort can be beneficial.

## **TRANSFERRING HIV/AIDS PROGRAMS TO FORMAL SCHOOL STRUCTURES: PROGRAM ELEMENTS AND RELATED IMPLICATIONS**

The two programs highlighted in this report--the YWCA Out-of-school Youth Program in Zambia and the TEPA Program in Cameroon--share the ultimate goal of preventing HIV/AIDS in teen populations, yet they differ in their approach, their presentation, and the types of teens who are targeted. Figure 4 includes a comparison of the two programs in terms of nine important elements: orientation, structure, instructional activities, presentation, instructional materials, materials development, instructors, instructional approach, and monitoring and evaluation. Because one objective of the study was to examine the feasibility of transferring nontraditional and community-based programs to formal school delivery systems, implications for transferability for program planners also are included.

**Figure 4. The Two Programs at a Glance: Reflections and Related Implications**

Program Element	YWCA	Peace Corps	Observations/ Reflections	Implications for Planners
Focus	Community-based	School-based	<p>School-based program reached youths in school.</p> <p>Community-based program broadened outreach to out-of-school youths and adults.</p> <p>Training for adults improved program effectiveness.</p>	<p>Consider the target audience when designing HIV/AIDS prevention programs.</p> <p>Where possible, include community outreach to Out-Of-school youths and adults in school-based programs.</p> <p>Include an adult education component in community-based HIV/AIDS programs.</p>
	Targets risky audience	Targets a less risky audience (more preventive)	Community-based program appeared to reach youths already engaged in risky behavior.	Design programs that reflect the school enrollment data and needs of the intended audience.
	Teens and adults receive information and participate in the program.	Teens are taught.	<p>Teens benefited from participation in the program.</p> <p>Expanding the program to adults helped to change attitudes of another group that could contribute to HIV/AIDS prevention.</p>	Expand the target audience to include parents and other influential adult community members.

Program Element	YWCA	Peace Corps	Observations/ Reflections	Implications for Planners
<b>Structure</b>	Developed new organizational structure for program implementation	Works through existing school structures to implement <b>program</b>	<p>HIV/AIDS information was effectively communicated through a community organization.</p> <p>Integration of HIV/AIDS prevention with other subjects allowed for information to be disseminated within <b>an</b> existing school structure <b>with</b> established resources, staff, and training, thus contributing to sustainability.</p>	Use existing programs where appropriate to maximize uses of available resources and to reach the target audience.
<b>Collaboration</b>	Primary thrust from <b>the</b> community sector, with some private sector support.	Multi-sector collaboration	In community-based and school-based programs, private sector support provided needed materials and equipment not available through the implementing organization.	<p>Use community input to maximize effectiveness.</p> <p>Build collaborative relationships with government, private sector, and nonprofit organizations, to include ministries (Health, Education, <b>Youth</b> and Sports, etc.), NGOs, health care professionals, and social services providers.</p>

Program Element	YWCA	Peace Corps	Observations/ Reflections	Implications for Planners
<b>Instructional Activities</b>	<p>Instruction involves various out-of-school, community-based interventions that provide information, income-generating skills, social activities, and recreational programs.</p> <p>Content is presented in combination with activities that address the “causes of risky behavior.”</p>	<p>Instruction works within the boundaries of the classroom (some teachers initiated additional activities such as clubs or overlap with NGOs).</p> <p>Content is integrated into instructional program through English-as-a-second language.</p>	<p>Lifestyle approach to prevention training was used.</p> <p>Information on HIV/AIDS prevention was not taught in isolation.</p>	<p>Plan programs that address reasons why target groups engage in the risky behavior and that provide alternatives to high-risk behavior.</p> <p>Integrate content into <b>existing</b> subjects where possible for a more lifestyle/holistic approach.</p>
<b>Presentation</b>	<p>Information presented through large group presentations, small group discussions, and one-on-one meetings.</p>	<p>Information presented through classroom instruction, involving presentations, songs, role-plays, discussions, and demonstrations.</p>	<p>Varied, interactive activities served various functions: generated interest, provided information, and provided opportunities to practice new skills.</p>	<p>Include a variety of large group, <b>small</b> group, and individualized activities <b>as</b> appropriate.</p>
<b>Materials</b>	<p>Target groups developed informational materials with guidance from program staff.</p>	<p>Teachers provided input in program and material design; draft manual was pretested in classes before finalized.</p>	<p>Input from the primary and secondary audiences helped to ensure that informational materials were relevant and appropriate.</p>	<p>Involve target group and instructors in materials development.</p>

