‘HIV/AIDS Awareness’

for

Elementary and Primary School communities

Ideas for school-based capacity building activities
booklet 11

Department of Education and
Department for Community Development
Acknowledgements

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SECRETARY’S MESSAGE

This school–based capacity building series is a step towards institutionalising capacity building. This series contains activities to enhance the capacity of community members, primary school Boards of Management (BoM), head teachers, inservice coordinators, and teachers to better perform their current work responsibilities. These school-based activities support and strengthen work-place skills and knowledge and enhance individual personal development.

Teachers, BoMs and communities can decide which capacity building activities are needed and the approach you will use.

Primary school teachers and school community members can use these capacity building activities for your personal and professional development, and the needs of children you teach. These capacity building activities can be undertaken by groups or individually. The Papua New Guinea Education Institute will provide accreditation to their students on the completion of assessment tasks.

The capacity building activities in this booklet help you learn about:

- The HIV/AIDS Policy
- what HIV and AIDS are
- what STIs are
- how HIV/AIDS is transmitted from one person to another
- how HIV/AIDS is not transmitted
- testing and counselling
- protection and prevention
- support and treatment
- gender and HIV/AIDS
- how to care for community members with HIV/AIDS
- two dramas that students can perform the community that will illustrate how HIV/AIDS is spread, and how to care for community members with AIDS

The Department of Education has developed a HIV/AIDS policy and these materials are in line with that policy.

I commend these activities to you.

Dr Joseph Pagelio
Secretary for Education
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Overview

School-Based **HIV/AIDS awareness** capacity building activities

**Goal:** These activities are designed to help you understand the effect of HIV/AIDS and to help carry out basic awareness in schools and the communities. This unit on will help you to support initiatives taken by the Department of Education in implementing the HIV/AIDS Policy and the key strategies suggested in that policy.

**Rationale:** Papua New Guinea is faced with the HIV/AIDS epidemic which we must response to in our school programs. Schools must be seen as a means of providing information about HIV/AIDS. You must be committed to the fight against HIV/AIDS. You must understand the disease and be able to explain the disease to your students and community.

This booklet on HIV/AIDS will help you through a series of study readings, discussions, role plays, sharing results, debates and case studies. In this package there are four topics:

1. HIV/AIDS Policy and Law – 4hrs
2. Lets Learn about HIV/AIDS- the fact sheets – 4 hrs
3. Caring for Friends and Relatives - 3 hrs
4. HIV/AIDS Dramas – 3hrs

Activities can be completed by an individual or a group. We suggest you work in pairs or small groups. If you have the HIVAIDS Flipchart that should also be used.

**Facilitator:** If you have a large group, select one person to facilitate each topic.

**Participants:** The capacity building activities are for the teachers, Head teachers, BoM members and P&C representatives in the school.

**Materials:** This booklet and the HIVAIDS Flipchart, topic notes, butcher paper and marking pens.

**Signposts:** The capacity building activities use the following signposts:

- 😊😊 work in pairs or groups (tok tok wantaim)
- 📖📖 read the information in the book or flipchart (redim)
- ✍️✍️ write a response (rait)

There are model answers in the book. Your answers are different so there are no model answers

**Assessment:** Students enrolled in Diploma Education Primary Inservice (DEPI) studies can get credits if they submit their work to an assessor.

