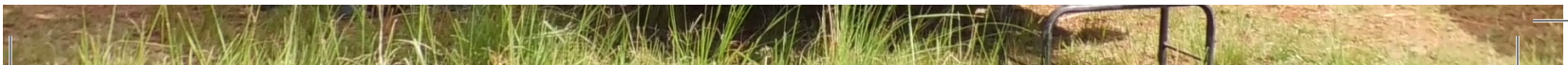


What Services Are Available for Me?



Elizabeth Glaser
Pediatric AIDS
Foundation

Until no child has AIDS.





Project Summary

The Swaziland Ready, Resourceful, Risk Aware (Triple R) Project: OVC, Adolescent Girls, and Young Women (locally named Insika Ya Kusasa) aims to prevent new HIV infections and to reduce vulnerability among orphans and vulnerable children (OVC) and adolescent girls and young women (AGYW) in Eswatini. Insika Ya Kusasa helps HIV-negative OVC and AGYW stay HIV-free and supports those who are HIV-positive to lead healthy lives. To these ends, the project increases socio-economic resilience to the impact of HIV and uptake of high-impact HIV, sexual and reproductive health, family planning, and sexual and gender-based violence services among OVC and AGYW.

For more information about the project or Pact, the organisational lead for this project, please contact us:

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www.pactworld.org/country/eswatini/



Acknowledgements

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It was written by Beth Deutsch, Lungile Dlamini-Zwane, and Bongile Dlamini, with technical support from Jen Boyle, for Life Mentors in Eswatini to use with AGYW aged 15-29 years in small group sessions and through one-on-one mentorship. Input was provided by Mphikeleli Dlamini (Pact) and was further refined through feedback from a training of trainers' workshop for Insika HIV Prevention Field Officers and a training of Life Mentors. Field observations of Life Mentors' sessions with AGYW at community level further supported finalisation of the materials by the JHCCP team.

Activities in Job Aid 2 are supported by original video content (DREAMS on Wheels Services). Portions of the job aid were also adapted from the following resource manuals: JHCCP My DREAMS, My Choice Toolkit (2016), Go Girls Initiative (2012), Journey of Hope Toolkit (2008), Planting Our Tree of Hope Toolkit (2008), Swazi Girls4Health (2016), Grass-roots Soccer AMAA SKILLZ Toolkit (2016), Jewkes R and Cornwall A (1998) Adapted Stepping Stones: A Training Manual for Sexual and Reproductive Health, Communication and Relationship Skills, and Kroehnert G (1992) 100 Training Games.

Disclaimer

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DISCUSSION GOALS

Reflect on personal risk to develop action plan for mentoring and service uptake.

DISCUSSION TOPICS AND ACTIVITIES

RECAP: ASK THE AGYW:

- ➔ HOW HAVE YOU BEEN SINCE THE LAST TIME WE MET?
- ➔ DID ANY QUESTIONS COME UP THAT WOULD BE GOOD TO DISCUSS AS A GROUP?

Activity 1: Wild Fire Game (10 minutes)

Activity 2: How Does HIV Affect Your Body? (20 minutes)

Activity 3: Am I At Risk? (30 minutes)

Activity 4: Which Services Are Right For You? (15 minutes)

Activity 5: Mapping Services and Providers To Contact (20 minutes)

Activity 6: Closing: How Comfortable Am I? (15 minutes)

DISCUSSION LENGTH | 1 hour 45 minutes

KEY TO ACTIVITY PLANNING



Activity Objectives



Activity Time



Materials Needed

Introduction

- ▼ Last time we met, we explored a bit about risk in our community, how girls are particularly affected, and began thinking about our tree; the fruits we want to experience, and the kind of environment and support we need and want to get there.
- ▼ Hopefully, you were also able to connect with one of your supporters; either a trusted family member or friend to talk a bit more about your experience.
- ▼ Did anyone get a chance to do that?
- ▼ Today, we will focus more on what services are available to us that can help us. By the end, we will have further developed our personal plans based on the discussion today. Let's start with a game.

