Safari ya Mafanikio
Master Trainers Guide

Notes and ideas for training
Community Change Agents
and other Facilitators

April 2015
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Introduction

These notes are intended as guidelines and suggestions for those who, as selected and trained “Safari ya Mafanikio Master Trainers”, will be training groups of Community Change Agents (CCAs) and other facilitators to make most effective use of the Safari ya Mafanikio Community Resource Kit.

They offer guidance and a proposed framework for running either a 4-day or a 3.5-day facilitator training programme (Sample Timetables in Appendix 1), and for everything a Master Trainer needs to do in planning, preparing, and delivering the training, as well as following up and supporting those trained in the effective implementation of the programme.

The ‘training cycle’ model (Appendix 2) offers a framework for a systematic approach to providing effective training. It shows the training process as cyclical, with monitoring at all stages. Reference will be made to elements of this model at various points in this document.

If anything in this document is unclear, or you have challenges or concerns about how to deliver the most effective possible Safari ya Mafanikio Facilitator training programme, you are welcome to contact the author of this document:

Peter Labouchere, Consultant, Bridges of Hope Training
  • Email: peter@boht.org
  • Cell / WhatsApp: +27 83 5399181
TO DO BEFORE THE WORKSHOP

Decide: 4-day or 3.5-day Workshop

Where possible, deliver this program as a 4-day workshop. If all participants are ‘local’ (i.e. they can all get to the training venue before midday, it can be run as a 3.5 day program, with the first day being just two sessions in the afternoon. Appendix 1a and 1b include sample timetables for these two alternatives.

Adapt and finalise the timings for programme to best suit participants and logistics, if possible keeping the total contact hours to deliver the programme effectively.

Identify Learning Needs / Select Modules to focus on

In the 3.5-day or 4-day programmes, there is not enough time to cover and build skills of participants to use all elements of all twelve modules. Hence when planning the training you need to select, based on the needs and key issues faced by communities:

- Which are the ‘Key Modules’ for this group, which you should give a lot of focus to and cover in depth? (Select top 6 modules)
- Which are the ‘Useful Modules’, which would be valuable to include, but which are less important than the Key Modules for this group than to grasp in depth?
- Are there any ‘Omit modules’ which you do not need to cover at all? For example, if you are in a traditionally circumcising area, you can leave out Module 4: VMMC.

To be clear about which should be Key, Useful and Omit Modules, it may be worth discussing this with those who live or work in the District or area to be covered by the group of CCAs / facilitators you are training, so you accurately identify what priority you should give to different modules.

In prioritising which modules or parts of them to focus on, it is important to consider also:

1. The programme requirements and what program funders will be looking for when they evaluate the program.

2. In every training, include Module 1, at least Parts A and B (Part C is optional). Instead of focusing directly on the problem, challenge or disease and how to avoid, prevent, diagnose or treat it, the initial focus is on personal, family and community goals and aspirations. This provides a positive focus for motivating the health seeking behaviours when doing any of the other 11 modules.

3. There are a lot of Steps and sometimes Parts of a module marked as ‘Optional’. Read through these and decide whether or not it is worth the extra time needed to include these optional elements.
Select Parts of Key Modules to be used in the Small Group Training Practice sessions

The Small Group Training Practice session on day 2 / day 3 or the programs is best focused on practicing the ‘harder to facilitate’ interactive activities. Each training pair has up to 30 minutes to facilitate their session. Therefore, for the Key Modules you have chosen, select 5 sets of activities, each set from a different module, which training pairs could realistically facilitate in less than 30 minutes with a small group of 6 to 9 participants.

In Appendix 5: Small Group Training Practice, under Module and parts to facilitate, five sessions are provisionally proposed, but change these and select parts from the Key Modules you have identified.

Set Learning Objectives

In the Safari ya Mafanikio Facilitators Guide, the Learning Objectives for each module are listed in the introductory section on pages 7-9, and at the beginning of each module.

Appendix 1a and 1b: Workshop objectives and timetable has suggested learning objectives for the Facilitator Training workshop, but you may adapt or add to these to reflect a focus on particular Key Modules.

Levels of Experiencing and Training Safari ya Mafanikio

3 levels of experiencing / training Safari ya Mafanikio are:

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Participant level</td>
<td>Experiencing the activities, applying them personally to your own health and development issues and concerns.</td>
</tr>
<tr>
<td>2. Facilitator level / Community Change Agent</td>
<td>Facilitating sessions / modules / activities directly with community groups</td>
</tr>
<tr>
<td>3. Master Trainer level</td>
<td>Training CCAs / other facilitators to make most effective use of the Community Resource Kit</td>
</tr>
</tbody>
</table>

The most effective Facilitators and Master Trainers of the Safari ya Mafanikio CRK are those who have first applied the learning from the activities personally and experienced how the activities and techniques can impact their own life and ways of thinking about health issues. Hence the first day of the Facilitator Training workshop is focused on giving CCAs/facilitators a chance to experience the activities as participants.

As Master Trainers (level 3) it is important to apply to tools and be effective first at levels 1 and 2, i.e.

- Make sure that you are skilled and confident with facilitating all elements of the modules to be used in a Facilitator training workshop, so that you can clearly and accurately model how to facilitate the modules and activities, and give CCAs/facilitators a good experience of how the modules can help them personally.
Read the facilitation notes, prepare and practice as necessary, take opportunities to practice using the activities directly with community groups.

• Continue to apply the learning from the activities personally (particularly from Module 1 around clarifying future goals and aspirations and your identity statement.) You can then use your own experience with applying the learning as examples to clarify and motivate others to use them. For example you might share your own “I am...” statement and how it has helped you.

Planning and Preparation for a Facilitator Training Workshop

Pack of handouts for each participant and other forms

• Print and make packs of handouts stapled or clipped together or in document folder, one for each participant including:
  - Finalised workshop objective and timetable (your adapted version of Appendix 1a or 1b)
  - Copy of Appendix 5: Small Group Training Practice / Simulation
  - 2 copies of Appendix 6: Session Review Form
  - Blank sheets of paper for making notes

• Other forms required during the workshop include:
  - Session Feedback Form for participants to give feedback on a session (Appendix 7) – about 40 copies, to give 5 or 6 copies to each facilitation team for the Community Training Practice session on the morning of Day 4, so that they can use them to get feedback from their community participants.
  - End of Workshop feedback & evaluation form (Appendix 8) – one for each participant, print double sided.
  - Registration Form / Contact List (adapted version of Appendix 9)

Stationery

• Provide the following:
  - pens
  - name labels
  - Flip chart pens
  - Pack of post-it notes or
  - Pack of sticky stuff
  - Masking tape roll
  - Sheets of paper / card (coloured if possible)
  - Optional: Pack of coloured / koki pens (for participants to draw colourful future islands when doing Safari ya Mafanikio Module 1, Part A.)
  - Extra male and female condoms for practice / demonstration.
  - Your Safari ya Mafanikio Facilitator certificate for this programme (if you have it) to show participants what they can get.
• Ensure you have the necessary training materials for participants including:
  - Safari ya Mafanikio Facilitators Guide for each participant
  - Safari ya Mafanikio training kits / materials (ideally a complete set for each participant, as detailed in the Safari ya Mafanikio Facilitators Guide.)

Training Venue arrangements

• Check the Venue is suitable – it should be large enough so that all participants can sit comfortably in a single semi-circle or horseshoe with no ‘second row’ and with no tables in front of them. This works best for the Safari ya Mafanikio interactive Facilitator Training.

If the main training room is not large enough to accommodate the different groups for the Small Group training practice sessions without them disturbing each other, arrange if possible for an extra small room(s) or spaces (even outside) where one or more groups can operate.

• Ensure that appropriate catering arrangements are made for meals / refreshments.

• Select and arrange venues / groups of participants for “Community Training Practice sessions” (Day 4), when participants work in teams to facilitate a session with different participant groups in the locality, e.g. a secondary school class, a group of employees, at a local market, a women’s group, a support group, at a bus station, clinic or taxi rank. Arrange a variety of participant groups for this if possible, each preferably with between 15 and 25 participants. Participants will deliver the ‘Community Training Practice’ sessions in facilitation teams of 4 or 5, so if you are expecting 30-35 CCAs on a training, this will require a total of 7 facilitation teams and 7 participant groups for their sessions.

• Liaise with the host organisation to prepare the workshop venue (if practical the day before), i.e. have a horseshoe of chairs only (no tables), flip chart at the front.

• Put a pen, name tag and workshop objectives / timetable on the seat of each participant.

Prepare the following flip charts sheets for Day 1:

- Karibu / Welcome to the programme (in the languages of the participants) to display as participants enter the training venue

- Chart to explain the One year from now / End of Workshop exercise - draw an outline map of the training room on a board / flip chart, and label it shown here.

- Chart just the heading “Ground Rules”
- Chart for de-briefing Module 1, Part C: Life Boat:

<table>
<thead>
<tr>
<th>Life Boat Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>You</td>
</tr>
<tr>
<td>Me</td>
</tr>
<tr>
<td>You = Me</td>
</tr>
</tbody>
</table>

- Create a monitoring “Mood Meter” like this filling a sheet of flip chart paper:

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="day1.png" alt="Emoji" /></td>
<td><img src="day2.png" alt="Emoji" /></td>
<td><img src="day3.png" alt="Emoji" /></td>
<td><img src="day4.png" alt="Emoji" /></td>
</tr>
</tbody>
</table>

- Draw a line across the middle of a flip chart sheet. In the top half write: Liked about today. In the bottom half write: Did not like / please change.

**DURING THE FACILITATOR TRAINING WORKSHOP (Implement Training)**

For general notes on ‘How to be a Good Facilitator’ of Safari ya Mafanikio training activities, see the introductory section of the *Safari ya Mafanikio Facilitators Guide*. Below are some additional notes on how to run the sessions in a CCA / facilitator training workshop.

Each full day is divided into 4 sessions mostly of between 90 – 120 minutes. The 3.5-day programme has only 2 sessions in the afternoon of the first day.

Below are detailed notes suggesting how to facilitate each session.

These notes are for both the 4-day program and also the 3.5-day program.
Information in blue applies only to the 4-day program
Information in red applies only to the 3.5-day program
Information in black applies to both.

At the top of the notes for each session:

<table>
<thead>
<tr>
<th>Day:</th>
<th>Session:</th>
<th>Duration:</th>
<th>Provisional times:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>90 mins</td>
<td>08:30 – 10:00</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>90 mins</td>
<td>13:15 – 14:45</td>
</tr>
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</table>

Description of input by Master Trainer, including instructions to Participants

Registration
As participants enter the training venue, welcome them individually, get them to sign the register and write using a flip chart pen on their name label the “name they would like to be addressed by during the workshop.”

Welcome & Opening / Introductions
Welcome participants to the programme
Introduce yourself and co-facilitators (other Master Trainers)
A very effective introductory icebreaker is My Name is... and I like… (the first one in your list of Icebreakers and Energisers, page 18 of your Safari ya Mafanikio Facilitators Guide.) Get everyone to stand in a circle and introduce themselves using this energiser.

Set a positive frame when you introduce the program
Your participants are already aware of the problems and suffering associated with HIV, TB, malaria and other health challenges. Further emphasising this at the beginning of a workshop will not help. Instead, start with something like:

*This Safari ya Mafanikio workshop is about staying healthy, living longer and achieving what you most want and value in life – your goals and dreams.*

Introduce the Buddy System, to build rapport and facilitate the development of relationships which support learning
Note: When facilitating a Facilitator training programme, at the outset it is vital not only to build rapport with your participants, but also to establish mutually supportive relationships between participants. This can be achieved in part with the ‘Buddy System’, which involves each participant giving and receiving support from their two ‘buddies’ towards achieving their respective desired outcomes for the workshop.

Use the energiser *One Stamp Clap* to get people into pairs (see page 18 of the Facilitators guide.) Explain that at each stage they must pair up with another participant who they do not know well.
Description of input by Master Trainer, including instructions to Participants

<table>
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<tr>
<td>20 mins</td>
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Get participants to focus on what they want from the workshop, linked to what they want to achieve as a Facilitator within the next year

You need to get participants engaged, excited and vividly imagining the possibilities for what they might do and achieve with what they learn from the workshop. You need an exercise that achieves a lot more than just asking participants to state their expectations for the workshop.

Here is the **One year from now / End of Workshop** exercise to achieve this:

**Preparation:** Draw an outline map of the training room on a board / flip chart, and label it as above.

Participants pair up with their ‘first buddy’ (another participant who they do not know well) and walk a timeline together, sharing what they want to have achieved and changed in a years time and what they need from the workshop to do this.

The Master Trainer demonstrates (with a volunteer or co-facilitator) and then directs participants through the following sequence:

1. **Go with your buddy to the position representing NOW at one end of the training room/area, and take it in turns to briefly describe to each other your current situation and the HIV-related issues you feel need addressing, in your workplace, community, home or personal situation.**

2. **Walk with your buddy into the future, to the other end of the training area, a position representing ONE YEAR FROM NOW. In this position imagine that, since attending the Safari ya Mafanikio Facilitator Training workshop a year ago, you have achieved everything you wanted and dreamed of doing around addressing health and Wellness issues in your community, home or personal situation. What has changed? What do you see that is now different? What are other people saying about the difference you have made? How do you feel about this? Describe to your buddy how things have changed, one year from now, as though you are already there.**

3. **Come back with your buddy to the middle of the training area, which represents the END OF THIS WORKSHOP. In order for you to achieve the changes and make the difference you want to one year from now, what do you need to take with you from this workshop? What knowledge / skills / attitudes / materials do you need to leave with? What issues do you need to address before you leave this workshop? Tell your buddy.**

4. **Return to NOW, the position you started in.**

Explain and demonstrate this first with a volunteer or co-facilitator, then get everyone to stand up, go to the ‘NOW’ position with their buddy, and all buddy pairs do these 4 steps at the same time.

**Plenary:** get feedback from each buddy pair in turn. Write on flip chart in particular what participants want by the end of the workshop. Then outline the workshop programme, noting what of these desired outcomes the workshop can (or cannot) achieve.
### Description of input by Master Trainer, including instructions to Participants

<table>
<thead>
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<th>Approx time</th>
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<tr>
<td>5 mins</td>
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#### As a Facilitator, start with yourself, lead by example

Instruct participants to “Point a finger at you buddy or neighbour and tell them to ‘Change your behaviour!’” Point out that, while one finger is pointing at their buddy, all their other fingers are pointing back at themselves. i.e. They must address their own issues first. There is only one person whose behaviour they can change – themselves! As Facilitators, to be credible and effective, they must start with themselves and apply the learning from this programme to their own personal situation first.

Optional: Mention Mahatma Gandhi’s statement that you must **Be the change you want to see in the world** and tell participants the following story to emphasize this further:

> One time, a woman came to Gandhi and asked him to tell her overweight son to stop eating sugar.
> “Madam,” he replied, “come back in three weeks time.”
> Surprised at this request, she nevertheless returned with her son three weeks later.
> Ghandi looked at the boy and said, “Stop eating sugar.”
> When the boy left the room, the mother turned to Ghandi and asked why he hadn’t said this three weeks ago.
> Ghandi replied, “Madam, three weeks ago I myself was eating sugar.”

#### Outline the workshop programme.

Run briefly through the workshop timetable (See Appendix 1), noting what the workshop can (or cannot) achieve of the participants’ desired outcomes (identified in previous one year from now / end of workshop activity).

Explain that:

> We have just emphasised how important it is for Facilitators to practice what they preach and lead by example. The most effective Safari ya Mafanikio Facilitators are those who have first experienced the benefits of applying these practical tools and techniques to their own lives and circumstances. Hence Day 1 is all about giving you as individuals an opportunity to experience the activities as participants. We will facilitate all the activities (in a way that hopefully models good practice).

> Only on day 2 do we start to practice and build skills to facilitate these modules with others.

> From days 2 to 4 you will progressively develop your skills and confidence to use the range of Safari ya Mafanikio participatory training activities and behaviour change techniques. Ultimately the only one way to build skills is to practice. Hence you will all be involved in two major training practice sessions – the first a simulation with your fellow participants acting as participants; the second will be ‘for real’ with external participants in the local community.

> Following this workshop, once you have applied all you have learnt in running a further 4 sessions and submitted the relevant paperwork, you will receive well deserved recognition and a certificate.

**Any comments or questions about the programme?**
### Description of input by Master Trainer, including instructions to Participants

<table>
<thead>
<tr>
<th><strong>Clarify that Safari ya Mafanikio includes lots of fun participatory activities that make the learning interesting, clear and memorable</strong></th>
<th><strong>Approx time</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Put this on your chin</strong> Say: <em>We tend to do more what we see than what we hear. Do you agree? I am now going to demonstrate this. Do what I say. Do this.</em> Hold up your right hand with your finger and thumb together. Wait till everyone is doing the same as you. Then put your right hand (with your finger and thumb still together) onto your cheek and say at the same time: <em>Put this on your chin.</em> Note: Your hand must be on your cheek a split second before you finish the sentence... on your chin. Everyone (or nearly everyone) will put their hand on their cheek, not their chin. Optional: Reinforce this with the chart: I hear... I see... I do it.... From Appendix 3: Explaining Underpinning theory</td>
<td>5 mins</td>
</tr>
</tbody>
</table>

| **Ground rules** Ask what should be included as ground rules for the workshop. When someone makes a suggestion, check for agreement from the group, then write it on a flip chart under the heading GROUND RULES. Negotiate with the group. Ensure the confidentiality is included, i.e. if anyone shares anything of a personal nature during the workshop, it goes no further. | **10 mins** |

| **Exchange contact details with your first buddy, meet your second buddy.** Tell participants that if they wish, they can exchange contact cell numbers with their first buddy and their second buddy, who they are about to meet. Ask everyone to: *Stand up and turn your back on your first buddy (so you can give each other a back rub.) The person you are now facing is your second buddy. Go to the break with your second buddy and ask them during the break:*  
  o *What do you want from this programme?*  
  o *How you I help you achieve that?* | **5 mins** |
<table>
<thead>
<tr>
<th>Day: 1</th>
<th>Session: 2</th>
<th>Duration: 120mins</th>
<th>Provisional times: 10:15 – 12:15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day: 1</td>
<td>Session: 2</td>
<td>Duration: 120mins</td>
<td>Provisional times: 15:00 – 17:00</td>
</tr>
</tbody>
</table>

### Description of input by Master Trainer, including instructions to Participants

Remind participants that Day 1 is all about giving them as individuals an opportunity to experience the activities as participants.

Hold up a copy of the Facilitators Guide and say:

*There is no need to make notes on how the activities are facilitated, as you will each get this detailed, illustrated, step-by-step guide on how to facilitate each module and activity. So please just actively participate today and apply what you experience and learn to your own life and circumstances.*

Note: It is very important to do an effective and accurate demonstration of the training activities you facilitate, in order to:

- Give participants a real and meaningful experience of what these training activities can do for them personally. If they have experienced and applied it personally, they will be much more motivated, congruent and effective when facilitating the activity with others.
- Model good facilitation and correct usage of the activities. (Participants will observe and copy what you do, including your mistakes and omissions!)

<table>
<thead>
<tr>
<th>Approx time</th>
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</thead>
<tbody>
<tr>
<td>5 mins</td>
</tr>
</tbody>
</table>

Facilitate the first module you selected as a Key Module. This should be Module 1, which provides a positive focus for motivating the health seeking behaviours when doing any of the other 11 modules.

Facilitate the second module you selected as a Key Module.

<table>
<thead>
<tr>
<th>Day: 1</th>
<th>Session: 3</th>
<th>Duration: 120mins</th>
<th>Provisional times: 13:00 – 14:45</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day: 2</td>
<td>Session: 1</td>
<td>Duration: 105mins</td>
<td>Provisional times: 08:15 – 10:00</td>
</tr>
</tbody>
</table>

### Description of input by Master Trainer, including instructions to Participants

Facilitate the third module you selected as a Key Module.

Facilitate the fourth module you selected as a Key Module.

<table>
<thead>
<tr>
<th>Approx time</th>
</tr>
</thead>
<tbody>
<tr>
<td>60 mins</td>
</tr>
<tr>
<td>55 mins</td>
</tr>
</tbody>
</table>
Day: 1  
Session: 4  
Duration: 120mins  
Provisional times: 15:00 – 17:00

Day: 2  
Session: 2  
Duration: 120mins  
Provisional times: 15:00 – 17:00

<table>
<thead>
<tr>
<th>Description of input by Master Trainer, including instructions to Participants</th>
<th>Approx time (mins)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitate the third module you selected as a Key Module.</td>
<td>55 / 60</td>
</tr>
<tr>
<td>Facilitate the fourth module you selected as a Key Module.</td>
<td>55 / 60</td>
</tr>
</tbody>
</table>

### Review of Day 1

Give to each participant a copy of the Safari ya Mafanikio Facilitators Guide. Suggest that if possible, participants can start reading through the notes on the Modules you have already covered on Day 1, as they will be starting to facilitate them the following day.

Explain that you would value some feedback on the first day of the workshop, so you can monitor progress and make any necessary adjustments to the programme to enhance the rest of the workshop.

Give each participant 2 small pieces of paper. Ask them to write on one something that they particularly liked or valued from the day. On the other they should write something they did not like, or would like to be changed for the rest of the workshop.

Introduce and display the two monitoring tools you have prepared on flip chart sheets:

- The “Mood Meter” – explain that participants should each put a tick in one of the 3 boxes under day 1, according to how they are feeling about the workshop.
- The Liked about today / Did not like flip chart ( lay this on the ground)

Conclude the day and ask participants to stick their notes on the latter flip chart sheet in the appropriate places as they leave, and tick the Mood meter. Position the mood meter chart so that people can tick it without facilitators and others seeing.

### Review of Day 1 / Preparation for Day 2

Check the “Mood meter” responses and read the review responses that participants wrote on the pieces of paper about what they liked / did not like. Group similar responses. In the light of these and other responses / reactions and feedback from participants during the day, consider whether you should adapt / add / emphasise anything in particular during the rest of the programme.

Read all the facilitation notes. Check you are prepared and have all the materials needed to facilitate all the sessions / inputs.

Check arrangements for rooms / training space for the 2 or 3 smaller groups to work without disturbing each other during Small Group Training Practice on Day 2.
| Day: 2 | Session: 1 | Duration: 105 mins | Provisional times: 08:15 – 10:00 |
| Day: 2 | Session: 3 | Duration: 105 mins | Provisional times: 13:00 – 14:45 |

Description of input by Master Trainer, including instructions to Participants

<table>
<thead>
<tr>
<th>Approx time</th>
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</thead>
</table>

Welcome participants to Day 2. Present the Flip Chart sheet with the Day 1 review comments from participants. Thank them for the feedback. Go through the comments by theme, address issues and questions raised, and clarify what you propose doing more of and/or changing during the rest of the programme as a result of the feedback.

<table>
<thead>
<tr>
<th>Approx time</th>
</tr>
</thead>
</table>

Do the energiser *Move if*... energiser on page 19 in the Facilitators Guide for about 5 minutes. When you have finished, explain to participants that this fun energiser can also be used to:

1. Find out more about the group
2. Deal with the difficult situation where two or three participants who are sitting together are continuously talking amongst themselves / distracting each other / interrupting the session, even after you have asked them to stop.

   In this case, announce that you are going to do a quick energiser and then carry on with the session. Do a few rounds of *Move if*... When those who were disturbing the session are sitting in seats apart from each other, stop the energiser, tell participants to stay where they are now seated, and carry on with the session you are delivering. Without making an issue of it, you have physically separated the disturbing elements, so that cannot effectively continue their interaction with each other.

| Approx time |

Explain the importance of linking current behaviour to desired future outcomes

Refer to *Appendix 3: Explaining underpinning theory* for ways of explaining this, using one or more of the following inputs:

- “Jump in the river”
- Arm swing
- Breaking stones story

| Approx time |

Optional: Explain other Key Concepts (see Appendix 4) which you think your group of trainee facilitators would understand and find useful.

| Approx time |

Get people into groups for small group training practice and set up training pairs / trios.

Get everyone into:

- 4 groups (if there are 32 or more participants)
- 3 groups (if there are between 24 and 31 participants)
- 2 groups (if there are 23 or fewer participants).

Within each group, ask participants to get into pairs. If there is one person left over, or if there are 6 pairs, create one or two trios (group of 3). Each large group should have 4 or 5 pairs or trios.
### Introduction to Small Group Training Practice / Simulation

**Explain:**

*We are now moving on to a stage in the workshop programme where you will each have your first opportunity to plan, prepare, facilitate and review a training session using parts of a Safari ya Mafanikio module. As this is your first attempt, it will be a simulation, and the others in the groups you are now in will act as participants for your session. Each training pair or 3 in your group will prepare and then co-facilitate different Safari ya Mafanikio activities. You will then take it in turns to facilitate your activity with the rest of your group acting as participants. After each session, you will review your session and your group members will give the training pairs or trios feedback about their facilitation.*

Instruct participants to turn to the page in their handouts copied from Appendix 5, titled Small Group Training Practice / Simulation. Challenge the Training Pairs (or threes) to select from the list at the bottom of the page a session they would find challenging to facilitate. Within each group, training pairs and trios must select a different session, so that one pair does session 1, another pair does session 2, etc.

Give the groups 2 minutes to decide who will facilitate which session, then check that everyone is clear which session and activities they will be facilitating.

### Brief for Planning and Preparing the Small Group training session

**Explain that:**

*We will now give you some time – about 45 minutes - in your training pairs or threes to prepare your session. Read the notes in your Facilitator’s Guide. Plan it so that you each facilitate a similar amount. After the preparation period, you will get together again in these groups of 8 to 12 people. Each training pair or trio will have up to 30 minutes to co-facilitate your session.*

*When planning your session, think about who you want your participants to act as. Chose a situation or community group who you might actually run a Safari ya Mafanikio session with in the next week or two, after this workshop. E.g. a youth group, church group, a women’s group or group of patients waiting at a clinic. This is a simulation, so your group members will pretend they have never seen the training activity before and must act like the group you tell them to. Think about how you would best run the session within a maximum of 30 minutes for this small group of 6 to 10 people.*

*Ask me or other Master Trainers if you need help or advice with your preparation. You have 45 minutes for this, or an hour including the break.*

Give each group a complete Safari ya Mafanikio training kit of materials, explaining that each training pair/trio can take out the materials they need for their session.

### Training pairs / trios prepare their session for small group training practice using the facilitation notes in the Facilitators Guide.

Go round leaners as they prepare, encouraging, checking progress and clarifying / helping as necessary.
<table>
<thead>
<tr>
<th>Day: 2</th>
<th>Session: 2</th>
<th>Duration: 120mins</th>
<th>Provisional times: 10:15 – 12:15</th>
</tr>
</thead>
</table>

| Day: 2 | Session: 4 | Duration: 120mins | Provisional times: 15:00 – 17:00 |

### Description of input by Master Trainer, including instructions to Participants

<table>
<thead>
<tr>
<th>Approximate time</th>
</tr>
</thead>
</table>

- Check that everyone is ready to run their sessions.

**Demonstrate and explain the Small Group Training Session process**, using one group to demonstrate / simulate what happens, while the other group(s) watch i.e.

1. **The Session 1 Training pair/trio tell their group who they should act as**

2. **Session 1 Training pair/trio facilitate their training session** for 20 to 30 minutes. Other group members act as participants, and must stay in role and “forget” that they know what the activity is about. Clarify that it is ok for participants to be a little bit difficult and challenging so the facilitator can practice dealing with such challenges and ‘problem participants’ in reality. One group member should also keep an eye on the time and stop the facilitation after 30 minutes. (However, for demonstrating the process, allow the session to go on for only about 30 seconds instead of 30 minutes).

3. **Session 1 Review.** All group members should turn to the Session Review Form in their handout pack (Appendix 6 in this document), and use this as a framework for reviewing the session. i.e.

   - Start with successes – what exactly did each facilitator say or do that helped?
   - What exactly could each facilitator change or do differently next time to improve it?
   - Allow the training pair / duo to comment themselves first (self evaluation), then the group can add their ideas and suggestions.

4. Repeat steps 1 to 3, with the Session 2 training pair/trio telling the group who to act as, facilitating the session, and then reviewing it.

5. Repeat steps 1 to 3 for Session 3, 4 and 5.

Check that everyone is clear about the process.

**Feedback**

Emphasise that this session is about trying it out, not about getting it right first time. It does not matter how it goes or what feedback you get, as long as you learn from the process.

- Brainstorm “What makes feedback useful”. Emphasise that to be useful, feedback must be **specific** (both specific things the trainer did and said that worked well, as well as specific things they could improve.)
<table>
<thead>
<tr>
<th><strong>Description of input by Master Trainer, including instructions to Participants</strong></th>
<th><strong>Approx time</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Get set up to start Small group training practice</strong></td>
<td>5 mins</td>
</tr>
<tr>
<td>Get all participants into their groups, to start their sessions. As far as possible ensure that groups are apart from each other, so they do not disturb each other during this process. If the main training room is not large enough to accommodate the different groups without them disturbing each other, and there is available another room, or suitable area outside, ask one or more groups to move to these other spaces for their Small Group Training Practice sessions.</td>
<td></td>
</tr>
<tr>
<td>Session 1 Training pair / trio tell their group who to act as, facilitate their session (up to 30 mins) and review it with the group (10 mins)</td>
<td>40 mins</td>
</tr>
<tr>
<td>Note: The workshop Master Trainer(s) should sit in on sessions with each group, acting as an additional participant themselves and ensure that:</td>
<td></td>
</tr>
<tr>
<td>- The process is followed as per briefing</td>
<td></td>
</tr>
<tr>
<td>- The feedback given by the group is specific and useful</td>
<td></td>
</tr>
<tr>
<td>- The group members get into role and stay in role during the session delivery (neither they nor you as the facilitator should try to ‘rescue’ someone who is struggling during session delivery – one of the skills to develop is to recover from a mistake and keep going.)</td>
<td></td>
</tr>
<tr>
<td>Master Trainers should note and be ready to contribute positive and specific constructive feedback after the session.</td>
<td></td>
</tr>
<tr>
<td>Session 2 Training pair / trio tell their group who to act as, facilitate their session (up to 30 mins) and review it with the group (10 mins)</td>
<td>40 mins</td>
</tr>
<tr>
<td><strong>Review of Day 2</strong></td>
<td>15 mins</td>
</tr>
<tr>
<td>Give each participant small pieces of paper. Ask them to write on one something they particularly liked or valued from the day. On the other they should write something they did not like, or would like to be changed.</td>
<td></td>
</tr>
<tr>
<td>Conclude the day and ask participants as they leave to:</td>
<td></td>
</tr>
<tr>
<td>• Stick your notes on the flip chart sheet under Liked about today and Did not like / please change.</td>
<td></td>
</tr>
<tr>
<td>• Tick the ‘Mood Meter” for Day 2 according to how they are feeling about the workshop.</td>
<td></td>
</tr>
</tbody>
</table>
Review of Day 2 / Preparation for Day 3

Read the review responses that participants wrote on the Post-it notes, and group similar responses. In the light of these and other responses / reactions, verbal and non-verbal feedback from participants during the day, consider whether you should adapt / add / emphasise anything in particular during the rest of the programme.

Select Groups for Community Training Practice

Work out how best to divide the participants on the programme into small facilitation teams with about 4 (minimum 3, maximum 5) people in each team for the Community Practice Session. This generally works best if each group is as mixed as possible, i.e. divide the groups using the following criteria:

- Gender mix in each group
- Those from the same community / organisation / section / job role should be in different groups as far as possible
- Mixture by ethnicity
- Mixture by age
- Mix and try to get a balance in each group of more experienced / confident participants and less experienced / confident participants (day 1 should provide some evidence of this, or consult a coordinator who knows the Facilitators well.

Write the teams on a flip chart sheet, each group in a different colour, so the group can be identified by that colour.

On another flip chart sheet, write a brief for the Community Training Practice session similar to this:

<table>
<thead>
<tr>
<th><strong>Community training practice – Challenge for each team</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Before lunch tomorrow, make a difference to the Health and Wellness knowledge/skills/attitudes of at least 15 people (outside this group) using activities and techniques you have learnt on this workshop.</td>
</tr>
</tbody>
</table>

Requirements:
- Every team member must be actively involved in delivering the training
- Session should last around 2 hours and should cover two complete modules.
- Each person should facilitate a different activity to the one they did during the small group training practice.

Finalise plans for how you will demonstrate or explain other Safari ya Mafanikio modules, considering which would be most useful for this group of Facilitators.
**Day: 2** | **Session: 3** | **Duration: 120mins** | **Provisional times: 13:00 – 14:45**
---|---|---|---
**Day: 3** | **Session: 1** | **Duration: 105mins** | **Provisional times: 08:15 – 10:00**

<table>
<thead>
<tr>
<th><strong>Description of input by Master Trainer, including instructions to Participants</strong></th>
<th><strong>Approx time</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome participants to Day 3. Present the Flip Chart sheet with the Day 2 review comments from participants. Thank them for the feedback. Go through the comments by theme, address issues and questions raised, and clarify what you propose doing more of and/or changing during the rest of the programme as a result of the feedback.</td>
<td>10 mins</td>
</tr>
<tr>
<td>Ask those who have already facilitated their Session (Sessions 1 and 2) for feedback on what it was like and what they learnt about making those activities and modules work well.</td>
<td>15 mins</td>
</tr>
<tr>
<td>Session 3 Training pair / trio tell their group who to act as, facilitate their session (up to 30 mins) and review it with the group (10 mins)</td>
<td>40 mins</td>
</tr>
<tr>
<td>Session 4 Training pair / trio tell their group who to act as, facilitate their session (up to 30 mins) and review it with the group (10 mins)</td>
<td>40 mins</td>
</tr>
</tbody>
</table>

**Day: 2** | **Session: 4** | **Duration: 105 mins** | **Provisional times: 15:00 – 17:00**
---|---|---|---
**Day: 3** | **Session: 2** | **Duration: 105 mins** | **Provisional times: 10.15 – 12:15**

<table>
<thead>
<tr>
<th><strong>Description of input by Master Trainer, including instructions to Participants</strong></th>
<th><strong>Approx time</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Stay in the groups for Small Group Training Practice</td>
<td>40 mins</td>
</tr>
<tr>
<td>Session 5 Training pair / trio tell their group who to act as, facilitate their session (up to 30 mins) and review it with the group (10 mins)</td>
<td>40 mins</td>
</tr>
<tr>
<td>Note: if there were only 4 pairs in a group, this can be left out.</td>
<td>40 mins</td>
</tr>
</tbody>
</table>

**Plenary Review the Small Group Training Practice Session**

Ask participants how they are feeling after planning, facilitating and reviewing their first Safari ya Mafanikio Facilitator training session.

Explain that this session is to share learning gained from the Small Group Training Practice sessions about planning and facilitating activities from particular Safari ya Mafanikio modules.

Ask all those who facilitated the same session to get together for about 10 minutes to identifying their key learning from the session, e.g. key points to remember or bring out when facilitating that module. i.e. all pairs / trios who facilitated Session 1 get together; all pairs / trios who facilitated Session 2 get together: likewise for sessions 3, 4 and 5.

In a plenary, each group should then share their key learning. Master Trainers can also then add points about facilitating that activity correctly and to greatest effect in different contexts, and can also clarify any technical information as necessary.

**Introduce and start explaining / demonstrating some of the other ‘useful’ Safari ya Mafanikio modules** | 15 mins
**Review of the Day**

Give each participant small pieces of paper. Ask them to write on one something that they particularly liked or valued from the day. On the other they should write something they did not like, or would like to be changed.

Conclude the day and ask participants as they leave to:

- Stick your post-it notes on the flip chart sheet under Liked about today and Did not like / please change.
- Tick the ‘Mood Meter” for Day 2 according to how they are feeling about the workshop.

**Review of Day 2 / Preparation for Day 3**

See notes on page 20

<table>
<thead>
<tr>
<th>Day: 3</th>
<th>Session: 1</th>
<th>Duration: 105 mins</th>
<th>Provisional times: 08:15 – 10:00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day: 3</td>
<td>Session: 3</td>
<td>Duration: 105 mins</td>
<td>Provisional times: 13:00 – 14:45</td>
</tr>
</tbody>
</table>

**Description of input by Master Trainer, including instructions to Participants**

<table>
<thead>
<tr>
<th>Approx time</th>
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<tbody>
<tr>
<td>10 mins</td>
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</table>

Do an **energiser** such as *Mime a Lie* on page 18 of the Facilitators Guide

**Review feedback from Day 2**

Present the Mood Meter and also the Flip Chart sheet with the Day 2 review comments from participants. Go through the comments by theme, address issues and questions raised, and clarify what you propose doing more of and/or changing during the rest of the programme as a result of the feedback.

**Effective facilitation (not preaching or teaching)**

Demonstrate how facilitation differs from teaching / preaching

<table>
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<tr>
<th>Approx time</th>
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<tbody>
<tr>
<td>10 mins</td>
</tr>
</tbody>
</table>

Explain that you are will demonstrate first a teaching / preaching approach and then facilitation.

Stand up and say to participants something like:

*Please sit quietly and listen to me on the subject of teaching and preaching. I am an expert on teaching and preaching, and I assume that none of you know much about this subject, so I am going to share my knowledge and understanding with you. You need to sit and listen and take in what I am telling you.*

Sit down and facilitate a discussion on facilitation and its characteristics, starting with:

*We all know a lot about different ways of presenting and facilitating. What do you think facilitation is and how does it differ from teaching and preaching?*
### Effective facilitation (not preaching or teaching) - cont

Ensure that the following differences come out:

<table>
<thead>
<tr>
<th>Teaching / Preaching</th>
<th>Facilitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sees learners as empty vessels with little knowledge or experience relevant to the learning.</td>
<td>Acknowledges that learners have a wealth of knowledge and life experience which they bring to the learning situation.</td>
</tr>
<tr>
<td>Teacher assumes he/she has all the knowledge and experience.</td>
<td>Facilitator provides an experience in which there is sharing of ideas, values and experience.</td>
</tr>
<tr>
<td>Teacher pours their knowledge and experience into the learners.</td>
<td>All participants learn from each other.</td>
</tr>
</tbody>
</table>

Clarify:

*When you are running Safari ya Mafanikio sessions, you may do some teaching, when you know something that none of the participants do. However, the learning from these activities is much greater if you let your participants do most of the talking and come up with their own answers and ideas for addressing different issues.*

### How to be a Good Facilitator

Go quickly through the notes in the Safari ya Mafanikio Facilitators Guide section on How to be a Good Facilitator (pages 12-14)

Focus particularly on issues around controlling discussions, keeping the sessions focused, and ensuring everyone is involved and contributing effectively.

### Explain and/or demonstrate other ‘useful’ Safari ya Mafanikio modules

For the rest of this session, and up to 15h45 (almost half way through the last session of Day 3), work through the other Safari ya Mafanikio modules you have identified as ‘useful modules’ for this group of facilitators.

Some parts you can just explain and summarise, for example where there is a simple question and discussion methodology.

Other parts are best to demonstrate fully, for example the interactive activities and games. Invite participants again (as you did on Day 1) to actively participate in and experience what it is like being participants in the activities.

Plan the time you have available so that before 4pm you have covered all the ‘useful modules’ and ‘key modules’ you identified for this training. Leave out only the ‘omit modules’ you identified as not relevant to this group.
### Description of input by Master Trainer, including instructions to Participants

**Day: 3  Session: 2  Duration: 120mins  Provisional times: 10:15 – 12:15**

**Explain and/or demonstrate other ‘useful’ Safari ya Mafanikio modules (cont.)**

Work through other Safari ya Mafanikio modules you have identified as ‘useful modules’ for this group of facilitators / CCAs. Some parts you can just explain and summarise, for example where there is a simple question and discussion methodology. Other parts are best to demonstrate fully, for example the interactive activities and games.

| Approx time | 120 mins |

### Description of input by Master Trainer, including instructions to Participants

**Day: 3  Session: 3  Duration: 105mins  Provisional times: 13:00 – 14:45**

**Explain and/or demonstrate other ‘useful’ Safari ya Mafanikio modules (cont.)**

Work through other Safari ya Mafanikio modules you have identified as ‘useful modules’ for this group of facilitators / CCAs. Some parts you can just explain and summarise, for example where there is a simple question and discussion methodology. Other parts are best to demonstrate fully, for example the interactive activities and games.

| Approx time | 105 mins |

### Description of input by Master Trainer, including instructions to Participants

**Day: 3  Session: 4  Duration: 120mins  Provisional times: 15:00 – 17:00**

| Approx time | 45 mins |

**Briefing for Community Training Practice Session**

Get participants into teams of 4 or 5. These can be the same groups as for the Small Group Training practice session. Explain that each group will now act a facilitation team, working together to deliver a training session with external participants.

Present participants with this flip chart brief you have prepared:

**Community training practice – Challenge for each team**

Before lunch tomorrow, make a difference to the Health and Wellness knowledge/skills/attitudes of at least 15 people (outside this group) using activities and techniques you have learnt on this workshop.

Requirements:
- Every team member must be actively involved in delivering the training
- Session should last around 2 hours and should cover two complete modules.
- Each person should facilitate a different activity to the one they did during the small group training practice.
### Description of input by Master Trainer, including instructions to Participants

<table>
<thead>
<tr>
<th>Briefing for Community Training Practice Session (cont.)</th>
<th>Approx time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tell each team what where they will be delivering the training and describe as best you can how many participants they can expect and their characteristics e.g. age, gender, any particular wellness and health-related knowledge/skills/attitudes they may need to address.</td>
<td>10 mins</td>
</tr>
</tbody>
</table>
| Emphasise that:  
  *It is up to each team to think about your target audience and identify likely needs / issues / key topics to address. Then select appropriate Safari ya Mafanikio training modules to address these need and issues.*  
  *Plan a complete session, from introduction to conclusion and review.*  
  *You will have about 2 hours with your group, you can plan on facilitating two complete modules (as each one requires about one hour).*  
  *Plan and allocate who will lead the facilitation of each Part of each module you use, to ensure everyone in your team is actively involved.* | |
| Check for any questions and clarification needed by participants. | |
| Instruct participants to start planning together in their teams. Clarify that you (and any co-facilitating Master Trainers) are happy to advise and assist with anything during the planning process. | |
| Hand out a complete Safari ya Mafanikio kit to each team to use for practicing and delivery. | |
| **Teams plan for Community Training Practice**  
As teams plan, sit and listen in to the discussions, and advise / redirect if necessary to ensure that:  
- All team members are involved in the process, and each member is allocated at least one part of a module to lead on (though team members should help and support each other)  
- Teams choose appropriate modules and activities to facilitate, and do not just opt of what they think are easy modules to facilitate. | 50 mins |
| Then encourage team to start preparing and practicing the activities they will each be facilitating, helping each other to develop the skills and confidence to facilitate their respective inputs. Clarify that they will have only a short time the following morning to finalise their preparations before the session. | |
| **Conclusion**  
In a plenary, check on progress of the different groups and any issues arising. | 10 mins |
| Conclude the day and ask participants as they leave to tick the ‘Mood Meter” for Day 3 according to how they are feeling now. | |
Review of Day 3 / Preparation for Day 4

Ensure that all arrangements are in place for the Community Training Practice. Check with community leaders / co-ordinators who are setting up the groups.

If not already done, make copies of:

- Session Feedback Form for participants to give feedback (Appendix 7) – about 40 copies, to give 5 or 6 copies to each facilitation team for the Community Training Practice session, so that they can use them to get feedback from their community participants.
- The workshop evaluation form in Appendix 8 (one for each participant).
- The completed Attendance Register and Contact Form (Appendix 9), to give one to each participant for networking and support.

| Day: 4 | Session: 1 | Duration: 60 mins | Provisional times: 08:15 – 9:15 |
| Day: 4 | Session: 1 | Duration: 60 mins | Provisional times: 08:15 – 9:15 |

Description of input by Master Trainer, including instructions to Participants

Review feedback from Day 3

Present the Mood Meter. Ask what is needed to have everyone ticking the happy face by the end of Day 4.

**Final preparation for Community Training practice**

- Check with participants how their preparation is going for their session.
- Explain and clarify the logistics / transport arrangements for everyone to get to and from their community training practice sites.
- Instruct and encourage each team to practice the activities they will each be facilitating, helping each other to develop the skills and confidence to facilitate their inputs.
- Ask them to plan how they will evaluate their session. Offer 5 or 6 copies of the Session Feedback Form (Appendix 7) to each facilitation team for them to use if they wish as part of get feedback from their community participants.

| Day: 4 | Session: 2 | Duration: 195 mins | Provisional times: 09:30 – 12:45 |
| Day: 4 | Session: 2 | Duration: 195 mins | Provisional times: 09:30 – 12:45 |

Description of input by Master Trainer, including instructions to Participants

Travel to venues for Community Training sessions

Set up for the sessions

Teams facilitate their Community Training Practice Sessions (minimum 2 hours contact time)
Master Trainers should **observe the sessions only** and should not intervene. Make notes on your observations, so that you can give those you observe facilitating some good feedback on what specifically they did well, and suggestions to improve.

Travel back to Workshop training venue

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 mins</td>
<td>Review feedback from Day 3</td>
</tr>
<tr>
<td>55 mins</td>
<td>Final preparation for Community Training practice</td>
</tr>
<tr>
<td>30 mins</td>
<td>Travel back to Workshop training venue</td>
</tr>
<tr>
<td>Day: 4</td>
<td>Session: 3</td>
</tr>
<tr>
<td>--------</td>
<td>------------</td>
</tr>
<tr>
<td>Day: 4</td>
<td>Session: 3</td>
</tr>
</tbody>
</table>

**Description of input by Master Trainer, including instructions to Participants**

**Review and Report on the Community Training Practice session:**

Ask participants how they are feeling after their first experience of using Safari ya Mafanikio activities ‘for real’. Instruct participants:

> Get into your teams and review together your Community Training Practice Session experience. Review any end of session feedback you received from your participants, and assess to what extent you achieved your objectives. Review the session from start to end, and verbally share feedback in turn with each team member on the activity on inputs they facilitated, drawing out specific successes and learning points.

Master Trainers should join the groups they observed and share their feedback from what they observed.

**Plenary - Groups share key learning**

Get each group in turn to present and share the key things they learnt from delivering a training session with the particular target audience and situation they found. Allow the other groups to ask them questions.

Optional: If you have photos of the different groups ‘in action’, and a projector to present them, show the photos from each group before they share their feedback.

<p>| Approx time | 30 mins |
| 60 mins |</p>
<table>
<thead>
<tr>
<th>Description of input by Facilitator, including instructions to Participants</th>
<th>Approx time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use an energiser such as Knotty Problem – page 18 in the Facilitators Guide</td>
<td>10 mins</td>
</tr>
</tbody>
</table>

**The way forward, including accreditation / certification**

Clarify that participants will receive well deserved recognition and Safari ya Mafanikio Facilitator Certification once they have run a further 4 sessions and submitted the relevant paperwork.

Ask participants to look in their Safari ya Mafanikio Facilitator Guide at *Appendix 3: Feedback and Certification Process*. Explain and clarify the process. Ask for any questions and ensure everyone is clear what the process involves.

Ask participants how long they think this will take to complete, and agree a provisional deadline date for submitting.

Confirm that it is fine – in fact encouraged – to co-facilitate sessions, and a session will count for all co-facilitating Facilitators provided that each leads the facilitation of at least one Part of a module. Suggest that they start thinking about and planning the next session they will run. If they would anyone else in this group of Facilitators to facilitate the session with them, suggest that they talk to them about it now.

Allow a few minutes for participants to plan and discuss about their next session.

**Handout the contact list**

Give each participant a copy of the Registration and Contact list. Clarify that this is so they can network, support and encourage each other, and link up when then want someone else to co-facilitate a session.

**Review Workshop with Buddy**

Instruct participants to pair up with their ‘First Buddy’ from the ‘One year from now’ activity on Day 1, and review with them the extent to which they have achieved what they wanted from this workshop. Are they on the way to achieving what they wanted in a years time? What else do they still need to be able to achieve this?

After a few minutes ask for feedback from the buddy pairs.

Hand out the end of *Workshop Feedback and evaluation forms* (Appendix 8) and ask participants to complete and return these before leaving the workshop. Explain that you as programme facilitators and assessors are also still participants, and would greatly value their honest feedback.

**Conclude the workshop**

Thank participants and all who have provided co-facilitation or administrative input to the programme.
Review, reporting and follow up after the workshop

Review with co-facilitating Master Trainers the end of workshop feedback and the workshop as a whole.

Compile a concise *workshop report* including:
- Summary information – no of participants from which organisations
- What worked well (specifically)
- Any particular challenges / difficulties – lessons learnt
- Your reflections / comments on the feedback from participants in the End of Workshop feedback forms
- Your recommendations for subsequent Safari ya Mafanikio Facilitator Training Workshops
- Optional – if available include a few photos from the workshop.

Send the following to TCDC:

- Registration Form / Contact list, signed each day attended by participants.
- **Completed end of workshop evaluation / feedback forms** – one for each participant attending
- A brief *workshop report* including:
  - What worked well (specifically)
  - Any particular challenges / difficulties – lessons learnt
  - Your reflections / comments on the feedback from participants in the End of Workshop feedback forms
  - Your recommendations for subsequent Safari ya Mafanikio Facilitator Training Workshops
  - Optional – if available include a few photos from the workshop.

**Follow up and support for those you have trained**

Your follow up of those you have trained should include at least one phone call / text / WhatsApp / e-mail to each person you have trained each month for a minimum of three months, to check how they are doing with their role as a Facilitator, and their use of the *Safari ya Mafanikio Community Resource Kit.*
Learning Objectives

By the end of the workshop:
• You have the information and knowledge you need to facilitate effective Safari ya Mafanikio training sessions with community groups
• You have the skills and confidence to facilitate effective Safari ya Mafanikio training sessions.
• You have all the training materials and notes you need to support your use of Safari ya Mafanikio.

Timetable

DAY 1:
Theme: Experience Safari ya Mafanikio key modules and activities

<table>
<thead>
<tr>
<th>TIME</th>
<th>ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>08.00</td>
<td>Registration</td>
</tr>
</tbody>
</table>
| 08.15  | • Welcome and opening
        | • Introductions activity
        | • Buddy System
        | • Expectations activity
        | • Programme timetable
        | • Ground rules                                                           |
| 10.00  | Break                                                                    |
| 10.15  | • Experience two Safari ya Mafanikio Key Modules                         |
| 12.15  | Lunch                                                                    |
| 13.00  | • Experience two more Safari ya Mafanikio Key Modules                     |
| 14.45  | Break                                                                    |
| 15.00  | • Experience two more Safari ya Mafanikio Key Modules
        | • Hand out Safari ya Mafanikio Facilitator’s Guides
        | • Review Day 1                                                            |
| 17.00  | Close                                                                    |

MODULES

1. A healthy future
2. HIV prevention
3. HIV testing and counselling (HTC)
4. Voluntary medical male circumcision
5. HIV treatment, adherence and support
6. Tuberculosis (TB)
7. Preventing HIV-transmission to your baby (eMTCT)
8. Maternal, newborn and child health (MNCH)
9. Family Planning
10. Most vulnerable children (MVC)
11. Malaria prevention
12. Malaria in pregnancy and malaria treatment
### DAY 2: Theme: Developing skills to facilitate Key Modules

<table>
<thead>
<tr>
<th>TIME</th>
<th>ACTIVITIES</th>
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<tbody>
<tr>
<td>08.00</td>
<td>Day 2 registration</td>
</tr>
<tr>
<td>08.15</td>
<td>• Questions / issues arising from day 1</td>
</tr>
<tr>
<td></td>
<td>• Key Concepts and underpinning Behaviour Change theory</td>
</tr>
<tr>
<td></td>
<td>• Introduction &amp; Brief for Small Group Training Practice</td>
</tr>
<tr>
<td>10.00</td>
<td>Break</td>
</tr>
<tr>
<td>10.15</td>
<td>• Planning and Preparation for Small Group Training Practice</td>
</tr>
<tr>
<td></td>
<td>• Small group training practice, Facilitating in pairs – session 1</td>
</tr>
<tr>
<td>12.15</td>
<td>Lunch</td>
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<tr>
<td>13.00</td>
<td>• Small Group Training Practice, Facilitating in Pairs – Sessions 2, 3 &amp; 4</td>
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<td>14.45</td>
<td>Break</td>
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<tr>
<td>15.00</td>
<td>• Small group training practice, Facilitating in pairs – Session 5</td>
</tr>
<tr>
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<td>• Review and share learning from Small Group Training Practice</td>
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<td></td>
<td>• Review of day 2</td>
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<td>17.00</td>
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</table>

### DAY 3: Theme: Extending knowledge and skills to use the range of useful modules

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<tr>
<th>TIME</th>
<th>ACTIVITIES</th>
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<tbody>
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<tr>
<td>08.15</td>
<td>• Questions / issues arising from day 2</td>
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<tr>
<td></td>
<td>• Effective facilitation (not preaching or teaching)</td>
</tr>
<tr>
<td></td>
<td>• Experience another <em>Safari ya Mafanikio</em> Module</td>
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<tr>
<td>10.00</td>
<td>Break</td>
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<tr>
<td>10.15</td>
<td>• Experience more <em>Safari ya Mafanikio</em> useful Modules</td>
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<td>• What else do you need to be effective?</td>
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<td>• Brief for Community Training practice</td>
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<td>14.45</td>
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### DAY 4: Theme: Community Training Practice and Way Forward

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<tr>
<th>TIME</th>
<th>ACTIVITIES</th>
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<tbody>
<tr>
<td>08.00</td>
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<td>Break</td>
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<tr>
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<td>• Community Training Practice in facilitation teams</td>
</tr>
<tr>
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<td>Lunch</td>
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<td>• Review Community Training Practice</td>
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<td>• Brief for the Way Forward</td>
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<td>• Safari ya Mafanikio Certification Process</td>
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<td>Coffee Break</td>
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<tr>
<td>15.15</td>
<td>• Planning for implementation</td>
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<td>• Review / Conclusion</td>
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<td>• Workshop Evaluation Forms</td>
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Appendix 1b

Safari ya Mafanikio
3.5-day Facilitator / CCA Training Workshop

Learning Objectives

By the end of the workshop:

• You have the information and knowledge you need to facilitate effective Safari ya Mafanikio training sessions with community groups
• You have the skills and confidence to facilitate effective Safari ya Mafanikio training sessions.
• You have all the training materials and notes you need to support your use of Safari ya Mafanikio.

Timetable

DAY 1:
Theme: Experience Safari ya Mafanikio key modules and activities

<table>
<thead>
<tr>
<th>TIME</th>
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<tr>
<td>12.30</td>
<td>Registration &amp; Lunch</td>
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<tr>
<td>13.15</td>
<td>• Welcome and opening</td>
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<td>• Introductions activity</td>
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<td>• Programme timetable</td>
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<td>• Ground rules</td>
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<tr>
<td>14.45</td>
<td>Break</td>
</tr>
<tr>
<td>15.00</td>
<td>• Experience two Safari ya Mafanikio Key Modules</td>
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<tr>
<td></td>
<td>• Hand out Safari ya Mafanikio Facilitator’s Guides</td>
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<td>• Review Day 1</td>
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DAY 2:
Theme: Developing skills to facilitate Key Modules

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<td>Break</td>
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DAY 4:
Theme: Community Training Practice and Way Forward

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7. Preventing HIV-transmission to your baby (eMTCT)
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10. Most vulnerable children (MVC)
11. Malaria prevention
12. Malaria in pregnancy and malaria treatment

Safari ya Mafanikio Master Trainers Guide 32
The Training Cycle Model

The ‘training cycle’ model shown below offers a framework for a systematic approach to providing effective training. It shows the training process as cyclical, with monitoring at all stages. Reference will be made to elements of this model throughout this document.
Explaining underpinning theory

Before the workshop, study Appendix 4: Key Concepts, and as far as possible test them out yourself, so that you can vouch for them from your own experience.

Consider what theory and concepts are appropriate to present to your particular group of participants. Theory inputs are more appropriate and useful to some groups and individuals than others. Here are some ideas for explaining some theory elements:

1. The importance of linking current behaviour to valued future outcomes / goals

Here are some ideas for explaining, in a practical, experiential way, why it is vital to develop a clear vision of the future we each want and the sort of person we ideally want to be (e.g. Module 1, Part A)

1a. Arm Swing

Instruct participants, and demonstrate as you do so:

Stand up, spread out so that you can swing your arms around without hitting anyone or anything else. Stand with your arms by your sides. Lift up your right arm straight in front of you. Swing it round to the right as far as you comfortably can, note where it is pointing, then bring it back and drop it by your side.

Now close your eyes and, without actually doing anything, imagine doing the same thing again. Imagine lifting up your right and swinging it round to the right as far as can. Imagine that it goes much further round than the first time you did it. You are amazed by how far round it goes. Then imagine swinging it back and dropping it by your side.

(Repeat this paragraph).

Now open your eyes and actually lift up your right arm straight in front of you. Swing it round to the right as far as you comfortably can, note where it is pointing, then bring it back and drop it by your side.

Ask participants to raise their hands if:

1. Their arm went further round the second time than the first time.
2. Their arm went further round the first time than the second time.
3. There was no difference between first and second times.

If done well, everyone or nearly everyone will raise their hands to the first question (went further the second time than the first). Ask why this was. Draw out that merely by imagining going further, it has enabled us to achieve more in reality. Hence the importance of activities like The Future I want in Module 1.
1b. Jump in the river

Say to participants:

Imagine that we are all together with our families and children, walking along the banks of a big river, with maybe some crocodiles and hippos in it. Suddenly I shout at you saying “JUMP IN THE RIVER!” Will you do what I say? (Obviously not!)

Now let me try again. “JUMP IN THE RIVER TO SAVE YOUR DROWNING CHILD!” Will you do what I say now? (Participants agree that they would, certainly if it was their child).

Ask / discuss what was the difference. Point out that:

The second time you had provided a motivating reason for that action, linking the behaviour to achieving something the person valued greatly at a personal level (the life of their child.) Much health and HIV-related education and publicity has preached the “ABC” (Abstain/ Be Faithful / Condomise) of prevention, without providing any personally motivating reason for doing so. This is why Future I want / Identity Statement activities in Module 1, Part A are so vitally important.

1c. Breaking Stones Story

Tell the Breaking Stones Story

Say that first you will tell them a story. Sit down to do so. Read the following, or tell it in your own words.

When I was younger, I was travelling on a road when I saw a man sitting by the roadside hitting rocks with a hammer and chisel. He worked very slowly and looked grumpy.

I stopped and asked him “Why are you doing that?”

“Because my boss tells me to” he replied gruffly, glancing at another man a few metres behind him. When he saw the other man turn his back and walk away, he put down his hammer and stopped working all together.

I carried on and came across another man doing exactly the same thing, but he was working a bit faster.

I stopped and asked him “Why are you doing that?”

“I’m making nice building blocks” he replied with a smile.

I carried on and came across a third man doing exactly the same thing, but he was working with great energy and singing as he worked.

I stopped and asked him “Why are you doing that?”

“I’m making building blocks to construct a magnificent cathedral” he replied enthusiastically.

Interpret the story: why it is important to have a motivating future focus

Ask participant what they think the story means, then explain:

The first unmotivated man is like telling someone to do something without giving a reason why. (e.g. ‘use a condom’ or ‘sleep under a net’ without giving any reason why.)
The second slightly more motivated man has an immediate basic reason why. (e.g. use a condom to prevent HIV / sleep under a net to prevent malaria.)

The third man is highly motivated. He links the reason why to a higher purpose / life goals and dreams. (e.g. use a condom/net to prevent HIV/malaria so that you stay healthy and realize your life goals and dreams.)

We as individuals, families and communities must be clear about what we want to build out of our lives – the cathedrals or whatever it is we want our lives to be. That is what this activity is about.

Then we will have the motivation to create the building blocks we need to get there, including doing everything we can to keep ourselves and our families healthy.

2. Clarifying why visual messages tend to have more impact than auditory only

2a. Put this on your chin

Say: 
We tend to do more what we see than what we hear. Do you agree? I am now going to demonstrate this. Do what I say. Do this.

Hold up your right hand with your finger and thumb together. Wait till everyone is doing the same as you. Then put your right hand (with your finger and thumb still together) onto your cheek and say at the same time: 
Put this on your chin.

Note: Your hand must be on your cheek a split second before you say “… chin”.

Everyone (or nearly everyone) will put their hand on their cheek, not their chin.

2b. I hear / see / do

On a flip chart write
I hear ....
I see ....
I do it / experience it...

Facilitate discussion about what the result is in each case. You should end up with something like this on the flip chart page:

<table>
<thead>
<tr>
<th>I hear ...</th>
<th>I forget</th>
</tr>
</thead>
<tbody>
<tr>
<td>I see ...</td>
<td>I remember</td>
</tr>
<tr>
<td>I do it / experience it ...</td>
<td>I can apply it practically, do it</td>
</tr>
</tbody>
</table>
Key concepts

KEY CONCEPT 1

PROBLEM FOCUS / OUTCOME FOCUS

When there is a particular issue to deal with, some people ask questions like:

**Problem focussed questions**
- What is the problem?
- Who caused it?
- Where did it come from?
- Why have I got this problem?
- What else is going wrong in my life because of this problem?
- How can I get away from this problem?

These questions may provide some useful information, but they are often not very helpful in getting to a good solution. They focus in on the problem, and who to blame for it. They leave people feeling stuck in the problem and unable to do much.

For the same issue, other people ask questions like:

**Outcome focussed questions**
- What do I want?
- How many different ways are there to get there?
- What else will I have when I get there?
- What support do I need?
- What is the first thing I need to do now?

These questions create an ‘Outcome Focus’. This gives people more positive feelings and enthusiasm to do something about an issue.

If you wish to test and experience this for yourself:
1. Think of any issue or problem you are currently facing.
2. Answer the problem focussed questions with regard to this issue. When you have finished, notice how you are feeling.
3. Answer the outcome focussed questions with regard to the same issue. When you have finished, notice how your feelings have changed.

It is important to acknowledge and understand the problems and difficulties linked to different health issues, but if you focus just on these, it is easy to become depressed and ineffective. If you focus also on other possibilities and positive outcomes you want, it is more motivating.
KEY CONCEPT 2
USE OF SYMBOLS, PROVERBS, METAPHOR AND STORY TELLING

People use proverbs, symbols, metaphors and storytelling to put over messages. The stories we are told and that we tell ourselves help to create our identity and values.

Some people find it difficult or embarrassing to talk directly about things like sex. Stories and symbols can make it easier for people to explore such issues and remember the key messages. If we also involve people in creating the story, it makes it fun and interesting, and brings out some of the important feelings and emotions that affect how we behave.

"An endangered society is one whose members can no longer change the stories they tell themselves."  Jerome Bruner in Acts of Meaning (1990)

Many of the stories in circulation around HIV and AIDS are still of illness, death and suffering. It is important to promote stories about the possibility of a long and healthy life in which they achieve their dreams and goals. Module 5, Part A uses photos and stories of people living positively with HIV to help achieve this.

When using stories to put over messages, it is often better not to give an exact or complete interpretation of the meaning of the story – or at least not straight away. This leaves participants plenty of time to contemplate and work out answers relevant to their own personal situation.

"You are the storyteller of your own life, and you can create your own legend or not." Isabel Allende

KEY CONCEPT 3
IMAGINE YOUR FUTURE AS YOU WANT IT TO BE

“Behaviour is influenced by visualised images. A strong image leads to behaviour consistent with the image being held in the mind’s eye. It does not matter whether the image is one of reality or something totally imaginary.”

(Ronald Shone: Creative Visualisation).

We tend to get what we focus on most! Therefore it is vital to focus on what we want in life, not on what we want to avoid.

People behave in a way that moves them towards how they imagine themselves and their lives to be in the future. If some people are poor now and they imagine they will still be poor in the future, they often miss out on opportunities to become better off. However, if the same people vividly imagine situations in the future where they are better off, they are more likely to pick up opportunities to do some business and find resources which help them towards their better future. If they also imagine themselves in their future situation looking healthy and full of energy, they are more likely in the present to behave in a way that keeps them healthy and free of infection.
How we imagine our future (as well as how we remember and give meaning to our past experiences) ‘programs’ the mind’s information filter, the Reticular Activating System (RAS). The RAS receives a vast amount of information through our five senses every second. Whatever we have mentally programmed in our RAS dictates what it selects as relevant and important for logging to the conscious mind. Other sensory information may be discarded or registered only at a subconscious level, as illustrated in this drawing. Thus it is vital to ‘program’ our minds with what we want in life.

In Module 1: Part A: The future you want, we ask participants to imagine their future as they want. Here are some things that help people to create a ‘Future destination’ that is really powerful and helpful to them.

⇒ The imagination works more freely when relaxed, so relax when imagining what it is like being at your future destination.
   **As facilitator, you can help by softening your voice and talking more slowly.**

⇒ Imagine you are actually there now
   **As facilitator, you can help by talking in the present tense: what is it like? (not what will it be like?)**

⇒ Involve as many of the five senses as you can – what do you see, hear, feel, taste and smell?

⇒ Consider what it is like at different levels (see **Key Concept 4: Levels of influence on behaviour**).
   - What is the environment like?
   - What are you doing?
   - What skills have you developed?
   - What is important to you?
   - What do you believe is possible for you?
   - What words would describe the person you have become?
KEY CONCEPT 4
LEVELS OF INFLUENCE ON BEHAVIOUR

For behaviour change to take place and be maintained, it must be supported in all the different ‘neurological levels’ (as Robert Dilts calls them), as shown here and illustrated with the example of condom use:

<table>
<thead>
<tr>
<th>Level</th>
<th>Illustrative example: Use of Condoms</th>
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</thead>
<tbody>
<tr>
<td><strong>Identity</strong> (Who am I?)</td>
<td>• What is your sense of yourself, your self-image, your mission in life?</td>
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<tr>
<td></td>
<td>• If a young man thinks of himself as “I am a responsible, caring man”, this will support him using a condom.</td>
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<td>• However if he thinks of himself as “I am a trendy, cool, macho stud” or “I am worthless”, this self-image will not support condom use. Even if he can get condoms easily (environment), knows how to use them properly (skills) and believes they are effective (beliefs and values), this self-image may prevent him from actually using them.</td>
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<tr>
<td><strong>Beliefs and Values</strong> (Why?)</td>
<td>• Do you believe that unprotected sex puts you personally at risk of HIV infection?</td>
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<td>• Do you believe that condoms are really effective at reducing this risk?</td>
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<td>• Do you believe that sex can be enjoyable with a condom?</td>
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<td>• Do you value your own life and health, and that of others?</td>
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<td>• Do you believe that a woman or girl has the right to insist on condom use, or to refuse sex if the man does not agree to use a condom?</td>
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<td>• Do you believe that using condoms is sinful?</td>
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<td>• What do you believe other people will say and think of you if you use condoms? Does this concern you? How much do you value their opinion?</td>
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<tr>
<td><strong>Skills</strong> (How?)</td>
<td>• Do you know how to use them properly?</td>
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<td>• Do you have the skills to confidently negotiate condom use with your sexual partner(s)?</td>
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<tr>
<td><strong>Environment</strong> (Where?)</td>
<td>• Are condoms that suit you readily available at an affordable price in your area. Can you get them easily?</td>
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<td>• e.g. if a young boy or girl wants to buy condoms, but the shopkeeper refuses to sell to them, this is an issue of Environment for the boy or girl, but of Belief/Values for the shopkeeper.</td>
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</table>
KEY CONCEPT 5
A TECHNIQUE FOR CHALLENGING LIMITING BELIEFS

We behave in ways consistent with our beliefs and values. Certain beliefs can restrict our choices and limit our capacity to change the ways we behave. These notes offer a simple, yet powerful technique for challenging and changing such limiting beliefs.

People express limiting beliefs with statements like: 'I cannot...', 'I have to...' or 'It is impossible to...' These leave the speaker no choice or alternative possibilities, and they are therefore disempowering. For example:

- As a woman/girl, I have to do what the man/boy says.
- I cannot get a place at college
- It is impossible for a man to abstain from sex for more than a month.
- I cannot talk to my teenage children about sex.

You can challenge and help people change their limiting beliefs by responding to such statements with specific types of question, including:

- What would happen if you did?
- What would happen if you didn't?
- Has anyone like you ever done what you say you cannot do?
- Has it ever been different?
  - e.g. Has a young man ever managed to abstain from sex for more than a week?
  - e.g. Has a parent ever spoken to their teenage children about sex?

These types of question prompt a line of thinking which moves people from a perception that they have no choice to realising that they do in fact have choices and possibilities for change.

Avoid the question 'Why?', because this just gets people to justify and reinforce their limiting beliefs, instead of thinking about other possibilities.

A typical exchange might go like this:

Parent: I cannot talk to my teenage child about sex.
Facilitator: What would happen if you did?
Parent: I would feel so embarrassed.
Facilitator: So you could in fact talk to your teenage child about sex, but you would feel embarrassed doing so.
Parent: Yes, I suppose it is possible.

This sort of intervention is very quick - as soon the other person recognises and acknowledges that there are other possibilities and that they have some element of choice in the matter, their limiting belief has been dislodged. This paves the way to explore newly acknowledged choices. (From this example, the conversation could then progress to ways of overcoming embarrassment and finding a comfortable way of introducing the subject of sex with your children.)
KEY CONCEPT 6
ASSOCIATION AND DISSOCIATION

When we think about something in an associated way, it is as though it is happening to us now, and we experience all the feelings and emotions that go with it. When we think about something in a dissociated way, it is as though we are watching and observing it from the outside.

It is often easier to talk about difficult issues and challenges in a detached, dissociated way, as though you are watching what is happening from the outside. Using the Card Characters provides a way for people to examine, discuss and reflect on the issues they may be facing in a dissociated way, without having to talk directly about their own personal experiences and feelings.

In Module 1 participants imagine how they would like their future to be. It is helpful for participants to vividly imagine and attach strong positive feelings about attaining this future. These positive feelings are much more powerful if participants associate with their future islands. This means they should imagine themselves having already reached their desired ‘future destination’ and realised their goals, experiencing all the sensations and good feelings of being there.

KEY CONCEPT 7
CREATE EXPERIENCES FIRST, THEN DRAW OUT THE PRINCIPLES, CONCEPTS AND LEARNING AND HOW TO APPLY IT.

Use the activities to create fun, engaging, multi-sensory learning experiences, based on which participants can then (through facilitated discussion) extract meaning from the experience and apply it to their situation. As far as possible enable participants to come up with the ideas and answers themselves. Ask participants for their ideas and insights first, before you explain / tell them yourself.

KEY CONCEPT 8
DO NOT ALWAYS GIVE LEARNING OBJECTIVES AT THE START OF A SESSION

It is generally best to apply the widely supported training wisdom of stating the learning objectives at the start of each training session / activity. However there are several Safari ya Mafanikio activities where this is not appropriate, as this will undermine the impact of the activity, e.g. Module 1 Part C: Lifeboat, Module 4 Part A: Can you tell.
Plan for Safari ya Mafanikio
Small Group Training Practice / Simulation

Plan for each session

1. Training pair tells group members who they should pretend to be for the training session 1 minute (e.g. a youth group, community group of parents, faith based groups, etc.)

2. Training pair facilitates activities, group members stay in role, pretending to be community participants who have never seen these activities before. 25-30 mins

3. Review (out of role), discuss and group members give feedback to training pair following format of Session Review and Form (Appendix 6). 10 mins

Each session – total time About 40 mins

4. Repeat steps 1 to 3 for each session, each with a different training pair or trio facilitating different activities

Order / Who does what

<table>
<thead>
<tr>
<th>Session No</th>
<th>Module and parts to facilitate</th>
<th>Names of Training Pair (or 3) to co-facilitate</th>
<th>Start Time</th>
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<tr>
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<td>Module 1: A healthy future</td>
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<td>• Part B: Walking the route to get to your future vision / destination</td>
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<td>• Part A: Chewing Gum Challenge</td>
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<td>• Part D: Condom Wall</td>
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<td>• Part C: On the bank, in the river</td>
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<td>• Part D: Forum Theatre Interactive Drama: When someone tells you they are living with HIV</td>
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<td>Module 5: Treatment, Adherence &amp; Support</td>
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<td>• Part A: Can you tell?</td>
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<td>Module 8: MNCH</td>
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<td>• Part A: Imagine your next or first child as a 1-year old</td>
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<td>• Part B: Washing Line Quiz, steps B1-B5</td>
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Appendix 5
# Session Review Form

**SESSION # .....**

**Completed by ................................................ .......................................................... (Name of session facilitator)**

<table>
<thead>
<tr>
<th>Training venue / location / host organisation</th>
<th>Community / District</th>
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<tr>
<td>Date</td>
<td>How long was the session?</td>
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<tr>
<td>Names of Co-facilitator(s) (if any)</td>
<td>Number of participants</td>
</tr>
</tbody>
</table>

**Which Module(s) were used?**

**Which parts did YOU facilitate?**

**Successes**
- What worked well?
- What difference did your session make to knowledge, skills or attitudes?

**Challenges**
- What did not work well?
- What challenges did you face?
- How did you address these?
- What would you change or do differently next time?

**Follow up**
- Any issues or questions from participants to follow up?
- Any referrals to make?

**Evaluation**
- What did participants say about the session?
- Did you meet the objectives for the activities you did?
- What feedback or evidence was there to show this?

**Comments**
- Any other comments?
Session Feedback Form
for participants to give feedback on a session

Feedback to: ........................................................................................................................................
Name(s) of those who facilitated the session

Session venue: ......................................................... Date: ........................................

1. What was, for you, the most valuable thing you learnt this session?

2. What did you like about the session, and why?

3. How could the session have been improved?

4. What questions and issues do you still have, which this session has not dealt with?

Signed .................................................................
Safari ya Mafanikio Facilitator Training Workshop Evaluation & Feedback Form

Please complete and return this form before you leave the workshop

1. To what extent has each of these outcomes been met for you? (circle one)

   1 - Not at all  5 - Completely

   • You have the information and knowledge you need to facilitate effective Safari ya Mafanikio training sessions with community groups
   • You have the skills and confidence to facilitate effective Safari ya Mafanikio training sessions.
   • You have all the training materials and notes you need to support your use of Safari ya Mafanikio.

2. Overall, how would you rate this workshop?

   ( ) Poor ( ) Fair ( ) Good ( ) Excellent

3. What is, for you, the most valuable thing you have learnt during this workshop?

Design and Content

4. What sessions / activities did you find MOST USEFUL and why?

5. What sessions / activities did you find LEAST USEFUL and why?

Turn over
6. Any suggestions for changes to the *Safari ya Mafanikio* Facilitators Guide or kit?

7. Any suggestions for changes to the design and content of future *Safari ya Mafanikio* Facilitator workshops?

**Facilitation**

8. What did you like about the facilitation of the workshop?

9. How could the facilitation have been improved?

10. Comments on recruitment, administration and information provided to you before the workshop:

11. Comments on the venue and catering:

12. Any other comments / suggestions?

Name: .........................................................
(optional)  

Thank you
## Attendance Register & Contact Form

### Safari ya Mafanikio Facilitator Training Workshop

<table>
<thead>
<tr>
<th>No</th>
<th>Name &amp; Surname</th>
<th>Sex</th>
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Kitendea Kazi cha Jamii

(Safari ya Mafanikio)

Toleo la majoribio- Rasimu 1-Juni 2015

Shukrani
DRAFT

Mwongozo huu wa muwezeshaji na Kitendea kazi cha jamii Safari ya Mafanikio kilitegenezwa na Wizara ya Afya na Ustawi wa Jamii kwa kushirikiana na Tanzania Communication and Development Center (TCDC) na Johns Hopkins Center for Communication Programs (CCP) kwa msaada wa watu wa Marekani (USAID).

Tunawashukuru watu wengi kwa mchango wao kwenye kutengeneza toleo hili la majaribio la kitendea kazi cha jamii Safari ya Mafanikio. Hawa ni pamoja na

- Washiriki katika warsha ya kuboresha na kufanya majaribio ya kitendea kazi Safari ya Mafanikio Mwezi Machi 2015, hawa ni pamoja na:
  - Wawakilishi kutoka Wizara ya Afya na Ustawi wa Jamii: Martha Shakinyau (RHC), Chihiyo Mlay (HEPS), Haruna Mohamed (NACP)
  - Wafanyakazi wa TCDC / CCP na Wakufunzi Wakuu: Jennifer Orkis, Deo Ng'wanansabi, Jacob Macha, Waziri Nyoni, Dr. Rosemarie Madinda, Dr. May Bukuku, David Dadi, Irene Ndibusha, Roby Wambura, Steven Tibaigana, Asia Mohamed, Mgalula Ginai, Agnes Nkwera, Mbonimpa Buyekwa, Pamela Kweka, Erick Aloyce, Erasmo Nyalle, Ibrahim Salum, Assley Mwamaka, Max Wohlgenuth, Kory Funk, Mark Bashagi, Nsengiyumva Kahisha
  - Peter Labouchere, Mshauri mtaalamu, Safari ya Mafanikio

Picha na: Mark Bashagi, Peter Labouchere, Jennifer Orkis, Steven Tibaigana,

**Maswali na Maoni**

Kwa maulizo na kutoa maoni kuhusu kitendea kazi hiki tafadhali wasiliana na TCDC kwa:

Simu no: 022 260 0784
Barua pepe: tcdc@tcdctz.org
Yaliyomo

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Ufupisho

i. Ufupisho

A. Malengo ya jumla

Ifikapo mwisho wa mafunzo kwa kutumia kitendaa kazi cha jamii Safari ya Mafanikio, washiriki wataweza:

• Kuwa na ulewa mzuri wa masuala ya afya yanayohusu mtu binafsi, familia na jamii katika Tanzania.
• Kuchukua hatua na maamuzi sahihi ili kuzuia haya magonjwa
• Kutafuta uchunguzi na tiba kwa magonjwa yanapoanza kuonesha dalili.
• Kukubali na kutonyayapaa wengine kwenye familia, mahali pa kazi au kwenye jamii kwa sababu yoyote ile ikiwa ni pamoja na hali ya afya, ulemavu au mazingira magumu.
• Kuhamasika kufanya maamuzi yatakayo saidia familia na jamii zao zinabaki na afya bora.

Malengo haya yamefikiwa je?

<table>
<thead>
<tr>
<th>Wakati wa kujifunza, inasemekana kwamba…</th>
<th>nasahau</th>
</tr>
</thead>
<tbody>
<tr>
<td>Naona …</td>
<td>nakumbuka</td>
</tr>
<tr>
<td>Nikifanya /nikizoea kitu …</td>
<td>ninaweza kutumia katika maisha yangu</td>
</tr>
</tbody>
</table>

• Masomo 12 na mazoezi/shughuli ndani ya kitendaa kazi cha jamii Safari yaMafanikio inahusishwa washiriki kwa namna ambayo ni zaidi ya kujadili na kuelewa masuala. Wanatengeneza mazingira ya kujifunza kwa uzoeufu ambao unagusa “moyo” sio “kichwa” tu; na uzoeufu ambao washiriki wataweza kutumia sana kutumia kwa ajili ya afya zao na masuala ya kuwa vizuri.

• Mazoezi hayatoi taarifa za nini cha kufanya au kutofanya peke yake. Yanaeleza na kuonesha vitendo kwa nini. Ikiwa mtu ataelewa kwa nini, ni rahisi kukumbuka na kufuata maelekezo.

• Safari yaMafanikio inatuonesha jinsi gani tunavyofanya sasa kutunza afya zetu kutakavyosaidia kufikia tunachotaka na kuthamini katika maisha yetu-malengo na ndoto zetu. Somo la 1 linasaidia washiriki kufanana maono yao ya afya ya baadae wanayoitaka, wao wenye, familia zao na jamii yao. Masomo mengine 11 yanazungumizia kwa mapana masuala ya afya, kuunganisha mazoea na tabia za afya zinazopendekezwa katika somo hilo na kutambua hayo maono.

• Safari yaMafanikio inaweza kutumika kwa ufani kote kwenye vipindi rasmi vya mafunzo vilivyoadaliwa na kwenye mikusanyiko ya jamii, sokoni, vituo vya basi/taxi au mahali popote penye mkusanyiko usio rasmi.

• Mazoezi /shughuli zimesanifiwa kutumika kwa wikundi vya watu 15-25, ingawa inaweza kutumika kwa ufani kwa wikundi kidogo au kundi kubwa zaidi.

• Mazoezi yote kwenye Safari ya Mafanikio yanafaa kwa washiriki wote wanaojua kusoma na kuandika na wasiojua kusoma na kuandika.
Mtiririko wa kila somo

B. Mtiririko wa Kila Somo

Mwanzo wa kila somo

Maelozo ya muwezeshaji kwa kila somo katika masomo yote 12 yanaanza na sehemu zifuatazo. Hii inamsaidia muwezweshaji kuandaa na kupanga, HAIPASWI kuwasilishwa wakati wa kipindi. Kuna kisanduku kilichotiwa rangi kama hiv:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Kwa nini somo hili lifundishwe?</strong></td>
<td>Malengo ya kipindi, yanaanza na: <em>ifikapo mwisho wa somo hili, washiriki wataweza...</em></td>
</tr>
<tr>
<td><strong>Nini kinatokekea, kwa ufupi? Ufupisho wa kila sehemu ya somo.</strong></td>
<td>(Masomo mengi yana sehemu 3 au 4: sehemu A, sehemu B n.k.)</td>
</tr>
<tr>
<td><strong>Muda unaotakiwa: takribani saa</strong></td>
<td>1 kuwezesha kila somo kwa ukamilifu. Hata hivyo sehemu/vitu vichache vya somo vinaweza kuchaguliwa na kufanywa ili kuwasilisha somo, kutegemeana na ukubwa wa kundi, masuala ambayo yanawasibu washiriki na muda ulipo kukamilisha somo.</td>
</tr>
<tr>
<td><strong>Vifaa:</strong></td>
<td>orodha ya vifaa ambayo ni lazima kuvitayarisha kabla ya zoezi/somo.</td>
</tr>
<tr>
<td><strong>Maandalizi:</strong></td>
<td>kazi ambazo muwezeshaji anatakiwa kufanya kabla ya kuwezesha zoezi/somo.</td>
</tr>
</tbody>
</table>

**Sehemu kuu: Jinsi ya kuwezesha somo**


Baadhi ya hatua na sehemu zimeandikwa "hiari/sio laza". Hii ina maana unaweza kuziachaa kama huna muda wa kutosha kufanya kila kitu. Wakati unaandaa kipindi chako, amua ni hiari/sio laza zipi (hatua na sehemu) ambazo utazihusisha na ambazo utaziachaa.
Mwisho wa Kila somo:

Maana ya alama na wahusika mahususi waliotumika

Maandishi ya kawaida =taarifa kuhusu nini muwezeshaji anapaswa kufanya.

Maandishi ya italiki, yameingia ndani = kwa ajili ya muwezeshaji kuwasomea washiriki kwa sauti, au kutumia maneno yake mwenyewe. Inapendeza zaidi kama utatumia njia yako mwenyewe ya kusema, kwa kutumia lugha mabayo wewe na washiriki wako mko huru.

Δ Alama ya pembe tatu inaonyesha vitu mahususi wewe kusoma, kusema au kueleza kwa maneno yako mwenyewe.

? Alama ya swali kwa ajili muwezeshaji kuuliza

Maelezo/maudhui kwa ajili ya muwezeshaji, ikiwa ni pamoja na mapendekezo ya majibu ya kujadili na maswali ya chemsha bongo.

Kumbuka – haya ni maelezo kwa muwezeshaji kufikiria mwenyewe au angalizo-mambo ya kukumbuka wakati unawezena mazoezi/shughuli.

Zoezi, shughuli, mchezo au igizo

Ujumbe muhimu

Safari ya Mafanikio – Trial Edition (Translated)
April 2015
C. Maudhui mtambuka

1. Husisha mazoea mazuri kiafya ili kutambua malengo na ndoto zetu katika maisha.

Somo la 1 linawezeshi washiriki kufafanua maono yao kwa afya ya baadae wanayoitaka, wao wenyewe, familia zao na jamii yao. Masomo mengine yote yanaweza kuhishisha kwa ufupi au kwa kukumbusha hayo maono, na kuunganisha na mazoea na tabia zinazopendekezwa katika somo ili kutambua hayo maono.

2. Unyanyapaa na usaidizi

Masuala ya unyanyapaa, ubaguzi na usaidizi unaathiri masuala tofauti ya afya, na mazoezi/shughuli zinazohusiana na masuala hayo zimehushwa katika masomo tofauti kadhaa. Kama unataka kuendesha kipindi kinachohusu masuala ya unyanyapaa na usaidizi, unaweza kutumia sehemu tofauti kutoka masomo yafuatayo:

- Somo la 3: Upimaji wa VVU na ushauri nasaha, sehemu C: Ukingoni mwa mto, ndani ya mto (dakika 10)
- Somo la 5: Tiba ya VVU, ufuasi wa dawa, unyanyapaa na usaidizi, sehemu A: Unaweza kumtambua? (dakika 20)
- Somo la 5: Tiba ya VVU, ufuasi wa dawa, unyanyapaa na usaidizi, sehemu C: Zoezi la kugiza unyanyapaa (dakika 15)
- Somo la 6: Kifua kikuu sehemu C: wasaidizi wangu (dakika 15)
Malengo ya kila somo
D. Malengo ya kila somo
<table>
<thead>
<tr>
<th>#</th>
<th>Jina la soma</th>
<th>Malengo – kwa nini somo hili lifundishwe?</th>
<th>Ifikapo mwisho wa somo, washiriki wataweza:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Afya bora baadae</td>
<td>Kutambua malengo na matarajio ya baadae katika ngazi ya mtu binafsi, familia na jamii kwa ujumla, na kutoa motisha kwa tabia ya sasa ya kutafuta huduma ya afya na tiba inaweza kuhakishwa. • Kuwa na Uwezo wa Kujitambua na kutathmini tabiaya kutafuta huduma za afya zao. • Kutambua umuhimu wa kujithamini wenyewe na wengine katika jamii, na kuchukua hatua ya kufikia kuwa na afya bora na kufikia malengo yao.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Kinga ya VVU</td>
<td>Kutathimini uwezekano wao kwa mtu binafsi kuambukizwa • Kubaini kwa usahihi njia za kujikinga/kuzuia maambukizi ya VVU • Kuweza kutumia kondomu kwa usahihi na kwa uendelevu • Kuona jambo la kununua na kubaila kwa kondomu kama jambo la kaida • Kuanzisha mjadala na kujadili utumiaji wa kondomu katika mahusiano yao.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Upimaji wa VVU na ushauri nasaha</td>
<td>Kujua kwamba inawezekana kwa mwenzi mmoja kuwa na maambukizi ya VVU na mwingine asawe na VVU hata kama walikuwa wana afya. • Kujadili kuhusu upimaji wa VVU na ushauri kwa pamoja. • Wenzu kwenda pamoja kupima VVU na kupata ushauri na kisha kupokea majibu yao kwa pamoja. • Kuwa wazi kwa wenzu wao kuwa mahujuzi na maambukizi ya VVU. • Kuwasaidia watu wanaoishi na VVU na si kwanyanyapaa. • Kupunguza idadi ya wapenzi wanaojihusisha nao kingono.</td>
<td></td>
</tr>
</tbody>
</table>

*Safari ya Mafanikio – Trial Edition (Translated) April 2015*
### 4 Tohara ya hiari ya kitaalamu kwa wanaume

- Kufahamu kuwa tohara ya hiari ya mwanaume hupunguza hatari ya kupata maambukizi ya VVU kwa asilimia 60%
- Kufahamu faida za tohara kwa wanaume na wanawake
- Kufahamu kuwa tohara ya hiari ya wanaume haizuii maambukizi kwa asilimia 100%, bali njia zingine za kuzuia maambukizi lazima zitumike, mfano kondomu
- Kuamini kuwa tohara ya hiari ya wanaume ni kwa kila mtu yaani watu wazima, waliooa na walio na watoto
- Kujadili na wenzi wao juu ya tohara ya hiari ya wanaume na kuwashawishi wenza hao juu ya faida zake
- Kupata huduma ya tohara ya hiari ya wanaume katika vituo vya huduma za afya zinazotolewa na wataalamu wa afya
- Kutokufanya ngono na wenzi wao kwa kipindi cha wiki 6 mara baada ya kutahiriwa.

### 5 Tiba ya VVU, Ufuasi wa dawa, Unyanyapaa na usaidizi

- Kufahamu juu ya matibabu ya VVU.
- Kujiandikilisha huduma za tiba ya VVU kama unastahili au kushawishi wengine kufanya hivyo.
- Kuwa wafuasi wazuri wa dawa na siku za kliniki
- Kuelewa mabadiliko ya aina za dawa za kufubaza VVU
- Kuelewa masuala ya watu wanaoishi na VVU na nini maana ya kuishi kwa mtazamo chanya
- Kuntletwa na kikundi kinachotoa misaada
- Kutambua kwamba hawawezi kufahamu mtu mwenye VVU kwa kumuunagalia isipokuwa kwa kupima tu
- Kuwakubali watu wanaoishi na VVU bila kuwanyanyapaa na kuwabagua.
6 Kifuu kikuu
- Kufahamu dalili za kifuu kikuu na jinsi kifuu kikuu kinavyoambukizwa
- Kutambua kuwa mtu yeyote anaweza kupata kifuu kikuu, ikiwa ni pamoja na watoto na watu wazima.
- Kutambua kuwa kifuu kikuu kinatibika na matibabu yake ni bure
- Kupata matibabu mapema unapopata kikohozi cha muda mrefu au dalili nyingine za kifuu kikuu.
- Kuhamasisha mtu mwenye dalili za kifuu kikuu kupata tiba mapema
- Kumaliza dozi yote ya kifuu kikuu kwa ukamilifu
- Kutambua kwamba idadi cubwa ya watu wenye kifuu kikuu hawana maambukizi ya VVU, na si kila mwenye kifuu kikuu ana maambukizi ya VVU.
- Kuelewa kinachotokea na jinsi matibabu yalivyo kwa mtu alieambukizwa kifuu kikuu pamoja na maambukizi ya VVU.
- Kukubali na kutonyanyapaa au kubagua mtu yeyote aliye na kifuu kikuu au anayehisiwa kuwa na kifuu kikuu.