Program Element	YWCA	Peace Corps	Observations/ Reflections	Implications for Planners
<b>Instructors</b>	Facilitators are from target group.	Teachers are facilitators.	At-risk teens and teachers <b>were</b> trained to communicate effectively about HIV/AIDS prevention <b>with</b> at-risk youths.	Wherever possible, involve the target population (e.g., at risk- <b>teens</b> ) in program planning and implementation.  Consider peer counselors and other credible individuals <b>as</b> one means of imparting information.
	Peer outreach workers volunteer to present information to other teens.	Paid teachers integrate program into instructional program if they desire.	Nontangible rewards such <b>as</b> increased self-esteem, internal gratification, and participation in <b>community</b> problem solving built voluntary commitment and involvement.	Include nontangible rewards to motivate trainers, program staff, and volunteers, and <b>thus</b> help ensure sustained participation.
<b>Instructional Approach</b>	Uses client approach and “buddy system” for behavior change.	Depends on teacher-initiated anti-AIDS activities for behavior change.	Buddies were selected based on interest and leadership qualities. Teachers were trained but utilized activities based on individual interest.	Incorporate peer counseling to facilitate changes in knowledge and behavior.  Include activities that help build the social support structure.
	Refers participants to specialists for help.	Representatives <b>from</b> related agencies integrated information into draft materials. No formal referrals are used.	Interdisciplinary approach to services and materials development contributed to a comprehensive, holistic approach.	Consider referrals to other agencies and organizations to address multiple causes and to <b>maximize</b> impact.

Program Element	YWCA	Peace Corps	Observations/ Reflections	Implications for Planners
	Youths are targeted directly.	Teachers receive primary intervention (youths are targeted through teachers).	<p><b>With youths as</b> the primary <b>targets</b>, peers in the current class <b>benefited</b> directly.</p> <p>Once trained, teachers can have <b>an</b> impact on present <b>and</b> future students.</p>	<p>Include <b>action-based research</b> to <b>make interventions specific</b> to needs of youths.</p> <p>Involve youths in program planning <b>and</b> materials development.</p> <p>Solicit youth/student feedback.</p>
<b>Instructional Approach (continued)</b>	Target audience taught income-generating skills in addition to safer sex practices and negotiation skills.	Safer sex and negotiation skills taught, includes lessons regarding feeling	<p>Income-generating skills helped eliminate factors contributing to risky behaviors.</p> <p>Lessons on negotiating skills and decision making prepared teens to respond in various situations.</p>	Expand beyond basic facts about HIV/AIDS, to include life-coping skills and alternative behaviors so that youths are in a position to respond.
	Facilitators use participatory approaches for first contacts, small group discussions follow.	Target group <b>was</b> involved in in-class, participatory activities.	Participatory activities engaged the target audience and built interest in <b>the</b> topic.	<p>Incorporate client-focused, participatory, activities wherever possible.</p> <p>Present life-coping skills in conjunction <b>with</b> information about HIV/AIDS prevention.</p>

Program Element	YWCA	Peace Corps	Observations/ Reflections	Implications for Planners
<b>Instructional Approach (continued)</b>	Content focuses on self-respect, decision-making,	Self-respect issues not a primary focus.	Improved self-esteem and sense of empowerment helped girls to consider various options and change accepted, risky behaviors.	<p>Include self-esteem building exercises/activities.</p> <p>Allow for individual attention (collaboration with other activities).</p> <p>Encourage youth-to-youth and youth-to-parent/adult communication/support.</p>
	Program conducted in local language and English.	Taught in English as a second language,	Disseminating information in the local language facilitated communication by removing the language barrier and demonstrating sensitivity to the community.	<p>Consider limits of language and contact time when developing presentations and materials.</p> <p>View teaching in secondary language as supplementary activity in HIV/AIDS prevention, not primary response.</p>
	Gender-defined sessions are encouraged.	Not necessarily structured with a gender focus.	<p>Same-sex groupings offered opportunities to discuss sensitive issues more openly and to build self confidence.</p> <p>Mixed groupings offered opportunities to role play, discuss, and hear another perspective.</p>	<p>Consider same-sex and mixed group activities.</p> <p>Offer recommendations for varied activities:</p> <ul style="list-style-type: none"> <li>-Small group activities</li> <li>-Gender breakdown</li> </ul>