ACTIVITY 1 **Wild Fire Game**

An interactive way to show how HIV is transmitted and can spread quickly through networks



20 min.



None

DIRECTIONS:

STEP 1 **Before the activity**, choose two volunteers (quietly) who are willing to help you in the activity. Ask them to pretend to be HIV positive but no one should know.

STEP 2 Explain to the girls that we are going to play a short game together. We are going to move around the area and greet each other in a funny way.

STEP 3 Demonstrate an interesting, fun way of greeting someone.

For example, hold your nose or right ear with your left hand, put your right arm through the gap created by your left arm, and shake right hands with somebody else doing the same thing, as shown in the picture. Or, hop up and down on your left foot, and shake right hands with someone else doing the same. You can also ask participants for ideas.



Photo Source: JHCCP Journey of Hope Toolkit (2008) wildfire activity used at a market at Kambiri Turn Off, Salima, Malawi

STEP 4 Ask the AGYW to move freely around the area and greet three other people using this new greeting. When they have finished, they should stand in the back.

STEP 5 Ask your two volunteers to come forward to the front. Explain that:

- ▼ In this game we will pretend that these people are HIV positive.
- ▼ Anyone who greeted either of the two people at the front, please come and join your friends.
- ▼ In this game, greeting someone in this way represents having unsafe sex with that person and risking HIV infection.
- ▼ So, if you shook hands with one of these two girls, you are also at risk of HIV infection.

STEP 6 Ask those still at the back who greeted any of the people who have just come to the front to come to the front also. Explain that:

- ▼ According to this game, you have also placed yourselves at risk of HIV infection. (By now most, if not all the AGYW, should be standing at the front together.)
- ▼ Remind the entire group that **HIV cannot really be transmitted through a handshake**, and that shaking hands in the game represents unsafe sex.

STEP 7 Ask the following questions:

- How many people were originally infected with HIV in this roleplay?
- How many are now at risk of infection?
- What does this tell us about how HIV can spread in our community?

SUMMARY

- ▼ According to this game, the sexual relationships you have had have put you at risk of HIV.
- ▼ HIV is not transmitted every time someone with HIV has unprotected sex, so it does not necessarily mean you have been infected with HIV. The only way you can know is through getting an HIV test.
- ▼ Remember, this game was used to demonstrate how HIV transmission can pass from one person to another.
- ▼ I repeat, HIV is NOT transmitted through handshakes! We will talk more about how HIV is transmitted in the next activity.

ACTIVITY 2 How Does HIV Affect Your Body?



Provides an interactive demonstration of how HIV and ARVs affect the body



20 min.



Red arrows, black arrows, condom picture of ARVs, cloth or plastic bag



DIRECTIONS:

STEP 1 Get girls in a circle.

STEP 2 Ask for six volunteers to help with a group roleplay demonstration. Put red arrow(s), black arrow(s), picture of ARVs, and a condom in a cloth or plastic bag and ask each of the six to pick one thing from the bag.

STEP 3 Everyone else should lock arms.

STEP 4 Explain the following:

-  Together we represent the body's defense – we are like a shield. Our job is to protect the body from germs and viruses that can make us sick.
-  We keep our bodies healthy by eating well, sleeping, and having peace of mind and fun.

STEP 5 Demonstrate normal health and sickness. Ask:

- Who has the black arrow?

The girl who raises her hand should try to come into the circle. Everyone tries to keep her out. Let her finally get in. (Maybe she is very clever and can do it herself!).

- ▼ Say: Every once in a while, however, a sickness arrow does get into our body. We all know how it feels to get sick (a cold, fever, stomach ache, etc.), but we recover – sometimes with the help of medicine, sometimes with just rest and time.

- ▼ With HIV, however, the arrow is a bit different. It attacks our body's defense – making big holes.

You can demonstrate by asking several of the girls to let go of each other's arms (maybe even sit down).

STEP 6 Demonstrate HIV transmission. Ask:

- Who has the red arrow?

The girl who raises her hand, with the red arrow, should try to get into the circle and will do so easily.

