


breaking the silence

HIV/AIDS

educational
tool kit





“The global HIV/AIDS epidemic is an unprecedented crisis that requires an unprecedented response. In particular it requires solidarity—between the healthy and the sick, between rich and poor, and above all, between richer and poorer nations.”

– Kofi Annan, United Nations Secretary General

Never before has it been so important for citizens to break the silence of this pandemic. This kit contains workshops and presentation tools to help Canadian youth and adults join the global response to HIV/AIDS.

Produced by World Vision Canada with the support of the Government of Canada through the Canadian International Development Agency (CIDA).

BREAKING THE SILENCE: HIV/AIDS Educational Tool Kit

Every year, millions of people around the world are affected by HIV/AIDS. The disease takes the lives of women and men, boys and girls. It steals joy, health, resources and opportunity from surviving relatives and caregivers. And it burdens whole societies with the weight of the economic and social costs of a disease with no cure.

AIDS is the fourth largest cause of death in the world. Its power is only enhanced by silence, stigma and fear. Never before has it been so important for citizens around the world to break the silence of this pandemic. As Canadians, we can increase our understanding of the devastating effects of the HIV/AIDS crisis and respond to the needs of those affected by this disease.

World Vision Canada is committed to reducing the global impact of HIV/AIDS. Through its HOPE Initiative, World Vision facilitates programming that focuses on prevention and care, as well as advocating for policies and actions that attempt to reduce the global, national and local impact of HIV/AIDS.

Through this educational initiative, World Vision Canada reaches out to Canadians to join the growing movement against HIV/AIDS. Use the educational tools provided in this kit to increase awareness of HIV/AIDS and the capacity to respond in your community. As Canadians who have much to be grateful for, let us draw inspiration from those who are suffering with dignity from HIV/AIDS, and take the first step towards breaking the silence—and power—of HIV/AIDS.



Produced by World Vision Canada, Education and Public Engagement, 2004, with the support of the Government of Canada through the Canadian International Development Agency (CIDA). Updated in 2006.

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HIV/AIDS in Today's World*			
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* Overhead master(s)

Notes to the Facilitator

What is Breaking the Silence?

Breaking the Silence is an educational tool kit you can use to empower Canadians to join the fight against HIV/AIDS. Engage learners through a series of workshops and presentation tools. Included as part of the kit are activities, overhead masters, and case studies. You can also download PDF presentations that supplement the tool kit at www.worldvision.ca/AIDSKit.

Who is Breaking the Silence intended for?

The workshops are recommended for youth and adults. They can be delivered in schools, churches, youth groups and other educational settings.

Which workshop should I present to participants?

Each workshop can be conducted independently, or in a series of up to three workshops. When time is limited, consider presenting Workshop I which is an introduction to HIV/AIDS. If time permits, conduct all three workshops in order.

How much time is needed to present each workshop?

Each workshop is designed to take approximately one hour to present. However, the workshops are highly adaptable; components can be shortened, lengthened or omitted depending on your needs.

What is the feedback component of the program and when should I complete it?

The feedback component involves surveying your participants about the workshops and forwarding your learnings to World Vision. Feedback helps you improve your delivery of the program, and it helps World Vision improve the effectiveness of the kit. Gather “participant feedback” using the instructions on page 36. Then complete the Facilitator Feedback Form on page 37 and fax or mail it to World Vision Canada.

Where can I find further information?

You will find helpful information on HIV/AIDS on page 17 and pages 23–24.

For further information on HIV/AIDS and the efforts being taken to reduce its global impact, please visit the following websites:

- World Vision Canada (www.worldvision.ca/hope)
- World Vision International Hope Initiative (www.wvi.org/wvi/aids/global_aids.htm)
- UNAIDS (www.unaids.org)
- International AIDS Society (www.ias.se)
- World Health Organization (www.who.int/topics/hiv_infections/en)
- Global Movement for Children (www.gmfc.org)



For more HIV/AIDS lesson ideas visit the Global Movement for Children’s Lesson for Life at www.gmfc.org/lessonforlife.htm.

Workshop Facilitation Tips

FIRST THINGS FIRST

You want to put your participants at ease. People are generally a little shy when surrounded by others they do not know. And even if that is not the case with your group, it is always best to start things with fun!

Consider leading with an icebreaker as an introductory activity to get everyone interacting. See page 25 for ideas.

BE PREPARED

Be sure to read over the workshop instructions carefully. Background information on HIV/AIDS can be found on page 17 and pages 23–24. As well, make sure to gather all needed materials and arrange for AV equipment. Arrive early so that you have time to set up and adapt to any changes that may arise.

When preparing for a workshop, be sure to know who your audience is. It is important to have a clear understanding of what the participants want to get out of the workshop, what you want to convey to the participants and what you hope they will take away from the experience.

EVERY ANSWER IS A GOOD ANSWER

When asking for discussion around a topic, some participants will be reluctant. Encourage involvement by always reinforcing contributions with positive feedback. Congratulate people for participating and build on their answers—even when it may not have been what you were looking for.

ENTHUSIASM IS KEY!

Your participants will be able to detect your passion about HIV/AIDS through your enthusiasm for the activities and discussions you lead. It is always much more engaging to interact with a facilitator who is genuinely interested in what he or she is teaching. Your enthusiasm will be obvious in your body language, your tone of voice and your thoughtful questions and answers.

DEBRIEFING IS ABSOLUTELY NECESSARY

Often when workshops are delivered, discussions or activities run longer than planned. Unfortunately, this means that the debriefing of the activity gets cut short. Be sure to make time for the wrap-up section at the end of each of the workshops. This gives you a chance to reinforce the important messages and points of interest you wanted to convey. It also gives you an opportunity to ensure no one goes away with confused messages or unanswered questions.

WORKSHOP I: The Global HIV/AIDS Pandemic

Objectives

To better understand the global spread of HIV and what it might be like to live in a community in sub-Saharan Africa that is highly affected by HIV/AIDS.

Duration

65–75 minutes

Outline

1. Introductions (5–15 min)
2. The Impact of AIDS (15 minutes)
3. Wildfire Simulation (25 minutes)
4. Case Studies (15 minutes)
5. Wrap-up (5 minutes)

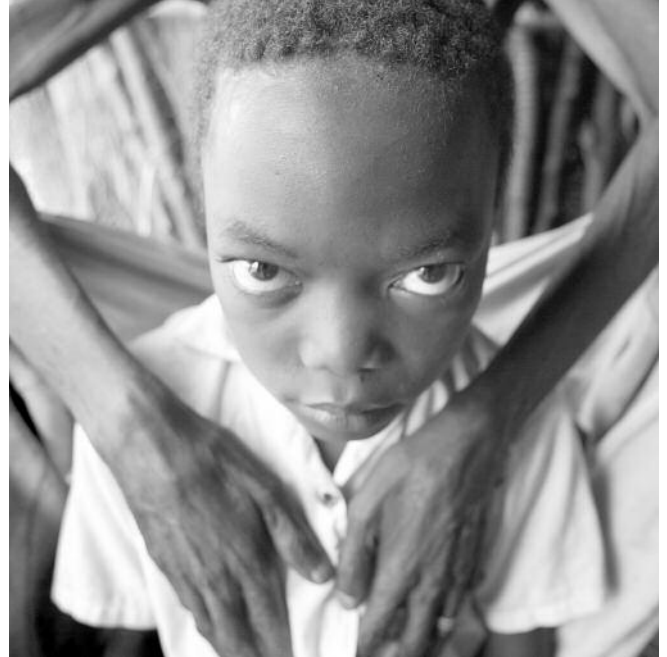
Materials Required

Provided with the kit:

- Workshop instructions
- HIV/AIDS in today's world (optional; pages 19 and 20)
- Wildfire simulation instructions (page 26)
- Wildfire special instruction cards (page 27)
- Case studies (pages 28–31)

What you will need:

- Multimedia projector (optional)
- Overhead projector (optional)



Workshop Instructions

INTRODUCTIONS (5–15 minutes)

1. Introduce yourself. Explain why you are delivering the workshop.
2. Either have participants quickly introduce themselves to each other, or consider trying one of the icebreakers on page 25.