Program Element	YWCA	Peace Corps	Observations/ Reflections	Implications for Planners
	Parents are a secondary target group.	Parents are very indirectly involved (use of Parent-Teacher Association in some cases).	Adult outreach expanded information dissemination and increased community acceptance.	<b>Link</b> schools and community. Include child-to-parent and child-to-community activities.
<b>Monitoring and Evaluation</b>	Ongoing informal monitoring and evaluations are conducted through team meetings and reporting. Only anecdotal data are available.	No formal follow-up by Peace Corps, the Ministry of Health, or the Ministry of Education.  Little monitoring of teachers' use of curriculum.  Evaluation conducted.	Regular monitoring and feedback helped to keep the program on track.  Minimal monitoring made it difficult to determine if program is effective.	Incorporate basic monitoring <b>system</b> .  Use flexible format to solicit feedback.  Include evaluation in planning.

## V. PROMOTING SUSTAINABILITY: LESSONS LEARNED

*"Sustainability? That is the million dollar question!"*

Program Coordinator

Sustainability **seems** to be the main challenge of many of the programs and projects today. This is particularly true of pilot projects that initially target specific areas using strategies that serve limited **areas** in a given time **period**. Upscaling these projects to an extended, long-term, national project is often very difficult. It would be advantageous to seriously consider sustainability when planning a program rather than trying to accommodate a pilot program that is successfully underway but requires outside assistance to continue. In the long run such projects can be detrimental, if they create a dependence. This can also create a lack of confidence in the community "served."

Sustainability can be broken down into two aspects--financial sustainability and functional sustainability. Both **are** important and need to be considered in planning. Financial sustainability, what program managers often mean when speaking of "sustainability," includes some type of cost recovery component where income-generating activities cover costs or provide a dependable, permanent source of funding. Attaining financial stability is a great challenge for education programs. Functional sustainability, on the other hand, includes developing the systems and human resources needed to implement a program after any preliminary technical assistance has been provided. Perhaps easier to attain through proper planning, functional sustainability includes working with structures already in place, building on existing capabilities, introducing new skills through proper training, and building both human and physical resources.

In reviewing the HIV/AIDS program for **this** research, several factors that contribute to sustained programming surfaced. These are described below.

### COMMITMENT TO THE PROGRAM

Functional sustainability is based on a solid commitment by those involved. In Zambia, where the fight against **AIDS** is considered a priority, the willingness of church youths to volunteer their time three days a week to act as Peer Outreach Workers is a good example of community commitment. In Cameroon, although many are committed to anti-AIDS efforts, others are still reluctant to believe that **AIDS** exists and that it is a risk to all individuals. Teachers who are committed to the TEPA program and its goals voluntarily incorporate HIV/AIDS prevention activities in their instructional activities, and many have taken **an** additional step by creating health clubs and anti-AIDS clubs, and by organizing other prevention activities. This level of participation is not universal, however, which creates a challenge to overall program efforts.

*Some teachers are so negative, they only see money. Some say, 'How much will Peace Corps pay me to teach about AIDS?' I see three problems: some see only the money; some*

*see it [HIV/AIDS education] as a health problem, some see AIDS as a myth. In 1970 a math teacher in the presence of students said, 'You cannot eat a banana with the peel. How can our efforts succeed without complete cooperation?'*

**Alexandre**, High School English Teacher, Cameroon

*Teachers themselves need to be informed and trained (about HIV/AIDS). Some say it's a white man's problem and that it is to reduce the number of children/people. Others say that it's to discourage lovers.*

**Mr. Bindzi**, Head of English Department, Tchinga, Cameroon

Unfortunately, the perceived need may be a step behind actuality, as community members generally recognize the importance of prevention when prevalence signs become visible. This delayed acceptance is one of the great challenges in HIV/AIDS prevention due to the extended "hidden" period of the disease. In Zambia, community members have personally experienced losses due to the epidemic. In Cameroon, program participants spoke of increased interest when evidence of the disease became more visible.