7 Kuzuia maambukizi ya vvukwa mtoto wako
- Kuelewa kuwa inaweze kana mtoto kuzaliwa bila maambukizi ya VVU hata kama mama yake mzazi anaishi na VVU.
- Kufahamu kuwa hatari ya mtoto kuambukizwa VVU ni cubwa kama mama atapata maambukizi ya VVU kipindi cha ujauzito.
- Kutambua na kuelewa kuwa utumiaji wa dawa za kufubaza VVU kila siku katika kipindi cha ujauzito na cha kunyonyesha mtoto inapunguza kwa kiasi kikubwa wa uwezekano wa mama kumwambukiza mtoto VVU.
- Kufahamu umuhimu wa kuanza kutumia dawa za kufubaza VVU mapema kipindi cha ujauzitona kuendelea kuzitalizwa kwa maisha yote.
- Kuchukua tahadhari kuzuia maambukizi ya VVU kipindi cha ujauzito na wakati wakunyonyesha mtoto. (kwa mfano matumizi sahihi ya kondomu kila unapofanya ngono)
- Kukubali na kuendelea kutumia njia sahihi za kumlisha mtoto mchanga, kunyonyesha mtoto maziwa ya mama tu kwa miezi sita (6) ya mwanzo bila kuchanganya na kitu chochote.
- Kumpeleka mtoto mapema afanyiwe vipimo kubaini kama ameambukizwa au la.
<table>
<thead>
<tr>
<th>8</th>
<th>Afya ya uzazi na mtoto (MNCH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>•</td>
<td>Kuwajulisha wenzi wao mara tu watakapogundua ni wajawazito.</td>
</tr>
<tr>
<td>•</td>
<td>Kuhudhuria kliniki ya mama wajawazito ndani ya wiki 12 ya mimba.</td>
</tr>
<tr>
<td>•</td>
<td>Kuhudhuria kliniki ya wajawazito angalau mara nne katika kipindi cha ujuzito.</td>
</tr>
<tr>
<td>•</td>
<td>Kupima VVU na wenzi wao kwa pamoja na kupata majibu.</td>
</tr>
<tr>
<td>•</td>
<td>Kulala kwenye chandarua chenyе dawa kila usiku.</td>
</tr>
<tr>
<td>•</td>
<td>Kutunza na kukarabati chandarua chenyе dawa.</td>
</tr>
<tr>
<td>•</td>
<td>Kupata dozi angalau 3 za SP kipindi chote cha ujuzito.</td>
</tr>
<tr>
<td>•</td>
<td>Kumeza vidongе vya madini ya chuma kila siku muda wote wa ujuzito na siku 90 baada ya kujifungua.</td>
</tr>
<tr>
<td>•</td>
<td>Kupata dozi 2 za kinga ya pepo punda wakati wa ujuzito.</td>
</tr>
<tr>
<td>•</td>
<td>Kula vyakula vyenye virutubisho vya Vitamini A wakati wa ujuzito.</td>
</tr>
<tr>
<td>•</td>
<td>Kufanya mpango binafsi wa kujifungua.</td>
</tr>
<tr>
<td>•</td>
<td>Kufahamu vidokezo vya hatari kabla, wakati na baada ya kujifungua, na kuchukua hatua stahiki/itakapolazimu.</td>
</tr>
<tr>
<td>•</td>
<td>Kujifungulia kwenye kituo cha afya na saidiwa na mtoa huduma mwenye ujuzi.</td>
</tr>
<tr>
<td>•</td>
<td>Kuhudhuria mara nne kliniki ya waliojifungua kama utakavyopangiwa.</td>
</tr>
<tr>
<td>•</td>
<td>Kumnyonesha maziwa ya mama pekee kwa miezi 6 tangu kuzaliwa.</td>
</tr>
<tr>
<td>•</td>
<td>Kuhakikisha mtoto anapata chanjo zote na mara zote.</td>
</tr>
<tr>
<td>•</td>
<td>Kuhakikisha watoto wanapata matone ya Vitamini A wafikapo miezi 6 na mwaka mmoja.</td>
</tr>
<tr>
<td>•</td>
<td>Kutumia njia za uzazi wa mpango inavyotakiwa kuweka nafasi au kuzuia mimba inayofuata.</td>
</tr>
</tbody>
</table>
| 9 | Uzazi wa mpango | • Kujua muda mzuri ki-afya wa kupata ujauzito (baada ya umri wa miaka 20, kabla ya umri wa miaka 35, na walau miaka 2 baada ya kuzaliwa mtoto wa mara ya mwisho)
• Kuamini kuwa uzazi wa mpango ni jukumu la kila mmoja kwa mwanamke na mwanaume
• Kuamini kuwa ipo njia ya uzazi wa mpango ambayo ni sahihi kwao
• Kujadili na kuamua na wenzi wao ikiwa/kama wapo tayari kupata watoto, na njia ipi ya uzazi wa mpango wanaweza kuitumia ili kupata watoto ikiwa wapo tayari kuwapata
• Kutafuta taarifa sahihi juu ya uzazi wa mpango
• Kuanza kutumia huduma za uzazi wa mpango mara baada ya kujifungua
• Kuendelea kutumia njia ipi ya uzazi wa mpango wanaweza kuitumia ili kupata mtoto mwingine. |
| 10 | Watoto wanaoishi katika maisha magumu | • Kufahamu haki za Watoto.
• Kushiriki kiusahihi katika kupinga matumizi ya nguvu, unyanyasaji, utelekezwaji na utumikishwaji wa watoto katika jamii yao.
• Kupunguza unyanyapaa na ubaguzi wa watoto wanaoishi na VVU, yatima na watoto wenye ulemavu. |
| 11 | Kinga ya Malaria | • Kufahamu kuwa malaria inaambukizwa kwa wanadamu wanaamuwa na mbu.
• Kuelewa njia mbalimbali za kujinga dhidi ya malaria
• Kuweza kuelezea faida za vyandarua vyenye dawa ya kudumu.
• Kuwa na uwezo wa kuelezea vizuizi za pingamizi za kawaida dhidi ya utumiaji wa vyandarua.
• Kutunza na urekebishaji wa vyandarua vikichanika au kuharibika.
• Kuelewa nini maana ya dawa za ukoko za kunyuniyiza majumbani
• Kuelewa kuwa ni muhimu kutoka uishirikiano kutoka kaya zote katika jamii husika wakati wa upulizaji.
• Kuwa na uwezo wa kuelezea pingamizi mbalimbali za kawaida dhidi ya matumizi ya dawa za kunyuniyiza majumbani mwao.
• Kufahamu kuwa tatizo la malaria bado lipo japo linapunguza Tanzania.
• Kuja dalili za kawaida za malaria.
• Kufahamu kuwa Siyo kila homa ni malaria. |
<table>
<thead>
<tr>
<th>12</th>
<th>Tiba ya Malaria na kinga ya malaria wakati wa ujauzito</th>
</tr>
</thead>
<tbody>
<tr>
<td>•</td>
<td>Kujua hatari na athari za kupata malaria wakati wa ujauzito.</td>
</tr>
<tr>
<td>•</td>
<td>kuhakikisha wanawake wajawazito na watoto chini ya miaka 5 wanalala kwenye chandarua chenyе dawa kila usiku</td>
</tr>
<tr>
<td>•</td>
<td>kutambua umuhimu wa kuhudhuria mapema kwenye kliniki ya wajawazito</td>
</tr>
<tr>
<td>•</td>
<td>Kujua umuhimu wa kupata angalau dozi 3 za SP wakati wa ujauzito.</td>
</tr>
<tr>
<td>•</td>
<td>Kutambua umuhimu na sababu za kupima na kutibu malaria mapema.</td>
</tr>
<tr>
<td>•</td>
<td>Kupima kabla ya kununua au kupata tiba malaria.</td>
</tr>
<tr>
<td>•</td>
<td>Kuamini matokeo ya vipimo vya malaria.</td>
</tr>
<tr>
<td>•</td>
<td>Kutotumia dawa za kutibu malaria iwapo majibu yataonesha huna.</td>
</tr>
<tr>
<td>•</td>
<td>Kupata ACTs au dawa zingine zinazopendekezwa iwapo vipimo vitaonesha una malaria, kamilisha dozi.</td>
</tr>
</tbody>
</table>

**Yaliyomo katika Safari ya Mafanikio**
E. Yaliyomo katika Safari ya Mafanikio
<table>
<thead>
<tr>
<th>#</th>
<th>Maelezo</th>
<th>Kiasi kwa kitini</th>
<th>Masomo yanayotumia</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Kitabu/mwongozo wa muwezeshaji, karibu kurasa 18 8makadiringa, kilibobanwa kwa gundi au waya wa kukunja.</td>
<td>1</td>
<td>yote</td>
</tr>
<tr>
<td>2</td>
<td>Daftari kwa waweze shaji, kwa ajili ya kujiandikia ufupisho wa maelezo ili kukusaidia kuwezesha kila somo</td>
<td>1</td>
<td>yote</td>
</tr>
<tr>
<td>3</td>
<td>Sura – 6-pande mbili za sura zenye picha zinazowakilisha seli nyeupe, 2 x maambukizi (moja iwe na kifua kikuu kwenye upande mwingine), VVU (toto auti kila upande) dawa za kifua kikuu, mbu. Nyoka, samba na mamba kuwakilisha vikwazo vya afya.</td>
<td>6</td>
<td>1, 5, 6, 8, 11, 12</td>
</tr>
<tr>
<td>4</td>
<td>KAMBA – urefu wa mita 8 iliyo viringishwa na iliyo wekewa alama kila baada ya 10-15 cm.</td>
<td>1</td>
<td>1, 5, 6, 7, 8, 11</td>
</tr>
<tr>
<td>5</td>
<td>Picha ya matarajio ya baadae ‘familia yenye furaha’ kadi ya rangi ya A4 laminated card</td>
<td>1</td>
<td>yote</td>
</tr>
<tr>
<td>6</td>
<td>Picha za A4 (2 or 3 kutoka Tanzania.)</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Kadi za wahusukia Laminated:</td>
<td>3 (seti 1)</td>
<td>1, 7, 8</td>
</tr>
<tr>
<td>7</td>
<td>MATUMIZI YA KONDONU/KIONYESHI CHA TOHARA KWA MWANAUME- Mfano wa uume, Govi za rangi 2, kusaidia kuonyesha na kufanya mazoezi kwa kutionia kondomo ya kike na ya kiume na pia kuonyesha na kuelezea faida za tohara kwa mwanaume</td>
<td>1</td>
<td>2&amp;4</td>
</tr>
<tr>
<td>8</td>
<td>Kondomo za kiume</td>
<td>50</td>
<td>2</td>
</tr>
<tr>
<td>9</td>
<td>Kondomo za kike</td>
<td>25</td>
<td>2</td>
</tr>
<tr>
<td>No.</td>
<td>Description</td>
<td>Quantity</td>
<td>Value</td>
</tr>
<tr>
<td>-----</td>
<td>------------------------------------------------------------------------------</td>
<td>----------</td>
<td>-------</td>
</tr>
<tr>
<td>11</td>
<td>bigijii – 4 kwa ajili ya somo la kinga dhidi ya VVU, sehemu A (1 bigijii 1 inatakiwa kila mara wakati zoezi litakapotumika)</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>12</td>
<td>Pakiti za maziwa ya unga</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>13</td>
<td>Vibanio vya nguo – rangi tofauti</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>14</td>
<td>Vipeperushi vya mama na mtoto kwa ajili ya kuwapatia washiriki</td>
<td>50</td>
<td>8</td>
</tr>
<tr>
<td>15</td>
<td>Mbegu 40 kwenye mfuko</td>
<td>40</td>
<td>9</td>
</tr>
<tr>
<td>16</td>
<td>Visanduku vya vibiriti 5, kila kimoja na njiti 15 ndani (au vijiti vidigo 60, mawe 60, maharagwe 60 au vitu vingine vipangwe kwenye mafungu manne kila moja na vitu 15 ndani)</td>
<td>Vifuko 5vyenye vitu vidogo 15 kila kimoja</td>
<td>9</td>
</tr>
<tr>
<td>17</td>
<td>Mfano wa kipimo cha haraka cha Malaria (MRDT)</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>18</td>
<td>Mkoba/bahasha ya plastiki ya A4 yenye/kuweka vitu vyote hivi.</td>
<td>1</td>
<td>Yote</td>
</tr>
<tr>
<td>18</td>
<td>Vipeperushi kwaajili ya wawezeshaji kugawa kwa washiriki</td>
<td>50</td>
<td>7</td>
</tr>
</tbody>
</table>
Vitu vya ziada vya kutayarisha / vitayarishwe na muwezeshaji

1. Vitu vya ziada vya kutayarisha

<table>
<thead>
<tr>
<th>#</th>
<th>Maelezo</th>
<th>Somo</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ubaow cha tini / karatasi / kalamu za wino au kaki kama ubao wa</td>
<td>baadhi</td>
</tr>
<tr>
<td></td>
<td>kuandikia chaki upo (sio lazima)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Kalamu za wino</td>
<td>baadhi</td>
</tr>
<tr>
<td>3</td>
<td>Karatasi</td>
<td>baadhi</td>
</tr>
<tr>
<td>4</td>
<td>Kadi</td>
<td>baadhi</td>
</tr>
<tr>
<td>5</td>
<td>Gundi ya karatasi au gundi ya kalamu</td>
<td>baadhi</td>
</tr>
<tr>
<td>6</td>
<td>Hiari / sio laza: kielezi kifani cha uume kwa ajili ya maonesho kwa</td>
<td>2, 4</td>
</tr>
<tr>
<td></td>
<td>vitendo, kuelezea na kujari rubu matumizi ya kondomu/tohara ya hiari</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Chupa ndogo ya plastiki kwa ajili ya kujari rubu matumizi ya kondomu</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>ya kiume (kama hakuna kielezi kifani cha uume.)</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Karatasi laini (kwa ajili ya maonesho ya kondomu/majaribio)</td>
<td>2</td>
</tr>
<tr>
<td>9</td>
<td>Ziada: kondomu za kiume na za kike</td>
<td>2</td>
</tr>
<tr>
<td>10</td>
<td>Ziada: bigijii</td>
<td>2</td>
</tr>
<tr>
<td>11</td>
<td>Hiari / sio laza: fimbo 2 unaweza kuzifungana pamoja kama nguzo za bango</td>
<td>3 –</td>
</tr>
<tr>
<td></td>
<td>sehemu D</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Bilauli au chupa safi inayooniesha ya plastiki au kioo.</td>
<td>7</td>
</tr>
<tr>
<td>13</td>
<td>Kikombe</td>
<td>7</td>
</tr>
<tr>
<td>14</td>
<td>Limao au juisi chachu (mfano. Kimiminika chenyi asili ya limao, soda ya</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>sprite au juisi ya limao iliyokamuliwa kwenye kikombe). Kiasi cha 20ml</td>
<td></td>
</tr>
<tr>
<td></td>
<td>kwa kila zoezi kitumatuka.</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Vipeperushi vya matumizi ya kondomu (hiari / sio laza)</td>
<td>2</td>
</tr>
<tr>
<td>16</td>
<td>Vipeperushi vya mama na mtoto (hiari / sio laza)</td>
<td>4</td>
</tr>
<tr>
<td>17</td>
<td>Nakala za ziada vipeperushi vya mama na mtoto</td>
<td>8</td>
</tr>
</tbody>
</table>
ii. Jinsi ya Kuwa Muwezeshaji Bora

Unapotumia kitendaa kazi cha jamii Safari ya Mafanikio, wajibu wako ni kuwezesha mchakato wa kujifunza ambapo washiriki wako wanafanyakazi na kukuza ulewa wao wa masuala ya afya kwa upana zaidi na jinsi ya kuyashughulikia.


Wajibu wa muwezeshaji ni:

• **kusikiliza** kwa makini muda wote

• **Kuongoza** kikundi na kuhakikisha mazungumzo yanakwenda sawa sawa na malengo. Usiruhusu majadiliano yawe tofauti na somo lenyewe.

• **Kudhibiti** wale wanaongoa sana.

• **Kuhakikisha** kila mtu anapatana nafasi ya kushiriki. Hakikisha washiriki wasioongea sana wanapata fursa ya kuongoa na kushiriki katika majadiliano.

• **Kufanya majumuisho ya majadiliano** kila baada ya muda fulani na mwisho wa kipindi.

• **Kushirikisha Uongozi**- Kipindi mara nyingine huwa kizuri kama kuna waweze kusaidia wawezeshaji wawili, wanaosaidiana pamoja na kupokezana uwezeshaji.

• **Kuwa tayari kutafsiri**- Kwenye mikutano tumia lugha ambayo kikundi chako wanaielewa zaidi na wakfu huitumia na kila mmoja anaweza kushiriki kujadili somo hilo.

Stadi za Uwezeshaji ni kitu ambacho unaweza kujifunza na kukufanya mazoezi, sio lazima uwe mtaalamu. Hapa kuna mapendekexo na dondoo zitakazokusaidia kuweza kuwa mwezeshaji mzuri. **Kujianda mwenyewe kabla ya kipindi**


Uliza kwenywe kituo cha afya cha karibu kama kuna mtoa huduma (muuguzi au daktari) anayeweza kuudhuria kipindi na kujibu maswali ya kitaalam.

♦ Fanya mazoezi ya nini utakachoema ukiwa wewe mwenyewe au na rafiki yako. Fanya mazoezi kwa kutumia vifaa vya maelekezo.

♦ Elewa wazi kwenywe akili yako nini unachotaka kufanikisha ifikapo mwisho wa kipindi.

♦ Panga jinsi utakavyopata mrejesho kutoka kwa washiriki ili ikusaidie kutathmini kipindi chako. (*Mwisho wa kipindi maelezo yafuatayo yanahusisha baadhi ya mifano ya mrejesho na maswali ya kutathmini washiriki.)*

Kuandaa vifaa na mazingira ya mafunzo
♦ Hakikisha una vifaa vyote unavyohitaji kwa kuendeshea kipindi.

♦ Fika kwenywe chumba cha mafunzo au sehemu ya kukutana angalau dakika 15 kabla ya mkutano/mafunzo kuanza.

♦ Panga sehemu ambapo mafunzo yatafanyika. Sukuma kila dawati au kiti pembeni ya chumba hicho. Panga viti kwa mduara au nusu mduara ili kuwepo sehemu ya wazi ya kuonyesha ambapo kila mtu ataweza kuona. Mazoezi haya hufaa sana kama kila mshiriki atakuwa amekaa au amesimama kwenywe duara au nusu duara ili;
  • kuonesha kuwa wote tupo sawa na mawazo na uzoefu wa kila mmoja ni muhimu sawa sawa na wa mwingine.
  • Kuruhusu kila mmoja aone sura ya kila mtu na aweze kuwasikia vizuri.
  • Kuonesha kwamba hii ni tofauti na ‘ufundishaji’, ambapo kila mtu anamtazama ‘mtaalamu’ anaejua majibu yote.
  • kutengeneza mazingira rafiki na yasiyo rasmi

Mwanzo wa Kipindi
♦ Msalimie kila mshiriki anayefika.

♦ Kuwa rafiki, tabasamu!
♦ Wakaribushe washiriki na jitambulishe na mtambulishe mwezeshaji mwenzako

♦ Elezea lengo la kipindi na washiriki watarajie kupata kipindi hicho.

♦ Kama hiki ni kipindi kinachofuata, fanya mapitio/marejeo ya kipindi kilichotangulia. Hii ni lazima kwa sababu washiriki/watu wanaweza kusahau nini walichoshikirisha na kujadili katika kipindi kilichopita, na wengine huenda hawakushiriki kipindi kilichopita.

♦ Omba washiriki kuza fomu ya mahudhurio (katika ketendea kazi chako cha mrejesho na uhakiki, angalia kiambatisho 3, ukurasa 156).

♦ Hakikisha kilu mtu anaeluwa lugha ya Kiswahili. Kama sivyo, tafuta mkalimani.

♦ Kubaliana na washiriki wako kanuni/miongozo ya kufanya kazi pamoja kama vile:
  • Muda wa kuanza na kumaliza.
  • Kuheshimu wazo la kila mtu.
  • Kuwe na mtu mmoja anaongea kwa wakati.(kusiwe na darasa ndani ya darasa)
  • Mpe kila mtu fursa/ nafasi ya kushiriki katika majadiliano.
  • Tunza kila taarifa binafsi ambayo washiriki wengine wa kikundi wanakueleza kama siri.

♦ Kama unafikiri itasaidia, tumia vichangamshi ili kusaidia wahusika kupumzika na kushiriki vizuri. Kuna mifano michache ya vichangamshi katika ukurasa wa19-22

**Wakati wakipindi**

♦ **Sikiliza** kwa makini kile ambacho washiriki wanasema na hakikisha washiriki wanasiliza na kutambua mchango wa kila mmoja wao.

♦ **Tambua lugha ya kimwili/ishara** na jaribu kuelewa maana yake ni nini?

♦ **Saidia** kila mshiriki ajisikie kuwa mchango wake ni muhimu.

♦ **Himiza ushiriki wa wanakundu wote** na wasaidie waonge kuhusu mawazo, hisia na uzoefu wao, kuliko kuwaambia nini ni sahihi na nini si sahihi au kukosoa.

♦ **Ruhusu** washiriki ‘kufikiria kwa sauti’ na kujua nini wanachoamini na kuthamini.

♦ **Onesha kujali na kuheshimu** mawazo ya washiriki waliyonayo, hata kama wewe binafsi haukubaliani nayo.
♦ Kama washiriki wameanza kuchoka tumia vichangamshi. Mifano imelewa ukurasa wa 19-22.

♦ Kama mshiriki atasema kitu usichokubaliana nacho, kwanza uliza washiriki wa kikundi ‘nini mawazo yao juu ya swala hilo?’

♦ Kuwa mkweli na mwazi wagati wakujibu maswali kutoka kwa washiriki na watu wengine. Kama hujui kitu, sema tu na tafuta jibu ili uweze kutoa taarifa /jibu sahihi mtakapokutana tena.

♦ Elewa kuwa jinsi/namna jibu lilivyopatikana mara nyingi ni muhimu sawa na umuhimu wa jibu lenyewe. Kama washiriki watatafuta jibu wao wenyewe watakuwa wamejifunza zaidi kuliko kama utawapwa wewe jibu.

| Uliza maswali ya wazi/yenye majibu mengi, | ….kuliko maswali yenye jibu moja, |
| ambayo yanahamasisha kuongea kwa undani kama vile… | majibu ya Ndio na Hapana. |
| • Ni njia gani tofauti ambazo tutaweza kuwasaidia watu wanaoishi na VVU? | • Je unaweza kuwasaidia watu wanaoishi na VVU? |
| • Ni vitu gani vinavyowafanya muweze kufanya kazi kama kikundi? | • Je unaweza kufanya kazi kwenye/kama kikundi? |

Mwisho wakipindi

♦ Fanya majumuisho ya hoja muhimu na matokeo ya majadiliano.

♦ Pata mrejesho wa tathmini ya kipindi na uwezeshaji wako. Wawezeshaji wazuri kawaida hukaribisha na kupokea ukweli, mrejesho mahususi, kwa sababu hii inawasaidia kuboresha na hata kufanya vipindi vyao vijavyo kuwa vizuri zaidi. Wakati wa kipindi, unaweza kupata mrejesho kwa kuangalia jinsi gani kipindi kinaendeshwa na vipi wahunika wanaonekana katika upokeaji. Na mwisho wa kipindi unaweza kupata mrejesho zaidi kwa mazungumzo au maandishi.

  • Maandishi- Waombe washiriki kujaza fomu ya tathmini/mrejesho kabla hawajatoka katika kipindi, kwa kutumia maswali kama yaliyo kwenye kisanduku hapo chini.
  • Mazungumzo- Omba mrejesho wa maneno kwa maswali hayo kutoka kwa mtu binafsi au vikundi vidogo vidogo vya washiriki.

Safari ya Mafanikio – Trial Edition (Translated)
April 2015
Mrejesho wa kipindi na maswali ya tathmini kwa washiriki:

♦ 1. Ni kitu gani kwako cha muhimu ulichojifunza kwenye kipindi hiki?
♦ 2. Ni vitendo gani ulivyopenda, na kwa nini?
♦ 3. Ni vitendo gani hukuvipenda na kwanini? Ni namna gani vinaweza kuboreshwa? Vinahitaji maboresho gani?
♦ 4. Toa maoni yako kuhusu uandaaji na uendeshaji wa kipindi, nini kilikuwa kizuri, nini kinahitaji kuboreshwa?
♦ 5. Ni maswali na masuala gani bado yanakutatiza kuhusu kipindi hiki cha afya?

Waeleze nini kitafuata baadae (mfano; kutakuwa na kipindi kingine au muendelezo wa kipindi hiki)

Waulize kama kuna mtu yeyote ambaye kavutiwa na huduma zilizojadiliwa wakati wa kipindi na kama watahitaji wajaze nakala ya fomu ya rufaa(ngalia kiambatisho 1.)

Baada ya kipindi

♦ Fanya mapitio na tathmini ya kipindi na wengine waliokuangalia au mwezeshaji mwenzako. Tafakari juu ya mrejesho kutoka kwa washiriki. Jadilini nini kilifanyika vizuri, na unaweza kufanya nini ili kufanya vizuri za kipindi kijacho.

♦ Jaza fomu ya mapitio kuhusu kipindi hicho. (katika kitendea kazi chako cha mrejesho na uhakiki, angalia kiamabatisho 3, ukurasa 165).

♦ Fanya ufuatiliaji wa jambo lolote kuhusu kipindi, kama vile;
  - Tafuta majibu/taarifa ambayo hukuijua ulipoulizwa wakati wa kipindi.
  - Kama kuna washiriki wowote ambao walionekana wana mashaka au kuchanganyikiwa kuhusu masuala fulani, wasiliana nao baada ya siku chache ili kuona kama wanataka kujadili masuala hayo zaidi.

♦ Kama inawezekana, kubaliana na kundi lako kama mnaweza kukutana wiki kadhaa baada ya mafunzo/kikao kuisha, ili mfanye mrejesho na mtathmini namna mbavyo wameweza kutumia yale uliyowafundisha katika mafunzo ya “Safari ya Mafanikio”
Kupata Cheti

Unaweza kuwa muwezeshaji aliye hakikiwa wa mafunzo ya“Safari ya Mafanikio”kwa kuwezesha angalau vipindi vitano (5) kwa kutumia vitendo/michezo iliyo katika kitendea kazi hiki na kukamilisha na kurudisha fomu ya mrejesho ya ufikiria kutokana na uhakiki iliyoambatanishwa katika kitendea kazi chako. Fomu zipo katika kiambatisho 3, kama utataka kutoa nakala. Kamilisha kujaza fomu na mrudishie msimamizi wako ili ustahili kukabidhiwa cheti.

VICHANGAMSHI & MAZOEZI

Tumia vichangamshi hivi na mozezi haya madogo na mengine unayoyajua wakati wa;

• Mwanzo wa kipindi ili kila mshiriki ajisikie huru na kuvutiwa/kukipenda kipindi.

• Kubadilisha na kuchangamsha/kuamsha ari ya kundi, kwa mfano baada ya majadiliano ya muda mrefu, wakati baadhi ya washiriki wametembelea kitu hicho (kwa mfano kucheza mpira, kupika, kucheza mziki). Mtu mmoja asogee hatua moja mbele na aseme “Jina langu ni…napenda ku…”(kitendo), halafu anarudi nyuma. Watu wote sasa kwa pamoja wasogee mbele na kurudia kilichosemwa na kufanywa na mtu wa kwanza. Kila mtu (pamoja na wawezeshaji) wanachukua zamu zao katika kujitambulisha wenyewe kwa njia hii, na kufuatiwa na kila mtu kuiga jinsi wao pia walivyojitambulisha.

1. Jina langu Ni…na ninapenda ku…


2. Moja, kishindo, piga makofi kwa jozi

Kila mtu asimame, azunguke na ataafu mwenzi wake na kisha katika jozi anza kuhesabu 1,2,3,1,2,3. Kwa kubadilisha (onyesha kwa vitendo na mmoja wapo).Achaneni, kisha zunguka tafuta mwezi mwingine. Rudia tena na jozi mpya, lakini badilisha namba 3 na piga makofi.
Mzungumzaji wa kwanza (mtu A): “Moja”, Mzungumzaji wa pili (mtu B): “Mbili”, Mzungumzaji wa kwanza (mtu A): piga makofi

Mzungumzaji wa pili (mtu B): “moja”, Mzungumzaji wa kwanza (mtu A): “mbili”, Mzungumzaji wa pili(mtu B) piga makofi,

Mzungumzaji wa kwanza (mtu A): “moja” n.k
Muachane, kisha zunguka halafu tafuta mwenzi mwingine. Rudia tena zoezi na Huyo mwenzi mpya, lakini badilisha mbili na kishindo, i.e ‘’moja ‘’ ‘’kishindo’ ‘’piga makofi’’

3. Kishindo, piga kofi zunguka kundi
Wambie washiriki wasimame kwenye mduara mkubwa, eleza:

4. Kunong’ona uongo

5. Sogea kama…
kiti tofauti, mzungumzaji anakaa chini kwenye kiti kilichoachwa wazi. Mtu aliyebaki bila kiti anakuwa mzungumzaji anayefuata anasema “sogea kama…”anatumia kundi jingine.

6. **Mguu ndani ya mdomo**
Waelekeze washiriki wako kama ifuatavyo na hamasisha vitendo ulivyowaambia kama ulivyowaelekeza;

- *Wote msimame juu. Weka mikono yako miwili kichwani. Halafu fikiria kwamba unaweza kulegeza kichwa chako na kukipeleka kwenye mabega. Inua kichwa taratibu kutoka kwenye mabega yako, weka chini kwaungalifu ukiwa umeshika kwa mkono wako wa kushoto. Sasa inua mguu wako wa kulia. Nyosha mkono wako wa kulia chini, sasa nyanyua juu mguu wako wa kulia, unyooshe chini kwa mkono wako wa kulia, shika mguu wako wa kulia na ufungue ndipo mguu wako utatoka, nyanyua mguu wako ingiza mdomoni.*

Angalia wakati washiriki wengi wanaposogeza mkono wao wa kulia kwenye mdomo yao. Sasa onyesha kuwa, wakati vichwa vyao viko chini ya mkono wa kushoto, hapo ndipo wanatakiwa kuweka nyayo zao.

7. **As na Bs**
Kila mtu asimame naasogee (kama ni lazima) sehemu yenye nafasi ya kutosha Sema:

- Kila mtu achague mwenzi wake katika kikundi. Usiwaambie. Huyu ni mtu wako A.
- Chagua mwingine, huyu ni mtu wako B.
- Nikisema nenda! Msogeele karibu mtu wako A, kwa jinsi utakayoweza na kaa mbali uwezavyo na mtu wako B...NENDA!

Baada ya takribani dakika moja;

- Sasa nenda msogeele mtu wako B kwa kadri utakayoweza na kuwa mbali iwezekanavyo na mtu wako A.

Baada ya dakika nyingine;

- Sasa wasogeele kwa karibu watu wako wote wawili, A na B kadri utakavyo weza.
8. Zoezi la mafungu

Waweke washiriki katika makundi ya watu 6 mpaka 12, wawe wamesimama kwenye mduara na useme;

- *Weka mikono yako mbele. Funga macho na tembea mbele taratibu mpaka mikono yako ipate mkono wa mtu mwingine kila mkono wako upate mkono mmoja kulia na kushoto.*

Hakikisha hakuna mtu ameshika mkono zaidi ya mmoja, kama ukiona mikono mitatu au zaidi imeshikana pamoja, ondoa uliozidi na kuweka/ kushikisha kwenye mkono usioshika mkono mwingine.


Endelea na zoezi mpaka kila kundi lijiachilie, kutakuwa na mizunguko mingine.

9. Boti inayozama


Mtu moja au wawili wataachwa; watazama na meli na uwaambie wakae chini. Kundi lolote lenye watu zaidi ya namba iliyotakiwa nao wakae chini. Rudia mara kadhaa kwa namba tofauti, mfano ‘ makundi ya 4’ ‘makundi ya 7’.

*Angalizo: Chemsha bonga hii inaweza kutumika kama unataka kugawanya washiriki katika makundi madogo.*

10. Kuandika kwa Kutumia Sehemu za Mwili
• Fikiria jina la mtu unayempendelea
• Andika jina ulilofikiria hewani kwa kutumia herufi kubwa, tumia pua, kama hivi

Onyesha unachomaanisha na kila mmoja afanye hivyo.

• Rudia tena kwa kutumia mguu wa kushoto
• Rudia tena kwa kutumia kiuno
• Angalia mtu anayekufuatia akifanya, angalia kama unaweza kusoma jina wanalo andika hewani.
Masomo

1. Afya Bora Baadae
Somo la 1: Afya Bora Baadae

Kwa nini somo hili lifundishwe?
Ifikapo mwisho wa hili, washiriki wataweza:
• Kutambua malengo na matarajio ya baadae katika ngazi ya mtu binafsi, familia na jamii kwa ujumla, na kutoa motisha ambayo tabia yao yasasa ya kutafuta huduma ya afya inaweza kuhusishwa.
• Kuwa na uwezo wa kujitambua na kutathmini tabia ya kutafuta huduma za afya za o.
• Kutambua umuhimu wa kujithamini wenyewe na wengine katika jamii yao, na kuchukua hatua ya kupunguza hatari za kiafya, na kuhakikisha wanakuwa na afya bora na kufikia malengo yao.

Nini hasa kinafanyika kwenye somo hili, kwa ufupi?

SEHEMU A: Malengo ya baadae unayoyatarajia (dakika 20)
Kila mshiriki afikirie na kutengeneza maono ya baadae na aandae wazo ambalo litamuwezesha kujua anapenda maisha yake yaweje hapo baadae.

SEHEMU B: Njia ya kupitia kufikia malengo yako (dakika 20)
Washiriki wajaribu kupitia njia (kipande cha kamba kimelazwa kwenye njia isionyooka au vipande vya vijiti vimelazwa chini) ili kufikia malengo yao. Njiani wanakutana na wanyama wakali kama vile simba, nyoka, mbu na mamba (wahusika watavaa sura za wanyama hawa) wanajaribu kuwafikia na kufikia za kujua za kuuza juu ya njia wa kuchukua.
Wanyama hawa wakali waliotumiwa hapo juu wanawakilisha mambo mbalimbali yatakayo kw kuikwazo kufikia malengo yako. Wao kuikwazo kufikia malengo kwa mfano maambukizi ya VVU, magonjwa ya ngono/ zinaa, momba zisizotarajiwa, kifua kikuu, malaria, mwenzhi na ndugu asiyekuwa msaada kwako na jamii inayokutenga nk…….) hivyo unapaswa kutambua jinsi ya kupeuka au kuzua vikwazo hivi ili kufikia malengo yako mahususi.

SEHEMU C: Mtumbwi wa Maisha – zoezi la kujithamini. (DAKIKA 20)
Washiriki wafikirie wako pamoja katika mtumbwi unaozama kwenye maji yenye mamba na papa wengi, njia pekee ya kujiko zao ni kuingia kwenye boti/mtumbwi mdogo wa kujiko ambao una uwezo wa kubeba watu watatu pekee katika kikundi. Kila mshiriki anapaswa aeleze
MUDA; SAA 1
JINSI YA KUWEZESA SOMO HILI.

Maandalizi

• Tafuta kitu kinofaa kutumika kama ngao

SEHEMU YA A; MAISHA UNAYOYATAKA

Hatua ya A1: Tumia maneno yafuatayo, jina langu ni……nataka kuwa ……..ni njia inayofurahisha kwa kujitambulisha washiriki wote katika mduara.
Muulize kila mmoja kitu anachokipendelea kufanya na kitendo kinachoendana na kufanya kitu hicho (mfano kucheza mpira wa miguu, kupika na kucheza mziki) mshiriki mmoja asogee mbele na kusema jina langu ni ……………………ninapenda ku……………. Akionyesha kwa vitendo) halafu arudi kwenyeye nafasi yake, wengine watasogea mbele na kurudia kusema na kufanya kwa muonekano, lafudhi na kitendo kile kile kama alivyofanya mshiriki aliypita. Hii itaendelea kwa kila mshiriki kujitambulisha kwa njia hiyo na wengine kurudia akiwemo mwezeshaji.

Hatua ya A2: Tambulisha kitendea kazi cha jamii na kuhusu somo hili
Elezea washiriki kuwa;

Δ Zoezi ambalo unakaribia kushiriki litakasaidia wewe binafsi, familia yako na jamii kwa ujumla kuwa na afya bora na kufanikisha kile unachopenda na kuthamini sana katika maisha yako-malengo na ndoto zako.
Δ Somo hili la kwanza litakasaidia kuwa malengo hayo na kuonyesha umuhimu wa kujathmini wenyewe na kuchukua hatua ya kubaki na afya bora na kufikia malengo hayo.
Δ Hivyo tutaanza tuna faa jinsi ya kufikia malengo, ikiwemo jinsi ya kuondokana na matatizo na changamoto tutakazo kutana nazo katika maisha, hususani masuala ya afya kama malaria, VVU na kuwahusiana ubebaji mimba salama, uzazi salama na makuzi salama ya watoto wetu.
Δ Vipindi vitakuwa vya kufurahisha na shirikishi, na utafaidika sana kama utashiriki kwa ukamiliifu.

Hatua ya A3; kutambulisha malengo mahususi ya baadae/picha ya nyumba/familia yenye furaha na afya bora.
Eleza kwa washiriki.

Δ Zoezi hili litakusaidia kufikiria na kutengeneza maono ya jinsi ungependa vitu viwe kwa wakati mmoja hapo baadae.-kwako binafsi, familia yako na jamii yako.

Tutawasilisha maono haya ya kila mmoja aliyonayo kama malengo tunayotaka kufikia.

Waonyeshe washiriki wote picha hiyo ya familia yenye furaha na afya nzuri mbele ya nyumba nzuri, na uweke chini ambapo washiriki wote wataiona vizuri.

Δ Iwapo Mtu ana ugonjwa kama vile VVU au malaria lakini anakusaidia kuishi na kufanikisha ndoto zake za baadae( badala ya kutupilia mbali ndoto zao na kufikiria kuwa watakuja) jitihada na lengo hili huwasaidia kufanyia kila kitu kinachoweza kuwafanya waendelea kuishi..

Δ Iwapo kama jamii tuna maono ya pamoja ya kujenga afya bora ya baadae tunayoitaka, itatusaidia kufanya kazi kwa pamoja ili kufikia malengo hayo..

Hatua yaA4; Toa mfano wa maono ya malengo ya baadae.( hatua hii ni hiari/sio lazima)

Toa mfano wa maono yanayovutia ambayo mtu ameyapanga kuyatimiza hapo baadae, mfano utakaochagua unatakiwa uwe ambao washiriki wako watauelewa vizuri, huu unaweza kuwa:

Aidha:

Mfano wa maisha yako binafsi ;eleza malengo yako ya baadae kwa miaka 5 ijayo;

Eleza jinsi unavyotaka maisha yako ya baadae yawe kwa hisia na msisimko kama ndio sasa na umekwishafanikisha malengo na ndoto zako kwa miaka 3 mpaka 5 ijayo. .

Tumia mpango kazi huu, lakini ufanye uwe katika malengo yako binafsi.

Au


Hatua ya A5; washiriki wafikirie maisha ya baadae wanayo yataka kila mmoja;
Sema:

_Huo ulikuwa ni mfano wangu wa maisha ya mtu na malengo yake ya baadae, lakini kila mmoja wenu anachotaka kwa baadae itakuwa tofauti. Tulia na ufikirie kwa dakika moja unavyotaka maisha yako ya baadae yawe kwa miaka 5 ijayo. Inaweza kukusaidia kama utafumba mach o yako._

Kwa sauti laini, nyororo waongoze washiriki jinsi ya kufikiria kila mmoja maisha yake ya baadae. Ongea kwa kitu katika kila sentensi, ili washiriki wapate muda wakufikiria na kuona maisha yao ya baadae wanavyotaka yawe. Washauri wafumbe macho yao, hapa kuna maoni ya nini cha kusema:


Hatua ya A6: (hatua hii ni hiari/sio lazima) Chora picha ya maisha yakwa baadae unayotaka

(Itahusika kama tu utakwao na muda wa ziada na kalamu na karatasi za washiriki kutumia) Wapatie washiriki karatasi na peni, waongoze kila mmoja achore picha ya maisha yake ya baadae, waeleze pia sio lazima picha au mchoro uwe mzuri, ilaa mchoro uweze kueleweka vizuri, kwa zoezi hili waxatie washiriki dakaika 10 - 15.

Hatua ya A7; washiriki washirikishe wenzao malengo ya maisha yao ya baadae wanayoyafikiria.
Waelekeze washiriki wakae katika makundi ya watu 2-3. Elekeza washiriki kujadili na wenzao jinsi wanavyotaka maisha yao ya baadae yawe. Waeleze kwa hisia na mstimiko kama vile wametimiza malengo wanayoyaeleza. Waaenze kwa kusema ‘sasa ni mwaka 2020 na nimefanikiwa ku……………………’

Hatua ya A8: washiriki wafikirie maneno ya kutumia wakati wakueleze watu wanaopendelea kufikia mafanikio yao, na kutengeneza maelezo ya vitambulisho vyao wenyewe.
Waambie washiriki:

Ilikuongeza katika taswira ya maisha yetu ya baadae, kila mtu atatengeneza maelezo mafupi kuhusu mtu anayetaka kuwa baadae, kwa kuanza na maneno ‘mimi ni………

Wape washiriki dakika moja ya kufikiria mifano yao.

Waambie washiriki wawili au watatu. Waambie washiriki wa kila mtezo yao ya maelezo yao ya kufikiria.

Hatua ya A9: washiriki wasimame na kwenda kwa mtu mwingine na kumuuliza, ‘wewe ni nani?’ mtu mwingine anatikana kujibu.’ Mimi ni………’ na watoe maelezo ya utambulisho wao(sio jina lake). Baada ya hapa wabadilishane nafasi katika zoezi hilo. Akimaliza atafute mtu mwingine na kurudia zoezi. Wape muda wa kuwaera karudi za zoezi hilo ya washiriki wengine tofauti wa 4 au 5

Hatua ya A10: Wahamasishe wasimame wa maelezo yao wa kujitambua.
Hamasisha kila mshiriki akumbuke maelezo yake ya kujitambua na wairudie mara kwa mara wenyewe. Pendekeza kwamba wanaweza kuandika maelezo ya utambulisho wao mahali
watakapoyaona kila siku. Mfano, waweke maelezo ya utambulisho wao kwenye kilezi/kioo cha simu zao za mikononi.
2. Kinga ya VVU
Somo la 2: Kinga ya VVU

Ni kwa nini somo hili lifundishwe?

Ifikapo mwisho wa somo hili, washiriki watakuwa na uwezo wa kufanya yafuatayo:
• Kutathmini uwezekano wa mtu binafsi kuambukizwa
• Kubaini kwa usahihi njia za kujikinga/kuzuia maambukizi ya VVU
• Kuweza kutumia kondom kwa usahihi na kwa uendevu
• Kuona jambo la kununua na kubeba kondomu kama jambo la kawaida
• Kuanzisha mjadala na kujadili utumiaji wa kondomu katika mahusiano yao

Nini kinatokea, kwa ufupi?

Seheme A: Changamoto ya kutafuna Bigijii (Dakika 5)

Mwezeshaji ampe mshiriki mmoja bigijii nzima amuombe atafune. Halafu achukue nusu ya bigijii iliyojafunwa awape washiriki wengine, na amuombe kutafuna bigijii hiyo, Mshiriki atakataa kutafuna bigijii ambayo ilitafunwa na mtu mwingine. Hii inatambulisha mjadala kwa washiriki juu ya mitazamo tota kuhusu tabia hatarishi na kuchangia maji maji mbalimbali ya mwili, ikiwemo hata wakati wa kufanya ngono.

Sehemu B: Uchunguzi binafsi wa tabia hatarishi (Dakika15)

Mwezeshaji awaulize washiriki mtiririko wa maswali kuhusu tabia zao za kipindi kilichopita na uzoefu wao. Kila mshiriki kwa siri ajipe alama/ tafsiri kama ameona kuna uhusiano kati ya tabia alizozitaja na uwezekano au hana hatari ya kupata VVU.

Sehemu C: Namna ya kutumia kondomu ya kike na ya kiume (Dakika 20)


Sehemu D: Zoezi la ukuta wa kondomu (Dakika 20)

Tumia vitu/vifaa vinavyopatikana katika mzingira yako kwa ajili ya onyesho la matumizi ya kondomu vitakavyowezesha kujifunza.

Kama vinapatikana, ni vyema kutumia vifaa vinavyoonyesha via vya uzazi vya mwanamke na mwanaume. Ingawa kuna faida moja kubwa ya kutumia mkono wako kama uke na chupa ya plastiki au ndizi kama uume.

Washiriki unaowafundisha waweze

i.e. washiriki unaowafundisha wataweza kufundisha wengine na kutoa uwezo na stadi. Kama utatumia kifaa elekezi halisi cha uume na uke, washiriki watafikiri wanahitaji kuwa na vifani hivyo ili waweze kufundisha wengine, na hawana uwezo wa kupata vifani hivyo, hivyo kujifunza kunaishia hapo.

Sehemu A: CHANGAMOTO YA KUTAFUNA BIGIJII

Hatua ya A1: Toa bigijii

Uliza kama kuna mtu atapenda umpe bigijii. Toa bigijii kwa mtu wa kwanza atakaeanza kuonyesha utayari na mkaribishe ili aanze kutafuna.

Jifanye kama unatafuta bigijii nyingine za ziada. Halafu sema:

Δ Samahani, nilifikiri nina bigijii za ziada, lakini sina. Lakini mnaweza kugawana

Mtake mtu anaetafuna bigijii kuitema juu ya sahani, jani au kipande cha karatasi. Halafu wape bigijii iliyotafunwa washiriki wengine ambao walisema wanahitaji, waambie kuwa bado ni tamu.

Kwa kawaida washiriki wote watakataa, wengine wakionyesha kuudhika, watasema hawawezi kuweka mdomoni kitu ambacho kimewekwa mdomoni na mwengine

Watake washiriki wote kufikiri na kujadili:

? Kwa nini watu hawako tayari kutafuna bigijii ambayo mwingine ametafuna (ambayo ina hatari ndogo ya kiafya na hakuna hatari ya maambukizi ya VVU), lakini mara nyingi
wako tayari kubadilishana majimaji ya mwili ambayo yana hatari kubwa kiafya wanapofanya ngono zembe bila kondomu?

Sehemu B: TATHMINI YA HATARI YA MTU BINAFSI

Hatuaya B1: Toa maelekezo ya tathmini ya hatari ya mtu binafsi kuambukizwa VVU

Sema:

Δ Nitawauliza kila mmoja wenu maswali kuhusiana na uzoefu wako wa mambo yaliyopita. Alama ya kila jibu ni 1 au 0. Andika alama zako, au kama huna peni na karatasi, unaweza kuhifadhi majibu yako kwa kutumia vidole vyako, au kichwa chako. Zoezi hili ni siri sana-mtu yeyote haruhusiwi kutazama anachoandika mwengine na kama unatumia kipande cha karatasi, hakikisha unakitupa baadae.

Δ Kila “Ndiyo” ina alama 1 na kila “Hapana” ina alama 0

Δ Kama huna uhakika kama jibu ni “Ndiyo” au “Hapana” alama 1

Δ Fikiria maisha yako yaliyopita, jijibu maswali yafuatayo wewe mwenyewe kuwa mkweli. Usimtajie mtu yeyote majibu yako, au alama zako.

Hatuaya B2: Uliza maswali

Pitia maswali yote, weka kituo kati ya swali na swali ili washiriki waweze kutafakari na kutambua majibu yao

Swali 1: Umeshawahi, angalau mara moja kufanya ngono bila kutumia kondomu?

Kama “Ndiyo” alama 1. Kama “Hapana” alama 0

Swali 2: Ushawahi kufanya ngono bila kutumia kondomu (na mke wako, mume wako au mtu yeyote) ambae alishawahi kufanya ngono bila kutumia kondomu na mtu yeyote?

Kama “Ndiyo” alama 1. Kama “Hapana” alama 0. Kama huna uhakika alama 1

Swali 3: Katika maisha yako umeshawahi kufanya ngono bila kondomu na wapenzi zaidi ya mmoja?

Kama “Ndiyo” alama 1. Kama “Hapana” alama 0

Swali 4: Umeshawahi kuwa katika mahusiano ya kingono na mpenzi zaidi ya mmoja kwa wakati moja?

Kama “Ndiyo” alama 1. Kama “Hapana” alama 0

Swali 5: Umeshawahi kufanya ngono ukiwa umelewa pombe au dawa za kulevya?
Kama “Ndiyo” alama 1. Kama “Hapana” alama 0
Swali 6: Umeshawahi kufanya ngono bila kondomu na mpenzi mpya usije yake ya maambukizi ya VVU?
Kama “Ndiyo” alama 1. Kama “Hapana” alama 0
Swali 7: Je wewe unauenye uumeshawahi kuwa na mpenzi wa kiume ambae hajahitaji?
Kama “Ndiyo” alama 1. Kama “Hapana” alama 0
Swali 8: Umeshawahi kupata maambukizi yanayosababishwa na ngono (maumivu wakati ya kukojoa, kutoka uchafu au majimaji yasiyo ya kwaida yanayonuka au usaha, kuwashwa sehemu za siri, vidonda au malengelenge, kuvimba mtoki)
Kama “Ndiyo” alama 1. Kama “Hapana” alama 0
Swali 9: Umeshawahi kufanya ngono kinyume na maumbile? (wakati uume unapoingia sehemu ya haja kubwa ya mwanamke au mwanaume wengine)
Kama “Ndiyo” alama 1. Kama “Hapana” alama 0
Swali 10: Umeshawahi kufanya ngono kinyume na maumbile? (wakati uume unapoingia sehemu ya haja kubwa ya mwanamke au mwanaume wengine)
Kama “Ndiyo” alama 1. Kama “Hapana” alama 0
Swali 11: Je umeshawahi kutoa fedha, huduma, au zawadi ili kufanya ngono?
Kama “Ndiyo” alama 1. Kama “Hapana” alama 0
Swali 12: Umeshawahi kufanya ngono bila hii yako?
Kama “Ndiyo” alama 1. Kama “Hapana” alama 0
Swali 13: Umeshawahi kufanya ngono na mtu aliye kumu kumi kumi au zaidi?
Kama “Ndiyo” alama 1. Kama “Hapana” alama 0
Swali 14: Umeshawahi kufanya ngono na mtu uliyemzidi umri kumi kumi au zaidi?
Kama “Ndiyo” alama 1. Kama “Hapana” alama 0

Hatua ya B3: Jadili maana alama/ majibu tofauti
Mtakie kila mtu ajumilise na kukumbuka majibu yake, lakini hawapaswi kumwambia yeyote
Δ Kama umepata 0 katika kila swali, kuna hatari ndogo ya wewe kuambukizwa VVU

Δ Kama alama zako ni 1 au zaidi, kuna uwezekano mdogo wewe kuambukizwa VVU. Ukiwa na alama nyingi zaidi ina maanisha una uwezekano mkubwa zaidi wakuambukizwa VVU. Kujitambua, ni muhimu kwenda kwende kwenye kituo cha huduma za afya cha afya kupata ushauri nasaha na kupinda VVU ni muhimu kwenda na, mwenzi wako, na baadae kutumia kondom kwa usahihi kwa kila tendo la ngono.

Hatua ya B4: Pitia maswali

Rudia maswali uliyouliza na fahanua ni kwa namna gani kila swali linahusiana na hatari ya maambukizi ya VVU, na njia gani za kujikinga. Mfano:

Swali 4: Umeshawahi kuwa katika mahusiano ya kingono na mpenzi zaidi ya mmoja kwa wakati mmoja?
Kuwa na wapenzi wengi (kuwa na mpenzi mmoja au zaidi ya mmoja katika mahusiano) kwa kiasi kikubwa wanazunguza hatari ya maambukizi ya VVU. Mafiga matatu na nyumba ndogo ni mifano ya tabia hatarishi.

SWALI 7: Je wewe unae au ulishawi kuwa na mpenzi wa kiume ambae hajatahiriwa?
Tohara salama kwa wanaume inapunguza hatari kwa mwaname kuambukizwa VVU kwa asilimia 60%. Vile vile inapunguza hatari ya maambukizi ya VVU kwa mwanamke na saratani ya shingo ya kizazi. Kumbuka hii siyo njia pekee ya kujikinga na maambukizi ya VVU, tumia kondomu, kuwa muaminifu kwa mwenza wako au subiri kuanza kufanya ngono.

Swali 8: Ulishawahi kupata maambukizi yanayobabishwa na ngono? (maumivu wakati ya kukojoa, kutoka uchafu au majimaji yasiyo ya kwaida yanayonuka au usaha , kuwashwa sehemu za siri, vidonda au malengelenge, kuvimba mtoki)

Maambukizi mengi yanayobabishwa na ngono husababisha michubuko ambayo huongeza urahisi wa VVU kupenya mwilini

Swali 9: Umeshawahi kufanya ngono kinyume na maumbile? (wakati uume unapoingia sehemu ya haja kubwa ya mwanaume au mwanaume mwingine).

Ngono sehemu ya haja kubwa inaongeza hatari zaidi ya kupata maambukizi ya VVU kuliko ngono sehemu ya kawaida kwa kuwa ni rahisi kupata michubuko ambayo hurahisisha VVU.
kupenya. Kama kondomu ikitumika wakati wa kujamiiana, ni rahisi zaidi kupasuka kutokana na kukosekana kwa majimaji sehemu ya haja kubwa.

**Hatuaya B5: Tathmini ya mafuzo katika zoëzi hili.**
- Unajisikiaje kutokana na zoëzi hili?
- Umejifunza nini?

**SEHEMU C: JINSI YA KUTUMIA KONDOMU YA KIUME NA YA KIKE**

Sehemu ya C1: Jadili picha ya mwanaume anaetafuta kondomu (ichorwe picha yenye dhana hiyo hiyo lakini isiwe na mzungu)

Waoneshe washiriki picha katika ukurasa ufuatao inayomuonesha mwanaume anayetafuta kondomu kila sehemu
- Kitu gani kinatokea kwenye picha?
- Kwa nini mwanaume amedhamiria kuitafuta kondomu?

Wajulise kuwa mwanaume anahitaji kujikinga na hatari ya VVU, maambukizi ya magonjwa mengine ya ngono pamoja na mimba zisizotarajiwa.
- Unafikiri je tabia ya mwanaume?

Wajulise kuwa:
- Mwanaume atakwa amejandaa vyema, hivyo anajua kondomu zake zipo wapi
- Ni vizuri akaendelea kutafuata kuliko kufanya ngono isiyo salama
- Je Unafikiria nini kuhusu tabia ya mwanamke?

Wajulise kuwa:
- Mwanamke amejilaza kitandani tu kusubiri, anaweza pia kusaidia kuitafuta, au alipaswa kujia amejiendaamwenyewe aidha na kondomu ya kike au ya kiume.

**Hatua ya C2: Toa malengo na elezea faida za zoëzi hili**

Waeleze washiriki kwamba:
- Ikitumika kwa usahihi kwa kila tendo la ngono, kondomu ina ufanisi mkubwa wa kuzuia VVU, pamoja na maambukizi ya magonjwa mengine ya ngono na mimba zisizotarajiwa
- Kuelekea mwisho wa zoezihili unapaswa kujamini kutumia kondomu. Ni vizuri kwa wanawake na wanaume kujua namna ya kutumia kondomu ya kike na ya kiume.
Hatua ya C3: Aina za kondomu
Waonyeshe washiriki mifano ya kondomu za kike na za kiume. Zipitishe ili kila mtu azione na kuzigusa. Wakati zinapita fafanua habari ifuatayo:

1. **Kondomu inatumika kama kinga ambapo mbegu za kiume, VVU na baadhi ya maambukizi yasababishwayo na ngono hayawezi kupita. Kama ikitumikakwa usahihikwa kila tendo la ngono, kondomu ni kinga thabiti ya kuzuia maambukizi ya VVU magonjwa ya ngono na mimba zisizotarajiwa.**

2. **Kondomu ya kiume imetengenezwa kwa mpira mwembamba ambayo inafunika uume uliosimama na kuzuia majimaji ya mwanaume kuingia kwenda kwenye uke.**


4. **Tumia kondomu ya kiume au ya kike unapofanya ngono, na usitumie zote kwa pamoja kwa muda mmujo. Aina hizi mbili za kondomu zinafanya kazi kwa ufafanisho kama zitatumika aina moja kwa wakati moja, kwani kutumia pamoja kwa wakati mmoja hupata joto kwa sababu ya msuguano na hatimaye kufanya kuguoza.**

5. **Inasisitizwa kwa kondomu za kike na kiume kutumika mara moja tu kwa kila tendo, na kila tendo la ngono ni lazima kondomu mpya itumike.**

Hatua ya C4: Wapi unaweza kupata kondomu?
Waulize washiriki na usimamie majadiliano kuhusu:

1. **Ni wapi unaweza kupata kondomu katika jamii? (zote za wanawake na wanaume)**
2. **Ni aina zipi hutolewa bure? Ni aina zipi ambazo huzwa? Zinagharimu kiasi gani?**
3. **Ni ugumu gani watu wanakumbana nao katika kupata kondomu?**

Hatuya C5: Onyesho la namna ya kutumia kondomu ya kiume
Chukua kondomu moja isiyofunguliwa na hakikisha muda wake wa matumizi haujaisha, halafu toa kondomu kwenye pakiti, hakikisha hatijaharibika.

**Hiari/sio lazima:** Ficha vinasa vyakula kwa kuonyesha namna ya kutumia kondomu (mfano wa uume, ndizi au chupa ndogo ya plastiki) na omba mtu mmoja kujitolea. Mtazame kama vile Safari ya Mafanikio – Trial Edition (Translated)
April 2015
unataka kutumia uume wake kuelezea. Halafu sema kwuwa unaweza kutumia vifaa vyako mwenyewe na halafu onyesha vifaa vyako. Hii itafanya washiriki wawe na amani na furaha

Unapoeleza kwamba mwanaume asiyetahiriwa anapaswa kurudisha nyuma ngozi inayofunika uume (govi) kabla ya kuvaa kondomu, fafanua tofauti kati ya ngozi ya mbele iliyorudushwa nyuma na ile isiyorudishwa nyuma kwa kuwaonyesha washiriki picha zinazopatikana ukurasa wa 62, kielezo A na B

Onyesha namna ya kuvisha kondomu kwenye uume na washirikishe washiriki katika mchakato wa namna ya kutumia kondomu ya kiume, kwa kutumia maelezo na vifaa vya uume na amani na furaha.

**Hatua ya C6: Kujifunza namna ya kutumia kondomu ya kiume katika makundi**

Wagawanye washiriki katika makundi madogomadogo ya watu wanayopenda kukaa pamoja, mfano gawanya wanawake na wanawake kama kuzingatia katika maelezo na vifaa zinazotatikana wa ukurasa wa 40

Hatua ya C6: Kujifunza namna ya kutumia kondomu ya kiume katika makundi

Toa kondomu mbili zisizofunguliwa kwa kila mshiriki pamoja na kifaa kwa uume, kama kufanya kama kufanya kumbuka kwa kila mshiriki pamoja kwa kifaa kwa uume. Wahamasishe wengine wawatazame wawatanga vita na kufanya kua vifaa wengine wawatazame wa kumbuka kwa kila mshiriki pamoja kwa kifaa kwa uume.
JINSI YA KUTUMIA KONDOMU YA KIUME

1. **Juu kushoto:** Pata kondomu yako kutoka dukani au kwenye kituo cha afya ambapo zimehifadhiwa sehemu salama ambapo hakuna joto kali. Angalia tarehe ya mwisho ya matumizi iliyo andikwa katika kasha la kondomu. Angalia kasha la kondomu ili kuhamisha hakuna nyufa, matunduni au sehemu iliyo wazi. Kama rangi ya kondomu haieleweki au imekauka itupe kwa sababu kuna uwezekano wa kuraswala. Fungwa kasha kwa uangalifu ili kondom isije kuharibika.


3. **Katikati kushoto:** Valisha kondomu kwenye uume kwa uangalifu ili kondomu isije kuharibika.


5. **Chini kushoto:** Baada ya kufikia mshindo, shikilia kondomu katika shina kuzuua uume, na toa uume kwa mwenzi wako mara utakapofikia mshindo.

6. **Chini Kulia:** Shikilia kitambaa au karatasi laini (tishu) kwenye shina la uume na vuta kutoa kondomu bila kumwagia shahawa. Fungwa kwenye kitambaa au karatasi laini (tishu) na ichome au tupa kwenye shimo la takataka. Usitumie tena. Tumia kondomu moja mpya kwa kila tendo la ngono. **Hatua ya C7:** Kuonyesha jinsi ya kutumia kondom ya kike

(Angalizo: Kama kondomu ya kike haipatikani kwenye mazingira, hatua ya C7 na C8 iache na endelea katika matumizi ya kondomu.
Kusaidia kuongoza washiriki kupitia mchakato wa kutumia kondomu ya kike, tumia maelezo yaliyo kwenyekwana ukurasa wa 37-38: “Jinsi ya kutumia kondomu ya kike.”

Chukua kasha la kondomu ya kike na onyesha yafuatayo:

- Kwa usahihi angalia na toa kondomu ya kike kwenyekwana kasha, hakikisha kwamba umeitoa vizuri bila kuhiharibu.

- Elekeza uume uliosimama (onesha kwa kutumia kifaa kielezi cha uume au chupa ya maji ya plastiki) kwenyekwana kondomu (Picha d), Hakikisha haiendi pembeni (Picha e).

- Baada ya kufanya ngono, pale mwanamu anapotoa uume wake, zungusha ringi ya nje na toa kondomu kutoka kwenyekwana (Picha f).

- Kama una nakala za ukurasa wa 42-43: jinsi ya kutumia kondomu ya kike, au kama una vipeperushi vyovyote kuheza matumizi ya kondom wapatie washiriki wanaotaka.

**Hataya C8: Kufanya kwa vitendo jinsi ya kutumia kondomu ya kike.**
Wagawe washiriki katika makundi madogo, wapatie angalau kila mshiriki kondomu moja ya kike, na pata watu wa kuonyesha kwa matendo jinsi ya kutumia kondom ya kike kupitia hatua za matumizi ya kondomu. Watie moyo washiriki kuangalia wengine na kusaidiana ili kila mmoja ajifunze kufanya kwa vitendo.

**JINSI YA KUTUMIA KONDOMU YA KIKE**

Maelezo haya yanaonyesha hatua kwa hatua jinsi ya kutumia kondomu ya kike.

Kondomu ya kike inaweza kuwekwa hadi masaa 8 kabla ya kufanya ngono. Pale inapotumika kwa mara ya kwanza, watu inabidi kuendelea kufanya mazoezi ya kuungiza kondomu inaweza kuingizwa na mwamke mwenyewe lakini pia mwamke wake anaweza kumvalisha.

1. Kabla hujafungua kondomu yakoya kike:
   - Angalia tarehe ya mwisho ya matumizi ambayo imewekwa mbele ya upande wa kasha la kondomu ya kike.
   - Sambaza vilainishi ndani kuzunguka mpira kwenye kasha kwa kutumia mikono yako

2. Kufungua kasha, chana moja kwa moja kuelekea chini kutokea kwenye mshale hadi mwisho na toa kondomu.

   Usitumie mkasi, kisu au meno yako kufungua kasha

4 Unaweza kuingiza kondom katika njia tofauti tofauti. Tafuta sehemu ambayo utakuwa huru. Hii inaweza kuwa umesimama, umekaa, umechuchumaa au umelala chini.

5 gusa mashavu ya nje ya uke wako na yasambaze.


7 Kipande kidogo cha kondomu ikiwemo ringi ya nje vinabaki nje ya uke na vinalalia mashavu ya uke wako, baadhi huzuia viungo vyako vyako vya nje vya uzazi na kufunika shina la uume wa mwenzi wako.

8 kondomu ya kike ndani ya uke wako inaonekana kufunika shingo ya kizazi. kondom ya kike haiwezi kuingia ndani ya shingo ya kizazi bali hufunika tu sehemu hiyo.
Shikilia ringi ya nje wakati mwenzi wako anaingiza uume ndani ya uke wako. Mara uume unapokuwa ndani ya kondomu, hutakiwi kuendelea kushikilia ringi ya nje. Unaweza kuongeza vilainishi ama ndani au nje ya kondom au moja kwa moja kupitia uume wa mwenzi wako pindi kondomu inapoingizwa.

Tafadhali zingatia! Mwenzi wako anatakiwa kuchomoa uume wake haraka endapo;:
• Uume wake umeingia kati ya kondomu na ukuta wa uke. Katika hali hii unatakiwa kuweka vizuri ringi ya nje katika usawa kabla ya kuingiza uume wake ndani ya kondomu.
• Ringi ya nje kama itasukumwa kwenye uke wako. Katika hali hii unatakiwa kutumia kondom nyingine mpya.


SEHEMU D: UKUTA WA KONDOMU

Hatua ya D1: Kujenga ukuta wa dhana potofu kuhusu matumizi ya kondomu
Uliza washiriki na kubungua bongo:
Ni sababu gani zinasababisha wewe au baadhi ya watu kutotumia kondomu?
Andika kila sababu iliyotolewa na washiriki katika karatasi ya A5 au kadi ukiwa na chati pindu, kalamu za maka na zibane katika chati pindu, ubao au
ukuta wa vipingamizi vya kutumia kondomu. Pia unaweza kuweka chini ya sakaifu au uwanja ambapo washeriki wanaweza kuona.

Hatua ya D2: Gawanya timu katika makundi mawili na eleza nini kitatokea

Wagawewashiriki katika makundi/timumawili, kundi/timu moja ikae upande mmoja na kundi lingine likae upande mwingine. Eleza kwamba:

Nitajifanya kuwa mtu ambaye nashikilia pingamizi la matumizi ya kondomu ambayo imeandikwa kati ya mojawapo ya vipande. Mwenzako ataafikiri niko katika mahusiano na wewe na unatakiwa kutumia kondomu, timu yako itakuwaimeshinda kipande. Kama atashindwa, timu nyingine itakuwa na nafasi ya kujaribu.

Hatua ya D3: Mwezeshaji atachukua pingamizi kimoja kati ya vipande na kumchukua mshiriki mmoja na kuwa pingamizi katika matumizi ya kondomu

Chukua pingamizi mojawapo(kwa mfano “hupoteza ladha”) na sema kwa timu mojawapo, kwa mfano:

Kutumia kondomu ni sawa na kula pipi kwenye maganda yake. Kwa hiyo ngoja tufanye nyama. Ni nzuri za kuda na kujerezewa kama kupoteza ladha.

Hatua ya D4: Vunja ukuta kwa kuwafanya washeriki kuondokana na kizuizi kingine dhidi ya matumizi ya kondomu

Rudia hatua ya D3 ikiwa na pingamizi tofauti dhidi ya matumizi ya kondomu (kwenye tofali lingine), anza na timu nyingine. Endelea mpaka matofali yote yatakopokuwa yameondolewa na ukuta umevunjwa.
### Jedwali: Mawazo ajili ya kushughulikia pingamizi za kawaida dhidi ya matumizi ya kondomu

<table>
<thead>
<tr>
<th>Pingamizi</th>
<th>majibu yanayotarajiwa</th>
</tr>
</thead>
</table>
| kupungua kwa akshi/ sawa na kula pipi na ganda | • Nini kitu muhimu katika maisha yako? Ndoto zako ni zipi/Malengo? Je utajiweka kwenywe hatari ya kupata VVU na kuhatarisha ndoto zako kwa sababu tu unajisikia akshi ya mapenzi inakuwa kidogo utumiapo kondomu?  
• Umeshapima VVU?  
• Unajua hali ya mpenzi wako kiafya kuhusu VVU?  
• Ngono inaweza kuwa nzuri zaidi hata kwa kutumia kondomu-Hakuna uoga na unaweza kuendelea kwa muda mrefu |

<table>
<thead>
<tr>
<th>Kondomu zinapasuka</th>
<th></th>
</tr>
</thead>
</table>
| • Kupasuka kwa kondomu kwa ujumla ni matooke ya matumizi yasiyo sahihi. Angalia matumizi ya kondomu, kuwa iko katika hali nzuri (si kavu), na kuwa hewsina ndani ya kondomu ya kiume kabla ya kutumia.  
• Hakikisha hali ya ulaini wakati wa ngono, kwa kuwa kuhakikisha kwa hali nzuri, kwa huo na kusoma mwanamke wakati huo, huwezi kusoma kwa hali yake kwa mpango wao ya kua.  
• Je umetumia mafuta ya mgando au aina ya vilainishi vyenye asili ya mafuta? Hivi husababisha kondomu kupasuka. |

| Naipenda “nyama kwa nyama”, ndiyo nahisi kila kitu | • Kama hutavaa kondomu, hatutaweza kufanya ngono, hivyo hatutaweza kuhisi c hochote. |

| Kondomu ni dhambi kwa dini yangu | • Dini yetu inasema tunatakiwa kuwajibika na kujali.  
• Kwa sasa tuko katika kipindi ambacho kuna magonjwa mengi  
• Papa Benedict XVI alitanganza kuwa matumizi ya kondomu “ni haki kimaadili” au “inaruhisiwa” katika nyakati fulani, kama kuzingatia maambukizi ya VVU. |

| Mpaka muda wa kuivaa, sitakuwa katika hali ya kufanya ngono | • Nitakusaidia kukuvalisha – hii inaweza kuwa sehemu ya maandalizi ya awali |

| Kondomu ni ndogo sana kwangu | • puliza kondomu ya kiume kama puto na uliza “je wewe una uume mkubwa zaidi ya huyo”  
• Onyesha namna ya kuwa kondomu kwa kutumia chupa ya maji  
• Hebu tutumie kondomu ya kike. Ni nzuri kwa mwanaume mwenye uume mkubwa. |
| Kondomu huleta ukavu na maumivu wakati wa ngono. | Ebu tutumie vilainishi.  
•  Muandae mwezi wako awe tayari kufanya ngono na kuwa na maji maji ya kutoshia kuleta ulainishi |
| Kondomu zina matundu madogo ambayo vijidudu vya VVU vinaweza kupita. | kondomu hazina vitundu vyovyote, ni salama aziwezi kupitisha mdudu yoyote |
| unapobeba kondomu ina maana wewe ni Malaya au hauna uaminifu | Kubeba kondomu kunaonyesha kwamba najali na ninawajibika kwa afya yangu na afya ya mwenzi wangu. |
| Ni vigumu kupata kondomu/ bei ghali | Fafanua sehenu mbalimbali ambazo unaweza kupata kondomu na kuwa zinapatikana bila malipo katika vitu vya huduma za afya. Waulize juu ya malengo na ndoto zao, kisha pendelezo kuwa kulinda afya zao ili kuweza kuufika malengo na ndoto hizi ni mhuimu kutumia kondomu ili kujinga na maambukizi ya VVU, magonjwa ya ngono na mimba zisizotarajiwa |

**Hatua ya D5: Pitia somo, vitini vya kondomu na vipeperushi vya matumizi ya kondomu.**

Uliza washiriki kuelezea ni kipinawezi kufanya somo hili. Kama hawatasema ujumbe muhimu katika kisanduku hapo chini, ongeza zile ambazo zimekosekana.

Toa vipeperushi vya matumizi ya kondomu na kondomu za kike/kiume kama utakuwa nazo.

<table>
<thead>
<tr>
<th>ujumbe Mahsusi</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Tathimini hatari zako binafsi za kupata VVU kisha chukua tahadhali madhubuti kwa kupima na kujinga.</td>
</tr>
</tbody>
</table>

Tabia ambazo huzuia au hupunguza hatari ya kupata maambukizi ya VVU ni:

• kuacha ngono
  • kutumia kondomu kwa sahihi kwa kila tendo la ngono
  • kupunguza idadi ya wapenzi wengi
  • Kuepuka ngono kinyume na maumbile
  • Kutahiriwa kwa hiari katika kituwa cha huduma za afya
  • Kupata tiba ya maambukizi ya magonjwa ya ngono
  • Wapenzi kupima VVU na kupewa majibu yao kwa pamoja
  • Kujadili na kukubaliana kutumia kondomu katika mahusiano ya kingoni |
3. Upimaji VVU na Ushauri Nasaha

Somo 3: Upimaji VVU na Unasihi

Ni kwa nini somo hili lifundishwe?

Ifikapo mwisho wa somo hili, washiriki wataweza kufanya yafuatayo:

• Wattajua kwamba inawezekana kwa mwenzi mmoja kuwa na maambukizi ya VVU na mwingine asiwe na VVU hata kama walikuwa wanafanya ngono isiyosalamana
• Watajadili kuhusu upimaji wa VVU na kupata ushauri kwa pamoja kama wenzinakiwekana
• Wenzikwenda pamoja kupima VVU na kupata ushauri na kisha kupokea majibu yao kwa pamoja
• Kuwa wazi kwa wenzizao wao kuhusu hali yao ya maambukizi ya VVU
• Kuwasaidia watu wanaoishi na VVU na si kuwanyanyapaa
• Kupunguza idadi ya wapenzi wanaojihusisha nao kingono

Nini kinatokea, kwa ufupi?

🏆 Sehemu A: Moto wa msituni (dakika 15)

Zoezi hili linaonesha jinsi VVU vinavyoweza kusambaa katika jamii kwa njia ya mitandao ya ngono, zoezi hili litatumia kwa njia ya kusalimiana kwa kutumia mikono kusiko kwa kawaida ili kuwakilisha kufanya ngono isiyosalamana.

🏆 Sehemu B: Upimaji wa VVU na ushauri kwa wenzinakiwe (dakika 15)

Zoezi hili linawafanya washiriki wafikirie kwa njia ya kwanza gani wenzizao wanaoishi na VVU kupata ushauri, na kupata majibu yao kwa kawaida ya kisha kupokea na kisha kufanana na mambo yanayozunguka kwa usaidizi kwa watu wanaoishi na VVU.

🏆 Sehemu C: Ukingoni mwa mto, ndani ya mto (dakika 10)

Kila mmoja anashiriki katika mchezo wa kuchangamsha na kisha kujadiliana mchezo huo una maana gani na ni jinsi gani unahusiana na mambo yanayozunguka unyanyapaa na usaidizi kwa watu wanaoishi na VVU.

🏆 Sehemu D: Ipozi kijitolea Mtu anaokwambia kuwa anashiki na VVU (dakika 20)
Jinsi ya kuendesha somo hili

SEHEMU A: MOTO WA MSITUNI

Mchezo huu uitwao moto wa msituni unaweza kulinganishwa na kuhusishwa na mchezo wa Tuko Wangapi? Tulizana

Hatua ya A1: Onesha njia mpya ya kusalimiana kwa kushikana mikono

Elezea na onesha njia hii mpya ifuatayo ya kumsalimia mtu:

Δ Shika kidevu chako kwa kiganja chako cha kushoto. Pitisha mkono wako wa kulia katika uwazi umaotokana na mkono wako wa kushoto ulioshika kidevu na kuwa tayari kushikana mkono kwa kutumia kiganja chako cha kulia na mtu mwingine ambaye na yeye amewekana mikono yake kama wewe.

Picha: Inaonesha namna mpya ya kusalimiana huko kijiji cha Kerege

Chagua mshiriki mmoja na umwambie:
Δ Usisalimiane na mtu yeyote kwa kushikana nae mkono, fanya tu kuwapungia mkono na kusema mambo!

Chagua washiriki watatu ambao wamekaa au kusimama pamoja

Δ Kila mmoja asalimiane kwa kushikana mkono na mtu mmoja tu. Baada ya hapo pungia tu mkono wengine kama ishara ya kuwasalimia

Sema kwa kila mmoja:

Δ Kila mmoja anaweza kusalimiana kwa kushikana mkono na watu watatu

Δ Kila mmoja sasa aanze kutembea na kusalimiana kwa kupeana mkono na watu wengine

Na wewe Jiunge kati yao na upeane mkono na watu watatu

Baada ya washiriki kumaliza kupeana mikono, waambie wote waende nyuma ya ukumbi/eneo la mafunzo

Hatua ya A 2: Elezea na jadili maana ya zoezi hili

Waambie washiriki

Hebu fikiria kwenyewe, mchezo, mimi ningekuwa na maambukizi ya VVU na wengine wote mnaweza kuja na kujiunga nami hapa. Kisha waulize wale ambao wamebaki nyuma ya ukumbi

Kisha waulize wale ambao wamebaki nyuma ya ukumbi na maae mbele, asimame aje hapa mbele pia. Kutokana na mchezo huu, nanyi pia mmejiweka katika hatari ya kupata maambukizi ya VVU kwa "kufanya ngono isiyo salama" na mtu ambaye "alifanya ngono isiyo salama" na mtu ambaye anaishi na VVU.
Rudia zoezi hili mpaka watu wote wa kuja mbele waish. Mpaka hapa washiriki wote watakuwa wamesimama mbele isipokuwa kwa mtu mmoja ambae hakushikana mkono na mtu yeyote, na watu wawili kati ya watu watatu ambao walikuwa “waaminifu” kama walishikana mikono wenyewe wawili tu


Elezea kwamba wale watu watatu ambao walishikana mikono na kusalimiana na mtu mmoja walikuwa ni “waaminifu”. Waulize kila mmoja wao nani aliukuwa mwenzi wake halafu waulize wenz wa ni mtu gani mwingine alichibika naikidai mikono. Utafanua kwao kwamba japo/ingawa walikuwa waaminifu, lakini bado walikuwa katika hatari ya kupata maambukizi ya VVU kwasababu wenz wao walifanya “ngono” na watu wengine. Kama hao wawili waaminifu wawili tu wenyewe ni kwamba kwa muda hilo bado ni waaminifu katika mahusiano yao. Hata hivyo hawawezi kujua kama mwenzi wake ni mwaminifu na kusalimiana ya kuwa kapata maambukizi ya VVU katika mahusiano yake ya kingono yaliyopita, kwa hiyo bado ni muhimu kwenda pamoja kupima VVU na kupata ushauri nasaha kisha kushirikishana majibu.


Sisitiza kwamba unaopunguza idadi ya wapenzi wa ngono, unaopunguza hatari ya kupata maambukizi ya VVU

Uliza na jadiliana kutokana na mchezo uliocheza

? Je ni watu wangapi mwanzoni walikuwa na maambukizi ya VVU

? Ni wangapi kwa sasa wapo katika hatari ya kupata maambukizi?

? Je hii inatuambia nini kuhusu namna VVU vinavyoweza kusambaa katika jamii yetu
Nini kinaweza kupunguza hatari ya kuenea kwa VVU kama ilivyooneshwa kwenye mchezo?

Je unawezaje kujua hali yako na ya mwenzi wako ya maambukuzi ya VVU?

SEHEMU B: UPIMAJI VVU NA UNASIHI KWA WENZI

Hatua ya B1: Jadili masuala ya upimaji VVU kwa wenzu na yanayohusiana nao

Fafanua kwamba wenzu kwenda pamoja kupima VVU na kupata elimu ya unasihi ndio njia pekee ya kujua kama wewe au mwenzi wako mna maambukizi ya VVU

Uliza kundi/washiriki nini hasa kitawafanya kwenda kupima na kupata ushauri nasaha kama wenzu

Je utamwambia nini mume,mke au mwenzi wako kumshawishi muende kupima VVU na kupata Ushauri nasaha kwa pamoja?

Hatua ya B2: Mchezo wa kumshawishi mwenzi wako muende wote kupima VVU

Waelekeze washiriki kukaa katika seti ya watu wawili wa jinsia tofauti na ambaye walishikana mikono katika mchezo uliopita. Kama seti nyingine wote ni wanawake, muombe mmoja acheze nafasi ya mwanamke na pia kama wote ni wanawake muombe mmoja acheze nafasi ya mwanamke.

Muombe mtu mmoja katika kila seti kunyoosha mkono juu. Waambie hao watakuwa “washawishi”

Muombe mtu mwingine katika kila seti kunyoosha mkono juu. Waambie wao watakuwa “wanaopuuza” ambao wanatakiwa washawishiwe ili waende kupima VVU na kupokea ushauri nasaha kwa pamoja

Mwambie kila mmoja katika seti zao aanzu kuigiza, ambapo wale washawishi wajitahidi kadiri ya uwezo wao kuwashawishi wale wanaopuuza ili wakubali na waende wote kupima VVU. Wale waliowabishi kwenda kupima watatoa mrejesho wa namna walivyofanya kwa wale waliowashawishi. Ruhusu dakika 5 za kukamilisha hilo zoezi
Kisha waombe wakusikilize. Halafu waulize wale waliokuwa wanapuuzia/wabishi kwenda kupima

? Je mwenzi wako alikushawishi mwende wote kupima VVU? Kama ndiyo walizungumza nini mpaka ukashawishika? Je wangesema maneno gani ambayo yangekushawishi zaidi?

Jadilianeni na kisha hitimisha kwa kuzungumzia mawazo/njia bora/nzuri ya kumshawishi mwenzi wako unayehusiana nae katika ngono kwenda pamoja kupima VVU na kupata ushauri nasaha na pia faida za kujua halirako ya maambukizi ya VVU. Hakikisha kwamba masuala yafuatayo unayatzungumzia:

### Faida za wenzi kupima VVU

1. Kujua halirako ya maambukizi ya VVU itakusaidia kupunguza hatari ya kuwaambukiza wengine
2. Kujua halirako ya maambukizi ya VVU kunaweza kupunguza msongo wa mawazo na uoga wa kufikiria labda umaembukizwa kwa kutojua halirako halisi ya maambukizi
3. Ukipima na ukawa huna maambukizi ya VVU, utafanya maamuzi na kuchukua hatua ambazo zitakusaidia kubaki bila maambukizi
4. Hali ya maambukizi ya VVU si lazima iwe sawa na mwenzi wako- Huwezi kujua halirako ya maambukizi kwa kutumia majibu ya VVU ya mwenzi wako
5. Kama utakutwa na maambukizi ya VVU, unaweza kuanza matibabu mapema. Matibabu ya mapema husaidia kupunguza kasi ya VVU kuzaliana na hivyo kuchelewesha mtu kupata UKIMWI. Kina mama wajawazito wenye maambukizi ya VVU, wanaweza kuchukua hatua ya kuzuia maambukizi ya VVU kwa watoto wao ambao hawajazaliwa.
6. Bado inawezekana kupata watoto hata kama mmoja wenu ama wote mna maambukizi ya VVU. Na Kama wote mnajua halirako yenu ya maambukizi ya VVU, mnaweza kufanya tendo la ngono kwa njia ambayo itakuwa na athari ndogo ya kuambukizana VVU kama mmoja ana VVU na mwingine hana na au kumuambukiza mtoto wenu ambaye hajazaliwa au anayenyonya maziwa ya mama
Hatua ya B3: Fikiria una kwenda kupima VVU na kupata ushauri nasaha

? Nyoosha mkono juu kama ungependa kwenda na mume, mke au mwenzi wako unayehusiana nae kingono kwenye upimaji wa VVU na unasihi

Waambie ambao hawajanyoosha mkono kurudi nyuma hatua moja. Wale ambao wataenda kupima waje mbele ili makundi hayo mawili yatenganishwe

Waachie washiriki wafikirie namna wanavyoenda kwenye mchakato wa upimaji na unasihi, halafu muwezeshaji elezea yafuatayo kwa maneno yako mwenyewe:


Kama kuna ambaye hajanyoosha mkono wake, waambie waondoke hapo nawajiunge na kundi la nyuma ambalo hawakwuwa tayari kwenda kupima VVU. Kisha endelea:

Δ Sasa wote (wewe na mwenzi wako) mmeshatobolewa vidoleni ili kutoa damu kidogo kwa ajili ya kupima VVU. Upimaji utafanywa kwa dakika 15. Halafu mshauri nasaha wenu atawakaribisha katika chumba cha ushauri nasaha na kuwaomba wote mkae

? Fikiria majibu yenu wote ya mwanzo yanaonesha hamna maambukizi ya VVU. Mnajisikiaje? Je hii inamaanisha kweli hamna maambukizi ya VVU?

Fafanua kwamba kama mmoja wao alifanya ngono isiyosala na mwenzi mwingine ndani ya miezi mitatu iliyopita ni vigumu kwa virusi kuonekana ndani ya miezi mitatu hiyo, hivyo itawapasa kurudia kupima tena baada ya miezi mitatu

? Fikiria kwamba nimewawambia majibu yenu wote yanaonesha mna maambukizi ya VVU. Mnajisikiaje? Mngefanya nini baadae? Nani mngemwambia majibu yenu?

? Ingekuwaje kama majibu yenu yangekuwa tofaudi, mmoja ana maambukizi na mwingine hana?
Waelezee kwamba kama majibu ya wenzl wote wawili yanonesha wana maambukizi ya VVU au mmoja ana VVU na mwingine hana,bado kuna uwezekano mkubwa kabisa kwa wenzl wote kuishi maisha bora/mazuri ya muda mrefu,na kufurahia kufanya ngono na hata kupata watoto wasio na maambukizi bila hata ya kumuambukiza mwenzi wako asiye na maambukizi ya VVU

Halafu waulize lile kundi lililokuwa nyuma ambao waliamua kutokwenda kupima VVU au wale ambao hawakupata majibu ya vipimo vyao:

? Je mnajisikiaje sasa kutokujua hali yenu ya maambukizi ya VVU?

Hatua ya B4. Tumia simulizi ya kuogelea na mamba kuelezea kuhusu majibu yanayonesha mmoja ana maambukizi ya VVU na mwingine hana

Kama washiriki wanafikiri kwamba haiwezekani kwa mwenzi mmoja kuwa na maambukizi ya VVU na mwingine kutokuwa nayo kwa wenzl ambao mara nyingi wameshiriki ngono isio salama, waelezee kuhusu hali hiyo ukitumia simulizi hii:

Δ Mtu mmoja anafurahia kuogelea na huwa anakwenda mtoti kuogelea mara kadhaa kwa wiki. Kuna mamba mtoti lakini yehe hajui kama kuna mamba na mamba huyo hajawahi kumdhuru- bado. Wanakijiji wanashangazwa maana kuna mtu mwingine kabisa kaumwa na mamba, siku ya kwanza walipoenda kupiga mbizi mtoti. “Labda alikuwa na bahati mbaya na mimi kwangu ilikuwa ni bahati tu” anasema mtu huyo. Lakini kwa kuwa nimejua kuna mamba sasa, nitakuwa naenda mtoti kwa kutumia mtumbwi, kama tahadhari

Waelezee washiriki namna simulizi hii inavyohusiana na hali ya mwenzi mmoja kuwa na VVU na mwingine kutokuwa na VVU. Fafanua kwamba:

Δ Kuogelea mtoti kunawakilisha ngono isio salama
Δ Mamba anawakilisha VVU
Δ Mto unawakilisha mwenzi wao ambaye anaishi na VVU
Δ Kwenda mtoti ukiwa ndani ya mtumbwi inawakilisha ngono iliyo salama, kwa kutumia kondomu kwa usahihi
Δ Wakati wengine wanaweza kuwa na bahati mbaya wanajikuta na maambukizi ya VVU baada ya kufanya ngono isio salama mara moja au mara chache, inawezekana kwa wengine kufanya ngono isio salama mara nyingi kwa muda mrefu na mtu mwenye VVU, bila kupata maambukizi.

Hatua ya B5: Jadiliana kuhusu upimaji wa VVU kwa wenzl unapopatikana
Waulize washiriki kama wanajua mahali ambapo wanaweza kwenda kwa ajili ya kupimaVVU na kupata ushauri nasaha katika jamii, eneo la karibu au mji wanaoishi. Jadiliana ni maeneo gani mengine mbadala ambayo washiriki wanaweza kupata huduma za upimaji na ushauri nasaha.

Wapatie washiriki majina ya vituo vya afya vinavyotoa huduma ya kupima VVU, mahali vilipo, muda wa kufungua vituo na gharama za upimaji VVU na ushauri nasaha. Unaweza pia kuwapa maelezo ya vituo vingine katika miji mingine nje ya maeneo wanaoishi washiriki, kwa wale watu wanaopenda kwenda mbali zaidi kufuata huduma hiyo kwa sababu ya hofu/wogawa uwepo wa usiri wa majibu yao.

Tumia fomu ya kitaifa ya rafiki kuwaunganisha watu kwenye sehemu ambazo wanaweza kupata huduma ya upimaji VVU na ushauri nasaha.
SEHEMU C: UKINGONI, ndani ya MTO

Hatua ya C1: Cheza “ukingoni, ndani ya mto”

Weka sakafuni au kwenye ardhi, kamba yenye urefu wa mita 8 katika mstari ulionyoka. Waambie washiriki wajipange kwenye upande mmoja wa kamba hilo. Kisha elezea na onesha kwa vitendo mchezo huo


△ Lakini kama nikisema (“juu ya daraja”) msisogee. Kama mtu yeyote atasogea wakati hawakutakiwa kusogea, watatolewa nje ya mchezo na watalazimika kukaa chini. Kama kuna yeyote atasimama tu wakati wanatakiwa wasogee, wao pia watatolewa nje ya mchezo

Anzisha mchezo. Toa maelekezo haraka. Yeyote akikosea mwambie atoke nje ya mchezo na akae chini. Endelea na mchezo mpaka kila mmoja atoke

Hatua ya C2: Kufafanua kwa ufupi na kutafsiri mchezo


? Waulize wengine: Je sisi tulifanya nini mara tu wenzetu wa mwanzo walipotolewa? Elezea kwamba watu wengi walimcheka na kumnyoshe vidole mtu wa mwanzo alipotakiwa
kutoka

? Waulize wote ambao baadaye walikosea pia na wakatoka mchezoni wakati mchezo ukiendelea: Je ulijisikaje baada ya kutolewa, wakati wewe ulimcheka mwenzo alipotolewa mwanzoni kabisa mwa mchezo?

Elezea kwamba:

Δ Mchezo huu unatuonesha kwamba’’ sisi wote tumo ndani ya mtumbwi mmoja’’ Hakuna tofauti kati ya ‘‘sisi na wao’’. Wote tunaweza kuwa hatarini tusiwanyanyapae au kuwanyoshe vidole wale wote waliopata athari ya jambo lolote kwa mfano wanaoishi na VVU ama wenyewe ulemavu

Δ Ni muhimu kwa watu kujisikia huru na vizuri ili waweze kuwa wazi na kuelezea hali zao za maambukizi ya VVU kwa weni wao na hata kwa watu wengine katika jamii yao. Kama watu watawacheka na kwanyosheh vidole kama ilivyotokea katika mchezo huu, watu wanaoishi na VVU bila shaka wataamua kukaa limya. Watajihihi hakuna anayewaji ali na watakasirika vile wanavyonyanyapaliwa na kubaguliwa na hivyo kupelekea kuambukiza watu wengine VVU kwa makusudi. Hebu tuangalie sisi kama wanajamii ni namna gani tutaweza kuwakubali na kwasaidia watu wanaoishi na VVU.

Hatua ya C3: Rudia na kila mmoja kumsaidia mwenzake

Waambie kila mmoja asimame tena katika duara na kushikana mikono au kuunganisha mikono (kama washiriki watakuwa huru kufanya hivyo)kama ishara ya kuungana na kusaidiana. Waelezee sasa wanaweza kuwazia watu wao kwa wasisogee pale ambapo hawatakiwi kusogea.

Jaribu na uone jinsi ushirikiano huu unavyofanya kazi, waambie:

Δ Ndani ya mto… ukingoni .. juu ya mto

Waulize unajisikiaje pale unapopata ushirikiano badala ya kuchekwa na kunyooshewa vidole. Onesha kwamba kwa ushirikiano wa namna hii katika jamii, watu watakuwa huru zaidi na kuwa wazi kuzungumzia kuhusu VVU na masualaengine

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Sehemu D: mchezo wa ushirikiano wa maonyesho ya jukwaa: pale mtu anapokwambia anaishi na VVU

Hatua ya D1: Tambulisha kusudi la mchezo huu

Elezea kwa washiriki wote:

Δ Moja ya sababu kubwa zinazowafanya watu wasite kuwa wazi kuhusu hali zao za kuishi na VVU ni kwa sababu wanaogopa matendo hasi na yenye unyanyapaa watakayotendewa. Shughuli itakayofuata inahusu kujenga stadi na mikakati ya kuwasaaidia rafiki au ndugu ambao tayari wameelezea hali yao ya kuishi na VVU kwako

Hatua ya D2: Pata mtu wa kuigiza na wewe na waelekeze washiriki kusimamisha mchezo pale wanapoona matendo yako si mazuri kwa mtu anayejiweka wazi kuhusu hali yake ya maambukizi

Muombe mtu ajitolee (mshiriki au mwezeshaji mwenzio) kuigiza mchezo mfupi na wewe. Waambie:

Δ Fikiria kuwa sisi ni marafiki wazuri. Hivi karibuni umepima na ukakutwa una maambukizi ya VVU na unataka kuongea na mtu kuhusu hili, na ukaniambia mimi Sema kwa kila mmoja:

Δ Angalia igizo na namna ninavyomuitikia rafiki yangu aliponiambia kwamba anaishi na VVU. Kama nitasema neno baya au ukiniona ninafanya jambo ambalo halioeshi kumsaidia, nyooosa mkono wako mara moja au niambie “acha”

Hatua ya D3: Cheza mchezo kwa mara ya kwanza

Igiza mchezo. Cheza nafasi ya rafiki mwema (kama katika picha A) mpaka wakwambie wazi kwamba wanaishi na VVU. Kisha igiza katika namna mbaya na kutokuwa na ushirikiano/msaada. Kwa mfano kuwakimbia/kukaa mbali nao, kukataa kuwagusa, kuwatuhumu kwamba...
Hatua ya D3; Igiza mchezo tena ukiwa na mshiriki anayamuakilisha rafiki na kubadilisha yale rafiki anayofanya na kusema

Elezea kwa kila mmoja:

Δ Mchezo utachezwa tena na utaanza kama mwanzo, lakini ukiwa na rafiki mpya anayejaribu kuwa mwenye kusaidia zaidi

Δ Angalia mchezo. Kama “rafiki” mpya anafanya au kusema chochote ambacho unadhani sio njia bora kuonyesha ushirikiano, nyoosha mkono wako au sema “acha”

Mara tu mshiriki yeyote akinyanya mkono au kusema “acha”, simamisha mchezo na uliza:

? Kwanini umesimamisha mchezo?
? Je ni kipi rafiki aseme au kafanya tofauti?

Waruhusu washiriki wajibu, kisha mwambie mshiriki ambaye ana mapendekezo yake ambayo rafiki angeweza kuyatumia kufanya au kuongea kwa tofauti na awali:

Δ Njoo na uchukue nafasi ya rafiki kisha onesha kwa vitendo kile unachopendekeza rafiki aseme na kufanya.

Hatua ya D4; Rudia hatua D3 kwa mara nyingine na washiriki wengine katika nafasi ya rafiki

Rudia hatua D3 kwa mara nyingine, na washiriki tofauti wakiigiza katika nafasi ya rafiki. Unaweza kundelea kuigiza pale igizo lilipoisha na huitaji kuigiza tena tangu mwanzoni mwa mchezo kila wakati. Ni vizuri kwa wake na waume kushiriki kuigiza nafasi ya rafiki

Kama mshiriki hayuko tayari kucheza nafasi ya rafiki, yeye anaweza kutoa mawazo yake na mwingine akayachukua na kuyaigiza

Hatua ya D5: Jadili na taja kwa ufupi njia bora za kumsaidia mtu ambaye ameamua kuweka wazi hali yake kwako ya kuishi na VVU

? Je tumejifunza nini kuhusu njia za kuwasaidia wale waliomu kuwa wazi kuhusu hali yao ya kuishi na VVU
Jadili majibu na sisitiza mambo muhimu yafuatayo:

**Mambo ya kufanya na kutokufanya kama mtu anakwambia anaishi na VVU**

**Fanya Yafuatayo**
- Sikiliza bila kuwakatiza wanapoongea
- Uliza maswali na waache wazungumze kuhusu hisia na makusudio yao
- Kama wakikaa kimya au kuanza kulia, kaa nao na waambia “ni sawa na ukiwa tayari tunaweza kuongea zaidi”
- Watie moyo wajitambue kwamba bado wana maisha marefu yenye ustawi na afya njema

**Usifanye Yafuatayo**
- Usiondoke- Hawana hatari yoyote labda kama utafanya nao ngono bila kinga
- Usizungumzie uzoefu na masuala yako binafsi
- Usiwaambie unajua jinsi wanavyojisikia- Hujui!
- Usiwaambie nini cha kufanya. Ni vema kuwauliza maswali ambayo yatawasaidia kuaumphu nini wafanye wenyewe
- Kumwambia mtu yeyote- wamekuja kwako kwa uhakika na kukuamini, na kama utamwambia mtu mwingine itaondoa uaminifu walionao kwako

**Hatua ya D6: Fanyeni kwa vitendo katika jozi/makundi madogo**

Wagawe washiriki katika jozi ili kila mmoja aweze kushiriki kwa vitendo yale ambayo wamejifunza kwa wakati mmoja

Δ *Igiza mchezo uliouona tena katika jozi zenu. Anayecheza nafasi ya rafiki lazima afanye kila jithada kutoa msaada mkubwa. Mtu aliyecheza nafasi ya anayeishi na VVU kisha anatoa mrejesho kwa mtu aliyecheza nafasi ya rafiki. Mrejesho unajumuisha wapi wamefanya vizuri na kama kuna maoni yoyote ya namna ambavyo wangefanya kwa ajili ya kupata uhirikiano zaidi*

Δ *Badilishana majukumu na kisha rudia*

**Hatua ya D7. Hitimisha somo, sisitizia jumbe muhimu na tambua huduma za kusaidia zilizopo**
Waulize washiriki wamejifunza nini kutoka kwenye somo hili. Hakikisha wamejifunza na kuelewa vizuri sana ujumbe muhimu hapo chini.

Wasisitizie kwamba familia na wanajamii ni muhimu wakatoa ushirikiano mkubwa kwa watu wote wanaoishi na maambukizi ya VVU. Hata hivyo inaweza kuwa na umuhimu zaidi kuhudhuria makundi ya kusaidiana au klabu za waliokwisha pima VVU. Tumbulisha wapi klabu au makundi ya kusaidiana yanapatikana katika jamii tunayoishi natoa maelezo ya kina kuhusu mahali yalipo, muda gani yanafanyana kazi na namna ya kujiunga.

Tumia fomu ya kitaifa ya rufaa (kiambatisho 1) kuwaungisha watu katika huduma hizo:

### Ujumbe Muhimu

- Inawezekana kwa wenzi kuwa na majibu yasiyofanana ya VVU (mmoja kuwa na VVU na mwingine kutokuwa na VVU) hata kama wamekuwa wakifanya ngono isiyo salama
- Jadili suala la kupima VVU na kupata ushauri nasaha kwa pamoja
- Nendeni pamoja kupima VVU na kupata unasihi kwa pamoja na mpokee majibu
- Weka wazi hali yako ya maambukizi ya VVU kwa wenzi wako wote ili wajue na wao pia waweze kupima VVU na kama ikibidi wapate tiba ya VVU na magonjwa ya ngono
- Saidia na usiwanyanyapae wale wote wanaoishi na VVU kwenye jamii yako. Hii inatia moyo na kushawishi kuwa muwazi kuhusu VVU na utayari wa kwenda kupima na kupata tiba kama unastahili kuanzishiwa tiba, hivyo kupunguza hatari ya maambukizi zaidi.
4. Tohara ya Hiari ya Kitaalamu kwa Wanaume

**Somo 4: Tohara ya Hiari ya Kitaalamu kwa Wanaume**

Ni kwa nini somo hili lifundishwe?