THE IMPACT OF AIDS (15 minutes)

Use this activity to broadly introduce the issue of HIV/AIDS in the context of sub-Saharan Africa.

1. Download the “The Impact of AIDS: a photo essay” presentation from www.worldvision.ca/AIDSkIt as an introduction to this workshop. You will find that it is an excellent introduction to HIV/AIDS in Africa and that it will spark some interesting discussion.

OR

Prepare overheads with facts about HIV/AIDS in today’s world (by photocopying pages 19 and 20 onto transparencies.) See presentation speaking points on page 17 for background information on these facts.

Initiate discussion on either the presentation or the statistics and key points by asking:

- What do you think and feel when you hear statistics like these?
- Were you surprised by any of these facts about HIV/AIDS?
- How many of you were aware of these realities before today?
- Consider that the number of people infected with HIV/AIDS in sub-Saharan Africa is greater than the population of Canada. What does that tell you about how serious this issue is? Is it serious enough to compel you to take action? Why or why not?
- Imagine you were born in sub-Saharan Africa. In some countries one in four people are infected with HIV. How would it affect your life if you or your parents became sick with AIDS?

WILDFIRE SIMULATION (25 minutes)

This activity simulates the transmission of HIV. The debriefing section allows the group to explore some of the issues associated with the spread of HIV through a small community.

SET-UP

1. Explain to the group that they are going to take part in a simulation. They are to imagine that they are members of a small community who will spend time greeting each other according to some rules.
2. Prepare an overhead of the Wildfire simulation instructions (by photocopying page 26 onto a transparency) or write the instructions on a flip chart/chalkboard. You also need to photocopy and cut out the special instructions cards (page 27). Share the following instructions with the participants and make sure they are fully understood before proceeding.

Instructions:

- We will all circulate throughout the room, shaking hands and exchanging verbal greetings.
 - If someone scratches the palm of your hand while greeting you, you must then scratch the palm of the hand of each subsequent person you greet.
 - You cannot avoid shaking hands with people.
 - Some of you will be given special instructions. You are to follow those special instructions above all other instructions.
3. Ask for 2 volunteers to be partners throughout the duration of the game. Give them each a special instructions card bearing a “P”. Hand out the other 4 special instructions cards randomly to 4 individuals in the group. Tell people with cards to keep their instructions secret from other participants. If you have a particularly large group (more than 30), you may want to increase the number of people receiving special instructions.
 4. Explain that throughout the activity you will be asking the participants to pause, so they need to be listening for the signal to pause (you decide what that is, e.g., a whistle blow).

STEP 1

1. Tell the participants that they may begin greeting each other according to their instructions.
2. While you move around the group, shake hands with as many people as possible and keep the conversation lively.
3. After a short while, you (the leader) will lightly scratch the hand of one participant to indicate that he or she has been exposed to the virus. This will initiate the spread of the virus. You will want to be mindful of how much longer you allow the greeting process to go on after you have initiated the spread of the virus. You ideally want to end with about one-third of the group infected. This percentage would be typical of some of the most affected communities of sub-Saharan Africa.

STEP 2:

1. Allow for a few exchanges to occur before signaling the group to pause (otherwise you could end up with everyone being infected).
2. You may quickly survey the participants and have them identify by show of hands who has received a scratch when shaking hands.
3. As long as the total percentage infected is much less than one-third, you can continue with the handshaking and greeting; otherwise end the activity here.
4. Signal to end the activity when you think roughly one third are infected.

DEBRIEFING

This exercise was meant to symbolize the transmission of HIV through a small community.

Bring the group into a circle to facilitate the debriefing exercise. All of the participants whose palms were scratched should take one step forward to form a smaller inner circle. Inform them: You were all in contact with HIV and may have become infected.

Explanation:

- Some of you received special instructions on a card bearing a check mark: even though you came in contact with HIV, you did not contract the virus or pass it on because you were using a condom. You may return to the outer circle.
- There were two of you in the outer circle who received instructions on a card bearing an “A.” You did not contract HIV because you practiced

abstinence by not shaking hands with anyone. You should remain in the outer circle.

- Two of you in the outer circle were monogamous partners and received your instructions on a card with a “P.” You chose not to interact with anyone other than your partner; therefore, you did not contract the virus and should remain in the outer circle.

Reflection:

- For those of you who are left in the inner circle, what does it feel like to know that you have been infected with a disease that means you will die young? Note that in your community anti-retroviral drugs that would help keep you alive are not readily available.
- How do you feel about the person who infected you?
- Did you infect others? How does that feel?
- For those of you who are in the outer circle, how does it feel to know how close you came to being infected but are safe?
- Imagine that you do not understand how this disease is transmitted, only that many people in your community are becoming sick from it and dying; does this realization affect how you feel about those who are infected? How do you think this may cause you to act toward them?
- Were any of you unsure as to whether you were infected or not? How did this feel? In many African communities, HIV testing is not available—imagine living with the uncertainty of this. Even where testing is available, people often avoid testing because of stigma and fear. Consider this: testing is available but treatment is not. In this scenario, people often avoid testing because they do not want to know if they have HIV (an inevitable death sentence). What would it be like to have to make that choice?
- In what ways did the simulation help you to feel something of the stress and difficulty faced by people in highly infected areas? How do you think it would be different if this were a real life situation?

Adapted from: 1st Caribbean HIV and Development Workshop, Facilitator’s manual, UNDP.

CASE STUDIES (15 minutes)

Personalize the impacts of HIV/AIDS in Africa by sharing stories of people infected and affected by the disease.

Divide the participants into small groups of 3–6 people. Each group should receive a different case study, which you will find on pages 28–31. Give the following instructions.

- Let us now examine who is directly infected and indirectly affected by HIV/AIDS by reading some real-life experiences.
- Within each of your groups, assign someone to read the case study aloud.
- As a group, discuss the questions at the end of the stories.

WRAP-UP (5 minutes)

To conclude the workshop:

1. Ask if there are any questions, comments or concerns about the workshop.
2. Form a circle. Go around the circle and have everyone say just one word to illustrate how he or she feels about the realities of HIV/AIDS in sub-Saharan Africa. It is OK if some words are repeated.
3. If this is your only workshop, complete the feedback component as per pages 36 and 37.

WORKSHOP 2: HIV/AIDS Through the Eyes of a Child

Objective

To understand the impact of HIV/AIDS on young people—from the perspective of children infected and affected by the disease.