**Note:** The four sessions are on pages 37 to 40 of this booklet.
<table>
<thead>
<tr>
<th><strong>Glossary</strong></th>
<th><strong>Definition</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HIV</strong></td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td><strong>AIDS</strong></td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td><strong>Immune</strong></td>
<td>Protection from disease</td>
</tr>
<tr>
<td><strong>Dementia</strong></td>
<td>Mental disease (going longlong)</td>
</tr>
<tr>
<td><strong>Transmission</strong></td>
<td>Passing from one person to another person</td>
</tr>
<tr>
<td><strong>Window period</strong></td>
<td>The period of time between infection with HIV and when the body develops antibodies</td>
</tr>
<tr>
<td><strong>Rapid Testing kits</strong></td>
<td>Blood tests that show if a person has HIV</td>
</tr>
<tr>
<td><strong>Counselling</strong></td>
<td>Advice to help a person to deal with HIV/AIDS</td>
</tr>
<tr>
<td><strong>Confidentiality</strong></td>
<td>Keeping the information private between the counsellor and the person with HIV</td>
</tr>
<tr>
<td><strong>Voluntary Testing</strong></td>
<td>A person decides if he or she will have the HIV test or not.</td>
</tr>
<tr>
<td><strong>Protection</strong></td>
<td>Different ways you can use to stop getting HIV</td>
</tr>
<tr>
<td><strong>Treatment</strong></td>
<td>Medicine that will help improve your life with the HIV virus</td>
</tr>
<tr>
<td><strong>Antiretroviral Treatment (ART)</strong></td>
<td>Treatment using drugs that stop the virus from reproducing and slow the spread of the disease</td>
</tr>
<tr>
<td><strong>Gender issues</strong></td>
<td>The nature of a woman's body, domestic violence, church and cultural beliefs make women more likely to be infected.</td>
</tr>
<tr>
<td><strong>Abstinence</strong></td>
<td>Not having sex</td>
</tr>
<tr>
<td><strong>Epidemic</strong></td>
<td>A disease that spreads through a lot of people</td>
</tr>
<tr>
<td><strong>Condom</strong></td>
<td>Male and female condoms can protect people from HIV/AIDS during sexual intercourse</td>
</tr>
<tr>
<td><strong>Stigmatize</strong></td>
<td>The negative attitude and fear towards people living with HIV/AIDS.</td>
</tr>
<tr>
<td><strong>STI</strong></td>
<td>Sexually Transmitted Infections such as Gonorrhoea, Syphilis, Herpes, etc.</td>
</tr>
</tbody>
</table>
1. Introduction

PNG Law - The HIV/AIDS Management and Prevention Act (HAMP Act)

There are important documents that help school communities understand what they need to do about the HIV/AIDS epidemic. ie.

- The HIV/AIDS Management and Prevention Act (HAMP Act)
- HIV/AIDS Policy for the National Education System of Papua New Guinea

Background information about the HAMP Act:

- Made law in June 2003, passed in Parliament by all MPs
- Based on human rights and Christian principles
- Accepts that repression and abuse of people living with HIV/AIDS makes people too afraid to talk about HIV/AIDS, too afraid to be tested and, worst of all, too afraid to find out what to do to protect themselves and their families and loved ones from infection.
- The HAMP Act encourages voluntary counselling and testing (VCT).
- All people must be protected by law whether they have HIV/AIDS or not
- All people affected by HIV should have the same human rights as everyone else (right to work, housing, education, respect etc)
- People with the virus should act responsibly to make sure they do not pass HIV on to anyone else

Sections of the HAMP Act

1. Discrimination (treating people badly).
   It is against the law to...
   - expel a pupil from school because they are HIV positive or have HIV positive families
   - refuse to employ a teacher because they are suspected of being HIV positive

2. Stigma (do or say something to make people hate people with HIV/AIDS).
   It is against the law to...
   - give a speech saying HIV only attacks sinners
   - accuse someone distributing condoms that they are spreading HIV
   - saying people with HIV should be locked up

3. Right to protect yourself.
   It is against the law to...
   - refuse to teach approved curriculum materials on reproductive health or HIV/AIDS
   - refuse permission for HIV/AIDS awareness educators to talk to students
   - fail to provide equipment for dealing with blood spills in schools
   - fail to provide condoms and lubricant to staff and students (when they are old enough)

4. HIV Testing
   - must be voluntary testing and must be confidential
   - cannot be used to screen employees or students
   - you must tell your sexual partners if you are infected

5. People who create a risk to others. People who know they are infected should...
   - use a condom
   - inform sexual partners
   - inform people they will share a needle or tattooing instrument with

If you see the law being broken you have the right to make a complaint to the Police, the Ombudsman Commission and to take civil action.
The HIV/AIDS Policy for the National Education System of Papua New Guinea\(^1\) states:

**Guiding Principles**

**Principle 1: Access to education**
Every person of school age has a right to education. No student, including orphans and vulnerable children, will be denied access to education on the basis of his or her actual or perceived HIV status.

**Principle 2: Access to information**
Every person has the right to relevant and factual HIV and AIDS information, knowledge and life skills at every level of the national education system.

**Principle 3: Culture and context**
Information, education, counselling, care and support shall be sensitive to the age, gender, language, culture and social circumstances of all persons at all times.

**Principle 4: Equity and equality**
All students, teachers, trainee teachers, managers, administrators and support staff who are infected or affected have the same rights, opportunities and responsibilities as every other person in the national education system.