*They [students] now know that AIDS is a problem. There was a delegate of health who recently died of AIDS and did not hide it. It was a real eye opener to everyone.*

**Priscilla**, High School English Teacher, Cameroon

Unanimously, participants spoke of the need to bring the HIV/AIDS issue out into the open.

*We need more discussion, in and outside of school. We need to make people aware. This could be done through children, for example. I encourage the children to talk with youngsters in villages. For the holiday, I gave an assignment for them to take back to the villages.*

**Alexandre**, High School English Teacher, Cameroon

## **INPUT FROM THE TARGET AUDIENCE AND SURROUNDING COMMUNITY**

Incorporating the target audience's/community's input is essential to any program that intends to be sustained. A program should not merely represent the organizers' impressions of the audience's need but rather incorporate the identified needs. The audience and key players must believe in the program, participate willingly, and find incentives within the program structure that motivate them. The POWs in the YWCA program are a positive example of **this**. When asked why they participate in this program, personal financial gain was not mentioned. Instead they spoke of the importance of being seen as a role model, the opportunity to learn more **and to help** others, the chance to build their skills, etc.

## **SUBJECT INTEGRATION**

Integrating HIV/AIDS information with other issues also fosters sustainability. First, it attaches HIV/AIDS issues to other topics, which assists in integrating HIV/AIDS into various aspects of daily life. Second, HIV/AIDS education should be conducted in the context of health education and in balance with the local needs and interests.

TEFL teachers explained that students would get bored with HIV/AIDS discussions if TEPA classes were too frequent. Dr. Chendi, who had implemented UNICEF's school health clubs, also explained that HIV/AIDS had to be introduced in the context of general health topics and that students were cautious when too much emphasis was put on HIV/AIDS. For example, in one discussion, a participant asked, "Why are we only discussing **AIDS** when people are dying of typhoid and malaria?" HIV/AIDS education should not be an extreme, one-shot attempt at prevention but rather a varied, integrated approach that can be maintained.

## **SKILL BUILDING**

A program component that contributes to sustainability, and particularly functional sustainability, is skill building. By transferring skills to the target population the project begins to work itself out of a job. Again, the YWCA program offers an example of this. Peer Outreach Workers are trained and given many responsibilities regarding program implementation. Because the approach is a holistic one, the AIDS prevention activities are linked to various other aspects of their daily lives. Building POWs' skills gives them a greater sense of self-worth and pride and transfers more of the program responsibilities to their activities.

## **COLLABORATION**

By working within the established infrastructure, a program increases the likelihood that activities will continue. Although several programs have taken this approach, the Family Health Trust Program in Zambia (described in Annex IV) specifically made a conscious effort to do this and spoke about their experiences. It was explained that, if adapted appropriately, effective collaboration reduces the burden on the system and helps to ensure that activities will be carried

out. Family Health Trust works through teachers already conducting activities that can be linked to AIDS prevention. Therefore, they are simply building on an existing structure rather than attempting to create another entity. The danger in doing this, however, is adding more work to the load of individuals **who** are already working at their maximum. This needs to be considered when selecting positions.

The Peace Corps TEPA program also promotes sustainability by working with established entities. Although Peace Corps teachers are not permanent resources, their Cameroonian counterparts are. By training Cameroonian teachers through the instructive workshops, the project invests in human resources that will remain in the system. Were there means to include TEPA training of trainers and supervision/monitoring components also included, the program could not only be sustained but also expanded.

## **INSTITUTIONALIZING THE TASKS**

When planning for sustainability, it is important to assign tasks to specific positions and not only to willing, although often qualified and dynamic individuals. **This** is especially true in systems where transfers occur frequently. If individuals move from their current positions, what assurance does the program have that efforts will continue? In the case of the Peace Corps program, for example, the National Inspector of English and several of the Provincial Inspectors have been real catalysts in the development of the program because of their personal interest rather than their position in the system. This leaves the program vulnerable when (if) they leave and there is no one to assume this leadership role.

## **DECENTRALIZATION**

Decentralizing the program also contributes to sustainability. Decentralization creates less dependence on the central base and allows local supervision to respond to the local needs. The CARE program in Cameroon discovered the importance of this even before the pilot project's contract ended and a Coordinator was assigned to the East to respond more directly to immediate needs. Clear role definition is essential to success and assures continuity throughout the country.