Duration

65 minutes

Outline

1. Our Affected Classroom activity (10 minutes)
2. Silent Stigma simulation (30 minutes)
3. Letter from Lydia (20 minutes)
4. Wrap-up (5 minutes)

Materials Required

Provided with the kit:

- Workshop instructions
- Our Affected Classroom activity cards (page 32)
- Letter from Lydia (page 33)

What you will need:

- Deck of playing cards
- Flip chart and markers
- Calculator (optional)



Workshop Instructions

OUR AFFECTED CLASSROOM (10 minutes)

Use statistics to explore HIV/AIDS realities in Botswana—one of the most HIV/AIDS-affected countries in the world. This activity will help participants put the realities in sub-Saharan Africa into context.

For this particular activity you will need to do some calculating before your participants arrive. You will be presenting your classroom/workshop space as the population of Botswana. It is important to note that you will be generalizing about people in Botswana based on country averages.

SET-UP

You will use the participants to represent the percentage of youth or adults in Botswana that has been affected by HIV/AIDS for each of the statistics below. Take the total number of participants that you have and multiply it by each of the percentages to obtain the number of individuals needed to represent each statistic.

Example:

20 participants x 0.29 (29% of youth orphaned by AIDS) = 6 people in your group of 20 to represent the percentage of youth who are orphaned due to AIDS in Botswana

Multiply each of these percentages below (in their decimal form) by the total number of participants in your group.

21% of youth (15–19 years) are HIV-positive

29% of youth have been orphaned by losing at least one parent to AIDS

36% of adults in Botswana are infected with HIV

Photocopy the cards on page 32 and distribute them to your group based on your calculations.

ACTIVITY

1. Distribute one card to each participant as they enter the room. Not everyone will receive a card. Tell participants to keep their cards to themselves for now.

2. Explain the following to the group:
 - Some of you have been given a card describing your role in this activity. Be sure to read it carefully.
 - We are going to focus on Botswana—a country in Southern Africa that has one of the highest incidences of HIV/AIDS in the world.
 - You are going to represent the youth or adult populations of Botswana.
 - Please stand when you hear me discussing your statistic so that we may get a visual sense of the proportion of our population affected by that particular aspect of HIV/AIDS.
 - Be seated again after we examine each statistic.
3. Read out the statistics listed above. For example, you can say:
 - Please stand if you represent the portion of youth who have been infected by HIV. (*Pause as participants stand*). Twenty-one per cent of the youth in Botswana are infected with HIV. Those of you who remain seated represent the portion of youth who are HIV negative or uninfected. (*Participants are then seated*).
4. When you have completed representing all of the statistics, lead a discussion with the group.
 - How do you feel about the numbers you just heard and saw visually represented?
 - What proportion of the Botswanan population do we think is affected by HIV/AIDS? (Anecdotal evidence shows that in countries like Botswana, everyone has been affected by the disease—whether they are infected themselves, have lost a loved one or someone they knew to AIDS, are currently caring for someone who is infected, etc.) Have everyone stand at this point to represent the influence of the disease in countries like Botswana.

The next activity deals with the ways in which people who suffer from HIV/AIDS are stigmatized and discriminated against within their communities. Participants experience a small representation of the stigmatization people in Botswana might feel on a daily basis.

SILENT STIGMA SIMULATION (30 minutes)

This activity allows participants to briefly experience stigmatization and discrimination, realities that many people who suffer from HIV/AIDS endure daily.

1. To preface this activity, it would be helpful to start with a discussion about stigmatization, discrimination and victimization. You will find definitions of these terms in the glossary on page 23.

To encourage discussion:

- Think of situations in Canada where young people are victimized. Why are they stigmatized? *Possible answers: not like “average” Canadians—they are odd, poor, gay, etc.*
- What happens to those people? How does society respond to them and how do they then respond to society? *Possible answers: victimization can lead to bullying and isolation, school dropout, criminal activity, unemployment, depression and/or anxiety.*
- Think of a time when you were discriminated against, victimized or stigmatized? What did it feel like? How did it make you feel about yourself? Hold onto that feeling as we go through the next activity.

Move onto the next part of the activity but do not explain its objectives before the participants begin; let them instead discover the purpose for themselves.

2. Explain the instructions (below) to the group. You may wish to have the key instructions written on a flip chart or chalkboard.
 - Each person will be given one playing card from a deck.
 - DO NOT LOOK AT YOUR CARD.
 - When I say “go,” place the card on your forehead with the face out for others to see.
 - Begin to walk around the room as if you are greeting people in your community. BUT DO NOT VERBALLY COMMUNICATE WITH EACH OTHER.
 - There are some people in your community whose background you should know about:
 - Jacks—have a deadly, highly communicable disease

- Queens—are nasty people who appear nice but cannot be trusted
 - Kings—are the wealthiest in the community and will help people they deem worthy
 - We will move around the room for 5 minutes.
 - When I say “stop,” you will stop where you are. Then, without looking at your card, place it, face hidden, against your chest and wait for instructions.
3. Distribute one playing card to each person face down and begin the activity. Distribute all jacks, queens and kings if you have 24 or more participants. Distribute only two or three of each face card if you have less than 24 participants.
 4. Tell participants when to start. Allow them to circulate for a few minutes.
 5. Tell the participants to stop, and then wait for their attention. Debrief the participants.
 - We are going to form a single line. Think about how your community members acted toward you:
 - If you think you were a king, line up at one end of the line.
 - At the opposite end of the line, all those who think they were jacks should line up.
 - Those who think they were queens should line up next to the jacks.
 - Whoever thinks they were regular community members should line up between the queens and the kings.
 - Now have the participants look at their cards. If you have made a mistake, reposition yourself in the correct place.

Lead a discussion with the group about the activity. Pick and choose ideas from the suggestions below.

- How did you feel during the game?
- How did you feel toward each other?
- Were any of you surprised by your reactions/feelings toward the others? Why or why not?

- What did it feel like to be privileged (the kings)?
- Who felt victimized? What did it feel like?

Now relate the exercise to HIV/AIDS:

We just did an exercise on victimization. Let us consider this situation:

- You live in a community where something terrible is happening to people and all that you know is:
 - People are getting sick with a disease
 - The disease is highly communicable, but you don't know how it spreads
 - The disease leads to death
- Realistically, how would you react toward people you think have the disease or are related to someone with the disease? Would you shun them? Would you treat them suspiciously, isolate them? Would you want to protect your children from them? Would you welcome them into your home?

Tell participants:

- This is the situation in many parts of the world—the disease is called HIV/AIDS. Millions of people are getting sick and dying from a disease that they do not always understand. They are not only adults: many are children who either have HIV or AIDS or who have parents with the disease. Some are children who may have been born with HIV or become infected while being breast-fed by an HIV-positive mother.
- People who have HIV/AIDS are often isolated and ostracized by society. Orphans who are stigmatized are particularly vulnerable to malnutrition, sickness, abuse, sexual exploitation and death.

LETTER FROM LYDIA (20 minutes)

Focus on one particular family of orphaned children with this activity to help personalize the learning in this workshop.

This fictional letter (on page 33) is based on a real-life experience of one family of orphaned children in Uganda.

1. Read the letter aloud to the whole group.
2. Have the participants talk with the person beside them and come up with answers to the following questions:
 - What challenges will these children face now that they have lost both of their parents?
 - How can this family's community improve the situation for children left orphaned by AIDS?*
 - What steps should the Ugandan government be taking to improve the situation for orphans of AIDS in Uganda?*
 - What can Canadians do to reach out to orphans in Uganda?*
3. Share ideas with the rest of the group and record on a flip chart.

