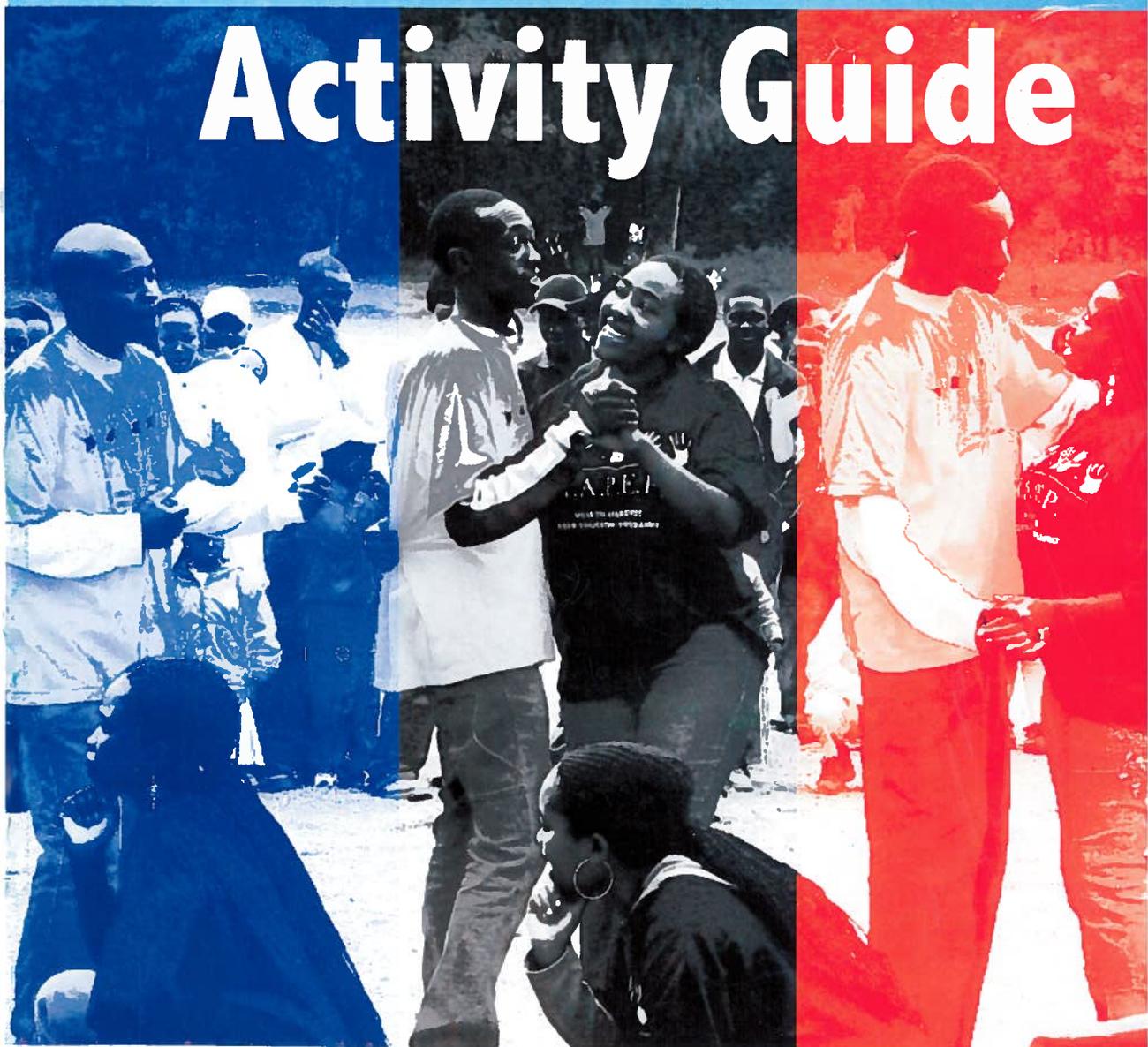


Youth Peer Educator's Activity Guide





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APHIA II Coast – Rift Valley

USAID APHIA II Coast and Rift Valley programs support improved and expanded HIV/AIDS and tuberculosis prevention, treatment, care, and support, along with integrated reproductive health and family planning services. The programs aim to increase service access and use, while promoting healthier behaviors for most-at-risk and general populations. Activities are taking place both at health care facilities and in communities, in collaboration with relevant government ministries and stakeholders at provincial and district levels.

Seven strategic partners are working on APHIA II in these regions: Family Health International (FHI), JHPIEGO, the National Organization of Peer Educators (NOPE), Catholic Relief Services (CRS), Social Impact (SI), World Vision (WV), and CLUSA. Each partner has its own role to ensure an integrated and networked response across the regions. NOPE implants the youth and workplaces programs.

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Table of contents

| | |
|--|----|
| Acknowledgements | 2 |
| Table of contents | 4 |
| List of abbreviations and acronyms | 5 |
| Understanding peer education sessions | 6 |
| SESSION 1: Values and Behaviour: | 7 |
| SESSION 2: Sexual Violence and Rape | 9 |
| SESSION 3: Healthy Love Relationships | 11 |
| SESSION 4: Self Awareness and Self Esteem | 13 |
| SESSION 5: Risky and Non-Risky Behavior | 16 |
| SESSION 6: Drug and Substance Abuse | 19 |
| SESSION 7: Sexually Transmitted Infections | 23 |
| SESSION 8: HIV Prevention | 26 |
| SESSION 9: Correct Consistent Use of Condoms | 30 |
| SESSION 10: HIV Counselling and Testing | 34 |
| SESSION 11: Stigma and Discrimination. | 38 |
| SESSION 12: Positive Living: | 41 |
| SESSION 13: Care for Young PLWHA | 45 |
| SESSION 14: Prevention and Treatment of Tuberculosis | 48 |
| SESSION 15: Prevention and Treatment of Malaria | 51 |
| SESSION 16: Gender | 54 |
| SESSION 17: Family Planning | 57 |
| SESSION 18: Safe Motherhood | 62 |
| SESSION 19: Decision Making Skills | 64 |
| SESSION 20: Goal Setting | 66 |
| SESSION 21: Economic Empowerment | 68 |

List of abbreviations and acronyms

| | |
|----------|---|
| AIDS | Acquired Immune Deficiency Syndrome |
| APHIA II | AIDS Population and Health Integrated Assistance II |
| COP | Combined oral pill |
| CT | Counseling and testing |
| DVD | Digital Video Disc |
| FP | Family Planning |
| HIV | Human Immunodeficiency Virus |
| IEC | Information Education Communication |
| NOPE | National Organization of Peer Educators |
| PE | Peer education |
| PITC | Provider Initiated Counseling and Testing |
| PLWHA | Person Living With HIV/AIDS |
| PMCT | Prevention of Mother to Child Transmission |
| POP | Progesterone only pill |
| PTC | Post Test Clubs |
| RH | Reproductive Health |
| STI | Sexually Transmitted Infections |
| TB | Tuberculosis |
| VCT | Voluntary Counseling and Testing |

Understanding peer education sessions

Peer Education:

A peer education session is a semi-formal, at times formal deliberately organized learning opportunity where a trained Peer Educator (PE) creates and facilitates a session among peers to learn a specific skill, or piece of information through interacting with each other and the content of interest. A quality session is one that maximizes learning and interaction. The elements/principles of a high quality peer education session are:

- a) **Informal settings:** the session happens in a relaxed atmosphere and the PE creates a friendly, safe environment to encourage sharing and open dialogue. Peers feel comfortable with each other and can ask questions about the material. If it becomes like a teacher-classroom setting it is no longer peer education.
- b) **Organized:** The event does not happen by chance; it is contrived by the peer educator. The PE invites the peers and sets a specific time when they should be there. A quality Peer education session cannot be ad-hoc or laissez-faire, the PE must have planned to have the session. It cannot be spontaneous.
- c) **Set in a conducive learning environment:** learning cannot happen where there are too many distractions. The setting must be free of interference that will render the interaction non-focused.
- d) **Facilitated:** the peer educator facilitates the processes that leads to learning. The facilitator plays a key role in making the exercise focused on the goal of the session.
- e) **Learner-centered:** the issues to be discussed, the skills to be transferred must be demand driven and not based on the whims of the Peer Educator. The principle role of the facilitator in the process is affirming the peer led nature of the learning.
- f) **Informative or empowering:** the session must have something that is learnt from it, a new fact, perspective a skill, greater confidence or competence in execution. At the end of a learning session there must be a lesson learnt – a take-out message or skill.

SESSION 1:

Values and Behaviour

1



Session duration: 45 minutes

Session objectives:

- By the end of the session, the peers should identify things they value
- To understand how values influence their behavior



Icebreaker:

Ask the peers to make a circle and choose two volunteers. One volunteer asks the questions while the other answers. The question should reflect some absurdity e.g. *kichwa yako ni ya punda* etc. The second volunteer attempts to answer without breaking into laughter.

Method:

- Demonstration
- Group discussions



Description of activities:

- Ask for three volunteers.
- Pick three items from the participants e.g. phone, pen, money.
- Ask three volunteers to choose any of the items.
- Ask them to explain why they choose what they took.
- Introduce the idea of values by explaining that values are material things that people carry but also beliefs, principles or ideas that are important to us and help define who we are.
- Discuss values with peers by asking the following questions
 1. What are some of the things that they value?
 2. Where do we get our values from? (culture, family, religion)
 3. Are there examples of values that are shared with others? Are there examples of values that are unique?
- Ask the peers to identify people they know who have stood up (did something) because of what they believed in.
- Help peers to explore how their personal values have influenced their behavior by sharing an example. A person who values

- honesty, would not lie to get a job.
- Ask peers who influences their behavior? Is it a positive or negative influence?
 - Wrap the session by the telling the peers that different values influences different behavior.
 1. Values influence decision making and subsequently how we behave.
 2. People will speak about what they value and stand up for it.
 3. People may feel guilty if their behavior contradicts their values in a negative way.