- ▼ Say: With the holes in defense, it allows for other sickness arrows to get in more easily. These are called opportunistic infections.

The girl with the black arrow goes into the circle as well, if she hadn't managed to.)

- ▼ At first, it is just a few arrows, and you can still feel very good and strong. You may get sick frequently, but recover.
- ▼ Over time, more and more holes are made (more girls drop hands and sit) and different types of sickness arrows can enter, making you sicker and sicker till you can't fight any disease.

STEP 7 Demonstrate how ARVs work.

- ▼ Say: The good news is that while there is no cure for HIV, there are lifesaving drugs called ARVs, which can help people living with HIV live long and healthy lives.
 - Ask: Who has the circle? Let's pretend that she is ARVs.
 - Does anyone know how they work?

- ▼ ARVs suppress the production of the red arrows that make the holes in our body's defense. Ask the volunteer who represents ARVs to put her hands on the girl who has the red arrow.
- ▼ If she can't make more holes, it gives the body time to recover its defense.
- ▼ Ask all girls to join hands again to make the circle strong.
- ▼ But ARVs don't stop it forever. She will get tired and weak, so you need to take the tablet every day to keep the arrows suppressed. (Mentor could even ask another girl to take over.)
 - Any questions?
- ▼ In real life, however, HIV arrows don't just come in from the air we breathe or food we eat. The virus needs very special conditions.
 - How do you think the HIV arrows enter the body? (blood, mother to child in the womb, during labour, or while breastfeeding, fluids from sex)
- ▼ HIV is mainly transmitted through sexual intercourse, needles and from mother to child.

ACTIVITY 3 AM I AT RISK?



This activity will help the girls understand their vulnerability to HIV through a confidential personal reflection exercise



20 min.



Copies of the Personal Reflection Tool and the Action Plan template

DIRECTIONS:

STEP 1 Tell the girls that each of them will do a personal reflection exercise to start the discussion. (Don't tell them it is about HIV risk.)

STEP 2 Hand out a copy of the tool to all participants.

STEP 3 Explain the process of using the tool. Tell participants:

- ▼ Working by yourself, answer all the questions by either ticking "yes" or "no" (or you can internalise your responses). Mark only one answer for each question.
- ▼ Do NOT consult your friend. Do NOT write your name on the form.
- ▼ Your answers are confidential and will not be shared with the group, so be honest.
- ▼ If you have any questions or concerns, please let me know and I will help.
- ▼ I will read the questions and you can answer truthfully by yourself as we go along.

STEP 4 Make sure everyone understands each question and what yes and no mean, very briefly.

1. Have you ever had sex – where you had a penis inserted into your vagina? (vaginal intercourse)?
2. Have you ever had anal sex – where a man's penis was inserted into your rectum (behind)?
3. Have you ever had oral sex – where you had a man's penis or private parts inside your mouth, or licking or sucking a man's penis?

Complete if you answered yes to any of the 3 questions above

4. Have you ever, even once, had sex without a condom?
5. Have you ever had, or do you currently have, more than one partner you are having sex with around the same time?
6. Have you ever been, or are you currently, in a sexual relationship with a man that is older than you by ten years or more?
7. Have you ever had a sexually transmitted infection, such as burning pain when urinating, a smelly yellowish vaginal discharge, amongst others?
8. Do you know your HIV status?
9. Do you know the HIV status of all your past and current sexual partner(s)?
10. Have you ever received money, goods or any favours in exchange for sex?
11. Have you ever been forced to have sex or had sex against your will?

STEP 5 Lead a discussion around the completed assessment. Tell the group:

- ▼ The reflection exercise is important for understanding how actions or circumstances can affect risk.
- ▼ ANYONE who has a YES on their sheet is at risk for HIV.
- ▼ Reassure them: This is for you and for you alone and understanding how and why you are at risk will help you to make different choices.

STEP 6 Ask AGYW:

- Why do you think these behaviors could increase your risk of getting infected with HIV or having an STI?