Ifikapo mwisho wa somo hili, washiriki watakuwa na uwezo wa kufanya yafuatayo:

- Kufahamu kuwa tohara ya hiari ya mwanaume hupunguza hatari ya kupata maambukizi ya VVU kwa asilimia 60%
- Kufahamu faida za tohara kwa wanaume na wanawake
- Kufahamu kuwa tohara ya hiari ya wanaume haizuii maambukizi kwa asilimia 100%, bali njia zingine za kuzuia maambukizi lazima zitumike, mfano kondomu
- Kuamini kuwa tohara ya hiari ya wanaume ni kwa kila mtu yaani watu wazima, waliooa na wato na watoto
- Kujadili na wenzi wao juu ya tohara ya hiari ya wanaume na kwashawishi wenzi hao juu ya faida zake
- Kupata huduma ya tohara ya hiari ya wanaume katika vituo vya huduma zinazotolewa na wataalamu wa afya
- Kutokufanya ngono na wenzani wao kwa kipindi cha wiki 6 mara baada ya kutahiriwa

Nini kinatokea, kwa ufupi?

**SHEHEMU A: Kuelewa tohara ya hiari ya wanaume ni nini na faida zake (dakika 20)**

Maana ya tohara ya hiari ya wanaume na faida zake zimeelezwa na kufanuliwa kwa kutumia picha ya uume wenye govi (ambao haujatahiriwa) na uume uliotahiriwa.

**SEHEMUB: Hadithi ya mchezaji wa mpira wa miguu(dakika 10)**

Mwezeshaji anasimulia washiriki hadithi fupi ya wachezaji wawili wa mpira walioumia na jinsi gani mmoja kati yao hakuweza kungojea apone vizuri majeraha kabla hajaanza tena kucheza ambapo mwingine aliweza kungojea apone majeraha kwa msaada wa mwanamke mmojaaliyempenda.

Hadithi hii inachambuliwa na kutafsirwa kwa kulinganishwa na kutofanya ngono kwa kipindi cha wiki 6 baada ya kutahiriwa na umuhimu wa kupata msaada toka kwa mwenzi wako.

**SEHEMU C: Kuta za tohara ya hiari ya wanaume(dakika 30)**
Sehemu hii inatubainisha vikwazo, pingamizi au dhana potofu za baadhi ya watu dhidi ya tohara ya hiari ya mwanaume na kumjengea stadi/uwezo wa kumfanya mtu ashawishike kwenda kupata huduma ya tohara. Washiriki katika sehemu hii hutaja vikwazo, pingamizi na dhana mbalimbali walizonazo au wanazosikia toka kwa watu wengine dhidi ya huduma ya tohara ya hiari. Muwezeshaji huandika vikwazo na sababu zinazotajwa kwenye karatasi/kadi na kuuzitundika kwenye kuta au kuzitandaza chini. Kisha muwezeshaji husoma vikwazo au sababu hizo moja baada ya nyingine na kuwataka washiriki katika timu mbili zinazoshindana, kutoa hoja zinazokinzana na vikwazo au sababu zilizotajwa dhidi ya huduma ya hiari ya tohara ili wasimamizi wa tohara wote kwa pamoja waweze kupata ulewa na ufumbuzi wa vikwazo au sababu zilizotajwa.

**Muda:** saa 1

**Vifaa:**
- Picha ya uume wenye govi (usiotahiriwa)
- Vipande 10 vyanyo kwa kadi
- Kalamu ya maka
- Gundi ya karatasi
- Vipeperushi vyenye maelezo ya tohara ya hiari ya wanaume (kama vipo)

**Maandalizi**
Tafuta ni huduma zipo za tohara ya hiari ya wanaume zilizopo katika eneo la jamii husika, siku na muda gani hutolewa na kama huduma hiyo hutolewa kwa makundi maalum ya wanaume kama watu wazima, waliooa nk. Mojawapo ya kitu muhimu kinachowavutia watu wazima na waliooa kwenda kupata huduma ya tohara ya hiari ni ile hali ya usiri na muda wa upatikanaji wa huduma na mahali tofauti pasipo kuchanganyana na vijana, mfano, wakati wa jioni, siku za mwisho wa wiki nk. Kama mahali hapa hakuna huduma hiyo kwa watu wazima basi kama inawezekana zungumza na wasimamizi wa sehemu za uholeaji wa huduma za afya (kliniki) kuhusu uwezekanaa wa kuweka huduma hiyo itakayo walinga watu hao hilivyohusiana na kupa huduma hiyo.

Hiari/sio lazima: ulizia katika kituo cha afya kama kuna mhudumu wa afya(muuguzi au daktari) atakayeweza kushiriki katika kipindi hiki na kujibu maswali ya kitaalamu.
Hiari/sio lazima: kusanya/toa nakala za vipeperushi vyenye taarifa za ufupi kuhusu tohara ya hiari ya wanaume

**Jinsi ya kuwezesha somo hili**
SEHEMU A: KUELEWA TOHARA YA HIARI YA WANAUME NI NINI NA FAIDA ZAKE

Hatua ya A1: Nini tunachoelewa na kufikiri kuhsusu tohara ya hiari ya wanaume.

Waulize washiriki kujadili kitu chochote wanachofahamu au walichosikia au wanachofikiri kuhusu tohara ya hiari ya wanaume. Aidha waulize kama wana taarifa zozote za kitaalamu au za kimila, kitamaduni, kiimani za kidini zinazohusiana na tohara.

Nukuu na Kumbuka wanayoyazungumza na kisha toa ufafanuzi wa kina wakati wa majadiliano.

Hatua ya A2: Onesha tofauti kati ya uume usiotahiriwa na uliotahiriwa na na kufafanua kwamba tohara ya hiari ya mwanaume ni upasuaji mdogo wa kuondoa ngozi inayofunika kichwa cha uume.

Waoneshe washiriki picha za uume usiotahiriwa na uume uliotahiriwa. Waulize washiriki ulewea wao kuhusu huduma ya tohara inavyotelewa. Fafanua kwamba huduma hiyo uanza na ushauri nasaha kuhusu taratibu zote za uotoaji wa huduma hiyo kuhakikisha wanajua nini kitakachofanyika na kukubali kuendelea na mchakato wa kupata huduma hiyo.

Tohara ya hiari kwa wanaume inafanyika kwa kuchomwa sindano ya ganzi na inachukua kama dakika 20 kumalizika. Inahusisha ukataji wa ngozi ya mbele nyuma kidogo ya kichwa cha uume na kuondoa ngozi inayofunika uume.
Onesha kwenye picha ya uume usiotahiriwa sehemu inayokatwa.

**Hatua ya A3: Kueleza kwa nini ni rahisi zaidi kwa mwanaume asiyetahiriwa kupata maambukizi ya VVU na HPV wakati wa tendo la ngono**

Waoneshe washiriki picha zenye kuonesha muonekano wa uume.

**Picha A:** uume ambao haujatahiriwa. Kichwa cha uume kimefunikwa na ngozi. Waeleze kwamba:

△ Huu ni uume usiotahiriwa.

△ Wakati wakufanya ngono ngozi inayofunika uume inajivuta kwa nyuma kama inavyoonekana kwenyewe Picha B. Na hiyo sehemu ya pinki inawakilisha sehemu ya ngozi laini ya ndani ya uume, ambayo ni rahisi sana kwa kupata maambukizi ya VVU. Ngozi ya ndani ya uume ina chembecheme nyingi ambazo VVU ni rahisi kuambukiza.

△ Kama mwanaume atafanya ngono bila kinga (bila kondomu) na mwanamke anayeishi na VVU, sehemu ya ndani ya ngozi ya kichwa cha uume inakuwa wazi kusuguana na majimaji yaliyomo ndani ya uke. Hali hii hupelekea uwezekano mkubwa wa kupata maambukizi ya VVU.

△ Na ikiwa ngozi hii itaondolewa kama inavyonesha kwenyewe picha C, hii itapunguza uwezekano wa kupata maambukizi kwa asilimia 60%– hii siyo 100%! maana kuna sehemu nyingine katika uume ambayo VVU wanaweza kupata, kwa hiyo njia nyingine za kujikinga usipate maambukizi kama vile kondomu bado ni muhimu kuendelea kutumika baada ya tohara.

△ Mwanaume ambaye hajatahiriwa, ngozi inayofunika kichwa cha uume pia hufadhadi vijidudi vinavyoleta saratani ya shingo ya kizazi (HPV), hivyo kuweza kumuambukiza mwenzi wake vijidudi hivyo na kumuweka katika hatari ya kupata saratani ya shingo ya kizazi. Hivyo basi tohara hupunguza uwezekano wa kumuambukiza mwenzi wako vijidudi hivyo na kumkinga na saratani ya shingo ya kizazi.

**Hatua ya A4: Fafanua ni mahali gani mtu anaweza kupata huduma ya tohara ya hiari ya wanaume katika jamii ambayo washiriki wanaishi.**

Waulize washiriki ni mahali gani mtu anaweza kwenda kupata huduma ya tohara ya hiari ya wanaume katika maeneo yao na ni siku gani na muda gani huduma hii hutolewa. **Wataarifu kuhusu upatikanaji wa huduma hii kama hawafahamu.**
Waulize kama wanajua huwagarimu kiasi gani kupata huduma hiyo. Hakikisha kama huduma hii hutolewa bure au kiasi gani huchangiwa na serikali katika huduma za tohara ya hiari kwa wanaume
  • Waulize kama wanafahamu ni mahali gani na wakati gani wanaume walioua na wenye umri mkubwa wanaweza wakapata huduma ya tohara kwa nyakati tofauti pasipo kuchanganyana na vijana. Wataarifu kama hawafahamu

Hatua ya A5: Faida, athari na maswali kuhusu Tohara ya hiari ya wanaume
Waulize washiriki ni zipi wanafikiri ni faida na athari za tohara ya hiari ya wanaume.Kisha fafanua zaidi.
Pamoja na kupunguza uwezekano wa kupata maambukizi ya VVU na HPV, faida zingine ni;
  • Hurahisisha katika usafishaji wa uume
  • Hupunguza uwezekano wa kupata maambukizi kama kawodo, malengelenge sehemu za siri na magonjwa mengine ya ngono.
  • Hupunguza uwezekano wa kupata kansa ya uume
  • Humpunguzia mwenzi wako wako wa kike uwezekano wa kupata saratani ya shingo ya kizazi
  • Wanawake wengi hupendelea wanaume waliotahiriwa hujisikia raha kufanya nao ngono
Kutahiriwa kwa mwanaume ni rahisi na salama, madhara yake ni kidogo mno. Sana sana ni maumivu madogo na ya muda mfupi na ile hali ya kuacha kufanya ngono kwa wiki 6 baada ya kutahiriwa.

SEHEMU B: Hadithi ya mchezaji wa mpira wa miguu
Hatua ya B1: Wasimulie washiriki hadithi juu ya mchezaji wa mpira wa miguu aliyeumia ili kufafanua umuhimu wa kuacha kufanya ngono hadi wiki 6 na umuhimu wa mwenzi wako kukusaidia baada ya kutahiriwa.
Aidha soma hadithi hii chini au ileeze kwa maneno yako

HADITHI
Siku moja katika mechi ya mpira wa miguu kati ya yanga na simba, wachezaji wawili waliumia kwenywe mchezo huo na kupata majeraha kila mmoja.
  Mmoja kati yao aliwauka si mvumilivu na kabla majeraha yake hayajapona sawasawa alijiona yuko vizuri na akawa na shauku ya kucheka mchezo uliofuata na akalazimisha kucheka mechi hiyo. Hakwezea kucheka vizuri kama alivyotarajia na matokeo yake aliheruhiwa tena na kutolewa nje ya mchezo hata kabla ya kipindi cha mapumziko.
Mchezaji mwingine aliyejeriwa, alingojea mpaka wiki 6 za kupona vizuri kabla ya kucheza mchezo mwingine. Alikuwa mzima kwa 100% na kucheza vizuri mechi hiyo na alishinda goli la ushindia la mwisho.

Waulize washiriki hadithi hii ina maana gani ukiihusisha na tohara kwa wanaume? Kama majibu hayakujibiwa vizuri, fafanua kuwa ni muhimu kuacha ngono kwa wiki 6 baada ya kutahiriwa ili kusubiri upone kabisa kila kupona vizuri kabla ya kucheza tena.

Endelea na hadithi


Waulize washiriki mwendelezo wa sehemu hii ya hadithi una maana gani? Kama majibu hayakujibiwa vizuri, fafanua ni kwa namna gani ni muhimu muwezaji wa mweza au mke kumsaidia na kumfariji mweza wa kichezaji wake kucheza tena kupona vizuri duka.

SEHEMU C: Kuta za tohara ya hiari ya wanaume

Hatua ya C1: Jenga kuta za vikwazo kwa tohara ya hiari kwa wanaume

Waulize washiriki na wabungue bongo

? Kuna sababu gani zinazofanya wanaume wengine wasiende kwa kila kucheza tena ya hiari kwa wanaume?

Sababu zinaweza zinaweza kuongeza maumivu, kuchezeza kupona, siyo sehemu ya tamaduni setu au dini, aibu au kupoteza umaarufu kama mwanaume aliyoea, hofu ya kuchezeza kupona kwa kila wengine wa kutofa na kutofanya ngono, hisia kukosa uamini kwa mweza wa kichezaji wake wa kike, uume ukisimama nyuzi kukatika.

Andika kila sababu iliyo kwa washiriki wengine kwa kutumia wengine kwa kichezaji wake wa kweza wa kichezaji kwa wanaume. Unaweza kuwa “matofali” kwa wanaume kwa wanaume.

Ongezea kama “matofali “10 mengwengi yanayonesha vikwazo vingine, chini na juu ya lile la kwa kichezaji wa kichezaji wa kichezaji wa kichezaji wa kichezaji wa kichezaji wa kwa wanaume.

Hatua ya C2: Gawa kundi katika timu mbili na eleza nini hitafuta
Gawa kundi "kati kwenda chini" kwenyewe timu mbili, kila moja ikae upande mmoja wa chumba.
Eleza kwamba:
Nitajifanya kuwa mtu aliyeshika vikwazo vya tohara ya hiari kwa wanaume vilivyo andikwa kwenyewe tofali moja. Timu yako inapaswa kunishawishi ni tahirüwe pamoja na kuwa na kikwazo. Kama washiriki wa timu yako watafanikiwa kwenda kikwazo na kunishawishi kufanya tohara ya hiari kwa wanaume, timu yako imetaka imepata tofali moja. Kama itashindwa nafasi itatolewa kwa timu nyingine kujariibu.

Hatua ya C3: Muwezeshaji huchukua kadi/karatasi iliyoandikwa kikwazo/sababu na kuwaombwa washiriki wa timu moja kutoa hoja ni kwa vipi wanaweza kukabiliiana na kikwazo au sababu iliyoandikwa kwenyewe kadi/karatasi

Chukua kadi/karatasi moja iliyoandikwa kikwazo au sababu (mfano Tohara siyo sehemu ya utamaduni wangu) na Waambie upande mmoja wa timu, mfano:

? Tohara ya hiari ya wanaume siyo sehemu ya utamaduni wangu. Usitarajie kuwa ninaweza kwenda kinyume na utamaduni wangu!! wewe unaweza?

washiriki wa timu wanapaswa kujariibu kujenga hoja za kukushawishi kuwa tohara ni ya muhimu sana kwa afya yako, na kwamba ni jambo la kawaida kwa tamaduni kubadilika kulingana na wakati na kama kuna sababu za msingi. Kama hoja zao ni za kukushawishi ondoa neno “siyo utamaduni wangu” na wapatie hilo tofali kikundi. Kama utaona hoja zao siyo za kukushawishi, toa nafasi kwa timu nyingine kukushawishi kuhusu suala hilo. Na baadae changia mawazo ya ziada uliyonayo na kutoka kwenye jedwali hapo chini njia za kuondokana na vikwazo vya tohara ya hiari kwa wanaume.

Hatua ya C4: Bomoa ukuta kwa washiriki kujenga hoja za kukabiliiana na vikwazo vya tohara

Rudia hatua ya C3 kwa kikwazo kingine(kwenyewe tofali lingine), anza na timu nyingine. Endelea mpaka matofali yote yatakuwa yameondolewa na ukuta kubomoka.

Jedwali
Mawazo/njia za namna ya kukabiliiana na vikwazo au sababu za kuzuia kupata huduma ya tohara ya kitaalamu.

<p>| Kikwazo/Sababu | Namna ya kukabiliiana na kikwazo/sababu na mapendekezo |</p>
<table>
<thead>
<tr>
<th>Siyo schemu ya utamaduni wangu</th>
<th>Uliza aliye na simu ya mkononi, kisha waeleze kuwa utamaduni wao sasa uma badiikina na kukubali matumizi ya simu ya mkononi, hivyo inaweze kana mabadiliko kama haya yako toke kwenye vitu na mambo mengine pia.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tohara ya hiari ya wanaume ndi suala la waisilam zaidi na siyo kwa wakristo</td>
<td>Yesu alitahiriwa na kuna maandiko ya kibiblia juu ya tohara; Mwanzo 17:10 Hili ndilo agano langu utakalolishika, kati ya mimi na wewe na wewe na uza wo baada yako, kila mwanaume wa kwenu atatahirwa.</td>
</tr>
<tr>
<td>Haiwezekani kukaa wiki 6 bila kufanya ngono</td>
<td>Luka 2:21 Hata zilipotimia siku nane za kumtahiri aliitwa jina lake Yesu kama alivyoitwa na malaika kabla hajachukiwa mimba.</td>
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<tr>
<td>1. Uliza, Je huko nyuma umeshawahi kukaa bila ngono kwa wiki 6? Kama jibu ni ndiyo, basi waambie kumbe inaweze kana, kisha</td>
<td></td>
</tr>
<tr>
<td>2. Uliza, Nini kinawea kutokea kama hufanya? Kama muda wa wiki 6? Kama watajibu kuwa watajihisi kuchanganyiwa, jabili nao namna ya kukabiliana na kuchanganyiwa huku</td>
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</tr>
</tbody>
</table>
Hatua ya C5: Mapitio ya waliyojifunza, maswali, vipeperushi na rufaa ya kwenda kwenye tohara

- Waulize washiriki kama wana maswali au masuala yoyote kuhusu tohara ya hiari ya wanaume.
- Waulize washiriki kueleza walichojifunza katika somo hili. Na kama hawakuweza kufafanua ujumbe wote muhimu ndani ya kisanduku hapo chini, ongezea kile ambacho hawakusema.
- Wagawie washiriki vipeperushi au machapisho yenye maelezo ya tohara ya hiari ya wanaume kama unayo.
- Kamilisha kwa kujaza fomu ya rufaa (kiambatisho 1) kwa washiriki waliokubali kwenda kupata huduma ya tohara ya hiari ya wanaume.

UJUMBE MUHIMU

- Tohara ya hiari ya wanaume hupunguza uwezekano wa mwanaume kupata maambukizi ya VVU kwa takriban asilimia 60%. Pia huboresha usafi na hupunguza uwezekano wa kueneza magonjwa ya ngono.
- Tohara ya hiari ya wanaume ina faida nyingi kwa wanawake ikiwa ni pamoja na:
  - Hisia kubwa na raha wakati wakufanya ngono
  - Kupunguza hatari ya kupata kansa ya shingo ya kikazi na magonjwa mengine ya ngono.
  - Husaidia kupunguza hatari ya kupata maambukizi ya VVU kama wenzu wao wana mahusiano na wapenzi wengine.
- Tohara ya hiari ya wanaume haina ufanisi kwa asilimia 100% katika kuzuia maambukizi ya VVU, hivyo basi njia zingine za kuzuia maambukizi lazima zierendelee kutumika, mfano kondomu
- Ni vizuri na hakuna tatizo lolote kwa wanaume, watu wazima, waliooa na wenyewe watoto kwenda kupata huduma ya tohara.
- Ni muhimu kujadili na mwenzi wako kwa pamoja juu ya tohara ya hiari ya wanaume.
- Pata huduma ya tohara kwa watalaamu wa afya waliopata mafunzo ya huduma ya tohara
- Subiri kwa muda wa wiki 6 bila kufanya ngono baada ya kutahiriwa.

Safari ya Mafanikio – Trial Edition (Translated)
April 2015
5. Tiba ya VVU, Ufuasi wa Dawa, Unyanyapaa na Usaidizi
Somo 5: Tiba ya VVU, Ufuasi wa Dawa, Unyanyapaa na Usaidizi

Ni kwa nini somo hili lifundishwe?

Ifikapo mwisho wa somo hili, washiriki wataweza kufanya yafuatayo:

- Kufahamu juu ya matibabu ya VVU.
- Kujisajili kwenye huduma za tiba ya VVU kama unastahili au kushawishi wengine kufanya hivyo.
- Kuwa wafuasi wazuri wa dawa na siku za kliniki
- Kuelewa mabadiliko ya aina za dawa za kufubaza VVU
- Kuelewa masuala ya watu wanaoishi na VVU na nini maana ya kuishi kwa mtazamo chanya
- Kujiunga na kikundi kinachotoa misaada
- Kutambua kwamba hawawezi kumfahamu mtu mwenye VVU kwa kumuangalia isipokuwa kwa kupima tu
- Kuwakubali watu wanaoishi na VVU bila kuwanyanyapaa na kuwabagua

Nini kinatokea, kwa ufupi?

Sehemu A: Unaweza kumtambua? (dakika 20)

Washiriki watachagua mtu wanayefikiria anaishi au hana VVU kutoka kwamba picha mbalimbali watakazo oneshwa zenye (mchanganyiko wa jinsia tofauti, kabila, umri, hadhi, muelekeo wa kijinsia na dini). Sababu za uchaguzi wao zijadiliwe kabla ya muwezeshaji na kuelezea taarifa za watu hao na kuwahakikishia kwamba ni mtu mmoja tu kati ya watu wote hao, neyeshe mtu wote wote hao ambavyo aliyeasaidia watu wawezeshaji. Hii simuza mtu anayeishi na VVU na kuwanyanyapaa kwamba ni umuhimu kujua hali yako ya maambukizi sahihi na ufuasi sahihi wa tiba ya VVU.

Sehemu B: Nini kinatokea katika mwili (Dakika 20)

Sehemu hi ni inatumia mchezo mfupi wa kuigiza kuonyesha na kuelezea kwa namna ambayo itamuwezesha mtu kukumbuka kuhusu VVU, UKIMWI, magonjwa nyemelezi, nini kinafanywa na dawa za kufubaza VVU na nini kinatokea kama mtu akishindwa kutumia kwa usahihi tiba ya dawa za kufubaza VVU. Muwezeshaji anahitaji watu watano (5) kumsaidia kuonesha mchezo huo (waweze shaji wasaidizi na/au washiriki), ambao wataigiza kama “chembe hai nyeupe za damu”, “VVU”, “maambukizi”, “maambukizi mengine” na “‘ tiba ya kufubaza VVU”

Sehemu C: zoeli la Kuigiza unyanyapaa (Dakika 20)

Vikundi vya washiriki viigize hali ya kuibua mazingira ambayo mtu akijunga kwenye kikundi chao aidha anapata hisia ya kunyanyapaliwa na kubaguliwa au kukaribishwa vizuri na kupewa msaada. Hii inaibuwa hisia ya matendo na matokoe ya hisia hizo katika tabia za kupima VVU, kuwa muwazi kuhusu hali yako ya maambukizi na ufuasi sahihi wa tiba ya dawa za kufubaza VVU.

Muda: saa 1
Jinsi ya kuwezesha somo hili

**Utangulizi**
Wakumbushe washiriki maono na malengo waliyo nayo kutoka somo la 1 sehemu A (kama uliwezesha somo la 1 nao)
Waombe washiriki kusimama mmoja mmoja na kutaja jina lake na kitu kimoja katika maisha yake ambacho angependa kitimie ndani ya miaka mitano ijayo.

Elezea:

Δ *Ili kutimiza maono na malengo yako amabayo umetoka kuelezea muda si mrefu ni muhimu sana kuwa na afya bora. Ambayo inahitaji mtu kupata tiba sahihi na msaada ili kumudu magonjwa mbalimbali ikiwemo VVU, na pia kuwasaidia na kuwapa msaada watu wengine katika familia na jamii zetu. Hili somo lina michezo ya kufurahisha ambayo inatusaidia kuelewa zaidi juu ya mahusiano ya matibabu ya VVU, unyanyapaa na msaada wa kijamii.*

**SEHEMU A: UNAWEZA KUTAMBUA?**

**Hatua ya A1. Washiriki watambue nani wanadhani anaishi /haishi na VVU**
Tandaza/funga kipande cha kamba (ipo kwenye mkoba wako) na ning’iniza picha 6 za A4 juu ya kamba (au omba washiriki 6 kila mmoja kushika picha moja ili kila mshiriki aweze kuziona picha hizo). Omba washiriki kuziangali picha hizo na kutambua watu ambao wanadhani wanaishi na VVU na wale ambao wanafikiria yaweza ambazo wake ambao wanadhani wa VVU na kufanya kupata mmoja wa kamba (au zinyanyue juu kama picha zitakuwa zimeshikwa na washiriki) na
watenganishe picha za watu ambao wanadhani hawaishi na maambukizi ya VVU upande mwingine wa kamba (au wazishushe chini kama zimeshikwa mkononi na washiriki).

Hatua ya A2. Jadili na uliza sababu zilizowafanya wachague picha walizochagua
Omba kila mshiriki achukue picha aliyoichagua au aliyoitenga, halafu waulize zamu kwanini wanafikiri kwamba huyo anaishi na maambukizi ya VVU au haishi maambukizi ya VVU.

Kama mmoja wa washiriki atasema, kwa mfano “anaonekana hana furaha-anaweza akawaa na maambukizi ya VVU” Wajibu kwa kuwa uliza

? Kama mtu anaonekana hana furaha unadhani wanaishi na maambukizi ya VVU?

Kama mwingine atasema “anaonekana mshika dini sana au anaonekana ni mtu mzima sana kuwa na maambukizi ya VVU”, Wajibu kwa kuwauliza
Kama mtu yoyote akionekana ni mshika dini sana (au mtu mzima) unadhani hana maambukizi ya VVU?

Hii itawasaidia washiriki kufikiria juu ya hukumu na dhana waliyotengeneza na mawazo mgando juu ya hali ya maabukizi ya VVU kwa watu

Hatua ya A3. Waoneshe hali halisi ya maambukizi ya VVU/UKIMWI na shirikisha maoni ya watu waliomo kwenye picha hizo

Chagua picha moja na waeleze washiriki hali halisi ya maambukizi ya VVU na UKIMWI ya huyo mtu kwenye picha. Kwa kutumia taarifa ambazo zipo kwenye kurasa mbili zinazofuata, soma na ufupishe masimulizi halisi ya hao watu na maoni yao juu ya uzoefu wa kuishi na VVU kwa uwazi.

Wakati wa kushirikisha simulizi ya Lungisani,toa maoni ya umuhimu wa kujiunga katika vikundi vya kusaidiana vya kijamii na uliza aina nyingine za vikundi vya kijamii vilivyopo kwenye maeneo wanayoishi washiriki.

Fafanua kwamba picha zote ni za watu wanaoishi na VVU kwa uwazi isipokuwa ya SALA ambaye hakuwa na maambukizi ya VVU wakati anapigwa picha hii.

Hatua ya A4. Sisitiza juu ya umuhimu wa ushauri nasaha na upimaji wa VVU ili kujua hali yako sasa ya maambukizi na ya mwenzi wako pia

Sisitiza kwamba:

Ni vigumu sana kufahamu hali ya mtu ya maambukizi ya VVU kwa kumuangalia tu. Ni muhimu kufahamu hali yake ya maambukiz na ya mwenzi wako kabla hamjaanza kufanya ngono au kuendelea kufanya ngono istyo salama. Njia pekee ya kufanya ni kwenda kupata huduma ya ushauri nasaha na kupima wewe pamoja na mwenzi wako na kushirikishana majibu ya vipimo

Hatua ya A5. Mzungumzaji anayeishi na VVU (hatua hii ni hiari/sio lazima)

Kama kuna mzungumzaji- Mtu yeyote anayeishi na VVU kwa uwazi/amejitangaza ambaye yuko tayari kushirikisha uzoefu wake kwa washiriki -mtambulishe na mpe muda wa kuwashiriki na aongoze majadiliano.

Kama kuna mshiriki yoyote toka katika kundi la washiriki ataweka wazi hali yake ya maambukizi ya VVU, mualike/waalike kuzungumzia kidogo kuhusu uzoefu na ufahamu wao.
Maelezo na maoni kutoka kwa watu walio kwenye picha

Hakuwa na maambukizi ya VVU (wakati wa kupiga picha hii)

<table>
<thead>
<tr>
<th>Sala Dube</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sala, mwenye umri wa miaka 34, anafanya kazi ya kutunza bustani. Ameoa na ana mtoto wa kiume mwenye umri wa miaka 7. Alikwenda kupata ushauri nasaha na kupima maambukizi ya VVU baada tu ya kupiga picha hii na majibu yaliikuwa hana maambukizi ya VVU.</td>
</tr>
</tbody>
</table>

Anaishi na VVU kwa uwazi
Anaishi na VVU kwa uwazi

Bruce Radebe kwa sasa ni daktari. Alipojitambua kwamba anaishi na VVU mwaka 1995 alimwambia rafiki yake wa kike moja kwa moja. Na yeye alifanyiwa vipimo na kugundua kwamba hakuna maambukizi ya VVU. Pamoja na kwamba walishiriki ngono bila kinga mara nyingi sana. Waliendelea kuishi pamoja na kufurahia maisha ya ngono kwa kutumia kondomu kwa usahihi. Anapata dawa za kufubaza VVU kila siku na aliyekuwa rafiki yake wa kike ambaye kwa sasa ni mke wake hana maambukizi ya VVU.

Maoni ya Bruce: Wakati watu wanafikiria kuhusu VVU na UKIMWI, wanafikiria kuhusu uzembe wa watu wanaopata maambukizi ya VVU na UKIMWI na wanafikiria kwamba ni laana na wana mungu kujificha. Akilini mwungu na amini kwamba unayoitumia unashiriki ngono bila kinga mara nyingi. Waliendelea kuishi pamoja na kufurahia maisha ya ngono kwa wengine.

Faghmeda Miller, Ni mwanamke wa kiislamu anayeishi na VVU.


Anaishi na VVU kwa uwazi


Lungisani Biyela: Maoni: Natamani watu wangetujali sisi kama watu wengine kwasababu tuko sawa kama wao. Kusema kwamba ninaishi na VVU, si kwamba na akili yangu ina VVU, ni damu yangu tu ndani ya mwili wangu ndiyo yenye VVU.

Bado nina malengo na ndoto yangu, na ninadhamiria kuishi na kuyatimiza yote. Kwa sababu hiyo nahakikisha natumia dawa zangu za kufubaza VVU kila siku. Pia nimejiunga kwenywe kikundi cha kusaidiana ambacho kimenisaidia sana mwanzoni bada ya kugunduliwa nina maambukizi ya VVU, nikapata wengine wenye maambukizi ya VVU wa kuweza kuongea nao.


Safari ya Mafanikio – Trial Edition (Translated)
April 2015
SEHEMU B: NINI KINATOKEA NDANI YA MWILI

Hatua ya B1: Tengeneza eneo litakalowakilisha mwili wa mwanadamu
Kwa kutumia kamba, fito, futi kamba, chaki, viti na/au kuta, choraa pembe nne kwenye sakafu lenye ukubwa wa mita 2x mita 2

Hatua ya B2: Chagua washiriki watano“waigizaji” na uwape wasifu kwa ajili ya mchezo
Omba washiriki wajitolee ili kupata jumla ya waigizaji 5 ( pamoja na wawezeshaji ambao umewadokezea tayari) ili kukusaidia kuonesha mfano mfupi. Mpe kila muigizaji sura kwa ajili ya jukumu tofauti. Lengo ni kwamba mtu mwenye nguvu au mwili mkubwa aigize kama “chembe hai nyeupe ya damu”

Hatua ya B3. Igiza mchezo
Fuata maelekezo kwenyewe kurasa tatu zinazofuata. Tumia mapendekezo ya nini cha kusunguka yaliyoko safu ya mkono wa kushoto kwenye jedwali au tumia maneno yako mwenyewe. Kwa kufanya hivyo hakikisha waigizaji wanaufa kile unachokisema kwa kuigiza kilichoandikwa

Canon Gideon Byamugisha alijigundua anaishi na maambukizi ya VVU mwaka 1992 na kwa mara ya kwanza alijitangaza kwa umma hali yake mwaka 1995. Anafanyakazi kama muelimishaji na mhamasishaji wa kimataifa kwa niaba ya watu wanaoishi na maambukizi ya VVU.

Anatoo maoni: “Watu wengi wanakubali kwamba UKIMWI upo, lakini bado hawaendi mbali zaidi kwa kuchukua hatua ya kubadili tabia/mienendo yao. Kuwa muwazi VVU na UKIMWI, inabidi ukubaliane kwamba unaweza kukuathiri wewe binafsi, unaweza kuwa katika hatari ya kupata maambukizi”

Inakubidi uwajibeke kwa mfano kupata vipimo.

Anatoa maoni: Watu wengi wanakubali kwamba UKIMWI upo, lakini bado hawaendi mbali zaidi kwa kuchukua hatua ya kubadili tabia/mienendo yao. Kuwa muwazi VVU na UKIMWI, inabidi ukubaliane kwamba unaweza kukuathiri wewe binafsi, unaweza kuwa katika hatari ya kupata maambukizi”

Inakubidi uwajibeke kwa mfano kupata vipimo.
upande wako wa kulia. Simamisha mchezo/igizo kwa muda mfupi kila baada ya kumaliza sehemu/eneo moja la mchezo, ili sehemu/eneo tofauti tofauti za mchezo zieleweke vizuri.

**Maelezo ya uwezeshaji wa “ Nini kinatokea katika mwili wa binadamu” Mchezo wa sura**

<table>
<thead>
<tr>
<th>Chembe hai nyeupe za damu</th>
<th>Maambukizi</th>
<th>Maambukizi mengine</th>
<th>VVU</th>
<th>Dawa za kufubaza VVU</th>
</tr>
</thead>
</table>

### Mapendekezo ya nini muwezeshaji kusema

### Nini kinatakiwa kifanyike na muwezeshaji na “waigizaji”

#### Eneo 1: Bado hajaambukizwa VVU

Ndani ya eneo hili inawakilisha mwili wa binadamu wenye afya njema. Ndani ya huu mwili kuna zaidi ya milioni ya *chembe hai nyeupe za damu-* mara nyingi zinakuwa kati ya 600 na 1200 kwenye kila mikrolita ya damu. Kazi zao ni kama polisi au askari kulinda na kupigana na aina yoyote ya maambukizi yanayoingia ndani ya mwili. Ni sehemu ya mfumo wa kinga ya mwili. Tumkaribishe na kumpigia makofi/ tuzishangilie chembe hai nyeupe za damu.

Chembe hai nyeupe inaingia katika eneo linalowakilisha mwili wa binadamu na kuonekana ina nguvu sana na yenye misuli na anajiweka katika muonekano wa kupigana.
Kwa kawaida chembe hai nyeupe za damu zina nguvu na zinaweza kupigana na kila aina ya maambukizi. Sasa anakuja ambukizi mojawapo kama vile mafua, au vichomi au Kifua kikuu. Hapa maambukizi mengine yanaingia.

Maambukizi yanaingia ndani ya “mwili”. Chembe hai nyeupe za damu “zinashambulia” maambukizi na baada ya mashambulizi mafupi maambukizi yanatolewa nje ya mwili wa binadamu.

Mfumo wa kinga ya mwili una uwezo wa kupambana na aina nyingi za maambukizi na magonjwa ya kawaida na kuyaondo kwa haraka sana.

Chembe hai nyeupe ya damu inatunisha misuli yake na kuonesha uwezo/nguvu zake.

Mapendekezo ya nini muwezeshaji aseme

Nini kifanyike na muwezeshaji pamoja na “waigizaji”

_Eneo 2: Anaishi na VVU bila dalili_
Siku moja VVU anaingia katika mwili. Katika matukio mengi, hutokea wakati wa kifanya ngono isiyo salama na mtu ambaye tayari anaishi na maambukizi ya VVU. Chembe hai nyeupe za damu zinapigana na VVU na kuisukuma VVU upande mmoja wa kona, lakini chembe hai nyeupe za damu hazina uwezo wa kuondoa VVU kabisa.

VVU vinaingia ndani ya mwili na kushambulia chembe hai nyeupe za damu. Chembe hai nyeupe za damu zinapambana na VVU na zinasukuma VVU upande mmoja wa kona ya mwili.

Pamoja na kuweka VVU pembeni, chembe hai nyeupe za damu inaendelea kubaki kuwa imara na ubora ya kushambulia maambukizi mengine. Mfumo wa kinga ya mwili unaweza kubaki imara bila matibabu kwa miaka mingi baada ya maambukizi ya VVU, kwa kawaida kati ya mika 5-10 na hata wakati mwingine zaidi ya miaka 20. Lishe bora na mtazamo chanya wa maisha na nini ulichopanga cha maisha yako matika miaka ijayo, vyote hivyo vinaweza kusaidia kuongeza muda wako wa kuishi.

Maambukizi yanaingia kwenye mwili na chembe hai nyeupe za damu kwa mara nyingine inasukuma maambukizi nje ya mwili. Ikiwa VVU vinajaribu kusimama tena au vinatoka nje ya kona vilipowekwa na chembe hai nyeupe, chembe hai nyeupe inasukuma VVU tena na kuvirudisha kwenye kona.

Eneo 3: Kuishi na maambukizi ya VVU, vinapunguza nguvu ya kinga mwilini
Kwenye matukio mengi inafika kipindi VVU vinakuwa imara na kwete kushambulia kinga ya mwili, na kusababisha kinga ya mwili kudhoofika sana.

VVU vinasimama kutoka kwenyeye kona, vinashambulia na kushika mikono ya chembe hai nyeupe za damu na kukaba mikono yake kwa nyuma ili chembe hai nyeupe ishindwe kushambulia maambukizi.

Mapendekezo anayoyasema mwezeshaji

| Vitu ambavyo mwezeshaji na waigizaji walitakiwa kufanyana: |
| Maambukizi hayo mawili yakiingia mwilini yanaanza kucheza na kukimbia ndani ya mwili. VVU vinaendelea kushikilia chembe hai nyeupe za damu |

Wakati maambukizi mengine yakiingia ndani ya mwili chembe hai nyeupe za damu haziwezi tena kupambana nayo. Mfumo wa kinga unakua dhaifu sana, na unaweza kushambuliwa na magonjwa mengi nyemelezi. Maambukizi yanakua huru kucheza na kukimbia ndani ya mwili na chembe hai nyeupe za damu haziwezi tena kupambana nayo. Mwili sasa unakua na UKIMWI - Upungufu wa Kinga mwilini na bila matibabu inaweza kupelekea kifo. Hata hivyo kama tiba ya VVU na magonjwa nyemelezi hutumika mapema kuna matarajio mazuri ya kuwa na afya nzuri.

Eneo la 4: Dawa za kufubaza VVU
Chembe hai nyeupe za damu ya mtu zikipungua hadi mililita 500, au mwanamke mjamzito akipata maambukizi ya VVU, wanatakiwa kuanza dawa za kufubaza VVU. Hii ni kwa maisha yao yote kuzitumia kila siku bila kuacha. Dawa hizi zinaweza kupunguza VVU lakini sio kutibu VVU. Zinaruhusu kinga ya mwili kujijenga tena ili chembe hai nyeupe za damu ziwewe kupigana na maambukizi tena. Hivyo basi kinga ya mwili inaongezeke na idadi ya virusi inapungua kufanya mtu ajisikie vizuri na asiwe na dalili au maambukizi ya magonjwa nyemelezi. Watu hawa watakua wanaishi na VVU na siyo UKIMWI.

Watu watano kwenye picha katika mchezo uliopita wanatumia dawa za kufubaza VVU kila siku, na wengi wao wanaishi na VVU takribani miaka 20 na wengi zaidi ya miaka 30.

Dawa za kufubaza VVU hufanya kazi vizuri zaidi kama mtu atapima nakujua hali yake ya maambukizi na kuanza kutumia dawa hizo kabla kinga yake ya mwili hajanza kudhoofika na kupelekea mtu huyo kuumwa UKIMWI

Mapendekezo anayoyasema mwezeshaji

**Envelope 5: Uzingatiaji/afuasi wa kutumia dawa za kufubaza VVU**

**Δ** Hoo mwili una nguvu tena kwa hiyo mtu anawaza: “Nipo vizuri tena. Kwanini niendele kumeza hizi dawa za kufubaza VVU?” Kwa hiyo wanaacha kuzitumia kwa muda

Dawa za kufubaza VVU zinauacha mwili

**Δ** Bila dawa za kufubaza VVU kudhibiti VVU, inaweza kujibua na kubadili namna ya muonekano wake kidogo, kwa njia ambayo itapelekea usugu wa dawa zilizokuwa zinatumika awali

Mvye mtu ambaye alikuwa amevaa sura ya VVU, igeuze na umvishe tena, ikionesha upande tofauti wa jinsi VVU ilivyojigeuza/jibadilisha baada ya kuacha kutumia dawa
**Hatua ya B4: Mapitio ya mchezo huo wa kuigiza**

Mchezo wa kuigiza ukiisha washukuru waigizaji, halafu waombe warudi kwenye viti vyao na waombe watu wawapigie makofi. Uliza kama kuna maswali yoyote kuhusu igizo hilo na lilikuwa na maana gani. Waulize washiriki wamejifunza nini.

**SEHEMU C: UIGIZAJI WA UNYANYAPAA**

**Hatua ya C1: Tengeneza makundi mawili kila moja likiwa na washiriki kati ya 6-8**

Wagawanye washiriki kwenye makundi madogo, ya watu 7 ndani ya kila kundi. Njia moja ya kufanya hivi ni kwa kutumia kichangamshi cha mtumbwi unaozama (angalia kurasa ya 17), ukimalizia na "mitumbwi ya kuokoa maisha - kundi la watu 7". Chagua makundi mawili kwa ajili ya zozei linalofuata. Waache wengine wakae na kuangalia.

**Hatua ya C2: Chagua mtu mmoja ("mwakilishi") kutoka kila kundi na atoke nje kwa dakika 3**

Omba mtu mmoja kutoka katika kila kundi awe mwakilishi katika zozei linalofuata. Waombe washiriki wote wawili watoke nje ya chumba cha mafunzo kwa dakika 3, halafu warudi

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Δ **VVU hupata nguvu tena na kuanza mashambulizi na kupunguza kinga ya mwili, nakuruhusu magonjwa mengine kushambulia mwili kwa uhuru**  

VVU vinashambulia na kushikilia tena chembe hai nyeupe za damu. **Maambukizi** yote mawili yaigizaji na kuanza kuchagua na kufurahishe ndani ya mwili tena.

Δ **Mtu angweza kuanza tena kutumia dawa za kufubaza VVU, lakini VVU vimeshakua sugu na mchanganyiko wa dawa za awali na kufanya dawa hiza kutofanyika kazi vizuri kama ipasavyo. VVU vinaendelea kupendeishia kinga ya mwili na kuruhusu maambukizi mengine kutawala mwili kwa uhuru**

**Dawa za kufubaza VVU** zinaingia ndani ya mwili tena, lakini safari hii VVU vinazipuuzia na kuzisukuma dawa hizo nje. VVU vinaendelea kuchagua na kuokoa maisha chembe hai nyeupe za damu. **Maambukizi** yote mawili waendelea kuchagua na kuokoa maisha mwili ndani ya mwili.

Δ **Mchanganyiko tofauti wa dawa za kufubaza VVU utatolewa, lakini hazipatikani kwa wingi nchini na zinaweza kuwa na madhara zaidi, au zinaweza zisifanyane kazi kabisa. Kwa hiyo ni vema kutumia dawa zako za kufubaza VVU kila siku kama ilivyoagizwa bila kuacha**
waungane na makundi yao kwajili ya kufanya zoezi. Hakikisha wawakilishi hao wanaenda sehemu ambayo hawatasikia unachowaambia washiriki wengine.

Hatua C3: Waambie kundi moja liigize unyanyapaa pale mwakilishi wao atakaporudi, na kundi lingine limkaribishe vizuri na kumpaa msaada mwakilishi wao

Lielezee moja ya kundi kwamba

Hili ni zoezi za unyanyapaa kwa vizuri zaidi. Kwahiyo wakati mwakilishi wenu akirudi kwenye kundi, kwa dakika chache mnatakiwa kumnyanyapaa

Mnaweza kwa mfano:

- Kuwa manaongea kwa furaha na wanakikundi wenzio, lakini pale mwakilishi wenu akirudi mnakaa kimya.
- Fikiria kwamba Mwakilishi wenu wa kundi anaonyesha alama Fulani ya kushangaa usoni, na nyie mtaendelea kunongo’onezana na kucheka, lakini hamtomwambia mwakilishi wenu ni kitu gani kinachowachekesha.
- Msimsalimie mwakilishi wenu. Akiwaongelesha mjibu kwa mkato, halafu geuka na uongee au kunong’onezana na mtu mwingine kwenye kikundi. Msimwambie kwa nini mnamtendea hivyo

Lielezee kundi lingine kwamba:

Wakati Mwakilishi wenu atakaporudi, mkaribisheni kwenye kundi na muhuishe kwenye chochote mnachofanya au mnachoongea ndani ya kundi lenu. Mpeni mwakilishi wenu ushirikiano mzuri.

Hatua C4: Ruhusu igizo liendelee kwenye kila kundi.

Waiite wawakilishi wote wawili warudi kwenye makundi yao. Ruhusu igizo liendelee kwa dakika chache. Angalia nini kinachotokea ndani ya makundi, ikiwemo matendo na lugha za ishara hasa kwa wale wawakilishi wanaonyanyapaliwa na kundi lao (kama inavyoonekana katika picha hii ya igizo lililofanywa katika kijiji cha Kerenge)

Hatua ya C5: Tathmini hisia na uzoefu wa kila mwakilishi
Muulize mwakilishi kutoka kila kundi

? Unajisikiaje?
? Unafikiria nini?
? Ilikuaje ulivyorudi kwenye kundi lako?

Sisitiza kwamba

Hutu ulikuwa ni mchezo uliodumu kwa dakika chache tu, lakini angalia ni hisia gani na matendo gani yaliyomtokea mwakilishi aliyeuwa akinyanyapaliwa. Sasa hali hii inakuwaje katika uhalisia wa maisha ya mtu ya kila siku kunyanyapaliwa kwasababu anaishi na VVU? Au wana kifua kikuu au ulemavu au kitu chochote kile?

Uliza kila mtu na kujadili:

? Kama makundi haya yanawakilisha jamii yetu, je ni jamii gani wewe ungependa uwego?

? Tufanye nini kama watu binafsi, familia na jamii, ili kuwa kama kundi lililotoa ushirikiano na siyo lile lilonyanyapaa?

Waelezee wawakilishi wa kila kundi kwamba uliwaambia watu kwenye makundi yao wafanye vile walivyofanya ilikuweza kuelewa vizuri zaidi kuhusu unyanyapaa. Washukuru wawakilishi kwa kuweza kuwasiliana na mtu mwenye VVU kwa kuzingatia au wafanye sehemu au kwa mtu yoyote katika mitandao wa jamii wa kila kundi.

Hatua ya C6: Oanisha uzoefu wa unyanyapaa na tabia za kusaidiana katika mitandao ya jamii, ufuasi mzuri wa dawa za ARV, ufuasi sahihi wa miadi ya klininki na hatari ya maambukizi ya VVU kwenye jamii

Uliza na kujadili

? Je wakati mwingine kitu kama hiki huwa kinatokea, katika mitandao ya kijamii (makundi ya marafiki, majirani, wafanyakazi kazini au wanafamilia), endapo wakijua au kuhisi mtu anaishi na VVU?

? Kama ulikuwa kwenye kikundi na ukamuona mtu mwenye VVU anavyonyanyapaliwa, je hii itaatihire vipe uamuzi wako wa kuweka wazi hali yako ya maambukizi kwa mwenzi wako au wenzu wako au kwa mtu yoyote katika mitandao wa jamii kwamba unaishi na VVU?
? Kama ulijisikia huwezi kumwambia mtu yoyote kwamba unaishi na VVU, ni kwa kiasi gani utaona ugumu wa kutumia dawa za kupunguza makali ya VVU kila siku au kuhudhuria miadi ya kliniki kama ulivyopangiwa?

? Je kama una mtoto/kijana wako au unalea mtoto/kijana mwenye maambukizi ya VVU, kwa hali ya unyanyapaa uliyoiota katika kundi hilo, je unaweza kumueleza kijana huyo hali yake ya maambukizi bila uwoga kwamba kijana huyo anaweza kunyanyapaliwa na familia au jamii? Au hata wewe unayemlea kunyanyapaliwa pia?

? Je unafikiri kuna umuhimu wowote wa mitandao ya kijamii kushirikiana na watu wanaishi na VVU au wanaolea watoto/vijana wanaishi na VVU badala ya kuwanyanyapaa? Kwa nini ni muhimu?

Kama majibu hayako sahihi/hayakueleweka vizuri, fafanua kwamba:

1. Unyanyasaji na ubaguzi unafanya watu waishi katika namna zinazoongeza hatari katika afya zao, kama vile:
   - Hatari kubwa zaidi ya maambukizi ya VVU kwa wendy na kwa mtoto wako ambaye hajazaliwa au mtoto ambaye ananyonywa maziwa ya mama.
   - Kutokuwa wazi kuhusu hali za maambukizi kwa kusababisha mitandao ya jamii kutojua hali za maambukizi hivyo kukosa fursa ya kupata misaaada au ushirikiano kutoka kwa jamii
   - Inakuwa vigumu kwa wanaotumia dawa za ARV kumeza dawa kila siku katika muda waliopangiwa na mtaalamu wa afya. Na kusababisha dawa hizotufanya kazi kama inayokusudiwa, virusi vitazaliana na kuongezeka mwilibi na kuhatarisha maisha yake na kuwa katika hatari ya kuwaambukiza wengine
   - Ikiwa mtoto/kijana wako au unamlea anaishi na VVU, unyanyapaa huwafanya Wazazi/walezi kuwa na hofu ya kuwaeleza watoto/vijana wao hali yao ya maambukizi ya VVU. Kwa hiyo kijana ataishi bila kujua kwa nini anatumia dawa kila siku na kumfanya asiwe mfuasi sahihi wa dawa hizo na miadi ya kliniki

Hitimisha

1. Unyanyapaa ni moja ya sababu nyingi kuu inayowafanya watu kusita kuonekana wanakwenda kupima, kujieka wazi kuwa wameambukizwa VVU na vilevile kutokuwa wafuasi.sahihi wa dawa za ARV na miadi ya kliniki
Kuondoa unyanyapaa kunasaidia jamii kwa na upendo na ushrikiano na watu wanaoishi na VVU au walezi/wazazi wanaoishi na VVU kwa kuwa karibu nao na kuwasaidia na hii itafanya watu wanaoishi na VVU kupata faraja na kuhudhuria kliniki na kuwa wazi na hali zao za maambukizi.

Ni muhimu kuwakubali na kuwapa ushirikiano/msaada wanafamilia na jamii ambao tunajua au kuhisi kwamba wanaishi na VVU, au wanaelea watoto/vijana wanaoishi na VVU ili kuongeza ufuasi sahihi kwa wanaotumia dawa za ARV, kupunguza watu wanaopotea/wasiohudhuria kliniki kama wanavyopangia na hatimaye kupunguza vifo vinavyotokana na UKIMWI.

Kwa upande wa watoto wadogo/vijana, msaada na ushrikiano na upendo kutoka kwenye mitandao ya jamii (familia, marafiki, walimu, na jamii kwa ujumla) husaidia kuongeza utambuzi wa watoto wenyewe maambukizi mapema, kuongeza uandikishwaji wa watoto katika huduma za tiba na maturizo na kuvawezesha vijana wanaotumia ARV kuweza kuwa wafuasi sahihi na kuendelea kuwepo katika huduma za tiba na maturizo bila kuwepo.

Kihalisia katika jamii zetu nyingi, kuna watu wanawakubali na wanatoa ushrikiano/msaada kwa watu wanaoishi na VVU, na kuna wengine wanawanyapaa na kuwahukumu. Hivyo wote tunahitaji kujenga stadi na tabia za kuwa na ushrikiano/msaada na pia kuwakosoa watu wanaoishi na VVU.

Hatua ya C7: Kutambua huduma tofauti zilizopo kwa ajili ya rufaa za kitaalamu/kitabibu na misaada mingine.

Sisitiza tena jukumu la jamii katika kuongeza swala la unyanyapaa na jinsi ya kutoa ushrikiano/msaada

? Kuna huduma zipi nyingine za misaada katika jamii yako, na wanatoa msaada gani hasa?

Fafanua huduma ambazo zinapatikana, kama makundi yanayotoa msaada, klabu za watu waliokwisha pima. Elezea huduma wanazozitoa na jinsi ya kuzipata huduma hizo. Tumia fomu ya rufaa ya taifa kwa ajili ya kuandika rufaa ili watu waende kupata huduma hizo.
Hatua ya C8: Mapitio ya mafunzo

Waulize washiriki wamejifunza nini kwenye somo hili? Hakikisha kwamba washiriki wamefahamu jumbe zote muhimu hapo chini, ambao unahusisha na mada zote katika somo hili.

Ujumbe muhimu

Kuishi na VVU haimaanishi kwamba unaishi na Umwiti. VVU na Umwiti ni hali tofauti/havifanani.

Kama unaishi na VVU, kuna uwezekano wa kuishi na afya nzuri/njema kwa miaka kadhaa ukiwa na kinga yenye nguvu kabla ya kuhitaji kuanza kutumia dawa za kupunguza makali ya VVU (ARV).

Pima na kujua hali yako ya maambukizi mara kwa mara. Huwezi kumgundua mtu mwenye VVU kwa kumuamanga, bali ni kwa kupima tu.

Anza kutumia dawa za kufubaza VVU kama unastahili kuanza kuzitumia. Ikiwa utachelewa kuanza kutumia dawa hizo hazitafanya kazi vizuri mwili.

Tumia dawa za kufubaza VVU kila siku kama ulivoelekezwa- Kuwa mfuasi mzuri wa kutumia dawa za kufubaza VVU na kuhudhuria siku zako za kliniki kama ulivyopangiwa.

Mtu anayeishi na VVU anahitaji msaada na ushirikiano mzuri na mitandao ya jamii na pia anahitaji mazingira mazuri na yenye upendo yasiyo na unyanyapaa na ubaguzi ili aweze kuwa mfuasi sahihi wa dawa zake na miadi ya kiliniki aliopangiwa. Tuwapende, tuwasaidie na tusiwatenge au kutoa maoni yanayonyanyapaa watu wanaishi na VVU

Kutokuwepo na unyanyapaa na ubaguzi katika jamii zetu, kutawezesha wazazi/walezi kwa kushirikiana na mtoa huduma za afya kuweza kuwa wazi na kuwaeliza vijana wanaowalea kwamba wanaishi na VVU hivyo kupata ushirikiano mzuri wa kuwa mfuasi sahihi wa dawa na miadi ya kiliniki

Kama unaishi na VVU au una ndugu/kijana anaishi na VVU, fikiria kujiunga na makundi ya kusaidiana/yanayotoa msaada au kumshawishi ndugu/kijana kujiunga na makundi hayo.
Kifua Kikuu

Somo 6: Kifua Kikuu

Ni kwa nini somo hili lifundishwe?

Ifikapo mwisho wa somo hili, washiriki wataweza kufanya yafuatayo:

- Kufahamu dalili za kifua kikuu na jinsi kifua kikuu kinavyoambukizwa
- Kutambua kuwa mtu yeyote anaweza kupata kifua kikuu, ikiwa ni pamoja na watoto na watu wazima.
- Kutambua kuwa kifua kikuu kinatibika na matibabu yake ni bila malipo
- Kupata matibabu mapema unaporopata kikohozi cha muda mrefu au dalili nyingine za kifua kikuu.
- Kuhamasisha mtu mwenye dalili za kifua kikuu kupata tiba mapema
- Kumaliza dozi yote ya kifua kikuu kwa ukamilifu
- Kutambua kwamba idadi kubwa ya watu wenye kifua kikuu hawana maambukizi ya VVU, na si kila mwenye kifua kikuu ana maambukizi ya VVU.
- Kuelewa kinachotokea na jinsi matibabu yalivyvo kwa mtu alieambukizwa kifua kikuu pamoja na maambukizi ya VVU.
- Kukubali na kutonyanyapaa au kubagua mtu yeyote alieambukizwa kifua kikuu.

Nini kinatokea kwa ufupi?

Sehemu A: Chemsha bogo kuhusu kifua kikuu.
Maswali haya yanawezesha kuelewa kwamba cha washiriki juu ya maswala ya kifua kikuu na baadaye kufanana maswala muhimu yanayohusu maambukizi ya kifua kikuu, dalili, upimaji wake na matibabu.

Sehemu B: Matibabu ya kifua kikuu na maambukizi shirikishi ya VVU/kifua kikuu
Hili zoezi linatumia igizo kuonesha na kueleza kwa njia ya kukumbuka jinsi ya kutibu kifua kikuu kwa usahihi, pamoja na pale ambapo kuna maambukizi ya VVU.

Sehemu C: Wanaoinisaidia
Timu zenye washiriki kati ya 7-10 wasimama kwenye duara ya karibu. Mshiriki mmoja anasimama katikati na kuruhusu wenzake walio katika duara kumpa usaidizi wanapo egemea kwa nje, baada ya watu wachache kujaribu, timu ya kwenye duara inaambiwa kuondoa usaidizi wake kwa mshiriki wa katikati. Jadi na kuchunguza uhusiano wa unyanyapaa uliopo kwa kuwa na kifua kikuu na unyanyapaa binafsi, jinsi mtu wa kati anavyojesikia anapopata msaada na msaada.
unapooンドlewaa.

Sehemu D: Kupitia somo na Hitimisho

Hii inahusisha kupitia maswali chemsha bongo ili kuhakikisha kila mshiriki ana ufahamu sahihi na ulewa wa masuala yanayaohusu kifua kikuu.

Muda: saa 1

Vifaa
- Kamba/chaki/na vifaa vingine vya kuvaa
- Sura za usoni:
  - “chembe hai nyeupe za damu”, “kifua kikuu”, “VVU”, “dawa za kufubaza VVU” and “Dawa za kifua kikuu”

Sanamu

<table>
<thead>
<tr>
<th>Chembe hai nyeupe za damu</th>
<th>Kifua kikuu</th>
<th>Dawa za kifua kikuu</th>
<th>VVU</th>
<th>Dawa za kufubaza VVU</th>
</tr>
</thead>
</table>

- Maandalizi
  - Tafuta vituo vya afya vya karibu vinavyotoa huduma na tiba ya kifua kikuu.

Jinsi ya kuwezesha hili somo
Sehemu A: Chemsha bongo

Hatua ya A1: Tambulisha somo la kifua kikuu kama moja ya kikwazo cha afya na kufikia malengo ya ndoto zetu.

Waambie washiriki kila mmoja kufikiria moja ya malengo au ndoto walizonazo katika maisha yao- kitu kimoja ambacho wangependa kupata au kiwe tofauti katika maisha yao ndani ya miaka 5 ijayo. Kama washiriki walikwisha fanya somo la 1: afya bora ya baadae: Uliza baadhi ya vitu wanavyotamani kupata ili kufikia kama “malengo ya baadae”. Sema

Katika somo hili tutaangalia baadhi ya vikwazo katika afya zetu (au ”wanyama wakali”) ambavyo vinazuia Watanzania wengi kufikia malengo au ndoto zao: kifua kikuu

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Safari ya Mafanikio – Trial Edition (Translated)
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Hatua A2: Eleza mchakato wa chemsha bongo- kuhusu kifua kikuu

Δ Tutaanza na chemsha bongo kuhusu kifua kikuu. Nitawapa maelezo kuhusu kifua kikuu, Kila baada ya maelezo nitawaomba msogee pembeni kulingana na kama mnhisi maelezo ni ya kweli au sio kweli. Kama unadhani maelezo ni ya kweli simama na usogee pembeni ya chumba cha mafunzo, kama unadhani maelezo sio ya kweli simama na usogee upande mwingine wa chumba cha mafunzo, kama haufahamu baki katikati.

Hatua ya A3: Wezesha mchakato wa jinsi ya kuhama na majadiliano kwa kila sentensi pamoja na kutoa ufananuzi wa majibu.

Kwa kila sentensi:
• Soma sentensi.
• Waombe washiriki kuhama kama wanafikiria ni kweli au si kweli.

Baada ya washiriki kuhama uliza mshiriki mmoja au wawili katika kila pembe kwa nini wanadhani sentensi ni kweli au si kweli

Hakikisha kama ni kweli au sio kweli na fafanua zaidi ukitumia maelezo yaliyotolewa kwenye alama hapo chini

Sentensi za chemsha bongo kuhusu kifua kikuu

1) Kifua kikuu huambukizwa kwa kushikana mikono na mtu mwenye kifua kikuu.
2) Kifua kikuu huambukizwa kwa kufanya ngono bila kutumia kinga na mtu mwenye kifua kikuu
3) Kifua kikuu huambukizwa wakati mtu mwenye kifua kikuu anapokohoa au kupiga chafya, ambapo vimelea vya kifua kikuu vinaenda kwenye hewa na watu wa karibu wanaweza ivuta hiyo hewa na kupata hivyo vimelea.

Fafanua Zaidi:

Sentensi #1 na sentensi#2 sio kweli. Huwezi kupata kifua kikuu kwa kushikana mikono au kwa kufanya ngono bila kutumia kinga na mtu mwenye kifua kikuu
1) **Sentensi #3 ni kweli.** Njia pekee ya kusambazwa kwa kifua kikuu ni pale mtu mwenye kifua kikuu anasambaza kwa njia ya hewa. Kushikana mikono au kula pamoja hakuambukizi vimelea vya kifua kikuu. Mtu mwenye kifua kikuu anapokohoa,kupiga chafya,kuimba, kuongea au kucheka vimelea vya kifua kikuu huenda hewani na watu waliopo karibu wanaweza kurupa hewa yenye vimelea na wanaweza kupata maambukizi ya kifua kikuu.

4) **Watu wazima tu ndio wanapata kifua kikuu**

   i) **Sentensi #4 sio kweli.** Watu wazima na watoto wote wanaweza kupata kifua kikuu. Vijana na watoto wachanga ambao kinga ya mwili haijajengeka vizuri wako kwenye hatari zaidi ya kupata kifua kikuu.

5) **Dalili za kifua kikuu ni pamoja na kikohozi cha muda mrefu na kukohoa makohozi yaliyochanganyika na damu.**


6) **Dalili za kifua kikuu ni kutoka jasho na homa za usiku,kukosa hamu ya kula na kupungua uzito**

7) **Dalili za kifua kikuu ni pamoja na kutapika na kuharisha.**

   i) **Sentensi #7 si kweli.** Sentensi #5 na #6 ni kweli. Dalili kuu za kifua kikuu ni pamoja kukohoa kwa wiki 2 na Zaidi,maumivu ya kifua,kukohoa Damu,kutokwa jasho usiku,homa,kukosa hamu ya kula na kupungua uzito.

   i) Kama ni wewe au mmoja wa wanafamilia au jamii au kazini ana hizo dalili, mhamasishe aende kwenye kituo cha huduma za afya kupima.

8) **Watu wanaweza kupata kifua kikuu sehemu yoyote kwenye mwili miili yao.**

   i) **Sentensi #8 ni kweli.** Kifua kikuu kwenye mapafu ndiyo iliyozeleka zaidi, lakini kifua kikuu kinaweza kuathiri sehemu yoyote ya mwili. Hizi aina nyingine za kifua kikuu zinapatikana sana kwa watoto na watu wenyewe VVU ambao wana uwezekano mkubwa wa kuwa na upungu wa kinga mwili.

9) **Kama mtu ana kifua kikuu, Inamaanisha anaishi na VVU**
Sentensi #9 sio kweli. Mtu akiwa na kifua kikuu haimaanishi kuwa ana VVU, Na ukiwa na VVU haimanishi una au utapata Kifua kikuu. Kama mtu ana kinga dhaifu kwa sababu ya VVU (au kwa sababu nyingine) ana uwezekano mkubwa wa kupa ta kifua kikuu. Hata hivyo watu wengi yenye kifua kikuu Tanzania hawana VVU.

10) Kifua kikuu kinatibika kabisa

Sentensi #10 ni kweli. Mtu akipata matibabu kamili ya kifua kikuu atapona kabisa, kipindi cha matibabu ni miezi 6-8, kama kifua kikuu hakijawa sugu kwa dawa mbalimbali.

11) Ni sawa kama ukikosa siku chache za kumeza dawa


12) VVU vinaweza kuponywa kabisa

Sentensi #12 sio kweli. VVU inatibika, na matibabu ya dawa za kufubaza VVU zinapunguza idadi ya VVU katika mwili wa binadamu kiasi ambacho VVU havibeze onekana kwenye vipimo vya damu. Kwa sasa matibabu hayawezi kuponya kabisa VVU kutoka mwilini.

Hatua B: Matibabu ya kifua kikuu Na VVU kwa pamoja

Hatuaya B1: Tambulisha zoezi na malengo yake

Zoezi linalofuata litaelezea kuhusu matibabu ya kifua kikuu, kinga na ufuatiliaji thabiti wa dawa na kile kinachotokoea mtu akiwa na kifua kikuu na VVU.

Hatuaya B2: Tengeneza shemua inayowakilisha mwili wa binadamu

Tengeneza au chora mraba wa ukubwa wa mita 2 kwa 2 kutumia vifaa viliyomo katika mkoba wako kama Kamba ndefu, utepe, chaki, unaweza pia kutumia viti, ukuta n.k.

Hatuaya ya B3: Elezea na onesha matibabu ya kifua kikuu kwa kutumia igizo
Wape washiriki watano (wawezeshaji wasaidizi) wavae Sura zinazooneshaji “chembe hai nyeupe ya damu” “Kifua kikuu” “VVU” Dawa za kufubazaVVU “dawa za kifua kikuu” tumia mapendelezo yaliyopo upande wa kushoto hapo chini. Unapofanya hivyo hakikisha washiriki wanaonesha maelekezo yako kwa kufanya yaliyoandikwa upande wa kulia hapo chini.

Maelezo jinsi ya kuwezesha Igizo la Kifua Kikuu na

<table>
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<th>VVU</th>
<th>Dawa za kufubaza VVU</th>
</tr>
</thead>
</table>

Mapendelezo ya anachosema mwezeshaji

Δ Chembe hai nyeupe zinawakilisha kinga ya mwili wa binadamu, kazi yake ni kama polisi au mlinzi kupambana na kulinda maambukizi yanayotaka kuwinga mwilini.

Δ Kinga ya mwili yenye nguvu Zaidi inaweza kuua vimelea vya kifua kikuu kuto kwa mtu alievuta hiyo hewa.

Δ Kama kinga yako ya mwili ina nguvu kidogo, inaweza isiu vimelea vya kifua kikuu, lakini inaweza kuzua vimelea kuzaliana, watu wenye hawa "maambukizi tulivu ya kifua kikuu"hawaumwa na havana dalili zozote. Kinga ya mwili inakinga kifua kikuu kukua na hivyo hakiammbukizi pia.

Δ Kama mtu anaishi na VVU au kama kuna kitu kitadhoofisha kinga yake ya mwili, Maambukizi ya Kifua kikuu yataanza kushambulia na kuva kifua kikuu kamili, hata hivyo wakati kinga inabaki kuwa imara inaweza bado kudhoofisha maambukizi ya kifua kikuu na kufanya kifua kikuu kichotulia na kisicho na maambukizi.

Jambo la kufanya kwa muwezeshaji na waigizaji

Δ Chembe hai nyepe za Damu zinaingia katika mwili wa binadamu na zinaonekana zina nguvu.

Δ Kinga ya mwili yenye nguvu Zaidi inaweza kuua vimelea vya kifua kikuu kutoka kwa mtu alievuta hiyo hewa.

Δ Kama kinga yako ya mwili ina nguvu kidogo, inaweza isiu vimelea vya kifua kikuu, lakini inaweza kuzua vimelea kuzaliana, watu wenye hawa "maambukizi tulivu ya kifua kikuu"hawaumwa na havana dalili zozote. Kinga ya mwili inakinga kifua kikuu kukua na hivyo hakiammbukizi pia.

Δ Kama mtu anaishi na VVU au kama kuna kitu kitadhoofisha kinga yake ya mwili, Maambukizi ya Kifua kikuu yataanza kushambulia na kuva kifua kikuu kamili, hata hivyo wakati kinga inabaki kuwa imara inaweza bado kudhoofisha maambukizi ya kifua kikuu na kufanya kifua kikuu kichotulia na kisicho na maambukizi.

VVU anaingia mwilini. Chembe hai nyeupe zinamsukuma pembeni kwennye kona nyingine ya mwili, na kuwashikilia kifua kikuu na VVU kwennye kona zao.
### Mapendekezo ya anachosema mwezeshaji

<table>
<thead>
<tr>
<th>Mapendekezo ya anachosema mwezeshaji</th>
<th>Jambo la kufanya kwa waigizaji</th>
</tr>
</thead>
<tbody>
<tr>
<td>Δ VVU vinapoanza kupata nguvu na kinga ya mwili inaanza kudhooofika ni rahisi kwa kifua kikuu kuanza kushambulia. Kifua kikuu mara nyingi hushambulia mapafu na kusababisha kikohoziz (kwa Zaidi ya wiki 2) kikosa hamu ya kula, kutoka jasho usiku, Homa na uchovu. Kukohoa na kupiga chafya husababisha kifua kikuu kusambaa haraka kupidia hewa kwenda kwa mtu mwingine.</td>
<td>VVU anasimama, anashika mikono yote miwili ya chembe hai nyeupe za damu nyuma yake. <strong>Kifua kikuu</strong> sasa anachosema, anakohoa na kuanza kuchaza ndani ya mwili.</td>
</tr>
<tr>
<td>? Tunaweza kutibu kifua kikuu?</td>
<td>Mvalishe sanamu ya dawa ya kifua kikuu mshiriki aliejibu vizuri zaidi. Huyu mshiriki( Dawa ya Kifua kikuu) anaingia mwili anaapambana na kumsukuma kifua kikuu kwenge kona</td>
</tr>
<tr>
<td>Δ Sema kwa mshiriki anayetoa jibu sahihi</td>
<td>Dawa za kufulubaza VVU Inaingia mwili na kusukuma VVU kwenge kona na kemikalisha.</td>
</tr>
<tr>
<td>Baada ya Dawa za kifua kikuu kuanza kifua kikuu kwa “Rafiki” - Rafiki wa karibu, ndugu au mto huduma-Anaye hakikisha anasaidia unaweza dawa za kifua kikuu kila siku bila kuachia. Hii inaitwa (Uangalizi wa karibu wa uonezi dawa kwa muda mfupi)</td>
<td>Dawa za kupambana na Kifua kikuu zinaendelea kusababisha kifua kikuu kwenge kona na kumajaribu kumsukuma kabisa nje ya mwili</td>
</tr>
<tr>
<td>Huyu mtu amekua anatumia dawa za kifua kikuu kwa miezi mitatu. Dalili zake kama za kukohoa zinasimama, anajisikia vizuri kiasi, kifua kikuu hakina nguvu sasa, lakini bado kipo mwili, maka aktasha kumeza dawa kwa siku kadhaa, kifua kikuu kilichobaki ndani ya mwili wake kitaanza kuwa na nguvu tena na inaweza kulota usugu kwa zime dawa. (Sasa hivi kuna taitizo la kifua kikuu sugu Tanzania)hili limetokea kwa sababu wagonjwa hakikisha dawa zao vizuri, wanaweza bado kupenda, lakini ni ngumu zaidi na inachukua muda mrefu.</td>
<td>Dawa za kifua kikuu Hatimaye anaweza kusukuma kifua kikuu kwenge kona na kumtoa nje ya mwili wa binadamu</td>
</tr>
<tr>
<td>Huyu mtu ataendelea kumeza dawa za kifua kikuu kila siku hatata kama anajisikia vizuri, kifua kikuu kinaweza kupenda ikwasi tu utamaeza dawa kila siku mpaka hape daktari atakaposema uache</td>
<td>Dawa za kifua kikuu Anaondoka mwilini</td>
</tr>
</tbody>
</table>

**Hatayva B4: Mapitio ya mwisho na maswali**

- **Hatuaya B4: Mapitio ya mwisho na maswali**
- **Safari ya Mafanikio – Trial Edition (Translated)**
- **April 2015**
Washukuru washiriki wa igizo, Waombe warudi kwenye sehemu zao na kila mmoja wao awapongeze. Uliza kama kuna swali lolote, waulize washiriki wamejifunza nini kwenye igizo hilo.
Hatua C: Wasaidizi wangu

Hatua ya C1: Tumbulisha zoezi na panga Timu

Elezea washiriki kuwa watakuwa wanaashiriki katika zoezi lolote katika mchezo wa “wasaidizi wangu” ambapo kila mshiriki anategemewa kumsaidia mwenzake katika timu timu.

Weka washiriki katika timu za watu 7 mpaka 10 katika kilo timu. Hili zoezi linahusisha kutumia nguvu kwa kusaidiana, kama unadhani zoezi hili litaleta aibu kwa baadhi ya washiriki wakichanganyika wanaume panga timu kwa jinsia moja, kama una washiriki wote wa kike na kiume, panga wanaume kwawake moja na wanawake kwenye timu nyengine, kwa kufanya hivi unaweza kutumia kichangamshi cha mtumbwi unaozama” Katika ukurasa wa 22 na kuishia la “Kundi la watu 8

Unapofikiria “wasaidizi wangu” unapata wazo gani? Katika mecha ya mpira wa mguu, mashabiki wanaasaidiaje wachezaji?

? Baadhi ya majibu yanaweza kuwa wanashangilia, wanahamasisha, wanawatia moyo, na kuwapa motisha na morali wachezaji

? Tunaenda kutengeneza utaratibu wa usaidizi kwa kila mtu

? Uko tayari kusaidia kila mtu kwenye Timu yako?

Hatua ya C2: Fundisha kila Timu jinsi ya kuwa wasaidizi wazuri

Onesha mchakato kwa timu moja wakati timu nyengine zinaangalia. Kwa makini fuata hatua zifuatazo:

1. Simama katikati ya timu yenye watu 7 mpaka 10 na wawezeshe washiriki kuweka duara la kubana katikati, bega kwa bega, weka timu zingine ziangalie.

2. Waambie washiriki wa ile timu kuwa unawaomba “wakusaidie” ili usianguke chini utakapokua unaegemea upande wao.

3. Sisitiza kwamba zoezi hili linataka kila mtu awe mwanga tifu na makini ili kulifanya kwa usalama.

4. Onesha jinsi ya kusimama kama wasaidizi. Wanatakiwa kusimama mguu mmoja mbele ya mwingine, goti umelikunja kidogo, umeinamia mbele, mikono juu na kidogo imekunjwa, hii ndiyo njia thabiti ya kumdaka mtu.

5. Simama katikati ya duara, simama kwa unyooofu kabisa ukiweka miguu pamoja mikono umeikunja kukatiza kifuani kwako na viganja viwe begani.

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7. Chagua sehemu moja ya duara na wa fanye waone unaenda kujia chia upande huo, Uwe na uhakika kila mtu ataenda kukusaidia kukudaka (sio mtu mmoja) na kukusukuma taratibu tena ndani ya duara mpaka usimame vizuri.

8. Usihamishe miguu na simama umenyooka kama mshikio wa fagio, yumba kwenye upande tofauti tofauti, ili kila mtu apate nafasi ya kuona jinsi inavyokuwa kumsaidia mtu. Wafundishe washiriki wa timu wanavyofanya vizuri na jinsi ya kuboresha, kama wanacheka sana waambie hili ni zoezi la umakini na lina hatari kama mtu atadondoka.


### Hatua ya C3: Washiriki wa timu wanapokezana kwenda katikati

Eleza kwamba wanachama wa timu katika kila timu ambao wanataka wanaweza kuchukua zamu katikati ya mduara na "kusaidiwa" na wenzao wa timu yao. Waombe wanaojitolea kwanza waje katikati na kusimama kwa miguu yao pamoja, mikono imekenjwa na kukatiza kifuani na viganja kwenye mabega.

Washiriki wa timu wanakaa kwenye mkao wa kutoa usaidizi, wakianza na mikono yao ikiwa kwa ukaribu na mtu aliyesimama katikati. Mkumbushe kila mmoja kupinda goti kidogo na kusimama kifu mbele na mikono yao ikiwa tayari kumdaka mtu wa katikati, kabla ya kuanza kuwagambo, mtu wa katikati anaya mwili swali la umakini

"Wasaidizi wangu mpo tayari?"

Wakati kila mshiriki wa timu kwenye mduara wameweka mikono yao juu kwenye "mkao tayari" na wameitika "ndiyo" mtu aliye katikati anaweza kusema: sasa naanguka, na baadae aanze kuanguka.

Baada ya mtu wa katikati kujisikia salama, kundi linaweza kumwachia akawa kama anaanguka polepole kabla ya kumdaka, mhamasishie mtu wa katikati kufungwa macho yake wakati anataka kujia chi.

Hamasisha baadhi ya watu kwenda katikati, lakini kama mtu hataki usimlazimishe kwenda katikati.
Hatua ya C4: Wezesha majadiliano kwenye kundi lote
Tumia maswali yafuatayoili kuwezesha majadiliano ya jumla kuhusu uzoefu.

? Ulijisikiaje kuwa katikati, kuwa mmoja anaesaidiwa?
  Majibu yanaweza kuwa nilijisikia salama, kuhisi kusaidiwa, vizuri

? Mlijisikiaje kuwa mmoja wa wasaidizi?

? Ni watu gani katika maisha unaowasaidia?

? Ni watu gani katika maisha yako ambao wanakuwa kama “wasaidizi”? Majibu yanaweza kuwa: marafiki, ndugu wa familia, jirani, au viongozi wa dini

Hatua ya C5: Onesha jinsi unavojisikia ukikosa msaada.
Karibisha kundi la watu 7-9 kujinga na wewe kufanya zoezi tena, na tengeneza duara ambapo kila mshiriki anaweza kuona jinsi kundi linavyofanya. Omba mshiriki mmoja aje ajitolee kusimama katikati, na uliza swali la “uhakiki”. Baadae simamisha zoezi na elezea kuwa unataka kufanya mabadiliko kwanza.

-waambie wasaidizi wawili kuweka mikono yao chini na kujishika kwa nyuma.
-waambie wasaidizi wawili kurudi hatua kubwa nyuma.
-waambie washiriki wawili kuondoka kwenye duara na kurudi kwenye viti vyao.

? Muulize mtu aliesimama katikati:
  ? utafurahi kuendelea na zoezi na unaweza kuanza kuanguka, kwa idadi ya washiriki hawa tu waliobaki kusaidiwa (Kwa vyovyote watakataa).

? Kwa nini unakataa?

? Unajisikiaje?

Waulize washiriki wote:
  - Je hii ni hali inayoweza kutokea wakati wana familia, rafiki, au rafiki wa kazini anapokuwa na kifua kikuu au VVu?
  - Baadhi ya watu wanajiondoa kwenye kusaidia (onesha watu walioweza mikono nyuma).
  - Baadhi ya watu wanajiondoa mbali kutoka kwa mhitaji (Onesha watu waliorudi hatua moja nyuma).

Baadhi ya watu wanamkataa mhitaji na kuondoka mawasiliiano (Onesha wale waliondoka kwenye duara na kukaa chini).

Eleza kuwa hii yote ni mifano ya unyanyapaa kutoka kwa watu wanaokuzunguka -kumuona mtu fulani tofauti au kutomtendea haki kwa sababu ya “kumtambulisha” (kama ana kifua kikuu au ana
Hatua ya C6: Majadiliano: Jinsi ya kutoa msaada bora kwa wenyewe kifua kikuu na VVU.

Uliza na Jadili:

? Je ni nini baadhi ya sababu zinazowafanya watu kukataa, kuhukumu, kepuka, kuonea, watu wanaowahisi au kufanya wana kifua kikuu au VVU?

? Je wana familia wako, wafanya kazi wenzako, na marafiki wangejisikia vizuri kukuambia kuwa wanangua kifua kikuu? Kama sio kwenye sio?

? Kitu gani kinahitaji kubadilishwa? Tunaweza fanya nini mmoja mmoja au kwa pamoja ili kuweza kuwa wakarimu na wasaidizi kwa watu wanaishi na VVU na kuugua kifua kikuu?

Sisitiza umuhimu wa kuwahamasisha wale wenye dalili za kifua kikuu kwenda mapema kwenye kitu cha afya kupima.

Hatua ya C7: Weka usaidizi mzuri katika vitendo

Δ Hatutaki mtu wa katikati kuachwa akijisikia hana msaada. Sasa timu zilizojiondoa kutoa msaada zirudi kwa pamoja na mara hii zito msaada mzuri kwa mtu wa katikati.

Hatua ya C8: Elezea unyanyapaa binafsi na kwamba hatuwezi kukubali tabia za kunyanyapaa kwa wengine

Waulize washiriki:

? Je matendo ya kunyanyapaa ya wasaidizi yanabadili mtu wa katikati?

Elezea kwamba:

Δ Kuna uwezekano itamkosesha amani mtu wa katikati lakini haipa kuwa hivyo. Matendo ya wasaidizi yatamuthire mtu wa katikati kama tu atakubali mitazamo ya unyanyapaa ya wasaidizi. Hii inaitwa kujinyanyapaa au unyanyapaa wa ndani.

Δ Kutakuwa hakuna kujinyanyapaa mwenyewe kama maitikio wake utakuwa “mimi bado ni mtu mzuri” “nimeumbwa wa pekee”, haijalisho kama nina au sina kifua kikuu au VVU mwilini mwangu” kama huo ndiyo mtazamo wako kwangu, hilo ni tatizo lako sio langu.

Sehemu D: Mapitio ya somo na Hitimisho

Hatua ya D1: Rudia maswali ya chemsha bongo.
Haraka haraka rudia lolote kwali yene chemsha bongo ya kifua kikuu (sehemu A) ambapo kuna watu walitot a majibu amambao siyo sahihi au hawakuwa na uhakika mwanzoni. Hakiki na kuona kama kila mtu atatoo majibu sahihi sasa. Kama kuna mtu atakuwa hana uhakika au kutoa majibu sio sahihi, fakanua masuala tena.

Angalia kama wameelewa ujumbe muhimu zote hapa chini.

**Hatua ya D2: Hakikisha jumbe muhimu zimelewaka na toa rufaa**

Sisitiza umuhimu wa wajibu wa familia na wanajamii wengine katika kuelezea swala zima la unyanyapaa na kutoa msaada kwa watu wenye VVU au kifua kikuu au vyote.

Uliza kundi:

? *Kuna huduma gani saidizi nyingine ambazo zinapatikana kwenye jamii yako, na wanasaaidia nini hasa?*

Fafanua misaada inayopatikana, ikiwa ni pamoja na huduma ya bure ya kupima na tiba ya kifua kikuu. Elezea huduma zilizopo na jinsi ya kupata huduma hizo. Tumia fomu ya taifa ya Rufaa (kiambatisho 1) kwa kuwaunganisha watu kwenye huduma zinazopatikana.

Kama una nakala ya maelezo/vipeperushi kwa ajili ya washiriki, wape

### Ujumbe muhimu

- Dalili kama kukohoa (wiki 2 au Zaidi kwa watu wazima wasio na VVU au aina yoyote ya kikohozini na wiki 2 kwa waling na VVU na watoto) kukosa hamu ya kula, kutoka jasho jingi kuliko kawaida hasa za usiku, homa na kikohozini makohozini zaliyochanganyika na damu.
- Mtu yeyote anaweza kuambukizewa kifua kikuu ikiwemo watoto na wakubwa
- Watoto wadogo na watu waishio na VVU ambao hawajaanza tiba ya VVU wapo kwenye hatari kubwa ya kupata kifua kikuu kwasababu kinga yao nisha dhifaa.
- Kama mtu yoyote kwenye familia/ kaya ana kifua kikuu, wapeleke wengine wote wakapima ikiwemo na watoto.
- Ni muhimu kumeza dawa za kifua kikuu kwa kupinda chote kama ilivyoelekezwa (miezi 6-8 na mara cha chache ni miezi 20 au zaidi kwa kifua kikuu sugu.)
- Kifua kikuu kinatibika na kupona na matibabu ni bila malipo .
- Sio kila mgonjwa wa kifua kikuu ana VVU na sio kila mwenye VVU ana kifua kikuu.
- Wakubali na wasaidie wale unaohisi au unajua wana kifua kikuu.
6. Kuzuia Maambukizi Ya VVU Kwa Mtoto Wako

**Somo 7: Kuzuia Maambukizi ya VVU kwa Mtoto Wako**

Ni kwa nini somo hili lifundishwe?

Ifikapo Mwisho wa somo hili washiriki wataweza kufanya yafuatayo:

- Kutambua kuwa inawezekana mtoto kuzaliwa bila maambukizi ya VVU hata kama mama yake mzazi anaishi na VVU.
- Kufahamu kuwa hatari ya mtoto kuambukizwa VVU ni kubwa kama mama atapata maambukizi ya VVU kipindi cha ujauzito.
- Kutambua na kuelewa kuwa utumiaji wa dawa za kupunguza makali ya VVU kila siku katika kipindi cha ujauzito na cha kunyonyesha mtoto unapunguza kwa kiasi kikubwa uwezekano wa mama kumenambukizwa mtoto VVU.
- Kufahamu umuhimu wa kuanza kutumia dawa za kupunguza makali ya VVU mapema kipindi cha ujauzito na kuendelea kuzitumia kuzitumia kwa maisha yote.
- Kuchukua tahadhari kuzuia maambukizi ya VVU kipindi cha ujauzito na nakupunguza makali ya VVU kwa mtoto wa wakati (kwa mfano matumizi sahihi ya kondomu kila unapofanya ngono).
- Kukubali na kuendelea kutumia njia sahihi za kumlisha mtoto mchanga, kumnyonyesha mtoto maziwa ya mama tu kwa miezi sita (6) ya mwanzo bila kuchanganya na kitu chochote.
- Kumeleka mtoto mapema afanyiwe vipimo kubaini kama asembukizwa au la.

Nini kinatokea, kwa ufupi?

**Sehemu A: Wajulishe ni jinsi gani maambukizi ya VVU toka kwa mama kwenda kwa mtoto yanaweza kutokomezwa.**

**Sehemu B: Igizo kuonyesha ujauzito na kujifungua, bila kutumia tibana kwa kutumia za dawa za kupunguza makali VVU (ARV)**

Igizo fupi litakalo washirikisha/litakalo wahusisha washiriki kucheza sehemu tofauti tofauti ndani ya tumbo la mjamzito. Igizo linaonyesha/fafanua na kuelezea kwa njia rahisi ya kuweza kukumbuka kuhusu hatari ya kutokea maambukizi ya VVU kwa mtoto katika kipindi cha ujauzito, kujifungua na kunyonyesha, na jinsi/namna gani yakupunguza hatari ya maambukizi.
Igizo linaonesha nakuelezea/kujadili nini kinachotokea katika maonesho matano tofauti ya igizo hilo.

Onesho la 1: Ujauzito bila kutumia tiba
Onesho la 2: Maambukizi ya VVU au maabukizi mapya wakati wa ujauzito.
Onesho la 3: Kujifungua bila kutumia dawa za kupunguza makali ya VVU (ARV)
Onesho la 4: Ujauzito na kujifungua bila kutumia ARV.
Onesho la 5: Kunyonyesha maziwa ya mama.

Sehemu C: Uchunguzi wa mtoto mapema na kunyonya maziwa ya mama pekee.
Mwuzeshaji fafanua/elezea kuhusu njia sahihi za ulishaji wa mtoto mchanga na kuonesha kwa vitendo umuhimu wa mtoto kunyonya maziwa ya mama katika kipindi cha miezi 6 ya mwanzo bila kuchanganya kitu chochote

Muda: Saa 1.

Vifaa:
• Sura zinazofunika macho moja ya” VVU”na nyingine “dawa za ARV”
• Kamba toka kwenye mkoba wako, fimbo, chaki au gundi ya karatasi, kutengeneza au kuchora njia ya uzazi (sio muhimu)
• Washiriki 12 - 15 au wawezeshaji wasaidizi wanapaswa kushiriki katika igizo na kucheza sehemu tofauti tofauti.
• Kadi zenye Picha zinazoonesha mama mjuzito, mama kabebe mtoto mgongoni na nyingine ya mwanaume.
• Bilauli (glass) ya kioo inazoonesha pande zote, au chupa ya plastiki inazoonesha vizuri.
• Kikombe.
• Kiasi kidogo cha maziwa maziwa ya unga. maji ya vuguvugu kiasi cha 20 ml
• Chumvi kijiko kidogo cha chai
• Limao moja au jusi au kimiminika chenye chachu (kwa mfano jusi ya chungwa au limao, soda).

Jinsi ya kuandaa
• Changanya pamoja ifuatavyo ili mchanganyiko uwe laini na weka kwenye bilauli au chupa ya plastiki.
  o Weka Nusu ya maziwa ya unga.
  o Weka Vijiko 4 vya mezani vya maji vuguvugu
Weka Chumvi nusu kijiko cha chai

Kamua au weka vijiko 4 vya mezani vya limao au kimiminika chenyewa uchachu kwenye kikombe.
• Hakikisha unafaham/jua kwa undani nini kitatokea nakufanyika katika kila sehemu ya igizo.
• Weka vijiko viwili vya maziwa freshi kwenye chupa au bilau ya kioo safiti inayoonyesha pande zote.
• Weka vijiko viwili vya juisi ya limao au kimiminika kingine chenyewa chachu/kemikali(acid) kwenye kikombe.

Jinsi ya kuwezesha somo hili

Sehemu A; Tambulisha ni kwa jinsi gani maabukizi toka kwa mama kwenda kwa mtoto yanavyoweza kutokomezwa

Hatua ya A1: Jadili picha yenye mwanamke mwenye furaha aliyebeba mtoto wake mgongoni.

Waoneshe washiriki hiyo picha na waulize:

? Unaona nini kwenywe picha hii?
Hakikisha washiriki wanatoa maoni ya kwamba mama na mtoto wote wanaonekana wenywe afya bora na furaha.

? Ni jina gani mnadhani tumpe huyu mama?
Kuanzia sasa na kuendelea tumia jina washiriki walilompa huyo mama, badilisha neno “mrembo” na tumia hilo jina alilopewa

? Ni sababu zizi zinazomfanya “mrembo” ajisikie mwenye furaha?
Baada ya kusikiliza mawazo toka kwa washiriki, waambie kwamba sababu mojawapo ambayo humfanya “mrembo” ajisikie mwenye furaha ni mtoto hana maambukizi ya VVU. Yeye na mume wake wamefanya kilalowezekana kuhakikisha kwamba mtoto wao anaishi bila maambukizi ya VVU hata kama wao au mmoja kati yao anaishi na VVU.

Hatua ya A2: Waeleze washiriki lengo la kipindi hiki

Hiki kipindi kitaelezea na kuonesha kwa vitendo na kuburudisha nini wanaume na wanawake wanatakiwa kufanya ili mtoto wao asipate/abaki bila maambukizi ya VVU hataka kama wazazi wote au mmoja kati yao anaishi na VVU.
Hatua ya A3: Tambulisha hatari na hatua za maambukizi ya VVU toka kwa mama kwenda mtoto.

△ Kama kuna wanawake 100 na wote wanashinda na VVU, Ni wangapi kati ya hao 100 mnadhani wataweza kuwaambukiza watoto wao VVU?

Baada ya washiriki kupata nafasi ya kujibu swali,elezea yafuatayo:

Bila tiba,ni takribani watoto 45 kati 100 wanaweza kuambukizwa VVU, wengine 65 waliobaki wakawa hawaja ambukizwa VVU. Damu ya mama na mtoto hazichanganyiki lakini kuna uwezekano mdogo wa kutokea maambukizi ya VVU ikiwa kondoo la mama litakuwa na maradhi/maambukizi ya magonjwa mengine.

Kuwa na ufahamu wa kutosha kwa baba na mama kuhusu VVU, tiba na matunzo, kunaweza kuondoa kabisa/kutokea maambukizi toka kwa mama kwenda kwa mtoto. Na huenda labda mtoto mmoja tu kati 100 ndiyo angeweza kuambukiza VVU na wengine 99 wasiambukizwe.

Kuwa na ufahamu wa kutosha kwa baba na mama kuhusu VVU, tiba na matunzo, kunaweza kuondoa kabisa/kutokea maambukizi toka kwa mama kwenda kwa mtoto. Na huenda labda mtoto mmoja tu kati 100 ndiyo angeweza kuambukiza VVU na wengine 99 wasiambukizwe.

Kuna njia au hatua tatu ambazo maambukizi ya VVU toka kwa mama anayetishi na VVU yanaweza kutokea kwenda kwa mtoto wake: kipindi cha ujauzito, wakati wa kujifungua mtoto na wakati wa kunyonyesha maziwa ya mama.

Kipindi hiki kinajumuisha michezo mbalimbali ya kufurahisha ambayo itafanua/elezea namna ya kutokea hatari ya maambukizi kutokea katika kila hatua.

Sehemu B: Igizo kuonyesha kipindi cha ujauzito na wakati wa kujifungua kwa anayetumia tiba (ARV) na asiyetumia tiba (ARV)

Hatua ya B1: Tambulisha kadi ya picha ya mama mjamzito.
Waonyeshe washiriki kadi ya picha ya mjamzito, waambie washiriki wanampi jina mjamzito anayeonekana kwenye picha. Tumia jina watakalompa. Kwa onesho hili tutamwita Grace.

Hatua ya B2: Ongoza Igizo.
Aidha unaweza kusoma kilichoandikwa katika mfumo waitaliki au kutumia maneno yakao mwenyewe. Unavyofanya hivyo hakikisha wahuksika wanaonyesha kile unachosema. Simamisha Igizo kila mwisho wa sehemu moja ya mchezo ili kila hatua za Igizo/mchezo zieleweke vizuri.
Onesho la 1: Ujauzito(bila tiba -ARV)
Sema(a u tumia maneno yako mwenyewe)

Δ Fikirieni kwamba sehemu hii ya mafunzo inawakilisha mwili wa Grace. Grace anaishi na VVU. Tunataka mcheze majukumu ya vitu mbalimbali ndani ya tumbo lake. Grace ni mjamzito amebeba mtoto mchanga ndani ya tumbo lake. Naweza kupata mtu ajitolee kuwa mtoto mchanga?