Key Message:

Values are personal and influence the way we make decisions and behave. Sometimes an individual may behave contrary to their values due to outside influences. It is important to adopt positive values that result in healthy and safe behavior.

SESSION 2:

Sexual Violence and Rape

2



Suggested Time: 45 minutes

Session Objectives: By the end of the sessions peers will:

1. Understand date rape
2. Be able to identify preventive actions to avoid date rape
3. Know what to do in the case of violence or rape



Ice breaker:

Method:

- Role play
- Discussion
- Experience sharing



Materials:

- IEC material



Description of activity:

- Ask for a male and a female to volunteer and act out the following role play.
Jaymo and Kate are dating. On this day the two are at Jaymo's house. Jaymo wants them to have sex but Kate who feels that the time is not right does not. After a tussle, Jaymo pulls Kate's dress to force her to have sex since he believes Kate meant 'yes' when she said 'no'.
- Facilitate discussions with peers based on the following questions:
 1. What happened to Kate?
 2. What did Jaymo do?
 3. Did Jaymo have a right to force himself on Kate? Is it true that when a woman says yes she means no?
 4. What are the risks for Kate and Jaymo?
 5. What should Kate do now?
- Making reference to the notes, discuss with the peers what Kate and Jaymo could have done to avoid this situation.



Key message:

It is important to seek medical care after rape to prevent pregnancy and HIV infection, as well as get emotional and legal support.

Facilitator's Notes



Preventing acquaintance/date rape: Although acquaintance/date rape represents 40-60 percent of all sexual assaults, it is the least understood type of sexual assault. It is not a stranger or an intruder in the home, but the rapist is someone the victim knows. He or she could be a friend, boyfriend or girlfriend, a neighbor, co-worker or a relative. Anyone can be raped. Rape happens because of a need for power and control over someone else.

How can I protect myself from rape?

1. The best thing you can do is trust your instinct! If you feel uncomfortable with a situation or threatened by someone, get to a safe place as soon as possible.
2. Do not be alone before you're ready. It's a good idea to go out in group dates with friends, especially when dating someone new. Avoid secluded places like empty buildings, or bushes.
3. Keep others informed. Always make sure that someone knows where you are going and when you will be home.
4. Split the cost. If you go out somewhere, share the cost in order to prevent your date from thinking that you "owe" sexual favors in return. Eat what you can afford.
5. Think about your sexual limits. Before going out on a date, think about what you want to do, and do not want to do.
6. Be clear with your date about your sexual limits. Give the message that "no" means "NO", not "try harder for a 'yes.'"
7. Do not worry about being polite. Use strong nonverbal techniques to reinforce what you are saying such as pushing away, not smiling, using a firm tone of voice so on.

Medical management for those who have been raped:

- History taking and examination by trained personnel
- Pregnancy prevention - options for emergency contraception pills which should be as soon as possible and within 120 hours of exposure
- HIV & AIDS prevention - Post Exposure Prophylaxis (PEP) drugs are available which should be as soon as possible and within 72 hours of exposure
- Management of physical injuries



SESSION 3:

Healthy Love Relationships

Suggested Time: 45 minutes

Session Objective: By the end of the session, peers will:

- Identify characteristics of healthy love relationship
- Define what love is Ice breaker: Ask peers to form a circle and sing the song “*ninampenda nani.*”

Method:

- Experience sharing
- Discussion
- Small groups discussion



Materials:

- IEC materials

Description of activity:

- Share with the participants this scenario:
‘John has been seeing two girls. When his friends confronted him, he said they are both his girlfriends and he loved them both equally.’
- Facilitate a discussion by asking the following questions
 1. Can John say he loves both women equally?
 2. What does it mean to have a boyfriend/girlfriend?
 3. Can one love two people who have the same qualities?
 4. Do you think the girl’s know about each other? If so, what would happen?
 5. Is there any such thing man/woman of one’s dream?
- Divide the peers into two groups of males and females. Ask each group to brainstorm on the qualities they think are important in choosing an ideal mate and have them list them in terms of priority.
- After the exercise have the peers compare notes identifying similarities and differences. Discuss the qualities that make for a healthy relationship (respect, understanding, cooperation, caring, responsibility).
- Explore with peers the advantages of and challenges of being in a

- love relationship, especially with multiple concurrent partners.
- Explore with peers the difference between love and infatuation by giving examples of actions which may suggest love and those that suggest infatuation.
 - Discuss with peers how one can foster love relationships and leave unhealthy relationships.



Key message

Love involves caring, respecting, protecting each other. Love is not equivalent to having sex.

SESSION 4:

Self-Awareness and Self-Esteem



4

Suggested time: 45 minutes

Session objectives: By the end of the session peers will:

- Raise their self-awareness
- Identify things about themselves that boost their self-esteem



Ice breaker

Ask the participants to form a circle and sing the song 'yayaya.' Participant take turns to come to the center and dance as others clap.

Method:

- Discussion



Materials:

- Johari's window



Description of activities:

- Ask participant's to reflect on themselves and describe themselves under the headings as captured in the Johari's window

| | | |
|----------------------------|----------------------|--------------------------|
| | Known to self | Not known to self |
| Known to others | OPEN | BLIND |
| Not known to others | HIDDEN | UNKNOWN |

- Now ask the peers to form two circles, one inside the other. Ask the participants in the inner circle to close their eyes and put their arms around each other and lower their heads. Ask those in the outer circle to go round those in the smaller circle and while they are going round, read out the following:
- Give a pat on the back to someone who makes his or her own decisions and sticks to them.
- Touch the head of someone who is friendly and understanding.
- Give a pat on the arm to someone who works well with others.
- Touch the shoulders of someone who is respected and recognized by peers.

- Touch the shoulder of someone who makes us feel confident.
- Now let the participants change positions and the group that was in the outer circle move to the inner circle and ask the same questions. (Add more to be used to be sure everyone has been touched in the group.)
- Stop the exercise and ask the peers to discuss how they felt.
- Explain that in the exercise, our peers identified our strengths. When we know and value ourselves this is called self-esteem.
- Explain that if people believe in themselves and their ability, then they are able to work hard, reach set goals, resist peer pressure, accept challenges, are more comfortable with others.
- Discuss with peers what can improve self esteem. Discuss what can lower one's self-esteem.



Key message:

Self-awareness is the key to knowing about oneself and having better self esteem. It is only when we have high self-esteem that we can achieve a feeling of self worth.

Facilitator's Notes



Self-awareness: This is the ability to understand who you are, your strengths and weakness. It enables one to work on his /her weakness and build on his / her strengths. It helps people to accept corrections.

Self-esteem: Self-esteem is a word used to describe how people feel about themselves. Someone with high self-esteem accepts his or her mistakes and moves on. They feel confident about their own decisions. If another person tries to convince or persuade him or her to do something they do not want to do, people who feel good about themselves will be less likely to fall under another person's pressure. People are not born with self-esteem. It is learned as children realize that they are loved and valued.

Ways to improve self-esteem for young people:

- Recognizing their special talents and appreciating themselves the way they are.
- Focusing on your best qualities, not comparing them against to others.
- Being aware of things they would like to improve about themselves, but not being overly self-critical.
- Setting realistic and achievable goals.
- Believing in themselves.
- Spending time with people who care for them and make them feel good about themselves.
- Staying away from people who damage their self-esteem.

Source: MOH Adolescent Reproductive Health Manual (year?)

SESSION 5:

Risky And Non-Risky Behavior



5



Suggested time: 45 mins

Session objectives: By the end of the session peers will:

- Be able to differentiate between risky and non-risky behaviors
- Understand the consequences of risky behaviors



Icebreaker:

Have a number of seats fewer by one than the number of peers. Let peers sing a song or play it from a radio. When the music stops, the peers should aim at seating on the chairs. Whoever misses the seats should leave the game and each time the seats are reduced by one, until there is one winner.

Method:

- Picture
- Discussion
- Experience sharing



Materials:

- IECs
- Behavior cards



Description of activity:

- Divide peers into groups, give each group a few behaviors, then have them classify the behaviors on the table below as either high, low or no risk. Each categorization should be followed up with an explanation. Some behavior may be identified as either high, low or no risk depending on circumstances and explanation given. This should form the moving group.

"No Risk" cards:

- Mutual masturbation;
- Solo masturbation;
- Fingering;
- Showering together;
- Erotic massage;
- Watching erotic films;
- Phone sex;
- Sexy role-playing;
- Passionate kissing on the lips;
- Kissing and licking all over the body;
- Caressing;
- Using sex toys without sharing;
- Body rubbing.

"Lower Risk" cards:

- Vaginal sex with a condom
- Anal sex with a condom;
- Oral sex with a condom;
- Swallowing semen.

"Higher Risk" cards:

- Vaginal sex without a condom
- Anal sex without a condom;
- Oral sex without a condom;
- Sex with multiple partners using a condom sometimes.
- Sex with a partner of unknown HIV status.

Moving cards:

- Having sex with someone you love;
- Having sex with a young person;
- Having sex for money;
- Injecting and sharing drugs;
- Having sex with a foreigner;
- Never had sex;
- Paying for sex;
- Currently abstaining but had sex before.

- Engage peers in a discussion of what is risky and how they can avoid risk behaviors.
- Have peers role play how they can explain to a partner that an intended behavior poses risk and offering a safer alternative.



Key message:

It is important to assess the risks related to certain behavior. This will enable avoidance of behavior that may put one at risk of STI or HIV infection.

Facilitator's notes:



- “High Risk” behaviors involve the exchange of blood, semen, breast milk, or vaginal secretions and pose a definite risk of transmitting HIV.
- “Low Risk” behaviors involve a barrier such as a condom, but they are activities during which exchange of body fluids might create some danger of transmitting HIV or STIs.
- “No Risk” behaviors involve no exchange of blood, semen, or vaginal secretions and thus pose no risk of transmitting HIV or STIs.
- Some behaviors contain risk factors that could increase the likelihood of unprotected sex, therefore increased risk for STIs and HIV, among other things.