Think back to our last session as well. If nothing comes up, ask:

- Why do you think having multiple partners would be risky?

Think about the transmission (handshake) game we just did – more partners means the more chances of being in contact with someone who has been infected.

- How could having an older partner be risky?

Think about the stand-up statements exercise from our first session. Remember, older men are more likely to be infected. So, you are increasing your chances of being with someone who is already infected and you would not know.

- Why would sex without a condom be risky?

Think about your body's defense. Condoms provide your body with a shield of protection. No condom, and the HIV arrow can get through!

SUMMARY

- ▼ Remember, you are not alone in risk.
- ▼ The point of being together is to think through next steps and better understand when and how risky behaviors are happening.
- ▼ Sex may be a choice, sex may not, but there are steps you can take and people who can help you.
- ▼ If you don't know your HIV status or the HIV status of your sexual partner, and you don't use a condom, you can become infected.
- ▼ Let's talk now about services that could help prevent or lessen the effects of risk.

ACTIVITY 4 Which Services are Right For You?



Help AGYW identify HIV services available to them through the programme, based on specific needs and priorities



15 min.



Video clip of DREAMS on Wheels

DIRECTIONS:

STEP 1 Ask: What services do you have the most questions about?

If possible, you could invite a nurse or other healthcare professional to also come talk to the AGYW about different services offered to AGYW.

STEP 2 Explain:



One of the key takeaways from Zandile's story and personal reflection is that knowing your HIV status, particularly if you are sexuality active, is very important. To start, let's understand this process better.

STEP 3 Show short clip of the service provider from DREAMS on Wheels talking about the HTS process, HTS benefits and other services on offer.

STEP 4 Ask AGYW:

- Was there anything that surprised you about the available services or the HTS process?
- Do you feel you can freely access these services, including HTS, from the Dreams on Wheels Mobile Clinic?
- What are the benefits of knowing your HIV status?

STEP 5 Summarise, stating the following:

- ▼ As we discussed earlier, if you are diagnosed with HIV, you can be put on antiretroviral therapy (ART) immediately if you are ready.
- ▼ The sooner treatment is started the healthier you will stay. The goal is to keep the HIV suppressed by taking your ARVs every day at the same time as told by your healthcare provider.
- ▼ There are also other services available for people living with HIV (PLHIV) – these include teen clubs for younger adolescent girls (AGs), support groups if you are in your 20s, family planning, PMTCT if you are expecting a baby, and treatment of opportunistic infections like STIs, TB and cervical cancer.
- ▼ Viral load monitoring is also done after the first 6 months and routinely once a year after two results that indicate you are virally suppressed. The ARVs are working to suppress the virus.

ACTIVITY 5 Mapping Services and Providers To Contact



Explore different services available in their community through a community map developed and identify specific services they can recommend to family and friends



20 min.



Community map or paper to draw a map

DIRECTIONS:

STEP 1 Introduce activity. Explain:



Knowing that services are available is not the same as accessing the services.



In this activity, we want to think about what you would do if a friend came to you with a problem, and where you would refer her for services.

STEP 2 Ask for a volunteer to draw a map of their community, highlighting key points, such as the main roads, school, river, inkhundla, shops, etc.

Note to the Mentor

Community maps should be drawn by the AGYW for each community.

Community Data For Action Platform (CDAP) managed by local leaders could also be a starting point for this, and/or used to help add additional info after girls start their map.

Maps should be kept for future reference and used for future sessions (e.g. GBV).

STEP 3 Ask for one participant to volunteer to come up front to match Joyce's problem below with services . Tell the group:

- ▼ Let's match a typical problem with the services that you think could help. This is a picture of Joyce.



Joyce worries about her friends and young girls in her community. She says “Girls in my community are getting pregnant so young. I have a young child and I know how important it is to decide if and when you get pregnant”.

STEP 4 Ask the following questions.

- What advice would you give?
- What services would you advise for girls who are sexually active? (Answers should include: family planning, condoms)
- Based on her situation, where should Joyce refer young girls to go in our community?
- Where would you refer your friend, and why?