** Some possible answers: HIV prevention and awareness education; training on how to support themselves, how to care for the sick and dying—including counselling and support for caregivers; vocational training; advocacy for policy, practices and resources to benefit orphans; monetary assistance; assistance with animal husbandry and housing; legal protection so they do not lose their lands or goods; education and guidance about their rights.*

WRAP-UP (5 minutes)

To conclude the workshop:

1. Ask if there are any questions, comments or concerns about the workshop.
2. On a piece of paper, have the participants write down one key thing they learned as a result of this workshop. Participants can share their key thoughts with the group if they wish. Have them take those home with them and put them on their fridge, or somewhere else where they will be reminded of the realities HIV/AIDS-affected children face around the world.
3. If this is your last workshop, complete the Feedback process as per pages 36 and 37.

WORKSHOP 3: Focus on Hope

Objective

To increase awareness of the progress being made to reduce the global impact of HIV/AIDS, and to encourage participants to become a part of this global effort.

Duration

60 minutes

Outline

1. Success stories (20 minutes)
2. Pitch a Plan activity (35 minutes)
3. Wrap-up (5 minutes)

Materials Required

Provided with the kit:

- Workshop instructions
- Uganda success story (page 34)
- Thailand success story (page 35)

What you will need:

- Flip chart and markers
- Feedback questions on chart paper (page 36)

NOTE: If this is your last workshop in the series, please read the feedback instructions on pages 36 and 37 and complete the feedback process with your group.



Workshop Instructions

SUCCESS STORIES (20 minutes)

Focus on hope for the future and what can be done about the global spread of HIV/AIDS by sharing stories of success with your group. Frame HIV/AIDS as a winnable fight.

1. Organize the participants into small groups of 4–6 people.
2. Give each group copies of the success stories (pages 34 and 35). Have one person in each group read the stories aloud to the rest of their group.
3. Have each small group discuss the following questions:
 - What kinds of changes were important to the success of these two initiatives?
 - What learning can we take away from the broad-scale initiatives outlined in the Thailand example?
 - What learning can we take away from the local-scale initiatives highlighted in the Uganda example?
 - Some people feel that the HIV/AIDS pandemic is just too widespread to do anything about it. How do you feel about that way of thinking?
4. After the groups have finished discussing the success stories, share these encouraging facts with the participants:
 - In addition to Thailand, there are other success stories that have proven that the effects of the HIV/AIDS pandemic can be reversed.
 - The HIV/AIDS project in Tanzania, shown in the video *HIV/AIDS in Tanzania: Taking up the Struggle*, has continued beyond the involvement of World Vision and has expanded into neighbouring communities.
 - Anti-retroviral drugs are now cheaper for people around the world because of initiatives such as Canada's Bill C-9, which allows companies to export cheaper generic drugs to poor countries.

- More national and international leaders are supporting HIV/AIDS awareness campaigns.
- If you want to read about what a specific group of youth is doing to fight HIV/AIDS, have a look at www.fightglobalaids.org. They have lots of great campaign ideas!

PITCH A PLAN (35 minutes)

Use this activity to apply the learning from previous workshops. Participants will have the opportunity to create ideas for action that they themselves can initiate and sustain.

1. Have the participants remain in their small groups of 4–6 people.
2. Explain that they are going to be responsible for creating an action plan within their groups. The purpose of the action plan will be to contribute to the global fight against HIV/AIDS. Each small group will present its idea to the large group.
3. Write the following objectives on the board/flip chart to help the groups focus their efforts.
 - Create an HIV/AIDS action plan for yourself as individuals or yourselves as a group.
 - Your plan should be realistic, goal-oriented and have a time frame.
 - Questions to ask yourselves: What would we most like to change about the current HIV/AIDS situation around the world? Is there one of the intervention areas—prevention, care or advocacy—that we could contribute most to? What actions would bring about change? Are our ideas doable?
 - Be prepared to pitch the idea to the large group. Don't forget to use creativity to enhance your pitch!

4. You may wish to share ideas on possible actions to help spark creativity. Some ideas:
 - Sponsor a HopeChild through World Vision's Hope Initiative.
 - Organize an awareness-raising event for HIV/AIDS. You can hold it on World AIDS Day (December 1) or any day that works best for you!
 - See World Vision's online gift catalogue to contribute to children affected by HIV/AIDS at www.worldvision.ca/home/give-a-gift/.
 - Learn about HIV/AIDS and about how to protect yourself and others.
 - Write letters to your government leaders, encouraging them to continue to make HIV/AIDS a priority.
 - Organize a fundraiser and donate the proceeds to an organization doing work in AIDS-affected areas.
 - Join the World Vision youth action network to keep abreast of advocacy campaigns around HIV/AIDS and other global issues: visit www.worldvision.ca/yan.
5. Have each group pitch its plan to the rest of the participants. Encourage discussion around each group's ideas. If appropriate, choose a plan suitable for your whole group to undertake together. Go forward from this workshop with concrete actions in the global fight against HIV/AIDS!

WRAP-UP (5 minutes)

To conclude the workshop:

1. Ask if there are any questions, comments or concerns about the workshop.
2. Together, draft an Agreement to Act as a statement of your group's intentions to fight HIV/AIDS. Have everyone sign the agreement; then post it in the room for all to see.
3. Complete the feedback process on pages 36 and 37.

PRESENTATIONS: Ideas for an Effective Presentation

PRESENTATION SPEAKING POINTS

The information in this tool kit can also be used in situations where a presentation is more appropriate. In this section you will find ideas on how to bring awareness of HIV/AIDS to a variety of settings. Use these speaking points when delivering the overhead presentations as follows.

- **Key Statistics**

People living with HIV/AIDS	40.3 million
– In sub-Saharan Africa	25.8 million
Children living with HIV/AIDS	2.3 million
Orphans due to AIDS	15 million
– In sub-Saharan Africa	12.1 million
New HIV infections in 2005	4.9 million
Deaths due to AIDS in 2005	3.1 million
Projected number of orphans due to AIDS by 2010	20 million

- **HIV/AIDS devastates communities and families.** HIV/AIDS is the most devastating pandemic in human history. It has taken the lives of many educated, productive adults in the prime of their lives. It is leaving a generation of orphans and vulnerable children, whose daily lives and futures are at risk. It is creating additional burdens for grandparents and extended families. Essentially it threatens the quality of life, economic progress and social structure of entire communities and countries. In many parts of the world, HIV/AIDS is actually reversing years of progress made on development projects and initiatives.
- **HIV/AIDS disproportionately affects women and girls.** The HIV/AIDS pandemic disproportionately affects women and girls, who are at the greatest risk of being infected and who carry the greatest responsibility of caring for others who are suffering from the disease. Today, women account for 57 per cent of people living with HIV/AIDS in sub-Saharan Africa; and 60 per cent of all new HIV infections in the region are of young women and girls.