6

SESSION 6: Drug and Substance Abuse



Suggested time: 1 hour

Session objectives: By the end of the session peers will:

- Name the most commonly abused drugs by peers
- Understand the effect of drugs to enable recognition of a person with a drug problem and refer the persons



Ice breaker:

Teach peers the song Mtu Mmoja Kwenda Kulima Shamba (Annexed) and have them sing it to ice break

Methodology:

- Experience sharing
- Discussions



Materials:

- IEC materials



Description of Activities:

- Ask peers to share experiences of people they know who have had drug or alcohol abuse problem
- Ask participants to name the common drugs they may know of. Encourage them to use their common or street names.
- Help peers differentiate between the medical drugs (pain relievers, sleeping pills, cold medicines), depressants (alcohol, glue, mandrax, heroine, morphine), and stimulants (miraa, bhang, cocaine, nicotine).
- Help peers differentiate between drug use and abuse. Drugs use precedes drug abuse. Tell the peers that drug abuse is the non-medical use of drugs that interferes with a healthy and productive lifestyle.
- Explain to peers that some substances such as medical drugs have positive effect on health when used as prescribed but can be harmful if abused or taken in excess.
- Ask peers what leads youth to abuse drugs?

If not mentioned, include:

1. Influence from peers and other role models in the community at weddings, funerals, or socially to have fun
2. Stress, worry that lead to a desire to escape from reality
3. Feeling lost and without direction
4. Attitudes, beliefs and personality traits
 - Ask peers what are the effects of drug abuse on a young person?

If not said, include:

1. Risky sexual behavior
2. Anti-social behavior and crime
3. Physical and mental bodily harm such as memory loss, cancer, infertility
4. Addiction and long term dependency
 - Discuss with peers some common signs and symptoms of drug abuse:
 1. Sudden changes in personality without another known cause
 2. Loss of interest in hobbies
 3. Sudden decline in job performance
 4. Changes in lifestyle, friends and sudden secretiveness
 5. Difficulties in paying attention and memory loss
 6. Sudden aggressive behavior, moodiness and sharp anger
 - Read out to peers the statements depicting myths and fact on drugs (see facilitator's notes below) and have them cheer for those they think are facts and boo for those things they think are myths. If not sure, ask for a volunteer to explain their views and find the truth.
 - Ask peers what can they do if they suspect someone is abusing drugs or alcohol?



Key message:

Drugs are threatening our society but as youth we should not let drugs control our lives.

Being able to resist pressure to use drugs is a decision that can be made if assertive and confident in your choice.

Facilitator's notes:



Definitions of terms

A drug is a chemical substance, which interacts with a living organism thereby bringing, changes in the way the organism functions.

A substance is anything that brings about psychological or physiological changes in the body and is chemically produced. It could be legal or illegal.

Dependency is an urge in a person to take a particular substance despite knowledge of harmful effects

Tolerance is a situation where a person needs increased doses of substance to achieve required effect

Drug use- is the use of any chemical substance that causes physical, mental, emotional or social harm to an individual or to the people close to him.

Drug abuse is using a drug for no medical reasons on regular basis usually to change mood or for pleasure.

Withdrawal is when one stops taking a drug/ substance that he/she has been abusing or addicted to. It is often accompanied by adverse effects e.g. tremors, palpitations, sweating, irritability etc

Intoxication- this is the reversible substance specific syndrome due to recent use of a drug accompanied by mal-adaptive behaviour.

Drug addiction – is the compulsive use of drugs despite the social, emotional, or physical harm they may cause the individual. It has two components i.e. physical and psychological dependency.

Physical dependency occurs when the drug has been used habitually and the body has become accustomed to its effects.

Psychological dependency occurs when a drug has been habitually used and the mind has become dependant on the effects and does not feel capable of functioning without it.



Myths and facts on drugs

- Alcohol is just an addictive substance not a drug-(Myth. Alcohol is both an addictive substance as well as drug as it affects the mind).
- A cup of coffee and a cold shower will sober a drunkard- (Myth. Only time will cause a person to become sober as it take at least an hour for the liver to process one alcoholic drink).
- Smoking cigarettes now and then is not harmful- (Myth. Addiction to nicotine is quick. People who smoke for any period of time have a greater risk of lung cancer and other lung diseases, cancer of the throat and tongue and other heart diseases and not to mention the bad breathe and stained teeth.
- Drinking only beers will prevent problems with alcohol- (Myth. Ethyl alcohol present in all alcoholic drinks affects all who anyone who drinks it).
- Alcohol is a sexual stimulant. (Myth. Alcohol, just like cocaine and other drugs can actually depress person's sexual responses. The drug may lessen inhibition with partner but may cause lack of erection, loss of sexual feeling.
- Bhang is not harmful- (Myth. Although research is ongoing, many experts believe that long term use of bhang is potentially dangerous and may lead to a decrease in motivation, memory loss, damage to coordination, impaired judgment, damage to reproductive system and throat and lung irritation).

SESSION 7:

Sexually Transmitted Infections

7



Suggested Time: 45 minutes

Session Objectives: By the end of the session, peers will:

1. Be able to name common STIs
2. Be able to identify symptoms of common STIs
3. Describe the steps to take when infected with an STI to avoid consequences



Ice breaker:

Methodology

- Role play
- Discussion
- Experience sharing



Materials:

- IEC material



Description of activity:

- Ask two volunteers to act out the following role play.
'22-year-old Susan concedes to pressure from her boyfriend Bob to engage in sex after a weekend party at a friend's house. The next week, Susan notices a cloudy yellow vaginal discharge accompanied by pain while passing urine. She shares this with her friend Nancy who thinks that this is normal and it will pass'. Nancy advises her to tolerate the pain since it is only temporal.

Facilitate discussion by asking the following questions:

1. Should Susan take her friend's advice? Why?
2. What would be the consequences of the options she takes?
 - Now divide the peers into groups and ask them to list some common STIs they have heard of and list down their symptoms. Let each group share their list and develop a common one adding any information left out.
 - Explain to participants that most STIs are transmitted sexually but others are not. Explain that unfortunately some STIs often

have no obvious signs particularly in women which is why they are easy to catch and pass on.

- Discuss with partners steps to take when experiencing any of the above signs after an act of unprotected sex. Seek medical treatment immediately and complete the treatment. Inform your sexual partner and encourage him/her to seek treatment too. Abstain from sexual contact until treatment is complete and symptoms are gone.
- Discuss with participants the long term effects of untreated STI's for females and males. For example females may experience pelvic inflammatory diseases, cervical cancer, and infertility. Males may experience sterility, burning and sores.
- Now ask for two volunteers. Ask them to assume that Susan went to the hospital and was then asked to bring her boyfriend Bob to be treated as well. Ask the volunteers to role play Susan asking Bob to accompany her to the hospital.
- Reflect on what has happened in the role play with the group. Asking: Is this common? Why or why not? How was Susan's attempt? Do you have advice for her?



Key messages:

- A person can get an STI even after a single unprotected sexual act with an infected partner
- Most STIs if diagnosed at early stages are treatable. It is important for you and your partner seek urgent medical intervention to avoid consequences.
- Having an STI and unprotected sex with a partner of unknown HIV status could expose you and your partner to HIV infection.

Facilitator's notes:



- STIs are very common in Kenya and present many reproductive health problems to sexually active people aged between ages 15–45. STIs are one of the five most common diseases treated in outpatient department of most Kenyan Health facilities.
- STIs can cause serious medical problems in both males and females,, if not diagnosed and treated early. These include infertility, pain and discomfort; ectopic pregnancy [pregnancy outside the uterus]; blindness; brain damage and death.
- The signs and symptoms of STIs include redness or soreness of the genitals; pain at the urination or cloudy or strong smelling urine; unusual discharge from the penis or vagina, sore blister on or around the genital area, near anus or at the opening of the cervix, excessive itching or a rash; abdominal cramping [pain in the lower part of the abdomen or stomach]; a slight fever and an overall sick feeling. However, most young people experience no symptoms at all.
- The three most effective ways to avoid an STI including HIV/AIDS are to abstain from sexual intercourse of any kind; use of condoms every time you have any kind of sexual intercourse and be faithful to one uninfected partner who is also faithful to you.
- The three most important things you should do if you think you have been infected with are: 1. Seek proper medical treatment right away. 2. Inform your sexual partner and abstain from sexual contact 3. Finish all the medicine given to you by your health worker.

SESSION 8: HIV Prevention

8



Suggested Time: 55 minutes

Session Objectives: By the end of the session peers will:

1. Have basic information about HIV/AIDS
2. Know the modes of HIV transmission
3. Define the differences between HIV and AIDS
4. Identify the ways to prevent HIV infection



Icebreaker

Ask peers to stand in a circle and close their eyes. Tap one of them on the shoulders and designate this as the killer. Now ask the peers to open their eyes and mingle. Ask the killer to discretely wink at anyone whom their eyes meet. The winking signifies killing and once a peer has been killed they leave the game. The last peer

Method:

- Discussion
- Scenario
- Experience sharing



Materials

- IEC materials



Description of activity:

- Share with the peers the following scenario

Kangombe's cattle boma

“John Kangombe of Chamuka village owns 50 cattle. He has built a very strong cattle boma from long, strong wooden poles and mud. This ensures that his cattle are safe from wild animals at night. Each evening, when his son brings the cattle back from the fields, Kangombe counts his cattle as they enter the cattle boma which he closes securely himself before going to sleep. There are times when he hears the sound of lions nearby. In the morning, he sees the foot prints of the lions near the cattle boma, but Kangombe has always been sure that his cattle boma is very strong.”

