

Living Positively with HIV



Elizabeth Glaser
Pediatric AIDS
Foundation

Until no child has AIDS.



Project Summary

The Eswatini 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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Acknowledgements

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It was written by Bongile Dlamini, Lungile Dlamini-Zwane and Beth Deutsch, with technical support from Cheryl Lettenmaier, for Life Mentors in Eswatini to use with AGYW aged 15-29 in small group sessions and through one-on-one mentorship. Input was provided by Pact's Mphikeleli Dlamini and Nicole Miller and it 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 material by the JHCCP team.

Activities in this job aid were adapted from the *Ematje Ekwevela (Stepping Stones)* (2015) Swaziland for REACH III Project: which is adapted from Jewkes R et al. *Stepping Stones* (2008) South Africa, JHCCP African Transformation (2008) and *Planting Your Tree of Hope*, and *Health Communication Capacity Collaborative* (2016). *Girls4Health: Communicating about HIV Risk Reduction and Financial Literacy with Adolescent Girls and Young Women*. Baltimore: Johns Hopkins Centre for Communication Programs. The job aid was also supported by original video content (story of Swazi HIV+ DREAMS Champion). Special thanks to Zandile Simelane for sharing her story with courage and honesty. Her story continues to be an inspiration to the AGYW. Special thanks also to Nontsikelelo Ncongwane who took the beautiful cover picture for this job aid pro bono.

Disclaimer

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CONTENTS

DISCUSSION GOALS

This session will focus on life after HIV diagnosis and what living positively entails. We will explore where AGYW can access treatment and how they can stay on treatment. We will also focus on stigma and discrimination of HIV positive individuals and how we can be positive-living activists.

DISCUSSION TOPICS AND ACTIVITIES

Part 1:

Welcome (3 minutes)

Activity 1: How do we feel? (10 minutes)

Activity 2: Zandile's story revisited (20 minutes)

Activity 3: Services for People Living with HIV (35 minutes)

Activity 4: Overcoming Stigma (20 minutes)

Activity 5: Be an Advocate (25 minutes)

Activity 6: Who's in My Circle? (10 minutes)

Closing and Check-in (2 minutes)

By end of session, AGYW should have:

- ✓ Agreement on next meeting
- ✓ Any immediate needs for support or services identified for referral
- ✓ Plan to go out into the world and be advocates for positive living, whether one has HIV or not.

DISCUSSION LENGTH | 2 hour 05 minutes

KEY TO ACTIVITY PLANNING



Activity Objectives



Activity Time



Materials Needed

Welcome

1. Greet everyone and welcome them back to the HIV prevention session.
2. Ask everyone to sit comfortably in a circle. Sit in the circle with the group. Everyone should be at the same level, including you.
3. Thank everyone for coming.
4. Ask a few volunteers to quickly share something they remember from the last session.

Introduction

Explain to the AGYW: Today we will be talking about living positively.

Ask participants: From your understanding, what does living positively mean? (*listen to their responses*)

Say: Living positively is having the right attitude, staying healthy and minimising risks to ensure that you're ready to face the future, whether you are HIV positive or not.

ACTIVITY 1: How Do We Feel?



The aim of this exercise is to explore participant's feelings and fears concerning living with HIV



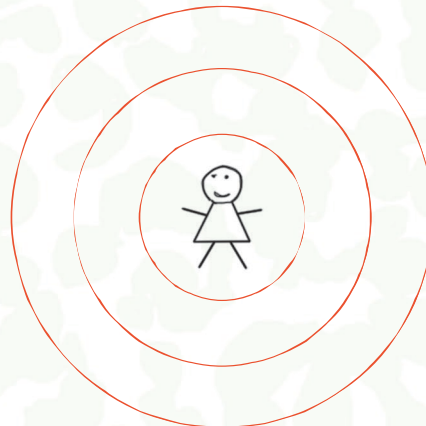
10 Minutes



Flip Chart Paper and Markers

Step 1 Hand out a piece of flipchart paper and dark coloured markers to each participant.

Ask participant(s) to draw three circles, starting off with the inner circle followed by the middle circle, then the outer circle, as shown below.