- **Sub-Saharan Africa is at the centre of the HIV/AIDS pandemic.** Africa is home to 10 per cent of the world's population, yet in 2005, more than 60 per cent of the people living with HIV worldwide were in sub-Saharan Africa.
- **HIV/AIDS is often misunderstood and misrepresented.** AIDS is a disease that comes draped in stigma and fear. It can be a difficult topic to discuss because of biases and stereotypes that surface when someone is said to have AIDS. In many parts of the world, there is not always a clear understanding of how the disease is transmitted or treated, so fear of contraction often results in the victimization and shunning of people with HIV/AIDS. Education and awareness-raising programs are key to the prevention of the spread of HIV/AIDS.
- **People who live in HIV/AIDS-affected communities are not helpless victims.** Countless people in HIV/AIDS-affected communities are responding by mobilizing community resources to educate about the transmission of HIV, provide care and support for people affected by HIV/AIDS and advocate for the resources and treatments that they require to fight HIV/AIDS in their communities.
- **A comprehensive strategy to tackle the global spread of HIV/AIDS involves three key interventions: prevention, care and advocacy.** World Vision focuses on these three approaches to the HIV/AIDS pandemic through the Hope Initiative. Preventive measures focus on educating those most vulnerable to HIV and targeted, high-risk populations, while counselling, home-based care and HIV/AIDS testing attempt to create an environment of nurturing and care for those affected by the disease. World Vision also works to decrease the stigma associated with HIV/AIDS, defends the rights of orphans and children made vulnerable by the disease and advocates for policies and programs to support those most affected by HIV/AIDS.

PRESENTATION OUTLINES

Supplement each of the presentations below with the Speaking Points provided on page 17. As well, it may be useful to read the UNICEF 10 Facts sheet on page 24 to become more familiar with characteristics of HIV/AIDS and how it is spread.

The 15-Minute Presentation: If you have 15 minutes or less, use the following tools to deliver an effective presentation on HIV/AIDS to a variety of audiences.

- Overhead presentation: HIV/AIDS in Today's World (pages 19–20)
- Overhead presentation: The Hope Initiative and World Vision (page 21)
- Overhead presentation: Call to Action (page 22)

The 30-Minute Presentation: Lengthen the 15-minute example above by showing the video *HIV/AIDS in Tanzania: Taking up the Struggle**.

A Multimedia Version: If you have access to a multimedia projector, use the following tools to deliver a variation of the above presentations. Visit www.worldvision.ca/AIDSkIt to download the PDF presentations.

- PDF presentation: The Impact of AIDS: A photo essay
- PDF presentation: The Hope Initiative and World Vision
- Show the video *HIV/AIDS in Tanzania: Taking up the Struggle** to highlight progress in World Vision Tanzania projects
- PDF presentation: Call to Action



*To order the video *HIV/AIDS in Tanzania: Taking up the Struggle*, visit the World Vision Canada website at www.worldvision.ca/AIDSkIt or call 1-800-268-1650. The cost of the 15-minute video is \$49.99; you should receive it within four working days.



HIV/AIDS in today's World

40.3 million people live with HIV/AIDS worldwide.

Sub-Saharan Africa is home to **more than 60% of the people** living with HIV.



2.3 million children are infected with HIV/AIDS in the world today.

AIDS has **orphaned 15 million children** in countries around the world.

At the current rate, there will be **20 million orphans** due to AIDS by 2010.

Each day **8,000 people** die of AIDS.



SOME KEY POINTS ABOUT THE PANDEMIC:

- **HIV/AIDS devastates communities and families.**
- **HIV/AIDS disproportionately affects women and girls.**
- **Sub-Saharan Africa is the centre of the HIV/AIDS pandemic.**
- **HIV/AIDS is often misunderstood and misrepresented.**
- **People who live in HIV/AIDS-affected communities are not helpless victims.**
- **A comprehensive strategy to tackle the global spread of HIV/AIDS involves three key interventions:**
 - **Prevention**
 - **Care**
 - **Advocacy**

See Speaking Points, page 17

WORLD VISION'S HOPE INITIATIVE

Prevention

World Vision focuses on educating three key audiences about HIV/AIDS and how it can be prevented:

- children who are not yet sexually active
- pregnant mothers who are HIV-positive
- adults who engage in high-risk behaviour.



Care

World Vision shows care and concern for people affected by HIV/AIDS through peer counselling, by providing home-based care and by improving access to voluntary counselling and testing for HIV/AIDS.

Advocacy

World Vision also works to decrease the stigma associated with HIV/AIDS, defends the rights of orphans and children made vulnerable by the disease, and advocates for policies and programs to support those most affected by HIV/AIDS.

**The fight against HIV/AIDS is winnable—
but it requires a global effort.**

CALL TO ACTION!

WHAT CAN WE DO TO TAKE ACTION AGAINST HIV/AIDS?

1. RAISE AWARENESS

- Organize an event to educate about HIV/AIDS
- Do something creative on World AIDS Day (December 1)

2. STAY CONNECTED TO THE CAUSE

- Join the World Vision youth action network to learn about ongoing campaigns and events
- Know how to protect yourself and others from HIV

3. RAISE FUNDS

- Sponsor a HopeChild through World Vision's Hope Initiative
- Organize a fundraiser and donate the proceeds to an organization doing work in HIV/AIDS-affected areas

4. LOBBY DECISION-MAKERS

- Write letters to your government representatives to encourage them to make HIV/AIDS a priority
- Start a petition for more funds to global HIV/AIDS initiatives and send it to your government representative

Glossary of HIV/AIDS related terms

AIDS: Acquired Immune Deficiency Syndrome. This is the condition caused by HIV (see below). HIV infection becomes AIDS when the CD4 cell count (count of specialized white blood cells that target HIV) has been reduced to less than 200 and the body has been weakened to the degree where other viruses, such as tuberculosis or pneumonia, are able to invade and infect the body.

CHILD: A person under the age of 18 according to the definitions of the United Nations.

DISCRIMINATION: The unfavourable or unfair treatment of a person or class of persons because of race, sex, colour, religion, national origin, age, physical/mental handicap, sexual orientation, etc.

HIV: Human Immunodeficiency Virus. HIV is the viral infection that causes AIDS.

ORPHAN: A child that has lost one or usually both parents.

PANDEMIC: A widespread disease outbreak affecting the population of an extensive area of the world.

STIGMA: A mark of disgrace; a stain, criticism or blame on one's reputation.

STIGMATIZATION: The act of stigmatizing (branding, criticizing, disgracing) another person—see stigma definition.

VICTIMIZATION: An act that exploits or treats someone unfairly.

UNICEF 10 Facts Sheet

1. AIDS is caused by HIV

AIDS is caused by HIV, the human immunodeficiency virus, which damages the body's defense system. People who have AIDS become weaker because their bodies lose the ability to fight all illnesses; they eventually die. There is no cure for HIV/AIDS.

2. The onset of AIDS can take up to 10 years

The onset of AIDS can take up to 10 years from the time of infection with the HIV virus. Therefore a person infected with HIV may look and feel healthy for many years, but he or she can transmit the virus to someone else. New drug therapies can help a person stay healthier for longer, but the person will still have HIV and be able to pass on the virus.

3. HIV is transmitted through the exchange of any HIV-infected bodily fluids

HIV is transmitted through the exchange of any HIV-infected bodily fluids. Transfer may occur during all stages of the infection/disease. HIV is found in the following fluids: blood, semen (and pre-ejaculated fluid), vaginal secretions and breast milk. There is no known case of getting the virus from saliva while kissing. However, if a person has a cut in the mouth, s/he could possibly get HIV from kissing an infected person who also has a cut or open sore.

4. HIV is most frequently transmitted sexually

HIV is most frequently transmitted sexually. That is because fluids mix and the virus can be exchanged, particularly where there are tears in vaginal or anal tissue, wounds or other sexually transmitted infections (STIs). Girls are especially vulnerable to HIV infection because their vaginal membranes are thinner and more susceptible to infection than those of mature women.