▼ The other participants should raise their hands and offer advice on where to go for services. Ask them to mark the location or person they would go to on the map.

▼ They can also let Joyce know if there are family planning services that are known to be youth friendly, or more private, or a good place to get free condoms, etc.

▼ If they don't offer suggestions for both family planning and condoms, you can mention them and ask the group for suggestions of where to access these services in your community.

STEP 5 Once a few participants have advised Joyce, have the volunteer sit. Read the next scenario about Alice.



Alice has a close friend who has a few guys (or an older partner) she spends a lot of time with. She doubts that they ever use condoms but is not sure. She worries about her and has even said to her: “if you have a partner and you don’t know their HIV status, you definitely need to know your HIV status”.

STEP 6 Ask the participants the following questions.

- What would you recommend? (condoms, HTS)
- Where should Alice advise her friend to go to in our community?
- Where would you refer your own friend, and why?

▼ The other participants should raise their hands and offer advice on where to go for services.

▼ Ask them to mark location or person they would go to on the map.

▼ They can also let Alice know if there are HIV testing services that are known to be youth friendly, or more private, or a good place to get free condoms, etc. If they don't offer suggestions for both HIV testing, condoms and PrEP. You can also ask the group for other places they would recommend.

STEP 7 Once a few participants have advised Alice, have the volunteer sit. Ask for another volunteer to play the role of Jane and read her scenario.



Jane suspects that her best friend is in trouble. Her friend has become very quiet and doesn't want to talk with anyone. She knows that she has a boyfriend who is a lot older than her and that she is sometimes afraid. He has been violent in the past.

STEP 8 Ask the following questions.

- What would you recommend? (HTS, Post-abuse management services, social welfare)
- Where should Jane advise her friend to go?
- Where would you refer your own friend, and why?

▼ The other participants should raise their hands and offer advice on where to go for services.

▼ Ask them to mark location or person they would go to on the map.

▼ They can also let Jane know if there are HIV testing services that are known to be youth friendly, or more private, or where to go for abuse management or social welfare, etc.

▼ If they don't offer suggestions for both HIV testing, abuse management and social welfare, you can mention them and ask the group for suggestions of where to access these services.

STEP 9 Ask:

- Are there reasons why girls may not ask for help to get services? (afraid, stigma, services far away, providers are not friendly)
- How can we help friends or access services ourselves if we are afraid or if services are far away?

REMINDERS

- Tell the girls that Dreams on Wheels offers a safe space for services.
- They can always speak to you as their mentor for referrals.
- Refer to the MOH referral book for a list of other local facilities that offer services.
- Make sure your mentees know where to go.

SUMMARY

- What are the final things we can summarise?

- ✔ We all have friends and loved ones who may need our support.
- ✔ AGYW have different needs for services – you may have many services you want to access, someone else may have fewer needs.
- ✔ There are services and supportive providers in your community that can help you and your friends.
- ✔ Knowing your HIV status is a key first step – particularly if you are sexually active.
- ✔ Your personal reflection exercise can help you decide what is most important and what support you need to access services. Together, we will include needs or concerns from your personal reflection exercise in your plan, and ensure that you get appropriate referrals.
- ✔ As your mentor, I have a referral directory and can provide you with names and phone numbers,

ACTIVITY 4 Closing: How Comfortable Am I?



Reflect on their confidence to tackle health issues discussed, seek appropriate services or share information learned with friends and family



15 min.



None

DIRECTIONS:

STEP 1 Introduction: Remind the girls that they have discussed a great deal today.



We started with understanding HIV transmission;
Assessed our behaviors that may be risky;
Learned about benefits of HTS;
Reflected on services we and our friends might need;
Mapped out where these services could be found in our community.
Before closing, let's just do a check in on how comfortable you are feeling.

STEP 2 Tell the girls:



Line up next to each other – with eyes closed.
With each statement, you are going to vote with your feet.
If you are comfortable, take two steps forward in the line.
If you are NOT comfortable, take two steps back.
Keep your eyes closed throughout this exercise. It is for you alone.