Note to Mentor:

This activity can be used as is for one-on-one and smaller group discussions. Instead of asking for volunteers in Step 3 ask everyone to discuss if it's a small group or just discuss with the AGYW if it's a one-on-one session.

Then, ask participant(s) to identify someone within their immediate family, preferably someone they live with. This person can be represented by a stick figure, which is then placed on the inner circle.

Next, they have to identify someone in their community, preferably a neighbour or friend, who is placed in the middle circle.

In the outer circle, participant(s) can identify someone from the 'world out there' i.e. a famous comedian, musician, actor, politician, and so on.

Step 2 Ask participant(s) to close their eyes for a moment and visualise all these people whom they have identified. Whilst their eyes are still closed, ask them to imagine that all these people have HIV... (*pause for a moment*). They may now open their eyes.

Step 3 Ask the AGYW to discuss what came to their minds when thinking about the people they identified, imagining that they have HIV and that those in the inner and middle circles are people who they live close with and have lived closely with for a period of time.

- ▼ How does it make you feel about your risk of getting HIV from them?
- ▼ How does it make you feel about them?
- ▼ Would you think they should change their lives if they knew that they have HIV?
- ▼ Do you think differently about the person in each different circle? Why?

Step 4 Now, draw yourself in the inner circle and imagine that later you find that you too have HIV.

- ▽ How would you feel if you were treated in the way you have suggested for the other people?
- ▽ Does it make you think differently about others living with HIV when you imagine that you have it yourself?
- ▽ How would you like your family, community and work/schoolmates to treat you if you had HIV?

- ▽ *Any of us could get or have the virus or any of our family or friends, even our parents. We should not treat other people in ways we would not want to be treated ourselves or see our family treated.*
- ▽ *Since HIV cannot be transmitted by casual contact, such as sharing a chair or a mug, there is no reason why people without the virus should fear being infected by normal daily interactions with someone who is HIV positive. Many HIV positive people have normal healthy relationships. A person living with HIV (PLHIV) on ART who is adhering to their treatment is most likely to have an undetectable viral load. "Undetectable = Untransmittable", which means that if an HIV-positive person is on ART with a consistently undetectable viral load, the HIVirus cannot be transmitted to a sexual partner.*
- ▽ *If we take anti-retroviral therapy, we can live a healthy, active life with HIV. Many people, such as Zandile, whom we remember from our earlier sessions, as well as famous film stars, actors, directors, academics, politicians and even sportsmen and women have all worked very effectively whilst being HIV positive.*

- ✔ *If communities reject people who have HIV, those who fear that they have it may and/or will try to hide it and not seek medical care, or will not use condoms and so forth. This will cause them great stress, harm their health and place others at risk if they do not use condoms.*
- ✔ *The law protects people who have HIV. It is not legal to discriminate against a person on the grounds that they have HIV and it is not legal to force a person to have an HIV test.*

On that note, let's revisit Zandile's story again to learn how she has managed to live positively for a number of years.

ACTIVITY 2: Zandile's Story Revisited



This activity will look at positive living by having a strong support system to help you or someone you care about with disclosure of HIV status, starting and adhering to treatment, as well as dealing with stigma and discrimination



20 Minutes



Zandile's video

Ask participants the following:

- ✔ Do you remember Zandile Simelane?
- ✔ What is it about her story that stood out for you? (*listen to the AGYW before the next question*)
- ✔ Do you think she is a good example of a person living positively with HIV? Why or why not?
- ✔ We will listen to her story again and this time I would like you to pay attention to her experience with stigma and discrimination, how she adheres to her treatment and her support system.

(Play Zandile's video)

After playing the video, ask the following questions:

- ✔ How did Zandile cope with negative responses to her social media disclosure? How would you have dealt with it? (*listen to the AGYW before emphasising the key message below.*)

Note to Mentor:

This activity can be used as is for one-on-one and smaller group discussions.