5. People who have sexually transmitted infections (STIs) are at greater risk of being infected with HIV

People who have sexually transmitted infections (STIs) are at greater risk of being infected with HIV and of transmitting their infections to others. People with STIs should seek prompt treatment and avoid sexual intercourse or practice safer sex (non-penetrative sex or sex using a condom) and inform their partners. A person infected with an STI is five to 10 times more likely to become infected with HIV.

6. The risk of sexual transmission of HIV/AIDS can be reduced

The risk of sexual transmission of HIV/AIDS can be reduced if people do not have sex, if uninfected partners have sex only with each other or if people have safer sex—sex without penetration, or using a condom. The only way to be completely sure to prevent the sexual transmission of HIV is by abstaining from all sexual contact.

7. People who inject themselves with drugs are at high risk of becoming infected with HIV

People who inject themselves with drugs are at high risk of becoming infected with HIV. They should always use a clean syringe and needle, and never share their injecting equipment with others. HIV can also be transmitted when the skin is cut or pierced using an unsterilized needle, syringe, razorblade, knife or any other tool that carries HIV-infected blood. If you have sex with someone you suspect is injecting drugs, there is always a risk of transmitting HIV if you have unprotected sex. Condoms reduce that risk.

8. Contact a health worker or an HIV/AIDS centre to receive counselling and testing

Contact a health worker or an HIV/AIDS centre to receive counselling and testing if you suspect that you might have been infected with HIV. It is your right, according to the Convention on the Rights of the Child, to have access to youth-friendly health and counselling services. HIV counselling and testing can help you detect HIV infection, get the support services you need, learn about living with HIV, manage other infectious diseases you might have and avoid infecting others.

9. HIV is not transmitted by everyday contact

HIV is not transmitted by everyday contact such as hugging or shaking hands; using swimming pools and toilet seats; sharing bed linen, eating utensils or food; coughing or sneezing; or through mosquito or other insect bites.

10. Everyone deserves compassion and support

Discriminating against people who are infected with HIV/AIDS or anyone thought to be at risk of infection violates individual human rights and endangers public health. Everyone infected with and affected by HIV/AIDS deserves compassion and support.

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Icebreakers

TWO TRUTHS AND ONE LIE

Instruct participants to come up with two true things about themselves that are interesting. Additionally, tell them to create a lie about themselves that is also interesting. Then have them share their truths and lies with each other in groups. The other group members should attempt to guess which statements are true and which is a lie. You can use this activity as a way to introduce participants to each other in a fun way. A good way to start is for you to introduce yourself by presenting your own two truths and one lie. For example, “I have lived in Guatemala, suffered malaria, and sang the national anthem at a Blue Jays game. Which do you think are true?”

ARE YOU MY SPOUSE?

For this activity you will need to prepare enough Post-its® so that you have one for each participant. Each participant will have a Post-it® stuck on his or her back that bears the name of a famous personality (real or fictitious). The key is for each of the famous personalities chosen to have a famous spouse as well. The object of the activity then is for the participants to visit with each other, asking “yes” and “no” questions that will help them determine their identities. When someone has discovered who he or she is, that person must then go and find his or her spouse. Instruct the participants not to tell their respective spouses that they are their matches until they, too, have discovered who they are—or it will spoil the other person’s fun.

This activity does an excellent job of organizing a group into random partners and it is a great way for participants to meet one another.

Suggestions for famous couples:

Mickey & Minnie Mouse	Lucy & Ricky Ricardo
Ward & June Cleaver	Homer & Marge Simpson
John & Jackie Kennedy	Bill & Hillary Clinton
Sonny & Cher Bono	Nick Lache & Jessica Simpson
Nicole Kidman & Tom Cruise	Jennifer Aniston & Brad Pitt
George & Barbara Bush	Edith & Archie Bunker

HUMAN KNOT

This is a fun team-building activity to get people comfortable with one another. The group should form a circle with shoulders touching and everyone facing in. Each person reaches across the circle and grasps hands with two different people. The object then is to untangle the knot of arms without anyone letting go of the other people. The team will have to weave people in and out of the knot while strategizing together. A successful team will untangle the knot to form a simple circle of people.

CIRCLE SIT

This is also a fun team-building activity. Have the group form a very tight circle with everyone facing the same direction, either to the right or to the left, but not into the centre of the circle. Participants will need to be so close to the person in front of them and behind them that they are touching. Then everyone puts his or her hands on the shoulders of the person in front of them and, on the count of three, everyone sits on the lap of the person behind them. The tricky part is to be so close together that the circle does not fall apart. For a real challenge, everyone should stand up together without anyone falling over!

Wildfire Simulation Instructions

Circulate throughout the room, shaking hands and exchanging verbal greetings.

If someone scratches the palm of your hand while greeting you, you must then scratch the palm of the hand of each subsequent person you greet.

You cannot avoid shaking hands with people.

Some of you will be given special instructions. You are to follow those special instructions above all other instructions.

Wildfire Special Instructions Cards



When you shake hands with someone who scratches your palm, you **DO NOT** scratch the palms of the other people you subsequently shake hands with.



When you shake hands with someone who scratches your palm, you **DO NOT** scratch the palms of the other people you subsequently shake hands with.

A

When anyone attempts to shake hands with you, you **DO NOT** shake that person's hand. Just reply politely that you are pleased to make that person's acquaintance but do not wish to shake hands today.

A

When anyone attempts to shake hands with you, you **DO NOT** shake that person's hand. Just reply politely that you are pleased to make that person's acquaintance but do not wish to shake hands today.

P

When anyone attempts to shake hands with you, you **DO NOT** shake that person's hand. Just reply politely that you are pleased to make that person's acquaintance but that you only shake hands with your partner.

P

When anyone attempts to shake hands with you, you **DO NOT** shake that person's hand. Just reply politely that you are pleased to make that person's acquaintance but that you only shake hands with your partner.

Case Study: I

Living a Normal Life in Lesotho

Alina lives in Lesotho, a very dry country surrounded by South Africa. Lesotho is one of the four countries most affected by the HIV/AIDS pandemic. The employment situation there is grim. A large percentage of the male population travels far distances to work in mines in neighbouring South Africa. Often, the men return home to their families for only two weeks out of the year. Prostitutes frequent the mining communities.

Alina's husband became sick after going away to work in the gold mines; he infected Alina and Alina passed the infection on to her daughter during childbirth. Alina's husband later died of AIDS. Alina became sick in 1999. Since then, she has not been able to continue her work as a waitress in one of the local restaurants. Her sister, the only one who knows Alina and her daughter's HIV status, provides Alina and her daughter with food and other basic necessities. Fresh vegetables and fruit would help keep Alina and her daughter healthy, but Alina can only afford maize. Often there is not enough food for both her and her daughter, which forces Alina to sacrifice her portion for her daughter.

Alina has not told her friends about her condition. She is ashamed of it. Instead she avoids her friends. She sits in the house and hides. She has accepted the fact that she and her daughter will likely die, but she tries to live as normal a life as possible with her daughter.

How did Alina become infected with HIV?

What support could Alina have been given to prevent her from contracting HIV?

Who in Alina's life is indirectly affected by her condition? How?

What support, and from whom, does Alina need to be able to continue to be a full member of society?

Case Study: 2

Theresa's Story

Theresa is a 15-year-old living in Zimbabwe. When her parents died of AIDS she was the only person left to care for her three younger siblings. Theresa had never been to school. She has spent most of her life caring for other people. When her parents were alive she helped them care for her younger siblings and farm their small plot of land. She then cared for her parents when they became sick.