Mkalishe kwenye kiti mshiriki aliyejitonea kuwa mtoto mbele ya darasa, au atambae chini kama mtoto.

Δ Tafadhali naomba watu wengine 8 kujitolea kushiriki ili kumlinda
Mkali mkali yake aliyejitonea kuwa mtoto mbele ya darasa.

Watu 8 waijitoneza watengeneze duara kumzunguka mtoto kwa kushikana mikono kama
inavyoonekana kwenye picha hapa pembeni.

Elezea:

Δ Watu waliomzunguka mtoto wanawakilisha ulinzi kwa mtoto pamoja na ukuta imara wa
mfuko wa uzazi (Uterus), mfuko unaomlinda mtoto unaokaa ndani ya kizazi. Kondo la
uzazi ni kama kifuko kidogo cha majani ya chai (tea bags) au kitambaa cha kuchujia maji
inaruhusu vitu mkuu kutoka kwa mama kwenda kwa mtoto kama chakula na
virutubisho ili kumsaidia mtoto kukaa ndani ya kizazi. . Kondo la
uzazi ni kama kifuko kidogo cha majani ya chai (tea bags) au kitambaa cha kuchujia maji
inaruhusu vitu mkuu kutoka kwa mama kwenda kwa mtoto kama chakula na
virutubisho ili kumsaidia mtoto kukaa ndani ya kizazi.

Mara nyingi kondo la uzazi huzuia VVU kutoka kwa mama visiingie kwa mtoto. Lakini
kama mama ni mgonjwa sana ni rahisi kwa kondo la uzazi kutoboka na kuruhusu VVU
cukupenda kwa mtoto. Hii pia inaweza kutokea ikiwa mjamzito anapata ajali
nakondo la uzazi kutoboka/kuharibika.

Δ Hata kama baba na mama wote wana maambukizi VVU tangu mwanzoni mimba
inapotungwa mtoto huwa hana maambukizi ya VVU siku zote.(Ukimwi hauwezi kuangia
ndani ya yai la mama ambaye anaishi na VVU. Manii ya kiume ya mwanaume anayeishi
na VVU huwa zinajumuisha shahawa na chembechembe za VVU, lakini VVU haviwezi
kuingia ndani ya mbegu za mwanaume).
Mtafute mtu (Muwezeshaji msaidizi au mshiriki) acheze kama VVU. Mpe barakoa(sura inayofunika uso) ilioandikwa VVU avae.

Mwambie mshiriki ambaye ni VVU ajaribu kusukuma ukuta unaozlinda mtoto na kujaribu kumbuka mtoto. Wale wote waliomshika mikono kwa nguvu ili kutengeneza ukuta wa ulinzi wa mtoto, wasimame na kushikana mikono kwa nguvu ili wamzufue VVU asimguse mtoto.

VVU anajaribu kumgusa na kumwambukiza mtoto VVU, lakini ni vigumu kwa VVU kupenywa au kupita kutokana na ulinzi uliyomzunguka mtoto. Kama Grace ana afya nzuri, kwa yake imara ya mwili inamsaidia kupambana na virusi na kupunguza idadi yake na kuwa ndogo, kwa hiyo hatakuwa na VVU vingi katika mwili wake. Mtoto ana moyo wake mwenyewe namzunguko wake wa damu yake kama kabisa na maka yake, na katika halii hii hatari ya VVU kupita/kupenywa kutoka kwa mama kwenda kwa mtotokatika kipindi cha ujauzito ni ndogo. Hata hivyo inaweza Grace hajawahi kuwa kwenye kliniki ya afya ya mtoto na hajauzito hali yake ya maambukizi ya VVU, na kwa kutokutumia dawa za kupunguza makali ya VVU kwenye mwili wake, uwezekano wa kupunguza mkono wa VVU kwenye kubadili wa mtoto na kuwepo.

Onesho la 2: Maambukizi ya VVU au maambukizi mapya katika kipindi cha ujauzito

Ikiwa Grace amefanya ngono isiyosalama/ bila kinga na akaambukizwa VVU au alikuwa anaishi na VVU na akaambukizwa tena aina nyingine ya VVU/virusi vya UKIMWI, VVU vitazaliana kwa wingi ndani ya mwili wake. Hii inaonekana hatari zaidi ya VVU kuweza kupita/kupenywa kwenye mfuko wa uzazi wa ujauzito ya kumwambukiza mtoto.

Waombe washiriki wengine 3 wacheze kama VVU mwenye pembe(waweke viganja vyao kichwani huku vidole gumba vyao wavinyooshe kutazama juu kama ishara ya pembe), kwa hiyo kwa sasa, kuna virusi 4 vyote vinataka kupita kwenye ufuko wa ujauzito na kumwambukiza mtoto. Kama inavyoonekana kwenye picha) Safari hii inaweza kwanaweza kuwepo.

Kama mlivyoona ni muhimu sana kwa Grace na mwenzi wake kujiepusha na tabia hatarishi zitakazomweka Grace katika hatari ya kuambukizwa VVU kwenye mkono wa kwa mtotokatika VVU vitajipata na kuambukiza VVU vya UKIMWI.

? Je wanawezaje kujiepusha na hilo?

Unaweza kuzuia maambukizi na maambukizi mapya ya VVU wa kwanja wa ujauzito kwa:

• kuacha ngono
• kutumia kondomo kwa usahihi katika kila tendo la ngono
• Kuanza mapema tiba ya dawa za kupunguza makali ya VVU kila siku kwa maisha yake yote

**Waambie:** hebu tujaribu kufikiria kwamba huyu mwanamke (Grace) ameweza kujiepusha na kuambukizwa tena VVU na ameanza mapema kutumia dawa za za kupunguza makali ya VVU (ARV) ili kupunguza idadi ya VVU na kumkinga mtoto wake asiambukizwe VVU katika kipindi chote cha ujuzito.

Warudishe kwenye viti vyao wale washiriki 3 waliokuwa wanacheza kama VVU wapya na abaki yule wa mwanzo aliyevaa barakoa/sura ya VVU.

**Onesho la 3: Kujifungua bila Tiba (ARV).**
Tengeneza njia yakupita itakayo wakilisha uke / njia ya kupitia mtoto wakati wa kuzaliwa. Tumia fimbo mbili (kama inavyoonekana kwenyi picha), kamba au chaki kuchora kwenyi sakafu au unaweza kuchora mistari miwili kushoto na kulia kwenye ardhi.

**Elezea:**

Δ Wakati wa kujifunguamtoto anatoka kwenye mpuko wa uzazi na kupita kwenye njia nyembamba ya uke. Misuli ya mfuko wa uzazi hujibana na kumsukuma mtoto nje. Ni kawaida mama kutokwa damu wakati wa kujifungu, kama VVU havitadhibitiwa ipasavyo uwezekano wa VVU kutoke kwa mama na kutoweka njia kuingia kwa mtoto ni mkubwa.

Onyesha jinsi mfuko wa uzazi unavyojibana na kumsukuma mtoto nje kupitia njia nyembamba ya uke. VVU anasubiri kwenye njia ya uzazi na kungusa mtoto wakati anazaliwa na kumwambukiza VVU, Kama inavyoonekana kwenyi picha.

**Onesho la 4: Ujauzito na Kujifungua wakati unatumia Tiba (ARV).**
Mrudishe mtoto arudi ndani ya mfuko wa uzazi

Δ Sasa turudi nyuma wakati Grace alipogundua kuwa ni mjamzito. Wakati huu yeye (mwanamke) na mwenzi wake wanaanza kliniki mapema kabla ya mimba haijafika umri wa wiki 12, nakufanikiwa kupima VVU kwa pamoja. Majibu ya mwanamke yanaonyeshi anaishi na VVU. Kwa kulijua hilo mapema kunampa Grace nafasi ya kuzuia maambukizi ya VVU kwa mtoto wake
Δ Alianza kutumia dawa za kupunguza makali yaVVU mapema, kila siku kwa muda ule ule aliopangiwa kutumia kwa maisha yake yote. Dawa za ARV zinashumbulika kudhoofisha VVU na kuzuia kumuambukiza mtoto katika kumindia chote cha ujauzito, wakati wa kujifungua na wakati wa kenyonyesha maziwa ya mama.

Waombe washiriki wengine wacheze kama dawa za ARV na wape barakoa/sura za”dawa” wavwe. Mwambie “dawa” amshikilie “VVU” au kusimama kwenye njia ambazo “VVU” anapita ili “VVU” asimguse au kumkaribia mtoto katika mfuko wa uzazi kipindi cha ujauzito. “dawa” anaendelea kumbana na kumuliza “VVU” asifurukute na kungusa mtoto wakati mdogo wa uzazi unapomsukuma mtoto atoke nje kupitia njia ya uzazi(inaowalikilishwa na fimbo,kamba,na chaki au kwa mistari iliyochorwa kwenye ardhi.) Kama inavyoonyeshwa hapa (picha).

Mtoto anapozaliwa elezea:

Δ Mwanamke anaendelea kuishi na VVU lakini mtoto aliyezaliwa atakwa salama kwasababu uwezekano wa mtoto kuambukizwa VVU ulikuwa mdogo sana.
Δ Ndani ya masaa 6 mpaka 12 baada ya kuzaliwa, mtoto anatakiwa na dawa ya ARV ambayo ataimtumia kwa muda wa wiki sita. Hii inasaidia kuvikabili VVU ikiwa VVU kidogo vilifanikiwa kuingia kwenye mwili wa mtoto. Kwa hiyo ni muhimu kujifungua katika kuishi na dawa ili mtoto wako apate huduma hii mapema.

“dawa” anaendelea kumshikilia “VVU” wakati mtoto anazaliwa.
Mtoto sasa yupo nje ya mwili unaowakilisha tumbo la mwanamke katika Igizo letu.

Mruhusu “dawa” kuondoka na umfute vizuri mtoto aliyezaliwa, mrudishe tena “dawa” aendelee kumaliwa：“VVU” asilete madhara na aendelee kuboresha afya ya mama.

Onesho la 5: Kunyonyesha maziwa ya mama.
Elezea.
Bila dawa za kupunguza makali ya VVU, Kuna hatari ya VVU kupita kwenye maziwa ya mama wakati wa kunyonyesha. Lakini ikiwa mama anaendelea kutumia dawa za kupunguza makali ya VVU kila siku kama alivyoshauriwa, dawa za kupunguza makali ya VVU zitaendelea kudhoofisha VVU, na kusababisha idadi ya VVU ndani ya damu na maziwa kuwa ndogo na hatimaye kuondoa hatari ya mtoto kuambukizwa VVU kwa kupitia maziwa ya mama yake.
Washukuru washiriki wote walioshiriki kucheka sehemu mbalimbali katika Igizo, na waruhusu warudi kukaa sehemu zao. Uliza kama kuna mtu ana swali kuhusiana na Igizo au kama kuna mtu ana mawazo au maoni kuhusu walichoifunza kupitia Igizo hilo.

Sehemu C. Uchunguzi wa mtoto mapema na namna ya kumlisha mtoto mchanga.

Hatua ya C1: kuhusu uchunguzi wa mapema wa mtoto mchanga:

Δ Kama wazazi wa mtoto watakuwa wamefanya kila walichoelazwa na kushauri, hatari ya mtoto kuzaliwa na VVU ni ndogo sana. Lakini ni muhimu sana kwa wazazi kumpeleka mtoto wao hospitalini au kwenyi kitu ch a afya pale mtoto anapo fikisha umri wa wiki 4 mpaka 6. Iwapo mtoto wenu mchanga atakugundulika ana maambukizi ya VVU, tiba na matunzo sahihi yatato lewa haraka iwezekanavyo. Kumu fania uchunguzi mapema na kumpatia tiba mtoto wako kunasaidia kuwa na uhakika wa kuishi na afya njema/bora.

Δ Ni muhimu kwenda kwenyi kitu ch a afya mara kwa mara katika kipindi cha wiki sita (6) za mwanzo, ili kuendelea kuangaliwa afya ya mtoto na kupe wawa dawa ya cotrimoxazole ili kuzuia magonjwa nyemelezi kama nimonia (homa ya mapafu). Ikiwa mtoto hatokuwa na maambukizi ya VVU, mtoto ataacha kupewa dawa ya cotrimoxazole.

Δ Kuna Kipimo maalum kinachotumika kutambua halii ya maambukizi kwa mtoto mchanga. Kipimo hicho kinapima uwepowa VVU kwenyi damu ya mtoto mchanga. Kipimo hiki kinatofautiana na kipimo kinachopima watu wakubwa. Kipimo kinachopima watu wakubwa kinaangalia uwepo wa kinga mwili zilizotokana na maambukizi ya VVU, wakati kipimo cha mtoto kinaangalia uwepo wa mdudu mwenye yaani kirusi cha UKIMWI.

Hatua ya C2: Elezea na Usisitize faida ya maziwa ya mama.

Elezea kwamba:

Δ Kwa sasa tutajikita zaidi katika maswala ya lishe kwa mtoto mchanga. Ni muhimu kwa wanaume kushiriki pia katika swala hili, ili kina baba wawe na ufahamu wa kutosha kuhusu lishe ya mtoto mchanga na waweze kutoa ushirikiano wa kutosha katika kutimiza ratiba ili yokubalika ya kumlisha mtoto mchanga.

Waonyeshe washiriki picha ya mwanaume na mwanamke ambaye ni mjamzito. Tumia majina ya awali yaliyopendekezwa na washiriki. Kwa kitini hiki tutawaita Steven na Grace.

Waulize washiriki:
Kama wenzi hawa walienda pamoja kupima VVU na kupata ushauri nasaha na kukutwa wote hawana maambukizi ya VVU, mnadhani watatakiwa kupanga vipi namna ya kumlisha mtoto wao?

Sikiliza majibu watakayotoa halafu waelezee na uwasisitizie faida za maziwa ya mama kwa mtoto.

Δ Maziwa ya mama ni chakula sahihi kwa watoto. Yanawapa watoto virutubisho vyote pamoja na vitamin na madini muhimu ambayo yanawasaidia watoto kujenga mwili na kukua vizuri. Pia maziwa ya mama yanasaadida sana watoto kujenga kinga za mwili. Mtoto kunyonya maziwa ya mama pekee kwa miezi 6 ya mwanzoni bila kuchanganya na kitu chochote na kuanza kumlisha vyakula vingine kuanzia umri wa miezi sita (6) mpaka umri wa miezi 24 ni njia sahihi/ nzuri kwa afya njema/bora ya mtoto.

Hatua ya C3: Waelezee/ainisha njia/namna ya kumlisha mtoto ikiwa mama ana maambukizi ya VVU lishe mbadala ya mtoto mchanga.

Uliza:

? Kama Steven na Grace watakwenda kupima VVU na kupata ushauri nasaha, na Grace au wote wakagundulika wanaishi na VVU, mnafikiri watapanga nini juu ya lishe ya mtoto wao mchanga atakayezaliwa?

Sikiliza majibu yao, ambayo yatakufahamisha kwa kiwango gani washiriki wanafahamu juu ya soma husika.

Halafu waelezee:
Hata kama Grace anaishi na VVU, kumnyonyesha mtoto kwa miezi 6 ya mwanzo mpaka miezi 12 ni kitu muhimu sana na ndivyo ilivyoshauriwa na Shirika la Afya Duniani pamoja na Wizara ya Afya na Ustawi wa Jamii. Hatari ya maambukizi ya VVU kwa mtoto kutokana na kunyonya maziwa ya mama itakuwa ndogo kama;

1) Grace ataendelea kutumia dawa za kupunguza makali ya VVU kila siku kama alivyoshauriwa na daktari ili kupunguza makali ya VVU katika mwili wake na maziwa yake.
2) Atamnyonyesha mtoto maziwa ya mama tu kwa kipindi cha miezi 6 ya mwanzo bila kumchanganyia na kitu chochote kile.

Hatua ya C4: Onesha kwa vitendo hatari iliyopo ukichanganya lishe katika miezi 6 ya mwanzo.
Elezea:

Δ Kama mtoto atakunywa maziwa ya mama na chakula au kimiminika kingine ndani ya miezi sita ya mwanzo kutakuwa na uwezekano mkubwa wa maambukizi ya VVU kutoka kwa mama kwenda kwa mtoto.

Onesha kwa vitendo zoezi hili.

Waonyeshe washiriki chupa inayoonyesha pande zote yetu maziwa freshi ndani yake. Waambie ni maziwa ya mama. Inamisha chupa upande mmoja kisha inyanyue wima, maziwa yatakuwa yanatelemka kwa taratibu kurudi chini upande mmoja.

Waeleze:
Δ Mnaona jinsi maziwa ya mama yalivyoo laini na yanatengeneza ukuta ndani ya chupa, hicho ndicho kitu kinachotokea ndani ya tumbo la mtoto. Maziwa ya mama yanatengeneza ukuta laini wenye mafuta ndani ya tumbo la mtoto ambao unazuia VVU kuwinga ndani ya mfumo wa damu wa mtoto mchanga.

Waeleze tena:
Sasa ngoja tuone nini kitatokea tukichanganya maziwa ya mama na kimiminika chochote kwenye chupa hii.

Δ Weka juisi ya limao au juisi yoyote yenye chachu kwenye chupa yenye maziwa. Subiri kwa dakika chache yale maziwa lazima yatakatika/yataganda. Inamisha tena chupa yako yenye maziwa na juisi upande mmoja kisha uinyanyue, Sasa hivi lazima itaacha vichengachenga kwenye upande mmoja wa chupa.

Chukua chupa yenye maziwa yaliyoganda nauzunguke kuwaonyesha washiriki kilichotokea ili waweze kuona vizuri. Halafu waambie:
Δ Angalieni- Hiki ndicho kinachotokea tumboni mwa mtoto mchanga anaponyonya maziwa ya mama nakunyonyeshwa pia maziwa ya kopo au kinywaji kingine chochote. Mchanganyiko wa chakula hiki unaharibu ukuta wa kinga tumboni mwa mtoto uliotengenezwa na maziwa ya mama, nakuacha matundu ambayo VVU kutoka kwene maziwa ya mama vinaweza sasa kupita na kuwinga kwene mafuta wa damu ya mtoto.

Kwa hiyo ni muhimu sana kwa mtoto kunyonya au kupewa maziwa ya mama tu katika kipindi cha miezi sita ya mwanzo.
Jambo hili linahitaji ufahamu na ushirikiano kutoka kwa baba na familia yote kwa ujumla.

Sehemu D: Kumshawishi mwenzi kwenda kliniki ya afya ya mama na mtoto mapema katika kipindi cha ujauzito

Hatua ya D1: tumia wahusika kwenye kadi kutambulisha suala la kushawishi wenza kwenda pamoja kliniki

Waoneshe washiriki kadi za Steve na Grace.

Δ Kama tulivyona tangu mwanzoni mwa somo hili, ikiwa Grace na Steve wamepima VVU mapema wakati wa ujauzito, kuna vitu vingi sana wanaweza kufanya ili kumkinga mtoto wao asipate maambukizi ya VVU.

Δ Kuna wakati mwingine mwenzi anasita kwenda kliniki ya mama na mtoto ili wapime pamoja VVU. Labda Grace anasononeka kwa sababu Steve amekataa kwenda nae kliniki. Kama Steve anasita kwenda, Grace anatakiwa awe na mbinu za kumshawishi mwenzi wake waende pamoja kliniki.

Sasa tutumia igizo litakaloonyesha mbinu na mikakati ya kumshawishi mwenzi.

Hatua D2: Igizo linaloonyesha mjamzito anajaribu kumshawishi mwenzi wake kwenda nae kliniki kupima VVU

Omba washiriki wawili wajitolee kucheza “mke mwenye ujauzito” na mwingine acheze kama mume/mwenzi (inawezekana/ruhusiwa pia mwanamke kucheza nafasi ya mume au mwanaume kucheza nafasi ya mke). Mwambie “mke” kwamba ni lazima afanye awezavyo kumshawishi mume wake waende pamoja kupima VVU.

Baada ya igizo, waulize washiriki na mjadili kwa mboya::

? Ni kitu gani mke amefanya au amesema ambacho kimesaidia kumshawishi mme wake kwenda nae kupima pamoja kama weni?

? Nini angesema au kufanya tofauti na alichosema/ alichofanya kwenye igizo?

Waruhusu washiriki kujibu halafu ongeza mawazo yako na mawazo kutoka kwenye kisanduku hapa chini:

ℹ️ Njia/mawazo ya kumshawishi mwenzi kwenda pamoja na wewe kupima VVU
• Anza kwa kujadili pamoja na mwenzi wako juu ya maono yenu kuhusu afya na mafanikio yenu pamoja, mkiwa wenye afya nzuri na watoto wenye furaha.

• Sema: kama wote tumekutwa hatuna maambukizi ya VVU, na tukaendelea kuwa waaminifu tutafurahia bila uoga tendo la ngono bila kondom

• Sema: Kama mmoja wetu ana maambukizi ya VVU na mwingine hana, tunaweza kuendelea kufurahia tendo la ngono kwa kutumia kondomu kwa usahihi katika kila tendo la ngono kuhakikisha hatuambukizani VVU. Na pia inawezekana kupata/kushika/kubeba/mimba na kupata watoto bila ya kuwaambukiza tukifuta ushauri wa wataalam wa afya

• Sema: kama wote tumekutwa na maambukizi ya VVU, tutapata fursa ya kuanza tiba (ARV). Tutasaidiana na kushirikiana, ili kuzuia tusimuambukize mtoto wetu na bado tukaendelea kuishi maisha marefu yenye afya njema/bora na mafanikio.

Hatua ya D3: (hiari/sio lazima ) Waombe washiriki wengine 2 kurudia hatua ya D2, lakini katika igizo hili mjanzito ndio anakuwa mgumu/anasita kwenda kliniki na mume anajaribu kumshawishi

Hatua yaD4: Maswali ya hitimisho.

Uliza:
? Mmejifunza nini kuhusu mwanamke anayeishi na VVU anavyoweza kuzuia maambukizi yaVVU kwa mtoto wake:
  a) Kipindi cha ujauzito?
  b) Wakati wa kujifungua?
  c) Na anapomnyonyesha mtoto maziwa ya mama?

? Mmejifunza nini kuhusu mwanaume/mume anachoweza kufanya kuzuia maambukizi ya VVU kwa mtoto:
  a) Kipindi cha ujauzito?
  b) Wakati wa kujifungua?
  c) Na wakati mtoto wake anaponyonya maziwa ya mama?

Hakikisha ujumbe muhimu uliokusudiwa hapo chini unaendana na majibu yatakayotolewa.

UJUMBE MUHIMU.
• Ni muhimu sana kwa mjamzito na mume au mwenzi wake kujua hali yao ya maambukizi ya VVU- Wewe na mwenzi wako kwenda kupima mapema wakati wa ujauzito
• Hatari ya maambukizi ya VVU kwa mtoto inaweza kupunguzwa kwa kiasi kikubwa kwa kutumia dawa za kupunguza makali ya VVU.(ARV)
• Kama mama akiambukizwa VVU au kupata maambukizi mapya wakati wa ujauzito, kipindi ananyonyesha hatari ya maambukizi ya VVU kwa mtoto inaongezeka sana. Kwa hiyo ni muhimu sana kuzuia kupama maambukizi ya VVU wakati wa ujauzito na kunyonyesha, kwa mfano kufanya ngono salama/ kutumia kondomu.
• Ni muhimu pia kwa baba wa mtoto kushiriki na kuelewa masuala haya, ili aweze kutoa ushirikiano wakutoshia
• Kunyonyesha maziwa ya mama tu kwa muda wa miezi 6 ya mwanzo ni kitu muhimu sana kwa afya na ukuaji wa mtoto. Hata mtoto atakapoanza lishe mbadala baada ya miezi sita, mama aendelee kunyonyesha mtoto wake kwa muda wa mwaka mmoja.
• Ni muhimu kujifungulia katika kituo cha afya ili mtoto aliyezaliwa na mama mwenye VVU apewe dawa za ARV mapema ndani ya masaa 6 mpaka 12 ili kumkinga maambukizi ya VVU
7. Afya ya Uzazi na Mtoto

Somo 8: Afya ya Uzazi na Mtoto
**Kwa nini somo hili lifundishwe?:**
Ifikapo mwisho wa somo hili washiriki wataweza kufanya yafuatayo:

- Kumshirikisha/Kumwambia mwenzi wake mara tu atakapohisi ujauzito
- Kwenda kliniki kabla ya miezi mitatu ya ujauzito
- Kuhudhuria kliniki angalau mara nne kwa kipindi chote cha ujauzito
- Kupima VVU pamoja na mwenzi wake
- Kulala kwenye chandarua chenyenya dawa kila kila usiku kwa kipindi chote cha ujauzito
- Kutunza chandarua na kushona chandarua pindi kitakapochanika
- Kumeza angalau dozi 3 za SP kwa kipindi chote cha ujauzito
- Kumeza vidonge vya kuongeza damu mwilini (FeFo) kwa kipindi chote cha ujauzito
- Kupata chanjo 3 za pepopunda wakati wa ujauzito
- Kula vyakula vyenye vitamini A wakati wa ujauzito
- Kuandaa mpango binafsi wa kujifungua salama
- Kuzifahamu dalili za hatari kwa mjamzito na mama aliyejifungua na kuchukua hatua
- Kwenda kujifungua kwenye kitu cha afya
- Kuhudhuria kliniki angalau mara nne baada ya kujifungua
- Kunyonyesha mtoto maziwa ya mama pekee kwa miezi sita ya mwanzo
- Kuhakikisha mtoto anapata chanjo zote kulingana na ratiba
- Kuhakikisha mtoto anapata matone ya vitamini A akiwa na umri wa miezi 6 na mwaka moja
- Kutumia njia za uzazi wa mpango ili aweze kusubiri miaka miwili kabla yakupata ujauzito mwingine

**Hili somo limemlenga nani?**
Hili somo ni mahususi kwaajili ya wanaume na wanawake wanaotegemea kupata mtoto hivi karibuni, walio na mpango wakupata mtoto au wanategemea kupata mtoto ndani ya mwaka mmoja au miwili ijayo.

**Nini kinatokea kwa ufupi?**

![Sehemu A: Embu tafakari/fikiria mtoto wako wa kwanza au wapili ana umri wa mwaka mmoja](image)

Sehemu A: Embu tafakari/fikiria mtoto wako wa kwanza au wapili ana umri wa mwaka mmoja

Kila mshiriki afikirie maisha yake ya baadae kama mzazi mwenye mtoto au watoto wenye furaha na afya nzuri. Hili zoezi litatoa *motisha* kwa wazazi kuchukua hatua ya kushughulikia
Jinsi ya kuwezesha somo hili

SEHEMU A: Fikiria mtoto unaetegemea kumpata au uliye nae ana umri wa mwaka mmoja.

Hatua ya A1: Waombe washiriki watoe uzoefu wao wakuwa na mtoto mdogo

Uliza washiriki:

- Nani kati yenu ana watoto?
- Unajisikiaje kama mzazi ukiwa na mtoto mdogo na mwaka mmoja mwenye afya nzuri?
- Nini kinakufurahisha unapokuwa na mtoto mdogo mwenye afya nzuri?

Waoneshe picha ya familia yenye furaha

Uliza:

- Unaona nini kwenye picha?
- Unadhani kwanini wanafuraha?

Hakikisha ‘kwasababu wote wana afya nzuri’ nimoja wapo ya majibu ya washiriki

Hatua ya A2: Fikiria mtoto utakaye kumpata baadae ana umri wa mwaka

Fikiria wakati ujao mtoto atakaye fuata (au wa kwanza) anakaribia mwaka mmoja na ana afya nzuri na furaha. Inawezekana ikawa ni mwaka hadi miezi 18 kuanzia sasa ikiwa wewe au mwenza wako tayari mjamzito. Vinginevyo inawezekana kuwa miaka 2 au zaidi kutoka sasa. Fikiria una muangalia mtoto wako..

- Mtoto wako anafanya nini na anasema nini?
- Ana taambaa au anatembea?
- Fikiria umemnyanyua mtoto wako na umembeba kwenye mikono yako kama hivi.
Weka mikono yako kama umembeba mtoto mdogo. Nenda kwa muwezeshaji wa pili au mmoja wa washiriki na kusema hivi:


Wambie washiriki:

_Simameni na embu fikiria umembeba mtoto wako wakunyeshe mwenza mtoto wako na mweleze jinsi unavyojivunia kuwa mzazi bora. Mweleze ni mzazi wa namna gani unataka kuwa kwa siku zijazo. Anza sentensi na “mimi ni....

**Hatua ya A3: Waeleze washiriki lengo la hiki kipindi**

Eleza:

_Kuna mambo mengi wote wake kwa waume wanaweza kufanya ili kuhakikisha mtoto anakua na afya bora kuanzia akiwa tumboni kwa mama yake, wakati wa kuzaliwa, na baada ya kuzaliwa. Vile vile kuna mambo mengi yanayoweza kumfanya mama aendelee kuwa na afya nzuri wakati wa ujuzito, kujifungua na baada ya kujifungua._

_Kipindi kitafafanua mengi ya mambo hayo, ili uweze kufanikisha malengo/ maono uliyeleza familia yenye afya bora na watoto wenye furaha._

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**SEHEMU B: Chemsha bongo ya kamba yakuaniyia nguo**

**Hatua ya B1: Funga kamba kwenye pande mbili ning’iniza picha ya” familia yenye furaha”**

Funga kamba yako yakuaniyia nguo (kama ulikuwa hujafanya hivyo kabla ya kipindi). Kama hamna sehemu za kufungia hii kamba, omba washiriki wawili wajitolee kusimama kila moja ashike ncha moja ya kamba.

Ninginiza picha ya ‘familia yenye furaha’ mwisho wa upande wa kulia wa kamba kwa kutumia vibanio viwili.
Hatua ya B2. Tengeneza timu mbili kisha elezea shuguli itakayofuata

Wagawe washiriki kwenye timu mbili. Timu moja iite (Timu nyekundu) weka kibanio chekundu upande wa kushoto mwisho wa kamba ya nguo. Timu ingine iite (Timu bluu) weka kibanio cha bluu pembeni ya kibanio chekundu.

Δ Hiari/sio lazima: Karibisha kila timui chague jina la timu yake, halafu tumia majina waliochagua.
Δ Kila timu itaigiza kama mshauri wa wenzi, ambao ndio kwanza mwanamke amepata ujuzito. Kila timu itawakilishwa na kibanio chake cha nguo. Changamoto ni kuwa weka wenzikaribu na picha inayonesha “familia yenye furaha”

Hatua ya B3: Jadili na toa alama kwa timu kulingana na tabia zilizo orodheshwa kwenye jedwari hapo chini.

Kwa kutumia jedwali hapo chini, ukianzia na namba 1 mpaka namba 12 Jadili maswali mbalimbali naipe timu alama kama ifuatavyo, tumia namaba 1 kama mfano:

Uliza timu ya bluu swali la 1
Mwanamke analisi ana ujauzito. Je ni vema asubiri mwezi moja au miwili kabla ya kumwambia mwenzi wake au mtu yoyote atakae msaidia kwenye kipindi cha ujauzito, kujifungu na baadae?

Ruhusu timu itoe jibu. Kama jibu au maelezo sio mazuri au sahihi, ruhusu timu nyingine kuongeza maoni yake. Ikibidi, ili kuhakikisha washiriki wamelewa, ongeza maelezo yako, kwakutumia maelezo yaliyo kwenye safu ya kulia ya jedwali lako. (Angalizo: Kama watu wanalewa kwa nini wanapaswa kufanya kitu Fulani, ni rahisi kwao kukumbuka na kulitekeleza hivyo maelezo ni muhimu).

Tangaza ni alama ngapi timu imepata (Kama ilivyopendekezwa kwenye safu ya jedwali) halafu sogezza kibanio cha timu husika namba au alama kwenye kamba karibu na picha inayonesha picha yenye familia ya furaha kama timu imejibu vizuri. Au mbali na familia yenye furaha kama majibu na maelezo sio sahihi. Kama timu imetoa jibu la kipekee na maelezo mazuri unaweza kuongeza alama zaidi.

Picha: Baada ya timu nyekundu kutoa jibu sasa, mwezesha kibi kibanio chekundu karibu na picha ya familia yenye furaha.

Endelea na maswali mengine yaliorodheshwa kwenye jedwali. Fafanua kuwa watu tofauti kutoka kila timu wanapaswa kujibu kila zamu, ili kila mtu ashiriki.
<table>
<thead>
<tr>
<th>#</th>
<th>Timu</th>
<th>Swali</th>
<th>Alama</th>
<th>Maelezo</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Bluu</td>
<td>Mwanamke anahisi anaujauzito. Je ni vema asubiri mwezi moja au miwili kabla yakeumwambia mwenzi wake au mtu yoyote atakae msaidia kwenye kipindi cha ujauzito, wakati wa kujifungua na baadae?</td>
<td>-1 (sogea mbali na familia yenye furaha) kama timu ikikubali kwamba mwanamke huyo asubiri&lt;br&gt;+1 (sogea karibu na familia yenye furaha) kama wakijibu kwamba amwambie mwenzi wake maratu atakapohisi kuwa mjambizo.&lt;br&gt;+2 kama wataeleza vizuri kwa nini ni muhimu?</td>
<td>Kama wenzi wote wawili wakifahamu mapema kuhusu ujauzito, wanaweza kupaanga pamoja na mjambizo anaweza kupata msaada anaohitaji mapema.</td>
</tr>
<tr>
<td>2</td>
<td>Nyekundu</td>
<td>Ni sahihi kwa mjambizo na mwenzi wake kwenda pamoja kliniki ya wajawazito kwa mara ya kwanza ujauzito ukiwa na miezi 4?</td>
<td>-1 kama timu itakubali.&lt;br&gt;+1 kama wakisema na kuelezea kwamba waanze kwenza kliniki kabla ya wiki 12 (miezi 3)</td>
<td>Kwa ujauzito wenye afya na ukuaji mzuri wa watoto aliyetumboni mjambizo na mwenzi wake wanatakiwa kuanza kliniki mapema kabla ya wiki 12 za mwazo za ujauzito.</td>
</tr>
</tbody>
</table>
**3** | Bluu | Je kwenda kliniki ya wanawake wajawazito mara tatu inatosha? | -1 kama timu ikikubali kwamba mara 3 inatosha.  
+1 kama wakisema inatakiwa angalau mara 4  
+2 kama wakielezea kwanini inatakiwa angalau mara 4 | Kuudhuria angalau mara 3 ni vizuri kuliko kutohudhuria kabisa, lakini anatakiwa kuudhuria kliniki mara 4.  
Kuna mambo vipimo na dawa atakazo pewa mjamzito katika hatua mbali mbali za ujauzito. Ili kupata huduma zote mjamzito anazopaswa kupata ni muhimu ahudhurie kliniki ya wajawazito angalau mara 4.  
Kuudhuria angalau mara 3 nivizuri kuliko kutohudhuria kabisa, lakini anatakiwa kuudhuria kliniki mara 4.  
Kuna mambo vipimo na dawa atakazo pewa mjamzito katika hatua mbali mbali za ujauzito. Ili kupata huduma zote mjamzito anazopaswa kupata ni muhimu ahudhurie kliniki ya wajawazito angalau mara 4. |

| 4 | Nyekundu | Nisahihi mwenzi wakiume kwenda na mjamzito kupima VVU na kila moja afahamu majibu ya mwenzake? | -1 kama timu ikisema hii hatajiki  
+1 timu ikikubali  
+2 kama wakielezea umuhimu wa wenzí kwenda kupima wote pamoja. | Kama wenzí wote wawili wakijua na hatua za VVU, wana wëza kusaidiana na kupanga namna ya kuzuia maambukizi kati yao na mtoto ambae hajazaliwa au mtoto anaenyonyeshwa.  
Kama wenzí wote wawili wakijua na hatua za VVU, wana wëza kusaidiana na kupanga namna ya kuzuia maambukizi kati yao na mtoto ambae hajazaliwa au mtoto anaenyonyeshwa.  
Kama wenzí wote wawili wakijua na hatua za VVU, wana wëza kusaidiana na kupanga namna ya kuzuia maambukizi kati yao na mtoto ambae hajazaliwa au mtoto anaenyonyeshwa.  
Kama wenzí wote wawili wakijua na hatua za VVU, wana wëza kusaidiana na kupanga namna ya kuzuia maambukizi kati yao na mtoto ambae hajazaliwa au mtoto anaenyonyeshwa. |

**5** | Bluu | 1. SP inafanya kazi gani kwa mjamzito?  
2. Mjamzito anatakiwa kunywaa dozi ngapi za SP kipindi chote cha ujauzito wake? | -1 kama washiriki wakijibu dozi moja au 0 (Kibanio hakisoge)  
+1Wakisema dozi 2 ( kwani haya ndiyo ilikuwa maelkezo ya idadi ya dozi hapo zamani)  
+2 wakisema angalau dozi 3 kipindi chote cha ujauzito. | SP ni vidonge kwa ajili ya mjawazito, inazuia athari za malaria wakati wa ujauzito.  
Zamani mwanamke mjamzito alitakiwa kunywa dozi 2 tu kipindi cha ujauzito.  
Maelkezo ya sasa hivi, mjamzito anatakiwa ni kunywa angalau dozi 3 katika kipindi chote cha ujauzito.  
Maelkezo ya sasa hivi, mjamzito anatakiwa ni kunywa angalau dozi 3 katika kipindi chote cha ujauzito.  
Maelkezo ya sasa hivi, mjamzito anatakiwa ni kunywa angalau dozi 3 katika kipindi chote cha ujauzito. |
<table>
<thead>
<tr>
<th>6</th>
<th>Nyekundu</th>
<th>Ni sahihi kwa mjamzito kulala bila chandarua wakati wa msimu wa joto au msimu wa mbu wachache?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>-1 kama timu ikikubali hii ni sahihi +1 kama wakisisitiza umuhimu wakutumia chandarua kila usiku. +2 Wakiieleza umuhimu wa mjamzito kulala kwenye chandarua kila siku</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mjawazito yuko hatarini zaidi kupata ugonjwa wa malaria na kusababisha madhara kwa mama na mtoto. Ni muhimu mjamzito alale kwenye chandarua chenywe dawa kipindi chote cha ujauzito na baada ya kujifungua ili kujikina na ugonjwa wa malaria</td>
</tr>
<tr>
<td>7</td>
<td>Bluu</td>
<td>Vidonge vya madini chuma ni nini? • Vina fanya kazi gani au vinazuia nini? • Mjamzito anatakiwa kuvitumia mara ngapi? • Je ni kwa muda gani anatakiwa kutumia dawa hizi baada ya kujifungua?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>+1 kwa kila jibu sahihi • Vidonge vya madini chuma vinafany a kazi ya kuongeza damu mwilini • Vidonge vya madini chuma vinazuia mama kupata upungu wa damu, wakati wa ujauzito na baada ya kujifungua. • Vinazuia mama kujifungua mtoto mwenye hitilafu ya ubongo na uti wa mgongo.. • Ili vidonge vya kuongeza damu vifanye kazi vizuri mjamzito anatakiwa kumeza kila siku, kwanzia mimba changa hadi siku 90 (miezi 3) baada ya kujifungua</td>
</tr>
<tr>
<td>Page</td>
<td>Nyekundu</td>
<td>Bluu</td>
</tr>
<tr>
<td>------</td>
<td>------------------</td>
<td>-------------------------</td>
</tr>
</tbody>
</table>
| 8    | • Pepopunda au taya kukaza ni nini?  
• Je mjamzito anatakiwa kupata dozi ngapi za pepopunda ili kumkinga na pepopunda au taya kukaza? | Ni vyakula gani muhimu mjamzito anatakiwa kula?  
+1 kwa kila kimoja atakachotaja mwanakikundi:  
• vyakula vyenye vitamini A kwa wingi  
• mayai  
• Maziwa  
• Nyama  
• viazi vitamu  
• Mboga za majani, mafuta ya mawese, na matunda | Je ni vema kufuata ushauri wa ndugu ambao ni wakubwa kwako wanaosema kimila mwanamke anatakiwa ujifungulie nyumbani?  
-2 kama timu ikikubali  
+2 wakisitiza kwamba wenzi hususani baba wa mtoto akisimamia mjamzito ajifungulie kwenye kituo cha afya itaongeza nafasi ya mama kujifungua salama |
| 9    | +1 kwa kila jibu sahihi          | +1 kwa kila kimoja atakachotaja mwanakikundi:  
• vyakula vyenye vitamini A kwa wingi  
• mayai  
• Maziwa  
• Nyama  
• viazi vitamu  
• Mboga za majani, mafuta ya mawese, na matunda | Vyakula hivi vinavirutubishi vyote vinavyohitajika kwa maendeleao ya mjamzito na ukuaji mziru wa mtoto wake aliye tumboni. |
| 10   | • Pepopunda au taya kukaza ni ugonjwa hatari ambao unaweza kusababisha kifo. Ugonjwa wa pepopunda unasababisha kukaza kwa misuli ya mwili mzima na kupelekea mdomo kushindwa kufunguka ambayo inasababisha mtu ashindwe kufungua mdomo au kumeza chochote  
• Mwanamke anatakiwa kupata angalau chanjo mbili za pepopunda wakati wa ujauzito. | Je ni vema kufuata ushauri wa ndugu ambao ni wakubwa kwako wanaosema kimila mwanamke anatakiwa ujifungulie nyumbani?  
-2 kama timu ikikubali  
+2 wakisitiza kwamba wenzi hususani baba wa mtoto akisimamia mjamzito ajifungulie kwenye kituo cha afya itaongeza nafasi ya mama kujifungua salama | Kujifungua mtoto nyumbani kunaongeza hatari ya mama na mtoto kufa, kwani hakuna vitendea kazi na ujuzi pindi tatizo litakapo jitokeza. |
<table>
<thead>
<tr>
<th>11</th>
<th>Bluu</th>
</tr>
</thead>
<tbody>
<tr>
<td>• <strong>Ni muhimu kujadiliana na kuandaa na mwenzi wako mpango binafsi wa kujifunguwa salama?</strong></td>
<td></td>
</tr>
<tr>
<td>• <strong>Kwanini mpango binafsi wa kujifunguwa salama ni umuhimu?</strong></td>
<td></td>
</tr>
<tr>
<td>• <strong>Ni vitu gani vya kuzingatia wakati wa kuanda mpango binafsi wa kujifunguwa salama?</strong></td>
<td></td>
</tr>
<tr>
<td>• <strong>Ni nani mwengine anahitaji kuhusishwa kwenyepango binafsi wa kujifunguwa salama?</strong></td>
<td></td>
</tr>
<tr>
<td>-2 <strong>kama timu ikisema mpango wa kuzaa salama hauna umuhimu</strong></td>
<td></td>
</tr>
<tr>
<td>+1 <strong>wakisema mpango wa kuzaa salama ni umuhimu.</strong></td>
<td></td>
</tr>
<tr>
<td>+1 <strong>wakitoa sababu nzuri +2 kama wakielezea kwa ufasaha nini kizingatiwe/kiongezewe na faida za mpango wa kujifunguwa salama</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12</th>
<th>Nyekundu</th>
</tr>
</thead>
<tbody>
<tr>
<td>• <strong>Njamzito anatakiwa kufahamu dalili zote za hatari wakati wa ujauzito na awewe kuchukua hatua mapema.</strong></td>
<td></td>
</tr>
<tr>
<td>• +2 <strong>kama timu ikikubali kwa wana familia wanapasa pia kujua juu dalili za hatari na awewe kuchukua hatua.</strong></td>
<td></td>
</tr>
<tr>
<td>• <strong>Ni muhimu mama aliyejiunguwa, mwenzi wake na wana familia kuzifahamu dalili za hatari na kuchukua hatua mapema.</strong></td>
<td></td>
</tr>
</tbody>
</table>
Hatua ya B4: Dalili hatari kwa mjanzito

Uliza makundi yote mawili

? Je Dalili gani za hatari zinapojitokea wakati wa ujauzito, ni muhimu kuwahi kituo cha kutolea huduma za afya? Na kama ukitaja kizunguzungu ni dalili ya hatari uwe tayari kusimama na kuigiza kama mtu mwenye kizunguzungu?

Pata jibu moja kutoka kwa timu ya bluu (ikiwemo na tendo), na lingine kutoka kwa timu nyekundu, nk. Toa alama moja kwa kila jibu sahihi. Endelea mpaka watu wote watakapoishi majibu. Kisha andika kwa ufupi orodha hapa chini halafu sisitiza lolote lililosahaulika

Dalili za hatari kwa mjanzito

Nenda haraka kituo cha afya kilicho karibu kama unadalili zifuatavyo:

• Kuvimba kwa mikono na sura
• Kuumwa kwa kichwa
• Kizunguzungu
• Kushindwa kuona
• Kupumua kwa shida
• Kutokwa na damu
• Kuhisi uchungu kabla ya wakati
• Maumivu ya tumbo
• Homa/kusikia baridi
• Mkojo kutoka kidogo

Hatua ya B5: Pitia maendeleo ya ulewa na maswali ya kliniki ya wanawake wajawazito, kisha endelea na kliniki ya wanawake waliojifungua namba 13 mpaka 18

Uliza kama kuna mtu ana swali kwenyewe mambo yaliyo zungumzwa kitu gani mwanamke anatakiwa kufanya kipindi cha ujauzito.

Elezea kwamba utaendelea na mtindo ule wa mwanzo kuelezea kliniki ya wanawake waliojifungua
<table>
<thead>
<tr>
<th>na</th>
<th>Timu</th>
<th>Swali</th>
<th>alama</th>
<th>Maelezo</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>Nyekundu</td>
<td>Je baada ya kujifungua, mama anatakiwa kusubiri masaa kadhaa kabla ya kumnyonyesha mtoto, ili kuepuka kumpa mziwa ya njano ya mwanzo</td>
<td>+ soge karibu na familia yenye furaha -soge mbali na familia yenye furaha</td>
<td>Ni muhimu kumnyonyesha mtoto wako ndani ya saa moja baada ya kujifungua. maziwa ya njano ya mwanzo yana protini, vitamini, madini na kinga kusaidia mtoto kuwa na afya bora na kupambana na magonjwa</td>
</tr>
<tr>
<td>14</td>
<td>Bluu</td>
<td>Kama unanyonyesha, ni sahihi kumpa mtoto wako chakula au kitu cha kunywa kwa kwa miezi 4 ya mwanzo.</td>
<td>-1 kama timu ikikubali +1 kama timu ikisema anatakiwa kunyonyeshwa moja kwa moja au ndani ya saa moja ya kwanza tangu ajifungue +2 wakieleza vizuri kwanini</td>
<td>Maziwa ya mama pekee yanatosheleza kumpa mtoto virutubishi vyote kwa miezi sita ya mwanzo na yana maji yakutosha kukata kiu kwa mtoto. Maziwa ya mama pekee inamanisha kwamba mtoto asipewe kitu chochote (ila dawa alizoandikiwa na daktari). Kuchanganya maziwa ya mama na vyakula vingine kunapunguza uwezo wa kumkinga mtoto na magonjwa a u maambukizi.</td>
</tr>
<tr>
<td>15</td>
<td>Nyekundu</td>
<td>Ni mara ngapi mama na mtoto wanatakia kwa kumpa kliniki ya mama aliejifungua?</td>
<td>-2 kama timu ikisema hakuna hata au 1 -1 kama timuikisema 2 au 3 +1 kama wakisema japo kwenda kliniki ya wanawake waliojifungua mara 4 +2 kama wakieleza kwanini</td>
<td>Kwenda kliniki ya mama aliyejifungua ni muhimu katika vipindi mbalimbali ili kufuatilia maendeleo ya mama na mtoto, na mtoto apate chanjo zote. Pia inasaidia kugundua na kutibu magonjwa yanatojitekea kabla hayajawa sugu.</td>
</tr>
</tbody>
</table>
Hatua ya B6: Elezea kwa ufupi ulichojifunza katika mczeo
Toa pogezi kwa timu zote mbili kwa mchango katika mczeo, kisha elezea kwa ufupi walichojifunza

<table>
<thead>
<tr>
<th>Hatua</th>
<th>Bluu</th>
<th>Nyekundu</th>
<th>18 Bluu</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>Je, ni sahihi kwa mtoto wako kupata baadhi ya chanjo na sio chanjo zote?</td>
<td>Je wazazi wanapaswa kuhakikisha kwamba mtoto wao anapatamone ya vitamini A katika miezi 6 ya mwanzo?</td>
<td>Wenzi wanafahamu kwamba ni vema kusubiri kidogo kabla ya kupata ujauzito mwengine, lakini pia wanasema huwezi kushika mimba wakati unanyonyeshi, hivyo usitumie uzazi wa mpango</td>
</tr>
<tr>
<td></td>
<td>-1 kama timu ikikubali +2 kama timu ikisisitiza ni muhimu mtoto kupata huduma za chanjo zote, ili kumkinga mtoto na magonjwa</td>
<td>+1 kama timu ikisema hivi ni sawa +1 kama wakisema kuna uwezekano wa kushika mimba kama bado unanyonyesha, hivyo unatakiwa kuanza kupanga uzazi na kutumia njia za uzazi wa mpango mara baada ya kujifungua</td>
<td>Kuna uwezekano mdogo wa mwanamke kushika mimba wakti ananyonyesha, lakini inaweza kutokea. Ilikuhakikisha watoto wako wanapishana ni lazima wewe na mwenzi wako kuaamu na aina gani ya uzazi wa mpango mngependa kutumia, pia imependekezwa kusubiri miaka 2 kabla ya kupata ujauzito mwengine.</td>
</tr>
<tr>
<td></td>
<td>Chanzo zinamkinga mtoto na magonjwa ambayo yanaweza kupekelea kifo mapema</td>
<td>Wazazi wanapaswa kuhakikisha mtoto anapatika vitamini A ndani ya miezi sita na mwaka mmoja pia.</td>
<td></td>
</tr>
</tbody>
</table>

**SEHEMU C: KIPEPERUSHI CHA WAZAZI**

Hiari/sio lazima- Tumia chati hii kwa vikundi vya wanawake wajawazito na wazazi wao wenye uwezo wa kusoma na kuandika

Hatua ya C1: Tambulisha na kuelezea kipeperushi cha wazazi, onesha namna gani wanaume wanahusika.
8. *Mchezo umetambulisha vitu vingi ambavyo wenzi wanaweza kufanya ilikuhakikisha mama na mtoto wanakua na afya bora katika kipindi cha ujauzito, baada ya kuzaliwa na mwaka moja baada ya kujifungua*

9. *Vitu hivi vimeandikwa kwa ufupi kwenye vipeperushi ambavyo nitawapa sasa hivi*

Gawa nakala za vipeperushi vya wazazi kwa kila mshiriki

Pitia kipeperushi na washiriki, fafanua sehemu mbali mbali zilizogawanywa katika kipeperushi hicho, na hakikisha wanakielewa

? *Ni vitu/mambo gani yaliotajwa kwenye kipeperushi yanayomhusu mwanaume au ambayo mwanaume anaweza kusaidia*

Waruhusu washiriki wajibu. Kisha ongeza mambo yafuatayo kama ni lazima:

<table>
<thead>
<tr>
<th>Wanaume kama wenzi (na wanafamilia wengine) wanaweza kusaidia/kutoa msaada kwa:</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Kumsindikiza mke/mwenzi wake kliniki za wanawake wajawazito</td>
</tr>
<tr>
<td>○ Kupima VVU na mke/mwenzi wake</td>
</tr>
<tr>
<td>○ Kumlinda mama na mtoto wasipate maambukizi ya VVU kwa kufanya ngono salama katika kipindi cha ujauzito na wakati mama ananyonyesha.</td>
</tr>
</tbody>
</table>

○ Kujadili na kukubaliana mpango binafsi wakujifungua salama na mkewe/mwenzi na watu wa karibu, ili kuhakikisha mke/mwenzi anafika katika kituo cha afya na kupata ujifungua salama.

○ Kutumia mbinu za kuzuia malaria kama vile kuhakikisha kila usiku mjambito analala kwenye chandarua chenyi dawa

○ Kuhakikisha kwamba familia yake inakula vyakula venye virutubisho

○ Kusaidia na kujali afya ya kimwili na kihisia ya watoto akiwa tumboni na baada ya kujifungua

**Hatua ya C2: Je jumla ya masanduku mangapi unaweza ukatiki?**

Δ *Soma kipeperushi cha mwongozo wa wajawazito na mama aliyejifungua. Chukua peni au penseli na tiki vitu ambavyo unamefanya wewe na mwenzi wako. Acha nafasi ya wazi kwa vitu ambavyo hufanyi au hujafanya na huduma ambazo huwezi kuzipata. Wewe au na mwenzi wako kama yupo nawe tumie dakika 5 kusoma na kutiki hiki kipeperushi.*
Waambie wapitie vitu vyote ambavyo hawajatiki, na wafikiri ni kitu gani wanaweza kufanya au kubadili, ili waweze kutiki masanduku zaidi.

Hatua ya C3. Hitimisha

Elezea kwa ufupi kuhusu kipindi hicho na mafunzo yake. Toa pendelezo la watu wote kubeba kipeperushi, iliwaweze kukitunza, kukitumia, kukijadili na wenzi wao na watu wengine, na kukileta kwenywe kipindi kijacho.

Ujumbe muhimu

- Fikiria na kuwa na uhakika juu ya afya bora, watoto wenye furaha unaowataka na aina ya mzazi unataka kuwa. Hii itakusaidia kuendelea kulenga kufanya yote yale kuhakikisha afya bora kutoka ujauzito na kuendelea.

- Hakikisha unafahamu mienendo yote muhimu ya afya ambayo inamsaidia mwanamke mjamzito, watoto na watoto wadogo ili waweze kuishi na kuendeleza afya bora. Hii imefupishwa katika kipeperushi cha wazazi na orodha.
9. Uzazi wa Mpango

Somo 9: Uzazi wa Mpango

Ni kwa nini somo hili lifundishwe?
ifikapo mwisho wa somo hili, washiriki wataweza kufanya yafuatayo:

• Kujua muda mzuri ki-afya wa kupata ujauzito (baada ya umri wa miaka 20, kabla ya umri wa miaka 35, na waalau miaka 2 baada ya kuzaliwa mtoto wa mara ya mwisho)
• Kuamini kuwa uzazi wa mpango ni jukumu la kila mmoja kwa mwanamke na mwanaume
• Kuamini kuwa ipo njia ya uzazi wa mpango ambayo ni sahihi kwao
• Kujadili na kuamua na wenzi wao ikiwa/kama wapo tayari kupata watoto, na njia ipi ya uzazi wa mpango wanaweza kuitumia ili kupata watoto ikiwa wapo tayari kuwapata
• Kutafuta taarifa sahihi juu ya uzazi wa mpango
• Kuanza kutumia huduma za uzazi wa mpango mara baada ya kujifungua
• Kuendelea kutumia njia za uzazi wa mpango hadi wawapo tayari kupata mtoto mwingine.

Nini kinatokea, kwa ufupi?
Sehemu A: MudaMzuri Ki-afya wa Kupata Ujauzito (MUMKU)/Mchezo wa Kupanda Mahindi(dakika 15)
Washiriki wanne wanaalikwa kupanda mbegu/punje 10 za mahindi kwa kila mmoja kwa kufuata maelekezo, kupanda karibukaribu sana, mapema sana au kwa kuchelewa sana (katika msimu husika). Ndipo zozei hili humikika kama chagizo kuanzisha masuala ya Muda mzuri kiafya wa kupata ujauzito (MUMKU).

Sehemu B: Faida za Uzazi wa Mpango – Idadi ya Watoto( dakika 20)

Sehemu C: Njia za Uzazi wa Mpango(dakika 10)
Sehemu hii inatoa maelezo kwa ufupi juu ya njia mbalimbali za uzazi wa mpango ambazo wenza wanaweza kuzichagua. Sehemu hii inasitiza umuhimu wa mtu mmoja na wenza kwenda kwenye
kituo cha afya ili kupata taarifa ya kina pamoja na msaada katika kuchagua njia ipi ni bora zaidi kwao.

Sehemu D: Unawaza nini juu ya Uzazi wa Mpango?(dakika 15)
Sehemu hii inaibua mitazamo na imani juu ya uzazi wa mpango. Baada ya kila sentensi kusomwa na mwezeshaji, washiriki huondoka kuelekea kwenye maeneo kwa kulingana na ikiwa wanakubali, wanakataa au wapo katikati juu ya sentensi husika. Sababu juu ya uchaguzi/maamuzi wao/yao zinajadiliwa na kisha ufananuzi hutolewa.

Muda : saa 1

Vifaa
• Mbegu/punje 40 za mahindi (au kingine cha kuwakilisha mbegu za mahindi)
• visanduku 5 ya vibiriti, kila kimoja kiwe na njiti 15 za kibiriti ndani yake (au vijiti vidogo vidogo 75 vya mawe madogo, punje za maharagwe au vitu vingine, vilivyotengwa katika makundi 5 na kila kundi liwe na punje 15.)
• Vipande 3 vya kadi au karatasi
• Kalamu maka

Maandalizi
• Tenganisha seti 5 za njiti za kibiriti na weka njiti 15 au punje za maharage au vitu vingine kwa kila seti kwa ajili ya kuwapa “wenza”.
• Andaa alama katika vipande 3 vya kadi au karatasi visemavyo nakubali, sikubali na sina hakika (sikubaliiani wala sikatasi) au chora sura /nyuso kama hivi/hizi kuwakulisha nakubali/sina hakika/si kubali:

![Nakubali](image1)
![Sina hakika](image2)
![Si kubali](image3)

jinsi ya kuwesha somo hili
SEHEMU A: MUDA MZURI KI-AFYA WA KUPATA UJAUZITO (MUMKU)/MCHEZO WA KUPANDA MAHINDI

Hiari/sio lazima: unaweza kufanya mchezo huu nje ya darasa ili kufanya zoezi la kupanda mahindi kwa uhalisia.

Hatua ya A1: Utangulizi

Eleza kuwa:

Δsomo hili linahusu uzazi wa mpango na njia zake. Tutajifunza maana, faida na njia za uzazi wa mpango pamoja na namna ya kujadili na kukuabaliana na mwenza juu ya uzazi wa mpango, kusaidia kuhakikisha kuwa wanapata maisha mazuri na ya furaha kwa pamojo.

ΔJambo hili ni muhimu na nyeti katika kujadili, hivyo nawaomba/nawashauri muwe huru kuchangia kwa uwazi katika majadiliano.

Hatua ya A2: Tunaelewa nini kuhusu Uzazi wa Mpango.- tafsiri

Waulize washiriki wanajua na kuelewa nini juu ya Uzazi wa Mpango. Waruhusu wajadiliiane, halafu fafanua kwa tafsiri hii:

Uzazi wa Mpango ni uamuzi wa hiari unaofanywa na mtu binafsi au wenza katika kupanga ni lini wapate watoto, idadi ya watoto, wawapate baada ya muda gani na njia ipi ya uzazi wa mpango wangependa kuitumia.

Hatua ya A3: Tambulisha Mchezo wa Mbegu za Mahindi

ΔKuelewa uzazi wa mpango na faida zake, tutaanza kwa kucheza mchezo wa upandaji wa mbegu za mahindi, lakini kwa njia tofauti tofauti:

Muombe mshiriki mmoja kujitokeza na kuwa mbele ya eneo la mafunzo. Mpatie mbegu 10 za mahindi na umweleze:

ΔNimekupatia mbegu/punje 10 za mahindi ili uzipande. Subiri na uzipande katika msimu sahihi, uzipande katika mistari miwili, kwa kuzingatia vipimo vinavyoshauriwa kwa nafasi kutokea mbegu moja hadi nyingine. Sasa unaweza kuziweka katika ardhi au sakafu kwa kadiri utakavyo zipanda.

Mruhusu mshiriki wa kwanza kuanza “kupanda”.
Muombe mshiriki wa pili kujitokeza mbele. Mpatie mbegu 10 za mahindi na umwambie:

ΔNimekupatia mbegu 10 za mahindi. Uzipande pia katika msimu sahihi, zipande kwa uangalifu na uhakika ,lakini zipande karibu karibu zaidi tofauti na nafasi zinazoshauriwa. Sasa waweza kuziweka juu ya ardhi au sakafu kwa kadiri utakavyo penda.

Mruhusu mshiriki wa pili kuanza “kupanda” mbegu alizonazo.
Muombe mshiriki watatu kuja mbele. Mpatia mbegu 10 za mahindi na kisha umwambie:


Mruhusu mshiriki watatu “kupanda” mbegu za mahindi kwa harakaraka.

Muombe mshiriki wa nne kuja mbele. Mpatie mbegu 10 za mahindi, na umwambie:


Hatua ya A4: Maswali na Majadiliano juu ya Mchezo wa Mbegu za Mahindi, ukitafsiriwa kuhusiana na Muda mzuri ki-afya wa kupata Ujauzito (MUMKU)

Muwezeshaji anauliza maswali yafuatayo kuhusu nini kitatokea katika kila tukio. Baada ya kila swali, waruhusu washiriki kutoa majibu yao na kisha yalinganishe na ikibidi ongeza pia mawazo zaidi katika majibu yaliyotolewa hapa chini.

? Mnadhani nini kitatokea kwa mbegu ambazo zilizopandwa katika msimu sahihi na kwa kuzingatia nafasi/vipimo vinavyoshauriw a?

? Zitaota vema – Mazao mazuri

? Mnafikiri nini kitatokea kwa mbegu za mahindi zilizopandwa katika msimu sahihi, lakini...
karibu karibu sana?

Zitaanza kuota vema, baadae mimea itaanza kugombania rutuba na kudumaa na hatimaye kupunguwa katika kiwango cha mazao yake?

Ni kwa namna gani zozezi la upandaji wa mahindi linafanana na Uzazi wa Mpango?

Ni madhara yapi makubwa kwa watoto na mama ikiwa mama atazaa watoto kwa kupishanisha muda mfupi kati yao?

Ikiwa utawapishanisha watoto, kuna uwezekano mkubwa kuwa watakuwa wenye afya. Itasaidia pia kuwa na nafasi bora ya kuwa na mtoto mwenye afya na pia ujauzito na kuzaa bila matatizo, ni vema kusubiri walau miezi 24 baada ya uzazi salama kabla ya kupata ujauzito wa mtoto mwingine. Ikiwa ujauzito utakuwa jirani sana na ujauzito mwingine (pungufu ya miezi 24 kati ya kujifungua salama kwa mara ya mwisho na ujauzito unaofuata):

- Watoto wanaweza kuzaliwa mapema zaidi, wakiwa wadogo sana, au wenye uzito mdogo wakati wa kujifungua
- Vichanga na watoto huenda wakashindwa kukua vema na hata kufa kabla ya kufikia umri wa miaka mitano
- Kuna uwezekano mkubwa wa mama kupoteza maisha katika ujauzito
Hatua ya A5: Maswali na Majadiliano juu ya Mchezo wa Mbegu za Mahindi, ukitafsiriwa kuhusiana na ujauzito katika umri mdogo/chini ya miaka 20

? Nini kitatokea ikiwa mbegu za mahindi zitapandwa mapema zaidi na kabla ya msimu wa mvua?

Mimea midogo inaweza kukauka kabla mvua kuanza.

? Ni kwa namna/jinsi gani hali hii inafanana na uzazi wa mpango?

Mazingira – udongo mkavu kabla ya mvua (au mwili wa binti/msichana mdogo) haupo tayari kuwezesha/kusaidia ukuaji mzuri wa mmea wa mhindi (au mtoto). Ujauzito wa kwanza unapotekea kwa wasichana wenye umri chini ya miaka 18:

• Wasichana hao wanakuwa katika hatari kubwa ya kupata mshituko wa moyo usababishwao na ujauzito, upungufu wa damu, uzazi uliochelewa au uzazi pingamizi
• Wazaliwa wanaweza kufa, kuzaliwa mapema zaidi, wadogo sana, au wenye uzito mdogo wakati wa kuzaliwa
• Hatari kubwa za kiafya zitokanazo nauwepo wa muda mfupi kati ya ujauzito mmoja na mwingine au kupata ujauzito mapema zaidi (katika umri mdogo) yana madhara zaidi kwa ambao tayari wana matatizo ya kiafya, kama vile, VVU, upungufu wa damu, kwashakoo, malaria, kifua kikuu, ugonjwa wa moyo na kisukari.

Hatua ya A6: Maswali na Majadiliano kuhusu Mchezo wa Mbegu za Mahindi, ukitafsiriwa kuhusiana na ujauzito baada ya umri wa miaka 35

? Nini kitatokea ikiwa/ iwapo mbegu za mahindi zitacheleweshwa kupandwa, na zikapandwa mwishoni mwa msimu wa mvua?

Mimea midogo inaweza kuanza kukua vema, lakini haitamudu kuendelea kukua kikamilifu.

? Ni kwa namna/jinsi gani hali hii inafanana na uzazi wa mpango?

Mazingira – udongo mkavu (au mwili wa mama ulikomaa) hauna uwezo wa kutosha kusaidia ukuaji mzuri wa mimea midogomidogo ya mahindi (au mtoto).

Ujauzito utokeapo kwa wanawake wenye umri zaidi ya miaka 35:
• Kuna uwezekana mkubwa wa kupata kisukari kipindi cha ujauzito ambacho kisipotibika kinaweza kusababishwa mtoto kuwa mkubwa zaidi kuliko inavyotakiwa, jambo ambalo linaongeza hatari ya kupata majeraha wakati wa kujifungua.

• Mama mjanzito anaweza kupata shinikizo la damu wakati wa ujauzito

• Kuna uwezekana mkubwa kwa mama kupata mtoto mwenye uzito mdogo wakati wa kujifungua au cutpata mtoto ‘njiti”. Watoto ‘njiti’ wana uwezekano mkubwa wa kuwa na matatizo ya kiafya na au hata kufa, hasa wale ambao wana uwezekano na matatizo ya kiafya na au hata kufa, hasa wale ambao wana uwezekano na matatizo ya kiafya na au hata kufa, hasa wale ambao wana uwezekano.

• Watoto wanaozaliwa kwa akina mama wengine umri mkubwa wana hatari kubwa ya kuwa na Down syndrome

• Kuna hatari kubwa ya kuharibika kwa muda na/u kupata ujauzito kwa kwanza

Hatua ya A7: Hitimisha Muda Mzuri wa Kupata Ujauzito (MUMKU)
Tumekuwa tukijadili mambo yanayohusu Muda Mzuri wa Kupata Ujauzito (MUMKU). Jambo hili laweza kuhitimishwa/kufupishwa kwa maelezo kwa kujifungua kama vile placenta previa – hali ambayo kondoo la nyuma linazula/ziba mlango wa kizazi, na kusababisha ugumu wa kujifungua salama au mama kushindwa kwa makosa kujifungua.

• Watoto wanaozaliwa kwa akina mama wengine umri mkubwa wana hatari kubwa ya kuwa na Down syndrome

• Kuna hatari kubwa ya kuharibika kwa muda na/u kupata ujauzito kwa kwanza

Hatua ya A7: Hitimisha Muda Mzuri wa Kupata Ujauzito (MUMKU)
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• Watoto wanaozaliwa kwa akina mama wengine umri mkubwa wana hatari kubwa ya kuwa na Down syndrome

• Kuna hatari kubwa ya kuharibika kwa muda na/u kupata ujauzito kwa kwanza

Hatua ya A7: Hitimisha Muda Mzuri wa Kupata Ujauzito (MUMKU)
Tumekuwa tukijadili mambo yanayohusu Muda Mzuri wa Kupata Ujauzito (MUMKU). Jambo hili laweza kuhitimishwa/kufupishwa kwa maelezo kwa kujifungua kama vile placenta previa – hali ambayo kondoo la nyuma linazula/ziba mlango wa kizazi, na kusababisha ugumu wa kujifungua salama au mama kushindwa kwa makosa kujifungua.

• Watoto wanaozaliwa kwa akina mama wengine umri mkubwa wana hatari kubwa ya kuwa na Down syndrome

• Kuna hatari kubwa ya kuharibika kwa muda na/u kupata ujauzito kwa kwanza

Hatua ya A7: Hitimisha Muda Mzuri wa Kupata Ujauzito (MUMKU)
Tumekuwa tukijadili mambo yanayohusu Muda Mzuri wa Kupata Ujauzito (MUMKU). Jambo hili laweza kuhitimishwa/kufupishwa kwa maelezo kwa kujifungua kama vile placenta previa – hali ambayo kondoo la nyuma linazula/ziba mlango wa kizazi, na kusababisha ugumu wa kujifungua salama au mama kushindwa kwa makosa kujifungua.
SEHEMU B. FAIDA ZA UZAZI WA MPANGO – IDADI YA WATOTO

Hatua ya B1: Elezea mchezo na unda 'familia'
Waombe washiriki kucheza mchezo mwingine ili kujua faida zaidi za uzazi wa mpango. Waombe washiriki 8 kujitolea na uunde familia 4 za watu wawiliwawili, kuwa kama ‘wazazi’ wafamilia zenye watoto. Gawa majukumu kwa baba na mama kwa kila familia (siyo vibaya kwa mwanamke kuchukua majukumu ya baba au baba kuwa mama).
Mweleze mzazi au familia ya kwanza:
Wewe/ninyi ni wazazi wa Familia A. Mnao watoto 2. Hawa hapa!
Aidha: Waombe washiriki 2 kujunga nao kama ‘watoto’ wao.
Au :wape mbegu 2 za mahindi kama “watoto” wao
Mweleze mzazi au familia ya pili:
Wewe/ninyi ni wazazi wa Familia B. Mnao watoto 4. Hawa hapa!
Aidha : Waombe washiriki 4 kujunga nao kama ‘watoto’ wao.
Au :wape mbegu 4 za mahindi kama “watoto” wao

Mweleze mzazi au familia ya tatu:
Wewe/ninyi ni wazazi wa Familia C. Mnao watoto 6. Hawa hapa!
Aidha : Waombe washiriki 6 kujunga nao kama ‘watoto’ wao.
Au : wape mbegu 6 za mahindi kama “watoto” wao

Mweleze mzazi au familia ya nne:
Wewe/ninyi ni wazazi wa Familia D. Mnao watoto 8. Hawa hapa!
Aidha : Waombe washiriki 8 kujunga nao kama ‘watoto’ wao.
Au : wape mbegu 8 za mahindi kama “watoto” wao

Fafanua kwamba familia zote zina mchanganyiko wa watoto wa kike na wakiume.

Hatua ya B2: Gawanya na bainisha vifaa vinavyowakilisha kipato cha familia kwa ajili ya mahitaji ya watoto
Mpatie “mzazi” wa kila familia kibiriti kimoja chenyi njiti 15 za vibiriti (au kifuko kidogo cha vijiti 15 au mawe 15 madogomadogo au mbegu 15 za maharage ). Eleza:
ΔKila familia ina vijiti 15 vinavyowakilisha kipato cha familia kwa ajili ya kukidhi mahitaji muhimu kwa watoto wao kama vile mavazi, chakula, karo/ada ya shule na huduma za kiafya.

MAVAZI
yanagharimu
kijiti kimoja
kwa kila mtoto

CHAKULA
kinagharimu
kijiti kimoja
kwa kila mtoto

MATIBABU
yanagharimu
kijiti kimoja
kwa kila mtoto

ELIMU
inahitaji
kijiti kimoja
kwa kila mtoto

ΔMkiwa kama wazazi wa watoto hawa, mnazo dakika 5 kujadili na kuamua namna mtakavyogawanya kipato mlionachoko kwa watoto wenu. Watoto wenu pia wanaruhusiwa kutoa maoni/mapendekezo yao kwenu katika kugawanya kipato cha familia (yaani njiti za kibiriti nk) kwa ajili ya chakula, mavazi, matibabu na/au karo ya shule.

Angalia/chunguza ‘majadiliano ya wanafamilia’
Hatua ya B3: Jadili maamuzi valiyofikiwa juu ya mgawanyo wa kipato na hisia zinazoibuka kutoka katika zoezi hilo

Waombe wazazi wa kila ‘familia’ (ukianza na familia A, halafu B, C, hatimaye D) kwa awamu kuwaelezea wengine juu ya:

?Ni kwa namna gani mlamua kugawanya kipato chenu (vijiti 15) kwa watoto wenu?

?Mlijisikiaje katika zoezi hili?

Onesha namna ambavyo familia A (zenye watoto 2) inaweze kwa walimaliza zoezi hili kwa haraka na wepesi zaidi kwa kuwa valikuwa na kipato (vijiti) cha kutosha kukidhi mahitaji yote ya muhimu kwa watoto wao. (Familia A ilitumia vijiti 8, na wakabaki na vijiti 7 vya akiba kwa ajili ya matumizi mengine).

Jadili changamoto na ugumu walioupata familia B,C,na D katika kuamua kila mtoto apate nini na akose nini, kwa kuwa hawakuwa na rasilimali za kutosha kukidhi mahitaji yote muhimu ya watoto wao wote. Familia B yenye watoto 4 inapungukiwa kijiti kimoja tu kuweza kutosheleza mahitaji yote kwa watoto wote (wanahitaji vijiti 16 lakini wanavyo 15 pekee) – ni mtoto yupi ambaye wamemkosesha hitaji, na ni hitaji gani ambalo amelikosa?. Ni kwa namna gani familia C na D wamepambana na changamoto kubwa zaidi wakiwa na watoto 6 na 8?( angali picha B juu)

Uliza:

?Je, ‘wazazi’ wote wawili walijadili na kukubaliana namna ya kugawanya rasilimali chache walizonazo kwa watoto wao?

?Je, wazazi waliobakiwa na kipato (Familia yenye watoto 2) wanaweza kutumia kipato hicho kwa kufanya jambo/mambo gani?

Sisitiza umuhimu wa wazazi wote wawili kushiriki katika kujadili na kuamua juu ya uzazi wa mpango na mgawanyo wa rasilimali.

Hatua ya B4: Jadili mambo waliyojifunza kutoka katika zoezi hili na zungumza kwa ufupi juu ya faida za uzazi wa mpango

Uliza na ujadili:

?Mmejifunza nini katika zoezi hili?

Eleza kwa ufupi faida za uzazi wa mpango, ukijumuisha yafuatayo:

• Uzazi wa mpango unakusaidia kutoa huduma na uangalizi kwa watoto wako kwa kadiri ya mahitaji yao pamoja na kuwapa nafasi nzuri ya maisha.

• Uzazi wa mpango unasaidia kupunguza mzigo wa familia na msongo usababishwao na jukumu la kulea watoto wengi.
Uzazi wa mpango unatusaidia kumudu vema rasimili tulizonazo.

Uzazi wa mpango unasaidia kupunguza hatari za kiafya kwa mama na mtoto.

Uzazi wa mpango unapunguza idadi ya mimba zisizotarajiwa na kuharibika kwa mimba.

Uzazi wa mpango huboresha maisha ya mama, baba na familia kwa ujumla

Uzazi wa mpango husaidia katika makuzi na maendeleo ya familia, jamii na taifa.

SEHEMU C: NJIA ZA UZAZI WA MPANGO

Hatua ya C1: Fafanua juu ya haki ya uzazi wa mpango

Waeleze washiriki kuwa:

Kila mmoja anayo haki ya kupanga idadi ya watoto ambao anawataka na muda anaohtaji kuwapata. Sasa tutajadili kwa ufupi njia mbalimbali za uzazi wa mpango ambazo wenza wanaweza kuzichagua. Hata hivyo, ili kupata taarifa ya kina juu ya aina mbalimbali, mtu binafsi au wenza wanapaswa kwenda katika kituo cha afya.

Hatua ya C2: Uliza kuhusu na hitimisha juu ya njia za uzazi wa mpango

Waulize washiriki:

? Mnaweza kufanya nini ili kuzuia mimba zisizotarajiwa?

? Ni njia zipo za uzazi wa mpango mnaozijua, na zinahusu mambo gani?

Elezea kwa ufupi njia za uzazi wa mpango ambazo zinapatikana kwa wingi nchini Tanzania kwa kadili ya jedwali la taarifa muhimu hapa chini:

Kwa ufupi : Njia za Uzazi wa Mpango zipatikanazo zaidi Tanzania

1. Njia ya uzazi wa mpango ni kidonge au kifaa kinachotumika kuzuia mimba. Zipo njia nyungi za uzazi wa mpango – ila ni kondomu pekee ndiyo inayoweza kuzuia VVU na magonjwa ya ngono pamoja na mimba.

2. Njia nyungi za uzazi wa mpango zinaweza kusitishwa/kukoma; yaani mwanamke anaweza kupata tena ujauzito baada ya kuacha kutumia njia husika. Njia nyungi ni za kudumu, kama vile kufunga uzazi(surgical sterilization),yaani mwanamke hawezi tena kupata ujauzito au mwanume hawezi tena kusababisha ujauzito.

3. Mara nyungi njia za uzazi wa mpango zinajulikana kwa jinsi ambavyo zinazuia ujauzito. Nazo ni kama zifuatayo
• Njia za kuzuia (Mfano kondomu za kiume na kondomu za kike, spermicides)

• Lupu au kitanzi

• Njia za vichocheo (mfano; vidonge vya kumeza na vipandikizi)

• Njia za uzazi wa mpango za kudumu (kufunga uzazi kwa mwanaume)
• Njia za asili za uzazi wa mpango (mfano; kuepuka kujamiana wakati mwanamke akiwa katika siku zake za hatari kila mwezi, kunyonyesha)
• Njia za uzazi wa mpango za dharura

• Njia za jadi/asili za uzazi wa mpango

**Hatua ya C3:** Eleza kwamba washiriki wanapaswa kwenda (kama wenza ikiwezekana) katika kituo cha afya kwa ajili ya taarifa zaidi na ushauri juu ya njia gani ya uzazi wa mpango ingewafaa zaidi.

Taarifa zaidi juu ya njia mbalimbali za uzazi wa mpango zinapatikana katika kituo chenu cha afya (zahanati nk) ikiwa ni pamoja na namna kila njia inavyofanya kazi, faida na mapungufu yake. Nenda katika kituo cha afya kilichopo karibu ili kujua zaidi na kuchagua njia ya uzazi ambayo ni sahihi zaidi kwako. Ni vema kwenda na mwenza wako ikiwa umeoa/olewa au upo katika mahusiano ya muda mrefu, ili muweze kujadili na kuamua kwa pamoja njia bora ya uzazi wa mpango kwenu na kwa familia yenu.

**SEHEMU D: UNA MTAZAMO UPI JUU YA UZAZI MPANGO**

**Hatua ya D1:** Tenganeza maeneo kwa ajili ya Kukubali, Kutowfungamana na Kupinga

• Ning’iniza/tundika au laza chini sehemu mbalimbali katika chumba/eneo la mafunzo alama zinazooonesha nakubali, **sina hakika na sikubali** (ikiwa hakuna sehemu ya kutundika/ninginiza basi buni maeneo tofauti tofauti ya nakubali,sina hakika na sikubali)

**Hatua ya D2:** Eleza juu ya nini kitatokea
Eleza kuwa utasoma maelezo fulani. Baada ya kila maelezo, washiriki watatakiwa kuelekea (kwenda) katika eneo ambalo linathatia na mtazamo wao juu ya uzazi wa mpango na kutakuwa na majadiliano. Sisitiza kuwa hakuna jibu la ukweli au la uwongo.

**Hatua ya D3: Soma maelezo na kisha washiriki waelekee katika eneo linalofaa kadiri ya mtazamo wao.**

Waombe wale wanaokubali, wanaopinga, na wale wasio na uhakika kutoa sababu za maamuzi yao.

Tumia maelezo yafuatayo hapo chini katika kuanzisha majadiliano juu ya maelezo hayo.

**Hatua ya D4: Rudia hatua D3 kwa kila maelezo**

**Sentensi # 1: Uzazi wa mpango ni jukumu la wanawake na kwamba wanaume hawapaswi kujihusisha.**

**Maelezo:** Matumizi ya uzazi wa mpango ni jukumu wa kila mmoja, yaani akina baba, akina mama na vijana. Wenza wanapaswa kujadili na kuamua kwa pamoja, kwa ushauri kutoka kwa wataalamu, ni lini waanze kuzaa, wazae watoto wengine, na wapishane kwa miaka mingapi. Ni muhimu sana kwa wanaume kwenda pia na wenza wao katika kitu cha afya ili kupata elimu na taarifa sahihi. Kwa hiyo, matumizi ya njia ya uzazi wa mpango yanapaswa kuanza mara wenza wanapojaiwa katika kuzingatia njia ya uzazi wa mpango wanayokubaliana nayo.

**Sentensi # 2: Katika kipindi cha kunyonyeshya mtoto mchanga, ni lazima mama kutumia njia kuhusu njia za uzazi wa mpango.**

**Maelezo:** Kunyonyeshya kunaweza kuzuia upevukaji wa yai na hivyo kuzuia uwezekano wa kupata mimba. Hata hivyo bado inaweze katika katika kuwa mama yanaweza kutumia njia za uzazi wa mpango ili kuzuia mimba wengine na kuzingatia njia za uzazi wa mpango. Kwa hiyo, matumizi ya njia ya uzazi wa mpango yanapaswa kuanza mara wenza wanapojaiwa ngono baada ya kupata mtoto wao, na waendelea wakati wote hadi pale watakapokuwa tayari kupata mtoto mwingine.
**Maelezo:** Wezesha majadiliano na eleza dini zote zinahimiza kuwa na familia zinazojali na kwajibika, hata hivyo usiseme moja kwa moja kuwa matumizi ya uzazi wa mpango ni mapenzi ya Mungu au la.

Yafuatayo ni maandiko ya kidini ambayo yanaweza kusaidia katika matumizi ya njia za uzazi wa mpango:


**MAELEZO KWA UFUPI NA HITIMISHO**

Rejea maswali, na hitimisha maelezo juu ya ujumbe muhimu

Waulize washiriki kama wanayo maswali juu ya mambo yaliyoadiliwa katika somo hili juu ya uzazi wa mpango. Waulize juu ya mambo waliyofunza na kisha uongee kwa ufupi juu ya mambo hayo kwa kurejea na hata kuongeza maelezo ya ziada kutoka katika ujumbe muhimu hapa chini.

Fanva rufaa

Ikiwa mshiriki yeyote atapenda kupata huduma ya uzazi wa mpango, unaweza kutumia Fomu ya Rufaa ya Kitaifa (Kiambatanisho 1) kwa ajili ya kuwaongoza kupata huduma hizo.

**Ujumbe Muhimu**

* Ili kupata matokeo bora ya kiafya kwa akina mama na watoto, ni muhimu kuepuka mimba ambazo:

* Zinazofululiza (pungufu ya miezi 24 kati ya kujifungua mtoto salama na ujauzito mwingine)
• **Watoto wengi** (Kuwa na watoto wengi kwa pamoja)
• **Mimba za utotoni** (Kabla ya umri wa miaka 20)
• **Mimba katika umri mkubwa** (Baada ya miaka 35)

  - Kupanga uzazi ni jukumu la kila mmoja yaani mwanamke na mwanaume
  - Jadili na kubaliana na mwenda wako ikiwa mpo tayari kupata watoto, mnapenda kupata watoto wangapi na watoto wapishane kwa miaka mingapi.
  - Pata taarifa sahihi juu ya uzazi wa mpango kutoka kwa mtoa huduma.
  - Mjadili na muamue kwa pamoja kama wenza, kwa msaada wa ushauri wa kitaalamu juu ya njia ya uzazi wa mpango ya kuitumia.

  - Anza kutumia njia ya uzazi wa mpango mara baada ya kujifungua.
  - Endelea kutumia njia ya uzazi wa mpango wakati wote hadi muwapo tayari kupata mtoto mwingine.
  - Unaweza ukatuma ujumbe wa simu ulioandikwa m4RH kwenda namba 15014 BILA MALIPO ukiwa na maswali au matatizo juu ya uzazi wa mpango.

**Faida za Uzazi wa Mpango**

  - Uzazi wa mpango husaidia kutoa huduma nzuri na uangalizi bora kwa watoto kadiri ya mahitaji yao na kutoa nafasi nzuri kwa kila mtoto kukua vema.
  - Uzazi wa mpango husaidia familia kupunguza mzigo na msongo wa mawazo utokanao na majukumu ya kutunza familia kubwa/isiyopangaliwa.
  - Uzazi wa mpango husaidia kugawanya vema rasilimali zilizopo katika familia.
  - Uzazi wa mpango husaidia kupunguza hatari za kiafya kwa mama na mtoto.
  - Uzazi wa mpango husaidia kupunguza mimba zisizokusudiwa au kuharibika kwa mimba
  - Uzazi wa mpango husaidia kuboresha maisha ya mama, baba na familia kwa ujumla.
  - Uzazi wa mpango unasaidia katika ustawi na maendeleo ya familia, jamii na taifa/ nchi.
10. Watoto Walio katika Mazingira Hatarishi

**Somo la 10: Watoto Walio katika Mazingira Hatarishi**

Ni kwa nini somo hili lifundishwe?

Ifikapo mwisho wa somo hili, washiriki wataweza kufanya yafuatayo:

- Kufahamu dhana ya watoto walio katika mazingira hatarishi
- Kufahamu haki za Watoto.
- Kushiriki kiusahihi katika kupinga matumizi ya nguvu, unyanyasaji, utelekezwaji na utumikishwaji wa watoto katika jamii yao.
- Kupunguza unyanyapaa na ubaguzi wa watoto wanaoishi na VVU, yatima na watoto wenye ulemavu.

Nini kinatokea kwa ufupi?

**Saheму A: Kuelewa dhana ya watoto walio katika mazingira hatarishi**

Sehemu hii inatafsiri dhana ya watoto walio katika mazingira hatarishi. Pia inajenga ulewa wa kujua makundi ya watoto walio katika mazingira hatarishi.

**Sehemu :B Kuelewa haki za mtoto (Dakika 10)**

Sehemu hii inatafasiri na kuchambua aina mbalimbali za haki za mtoto. Inajenga ulewa wa kujua haki za mtoto kwa kufananisha na jinsi gani watu wengi wangelitaka watoto wao kuwa na haki hizo

**Sehemu : C Mifano ya aina ya manyanyaso wanayopata watoto walio katika mazingira hatarishi katika jamii yetu. (Dakika 10)**

Washiriki wajadili aina ya matukio yanayopata watoto walio katika mazingira hatarishi na jinsi gani wanavyonyanyaswa na kukosa haki zao.

**Sehemu: D Mchezo wa kujifunza jinsi gani tunaweza kushiriki kiusahihi katika kutetea haki za watoto hao.**

Makundi matatu yatengeneze maigizo yatakayoonyesha:
- Kundi la kwanza mtoto ananyaswa/kupigwa
- Kundi la pili mtoto anatelekeza au ananyaswa kifikra
- Kundi la tatifu mtoto anatumikishwa au anafanyishwa mapenzi.
Baada ya maigizo washiriki wanaruhusiwa kuonyesha namna sahihi ya jinsi ya kutetea na kulinda haki za watoto.

**Sehemu :E (hiari/sio lazima) Jinsi gani unaweza kushiriki kupinga unyanyapaa na kutengwa kwa watoto walio katika mazingira. hatarishi Dakika 15.**
Makundi yashiriki kujadili njia sahihi watakazoweza kuzitumia katika jamii ili:
- Kuhakikisha kuwa haki muhimu za watoto walio katika mazingira hatarishi zinapatikana.
- Kuwasaidia watoto wanaonyanyapaliwa na kutengwa kwa njia ya kuwapatia huduma za afya na msaada wa kisaikolojia.
- Kuwasaidia watoto walio katika mazingira hatarishi kupata elimu na stadi za maisha ili waweze kukabiliana na maisha yao ya baadae.

Muda: Saa 1.

Vifaa
- Chati pindu na Kalamu ya maka au Chaki na Ubao wa kuandikia

Matayarisho:
- Tafuta nini kinachofanyiwa kazi/masuala yanayozungumzwa kuhusu watoto walio katika mazingira hatarishi kwa sasa katika jamii ya washiriki wanakotoka.
- Wasiliana na kamati ya watoto walio katika mazingira hatarishi (kama ipo), tafuta wanafanya nini, omba mmoja wa wanakamati ashiriki nawe kwenye kipindi ili kuweza kuchanganua zaidi baadhi ya mambo.

Jinsi gani unaweza kuwezesha somo hili?

SEHEMU A.  Haki za mtoto na watoto walio katika mazingira hatarishi

: Hatua ya A1: Waeleze washiriki kuwa katika somo hili tutakwenda kujenga na kuelewa “haki za mtoto” na kujadili ni jinsi gani tunaweza kuwasaidia watoto walio katika mazingira hatarishi katika jamii, ambao wamekuwa wakikosa watoto walio katika mazingira hatarishi kama ifuatavyo hapa chini:

- Nini maana ya mtoto
- Nini maana ya Haki?na
- watoto “walio katika mazingira hatarishi

Ruhusu majadiliano katika dhana hizo kisha fafanua maana ya mtoto, haki na watoto walio katika mazingira hatarishi kama ifuatavyo hapa chini:

Maana ya mtoto
• Mtoto ni mtu yeyote ambaye ni mwanaume au mwanamke aliye na umri chini ya miaka 18.

Haki za mtoto
• Haki ni ile hali ya mtu, mtoto au mtu mzima anayotakiwa kuwa nayo au kupatiwe kisheria na au kimaadili.
• Haki za watoto zinatakiwa kutetewa na kusimamiwa na siyo kupotoshwa na yeyote, lazima tuchukue hatua kwa kila mmoja, kwa ngazi ya familia na jamii kwa ujumla.

Mtoto aliye katika mazingira hatarishi
• Mtoto aliye katika mazingira hatarishi ni yule ambaye tayari yuko hatarini au anaweza kuwa hatarini kwa kukosa haki zake za msingi. Kwa kiasi kikubwa, watoto walio katika mazingira hatarishi huwa wamekosa malezi ya kifamilia ama kutokana na wazazi kufariki au kutekelezwa na wazazi, kutumikishwa, kufanyiwa vitendo vya ukatili na unyanyasaji au kutokana na ulemavu au umasikini uliokithiri. Watoto hao kwa kawaida huishi katika mazingira kuhusu kisha, wakikosa haki zao za msingi zikawasaidia malazi, mazazi, chakula elimu na matibabu. Mazingira mengine hatarishi humlazimisha mtoto kuingia katika vitendo vya ulevi wa pombe na madawa ya kulevya, ajira inayohatarisha afya na maendeleo yao.

Hatua ya A2: Tambulisha Kamati za watoto walio katika mazingira hatarishi
Waulize washiriki maswali yafuatayo
   ? Unajua nini kuhusu kamati za watoto walio katika mazingira hatarishi?
   ? Je kuna kamati kama hiyo katika jamii yenu? Kama ipo inafanya nini?

Kama yupo mwakilishi kutoka ndani ya kamati inayoshughulika na watoto walio katika mazingira hatarishi, muombe ajitambulishe na au aelezee majukumu ya kamati hiyo.

Kisha elezea umuhimu wa kuwepo kwa kuwepo kwa kamati zinazohusika na masuala ya watoto walio katika mazingira hatarishi kwa kiafanya kuingia na kutetea haki za watoto hao.

Hatua ya A3: Fananisha haki tunazotaka kwa watoto wetu na watoto wa jamii yote.

Uliza swali la kwanza:
   ? Ni vitu gani vya msingi unatakwa watoto wako wawe nave vya msingi msingi zikawasaidia afya zalo kimwili, kikili na kihisia kukiwa vizuri?
Nukuu washiriki wanachosema na andika majibu yao katika chati pindu au ubao kama upo. Kisha uliza swali la pili.

? Zipi haki za kisheria na kimaadili wanastahili watoto ambao ni yatima, watoto wanaoishi na VVU na watoto wenye ulemavu?

Ruhusu washiriki watoe majibu na weka alama ya vema kwa yale uliyoyaandika kwenye chati pindu au ubao kama majibu hayo yatakuwa yanafanana na kile walichokisema hapo mwanzo kisha hitimisha kwa kusema yafuatayo:

Δ Hivyo vitu ambavyo tunataka watoto wetu wapate viko sawa na haki za watoto za kimataifa na ziko kwa kila mtoto katika jamii iwe yatima, wanaoishi na VVU na wale wenye ulemavu.

Hatua ya A4: (hiari/sio lazima) Fananisha majibu ya Hatua ya A2 na makundi manne ya Haki za mtoto.

Elezea makundi nanne ya haki za watoto , kama zilivyovo bainishwa na mkataba wa umoja wa mataifa wa haki za watoto kwenywe sanduku ukurasa unaofuata. Pitia haki za watoto kwenywe hatua ya A2, na jadili kila moja iko kwenye kundi gani.

**Makundi manne ya Haki za watoto**

*(Kutoka Mkataba wa Umoja wa Mataifa Haki za Mtoto)*

♦ **Haki ya Kuishi**

- Haki ya kupewa jina na uraia
- Haki ya kukua kwa amani na katika mazingira salama
- Haki ya mahitaji ya msingi ya maisha , kwa mfano chakula, malazi na mavazi
- Haki ya kuwa na wazazi au mlezi

♦ **Haki ya Ulinzi**

- Haki ya kupata chanjo na huduma za afya kwa usahihi
- Haki ya kulindwa dhidi ya unyanyasaji na unyonyaji
- Haki ya usawa wa kibinadamu
- Haki yakutokujiriwa au kushiriishwa katika shughuli zinazoweza hatarisha afya, elimu, fikira, maumbile na ukuaji.

♦ **Haki ya Kuendelezwa**
- Haki ya kupata elimu ya msingi
- Haki ya kuwa huru na kuchangamana katika mazingira yasiyo hatarishi kimaadili.

♦ Haki ya Kushirikishwa
- Haki ya kutoa maoni
- Haki ya kusikilizwa
- Haki ya kushauriwa kwa kadri ya ulewa wa mtu

SEHEMU B: Mifano ya Watoto walio katika mazingira hatarishi na aina ya Unyanyasaji

Hatua ya B1: Mifano ya watoto walio katika mazingira hatarishi na Sababu zinazopelekea watoto kukosa haki zao.

omba washiriki wakae kwenye jozi (au kikundi cha watu 3) na wajadili yafuatayo:

? Katika jamii yetu, ni mifano ya mambo gani yanayopelekea watoto kuingia katika kundi la” mazingira hatarishi”?

? Kwa kila mfano, ni haki zipi watoto wanakosa au ni namna gani haki za watoto zinavunjwa?

baada ya dakika chache Waombe kila jozi kuchangia mmoja ya mifano yao.

Kila jozi ikikamilisha kuwasilisha mfano mmoja, uliza kama kuna mifano mingine wanawezza kuongeza.
Andika majibu, hasa mifano yoyote ambayo inaweza tumika katika igizo la sehemu C.

Hiari/sio lazima: Pendekeza baadhi ya mifano ya watoto walio katika mazingira hatarishi kama ilivyo katika ukurasa wa 136.