Last week though, a lion went into the cattle boma and killed one cow. When he inspected the cattle boma in the morning he realized that termites had been eating the poles near the door from inside the cattle boma. The pole was almost all eaten up and was therefore no longer strong. The lion had pushed against the door and it broke, leaving space big enough for it to go in.”

- Ask peers the following questions:
 1. What do the cattle boma and the cattle represent?
 2. What do the termites and lion represent?
- Use the notes below to explain about HIV/AIDS.
- Ask participants to give the difference between HIV and AIDS. (HIV is the virus that causes reduction in the body immunity resulting in a condition where the body is vulnerable to all infections. HIV is the infection stage of the condition. AIDS is the disease phase.)
- Discuss with peers the known methods of HIV transmission. (Unprotected sexual intercourse with an infected person, infected blood transfusion, mother to child transmission, and contact with live and infected blood.)
- Now that peers understand transmission, ask them to list the ways of preventing HIV. (Abstaining from sex, using a condom during sex, treatment if pregnant and HIV positive through a clinic, and avoiding contact with sharp items that have blood that may be infected and cut you.)



Key message:

- Although there are other modes of transmission HIV is mostly transmitted through sexual intercourse, therefore abstinence is the best form of prevention. However for sexually active young people, a condom should be used every time you have sex.

Facilitator's Notes



H = Human: Only found in humans

I = Immuno-deficiency: weakens the immune system

V = Virus: A type of germ

A = Acquired: To get something that you are not born with

I = Immune: Your defense system

D = Deficiency: Lack of or not enough of something

S = Syndrome: A collection of diseases, getting sick

- HIV means Human Immuno-deficiency Virus and is the germ that causes AIDS. HIV is a germ is transmitted from one person to another.
- Human means that it affects only humans and lives only in humans.
- Immuno-deficiency refers to a lack of (deficiency) or breakdown of the human body's immune system. The immune system is the body's resistance or the "body's defense force" (BDF) used to fight off infections. The virus attacks and eventually overcomes the body's immune system (the BDF). The immune system is usually able to defend the body against many infections – except HIV, and other diseases caused by viruses.
- AIDS means Acquired Immune Deficiency Syndrome. AIDS is not transmitted.
- To acquire means to "get". AIDS is not passed or caught on but develops over a period of time.
- "Immune" and "Deficiency". The immune system does not break like an egg; it breaks down gradually over time. It gets deficient or less and less efficient under the relentless attack by the multiplying numbers of viruses in the body.
- Syndrome is the group or collection of signs and symptoms (or indications) of diseases in a person who has AIDS such as:
 - Unusual weight loss (more than 10 percent of normal body weight)
 - Unexplained fever (on and off or continuous)

Facilitator's Notes cont



- Dry cough which hangs on
- Excessive tiredness
- Diarrhea for a long time (more than a month)
- Swelling of the lymph nodes around neck or armpits
- Respiratory tract infections e.g. pneumonia, tuberculosis
- Thrush
- Night sweats
- Stroke
- When the virus enters the body, it comes into contact with the front line of the body's defense system. In the early stages of infection (during the first few days or week) the infected person might feel as though the flue is coming on. HIV overpowers this front line (made up of white blood cells called macrophages) and makes its way into other body cells, destroying them and multiplying at a rapid rate.
- Antibodies (chemical substances) to the virus are produced. The body produces and releases antibodies into the bloodstream anywhere from six weeks to six months from the time of infection. This six-week to six-month period (shorter or longer depending on the particular body) is called the "window period".
- When the amount of viruses in the body reaches a high point and the amount of body cells that are supposed to fight off disease reaches a low point, the body is more open to other infections. HIV and various diseases then take over the body. This is when the person may be said to be living with AIDS.
- Antiretro-viral drugs (ARVs) are now available and help to boost the immune system thereby assisting a person to live longer, but do not kill the virus.

SESSION 9:

Correct Consistent Use of Condoms

9



Suggested Time: 1 hour

Session Objectives: By the end of the session peers will:

1. Know the steps in condom use and their disposal
2. Identify benefits of using condoms correctly, consistently
3. Discuss common myths around condoms



Ice breaker:

As peers to make a circle and hold each other firmly. Ask a volunteer to go outside the circle and attempt to break into the circle singing, “hapa je pana mwiba, mwiba gani, ya uchokozi, nikipata haikatiki.” The other should prevent him/her from finding a weak point.

Methodology:

- Condom demonstration
- Experience-sharing



Materials:

- Penile model and condoms



Description of activity:

- Begin by showing a male condom to the group. Ask them: Who are condoms for? When should they be used?
- Emphasize that effectiveness of a condom depends on correct use and consistency.
- With the aids of a penile model, demonstrate the steps in correct condom use (refer to the note below).
- After the demonstration ask some volunteers to come forwards and try out with other peers guiding them step by step.
- Discuss with peers some of the difficulties encountered such as trying to roll down the condom, trying to open the condom pack, and squeezing the air as the condom is rolled out.
- Refer to the notes to demonstrate to peers about the female condom use.
- Ask peers if there are any who have ever been in a situation where

the condom 'burst.' If any ask to share experience and pick out from the demonstration where they could have gone wrong.

- Divide the peers into two groups and have one group discuss the reason why some people use condoms and group two discuss why some do not like to use. Reconvene and exchange views.
- Summarize by giving peers the basic facts about the condoms.



Key Message:

- Correct and consistent use of condoms prevents pregnancies and sexually transmitted diseases, including HIV infection.

Facilitator's Notes



Basic facts about condoms:

- There are two types of condoms: the male condom and the female condom.
- The male condom is made from rubber while the female condom is made from plastic.
- The male and female condoms stop semen and other body fluids from coming in contact with a sex partner's body thus helping to prevent pregnancy and transmission of disease. When you use condoms correctly, they can prevent STIs, HIV transmission and unwanted pregnancy.
- HIV cannot pass through the condom.
- Condoms do not have pores or holes.
- Condoms are lubricated for comfort. Some of the lubricants contain spermicidal.
- Male and female condoms are subject to quality assurance tests before they are introduced into the market. For example, before the Maximum condom gets into the market, it goes through quality assurance.
- No penis is too big or too small for the male condom.
- In addition to blocking the exchange of body fluids between the man and the woman, the female condom also protects the outer part of the vagina.
- Condoms come in different colors to create variety.
- There are different types and brands on the Kenyan market.
- Condoms should be handled with care. They should not be exposed to sunlight or heat. Do not use oil, Vaseline or lotions to lubricate the male condom. They damage the condom.

Steps in male condom use



1. Check the expiry date and look for signs of damage such as discolored, torn or brittle wrappers. Make sure you do not use condoms which have passed the expiry date or seem to look old
2. Press the condom pack to see if it is still puffy; that is if air is still inside. If the condom is flat, do not use it
3. Look for the slit or V shape on the condom package. This is there to help you conveniently tear open the condom package.
4. Tear the package carefully along one side. It is better not to do these using teeth, razor, fingernails or any sharp object to avoid damaging the condom.
5. Place the rolled up condom on the top of the penile model.
6. Hold the tip of the condom between a finger and thumb—leaving space at the tip to collect the sperm or semen.
7. Unroll the condom down to the end of the penile model.
8. When the rim of the condom is at the base of the penis, sexual intercourse may begin.
9. After intercourse and ejaculation, hold the rim of the condom and pull the penis out before it gets soft.
10. Tie the condom and throw it into the dust bin or pit latrine. You may also burn it. Do not flush it in the toilet as this can block the toilet
11. Use a new condom each and every time you have sex.

Steps in female condom use



1. Check the expiration date and inspect the package.
2. Carefully tear/open the packet along the edge and remove the condom.
3. Look for signs of damage and rub wrapper to spread oil evenly.
4. Identify the opening at one end of the condom.
5. Identify the inner ring.
6. Identify the outer ring.
7. Make sure that the inner ring is at the closed end.
8. Hold the condom with open end hanging down.
9. Squeeze the inner ring between your thumb, index and middle fingers.
10. Find a comfortable position to insert the condom—squat, sit with your knees apart or stand with one foot on a chair.
11. Still squeezing with your three fingers, guide the condom into your vagina.
12. Use your other hand to help widen the opening to your vagina.
13. Let go of the condom.
14. Put your index finger inside the condom until you can feel the inner ring.
15. Use your finger to push the ring up inside the vagina.
16. Make sure the outer ring lies flat against the opening of your vagina.
17. When you are ready to have sex with your client, use your hand to guide his penis into the condom. Ensure that the ring is in position
18. Stop if the penis accidentally enters underneath or beside the condom.
19. Guide your partner's penis back into the centre of the condom.
20. Twist the outer ring to keep the semen inside.
21. Gently pull the condom from the vagina.
22. Wrap the used condom in paper and throw it in a bin. Don't flush it in a toilet.
23. Don't re-use or wash the female condom. Use a new condom each time you have sex.

10



SESSION 10: HIV Counselling and Testing (G-JUE)

Suggested Time: 45 minutes

Session Objectives: By the end of the session peers will:

1. Define HIV counseling and testing
2. Explain the benefits of knowing your HIV status
3. Explain the process of HIV counseling and testing



Icebreaker:

Blindfold Race. (Preferably done in the open) Designate two points as point A and point B. Between the two points place bottles and other objects to act as barriers. Divide the peers into manageable groups, two to three and have each group propose a volunteer who is blindfolded. The blindfolded volunteers will move from A to B navigating round the bottles as they take directions from team members. The first person to successfully get to point B is the winner.

Methodology:

- Small group discussions
- Experience sharing



Description of activity:

- Ask participant what HCT stands for. (HIV counseling and testing for HIV). Discuss with peers what HCT means and the ways a young person may learn their status. (At a VCT site, or prior to receiving care at a hospital or clinic by a provider, or a mobile event or at home.)
- Ask a peer who has ever been tested to share their experience and in so doing explore the process of counseling and testing taking note to highlight on pre-test counseling, confidentiality, post test counseling, and post test behavior changes.
- Ask peers to share some of the common myths about testing.
- Divide peers into two groups and have one group discuss the merits of counseling and testing while the other group list down reasons why people choose not to go for counseling and testing.