STEP 3 Read the following statements.

1. I feel comfortable talking to friends about sex and health
2. I feel comfortable supporting a friend when she comes to me in need
3. I know where I could refer friends for youth friendly services
4. I feel comfortable talking to my friends about using a condom before having sex
5. I have someone I can go to for support
6. I feel comfortable going for an HIV test

STEP 4 After they open their eyes, reassure them.

- ▼ It is perfectly normal that some things will be easier than others. We will continue to support each other so that eventually, we can feel comfortable doing any or all of these things.

STEP 5 Explain to them:

- ▼ After this session, we will continue to fill out your individual mentorship plan. We can now identify your priorities based on what you can do right away and what is most urgent for us to address for your safety and health.
- ▼ We will also fill out the remainder of the mentee action plan based on what you know already, what you need, what could stop you, and who can support you.
- ▼ We will continue to use this plan to follow-up on key actions and support I can provide to you. This is not a final plan. You may identify other priorities and needs that we can also address together.

SUMMARY AND CHECK-IN

Close the session by explaining the following to AGYW:

- ① Even if you are at risk for HIV, there are things you can do to reduce your risk (ie. get support from a friend, talk to me, get referral for service).
- ② After this session, I will make an appointment with you so that we can sit down together and make your prioritised mentoring plan.
- ③ We will continue to review and update your plan based on - priorities you identify through these sessions.

Your Reflections:

1. What was the most helpful thing you learnt today?
2. What other burning questions do you have?
3. What can I do to be more helpful?

Personal Check-in for Mentor:

1. When will I meet with each individual AGYW to develop her prioritised mentorship plan?
2. When will we have the next meeting?
3. Are any of the AGYW unable to attend?

Note to the Mentor

The Individual Mentor Action Plan Process:

Meet with each AGYW to develop a prioritised list of "I want" statements and fill out the remainder of the mentee action plan based on:

- What do I know already?
- What do I need?
- What could stop me?
- Who can support me?

Prioritisation process with AGYW based on the following criteria:

- What can I do right away?
- What is most urgent to address for my safety and health?

Mentor should collect all personal reflection tools from girls and explain that these are anonymous and will be destroyed at the office.

REFERENCES

The four foundational InSika Job Aids are evidence based materials drawn from well known behavioral theories and adapted curricula. Design was informed by two key theories: Albert Bandura's Social Learning Theory - which proposes that people learn new behaviours and identify their own strengths and self-efficacy when they see them modelled in others and Paolo Friere's Empowerment - Education model, which states that knowledge comes not from "experts" but rather group discussions and knowledge people have from within themselves and their communities. The job aids are meant to be used as a package in conjunction with a mentorship guide which outlines targeting based on age profiles, key content and participatory methodologies based on USAID mentorship curricula, as well as a simplified mentorship process and template.

Existing curricula, which are based on these models and tested experiential techniques, were reviewed and specific activities adapted to AGYW in the Eswatini context. Additional new content was developed to enhance individual mentorship plan development and mentorship sessions. Detailed references are provided below for each activity source and adaptation.

Activity 1: Wild Fire Game: JHCCP Journey of Hope (2008)

Activity 2: How Does HIV Affect Your Body?: JHCCP Planting Our Tree of Hope (2008)

Activity 3: Am I At Risk?: JHCCP Swazi Girls4Health (2016) and WHO Guidelines (2018)

Activity 4: Which Services Are Right For You?: Original DREAMS on Wheels Video and HTS process to promote INSİKA services

Activity 5: Mapping Services and Providers to Contact: adapted use of community maps (Robert Chambers Participatory Rural Appraisal 1992) with original case studies of profile girls - based on DREAMS Toolkit - photos of Youth Advisory Board (YAB) members from Pact database (2017)

Activity 6: Closing: How comfortable am I?: adapted content/statements from JHCCP My DREAMS, My Choice Toolkit.



INSIKA YA KUSASA JOB AID SET DEVELOPED FOR AGYW (15-29) MENTORSHIP SESSIONS