Hatua ya B2: Kuainisha aina mbalimbali ya ukatili wanaofanyiwa watoto

Toa kwa muhtasari makundi na aina ya ukatili kwa watoto, kwa kutumia maelezo kwenye sanduku hapo chini.
Fananisha mifano iliyotolewa na washiriki katika hatua ya B1 kuhusiana na aina ya ukatili kwa watoto.
Aina na makundi ya Ukatili kwa watoto

Ukatili wa matumizi ya Nguvu
Ukatili wa matumizi ya nguvu ni ile hali ya mtoto kujeruhiwa kwa njia ya kupigwa, kuchomwa, kuumwa (kung’ata), kutolewa kafara au njia yoyote ya kujeruhi. Matumizi ya nguvu mara nyingi inapelekea michubuko, uvimbe na kuvunjika mifupa katika baadhi ya viungo vya mtoto.

Hivi kupiga mtoto ni Ukatili? Hili ni swali ambalo majibu yake si rahisi. Watu wengi wanafikiri matumizi ya nguvu ni njia sahihi kwa mtoto kuwa na nidhamu, wakati mwingine adhabu hizi huwa ni kubwa na hupelekea majeraha, uvimbe na hata kifo.

Unyanyasaji wa fikra/ mawazo
Ni ile hali ya uwezo wa mtoto kujithamini, kujianduni inapoharibiwa na mtu, hii ni pamoja na upinzani wa mara kwa mara, kulaumiwa, kupunguza upendo, kulejelekwa, kudharau, utani uliokithiri/ uliovuka mpaka. Pia hujumuisha unyanyapaa na kwawasiri( watoto wenye au wanaodhaniwa kuhusu kuwa) utofauti fulani mfano watoto wenye ulemavu na wanaoishi na VVU.

Utelekezwaji
Kushindwa kumpatia mtoto haki zake muhimu kama chakula, makazi, mavazi, usafi, elimu, usimamizi wa kutosha, huduma ya matibabu, upendo na mapenzi na mahitaji mengine katika maisha.

Utumikishwaji/ Ajira kwa watoto
Hii ina maana kufanyisha kazi ambayo kwa asili yake inaleta madhara na kwa mazingira jinsi inavyofanyika na kuhatarisha afya, usalama na madhara ya mtoto. Hii haikubaliki. Mfano wa kazi ambazo ni hatari kwa watoto ni pamoja na:
- Kazi za majumbani
- Biashara ya ngono
- Watoto kujiajiri mtaani
- Watoto katika Kilimo cha biashara

Hii inapingana na haki sahihi ya kufanya kazi mtoto, ambayo inajumuisha mtoto kusaidia kazi kama ya kupika, kufua, kukusanya kuni na kuchota maji. Watoto wanajifunza kwa kuangalia na kuiga, na kazi za watoto zinawafunza kujiandaa na majukumu pale watakapokuwa wakubwa. Mtoto hatakiwi kulazimishwa kufanya kazi ngumu za familia ili waweze kumudiza gharama kama

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za shule. Kazi yoyote ya kulazimishwa inayoweza kuathiri afya na utawili wa mtoto ni utumikishwaji/ unyonyaji.

**Unyanyasaji watoto Kingono**
Ni ile hali ya mtu mzima kushirikisha/ kumuhusisha mtoto katika vitendo vya ngono. Unyanyasaji kingono ni pamoja na kushawishi kufanya ngono, kuonyesha, kushaka na kuingiza katika schemu (za siri za mtoto au haja kubwa), punyeto, kutongoza, kubaka na ndoa za kulazimishwa. Watoto pia wanaweza kuhusishwa kwenye utumikishwaji wa ngono za biashara.

**SEHEMU C: Michezo ya kujenga stadi na mikakati ya kuzuia, kupinga na kukemkezwa aina na makundi ya ukatili kwa watoto**

**Hatua ya C1: Michezo ya kujenga stadi dhidi ya ukatili wa watoto**
Wagawe washibiri katika makundi matatu
kwa kutumia kichangamshi/ mchezo wa mtumbwi/boti iinayozama

\[ \Delta \text{ Waambie washibiri kila mmoja kufikiria yupo katika mtumbwi/boti inayozama. Waambie pia kuwa kuna mtumbwi wa uokoaji na lazima kupanda katika makundi. Kisha waeleze nitakaposema boti inazama- kundi la watu 4. Kama kuna kundi la watu 5 boti itazama na kama mtakuwa 3 hamtoweza jiooka. (nyoosha maelekezo)} \]

Rudia mara nyingi huo mchezo kwa idadi tofauti, mpaka upate makundi 3, kwa mfano kama una washibiri 20, jaribu kutengeneza makundi ya watu 7. Ambapo utapata makundi 3, makundi mawili ya watu 7 na moja watu 6. Waambie washibiri wake katika hayo makundi kwa ajili ya shughuli zifuatazo. {weka maelekezo vizuri}

**Hatua ya C2: Maigizo ya unyanyasaji wa watoto**
Waelekeze kila kundi kutengeneza igizo linaloelezea aina ya unyanyasaji wa watoto na tumbulisha lipi litakuwa kundi A, Kundi B na Kundi C pia waeleze kuwa:

**Kundi A** litaandaa mchezo kuhusu vurugu au matumizi ya nguvu kwa mtoto.

**Kundi B**: litaandaa mchezo kuhusu kutelekezwa au unyanyasaji wa kifikra.

**Kundi C**: litaandaa mchezo kuhusu utumikishwaji wa watoto au unyanyasaji wa kingono. Fuatilia na chunguza kama washibiri wameelewa maelekezo.

**Hatua ya C3: Elezea kwa undani zaidi mahitaji ya kiligizo.**
Fafanua kwamba kila igizo lazima liwe na yafuatayo:-
- Igizo lionyeshe mshiriki mmoja anaonyesh “mtoto aliye katika mazingira hatarishi” mfano, mtu aliye chini ya miaka 18 anayepata manyanyaso yanayohatarisha maisha yake kama vile afya yake, ukuaji na maendeleo yake ya baadaye.
• Lionyeshe mambo ambayo watu wazima wanaweza kufanya au kusema kwa mtoto ambayo yanakatisha tamaa, kunyanyapaa, kunyanyasa au kumtenga.
• Igizo liwe fupi na litumie dakika 2 hadi 4.
• Liwe rahisi na lenye kueleweka.
• Liwe la kubuni au litokane na ile mifano waliyoitoa katika majadiliano yao katika sehemu B(hatua ya B1).

**Hatua ya C4: Makundi yaandae Igizo**

Wapatie makundi dakika 10 za kujiaandaa, pitia kila kundi na wasaidie na washauri kama itahitajika.

**Hatua ya C5: Kundi la kwanza waoneshe igizo lao, kisha majadiliano juu ya njia sahihi za kutumia katika kupunguza matumizi ya nguvu kwa watoto**

Waombe kundi A waoneshe igizo lao mbele ya washiriki ya baada ya kukamilisha washukuru na waombe waendelea kubaki mbele.

Waulize watazamaji.maswali yafuatayo

? Kitu gani kitatokea kwa mtoto kwa muda mfupi au mrefu kwa manyanyaso ya kutumia nguvu katika igizo hili?

? Nani anaweza kuingilia ili kuzuia yaliyojitokeza?

? Nani wangeweza kufanya au kusema kwa kupunguza matumizi ya nguvu kwa watoto?

Mshiriki akitoa ushauri wowote, kwa mfano jirani au ndugu anatakiwa kwenda na kumwambia mtu anaenyanyasa mtoto. Omba waoneshe kwa vitendo kwa kuchukua uhusika wa ndugu au jirani.

Waombe Kundi A waigize tena kama mwanza kisha omba mshiriki mpya mmoja ajaribu kuingilia(anayeigiza kama ndugu au jiarani) na kuonesha jinsi gani jirani au ndugu anapoingilia inakuwaje. Wanatakiwa kufanya hivyo mmoja mmoja pasipo kufanya mazoezi/majaribio,

Kama mshiriki anayetoa maoni anatokea katika kundi A linaloigiza basi inabidi mtu aliyetoa maono aje kuchukua nafasi yake na yule muigizaji aliyeigiza ile sehemu ya igizo mwanzo inabidi ake na kuangalia.

Ruhusu igizo lianze tena, na mshiriki mpya aingilie na kuonesha njia sahihi ya kuweza kuzuia manyanyaso zaaidi.

Kisha waulize washirikmaswali yafuatayo
Je jinsi (ndugu au jirani) alivyo ingilia ni sahihi?

Je ni kitu gani kizuri ndugu au jirani alivyofanya au kusema?

Je angesemaje au ungefanyaje tofauti, na alivyofanya mwenzako ili kuleta matokeo mazuri zaidi?

Kama kuna mtu anaweza kuboresha jinsi jirani au ndugu alivyofanya au kusema, basi waambie washiriki waigize tena, na mshiriki mwingine akijaribu kushiriki upya kwa mawazo tofauti na ya awali.

Kisha uliza:

Ni nani mwingine angeweza kuzuia manyanyaso zaidi?

Endeleea hivyo hivyo mpaka kundi wagundue na wajaribu njia mbalimbali za kuzuia ghasia zaidi za unyanyasaji wa kutumia nguvu.

Hatua ya C6: Kundi la B liwakilishe mchezo, ikifuatiwa na majadiliano na kutengeneza njia sahihi ya kuiningilia kiusahihi katika kulinda na kutetea haki ya mtoto.

Rejea tena hatua ya C5, kwa kundi B likiigiza mchezo wao kwa kuangalia zaidi manyanyaso ya kifikra na kijinsia.

Hatua ya C7: Kundi C liwakilishe mchezo wao, ikifuatiwa na majadiliano na kutengeneza njia sahihi ya kuiningilia ili kuzuia zaidi unyanyasaji wa kijinsia na utumikishwaji.

Rejea tena hatua ya C5 kwa kundi C likiigiza mchezo unaohusu mtoto kutelekeza.

Hatua ya C8: Mawazo na mikakati sahihi waliyojifunza katika kushughulikia utetezi wa haki za watoto walio katika mazingira hatarishi.

Waombe washiriki wajiunge kwenye jozi kisha wajadili:

mambo waliyojifunza katika maigizo hayo, ambayo wanaweza kuyatumia katika kushughulikia kiusahihi kulinda haki ya mtoto, hasa katika unyayapaa na unyanyasaji na pia kuweza kuzuia vurugu, unyanyasaji, utelekezaaji au utumikishwaji

Kisha kila jozi itoe wazo moja kwa wakati na fanya hivyo mpaka mawazo yote yawakilishwe.

Toa muhtasari wa mawazo / eleza kwa ufupi mawazo yao.

SEHEMU D: Jinsi gani nyinge unaweza kushughulikia mahijati ya Watoto walio katika mazingira hatarishi katika Jamii ili kuingia unyanyapaa na ubaguzi kwa watoto hao?

Hatua ya D1: Jadili katika makundi njia zipezina kushughulikia mahitaji ya Watoto walio katika mazinigira katika jamii yako?
Wajulishe washiriki waendelee kukaa katika makundi yao yale waliokuwepo wakati wa maigizo. Waeleze kuwa katika dakika 5 zijazo, kila kundi litafute njia sahihi ambazo jamii inaweza kuzitumia katika kushughulikia mahitaji ya watoto walio katika mazingira hatarishi

Kisha Waombe kundi A kufikiria:

wanachoweza kufanyakwa kushirikiana na jamii kwa watoto walio katika mazingira hatarishi ili kushughulikia mahitaji yao ya msingi kama , malazi, chakula na elimu?

Waombe kundi B kufikiria:

Nini wanaweza kufanya Zaidi kwa kushirikiana na jamii kwa kushughulikia unyanyapaa na ubaguzi na mahitaji ya huduma za afya kwa watoto waliokatika mazingira hatarishi

Waombe kundi C kufikiria:

Kipi wanaweza kufanya kwa kushirikiana na na jamii kwa kushughulikia mahitaji ya elimu, stadi za maisha kwa watoto walio katika mazingira hatarishi Ili kuwaandaa na maisha ya baadaye

Hatua ya D2: Kushirikisha jamii jinsi gani inaweza kushughulikia mahitaji mbalimbali ya watoto walio katika mazingira hatarishi

Hakikisha kila kundi linawasilisha maoni, baada ya kila kundi kuwasilisha uliza kama kuna mshiriki yeyote anataka kuongeza lolote. Kisha ongeza maoni kwa yale yaliyotolewa yaliopo kwenye sanduku hapa chini.

kisha waulize:

? Yapi kati ya haya mawazo unaweza kufanya kwa vitendo katika jamii yako mwezi ujao?

? Unaweza kuunganishajena kazi zinazofanywa na kamati au asasi zinazo shughulika kutetea haki za watoto walio katika mazingira hatarishi?

? Kila mmoja wenu anaweza kufanya nini binafsi ili kusaidia?

Hatua ya D3: Kufafanua kwa muhtasari somo hili, kuonyesha ujumbe muhimu na kutambua huduma au msaada uliopo.

Waulize washiriki wamejifunza nini katika somo hili. Angalia kama wamepokea ujumbe muhimu uliopo hapo chini.

**UJUMBE MUHIMU**
• Haki za watoto zinatakiwa kulindwa na siyo kuvunjwa na yeyote, hii inajumuisha haki ya kuishi, kulindwa, kujifunzika na kushirikishwa.
• Kuna mambo mengi tunaweza kufanya kama watu binafsi, familia na jamii katika kusaidia kukabiliana na aina mbalimbali ya mahitaji ya watoto waliokatika mazingira hatarishi ambayo ni ya kimwili, kijamii, kihisia na kimaendelea.
• Shughulikia kiisahihi jambo unalolijua linalohusu watoto kama kunyanyaswa, kupigwa, kutelekezwa na kutumikishwa
• Pinga unyanyapaa, ubaguzi dhidi ya watoto waliokatika mazingira hatarishi pamoja na wenye ulemavu na wanaoishi na VVU.

### VIELELEZO VYA WATOTO WALIO KATIKA MAZINGIRA HATARISHI

**Mpango Kazi wa Kitaifa wa Watoto Walio Katika Mazingira Hatarishi**{2013-2017}

Mpango kazi wa Kitaifa wa watoto walio katika mazingira hatarishi wa 2013 – 2017 unatafasiri kuwa watoto walio katika mazingira hatarishi ni wale walio chini ya miaka 18 ambao wawili wanaoishi katika mazingira hatarishi kwa kukiini kwa kukosa haki zao za msingi. Kwa kiasi kikubwa, hawa ni watoto waliokosa malezi wao na kifamilia kutokana na wazazi kufariki au kufanyiwa vitendo vita vyakutolaza na unyonyaji, au kutosha na ulemavu wa maneno wa Wazazi.

Mpango huu unabainisha wafuatao ni watoto walio katika “mazingira hatarishi.

1. Watoto wanaoishi katika kaya masikini sana na kukosa mahitaji muhimu ambayo ni elimu bora, huduma za afya, chakula au lishe, malazi, huduma za VVU/ Ukimwi, , ulinzi wa kihisia na kimwili
2. Wanaolelewa na Walezi wanaoishi katika mazingira hatarishi kwa kukiini kwa kukosa huduma muhimu,
3. Watoto wanaoishi katika kaya za hazini (miaka zaidi ya 60) na kukosa mahitaji muhimu kama elimu bora, huduma za afya, chakula/ lishe, malazi, huduma za VVU/ UKUMWI, huduma ya watoto ambayo na kufanya na watoke la kihisia na kimwili.
4. Watoto wanaoishi katika kaya za hazini (miaka zaidi ya 60) na kukosa mahitaji muhimu kama elimu bora, huduma za afya, chakula/ lishe, malazi, huduma za VVU/ UKUMWI, huduma ya watoto ambayo na kufanya na watoke la kihisia na kimwili.
5. Watoto wanaoishi katika kaya za hazini (miaka zaidi ya 60) na kukosa mahitaji muhimu kama elimu bora, huduma za afya, chakula/ lishe, malazi, huduma za VVU/ UKUMWI, huduma ya watoto ambayo na kufanya na watoke la kihisia na kimwili.
6. Watoto wanaoishi katika kaya za hazini (miaka zaidi ya 60) na kukosa mahitaji muhimu kama elimu bora, huduma za afya, chakula/ lishe, malazi, Huduma za VVU/ UKUMWI, huduma ya watoto ambayo na kufanya na watoke la kihisia na kimwili.
7. Watoto wanaoishi na magonjwa sugu na kukosa huduma kama elimu bora, huduma ya afya, chakula/ lishe, makazi, huduma za VVU/UKIMWI, huduma ya watoto wadogo na ulinzi wa kihisia au kimwili.

8. Watoto wanaoishi katika kaya zinazosimamiwa na mtoto.

9. Watoto wanoishi au kufanya kazi mitaani

10. Watoto walio katika hali ya mateso, unyanyasaji, dhuluma na kutelekezwa.

11. Watoto walio katika mikinzano na sheria

12. Watoto wanaolelewa katika makao

13. Watoto wanaozaliwa jela au kuandamana na wazazi wao katika magereza au mahabusu

14. Watoto wanaotumikishwa na kufanyishwa kazi ngumu, wahanga wa usafirishaji haramu wa watoto, ajira mbaya ya majumbani, wanaofanya biashara ya ukahaba na kutumia madawa ya Watoto kujiweka katika hatari kwa sababu ambazo hazijatajwa hapa juu (mfano madawa ya kulevya na majanga ya binadamu au asili).

- Jinsi ya kushughulikia mahitaji ya msingi ya watoto waliokatika mazingira hatarishi
  - Kuelimisha walezi wa watoto waliokatika kina mahitaji ya mazingira hatarishi na kuhamasisha jamii kuhiu lishe bora na kutoa kuvutia watoto kwa vitendo juu ya kuboresha lishe katika kaya.
  - Kusaidia wakati wa kuanzisha hustani za mboga (mwoja mwoja, makundi au Jamii yote)
  - Kufundisha familia na wanajamii kilimo bora
  - kuwapatia mbegu bora kwa ajili ya kuongeza uzalishaji na kupata mazao bora
  - Kusaidia kwa kuanzisha shughuli zaku onceza kipato kwa ajili ya chakula na mahitaji mengine
  - Kusaidia watoto wenye utapia mlo kuweza kupata mgawo wa chakula kutoka katika Jamii au Asasi za kiraia.

Mpango Madhubuti / Mirathi
Kuhimiza wazazi na walezi kuandaa wosia na mirathi. Hii itasaidia pale watakapokuwa hawapo watoto waweze kumiiliki mali hivo ili ziweze kuwasaidia...

Malezi ya kisaikolojia kwa watoto walio katika mazingira hatarishi.
Kwa kawaida mtotoanahitaji malezi. Wazazi wasipokwewe, ni lazima awope mtu mzima wa kuchukua na fasi yana katika kuweze kuwaongoza watoto. Kutowa na janga la UKIMWI, baadhi ya familia hukosa watu wazima wa kuwalea watoto. Ikumbukwe kuwa kama watoto wengine, mbaali na mahitaji mashinga watoto walio katika mazingira hatarishi.
wanahitaji pia malezi yenye upendo ili waweze kujisikia wanatambuliwa kuwa ni watoto sawa na watoto wengine, wanakubalika na kuthaminiwa. Kwa kufanya hivi ni dhahiri kuwa unyanyapaa na ubaguzi hauwezi kuwepo.

Malezi bora ya kisaikolojia kwa mtoto aliye katika mazingira hatarishi, mathalani mtoto yatima, mlemavu au anayeshi na maambukizi ya ukimwi, yanatiliwa mkazo kwa sababu yana umuhimu wa kuongoza makuzi yake. Hii itasaidia kufikia hali inayomwezesha mtoto kuwa na sifa zinazohitajika katika jamii. Sifa ambazo zinatokana na malezi bora ni pamoja na kujitambua, kujiamini, kujitegemea, kujithamini, kutoa maamuzi, kujituma, kujizatiti, kwajibika na kuwa mbunifu.

Njia za kushughulika mahitaji ya Watoto walio katika mazingira hatarishi upande wa Afya

- Hakikisha Wazazi na Walezi wanaoishi na Watoto walio katika mazingira hatarishi wana taariifa kuhusu sababu, dalili na pia kulinda na kujua matibabu ya magonjwa kama malaria, kifua kikuu na UKIMWI.
- Kuhakikisha wazazi na walezi wa watoto walio katika mazingira hatarishi wanambula huduma za matibabu na sehemu huduma hizo zinapopatikana na usafiri kwenda katika kituo cha afya.
- Hakikisha watoto walio katika mazingira hatarishi na Walezi wao wanapata huduma ya usafiri kwenda katika kituo cha afya.
- Hakikisha watoto walio katika mazingira hatarishi wanapata habari kuhusu maambukizi ya VVU/UKIMWI na magonjwa mengine ya ngono.
- Jadihiana na kituo cha afya ili kiweze kutoa huduma ya afya bure au kuwapunguzia gharama watoto walio katika mazingira hatarishi.
- Hakikisha watoto walio katika mazingira hatarishi wanapata chanjo iliyoendeheswa.
- Hamasisha wahudumu, huduma za afya na vituo vya afya kupatikana katika jamii.

Kuwaandaa Watoto walio katika mazingira hatarishi kwa maisha ya baadaye. Njia ya kushughulikia elimu ya shule na stadi za maisha.

Elimu

- Jamii inaweza kuwafuata wazazi au walezi ambao hawataki watoto waende shule na kujariibu kuwasaidia kuwapeleka watoto wao shule.
- Jamii inanaweza kusaidia kazi za watoto za nyumbani ili watoto waende shule.
- Jamii inaweza shirikiana na mashule kuunda mtaala unaokimu mahitaji ya watoto mfano: kuongeza stadi za maisha, mafunzo ya biashara, mafunzo ya kilimo au mafunzo ya nyumbani kwa kuwahudumia wazazi wagonjwa {JUKUMU HILI NI LA TAASISI YA UKUZAJI MITAALA –TAI SIO LA JAMII}.
• Jamii inaweza kusaidia kuwatolea ada wanafunzi kwa kuwapatia sare za shule
• Jamii inaweza kujadiliana na shule kuondoa au kuweka ruzuku katika ada za watoto mashuleni
• Jamii inaweza kuongeza uelewa jitu ya VVU/UKIMWI na ulemavu ili kuzuia unyanyapaa na ubaguzi ili waweze kuepuka suala la kutowapeleka watoto shule.
• Wanajamii wanaweza kuwa walezi wa watoto walio nje ya shule.

Stadi za Maisha

Stadi za maisha ni muhimu sana katika kusaidia watoto na hasa wale walio katika mazingira hatarishi. Stadi hizi zitawasaisia watoto katika:

• Kufanya maamuzi mazuri kuhusu afya zao
• Kujitambua na kuepuka hali ya hatari na tabia mbaya
• Kuamua maamuzi sahihi
• Kuchangia katika maendeleo ya jamii

Ifulatayo ni mikakati inayoweza kutumika katika kufikisha stadi za maisha kwa watoto walio katika mazingira hatarishi.

• Hakikisha Watoto walio katika mazingira hatarishi wanapata ushauri nasaha ulio na usio rasmi katika jamii, ili kuweza kueleza hisia zao na matatizo yao.
• Hakikisha watoto walio katika mazingira hatarishi wanathaminiwa nakupendwa
• Kuhimiza na kutumbua vipaji vyao kuvajengea uwezo wa kuchukua maamuzi yaliyo sahihi, kuwasaidia kuwa na marafiki, kujiunga na vikundi vyenye tija kwao m'fano vikundi vya vijana na vya ujasiliamali.
• kuwapatia msaada wa mawazo pale wanapotaka kuchukua maamuzi magumu.
• Kutetea na kuhamasisha kuwepo na stadi za maisha kwa watoto walio katika mazingira hatarishi kupitia mashuleni, makanisani, misikitini na katika mashirika ya kijamii.

11. Kinga ya Malaria

Somo 11: Kinga ya Malaria

Ni kwa nini somo hili lifundishwe?

Ifikapo mwisho wa somo hili, washiriki wataweza kufanya yafuatayo:
Jinsi ya kuwezesha somo hili

SEHEMU A: KUELEWA JUU YA MALARIA

Hatua ya A1: Tambulisha somo ya malaria

Δ Malaria ni ugonjwa unaowaathiri watu wengi Tanzania. Watu wengi wanaokwenda kwenye vituo vya kutolea huduma za afya wanasumbuliwa na malaria. Jamii inao ufahamu mkubwa wa malaria kulingana na taarifa za tafiti mbalimbali zilizofanyika Tanzania.

Δ Tafiti pia zinaonesha kuwa hali ya maambukizi ya malaria inapungua Tanzania, lakini bado inabaki kuwa ni tatizo kubwa katika masuala ya afya, somo hili linapata njia za kuzuia malaria na somo linayofuata linahusu namna ya kutibu malaria kwa ufasaha na kushughulikia masuala ya malaria kwa wajawazo.

Hatua ya A2: Uzoefu na mtazamo wa washiriki juu ya malaria

? Una uzoefu upi na malaria?

Ruhusu washiriki kubadilishana uzoefu wao kwa muda wa dakika 5

Hatua ya A3: Ni kwa jinsi gani unataka vitu viwe tofauti hapo baadaye katika jamii yako?

? Katika jamii yako, ni kwa jinsi gani kimtizamo unataka vitu viwe hapo baadaye kuwasiliana na maandalizi ya malaria?

Hamasisha washiriki kwa kusema kuwa:

Δ Juhudi za kuzuia malaria zimesaidia kupunguza malaria kwa kiasi kikubwa Tanzania na ni uhalisia kuona baadaye ni jamii huru dhidi ya malaria.

Sisitiza kuwa:

Δ Ili kufanikisha hili inahitaji ushiriki thabiti kutoka kwa kila mtu katika jamii kufanya kuchukua hatua za kuzuia malaria ambazo tutazizungumzia katika kipindi hiki.

Hatua ya A4: Malaria ni nini?

Ufanyuzi/Tafsiri wa Malaria: Malaria ni ugonjwa ambao unasababisha na vimelea na huenezwa kwa mbu tu. Ni hatari kwa kila mtu lakini hasa wanawake wajawazito, watoto chini ya umri wa miaka mitano na watu wanaoishi na VVU.

Hatua ya A5: Malaria inambukizwa kwa namna gani?

Ni njia zipo mbalimbali ambazo umeshasikia watu wanaweza kupata malaria?

Tumia maelezo hazina chini kuelezea kuwa njia pekee ya kuambukiza malaria ni kwa kuumwa na mbu jike anofelesi, na zungumzia imani potofu kuhusu maabukizi ya malaria.
Uambukizwaji wa Malaria

Malaria ni ugonjwa wa kuambukiza. Hii ina maana kwamba huweza kuenea kutoka mtu mmoja hadi mwingine. Lakini njia pekee ya kuenea kutoka kwa mtu mmoja kwenda kwa mwingine ni kwa kung’atwa na mbu.

Sio kila mbu anaeneza Malaria, Mbu jikie tu (anofelesi) ambao hung’ata wakati wa usiku hasa usiku wa manane. Pamoja na ukweli huo, tafiti za hivi karibuni zinaonyesha kuwa mbu wanaweza pia kung’ata mtu mapema zaidi na si lazima iwe usiku, bado tafiti zinaendelea ili kujua mabadiliko haya ya mbu na namna ambavyo jamii itatakiwa kujilinda.

Vimelea vya malaria vinaishi katika damu na kula katika damu ya mtu aliyeambukizwa. Ni vidogo mno kuonekana kwa macho.

Mbu akimng'ata mtu aliyeambukizwa, hufyonza baadhi ya damu, ikiwa pamoja na vimelea vya kusababisha malaria. Baadaye, akimng’ata mtu asiye na vimelea hivyo, vimelea huwingia kwenye damu ya mtu huyo na kumfanya naye augue malaria.

Inachukua kati ya siku 7-20 baada ya kung'atwa kuanza kuonyesha dalili za malaria. Ishara yana kwanza na mihu mi zaidi na homa. Kama ikiachwa bila kutibiwa, malaria inaweza kwa hatari kutoka kama wanawake wajawazito, watoto chini ya umri wa miaka mitano na watu wanaoishi na VVU / UKIMWI.

Imani potofu

Baadhi ya watu wanaweza kuamini kuwa kuna mmoja wadogo pamoja na ugonjwa wa VVU. Hii ni kila mtu, lakini kama unywaji, basi wanywaji wanaweza kuamini kwa namna ambavyo jamii itatakiwa kujilinda.

Baadhi wanaweza kuamini kuwa wannawiliwa na ugonjwa wa VVU. Hii si kila mtu, lakini kama unywaji, basi wanywaji wanaweza kuamini kwa namna ambavyo jamii itatakiwa kujilinda.

Hatua ya A6: Fafanua kuwa homa ni dalili ya magonjwa mbalimbali na kupima malaria ndio nyia pekee ili uweze kufahamu kama una malaria na sio ugonjwa mwingine.

? Majina gani yanatumika katika jamii yako kwa kwa malaria?

Andika majibu yote na yapitie kwa pamoja na kundi.

Hatua ya A7: Ishara na Dalili

Δ Kugundua mapema kwamba una malaria ni muhimu kwa sababu kama hautatibu malaria unaeweza kupoteza uhai. Kwahiyo ni muhimu kutambua ishara na dalili ambazo zaweza kuwa ni za malaria.

Uliza:

? Dalili na ishara za malaria ni zipi?

kama una ubao au chati pindu, andika chini majibu yote na yapitie pamoja na wanakundi.

Baada ya dakika chache, elezea nyongeza ya ishara na dalili za malaria kutoka kwenda kwenyesanduku hapo chini, ambazo hazikutambuliwa na washiriki.

Dalili na Ishara za Malaria ya kawaida

- Mwili kupata joto au homa
- Kuhisi baridi na kutetemeka
- Kuumwa na kichwa, maumivu ya mwili au maumivu ya viungo
- Kichefuchefu au kutapika
- Kutohisi njia
- Kuharisha

Ishara na Dalili za Malaria kali

- Kushindwa kunywa maji ( kwa watoto, hii ni pamoja na kutokuwa na uwezo wa kunyonya )
- Kutapika kila kitu
- Kusinzia au kupoteza fahamu
- Degedege
- Upungufu wa damu
- Udhaifu uliokithiri

Hatua ya A8: Sisitiza umuhimu wa kwenda kwende kwenye kitu cha afya kupima kama una malaria mara tu unapo dalili za ugonjwa wa malaria.

? Unatakiwa kufanya nini mara tu unapo homa na ishara yeyote ya malaria ya kawaida?

Fafanua kama ifuatavyo:

Ndani ya siku ya kwanza unapogundua ishara na dalili za malaria, fika katika kitu cha afya kupima kama una malaria. Mtoa huduma wa afya aliyepata mafunzo ndiye mwenye uwezo wa kusema majibu kwa uhakika baada ya kupima. Usisubiri mpaka ugonjwa uwe mkali!
• Kama imethibitika ni malaria, anza tiba mara moja utapata dawa sahihi ya malaria. (Dawa Mseto). Kwa sasa ndio dawa sahihi inayotolewa katika vituo vya afya.
• Meza kiasi sahihi cha Dawa mseto kama ulivyoelewa na mtoa huduma wa afya.
• Kama homa hatokwisha baada ya siku mbili za tiba, rudi katika kituo cha afya. Usisubiri mpaka uone ishara za malaria kali au madhara zaidi.
• Tumia dawa zote kama ulivyoelekezwa.
• Kama majibu yataonyeshia kuwa huna malaria, mtoa huduma ya afya atafanya vipimo vingine ili kuchunguza nini kinachosababisha dalili (homa) na kukutibu kwa usahihi.

SEHEMU B: NJIA ZA KUZUIA MALARIA

Hatua ya B1: Tambua njia zote muhimu za kuzuia malaria

Δ kuzuia malaria ina maana ni kuzuia mbu kumuuma mwanadamu


Hakikisha kuwa njia zote katika sanduku hapo chini zimetajwa.
Njia za kuzuia Malaria na jinsi zifanyavyo kazi

Kutumia vyandarua vyenye dawa

*Jinsi ifanyavyo kazi:* Hivi ni bora kuliko vyandarua visivyvo na dawa kwasababu pamoja na kutoa kizuizi baina yako na mbu, hufukuza na kuua mbu wasambazao malaria.

Dawa za kunyonyiza majumbani (Ukoko) au kupuliza dawa ya kuua wadudu kwenye kuta za nyumba (hufanyika na timu maalum)

*Jinsi ifanyavyo kazi:* Mbu huhitaji kupumzika kwenye ukuta baada ya kufyonza damu ili aweze kuimeng’enya. Dawa ya wadudu kwenye ukuta huua mbu kabla hawajaweza kwenda kwa mtu mwingine. Kama karibu kuta zote katika kijiji zimenyuziwa kwa ufasaha, inaweza kuja nzuri sana ya kuua mbu na kupunguza maambukizi ya malaria. Hii ni inapatikana tu katika baadhi ya maeneo ya Tanzania, si kila mahali.

Kutumia dawa za kupuliza za kufukuza mbu na losheni

*Jinsi ifanyavyo kazi:* Dawa za kupuliza za kufukuza mbu au losheni inapulizwa/inapakwa kwenye mikono, miguu na sehemu zingine za ngozi zisizofunikwa na nguo ili kuzui mbu kukuuma.

*koili za mbu*

*Jinsi ifanyavyo kazi:* Moshi toka kwenye koili inayoungua hufukuza mbu.

kuweka vioo katika madirisha, milango na sehemu nyingine zenye uwazi

*Jinsi ifanyavyo kazi:* Huzuia mbu kuingia ndani ya nyumba na kuuma watu.

Kusafisha mazingira

*Jinsi ifanyavyo kazi:* Mbu wabebao malaria wanalalia mayai yao kwenye madimbwi ya maji hasa maji safi yasiyotembea au yaendayo polepole. Kama ukipukia mashimo yanayoweza kutunza maji na kufunikia vyombo vya maji, unapunguza idadi ya mbu na pia unapunguza kiwango cha mbu waumao na kusababisha malaria.

Larviciding V/viluwi

*Viluwiluwi:

*Jinsi ifanyavyo kazi:* Vipandikizi hivi vinatumika kuua lava za mbu sehemu ambazo kuna mazalia machache, Kwa sasa sehemu pekee yenye mradi huu Tanzania ni Dar es Salaam.

Kati ya njia zote hizi, vyandarua vyenye dawa kwa kiasi kikubwa ndio bora zaidi! Hata kama ukitumia njia zingine. Unatakiwa pia kutumia chandarua kila usiku.

Karibu vyandarua vyote vyenye dawa vinavyosambazwa Tanzania ni vyandarua vya kudumu:havihitaji kukekewa dawa tena baada ya kufuliwa, vimetengenezwa na malighafi maalumu ambayo imewekwa kwenye dawa ya wadudu kuua na kufukuzwa mbu. Hukaa kwa muda wa miaka mitano ivapo vitatunzwa kwa umakini.
Sehemu C: vyandarua vyenyu dawa

Hatua ya C1: Elezea juu ya vyandarua vyenyu dawa na jinsi gani ya kuvitumia kwa ufasaha, fikiria kama vile unaongea na mtu ambaye katoka kwenye nchi isiyokuwa na malaria kabisa.

Fikiria kwamba nimefika mimi na familia yangu kutoka Cape Town (hakuna malaria) kuishi kwa miaka 5 ijayo hapa Tanzania. Sina ujuzi wowote wa vyandarua. Elezea kwangu nahitaji kujua nini juu ya chandarua chenyu dawa, ni vipi na wapi naweza kuvipata, nahitaji vingapi na navitumia vipi kwa ufasaha kuzuia malaria, na zipi faida zake.

Nitauliza kila mtu aniambie kitu kimoja juu ya vyandarua vyenyu dawa kisha nitasoge kwa mtu mwingine.

Husisha kila mtu aseme kitu kimoja, kisha sogea kwa mtu mwingine. Kama mtu huyo hawezi kufikiria chochote cha kuongezea, sogea kwa mwingine. Endelea mpaka pasiwepo na anayeweza kufikiria chochote: kisha toa muhtasari wa mawazo na ongelea mambo ambayo hayajongelewa katika sanduku:

Ni muhimu kwa washiriki kuelewa umuhimu wa vyandarua vyenyu dawa na namna ya kuvitumia kwa ufasaha. Sisitiza mambo yafuatayo hapo chini kwenye visanduku viwili.
jinsi ya kufanya matumizi bora ya vyandarua vyenye dawa kwa ajili ya ulinzi bora

1. Kuwa na vyandarua vya kutoshua vya kuzuia mbu vyenye dawa kwa ajili ya familia yakaniwazeka, kuwa na vyandarua vya kutoshua kwa wanafamilia wote. Kama unalala ndani ya chandarua, inakhirikishia si tu usingizi mzuri, lakini pia ulinzi dhidi ya malaria. Ununua po chandarua si ghali ilikilinganishwa na gharama utakazoingia pale mwanaafamilia mmojawapo atakapourgwa malaria.

2.Hakikisha mbu hawainii ndani
❖ Chomeka chandarua vizuri kwenyewe godo au kwenye mkeka wa kulalia vizuri.
❖ Angalia mara kwa mara kama hakuna matundu katika chandarua chako.

3.Tunza na Karabati chandarua chako
❖ Rekebisha/zuia matundu madogo katika chandarua haraka baada tu ya kuanza kuonekana kuhakikisha kwamba mbu hawezi kupita. Unaweza kufunga fundo, kiraka au kushona kwendo matundu katika chandarua.
❖ Kunja fundo au kunja chandarua kinapokuwa hakitumiki, usiruhusu watoto wachezee chandarua maana ni rahisi kukichana. Unapofunga/kunjia chandarua chako kila asubuhi, nyumba yako inaweza kuonekana nadhifu.
❖ Ili kuepuka kuvutia panya, usifunike chakula kwa chandarua, weka vyakula mbali na chandarua.
❖ Jaribu kuzuia panya katika nyumba yako.
❖ Kakikisha kaka/dada mkubwa achomeke/kuchomoa na kukunja chandarua ili kuepuka kukihiaribu
❖ Fua chandarua pale tu inapochafuka na sio zaidi ya mara moja kila baada ya miezi mitatu, -- fua kwa uangalifu na sabuni isiyokuwa kali.

4. Lala ndani ya chandarua chenye dawa kila usiku
Kama chandarua ni kimoja tu ndani ya nyumba, hakikisha watoto chini ya miaka mitano na mama wajawazito ndiyo wanalala ndani ya chandarua hicho

5. Tumia chandarua kwa mwaka mzima
❖ Mbu wa malaria ni wajanja- huigia ndani ya nyumba yako usiku sana ukiwa hauwaoni na unaweza kuufikira uko salama bila chandarua.
❖ Kwasababu vimelea vya malaria huihitaji muda ndani ya mbu, mbu wazee ndiyo hatari zaidi; kwahiyo wanaweza kuendelea kubaki katika mazingira uliyopo hata baada ya mvua kuisha na mbu wengine kuwa wamepungua idadi.

6. Hakikisha kila mmoja anatumia chandarua chenye dawa
❖ Kuwa na vyandarua vingi zaidi vyenye dawa kwa majirani, ndiywo pia kiasi kikubwa cha mbu watakufa.
❖ Kama kila mmoja anatumia chandarua chenye dawa, kuitaka na watu wachezee wenyewe vimelea vya malaria ili kuviambukiza kwendo mbu, na kiasi kidogo cha kung’atwa na mbu kinachotokea kitakuwa hatari.
Hatua ya C2: Mchezo wa kufafanua zaidi umuhimu wa kutunza chandarua na kukikarabati

Tumia Kamba yenye urefu wa mita 8 katika mkoba wako, tengeneza mstatili wa mita 2 x mita 1.5 (ukubwa na umbo la kitanda.) unaweza pia kuchora mstatili kwa chaki kwenye sakafu, na fimbo/kijiti kwenye ardhi au mchanga. Elezea kuwa eneo hili linawakilisha kitanda. Omba mshiriki mmoja aje na kukaa au kulala kwenye ‘kitanda’.

Omba washiriki 8 waje na kusimama pembeni mwa kingo za mstatili uliotengeneza. Elezea kuwa wanawakilisha chandarua kinachozunguka kitanda. Idadi ya washiriki inabidi iwe ndogo sana kuzunguka kitanda chote,

Kwahyo kuna angalau nafasi au matundu katika chandarua. Chagua mshiriki mmoja zaidi kuwakilisha mbu abebaye malaria. Mpe sura ya mbu avae. mwambie atafute tundu katika chandarua ili aingie ndani na kumgusa (i.e kumng’ata) mtu aliye ndani ya kitanda. Uliza

? Ni nini mmiliki wa chandarua hiki analazimika kufanya?

Mmoja wapo atakapopendekeza kukarabati chandarua kwa kushona, kukunja au kuweka kiraka, sema utarekebisha chandarua kwa kuweka kiraka cha kifaa kingine zaidi. Omba washiriki 6 zaidi wawe viraka kwa ajili ya kushonwa kwenye chandarua. Wajiunge na ukuta wa watu wanaowakilisha chandarua, na wote waunganishe mikono ili kutengeneza ukuta imara kuzunguka kitanda.

Faida za vyandarua vyenye dawa

• Kulala usingizi mzuri bila kero ya mbu.
• Hutoa ulinzi wa kimwili dhidi ya kuumwa na mbu.
• Dawa ya wadudu iliyo kwenye vyandarua huua na kufukuza mbu.
• Faida katika jamii:
  • Matumizi makubwa ya vyandarua maana yake ni mbu wachache, ikiwa ni pamoja na mbu wachache wenyewe vimelewa, wa hatari na wachache watauma watu. Kiasi cha malaria katika jamii Tanzania nzima kinapungua kwa sababu ya hili!
  • Vyandarua vyenye dawa ni njia bora zaidi ya kuzuia malaria, vikutumika vizuri vinaweza kupunguza nusu ya idadi ya matukio ya malaria.
Sasa amuru “mbu” ajaribu tena kuwingia ndani ya” chandarua”. Wakati huu wasimruhusu aweze kujipenyeza kwenye chandarua.

Sisitiza kuwa:

Δ Mbu anaweza kupita hata kwenye tundu dogo au mpasuko katika chandarua, kwa hiyo ni muhimu kuchunga chandarua, angalia mara kwa mara kama kuna matundu, na rekebisha hata matundu madogo mara tu utakapoyaona kabla ya kuwa makubwa zaidi.

SEHEMU D: DAWA ZA KUPULIZIA/UKOKO (sehemu hii ni hiari/ sio lazima)

Kumbuka: sehemu hii si lazima ifundishwe- jumuisha tu kama huduma hii imekwisha tolewa au inategemea kutolewa katika eneo eneo huwa la lazima

Hatua ya D1: Uliza na fafanua nini maana ya dawa za kupulizia ndani inahusisha nini na inapatikana wapi

Uliza na jadili: unaelewa nini juu ya Dawa za kupulizia ndani/ukoko?

Kisha fafanua:

Dawa za ukoko ni kupulizia dawa za wadudu kwenye kuta, paa na dari za nyumba zote katika ene ene husika kwa ajili ya kuwa mkuwab wa kwenye kuta ya maeneo haya.

Nchini Tanzania, si kila sehemu zitapata huduma hii serikali huamua ni maeneo yapi yatachaguliwa kwa ajili ya kupuliziwa. Upulizi dawa ya ukoko yatachaguliwa kwa ajili ya kupuliziwa. Unyuziaji wa dawa yenye maeneo ya ufanisi mkubwa ya Zanzibar, Karagwe, Mwanza, Mara , Geita na muleba.

Hatua ya D2. Fafanua jinsi dawa za ukoko zinavyofanya kazi

Uliza na jadili: Dawa za ukoko zinavyofanya kazi?

Kisha fafanua:

Mbu wakubwa wanaotua na kulala kwenye maeneo ambayo yamethibitika kuwa na mlipuko wa malaria. Unyuziaji wa dawa yenye maeneo ya ufanisi mkubwa ya Zanzibar, Karagwe, Mwanza, Mara , Geita na muleba. Hata kama nyumba yako itapuliziwa dawa ya ukoko, inashauriwa kuendelea kutumia chandarua ili dawa zinafanyaje kazi kwa ufanisi kwa kuua mbu na kupunguza maambukizi ya malaria. Kama timu ya wapulizi dawa ya ukoko wakitembelea jamii yako, unatakiwa kuendelea kuheshimu maelekezo yao ili ufaidike na upulizi wa dawa.

Hatua ya D3: Elezea kwa ufupi kinatokea nini kama eneo likichaguliwa kupuliziwa dawa ya ukoko

Elezea:

Kama ene ene lako likichaguliwa kupuliziwa dawa, yafuatayo yanatakiwa kutoke kabla, wakati na baada ya kupuliziwa:
**Kabla ya kupulizia.** Timu ya wapuliziaji watatembelea jamii yako na watatu amabazo mnaa juu ya upuliziaji. Watafaranua faida za kupulizia, na kubalitiana mpango wa lini watukuja kupulizia.

**Wakati wa upulizaji,** kwa makini siata maelekezo na mafanikio ambayo watajaribu mmelekezo na timu ya wapulizaji dawa ya ukoko, na shirikiana na wao. Hii inahusisha kutoa samani na vitu vingine kutoka kwenye kuta za nyumba yako na kisha karudisha baada kupulizia dawa.

**Baada ya upuliziaji,** endelea kutumia chandarua chenye dawa kila usiku!

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**SEHEMU E: UKUTA WA VYANDARUA VYENYE DAWA NA DAWA YA UKOKO: KUSHUGHULIKIA VIZUIZI VYA KAWAIDA NA PINGAMIZI KWA MATUMIZI YA VYANDARUA VYENYE DAWA NA DAWA YA UKOKO**

**Hatua ya E1: Jenga ukuta wa vizuizi dhidi ya matumizi ya vyandarua vyenye dawa na dawa za ukoko**

Waulize washiriki na bungua bongo:

Ni baadhi ya sababu zinazokufanya usitumie chandarua chenye dawa muda wote, au watu nyingine wanazotoa kuepuka utumiaji wa vyandarua vyenye dawa?

Ni sababu zinazofanya baadhi ya watu wanakataa kupuliziwa dawa ya ukoko?

---

**Gharama ya chandarua**

<table>
<thead>
<tr>
<th>Usambufu wa kusagieza vitu kwa ajili ya kupulizia dawa</th>
<th>Wanaume halisi hawahitaji chandarua</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dawa ni hatari kwa watoto</td>
<td>Vyandarua ni hatari kwa moto</td>
</tr>
<tr>
<td>Chandarua change kinachanika kwa haraka</td>
<td></td>
</tr>
</tbody>
</table>

Andika kila sababu iliyothelea na washiriki kwenye karatasi ya A5 au kwenye kadi kwa kalamu ya maka au kalamu ya chati pinduna gudisha kwenye chati pindu, ubao au ukutani, ili iwe ni moja ya tofali katika ukuta wa pingamizi wa kutumia vyandarua vyenye dawa. Unaweza pia kulaza ‘matofali’ kwenye sakafu au ardhini mahali ambapo washiriki wanaweza kuyaona.

Ongeza ‘matofali’ mengine kama 10 yenye pingamizi tofauti mbele na juu ya ile ya kwanza, ili ujenge ukuta wa pingamizi kama ilivyoonyesha hapa.

**Hatua ya E2. Gawanya kundi katika timu mbili na elezea nini kitatokea**
Gawanya kundi ‘kuanzia chini katikati’ kwenye timu mbili, timu moja wapo ikae upande wowote wa eneo la mafunzo.
Elezea kwamba:
Nitajifanya ni mtu ambaye nina sababu za kutotumia chandarua chenyeye dawa, au kukataa dawa ya ukoko ambayo imeandikwa katika mojawapo ya matofali. Timu yako lazima ijaribu kunishawishi kutumia chandarua licha ya pingamizi zangu. Kama timu yako yakuja kuvuka pingamizi na kunishawishi mimi kutumia chandarua chenyeye dawa au kukubali dawa za ukoko kwenye nyumba yangu, timu yako yako yaniyopia tofali, ikishindwa timu nyinge ya watapata nafasi ya kujarii.

Hatua ya E3: Muwezeshaji apitishe pingamizi moja ya matofali na apate washiriki kutoka kwene timu ili kujariibu kuushinda pingamizi hivo ya utumiaji wa vyandarua vyenye dawa.
Chukua moja ya pingamizi (kama vile “kuna joto sana ndani ya chandarua”) na sema kwenye kwene moja ya timu hizo, kwa mfano
\[\Delta \]
vyanadaru vikizuia hewa kuingia na nihisi joto ndani ya chandarua, kwahiyo sitotumia chandarua kukiwa na joto.


Sanduku 1: Mawazo ya kushughulikia pingamizi za kawaida dhidi ya matumizi ya vyandarua
Sanduku 2: Mawazo ya kushughulikia pingamizi za kawaida dhidi ya matumizi ya vyandarua za kunyunyiza/Ukoko

Hatua ya E4: Ondoa vizuizi kwa kuwasaidia washiriki kuondokana na pingamizi dhidi ya matumizi Dawa za kunyunyiza/Ukoko na Vyandarua vyenye dawa.

Rudia hatua ya E3 ikiwa na kizuizi kingine iwe cha dawa za kunyunyiza au vyandarua vyenye dawa (kwene moja ya tofali lingine), ukianza na timu nyingine. Endelea mpaka matokeo yote yaondolewa na ukuta ubomolewe.

Jedwali 1:Mawazo kwa ajili ya kushughulikia pingamizi dhidi ya matumizi ya vyandarua vyenye dawa

<table>
<thead>
<tr>
<th>Saba za kutotumia vyandarua</th>
<th>Suluhisho/Majibu tarajiwa</th>
</tr>
</thead>
</table>
| Hofu ya kukosekana hewa / joto /joto jingi ndani ya chandarua | Elimisha kwamba kuna matundu katika chandarua ili kuruhusu hewa kuungia – matundu hayo ni makubwa ya kutosha kwa ajili ya hewa kupita na kupunguza joto pia ni madogo kiasi cha kuzuiwa mbu kuungia ndani. *Je, si bora kujisikia joto kidogo kuliko hatari ya malaria?*
| Kuhisi kama kuwa ndani ya jela /jeneza | Bora kuwa ndani ya chandarua ' jeneza ' na kuamka kuliko kuwa katika jeneza halisi ambapo huwezi kuamka kwa sababu ya malaria |
| Mbu wanawezu kuwingia kupitia matundu yaliyo ndani ya chandarua. | Elimisha kuwa matundu yanuaruhusu hewa kupita lakini ni madogo sana kwa mbu kupita. |
| Vyandarua vinawasha | Weca chandarua vizuri ili usijekugusa au kusuguna wakati wa kulala Bora kuwashwa kidogo kuliko kuwa na malaria |
Elimisha kuwa hili siyo kweli. Wizara ya Afya na Maendeleo ya Jamii pamoja na miradi mingine ya usambazaji wanatoa katika gharama yenye punguzo kwa wananchi kwasababu Kinga dhidi ya Malaria ni muhimu. Gharama halisi ni ya juu sana kuliko kile unacholipia na ubora wake wa juu sawa na ile ambayo ungelipia gharama zaidi.

DRAFT

Ubora wa vyandarua vinavyotolewa kwa hati punguzo inaaminika ni duni. Nafasi (chandarua kikubwa zaidi ya nyumba/kitanda) Vyandarua vinapatikana vyenye ukubwa na maumbo tofauti. Unaweza kununua chandarua kutegemeana na ukubwa wa kitanda/nyumba na upendeleo wako binafsi.

Hofu ya moto Elimisha kuwa muhimu kuweka chandarua mbali na moto.

Chandarua change kimechanika au kina matundu Kirekebishe. Unaweza kukifunga, kiraka au kushona matundu katika chandarua chako. Kama matundu hayawezi kurekebishika, chukua chandarua kipya

wasiwasi kuwa watoto wataugua au kufa kutokana na kunyonya chandarua Wasiwasi kuwa vyandarua vinaleta ugumba. Elimisha kuwa hii si kweli - aina na kiwango cha dawa kilicho katika chandarua ni maalum kwa lengo la kuua mbu na sio watoto, na haiathiri afya za watoto.


Hawana ufahamu wa wapi pa kuapata chandarua Waelimishe juu wapi vyandarua vinapatikana

Rangi (nyeupe) ya chandarua inafanana na sanda/huchafuka kwa urahisi. Kama rangi nyeupe siyo ya upendeleo wako kuna rangi za aina nyingine

changamoto za kutundika chandarua Chunguza kwanini hawatundiki chandarua na elezea sababu hizo. Toa ushauri na panapohitaji msaada wa kimatendo juu ya utundikaji wa chandarua

Mwanaume wa kweli ni mkakamavu na haihitaji kulala ndani ya chandarua – akimaanisha chandarua ni kwa ajili ya watoto na wakina mama Mwanaume mkakamavu haogopi mbu. Mwanaume lazima awe muwajibikaji, imara na mwenye afya ili aweze kutunza familia yake
Hatua ya E5: Pitia kujifunza na kuangalia maswali zaidi na mawazo kwa kawaida ya dawa za kupulizia

Gharama

- Elimisha kuwa vyandarua vinapatikana bure /bei nafuu kwa makundi hatarishi. Kwa mfano, kuna hati punguzo kwa wanawake wajawazito na watoto chini ya miaka mitano kwa kununua vyandarua ikiwa ni kiwango kidogo tu cha kuchangia. Hatii hizi zinapatikana kwenye kliniki zote zenye huduma za mama wajawazito.
- Uliza wanataaka kufanikisha nini katika maisha yao na ni kwa jinsi gani ni muhimu kutunza kwenye afya zao kufanikisha hili. Baada ya haya onyesha kuwa gharama ya kujinga yana unavyo sana kulipia ili kufanikisha dhidi ya malaria.

Jedwali 2: Mawazo kwa ajili ya kushughulikia pingamizi ya kawaida ya dawa za kupulizia/ukoko

<table>
<thead>
<tr>
<th>Saba za Kuepuka Kutmia Dawa za kunyunyiza</th>
<th>Suluhisho/Majibu tarajiwa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Usumbufu wa kutoa vitu vyanjani nje na kuvirudisha tena baada ya kupulizia dawa</td>
<td>Ni muda mchache utatumika, kwa faida ya kuwa huru kutopata malaria na kulala vizuri. Faida zake zinaandoa ugumu wa kazi ambao wagazibatwa wawili wa kupa kwa ajili ya kupulizia dawa.</td>
</tr>
<tr>
<td>Dawa za wadudu si salama</td>
<td>Aina na kiwango cha dawa ni maalumu kwa ajili ya muhimu ya kujinga dhidi ya malaria.</td>
</tr>
<tr>
<td>Zinaleta mende na wadudu wengine</td>
<td>Kama mende na wadudu wengine watajatokeza kama matokeo ya dawa hizi, hii inaweza sababisha kukerekana kwa muda mrefu ukilinganisha na faida za muda mrefu za kujinga dhidi ya malaria.</td>
</tr>
</tbody>
</table>

Hatua ya E5: Pitia kujifunza na kuangalia maswali zaidi

Uliza kama kuna maswali zaidi au masuala mbalimbali washiriki wanayo yahusianayo na namna ya kujinga na malaria. Kama washiriki watauliza maswali juu ya malaria wakati wa ujuzito na tiba ya malaria, jibu kwa ufupi na elezea kuwa masuala haya yataelezea kwa kula maswali na katika masomo yanayofuata. Uliza washiriki waa w戮ee ni kitu gani wamejifunza kwenye somo hili, ongezea kwa vile ambavyo vitakuwa vimekosekana.
Ujumbe muhimu

Malaria huambukizwa kwa mwanadamu kwa kuumwa na mbu tu na kuzuia malaria ina maana ni kuzuia kutoumwa na mbu.

Njia ambazo zinasaidia kuzuia malaria ni pamoja na:

**Kutumia Vyandarua vilivyotiwa dawa**

- **Dawa wa kupulizia nyumbani/Ukoko** - Kupulizia dawa za wadudu kwenye kuta za nyumba.
- **Kuweka vioo kwenye madirisha na sehemu zingine zilizo wazi.**
- **Usafi wa mazingira** - Hakikisha hakuna madimbwi au makopo ya maji yanayoachwa wazi ili kuzuia mbu waenezao malaria wasitage mayai yao sehemu hizo.
- **Tumia chandarua kwa ufasaha kwani ndiyo njia nzuri zaidi ya kuzuia malaria.**
- **Pata vyandarua vya kutosha kwa familia yako, lakini weka kipaumbele zaidi kwa mama wajawazo na watoto chini ya miaka mitano.**
- **Lala ndani ya chandarua iliyowekwa vizuri katika kitanda kila usiku kwa mwaka mzima.**
- **Tunza na rekebisha chandarua chako pale inapohitajika.**
- **Jumuika na toa ushirikiano kwa mradi wa dawa za kupulizia/Ukoko kama zinatolewa katika jamii yako.**
- **Tambua dalili na sharia za malaria zinazofamika.**
- **Si kilo homa ni malaria – homa ni dalili ya magonjwa mbalimbali na ni lazima upimwe ili kuwa na uhatika.**
- **Malaria inapungua Tanzania lakini bado moja ya tatizo kubwa la afya ambalo jamii inatakiwa kulishughulikia.**

12. Tiba ya Malaria Wakati wa Ujauzito

**Somo 12: Tiba ya Malaria Wakati wa Ujauzito**
Kwa nini somo hili lifundishwe?
Ifikapo mwisho wa somo hili, washiriki wataweza kufanya yafuatayo:
• Kujua hatari na madhara ya kupata malaria wakati wa ujauzito.
• Kuhakikisha mama mjazito na watoto walio chini ya miaka 5 wanalala kwenye chandarua chenyequa dawa kilila usiku.
• Kuheshimu umuhimu wa kuhudhuria mapema kliniki ya wajawazito.
• Kujua umuhimu wa kupata dozi tatu za SP wakati wa ujauzito.
• Kutambua umuhimu na sababu za kupima na kupata tiba ya malaria mapema.
• Kupima malaria kabla ya kununua au kupata tiba ya malaria.
• Kuamini matokeo ya vipimo ya malaria.
• Kutotumia dawa za malaria ikiwa majibu yataonesha hana malaria.
• Kupata ACTs au dawa nyingine itakayopendekezwa kama majibu yataonesha ana malaria na kukamilisha dozi.

Nini kinatokea, kwa ufupi?

Sehemu A: Sababu mbali mbali za homa na lini kwenda kupima na kupata tiba ya malaria (dakika 20)
Zoezi kwa kutumia sura linaonesha kuwa kuna magonjwa mbalimbali Tanzania yanayo sababisha homa, na hivyo ni muhimu kwenda kupima kwanza malaria, na kutibu malaria iwapo tu itaonekana unayo. Msisitizo unawekwa kwenye umuhimu na sababu za kwenda kupima na kutibu malaria mapema.

Sehemu B: Dawa za malaria na kikamilisha dozi (dakika 10)
Sehemu hii kwa ufupi inatambulisha tiba ya malaria inayotumika kwa sasa Tanzania, na kusisistiza umuhimu wa kukamilisha dozi.

Sehemu C: Malaria wakati wa ujauzito (dakika 30)
Sehemu hii inaelezea matatizo yanayosababishwa na malaria wakati wa ujauzito, na njia kuu za kuzuia, ikiwa ni pamoja na kuhudhuria kliniki ya wajawazito mapema, kupata dozi 3 za SP wakati wa ujauzito, kulala kwenye chandarua chenyequa dawa kilichotunzwa vizuri kilila usiku na kupima mapema malaria unapoonana dalili za mwanzo. Washiriki kwenda wabungue bongo na baadae waandae na wawasilishe maigizo mafupi kuelezea nini wanaume na watu wengine ndani ya jamii wanapaswa kufanya (au hawapaswi kufanya ili kuzuia mama mjazito kupata malaria.

Vifaa
• Picha za mwanaume na mama mjazito:
• Sura 3 :
Jinsi ya kuwezesha somo hili

**SEHEMU A: SABABU MBALI MBALI ZA HOMA NA LINI KWENDA KUPIMA NA KUPATA TIBA YA MALARIA**

Hatua ya A1: Washiriki watatu wenye sura zinazowakilisha malaria na sababu nyingine zinazo sababisha homa, kila mshiriki amguse mshiriki mwingine

Δ Tunakwenda kufanya zoezi kuhusu sababu zinazosababisha homa, na nini chakufanya ikiwa una homa.

Omba washiriki watatu wajitolee na kuja mbele ya eneo la kujifunzia, wape sura ya mbu na wawili wape sura ya maambukizi kama inavyooneshwa hapa, waombe wavae sura hizo, hakikisha wanavaa kwa usahihi kiasi kwamba mbu na maambukizi ya “kijani” yanaonekana kama hapa:

Eleza:

Δ Watu hawa watatu waliowaa sura wanawakilisha mbu na magonjwa mengine mawili ambayo nayo yanaweza kusababisha homa.

Δ Magonjwa haya yanazunguka katika jamii na yanaweza kukugusa. Malaria inauwezekano wa kukugusa iwapo haulali kwenye chandarua kila usiku au chandarua chako kina tundu.

Δ Fikiria ni muda wa usiku, hivyotafadhali fumba macho yako kwa dakika moja. Magonjwa haya sasa yataanza kuzunguka nyuma ya kundi na kila ugonjwa utamgusa taratibu mtu
DRAFT

Hakikisha kila mtu kwenywe kundi (isipokuwa 3 waliovaa sura) wamefumba macho. Ruhusu wale watu 3 waliovaa sura watembee taratibu nyuma ya kundi na kila mmoja aguse watu tofauti kwa nyuma. Hakikisha kila mmoja aliyevaa sura anagusa mtu mmoja tu.

Hatua ya A2: tambulisha uchunguzi na chaguo la matibabu kwa wale wenye homa
Mwambie kila mmoja afungue macho yake tena. Waombe wale watatu walioguswa waje mbele na uwaulize;

Ugonjwa gani wanafikiri umewashika? Unajisikiaje kuhusu hiyo?
Waambie;
Chaguo lako ni nini? Utafanya nini? uta;
○ Nunua dawa za malaria na kuanza kujitibu mwenyewe?
○ Utaendra umbali wa ziada kwenywe kliniki kupima malaria, na kupata matibabu inavyotakiwa?
○ Subiri na kuona homa itaendeleaje?

Ruhusu kila ‘mtu mwenye homa’ aseme kile atakachokifanya. Halafu uliza washiriki wengine ushauri gani watatoa kwa watu watatu wenye homa.

Hatua ya A3: Elezea madhara ya chaguo tofauti
Kama mtu mmoja au zaidi wenye homa au mshiriki yoyote, akisema ataenda moja kwa moja kununua na kuanza kutumia dawa za kutibu malaria, uliza, jadili na eleza;

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Nini itakuwa madhara yake kama huyu mtu kweli ana malaria?
• Matibabu yatasaidia, lakini dawa za kutibu malaria zinzogawia zinaweza zisiwe na nguvu kama zile zinazotoka katika kituo cha afya

Nini yatakua madhara kama mtu huyu hakuwa na malaria?
• Matibabu ya malaria hayatakwa na motokeo yoyote
• Itakuwa amepoteza pesa yake
• Inaweza ikapelekea kwa mtu huyu kujenga usugu anapopewa matibabu ya malaria, kwa hiyo wanapopata malaria kiuhakika, matibabu hayatafanya kazi.
• Itachelewesha kujua na kuanza matibabu sahihi ya ugonjwa unasababisha homa. Hii inaweza kuwa na madhara makubwa kiafya.

Kama mtu mmoja au zaidi mwenye homa (au mshiriki yoyote), akisema ataenda kwanza kwenye kituo cha afya na kupewa vipimo vya malaria, uliza, jadili na eleza;

Yapi yatakua madhara/motokeo kama huyu mtu kwa uhakika atakuwa na malaria?
• Watapitia vipimo vya malaria vya haraka, kuaminika na uhakika kama vile mRDT. Kama ni malaria, inaweza kuanza matibabu ya malaria moja kwa moja, ukijua hayo ni matibabu sahihi.

Yapi yatakua madhara kama huyu mtu hakuwa na malaria?
• Utagunduahara kwamba siyo malaria. Kipimo ni cha uhakika na unaweza kuamini motokeo.
• Wahudumu wa afya katika kituo cha afya wanaweza kutambua na kitibu kwa usahihi ugonjwa mwingine wowote unaosababisha homa.
• Hupotezi pesa kutibu ugonjwa usio sahihi

Kama mtu yeyote atasema atasubiri na kuona jinsi homa itakavyoendelea, jadili na eleza kwamba hii ni hatarishi. Kama malaria na magonjwa mengine yanayosababisha homa kali yana ruhusiwa kukua bila matibabu kwenye mwili wako, yanaweza sababisha uharibifu wa kudumu au kifo.

Uliza wale watatu waliovaa sura waseme mtu waliomshika, na waone madhara yapi yatakua kwa kila mtu.
Washukuru walioshiriki na waombe wakae kwenye viti vyao.

Hatua ya A4; Sisitiza umuhimu wa vipimo na matibabu ya mapema ya malaria

Δ Ugunduaji na matibabu ya mapema ya malaria ni muhimu kwa kila mtu, lakini ni muhimu haswa kwa wanawake wajawazito, watoto chini ya miaka mitano na watu
wanaoishi na VVU. Makundi yote haya yanaweza kupata malaria kwa urahisi kuliko wengine. Pia kuna hatari kubwa kwa malaria kuwa kali kwa watu wa kwenye makundi haya- ndiyo maana matibabu ya mapema ni muhimu sana kwa makundi haya.

Hatua ya A5; Fupisha sababu za ugunduaji na matibabu ya mapema ya malaria

Kama mtu ameonyesha dalili za kwanza za malaria sana sana homa, kutetemeka au kichwa, maumivu ya mwili au mifupa; haswa mtoto chini ya miaka mitano, mama mjambizo au mtu anayeishi na VVU au mwenye UKIMWI, wanatakiwa kwenda kwenye kituo cha afya siku hiyo au inayofuata, ili waweze kupimwa na kupewa matibabu kama matokeo ni chanya.

Mtu mzima yoyote au mtoto anayeonesha hata moja ya dalili hatarishi zifuatazo za malaria kali anatakiwa kupelekwa kwenye kituo cha afya haraka;

- Kushindwa kunywa maji, kwa watoto inajumuisha na kushindwa kunyonya
- Kutapika kila kitu
- Kujisikia vibaya au kupoteza fahamu
- Kutetemeka
- Upungufu wa damu Anemia
- Kukosa nguvu

Kwa nini unafikiri matibabu ya mapema ya malaria ni muhimu?
Sikiliza majibu, kisha ongezea chochote kinachokosekana kwenye orodha ifuatayo:

<table>
<thead>
<tr>
<th>Sababu za matibabu ya mapema ya malaria</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Kupunguza hatari ya kupata malaria kali inayosababisha ulemavu au kifo.</td>
</tr>
<tr>
<td>- Kupunguza uwezokano wa kulipia matibabu ya malaria kali ambayo ni ghali.</td>
</tr>
<tr>
<td>- Kupunguza upotezaji wa kipato- jinsi mtu anavyoumwa kwa muda mrefu malaria, ndivyo jinsi muda mchache unatumika katika kazi.</td>
</tr>
<tr>
<td>- Kwa watoto, inapunguza ukosaji wa kwenda shule unaosababishwa na kuumwa kwa muda mrefu.</td>
</tr>
<tr>
<td>- Kuvunja duara la uambukizaji- kadiri unavyotibu malaria mapema ndivyo unavyovunja duara la uambukizo mapema, hivyo hata ukiumwa na mbu hatabeba vijidudu vya malaria</td>
</tr>
</tbody>
</table>

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Dawa sahihi ya kutumia kutibu malaria katika nchi yetu sasa ni ALU ambayo wakati mwingine huitwa Dawa Mseto ya Malaria. Hii inapatikana kwenye vituo vya afya pekee. Ni aina ya ACT au tiba muunganiko unaounganisha dawa zingine mbili za malaria kufanya matibabu yawe thabiti.

Katika jamii, kuna waganga wa jadi wanaotoa matibabu za malaria. Hata kama imani inaweza kuwa na nguvu kwamba dawa hii inaweza kuzingatia kama matibabu au muda wa matumizi, omba dawa nyinge.

Uliza kama washiriki wana swali lolote au maoni kuhusiana na matibabu ya malaria, na ujibu ipasavyo.


Uliza kama washiriki wana swali lolote au maoni kuhusiana na matibabu ya malaria, na ujibu ipasavyo.

SEHEMU C: MALARIA WAKATI WA UJAUZITO

Hatua ya C1: Madhara ya Malaria wakati wa ujauzito.

Sema:

Sasa tunakwenda kuangalia hasa kuhusu malaria wakati wa ujauzito. Malaria huathiri watu wa umri wowote, lakini ni hatari zaidi kwa wawato wadogo na wajawazito. Malaria wakati wa ujauzito ni tishio kwa mama na mtoto aliyeko tumboni.

Onesha picha hii ya mwanamke mjamzito. Uliza washiriki wakwambie jina lake. Katika maelezo ya mwezeshaji, tumemwita Grace, lakini badili kwa jina lolote ambalo washiriki watamchagulia. Uliza:


Zingatia: Acha washiriki wajue kuwa ALU inapatikana katika maduka ya dawa muhimu
Baada ya dakika chache, wambie watu wajitolee kusema yale waliyojadili. Ongeza wazo lolote katika kisanduku kifuatacho cha “Matatizo yanayosababishwa na Malaria wakati wa Ujuzito”

Matatizo yanayosababishwa na Malaria wakati wa Ujuzito

• Malaria huweza kusababisha upungufu wa damu/anemia. Upungufu wa damu/Anemia inaweza kumfanya mwanamke awe mchovu na mdhaifu. Anemia kali inaua mama wajawazito kupitia moyo kushindwa kufanya kazi yake, pia humfanya mwanamke ashindwe hata kuvumilia damu inayovuja bakati wakati wa kujifungua. Hii humweka mama mjamzito katika hatari zaidi bakati wakati wa kujifungu.
• Malaria wakati wa ujuzito inaweza pia kusababisha matatizo kwa mtoto aliyekoa tumboni. Malaria inaweza kuathiri plasenta. Plasenta ndiyo inayomlisha mtoto anapokuwa tumboni mwa mama yake. Madhara haya yanaweza kusababisha mtoto aliyezaliwa awe mdogo sana na mdhaifu. Ni rahisi watoto wanaolewa wadogo au wadhaifu kuwa ndani ya mwaka mmoja kuliko watoto wengine.
• Anemia pia inaweza kusababisha mtoto kusababisha akiwa mdogo au mdhaifu.
• Mama wajawazito wanaoishi naVVU wako katika hatari ya kuwa na matatizo ya afya yanayoambatana na malaria wakati wa ujuzito kwa sababu kinga yao ya mwili imekuwa dhaifu.

Hatua ya C2: Kuzuia Malaria wakati wa Ujuzito.

Sema:

Kuja matatizo yanayosababishwa na malaria wakati na baada ya ujuzito hutuungoeza kuuliza swali: Tunaweza kuwa nini? Grace anaweza kuwa nini kuzuia malaria bakati wakati wa ujuzito wake? Mme/mpenzi wake, wanafamilia wengine, maraiki, majirani na wanajamii wanaoeweza kua kuuza kufanya kazi kwa sat prio na mwili imekuwa dhaifu.

Kuna mambo muhimu manne yanayoeza kusaidia kuzuia malaria wakati wa ujuzito. Unadhani mambo haya ni mambo gani?

Baada ya washiriki kujibu, thibitisha kama ifuatavyo:

1. Kila mwanamke lazima ahudhurie kliniki ya wajawazito mara tu anapodhania kuwa ni mjamzito (kabla ya wiki 12 za ujuzito)

2. Wababisha lazima apate angalau dozi tatu za SP, dawa za kuzuia madhara yake malaria. Hizi hutolewa bure kama sehemu ya matunzo ya kabla ya kujifungua (Inashauriwa dozi 2 za SP, lakini angalau dozi 3 za SP wakati wa ujuzito zimethibitishwa kuwa sahihi)
3. Mama wajawazito wote (pamoja na watoto chini ya miaka 5) lazima walale kwenye vyandarua vyenye dawa kila usiku.


Hatua ya C3: Eleza nini wanaume na watu wengine wanachoweka kufanya (au kutokufanya) kumsaidia mama mjamzito katika kuzua malaria.

Onyesha picha hii ya mwanaume na sema kuwa ni mme/mwenzi wa Grace. Wambie washiriki wamarike jina. Kwenye maelezo ya mwezesha kama la Emmanuel lakini badilisha kwa jina lolote litakalocheza na washiriki.

Uliza:

Emmanuel anaweza kufanya nini kumsaidia Grace? Wanafamilia wengine, marafiki, majirani na wanajamii wanaweza kufanya nini kumsaidia? Tunakwenda kuliangalia hili kwa kina.

Sema:

Tunajua kuwa wanawake lazima wahudhurie kliniki mara baada ya kugundua kuwa ni wajawazito. Hata hivyo, wanawake wengi hawahudhurii kliniki mapema kama inavyoshauriwa. Wanaweke wanayo nafasi ya aidha kuwawezeshwa au kuwazua wanaweke kuhudhuria kliniki mapema na namna gani wanaweke kliniki haraka kama mama mjamzito ana homa au dalili za malaria.

Uliza:

- Emmanuel anaweza kufanya nini kumsaidia Grace kuzuia malaria? (mfano, kumtia moyo na kwenda naye kliniki ya wajawazito mara tu apato ujuzito)
- Wanaume wakati mwingine hufanya nini au husema nini kinachozua malaria wakati wa ujuzito?

Kama una chati pindu au ubao, andika orodha ya majibu kwa kila swali, yenye vichwa vya habari “mambo wanaume wafanye” na “mambo ambayo wanaume hawapaswi kufanya”. Jedwali lifuatalo linapendekeza mambo ya kuongeza kama hayatajwa.

<table>
<thead>
<tr>
<th>Mambo wanaume wafanye</th>
<th>Mambo wanaume hawapaswi kufanya</th>
</tr>
</thead>
</table>
Hatua ya C4: Andaa maigizo katika makundi mawili juu ya nini wanaume wafanye na nini wasifanye
Gawanya washiriki katika makundi mawili, mfano, kwa kuhesabu 1 na 2.
Sema:

Tunakwenda kufanya maigizo mawili kuhusu taarifa tulizojadili.
Kundi la 1 litaonyesha wanaume wakifanya mambo ambayo hawapaswi kufanya –mambo yanayokwamisha kuzuia malaria wakati wa ujauzito.
Kundi la 2 litaonyesha wanaume wakifanya na kusema mambo ambayo yatasaidia na kuhamasisha kuzuia malaria.
Kila igizo litachukua dakika 5 tu.

Kwa igizo namba 1, ni wajibu gani unadhani tunapaswa kuwa nao kwenye igizo? Uliza watu wajitolee kwa kila wajibu. Liambie kundi litafute wajibu kwa washiriki waliobaki wakati wakizungumza na kujipanga – kila mmoja lazima ashiriki.

Kwa igizo namba 2, ni wajibu gani unadhani tunapaswa kuwa nao kwenye igizo? Uliza watu wajitolee kwa kila wajibu. Liambie kundi litafute wajibu kwa washiriki waliobaki wakati wakizungumza na kujipanga – kila mmoja lazima ashiriki.

Kila kundi liandae na kufanya mazoezi ya igizo lao.

Hatua ya C5: Fanya maigizo na jadili ujumbe na mafundisho yatokayo na igizo.
Kila kundi lifanye igizo lake kwa zamu yake. Uliza kwa kila mwisho wa igizo:

- Unadhani ni namna gani igizo limekusaidia kujua majukumu ya wanaume katika kuzuia malaria wakati wa ujauzito?

- Unadhani kuna kitu kingine zaidi wanaume, wanawake, majirani, ndugu au wanajamii wanaweza kufanya? Una maoni gani?

Hatua ya C6: Swali lolote kuhusu kuzuia malaria wakati wa ujauzito
Uliza:

*Una swali lolote au maoni kuhusu kuzuia malaria wakati wa ujauzito?*

Jibu maswali yao na maoni yao.

**Hatua ya C7: Rejea mafunzo na ujumbe mahususi**

Uliza washiriki walichojifunza kutokana na somo hili. Angalia kama wameelewa ujumbe mahususi hapa chini:

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**Ujumbe Muhimu**

**Matibabu ya Malaria.**

- Ni muhimu kwenda kwenye kituo cha afya siku hiyo hiyo au inayofuata unapogundua dalili za mwanzo za malaria – usisubiri ugonjwa ukomae
- Siyo kila homa ni malaria; pima kabla hujapata matibabu ili upate dawa sahihi. Mtoa huduma za afya aliye pata mafunzo, kwa kutumia kipimo sahihi cha malaria, ndiye anayeweza kukuwa bana unaumwa malaria au la.
- Pima kabla ya kuanza matibabu yooyote. Namna hiyo, utapata dawa unazohitaji ili kupona na bila kuiruru fedha kwa dawa usizohitaji.
- Amini matokeo ya kipimo cha haraka cha malaria (mRDT), hata kama siyo ulivyotarajia.
- Usitumie dawa yooyote ya malaria kama huumwi malaria.
- Tumia ACTs au dawa iliyopendekeza ikiwa umekutwa na malaria.
- Tumia ACTs / Dawa Mseto kutibu malaria iliyothebishwa na hakikisha unanaliza dozi hata kama utaanza kupata nafuu baada ya dozi ya kwanza au ya pili.

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**Ujumbe Muhimu**

**Malaria Wakati wa Ujauzito.**

- Malaria wakati wa ujauzito ni tishio kubwa sana kwa mama na mtoto aliye kubwa. Anza kuhudhuria kliniki mara una muslimi una ujauzito.
- Kunywa angalau dozi 3 za SP wakati wa ujauzito
- Hakikisha kwamba mama mjuzi na watoto chini ya miaka 5 wanahitaji ya chandarua chenye dawa kila usiku.
# Uwezeshaji wa Moduli

## A. Malengo ya kila somo

<table>
<thead>
<tr>
<th>#</th>
<th>Jina la somo</th>
<th>Malengo – kwa nini somo hili lifundishwe?</th>
<th>Ifikapo mwisho wa somo, washiriki wataweza:</th>
</tr>
</thead>
</table>
| 1 | Afya bora baadae | • Kutambua malengo na matarajio ya baadae katika ngazi ya mtu binafsi, familia na jamii kwa ujumla, na kutoa motisha kwa tabia ya sasa ya kutafuta huduma ya afya na tiba inaweza kuhusishwa.  
• Kuwa na Uwezo wa Kujitambua na kutathmini tabiaya kutafuta huduma za afya zao.  
• Kutambua umuhimu wa kujithamini wenye na wengine katika jamii, na kuchukua hatua ya kupunguza hatari za kiafya, na kuhakikisha wana kuwa na afya bora na kufikia malengo yao. | 1. Afya bora baadae  2. Kutambua malengo na matarajio ya baadae katika ngazi ya mtu binafsi, familia na jamii kwa ujumla, na kutoa motisha kwa tabia ya sasa ya kutafuta huduma ya afya na tiba inaweza kuhusishwa.  
• Kuwa na Uwezo wa Kujitambua na kutathmini tabiaya kutafuta huduma za afya zao.  
• Kutambua umuhimu wa kujithamini wenye na wengine katika jamii, na kuchukua hatua ya kupunguza hatari za kiafya, na kuhakikisha wana kuwa na afya bora na kufikia malengo yao. |

### Mchezo/ zozei la Mtumbwi

Mchezo/ zozei la Mtumbwi unaozama wenye uwezo wa kuchukuwa watu watatu tu kila mshiriki aseme kwanini yeye anapendekeza awe mmoja apo ya hao watu watatu au apendekeze anaowaona kuwa wanasthiki na sababu zake na Zozei la 2. Ni la kupita njia yenyi yake viwazo katika kuyafikia malengo yako ya baadae.

### Vifaa

**Vifaa:** Picha inayo onesha familia yenye furaha, kamba yenye urefu wa mita 8, Sura ya mamba, nyoka, Mbu na simba. **Vifaa mbadala:** Mnawezu kuchora kwenye karatasi sura ya mamba, nyoka (au tumia kamba), chora mbu kwenye karatasi yoyote nk. kwenye mazozi.

<table>
<thead>
<tr>
<th>#</th>
<th>Jina la somo</th>
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</tr>
</thead>
</table>
| 2 | Kinga ya VVU | • Kutathimini uwezekano wao kwa mtu binafsi kuambukizwa  
• Kubaini kwa usahihi njia za kujikinga/kuzuia maambukizi ya VVU  
• Kuweza kutumia kondomu kwa usahihi na kwa uendevu  
• Kuona jambo la kununua na kubeba kondomu kama jambo la kaida  
• Kuanzisha mjadala na kujadili utumiaji wa kondomu katika mahusiano yao. | 1. Zozei la kutafuna bigijii na kumpa mwengine.  
2. Onyesho la kutumia kondomu ya kike na kiume kwa vitendo.  
3. Mitazamo hasi ya jamii kuhusu kondomu.  
4. Uliza maswali: jibu kama Ndio weka 1 kama hapana weka 0.  
   1. Je, umeshawahi walau mara moja kufanya ngono bila kutumia kondomu.  
   2. Umeshawahi kufanya ngono na mke/mume au mtu yeyote bila kutumia kondomu ambaye na yeze amewahi kufanya ngono na mtu mwwengine bila kinga/kondomu?  
   3. Katika maisha yako umeshawahi kufanya ngono bila kondom na wapenzi zaidi ya mmoja? |
4. Umeshahi kuwa kattika mahusiano ya kingono na wapenzi zaidi ya mmoja kwa wakati mmoja?
5. Umewahi kufanya ngono ukiwa umelewa pombe au kutumia dawa za kulevya?
6. Umewahi kufanya ngono na mpenzi mpya bila kondom usiyejuwa hali yake ya maambukizi ya VVU?
7. Je, wewe unaye au umewahi kuwa na mpenzi wa kiume ambaye hajatathiriwa?
8. Umewshawahi kupata maambukizi yanayosababishwa na ngono?
9. Umewahi kufanya ngono kinyume na maumbile?
10. Umeshawahi kupokea au kudai fedha, huduma au zawadi ili kufanya ngono?
11. Je, umewahi kutoa fedha ,huduma, au zawadi kwa ajili ya kutaka ngono?
12. Umewahi kulazimishwa kufanya ngono?
13. Umewahi kufanya ngono na mtu aliyekuzidi umri zaidi ya miaka kumi?
14. Umewahi kufanya ngono na mtu uliyemzidi umri zaidi ya miaka 10?

Vifaa: Bigijii, ndizi au pipi kondomu ya kike na ya kiume, chupa au kipande cha mti kama uume, sahani au kipande cha kaaratasi cha kuwekea bigijii zilizotafunwa, karatasi za kuandika/kurikodi vikwazo vya kondomu, maka peni, karatasi ya gundi.

○ ujumbe Mahsusi
- Tathimini hatari zako binafsi za kupata VVU kisha chukua tahadhali madhubuti kwa kupima na kujinga.

Tabia ambazo huzuia au hupunguza hatari ya kupata maambukizi ya VVU ni:
- kuacha ngono
- kutumia kondomu kwa sahihi kwa kila tendo la ngono
- kupunguza idadi ya wapenzi wengi
- Kuepuka ngono kinyume na maumbile
- Kutahiriwa kwa hiari katika kituo cha huduma za afya
- Kupata tiba ya maambukizi ya magonjwa ya ngono
- Wapenzi kupima VVU na kupewa majibu yao kwa pamoja
- Kujadili na kukubaliana kutumia kondomu katika mahusiano ya kingono

3 Upimaji wa VVU na ushauri nasaha
- Kujua kwamba inaweze kana mwenzi mmoja kuwa na maambukizi ya VVU na mwingine asiwe na VVU hata kama walikuwa wanafanya ngono isyo salama.
• Kujadili kuhusu upimaji wa VVU na ushauri kwa pamoja kama wenzi.
• Wenzi kwenda pamoja kupima VVU na kupata ushauri na kisha kupokea majibu yao kwa kwa pamoja.
• Kuwa wazi kwa wenzi wao kuhusu wao halu ya maambukizi ya VVU.
• Kuwasaidia watu wanaoishi na VVU na si kuvanyanyapaa.
• Kupunguza idadi ya wapenzi wanaojihusisha na kingono.

Mazoezi ya kutumia
1. Moto wa msituni-Njia mpya ya kusalimiana kwa kushikana mikono kuonesha mitandao ya ngono.
2. Jinsi gani wenza wanaweza kushaurianaa kwenda kupima VVU. Jadili faida ya wenzi kupima.
3. Ukingoni mwa mto, ndani ya mto na kujadiliana maana yake ukihuisha na unyanyapaa na usaidizi kwa WAVIU.
4. Igizo mtu anapokwambia unaishi na VVU.

Vifaa. Kamba yenye urefu wa mita 8 ambayo inatumika kama mto. Mbadala wake unaweza kuchora mstari mstari chini.

Ujambe Muhimu

• Inawezechana kwa wenzi kuwa na majibu yasiyofanana ya VVU (mmoja kuwa na VVU na mwingine kutokuwa na VVU) hata kama wamekuwa wakifanya ngono isiyosalamka.
• Jadili suala la kupimaVVU na kupata ushauri naasaha kwa pamoja.
• Nendeni pamoja kupima VVU na kupata unasihi kwa pamoja na mpokee majibu
• weka wazi halu yako ya maambukizi ya VVU kwa wenzi wako wote ili wajue na wao pia waweze kupima VVU na kama ikibidi wapate tiba ya VVU na magonjwa ya ngono.
• Saidia na usiwanyanyapae wale wote wanaoishi na VVU kwenye jamii yako. Hii inatia moyo na kushawishi kuwa muwazi kuhusu VVU na utayari wa kwenda kupima na kupata tiba kama unastahili kuanzishiwa tiba, hivyo kupunguza hatari ya maambukizi zaidi.

<table>
<thead>
<tr>
<th>4</th>
<th>Tohara ya hiari ya kitaalamu kwa</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Kufahamu kuwa tohara ya hiari ya mwaume hupunguza hatari ya kupata maambukizi ya VVU kwa asilimia 60%</td>
</tr>
<tr>
<td></td>
<td>Kufahamu faida za tohara kwa wanaume na wanawake</td>
</tr>
<tr>
<td></td>
<td>Kufahamu kuwa tohara ya hiari ya wanaume haizuii maambukizi kwa asilimia</td>
</tr>
</tbody>
</table>
100%, bali njia zingine za kzuia maambukizi lazima zitumike, mfano kondomu
- Kuamini kuwa tohara ya hiari ya wanaume ni kwa kila mtu yaani watu wazima, waliooa na wario na watoto
- Kujadili na weni wao juu ya tohara ya hiari ya wanaume na kuwashawishi wenzu hao juu ya faida zake
- Kupata huduma ya tohara ya hiari ya wanaume katika vituo vya huduma za afya zinazotolewa na wataalamu wa afya
- Kutokufanya ngono na weni wao kwa kipindi cha wiki 6 mara baada ya kutahiriwa.

Mchezo: Hadith ya mchezaji wa mpira wa miguu
Kuta/mitazamo hasi kuhusu huduma za tohara hasa katika vituo/zahanati na jinsi ya kuwasaidia waondokane na mitazamo hiyo.

Vifaa: Chora picha ya uume uliotahiriwa na ambao haujatahiriwa kwenye karatasi.

UJUMBE MUHIMU
- Tohara ya hiari ya wanaume hupunguza uwezekano wa mwanaume kupa maambukizi ya VVU kwa takriban asilimia 60%. Pia huboresha usafi na hupunguza uwezekano wa kueneza magonjwa ya ngono
- Tohara ya hiari ya wanaume ina faida nyingi kwa wanawake ikiwa ni pamoja na:
  - Hisia kubwa na raha wakati wakufanya ngono
  - Kupunguza hatari ya kupata kansa ya shingo ya kikazi na magonjwa mengine ya ngono.
  - Husaidia kupunguza hatari ya kupata maambukizi ya VVU kama weni wao wana mahusiano na wapenzi wengine.
- Tohara ya hiari ya wanaume haini ufanisi kwa asilimia 100% katika kuzuia maambukizi ya VVU, hivyo basi njia zingine za kuzuia maambukizi lazima ziemendelee kutumika, mfano kondomu
- Ni vizuri na hakuna tatizo lolote kwa wanaume, watu wazima, waliooa na wenywe watoto kwenda kupata huduma ya tohara.
- Ni muhimu kujadili na mwenzi wako kwa pamoja juu ya tohara ya hiari ya wanaume.
- Pata huduma ya tohara kwa watalaamu wa afya waliopata mafunzo ya huduma ya tohara
- Subiri kwa muda wa wiki 6 bila kufanya ngono baada ya kutahiriwa.

5 Tiba ya VVU, Ufuasi
- Kufahamu juu ya matibabu ya VVU.
- Kujisajili kwenye huduma za tiba ya VVU kama unastahili au kushawishi
wa dawa, 
Unyanyapaana usaidizi

<table>
<thead>
<tr>
<th>wengine kufanya hivyo .</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Kuwa wafuasi wazuri wa dawa na siku za kliniki</td>
</tr>
<tr>
<td>• Kuelewa mabadiliko ya aina za dawa za kufubaza VVU</td>
</tr>
<tr>
<td>• Kuelewa masuala ya watu wanaoishi na VVU na nini maana ya kuishi kwa mtazamo chanya</td>
</tr>
<tr>
<td>• Kujiunga na kikundi kinachotaa misaada</td>
</tr>
<tr>
<td>• Kutambua kwamba hawawezi kumfahamu mtu mwenye VVU kwa kumuanagalia isipokuwa kwa kupima tu</td>
</tr>
<tr>
<td>• Kuwakubali watu wanaoishi na VVU bila kuwanyanyapaa na kuwabagua.</td>
</tr>
</tbody>
</table>

**Zoezi la kuigiza:** Watu 2 wenyewe VVU wanajinga katika makundi 2 tofauti mmoja anapokelewa vizuri kwenye kundi mwengine anakimbiwa kila anapowasogelea.

**Zoezi la kutambua** mtu mwenye VVU kwa kutumia picha za watu 8 kwa kuwaangalia kwa macho.

**Zoezi la Kinga ya mwili** inavyofanya kazi kuzuia VVU, na maambukizi mengine, VVU na TB jinsi zinavyoshambulia mwili wenyewe kinga hai na kinga dhaifu. Bainisha huduma zilizopo kwa mtu mwenye kinga mwenye afya nzuri.

Bainisha huduma zilizopo katika makundi 2 tofauti kwa watu wanaoishi VVU.

Vifaa: Seti ya picha 8 mmoja ati yao hana VVU, Sura 5 za chembe cheembe hai nyuepe za damu, maambukizi, maambukizi mengine, VVU na dawa za kufubaza VVU. Mbadala wake mameza kwa mtu mwenye kinga wenyewe karatasi nk.

**ujumbe Mahsusi**

- Kuishi na VVU haimaanishi kwamba unaishi na Ukimwi. VVU na Ukimwi ni hali tofauti/havifanani.
- Kama unaishi na VVU, kuna uwezekano wa kuishi na afya nzuri/njema kwa miaka kadhaa ukiwa na kinga yenye nguvu kabla ya kuhitaji kuanza kutumia dawa za kupunguza makali ya VVU (ARV).
- Pima na kujua hali yako ya maambukizi mara mara. Huwezi kumgundua mtu mwenye VVU kwa kumuangalia, bali ni kwa kupima tu.
- Anza kutumia dawa za kufubaza VVU kama unastahili kuanza kuzitumia. Ikiwa utachelewa kuanza kutumia dawa hiza hazitafanya kazi vizuri mwili.
- Tumia dawa za kufubaza VVU kila siku kama ulivyoelkezwa- Kuwa mfuasi mzuri wa kutumia dawa za kufubaza VVU na kuhudhuria siku zako za kliniki kama ulivyoelkezwa.
- Mtu anayeishi na VVU anahitaji msaada na ushirikiano mzuri na
mitandao ya jamii na pia anahitaji mazingira mazuri na yenye upendo yasiyo na unanyapaa na ubaguzi ili aweze kuwa mfuasi sahihi wa dawa zake na miadi ya kiliniki aliopangiwa. Tuwapende, tuwasaidie na tusiwatenge au kutoa maonzi yanayonyapaa watu wanaoishi na VVU

- Kutokuwepo na unanyapaa na ubaguzi katika jamii zetu, kutawezesha wazazi/walezi kwa kushirikiana na mtoa huduma za afya kwa kuwa wazi na kuwaeleza vijana wanaowalea kwamba wanaishi na VVU hivyo kupata ushirikiano mzuri wa kuwa mfuasi sahihi wa dawa na miadi ya kiliniki
- Kama unaishi na VVU au una ndugu/kijana anaishi na VVU, fikiria kujiunga na makundi ya kusaidiana/yanayotoa misaada au kumshawishi ndugu/kijana kujiunga na makundi hayo.

<table>
<thead>
<tr>
<th>6</th>
<th>Kifua kikuu</th>
</tr>
</thead>
<tbody>
<tr>
<td>•</td>
<td>Kufahamu dalili za kifua kikuu na jinsi kifua kikuu kinavyoambukizwa</td>
</tr>
<tr>
<td>•</td>
<td>Kutambua kuwa mtu yeyote anaweza kupata kifua kikuu, ikiwa ni pamoja na watoto na watu wazima.</td>
</tr>
<tr>
<td>•</td>
<td>Kutambua kuwa kifua kikuu kinativika na matibabu yake ni bure</td>
</tr>
<tr>
<td>•</td>
<td>Kupata matibabu mapema unapopata kikohozi cha muda mrefu au dalili nyingine za kifua kikuu.</td>
</tr>
<tr>
<td>•</td>
<td>Kuhamasisha mtu mwenye dalili za kifua kikuu kupata tiba mapema</td>
</tr>
<tr>
<td>•</td>
<td>Kumaliza dozi yote ya kifua kikuu kwa ukamilifu</td>
</tr>
<tr>
<td>•</td>
<td>Kutambua kwamba idadi kubwa ya watu wenyewe kifua kikuu hawana maambukizi ya VVU, na si kila mwenye kifua kikuu ana maambukizi ya VVU.</td>
</tr>
<tr>
<td>•</td>
<td>Kuelewa kinachotoke na jinsi matibabu yalivyo kwa mtu alieambukizwa kifua kikuu pamoja na maambukizi ya VVU.</td>
</tr>
<tr>
<td>•</td>
<td>Kukubali na kutonyanyapaa au kubagua mtu yeyote aliye na kifua kikuu au anayehisiwa kuwa na kifua kikuu.</td>
</tr>
</tbody>
</table>

**Zoezi la Chemsha bongo (Maswali):**

1. Kifua kikuu huambukiza kwa kushikana mikono na mtu mwenye kifua kikuu-Jibu hapana
5. Dalili za kifua kikuu ni pamoja na kukohozi cha muda mrefu na kukohowa makohozi yaliyochanganyika n damu.. Jibu ni kweli.
6. Dalili za kifua kikuu ni kutokea na jasho na hama za usiku, kukosa hamu.