- Discuss the points raised by the two groups jointly.
- Explore the fears of going for the counseling and testing. Encourage those who have tested to share their experiences to reassure others, if negative or positive.
- Explain that sometimes when seeking services for a medical condition, the health care provider can recommend an HIV test as part of the diagnosis. Explain that this is called diagnostic testing and counseling. Link this with provider initiated testing and counseling where testing is done as a routine exercise towards prevention eg in the case of expectant mothers.
- Discuss with peers how one should treat the test results. Emphasize the need to confirm your results after the window period and continue to make healthy decisions around risk.



Key message:

- Counseling and testing is the only way of knowing one's HIV status. G-jue hali yako.
- It is important that sexually active partners know each other's status; this can only be done with couples HIV testing.
- It is recommended that one should retest after three months to confirm their status (window period) and thereafter engage in periodic testing between new sexual partners or if exposure is suspected. (routine testing).

Facilitator's Notes



- **Voluntary:** Means that you make a choice to go for counseling and testing when you are ready. You are not forced to go for the test.
- **Counseling:** A trained counselor has a discussion with the client to talk about an HIV test and what the results of the test would mean. This is called pre-test counseling. After getting the results, the counselor and client have another discussion when the results are explained. This is called post test counseling.
- **Testing:** A small amount of blood from your body is tested for HIV antibodies. (Antibodies are what the body produces to fight the infection.)

Reasons why people do not want to go for HCT

- Fear that if they are HIV positive, they will die quickly, face stigma or discrimination.
- Little or no knowledge about HIV counseling and testing.
- Misinformed about care and treatment thinking there are few options available.

Why VCT is important?

- Helps those who attend to assess personal risk behavior and talk to a professional.
- Lessens worry, and facilitates understanding. One learns how to live positively.
- Helps people to plan and make informed choices for the future.
- Leads to early referral to HIV specific clinical care, treatment and support, including PMTCT.

The testing process

- You will be given information that will help you make a decision to take a test.
- Remember that whatever you discuss with a counselor, including your test results, will be between you and the counselor. It will remain confidential.

Facilitator's Notes cont



Pre-Test Counseling

- During this part, the counselor prepares you for testing. Your counselor will ask you what you know about HIV/AIDS and explain what will happen during the testing.
- The counselor prepares you for the test and makes sure that you understand what HIV and AIDS are and what a positive or negative test result means.

Testing

- If you then choose to be tested, blood is drawn from your body and is tested for antibodies to HIV.

Post-Test Counseling

- The counselor helps you talk about your feelings and you discuss any concerns you have.
- The counselor also helps you to make a plan on what to do now that you know your HIV status.
- If your results are negative, you will be given advice on how to stay negative.

If you are positive, the counselor can give you advice on how to live positively with HIV and refer you to receive further care and support..Again, this will be in total privacy and will remain confidential.

- If your first test result is negative (non-reactive),the counselor will invite you for a second test after the window period. This could be you are in the window period.(The window period is the stage between the moment you are exposed to the virus and the time when your body starts producing antibodies.

11



SESSION 11: Stigma and Discrimination

Suggested Time: 1 hour

Session Objectives: By the end of the session peers will:

- Know what stigma is
- Identify causes, forms and effects of stigma in the society
- Be empowered to challenge stigmatizing attitudes in the society



Ice breaker: Identify one peer and instruct him/her to shake hands selectively with majority of the peers present and leave out some. Instruct him/her sneer at those he/she will not shake hands with. Ask those whose hands were ignored how they felt.

Methodology:

- Role play
- Discussion
- Experience sharing



Materials:

- IEC



Description of activity:

- Role play: Tom is HIV positive. Jerry and Eve visit Tom and find him enjoying a meal. He offers them food and leaves to bring water to wash their hands. Jerry quickly informs Eve not to eat the food because Tom is HIV positive. Tom returns and they refuse to eat.
- Facilitate a discussion with peers based on the following questions:
 1. If you were Tom how would you feel?
 2. How could Jerry and Eve's action impact on Tom?
 3. How else could Eve have behaved?
- Select a few of the peers to act out Eve and Jerry's role reflecting acceptance and love towards Tom.
- Ask the peers what they understand by the term stigma and how it was reflected in the role play.

- Define stigma and ask peers to give other examples of stigmatizing situations they have encountered or observed in society.
- Ask peers to share why they think people stigmatize.
- Discuss with peers the consequences of stigmatizing people.
- Ask the peers what they can do as individuals to reduce stigma in our community.



Key Message:

- Stigma discourages people from getting tested and accessing health services.
- It is our responsibility to reduce stigma.

Facilitator's Notes



What is stigma?

- Discrediting an individual in the eyes of others, either by oneself or by others.
- HIV and AIDS stigma includes silence and isolation that limit the ability to provide the care and services needed, for those living with HIV or suspected to have HIV infection.

What is discrimination?

- A division made against a person or some people that can result in their being treated unfairly on the basis of their perceived HIV positive status.

Causes of stigma and discrimination

- Lack of in-depth knowledge on how HIV is transmitted. Fears of casual transmission.
- Wrong attitudes and beliefs about sex, sin and morality. This includes morally judging people who we assume have been sexually promiscuous.
- Fear of death and disease (immediate death).
- Limited ability to identify stigma. People often do not recognize when their words, actions or beliefs are stigmatizing or discriminatory towards PLWHA.

Facilitator's Notes cont



Examples of stigma and discrimination

- Name calling – Kalyaka, moving coffin.
- Segregation.
- Giving those with HIV separate cups and plates to eat and drink from.
- Refusing to employ or marry someone with HIV.
- Not allowing someone living with HIV to be in contact with children or the family.

How do people living with HIV and AIDS stigmatize themselves?

- Blaming yourself
- Avoiding mixing with friends and family.
- Stopping work – feeling that after all I am already dead.
- Shame and denial of your HIV status.

The effects of stigma

- Having no shelter--kicked out of the family, house, work, rented accommodation, group, etc.
- Stop / dropout from normal activities (resulting from peer pressure – insults).
- Person is isolated – rejected by friends and the community.
- Losses of self-esteem, making someone feel worthless.
- Weakening the ability of individual to live positively and finding strength to fight the disease.
- Stigma may finally lead to depression, suicide, alcoholism, etc.

Preventing and stopping stigma and discrimination:

- Avoid blaming a person living with HIV and AIDS.
- Giving correct information to the community on STIs, HIV and AIDS.
- Involving PLWHA in community activities and allow them to contribute to reduce stigma and discrimination.
- Referring PLWHA who need help to available facilities in the community e.g. APHIA II home-based care, post-test clubs.
- Respecting the rights of people living with HIV/AIDS.

Source: APHIA II PE curriculum

12

SESSION 12: Positive Living



Suggested Time: 1 hour

Session Objectives: By the end of the session peers will:

- Have knowledge and skills on how to live positively with HIV
- Know how to support one to live positively with HIV

Methodology:

- Discussion
- Experience sharing
- Guest speaker
- Role play



Materials:

- Pictures
- IEC material



Description of activity:

- Have two peers enact a TV interview with one participant playing the guest and the other the show host. The host asks the guest to give a detailed description of a typical day in their life. Repeat this with two or more peers.
- Ask the peers to compare the typical days presented with what they perceive to be a typical day of a person living with HIV.
- Ask for volunteers to role play the following skit:
Jesinta, 22 years old college going student, has been unwell for a while. Her older sister, Nina with whom she has been living with suggest that she should take a HIV test and since it is her first time she asks Nina to accompany her. Upon taking the test, Jesinta tests positive. Nina, Suggest that she abandons her studies and moves back to their upcountry home where their parents can take care of her since she (Nina) is busy with her work
- Facilitate a discussion with peers based on the following questions:
 1. What should Jesinta do next?
 2. Should Jesinta listen to Nina's advice? Why or why not?
 3. Is Nina justified to think that Jesinta will be a burden to her?

4. What would you do if you were in i) Nina's position? ii) Jesinta's position?
- Divide participants into four groups. Ask each group to answer the questions below. (Alternatively you can use the questions to have a guided discussion.)
 - **Group 1:** What should be the right attitude to take when one is living with HIV or AIDS?
What type of support does a person living with HIV need, and where can she / he get it from?
 - **Group 2:** How will the PLHA monitor and maintain good health?
What foods are recommended and what should a person living with HIV avoid?
 - **Group 3:** List the things that the PLHA should do to maintain good hygiene.
Discuss what she / he can use to avoid other infections or diseases?
 - **Group 4:** What kind of plans should a persons living with HIV and AIDS make for his or her life?
Discuss choices about having children and a family and family planning if not yet ready.
 - Ask participants to share.



Key Messages:

- Positive living is a wholistic way of taking care of PLHA. It includes a healthy attitude, proper and prompt health care, and living life. For young people, living positively is a means of caring for yourself and taking care so that you continue to live a long time, managing a chronic illness with or without treatment.
- involves preventing infection and re-infection. It also incorporates seeking prompt treatment of opportunistic infections including TB and where appropriate utilization of ARVs
- There are support groups for those infected that offer psycho-social support and any other assistance
- People living with HIV need proper nutrition and appropriate exercise.

Facilitator's Notes



What is "Positive Living" with HIV?

- Living with hope and determination to delay the onset of AIDS, and live a healthy and long life.
- Maintaining a positive mental attitude and healthy lifestyle, to help the immune system cope with HIV (or any other illness).
- It means avoiding infecting others and re-infecting oneself with HIV.

Importance of living positively when HIV positive.