**Principle 5: Privacy and confidentiality**
- Every person has the right to privacy and confidentiality regarding their health, including information related to their HIV status.
- No institution or workplace is permitted to require a student, teacher, employee or member of a governing body to undergo an HIV test. However, people are encouraged to take the opportunity to access voluntary counselling and testing (VCT).
- No person may disclose information relating to the HIV status of another person, without his or her consent. Any exceptions to this are documented in the HAMP Act (sections 22-23). In the case of children 16 years and under, the best interest of the child shall guide decisions concerning disclosure.

**Principle 6: Personal responsibility**
Every person has a moral responsibility to protect themselves and a moral and legal responsibility to protect others from HIV infection. Intentional transmission of HIV to another person is a serious criminal offence. (HAMP Act, Section 23.)

**Principle 7: Protection from stigma and discrimination**
Every person will be protected from all forms of stigma and discrimination, including discrimination based on actual, known or perceived HIV status of themselves or family members in all workplaces and learning environments.

**Principle 8: Access to care, treatment and support**
All infected and affected students, teachers and other personnel in the national education system have the right to referral services for care, treatment, support and counselling.

**Principle 9: Fair labour practices**
Every person whether infected or affected has the right to fair labour practices in terms of recruitment, appointment, deployment and continued enjoyment of employment, promotion, training and benefits. Fitness to work is a significant consideration. HIV testing is not a requirement for any of the above practices.

**Principle 10: Safety in workplace and learning institutions**

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\(^1\) HIV/AIDS Policy for the National Education System of Papua New Guinea 2005 pgs 4 and 5
All workplace and learning institutions have a responsibility to minimise the risk of HIV transmission by adopting universal infection control precautions in all blood-related incidents and accidents.

**Principle 11: Protection from sexual harassment and abuse**
Sexual harassment, bullying, abuse and exploitation will not be tolerated in any workplace or learning institution.

**Principle 12: Gender responsiveness**
HIV and AIDS affect and impact on women and men, girls and boys, differently due to their biological, socio-cultural and economic circumstances and opportunities.

Application of all aspects of this policy will be responsive to the different needs of men and women, boys and girls.

**Principle 13: Involvement of people living with HIV and AIDS**
Within the boundaries of confidentiality, people living with HIV/AIDS will be encouraged and supported to be involved in the national education system’s response to HIV/AIDS.

**Principle 14: Student participation**
Students will be encouraged and supported to be active participants in HIV/AIDS advocacy, awareness and peer education activities.

**Principle 15: Consultation and partnerships**
The policy will be implemented by the national education system in consultation and partnership with communities, stakeholders and other organisations.

**Principle 16: Capacity Building**
There will be commitment to capacity building for all persons participating in the implementation of this policy through appropriate training and development.

**Key strategic areas**
Guided by this policy, action must occur in the four key strategic areas of:

1. Prevention for students
2. Care and support for students
3. HIV/AIDS in the workforce
4. Managing Education’s response to HIV/AIDS

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2 HIV/AIDS Policy for the National Education System of Papua New Guinea 2005 pg 6
2. The Role Education can play in implementing the HIV/AIDS goals in school communities

The HIV/AIDS drama activity is an activity to implement the first strategic area of the NDOE HIV/AIDS policy.

This booklet aims to help create better community and school awareness of HIV/AIDS through having the students of every community and primary school put on a drama about how HIV epidemic spreads. This drama is based on a true story that happened in a PNG Primary School.

After the HIV/AIDS drama there is a question and answer activity based on a National AIDS Council poster and the student drama. The following pages contain facts about HIV/AIDS and the drama that students can put on for the community.

It is important that only HIV/AIDS facts are given to communities – not personal opinions as these can often confuse communities and pupils. The BOMF teams will provide the correct information so each child and community member can make their own informed and responsible decisions.

It is also very important that children act out the drama using their own language. This will enable the children to experience what it is like to be the various characters in the drama.

The children are then much more likely to discuss these feelings with their friends, and it is this discussion that is a very important part of the drama, as well as the community discussion that takes place after the drama. It helps if the discussion is focussed on facts about the following poster about how you can and can’t get HIV/AIDS.

*ABCD poster for schools*

![ABCD poster for schools](image)

*You can’t get HIV/AIDS – You can get HIV/AIDS poster*
National HIV/AIDS Council poster for community awareness
3. HIV/AIDS Questions and answers

1. How many people in PNG have been tested with HIV/AIDS?
   **Answer:** In the 2008 National Aids Secretariat it is reported that there are 77,000 people with HIV/AIDS. There are 68,297 infected persons in rural areas and in urban areas there are 8,369 infected persons. This means that it is estimated 200,000 people are likely to be infected in PNG at the moment.