She entered the sex trade when an older man with money offered to pay her school fees so that she could go to school. She desperately wanted to go to school but would not have been able to go without financial assistance. The man also bought food for Theresa and her siblings. The man did not demand sex at first. She thought he supported her because he was kind and felt sorry for her situation. When he initially asked for sex, Theresa refused. He then became violent and raped her. He eventually tired of Theresa and abandoned her.

When the man left, Theresa was no longer able to afford to go to school. She lacked work skills and education, so she could not get a job or feed her siblings. She felt her only option was to become a prostitute.

Theresa learned about HIV/AIDS and knew that condoms could prevent her from getting the disease, but most of the men who paid her refused to wear condoms. Theresa is now HIV-positive. Theresa continues to work as a prostitute so she is somewhat able to support her siblings and is able to pay for one of them to go to school. She knows that she will eventually get sick but hopes that she will stay well long enough to care for her siblings until they are old enough to support themselves.

How did Theresa become infected with HIV?

What support could have been given to Theresa to prevent her from contracting HIV?

Who, in Theresa's life is indirectly affected by her condition?

What support, and from whom, does Theresa need to stay healthy and be a full member of society?

Case Study: 3

Old Man's Memories; Young Man's Hopes

In rural central Malawi, being a fit 75 year old is a mixed blessing. Kenneth Kavwenge sits on the mud-plastered step of his house thinking about the past. He is interrupted by one of his grandchildren for whom he cares. His last daughter, Martha, passed away two weeks ago, leaving her three children in his care. All of Kenneth's own children have died and his grandchildren largely depend on his mental acuity and physical health for their own survival. How long, he wonders, can he continue to care for them?

He remembers when AIDS was not destroying the community, when children had parents, when old people were lucky enough to be cared for by their adult children. Now, however, his fate is to be among a generation of grandparents struggling to pick up the pieces in the wake of the HIV/AIDS pandemic.

Kenneth's wife died in 1998, so he alone is caring for the three children, Chembe (14), Rose (7) and Pedro (5). Chembe is a remarkable teenager who was forced into maturity after seeing much death and suffering in his house. He takes on many of the duties of parenting the younger children. Martha, their mother, died after being desperately sick for five months with AIDS. On her deathbed, Martha had asked her father to care for her children. This was the only choice available to Martha; their father died in 1997 after a lengthy battle with AIDS.

Chembe feels that he and his younger siblings are lucky, because he knows that orphans tend to live in miserable conditions compared with children with parents or guardians. Orphans have less food, fewer clothes, little option for education and are vulnerable to labour exploitation and abuse. Chembe knows how lucky he is that his grandfather is alive. He hopes to go to secondary school to eventually study medicine.

AIDS has ruined numerous lives in Kenneth's community, creating several orphans. There aren't many elderly in the community, but when you see them, they too are caring for orphans. Those children who have grandparents are very lucky; they would have many more problems otherwise.

Who connected to Kenneth and his grandchildren became infected with HIV?

How are Kenneth and his grandchildren affected by HIV/AIDS? Who else has or will become affected by HIV/AIDS because of their situation?

How could their lives have been different without the affects of HIV/AIDS?

What might the future be like for Kenneth and his grandchildren?

What support, and from whom, do Kenneth and his grandchildren need to be able to be full members of society?

Case Study: 4

Childhood Lost: Teenage Boy Cares for Sisters Orphaned by AIDS

When his parents died, Richard was only eight, Winnie was six and Catherine, the youngest, was four. Today, 10 years later, Richard has become both their “father and mother.”

When Richard’s parents died, his older siblings abandoned the three youngest children. This left Richard in charge. The young children spent time with their grandfather during the day and went back to their house at night. When their grandfather died a few years later they moved into his house and are still living there.

Richard had to stop going to school because there was nobody to pay his school fees. The sisters are sponsored by World Vision, which pays their school fees and sometimes their school supplies. They sometimes do not have enough food, however, and Richard must find odd jobs during the day to feed both himself and his sisters.

Because he knows his parents died from AIDS, Richard has decided to remain celibate until he gets married. He does not date girls because of AIDS. “I was told that the safest way is to totally keep away until I am ready to get married,” he remarks.

Richard is protective of his sisters; he wants them to finish school and not become involved with boys so that they do not get AIDS. The sponsorship program has helped advise the community on the need for children to complete their education and the dangers of HIV/AIDS. Richard is aware of this education campaign, and the advice he has for his sisters when they are asked for sex or any kind of relationship by a boy is, “Refuse, run and tell me!”

Who connected to Richard and his sisters became infected with HIV?

How are Richard and his sisters affected by HIV/AIDS? Who else has, or will, become affected by HIV/AIDS because of Richard and his sisters’ situation?

Without the effects of AIDS on their lives, how could the lives of Richard and his siblings have been different?

What might their future look like?

What support, and from whom, do they need to be able to be full members of society?

OUR AFFECTED CLASSROOM ACTIVITY CARDS

<p>You are an adult living in Botswana.</p> <p>You are infected with HIV.</p> <p>Please stand when you are asked.</p> <p>36% of adults</p>	<p>You live in Botswana.</p> <p>You have lost one or both of your parents to AIDS.</p> <p>Please stand when you are asked.</p> <p>29% of youth</p>	<p>You live in Botswana.</p> <p>You are infected with HIV.</p> <p>Please stand when you are asked.</p> <p>21% of youth</p>
<p>You are an adult living in Botswana.</p> <p>You are infected with HIV.</p> <p>Please stand when you are asked.</p> <p>36% of adults</p>	<p>You live in Botswana.</p> <p>You have lost one or both of your parents to AIDS.</p> <p>Please stand when you are asked.</p> <p>29% of youth</p>	<p>You live in Botswana.</p> <p>You are infected with HIV.</p> <p>Please stand when you are asked.</p> <p>21% of youth</p>
<p>You are an adult living in Botswana.</p> <p>You are infected with HIV.</p> <p>Please stand when you are asked.</p> <p>36% of adults</p>	<p>You live in Botswana.</p> <p>You have lost one or both of your parents to AIDS.</p> <p>Please stand when you are asked.</p> <p>29% of youth</p>	<p>You live in Botswana.</p> <p>You are infected with HIV.</p> <p>Please stand when you are asked.</p> <p>21% of youth</p>

Letter from Lydia

A fictional letter based on the story “Lighting the darkness for AIDS orphans in Uganda,” Childview Magazine, Winter 2000–2001.

Dear Friend,

I still remember that day well. I woke up that morning and my house was quiet, there was something eerie about the silence. My first thought was that my father had recovered and the pain he had was finally gone. I called out to papa, but there was no response. Just then the silence was broken by my brother’s cries. I was horrified to find my brother Robert outside our home hovering over our father’s crumpled body. I tried to revive him. I touched his feet and chest. He felt so cold. My precious father—I wanted him to get better. I looked after him so carefully. I loved him so much.

I remember people from our village helped us to organize a funeral. Papa was buried behind our grandfather’s house. Now my grandparents have buried all of their children. Grandpa says that it shouldn’t be that way. He wonders who will be left to bury him.

Our mother had left us the year before. My parents had a big fight and she left. I heard that she was sick too. After mama left, papa had been trying to teach us how to tend to the fields and care for the cow. Most days he was just too sick. Now we have to teach ourselves.