Key message: *Whom you disclose to and how you do it is up to you. Zandi chose social media because she wanted her story to help other young people and she was prepared for both the negative and positive feedback that she got. Because she had this desire to help others she pressed on and did not let the negativity bring her down. There might be negativity in our communities as well, but you should not let that scare or intimidate you from accessing health services, including ART if you test HIV positive.*

- ▽ Who does Zandile rely on for advice and support? How has this support system helped her? (*Listen to the girls and then ask*): Other than family members, where can young people living with HIV turn to for support? (*listen to the AGYW before emphasising the key message below.*)

Key message: *Having someone you can rely on or simply talk to for support is very important. Like Zandile said, her cousin encouraged her to start and stay on treatment and was there to support her all the way. It's very difficult doing anything on your own and that includes starting and staying on ART. Teen clubs are a great place to meet other young people who are on treatment and talk about your experiences. There are also community-based support groups for those aged 20 years and above.*

- ▽ How do you think Zandile's HIV status affects her ability to form a long-term committed relationship and have children? (*listen to the AGYW before emphasising the key message below.*)

Key message: *Young people who are living with HIV have a responsibility to protect their sexual partners and babies from HIV. This means being honest about their HIV status, encouraging their partner to get tested and disclose his status, starting on ART and taking it daily, and using condoms to avoid HIV transmission and re-infection. It does not mean that she cannot get married and have children, but, she and her partner need to be honest with one another and make informed decisions regarding childbearing, in consultation with a healthcare provider.*

- ▼ What do you think of Zandile taking her medication at 10 pm? (*listen to the AGYW before emphasising the key message below*)

Key message: *Zandile has found a specific time to take the medicine each day, so she will not forget. The time for taking your ART medication is a personal choice because only YOU know what your day looks like and when the best time will be to take your medication so that you are not likely to forget. This can help you stay on your treatment.*

ACTIVITY 3: Services For People Living With HIV



This activity will discuss services available at health facilities, including Dreams on Wheels, and at community level, that PLHIV can utilise in order to live positively and stay healthy



35 Minutes



ART Information Cards

Although this information is directed at those living with HIV, it is good information for everyone to have.

Ask the AGYW what they know about treatment for those living with HIV. Listen to what they have to say. Correct any misinformation in a polite and sensitive manner.

Break participants into 3 groups. Give each group one of the following ART information cards (cut out). Tell them to read the information on the card and then come up with roleplays to help share the information with the larger group. Give the groups 10 minutes to prepare.

Note to Mentor:

For one-on-one sessions, ask AGYW what services they know of that are available for people living with HIV. Discuss using the information cards and skip the roleplays.

ART Information Cards

**Antiretroviral Therapy
(ART)****(for Group 1)**

Antiretroviral therapy (ART) is a combination of pills given once you have been diagnosed with HIV. After testing HIV positive, HIV treatment should be started as soon as possible. The pills that combine to make up ART are called anti-retrovirals, or ARVs.

How it helps you: ART helps to lower and reduce the amount of HIV in your body (viral load) by slowing down the growth of HIV and is highly effective. ART strengthens your body's defence system, thereby reducing the chances of getting opportunistic infections, such as pneumonia, TB and others.

Viral Load Testing**(for Group 2)**

The amount of HIV found in the blood is known as viral load. Testing for viral load allows you to know if the ART is working well for you or not. This test is done 6 months after you begin treatment and again after another six months, continuing until you have two tests in a row that show an undetectable viral load (*linani leHIV lelicindzetelekile*). An **undetectable** viral load does not mean that you no longer have HIV but means that the amount of virus in your blood is so low that the machines that measure it can no longer read it. Do **NOT** stop your treatment but continue doing the good job that you have been doing by taking it well, meaning every day, and at the same time each day.

How it helps you: When the amount of HIV in your body is very low or undetectable for at least 6 months, the chances of passing HIV to a sexual partner(s) or to your baby during pregnancy, childbirth or breastfeeding is essentially eliminated. This does **NOT** mean you are cured. You must adhere to treatment the rest of your life to maintain this.

**Prevention of
Mother-to-Child
Transmission of HIV
(PMTCT)**

(for Group 3)

PMTCT is an intervention for HIV-positive pregnant and breastfeeding women, whereby they receive ART to reduce the chance of passing HIV to their babies.

How it helps you: PMTCT protects the health of your child and yourself. Both mother and child's health is monitored periodically and the child is tested for HIV periodically until they are 24 months old and/or stops breastfeeding. Babies born to HIV positive mothers taking ART are very unlikely to get HIV.