2. What are the HIV/AIDS infection rates in PNG?
   **Answer:** Infection rates in education are now between 2 and 3% (or 990 out of 33,000 teachers) and 2% in the general population who are sexually active (60,000 people in the age group between 15 and 49 years, a population of 2.8 million). It is projected that by 2010 there will be 120,000 people living with HIV and 210,000 people by 2015 and 540,000 infected people by 2025. This is the highest infection rate in the Pacific and the fourth highest in the Asia-pacific region.

3. Are there more people with HIV/AIDS in towns than in villages?
   **Answer:** Yes. The infection rate is not similar in remote villages as in major urban centres. The infection rate on average in 2005 in urban centres is 3.5% and in rural areas the infection rate is 0.6%.

4. If one member of a family is infected will other members be infected?
   **Answer:** Yes. HIV/AIDS affects whole families and if one family member is infected, often his or her partner and even one or more of their children may also be infected through sexual relations between the parents, and breastfeeding babies.

5. How is HIV mostly spread in PNG?
   **Answer:** Through unprotected sex between men and women. It is also spread through mother to baby during pregnancy, birth and breastfeeding.

6. What is the window period?
   **Answer:** The period between infection with HIV and when the body develops antibodies. During this time the HIV antibody test will not detect the infection, even though the person is infected and infectious. This lasts for up to 3 months.

7. Does domestic violence increase the chance of getting HIV/AIDS?
   **Answer:** Yes. Where there is domestic violence (not just sexual violence), women are much more likely to be infected. PNG has the third highest prevalence of rape in the world. Nearly half of PNG women have a chance of being raped in their lifetime. In PNG where there is an im-balance of power between men and women, a woman does not normally have control or say who she has sex with and when. As an example, girls as young as 9 are married to elderly men, raped, or given away to another tribe in exchange for guns or other goods.

8. Does male circumcision help?
   **Answer:** Yes. There is some evidence that lower rates of HIV infection are found in populations that practise male circumcision as this helps in cleanliness.

9. Are there different infection rates between men and women of the same age?
   **Answer:** Yes. The vulnerability to infection is different. Young girls below the ages of 18 are more vulnerable to HIV infection due to different biological functions. The infection rate in young women between the ages of 15 and 29 years is three times higher than in males of the same age. In the age group over 40 years, the infection rate in males is two times higher than females. The chances of HIV infection is no different in the young or the older people, the risk or chances of infection are increased when there is unprotected sexual activity with more than one sexual partner. There are a number of reasons that cause these differences such as the sexual drive, the different biological functions and the amount of sexual activity.

10. What are the four best ways of not being infected with HIV/AIDS?
    **Answer:** ABCD-
• Abstinence – having self respect, discipline and control and not having sex.
• Both people or partners being uninfected and faithful to each other.
• Condoms should always be used by people who have casual sexual relationships.
• Defer sex – this is important for students. Students should wait until they are old enough to make their own decisions.

11. Are PNG Government Departments helping their staff to understand HIV/AIDS?
   Answer: Sometimes. PNG Defence Force has had a very good care and support program. Defence nurses started the positive response – they cared for those infected, went to their villages, trained the community and family in how to look after those infected, helped integrate them back in the village and kept following up. However, the Police Force, with practices of rape and violence, is amongst the worst. There is still a lot more that the government needs to do.

12. Are village communities helping their people to understand HIV/AIDS?
   Answer: Some villages, such as those in Tari, have agreed to support each other, and everybody has been tested for HIV. They have changed customary practices such as men looking after girl children. Many drama groups such as the Pari drama group have carried out awareness in their communities. All communities need to develop their own community action plans to conduct HIV/AIDS awareness in their own communities.

13. Which Government departments have the highest rates of HIV/AIDS infection? Answer: Education, Health, the disciplinary forces and Agriculture sectors have higher than average rates. This might be because their officers have funds and the officers often travel. As a result they may have sexual relationships which result in them becoming infected with HIV. Infection rates in the transport industry are average.

14. How will education be affected over the next 5-10 years?
   Answer: HIV/AIDS is likely to impact on the demand for education – less children will be enrolled or stay in school; the supply of education – as teachers, at all levels, fall ill and die; and quality – as contact time with students is negatively affected and valuable skills are lost. Teachers and education administrators will become sick, students will be traumatised and increasingly out of school (taking care of infected parents, hungry, no income for school fees etc). There will be a loss of parenting knowledge and skills. It may be necessary to train 2 – 3 people for each position, and train people to be multi-skilled, not specialists, so they can do a wide range of tasks, as skilled people leave or die. Basic education will have to become free as has happened in some African countries.