Dadilini jinsi ya kutoa msada bora kwa mtu anayeishi na VVU.

**Vifaa:** Chembe chembe hai nyupeza da, Kifua kikuu, Dawa za kifua kikuu, VVU na Dawa za kufubaza VVU. Picha za kuchora zinaruhusiwa.

<table>
<thead>
<tr>
<th>7</th>
<th>Kuzuia maambukizi ya vvu kwa mtoto wako</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Kuelewa kuwa inawezekana mtoto kuzaliwa bila maambukizi ya VVU hata kama mama yake mzazi anaishi na VVU.</td>
</tr>
<tr>
<td></td>
<td>Kufahamu kuwa inawezekana mtoto kuzaliwa bila maambukizi ya VVU hata kama mama yake mzazi anaishi na VVU.</td>
</tr>
<tr>
<td></td>
<td>Kutambua na kuelewa kuwa inawezekana mtoto kuzaliwa bila maambukizi ya VVU hata kama mama yake mzazi anaishi na VVU.</td>
</tr>
<tr>
<td></td>
<td>Kutambua na kuelewa kuwa inawezekana mtoto kuzaliwa bila maambukizi ya VVU hata kama mama yake mzazi anaishi na VVU.</td>
</tr>
</tbody>
</table>

**Ujumbe muhimu**

- Dalili kama kukohoa (wiki 2 au Zaidi kwa watu wazima wasio na VVU au aina yoyote ya kikohozi na wiki 2 kwa walia na VVU na watoto) kukosa hamu ya kula, kutoka jasho jingi kuliko kawaida hasa nyakati za usiku, homa na kukohoa makohozali kina kushika katika uchumi wa kikohozi. 
- Mtu yeyote anaweza kuambukizwa kifua kikuu ikiwemo watoto wakubwa. 
- Watoto wadogo na watu waishio na VVU ambao hawa hawaia kwa kifua kikuu wapu kwenye hatari kubwata ya kifua kikuu kwsababu kinga ya dhaifu. 
• Kufahamu umuhimu wa kuanza kutumia dawa za kufubaza VVU mapema kipindi cha ujauzitona kuendelea kuzitumia kwa maisha yote.
• Kuchukua tahadhari kuzuia maambukizi ya VVU kipindi cha ujauzito na wakati wakunyonyesha mtoto. (kwa mfano matumizi sahihi ya kondomu kila unapofanya ngono)
• Kukubali na kuendelea kutumia njia sahihi za kumlisha mtoto mchanga, kumnyonyesha mtoto maziwa ya mama tu kwa miezi sita (6) ya mwanzo bila kuchanganya na kitu chochote.
• Kumpeleka mtoto mapema afanyiwe vipimo kubaini kama ameambukizwa au la.

Mazoezi: 

Igizo la 1 kuonesha ujauzito na kujifungua bila kutumia tiba na Igizo la 2 kutumia dawa za kupunguza makali ya VVU (ARVs).
Igizo 2. Linalo onesha mjamzito anajaribu kumsha wishi mwenzi wake kwenda nae kliniki kupima VVU. 
Onesho la 3 Kunyonyesha maziwa ya mama.

BN: Waulize wamejifunza nini katika kila igizo.

Vifaa: Sura zilizofunika macho moja ya VVU na nyengiine ya ARV, kamba ya kutengenezza mduara, washiriki 12 hali 15, mama njamzito, nk.

Ujumbe muhimu

• Ni muhimu sana kwa mjamzito na mume au mwenzi wake kuwaja hali yao ya maambukizi ya VVU- Wewe na mwenzi wako kwenda kupima mapema wakati wa ujauzito
• Hatari ya maambukizi ya VVU kwa mtoto inaweza kupunguzwa kwa kiasi kikubwa kwa kutumia dawa za kupunguza makali ya VVU.(ARV)
• Kama mama akiambukizwa VVUau kupata maambukizi mapya wakati wa ujauzito, kipindi ananyonyesha hatari ya maambukizi ya VVU kwa mtoto inaongezeke sana. Kwa hiyo ni muhimu sana kuzuia kupata maambukizi ya VVU wakati wa ujauzito na kunyonyesha, kwa mfano kufanya ngono salama/ kutumia kondomu.
• Ni muhimu pia kwa baba wa mtoto kuchiriki na kuelewa masuala haya, ili aweze kutoa uhirikiano wakutosha
• Kunyonyesha maziwa ya mama tu kwa muda wa miezi 6 ya mwanzo ni kitu muhimu sana kwa afya na ukuaji wa mtoto. Hata mtoto atakapoanza lishe mbadala baada ya miezi sita, mama aendelee kunyonyesha mtoto wake kwa muda wa mwaka mmoja.
• Ni muhimu kujifungulia katika kituo cha afya ili mtoto aliyezaliwa na mama mwenye VVU apewe dawa za ARV mapema ndani ya masaa 6 mpaka 12 ili kumkinga na maambukizi ya VVU
<table>
<thead>
<tr>
<th></th>
<th>Afya ya uzazi na mtoto (MNCH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>• Kuwajulisha wenzı wao mara tu watakapogundua ni wajawazito.</td>
</tr>
<tr>
<td></td>
<td>• Kuhudhuria kliniki ya mama wajawazito ndani ya wiki 12 ya mimba.</td>
</tr>
<tr>
<td></td>
<td>• Kuhudhuria kliniki ya wajawazito angalau mara nne katika kipindi cha ujauzito.</td>
</tr>
<tr>
<td></td>
<td>• Kupima VVU na wenzı wao kwa pamoja na kupata majibu.</td>
</tr>
<tr>
<td></td>
<td>• Kulala kwenye chandarua chenyeye dawa kila usiku.</td>
</tr>
<tr>
<td></td>
<td>• Kutunza na kukarabati chandarua chenyeye dawa.</td>
</tr>
<tr>
<td></td>
<td>• Kupata dozi angalau 3 za SP kipindi chote cha ujauzito.</td>
</tr>
<tr>
<td></td>
<td>• Kumeza vidonge vya madini ya chuma kila siku muda wote wa ujauzito na siku 90 baada ya kujifungua.</td>
</tr>
<tr>
<td></td>
<td>• Kupata dozi 2 za kinga ya pepo punda wakati wa ujauzito.</td>
</tr>
<tr>
<td></td>
<td>• Kula vyakula vyenye virutubisho vya Vitamini A wakati wa ujauzito.</td>
</tr>
<tr>
<td></td>
<td>• Kufanya mpango binafsi wa kujifungua.</td>
</tr>
<tr>
<td></td>
<td>• Kufahamu vidokezo vya hatari kabla, wakati na baada ya kujifungua, na kuchukua hatua stahiki/itakapolazimu.</td>
</tr>
<tr>
<td></td>
<td>• Kujifungulia kwenye kituo cha afya na saidiwa na mtoa huduma mwenye ujuzi.</td>
</tr>
<tr>
<td></td>
<td>• Kuhudhuria mara nne kliniki ya wajawazito kama utakavyopangiwa.</td>
</tr>
<tr>
<td></td>
<td>• Kumuonyesha maziwa ya mama pekee kwa miezi 6 tangu kuzaliwa.</td>
</tr>
<tr>
<td></td>
<td>• Kuhakikisha mtoto anapata chanjo zote na mara zote.</td>
</tr>
<tr>
<td></td>
<td>• Kuhakikisha watoto wanapata matone ya Vitamini A wafikapo miezi 6 na mwaka mmoja.</td>
</tr>
<tr>
<td></td>
<td>• Kumnyonyesha maziwa ya mama pekee kwa miezi 6 tunganuziwa.</td>
</tr>
<tr>
<td></td>
<td>• Kuhakikisha watoto wanapata matone ya Vitamini A wafikapo miezi 6 na mwaka mmoja.</td>
</tr>
<tr>
<td></td>
<td>• Kumnyonyesha maziwa ya mama pekee kwa miezi 6 tanganishaji.</td>
</tr>
<tr>
<td></td>
<td>• Kuhakikisha watoto wanapata matone ya Vitamini A wafikapo miezi 6 na mwaka mmoja.</td>
</tr>
<tr>
<td></td>
<td>• Kutumia njia za ujauzito na mpango inavyotakiwa kuweka na mtoa huduma inayofuata.</td>
</tr>
</tbody>
</table>

**Mazoezi:**

1. Igizo kuonyesha kipindi cha ujauzito na wakati wa kujifungua kwa anayetumia tiba (ARV) na asiyetumia tiba (ARV).

2. Chemsha bongo kamba ya kuanikia nguo/uzi, Picha onesha familia yeneyefuraha na afya bora na timu mbili zinazoshindana kwa kujibu maswali ili kufikia maisha bora timu ikishinda sogeza kibanio mbele ya picha.

**Maswali:**


2. Ni sahihi kwa mjamzito na mwenzi wake kwenda kliniki ya wajawazito kwa mara ya kwanza ukiwa na miezi nne? Jibu hapana. Kwa makuzi
mazuri ya motto tumboni wanatakiwa waende mapema kabla ya wiki 12 za ujauzito.


5. a) SP inafanya kazi gani kwa mjambito? Jibu-Inazuia athari za malaria kwa wajawazito.

b) Mjambito anatakiwa kunywa dozi ngapi SP kipindi chote cha ujauzito wake? Jibu- Zamani mjambito alitakiwa kutumia dozi 2 tu, maelezo ya sasa mjambito anatakiwa kunywa angalau dozi 3 katika kipindi chote cha ujauzito wake.

6. Ni sahihi mjambito kulala bila chandarua wakati wa msimu wa joto au msimu wa mbu wachache. Jibu-Mjambito anatakiwa atumie chandarua muda wote wa ujauzito wake na baada ya kujifungua kuepusha malaria kwa mama na mtoto.

7. Vidonge vya maini chuma ni nini?
   - Vinafanya kazi gani au vinazuia nini? **Jibu-Vinaongeza damu mwilini.**
     Vinazuia upungufu wa damu kwa mama mjambito muda wote na hata baada ya kujifungua, Vinazuia mama kujifungua motto mwenye hitilafu ya ubongo na uti wa mgongo..


   - Je, mjambito anatakiwa kupata dozi ngapi za pepopunda ili kumkinga na pepopunda au taya kuza? **Jibu-Chanjo walau 2 wakati wa ujauzito**


   - Kwanini mpango binafsi wa kujifunguwa salama ni muhimu? Ili wafanye maandalizi kama vile kituo cha kujifunguwa, na mahitaji muhimu (usafiri, lishe, vifaa nk.).
   - Ni nani mwengine anapaswa kuhusishwa kwenye mpango binafsi wa kujifunguwa salama? Jibu-Wanafamilia ili waweze kutoa msaada watakopihitajika.


Elezea dalili za hatari Mfano: Kuvimba kwa mikono, miguu na sura, kizunguzungu, kushinda kuona, kutokwa na damu nk.


18. Je, wazazi wanapaswa kuhakikisha kwamba kuwa mtoto anapata matone ya vitamin A katika miezi 6 ya mwanzo? Jibu-n’ndani ya miezi 6 na mwaka mmoja.


3. Igizo la mama kunyonyeshwa mtoto:
   Kama wazazi wa mtoto watakuwa wamefanya kila walichoelezwa na kushauriwa, hatari ya mtoto kuzaliwa na VVU ni ndogo sana. Lakini ni muhimu sana kwa wazazi kumpeleka mtoto wao hospitalini au kwenye
kituo cha afya pale mtoto anapofikisha umri wa wiki 4 mpaka 6. Iwapo mtoto wenu mchanga atakugundulika ana maambukizi ya VVU, tiba na matunzo sahihi yatatolewa haraka iwezekanavyo. Kumfanyia uchunguzi mapema na kumatapa tiba mtoto wako kunasaidia kuwa na uhakika wa kuishi na afya njema/bora.

- Vifaa: Picha yenyeye familia yenyeye furaha, Sura zinazofunika macho moja ya” VVU”na nyingine “dawa za ARV”
- Kamba toka kwenye mkoba wako,imbo, chaki au gundi ya karatasi, kutengeneza au kuchora njia ya uzazi(sio muhimu)
- Washiriki 12 - 15 au wawezeshaji wasaidizi wanapaswa kushirikisho katika igizo za kucheza sehemu tofauti tofauti.

**Ujumbe muhimu**

- Fikiria kuwa na uhakikia juu ya afya bora, watoto wenyewe furaha unaowataka na aina ya mzazi unataketwa kuwa. Hii itakusaidia kuendelea kulenga kufanya yote yale kuhakikisha afya bora kutoka uja uzito na kuendelea.

- Hakikisha unafahamu mienendo yote muhimu ya afya ambayo inamsaidia mwanamke mjamzito, watoto na watoto wadogo ili waweze kuishi na kuendeleza afya bora. Hii imefupishwa katika kipeperushi cha wazazi na orodha.

| Uzazi wa mpango | • Kujuia muda mzuri ki-affya wa kupata ujuzito (baada ya umri wa miaka 20, kabla ya umri wa miaka 35, na walau miaka 2 baada ya kuzaliwa mtoto wa mara ya mwisho)
• Kuamini kuwa uzazi wa mpango ni jukumu la kila mmoja kwa mwanamke na mwanaume
• Kuamini kuwa ipo njia ya uzazi wa mpango ambayo ni sahihi kwao
• Kujadili na kuamua na wenzi wao kama wapo wape kufanya ujuzito na ujuzito baada ya umri wa miaka 35 na faida za uzazi wa mpango.

Maigizo: Tambulisha Mchezo wa Mbegu za Mahindi. Maswali na Majadiliano juu ya Mchezo wa Mbegu za Mahindi, ukitaafiriwa kuhusiana na Muda mzuri ki-affya wa kupata Ujuzito na kuhusiana na Muda mzuri ki-affya wa kupata Ujuzito na ujuzito baada ya umri wa miaka 35 na faida za uzazi wa mpango.
Njia za uzazi wa mpango:

**Vifaa:** Mbegu/punje 40 za mahindi (au kingine cha kuwakilisha mbegu za mahindi), kokoto, visanduku 5 ya vibiriti, kila kimoja kiwe na njiti 15 za kibiriti ndani yake (au vijiti vidogo vidogo 75 vya mawe madogo, punje za maharagwe au vitu vingine, vilivyotengwa katika makundi 5 na kila kundi liwe na punje 15.)

Vipande 3 vya kadi au karatasi, Kalamu maka

![Ujumbe muhimu](Image)

- Ili kupata matokeo bora ya kiafya kwa akina mama na watoto, ni muhimu kuepuka mimba ambazo:
  - **Zinazofululiza** (pungufu ya miezi 24 kati ya kujifungua mtoto salama na uujuzito mwingine)
  - **Watoto wengi** (Kuwa na watoto wengi kwa pamoja)
  - **Mimba za utotoni** (Kabra ya umri ya miaka 20)
  - **Mimba katika umri mkubwa** (Baada ya miaka 35)
  - Kupanga uzazi ni jukumu la kila mmoja yaani mwanamke na mwanaume
  - Jadili na kubaliana na mwenza wako ikiwa mpo kwa kujifungua mtoto watoto, mnapenda kupata watoto wangapi na watoto wapishane kwa miaka mingapi.
  - Pata taarifa sahihi juu ya uzazi wa mpango mara baada ya kujifungua.
  - Endelea kutumia uzazi wa mpango mara baada ya kujifungua.
  - Unaweza ukatuma ujumbe wa simu ulioandikwa m4RH kwenda namba 15014 BILA MALIPO ukiwa na maswali au matatizo juu ya uzazi wa mpango.

**Faida za Uzazi wa Mpango**
- Uzazi wa mpango husaidia kutoa huduma nzuri na uangalizi bora kwa watoto kadiri ya mahitaji yao na mtoa nafasi nzuri kwa kila mtoto kukua vema.
- Uzazi wa mpango husaidia familia kupunguza mzigo na msongo na mawazo utokanao na kutunza familia kubwa/isiyopangaliwa.
- Uzazi wa mpango husaidia kugawanya vema rasilimali zilizopo katika familia.
- Uzazi wa mpango husaidia kupunguza hatari za kiafya kwa mama na mtoto.
- Uzazi wa mpango husaidia kupunguza mimba zisizokusudiwa au kuharibika kwa mimba
- Uzazi wa mpango husaidia kuboresha maisha ya mama, baba na familia kwa
ujumla.

- Uzazi wa mpango unasaidia katika ustawi na maendeleo ya familia, jamii na taifa/nchi.

<table>
<thead>
<tr>
<th>10</th>
<th>Watoto wanaoishi katika maisha magumu</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Kufahamu haki za Watoto.</td>
</tr>
<tr>
<td></td>
<td>Kushiriki kiusahihi katika kupinga matumizi ya nguvu, unyanyasaji, utelekezwaji na utumikishwaji wa watoto katika jamii yao.</td>
</tr>
<tr>
<td></td>
<td>Kupunguza unyanyapaa na ubaguzi wa watoto wanaoishi na VVU, yatima na watoto wenyewe ulemavu.</td>
</tr>
</tbody>
</table>

**Mchezo wa kujifunza jinsi gani tunaweza kushiriki kiusahihi katika kutetea haki za watoto hao.**

Makundi matatu yatengeneze maigizo yatakatayoonyesha:
- Kundi la kwanza mtoto anayanyaswa/kupigwa
- Kundi la pili mtoto anatelekezwa au anayanyaswa kifikra
- Kundi la tatu mtoto anatumikishwa au anafanyishwa mapenzi.

Baada ya maigizo washiriki wanaweza kuishi, kujiendeleza na kushirikishwa katika jamii yao.

- Nini maana ya mtoto
- Nini maana ya Haki za mtoto na mifano yake?
- Maana ya watoto "walio katika mazingira hatarishi

**Ujumbe muhimu**

- Haki za watoto zinatakiwa kulindwa na siyo kuvunjwa na yeyote, hii inajumuisha haki ya kuishi, kulindwa, kujifunza na kushirikishwa.
- Kuna mambo mengi tunaweza kufanya kama watu binafsi, familia na jamii katika kuhusu watoto kusaidia kukubaliwa na aina mbalimbali ya mahitaji ya watoto waliokatika mazingira hatarishi ambayo ni ya kimwili, kijamii, kihisia na kimaendelea.
- Shughulikia kiusahihi jambo unalolijua linalohuswa watoto kama kunyanyaswa, kupigwa, kutelekezwa na kutumikishwa.
- Pinga unyanyapaa, ubaguzi dhidi ya watoto waliowafanana mazingira hatarishi pamoja na watoto wenyewe ulemavu na watoto wanaoishi na VVU.

<table>
<thead>
<tr>
<th>11</th>
<th>Kinga ya Malaria</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Kufahamu kuwa malaria inaambukizwa kwa wanadamu wanaopondwa na mbu.</td>
</tr>
<tr>
<td></td>
<td>Kuelewa njia mbalimbali za kujinga dhidi ya malaria</td>
</tr>
<tr>
<td></td>
<td>Kuweza kuelezea faida za vyandarua vyenye dawa ya kudumu.</td>
</tr>
<tr>
<td></td>
<td>Kuwa na uwezo wa kujinga dhidi ya malaria</td>
</tr>
<tr>
<td></td>
<td>kutunza na urekebishaji wa vyandarua vikichaniwa ku huaribika.</td>
</tr>
<tr>
<td></td>
<td>Kuelewa nini maana ya dawa za ukoko za kunyinyiza majumbani</td>
</tr>
<tr>
<td></td>
<td>Kuelewa kuwa ni muhimu kutoa ushirikiano kutoka kwa kulinda haki za watoto wa familia.</td>
</tr>
</tbody>
</table>
husika wakati wa upuliziaji.

• Kuwa na uwezo wa kuelezea pingamizi mbalimbali za kawaida dhidi ya matumizi ya dawa za kunyunyiza majumbani mwao.
• Kufahamu kuwa tatizo la malaria bado lipo japo linapungua Tanzania.
• Kuja dalili za kawaida za malaria.
• Kufahamu kuwa Siyo kila homa ni malaria.

Mchezo wa kufafanua zaidi umuhimu wa kutunza chandarua na kukikarabati.

**Ufafanuzi/Tafsiri wa Malaria** Malaria ni ugonjwa ambao unasababisha na vimelea na huenezwa kwa mfu tu. Ni hatari kwa kila mtu lakini hasa wanawake wajawazito, watoto chini ya umri wa miaka mitano na watu wanaishi na VVU. Malaria:

Vifaa: Kamba – mita 8 au unaweza kuchora, Sura za mbu, kadi 10 za A5 au karatasi na kalamu ya maka

Ujumbe muhimu

Malaria huambukizwa kwa mwanadamu kwa kuwada kwa mfu tu na kuzuia malaria ina maana ni kuzuia kutoumwa na mfu. Njia ambazo zinasaidia kuzuia malaria ni pamoja na:

**Kutumia Vyandarua vilivyotiwa dawa**

- *Dawa wa kupulizia nyumbani/Ukoko* - Kupulizia dawa za wadudu kwenye kuta za nyumba.
- *Kuweka vioo kwenywe madirisha na sehemu zingine zilizo wazi.*
- *Usafi wa mazingira* - Hakikisha hakuna madimbwi au makopo ya maji yanayochwa wazi ili kuzuia mfu waenezao malaria wasitaje mayai yao sehemu hizo.
- *Tumia vyandarua kwa ufasaha kwani ndiyo njia nzuri zaidi ya kuzuia malaria.*
- *Pata vyandarua vya kutosha kwa familia yako yote, lakini weka kipaumbele zaidi kwa mama wajawazito na watoto chini ya miaka mitano.*
- *Lala ndani ya chandarua iliyowekwa vizuri katika kitanda kila usiku kwa mwaka mzima.*
- *Tunza na rekebisha chandarua chako pale inapohitajika.*
- *Jumuika na toa ushirikiano kwa mfu la dawa za kupulizia/Ukoko kama zinatolewa katika jamii yako.*
- *Tambua dalili na shera za malaria zinazofamika.*
- *Si kila homa ni malaria – homa ni dalili ya magonjwa mbalimbali na ni lazima upimwe ili kuwa na uhakika.*
- *Malaria inapungua Tanzania lakini bado moja ya tatizo kubwa la afya ambalo jamii inatakiwa kulishughulikia.*

12 **Tiba ya Malaria na kinga ya**

- *Kujuwiri hatari na athari za kupata malaria wakati wa ujuzito.*
- *kuhakikisha wanawake wajawazito na watoto chini ya miaka 5 wanalala*
malaria wakati wa ujauzito

- kutambua umuhimu wa kuhudhuria mapema kwenye kliniki ya wajawazito
- Kujua umuhimu wa kupata angalau dozi 3 za SP wakati wa ujauzito.
- Kutambua umuhimu na sababu za kupima na kutibu malaria mapema.
- Kupima kabla ya kununua au kupata tiba malaria.
- Kuamini matotokeo ya vipimo vya malaria.
- Kutotumia dawa za kutibu malaria ipapo majibu yataonesha huna.
- Kupata ACTs au dawa zingine zinazopendekezwa ipapo vipimo vitaonesha una malaria, kamilisha dozi.

Zoezi kuhusu sababu zinazosababisha homa, na nini cha kufanya-sio kila homa ni malaria. Tengeneza mdara. Watu 3 wavae sura ya mbu, na sura za maambukizi mengine na kuwang’ata baadhi ya waliomo kwenye mdara halafi waseme ni mdudu gani aliymg’ata.

Malaria wakati wa ujauzito.

vifaa

- Picha za mwanaume na mama mjamzito:
- Sura 3-mnaweza kuchora kwenye karatasi:

☞ Ujumbe muhimu

Matibabu ya Malaria.

- Ni muhimu kwenda kwenye kituo cha afya siku hiyo hiyo au inayofuata unapogundua dalili za mwanzo za malaria – usisubiri ugonjwa ukomae
- Siyo kila homa ni malaria; pima kabla hujapata matibabu ili upate dawa sahihi. Mtoa huduma za afya aliyepata mafunzo, kwa kutumia kipimo sahihi cha malaria, ndiye anayeweza kukwambia kama unauamwa malaria au la.
- Pima kabla ya kuanza matibabu yoyote. Namna hiyo, utapata dawa unazohitaji ili kupona na bila kuharibu fedha kwa dawa usizohitaji.
- Amini matotokeo ya kipimo cha haraka cha malaria (mRDT), hata kama siyo ulivyotarajia.
- Usitumie dawa yoyote ya malaria kama huumwi malaria.
- Tumia ACTs au dawa iliyopendekezwa ikiwa umekutwa na malaria.
- Tumia ACTs / Dawa Mseto kutibu malaria iliyothibitishwa na hakikisha unamaliza dozi hata kama utaanza kupata nafuu baada ya dozi ya kwanza au ya pili.
Malaria Wakati wa Ujauzito.
- Malaria wakati wa ujauzito ni tishio kubwa sana kwa mama na mtoto aliyeku tumoni. Anza kuhudhuria kliniki mara unapohisi una ujauzito.
- Kunywa angalau dozi 3 za SP wakati wa ujauzito
- Hakikisha kwamba mama mjamzito na watoto chini ya miaka 5 wanalala ndani ya chandarua cheuye dawa kila usiku.

### Yaliyomo katika Safari ya Mafanikio

#### B. Yaliyomo katika Safari ya Mafanikio

<table>
<thead>
<tr>
<th>#</th>
<th>Maelezo</th>
<th>Kiasi kwa kitini</th>
<th>Masomo yanayotumia</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Kitabu/mwongozo wa muwezeshaji, karibu kurasa 18 8makadirio,</td>
<td>1</td>
<td>Yote</td>
</tr>
<tr>
<td></td>
<td>kilichobanwa kwa gundi au waya wa kikunja.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Daftari kwa wawezezeshaji, kwa ajili ya kujandikia ufupisho wa</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>maelezo ili kuwesaidia kwewezesha kila somo</td>
<td>yote</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Sura - 6-pande mbili za sura zenye picha zinazowakilisha selinyepe,</td>
<td>6</td>
<td>1, 5, 6, 8, 11, 12</td>
</tr>
<tr>
<td></td>
<td>$2 \times maambukizi$ (moja iwe na kifua kikuu kwenye upande mwingine),</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$VVU$ (tofauti kila upande) dawa za kifua kikuu, mbu. Nyoka, samba na</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>mamba kuwakilisha vikwazo ywa afya.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>KAMBA – urefu wa mita 8 iliyoviringishwa na iliyowekewa alama kila</td>
<td>1</td>
<td>1, 5, 6, 7, 8,</td>
</tr>
<tr>
<td></td>
<td>baada ya 10-15cm.</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>5</td>
<td>Picha ya matarajio ya baadae ‘familia yenye furaha’ kadi ya rangi ya A4</td>
<td>1</td>
<td>yote</td>
</tr>
<tr>
<td></td>
<td>laminated card</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Picha za A4 (2 or 3 kutoka Tanzania.)</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Set ya picha 8 A4 laminated za mehanganyiko wa watu wote wanaoishi na</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>VVU na wasio na VVU, printed greyscale. (kwa urahisi/hiare: tumia picha</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>hizi zilizoko kwenye kitabu cha mwongozo wa muwezeshaji)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Kadi za wahusukia Laminated:</td>
<td>3 (seti 1)</td>
<td>1, 7, 8</td>
</tr>
<tr>
<td>8</td>
<td>MATUMIZI YA KONDONU/KIONYESHI CHA TOHARA KWA MWANAUME- Mfano wa uume,</td>
<td>1</td>
<td>2&amp;4</td>
</tr>
<tr>
<td></td>
<td>Govi za rangi 2, kusaidia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>Item Description</td>
<td>Quantity</td>
<td>Units</td>
</tr>
<tr>
<td>-----</td>
<td>----------------------------------------------------------------------------------</td>
<td>----------</td>
<td>-------</td>
</tr>
<tr>
<td>9</td>
<td>Kondomu za kiume</td>
<td>50</td>
<td>2</td>
</tr>
<tr>
<td>10</td>
<td>Kondomu za kike</td>
<td>25</td>
<td>2</td>
</tr>
<tr>
<td>11</td>
<td>bigijii – 4 kwa ajili ya somo la kinga dhidi ya VVU, sehemu A (1 bigijii 1 inatakiwa kila mara wakati zoezi litakapotumika)</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>12</td>
<td>Pakiti za maziwa ya unga</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>13</td>
<td>Vibanio vya ngo – rangi tofauti</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>14</td>
<td>Vipeperushi vya mama na mtoto kwa ajili ya kuwapatia washiriki</td>
<td>50</td>
<td>8</td>
</tr>
<tr>
<td>15</td>
<td>Mbegu 40 kwenye mfuko</td>
<td>40</td>
<td>9</td>
</tr>
<tr>
<td>16</td>
<td>Visanduku vya vibiriti 5, kila kimoja na njiti 15 ndani (au vijiti vidigo 60, mawe 60, maharagwe 60 au vitu vingine vipangwe kwenye mafungu manne kila moja na vitu 15 ndani)</td>
<td>Vifuko 5vyenye vitu vidogo 15 kila kimoja</td>
<td>9</td>
</tr>
<tr>
<td>17</td>
<td>Mfano wa kipimo cha haraka cha Malaria (MRDT)</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>18</td>
<td>Mkoba/bahasha ya plastiki ya A4 yenye/kuweka vitu vyote hivi.</td>
<td>1</td>
<td>Yote</td>
</tr>
<tr>
<td>18</td>
<td>Vipeperushi vya MNCH (kuchukuliwa/kumaliziwa) kwaajili ya wawezeshaji kugawa kwa washiriki</td>
<td>50</td>
<td>7</td>
</tr>
</tbody>
</table>
**Vitu vya ziada vya kutayarisha / vitayarishwe na muwezeshaji**

1. **Vitu vya ziada vya kutayarisha**

<table>
<thead>
<tr>
<th>#</th>
<th>Maelezo</th>
<th>Somo</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ubao wa chati/pindu/karatasi/kalamu za wino au chaki kama ubao wa</td>
<td>baadhi</td>
</tr>
<tr>
<td></td>
<td>kuandikia chaki upo (sio lazima)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Kalamu za wino</td>
<td>baadhi</td>
</tr>
<tr>
<td>3</td>
<td>Karatasi</td>
<td>baadhi</td>
</tr>
<tr>
<td>4</td>
<td>Kadi</td>
<td>baadhi</td>
</tr>
<tr>
<td>5</td>
<td>Gundi ya karatasi au gundi ya kalamu</td>
<td>baadhi</td>
</tr>
<tr>
<td>6</td>
<td>Hiari/sio lazima: kielezi kifani cha uume kwa ajili ya maonesho kwa</td>
<td>2, 4</td>
</tr>
<tr>
<td></td>
<td>vitendo, kuelezea na kujaribu matumizi ya kondomu/tohara ya hiari</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Chupa ndogo ya plastiki kwa ajili ya kujaribu matumizi ya kondomu ya</td>
<td>2</td>
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<td>kiume (kama hakuna kielezi kifani cha uume.)</td>
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<td>8</td>
<td>Karatasi laini (kwa ajili ya maonesho ya kondomu/majaribio)</td>
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<td>9</td>
<td>Ziada: kondomu za kiume na za kike</td>
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<td>Ziada: bigijii</td>
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<td>Hiari/sio lazima: fimbo 2 unaweza kuzifunga pamoja kama a director’s</td>
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<td>12</td>
<td>Bilauli au chupa safi inayonesha ya plastiki au kioo.</td>
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<td>13</td>
<td>Kikombe</td>
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<td>kwa kila zoezi kitatumika.</td>
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<td>15</td>
<td>Vipeperushi vya matumizi ya kondomu (hiari/sio lazima)</td>
<td>2</td>
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<tr>
<td>16</td>
<td>Vipeperushi vya mama na mtoto (hiari/sio lazima)</td>
<td>4</td>
</tr>
<tr>
<td>17</td>
<td>Nakala za ziada vipeperushi vya mama na mtoto</td>
<td>8</td>
</tr>
</tbody>
</table>
Acknowledgments

This Facilitator’s Guide and the *Safari ya Mafanikio Community Resource Kit* were developed by the Ministry of Health and Social Welfare in partnership with Tanzania Communication and Development Center (TCDC) and Johns Hopkins Center for Communication Programs (CCP) with funding from the United States Agency for International Development (USAID).

Many people should be acknowledged for their contributions to the development of this trial edition of the *Safari ya Mafanikio Community Resource Kit*. These include:

- Participants on the development and pre-test workshop in March 2015, including:
  - Ministry of Health and Social Welfare representatives: Martha Shakiuyau (RHC), Chihiyo Mlay, Haruna Mohamed (NACP)
  - TCDC / CCP Staff and Master Trainers: Jennifer Orkis, Deo Ng’wanansabi, Jacob Macha, Waziri Nyoni, Dr. Rosemarie Madinda, Dr May Bukuku, David Dadi, Irene Ndibusha, Roby Wambura, Steven Tibaigana, Asia Mohamed, Mgalula Ginai, Agnes Nkweru, Mbomimp Buyekwa, Pamela Kweka, Erick Aloyce, Erasmo Nyalle, Ibrahim Salum, Assley Mwamaka, Max Wohlgenuth, Kory Funk, Mark Basaagi, Nsengiyumua Kahisha, Abubakar Nsemo
  - Peter Labouchere, Consultant, Bridges of Hope Training

Photos by Mark Basaagi, Peter Labouchere, Jennifer Orkis, Steven Tibaigana,

Enquiries and Feedback

For enquires and to share TCDC on:
Tel: 022 260 0784
Email: ....

*Safari ya Mafanikio – Trial Edition*  
April 2015
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<table>
<thead>
<tr>
<th>Acronyms</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td>Artemisinin-based Combination Therapy – a combination of drugs for treating malaria</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>ART</td>
<td>Antiretroviral Therapy</td>
</tr>
<tr>
<td>ARV</td>
<td>Antiretroviral Drug</td>
</tr>
<tr>
<td>BBC</td>
<td>Behavior Change Communication</td>
</tr>
<tr>
<td>CCP</td>
<td>Johns Hopkins Center for Communication Programs</td>
</tr>
<tr>
<td>CDC</td>
<td>Center for Disease Control and Prevention</td>
</tr>
<tr>
<td>ECD</td>
<td>Early Child Development</td>
</tr>
<tr>
<td>eMTCT</td>
<td>Elimination of Mother-to-Child Transmission of HIV (also called PPTCT / PMTCT)</td>
</tr>
<tr>
<td>HC3</td>
<td>Health Communication Capacity Collaborative</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>HTC</td>
<td>HIV Testing and Counselling</td>
</tr>
<tr>
<td>HTSP</td>
<td>Healthy Timing and Spacing of Pregnancies</td>
</tr>
<tr>
<td>MVC</td>
<td>Most Vulnerable Children</td>
</tr>
<tr>
<td>MVCC</td>
<td>Most Vulnerable Children Committee</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-governmental Organization</td>
</tr>
<tr>
<td>PMTCT</td>
<td>Prevention of Mother-to-Child Transmission of HIV (also called PPTCT / PMTCT)</td>
</tr>
<tr>
<td>PPTCT</td>
<td>Prevention of Parent-to-Child Transmission of HIV (also called PMTCT / eMTCT)</td>
</tr>
<tr>
<td>SBCC</td>
<td>Social and Behavior Change Communication</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
</tr>
<tr>
<td>TCDC</td>
<td>Tanzania Communication and Development Center</td>
</tr>
<tr>
<td>USAID</td>
<td>United State Agency for International Development</td>
</tr>
<tr>
<td>VMMCC</td>
<td>Voluntary Medical Male Circumcision</td>
</tr>
</tbody>
</table>
Summary

Overall Objectives

By the end of the training using the *Safari ya Mafanikio Community Resource Kit*, participants will:

- Better understand health issues facing individuals, families and communities in Tanzania.
- Take all reasonable and appropriate actions to prevent these diseases.
- Seek prompt diagnosis and treatment of illnesses when symptoms start.
- Accept and not stigmatize others in their family, workplace or community for any reason, including health status, disability or vulnerability.
- Be motivated to act in ways that help them, their families and their communities to become and remain healthy.

How are these objectives achieved?

When learning, it is said that...

| I hear ... | I forget    |
| I see ...  | I remember |
| I do it / experience it ... | I can apply it practically |

- The 12 modules and activities in the *Safari ya Mafanikio Community Resource Kit* involve participants in a way that goes far beyond just discussing and understanding the issues. They create learning experiences which ‘touch the heart, not just the head,’ and which participants can apply in a practical way to their own health and wellness issues.

- The activities do not just give information about what you should or should not do. They explain and demonstrate why. If people understand why they should do something, they are more likely to remember and follow instructions.

- *Safari ya Mafanikio* shows us how what we do now to maintain our health will help us to reach what we want and value in our lives – our goals and dreams. Module 1 enables participants to clarify their vision for the healthy future they want, for themselves, their family and their community. The other eleven modules address a wide range of health issues, linking the health practices and behaviours recommended in that module to realizing this vision.

- *Safari ya Mafanikio* can be used effectively both in formal training sessions and in community outreach, at markets, taxi stations, or any informal gathering.

- The activities are designed for groups of ideally about 15-25 people, though they can be used effectively with smaller or larger groups.

- All *Safari ya Mafanikio* activities work well with both literate and non-literate participants.
Layout of Each Module

At the start of each module

The facilitation notes for each of the 12 modules start with the following sections. These help the facilitator to prepare and plan, and should NOT be presented during the session. They are in a separate shaded box like this:

<table>
<thead>
<tr>
<th>Why do this module?</th>
<th>The session objectives, starting: By the end of this module, participants will be more likely to...</th>
</tr>
</thead>
<tbody>
<tr>
<td>What happens, in short?</td>
<td>A brief summary of each part of the module. (Most modules have 3 or 4 parts: Part A, Part B etc.)</td>
</tr>
<tr>
<td>Time required:</td>
<td>About 1 hour to facilitate each module in full. However elements of a module can be selected and adapted to suit the situation, depending on the group size, the issues that participants face and the time available.</td>
</tr>
<tr>
<td>Materials:</td>
<td>List of materials that you must ensure are ready before the activity.</td>
</tr>
<tr>
<td>Preparation:</td>
<td>Tasks the facilitator must do before the activity can be presented.</td>
</tr>
</tbody>
</table>

Main section: How to facilitate this module

This provides detailed Step-by-Step instructions for how to facilitate each part of the module. The steps for the first part of the module are referenced Step A1, Step A2, etc. The steps for the second part are referenced Step B1, Step B2, etc. and so on.

Some Steps and some Parts have “Optional” written by them. This means you can leave them out if you do not have enough time to cover everything. When you are preparing your session, decide which ‘optional’ steps and parts to include and which to leave out.

At the end of each module:

Key Messages

The box of Key Messages like this at the end of each module can be used to help summarise and to check that participants have grasped the learning from the module

Meaning of symbols and special characters used

Regular font = information or instructions for what the facilitator should do.

Italics font, indented = For the facilitator to read aloud to the participants, or to say in their own words. It generally works best if you develop your own way of saying it, using language with which you and your participants are comfortable.
Cross cutting themes

C. Cross cutting themes
1. Linking good health practices to realizing our goals and dreams in life.

Module 1 enables participants to clarify their vision for the healthy future they want, for themselves, their family and their community. All the other modules can then include a very brief summary or reminder of this vision, and link the health practices and behaviors recommended in that module to realizing this vision.

2. Stigma and support

Issues of stigma, discrimination and support affect many different health issues, and activities related to them are included in several different modules. If you wish to run a session focused just on stigma and support issues, you could use relevant parts of different modules as follows:

- Module 3: HIV Testing and Counselling, Part B: On the bank, in the river (10 mins)
- Module 5: HIV Treatment, Adherence, Stigma and Support, Part A: Can you tell? (20 mins)
- Module 5: HIV Treatment, Adherence, Stigma and Support, Part C: Stigma simulation activity (15 mins)
### Module 6: Tuberculosis (TB) Part C: My Supporters (15 mins)

#### Objectives for each module

<table>
<thead>
<tr>
<th>#</th>
<th>Module Title</th>
<th>Objectives – Why do this module?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A healthy future</td>
<td>By the end of this module, participants will:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Have clarified their future goals and aspirations, at individual, family and community levels, providing a motivating focus to which their current health seeking behaviours can be linked.</td>
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<td></td>
<td>• Have reinforced a sense of identity which supports such behaviours.</td>
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<td></td>
<td></td>
<td>• Recognise the importance of valuing themselves as well as others in their community, and taking action to minimize health risk, and ensure that they stay healthy and reach their goals.</td>
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<tr>
<td>2</td>
<td>HIV prevention</td>
<td>• Assesses their personal risk for HIV</td>
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<td></td>
<td>• Can correctly identify HIV prevention methods</td>
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<td></td>
<td>• Is able to use a condom correctly and consistently</td>
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<td>• Feels comfortable buying and carrying condoms</td>
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<tr>
<td></td>
<td></td>
<td>• Introduces/discusses the idea of using condoms in their relationship</td>
</tr>
<tr>
<td>3</td>
<td>HIV testing and counselling (HTC)</td>
<td>• Know that it is possible for couples to be discordant, even if they have been having unprotected sex.</td>
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<tr>
<td></td>
<td></td>
<td>• Discuss couple HIV testing and counselling together.</td>
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<td></td>
<td>• Go together for HIV testing and counselling and receive the results.</td>
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<td></td>
<td>• Disclose their HIV status to their sexual partners.</td>
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<td></td>
<td></td>
<td>• Support and not stigmatize those living with HIV.</td>
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<td></td>
<td></td>
<td>• Reduce the number of sexual partners they have.</td>
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<tr>
<td>4</td>
<td>Voluntary medical male circumcision (VMMC)</td>
<td>• Know that VMMC reduces a man’s risk of becoming infected with HIV by 60%</td>
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<tr>
<td></td>
<td></td>
<td>• Know the benefits of VMMC for men and women</td>
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<td></td>
<td>• Know that VMMC is not 100% effective and that other prevention measures (e.g. condoms) must still be used</td>
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<td></td>
<td>• Believe it is acceptable for older men, married men, and men with children to go for VMMC</td>
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<td>• Discuss VMMC with their partner, and convince a partner of the benefits of VMMC.</td>
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<td>• Seek VMMC at a health facility by a trained provider</td>
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<td></td>
<td>• Abstain from sex for 6 weeks after they or their sexual partner have been circumcised.</td>
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<td>5</td>
<td>HIV treatment, adherence and support</td>
<td>• Be treatment literate.</td>
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<td>• Enrol in ART when eligible, or encourage others to do so.</td>
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<td></td>
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<td>• Adhere to ART and clinic appointments.</td>
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<td></td>
<td></td>
<td>• Understand ART regimen changes.</td>
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<td></td>
<td></td>
<td>• Understand issues faced by people living with HIV, and what it means to live positively.</td>
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<td>• Join a support group.</td>
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<td>• Acknowledge that they cannot tell HIV status from physical appearance, only through testing.</td>
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<td>• Fully accept and not stigmatize or discriminate against someone living with HIV.</td>
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<td>6</td>
<td>Tuberculosis (TB)</td>
<td>• Know the symptoms of TB and how TB is transmitted</td>
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<td></td>
<td>• Appreciate that anyone can have TB, including children and the elderly</td>
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<tr>
<td></td>
<td></td>
<td>• Know that TB is curable and that TB treatment is free</td>
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</tbody>
</table>
• Seek treatment early if they have a persistent cough or other TB symptoms
• Encourage someone they know who has TB symptoms and seek early treatment.

<table>
<thead>
<tr>
<th>#</th>
<th>Module Title</th>
<th>Objectives – Why do this module?</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Tuberculosis (TB) continued</td>
<td>By the end of this module, participants will:</td>
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<tr>
<td></td>
<td></td>
<td>• Adhere to the full TB treatment regimen</td>
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<td>• Appreciate that the majority of people with TB do not have HIV and that not every person living with HIV has TB</td>
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<td>• Understand what happens and how treatment works when someone is co-infected with TB and HIV.</td>
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<td>• Fully accept and not stigmatize or discriminate against someone who has or is suspected to have TB.</td>
</tr>
<tr>
<td>7</td>
<td>Preventing HIV transmission to your baby (eMTCT)</td>
<td>• Understand that it is possible the baby is born without HIV infection even though his mother is living with HIV.</td>
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<td>• Be aware that the risk of HIV infection is as big as the mother becomes infected with HIV during pregnancy.</td>
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<td>• Identify and understand that the use of antiretroviral medication daily throughout pregnancy and the breastfeeding significantly reduces the likelihood of HIV from mother to infant.</td>
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<td></td>
<td>• Understanding the benefits of taking antiretroviral drugs early in pregnancy and continue using them for a lifetime.</td>
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<td></td>
<td></td>
<td>• Take precautions to prevent HIV transmission during pregnancy and while breastfeeding. (Eg the correct use of condoms every time you have sex).</td>
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<td></td>
<td>• Accept and continue to use the proper way to feed a baby, breastfeeding only breast milk for six months (6) the beginning without mixing anything.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Accept and continue to use the proper way to feed a baby, breastfeeding only breast milk for six months (6) the beginning without mixing anything.</td>
</tr>
<tr>
<td>8</td>
<td>Maternal, newborn and child health (MNCH)</td>
<td>• Disclose their pregnancy to their partner as soon as they suspect they are pregnant</td>
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<tr>
<td></td>
<td></td>
<td>• Attend ANC within the first 12 weeks of pregnancy</td>
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<td>• Attend ANC at least four times during pregnancy</td>
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<td>• Test for HIV together with their partners and receives the results</td>
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<tr>
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<td>• Sleep under a treated net every night</td>
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<td></td>
<td></td>
<td>• Care for and repair their insecticide-treated net.</td>
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<td>• Receive at least 3 doses of SP throughout the pregnancy</td>
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<td>• Take FeFo every day throughout pregnancy and for 90 days after delivery</td>
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<td>• Receive 2 doses of tetanus toxoid during pregnancy</td>
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<td>• Eat foods rich in Vitamin A during pregnancy</td>
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<td></td>
<td>• Make an individual birth plan</td>
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<td></td>
<td></td>
<td>• Know the danger signs before, during, and after pregnancy, and takes appropriate action if/when necessary</td>
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<td>• Deliver at a health facility with a skilled provider</td>
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<td></td>
<td>• Attend four scheduled PNC visits</td>
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<tr>
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<td></td>
<td>• Exclusively breastfeed their baby from birth to six months</td>
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<tr>
<td></td>
<td></td>
<td>• Ensure their child receives all routine immunizations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Ensure their baby receives Vitamin A at 6 months and 1 year</td>
</tr>
</tbody>
</table>
|   |   | • Uses a method of family planning to appropriately space or prevent the next
<table>
<thead>
<tr>
<th>#</th>
<th>Module Title</th>
<th>Objectives – Why do this module?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>By the end of this module, participants will:</td>
<td></td>
</tr>
</tbody>
</table>
| 9   | Family Planning                                  | • Know the healthiest time to become pregnant (after age 20, before age 35, and at least 2 years after the birth of the last child)  
• Believe that family planning is the responsibility of both the woman and the man  
• Believe there is a family planning method that is right for them  
• Discuss and decide with their partner if and when they are ready to have children, and which family planning method to use in order to have children when they are ready  
• Seek accurate information on family planning  
• Start using family planning services soon after delivery  
• Continue use of a family planning method until ready to conceive another child. |
| 10  | Most vulnerable children (MVC)                   | • Understand child rights  
• Intervene appropriately in response to violence, abuse, neglect, and exploitation (VANE) of children in their community  
• Reduce stigma and discrimination against orphans, children living with and affected by HIV and AIDS and children with disabilities |
| 11  | Malaria prevention                               | • Be clear that malaria is transmitted to humans only by mosquitoes biting them.  
• Understand various ways to prevent malaria, including sleeping under Insecticide Treated Nets (ITNs), Indoor Residual Spraying (IRS) and managing the environment to reduce mosquito reproduction.  
• Be able to state the benefits of ITNs.  
• Be able to address common barriers and objections to using a net.  
• Care for and repair their ITNs appropriately.  
• Understand what IRS (Indoor Residual Spraying) involves and the cooperation needed from all householders in a community.  
• Be able to address common objections to having IRS in their home.  
• Know that malaria prevalence is declining in Tanzania.  
• Know the common signs and symptoms of malaria.  
• Know that not every fever is malaria. |
| 12  | Malaria treatment and malaria prevention during pregnancy | • Know the dangerous implications and consequences of getting malaria during pregnancy  
• Ensure that pregnant women and children under 5 sleep under a treated net every night  
• Appreciate the importance of early ANC attendance  
• Know the importance of taking at least three doses of SP during pregnancy  
• Recognise the importance and reasons for early testing and treatment of malaria  
• Test for malaria before buying or receiving treatment for malaria  
• Trust the results of the malaria test  
• Not take an antimalarial medicines if the test is negative  
• Take ACTs or other recommended treatment if the test is positive, and complete the full treatment dose. |
# Contents of a Safari ya Mafanikio Community Resource Kit

<table>
<thead>
<tr>
<th>#</th>
<th>Description</th>
<th>Quantity per kit</th>
<th>Modules using this item</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Facilitators Guide, approx. 160 pages estimate, comb or spiral wire bound.</td>
<td>1</td>
<td>All</td>
</tr>
<tr>
<td>2</td>
<td>NOTEBOOK for facilitators, to make your own summary notes to help you facilitate each module</td>
<td>1</td>
<td>All</td>
</tr>
<tr>
<td>3</td>
<td>MASKS - Six 2-sided masks with images representing White Blood Cell, 2 x Infection (one with TB on reverse side), HIV (different each side) Anti-TB drugs, Malaria mosquito, Lion, Snake and Crocodile to represent other health threats.</td>
<td>6</td>
<td>1, 5, 6, 8, 11</td>
</tr>
<tr>
<td>4</td>
<td>STRING – 8 metre length of string on a reel, with a mark every 10-15cm.</td>
<td>1</td>
<td>1, 5, 6, 7, 8, 11</td>
</tr>
<tr>
<td>5</td>
<td>Image of aspirational future ‘happy family’ A4 colour laminated card</td>
<td>1</td>
<td>All</td>
</tr>
<tr>
<td>6</td>
<td>A4 PHOTO PORTRAITS (2 or 3 from Tanzania.) A set of 8 A4 laminated photographs, of a mix of people both HIV-negative and living with HIV, printed greyscale. (cheaper option: have these included as part of the facilitators guide)</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>7</td>
<td>Laminated card characters:</td>
<td>3 (1 set)</td>
<td>1, 7, 8</td>
</tr>
<tr>
<td>8</td>
<td>MALE CONDOMS</td>
<td>50</td>
<td>2</td>
</tr>
<tr>
<td>9</td>
<td>FEMALE CONDOMS</td>
<td>25</td>
<td>2</td>
</tr>
<tr>
<td>10</td>
<td>CHEWING GUM – 4 pieces of chewing gum for HIV Prevention module Part A (1 piece needed each time this activity is used)</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>11</td>
<td>Single serving milk powder packets</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>12</td>
<td>Clothes Pegs – different colours</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>13</td>
<td>MNCH Leaflet for facilitators to hand out to participants</td>
<td>50</td>
<td>8</td>
</tr>
<tr>
<td>14</td>
<td>40 Maize seeds in packet</td>
<td>40</td>
<td>9</td>
</tr>
<tr>
<td>15</td>
<td>4 boxes of matches, each with 15 match sticks inside (or 60 small sticks, stones, beans or other items, sorted into 4 packs with 15 in each.)</td>
<td>4 packs of</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>15 small items</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>A4 plastic clip FOLDER – to contain / carry all these items.</td>
<td>1</td>
<td>All</td>
</tr>
</tbody>
</table>
## Additional items to be sourced / supplied by the facilitator

<table>
<thead>
<tr>
<th>#</th>
<th>Description</th>
<th>Module</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Flip chart board / paper / pens or chalk if chalkboard available (not essential)</td>
<td>various</td>
</tr>
<tr>
<td>2</td>
<td>Pens</td>
<td>various</td>
</tr>
<tr>
<td>3</td>
<td>Paper</td>
<td>various</td>
</tr>
<tr>
<td>4</td>
<td>Card</td>
<td>various</td>
</tr>
<tr>
<td>5</td>
<td>Masking tape or sticky stuff</td>
<td>various</td>
</tr>
<tr>
<td>6</td>
<td>Optional: A penis model for demonstrating, explaining and practicing Condom use and/or Voluntary Medical Male Circumcision</td>
<td>2, 4</td>
</tr>
<tr>
<td>7</td>
<td>Small plastic bottles to practice male condom use (if you do not have a penis model available.)</td>
<td>2</td>
</tr>
<tr>
<td>8</td>
<td>Tissues / tissue paper (for condom demo / practice)</td>
<td>2</td>
</tr>
<tr>
<td>9</td>
<td>Additional Male and Female Condoms</td>
<td>2</td>
</tr>
<tr>
<td>10</td>
<td>Additional Chewing Gum</td>
<td>2</td>
</tr>
<tr>
<td>11</td>
<td>Optional: 2 sticks you can bang together like a director’s clapper board</td>
<td>3 – Part D</td>
</tr>
<tr>
<td>12</td>
<td>A glass or a clean, transparent clear plastic or glass bottle.</td>
<td>7</td>
</tr>
<tr>
<td>13</td>
<td>A cup or mug</td>
<td>7</td>
</tr>
<tr>
<td>14</td>
<td>Lemon or other acidic juice (e.g. a lemon fizzy drink, sprite or the juice from one large lemon squeezed into the cup or mug). About 20ml each time activity used.</td>
<td>7</td>
</tr>
<tr>
<td>15</td>
<td>Condom use leaflets (optional)</td>
<td>2</td>
</tr>
<tr>
<td>16</td>
<td>VMMC leaflets (optional)</td>
<td>4</td>
</tr>
<tr>
<td>17</td>
<td>Additional copies of MNCH leaflet</td>
<td>8</td>
</tr>
</tbody>
</table>
How to be a Good Facilitator

When using Safari ya Mafanikio activities, your role is to facilitate a learning process in which your participants work out and develop their own understanding of a wide range of health issues and how to address them.

Facilitating is different from teaching. Teaching involves passing on ‘expert’ knowledge to others. You may do a little bit of teaching, when you know something that none of the participants do. However, participants learn much more from these activities if you let them do most of the talking and come up with their own answers.

The role of the facilitator is to:
• **Listen** carefully at all times.
• **Guide** the group and keep discussions focused – don’t let it stray too far from the subject of the session.
• **Control** those who talk too much.
• Ensure that everyone has a chance to **participate** – make sure quiet participants have an opportunity to speak and get involved too.
• **Summarize** the discussion from time to time and at the end of a session.
• **Share leadership** – a session often works better if there are two facilitators, supporting each other and taking turns to lead.
• **Be ready to translate** – in meetings, use the language(s) that your group feels most comfortable with so that everyone can join in the discussion.

Facilitation skills are something you can learn and practice; you don’t need to be an expert. Here are some suggestions and ideas for helping you to be a very good facilitator:

**Preparing yourself before the session**

• **Find out** what you can about the needs and issues of the participants. Who are they and how many will be attending? What do they already know? What particular issues and needs do they have? What do they want or expect from you and this training? Try to get some answers to these questions before the training sessions, so that you can plan properly.
• **Plan** which Modules and activities you will use, and in what sequence. Carefully read through the notes for the different part of the modules. Think how you might adapt them to make them more relevant to the needs and issues of your participants. Make notes in the notebook that will help you to facilitate the session.
• **Ask** at the local Health Facility if there is a medically trained person (nurse or doctor) who would be able to attend the session and answer any technical questions.
• **Practice** what you will say, on your own or with a friend. Practice using and demonstrating the materials.
• **Be clear** in your own mind what you want to achieve by the end of the session.
Plan how you will get feedback from participants to help you evaluate the session. ‘At the end of a session’ notes below include some sample feedback and evaluation questions for participants.

Preparing materials and the training area

- Make sure you have all the materials you need for a session.
- Go to the training room or meeting place at least 15 minutes before the session is due to start.
- Set up the area where the training will take place. Push any desks or tables to the side of the room. Arrange chairs in a circle or a semi-circle around an open ‘demonstration area’ which everyone can see. These exercises work best if everyone can sit (or stand) in a circle or semi-circle to:
  - show that we are all equal and the views and experiences of one person are as valuable as another’s.
  - allow everyone to see everyone else’s face and hear them clearly.
  - show that this is different from “teaching”, where everyone faces the same way to look at the “expert” who knows all the answers.
  - create a more relaxed, informal atmosphere.

At the beginning of the session

- Greet each person as they arrive.
- Be friendly. Smile!
- Welcome participants and introduce yourself and any co-facilitators
- Explain the purpose of the session and what participants can expect to get from it.
- If this is a follow-up session, do a recap or summary of the last meeting. This is necessary because people may forget what was shared and discussed, and some may have missed the last meeting.
- Ask participants to complete the attendance register (in your Feedback and Certification pack, see also Appendix 3, page 165).
- Check that everyone understands Kiswahili. If not, find someone to translate.
- Agree with your participants some guidelines for working together, such as:
  - start and end on time.
  - respect each other’s views.
  - have only one person speaking at a time.
  - give everybody an opportunity to participate in discussions.
  - keep any personal things that others in the group tell us confidential.
- If you think it will help, use an icebreaker or energizer to get participants relaxed and engaged. There are a few examples of these on pages 16-19.

During the session

- Listen carefully to what participants say and get participants to listen to and appreciate each other’s contributions.
- Observe body language and try to understand what it means.
Help each participant to feel that his/her contribution is important.

**Encourage** participation by the members of the group, i.e. by helping them to talk about ideas, feelings, experiences, rather than telling them what is right and wrong, or criticizing.

Allow people to “think aloud” and find out what they believe and value.

**Show interest and respect** for the views other people have, even if you disagree with them personally.

If the energy level of the group drops, use an energizer. Some examples are given on pages 16-19.

If a participant says something you disagree with, first ask the rest of the group: “What ideas do other people have on this subject?”

Be **honest and open** in answering questions from participants and colleagues. If you don’t know something, say so, and then find out the answer so that you can give correct information next time you meet.

Understand that the way an answer is reached is often as important as the answer itself. If your participants work out an answer themselves, they learn much more than if you just tell them.

**Ask open-ended questions** that encourage the group to talk in detail, such as ...

... unlike **closed questions** that only produce Yes and No answers.

- What are the different ways we can support people living with HIV?
- What are the things that make it possible for you to work as a group?

- Can we support people living with HIV?
- Is it possible to work as a group?

**At the end of the session**

**Summarize** the major points and results of the discussion.

**Get evaluative feedback on the session and your facilitation of it.** Good facilitators always invite and welcome honest, specific feedback, because this helps them to improve and make their next session even better. During the session, you can get a lot of feedback from observing how the session is running and the reactions of participants. At the end of the session, you can get further feedback, either written or verbal.

- Written – Ask participants to complete a short written **evaluation / feedback form** before they leave the session, with questions like those in the box below.
- Verbal – Ask for **verbal feedback** to such questions, from individuals or small groups of participants.

**Session feedback and evaluation questions for participants**

1. What was, for you, the most valuable thing you learnt this session?
2. Which activities did you like, and why?
3. Which activities did you not like, and why? How could these be improved?
4. Comment on the way the session was organized and run. What was good? What could be improved?
5. What questions and issues do you still have about this health topic?

**Explain what will happen next** (e.g. will there be another / follow-up session).
♦ Ask if anyone is interested in any of the services discussed during the session, and if use, complete a copy of the referral form (see Appendix 1.)

**After the session**

♦ Review and evaluate the session with others who observed or facilitated with you. Reflect on the feedback from participants. Discuss what worked well, and what you could do to make it even better next time.

♦ Complete the Session Review Form for that session (in your Feedback and Certification pack, see also Appendix 3, page 165).

♦ Make any follow-ups from the session, such as:
  - Find out information you did not know when asked during the session.
  - If any of your participants seemed distressed or confused about particular issues, contact them during the following few days to see if they want to discuss their issues further.

♦ If possible, plan with the group to meet again a few weeks after your program with them has finished, reviewing and evaluating how they have applied the Safari ya Mafanikio training you delivered.

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**Certification**

You can become a **certified Safari ya Mafanikio Facilitator** by facilitating at least 5 sessions using the activities in this kit and completing and returning the Feedback and Certification forms included in your kit. The forms are also in Appendix 3 if you need to make copies. Complete the forms and submit to your supervisor to be eligible to receive a certificate.
ICEBREAKERS & ENERGIZERS

Use these and other icebreakers and energizers you know when appropriate to:

- Get everyone relaxed and interested in the session at the beginning.
- Change and liven up the mood of the group, for example after a long discussion, when some participants are looking tired.

1. My name is … and I love to …

This is a fun way of getting participants to introduce themselves. Everyone stands up in a circle. Ask everyone to think of something they love doing, and an action that goes with it (e.g. playing football, cooking, dancing). One person steps forward and says “My name is … and I love to …” (with an action), then steps back. Everyone else then steps forward together and repeat exactly what the person just said and did with the same expression, intonation and actions. Each person (including facilitators) takes their turn at introducing themselves in this way, followed by everyone else imitating their introduction.

2. One stamp clap in pairs

1. Everyone stand up, move around and find a partner. In your pairs, count 1,2,3,1,2,3 alternately (demonstrate with someone).
2. Split up, move around, find another partner. Repeat in new pairs, but replace the 3 with a clap i.e.  
   - Person A: “One” Person B: “Two” Person A: claps  
   - Person B: “One” Person A: “Two” Person B: claps  
   - Person A: “One” etc.
3. Split up, move around, find another partner. Repeat in new pairs, but replace the 2 with a stamp, i.e. “One”, Stamp, Clap.

3. One stamp clap round the group

Get everyone standing in a big circle. Explain:

\[\text{Δ The first person says “One”, the next person stamps their foot, the third person claps their hands. The next person again says “One” and it continues round the circle - “One, stamp, clap, one, stamp, clap.”}\]

Once participants get the hang of it, do it faster. If anyone makes a mistake, or is too slow, ask them to sit down.

4. Mime a lie

Everyone stands in a circle. The facilitator starts by miming an action. The person on the facilitator’s right asks the facilitator “What are you doing?” The facilitator replies that they are doing something completely different, e.g. the facilitator mimes swimming and says, “I am washing my hair.” The person to the facilitator’s right has to mime what the facilitator said they were doing (washing their hair), but when the next person asks, “What are you doing?” the person performing the action must say they are doing something completely different. Continue until everyone has had a turn.
5. Move if...

One person (the “caller”) stands in the middle; all others are seated in a circle or semi-circle. Remove spare chairs or seats, so no seat is available for the caller.

Caller says “Move if...” and gives a category. It can be anything, such as “you are female,” “you have children,” “you are wearing something blue,” or “you like to eat fish.” As those who fit the category move quickly to a different seat, the caller sits down in one of the empty seats. The person left standing without a seat becomes the next caller and says “Move if...” using a different category.

Note that this energizer can also be useful for finding out things about the group and for mixing up a group of participants.

6. Foot in mouth

Instruct your participants as follows, and demonstrate the actions as you explain:

△ All stand up. Put both your hands on your head and imagine that you can unscrew your head and take it off your shoulders. Lift your head gently off your shoulders, bring it down carefully and put it so that you are holding your head under your left arm. Now lift your right foot. Stretch down with your right hand, take hold of your right foot and unscrew it so that it comes off of your leg. Lift up your foot and put it in your mouth.

Watch as most participants move their right hand up to their mouth. Then demonstrate that, as their head is now under their left arm, that is where they should put their foot.

7. As and Bs

Everyone should stand up and move (if necessary) to an open space. Say:

△ Each person must choose someone else in the group. Do not tell them. That is your person A.
△ Choose another person in the group. That is your person B.
△ When I say go, get as physically close to your person A as you can, and as physically far away from your person B as you can... GO!

After about a minute:

△ Now get as physically close to your person B as you can, and as physically far away from your person A as you can... GO!

After another minute:

△ Now get as physically close to both your person A and your person B as you can... GO!

8. Knotty Problem

Get participants into groups of 6 to 12 people, and have them stand in a circle. Say:

△ Put out your arms in front of you, close your eyes and slowly walk forwards, until each of your hands finds another person’s hand. Find one hand with your right hand, and another belonging to someone else with your left hand.

Make sure no-one is holding more than one other hand in each or their hands. If you see three or more hands joined together, take one of these hands and connect it to a free hand. Say:

△ Keep holding on to the hands you have found, and open your eyes. You are in a tangled-up human knot. Try to untangle the knot without letting go of your hands.
Continue until each group has untangled as much as possible. There should be one or more circles of people.

9. The Sinking Boat

Ask everybody to imagine they are on a ship, which is sinking fast. To board the lifeboats we must get into groups with a certain number in each group. Instruct everyone to walk round and mingle, then shout: “Sinking boat – get into groups of 3.” One or two people may be left out; they go down with the ship and you can ask them to sit down. Any group with more than the required number should also sit down. Repeat several times with different numbers, e.g. “groups of 4”, “groups of 7”.

Note: This energiser can also be used if you want to divide participants into smaller groups.

Deo Ng’wanansabi using this energiser with a women’s group in Kerenge village to set up groups of 6 participants for the next activity.

10. Writing with body parts

Δ Think of the first name of someone you admire.
Δ Write the name you have thought of in the air in big letters, using your nose, like this.

Demonstrate what you mean, and get everyone doing it.
Δ Do it again with your left foot.
Δ Do it again with your hips.
Δ Watch someone next to you doing it, and see if you can read the name that they are writing in the air.
**THE MODULES**

**MODULE 1:**
A healthy future

**Why do this module?**

By the end of this module, participants will:

- Have clarified their future goals and aspirations, at individual, family and community levels, providing a motivating focus to which their current health seeking behaviours can be linked.
- Have reinforced a sense of identity which supports such behaviours.
- Recognise the importance of valuing themselves as well as others in their community, and taking action to minimize health risk, and ensure that they stay healthy and reach their goals.

**Summary**

**Part A: The Future you want** (20 minutes)

Each participant imagines and creates a future vision and identity statement which represent how they would like their life to be at some point in the future. This ‘future destination’ is represented for everyone by an A4 card image of a happy family and a nice house. Each participant creates and shares their own identity statement, starting “I am...”, Incorporating characteristics of others they really admire and aspire to. The ideas in this activity and extended to couples, families and the community as a whole.

**Part B: Walking the route to get to your future vision / destination** (20 minutes)

Participants try walking on a ‘path’ (piece of string lay in a winding route on the ground, or a series of sticks laid on the ground) to reach their ‘future destination’. On the way they encounter dangerous animals (a lion, a snake, a mosquito and a crocodile), animated by other participants) who try to frighten them and make them fall off / step off the path.

Discussion identifies what the dangerous animals might represent (e.g. HIV, STIs, unintended pregnancy, TB, malaria, unsupportive partners and relatives, stigmatising community members etc.), and how to avoid, prevent or deal with these threats and challenges, so they stay healthy and reach their desired destination.

**Part C: Lifeboat – Activity on self-value** (20 minutes)

Participants imagine they are all together on a boat which is sinking fast in shark or crocodile infested water. The only way to escape is on a ‘lifeboat’ or canoe which can take only 3 members of the group. Each person says why they should have a place in the canoe, and then votes for whoever they think should get a place on the canoe. Normally very few people give themselves even one vote. The de-brief reflects on this and how important it is for each person to value their own life (as well as the lives of others) and to do what they need to do to protect themselves and stay healthy.
**General note**
This module, or parts of it, or a brief reminder of it, can be used at the start of any of the other modules, to provide a focus for motivating the behaviours which each module encourages. If you are running several sessions with the same group, start the first session with this module, and then at the beginning of other sessions, start by reminding participants about the ‘future vision / destination’ and identity statements they created during this session. Then link the health seeking behaviours you are promoting in that session (e.g. condom use, using ITNs, supporting others) to avoiding and dealing with the specific ‘mosquitos’, ‘lions’, ‘snakes’ and ‘crocodiles’ for that session (e.g. HIV, malaria, stigmatising community members.)

**Materials**
- Image of a happy family with a nice house
- 8 metre length of string.
- Masks of a crocodile, a snake, a mosquito and a lion (on the reverse side of the HIV activity masks)
- Laminated card drawings of a man and a woman with a child on her back

**Time for Module:** About 1 hour

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**How to facilitate this module**

**PART A: THE FUTURE YOU WANT**

**Step A1. Use an introductions icebreaker: My Name is ... and I like to...**

Use the icebreaker “My name is... and I like to...” to start the session, as it is a fun way for everyone to introduce themselves.

Get everyone to stand up in a circle. Ask everyone to think of something they love doing, and an action that goes with it (e.g. playing football, cooking, dancing). One person steps forward and says “My name is ...... and I love to ......” (with an action), then steps back. Everyone else then steps forward together and repeats exactly what the person just did and said, this with the same expression, intonation and actions. Each person (including facilitators) takes their turn at introducing themselves in this way, followed by everyone else imitating their introduction.
Step A2. Introduce what the community resource kit and this module is about

Explain to participants that:

11. The activities you are about to participate in will help you, your family and your community to stay healthy and achieve what you most want and value in your life – your goals and dreams.

Δ This first module will help you to clarify those goals and highlight the importance of valuing yourself and taking action to stay healthy and reach them.

Δ Then we can start exploring how to get there, including how to overcome the problems and challenges we face in life, in particular health issues such as Malaria, HIV, and ensuring safe pregnancy and birth and healthy development of our children.

Δ The sessions will be fun and interactive, and you will get the most out of it if you participate fully.

Step A3. Introduce the ‘future destination’ image of a house / happy healthy family

Explain to participants:

12. This activity will help you to imagine and create a vision of how you would like things to be at some point in the future—for yourself, your family and your community. We will represent this vision we each have as a destination we would like to get to.

Show all participants this picture of a happy healthy family in front of a nice looking house, and place it on the ground where participants can see it.

13. If someone has a disease like HIV or malaria but they are determined to live and achieve their dreams for the future (instead of mentally throwing away their dream and assuming they will die), this determination and focus helps them to do everything possible to survive.

14. If as a community we have a clear shared vision of the productive and healthy future we want, it will help us to work together to achieve this goal.

Step A4. Give an example of a future vision (optional step)

Give an example of a motivating vision that someone might have for the future. The example you choose should be one that your participants will relate to well. This could be:

Either:

Your own personal example - Describe you own vision of the future you want for yourself in 5 years’ time

Describe how you want your future to be it with feeling and emotions, as though you are there now and you have already achieved your goals and dreams for the next 3 to 5 years.
Use this framework, but make it personal to you:

Δ It is now 2020. I have been very successful as a facilitator / Community Change Agent and I have made a big difference to the lives of many people in the communities I visit. They respect and admire what I have achieved. I lead by example. I also have an award certificate framed here on my wall and I feel very proud of what I have achieved. I am now happily married and have two children – see how the older one is playing, and here is the baby. I am caring, healthy and successful.

Or:

An example you create using one of these card characters
Pick one of the card character pictures and create a story about the future dreams of this person. Put some feeling and emotion into your description, so that you show the excitement this person has about their goals and dreams. The card character and the example you choose should be one that your participants will relate to well.

**Step A5. Participants imagine the future they each want**

Δ That was my example of someone’s future dreams and goals. But what you each want for your future will be different. Relax and think for a minute about how you want your life to be in 5 years’ time. It may help if you close your eyes.

In a soft, relaxed tone, guide participants to think about how they each want their future to be. Pause between sentences, so that participants have time to think and imagine their future as they would like it to be. Suggest that they close their eyes. Here are some suggestions for what to say:

Δ Imagine it is now 2020 and that during the last 5 years you have achieved everything possible that you wanted. Imagine being there now in 2020. You are very healthy and everything is going well for you. What can you see? Who is there with you? What can you hear? What are others saying about what you have achieved? How do you feel? What are you doing? What skills have you developed? What is important to you? How would you describe the person you have become?

**Step A6. (Optional) Draw the future you want** (Include only if you have extra time and pens and paper for participants)

Give participants an A4 size plain paper and let each one create a picture of how they want their future to be at some future point in time. Explain that their drawing does not have to be good, as long as they understand what it means. Allow 10-15 minutes for this.

**Step A7. Participants share ideas for the future they each want**

Ask participants to:

Get into groups of 2 or 3 and describe to each other how you want your life to be in the future, with feelings as though you are already there. Start with: “It is now 2020 and what I have achieved is……”
Step A8. Participants think of words to describe people they admire, and use these words to create “identity statements” for themselves

Say to participants:

To add to your future vision, we will now each create a short statement about the sort of person we want to be in the future, starting with the words “I am…”

Think of at least one person you really admire and respect, who you think ‘I would like to be like them in some way’. This could be anyone - a friend or relative, an activist, a community or religious leader, a sportsperson, or someone in a TV programme. It could be someone living or who has passed away. What words would you use to describe this person? Those are the words to use in your statement. The words can be in Kiswahili or whatever language you prefer.

Give participants a minute to think of their examples.

Ask two or three participants each to tell you a person they admire, and what words they would use to describe him or her. If someone says, for example “Nelson Mandela, because he was strong and courageous”, say “Try saying to yourself, I am strong and courageous!”

Step A9. Participants tell each other their identity statements

Tell all participants to:

15. Stand up, go to someone else and ask them: “Who are you?” The other person should reply, “I am….” and give their identity statement (not their name). Then do it the other way round. Then find another partner, and repeat this exercise.

Allow time for people to repeat this with 4 or 5 different partners.

Step A10. Encourage participants to memorise and keep using their identity statements

Encourage each participant to memorise their identity statement, and repeat it to themselves regularly. Suggest that they write their identity statement somewhere where they will see it every day, e.g. make their identity statement the screensaver on their cell phone.

Step A11. Suggest that participants who have a partner create a shared couples / family future vision and identity statement

Encourage participants, when they return to their partner or family, to create a joint couple or whole family shared vision and /or identity statement for the future they want together, and then to discuss how they can support and help each other to realize this vision.

Step A12. Discuss and create a community vision / identity statement for a healthy future (optional step)

Ask everyone to share their ideas about how they want things to be in their community in maybe one to three years’ time. Develop a shared community vision for the future, particularly on issues around health and support.

Brainstorm:

? What words describe how you would like your community to be? Think of other
communities that you admire and respect and think ‘it would be nice if my community was like that too.’ What words would you use to describe those communities?

Discuss the suggestions, then select two to five words that everyone agrees are good for their community identity statement, and create a community identity like for example: “This community is healthy, supportive, accepting and caring.”

PART B: WALKING THE ROUTE TO GET TO YOUR FUTURE VISION / DESTINATION

Step B1. Lay out the path and get volunteers to walk the path and act as the dangerous animals

Lay out about 4 meters of the string so that it forms a path leading to the images of the happy family and house. If you have some sticks, add them to sections of the path, or lay out a series of sticks, as shown in this photo:

Ask for 5 volunteers.

Ask one of the volunteers to stand at the opposite end of the string to the image of the happy family / house. Say to them: 16. Where you are standing represents now. The string represents your path through life to reach your goals and dreams, such as having a happy and healthy family. To get there you must walk slowly along this path, heel to toe, if possible without straying or falling off the path.

Demonstrate walking along the path. Deliberately allow yourself to fall off it. Say to participants:

17. I fell off the path. Can you and others do better than me?

Give the 4 other volunteers each a mask to put on of the crocodile, snake, lion and mosquito. Make sure they put on the correct masks the right way round, so the animal are showing on the front. Say to them: 18. You represent some of the threats and challenges to this person on their route to their future destination. While they are firmly on the path, you cannot actually touch them, but you can try to distract and scare them so that they leave or fall off the path. Once they have a foot off the path, or if they wander off the path into the bush, you can then pretend to bite them!

Allow the volunteer to try walking the path, with the dangerous animals threatening him or her on the way.

Step B2. Encourage several participants to try walking the path to their future

Invite others to try walking the path and get all willing participants to have a go.

When someone manages to cross the path properly, get everyone to clap for that person. Get the person who has crossed safely to tap their chest with their hand three times as they say, “Yes I can”.
Step B3. Identify what helps participants cross safely

When everyone who wants to has tried walking the path, congratulate those who crossed safely, and ask them:

? What helped you cross safely? What were you focusing on?

Ask those who fell off:

? What made you fall off? What were you focusing on?

Ask all who tried:

? When you were trying to walk the path, is it easier when you kept looking at and thinking about the crocodile, snake, mosquito and lion? Or is it easier when you focus on where you want to get to?

For most people it easier to stay balanced and cross safely when focusing on the ‘destination’ they want to reach at the end of the path. When they look at or think too much about the dangerous animals, they tend to fall off. Once participants have answered, say:

19. If you focus on the problems of life, i.e. the dangerous animals, you are more likely to fall into the problems. In your journey through life, it is more helpful to focus on where you want to go to and how you want your future to be.

Step B4. Ask and discuss what the destination, the dangerous animals and the path represent

Note: The destination, dangerous animals and walking on the path can have different meanings for different issues.

? What does the destination house / family represent?

The destination represents the goals and dreams we have for ourselves, our families and our communities.

? What do the crocodile, lion, snake and mosquito represent?

Let participants come up with their own ideas and suggestions as to what the crocodile, snake, mosquito and lion might mean. These dangerous creatures can represent many different problems and challenges that different people face in life, such as crime, drought, economic hardship, HIV, TB, malaria, problems during pregnancy and birth.

? What does walking carefully on the path represent?

Allow participants to make suggestions, then explain the ideas below.

Walking on the path represents ways of avoiding or dealing with these dangers and threats so that you stay healthy and reach the future you want. For example, it could represent:

• Consistent and correct condom use / safer sex – to avoid the risk of being bitten by the HIV crocodile. However even if you leave the path and go walking in the bush (i.e. have unprotected sex with someone who may be living with HIV) you may be
lucky and not be bitten. However the longer you spend in the bush, the greater the risk of attack.

- Medical Male Circumcision
- Going together for couples testing
- Sleeping under a well maintained Insecticide Treated Net (ITN) every night.
- Adhering to ART
- Attending all ANC and PNC visits

Explain that these issues will be address in depth in the modules that follow in this program.

**Step B5. Allow participants who fell off to try again with support**

Ask participants who fell off:

> ? What else might help you to stay on the path?

When they suggest some form of support, invite them to do it again, still with the ‘dangerous animals’ threatening them, but this time with the support of one person in front of them and one person behind, holding hands if they need to.

Ask and discuss what different forms of support this might represent in life. Suggest the following:

- Support and acceptance from friends, relatives, colleagues and the community if, for example, someone is living with HIV or has a disability.
- Support from faith based organisations, help lines, NGOs and counselling services.
- **Physical/practical support**—providing food, shelter, money and help with a difficult job.
- **Emotional support**—listening to someone when they need to talk; being a good, encouraging friend.
- **Food and medical support**—eating well and having a good balanced diet; using anti-retroviral drugs and treatment for opportunistic infections, TB and STIs.

**Step B6. Summarize this activity and the program framework**

* This program is about how to avoid or deal with the dangers and threats to our health during our journey through life, so that we, our families and communities remain healthy and achieve what we really want in life.

* It is also about realizing what support we need, and what support we can provide to others in our family and community.

**PART C: LIFE BOAT - ACTIVITY ON SELF VALUE (optional)**

**Step C1. Describe the sinking ship scene**

Say to all participants:

* Imagine you are all together on a boat that is sinking fast in crocodile-infested water. There is only one lifeboat, a canoe that can take just 3 people and requires all 3 people to row it to shore. There are no other boats around and there is no time to arrange for a rescue. If you are not on the lifeboat, you will undoubtedly die. You are going to
vote for who should be on that lifeboat, but first you each have 15 seconds to justify why you should have a place on the lifeboat.

**Step C2. Get participants to justify why they should be on the lifeboat**

Ask each participant, in turn, to stand up and say why they should have a place on the lifeboat. After 15 seconds, stop them and ask them to sit down. The next person then starts. Ask participants to imagine that this situation is real, and to give genuine reasons why they think their life should be saved.

**Step C3. Explain the voting**

Say that will now explain the silent voting process. Emphasise that:

- **Nobody may speak or ask questions from now until the voting is finished.**

Explain, and demonstrate how to vote as you explain it:

- **When we start voting, everyone must close their eyes. When tapped on shoulder by the facilitator, open your eyes and stand up. Then go round the group and cast your three votes for who should be on the lifeboat by pointing three times at whoever you want to vote for. Then go and sit down again and close your eyes until the voting is finished. I will take note of the votes. You can distribute your three votes however you want (i.e. one vote each to 3 different people, 3 votes to one person, or 2 to one person and one to another person. You can vote for anyone in the room except for the facilitators. Now close your eyes.**

Do not allow any questions. If someone tries to ask a question, stop them and go straight into voting.

It is very important at this stage to prevent participants asking the question “Can I vote for myself?”, as the key message for this activity is based on whether or not each participant even considers voting for themselves. So emphasise “No questions or comments until after the voting”.

If someone does still ask “Can I vote for myself?”, either ignore it, say “No questions!” or repeat that “You can vote for anyone here except for the facilitator(s).”

**Step C3. Manage the voting**

Get people to vote one at a time (or maximum two at a time) by tapping their shoulders.

Watch as they place their votes by pointing, and pretend to be noting down all the votes on a piece of paper. However actually note only how many people (if any) give themselves one vote or more than one votes, by pointing at themselves. Use a scoring sheet like this:

<table>
<thead>
<tr>
<th>Gave all 3 votes to others</th>
<th>Gave 1 vote to self, other 2 votes to other people</th>
<th>Gave 2 or all 3 votes to self</th>
</tr>
</thead>
</table>
Step C4. Debrief

When the voting is complete, tell everyone to open their eyes. Summarize how many people in the group gave themselves no vote, one vote, or two/three votes (without saying who).

? For those who gave all 3 votes to others, please can you explain why you did this, after standing up and telling everyone how you needed a place in the lifeboat to save your life?

Use a flip chart sheet or board (as shown here) and the ideas below in Notes for de-briefing the Life Boat Process to discuss and explain each of the three principal ways to respond to the Life Boat situation.

Draw out the learning from this activity, emphasising the importance of valuing yourself as well as others in the decisions you make and actions you take.

Notes for de-briefing the ‘Life Boat’ Process

Reactions to the ‘Life Boat’ situation reveal many things. However, the main lesson concerns what value we apply to our own life in a situation where we are at risk, and we have to decide quickly what to do.

There are three principal ways to respond to the Life Boat situation:

1. Give yourself no votes at all, and give other people all three votes.
2. Give yourself two or three votes, and others one or none.
3. Give yourself one vote, and distribute two votes to other people.

What does each of the three responses mean?

1. Give yourself no votes at all, and give other people all three votes.

You were told that you could vote for anyone, except the facilitators. Whether you included yourself or not was part of the lesson of the process. Most people either do not include themselves as part of “anyone”, or think about it, but then dismiss it. Regardless of the reason, the end result is the same: You die. By not giving yourself one of the three votes, you are saying that your life is less valuable than the lives of other people.
This zero-self vote can be summarized as:

YOU
------- (are more important than)
ME

There are two main reasons why people do not consider giving themselves a vote:
1. They think that they are in some way unworthy, and do not have a strong sense of, “My life is worth something,”
2. They do not have a vision of the future that is worthwhile and exciting (sense of purpose).

If you voted this way, it may reflect a low self-worth and a tendency to overlook your own health and survival needs in the decisions you make. For example, if someone proposes unprotected sex, you might accept rather than risk rejection if you refuse or insist on using a condom.

2. Give yourself two or three votes, and others one or none.

You were also told that it requires three people to balance the lifeboat. There needed to be three people who had to survive, not just one. Therefore, it cannot be said that this was a you-or-me situation: You needed two other people to help you row if you got into the lifeboat. If you gave yourself two or three votes, you were also voting to die, as you could not survive in the lifeboat by yourself.

This response is typically found in people who have had their trust abused, and who have come to believe that you cannot trust anyone to support you.

This vote can be summarized as:

I
------- (am more important than)
YOU

3. Give yourself one vote, and distribute two votes to other people.

You survive. This is the response we look for, as it reflects two critical things about you:
a. You recognize that the value of your life is not more or less than anyone else’s.
b. You recognize that life is about “interdependence”: You AND me, supporting each other to achieve what we seek to achieve.

This vote can be summarized as:

YOU = ME
Isn’t this what “Love your neighbour AS yourself” implies?

Isn’t this the spirit of Ubuntu, reflected in the proverb Umuntu ngumuntu ngabantu
(A person is a person through other people)

You cannot give something that you do not have - including love and respect.

Note: Participants may complain that the process was a “trick”, that it is unfair, and that you should have explained the options better - than they might have made a different decision! Indeed, this might be true. However, the process is designed to simulate real-life situations, which can be equally vague. For example, whether to insist on using a condom when your partner does not want to, and s/he threatens to leave you if you continue to insist; or whether you accept a lift in a vehicle with a drunk driver when you are tired and want to get home.
Module Summary

Ask participants what they have gained or learnt from this module. Then summarise it as follows, or using your own words:

△ This module has focused on what the destination means for you. You should now have a clearer idea of the sort of future you want, for you, your family and your community. It is important to keep developing and reminding yourself of your vision for your future and your “I am...” identity statement. If you are clearly focused on these, this will help you to address the range of challenging issues around preventing and treating HIV, TB and malaria, and maintaining your health and the health of others in your family and community. The other modules that follow cover these different health issues in detail.

Key Messages

- Create a clear vision of what you really want in your life and keep focusing on it—this will help you to overcome challenges, keep yourself healthy and achieve what you really want.
- Understand the ‘dangerous creatures’ (diseases and other health threats), including how to prevent them, how to recognize them and how to treat them and provide appropriate support for those affected.
- Remember the lessons from the Life Boat activity and to keep “voting for yourself” (as well as others) in the decisions you make and things you do that may affect your own and other people’s health.
Module 2:
HIV Prevention

Why do this module?
By the end of this module, participants will be more likely to:
• Assesses their personal risk for HIV
• Can correctly identify HIV prevention methods
• Is able to use a condom correctly and consistently
• Feels comfortable buying and carrying condoms
• Introduces/discusses the idea of using condoms in their relationship

What happens, in short?

Part A: Chewing Gum Challenge (5 minutes)
The facilitator gives a piece of gum to one person, then collects the half chewed piece and offers it to other participants, who invariably refuse. This introduces discussion about attitudes to risk taking and sharing of different body fluids, including during sex.

Part B: Personal Risk Assessment (15 minutes)
The facilitator asks participants a series of questions about their past behaviour and experiences. Each participant secretly scores their responses according to whether or not their responses suggest a risk of HIV transmission.

Part C: How to use male and female condoms (20 minutes)
Both male and female condoms are demonstrated and an opportunity is given to participants to practise. Issues and questions around condom availability and use are also discussed.

Part D: Condom wall Activity (20 minutes)
Participants state objections they have or have heard to condom use. The facilitator uses pieces of paper to make a ‘brick’ for each objection and creates a ‘wall’ of objections to condom use. The facilitator then adopts the objections given by participants, one at a time, and gets participants to develop persuasive arguments and reasons for using condoms. This allows participants to explore and practice ways of overcoming the objections they have given.

Time required: About 1 hour

Materials
• One piece of chewing gum or bubble gum. (Part A)
• A plate, piece of paper or leaf on which to put the chewed gum.
• Optional for Part B: A pen and a small sheet of paper for each participant. (They can also score using their fingers or privately in their head.)
• A condom demonstration & practice model. This is not included in the kit, so you need to get something that represents an erect penis. This could be:
- An actual wood, plastic or rubber penis model. You might be able to borrow one from a health facility.
- A small plastic bottle
- A banana

Optional: Additional models so that you can get several people practicing condom use at the same time, in smaller groups.

**Using available local resources for condom demonstration and practice makes the learning transferable**

If available, it is nice to use proper male and female genital models to demonstrate and practice using male and female condoms. However, there is one big advantage to using your hand to represent a vagina and locally available items like plastic bottles / bananas as penis models: **the learning is transferable.** i.e. the participants you teach can teach others as well and pass on the knowledge and skills. If you use proper genital models, participants think that they need that model in order to teach others, and they do not have access to such models, so they learning goes no further.

- Male condoms – 2 male condoms for each participant
- Female condoms – 1 female condom for each participant
- Tissues
- Optional: Leaflets on condom use to give participants (if available locally).
- About 10 blank pieces of paper or card, to write objections to condom use (Part D)
- Marker pen
- Masking tape or sticky stuff.

**PART A: CHEWING GUM CHALLENGE**

**Step A1. Hand out gum**

Ask if anyone would like a piece of chewing gum. Give a piece of chewing gum to the first one to respond and invite him or her to start chewing it.

Pretend to look for some more pieces of gum. Then say:

⚠️ *I am sorry, I thought I had more gum, but I can’t find it. But you can share.*

Get the people chewing the gum to spit it out onto a plate, leaf or piece of paper. Then offer the piece of chewed gum to other participants who said they would like a piece, saying that it is still sweet.

Normally all participants refuse, some with expressions of disgust, saying that they will not put something in their mouth that has been in the mouth of another person.

Ask all participants to think and discuss:

❓ *Why are people so reluctant to get gum that someone else may have chewed (which has minimal health risks and effectively no risk of HIV transmission), but often so willing to exchange other body fluids that have a much higher health risk when they have unprotected sex?*
PART B: PERSONAL RISK ASSESSMENT

Step B1. Explain the instructions for Personal Risk Assessment

Say:

Δ I am going to ask each of you some questions about your past personal experiences. Score each answer with either 1 or 0. Either write down your score or, if you do not have a pen and paper, you can keep your score using your fingers, or in your head. This exercise is strictly confidential – nobody should see what another person is writing and if you use a piece of paper, make sure it is one you can throw away later.

Δ Each “Yes” answer scores 1 and each “No” answer scores 0.

Δ If you are not sure whether the answer is “Yes” or “No” score 1.

Δ Thinking back about your past life, answer the following questions honestly to yourself. You will not have to tell anyone else your answers, or your total score.

Step B2. Ask the questions

Go through all the questions, pausing between each one so that participants can think and note their score.

Question 1: Have you ever, even once, had sex without a condom?
If “Yes” score 1. If “No” score 0.

Question 2: Have you ever had unprotected sex with someone (your wife, your husband or anyone else) who has already had unprotected sex with someone else?
If “Yes” score 1. If “No” score 0. If you are not sure, score 1.

Question 3: Have you ever in your life had unprotected sex with more than one sexual partner?
If “Yes” score 1. If “No” score 0.

Question 4: Have you ever had more than one sexual relationship at the same time?
If “Yes” score 1. If “No” score 0.

Question 5: Have you ever had sex while you were drunk or using drugs?
If “Yes” score 1. If “No” score 0.

Question 6: Have you ever had unprotected sex with a new sexual partner without first going together for HTC and sharing your results?
If “Yes” score 1. If “No” score 0.
Question 7: Are you or have any of your partners been an uncircumcised male?
If “Yes” score 1. If “No” score 0.

Question 8: Have you ever had a sexually transmitted infection (pain, burning, discharge, itching of sores in genital area)?
If “Yes” score 1. If “No” score 0.

Question 9: Have you ever had anal sex? (When a man’s penis goes into the anus of a woman or another man)
If “Yes” score 1. If “No” score 0.

Question 10: Have you ever received money, a service, or a gift in exchange for sex?
If “Yes” score 1. If “No” score 0.

Question 11: Have you ever been forced to have sex against your will?
If “Yes” score 1. If “No” score 0.

Question 12: Have you ever had sex with someone who was 10 years older or more?
If “Yes” score 1. If “No” score 0.

Step B3. Discuss what the different scores mean
Ask everyone to add up and remember their total score, but they should not tell anyone else.

Δ If you have scored 0 in every question, there is very little risk of you having HIV.

Δ If your total score is 1 or more, there is at least a small chance that you may be living with HIV. The higher your score, the greater the chance that you are now living with HIV. To find out, so you can plan accordingly, it is important to go for HIV testing and counselling, if possible with your sexual partner, and in the meantime to use a condom properly every time you have sex.

Step B4. Review the questions
Review the questions you asked and clarify how each one relates to the risk of HIV transmission, and how to prevent it. For example:

Question 4: Have you ever had more than one sexual relationship at the same time?
Having concurrent sex partners (having two or more sex partners in relationships that overlap in time) greatly increases the risk of HIV transmission. Both “mafiga matatu” behaviour and “nyumba ndogo” are examples of this.

Question 7: Are you or have any of your partners been an uncircumcised male?
Voluntary Medical Male Circumcision reduces the risk of the man becoming infected with HIV by about 60%. Indirectly it reduces the risk of HIV transmission to a female partner, because the man is less likely to contract HIV if he has other sexual relationships.
Question 8: Have you ever had a sexually transmitted infection (pain, burning, discharge, itching of sores in genital area)?

Many STIs cause genital ulcerations or warts which open up the route for HIV transmission.

Question 9: Have you ever had anal sex? (When a man’s erect penis goes into the anus of a woman or another man.)

Anal sex has a higher risk for HIV transmission than vaginal sex. If latex condoms are used, they are more likely to burst due to the lack of lubrication during anal sex.

Step B5. Reflect on learning from this exercise

? How do you feel about this exercise?

? What have you learnt?

PART C: HOW TO USE A MALE / FEMALE CONDOM

Step C1. Discuss the picture of the man searching for a condom

Show participants the picture on the next page of a man searching everywhere for a condom.

? What is happening in the picture?

? Why is the man so determined to find a condom?

Suggest that the man may want to avoid the risk of HIV, other STIs or unintended pregnancy.

? What do you think of the man’s behaviour?

Point out that:

Δ The man should have been better prepared, so he knows where his condoms are.

Δ However, it is good that he carries on looking instead of having unprotected sex.

? What do you think of the woman’s behavior?

Point out that:

Δ The woman is just lying in bed waiting. She could also help look, or she could come prepared herself with either a male or a female condom.

Step C2. Give the objective and explain the importance of this activity

Explain to participants that:

Δ If used properly every time, condoms are VERY effective at preventing HIV, other STIs and unintended pregnancy.

Δ By the end of this activity you should be confident about using condoms. It is good for both men and women to know how to use both male and female condoms.
Step C3. Types of Condom

Show participants samples of male and female condoms. Pass them around so that everybody feels them. As they pass them around explain the following information:

- **A condom acts as a tough skin that sperm, vaginal fluids, HIV and some STI cannot penetrate. If used properly every time you have sex, condoms are very effective at stopping HIV infection, most STIs and preventing unintended pregnancies.**

- **The male condom is a thin latex (type of rubber) tube that fits over the hard penis and catches the man’s semen so that it cannot enter the vagina, anus or mouth.**

- **The female condom is made out of latex or plastic. It can be inserted into the vagina immediately before sex or up to 8 hours before having sex. The inner ring is pushed inside the vagina up to the cervix, and this gently holds the condom in position. Female condoms give women more control over the decision to use a condom.**

- **Female condoms can also be used when engaging in anal sex. This requires removing the inner ring and then placing the condom sheath over the erect penis before penetrating the anus of either a woman or another man.**

- **Use either a male condom or a female condom when you have sex, not both at the same time. Both types of condom are designed to work effectively on their own, and using them together reduces pleasure without improving their effectiveness.**

- **It is recommended that both male and female condoms be used only once, and a new condom used each time you have sex.**

Step C4. Where can you get condoms?