- Doing things that help your immune system to be strong and avoiding that which weakens your immune system.
- Living a positive lifestyle when you are HIV positive can help you to lead a normal and healthy life and live longer.

Ways of Positive Living in Order to Maintain a Health Status

- A. Have the right attitude:** accept your status, share your status and worries with those you love and trust, do not blame yourself or others for the condition and learn about the disease and its implications.
- B. Seek support:** Emotional support from counselor and friends and family members helps you cope with stress and ease the tension and lighten the load.
- C. Spiritual support:** This is helpful if you are a member of church or religious organization. Talk to somebody you trust to help you cope with stress and your worries.
- D. Medical support:** Seek medical treatment early whenever you suspect you have any infection. Immediate treatment of opportunistic infections helps to keep the immune system stronger therefore, brings the viral load lower.
- E. Maintaining good health:** Maintain good personal hygiene by taking a bath at least once a day ensuring you have and put on clean clothes and the environment where you live is clean. Good nutrition is very important to boost the body's immune system and helps protect the body against diseases and infections. Ensure that the water you drink is clean and food nutritious.

Facilitator's Notes cont



- F. Avoid infections or diseases by:** Having early treatment whenever you feel ill. Visiting the doctor or health care provider regularly even when you are not sick. Sleeping under a mosquito net to prevent malaria. Use a condom correctly and consistently.
- G. Living an active life:** Doing exercises regularly. Working in the garden, taking walks, or doing other simple exercises. However, care should be taken in order to avoid straining yourself. Visit friends and participate in meetings of the local network of people living with HIV and AIDS to share experiences and challenges.
- H. Having enough rest:** It is important also to get enough and good rest.
- I. Healthy sexual activity:** Abstain from sex. If you cannot, use a condom correctly and consistently with all sexual partners. Seek help from a counselor, health care provider or your doctor if you ever decide to get pregnant or decide you do not want to have a child. Clinics can help women to manage a healthy pregnancy and delivery, or identify a suitable family planning method to delay childbirth.
- J. Make plans for your life:** Being infected with HIV does not mean one will die immediately as some have lived for more than 20 years. You need to make plans for your life with a chronic illness that can be managed..

Source: APHIA II PE curriculum

13



SESSION 13: Care for Young PLHA

Suggested Time: 1 hour

Session Objectives: By the end of the session peers will:

- Identify challenges faced by young PLHA
- Identify the needs of PLWHA impart peers with skills on providing quality care to young PLWHA

Methodology:

- Case study
- Discussion



Materials:

- Copy of the case study
- IEC materials (pamphlets)



Description of activities:

- Pick one of the peers present, blindfold him/her, lay out obstacles and have the group guide him/her past them.
- Ask the blindfolded peer how he/she felt during the exercise.
- Ask the peers to relate these obstacles to the life situations of young PLHA
- Read out the following case study:

Juma and Musa had been best friends since childhood. Just newly employed in a cyber café as attendants, the two live together. Juma who has been falling sick periodically is advised to test for HIV and he tests positive. Juma falls into depression and within a short while becomes bed ridden. Juma is hospitalized for a while then discharged to go home. Musa takes to caring for Juma in spite of a hectic schedule. However on one of her visits, Musa's girlfriend Joy suggests that Musa needs to move out and leave Juma to reduce the risk of getting infected too.

- Facilitate a discussion based on the questions below:
 1. What happened in this story?
 2. Should Musa follow Joy's advice? Why or why not?
 3. If Musa follows Joy's advice what will happen to his best friend Juma

4. What possible types of care and support facilities are available for Juma? If not mentioned, prompt the peers to think of prevention and HBC programs, post test clubs, and support groups. Explore the role of the above care and support facilities, especially for young people who are healthy.
- Ask if anyone has had an experience of taking care of a person living with HIV and AIDS to share that experience with the group.
 - Explore some of the assumptions associated with caring for YPLHA.
 - Explore the roles that different people in a YPLWHA live can play
 1. Immediate family- can help meet the psychological, emotional and social needs. (For example showing love through spending time with the person and engaging them in activities to avoid loneliness and helping with necessary house chores such as cleaning up etc
 2. Friends- just like the immediate family can help provide psychosocial support
 3. Trained care-givers- Psychosocial support including counseling, help in drug adherence, treatment of infections, spiritual support, and friendship
 - Explore with peers some of the safety measure one should take when caring for YPLWHA (refer to trainers handouts)



Key Messages:

- Caring for People Living with HIV and AIDS supports positive living and health.
- YPLHA want to be treated like other young people and face the same challenges as those without HIV.

Facilitator's Notes



Needs surrounding PLWHA

- They will need food, water , clothing and shelter
- Spiritual support
- Psychological support
- Help like any other young person to plan for life, including family, job and independence.

What can a peer educator do?

- Provide prevention information and networks to make supportive friends
- Facilitate and help people living with HIV and AIDS get involved in community care groups.
- Facilitate or organize basic help and care if needed, or link up to opportunities
- Refer people living with HIV and AIDS who need immediate medical care or social services.

Safety when caring for PLWHA

- It is important to be careful when washing wounds or handling soiled clothes. As much as possible, rinse the items and boil for 20 minutes.
- Check that you do not have any cut or wound when handling or touching wounds or any body fluids. Remember to carefully wash your hands with soap after handling wounds.
- Good hygiene will protect the care giver as well as the patient from being infected with other diseases

Source: APHIA II PE curriculum



SESSION 14:

Prevention and Treatment of Tuberculosis

Suggested Time: 1 Hour

Session Objective: By the end of the session peers will:

- Have knowledge and skills on preventing and seeking treatment for TB.

Methodology:

- Discussion
- Role play



Material required

- IEC materials
- Referral forms



Ice breaker:

Draw a circle on the ground and ask the peers to step inside it and dance. After 30 seconds ask them to step out and reduce the size of the circle. Repeat this until the circle is too small for them to fit in comfortably.



Description of the activity:

- Ask how the peers felt during the exercise.
- Ask the peers what they know about TB.
- Clarify that TB is a disease that affects the lungs and other parts of the body. It is spread when an infected person coughs or sneezes in crowded and poorly ventilated areas like in the small circle they danced in.
- Ask the peers to list signs and symptoms of TB that they know.
- Let them know the following: Cough lasting for more than two weeks, blood stained sputum, difficulty breathing, night sweats and loss of appetite.

- Ask for volunteers to enact the following role play:
James finds Chris who is on treatment for TB, drinking beer. James asks Chris why he is drinking alcohol while he is on medication. Chris says alcohol burns away infection. James explains that drinking while on medication is wrong and tries to snatch away the drink.
- Ask the peers what lessons they learned from the role play.
- State that TB treatment should be continuous to the end and disruption (not taking medicine as instructed or taking alcohol) may cause complications like resistance.
- State that it is important to have a friend to give support during treatment. This will ensure one sticks to the treatment program.



Key messages:

- TB is treatable, but failure to access prompt treatment and non-adherence to treatment has resulted in TB being the leading cause of death among PLHA.
- HIV increases the risk of TB infection, increased seriousness of TB or recurrence.
- Not all people with HIV suffer from TB.

Facilitator's Notes



What is Tuberculosis?

- TB is a disease caused by the TB germ called Mycobacterium Tuberculosis that affects the lungs and other parts of the body.

How is TB spread?

- The germs are spread from the lungs of an infected person when s/he coughs or sneezes without covering the mouth.
- When the tiny droplets containing TB germs are expelled into the air, they remain floating for several hours.
- Infection occurs when another person breathes in these droplets containing TB germs.
- The germs easily spread in the crowded and poorly ventilated rooms.

General signs and symptoms of TB:

- Fever, weight loss, tiredness, loss of appetite, night sweats. In women, absence of monthly periods without pregnancy. Swelling of glands, pain/swelling of joints, swelling of the abdomen, neck stiffness, headache, mental confusion, chest pains.

Specific signs and symptoms for TB of the lungs:

- Cough lasting for two to three weeks or more
- Chest pains
- Blood stained sputum
- Difficulties in breathing
- Night sweat

Relationship between TB and HIV

- Tuberculosis in a person with HIV can develop at any stage of the HIV infection.
- Not all TB patients have HIV infection.
- TB in a person with advanced HIV infection is more difficult to diagnose or notice.
- Treatment in a person with HIV is the same as in a person without HIV.
- TB can be cured whether or not the patient has an HIV infection.
- People with advanced HIV are more prone to develop a relapse of the TB infection. That is, it is possible for TB to come back and attack a person whose HIV case is advanced.
- Infection with TB makes HIV infection progress faster to full blown AIDS.

It is possible to prevent TB in a person with HIV infection, especially if the medicine is given before the HIV infection is very advanced.

Source: APHIA II PE curriculum

15



SESSION 15: Prevention and Treatment of Malaria

Suggested Time: 45 minutes

Session Objective: By the end of the session peers will:

- Know how malaria is transmitted as well as signs, symptoms and its control
- Explore some of the myths people say about malaria

Methodology:

- Discussion
- Experience sharing



Materials:

- IEC material
- Distribution of nets



Icebreaker

Teach the peers and have them sing the following song:

Natengeneza safina yangu,
Natengeza nikae ndani, X 2

Naweka mlango,
Naweka dirisha,
Naweka mabati,
Nikae ndani X 2

Natengeneza kitanda changu,
Natengeza nikinge Malaria, X 2

Natandika shiti,
Natandika blanketi,
Naweka neti,
Nikinge Malaria.X 2



Description of activity

- Ask the peers what they know about malaria.
- Discuss with peers how malaria is transmitted. (Malaria is

transmitted when a malaria parasite called plasmodium enters the human body through a mosquito bite and develops into the disease within ten to fourteen days).

- Explain that areas with stagnant water, bushes and rubbish are breeding sites for mosquitoes and need to be cleared or sprayed with insecticides.
- Discuss with peers the signs and symptoms of malaria. (Refer to facilitators notes.)
- Ask peers to identify means of prevention of malaria and ensure that they mention sleeping under a treated mosquito net and spraying their homes.
- Have two volunteers enact the following role play.