15. How can we help slow the infection of HIV/AIDS in education?
   Answer: The main advantage that education has is in the area of prevention; prevention for students and for staff. Focus on how HIV might affect the ability of the education sector to function. To do this, we come to realise that we have to keep the workforce alive and decide what policies we can put in place to keep the workforce alive. This approach starts the workforce thinking about ways in which they might get infected, thus personalising the epidemic. Initially, this has to start within each individual. One of the focuses discussed is how to keep the workforce alive because without the workforce there will be no functional administration for the department, no trained teachers resulting in no schools open for children.
16. What preventative strategies need to be developed for PNG?
   **Answer:** In PNG preventive strategies should include:
   - Awareness raising
   - Providing accurate, relevant information
   - Creating an enabling environment, in which social norms that facilitate the spread of HIV are changed
   - Raise an awareness to discourage cultural and religious beliefs and practices that force girls and women to marry or have sex with men against their will.
   - Building skills related to personal development, self respect and pride, assertiveness and negotiation
   - Providing advice and support for vulnerable children, especially girls and children who come from poor families.
   - Providing access to condoms and treatment for STIs
   - Addressing gender inequalities
   - Managing alcohol
   - Avoiding rape and dealing with rape victims
   - Learning how to discuss HIV/AIDS
   - In mixed groups, we need to discuss:
     - What the boys and men need to do to keep themselves safe?
     - What the girls and women need to do to keep themselves safe?

17. What can we do to help communities to protect themselves and help care for people living with AIDS?
   **Answer:** Use family, wantok, women, youth and church groups to build on concern for others. Build on mutual support and strong bonding. Help communities to:
   - get people to want to protect themselves (in couples, families, groups etc)
   - find ways to build concern for others, across difference groups.
3. HIV/AIDS messages

- In PNG HIV is spread mainly through unprotected sex with an infected person.

- It is also spread through exposure to infected blood (e.g., if tattoo equipment is contaminated with blood and is used on more than one person).

- The third way in which HIV is spread is from an infected mother to her baby – during pregnancy, during birth or from breastfeeding.

- You cannot tell by looking at a person if they are infected with HIV or not.

- To prevent infection with HIV requires decisions, such as “A” abstaining, “B” being faithful to a faithful, uninfected partner and “C” using condoms.

- Using a condom when you have sex can protect you from infection with all sexually transmitted diseases, including HIV and from unwanted pregnancy.

- All people should learn to talk about their relationships. They should talk about how decisions they make now could affect their lives and threaten their future plans.

- Young people have the right to report to their parents or teachers if they are being pressured into having sex.
4. HIV/AIDS FACT SHEETS
Use the following fact sheets to discuss and answer these questions. You may wish to divide into 11 groups and report back to the whole group your findings:

FACT SHEET 1: HIV/AIDS AND THE IMMUNE SYSTEM

<table>
<thead>
<tr>
<th>English Version</th>
<th>Group 1: HIV/AIDS</th>
<th>Tok Pisin Grup 1: HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• What is HIV?</td>
<td></td>
<td>• HIV em wanem samting?</td>
</tr>
<tr>
<td>• What is AIDS?</td>
<td></td>
<td>• AIDS em wanem samting?</td>
</tr>
</tbody>
</table>
| • What is the Immune System? |   | • Imiun sistem emi wanem samting?
| • What is the difference between HIV and AIDS? | | • Stori long hau HIV i narakain long AIDS?
| • Where do you think HIV come from? | | • Yupela i ting HIV i kam long we?

HIV stands for the Human Immunodeficiency Virus – this virus destroys the body’s immune system. AIDS stands for Acquired Immune Deficiency Syndrome – as the immune system fails this is called AIDS. The body becomes weak and people easily become sick. These infections will eventually kill you.

HIV/AIDS spread from monkeys to humans in Africa in the 1930s and has spread around the world. HIV affects the immune system. The immune system is the body’s defence against infection by bacteria and viruses that cause diseases. Some of the symptoms of HIV include dementia (going longlong) and diarrhoea (pekpek wara)

Over time HIV leads to a progressive damaging of the immune system, resulting in the infected person becoming sick and making the patient to other infections such as TB, pneumonia, etc. There are many diseases that look like AIDS. If a person has TB or pneumonia doesn’t mean the person has AIDS. The only way to know is to have a blood test.