## **NETWORKING**

Networking with other organizations and other sectors, and the collaboration that often results, contributes to program sustainability. Collaboration reduces cost and responsibilities are shared. Involvement of the community has a similar effect. One strong example of collaboration and very positive indication of the program's hope for sustainability is the churches' involvement in the **YWCA** program. In areas outside of the **YWCA** pilot areas various churches requested that some of their youths participate in the **YWCA POW** training. These youths work as volunteers three days a week in their communities and report to the local clinic workers just as the **YWCA POWs** do. Youths explained that they enjoy the work and helping others and they feel that they are

gaining from the experience, even though they are not being financially compensated for their work.

### **INCLUSION OF INCOME-GENERATING ACTIVITIES**

The incorporation of income-generating activities as a **part of** an AIDS prevention program promotes sustainability because income-generating activities can fill a financial need for students that leads them to risky behaviors. Income-generating activities also can create a more self-sufficient program. The **YWCA** has supported such activities that serve to promote both financial and functional sustainability. Several teachers involved in the **TEPA** program as well as the National Inspector **of** Education have suggested selling the **TEPA** manuals at a reasonable cost to help cover operating expenses and eliminate the barrier of lack **of** materials. The **CAFE** Program Coordinator also spoke of income-generating ideas, including the collaboration **of** peer educators and social marketing organizations such as Population Services International (**PSI**). For example, involvement in the sale of **PSI** condoms could offer an added incentive to peer educators and assist **PSI** in sales and health education.

## VI. CONCLUSIONS

The AIDS epidemic is entering its second decade. One half of the people who could die of AIDS by the end of the century are not yet contaminated by the virus. Our responsibility is obvious: prevent these people from contracting the disease and dying due to **ignorance**.<sup>8</sup>

The severity of HIV infection among younger subgroups has been clearly demonstrated, and the need to deal with younger audiences is now recognized as a priority. HIV/AIDS prevention programs for youths exist, and there is much that we can learn from those experiences.

It is important to address realities in one's immediate environment; thus, it may not be practical to search for **an** ideal program that can be duplicated anywhere. Nonetheless, certain guidelines can be used universally. We are still learning about HIV/AIDS prevention and effective ways of targeting behaviors. At the same time we are racing against time as prevention is our only solution to the problem. Much can be gained by sharing experiences and learning from others' successes and failures. HIV/AIDS prevention needs to be viewed practically as a global effort to avoid wasted efforts that cannot be afforded.

Across sub-Saharan Africa there is great diversity in people and environment yet there are also many common factors that unify societies and favor collaboration between countries. HIV/AIDS prevention **is** one of these. Although programs need to be specific to their locale, basic program guidelines resulting from positive experience may be adopted and adapted to other environments. This study **is** a first step in this process. It is an effort to learn more about what is happening in the field and to look more closely at existing programs that offer promising approaches. By sharing information, other programs--those active in HIV/AIDS education or beginning to plan for such programs--can gain from the experiences and information provided.

The YWCA program in Zambia offers an example of a community holistic lifestyle approach to HIV/AIDS prevention where collaboration and communication are great strengths. The Peace Corps program in Cameroon demonstrates the benefit of careful material development and the involvement of multiple sectors. It also provides a positive example of inter-sectoral HIV/AIDS prevention, linked to the teaching of English as a foreign language.

ABEL 2's research on the two programs confirms that *HIV/AIDS education can be provided effectively for school-aged youths in both in-school and out-of-school settings*. HIV/AIDS prevention is a development issue; therefore, programs and strategies to address HIV/AIDS should resemble other community development programs in terms of approach, communication vehicles, and target audience participation. The research revealed the following supporting findings, some of which already have been confirmed in other community development efforts.