Phyllis who has been having bad dreams tells her friend Joyce about it. Joyce upon visiting her realizes that Phyllis sleeps under a net. Joyce suggests to Phyllis that the net is the cause of the dreams. She tells her that she too had been feeling suffocated until she stopped sleeping under a net. She encourages her to only use the net during the rainy season when mosquitoes are many.

- Discuss with peers the role play based on the questions below:
 1. Is Joyce right in concluding that the net is the cause of the bad dreams?
 2. Should Phyllis take Joyce's advice?
- Explore with peers other myths and misconception on malaria and how to counter such



Key Messages:

- Malaria is preventable and curable if diagnosed early. If however left untreated it can be fatal.
- Pregnant women and children under five years are at a high risk of being infected and should sleep under a net and see a doctor.
- Use of mosquito nets presents a way of preventing Malaria transmission. The nets should however be treated as instructed.

Facilitators Notes



Malaria transmission

There are four types of human malaria; *P.falciparum*, *P.malariae*, *plasmodium vivax*, *P.ovale*, *Plasmodium falciparum*. malaria is most common in Africa, contributing to a significant proportion of the high case of deaths in this region. The malaria parasite enters the human host when an infected anopheles mosquito bite a person and develops for 10-14 days into forms that cause disease and others that infect a mosquito when it bites a person.

Signs and symptoms

Malaria is a life threatening parasitic disease transmitted by anopheline mosquitoes. Malaria signs and symptoms appear in about 9 to 14 days after the infectious mosquito bite. Typically, malaria produces fever, headache, vomiting and other flu like symptoms. if drugs are not available for treatment or the parasites are resistant to them, the infection can progress rapidly to become life threatening. Malaria can kill by infecting and destroying red blood cells (anemia) and by clogging the capillaries that carry blood to the brain (cerebral malaria).

Intervention measures

In the national malaria strategy, Kenya has put in place four strategic approaches for control and prevention of malaria:

1. Vector control using treated nets and indoor residual spraying;
2. Management of malaria in pregnancy;
3. Control of malaria epidemics;
4. Prompt access to treatment with effective up to date medicines, such as Artemisinin-based combination therapies (ACTs).

Challenges to malaria control

- Malaria parasites are developing unacceptable levels of resistance one drug after another
- Vectors develop resistance to chemicals used to kill them
- Lack of access to effective treatment; use of herbal or counterfeit drugs or incorrect dosage.

Source: APHIA II PE curriculum

SESSION 16:

Gender

16



Suggested Time: 1 hour

Session Objectives: By the end of the session peers will:

- Define gender and differentiate gender from sex
- Identify how gender norms affect HIV among young men and women

Methodologies:

- Role play
- Discussion
- Experience sharing



Materials:

- IEC materials
- Referral forms.



Description of activity:

- Ask and prepare two volunteers to role play the following *Celestine, 21 years old is in a relationship with Onesmus, 23, who is jobless. Onesmus decides to take Celestine to Menengai crater and wants them to walk there for a date. Celestine who has some savings offers to pay for a taxi and buy the snacks to eat. Onesmus refuses and an argument ensues.*
- Discuss with peers the role play based on the following questions:
 1. Why is Onesmus refusing the offer?
 2. What would you do if you were in Onesmus' position?
 3. What do you think of Celestine's offer?
- Discuss with peers what they understand by the term gender.
- Ask peers to list some of the roles that men and women play in the society. Use the list to explain the difference between sex and gender roles.
- Discuss with peers how gender roles can cause harm and heighten risk:
 - > Young women denied equal chance at education.
 - > Women expected to submit to their male partners thus

- cannot question men.
- > Women expected to be wives and mothers and thus married off early and expected to have many children.
- > Men expected to have many sexual partners to show they are masculine.
- > Men dominate, so they are forceful or less able to negotiate with women.



Key Messages:

- Gender norms can limit our ability to develop the full range of possible human capacity. It is important to note that the role of men and women are slowly changing.
- Societal cultural and social expectations on men and women put them at risk of early pregnancy, and STIs, including HIV.

Facilitator's Notes



Sex: Sex refers to the biological differences between females and males. Females have breasts and a vagina. Men have a penis.

Gender: Refers to the economic, social and cultural attributes and opportunities associated with being male or female in a particular social setting at a particular point in time. These attributes are learned behaviors; they can and do change over, and vary across cultures. It involves expression of particular characteristics by people with reference to their sex and sexuality.

Gender Equality: Means equal treatment of men and women in laws and policies, and equal access to resources and services within families, communities and society at large.

Gender Equity: Means fairness and justice in the distribution of benefits and responsibilities between women and men. It seeks to correct historical and current social disadvantages against women.

Gender Discrimination: This means the unequal treatment including unfair treatment, of a person or a group of people based upon gender. Gender discrimination is a violation of human rights.

Gender Relations: These are the social relationships between women and men. Gender relations are simultaneously relations of co-operation, connection, and mutual support, and of conflict, separation and competition, of difference and inequality and are concerned with how power is distributed between the sexes. Gender relations refer to how men and women relate to each other, such as gender based power.

17



SESSION 17: Family Planning

Suggested Time: 45 minutes

Session Objectives: By the end of the session peers will:

- Know available contraceptives and know where to find someone who can help them make a choice
- To raise peers awareness on the importance of family planning to avoid unintended pregnancy

Methodologies:

- Experience sharing
- Discussion
- Guest speakers



Materials needed:

- IEC materials
- Referral forms



Activity description:

- Ask the peers what they know about family planning.
- Define family planning is a way of controlling conception even if sexually active. It is a way of avoiding un-planned pregnancies if not yet ready for a baby or spacing children in a family.
- Ask peers to name the different contraceptives they know. As they mention, use the facilitators guide to elaborate further on each method.
- Ask and prepare two volunteers to enact the following role play.
George, 19 years old, and Yolanda, 20, are a young couple in a relationship. Yolanda suggests to George they begin using contraceptives. She proposes to use injectables. George however feels that contraceptives have side effects and will make her 'cold.' He proposes instead that they practice natural methods and withdrawal.
- Discuss with peers the role by asking the following
 1. What do you think about the conversation?
 2. Who should initiate discussions around contraceptives?

3. Is George correct - does an injection make one 'cold'?
 4. Are there any risks to withdrawal?
 5. What should they do to make their decision?
- Discuss with peers common myths about family planning method and how they hinder use.
 - Explain clearly that unplanned pregnancies, teenage abortions happen as a result of mis-use and non-use of contraceptives. Discuss with peers commonly misused contraceptives including the emergency contraceptive.
 - Conclude by emphasizing that couples should seek advice from a trained provider on all the options and choose the most appropriate method for their relationship and family.



Key Message:

- Family planning is for all sexually active people not just married people.
- Since not all contraceptives prevent STIs and HIV infection. Young people are encouraged to use 'dual protection'. A condom or a condom and another method to prevent pregnancy and STIs and HIV.

Facilitator's Notes



A. Hormonal methods

1. Oral pills

This pill contains either a combination of the hormones oestrogen and progestin or progestin only. There are two kinds of packets – those with 21 pills and 28 pills. The pill releases hormones into the woman's bloodstream to prevent the egg from coming out of the ovary to be fertilized. Almost 100% effective if taken correctly; as used commonly, pills are 92% effective.

2. Emergency Contraceptive Pills

The Emergency Contraceptive Pill (ECP) is a contraceptive tablet or tablets that can be taken after unprotected intercourse to prevent pregnancy. It prevents an egg from coming out of the ovary and/ or prevents an egg from being fertilized by the male sperm. The pill must however be taken within 72 hours. Approximately 85% effective, the sooner they are used, the more effective they are.

3. Injection

Several injectable hormonal methods of contraception are available. Depo- Provera and Noristerat contain progestin only and are commonly available. They must be injected every two or three months depending on the method chosen. They stop the woman's egg from going to the womb and thicken cervical mucus to prevent sperm from entering the womb. They are 97% effective in typical use.

4. Implants

These are rods containing contraceptive hormone are inserted under the skin of a woman's upper arm depending on the implant chosen. Suppresses ovulation in many cycles, makes the cervical mucus so thick that sperm cannot pass through it. 99% effective in typical use

4. Intra Uterine Contraceptive Device (IUCD)

Most IUCDs are shaped like a T with copper wires or bands on the plastic stem and arms. Copper is used and widely available in Kenya in public health facilities.

Other types of IUCDs available in the private sector include Multiload and Mirena. They prevent fertilization by creating a local inflammatory reaction that impairs the viability of the sperm and interferes with the sperm movement, making fertilization almost impossible. 99% effective

B. Barrier Methods

Jelly, Foaming Tablets and Spermicide are the various barrier methods for contraception. These are applied just before sex or used together with a diaphragm. The chemicals kill or damage the sperm or make them unable to move toward the egg. 70%. Out of 100 women, 70 will not get pregnant. Safer if a man uses a condom.

Diaphragm

Diaphragm is another barriers method that is a thin piece of rubber. It is placed in the woman's vagina to cover the opening leading into her womb. It blocks sperm from entering the womb. It is used with spermicide. The chemical in the spermicide kills the sperm. 80%. Out of 100 women using the diaphragm, 80 will not get pregnant.

Male and Female Condoms

Male condoms are thin sheaths made of rubber, vinyl or natural products. Female condoms are thin sheaths of polyurethane plastic with polyurethane rings at both ends. The male condom is put on an erect penis just before sex. The female condom is inserted in the vagina before intercourse. They both prevent sperm from gaining access to the female reproductive tract and prevent STIs, including HIV. If used consistently, 97% effective. Commonly used, 85% effective.