Ask participants and facilitate a discussion on:

- **Where can you get condoms in this community? (Both male and female ones)**
- **What types are available free of cost? What other types are available to purchase? How much do they cost?**
- **What difficulties might people face in getting hold of a condom?**

Step C5. Demonstrate use of the male condom

Take an unopened male condom and demonstrate correctly checking the expiry date and removing a condom from the packet, ensuring that it is not damaged.

**Optional:** Hide your condom demonstration model (the penis model, banana or small plastic bottle) and ask for a male volunteer. Look at him as though you want to demonstrate using his penis. Then say that actually you can provide your own model and get out the demonstration model. This can cause some amusement and good humour and put participants at ease.

When explaining that an uncircumcised man should retract his foreskin before putting on condom, clarify the difference between a retracted and un-retracted foreskin by showing participants these images on page 62, Fig A and Fig B.
Demonstrate putting the condom on the model penis and guide participants through the process of using a male condom, making use of the notes and illustrations on page 40.

**Step C6. Practice using male condoms in small groups**

Divide participants into small groups of people they will feel comfortable with, e.g. split men and women / older and younger people into separate groups, if necessary.

Hand out 2 unopened male condoms to each participant and a model penis, plastic bottle or banana to each group. Encourage people to watch others in their group putting condoms on the models and to help each other so that everyone learns to do it correctly.

**Optional:** Once participants are confident about putting the male condom on the demonstration model, challenge them to try it again with their eyes closed or blindfolded, so that they can put it on in the dark.
HOW TO USE A MALE CONDOM

1. **Top left:** Obtain your condoms from a shop or clinic where they are stored in a cool, covered package, out of the sun. Check the expiry date written on the condom packet. Check the condom package to make sure that there are no cracks, holes or open sides. If the colour of the condom is uneven or it is dry, brittle, torn or unusually sticky, throw it away because it will probably burst. Carefully open the condom package so that the condom does not tear.

2. **Top right:** Do not unroll the condom before putting it on. Make sure that the condom is the right way up with the tip upwards. If uncircumcised, retract the foreskin before putting the condom on. Squeeze the tip of the condom and place over the end of the erect penis. Do this to leave room for the semen so that the condom does not burst during ejaculation.

3. **Middle left:** Unroll the condom over the penis, all the way down to the base of the penis.

4. **Middle right:** Always put on the condom before entering a partner. The vagina and condom need to be wet to ensure the condom does not break, and to make sex more comfortable. A woman becomes wet with vaginal fluid when she is ready for sex. A good lover will take time to be romantic and caress his girlfriend / wife so that she is wet before entering her. Never use petroleum jelly, vegetable oil, mineral oil, hand lotion or anything made with oil to make a condom wet. Oil makes a male condom burst. However, it is fine to use saliva or water based lubricants such as KY jelly.

5. **Bottom left:** After ejaculation, hold the condom firmly at the base to prevent it from slipping off the penis, and withdraw the penis from the partner immediately.

6. **Bottom right:** Hold a tissue round the base of the penis and slide the condom off the penis without spilling the semen. Wrap it in a tissue and dispose of it by burying it or throwing it in a waste bin. Do not use it again. Always use a new condom every time you have sex.
**Step C7. Demonstrate use of the female condom**

(Note: if female condoms are not locally available, then leave out Steps C7 and C8 and focus just on male condoms)

<table>
<thead>
<tr>
<th>To help guide participants through the process of using a female condom, use the detailed notes on pages 37-38: “How to use a Female Condom.”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take a female condom packet and demonstrate the following:</td>
</tr>
<tr>
<td><strong>•</strong> Correctly check and remove a female condom from the packet, ensuring that it is not damaged.</td>
</tr>
<tr>
<td><strong>•</strong> Insert the condom into the “vagina”. Hold the thumb and index finger of one hand together, so that the gap between them becomes a ‘dummy vagina’. With the other hand, demonstrate squeezing the inner ring of the female condom and inserting it into this dummy vagina (Fig a), then pushing the inner ring all the way in to the cervix (Fig b) so that the outer ring sits neatly over the vagina (Fig c). To make insertion easy, the woman can either: crouch down, lie on her back or put one foot on a chair.</td>
</tr>
<tr>
<td><strong>•</strong> Guide the erect penis (demonstrate with the model penis or plastic bottle) into the condom (Fig d), making sure it does not enter around the side (Fig e).</td>
</tr>
<tr>
<td><strong>•</strong> After sex, when the man has withdrawn his penis, twist the outer ring and remove the condom from the dummy vagina (Fig f).</td>
</tr>
<tr>
<td><strong>•</strong> If you have made copies of pages 42-43: How to use a female condom, or if you have another leaflet about condom use to hand out, offer them to participants who want one.</td>
</tr>
</tbody>
</table>

---

**Fig a & b** Squeezing the inner ring and inserting / pushing it into the ‘vagina’

**Fig c** Ready

**Fig d** Guiding the penis in

**Fig e** – What to avoid

**Fig f** Twisting and removing

---

**Step C8. Practice using the female condom**

Divide participants into small groups, give out at least one female condom each participant, and get people to practice handling a female condom and going through the steps of modeling female condom use. Encourage participants to watch others and to help each other so that everyone learns to do it correctly.
How to Use a Female Condom

These instructions show step by step how to use the FC2 female condom. FC2 is one of the most widely distributed and well-tested brands of female condoms. Other brands and designs of female condoms are also very effective.

FC2 can be inserted up to 8 hours before sex or just before sex. When FC2 is used for the first time, people might need to practise insertion. FC2 can be inserted by women themselves but their partner can also do it for them.

1. Before opening your FC2 female condom:
   - Check the expiry date which is stamped on the front or on the side of the female condom packet.
   - Spread the lubrication inside around by rubbing the packet with your hands.

2. To open the packet, tear straight down from the arrow at the top and remove the condom.
   Do not use scissors, a knife or your teeth to open the packet.

3. Hold the inner ring between your thumb and forefinger. Then squeeze the sides of the inner ring together to form a point.

4. You can insert FC2 in lots of different ways. Find a position that is comfortable. This may be standing, sitting, squatting or lying down.

5. Feel for the outer lips of your vagina and spread them.
6 Use the squeezed inner ring to push FC2 into your vagina. Slide your index finger or middle finger inside the condom and push it in your vagina as far as possible, using the inner ring. Make sure the condom is not twisted and lies smoothly against your vaginal wall.

7 A small part of the condom, including the outer ring, stays outside your body and lies over the lips of your vagina, partially protecting your external sex organs and covering the base of your partner’s penis.

8 FC2 lines the inside of your vagina and covers your cervix. The opening of your cervix is so small that it is impossible for FC2 to pass through this space.

9 Hold the outer ring in place as your partner guides his penis inside the condom. Once his penis is inside the condom, you do not have to continue holding the outer ring. You may want to add more lubricant either on the inside or outside of FC2 or directly onto your partner’s penis once the condom is inserted.

10 Please notice! Your partner needs to immediately withdraw his penis if:
   • His penis enters between the condom and the vagina wall. In this case you should put the outer ring back in position before he slides his penis back inside the condom.
   • The outer ring has been pushed into your vagina. In this case you should use a new FC2.

11 To take FC2 out, hold the outer ring and twist it to keep the semen inside. It’s best to do this before standing up. Gently pull the condom out, wrap it in a tissue or the empty packet, and throw it in a rubbish bin.
PART D: CONDOM WALL

Step D1. Build the wall of objections to condom use

Ask participants and brainstorm:

*What are some of the reasons why you do not use condoms, or that other people give for avoiding condoms?*

Write each reason given by participants on an A5 sheet of paper or card with a flip chart pen or marker, and stick it on a flip chart, board or on a wall, so that it becomes the first brick of the wall of objections to condom use. You can also lay the ‘bricks’ on the floor or ground where participants can see them.

Add about 10 other ‘bricks’ with different objections next to and above the first one, so that you build the ‘wall of objections’, as shown here.

**Step D2. Divide the group into two teams and explain what will happen**

Divide the group ‘down the middle’ into two teams, with one team sitting either side of the training area. Explain that:

*I will pretend to be someone who holds an objection to condom use that is written on one of the bricks. Your team must imagine that I am in a relationship with you and you must try to persuade me to use a condom despite my objection. If your team members are successful in overcoming my objection and convincing me to use condoms, your team will win the brick. If not, the other team will have a chance to try.*

**Step D3. Facilitator adopts the objection on one of the bricks and gets participants in one of the teams to try to overcome that objection to condom use.**

Pick one of the objections (such as “Loss of pleasure”) and say to one of the teams, for example:

*Using a condom is like eating a sweet with the wrapper on. So let’s do it nyama ku nyama. It’s much nicer you have to admit it.*

The team members should try to persuade you to use a condom. If their arguments and approach is convincing, take the “Loss of pleasure” brick and give it to that group. If not very convincing, give the other team a chance to try to convince you. Then share any additional ideas you have and from the table below on ways of overcoming that objection to condom use.
Step D4. Dismantle the wall by getting participants to overcome the other objections to condom use

Repeat Step D3 with a different objection to condom use (on another brick), starting with the other team. Continue until all the bricks are removed and the wall dismantled.

<table>
<thead>
<tr>
<th>Objection</th>
<th>Possible responses</th>
</tr>
</thead>
</table>
| Loss of pleasure / like eating the sweet with the wrapper on | • What’s important for you in life? What are your dreams / goals? ... Will you risk getting HIV and threatening those dreams, just because you find sex slightly less pleasurable with a condom?  
• Have you tested for HIV?  
• Do you know your partner’s HIV status?  
• Have you ever tasted HIV? Is that sweet?  
• Sex can be even better with a condom – no worries and you can even go on for longer. |
| Condoms can tear and don’t always work. | • Parachutes can tear and don’t always work, but wouldn’t you wear one if you jumped out of an aeroplane? |
| Condoms burst | • Burst condoms are generally the result of improper use or dry / un lubricated sex. Check the condom use by date is current, that it is in good conditions (not dry), and that the air is expelled from inside the male condom before use.  
• Make sure sex is lubricated, by ensuring that the woman is aroused and ready so her vaginal fluids provide lubrication, or by using other water based lubricants.  
• Did you use petroleum jelly or another oil based lubricant? These cause male latex condoms to burst. |
| I like it “nyama ku nyama”, where I can feel everything. | • If you do not wear one, we will not have sex, then you won’t feel anything. |
| Condoms are sinful in our religion. | • Our religion says we should be responsible and care for each other. That’s what condoms do.  
• We are now in an era where there are lots of diseases.  
• Pope Benedict XVI proclaimed that the use of condoms was "morally justified" or "permissible" in certain cases, such as to stop the spread of HIV. |
| By the time we put it on, I won’t be in the mood. | • I’ll help you put it on – this can be part of the foreplay.  
• I’ll put it on you with my mouth! (But note: this takes some practice!) |

Table: Ideas for addressing to common objections to condom use
<table>
<thead>
<tr>
<th>Problem</th>
<th>Solution</th>
</tr>
</thead>
</table>
| Condoms are too small for me.                | • Blow up a male condom like a balloon and ask: “Are you bigger than that!??”  
|                                               | • Demonstrate putting a male condom on a water bottle.                     
|                                               | • Let’s use a female condom. They are perfect for a guy with a big penis.  |
| Condoms make sex dry and painful              | • Let’s use some lubricant                                                 |
| Condoms have small holes in them that HIV can get through. | • Any holes or pores in condoms are so tiny, and HIV particles are much bigger, so HIV cannot possibly fit through them. (HIV cannot pass through the wall of a condom in the same way that an adult elephant cannot pass through the door of a small hut.) |
| Carrying condoms with you means that you promiscuous or unfaithful. | • Carrying condoms means I am being responsible for my own health and the health of others. |
| It’s difficult to get condoms / too expensive | • Clarify the range of places where you can get condoms and that they are available free from government clinics. Ask about their goals and dreams, then suggest that protecting their health in order to realise these goals and dreams is well worth the small cost and hassle of getting condoms. |

**Step D5. Review the module, handout condoms and condom use leaflets**

Ask participants to state what they have learnt from this module. If they do not come up with all the Key Messages in the box below, add those that they have missed. Hand out the leaflets on condom use and male / female condoms if you have them available.

---

**Key Messages**

- Assess your own risk of HIV and act accordingly to check your status and prevent transmission.

Behaviours that prevent or reduce the risk of HIV infection include:
- Abstinence from sex
- Correct and consistent condom use
- Reducing number of concurrent sexual partners
- Avoid anal sex
- Voluntary medical male circumcision
- Get STIs treated, and abstain or use condoms until they are fully treated.
- Couples testing and share results before having unprotected sex.

Discuss the idea of using condoms in your relationship.
Module 3: HIV Testing and Counselling

Why do this module?
By the end of this module, participants will be more likely to:

• Know that it is possible for couples to be discordant, even if they have been having unprotected sex.
• Discuss couple HIV testing and counselling together.
• Go together for HIV testing and counselling and receive the results.
• Disclose their HIV status to their sexual partners.
• Support and not stigmatize those living with HIV.
• Reduce the number of sexual partners they have.

What happens, in short?

Part A: Bushfire (15 mins)
This activity simulates how HIV can spread in a community through sexual networks, using an unusual hand greeting to represent having unprotected sex.

Part B: Couples HIV Testing and Counselling (15 mins)
The activity then gets participants to imagine what it is like going as a couple for HIV Testing and Counselling (HTC), and clarifies what is involved, including issues for couples whose results are negative, positive or discordant.

Part C: On the bank, in the river (10 mins)
Everyone participates in a quick energising game and then discusses what the game means and how it relates to issues around stigma and support for people living with HIV.

Part D: Forum Theatre Interactive Drama: When someone tells you they are living with HIV (20 mins)
Forum Theatre is an interactive drama technique that challenges participants to develop and practice good ways of responding to different situations. In this case it is applied to ways of responding to a friend or relative who discloses their HIV-positive status to you.

Time required: About 1 hour

Materials
• String – 8 metre length in your kit (for Part C).

Preparation
Find out what HTC facilities are available locally, and what procedures they use for counselling and testing.
Ask if there is a medically trained person (nurse, doctor or HTC counselor) who would be able to attend the session and answer any technical questions.

Get tested yourself, if you have not already! When explaining HTC, participants may ask the facilitator “Have you been for HTC yourself?” or “When did you last get tested?” If you can honestly say, “Yes, I have recently” and talk about it based on your own personal experience, it will add credibility and impact to the session.

How to facilitate this module

PART A: BUSHFIRE

The Bushfire activity can be linked to and related to the Tuko wangapi? / Tulizana activity.

Step A1. Demonstrate a new way to shake hands

Explain and demonstrate the following new way of greeting someone:

- Hold your chin with your left hand. Put your right arm through the gap created by your left arm, and be ready to shake right hands with somebody else doing the same thing.

Choose one participant and tell him or her:

- You must not actually shake hands with anyone, just wave at them to say hello.

Choose three participants who are sitting or standing together:

- You can each shake hands with just one other person. After that, you may only wave at others.

Say to everyone:

- Everyone else can shake hands with up to three other people.

- Everyone walk around and start shaking hands now.

Join in and shake hands with 3 people yourself.

When participants have finished shaking hands, ask them all to move to the back of the
training area.

**Step A2. Explain and discuss the meaning of this exercise**

Say to the group:

*Imagine that, for the purpose of this game, I was HIV-positive at the beginning and the rest of you were all HIV negative. In this game, greeting someone in this unusual way represents having unsafe sex with that person. So according to this game, anyone who shook hands with me “had unprotected sex” and exposed themselves to the risk of HIV infection, but you do not know whether or not you were actually infected. Even if you have regularly had unprotected sex with someone living with HIV, it does not mean you will definitely be infected also, and it is possible to be a ‘discordant couple’, one HIV-positive, the other HIV-negative. Can those who shook hands with me come forward and join me here.*

Then ask those still at the back of the training area:

*Anyone else who greeted anyone now standing at the front, please come to the front also. According to this game, you have also placed yourselves at some risk of HIV infection, having “had unprotected sex” with someone who “had unprotected sex” with someone who is HIV-positive.*

Repeat this until no more people come to the front. By now all participants should be standing at the front except for the one person who did not shake anybody's hand, and two of the three people who were “faithful” if they shook hands with each other.

Explain that the person who did not shake hands at all was “abstaining”. Ask them what they felt like when refusing someone who approached them for a handshake. Did they feel left out of the game? Acknowledge that it is sometimes hard to resist an invitation or peer pressure to have sex.

Explain that the three people who shook hands with only one other person were “faithful.” Ask each of them who their partner was, then ask their partner which other people they also shook hands with. Clarify that although they were faithful, they may still be at risk of HIV infection because their partner also “had sex” with other people. If two of them shook hands only with each other, say that they are at the moment being faithful to each other. However they cannot know for sure that their partner is faithful, and one of them may have become infected with HIV during a previous relationship, so it is still very important to go together for HIV Testing and Counselling and share the results.

? *Did anyone “have sex” (shake hands with) more than 3 people (the maximum given in the instructions). What led to this? Was it because others were still doing it and they felt pressured to join in, or because it was fun? Was it because they did not want to offend someone by refusing? How does this relate to real life?*

Point out that reducing the number of sexual partners you have reduces the risk of HIV infection.

Ask and discuss, according to the game:
How many people were originally infected with the HIV virus?

How many are now at risk of infection?

What does this tell us about how HIV can spread in our community?

What can reduce the risk of HIV spreading as shown in this game?

How can you know your HIV status and the status of your partner?

PART B: COUPLES HIV TESTING AND COUNSELLING

Step B1. Discuss couples HIV testing issues and concerns
Clarity that going as a couple for HIV testing and counselling is the only way of knowing for sure whether you or not you or your partner are living with HIV.

Ask the group what their concerns would be around going for couples HTC.

What would you say to your husband, wife or partner to persuade them to go with you for couples HTC?

Step B2. Role play trying to convince your sexual partner to go for HTC
Instruct participants to get into pairs, preferably with someone of the opposite sex who they shook hands with during the last activity. If some pairs have two men, ask one of them to role play a woman. If some pairs have two women, ask one of them to role play a man.

Ask one person in each pair to put up a hand. Say that they will be the ‘Persuaders’.

Ask the other person in each pair to put up a hand. Say that they will be the ‘Reluctant’ who need to be convinced to go for couples HTC.

Tell everyone to do a role play in their pairs with the Persuader doing their best to discuss and convince the Reluctant partner to go together for testing. The Reluctant can then give feedback to the Persuader on how he or she did. Allow about 5 minutes for this.

Get everyone’s attention. Ask the ‘Reluctant’:

Did your partner convince you to go with him or her for HTC? If so what did they do or say that helped to convince you? What could they say that would be more effective?

Discuss and then summarize good ideas for convincing a sexual partner to go together for HTC, and the benefits of knowing your HIV status. Ensure that the points below come out:

<table>
<thead>
<tr>
<th>Benefits of HIV Testing and Counselling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowing your HIV status will help you to reduce the risk of transmitting the virus to others</td>
</tr>
<tr>
<td>Knowing your HIV status can alleviate the stress and anxiety of thinking that you may be infected but not knowing your actual HIV status.</td>
</tr>
</tbody>
</table>

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If you test negative for HIV, you can make decisions and take steps that will help you remain HIV negative.

Your HIV status is not necessarily your partner’s HIV status – you cannot know from your partner’s test result what your test result will be.

If you test positive for HIV, you can seek medical treatment earlier. Early medical treatment can slow the progress of HIV and delay the onset of AIDS. Pregnant women who test positive for HIV can take action to prevent their baby from becoming infected with HIV.

It is still possible to have children if one or both of you are HIV positive, and if you both know your status, you can do so in a way which has minimal risk of HIV transmission to an uninfected partner or to your unborn or breastfeeding child.

**Step B3. Imagine going for HTC**

? **Put a hand up if you would be willing to go for couples testing with your husband, wife or regular sexual partner?**

Ask those who do not put up a hand to take a step back. Those who would go for a test should move forward, so the two groups are separate.

Get participants to imagine going through the HTC process, describing it like this, but in your own words:

? **Relax and imagine you are now going with your partner of couples HTC. You go together for pre-test counselling, during which the counsellor clarifies the process, answers questions and discusses the different possible outcomes of the tests. Then the counsellor asks if you are still happy to go ahead with the test. If you are, put up your hand again?**

If anyone does not put up their hand, ask them to move and join the group at the back who chose not to go for HTC. Then continue:

⚠️ **You now each have a finger pricked to give a small blood sample for an HIV-antibody test. This takes about 15 minutes. Your counsellor then invites you into the counselling room and asks you both to sit down.**

? **Imagine that your results are both is HIV-antibody negative. How do you feel? Does this definitely mean you are HIV-negative?**

Clarify that if either of them had unprotected sex with another partner during the last 3 months, they may be in the window period, and should re-test after 3 months.

? **Imagine that I told you your results are both HIV-positive. How do you feel? What would you do next? Who would you tell?**

? **What if your results are discordant – one positive, one negative?**

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Clarify that if discordant or both HIV-positive, it is still fully possible to live a long and productive life, have a good sex life, and even have children without infecting or re-infecting your partner.

Ask those at the back who “decided not to go for a test”, or who did not get their result:

? How do you feel now about not knowing your HIV status?

**Step B4. Use the crocodiles and swimming story to explain about discordance**

If participants think that discordance is not possible in a couple who have often had unprotected sex, explain it using this story:

Δ A man enjoys swimming and goes swimming several times a week in the river. There is a crocodile in the river, but he does not know about it and it has never attacked him – at least not yet. The villagers are surprised when someone else is bitten by the crocodile the first time they dive into the river. “Maybe he was unlucky and I was just lucky” says the man, “but knowing now that there is a crocodile in this river, from now on I will only go out on the river in a canoe, just in case.”

Ask participants how this story relates to discordance. Clarify that:

Δ Swimming in the river represents unprotected sex
Δ The crocodile represents HIV
Δ The river represents their sexual partner who is living with HIV.
Δ Going out on the river in a canoe represents protected sex, using a condom properly.
Δ While some may be unlucky and contract HIV after having unprotected sex just once or a few times, it is possible for others to have unprotected sex regularly over a long period with someone who is living with HIV, without becoming infected also.

**Step B5. Discuss where couples HIV Testing is offered**

Find out from participants whether they know where they can go for HTC in their community, area, or nearby town. Discuss what options might be available for participants to access HTC. Give participants the name, location, opening times and cost of HTC. You could provide details of other centres in other towns outside the area to participants, as people who fear a lack of confidentiality may prefer to go further away. Use the national referral form for linking people to available HTC services.
PART C: ON THE BANK, IN THE RIVER

Step C1. Play "On the bank, in the river"

Put the 8 metre length of string in a straight line on the ground. Ask participants to stand on one side of the string. Then explain and demonstrate the game.

Photos: Demonstrating and playing “On the bank, in the river”

Imagine that you are standing on the bank of a river. There are some lions behind you and some crocodiles in the river in front of you. To avoid the lions, when I say, "In the river", immediately jump one step forward over the string ‘into the river’. If, however, I say "In the sea", do not move. When I then say, "On the bank", jump one step back to the starting point.

If, however, I say "On the bridge", do not move. If anyone moves when they should not, they will be out from the game, and must sit down. If anyone stands still when they should move, they will also be out of the game.

Start the game. Give the commands quickly. If anyone makes a mistake, ask them to leave the game and sit down. Continue until everyone (or nearly everyone) is out.

Step C2. Debrief and interpret the activity

Ask the person or people who were out of the game first: How did that make you feel? Possible responses may be “embarrassed”, “angry”, and “stigmatized.”

Ask everyone else: What did we all do as soon as the first people were out? Point out that many people laughed and pointed fingers when the first person had to leave the game.

Ask those who later made mistakes and had to leave the game during the next few rounds: How did you feel when, after laughing at the first person to leave the game, you also had to leave the game?

Explain that:

This game shows us that “we are all in the same boat.” There is no separation between "us and them." We are all potentially at risk, so we should not stigmatise or point fingers at those already affected by something – for example, those living with HIV, or those with a disability.

It important for people to feel comfortable and able to disclose their HIV status to their sexual partners and also to others in their community. If people laugh and
point fingers as happened in this game, people living with HIV will undoubtedly keep quiet. They may feel unsupported and angry at the stigma and discrimination, and might even deliberately try to infect others. Let’s see how, as a community, we can be more supportive and accepting.

**Step C3. Repeat with everyone supporting each other**
Get everyone to stand up again in a circle and to hold hands or link arms (if participants are comfortable to do this), so they are holding and supporting each other. Explain that they can now prevent the people next to them moving when they should not. To test out and see how this support works, say:

⚠️ In the river ... on the bank ... on the river

Ask how it feels to get and give such support instead of laughing and pointing fingers. Point out that with a supportive community like this, people will feel much more comfortable to be open about HIV and other issues.

**Part D: Forum Theatre Interactive Drama: When someone tells you they are living with HIV**

**Step D1. Introduce the purpose of this activity**
Explain to all participants:

⚠️ One of the main reasons people are reluctant to disclose is because they fear a negative, stigmatising reaction. The next activity is about building skills and strategies to support a friend or relative who discloses their HIV-positive status to you.

**Step D2. Get someone to act with you and instruct participants to stop the play if they think your response to you’re the HIV-positive disclosure is wrong.**

Ask for a volunteer (a participant or a co-facilitator) to act a short play with you. Say to them:

⚠️ Imagine that we are good friends. You have recently tested HIV-positive, and you want to talk to someone about it, so you tell me.

Say to everyone else:

⚠️ Watch the play and how I respond when this friend discloses to me that they are living with HIV. If I say anything wrong, or if you see me doing anything that is unsupportive, put your hand up straight away or say “stop!”
Step D3. Perform the play the first time

Act the play. Act like a good friend (Photo A) until the person tells you that they are living with HIV. Then react in a very bad and unsupportive way. For example, move away from them quickly, refuse to touch them, accuse them of being immoral, and say you have to go (Photo B).

As soon as a participant puts their hand up or says “stop”, stop the play and ask them:

? What did I do or say wrong?
? How might my response affect the person who has just told me they are living with HIV?
? What should I do or say differently, to be more supportive?

When a participant gives a good suggestion on how to be more supportive, say to them:

Δ That is a great suggestion. Please come and take my place as the friend. Then we will act the play again and you can demonstrate your ideas for being more supportive.

Step D3. Act the play again, with a participant replacing and changing what the friend does and says

Explain to everyone:

Δ The play will run again, starting off exactly the same, but with the new friend trying to be as supportive as possible.

Δ Watch the play. If the new ‘friend’ does or says anything that you think is not the best way of being supportive, put up your hand or say “stop.”

As soon as any participant lifts a hand or says “stop”, stop the play. Ask:

? Why have you stopped the play?
? What should the friend do or say differently?

Allow participants to answer, then say to a participant who has suggested something the friend should do or say differently:
Come and take over the role of the friend, and demonstrate what you are suggesting the friend should say and do.

Step D4. Repeat Step D3 several times, with other participants in the role of the friend

Repeat step D3 several times, with different participants taking on the role of the friend. You can continue the play from where it was stopped, and you do not have start the play at the beginning each time. It is fine for both men and women to play the role of the friend.

If a participant is not willing to take the role of the friend, he or she can still make suggestions and somebody else can act them out.

Step D5. Discuss and summarise good ways of providing support to someone who discloses their HIV positive status to you.

? What have we learnt about ways to support someone who discloses their HIV status to you?

Discuss the answers and highlight some of the following points:

**DOs and DON’Ts if someone tells you they are living with HIV**

**DO**
- LISTEN without interrupting
- Ask questions and let them talk about their feelings and concerns.
- If they are silent or start crying, stay with them and say “that is ok, and when you are ready, we can talk some more.”
- Encourage them to recognise that they still have the prospect of a long and healthy life.

**DO NOT**
- Move away – they pose no threat to you unless you have unprotected sex with them
- Talk about your own experiences and issues
- Tell them you know exactly how they feel – you don’t!
- Tell them what they must do. It is better to ask questions which help them decide what to do themselves.
- Tell anyone else – they have come to you in confidence, and if you tell anyone else it will betray their trust in you.
Step D6. Practice in pairs / small groups

Split participants into pairs, so that everyone can practice what they have learnt at the same time.

△ Act the play you saw again in your pairs. The person playing the friend must do their best to be supportive. The person who played the HIV-positive then gives feedback to the person who just played the friend. Feedback includes what they did well and any suggestions for how they could improve what they do or say in order to be more supportive.

△ Swap roles and repeat this.

Step D7. Summarise the module, highlight key messages and identify available support services

Ask participants what they have learnt from this module. Check that they have clearly grasped all the Key Messages below.

Emphasize that family and community members should provide the main support for someone living with HIV. However, it can also be valuable to attend a support group or post-test club. Identify where these are available in the local community, and details of how, where and when they operate and how to join.

Use the national referral form (Appendix 1) for linking people to these services.

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Key Messages

- It is possible for couples to be discordant, even if they have been having unprotected sex
- Discuss couple HIV testing and counselling together
- Go together for HIV testing and counselling and receive the results
- Disclose your HIV status to your sexual partners, so they are aware and can get tested and if necessary treated for HIV and other STIs
- Support and do not stigmatize those living with HIV in your community. This encourages openness about HIV and readiness to get tested and treated if necessary, which in turn minimizes the risk of further transmission.
Module 4:
Voluntary Medical Male Circumcision (VMMC)

Why do this module?
By the end of this module, participants will be more likely to:
- Know that VMMC reduces a man’s risk of becoming infected with HIV by 60%
- Know the benefits of VMMC for men and women
- Know that VMMC is not 100% effective and that other prevention measures (e.g. condoms) must still be used
- Believe it is acceptable for older men, married men, and men with children to go for VMMC
- Discuss VMMC with their partner, and convince a partner of the benefits of VMMC.
- Seek VMMC at a health facility by a trained provider
- Abstain from sex for 6 weeks after they or their sexual partner have been circumcised.

What happens, in short?
Part A: Understanding what VMMC involves and its benefits (20 mins)
What VMMC involves and its benefits are explained and clarified with the help of a images of an uncircumcised and circumcised penis.

Part B: Footballer story (10 mins)
The facilitator tells the short story of two injured footballers and how one did not wait to recover properly before playing again, but the other one did, with the support of a woman who loved him. The story is discussed and interpreted in relation to the requirement for six weeks abstinence after circumcision, and the need for support from the sexual partner.

Part C: VMMC Wall (30 mins)
This activity addresses the objections some people have to voluntary medical male circumcision (VMMC), and builds skills to convince a partner or someone else to go for VMMC. Participants state objections they have themselves to VMMC or reasons they have heard others give for not accessing VMMC. The facilitator writes each objection on a piece of paper or card representing a brick in the wall of objections. The facilitator then adopts the objections given by participants, one at a time, and gets participants in competing teams to develop persuasive arguments and reasons for accessing VMMC, so that participants explore and practice ways of overcoming the objections they have given.

Time required: About 1 hour

Materials
- Model of penis with retractable foreskin
- About 10 pieces of A5 card or paper
- A flip chart pen or marker
- Masking tape or sticky stuff
- Optional: Leaflets on VMMC to hand out at the end (if available)
Preparation

Find out exactly what VMMC services are available locally, including what times and days they operate and if separate VMMC services are offered solely for older / married men. One the key things that encourages older, married men to go for VMMC is to have the service available at a different time or place (e.g. an evening or weekend) when then can get it done discreetly and separately from young boys. If there is no such service available locally for older men, if possible talk to those managing the local clinic or health facility about the possibility of setting one up.

Optional: Ask at the local Health Facility if there is a medically trained person (nurse or doctor) who would be able to attend the session and answer any technical questions.

Optional: Collect or print / copy leaflets which summarise relevant information about VMMC.

How to facilitate this module

PART A: UNDERSTANDING WHAT VMMC INVOLVES AND ITS BENEFITS

Step A1. What do we know and think about circumcision?

Ask participants in turn to share one thing they each know or have heard or think about circumcision – either technical information or to do with the tradition of circumcision and cultural and religious beliefs about it. Note what issues come up, and address them through the session activities or facilitated discussion.

Step A2. Show the difference between a circumcised and uncircumcised penis and clarify that VMMC is a simple operation to remove the foreskin.

Show participants page 61 with these illustrations of an uncircumcised and a circumcised penis model. Ask participants what they know about the VMMC process. Clarify that it starts with counseling about the process to ensure they know what is involved and are willing to go ahead.

Voluntary Medical Male Circumcision is normally done under local anesthetic and takes about 20 minutes from start to finish. It involves cutting the foreskin at a point just behind the glans of the penis, and removing the foreskin.

Indicate on the image of the uncircumcised penis where the cut is made.
**Step A3. Explain why the risk of HIV infection and HPV transmission during sex is higher for an uncircumcised man**

Show participants page 62 with these illustration of a VMMC demonstration model.

Point to Fig A: Uncircumcised with the foreskin covering the glans (the head) of the penis. Explain that:

△ *This is an uncircumcised penis*

△ *During sex the foreskin is pulled back (retracted) as shown in Fig B. This exposes a large area of the pink inner foreskin, which is much more sensitive and open to HIV infection. The inner foreskin also has a lot of cells which HIV can easily infect.*

△ *If a man has unprotected sex (without a condom) with a woman living with HIV, the inner foreskin is exposed to rubbing and HIV in the vaginal fluid. This creates a significant risk of HIV infection.*

△ *If the foreskin is removed, as shown in Fig C, this reduces the risk of HIV infection by about 60% - this is a lot, but not 100%, as there are still areas on the penis where HIV can enter, and other methods of HIV prevention like condoms are still vital.*

△ *In an uncircumcised man, the foreskin is also more likely to harbor and pass to the woman the human papillomavirus (HPV) which causes cervical cancer. Circumcision reduces the risk of HPV transmission and cervical cancer.*

**Step A4. Clarify where someone can get VMMC in the communities your participants are from**

Ask participants where someone could go to get medical male circumcision in their communities, and what times / days the service is available. Inform them if they do not know.

Ask if they know how much it costs. Confirm whether it is free or what costs are involved for the government and other VMMC programmes.

Ask if they know when and where older married men and men with children can access VMMC separately from younger unmarried men and boys. Give the information if they do not know.

**Step A5. Benefits, risks, and questions about VMMC**
Ask participants what they think are the benefits and risks of circumcision. Then clarify as necessary:

As well as reducing the risk of HIV and HPV infection, other benefits are:

- makes it easier to wash your penis
- makes you less likely to get syphilis, herpes and other sexually transmitted infections (STIs)
- reduces your risk of getting cancer of the penis
- your female sexual partner is less likely to develop cervical cancer
- many women prefer a circumcised man and find sex more pleasurable

The risks are the pain and the frustration of having to abstain from sex for 6 weeks after the operation. The operation itself is simple and safe, with minimal risks.

**PART B: THE FOOTBALLER STORY**

**Step B1: Tell the story about the injured football player to clarify 6 weeks abstinence and the importance of partner support for this.**

Either read this story, or tell it in your own words.

*Two football players were both injured in a match one day between Simba and Yonga.*

*One of them was very impatient, and before his wound was fully healed, he claimed to be better and insisted on playing in the next match. He could not play well for his team, was injured again and taken off before half time.*

*The other football player waited the full 6 weeks needed for his wound to recover completely before he played another match. He was 100% fit again, played brilliantly and scored the winning goal.*

Ask participants what this story means in terms of male circumcision. If the answer does not come out clearly, clarify that it is important to care properly for his wound and wait at least 6 weeks after circumcision before having sex again.

Continue the story:

*A woman admired and loved this football player and went with him for every match he played. While he was injured she felt a bit frustrated as she longed for him to play again. But she was loyal to him, and rejected invitations from other players to go with them instead. She supported him and encouraged him to wait for six weeks to recover fully before playing again, and then she enjoyed his amazing performance even more.*

Ask participants what this extra part of the story means. If the answer does not come out clearly, clarify how important it is for the wife or sexual partner of the man being circumcised to be loyal and to support and encourage him throughout the six week period of abstinence.
Foreskin
Fig A: Uncircumcised

Fig B: Uncircumcised with foreskin retracted

Fig C: Circumcised
PART C: VMMC WALL

Step C1. Build the wall of objections to Medical Male Circumcision

Ask participants and brainstorm:

- What are some of the reasons why some men do not go for VMMC?

These may include the pain, healing period, not part of my culture or religion, shame and loss of status getting circumcised as a married man, and concerns about the healing period, including abstinence, partner fidelity and erections tearing the sutures. Write each reason given by participants on an A5 sheet of paper or card with a flip chart pen or marker, and stick it on a flip chart, board or on a wall, so that it becomes the first brick of the wall of objections to VMMC. You can also lay the ‘bricks’ on the floor or ground where participants can see them.

Add about 10 other ‘bricks’ with different objections next to and above the first one, so that you build the ‘wall of objections’, as shown here.

Step C2. Divide the group into two teams and explain what will happen

Divide the group ‘down the middle’ into two teams, with one team sitting either side of the training area. Explain that:

\[ \text{I will pretend to be someone who holds an objection to VMMC that is written on one of the bricks. Your team must try to persuade me to get circumcised despite my objection. If your team members are successful in overcoming my objection and convincing me to go for VMMC, your team will win the brick. If not, the other team will have a chance to try.} \]

Step C3. Facilitator adopts the objection on one of the bricks and gets participants in one of the teams to try to overcome that objection to VMMC

Pick one of the objections (such as “Circumcision not part of my culture”) and say to one of the teams, for example:
Male Circumcision is not part of my traditional culture, and I am proud of my culture. You cannot expect me to go against my cultural traditions, can you?

The team members should try to persuade you that VMMC is very important for your health, and that it normal for cultural practices to change over time, if there is a good reason. If their arguments are convincing, take the ‘Not part of my culture” brick and give it to that group. If not very convincing, give the other team a chance to persuade you on this issue. Then share any additional ideas you have and from the table below on ways of overcoming that objection to VMMC.

**Step C4. Dismantle the wall by getting participants to overcome the other objections to VMMC**

Repeat Step 11 with a different objection to VMMC (on another brick), starting with the other team. Continue until all the bricks are removed and the wall dismantled.

<table>
<thead>
<tr>
<th>Objection to VMMC</th>
<th>Suggestions and ideas for addressing this objection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not part of my traditional culture</td>
<td>Ask who has a cell phone, and then point out that their traditional culture has changed to accept the use of cell phones, so it can change for other things as well.</td>
</tr>
<tr>
<td>Male circumcision is more a Moslem practice, not a Christian one.</td>
<td>Jesus was circumcised, and here are some Biblical references on circumcision:</td>
</tr>
<tr>
<td></td>
<td>• <em>This is my covenant with you and your descendants after you, the covenant you are to keep: Every male among you shall be circumcised.</em> Genesis 17: 10</td>
</tr>
<tr>
<td></td>
<td>• <em>On the eighth day, when it was time to circumcise him, he was named Jesus.</em> Luke 2:21</td>
</tr>
<tr>
<td>It is impossible to stay 6 weeks without sex</td>
<td>1. <em>Ask: In the past have you ever gone without sex for 6 weeks?</em> If they say ‘yes’, you say ‘So it is possible for you then’.</td>
</tr>
<tr>
<td></td>
<td>2. <em>Ask: ‘What would happen if you did not have sex for six weeks?’</em> If they answer: ‘I would feel really frustrated’ say ‘So you agree that it is possible, but that you would feel frustrated. Now we can discuss how to address this frustration.’</td>
</tr>
<tr>
<td>Wife may be unfaithful during the healing period</td>
<td>Discuss it through together and agree that there would be no Mafiga Matatu during the healing period.</td>
</tr>
<tr>
<td>Fear that erections during the early stages of healing may cause stitches to rupture, resulting in pain and delayed wound healing.</td>
<td>Clarify that an erection alone should not cause the stitches (sutures) to tear. However the friction from sexual intercourse may cause some abrasion and open up the wound, increasing the risk of transmission of HIV and other STIs.</td>
</tr>
</tbody>
</table>
| It’s painful                                           | It is a bit painful, but you have local anaesthetic during the

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operation. Think about the lifelong health gain compared to the short period of pain.

<table>
<thead>
<tr>
<th>The penis may become smaller after circumcision</th>
<th>Clarify that the size of the erect penis does not change as a result of circumcision.</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is shameful and embarrassing for an older, married man or a man with children to be seen going for VMMC</td>
<td>Many health facilities are now arranging separate VMMC services solely for older men who may be married or have children. Ensure that accurate information is provided on exactly where and when such services are available in the area where your participants live.</td>
</tr>
<tr>
<td></td>
<td>The man can be proud to get circumcised, thereby reducing health risks for both himself and his wife, and also enabling him to give her more pleasure during sex.</td>
</tr>
</tbody>
</table>

**Step C5. Review learning, further questions, leaflets and referral to VMMC services**

Ask if there are any questions or issues participants have around VMMC.

Ask participants to state what they have learnt from this module. If they do not come up with all the Key Messages in the box below, add those that they have missed.

Hand out the leaflets on VMMC if you have any available, together with any information you have on local VMMC services.

Complete referral forms (Appendix 1) for those interested in accessing VMMC services.

### Key Messages

- VMMC reduces a man’s risk of becoming infected with HIV by about 60%. It also improves hygiene and reduces the risk of transmission of other STIs.
- VMMC offers various benefits for women, including:
  - An indirect reduction in HIV risk (if their partners has other sexual partners)
  - Reduced risk of cervical cancer and infection with other STIs
  - Greater pleasure during sex (as reported by many women in Tanzania)
- VMMC is not 100% effective and that other prevention measures (e.g. condoms) must still be used
- It is fine for older men, married men, and men with children to go for VMMC
- Discuss VMMC with your sexual partner.
- Seek VMMC at a health facility by a trained provider
- Abstain from sex for 6 weeks after you or your sexual partner have been circumcised.
Module 5: HIV Treatment, Adherence, Stigma and Support

Why do this module?

By the end of this module, participants will be more likely to:

- Be treatment literate.
- Enrol in ART when eligible, or encourage others to do so.
- Adhere to ART and clinic appointments.
- Understand ART regimen changes.
- Understand issues faced by people living with HIV, and what it means to live positively.
- Join a support group.
- Acknowledge that they cannot tell HIV status from physical appearance, only through testing.
- Fully accept and not stigmatize or discriminate against someone living with HIV.

What happens, in short?

Part A: Can you tell? (20 mins)
Participants select, from a range of photos of people (a mix by gender, ethnicity, age, status, sexual orientation and religion), who they think is or is not living with HIV. The reasons for their choices are discussed before the facilitator describes their case history and confirms that in fact all but one of the pictures are of people living openly with HIV. This clarifies that we cannot tell HIV status from physical appearance, and that it is important to know your own and your partner’s HIV status before engaging in sexual activity. The stories and comments from people in the pictures bring out aspects of living positively with HIV.

Part B: What happens in the body (20 mins)
This activity uses a short drama sketch to demonstrate and explain in a memorable way about HIV, AIDS, opportunistic infections, what anti-retroviral drugs do, and what happens if someone fails to adhere to ART. The facilitator needs five people to help (co-facilitators and/or participants), who become characters called “White Blood Cells”, “HIV”, “Infection” “Another Infection”, and “ARV” (anti-retroviral drugs).

Part C: Stigma simulation activity (20 mins)
Groups of participants simulate a situation in which a person joining the group is wither highly stigmatised, or welcomed back and supported. It explores the feelings, and reactions and consequences to this in relation to behaviours like getting tested, disclosure and ART adherence.

Time required: About 1 hour

Materials

- Set of 8 A4 photo images, 7 of which are of people who are living openly with HIV.

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How to facilitate this module

Introduction
Remind participants of the visions and goals they had from Module 1, Part A (if you have done module 1 with them.)

Ask participants to each stand up, state their name and one thing they would like in their lives in 5 years time.

Explain:

△ In order to achieve the goals and visions you have just described for your lives, it is very important for you to stay healthy. That requires getting the right treatment and support to deal with and diseases including HIV, and also giving support to others in our family and community. This module has some fun activities to help us understand these issues in relation to HIV treatment, stigma and support.

PART A: CAN YOU TELL?
Step A1. Participants identify who they think is / is not living with HIV

Lay out the piece of string (in your kit) and put the six A4 photographs / pictures in a line on the string (or get participants to hold one picture each so that everyone can see them.) Ask participants to look at the pictures and identify those they think may be living with HIV and those they think are probably HIV-negative. Ask them to move pictures of people they think are living with HIV to one side of the string (or hold them higher), and to move those they think are HIV-negative to the other side off the string (or hold them lower.)

Step A2. Discuss and challenge reasons why people moved the photos

Ask participants each to pick up one of the photos that they moved. Then ask them in turn why they think that person is either ‘living with HIV’, or ‘HIV-negative’.

When someone says, for example, “He looks sad – he probably has HIV” respond by asking them:

? If anybody looks sad, do you think they are living with HIV?

If someone says “She looks very religious” or “He is too old to have HIV”, respond by asking

? If anybody looks religious (or old), do you think are HIV-negative?

This gets participants thinking about the judgements and assumptions they make and the stereotypes they have about people’s HIV status.

Step A3. Reveal the HIV status and share the comments of people in the photos

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Select one of the photos and tell participants the actual HIV status of the person in the photograph. Using the information in the next two pages, read or summarize the actual stories of these people and some of the comments they have made about their experiences living openly and positively with HIV.

When sharing Lungisani’s story, comment on his joining a support group and discuss what support groups or other forms of support are available in the community where participants live.

Clarify that all the pictures are of people who are living openly with HIV except for Sala, who tested HIV-negative at the time of the photo.

**Step A4. Emphasize the importance of HIV counselling and testing to know both your and your partner’s current HIV status.**

Emphasize that:

△ *It is impossible to know someone’s HIV status just by looking at them. It is important to know both your own and your partner’s HIV status before having or continuing unprotected sex. The only way to do this is to go for HIV Testing and Counselling with your sexual partner and share your results.*

**Step A5. Speaker who is living with HIV (optional)**

If you have a speaker – someone who is living openly and positively with HIV, who is happy to share their own experiences with the group - introduce him/her, and allow time for a presentation, questions and discussion.

If any participants disclose to the group that they are living with HIV, invite them to talk briefly about their experiences and insights.
Notes and comments from the people in the photographs

**HIV-negative (at the time of the photograph)**

**Sala Dube**
Sala, aged 34, works as a gardener. He is married and has a 7-year old son. He went for HIV testing and counselling shortly after this photo was taken, and the result was HIV-negative.

**Living openly with HIV**

**Bruce Radebe** is now a qualified doctor. When he found out in 1995 that he was living with HIV, he told his girlfriend straight away. She got tested and found she was HIV negative, despite having had unprotected sex on many occasions. They stayed together, enjoying an active sex life using condoms. He takes ARVs every day and his girlfriend – now his wife remains HIV negative. Bruce comments: *When people think of HIV and AIDS, they think about careless individuals who get infected so they think it’s a disgrace and try to hide it. In my mind, the minute you talk about it you are free. When I disclosed, I did it both for my benefit and for others as well. Telling people has actually brought me back to the real me.*

**Edwin Cameron** is a High Court judge and justice of the Constitutional Court in South Africa. He comments: *There is a great deal of prejudice and stigma around and I feared that there would be a negative response to my statement. I chose to disclose at a very public forum where the nation’s media would be. It was at the public hearing at the judicial service commission, which was interviewing candidates for a vacancy on the Constitutional Court. The size of the response and the extent to which it was positive amazed and moved me. People were, I think, waiting for someone to come forward, someone with a public profile, and say “Yes, I have HIV” – and that was my role.*

**Faghmeda Miller**, a Muslim woman living with HIV, comments: *Every time a radio station calls me to give a talk about AIDS and every time someone else in my family criticizes me, saying why did I have to go public, I always say: “Why must I keep quiet. I’ve done nothing wrong.” We all make mistakes. It is time that someone in our community should come out and be open about this, because we are actually endangering the lives of others if we keep quiet about it.*
Living openly with HIV

Evelina Tshabalala  Evelina became a mother at the age of 15. She strived for a better life for her and her son, and took up domestic work. She soon developed a zest for road running and excelled. In 2003 she decided to go for an HIV test, as her health was affecting her running. “I said whatever the result, I will deal with it, I’ll be proud if it’s good, if it’s bad – I’ll be strong.” And Evelina has been strong. From day one Evelina has shared her HIV status with her immediate family, friends and even more so with her community.

An accomplished marathon runner and mountaineer Evelina isn’t a “give-up” kind of woman. She’s a fighter and a winner. “Even though I’m HIV-positive, I’m stronger than normal people,” she points out. “I do things that most normal people can’t do.” Like summiting mountains including Mount Kilimanjaro. And like running the Two Oceans Ultra-Marathon (56km) and the Comrades Ultra-Marathon (89km). The photo shows her with medals at the end of a Comrades Marathon.

Lungisani Biyela comments: I wish people should treat us right because we are the same as them. To say that I am HIV positive, my mind in not HIV positive, it is only the blood in my body.

I still have all my dreams and goals, and I am determined to live and achieve them. So I make sure I take my ARVs every day. I also joined a support group which helped me a lot in the early stages after testing positive, having others with HIV to talk to.

Valencia Mofokeng: When I was first diagnosed with HIV I was angry, and for the first time in my life I thought of suicide. I think that by being silent I made myself very ill and depressed. Immediately after I told everybody, I was relieved and I began to live a normal life. But telling people was the hardest thing to do because you don’t know whether they are going to accept you or not. Some people said I’m a loose woman and I sleep around. It was very painful because I was faithful to my husband. It was the best thing to do because each and every time I talk with somebody, I feel okay. As long as you accept it, it’s like other diseases. As long as you accept yourself, people will also accept you. Though born while she was already living with HIV, her child is HIV negative.

Canon Gideon Byamugisha found out that he is living with HIV in 1992 and first publicly declared his status in 1995. He works internationally as an educator and campaigner on behalf of people living with HIV. He comments: “So many people accept that AIDS is ‘out there’, but they don’t go beyond that and do anything about changing their own behaviour. To be really open about HIV and AIDS, you have to acknowledge that it could affect you personally, that you could be at risk.” You must act accordingly e.g. get tested.
PART B: WHAT HAPPENS IN THE BODY

Step B1. Create an area representing the human body
Using the string in your kit, sticks, tape, chalk, chairs, and/or walls create or draw a square on the ground about 2 metres x 2 metres.

Step B2. Get five ‘actors’ and allocate roles for drama sketch
Ask for volunteers from your participants to make up a total of five actors (including co-facilitators you have already briefed) to help you with a short sketch. Give each a different mask for their role. Ideally, a tough looking person should be “White Blood Cells”.

Step B3. Act out the drama sketch
Follow the notes on the next 3 pages. Use the suggestions for what to say in the left-hand column, or use your own words. As you do so, ensure that the actors demonstrate what you are saying by doing what is written in the right-hand side. Stop briefly between each scene, so the different scenes are clear.
### Notes for Facilitating the “What happens in the body” Drama

**Masks**

<table>
<thead>
<tr>
<th>White Blood Cells</th>
<th>Infection</th>
<th>Another Infection</th>
<th>HIV</th>
<th>ARV</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Suggestions for what the Facilitator says:</th>
<th>What the facilitator and ‘actors’ should do:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Scene 1: Not yet infected with HIV</strong></td>
<td><strong>White Blood Cell</strong> steps into the area representing a healthy human body, and looks tough, flexes his / her muscles, adopts a strong man / body building / fighting pose.</td>
</tr>
<tr>
<td>Inside this area represents a healthy human body. In this human body are millions of White Blood Cells - normally between 600 and 1200 in every microlitre of blood. Their job is like a policeman or soldier, to guard and fight off any infections that enter the body. It is part of the body’s immune system. Let’s welcome and give White Blood Cells a round of applause.</td>
<td></td>
</tr>
<tr>
<td>Generally the White Blood Cells are strong and can fight off almost any infection. Here comes an infection, such as one which causes diarrhoea, flu, or maybe pneumonia or TB.</td>
<td><strong>Infection</strong> enters the ‘body’. <strong>White Blood Cells</strong> ‘attacks’ <strong>Infection</strong>, and after a brief fight, pushes it out of the body.</td>
</tr>
<tr>
<td>Here comes another infection.</td>
<td>Repeat with the other <strong>Another Infection</strong>.</td>
</tr>
<tr>
<td>The body’s immune system is able to deal with many infections and common illnesses and get rid of them fairly quickly.</td>
<td><strong>White Blood Cells</strong> flexes muscles, shows his/her strength.</td>
</tr>
</tbody>
</table>
### Suggestions for what the Facilitator says:

### What the facilitator and ‘actors’ should do:

<table>
<thead>
<tr>
<th>Scene 2: Living with HIV, no symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>One day, HIV enters the body. In most cases, it does this through unprotected sex with another body where HIV is already living. White Blood Cells fight off HIV and pushes HIV into one corner, but White Blood Cells cannot get rid of HIV completely.</strong></td>
</tr>
<tr>
<td><strong>HIV enters the body and attacks White Blood Cells. White Blood Cells pushes HIV down into one corner of the body.</strong></td>
</tr>
</tbody>
</table>

| As well as keeping HIV at bay, White Blood Cells remains strong and effective at fighting off other infections. The immune system can stay strong without treatment for several years after infection with HIV - normally 5 to 10 years and sometimes over 20 years. Healthy eating, a positive attitude to life, and focusing on the future you want can all help to extend this period. |
| **Infection enters again and White Blood Cells once again pushes Infection out of the body. If HIV starts to stand up or move out of the corner, White Blood Cells pushes HIV back down into the corner.** |

<table>
<thead>
<tr>
<th>Scene 3: Living with AIDS, suppressed immune system</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In most cases HIV eventually gets stronger and manages to attack and take over most of the white CD4 blood cells, so the body’s immune system is severely weakened.</strong></td>
</tr>
<tr>
<td><strong>HIV stands up, attacks and gets both arms of White Blood Cells locked behind his/her back so that White Blood Cells cannot fight infections.</strong></td>
</tr>
</tbody>
</table>
Suggestions for what the Facilitator says: When other infections enter the body now, the White Blood Cells can no longer fight them off. The immune system is now very weak, and can be attacked by many opportunistic infections. Infections are free to run and dance around the body, and the White Blood cells can no longer stop them. The body now has AIDS – Acquired Immune Deficiency Syndrome, and without treatment will normally die within one to two years. However with treatment of HIV and the opportunistic infections, provided such treatment is not left too late, there are very good prospects for getting healthy again.

What the facilitator and ‘actors’ should do: The two Infections enter the body, dancing round the other characters. HIV continues to hold White Blood Cells.

Scene 4: Antiretroviral Treatment

- When someone’s CD4 white blood cells count drops below 500 cells per millilitre, or if a pregnant woman tests HIV-positive, they should start anti-retroviral therapy – ART. This is a lifelong daily prescription of a combination of Anti-retroviral drugs – ARVs. ARVs can suppress HIV, but they cannot get rid of HIV completely. They allow the immune system to build up again, so that the White Blood Cells can once more fight off infections. The persons CD4 count increases and the viral load drops, so that they feel fine and have no symptoms or opportunistic infections. They are living with HIV, not AIDS.

- The five people in the photos in the previous activity are taking ARVs every day, and most have been living with HIV for over 20 years, others for over 30 years.

- ART works best if someone gets tested so they know their status and start ART before their immune system becomes very depressed and they becomes sick with AIDS.

- ARV enters the body and attacks HIV, freeing White Blood Cells from HIV’s grip. ARV pushes HIV back into a corner and holds HIV there. White Blood Cells recovers its strength and once again fights the two Infections and pushes them out of the body.
Suggestions for what the Facilitator says:  

<table>
<thead>
<tr>
<th>Scene 5: Adherence to taking ARVs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Δ</strong> This body is strong again and the person thinks: “I am well again. Why should I carry on taking these anti-retroviral drugs?” So they stop for a while.</td>
</tr>
<tr>
<td>ARV leaves the body.</td>
</tr>
<tr>
<td><strong>Δ</strong> Without the ARVs to constrain it, HIV is able to develop and mutate – it can change its form slightly, in a way which may then be resistant to the combination of ARV drugs being used.</td>
</tr>
<tr>
<td>Take the HIV mask off the person wearing it, turn it round and put it on again, showing the opposite side with a different “mutated” image of HIV.</td>
</tr>
<tr>
<td><strong>Δ</strong> HIV regains strength, and attacks and weakens the body’s immune system again, allowing other infections to freely infect the body.</td>
</tr>
<tr>
<td>HIV attacks and holds White Blood Cells again. Both Infections enter and dance around the body again.</td>
</tr>
<tr>
<td><strong>Δ</strong> The person starts taking ARVs again. However, HIV is now resistant to that combination of ARVs and they no longer work. HIV continues to suppress the immune system, allowing more infections to move freely around the body.</td>
</tr>
<tr>
<td>ARV enters the body again, but this time HIV ignores or pushes ARV away. HIV continues to hold White Blood Cells. Both Infections continue to dance around the body.</td>
</tr>
<tr>
<td><strong>Δ</strong> A different combination of ARVs (second line therapy) may be offered, though this may not be so readily available; it may have other side effects and it may not work. Hence it is very important to stick to taking your ARVs every day as prescribed.</td>
</tr>
</tbody>
</table>

**Step B4. Review the drama**

When the drama is complete, thank the actors, ask them to return to their places and get everyone to give them applause. Ask if there are any questions about the drama and what it means. Ask participants what they have learnt from it.

**PART C: STIGMA SIMULATION ACTIVITY**

**Step C1. Create two groups of participants, each of 6-8 people**

Divide participants into smaller groups, of about 7 people in each group. One way to do this is to use the Sinking Boat Energiser (see page 17), ending up with “Lifeboats - groups of 7”. Select 2 of the groups for the next activity. Let others that that they can sit down and watch.

**Step C2. Get one person (a ‘rep’) from each of the two groups to go out for 3 minutes**
Ask for one person from each of the two groups to be a ‘rep’ for the next activity. Ask both reps to leave the room or training area for 3 minutes, and then return and join their groups for the activity. Make sure the reps go somewhere where there cannot hear what you tell the other participants.

Step C3. Tell one group to simulate stigma when their rep returns, and the other group to be supportive and welcoming when their rep returns.

Explain to one of the groups that:
20. This is an activity to understand stigma better. So when your rep returns to the group, for a few minutes you are going to be very stigmatising towards him or her. You could for example:
   - Be chatting happily with your group members when your rep returns, but as soon as you all see him or her, go silent.
   - Imagine that your group rep has a strange mark on his or her forehead, that you will whisper and laugh about amongst yourselves, but you will not tell the rep what it is.
   - Do not greet the rep. If they talk to you, answer them briefly, then turn away and talk or whisper to someone else in the group. Do not tell them why you are behaving like this.

Explain to one of the groups that:
21. When your rep returns, welcome them back into the group, and involve them in whatever your group is doing or talking about. Be very supportive towards you rep.

Step C4. Allow the simulation to run in each group.

Call all the two reps back to join their groups. Allow the simulation to run for a few minutes. Watch what happens in the groups, including the reactions and body language of the reps, in particular the one who is being stigmatised by their group (as shown in this photo of the activity being used in Kerenge village.)

Step C5. Review the feelings and experience of each of the reps

Ask the rep from each group:
- How are you feeling?
- What are you thinking?
? What was it like when you came back to your group?

Point out that:

22. This was just a game, lasting a few minutes, but note what feelings and reactions it has produced for the rep who was being stigmatised. What must it be like in reality for someone who is being stigmatised all the time because they are living with HIV, or maybe because they have TB or a disability or something else?

Ask everyone and discuss:

? If each of these groups represents a community, which community would you prefer to belong to?

? What can we do, as individuals, families and communities, to be more like the supportive group and less like the stigmatising group?

Explain to the reps that you had instructed the groups to behave in this way in order to better understand stigma. Thank the reps for helping to achieve this. Tell the stigmatising group to make it clear to their ‘rep’ that they are in fact a very welcome member of that group.

**Step C6. Relate the experiences to stigma and health seeking behaviours and the risk of HIV transmission in the community.**

Ask and discuss:

? Is this sometime what happens, with group of friends, neighbours, work colleagues or family members, when they know or suspect someone might be living with HIV?

? If you were in a group where you saw someone with HIV being stigmatised like this, how would this affect your decisions about getting testing for HIV, disclosing to your sexual partner or partners or anyone that you are living with HIV?

? If you felt that you could not tell anyone that you are living with HIV, how hard would it be to stick to taking ARVs every day?

If the answers are not clear, clarify that:

---

**Stigma and discrimination make people behave in ways which increase health risks**, such as:

- Greater risk of HIV transmission, to sexual partners and to your unborn or breastfeeding child.
- Less likelihood of someone getting tested and starting treatment when they need it (for HIV or TB).
- If you have to hide the fact that you are taking ARVs, it makes it much harder to ensure you take them every day at about the same time, and you are much more likely to default. The ART may then stop working, so your viral load increases, putting your health at risk, and making you more likely to infect others.

---

**Summarize:**

**Stigma is one of the main reasons why people are reluctant to be seen going for a test, or to disclose their HIV-positive status.**
It is very important to be accepting and supportive of people in our family and community who we know or think may be living with HIV, or have other issues.

In reality in most communities, some people are very accepting and supportive, others are judgemental and stigmatizing. So we need to all develop the skills and attitudes of being supportive, and also of challenging others who are stigmatizing.

**Step C7. Identify options**

Identify options for referral to professional and other support services.

Emphasise again the vital role that the community plays in addressing stigma and providing support.

- **What other support services are there available in your community, and what exactly do they offer?**

Clarify what support services are available, such as support groups or post-tests clubs. Explain what they offer and how to access the services. Use the national referral form for linking people to available services.

**Step C8. Review learning**

Ask participants what they have learnt from this module. Check that they have clearly grasped all the Key Messages below, which relate to the whole module.

<table>
<thead>
<tr>
<th>Key Messages</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Living with HIV does not mean you are living with AIDS. HIV and AIDS are not the same thing.</td>
</tr>
<tr>
<td>• If you are living with HIV, it is possible to stay healthy for several years with a strong immune system before needing to start ARVs.</td>
</tr>
<tr>
<td>• Get tested and check your status regularly. Start ARVs when you need them. If you leave it too late to start ARVs, they are less effective.</td>
</tr>
<tr>
<td>• Take your ARVs every day as instructed - adhere to ART and clinic appointments.</td>
</tr>
<tr>
<td>• Consider joining a support group.</td>
</tr>
<tr>
<td>• You cannot tell HIV status from physical appearance, only through testing.</td>
</tr>
<tr>
<td>• Support and do not discriminate against or make stigmatizing comments about people who are or may be living with HIV.</td>
</tr>
</tbody>
</table>
Module 6: 
TUBERCULOSIS (TB)

Why do this module?
By the end of this module, participants will be more likely to:

• Know the symptoms of TB and how TB is transmitted
• Appreciate that anyone can have TB, including children and the elderly
• Know that TB is curable and that TB treatment is free
• Seek treatment early if they have a persistent cough or other TB symptoms
• Encourage someone they know who has TB symptoms and seek early treatment
• Adhere to the full TB treatment regimen
• Appreciate that the majority of people with TB do not have HIV and that not every person living with HIV has TB
• Understand what happens and how treatment works when someone is co-infected with TB and HIV.
• Fully accept and not stigmatize or discriminate against someone who has or is suspected to have TB.

What happens, in short?

Part A: TB Quiz
Quiz questions establish the level of existing knowledge and then clarify issues around TB transmission, symptoms, testing and treatment.

Part B: TB Treatment and HIV/TB co-infection
This activity uses a drama sketch to demonstrate and explain in a memorable way about how to treat TB effectively, including when there is HIV co-infection.

Part C: My Supporters
Teams of 7-10 participants each stands in a close circle. Individuals take turns standing in the middle and allowing the rest of the team to support them as they lean outwards. After several people have tried, team members are told to withdraw their support for the next person in the middle. Discussion then explores, in relation to stigma around TB and self-stigma, how the person in the middle feels, when they are well supported and when the support is withdrawn.

Part D: Module Review and Summary
This includes revisiting the Quiz questions to ensure everyone now has correct knowledge and understanding of TB issues.

Time required: About 1 hour

Materials
• String / chalk /other materials to make the “body”
• Eye masks as follows:
Preparation

- Find out about local TB and Treatment services.

How to facilitate this module

PART A: QUIZ

Step A1: Introduce the subject of TB as one of the health threats on our way to realizing our goals and dreams

Ask participant to each think of one particular goal or dream they have in their life – one thing they would like to have or be different in their life in 5 years’ time. If participants have previously done Module 1: A Healthy Future, ask what some of the things are that they want to achieve as their ‘Future Destination’. Say:

23. In this module, we are going to focus on one particular health threat (or ‘dangerous animal’) that faces a lot of people in Tanzania on their path to realizing this dream or goal: Tuberculosis or TB for short.

Step A2: Explain the TB Quiz process

24. We will start with a quiz about TB. I will give you some statements about TB. After each statement I will ask you to move according to whether you think the statement is true or false. If you think the statement is true, stand up and move to this side of the room (or training area). If you think the statement is false, move to the other side of the room (or training area). If you do not know, you can remain in the middle.

Step A3. Facilitate the moving and discussion process for each statement, including clarification of answers.

For each statement:

- Read the statement.
- Ask all participants to move according to whether they think it is true or false.
- Once participants have moved, ask one or two people in each position why they think the statement is either true or false.
- Confirm whether it is true or false and clarify using the explanations provided next to the symbol.

TB Quiz Statements

1. **TB is transmitted by shaking hands with someone who has TB**
2. **TB is transmitted through unprotected sex with someone who has TB**

3. **TB is transmitted when a person with active TB coughs or sneezes, so that tiny droplets containing the tuberculosis bacteria are sent into the air, and people nearby may breathe in these bacteria.**

Clarify as necessary:

- **Statement #1 and Statement #2 are false.** You cannot get TB either by just shaking hands or having unprotected sex with someone who has TB.

- **Statement #3 is true.** The only way that tuberculosis can be spread is when one person transmits the bacteria to another person through the air. Shaking hands or sharing dishes will not transmit the bacteria. When a person with tuberculosis coughs, sneezes, sings, speaks, or laughs, tiny droplets containing the tuberculosis bacteria are sent into the air, and people nearby may breathe in these bacteria and possibly become infected.

4. **Only adults get TB**

- **Statement #4 is false.** As well as adults, children of any age and the elderly can get TB. Younger children and babies, whose immune systems have not yet developed fully, are more vulnerable to TB.

5. **Symptoms of TB include persistent coughing, or coughing up blood.**

- **This is true.** Coughing blood is a classic sign of advanced TB disease. Any persistent coughing may indicate TB and if someone is coughing regularly for 2 weeks or more, they should definitely go to a health facility to get tested for TB. For PLHIV, any cough of any duration is a sign of TB; in children also any persistent cough is a sign of TB.

6. **Symptoms of TB include night sweats and fever, loss of appetite and weight loss.**

7. **Symptoms of TB include vomiting and diarrhoea.**

- **Statement #7 is false.** Statements #5 and #6 are true. Symptoms of TB include coughing for two weeks or more, chest pain, coughing blood, night sweats, fever, loss of appetite and weight loss.

8. **People can get TB in any part of their bodies**

- **Statement #8 is true.** TB in the lungs or ‘pulmonary TB’ is much the most common type of TB, but TB can infect any other part of the body, and there are various types
of ‘extrapulmonary TB’. These other types of TB are more common in children and people living with HIV who have suppressed immune systems.

9. **If someone has active TB, it means that they are also living with HIV.**

Statement #9 is false. Just because someone has TB does not mean they are living with HIV. Just because you have HIV does not mean you have or will get TB. If someone has a depressed immune system because of HIV (or any other reason) active TB is more likely to develop. However, the majority of people with TB in Tanzania are in fact HIV-negative.

10. **TB can be completely cured.**

Statement #10 is true. Provided the person takes the full treatment for TB, they can be cured completely of TB. The normal treatment period is 8 months, when the TB is not multi-drug resistant.

11. **It is ok if you miss a few days of your TB-treatment**

Statement #11 is false. It is very important to complete the full treatment, without missing a dose if possible. If you do miss some days, there is a risk of the treatment failing and also of developing Multi-drug resistant TB (MDR-TB). MDR-TB is much harder to get rid of and can take 20 or more months of treatment (instead of 8). So if you know someone who is on TB medication, encourage and support them in continuing to take the medication as prescribed.

12. **HIV can be completely cured.**

Statement #12 is false. HIV can be treated, and consistent ARV use can reduce the amount of HIV in someone’s body to a level that is undetectable in standard blood tests. However, current treatments are unable to eliminate HIV completely from the body.

**PART B: TB TREATMENT AND HIV CO-INFECTION**

**Step B1. Introduce the activity and its purpose**

25. The next activity will clarify some issues around TB treatment and cure through proper adherence, and also what happens when someone has both TB and HIV.

**Step B2. Create an area representing the human body**

Using the length of string in your kit, tape, chalk, chairs and walls, create or draw a square on the ground about 2 metres x 2 metres.

**Step B3. Explain and demonstrate TB treatment using a drama sketch**

Get five participants (or co-facilitators) to put on the masks for White Blood Cells, HIV, TB, ARV and Anti-TB drugs. Use the suggestions on the left-hand side of the notes below. As you do so, ensure that the actors demonstrate what you are saying by doing what is written in the right-hand side.
### Notes for Facilitating the Drama sketch on TB and HIV

<table>
<thead>
<tr>
<th>White Blood Cells</th>
<th>TB</th>
<th>Anti –TB Drugs</th>
<th>HIV</th>
<th>ARV</th>
</tr>
</thead>
</table>

### Suggestions for what the Facilitator says:

<table>
<thead>
<tr>
<th>Suggestions</th>
<th>What the facilitator and ‘actors’ should do</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Δ</strong> This White Blood Cell represents the body’s immune system. Its job is like a policeman or security guard, to guard and fight off any infections that enter the body.</td>
<td><strong>Δ</strong> White Blood Cells steps into the area representing a human body, and looks tough.</td>
</tr>
<tr>
<td><strong>Δ</strong> A very strong immune system can often kill and get rid of the TB bacteria that someone breathes in.</td>
<td><strong>Δ</strong> TB enters the body. <strong>White Blood Cells</strong> pushes <strong>TB</strong> out.</td>
</tr>
<tr>
<td><strong>Δ</strong> If your immune system is fairly strong, it may not kill the TB bacteria, but it can control the bacteria to stop it from growing. People with this “<strong>latent TB infection</strong>” do not feel sick and do not have any symptoms. Their immune system prevents the TB from becoming active and they are not infectious.</td>
<td><strong>Δ</strong> TB enters the body. <strong>White Blood Cells</strong> push <strong>TB</strong> into one corner of the body, and keeps <strong>TB</strong> there.</td>
</tr>
<tr>
<td><strong>Δ</strong> If someone is living with HIV, or if something else weakens their immune system, TB infection is more likely to develop into <strong>active TB infection</strong>. However, while their immune system remains reasonably strong, it can often still suppress the TB, keeping it as inactive latent TB infection.</td>
<td><strong>Δ</strong> HIV enters the body. <strong>White Blood Cells</strong> pushes <strong>HIV</strong> into another corner of the body, and keeps both <strong>TB</strong> and <strong>HIV</strong> in their corners.</td>
</tr>
<tr>
<td><strong>Δ</strong> When HIV starts to get stronger and the immune system becomes depressed, it is much easier for TB to become active. Active TB most often affects the lungs, causing symptoms such as a cough (for more than 2 weeks), loss of appetite, night sweats, fever and tiredness. Coughing and sneezing in particular allows the TB to spread from the infected person’s lungs through the air to another person.</td>
<td><strong>Δ</strong> HIV stands up, and holds both arms of <strong>White Blood Cells</strong> behind his/her back. <strong>TB</strong> then stands up, coughs and dances round the body.</td>
</tr>
</tbody>
</table>
### Suggestions for what the Facilitator says:

<table>
<thead>
<tr>
<th>Question</th>
<th>Advice</th>
</tr>
</thead>
<tbody>
<tr>
<td>How can we treat TB?</td>
<td>Well done, you now represent the anti-TB drugs to treat and cure TB. The only way to treat TB effectively is to swallow an anti-TB pill every day for at least 6 months. Come into the body and help the body’s weak immune system to fight TB and force it back into a corner.</td>
</tr>
<tr>
<td>Some people find it helpful having a “buddy” – a close friend, relative or healthcare worker - who helps ensure that they take the anti-TB drugs every day, without fail. This is called DOTS (Directly Observed Treatment, Short-course)</td>
<td>Some people find it helpful having a “buddy” – a close friend, relative or healthcare worker - who helps ensure that they take the anti-TB drugs every day, without fail. This is called DOTS (Directly Observed Treatment, Short-course)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What the facilitator and ‘actors’ should do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Put the Anti-TB Drugs mask on the participant who gave the best answer. This person (Anti-TB Drugs) enters the body, attacks and pushes TB back into a corner.</td>
</tr>
</tbody>
</table>

### Step B4. Final review and questions

Thank the actors, ask them to return to their places and get everyone to give them applause. Ask if there are any questions. Ask participants what they have learned from the activity.

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PART C: MY SUPPORTERS

Step C1. Introduce the activity and arrange the teams

Explain to participants that they will be participating in an activity called "My Supporters" where each participant is expected to support others in their team.

Get participants into teams with 7 to 10 in each team. This activity involves physically supporting each other, and if you think your participants will find this embarrassing in mixed gender groups, arrange the teams into single gender groups, i.e. if you have both male and female participants, arrange for just men/boys in one team and just women/girls in another team. To do this, you could use the sinking boat energiser on page 17, ending up with “groups of 8”.

? When you think of "supporters" what do you think of? At a football match, what do the supporters do for the players?

Some responses may be that they cheer, encourage, motivate, and inspire the players.

Δ We are going to create a support system for each other.

? Are you ready to support each other in your teams?

Step C2. Teach the teams how be good supporters

Demonstrate the process with one team, with the other teams watching. Carefully follow the following steps:

1. Stand in the middle of a team of 7 to 10 people and gets the participants to make a tight circle round you, shoulder to shoulder. Get the other teams to watch.

2. Tell the members of that team that you are going to ask them to literally “support” you and keep you from falling to the ground as you lean in their direction.

3. Emphasize that this exercise needs everybody’s focus and attention to make it safe.

4. Show how to stand as supporters. They should stand with one foot in front of the other, knees slightly bent, leaning forward, arms up and slightly bent. This is the strongest position to catch someone.

5. Stand in the middle of the circle, very straight with your feet together, arms folded across your chest, and your hands on your shoulders.

6. Ask the check-in question: Are my supporters ready? When they all say Yes, look around to check that are ready, then say Leaning now.

7. Select a section of the circle and let them know that you are going to lean gently towards them. Be clear that everyone in that part of the circle should help to catch you (not just one person) and push you gently back up so you are standing straight and vertical again.

8. Do not move your feet and keep your body straight like a broomstick. Lean in one direction and then another, so that you give each person a chance to feel what it is like to help catch you. Coach the team members on what they are doing well and how
they can improve. If they are laughing too much, emphasize that this is a serious activity, with real dangers if they drop someone.

9. Continue until you are confident that the team has mastered the skill of supporting someone.

***Step C3. Team members take a turn in the middle***

Explain that team members in each team who want to can take a turn in the middle of the circle and be "supported" by the rest of their team. Ask for the first volunteer to come into the middle and stand with their feet together, their arms folded across their chest, and hands on their shoulders.

The team members get into their support positions, starting with their hands very close to the person in the middle. Remind everyone to keep their knees bent and lean forward with their hands up ready to catch. Before starting to lean, the person in the middle should ask the check-in question:

*Are my supporters ready?*

When all the team members in the circle have their arms up in the ‘ready position’ and reply "Yes", the person in the middle can say:

*Leaning now,* and then start leaning.

Once the person in the middle feels comfortable, the group can let them lean slightly further before catching them. Encourage the person in the middle to close their eyes as they lean.

Encourage several people to take a turn in the middle, but if someone does not want to, do not pressure them to do so.

***Step C4. Facilitate a discussion with the whole group***

Use the following questions to facilitate a general discussion about the experience.

- *What did it feel like to be in the middle, the one being supported?*  
  Look for answers like safe, supported, comfortable.

- *What did it feel like to be one of the supporters?*

- *Who are the people in your life that you support?*

- *Who are the people in your life that act as "supporters" for you?*  
  Possible responses include: friends, family members, neighbours, and religious leaders.

***Step C5. Demonstrate how it feels when support is withdrawn***

Invite a group of 7-9 participants to join you to do the activity again, and make a circle in a position where everyone else can see what the group is doing. Ask for a volunteer to stand in the middle and ask the "check in" questions. Then stop the activity, explaining that you are going to make some changes first.

- Tell two of the supporters to put their hands down and hold them behind their backs.
- Tell two other supporters to take a big step backwards.
- Tell two other supporters to leave the circle and return to their seats.

Ask the person standing in the middle:

? Are you happy to continue with the activity now and start leaning, with only a couple of people left who are still ready to support you? (They will undoubtedly refuse.)

? Why are you refusing?

? How do you feel?

Ask all participants:

? Is this what can happen when people find out that a family member, friend or work colleague has TB or HIV?
- Some people no longer offer support (point to the people with their hands behind their backs.)
- Some people distance themselves from the person (point to those who took a step back.)
- Some people may reject that person, and break off contact with them (point to those who have left the circle and sat down.)

Explain that these are all examples of external stigma – treating someone else differently or unfairly because of a ‘label’ (such as ‘TB-infected or ‘HIV-positive’) that has been attached to them.

**Step C6: Discussion: How can we better support those with TB or HIV?**

Ask and discuss:

? What are some of the reasons that people reject, judge, avoid and victimize those they think or know have TB or HIV?

? Would your family members, colleagues and friends feel comfortable telling you that they are living with TB? If not, why not?

? What needs to be changed? What can we do, both individually and together, to be more welcoming and supportive of people living with TB or HIV?

Emphasize the importance of encouraging those showing symptoms of TB to get tested as soon as possible at a health centre.

**Step C7: Put good support into practice**

△ We do not want the person in the middle to be left feeling unsupported. So can the team who withdrew support come together and this time provide really good support for the person in the middle.

**Step C8: Explain self-stigma and that we do not have to accept the stigmatizing attitudes of others**

Ask participants:

? Do the stigmatizing actions of the supporters change the person in the middle?
Explain that:

- It probably will affect how the person in the middle feels, but it does not have to. The actions of the supporters will only affect the person in the middle if he or she accepts the stigmatizing attitudes of the supporters. This is called self-stigma or internal stigma.

- There will be no self-stigma if his/her response is something like: “I’m still a good person, wonderfully created, whether or not I have TB or HIV in my body. If that is your attitude to me, that is your problem, not mine.

PART D: MODULE REVIEW AND SUMMARY

Step D1. Repeat the Quiz Questions

Quickly repeat any of the questions in the TB quiz (Part A) for which some people gave incorrect answers or were uncertain at the beginning. Check to see if everyone now gives the correct answers. If anyone is still unsure or gives incorrect answers, clarify the issues again.

Check that they have clearly grasped all the Key Messages below.

Step D2. Check Key Messages are understood and offer referrals

Emphasise the vital role that family and community member play in addressing stigma and providing support for people who have TB or HIV or both.

Ask the group:

- What other support services are there available in your community, and what exactly do they offer?

Clarify what support services are available, including for free TB testing and treatment. Explain what they offer and how to access the services. Use the national referral form (Appendix 1) for linking people to available services.

If you have copies of information / handouts to offer participants, give these out.

<table>
<thead>
<tr>
<th>Key Messages</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Symptoms like coughing (2 weeks or more for adults not living with HIV and any cough for PLHIV &amp; children)2 weeks), loss of appetite, night sweats, fever and coughing blood.</td>
</tr>
<tr>
<td>• Anyone can have TB, including children and the elderly</td>
</tr>
<tr>
<td>• Young children and PLHIV who are not on ART are most vulnerable to TB because their immune systems may be weaker.</td>
</tr>
<tr>
<td>• If anyone else in your family / household has TB, get others including children to be tested also.</td>
</tr>
<tr>
<td>• It is vital to take anti-TB drugs for the full period prescribed (normally 6-8 months but 20 months or more for the more rare form: MDR-TB)</td>
</tr>
<tr>
<td>• TB is curable and testing and treatment is free.</td>
</tr>
<tr>
<td>• Not every TB patient has HIV and not every PLHIV has TB.</td>
</tr>
</tbody>
</table>
• Accept and support those who you suspect or know have TB.
Module 7:
Preventing HIV Transmission to your Baby

Why do this module?
By the end of this module, participants will
- Know it is possible for a child to be born free of HIV, even if the mother is HIV positive.
- Know that the risk of transmitting HIV to the baby is higher if the woman becomes infected with HIV during pregnancy.
- Appreciate that taking ARVs every day throughout pregnancy and breast feeding can dramatically reduce the risk of mother-to-child transmission of HIV.
- Appreciate the importance of starting lifelong ART early in pregnancy.
- Take measures to prevent HIV infection/re-infection during pregnancy and breastfeeding (e.g. correct and consistent condom use).
- Adopt and maintain appropriate infant feeding practices, including exclusive breastfeeding during the first 6 months.
- Take their child for early infant diagnosis (EID).

What happens, in short?

Part A: Introduce how parent-to-child transmission of HIV can be virtually eliminated

Part B: Drama simulation of pregnancy and birth, with and without treatment
A short drama sketch involves participants to act different parts and things inside a pregnant woman. It demonstrates and explains in a memorable way about the risks of MTCT during pregnancy, birth and breastfeeding, and how to minimize these risks. The drama sketch involves demonstrating and discussing what happens in 5 scenes:
  - Scene 1: Pregnancy without Treatment
  - Scene 2: HIV Infection or Re-infection during Pregnancy
  - Scene 3: Birth without Treatment
  - Scene 4: Pregnancy and Birth with Treatment
  - Scene 5: Breastfeeding

Part C: Early infant diagnosis and exclusive breastfeeding
The facilitator clarifies infant feeding options and recommendations and does a demonstration to illustrate how important it is to avoid mixed feeding during the first 6 months.

Time required: About 1 hour

Materials
- The “HIV” and “ARV” eye masks
- The string in your kit, or some sticks, chalk, or masking tape to make / draw the ‘birth canal’ (not essential)
• About 12-15 co-facilitators or participants to play various roles in the drama

• The card character pictures of the pregnant woman, the woman carrying a baby on her back, and the man

• A glass or a clean, transparent clear plastic or glass bottle.

• A cup or mug.

• Single-serving packet of milk powder

• Warm water – about 20ml

• 1 teaspoon of salt

• 1 Lemon or other acidic juice (e.g. a lemon fizzy drink, sprite, or the juice from one lemon squeezed into the cup or mug).

How to prepare

• Mix the following together so that the mixture is smooth and put it in a glass or a clean, transparent plastic bottle:
  o Half a single-serving packet of milk powder
  o Warm water – about 20 ml (4 tablespoons)
  o Half a teaspoon of salt

• Squeeze or put 4 tablespoons (about 20ml) of lemon juice or other acidic juice in a cup or mug.

How to facilitate this module

PART A: INTRODUCE HOW PARENT-TO-CHILD TRAMNSMISSION OF HIV CAN BE VIRTUALLY ELIMINATED

Step A1. Discuss the image of the happy woman with a baby on her back

Show participants this image and ask:

Δ What do you see in this image?
Ensure that participants comment that both the mother and baby look healthy and happy.

Δ What name should we give the mother?
Use the name participants give to the mother from now on, replacing ‘Beauty’ with the name they give her.
△ What reasons might Beauty have to feel happy?

After listening to ideas from participants, suggest that one of the reasons Beauty feels happy is because she knows her baby is HIV-negative. She and her husband have done everything possible to ensure that, even if one or both of them are living with HIV, their baby remains HIV-negative.

**Step A2. Explain the purpose of this session.**

△ This session will explain and demonstrate, in a fun and clear way, what both men and women can do to ensure that their baby remains HIV-negative, even if one or both parents are living with HIV.

**Step A3. Introduce risks and stages of mother-to-child transmission of HIV**

△ If there are 100 pregnant women, all living with HIV, in how many of these 100 cases is HIV likely to transmit to the baby?

Once participants have had a chance to answer, explain:

△ Without treatment, roughly 35 of the 100 babies are likely to become infected with HIV, and the other 65 will be HIV negative. The mother’s blood and the baby’s blood do not mix, but there is a moderate risk of HIV transmission. With appropriate knowledge, treatment and care involving both the mother and the father, the risk of HIV transmission can be almost eliminated, so maybe just 1 of the 100 babies would end up HIV-positive, and the other 99 would be HIV-negative.

△ There are three possible stages at which HIV can be transmitted from a HIV-positive woman to her baby: during pregnancy, during childbirth and through breastfeeding. This session includes some fun activities which will clarify how to virtually eliminate the risk of transmission at each stage.

**PART B: DRAMA SIMULATION OF PREGNANCY AND BIRTH, WITH AND WITHOUT TREATMENT**

**Step B1. Introduce the card character of the pregnant woman**

Show participants the card of the pregnant woman, and get participants to name her. Use the name they give. In these notes we will call her Grace.

**Step B2. Direct the drama**

Either read what is written in italic or use your own words. As you do so, ensure that your actors accurately demonstrate what you are saying. Stop briefly between each scene, so the different stages are clear.
Scene 1: Pregnancy (without treatment)

Imagine that this training area represents Grace’s body. Grace is living with HIV. We need you to play the roles of different things inside her body. Grace is pregnant, and she is carrying inside her a small baby or foetus. Can I have a volunteer to be the baby?

Gets the person volunteering to be the Baby to sit in a chair at the front, or to crouch down like a baby in the foetal position.

Please can about 8 more volunteers come to protect the foetus by making a circle around it.

Get about 8 more participants to form a tight circle around the baby, holding hands or with arms linked, as shown in the photo:

Explain:

Those now surrounding the Baby represent things that protect the baby, including the strong uterus wall, a protective bag called the amniotic sack and the placenta. The placenta is like a tea bag or a cloth for filtering drinking water – it lets the important substances through to the baby from the mother, like food and nutrients to help the baby develop, but it holds back HIV and other infections (like the tea leaves!) In most cases the placenta stops HIV from the mother entering the baby. However, if the mother is very sick, it is easier for the placenta to tear and a leak to occur. This can also occur if the mother has an accident and her placenta is damaged.

Even if both the mother and father are HIV-positive, at the start of the pregnancy the foetus is always HIV negative. (HIV cannot get inside the eggs of a woman who is living with HIV. The semen from a man who is living with HIV contains both sperms and HIV particles, but the HIV cannot get inside the sperms.)

Get someone (a co-facilitator or participant) to play the role of HIV. Give them the HIV mask to wear.

Tell HIV to try to push through the protective Uterus wall to touch the baby. Get those forming the
protective wall to stand close together and prevent HIV getting through and touching the baby.

Δ HIV tries to touch and infect the baby, but it is difficult for HIV to get through the protection around the baby. If Grace is healthy, her strong immune system keeps the viral load low, so there are not many HIV particles in her body. The baby has its own blood and heart, separate from the mother, and in this situation the risk of HIV passing from the mother to her baby during pregnancy is low. However, Grace has not been to the ANC and does not know her HIV status, and without ART to further suppress HIV in her body, there is still some risk of transmission.

**Scene 2: HIV Infection or Re-infection during Pregnancy**

Δ If Grace has unprotected sex and gets infected with HIV or re-infected with another strain of HIV, lots more HIV particles will develop in her body. This greatly increases the risk that HIV will get through the uterus wall and infect the baby.

Get three more participants to be HIV with ‘horns’ (hands to their forehead, forefingers pointing forward) so there are now four of them trying to get through the Uterus and touch the baby (as shown in this photo.) They will probably now succeed.

Δ As you can see, it is very important that Grace and her partner avoid any risk of her becoming infected or re-infected with HIV. How can they do this?

<table>
<thead>
<tr>
<th>To avoid infection or re-infection with HIV during pregnancy:</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ abstain from sex</td>
</tr>
<tr>
<td>▪ use a condom correctly each time.</td>
</tr>
<tr>
<td>▪ start ART early in pregnancy and takes the ARVs every day as prescribed.</td>
</tr>
</tbody>
</table>

Δ Let’s imagine that this this woman has avoided re-infection and start ARV early to reduce viral load and the baby has remained HIV-negative throughout the pregnancy.

Get the three extra people playing HIV to return to being part of the audience, leaving just the original person with the mask playing HIV.
Scene 3: Birth without Treatment

Create a pathway to represent the vagina / birth canal. Use two sticks (as shown in this photo) or string or chalk on a hard floor or lines drawn with your foot in soft earth.

During birth, the baby has to leave the protective safety of the uterus and pass through the tight channel of the vagina. The muscles around the uterus contract and push the baby out. With the bleeding that normally occurs, if HIV is not controlled, there are significant risks of HIV from the mother finding a way to enter the baby.

Get the Uterus to ‘contract’ and push the Baby out through this channel. HIV waits by the vagina / birth canal and touches the baby as it passes through to be born, as shown in the photo above.

Scene 4: Pregnancy and Birth with Treatment

Get the Baby to return to being inside the Uterus.

Now let’s go back to when Grace just realised that she is pregnant. This time she and her partner go straight to the ANC, before she is 12 weeks pregnant, and get tested together for HIV. Grace’s test shows that she is living with HIV. Knowing this gives her the opportunity to virtually eliminate the risk of HIV transmission to the baby.

She immediately starts lifelong anti-retroviral therapy (ART), and takes a pill of Anti-retroviral drugs (ARVs) at the same time every day. These ARVs attack, suppress and hold HIV, preventing it from touching and infecting the baby throughout pregnancy, birth and while breastfeeding.

Get another participant to be ARV and give them the ARV mask to wear. Get ARV to hold HIV or to stand in its way, so that HIV cannot touch or get anywhere near the Baby in the Uterus during pregnancy. ARV continues to hold HIV tightly as the baby is pushed out through the birth canal (represented by sticks, string, masking tape or by lines drawn on the ground), as shown here:

When the Baby has been born, explain:
Δ The woman is still living with HIV, but her baby has been born with minimal risk of HIV infection.

ARV holds HIV back as the baby is born. The Baby should now be outside the area representing the body of the woman.

Δ In case a little HIV has still managed to get into the baby during birth, the baby is given some ARVs to prevent the HIV taking hold and developing.

Get ARV to go and brush down the newborn Baby. Then get ARV to go back and hold HIV again.

**Scene 5: Breastfeeding**

Δ Without ART, there is some risk of HIV in the mother’s breast milk passing to the baby through breastfeeding. However, if the mother continues to take the ARVs every day as instructed, ARVs continue to suppress HIV and the amount of HIV in the woman’s blood and breast milk normally remains so low that there is virtually no risk at all of HIV transmission to her baby through breastfeeding.

Thank all participants involved in the activity, and ask them to return to their places. Ask if there are any questions about the drama, or comments on what they learnt from it.

**PART C: EARLY INFANT DIAGNOSIS AND INFANT FEEDING**

**Step C1. Explain about Early Infant Diagnosis (EID)**

Δ If parents have done everything described so far, the risk of the child being born with HIV is very low indeed. However it is important to check by asking at your clinic or hospital for ‘early Infant diagnosis’ when the child is 6 weeks old. In case your infant tests HIV-positive, suitable care and treatment can then be given as soon as possible. Early diagnosis and treatment of a HIV-positive infant help ensure its survival and health.

Δ It is important to make several visits to your health facility during the first 6 weeks, to get checked and get doses of cotrimoxazole for the baby (to prevent pneumonia). If the baby then tests HIV-negative, the cotrimoxazole doses can be stopped.

**Step C2. Explain and emphasize the benefits of breastfeeding**
We will now focus on issues around infant feeding. It is important for men to be involved also, so that fathers fully understand and can support the agreed feeding plan.

Show participants the images of the man and pregnant woman. Again use the names that the group gave them, replacing ‘Steven’ and ‘Grace’.

If this couple went together for HIV testing and counselling and both tested HIV negative, how do you think they should plan on feeding their baby?

Listen to the responses, then explain and emphasise the benefits of breastfeeding:

Breast milk is the perfect food for babies. It provides effectively all the nutrients, vitamins and minerals that an infant needs to grow and develop and it also helps to build the baby’s immune system. Exclusive breastfeeding for the first 6 months and complementary feeding from 6 months to 24 months is the best option for the health of her child.

**Step C3. Outline options for feeding a baby if the mother is HIV positive**

If, when Steven and Grace go for HIV testing and counselling, either Grace or both of them find that they are living with HIV, how do you think they should plan on feeding their baby?

Listen to the responses, which will tell you how much the audience knows about the subject. Then explain:

Even if Grace is living with HIV, breastfeeding for at least the first 6-12 months is now strongly recommended by the World Health Organisation and by the Tanzania Ministry of Health. The risk of transmitting HIV to her baby through breastfeeding remains very low indeed provided that:

1) Grace continues to take ARVs every day as prescribed, to keep HIV suppressed and the amount of HIV in her body and breast milk very low indeed.
2) She exclusively breast feeds for the first 6 months. I will now demonstrate why this is so important.

**Step C4. Demonstrate the dangers of mixed feeding during the first 6 months**
If the baby gets a mixture of breast milk and any other food or drink during the first 6 months, this creates a higher risk of HIV infection. I will now demonstrate this.

Show participants the glass or bottle with some fresh milk in it. Say that this is breast milk. Tip the glass or bottle slightly to one side and then back to upright again, so that the milk runs down one side.

See how the milk is smooth and covers the inside of the glass/bottle with an even layer. That is what happens in the stomach of the baby. The milk creates a smooth fatty layer lining the inside of the baby's stomach, which helps prevent any HIV entering the baby’s bloodstream.

Now let's see what happens when we add and mix in the liquid from this cup, which represents baby formula milk or any other food or drink.

Pour the lemon or other acidic juice from the cup into the glass/bottle with the milk. Within a few seconds it should curdle and go lumpy.

Again, tip the glass/bottle to one side and back again. This time it should leave a lumpy pattern on the side of the glass.

Take the glass/bottle round so that your participants can see. Say:

Look - this is what happens when you feed a baby a mixture of breast milk and baby formula milk or any other food and drink. This food or drink destroys the fatty protective layer lining the inside of the baby’s stomach. It leaves holes through which the HIV from the breast milk can now possibly enter into the bloodstream of the baby.

It is therefore vital to stick to exclusive breastfeeding for the first 6 months.

This requires the understanding and support of the father and other family members as well.
PART D: CONVINCING A PARTNER TO GO TOGETHER TO ANC EARLY IN PREGNANCY

Step D1. Use the card characters to introduce the issue of persuading a partner to go together to ANC

Show participants the cards of Steve and Grace.