The Out-of-school Youth Component of the Morehouse HIV/AIDS Prevention Project in Zambia shows that:

- ▶ ***Involving the target audience*** in program planning and monitoring helps to ensure that interventions are appropriate and respond to the audience's needs.
- ▶ ***A varied, innovative approach*** to HIV/AIDS education that is based on extended, and sometimes personalized, contact with the target audience maximizes program impact and promotes behavior change.
- ▶ ***Young teens***, even high-risk youths, can be effective advocates for HIV/AIDS prevention.
- ▶ ***A holistic approach*** to HIV/AIDS prevention that addresses issues both directly and indirectly related to HIV/AIDS increases the feasibility of behavior change.
- ▶ ***A combination of same-sex and mixed group sessions*** provides a comfortable forum for young teens. Same-sex sessions allow teens to discuss sensitive issues related to HIV/AIDS, while mixed group sessions provide teens opportunities to practice negotiation skills during real life simulations.
- ▶ ***Positive and close community relations*** support program maintenance and sustainability.
- ▶ ***Open communication channels*** between all sectors of the program facilitate feedback and assist with the monitoring process.
- ▶ ***Regular and effective monitoring and evaluation*** are needed to measure progress and attribute actions to the observed results.

The Teach English Prevent AIDS Program in Cameroon shows that:

- ▶ With ***careful planning***, HIV/AIDS prevention concepts can be integrated into existing secondary level formal school curricula.
- ▶ ***Integration of HIV/AIDS prevention*** into an established school curriculum can help to institutionalize HIV/AIDS instruction and ensure program sustainability.
- ▶ ***High level support*** for HIV/AIDS prevention programs demonstrates commitment and helps to assure that sustainable broad-based interventions are carried out in a consistent fashion.

Research on both programs supports that:

- ▶ *Thorough preliminary research* helps to assure that the program reflects the target audience.
- ▶ Programs that *build youths' self-respect* instill self confidence, which helps them to consider various life options and challenge accepted, risky behaviors that often lead to **HIV/AIDS**.
- ▶ *Collaboration* among sectors and organizations increases the potential for synergistic effects and helps reduce duplication of efforts.

The majority of the youth programs target youths of the older age bracket, where youths are sexually active or are approaching the onset of sexual activity. The selection of this target group is based on needs assessment and feasibility. Although this important group must be reached, there also is a need to expand the target audience and begin even earlier. Efforts must be made to begin educating pre-adolescents so that positive behaviors may be formed rather than focusing on risky behaviors that need to be changed. Many of the program participants and organizers consulted during the course of the field visit communicated this observation. As we need to approach education from a holistic perspective, younger groups should be included in the global plan. Some programs have begun doing so, yet these programs are few and far between. Children ages five to twelve have been referred to as the "window of hope" when speaking of HIV/AIDS prevention. They are, for the most part, HIV free and at a point where attitudes and behaviors are being formed and thus are more malleable to change. They are the future and only real hope for true prevention.

*I became pregnant when I was young and I had to stop school. Because of this project I see the importance of the future and going to school. I now encourage others. It is only unfortunate that I became involved in the project after... when it was too late for me.*

**YWCA program participant**

*With no immediate cure in sight for AIDS, we owe it to ourselves and our loved ones to take all necessary precautions to avoid contracting the virus, and we owe it to those infected with the virus to treat them with respect and dignity. To close our eyes and pretend that we are not vulnerable could be fatal. Knowledge is one of the weapons which we have, I urge you to use it.<sup>9</sup>*

**Bernhard H. Liese, Director, Health Services Department, l'Institut Pasteur**

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## **Annex I**

### **INTERVIEW LIST**

#### **Zambia:**

1. Ms. Karen Romano, Morehouse Youth HIV/AIDS Coordinator
2. Mrs. Monica Shinkanga, YWCA HIV/AIDS National Coordinator
3. Mrs. Grace Phiri, YWCA HIV/AIDS Provincial Coordinator, Ndola
4. Ms. Marjorie Kazembe, YWCA Peer Outreach Worker and Administrative Assistant
5. Mrs. **Nkunika**, Program Coordinator, Family Health Trust
6. Mrs. Mataka, Project Manager, Family Health Trust
7. John Chabaluka, Zonal Coordinator, Family Health Trust
8. Mrs. Matele, Christian Council of Zambia
9. Robbie Siamwiza, Policy Development Advisor, National AIDS Program
10. Dr. Vongo, Chairman of Traditional Healers of Zambia
11. Focus Group Session with Senior Peer Outreach Workers:
  - Gilbert Mwenya
  - Beauth Tembo
  - Izzy Nxumalo Zulu
  - Mavis Kasoka
  - Isaac Phiri
12. Group Discussions with:
  - Chipulukusu Peer Outreach Workers
  - Kabwe Peer Outreach Workers and community members
  - Kaloko Peer Outreach Workers
  - Pamodzi Volunteer Peer Outreach Workers