C. Natural Methods ***Calendar***

A woman counts calendar days to identify the start and end of the fertile time in her menstrual cycle. The couple avoids sex during the 'fertile time' or uses condoms. Has a high failure rate. Of 100 women, 20 will get pregnant in one year.

Facilitator's Notes cont



Billings

This method checks the increasing amount of cervical mucus from the womb which indicates that the egg is being released, at which point the woman can get pregnant. She avoids sex or uses a condom on these days. It has high failure rate.

Basal Body Temperature

The woman is taught how to take her body temperature either orally, rectally or vaginally at the same time each morning before getting out of bed. A rise in temperature indicates that the egg is being released from the ovary. Has high failure rate and depends on cooperation of the couple.

Lactation Amenorrhea Method (LAM)

A temporary method of family planning based on the absence of ovulation resulting from exclusive breast-feeding. LAM provides natural protection when: A mother is fully or nearly fully breast-feeding; the baby is less than six months old; the mother has not resumed her menstrual bleeding (i.e., she is 'amenorrhoeic.'). If a breast-feeding woman meets the three LAM criteria, her risk of pregnancy is 1 in 50.

D. Permanent Methods

Sterilization- Tubal Ligation

Tubal Ligation (tying tubes) is an operation done in the hospital. There are several kinds of operations. It involves tying and cutting of the fallopian tubes in order to prevent the egg from traveling from the ovaries to the uterus. 99%. Out of 100 women, 99 will not get pregnant.

Sterilization – Vasectomy

Vasectomy involves tying the Vas Deferens (man's tubes that carry the sperm) so that no sperm can pass through. The man's sperm tubes are cut and tied. This stops the sperms from mixing with the sex fluid. The ejaculate has no sperm in it. 99%. Out of 100men, 99 will not get their wives pregnant.

18



SESSION 18: Safe Motherhood

Suggested Time: 45 minutes

Session Objectives: To equip peers with knowledge on maternal child health

Methodologies:

- Role play
- Discussion
- Experience sharing



Materials:

- IECs



Description of activity:

- As for two volunteers to role play the following
Olivia, 18 years old, is pregnant and embarrassed to go to hospital. Her friend Sylvia visits her and asks Olivia why she is not going for pre-natal clinic. Olivia says she is afraid of being asked who the father of the child is and of being tested for HIV.
- Discuss the role play with peers based on questions below:
 1. Should Olivia be embarrassed on going to hospital?
 2. What advice should Sylvia give Olivia?
- Divide peers into three groups to discuss the following:
 - Group 1:** What care a pregnant woman requires before she goes into labor?
 - Group 2:** Where should a woman give birth and why?
 - Group 3:** What is the role of the father before, during and after birth?
- Have the groups present and discuss issues raised by peers.
- Define safe motherhood as the ability of any woman to have a safe and a healthy pregnancy, child birth and continued health after birth.
- Emphasize on the importance of an expectant mother attending the four Pre natal clinic visits in ensuring she gives birth to a healthy child and in detecting HIV and STI infection and taking

- appropriate measures to prevent the child from being infected.
- Discuss the societal attitude towards role of men and how this can be challenged.
- Conclude with a short discussion on the dangers of non-attendance of the ante, natal clinics and home deliveries.



Key Message:

- All pregnant women, younger and older, should attend 4 prenatal visits. This also allows for care during pregnancy, including PMTCT where appropriate.
- It is important to give birth at a health facility to guarantee the safety of the mother and child.
- Young women should be encouraged to seek family planning after birth to prevent close spacing of children and adequate recovery.

SESSION 19:

Decision Making Skills

19



Suggested Time: 1 hour

Session Objective: By the end of the session peers will:

- Know the 3 'Cs' for decision making
- Apply decision making skills to a real situation

Methodologies:

- Case study
- Discussion



Description of activities:

- Share with participants either of the following case studies

Case study 1: Damaris is 16 years old. Her mother, the family's sole bread winner, is sick and in serious condition. Damaris is sent to the local clinic for medicine. She does not have any money and the doctor who has been treating her mother demands unprotected sex as payment.

Case study 2: Henry, 20 years old, has impregnated Sue, 19. Sue demands marriage before she gives birth but Henry does not want to marry her; he just wants her to have the baby. So Sue decides that she will go for an abortion.

- Let the peers discuss what they would do if they were in similar situation. Encourage a debate which reflects both sides of the arguments
- Ask the peers to share similar dilemmas they have faced in life the decisions they made.
- Discuss with peers some of the decisions the youth make as they grow up
- Explain that there are two types of decisions:
 1. Active decisions-involves thinking about options and making a choice based on careful consideration of the consequences of each alternative
 2. Passive decisions-made by allowing time, chance or someone

else to decide for you

Ask them which kind of decision is desirable.

- Share with peers the 3 Cs of decision making:
 1. Describe the Challenge
 2. List all the Choices that you have
 3. Consider the positive and negative Consequences of each choice
- Now discuss the scenario again with peers defining each C. Ask them what should be done now.
- Explain that it can be difficult to make good decisions (pressure from friends, effects of drugs) and how one can overcome these challenges (being sure of goals and values, assertiveness).



Key Message:

- Good decision making is the key to a healthy future, free from unintended pregnancy, STIs and HIV.

20



SESSION 20: Goal Setting

Suggested Time: 45 minutes

Session Objectives: By the end of the session peers will:

- Define goals and identify some of their own short and long term goals
- Share with peers the process of setting and achieving goals

Methodology:

- Experience sharing
- Discussion



Materials:

- IEC materials



Description:

- Guide your peers to define what a goal is (a goal is what a person wishes to be or attain within a specific period of time/ a desired future state).
- Ask the peers to state the difference between long term and short term goals.
- Ask the peers to write or speak about their own long term, short term goals and ask a few of them to share with the group. Ensure peers describe:
 - > When they want to achieve their goals
 - > What steps they will take to achieve the goal
 - > What some of the foreseeable challenges are
 - > How they will overcome challenges.
- Facilitate discussion with peers by focusing on examples of goals, why people set goals, when and how goals are set.
- Explain that goals should be specific and personal and to achieve them, we need to work hard, have faith, security, determination and hope.
- Ask peers to name their role models.
- Ask them to say why they think their role models have achieved what they have.

Goal Setting cont.

- Point out challenges that may have made them not attain their goals and discuss how they overcame such.



Key Message:

- Setting goals builds self confidence and keeps one on track.
- Share goals with someone close to you (an accountability partner).
- With focus, we can use the available resources to reach our desired goals.



SESSION 21:

Economic Empowerment

Suggested Time: 1hr

Session Objectives: By the end of the session peers will:

- Build the capacity of the youth in becoming self reliant
- Cultivate a culture of entrepreneurship among peers

Methodologies:

- Discussion
- Experience sharing



Materials:

- IEC materials



Descriptions of Activities:

- Ask peers to share on how they get and spend money. Probe to find out if peers budget, save the money they get. Highlight on the importance of savings and budgeting.
- Explore with peers if they are aware of all sources of accessing financing for group of individual projects. (YEDF, Kazi kwa Vijana initiative, CDF, other development partners).
- Explore with peers the challenges they encounter in trying to access these opportunities (low capacity, lack of information, inability of groups to remain cohesive for long).
- Discuss with peer how to overcome the above challenges through networking and sharing. Ask any of the peer who have been part of a group that received funding to share their experience on how they went about it.
- Share with peers a list of people, organizations and government ministries who are potential sources of funding.
- Discuss with peers the principles of entrepreneurship:
 1. Confidence and self determinism
 2. Tenacity despite failure
 3. Ability to take risk
 4. Ability to identify opportunity
 5. Creativity



Key Message:

- Youth should scan the local environment for available funding opportunities in order to become economically empowered. To be able to do so they must avoid pessimism and skepticism in every situation and not fear failure.
- Talent is wealth if well exploited.

PARTICIPANTS:

Youth activity guide development workshop

| Name | Organization |
|----------------------|--|
| 1. Omeny Alaro | Repacted Kenya, Nakuru |
| 2. David Njuguna | Health Awareness Peer Education Program, Narok |
| 3. Samuel Macharia | Kenya National Counseling and Training Program, Naivasha |
| 4. Charles Mwangi | Strengthening Peer Education Activities Kenya, Gilgil |
| 5. Teresia Muthoni | TEARS Group Kenya, Nakuru |
| 6. Maina Geoffry | National Organization of Peer Educators, Nairobi |
| 7. Swakei John | Narok District Network Forum, Narok |
| 8. Harrison Mwaniki | Repacted Kenya, Nakuru |
| 9. Onesmus Kaaria | I Choose Life, Egerton University, Nakuru |
| 10. Phyllis Kamau | Kenya National Counseling and Training Program, Naivasha |
| 11. Richard Mmbaka | I Choose Life, Egerton University, Nakuru |
| 12. Monica Wanjiru | African Development Emergency Organization, Kajiado |
| 13. Emma Olendo | African Development Emergency Organization, Kajiado |
| 14. Caroline Kamakil | Handicap International, Kitale |
| 15. Celestine Ntete | Center for Indigenous Women and Children, Magadi |
| 16. Elijah Ntoyian | Center for Indigenous Women and Children, Magadi |
| 17. James Mwachia | Genesis Arts Creation, Nakuru |
| 18. Joyce Mageto | Repacted, Nakuru |
| 19. Ian Njagi | Young Men Christian Association, Naivasha |
| 20. Patrick Mbugua | Young Men Christian Association, Naivasha |
| 21. Nelly Maina | National Organization of Peer Educators- APHIA II Rift Valley, Kajiado |
| 22. James Karongo | Y-PEER Focal Point- Rift Valley |
| 23. Jerry Aurah | National Organization of Peer Educators, Nairobi |
| 24. Ian Wanyoike | National Organization of Peer Educators- APHIA II Rift Valley |
| 25. Maryanne Pribila | Family Health International |
| 26. Hellen Nyongesa | Family Health International |