∆ As you have seen from the activities so far in this module, if Grace and Steven get tested for HIV very early in the pregnancy, there are many things they can do to prevent HIV transmission to their baby.

∆ Sometimes one partner may be reluctant to go to the ANC and get tested together for HIV. Maybe Grace is grumpy because Steve refused to go with her to the ANC. If Steve is reluctant to go, Grace may need some skills and strategies to convince him. We will now do a role play to build these skills and strategies.

Step D2. Role play a pregnant woman trying to persuade her husband to go with her to the ANC, to get tested for HIV.

Ask for a two volunteers to play the ‘pregnant wife’ and her husband or partner. (It is ok for a woman to play the husband, or for a man to play the wife.) Say to the ‘wife’ that she must do her best to convince her husband to get tested with her.

After the role play, ask and discuss with the whole group:

? What did the wife do or say that helped to convince her husband to go with her for couples testing?
What should she do or say differently?

Allow participants to answer, then suggest and add your own ideas and ideas from the box below.

### Ideas for convincing a partner to go with you for couples HIV testing

- Start by discussing with your partner about the vision you share for a healthy and successful future together, with healthy, happy children. Then introduce the idea of couples testing as one step toward realising this vision.
- Say: *If we both test HIV negative, and we remain faithful to each other, we can enjoy unprotected sex with no worries.*
- Say: *If we are discordant (one HIV-positive, one HIV-negative,) we can still enjoy sex using condoms to ensure we do not transmit HIV to our partner or our baby. It is also possible to conceive and have children without transmitting HIV.*
- Say: *If we both test HIV positive, at least we can get the treatment we need. We can support each other, prevent transmission to our baby, and still have very long, healthy and productive lives.*

#### Step D3. (Optional) Get another two participants to repeat Step D2, but this time with the pregnant woman being reluctant to go to ANC and the husband doing his best to convince her.

#### Step D4. Review questions

? **What did you learn about what a woman can do to prevent HIV transmission to her baby:**
- during pregnancy?
- around birth?
- while breastfeeding?

? **What did you learn about what a man / husband / partner / other relatives can do to help prevent HIV transmission to his baby:**
- during pregnancy?
- around birth?
- while his baby is being breastfed?

Ensure that the Key messages below are addressed in the answers.

### Key Messages

- It is very important for the pregnant woman and her husband / partner to know their
<table>
<thead>
<tr>
<th>HIV status – get tested early in pregnancy, ideally with your partner.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The risk of transmitting HIV to a baby can be greatly reduced by using ARVs.</td>
</tr>
<tr>
<td>• If the mother gets infected or re-infected with HIV during pregnancy or breastfeeding, the risk of transmission to the baby increases a lot. Therefore it is important to minimize the risk of HIV infection or re-infection during pregnancy and when breastfeeding, e.g. by practicing safer sex / condom use.</td>
</tr>
<tr>
<td>• It is important for the father of the child to be involved and understand the issues too, so he can provide appropriate support.</td>
</tr>
<tr>
<td>• Exclusive breastfeeding for the first 6 months (when your baby receives breast milk only, nothing else) is the best for the baby’s healthy development.</td>
</tr>
</tbody>
</table>
MODULE 8:
Maternal, New-born and Child Health

Why do this module?
By the end of this module, participants will be more likely to:
• Disclose their pregnancy to their partner as soon as they suspect they are pregnant
• Attend ANC within the first 12 weeks of pregnancy
• Attend ANC at least four times during pregnancy
• Test for HIV together with their partner and receives the results
• Sleep under a treated net every night
• Care for and repair their insecticide-treated net.
• Receive at least 3 doses of SP throughout the pregnancy
• Take FeFo every day throughout pregnancy and for 90 days after delivery
• Receive 2 doses of tetanus toxoid during pregnancy
• Eat foods rich in Vitamin A during pregnancy
• Make an individual birth plan
• Know the danger signs before, during, and after pregnancy, and takes appropriate action if/when necessary
• Deliver at a health facility with a skilled provider
• Attend four scheduled PNC visits
• Exclusively breastfeed their baby from birth to six months
• Ensure their child receives all routine immunizations
• Ensure their baby receives Vitamin A at 6 months and 1 year
• Uses a method of family planning to appropriately space or prevent the next pregnancy

Who is this module for?
This session is most relevant to men and women who are expecting a child or who are planning to or likely to conceive a child (or another child) in the next year or two.

What happens, in short?

Part A: Imagine your first or next child as a 1-year old
Each participant imagines their future as a parent with a healthy and happy child or children. This provides a motivating focus for all the other sessions and for taking action to address health issues during pregnancy, birth and childhood.

Part B: Washing Line Quiz
An interactive game with 2 teams explores a wide range of actions that both parents and other family and community members can take to help ensure the survival and health of the woman and of their child throughout pregnancy, birth and early childhood.

Part C: Wazazi Leaflet
The facilitator then hands out and explains a leaflet with a checklist of all these actions for participants to take with them.
Time required: About 1 hour

Materials
- ‘Happy family’ laminated A4 card of this picture
- Piece of string, 8 metres long, marked every 10-15 cm.
- 4 clothes pegs, different colours
- Copies of the MNCH leaflet, in Swahili. If you do not have the proper printed leaflet, you can make 2-sided photocopies from Appendix 4, and fold them yourself.
- Pens or pencils for participants (Part C)

Preparation
- If possible, put up the ‘washing line’ before the session starts, as shown here with 4 clothes pegs attached, 2 at each end. At the left hand end, the pegs should be different colours, e.g. one red and the other blue. At the right hand end, attach the ‘happy family’ image using the 2 clothes pegs.
- Ask at the local Health Facility if there is a medically trained person (nurse or doctor) who would be able to attend the session and answer any technical questions.

How to facilitate this module

PART A: IMAGINE YOUR NEXT OR FIRST CHILD AS A ONE-YEAR OLD

Step A1. Ask for people’s experiences of having a baby or young child
Ask participants:
- Who already has children?
- What is it like when you have a healthy 1 year old child?
• What do you enjoy about having a healthy baby or young child?

Point at the ‘happy family’ A4 laminated picture.
Ask:
• What do you see in the picture?
• Why do you think they are all looking so happy?

Ensure that one of the answers is ‘because they are all healthy.’

**Step A2. Imagine your next child as a healthy one year old**

Say: Imagine a point in the future when your next (or your first) child is about 1 year old and healthy and happy. This may be a year to 18 months from now if you or your partner are already pregnant. Otherwise it may be 2 years or more from now. Imagine watching your young child.

• What is your child doing and saying?
• Is he or she crawling or walking?
• Imagine picking your child up and holding your child in your arms, like this.

Hold your arms as though you are carrying a young child. Go up to a co-facilitator or one of the participants and say something like:

*Look at my healthy, happy child. He/she has just started walking. I feel so proud seeing my child grow and develop. I am a loving, caring and responsible parent.*

Tell all participants to:

*Stand up and imagine that you get are holding your healthy 1-year old child in your arms. Get into pairs. Show the other person your child and explain to the other person how you feel being the proud parent. Tell them what sort of parent you want to be, starting “I am...”*

**Step A3. Explain the purpose of this session.**

Explain that:

*There are many things both men and women can do to ensure that their baby survives and stays healthy throughout pregnancy, birth and childhood. There are also many things that can help keep the mother to stay healthy during pregnancy, birth and beyond.

This session will clarify many of these things, so that you achieve the vision you just described of your family with healthy, happy children.*

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**PART B: WASHING LINE QUIZ**
**Step B1. Set up the washing line and attach the ‘happy family’ card**

Set up the string as a ‘washing line’ (if you have not already done so). If there is nowhere to hang or tie the ends of the string, ask for two volunteers to stand, each holding one end of the string.

Attach the ‘happy family’ picture with the two clothes pegs at the right hand end of the washing line.

**Step B2. Create 2 teams and explain the next activity**

Divide participants into 2 teams. Allocate one team (Red Team) the red clothes peg at the left hand end of the washing line. Allocate the other team (Blue Team) the blue clothes peg next to it.

Optional: invite each team to make up their own team name, and then use the names they provide.

- Each team will act like advisers to a couple who have just conceived a child, represented by your team’s clothes peg. The challenge is to move your couple, as far as you can towards the ‘happy family’ picture.

- I will ask the teams questions, give you challenges and tell things that your couple does or does not do. If the actions of the couple and responses from your team are correct and helpful, your team peg will move a number of marks towards the happy family picture. If not, your team peg may move one or two marks away from the happy family picture.

**Step B3. Discuss and give team marks to the different behaviours in the table below**

Using the table below, starting with #1 and working through to #12, discuss the different questions and give team marks as follows, using #1 as an example:

Ask the blue team question 1:

- A woman thinks she is pregnant. Is it good for her to wait for a month or two before telling her partner or anyone else who might support her through pregnancy, birth and beyond?
Allow the team to respond. If the answer or explanation is not very good or accurate, let the other team add their comment. If necessary, to ensure participants are clear, add your own explanation, using the notes in the right-hand column of the table. (Note: If people understand why they should do something, they are more likely to remember it and do it – so the explanation is important).

Announce how many marks the team gets (as suggested in the Marks column of the table) and move the peg for that team the number or marks on the string towards the happy family picture if the team answered well, or away from the happy family picture if they answered everything incorrectly. If a team has given an exceptionally good explanation, you can give them an additional mark.

Photo: After Red Team answered well, the facilitator moves the red team’s peg forwards toward the happy family picture.

Continue with all the other questions listed in the table. Clarify that a different person from each team should answer each time, so everyone contributes.

<table>
<thead>
<tr>
<th>#</th>
<th>Team</th>
<th>Question</th>
<th>Marks</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Blue</td>
<td>A woman thinks she is pregnant. Is it good for her to wait for a month or two before telling her partner or anyone else who might support her through pregnancy, birth and beyond?</td>
<td>+ Move towards happy family - Move away from happy family</td>
<td>If both partners know about the pregnancy as soon as possible, they can act and plan together, and she can get the support she may need.</td>
</tr>
<tr>
<td>2</td>
<td>Red</td>
<td>Is it ok for the woman and her partner to</td>
<td>-1 if the team agrees. +2 if they say and</td>
<td>Support towards a healthy pregnancy and healthy</td>
</tr>
<tr>
<td></td>
<td>Make the first ANC visit when she is 4 months pregnant</td>
<td>Explain why the first visit should be before 12 weeks (3 months)</td>
<td>Development of the baby needs to start within the first 12 weeks.</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>-----------------------------------------------------</td>
<td>-----------------------------------------------------------------</td>
<td>------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Blue</td>
<td>Are 3 ANC visits during pregnancy enough?</td>
<td>-1 if the team agrees that 3 times is enough. +1 if they say it should be at least 4 times. +2 if they also explain well why it should be at least 4 times.</td>
<td>Attending ANC 3 times is much better than not at all, but she should attend at least 4 times. There are different things that should be checked and medicines taken at different stages of pregnancy. To do this properly needs at least 4 ANC visits.</td>
</tr>
<tr>
<td>4</td>
<td>Red</td>
<td>Should the father go with the pregnant woman for HIV testing and share their results.</td>
<td>-1 if the team says this should not happen +1 if the team agrees +2 if they also explain well why testing as a couple is so important.</td>
<td>If both partners know their own and their partner’s HIV status, they can support each other and plan far more effectively to prevent HIV transmission to each other and to their unborn or breastfeeding child.</td>
</tr>
<tr>
<td>5</td>
<td>Blue</td>
<td>What is SP for? How many doses of SP should a woman have throughout pregnancy?</td>
<td>-1 if participants say only 1 dose or none 0 (peg does not move) if they say 2 doses (as this has been the standard up to now) +2 if they say at least 3 doses during pregnancy.</td>
<td>SP (Sulfadoxine Pyrimethamine) is a pill for pregnant women which substantially reduces the risk from malaria. In the past a pregnant woman was supposed to take only 2 doses of SP during pregnancy, however, in order to give her and the unborn baby maximum protection from malaria during pregnancy, it is now recommended she should take AT LEAST 3 doses of SP during the entire pregnancy period.</td>
</tr>
<tr>
<td>6</td>
<td>Red</td>
<td>If it is very hot and not malaria / mosquito season, it is ok for a pregnant woman to sometimes sleep without a mosquito net over her.</td>
<td>-1 if the team agrees this is ok +1 if they emphasise that using a net every night is important. +2 if they explain why it is particularly important for a pregnant woman.</td>
<td>Pregnant women are more susceptible than others to become infected with malaria, suffer a recurrence, develop severe complications and to die from the disease. It is particularly important during pregnancy and with an infant to</td>
</tr>
</tbody>
</table>
### 7 Blue
- **What is FeFo?**
- **What does it do / prevent?**
- **How often should a pregnant woman take it?**
- **For how long after delivery should she continue taking it?**

**+1 for every correct answer**

- FeFo are tablets contain Iron and Folic Acid
- Iron stops the mother getting anaemic, when she feels pale and weak. Folic Acid helps prevent birth defects of your baby's brain and spinal cord.
- It must be taken every day to be effective, from early pregnancy until 90 days (3 months) after delivery.

### 8 Red
- **What is tetanus or lockjaw?**
- **How many doses of tetanus toxoid should a woman get throughout pregnancy, to prevent this?**

**+1 for every correct answer**

- Tetanus or lockjaw is a serious disease that may result in death. Tetanus causes tightening of the muscles all over the body, and can lead to the locking of the jaw which prevents the victim from opening their mouth or swallowing.
- The woman should receive 2 doses of tetanus toxoid during pregnancy.

### 9 Blue
- **What types of food are particularly important for a pregnant woman to eat?**

**+ 1 for each of the following mentioned by the group:**
- foods rich in Vitamin A
- eggs
- dairy products
- meat products
- sweet potatoes
- dark green and yellow, orange and red vegetables and fruit

This diet provides what the pregnant woman and the baby need for healthy development.

### 10 Red
- **Is it a good thing to follow the instructions of older relatives who**

- **-2 if the team agrees this is ok**
- **+2 if they emphasise that the couple,**

Giving birth at home has a higher risk of the child and/or the mother dying, as there are...
say you should give birth at home in the traditional way?

- including the husband should be assertive and insist on a birth at a health facility, in order to improve the chances of a healthy and safe delivery.

not the facilities or the skills available to deal with any problems that may arise.

11 Blue

- Is it important to agree a birth plan in advance as a couple?
- Why is a birth plan important?
- What should be included in a birth plan?
- Who else should know about the birth plan?

-2 if the team says a birth plan is not important.
+1 if they agree that birth planning is important.
+1 if they give good reasons why.
+2 if they describe accurately what should be included in a birth plan and the benefits of having one.

• If the woman is unable to get to the clinic quickly and safely when in labour, this can be very risky and stressful. The couple should discuss and agree a birth plan in advance, including arrangements / some money kept aside solely for transport to the clinic. Making a birth plan in advance with your partner reduces the stress, worries and risks around birth.

• The partner / husband and other supportive relatives should know about the birth plan, so that they can help.

12 Red

The pregnant woman should know all the danger signs in her pregnancy, and watch out for them.

-1 if the team agrees
+1 if they also emphasise that the partner, other family members and birth supporters should know and watch out for danger signs.

-2 if they also describe accurately what should be included in a birth plan and the benefits of having one.

It is important for not just the mother, but also the partner and other family members and birth supporters to understand and watch out for the danger signs.

**Step B4. Danger signs in a pregnant woman**

Ask both groups:

? What are some of the danger signs during pregnancy, for which it is important to go straight to the nearest clinic or hospital? Think of an action to demonstrate the danger sign. For example, if you think that dizziness is a danger sign, be ready to stand up and demonstrate feeling dizzy.

Get one answer from blue team (with an action), the next from red team, etc. Give one mark for every correct answer. Continue until nobody can think of any more answers. Then summarize the list below and emphasize any that were missed out:
Danger signs in a pregnant woman
Go straight to the nearest clinic or hospital if you have any of the following:
• Swelling of hands and face
• Severe headache, fits or convulsions
• Dizziness
• Blurred vision / visual disturbances
• Difficulty breathing
• Bleeding
• Premature labour
• Severe abdominal pain
• Fever / chills
• Difficulty in passing urine

Step B5. Review progress with the Ante-natal questions, then continue with the Post-Natal questions #13-18

Ask if anyone has any questions on the issues covered so far about what to do during pregnancy.

Explain that you will continue in the same way addressing Post-natal issues.

<table>
<thead>
<tr>
<th>#</th>
<th>Team</th>
<th>Question</th>
<th>Marks</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>After birth, should the mother wait for a couple hours before starting to breastfeed, and avoid giving the baby the thick yellow substance that comes at the start of breastfeeding?</td>
<td>-1 if the team agrees +1 if the team says she should breastfeed straight away or within the first hour +2 if they explain well why this is important</td>
<td>It is important to breastfeed your baby within the first hour after birth. The ‘thick yellow substance’ that comes first when you start breastfeeding is called colostrum. Colostrum contains important proteins, vitamins, minerals, and immune-boosting antibodies that help the baby to stay healthy and fight off disease.</td>
</tr>
<tr>
<td>13</td>
<td>Red</td>
<td>If you are breastfeeding, is it ok to give your 4 month old something extra to eat or drink between breast feeds?</td>
<td>-1 if the team agrees this is ok. +1 if they say should exclusively breastfeed for the</td>
<td>Breast milk alone provides everything a baby needs for the first six months. Exclusive breastfeeding means giving nothing else</td>
</tr>
<tr>
<td>Color</td>
<td>Question</td>
<td>First 6 months +2 if they explain well why this is important.</td>
<td>at all (except for prescribed medicines). Mixing breast feeding with any other food or drink can reduce the protective effect of the breast milk and make the baby more prone to infection.</td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>--------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Red</td>
<td>How many Post-natal care (PNC) visits should the mother and child make all together?</td>
<td>-2 if the team says none or 1 -1 if the team says 2 or 3 +1 if they say it should at least 4 PNC visits +2 if they explain clearly why.</td>
<td>PNC visits are important at various stages, to check the health of both mother and child, to give immunization injections and to monitor the development of the child and to identify and treat up any problems before they become serious.</td>
<td></td>
</tr>
<tr>
<td>Blue</td>
<td>Is it ok if your child gets some but not all routine immunizations?</td>
<td>-1 if the team agrees + 2 if the team insists you must complete all routine immunisations, to protect the child from various diseases.</td>
<td>Immunizations protect the child from various diseases, some of which can cause early death.</td>
<td></td>
</tr>
<tr>
<td>Red</td>
<td>Should parents ensure that their child receives Vitamin A at 6 months?</td>
<td>+1 if the team agrees +2 if they mention at 1 year as well)</td>
<td>Parents must ensure that their child receives Vitamin A at 6 months and 1 year also. Vitamin A helps the immune system and vision.</td>
<td></td>
</tr>
<tr>
<td>Blue</td>
<td>The couple know it is best to wait before having the next child, but they say you cannot get pregnant again while breastfeeding, so do not use family planning.</td>
<td>-1 if the team agrees this is ok +1 if they say it is possible to get pregnant again while breastfeeding, and so should start using family planning soon after the birth.</td>
<td>A woman is less likely to become pregnant while breastfeeding, but it can often still happen. To ensure spacing of children, the couple should discuss and agree what family planning method they want to use. It is recommended to allow 2 years after the...</td>
<td></td>
</tr>
</tbody>
</table>

Safari ya Mafanikio – Trial Edition
April 2015
Step B6. Summarise the learning from the game
Congratulate both teams on their contributions to the game, and summarise the learning from it.

PART C: WAZAZI LEAFLET
Optional – use this part only with literate groups of pregnant women and their partners

Step C1. Introduce and explain the Wazazi leaflet, highlight men’s involvement
26. The game has introduced many things that both men and women can do to help ensure the survival and health of the woman and their children throughout pregnancy birth and early childhood.
27. These things are summarised in the leaflet I will give you each now.

Hand out copies of the folded Wazazi leaflet, one to each participant.

Go through the leaflet with participants, clarifying the different sections it is split into, and ensuring that they understand it.

? Which of the many practices listed in the leaflet can men be involved with or help with?

Allow participants to answer, then add the following if necessary:

Men as partners (and other family members) can help by:
- Accompanying his wife / partner to ANC visits
- Getting tested for HIV with his wife / partner
- Protecting the mother and his child from HIV infection by practising safer sex during pregnancy and while she is breastfeeding.
- Discussing and agreeing on a delivery plan with his wife / partner and close family, and ensuring his wife / partner arrives at the health facility to give birth safely
- Using malaria prevention methods in the house such as ensuring that the pregnant woman sleeps under an Insecticide Treated Net (ITN) every night.
- Ensuring that the family eats nutritious foods
- Helping to care for the physical and emotional health of all children in the family.

Step C2. How many boxes can you tick?
Δ Read the MNCH leaflet again. Take a pen or pencil and tick the things that you and your family are doing. Leave blank the practices you do not do or services you do not access. Take 5 minutes to work on your own, or with your partner if he/she is here with you.

Give participants 10 minutes to tick the MNCH leaflet and discuss with their partner.

Ask them to check through all the things they have not ticked, and to think about what they can you do or change, in order to be able to tick more of the boxes.

**Step C3. Conclude**

Summarise the session and the learning from it. Suggest that everyone takes the leaflet with them, so they can keep it, use it, discuss it with their partner and others, and bring it to the next session.

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**Key Messages**

- Imagine and be clear about the healthy, happy children you want, and the sort of parent you want to be. This will help keep you focused on doing all you can to ensure their health from pregnancy onwards.

- Make sure you know all the key health practices that help pregnant women, babies and young children to survive, develop and stay healthy. These are summarised in the Wazazi leaflet with the checklist.
Module 9: Family Planning

Why do this module?
By the end of this module, participants will be more likely to:

• Know the healthiest time to become pregnant (after age 20, before age 35, and at least 2 years after the birth of the last child)
• Believe that family planning is the responsibility of both the woman and the man
• Believe there is a family planning method that is right for them
• Discuss and decide with their partner if and when they are ready to have children, and which family planning method to use in order to have children when they are ready
• Seek accurate information on family planning
• Start using family planning services soon after delivery
• Continue use of a family planning method until ready to conceive another child.

What happens, in short?

Part A: Healthy Timing and Spacing of Pregnancy (HTSP) / Planting Maize Game (15 mins)
Four participants are each invited to plant 10 maize seeds either as specified, too close together, too early or too late. This is then used a metaphor to introduce theIssues of HTSP.

Part B. Benefits of Family Planning – Number of Children (20 mins)
Four ‘couples’ (pairs of participants) are told they have varying numbers of children from 2 to 8. Each couple is given the same materials (representing family income) to look after the clothing, food, medical and educational needs of their children. The exercise explores the issues and feelings depending on the number of children they have and whether or not they have enough resources to look after the range of needs of all their children.

Part C : Methods of Family Planning (10 mins)
This part summarizes the range of family planning methods that couples can choose from. It emphasizes the need for individuals and couples to go to a health facility to get detailed information and support with deciding which option is best for them.

Part D: What do you think about Family Planning? (15 mins)
This explores attitudes to and beliefs about family planning. After each statement read by the facilitator, participants move to positions according to whether they agree, disagree or are neutral about the statement. Their reasons for this choice are discussed and the issue clarified.

Time required: About 1 hour
Materials

- 40 Maize seeds (or something to represent maize seeds)
- 4 boxes of matches, each with 15 Match sticks inside (or 60 small sticks, stones, beans or other items, sorted into 4 packs with 15 in each.)
- 3 sheets of card or paper
- Marker pen

Preparation

- Check or sort out 4 sets / packs / matchboxes, each with 15 match sticks, beans or other item to give each ‘couple’.
- Prepare signs on 3 sheets of card or paper saying Agree, Disagree, and Neutral or draw faces like this to represent Agree / Neutral / Disagree:

![Agree](image)
![Neutral](image)
![Disagree](image)

How to facilitate this module

PART A: HEALTHY TIMING AND SPACING OF PREGNANCY / PLANTING MAIZE

Optional: consider doing this activity outside, to make the ‘planting of maize’ more realistic.

Step A1. Introduction

△ This module is about family planning and contraception. We will learn the meaning, benefits and methods of family planning as well as the skills to discuss and agree partner on family planning, to help ensure that you have a healthy and happy life together.

△ This issue is important and can be sensitive to talk about, so I urge you to be free to contribute openly to the discussions.

Step A2. What we understand by Family Planning – a definition

Ask participants what they know and understand about family planning. Allow them to discuss, then clarify with this definition:

△ Family planning is a voluntary decision made by an individual or couple in planning when they have children, number of children, after how long and what method of contraception they want to use.
Step A3. Introduce the Maize Seeds Game

△ To understand family planning and its benefits, we will start with playing a game of planting maize, but in different ways:

Ask for a participant to come forward to the front of the training area. Give them about 10 maize seeds, and say to them:

△ I have given you some maize seeds to plant. You wait and plant the seeds in the correct season, in two rows, following the recommended measurements for the gap between one seed and the next one. You can position them on the ground or floor now in the way you would plant them.

Allow the first participant to start “planting”.

Ask a second participant to come forward. Give them about 10 maize seeds, and say to them:

△ I have given you some maize seeds to plant. You also plant the seeds in the correct season. You plant them carefully and neatly, but much closer together than the recommended spacing. You can position them on the ground or floor now in the way you would plant them.

Allow the second participant to start “planting” their seeds.

Ask a third participant to come forward. Give them about 10 maize seeds, and say to them:

△ I have given you some maize seeds to plant. However you are impatient. You do not wait for the correct season to plant them, so there are no rains when they start growing. Plant your seeds on the ground or floor very quickly. Do not worry about the spacing.

Allow the third participant to quickly “plant” their seeds.

Ask a fourth participant to come forward. Give them about 10 maize seeds, and say to them:

△ I have given you some maize seeds to plant. However you are not going to plant them yet. You are just going to hold your seeds in your hand and wait, even though it is now planting season.

Step A4. Questions and Discussion about the Maize Seeds Game, interpreted in relation to Healthy Timing and Spacing of Pregnancy (HTSP)

The facilitator asks the following questions about what will happen in each case. After each question, let the participants give their answers and then compare them and if necessary add the ideas in the answers given below.
? What do you think what will happen with the seeds of maize planted in the right season, with the recommended spacing?

They will grow well – yields should be good.

? What do you think what will happen with the seeds of maize planted in the right season, but too close together?

They may start growing ok, but then start to choke each other and stunt the growth, development and reduce the yields.

? How does this relate to Family Planning?

? What is the potential impact on the children and the mother if the mother gives birth to children with a short time between them?

If you space your children, they are more likely to develop healthily. To have the best chance of a healthy child and a problem-free pregnancy and birth, it is best to wait at least 24 months after successfully giving birth to one child before becoming pregnant with the next child. When pregnancies are closer together (i.e. less than 24 months from the last live birth to the next pregnancy):

- Newborns can be born too soon, too small, or with a low birth weight.
- Infants and children may not grow well and are more likely to die before the age of five.
- There is a slightly higher chance of the mother dying in pregnancy.

**Step A5. Questions and discussion about the Maize Seeds Game, interpreted in relation to pregnancy during adolescence / before age 20**

? What will happen if the maize seed is planted earlier, before the rainy season?

The young plants may dry out before the rains start.

? How does this relate to Family Planning?

The environment - the dry soil before the rains (or young woman’s body) is not fully ready to support the healthy development of the young maize plant (or baby). When first pregnancies occur to adolescents less than 18 years old:

- Adolescents are at a higher risk of developing pregnancy-induced hypertension, anaemia, and prolonged or obstructed labour.
- Newborns may die, be born too soon, too small, or with a low birth weight.
- The potential health risks associated with short pregnancy spacing intervals and/or having a pregnancy too early in life are made worse for women who already have pre-existing health problems, such as HIV, anaemia, malnutrition, malaria, tuberculosis, heart disease, and diabetes.

**Step A6. Questions and Discussion about the Maize Seeds Game, interpreted in relation to pregnancy after age 35**
What will happen if the maize seed is planted late, at the end of the rainy season?

The young plants may start fine, but not be able to develop fully.

How does this relate to Family Planning?

The environment – the drying soil (or the older woman’s body) is less able to fully support the healthy development of the young maize plant (or baby).

When pregnancies occur in a women over 35 years old:

• She is more likely to develop gestational diabetes. Left untreated, gestational diabetes can cause a baby to grow significantly larger than average — which increases the risk of injuries during delivery.
  • She is more likely to develop high blood pressure during pregnancy.
  • She is more likely to have a low birth weight baby and a premature birth. Premature babies, especially those born earliest, often have complicated medical problems and are more likely to die.
  • There is a higher risk of complications during pregnancy and birth, such as placenta previa — a condition in which the placenta blocks the cervix, and makes a natural birth difficult or impossible.
  • Babies born to older mothers have a higher risk of Down syndrome
  • The risk of miscarriage and stillbirth are higher.

Step A7. Summarize Healthy Timing and Spacing of Pregnancy (HTSP)

We have been discussing issues around Healthy Timing and Spacing of Pregnancy (HTSP). This can be summarised as achieving the best health outcomes for mothers and children by avoiding pregnancies which are:

• Too close together (less than 24 months between a live birth and the next pregnancy)
• Too many (too many children all together)
• Too soon (before age 20)
• Too late (after age 35)

If it will help clarify it further, either read this definition or summarize it in your own words:

Healthy timing and spacing of pregnancy (HTSP) is an approach to family planning that helps women and families delay, space, or limit their pregnancies to achieve the healthiest outcomes for women, newborns, infants, and children. HTSP is based on free and informed contraceptive choice, linked to achieving the desired family size and child spacing.

PART B. BENEFITS OF FAMILY PLANNING – NUMBER OF CHILDREN
**Step B1. Explain the game and organise the ‘families’**

Ask participants to play another game to find out more benefits of family planning. Ask for 8 volunteers and pair them to make 4 couples, each to act as the ‘parents’ of a family with children. Allocate roles of both a mother and father for each family. (It is ok for a woman to play the father or a man to play the mother.)

Tell the first parent or couple:

*You are parent(s) of Family A. You have 2 children. Here they are!*

EITHER: Get 2 participants to join them as their ‘children’.

OR: Give them 2 maize seeds to represent their children.

Tell the second parent or couple:

*You are parent(s) of Family B. You have 4 children. Here they are!*

EITHER: Get 4 participants to join them as their ‘children’.

OR: Give them 4 maize seeds to represent their children.

Tell the third parent or couple:

*You are parent(s) of Family C. You have 6 children. Here they are!*

EITHER: Get 6 participants to join them as their ‘children’.

OR: Give them 6 maize seeds to represent their children.

Tell the fourth parent or couple:

*You are parent(s) of Family D. You have 8 children. Here they are!*

EITHER: Get 8 participants to join them as their ‘children’.

OR: Give them 8 maize seeds to represent their children.

Clarify that all the families have a mix of boys and girls.

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Where possible, it is best to use participants to be the ‘children’. However you need a total of 28 participants (8 ‘parents’ and 20 ‘children’) to fill all the roles. If you have less than 28 participants, you will need to represent at least some children as maize seeds.

**Step B2. Provide and allocate materials representing family income for children’s needs**

Give to the ‘parents’ of each family a matchbox with 15 matches inside (or a bag or other container with 15 other small sticks, small stones or beans). Explain:
Each family has 15 sticks that represent the family income available to meet the basic needs of their children such as clothing, food, school fees and medical care.

- CLOTHING costs one stick for each child.
- FOOD costs one stick for each child.
- MEDICAL care cost one stick for each child.
- EDUCATION needs one stick for each child.

As parents of these children, you have 5 minutes to discuss and decide how you will allocate your available income between your children. Your children can also share with you their suggestions for how to allocate your income (the matchsticks) to cover food, clothes, medical care and/or school fees/education.

Observe the ‘family discussions’.

Step B3. Discuss the decisions made about allocating income and feelings arising from the activity

Ask the parents of each ‘family’ (starting with family A, then B, then C and then D) in turn to explain to everyone else:

? How did you decide to allocate your income (the 15 sticks) to your children?

? How did you feel doing this exercise?

Point out how family A (with 2 children, see Photo A above) probably finished the exercise very quickly and easily as they had enough income / sticks to cover all the basic needs of all their children. (The needed 8 sticks, leaving 7 spare to use for other things.)

Discuss the challenges and dilemmas faced by families B, C, and D in deciding what to do or miss for each child, as they did not have enough resources to cover all the needs of all their children. Family B with 4 children is only one stick short to supply all needs of all their children (they need 16 but have only 15) – which one child do they deprive of which benefit? How do families D and E address the greater challenges with 6 and 8 children? (See Photo B above).

Ask:
Did both ‘parents’ discuss and reach agreement on how to allocate the limited resources to their children?

Emphasise the importance of both parents being involved in discussions and decisions around family planning and resource allocation.

**Step B4. Discuss what they have learnt from this activity and summarize the benefits of family planning**

Ask and discuss:

What have you learnt from this activity?

Summarize the benefits of Family Planning, including:

- Family planning allows you to provide services and care for your children according to their needs and to give them each a better chance in life.
- Family planning helps reduce the family burden and stress caused by having to care for many children.
- Family planning allows you to better manage the resources that you have.
- Family planning reduces the health risks to both the mother and the child.
- Family planning reduces the number of unintended pregnancies and miscarriages.
- Family planning improving the lives of the mother, father and the family as a whole.
- Family planning helps the growth and development of families, communities and countries.

**PART C: METHODS OF FAMILY PLANNING**

**Step C1. Clarify the right to family planning**

Explain to participants that:

Every person has the right to plan the number of children that want and when they want to have them. We will now briefly summarize different methods of family planning that couples can choose from. However, to get detailed information on the different options, the individual or couple should go to a health facility.

**Step C2. Ask about and Summarize contraceptive methods**

What can you do to help prevent unintended pregnancy?

What different contraceptive / family planning methods they know about, and what they involve?

Summarize the family planning methods which are widely available in Tanzania, as per in the information box below:

<table>
<thead>
<tr>
<th>Summary of Contraceptive Methods commonly available in Tanzania</th>
</tr>
</thead>
<tbody>
<tr>
<td>A contraceptive is a drug or device used to prevent pregnancy. There are many</td>
</tr>
</tbody>
</table>
different contraceptive methods – but only the condom can prevent HIV and other STIs as well as pregnancy.

Most contraceptive methods are reversible; that is a woman will be able to become pregnant again after she has stopped using the method. Some methods, such as surgical sterilization, are permanent, meaning a woman cannot become pregnant ever again or a man cannot make a woman pregnant again.

Contraceptive methods are frequently referred to by the way in which they prevent pregnancy. They include:

• Barrier methods (e.g. male and female condoms, spermicides)
• Intrauterine Device (IUD)
• Hormonal methods (e.g. oral contraceptive pills and implants)
• Surgical (permanent) methods (e.g. vasectomy for men)
• Natural methods (e.g. avoiding sex during the woman’s fertile period each month, breastfeeding to reduce the chance of ovulation and pregnancy.)
• Emergency contraception
• Traditional methods

**Step C3. Clarify that participants should go (as a couple if possible) to a health facility for detailed information and advice on which contraceptive option would suit them best.**

Δ *Details of the different contraceptive options are available at your local health facility, including how each method works, its advantages and disadvantages. Go to your local health facility to learn more about the options and to decide which one is best for you. If you are married or in a long-term relationship, it is much better to go together as couple, so that you can discuss and decide together which option is best for you and your family.*

**PART D: WHAT DO YOU THINK ABOUT FAMILY PLANNING**

**Step D1. Create positions for Agree, Neutral and Disagree**

• Hang or lay out signs like these for Agree, Neutral and Disagree in different areas around the facilitation space. (If there is nowhere to hang signs, designate different areas as Agree, Neutral and Disagree.)

**Step D2. Explain that will happen**
Explain that you are going to read out some statements. After each statement, participants should move to the area that best reflects their opinion, and you will have a discussion.

Emphasize that there are no right or wrong answers, and that this activity is about hearing different points of view.

**Step D3. Read out one of the statements, have participants move and discuss the issues**

Read out one of the statements, and have participants move to the area that best reflects their personal view.

Ask some of those that agree, disagree, and are neutral to give reasons for their opinion.

Use the talking points below to enhance the discussion, clarify any questions, and/or address any issues that were not discussed.

After the discussion, invite participants to change position if the discussion has lead to them changing their opinion on this topic.

**Step D4. Repeat Step D3 for each of the other statements**

**Statements and notes to facilitate discussion around that statement**

**Statement 1: Family planning is the responsibility of women and men should not get involved.**

*Notes:* Use of family planning methods is the responsibility of everyone, including fathers, mothers and young people and adolescents. Couples should discuss and determine together, with advice from experts, when they want to start having children, how many, at what intervals. It is very important for men to go also with their partner to get clear and accurate information on family planning from a health facility, and to discuss and decide together and then support each other in sticking to the family planning method they agree upon.

**Statement 2: While a woman is breastfeeding a new baby, it is necessary to use contraceptives to prevent getting pregnant again.**

Breastfeeding may suppress ovulation and therefore reduce the chance of falling pregnant. However it is still very possible and quite often happens that a woman falls pregnant again while breastfeeding, even soon after the birth. Therefore contraception should start soon as a couple start having sex again after the birth of their child, and should be continued until the couple are ready to conceive their next child.

**Statement 3: Condoms and other forms of contraception are only for unmarried men and women**

Contraception can be used by anyone of reproductive age, at any stage of life from adolescence onwards. Any person (man, woman, boy girl, married or not, with or without children, with or without a disability) may use family planning methods without discrimination. Everyone has a right to education, information and services for family planning.

**Statement 4: The use of contraceptives goes against the will of God**
Facilitate discussion and suggest that all major religions support taking care and responsibility for our families. However, do not say that contraceptive use definitely is or is not the will of God.

**SUMMARY OF LEANING AND CONCLUSION**

Check for questions, summarize learning and key messages

Ask participants if they have questions on what this module has covered about family planning. Ask what they have learnt and then summarize by referring to and adding additional point from the Key Messages below.

**Make referrals**

If any participants say they want to access family planning services, you can use a copy of the National Referral Form (Appendix 1) for linking them to available services.

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**Key Messages**

- To ensure the best health outcomes for mothers and children, it is best to avoid pregnancies which are:
  - **Too close together** (less than 24 months between a live birth and the next pregnancy)
  - **Too many** (too many children all together)
  - **Too soon** (before age 20)
  - **Too late** (after age 35)
- Family planning is the responsibility of both the woman and the man.
- Discuss and decide with your partner if and when you are ready to have children, how many children you want to have and at what interval.
- Seek accurate information on family planning from a health care provider.
- Discuss and decide together as a couple, with the help of expert advice, which family planning method to use.
- Start using family planning services soon after delivery.
- Continue use of a family planning method until ready to conceive another child.
- You can send a recorded phone message to number 15014 m4RH FREE with questions or issues about family planning.

**Benefits of Family Planning**

- Family planning allows you to provide services and care for your children according to their needs and to give them each a better chance in life.
- Family planning helps reduce the family burden and stress caused by having to care for many children
- Family planning allows you to better manage the resources that you have.
- Family planning reduces the health risks to both the mother and the child.
- Family planning reduces the number of unintended pregnancies and miscarriages
- Family planning improving the lives of the mother, father and the family as a whole.
- Family planning helps the growth and development of families, communities and countries.
Module 10:
Most Vulnerable Children (MVC)

Why do this module?
By the end of this module, participants will be more likely to:

• Understand child rights
• Intervene appropriately in response to violence, abuse, neglect, and exploitation (VANE) of children in their community
• Reduce stigma and discrimination against orphans, children living with and affected by HIV and AIDS and children with disabilities.

What happens, in short?
Part A: What are child rights and most vulnerable children (10 minutes)
This part defines child rights and MVCs. It develops an understanding of child rights by relating them to what most people want for their own children.

Part B: Examples of MVC in our community and types of abuse (10 minutes)
Participants share examples of MVC, and how their rights are unmet or abused.

Part C: Dramas to build skills and strategies to intervene appropriately (25 minutes)
Three teams each develop a short play portraying A: child violence / physical abuse, B: neglect or emotional abuse and C: exploitation or sexual abuse. After presenting each play, participants are invited to suggest and then try to demonstrate ways and practice strategies for intervening to stop or prevent further abuse.

Part D: (Optional) How else can you address the needs of MVCs in your community and overcome stigma and discrimination? (15 minutes)
Teams discuss and then share ideas and strategies for what they and their communities could do to address:

• Basic physical needs of MVCs for Shelter, Food and good Nutrition
• Stigma and discrimination, psychosocial support and healthcare needs for MVCs.
• Educational and Life skills needs of MVCs, to prepare them for the future

Time required: About 1 hour

Materials
• Optional: Flip Chart and pen, or board and chalk

Preparation
• Find out what you can about what is currently being done to address MVC issues in the community your participants are from
• Contact the Most Vulnerable Children Committee for that community (if there is one), find out what they are doing, and invite a representative to attend and have some input during the session.
How to facilitate this module

PART A: What are Child Rights and Most Vulnerable Children?

Step A1. Defining Child Rights and Most Vulnerable Children

△ In this module we are going to build an understanding of “Child rights” and develop ideas for how we can best support most vulnerable children (MVC) in our community, who are likely to have their rights abused or unmet.

? Up to what age is someone a child?

? What do we mean by a “right”?

? Who are “Most Vulnerable Children”?

Allow some discussion on these questions. Then clarify with the following definitions of children, rights and MVCs.

Definitions of a child, rights and MVC

• A child is defined as a human, male or female, under the age of 18.
• A right is what any person, child or adult, is entitled to legally and morally.
• The rights of all children should be supported and not be violated by anyone. When we become aware that there is violation of the rights of children, we can and should take action, individually and as families and communities.
• Most Vulnerable Children (MVC) are children who are deprived of a range of child rights, in a way that endangers their health, wellbeing and long-term development.

Step A2. Introduce Most Vulnerable Children Committees (MVCCs)

Ask:

? What do you know about Most Vulnerable Children Committees?

? Is there one in your community? If so, what does it do?

If a representative from the local MVCC is present at the session, invite them to introduce themselves and briefly explain the role of the MVCC.

Clarify that an active MVCC is a good first point of contact in addressing issues around child rights being unmet or abused.

Step A3. Relate what we would want for our own children to universal Child Rights

Ask the first question:

? What are some the basic things that you would want to ensure your own children have, to support their healthy physical, mental and emotional development?
Make a note of what participants say. Write their answers on a flip chart or board, if that is available. Then ask the second question:

? **What do you think are some of the rights that all children are legally and morally entitled to, including orphans, children living with HIV and children with disabilities?**

When people give the same answer as they did to the first question, put a tick by that answer.

At the end point out that:

Δ *The things we would like to ensure that our own children have are very similar to universal child rights that apply to all children, including orphans, those living with HIV and those with disabilities.*

**Step A4. (Optional) Relate the answers given in Step A2 to the four categories of child rights**

Summarise the four categories of children’s rights, as defined by the United Nations Convention on the Rights of the Child in the box on the next page. Go through the list of rights of children from Step A2, and discuss which of the 4 categories each of the identified child rights belong to.

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**The four categories of children’s rights**

(From the United Nations Convention on the Rights of the Child)

- **Survival Rights**
  - The right to a name and a nationality
  - The right to grow peacefully in a caring and secure environment
  - The right to the basic necessities of life; for example food, shelter and clothing
  - The right to one’s parents or guardian.

- **Protection Rights**
  - The right to have one’s health protected through immunisation and appropriate healthcare
  - The right to protection from abuse and exploitation
  - The right to be treated fairly and humanely
  - The right not to be employed or engaged in activities that harm one’s health, education, mental, physical and functional development.

- **Developmental Rights**
  - The right to a basic education
  - The right to leisure and to socialise in an environment that is not morally harmful.

- **Participation Rights**

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- The right to express one’s opinion
- The right to be listened to
- The right to be consulted according to one’s understanding.

PART B: Examples of MVC in our community and types of abuse

Step B1. Examples of Most Vulnerable Children and Ways in which their rights are unmet or being abused

Ask participants to get into pairs (or groups of 3) and discuss:

? In your community, what are some examples of situations that put children in the ‘most vulnerable’ category?

? For each example, what child rights are not being met, or how are their rights being abused?

After a few minutes, ask each pair to share one of their examples.

Once every pair has shared one example, ask if there are any other examples to add.

Note the answers, in particular any examples that you think would be valuable to suggest for the drama activity in Part C.

Optional: Suggest other examples of MVC from the list in the Attributes of MVCs on page 136.

Step B2. Outline different types of child abuse

Summarise different types and categories of child abuse, using the notes in the box below. Relate some of the examples given by participants in Step B1 to the different categories of child abuse.
Types and Categories of Child Abuse

Violence / Physical abuse
Violence or physical abuse is when a child’s body is injured through punching, hitting, beating, shaking, biting, child sacrifice, burning or any other harmful actions. Physical abuse often manifests as bruises, swellings and broken bones.

Is physical punishment child abuse? This is a common question without an easy answer. Many people consider a mild level of physical punishment appropriate discipline for a child. Sometimes physical punishment goes too far and results in a child’s body being injured. This may be anything from mild bruising to death.

Emotional abuse
When a child’s self-esteem, confidence and sense of worth is destroyed by someone’s behaviour towards the child. It includes constant criticism, belittling, blaming, ‘put-downs’, withdrawals of affection, ignoring and excessive teasing. It also includes stigmatizing and excluding children who are (or who are thought to be) different in some way, for example a child with a disability or children who are living with HIV.

Neglect
Failure to provide a child with basic needs such as food, shelter, clothing, hygiene, education, adequate supervision, medical care, love and affection, and other necessities of life.

Exploitation / Child labour
This refers to work which is hazardous by its nature and the circumstances under which it is performed; and which jeopardizes the health, safety and morals of a child. This is not acceptable. Examples of work which are dangerous to children include:
- Domestic service by children
- Children in self-employment on the streets
- Children in commercial agriculture.

This is in contrast to child-appropriate work, which includes a child helping with such activities as cooking, washing and fetching firewood or water. Children learn by observation and supervision, and child work prepares children for the roles they are expected to take on during their adulthood and is therefore acceptable. A child should not, however, be forced to do all the manual labour of the family, at the expense of their attending school. Any forced labour that negatively affects the health and well-being of a child, constitutes exploitation.

Child sexual abuse – when an adult involves a child in sexual activity. Sexual abuse includes sexual suggestions, exhibitionism, inappropriate touching and penetration of the private parts (genital or anal areas) of a child, masturbation, oral sex and rape. Examples of sexual abuse include rape, incest, sexual harassment and forced early marriages. Children may also be forced or enticed into commercial sex exploitation.
PART C: Dramas to build skills and strategies to intervene appropriately

Step C1. Split participants into three teams

Divide participants into three groups. One way to do this is to use the Sinking Boat Energizer.

Imagine you are on a sinking ship. To board the lifeboats we must get into groups with a certain number in each group. Then when I say for example: “Sinking boat – groups of 4”, you must get into groups of 4. If there are 5, the lifeboat will sink. If there are 3, you will not be able to paddle it.

Repeat several times with different numbers, ending up with a number that will create 3 groups. For example, if there are about 20 participants, end with “groups of 7”, which will create 3 groups, each with 6 or 7 people. Tell participants to stay in these teams for the next activity.

Step C2. Instruct each team to create a drama scenario portraying different types of child abuse.

Identify which team will be Team A, Team B, and Team C. Explain that:
- Team A will prepare a play about Violence or Physical abuse against a Child
- Team B will prepare a play about Neglect or Emotional Abuse
- Team C will prepare a play about Child Exploitation or Child Sexual Abuse

Check that participants are clear about these terms.

Step C3. Clarify in more detail the requirements for each play

Clarify that the play each team creates should:
- Include one character who would fit the definition of a ‘most vulnerable child’ i.e. a person under 18 who is subjected to abuse that is likely to endanger their health, wellbeing and long-term development.
- Show things that adults might do or say that are unsupportive, stigmatizing, abusive and/or discriminatory towards the child.
- Be about 2 to 4 minutes long.
- Be quite simple.
- Be their own creation or be based on one of the examples given by participants (in Step B1).

Step C4. Play preparation in teams

Give teams up to 10 minutes to prepare and practice their plays. Move around the teams, helping and advising if they need it.

Step C5. Team A presents their play, followed by an interactive process for building strategies and skills to intervene appropriately to prevent further physical abuse of the child.

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Invite team A to act their play in front of all other participants.

When they have finished, give them applause. Ask the actors to remain at the front.

Ask participants watching the play:

- What might happen to the child, in the short and long term, as a result of this physical abuse you have seen in the play?
- Who might be able to intervene to stop what is happening?
- What could they do or say to support and protect the child and prevent further violence or physical abuse?

When a participant suggests something, for example that a neighbour or relative should go and confront the person abusing the child, ask them to demonstrate what they mean by taking on the role of a neighbour or relative. Ask team A to act their play again, starting exactly the same and to see what happens when the new actor (acting as the neighbour or relative) gets involved. They must do this straight away, without practicing.

If the suggestion is that one of the existing actors in the play performed by team A should intervene, the person who suggested how they might intervene should replace that actor, and the actor who played that role can sit down and watch.

Allow the play to run again, with the new actor trying to intervene and prevent further abuse. Then ask:

- How did this intervention (by the neighbour or relative) work?
- What was good about what the neighbour or relative did or said?
- What should they do or say differently, that might work better?

If someone has good suggestions for improving what the neighbour/relative does and says, get everyone to act the play once more, with the new person acting that role and trying out the other ideas. Ask:

- Who else might be able to intervene to prevent further abuse? What could they do or say?

Continue like this until the group has explored and tried out different ways of intervening to prevent further violence and physical abuse.

**Step C6. Team B presents their play, followed by an interactive process for building strategies and skills to intervene appropriately to protect and support a child and address the neglect or emotional abuse demonstrated.**

Repeat the whole of Step B5, with team B performing their play, and with the focus on emotional or sexual abuse of a child.

**Step C7. Team C presents their play, followed by an interactive process for building strategies and skills to intervene appropriately to address and prevent further exploitation or sexual abuse**

Repeat the whole of Step B5, with team C performing their play, and with the focus on child neglect.
Step C8. **Draw out ideas and strategies learnt for intervening appropriately to address unmet rights and abuse of MVC.**

Ask participants to get into pairs and discuss:

> ? What ideas and strategies have you personally learnt from these dramas, that you might be able to use yourself for intervening appropriately to protect a child, address stigma and discrimination against them and prevent further violence, abuse, neglect or exploitation?

Then get each pair in turn to feedback one idea to the whole group. Continue until all ideas have been shared.

Summarise the ideas.

**Part D: How else can you address the needs of MVCs in your community and overcome stigma and discrimination?**

**Step D1. Discuss in groups what the community can do to address different needs of MVCs**

Ask participants to stay in the same teams as for the dramas. Explain that, in the next 5 minutes, you want each team to identify ways in which their community can help address different needs of MVCs.

Ask Team A to consider:

> ? What else could you and your community to do address basic physical needs of MVCs for Shelter, Food and good Nutrition?

Ask Team B to consider:

> ? What else could you and your community to do address stigma, discrimination and Healthcare Needs of MVCs?

Ask Team C to consider:

> ? What else could you and your community to do address Educational and Life skills needs of MVCs, to prepare them for the future?

**Step D2. Share what the community can do to address different needs of MVCs**

Get each team to present their ideas. After each group has presented ask if anyone has anything to add. Add further ideas from the information in the boxes below.

Then ask:

> ? Which of these ideas will you actually start to put into practice in your community in the next month?

> ? How can you link with the work of the local Most Vulnerable Child Committee, or other organisations / NGOs who are addressing MVC and child rights issues?

> ? What will you each do individually to help?
Step D3. Summarise the module, highlight key messages and identify available support services

Ask participants what they have learnt from this module. Check that they have clearly grasped all the Key Messages below.

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Key Messages

- The rights of all children should be supported and not be violated by anyone. This include survival, protect, development and participation rights.
- There are many things that we can do as individuals, families and communities to help address the range of physical, social, emotional and developmental needs of MVC.
- Intervene appropriately to address issues you become aware of around Child Abuse, Violence, Neglect and Exploitation (VANE).
- Accept and do not stigmatize or discriminate against MVC, including children living with HIV or a disability.
The United Republic of Tanzania National Costed Plan of Action for Most Vulnerable Children (MVC) 2013-2017 defines Most Vulnerable Children as *those children under the age of 18 years falling under the extreme condition characterized by severe deprivation as to endanger their health, wellbeing and long-term development*. It identifies the following as ‘Most Vulnerable Children’:

1. Children living in extremely poor households with significant unmet needs in terms of adequate education, health care, food/nutrition, shelter, HIV/AIDS services, Early Child Development (ECD) services, and emotional and physical protection.

2. Children whose sole caregiver has a disability that severely hinders the provision of care, protection and support for MVC.

3. Children living in households with only an elderly caregiver (60 years and above) and with significant unmet needs in terms of adequate education, health care, food/nutrition, shelter, HIV/AIDS services, ECD services and emotional and physical protection.

4. Children who are orphans with significant unmet needs in terms of adequate education, health care, food/nutrition, shelter, HIV/AIDS services, ECD services and emotional and physical protection.

5. Children living in a household with a chronically sick caregiver with significant unmet needs in terms of adequate education, health care, food/nutrition, shelter, HIV/AIDS services, ECD services, emotional and physical protection.

6. Children with a disability with significant unmet needs in terms of adequate education, health care, food/nutrition, shelter, HIV/AIDS services, ECD services, emotional and physical protection.

7. Children living with a chronic illness (including HIV) with significant unmet needs in terms of adequate education, health care, food/nutrition, shelter, HIV/AIDS services, ECD services and emotional and physical protection.


9. Children living or working on the streets.

10. Children, assessed to be at risk of, or suffering from violence, abuse and/or neglect.

11. Children assessed to be at risk of, or in conflict and in contact with the law.


13. Children born in prison or accompanying their mothers in prison or remand prisons.

14. Children involved in the worst forms of child labour (sexual exploitation, illicit activities, paid domestic work, victims of child trafficking, work that consistently interferes with school attendance.)

15. Children assessed to be in immediate risk for a reason not identified above (i.e. substance abuse, the displaced children due to man-made and natural disasters.)
### Ways for the community to address basic physical needs of MVCs including food, good nutrition and shelter

#### Food and nutrition
- Educate MVC caregivers and raise community awareness about proper nutrition and provide practical advice about improving nutrition in the household
- Help households to start vegetable gardens (individually or communally)
- Train people in more effective farming practices
- Provide vulnerable households with seeds and tools to cultivate nutrient-rich foods
- Help households to start income-generating activities that can raise money for food
- Help dangerously malnourished children to access food rations mobilised from within the community or from an NGO that provides food aid.

#### Succession Planning / Wills
Encourage all parents and guardians, to make a proper will. This will help ensure that if they die, their assets (property and possessions) are not grabbed by greedy relatives, but go instead to their children, so that for example they can stay in the family home.

### Ways to address stigma and discrimination in the community and provide psychosocial support

Stigma and discrimination against MVCs may persist because of what we DO NOT DO and what we DO NOT SAY in situations which need someone to intervene. For example, if a child is known or thought to be living with HIV or has a disability, and you are in a group that is it making fun of, stigmatising and excluding that child, if you do not say or do anything to change this, you are also contributing to the ongoing abuse.

The emotional stresses for MVCs can be intense, and they may need professional counselling and psychosocial support (PSS) services. However anyone can provide a basic level of PSS by being open, non-judgemental and available for MVC and their carers to talk to if they wish about their issues and concerns.

### Ways to address needs of MVCs for Healthcare
- Make sure that parents and guardians of vulnerable children are informed about causes, symptoms, prevention and treatment of common diseases, including HIV, TB and malaria.
- Make sure that parents and guardians of MVC are aware of medical services available in the community, and assist them to access these services
- Provide MVC and their caregivers with transportation to clinics
- Make sure MVC have access to information about the transmission and prevention of HIV/ AIDs and other STIs.
- Negotiate with clinics and healthcare providers to provide discounted or free health services to vulnerable children
- Provide insecticide-treated bed nets and other methods to prevent malaria
- Ensure that MVCs get recommended immunisations.
- Advocate for more healthcare workers, clinics and health services to be made available in the community.

Preparing MVCs for the future - ways to address needs for School Education and Life Skills

School Education
- Community members can visit parents or guardians who are keeping their children out of school and try to support them to send their children to school.
- Community members can share some of the children’s household tasks so that they can go to school.
- Community members can work with schools to make the curriculum more relevant to the children’s needs; for example, by adding life skills, business training, agricultural training or training in home-based care for ill parents.
- The community can provide children with school and uniform fees.
- The community can negotiate with schools to waive or subsidise children’s school fees.
- The community can raise awareness about HIV/AIDS and disabilities in order to stop stigma and discrimination that often prevents children from attending school.
- Community members can act as tutors to children who are out of school.

Life Skills
Life skills are important to help all children, as well as MVC, to:
• Make positive choices about their health
• Recognise and avoid risky situations and behaviour
• Make informed decisions
• Make a positive contribution to the wider community.

The following are some possible strategies for passing on life skills to MVC:
- Make sure MVC have access to informal and formal counselling in the community, in order to discuss their feelings and problems.
- Make sure MVC are told through words and actions that they are valued and loved.
- Help MVC find positive ways to work through emotions such as grief, fear, anger, stress and depression.
- Encourage MVC to identify and develop their special talents.
- Help MVC stay in school.
- Support MVC in taking positive decisions. Help them to form friendships with like-minded peers through support groups, youth groups or Sunday school classes.
- Ensure that MVC have access to adult support and advice when they need to make difficult decisions.
- Advocate for life skills courses to be made available to MVC through schools, churches, FBOs, and community-based organisations.

Module 11: Malaria Prevention
Why do this module?

By the end of this module, participants will:

- Be clear that malaria is transmitted to humans only by mosquitoes biting them.
- Understand various ways to prevent malaria, including sleeping under Insecticide Treated Nets (ITNs), Indoor Residual Spraying (IRS) and managing the environment to reduce mosquito reproduction.
- Be able to state the benefits of ITNs.
- Be able to address common barriers and objections to using a net.
- Care for and repair their ITNs appropriately.
- Understand what IRS (Indoor Residual Spraying) involves and the cooperation needed from all householders in a community.
- Be able to address common objections to having IRS in their home.
- Know that malaria prevalence is declining in Tanzania.
- Know the common signs and symptoms of malaria.
- Know that not every fever is malaria.

What happens, in short?

Part A: Understanding Malaria (15 mins)
This section clarifies the understanding of malaria – what it is, how it is transmitted, its signs and symptoms and incubation period, and the importance of going early to get tested and treated for malaria.

Part B: Ways to prevent Malaria (10 mins)
This identifies the various options that can contribute to malaria prevention.

Part C: Insecticide-Treated Nets (ITNs) (15 mins)
This focuses on the most effective and crucial way to prevent malaria: using ITNs. Emphasize this part!

Part D: Indoor Residual Spraying (IRS) (15 mins - Optional – only for areas offering IRS)
This explains what IRS involves, its benefits and the cooperation needed from all householders in a community.

Part E: ITN and IRS Wall: Addressing Common Barriers to IRS and ITN use (20 mins)
Participants state objections they have or have heard to ITN use and/or to IRS also (if it is available in their area). The facilitator uses pieces of paper to make a ‘brick’ for each objection and creates a ‘wall’ of reasons why people are reluctant to use ITNs. The facilitator then adopts the objections given by participants, one at a time, and gets participants to develop persuasive arguments and reasons for using ITNs all the time. This allows participants to explore and practice ways of overcoming the objections they have given.

Time required: About 1 hour (extra 15 minutes if including IRS)
Materials

- String – 8 metres, in your kit for Part C
- Mosquito mask (as shown here)
- 10 A5 cards or sheets of paper for Part E
- A flip chart marker

How to facilitate this module

PART A: UNDERSTANDING MALARIA

Step A1. Introduce the topic of malaria

△ Malaria is a sickness that affects many people in Tanzania. Most of the people who are going to the health facilities and hospitals are suffering from malaria. It is likely to be one of the biggest causes of illness and death in your neighborhood too. Malaria is so common that many people think that getting “fever” cannot be avoided. This is not true. Malaria can be prevented and cured!

△ Malaria is reducing in Tanzania, but it remains a major health issue. So this module focuses on both how to prevent malaria and the next module on how to treat it effectively and address issues of malaria and pregnancy.

Step A2: Participants’ experience and perceptions of malaria

? What has been your experience with malaria?

Let participants share experiences for about 5 minutes.

Step A3. How would you like things to be different in the future in your community

? In your community, how would you ideally like things to be in future regarding malaria?

Encourage participants by saying that:

? Efforts to prevent malaria have already resulted in a substantial decrease in the amount of malaria in Tanzania, and it is realistic to look to a future as a virtually malaria-free community.

Emphasize that:

? To achieve this requires the active participation from everyone in the community to implement the malaria prevention measures which we will cover in this session.

Step A4. What is malaria?

Ask participants to define what malaria is. Try to arrive at a consensus on the definition of malaria as a group. Then use the notes below to clarify it.
Definition of Malaria

Malaria is a disease that is caused by parasites that are spread only by mosquitoes. It is dangerous for everyone but especially pregnant women, children under five years old and people living with HIV.

Step A5. How is malaria transmitted?

? What are some of the different ways you have heard people say you can get malaria?

Use the notes below to clarify that the only way malaria is transmitted is through bites from the female anopheles mosquito, and to address common misconceptions.

Malaria Transmission

Malaria is an infectious disease, which means that it can spread from one person to another. But the only way it can spread from one person to another is through the bite of a mosquito.

Not all mosquitoes can spread malaria, only the female anopheles mosquitoes which bite at night.

The malaria parasite lives in and feeds on the blood of an infected person. It is too small to see with your eyes.

When a mosquito bites an infected person, it sucks up some blood, including the malaria-causing parasite. Later, when that mosquito bites a healthy person, the parasite enters that person’s blood and makes him or her ill with malaria.

It takes between 7-20 days after being bitten to start showing signs of malaria. The first and most important sign is fever. If left untreated, malaria can kill very rapidly – especially in more vulnerable populations like pregnant women, children under five years old and people living with HIV/AIDS.

Misconceptions

Some people may believe that drinking beer causes malaria. This is not true, but if the beer drinking is happening at night, then the drinkers may be exposing themselves to malaria-causing mosquitoes, leading them to believe that it is the beer that is at fault.

Some may believe that malaria is caused by the change in seasons when the rains begin. Again, there is an indirect link – since the rainy season usually creates more breeding ground in the form of clean standing water, it is true that there may be more mosquitoes, increasing the chances of being bitten during this time. But it is not the season itself that causes malaria, and you can definitely still get it even when it is dry.
Step A6. Clarify that fever is a symptom of various illnesses, and that malaria testing is the only way to know that it is malaria and not another illness

What are the names used in your community for malaria?

Write down all responses and review them with the group.

Point out that often when a person is said to have ‘fever’, they mean malaria. Fever is one of the symptoms of malaria, but it is also a sign of many other illnesses. Emphasize that malaria should best be called “Malaria”, to avoid confusion with other diseases that also produce a fever. Only a malaria test can show whether it is malaria or something else.

Step A7. Signs and Symptoms

Finding out early if you have malaria is very important because if you don’t treat malaria within one day you can die. So it is important to recognise signs and symptoms that may be malaria.

What are the signs and symptoms of malaria?

If you have a board or flip chart available, write down all responses and review them with the group.

After a few minutes, explain any additional signs and symptoms of malaria from the box below, which were not identifies by participants.

<table>
<thead>
<tr>
<th>Signs and Symptoms of uncomplicated Malaria</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Body hotness or fever</td>
</tr>
<tr>
<td>• Feeling cold and shivering</td>
</tr>
<tr>
<td>• Headache, body pains or joint pains</td>
</tr>
<tr>
<td>• Feeling like vomiting or vomiting</td>
</tr>
<tr>
<td>• Not feeling hungry</td>
</tr>
<tr>
<td>• Diarrhoea</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signs and symptoms of severe and complicated Malaria</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Unable to drink water (in children, this includes inability to breastfeed)</td>
</tr>
<tr>
<td>• Vomits everything</td>
</tr>
<tr>
<td>• Drowsiness or unconsciousness</td>
</tr>
<tr>
<td>• Convulsions</td>
</tr>
<tr>
<td>• Anaemia</td>
</tr>
<tr>
<td>• Extreme weakness</td>
</tr>
</tbody>
</table>

Step A8. Emphasise the importance of going to a health facility to check if you have malaria within one day of symptoms starting.

What should you do once you see fever with any of the signs of uncomplicated malaria?

Clarify as follows:
Within one day of noticing the first signs and symptoms of malaria, go to the health facility to check if you have malaria. Only a trained health provider can tell you for sure. Don’t wait until the disease becomes severe!

• If it is confirmed as malaria, start the Dawa Mseto treatment immediately. This, the only truly effective treatment, is currently only available at health facilities.
• Take the correct amount of Dawa Mseto as explained to you at the health facility.
• If the fever does not go away after two days of treatment, return to the health center. Don’t wait until you see signs or severe or complicated malaria.
• Take ALL the medication as directed!
• If test results show that you do not have malaria, the health service provider will do other tests to find out the cause of your symptoms (fever) and treat you accordingly.

PART B: WAYS TO PREVENT MALARIA

Step B1: Identify all the key ways of preventing malaria

Malaria prevention means keeping mosquitoes from biting humans

What methods do you know for keeping mosquitoes from biting people? Describe how the methods work.

Ensure that all the methods in the box below are covered.

Malaria prevention methods and how they work

• Using Insecticide-Treated Nets (ITNs)
  How it works: These are better than plain mosquito nets because in addition to providing a barrier between you and the mosquito, they repel and kill malaria transmitting mosquitoes.

• Indoor Residual Spraying (IRS) or spraying insecticides on the walls of houses (done by special teams)
  How it works: Mosquitoes need to rest on a wall after feeding to digest the blood. Insecticides on the wall will kill mosquitoes before they can go on to feed from another person. If almost all the walls in a village are properly sprayed, IRS can be a very effective way to kill mosquitoes and reduce transmission of malaria. This is available only in some parts of Tanzania, not everywhere.

• Using mosquito repellent sprays and lotions
  How it works: Mosquito repellent spray or lotion can be sprayed or applied to onto arms, legs and other exposed areas of skin to stop mosquitoes from biting.
• Mosquito coils
  *How it works:* The smoke from burning mosquito coils repels mosquitoes.

• Putting screens on windows, doors and other openings
  *How it works:* Prevents mosquitoes from entering the house and biting humans

• Environmental sanitation
  *How it works:* Mosquitoes that carry malaria lay their eggs in pools of water where the water is fresh, standing still or moving slowly. If you fill up the holes which may hold water and cover water containers, you reduce the number of mosquitoes and thus reduce the number of bites that could cause malaria.

• Larviciding
  *How it works:* Larvicides can be used to kill the mosquito larvae in areas where there are just a few breeding sites. Currently the only larviciding programme in Tanzania is in Dar es Salaam.

Of all these methods, Insecticide Treated Nets are by far the best! Even if you use any other methods, you should ALSO use a net every night.

Nearly all the ITNs now supplied in Tanzania are **Long-lasting nets:** These do not need retreatment even if they are washed. They have been made with special material that has been embedded with the insecticide to kill and repel mosquitoes. They should last for five years, if looked after well. These nets are also referred to as Olyset nets.

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Part C: Insecticide Treated Nets (ITNs)

**Step C1: Explain about ITNs and how to make best use of them, as if talking to someone from a country without malaria.**

⚠️ Imagine that I have just arrived with my family from Cape Town (where there is no malaria) to live for the next 5 years in Tanzania. I know nothing about ITNs. Explain to me what I need to know about ITNs, how and where to get them, how many I need, how to make most effective use of them to prevent malaria, and what are their benefits.

⚠️ I will ask each person to tell me one thing about ITNs and then I will move to the next person.

Let each person say just one thing, then move to the next person. If that person cannot think of anything to add, move to the next person. Continue until nobody else can think of anything. Then summarise the ideas, and bring out any points in the boxes below that have not been mentioned:
It is very important for participants to understand the benefits of ITNs and how to make most effective use of them. Emphasize the points below, in the two boxes.

**How to make most effective use of ITNs for best protection**

1. **Obtain enough insecticide treated mosquito nets for your family**
   - If possible, get enough mosquito nets for all the members of your family. If you sleep under an ITN, it will assure you not only a comfortable sleep, but also protection against malaria. Purchasing an ITN is not expensive compared to the cost you will incur once one of your family members is sick from malaria.

2. **Make sure mosquitoes cannot get in**
   - Tuck the net under mattress or sleeping mat properly
   - Check regularly that there are no holes in your net

3. **Look after and repair your net**
   - Fix even small holes in the net as soon as they appear, to make sure that mosquitoes cannot get in. You can tie, patch or stitch holes in nets.
   - Fold or tie net away when not in use to keep out of reach of children, do not let children play with a net. When you tie your net every morning, your house looks neat.
   - To avoid attracting rodents, do not soil a net with food, keep food away from nets
   - Try to get rid of rats in your house
   - Let the big sister/brother tuck/untuck/fold to avoid damaging the net
   - Wash nets only when dirty and no more than once every three months, wash gently with mild soap

4. **Sleep under the insecticide treated mosquito net EVERY night**
   - If there is only one net in the home, ensure that children under five and pregnant women sleep under it.

5. **Use nets all year-round**
   - Malaria mosquitoes are clever – they sneak into your house late at night when you do not see them and think you are safe without a net.
   - Because the parasite needs time inside the mosquito, it’s the older mosquitoes that are the most dangerous; so they can still be around even after the rains have ended and the other mosquitoes have reduced in numbers.

6. **Have everyone use an ITN**
   - The more ITNs in a neighbourhood, the more mosquitoes will die.
   - If everyone is using an ITN, there are fewer people with parasites available to infect the mosquitoes, and fewer of the bites that do happen will be dangerous.
Step C2. Game to clarify importance of net care and repair

Using the 8 metre length of string in your CRK, make a rectangle about 2m x 1.5m (i.e. the size and shape of a bed.) You could also mark the rectangle with chalk on a hard floor, on with a stick in earth or sand.

Explain that this area represents a bed. Ask for one participant to come and sit or lie on the ‘bed’.

Ask for about 8 other participants to come and stand along the edges of the rectangle you have created. Explain that they represent the net which surrounds this bed. The number of participants should be too few to surround the bed completely, so there are at least one or two gaps or ‘holes’ in the net.

Ask for one more participant to represent a malaria carrying mosquito. Give them the mosquito mask to wear. Tell them to find a hole in the net so that they can get through and touch (i.e. bite) the person on the bed. Ask:

\[ \Delta \text{ What must the owner of this net do?} \]

When someone suggests repairing it by stitching, tying or patching it, say you will repair the net by patching it with some extra material. Ask for about 6 more participants to be the patching material, to be sewn into the net. They should join the wall of people representing the ITN, and all link arms so they form a tight wall around the ‘bed’.

Now ask the ‘Mosquito’ to try again to get through the ‘net’. This time they should not be able to penetrate the net.

Emphasise that:

\[ \Delta \text{ A mosquito can get through even a small hole or tear in the net, so it is very important to look after the net, check regularly for holes, and to repair even small holes as soon as you find them, before they get any bigger.} \]

Benefits of ITNs

- A good night’s sleep without the annoyance of mosquitoes!
- They provide physical protection from mosquito bites.
- The insecticide in ITNs kills and repels mosquitoes.
- Community benefits: More ITNs means fewer mosquitoes, including fewer infected, dangerous mosquitoes, and fewer bites! The amount of malaria in communities throughout Tanzania is reducing because of this!
- ITNs are the most effective way to prevent malaria, used properly they can cut the number of malaria cases in half!
PART D: INDOOR RESIDUAL SPRAYING (IRS) (Optional)

Note: This part is optional – include only if IRS has been offered or is likely to be offered in that area.

Step D1. Ask and clarify what IRS involves and where it is available

Ask and discuss: What do you understand by Indoor Residual Spraying?

Then clarify:

Indoor Residual Spraying is spraying insecticides on the walls, roof and eaves of all houses in a given area in order to kill adult mosquitoes that land and rest on these surfaces.

In Tanzania, not all areas qualify for IRS, and the government determines which areas will be selected for spraying. Spraying is done in selected areas where there is a confirmed malaria epidemic. IRS has proved to be effective in Zanzibar, Karagwe, Mwanza, Mara, Geita and Muleba.

Step D2. Clarify how IRS works

Ask and discuss: How does IRS work?

Then clarify:

Mosquitoes need to rest on a wall after feeding to digest the blood. Insecticides on the wall will kill mosquitoes before they can go on to feed from another person. If almost all the walls in a village are properly sprayed, IRS can be a very effective way to kill mosquitoes and reduce transmission of malaria. If IRS team visits your community, you need to respect their instructions so that you can benefit from spraying.

Even after your house has been sprayed, you are supposed to continue using a net to avoid any chances that some mosquitoes might survive by hiding in areas where sprayers could not reach and thus bite you when you are asleep and transmit malaria.

Step D3. Outline what happens if an area is selected for IRS

Explain:

If your area has been selected for IRS, the following should happen before, during and after the spraying:

- **Before spraying**, an IRS team will visit your community and will answer questions and concerns you may have about the spraying. They will clarify the benefits of spraying, and agree plans for when they will actually do the spraying.

- **During spraying**, carefully follow the instructions and agreements that you have reached with the IRS team, and cooperate with them. This includes removing furniture and other items from against the walls of your house, and then returning them after the spraying.

- **After spraying**, keep using an ITN every night!
PART E: ITN and IRS WALL: ADDRESSING COMMON BARRIERS AND OBJECTIONS TO ITN USE AND TO IRS

Step E1. Build the wall of objections to ITN use and IRS

Ask participants and brainstorm:

△ What are some of the reasons why you do not always use an ITN, or that other people give for avoiding ITNs?

△ What are the reasons why some people may refuse IRS?

Write each reason given by participants on an A5 sheet of paper or card with a flip chart pen or marker, and stick it on a flip chart, board or on a wall, so that it becomes the first brick of the wall of objections to ITN use. You can also lay the ‘bricks’ on the floor or ground where participants can see them.

Add about 10 other ‘bricks’ with different objections next to and above the first one, so that you build the ‘wall of objections’, as shown here.

Step E2. Divide the group into two teams and explain what will happen

Divide the group ‘down the middle’ into two teams, with one team sitting either side of the training area. Explain that:

△ I will pretend to be someone who has a reason for not using an ITN, or for refusing IRS that is written on one of the bricks. Your team must try to persuade me to use a ITN despite my objection. If your team members are successful in overcoming my objection and convincing me to use an ITNs or have IRS in my house, your team will win the brick. If not, the other team will have a chance to try.

Step E3. Facilitator adopts the objection on one of the bricks and gets participants in one of the teams to try to overcome that objection to ITN use.

Pick one of the objections (such as “It is too hot under a net”) and say to one of the teams, for example:

△ ITNs stop the air flowing and I feel too hot under a net, so I don’t use one when it its hot.

The team members should try to convince you to use an ITN all the time, even when it is
hot. If their arguments and approach is convincing, take the “Too hot” brick and give it to that group. If not very convincing, give the other team a chance to try to convince you. Then share any additional ideas you have and from the tables below:

- Table 1: Ideas for addressing to common objections to ITN use
- Table 2: Ideas for addressing to common objections to IRS

**Step E4. Dismantle the wall by getting participants to overcome the other objections to IRS and ITN use**

Repeat Step 11 with a different objection to either IRS or ITN use (on another brick), starting with the other team. Continue until all the bricks are removed and the wall dismantled.

<table>
<thead>
<tr>
<th>Table 1: Ideas for addressing to common objections to ITN use</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reasons for non-use of ITNs</strong></td>
</tr>
</tbody>
</table>
| Fear of suffocation/heat / “too hot under a net”.             | • Educate that there are holes in the net to let air in – these holes are large enough for air to pass and reduce heat as well but small enough to keep out mosquitoes.  
  • *Is it not better to feel a bit hot than to risk malaria?*
| Feels like being in a jail / coffin                          | • Better to be in an ITN ‘coffin’ and wake up than to be in a proper coffin where you do not wake up because of malaria. |
| Mosquitoes can squeeze through the holes in the netting.     | • Educate that holes let air in but are too small for mosquitoes |
| The nets are itchy                                           | • Arrange the nets so you do not touch of rub against them when sleeping  
  • Better slightly itchy than having malaria |
<p>| Quality of nets purchased with a discounted voucher thought to be poor | • Educate that this is not true. The MoHSW and other distributing programs give them at a discount to you because malaria prevention is so important. The true cost is much higher than what you pay and you are paying for a quality net that is the same as one you would pay a lot more for. |
| Space (too large net for small house/bed)                    | • Nets are available in different shapes and sizes. You can buy a net depending on the size of your bed/house and your personal preference. |
| Fear of fire                                                 | • Educate that need to keep nets away from fire |
| My net is torn or has a hole                                 | • Repair it. You can tie, patch or stitch holes in your net. If the tears cannot be repaired, get a new net. |
| Fear that children will get sick or die from sucking on bed nets. Fear that the ITNs may cause infertility. | • Educate that this is false - the type and amount of dawa in a net is specially targeted to mosquitoes, not children, and it does not affect people’s health or fertility. |</p>
<table>
<thead>
<tr>
<th>Number of nets per household – is there enough for everyone in the household? What if a guest comes?</th>
<th>• Remind people that there are many programs in place to ensure that nets are affordable – remember the discount vouchers to pregnant women and children under five for purchasing nets with a very small top up amount. Vouchers are available in all ANC clinics. Also, having more nets kills more mosquitoes and improves the results for the whole household! Everyone deserves protection and benefits from it.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not knowing where to get a net</td>
<td>• Educate them on where to get nets.</td>
</tr>
<tr>
<td>The (white) colour of the bed net resembles a shroud/get dirty easily.</td>
<td>• If the white colour is not your preference, there are other colours available.</td>
</tr>
<tr>
<td>Challenges of hanging a net.</td>
<td>• Find out why they do not get hung, and address those reasons. Offer advice and where practical assistance with hanging the nets.</td>
</tr>
<tr>
<td>A real man is tough and does not need to sleep under a net – that is just for women and children</td>
<td>• A tough man does not scare a mosquito! A man must be responsible and keep himself strong and healthy so that he can look after his family.</td>
</tr>
<tr>
<td>Cost</td>
<td>• Educate that nets are available for free/low cost for vulnerable groups. For example, there is a discount voucher to pregnant women and children under five for purchasing nets with a very small top up amount. These vouchers are available in all ANC clinics. • Ask about what they want to achieve in life, and how important maintaining their health is for this. Then point out that the cost of a net is a small amount to pay to achieve this.</td>
</tr>
</tbody>
</table>
### Table 2: Ideas for addressing to common objections to IRS

<table>
<thead>
<tr>
<th>Reasons for avoiding IRS</th>
<th>Solutions / Possible responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hassle of having to move household possessions out and then back in again after spraying</td>
<td>It is a small time to spend, for the benefits of being free of malaria and sleeping better. The benefits outweigh the work that the households need to do to prepare for spraying.</td>
</tr>
<tr>
<td>Insecticide is not safe.</td>
<td>The type and amount of dawa is specially targeted to mosquitoes, and does not make humans sick.</td>
</tr>
<tr>
<td>It brings out other bugs and insects</td>
<td>If other bugs and insects come out as a result of the spraying, this may cause short term minor irritation compared with the long term benefit of being better protected from malaria.</td>
</tr>
</tbody>
</table>

### Step E5. Review learning and check for further questions

Ask if there are any questions or issues participants have around malaria prevention.

If participants ask questions about malaria during pregnancy and malaria treatment, answer briefly and explain that these issues will be addressed further in the next module.

Ask participants to state what they have learnt from this module. If they do not come up with all the Key Messages in the box below, add those that they have missed.

### Key Messages

- Malaria is transmitted to humans only by mosquitoes biting them, and preventing malaria means preventing mosquitoes from biting them.
- Ways that help prevent malaria include:
  - Using Insecticide-Treated Nets (ITNs)
  - Indoor Residual Spraying (IRS) - spraying insecticides on the walls of houses
  - Putting screens on windows, doors and other openings
  - Environmental sanitation – making sure that there are no pools or containers of water left open for mosquitoes that carry malaria to lay their eggs in.
- Making proper and effective use of ITNs is the best way of preventing malaria.
- Get enough nets for all your family, but give priority to pregnant women and children under 5.
- Sleep under a well maintained ITN every night throughout the year.
- Care for and repair your ITNs as necessary.
- Cooperate with and support an IRS program if it is offered in your community.
- Know the common signs and symptoms of malaria
- Not every fever is malaria – fever is a symptom of various illnesses, and you must get tested to find out for sure.
- Malaria is reducing in Tanzania, but it is still a very major health issue that the whole community needs to address.
Module 12:
Malaria Treatment and Malaria in Pregnancy

Why do this module?

By the end of this module, participants will:

- Know the dangerous implications and consequences of getting malaria during pregnancy
- Ensure that pregnant women and children under 5 sleep under a treated net every night
- Appreciate the importance of early ANC attendance
- Know the importance of taking at least three doses of SP during pregnancy
- Recognise the importance and reasons for early testing and treatment of malaria
- Test for malaria before buying or receiving treatment for malaria
- Trust the results of the malaria test
- Not take an antimalarial medicines if the test is negative
- Take ACTs or other recommended treatment if the test is positive, and complete the full treatment dose.

What happens, in short?

Part A: Different causes of a fever and when to go for malaria testing and treatment (20 mins)

An activity with masks demonstrates that there are various diseases in Tanzania which can cause a fever, and that it is important to get tested for malaria first, and to treat for malaria only if the result is positive. Emphasis is placed on the importance and reasons for early testing and treatment of malaria.

Part B: Anti-Malarial drugs and completing the treatment (10 mins)

This part briefing introduces the current recommended malaria treatment regimen in Tanzania, and emphasises the importance of completing all doses.

Part C: Malaria in Pregnancy (30 mins)

This clarifies the particular problems posed by malaria in pregnancy, and the key ways to prevent it, including ANC attendance from early in pregnancy, getting 3 doses of SP during pregnancy, sleeping under a well-maintained ITN every night and early testing for malaria if showing any symptoms. Participants first brainstorm and then prepare and present a short drama to clarify what men and others in the community can do (or should not do) to help prevent a pregnant woman getting malaria.

Materials

- Images of a man and pregnant woman:
- 3 Masks:
How to facilitate this module

**PART A: DIFFERENT CAUSES OF A FEVER AND WHEN TO GO FOR MALARIA TESTING AND TREATMENT**

**Step A1. Three participants with masks representing malaria and other causes of fever each touch another participant**

- **We are going to do an activity about the causes of fever, and what to do if you have a fever.**

Ask for three volunteers from among the participants to come to the front of the training area. Give the mosquito mask and the two infection masks as shown here to the three volunteers, and ask them to put on the masks, making sure they are the correct way round so that the mosquito and green ‘infection’ images are showing, as here:

**Explain:**

- **These three people with masks represent the malaria mosquito and two other diseases which can also cause a high fever.**

- **These diseases move around your community and may touch you. Malaria is most likely to touch you if you do not sleep under a net every night, or if your net has holes in it.**
Imagine that it is night time, so please close your eyes for one minute. These diseases will now move around behind the group and each disease will gently touch a different person in the group.

Each of these 3 diseases will touch and ‘infect’ only one person each.

Make sure everyone in the group (except for the 3 wearing the masks) have their eyes closed. Get the 3 people wearing the masks to quietly walk behind the group and each touch a different person on the back. Make sure that each person with a mask touches only one person.

**Step A2. Introduce testing and treatment options for those with a fever**

Tell everyone to open their eyes again. Ask the three people who were touched to come to the front and ask them:

- Which disease do you think has touched you?
- How do you feel about that?

Say to them that:

Two or three weeks later, you have all three developed a high fever. Very close to your homes is a Duka la Dawa Muhimu (DLDM), which sells malaria treatment medicines, but currently cannot offer malaria testing. The nearest health facility takes about an hour to walk there and back. The health facility offers malaria testing and treatment.

- What are your options? What are you going to do? Do you:
  - buy the malaria medicines and start treating yourself?
  - go the extra distance to the clinic to test for malaria, and get treatment accordingly?
  - wait and see how the fever develops?

Allow each ‘person with a fever’ to each say what they would do. Then ask all the other participants what advice they would give to the three people with a fever.

**Step A3. Clarify the consequences of different options**

If one or more of the people with a fever (or any of the participants) says they will go straight to buy and start using malaria treatment medicines, ask, discuss and clarify:

- What would be the consequences if this person actually has malaria?
• The treatment would help, but the malaria treatment medicines supplied may not be as effective as those from a health facility.

? What would be the consequences if this person did not have malaria?
• The malaria treatment would have no effect at all.
• It would be a waste of their money.
• It could lead to them building up resistance to the malaria treatment, so when they actually get malaria, the treatment will not work as well.
• It would delay finding out and starting the correct treatment for the disease that is actually causing the fever. This may have severe health consequences.

If one or more of the people with a fever (or any of the participants) says they should go first to the health facility to get tested for malaria, ask, discuss and clarify:

? What would be the consequences if this person actually has malaria?
• They will undergo a malaria test that is quick, reliable and accurate, such as the mRDT. If it is malaria, you can start malaria treatment straight away, knowing that this is definitely the correct treatment.

? What would be the consequences if this person did not have malaria?
• You would find out quickly that it is not malaria. The test is reliable and you can trust the result.
• The medical staff at the health facility can then diagnose and correctly treat whatever other disease is causing the fever.
• You do not waste money on treating the wrong disease.

If anyone says they should go wait and see how the fever develops, discuss and clarify that this is very risky. If malaria and some of the other diseases which cause a high fever are allowed to develop without treatment, they can cause permanent damage or death.

Ask the 3 people with the masks to say who they actually touched, and see what the consequences would have been for each.

Thank those who participated and invite them to sit down.

Step A4: Emphasise the importance of early testing and treatment of malaria

Early diagnosis and treatment of malaria is important for everyone, but in particular for pregnant women, children under five years and people living with HIV. All of these groups can get malaria more easily than others. There is also a higher risk of malaria quickly becoming severe in these groups – which is why early treatment is particularly important for these groups.

Step A5: Summarize the reasons for early diagnosis and treatment of malaria

If someone has shown early symptoms of malaria especially fever, shivering, or head, body or joint aches; particularly an under five child, a pregnant woman or a person living with HIV or AIDS, they should attend a health facility same or next day so that they can get tested and treated if the result is positive.
Any adult or child showing even one of the following danger signs for severe malaria should be taken to the health facility immediately:

- Unable to drink water (in children, this includes inability to breastfeed)
- Vomits everything
- Drowsiness or unconsciousness
- Convulsions
- Anaemia
- Extreme weakness

Why do you think early treatment of malaria is so important?

Listen to the responses, then add anything missed from the list below.

Reasons for early treatment of malaria

- To minimize the danger of developing severe malaria which could result in disability or death
- To reduce the possibility of paying for treatment for severe malaria which is more expensive
- To reduce potentially lost income - the longer someone is ill with malaria, the less time they are able to spend at work
- For children, to reduce school absences caused by lengthy illness
- To break the transmission cycle - the sooner you are cleared of malaria, the sooner this will happen, so a mosquito biting you will not pick up the parasite and then bite someone else and give it to them.

PART B: ANTI- MALARIAL DRUGS AND COMPLETING THE TREATMENT

Step B1. Malaria Treatment and adherence to complete the doses.

Malaria is treated with ‘ACTs’, a combination therapy drug which combines two other anti-malarial drugs to make the treatment more effective. In Tanzania a widely used ACT to treat malaria is ALU, which is sometimes called Dawa Mseto ya Malaria. ALU is available at health facilities and in all ADDOs (Accredited Drug Dispensing Outlets).

Check the expiration date on the medication you receive before you leave the health facility. If the medicine is expired, ask for another.

ACTs must be taken as directed by the health service provider. Make sure you finish all malaria medication as prescribed by the health service provider.

If you are feeling better after one or two doses, why is it so important to finish
If you stop early, before the treatment has worked fully, the malaria may come back, and become resistant to the drugs.

In many communities, there are also traditional healers who offer treatment for malaria. However, while beliefs may be strong that such traditional medicines work, they may be used in addition to approved treatment available at health centres and hospitals – and not in place of these treatments!

**Step B2. Questions and Key messages on Malaria Treatment**

Ask if participants have any question or comments regarding malaria treatment, and respond accordingly.

Ensure that participants are clear about the following Key Messages on malaria treatment.

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**Key Messages: Malaria Treatment**

- It is very important to get to a health facility within same or next day of noticing the first signs and symptoms of malaria – don’t wait until the disease becomes severe.

- Not all fevers are malaria; test before getting treatment so that you get the right medication. Only a trained health provider using a proper malaria test can tell you for sure whether or not you have malaria.

- Get tested before your start any treatment. That way you’ll get the medicine you need to get better and won’t waste money on medicine you don’t need.

- Trust the result of the malaria test, even if it is not what you expected.

- Do not take an antimalarial if the test is negative.

- Take ACTs or other recommended treatment if the test is positive.

- Use ACTs/Dawa Mseto to treat confirmed malaria and make sure you complete the dose even if you start feeling better after the first or second dose.
PART C: MALARIA IN PREGNANCY

Step C1. Problems caused by malaria in pregnancy

Δ We are now going to focus more on malaria in pregnancy. Malaria affects people of all ages, but it is especially dangerous to young children and pregnant women. Malaria during pregnancy is a threat to both the mother and the unborn baby.

Show this picture of a pregnant woman. Ask participants to give her a name. In the facilitation notes we have used the name “Grace” but replace this with whatever name your participants choose for her. Ask:

? Why do you think Grace is looking grumpy? Might it be because of malaria?

Δ Break into pairs. In your pairs discuss what problems malaria may cause Grace or other pregnant women. The group will hear your ideas in few minutes.

After a few minutes, ask for volunteers to share what they discussed. Add any of the following points in the box “Problems caused by Malaria in Pregnancy” that are not mentioned.

Problems Caused by Malaria in Pregnancy

• A pregnant woman may have the malaria parasite in her blood but show no signs of malaria. This is because it takes some time for the person with malaria parasites to start showing malaria symptoms. Also, by the time she starts showing symptoms, the parasite might have infected the placenta already.

• Malaria can cause anaemia. Anaemia can make the woman very tired and weak. Severe anaemia kills pregnant women through heart failure, and makes women less able to withstand even moderate blood loss at delivery. This puts the woman at a much greater risk of dying during childbirth.

• Malaria in pregnancy can also lead to problems for the unborn baby. Malaria can infect the “placenta.” The placenta is what feeds the baby while it is in its mother’s stomach. This infection can lead to a newborn who is too small and weak. Children who are small or weak at birth are more likely than other children to die in the first year of life.

• Anaemia can also cause children to be born too small and weak.

• Pregnant women who are living with HIV are at greater risk of having all the health problems associated with malaria during pregnancy because their immune system is weakened.

Step C2. Preventing malaria during pregnancy
Knowing the problems that malaria causes during and after pregnancy leads us to ask: “What can we do about it? What can Grace do to prevent malaria during her pregnancy? What can her husband/partner, other family members, friends, neighbours and community members do to support her?”

What are some of the important things to do to prevent malaria during pregnancy?

After participants have answered, confirm as follows:

1. Every woman should attend ante-natal care (ANC) as soon as she suspects she is pregnant (before 12 weeks of pregnancy).
2. During pregnancy, she should get at least three doses of SP, a medicine to prevent the effects of malaria during pregnancy. These are provided for free as part of ANC. (The recommendation used to be 2 doses of SP, but at least 3 doses of SP during pregnancy has proven much more effective.)
3. All pregnant women (as well as children under 5) must sleep under an ITN every night.
4. Every pregnant woman should go to the health facility for diagnosis and treatment as soon as she has a fever or other malaria symptoms. Malaria is very dangerous for her and for her baby.

Step C3. Brainstorm what men and others in the community can do (or do not do) to support a pregnant woman in preventing malaria

Show these pictures of a man with the pregnant woman (“Grace”). Say that the man is Grace’s husband or partner. Ask participants to give him a name. In the facilitation notes we have used the name “Steven” but replace this with whatever name your participants choose for him. Ask:

What can Steven do to support Grace? What members do to support her?”

We know that women should attend to clinic as soon as they discover they are pregnant. However, many women do not attend the clinic as early as suggested. Men play a role in either facilitating or hindering women’s early clinic attendance and also how quickly they get to clinic if the pregnant woman has a fever or other malaria symptoms.

What can Steven do that helps Grace to prevent malaria?

What might men sometimes do or say that hinders malaria prevention during pregnancy?

If you have a flip chart or board, write a list of answers for each question, with the headings “things men can do to help” and the other “things men should not do”. The table below gives some ideas to suggest or add if participants do no suggest them:
### Things men can do to help

- Encourage your partner to go to ANC as soon as she suspects she may be pregnant.
- Go with your wife or partner to ANC.
- Ensure that your pregnant partner sleeps under a net every night.
- Check that the bed net is in good condition, with no holes. Ensure it is repaired or replaced if necessary.
- Have a plan in place for getting his partner to the nearest health facility quickly should she have any worrying symptoms.

### Things men should not do

- Delay or prevent their pregnant partner from going to ANC.
- Insist on going only to a traditional healer during pregnancy.
- Spend or use emergency transport money put aside for her to get quickly a health facility quickly.

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**Step C4: (optional) Prepare plays in two groups on what men should / should not do**

Divide participants into two groups, e.g. by counting off 1 and 2.

- We are going to act out two plays based on the information we have discussed.
- Group 1 will depict the situation when men are doing things they are not supposed to do – things that hinder malaria prevention during pregnancy.
- Group 2 will depict the situation when men are doing and saying things which support and encourage malaria prevention during pregnancy.
- Each play should be no more than 5 minutes long.

Let each group develop and rehearse their play.

**Step C5: Act the plays and discuss the messages and learning from them**

Get each group in turn to act their play. Ask at the end of each play:

- How do you think the play has helped you understand the role of men in preventing malaria during pregnancy?
- Do you think there is even more that men, women, neighbours, relatives or other community members can do? What suggestions do you have?

**Step C6: Any questions on preventing malaria during pregnancy**

- Do you have any questions or comments regarding preventing malaria during pregnancy?

Respond to their questions and comments.

**Step C7. Review learning and key messages**

Ask participants what they have learnt from this module. Check that they have clearly grasped all the Key Messages below.

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*Safari ya Mafanikio – Trial Edition
April 2015*
Key Messages: Malaria in Pregnancy

- Malaria during pregnancy is a serious health threat for both the mother and unborn child. Start ANC attendance as soon as you suspect you are pregnant.
- Take at least three doses of SP during pregnancy.

Ensure that pregnant women and children under 5 sleep under a treated net every night.