#### **Cameroon:**

1. Mr. Gabriel Kwenthieu, Peace Corps APCD/Education
2. Mr. Michael Nama, National Inspector of Education
3. Mr. Claude Cheta, IRESCO
4. Mme. Epeti Lyonga, Ministry of Health, Education Service
5. Mr. Jean-Claude Abada, Assistant to the National AIDS Coordinator
6. Dr. Luke Kinzi, Program Coordinator, CARE
7. Dr. Helen Chendi, Health Consultant and former UNICEF employee
8. Mr. Spencer Brinker, Peace Corps Master Technical Trainer
9. Ms. Laura Shimp, Health Peace Corps Volunteer
10. Ms. Lucy Stinson, TEFL Peace Corps Volunteer
11. Ms. Priscilla Misodi Jemea, TEFL Teacher-MOE, Bertoua
12. Mr. Alexandre Nodjalle, TEFL Teacher-MOE, Tibati
13. Ms. Vicky Ngo Nge, Head of English Department-MOE, Edea
14. Mr. Bindzi, Head of English Department-MOE, Tchinga
15. Mr. Nama, TEFL Teacher-MOE, Pouma

## **Annex II**

### **OTHER PROGRAMS VISITED**

#### **Family Health Trust - Zambia**

Family Health Trust (FHT) is a local NGO that began in **1987**. The project manager explained that the anti-ADS project steamrolled from a talk on AIDS given in a school. By the end of the year, it **became an NGO**. **The** main activity of the program is IEC production **and** distribution. **As an NGO** they **are** the biggest supplier. Their main funders are NORAD, **SIDA** Canada, and **UNICEF**. **They produce** posters, booklets, **an anti-AIDS** club calendar, T-shirts, mugs, school supplies, and rulers. They create billboards in collaboration with the Ministries of Health and Education. They collaborate with locally-based theater groups who perform drama, poems, and songs and encourage them to do community outreach. They also collaborate with other organizations including government organizations. FHT conducts training in life skills. The project manager explained that they work a lot with other organizations so as not to duplicate efforts and not to reinvent the wheel. The project presently covers the country but they are making an effort to decentralize, using NGOs and government organizations already in place.

One of the program's principal activities is the organization of anti-AIDS clubs, both in and out of schools. In the schools the teachers are the "patrons" who oversee the clubs and in the communities leaders are selected. The Program Officer explained that they encourage adults to participate working on a voluntary basis. FHT gives assistance in materials, supervision visits, and training courses. They try to cover activities during school days so as not to add a burden to their schedules. The Ministry of Education has been very receptive and has started curriculum work. The project is also a strong support for the government in the AIDS field.

The Project Manager explained that it is becoming difficult to supervise the clubs effectively, which **is** one **of** the reasons they are aiming to decentralize: so that supervision will occur at the local level. When asked about sustainability, she responded that it is "the single biggest challenge of the project" as the project is practically 100% donor dependent.

FHT collaborates with the **YWCA** through material exchange, information exchange (through meetings and brainstorming sessions), and planning activities such as World AIDS Day. The project manager communicated that the **YWCA** program seems to be working well in the field and stated that FHT has learned a lot from them.

In meeting with one of the Zonal Coordinators, the procedure of establishing a health club was reviewed. Coordinators are trained to do the training of trainers; thus, it was his responsibility to form clubs in his zone. He explained the procedure as one of three main steps: find established clubs and visit them during their set meeting days, talk with club leaders about AIDS prevention, and train club leaders. Working with established clubs allows them to add an established

structure, avoid the risk of adding excess activities to the system, and helps assure continued activities.

The Zonal Coordinator explained that experience has demonstrated that it is very important to motivate **and** encourage club members and not just the leaders when working in the schools. When working in the communities, it is also important to talk with club members in their local language, as the leaders may not relay all of the initial information correctly. Coordinators are required to train only club leaders yet he has found that this is not sufficient. He has found that it is also very important to make follow-up visits to assure that leaders are working effectively and feel comfortable in their position. He also explained that although some of the individuals selected may appear to be natural leaders, not everyone who is comfortable working with this subject matter.