Let the groups come back to the bigger group and present their roleplays. After each roleplay, ask participants if they have any questions.

Answer their questions, and correct any misconceptions about ART, viral load, and PMTCT. Ask them how each of these interventions (ART, Viral Load Testing and PMTCT) help AGYW who are living with HIV.

(From here, you discuss even for a one-on-one session)

After all the roleplays, summarise the following:

- ✔ If you are diagnosed with HIV, you can be put on treatment, which is antiretroviral therapy (ART), immediately.
- ✔ If you suspect that you are pregnant, you have to take a pregnancy test and if indeed you are pregnant and test HIV positive, then you can be enrolled on the PMTCT programme immediately to help protect your child from also getting infected with HIV.
- ✔ If your pregnancy test is negative, you can use condoms every time you have sex to prevent unwanted pregnancy. You can also visit DREAMS on Wheels for friendly services and enrollment on a family planning method of your choice. You can also access family planning commodities at your nearest health facility.
- ✔ ART prevents HIV from attacking the cells in the body and therefore helps keep a person healthy and strong.
- ✔ In order to be effective, a certain level of ARVs must be in the body at all times, which is why taking the medication daily is so important.
- ✔ If doses are missed frequently, the levels of ARVs in the body become lower, allowing the HIV to become stronger and better able to attack the body.
- ✔ The sooner treatment is started, the healthier you will stay without losing weight and being noticeably sickly, which is what happens when the amount of the virus in your body (viral load) becomes high.

- ✔ The goal is to keep the viral load low or suppressed by taking your ART every day at the same time, as told by your healthcare provider.

Tell participant(s) that the Services below are available for AGYW Living with HIV:

Health facility services	Services available at local health facilities for PLHIV include ART, PMTCT, TB screening, family planning, STI screening, cervical cancer screening, amongst others. You can also encourage your partner, if you have one, to attend activities that target men in their community or health facility, so they can learn more about, and also access, HIV services.
Support Groups	There are support groups for people of all ages to help with treatment adherence. For example, a support group or pair of “treatment buddies” can help each other by meeting regularly, encouraging life-long adherence and seeking care, and taking turns to get ART refills. Support groups also sometimes come up with livelihood and/or income generation projects that help the members, such as vegetable gardens to ensure healthy living, production of polish, soap and other products to sell for income. There are different types of support groups in Eswatini; some for PLHIV only, some for PLHIV and people affected by PLHIV, amongst other formations.

Note to Mentor

Refer to the Ministry of Health Referral Book for a list of local facilities that offer these services and make sure your audience knows where to go.

ACTIVITY 4: Overcoming Stigma



To identify some of the root causes of stigma, different forms of stigma and how stigma affects AGYW



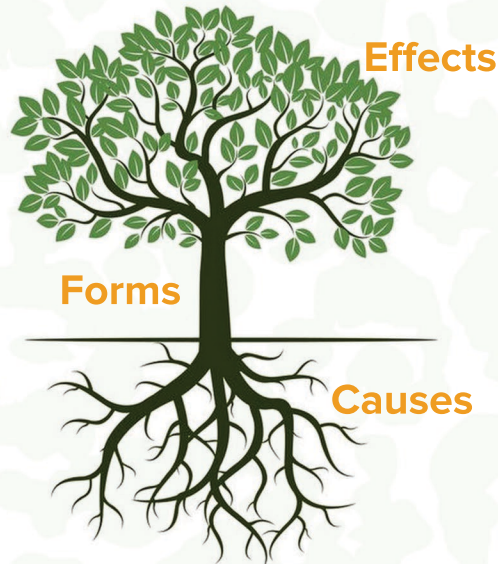
20 Minutes



Flip Charts, Markers

Step 1 Prior to the session beginning, draw a **tree** on a flip chart that includes the roots, trunk, branches and leaves.

Next to the roots write “Causes,” next to the trunk write “Forms” and next to the branches write “Effects.”



Note to Mentor:

This activity can be used as is for one-on-one and smaller group discussions.