We are still living in our house, but I worry about having enough food or money. The day of my father’s funeral, thieves stole our only farming tools. I’m afraid of people stealing our land or home too. I worry that we will be left with nothing.

My brothers and I are still going to school. We don’t have uniforms to wear though. The teachers have not said anything about us not wearing uniforms yet. I’m scared that they could ask us to leave any time now. It seems that many girls in my village stop attending school.

We pray about what will happen to us. We still have hope. In fact, just the other day someone visited our grandfather to talk about putting us in a program. The visitor said that we could be sponsored and that we could continue to go to school and have money to buy food. Perhaps this visitor will come again soon and our prayers will be answered.

Your friend,

Lydia

AIDS Orphan Irene Sees a Future in the Stars A Ugandan Success Story

by Nigel Marsh

There is something about the stars that gives 14-year-old Irene Namasinga hope for the future.

Maybe it's their beauty, or maybe she visualizes her parents up there somewhere, but Irene loves looking at the celestial display at night above her home in Rakai, Uganda. Ask her what she wants to be when she grows up, and she says simply, an astronomer. It's not an answer you expect to hear among children in one of the poorest communities in the world.

Irene slips out of the mud-brick and iron-sheet home, leaving her brothers Bernard, 16, and Joseph, 12, and her little sister, Diana, 11. Sitting in the compound among the banana plants, she stares upward. Eventually, satisfied with the show, she goes inside again, ready to sleep and continue the more prosaic life of an orphan of the AIDS epidemic in Uganda.

The children's father died of AIDS in 1996, almost three years after his wife. Daddy was a mechanic, something proudly remembered by Bernard and Joseph, who want to follow in his footsteps. With no one else to care for them, they remained in the family home.

Star-gazing is not for Bernard; he has too many responsibilities for that. He has been head of the household since he was 13. "We were registered in World Vision's program in 1994 following our mother's death in 1993," explains Bernard, a bright, thoughtful child who seems to bear the duties of a man well. "I have been responsible for the family on my own since my father died, but I don't know what would have happened without World Vision."

"We grow food in our garden, things like matooke [savoury bananas]. But when we have been hard up and had nothing to eat, World Vision has helped us out. I haven't had to ask for help in more than a month, though."

Bernard is one of scores of beneficiaries to receive a bicycle in the last few days, and he is very enthusiastic about it. Fetching water from the borehole half a kilometre away, going to the dispensary for drugs when his siblings get sick, visiting the World Vision office—there is no end to the plans he has already made for the bike.

World Vision is helping all the children continue their schooling by providing school books, pens and uniforms. For now they are all at the same institution—Ssanje Primary School. Bernard's science teacher, Deo Matovu, is one of a growing band of teaching staff in Rakai who were once orphans themselves.

As part of its commitment to improving education in its project area, World Vision sees pupils in difficult circumstances through secondary school. Bright students are encouraged to go on to teacher training college at World Vision's expense—provided they promise to come back to Rakai to teach. So far, at least 180 teachers have been sent for training through this initiative, and the quality of education in rural Rakai is soaring. "Teaching is very important," says Deo. "My parents died while I was in secondary school, and I would never have had the chance to go on to further education without World Vision."

Our visit falls just two days after the inauguration of four smart new classrooms at the school. A further two blocks have been renovated. This brings the total number of classrooms that World Vision has built to 35, and total renovations to 259. The school has a new lease on life, and Deo and his colleagues are excited about their working environment. The local authorities are pleased, too, recognizing World Vision as a caring and constructive partner. Perhaps most importantly, the pupils recognize the importance of what has been done for them.

Star-gazer Irene offers her own simple vote of thanks to World Vision. "Without them, we probably wouldn't be alive, and certainly not together. Some of us would have had to have gone to other places to find food, and then we wouldn't be a family any more."

Changing the Future of HIV/AIDS

A Thai Success Story

Thailand was the first country in Asia to document the HIV epidemic. After a brief period of denial, the country organized a national program, supervised from the highest levels of government, to respond to the epidemic.

Recognizing that most HIV transmissions were occurring through commercial sex, government efforts focused on reducing the number of males visiting female sex workers (FSWs) and on promoting condom use in all commercial and casual sex contacts. These efforts substantially changed levels of risk behaviour. The percentage of male adults visiting female sex workers has fallen from almost 25% of the population to roughly 10%, and condom use when visiting sex workers has become the norm.

Source: Excerpt from the UNAIDS/WHO Epidemiological Fact Sheet: Thailand.

The success of Thailand's "100% condom program" has not had much effect on the transmission of HIV from infected males to their regular sex partners (usually their spouse). However, the program has generated enough behavioural change among FSWs and their visitors, that the overall number of new HIV infections in Thailand each year has been reduced from 143,000 in 1991 to 21,000 in 2003—a monumental success.

Source: UNAIDS report "HIV Prevention Needs & Successes: a tale of three countries."

Discussion Questions:

- What kinds of changes were important to the success of these two initiatives?
- What knowledge can we take away from broad-scale initiatives like the Thailand example?
- What knowledge can we take away from local-scale initiatives like the Uganda example?
- Some people feel that the HIV/AIDS pandemic is just too widespread to do anything about it. How do you feel about that way of thinking?

Participant Feedback Instructions

Please gather feedback on these three questions from your group, use the responses to complete numbers 6, 7 and 8 on the Facilitator Feedback form, then fax or mail the Facilitator Feedback form to:

World Vision Canada
1 World Drive
Mississauga, ON
L5T 2Y4

Fax: 905-696-2161
Phone: 1-800-268-5863

What did you find most useful/effective about this workshop?

What did you find least useful/effective about this workshop?

What changed? Did you gain new knowledge, understanding or inspiration regarding HIV/AIDS as a result of these workshops? Explain.

Facilitators Feedback Form

We want to hear from you! Your feedback on this workshop/presentation tool kit is important, as we constantly strive to measure impact and improve our resources. Please take time to fill out this feedback form and fax or mail it to us. You can also send comments or suggestions to **global_ed@worldvision.ca**.

1. How did you learn about this resource?

2. With whom did you use this resource?

3. What was your objective(s)?

4. Please rate the effectiveness of this resource in helping you to meet your objective(s). (Example: 1=Poor and 5=Excellent)

	1	2	3	4	5
Effectiveness of this resource	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

5. Please evaluate the resource according to the following criteria. (Example: 1=Poor and 5=Excellent)

	1	2	3	4	5
Overall quality of the resource	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity of facilitator instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breadth and depth of the subject matter covered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectiveness of format/layout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Note: The next three questions refer to the information gathered from polling your participants.

6. What did your group find most useful/effective?

7. What did your group find least useful/effective?

8. Please comment on the impact(s) you perceived from using this resource (e.g. changed attitudes, action taken by your group or yourself)

Please send this form, along with the participant feedback forms, to Education and Public Engagement,

World Vision Canada, 1 World Drive, Mississauga, ON L5T 2Y4 or fax to 905-696-2161. Thank you!

About World Vision

World Vision was founded in 1950 and is a non-profit, Christian humanitarian relief and development organization. Active in more than 90 countries, World Vision works in partnership with people around the world to overcome poverty and injustice, and to provide opportunity and hope.

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World Vision educational videos, publications and classroom activities are available to help Canadians develop a greater understanding of global issues and take action for positive change.

For more information on resources and programs visit www.worldvision.ca/resources or contact us at:

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