### **CARE Cameroon**

CARE Cameroon has two main AIDS prevention programs for youths that are conducted in two of the country's ten provinces, the Extreme North province and the East. In the Extreme North, the organization is initiating an in-school project on STD/HIV/AIDS and unwanted pregnancy prevention. In the East, the organization has been working on a STD/HIV/AIDS prevention project both in and out-of-schools. This project is co-financed by CARE and Family Health International (FHI).

The ongoing project in the East is based on a system of peer education where teachers are selected to oversee activities in the schools and animators are selected in the non-scholastic environment. These supervisors select youths, with the assistance of given criteria, to be trained as peer educators. Each peer educator is to contact 100 other youths.

The Project Coordinator, based in Yaounde, explained that after a year of functioning they discovered some difficulties in the organization. He said that the main difficulty was that there was no project leader in the East thus supervision and communication was difficult. During the second year of the project this was corrected.

An outside evaluation conducted by IRESCO looked at KAP related to HIV/AIDS. Findings indicated that there was an increase in knowledge, an overall change in attitude, and an increase in condom use (although condom use appeared to be selective and not consistent with every partner). At the same time there was an increase in the number of partners. The Program Coordinator believes that this is due to increased poverty and to the fact that there is no alternative for other sources of income. Since the East is an area of heavy rain forest and logging and the transport of goods are principle activities, there is much in and out traffic in the area and sexual activity is a repercussion. He feels that the project must work with alternative activities and also target other subgroups who influence the youths, such as their partners, truck drivers, etc.

CARE USA has given funds to extend the project another six months, past the original three year commitment, so that a permanent system may be put into place. The project is presently working on this.

In the Extreme North, extensive ethnographic and KAP preliminary studies have been conducted. Using this information and lessons learned from the East, a project is being created in this province focussing on STD/HIV/AIDS as well as pregnancy prevention. The Coordinator also mentioned that the studies indicate that the youths are sexually active from the age of 12, which will influence targeting. The project hopes to find Animators/Supervisors who can conduct AIDS prevention activities along with the jobs that they already do, to work with the structure already in place. However, he explained the importance of finding those individuals who are interested yet not overburdened with responsibilities.

## **Annex III**

### **SUGGESTED TOPICS FOR SMALL GROUP DISCUSSION**

The following list comes from a working draft of the Peer Outreach Resource Kit and offers an example of suggested topics for small group discussion conducted by the POWs through the YWCA peer outreach program.

1. Facts on HIV/AIDS
2. Facts on STDs
3. Condoms
4. The reproductive system
5. Gender issues
6. Adolescence/growing up
7. Sexuality
8. Finding our values
9. Romantic relationships
10. Peer pressure
11. Decision making & Problem solving
12. Assertiveness
13. **Risk** taking
14. Alcohol
15. Drug use

## Annex IV

### **INFORMATION AND SKILLS OFFERED THROUGH YWCA HIV/AIDS PROGRAM**

The following list comes from information obtained through discussion with POWs. When asked what skills and knowledge they feel they have gained through the program, the following were among the responses.

- ▶ "I've learned a lot of things, basically, basic ideas or knowledge about HIV/AIDS, STDs, pregnancy, and many other issues. I've also learned some basics in counselling, in peer-to-peer communication. Apart from that, I think I've learned a lot on how to behave when you are with different people, in a different society."
- ▶ "Communication skills. Being able to understand the people of the community that you are working with. How to relate to them."
- ▶ "The approach. You approach different people differently."
- ▶ "The skill of drawing information out of people."
- ▶ "Skills in materials production."
- ▶ "The ability to train others."
- ▶ "I've learned a lot from this project because before I had a lot of misconceptions. Through this program I've learned a lot: how the HIV virus works in the body and how many people can still live positively even if they know that they are (HIV) positive."
- ▶ "I wasn't interested in HIV/AIDS (before the project). I thought that it was mainly for a certain group of people, like prostitutes. I didn't know that even a person who's not a prostitute can get the virus. But when I joined this project I learned more about the AIDS virus and how it is transmitted and what it does in the body and all those things."