FACILITATOR'S NOTES

Below is a list of potential causes, forms, and effects of stigma to keep in mind and prompt participants with if they get stuck:

Effects or Consequences (Leaves/Branches)

Shame. Denial. Isolation. Loneliness. Loss of hope. Self-blame. Self-pity. Self-hatred. Depression. Alcoholism. Anger. Violence. Suicide. Dying alone without love. Feeling useless/not contributing. Family conflict. Quarrels within the family over who is responsible and who will take care of the PLHIV. Divorce. Getting kicked out of family. Fired from work. Dropping out of school. Orphans and street kids. Abuse or poor treatment by relatives. Deprived of medical care (health staff arguing that it is a “waste of resources”). Ceasing to make use of clinics, HTC, and home-based care and support programmes. Reluctance to take medication. Lack of treatment. Spread of infection.

Forms of Stigma (Trunk)

Forms of stigma can be sources of discrimination and are a major challenge to positive living and support of PLHIV. This creates suffering and isolation of PLHIV, as well as harmful effects on their family and social relationships, self-esteem and self-confidence.

These forms of stigma include: name-calling. Finger-pointing. Labelling. Blaming. Shaming. Judging. Spreading rumours. Gossiping. Neglecting. Forms of discrimination may include: Rejecting. Isolating. Separating. Not sharing utensils. Hiding. Staying at a distance. Physical violence. Abuse. Self-stigma (blaming and isolating oneself). Stigma by association (family or friends also affected by stigma). Stigma due to looks/appearance.

Causes (Roots)

Morality (the view that PLHIV are sinners and promiscuous). Religious beliefs. Fear of infection, fear of the unknown and fear of death. Ignorance that makes people fear physical contact with PLHIV. Gender (as women are more stigmatised than men). Peer pressure. Media exaggerations.

Step 2 Form five groups (*Groups can be smaller if having a session with very few girls. For one-on-one, ask the AGYW to do this on her own*). Ask them to draw a tree similar to the one 2 pages back.

Step 3 Define stigma and self-stigma. Make sure everyone clearly understands.

- ▼ **Stigma** – is something that comes from others or your surroundings. It aims to make people feel bad about themselves and powerless in a situation. It is usually associated with a certain condition, such as HIV, or standing in the community.
- ▼ **Self-stigma** – comes from within. It is when someone judges themselves and makes themselves feel powerless because of a certain condition or standing.
- ▼ **Discrimination** – treating someone unfairly because of who they are or because they possess certain characteristics (like being HIV positive).

Step 4 Ask the AGYW to consider the following in their groups:

What do people do when they stigmatise AGYW who are living with HIV (e.g. name-calling). Write their responses next to the trunk (or forms) of our tree.

When AGYW have finished brainstorming the **forms of stigmatisation** (*tinhlobo tetindlela tekwecwaya*), ask them to think about how these actions affect the AGYW who are being stigmatised (such as not taking their ART because they do not want other people to know that they are HIV positive). Tell them to list their responses on the branches/leaves of the tree.

When groups have finished brainstorming the **consequences/effects of stigma** (*imiphumela yekwecwaya*), ask them to think about why people stigmatise AGYW who are living with HIV?

Tell them to write their responses on the roots of the tree (or **causes of stigma**) (*lokubanga kwecwayana*).

Step 5 Once the activity is completed, have each group or the AGYW share their trees. Check your facilitator's notes for any additional causes, forms or effects that they did not mention.

Step 6 Conclude with the following questions:

- ✔ Do you think we focus more of our stigma reduction efforts on fixing the causes, forms or effects? Why?
- ✔ What can be done to address the causes of HIV-related stigma, and therefore reduce them?
- ✔ What will you do to reduce HIV-related stigma after considering the harm it causes to our communities?

If you are living with HIV or know of someone that is living with HIV, do note that all people living with HIV have rights and should be protected from stigma and discrimination.

Use the information we have shared with you, in line with the Beneficiary Rights and Protection from Stigma and Discrimination Policy, to report any form of stigma or discrimination against you based on your HIV status. An investigation will be initiated immediately following such a report.

Key message

HIV-related stigma is a major factor stopping people from learning their HIV status. Stigma is caused by various factors, including lack of knowledge, fear of death, shame/guilt associated with a sexually transmitted infection and the moral judgment of others.

Stigma has serious effects that can compromise an HIV-infected person's life. However, stigma can be reduced and that starts with each of us.

ACTIVITY 5: Reduce Stigma By Being An Advocate



To encourage AGYW to become advocates in their communities and among peers, to prevent HIV stigma and improve the lives of people living with HIV



25 Minutes



Flip chart pre-marked to show Lindiwe's schedule, paper and pens for participants

Directions

Step 1 Explain to participant(s):

- ✔ Everyday we interact with many people. With all these people we could be encouraging change through our words and actions.
- ✔ Often, we do not think about it this way, though, and feel that activism can only be some large or well-planned activity.
- ✔ Our attitudes and actions affect others.
- ✔ The choices we make can inspire others to also create positive change in their own lives.
- ✔ We may think that we have little power to make a difference, but, in reality, we can be a spark that lights a fire.
- ✔ Many times, the most effective activism happens in the course of normal life.

Note to Mentor:

This activity can be used as is for one-on-one and smaller group discussions.

Step 2 Explain: I am going to read you a simple story. Please make yourself comfortable and listen carefully.

Once you have the AGYW's attention, begin reading:

Lindiwe is a student. She lives in a small village 30 minutes from the city. It is Sunday, the day she gets to sleep longer and rest a bit. Lindiwe and her family get up at 7:00 a.m., bathe and have breakfast. From 8:00 a.m. until 10:00 a.m. they go to church, after which they talk for a while with some of their fellow church members.

On the way home, they stop at the market to buy some vegetables and food for cooking. They come home and prepare food, with everyone helping in the food preparations, and at 1:00 p.m. they enjoy a nice meal together.

At 2:00 p.m. Lindiwe goes to visit her friends, talking and sometimes playing a game, or going to watch the boys play football.

From 4:00 p.m. until 5:30 p.m. the whole family goes to visit a relative with a sick child. When they arrive back home, there are neighbours sitting outside enjoying a rest. Lindiwe helps her mother to cook a special supper. Some neighbours come by and they all share food. The whole family takes supper at 7:00 p.m. and goes to bed at 8:30 p.m.

Step 3

 Debrief the story:

Explain: The story, about a day in the life of Lindiwe, is a simple one. It focuses on the social interactions Lindiwe had during her Sunday. This could have been the story of any AGYW living in your community. Let us review Lindiwe's day and the social interactions that she had.

Put up the flip chart you have prepared summarising Lindiwe's schedule. (You can summarise on the flipchart to save space. For example: "7:00: breakfast with family")

Review Lindiwe's day on the flip chart by asking the participant(s) to tell you what Lindiwe did at each of the times mentioned in the story.

Step 4

 Summarise as follows:

Every day you interact with multiple people. Every social interaction is an opportunity for activism and to talk about what you have learnt during these sessions we have spent together. You can also educate and speak out against the stigmatisation and discrimination of people living with HIV. Remember that activism can be personal or public.

Ask participant(s): Please choose a day from the past week. Write out your day and its social interactions like we have done for Lindiwe.

Write down both formal and informal interactions, personal (with family) or public (with community members, school friends, social media acquaintances and others).

For each social interaction, write down a way you could have used that social interaction for activism in support of those living with HIV in your community.

Take five minutes to do this independently.

Call: “Time is up, please stop”, after five minutes have passed.

Ask participant(s): Please turn to your neighbour *(or me, your LM, if it's a one-on-one)* to discuss your work. Explain your day and its opportunities for personal or public activism. Be specific. Work together to ensure you have named specific ways to take action for each social interaction. You will have 6 minutes for this discussion. After 3 minutes, *(if having a group session)* I will tell you to switch roles and begin working on the other person’s opportunities for everyday activism.

Ask participant(s) to begin. After three minutes ask participants to switch roles if it's a group session. When another three minutes have passed call “stop!”

Step 5 Debrief the exercise, using the following questions as a guide:

- ✔ What did you learn from this exercise?
- ✔ What are some things you identified that you can do to teach other AGYW what you have learnt?
- ✔ What are some things you identified that you can do to teach other family and community members what you have learnt?

- ✔ Did the exercise help you think differently about your day and your role as an activist? If so, how? If not, why not?
- ✔ What times of day or types of social interactions were the most challenging for identifying how to take action?
- ✔ What can you do this week in support of someone who is HIV positive in your community that may help them to feel accepted and to reduce stigma?

Step 6

Wrap up the activity by saying:

- ✔ Everyone can take action.
- ✔ Action comes in many forms. Activism does not have to always be a large or organised event. We can be activists in our everyday interactions and relationships. Every choice we make throughout each day allows us to live and demonstrate our beliefs.
- ✔ It is actually when our activism becomes part of our everyday life that we will begin to see social change.
- ✔ Everyone has the power to reach many people. The more people we reach out to, the more we will be able to effect social change.
- ✔ If each of you reach 10 people, and those people reach 10 people and those people reach 10 more, we will soon create a big number of people with knowledge and skills to prevent HIV and stigma in our community.

ACTIVITY 6: Who's in My Circle?



To help AGYW identify who would be their support system in the event they found themselves living with HIV and/or needing someone to confide in






25 Minutes



Markers. Blank paper

Let us go back to our first activity about circles. Let's all close our eyes and imagine just taking an HIV test and the result coming back positive. **Now, let's open our eyes and draw the three circles again (inner, middle and outer).**

-  With our eyes closed again, think about who in your immediate circle (family and friends) you would talk to about your status. After a few minutes, ask participant(s) to open their eyes and write down the name of the person they thought of.
-  Let's close our eyes again and now imagine someone in the community (second circle) that we'd be comfortable talking to about our status. After a few minutes, ask participant(s) to open their eyes and write down the name of the person they thought of.
-  Now for the outer circle, let's think about people out in the world. Who, out there, would you want to hear and be inspired by your story? After a few minutes, ask participant(s) to open their eyes and write down the individuals they thought of. How would you share your story with your chosen individuals?

Note to Mentor:

This activity can be used as is for one-on-one and smaller group discussions.

- ▼ After the exercise, ask the AGYW to share what they have written.

Key Message:

- ▼ In the event you find yourself living with HIV (or in any situation where you need support), it's important to have people you trust and are comfortable talking to, even if that person is outside your family or close circle.
- ▼ A good support network is one of the main things you need to live positively. Your support network can even be made up of people in your outer circle, such as a role model or someone who inspires you that you can read about and follow their story of how they overcame difficult obstacles in their lives.

Wrap-Up

1. Thank everyone again for coming. Ask each member of the group in turn to mention one thing that they have learnt today and one thing that they are looking forward to doing before the next meeting.
2. Ask if there are any more questions about today's discussions that anyone would like to ask.
3. Agree on and remind everyone of the time and place for the next meeting and say you look forward to seeing them all again there (unless this is the last session).

The End.

REFERENCES

These foundational INSIKA Job Aids are evidence based materials drawn from well-known behavioural 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 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: How do we feel? Source: *Ematje Ekwewela* (Stepping Stones) (2015) Swaziland for the REACH III project: which is adapted from Jewkes R et al. Stepping Stones (2008) South Africa

Activity 2: Zandile's story revisited: Source: Concept adapted from JHCCP African Transformation (2008) and Planting Your Tree of Hope-original video story of Swazi HIV+ DREAMS Champion.

Activity 3: Services for People Living with HIV: Source: Adapted from Health Communication Capacity Collaborative (2016). Girls4Health: Communicating about HIV Risk Reduction and Financial Literacy with Adolescent Girls and Young Women. Baltimore: Johns Hopkins Centre for Communication Programs.

Activity 4: Overcoming Stigma: Source: Health Communication Capacity Collaborative (2016). Girls4Health: Communicating about HIV Risk Reduction and Financial Literacy with Adolescent Girls and Young Women. Baltimore: Johns Hopkins Centre for Communication Programs.

Activity 5: Be an Advocate: Source: Health Communication Capacity Collaborative (2016). Girls4Health: Communicating about HIV Risk Reduction and Financial Literacy with Adolescent Girls and Young Women. Baltimore: Johns Hopkins Centre for Communication Programs.

Activity 6: Who's in My Circle? Source: Adapted from *Ematje Ekwewela* (Stepping Stones) (2015) Swaziland for the REACH III project: which is adapted from Jewkes R et al. Stepping Stones (2008) South Africa.

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