In adults, the change from HIV infection to AIDS is:
- About 6 weeks to 3 months after becoming infected a person will develop antibodies to HIV. During this time some people will experience a fever.
- There is usually a long period - around 5-10 years - during which the person may have no symptoms and be healthy.
- Later on infected persons get HIV-related diseases and AIDS. They may develop skin sores, diarrhoea, weight loss or they might develop one or more diseases such as tuberculosis, pneumonia, fungal infections and meningitis.

In children the change from HIV infection to AIDS is:
- Many HIV infected infants are sickly, weak and often ill during the first three years of life and die.
- Common signs are:
  - More common childhood diseases
  - Sicknesses such as fever, diarrhoea and skin diseases happen more often and medicine does not cure them
  - Swollen lymph nodes under the arms and a swollen liver.

Key points
- People with HIV can lead long and productive lives
- Most HIV related illnesses are preventable.
- There is no cure for HIV infection with either traditional or modern medicines.
- Being fully circumcised halves the chance of a man being infected with HIV but this is still very risky behaviour and a condom should always be used.

Note: See the HIVAIDS STI Resource Book for more information
## FACT SHEET 2: HOW HIV IS PASSED TO ANOTHER PERSON

### English Version

**Group 2: How HIV is passed to another Person**

- How is HIV spread?
- How can HIV be transmitted?
- How can HIV not be transmitted?
- Explain relationship between HIV and STIs?
- Do you think an infected couple should continue to have sex?

### Tok Pisin

**Grup 2: Rot Bilong Kisim HIV?**

- Man – meri i save kisim HIV long wanem ol rot?
- HIV i save bihainim wanem rot long kalap i go long narapela?
- Wanem ol sampela wei HIV i no inap kalap i go long narapela?
- Stori long hau STI i poroman long HIV.
- Tupela marit man/ meri i **gat HIV** oli ken **slip wantaim o nogat**?

### HOW HIV IS PASSED TO ANOTHER PERSON

HIV is a fragile virus that cannot survive long outside the human body. Although present in all body fluids, HIV is only present in sufficient strength to cause infection in:

- **blood**
- **sexual fluids (semen and vaginal secretions)**
- **breast milk**

HIV can only be passed from an infected person by:

- Sexual intercourse (vaginal, anal or oral). This is the most common way of transmission.
- Contact with infected blood, semen, cervical or vaginal fluids - in situations where the infected body fluid is able to enter a person’s body.
- From an infected parent to child - during pregnancy or birth, or from breastfeeding.

In children and youth, sexual abuse, incest and rape are common causes of how HIV is spread.

**Anybody who has unprotected sex is at risk regardless of race, religion or whether they have sex with the opposite sex or with the same sex. Infected couples should always use a condom when having sex.**

**There is no risk of getting HIV from everyday contact with an infected person either at work, socially or at home.**

### Key points

- A person with HIV infection is infectious for the rest of his or her life
- All sexually active people including husbands and wives must now protect themselves from infection
- Ensure safety measures taken and considered in workplace, schools, homes especially where the exposure risk is high.
- Oral sex rarely transmits HIV (no cases in PNG). Anal sex is the most risky.
- Married people are much more likely to be HIV positive than single people.
### FACT SHEET 3: HOW HIV CAN BE PREVENTED

<table>
<thead>
<tr>
<th>English Version</th>
<th>Tok Pisin</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group 3: How HIV can be prevented</strong></td>
<td><strong>Grup 3: Rot Bilong Pasim HIV</strong></td>
</tr>
<tr>
<td>• What is ‘A’?</td>
<td>• ‘A’ i min wanem?</td>
</tr>
<tr>
<td>• What is ‘B’?</td>
<td>• ‘B’ i min wanem?</td>
</tr>
<tr>
<td>• What is ‘C’?</td>
<td>• ‘C’ i min wanem?</td>
</tr>
<tr>
<td>• What is ‘D’?</td>
<td>• ‘D’ i min wanem?</td>
</tr>
<tr>
<td>• Why should a mother only breast feed her own baby?</td>
<td>• Wae na Mama tasol i ken givim susu long pikini bilong em iet?</td>
</tr>
</tbody>
</table>

The ABCD poster of the boats shows the best ways of how HIV can be prevented

The major cause of HIV is unprotected sex.

- **‘A’** Abstinence - The safest form of prevention is abstaining or not having unprotected sexual intercourse – especially abstain from penetrative sex.
- **‘B’** If both partners are HIV negative and both are **faithful** to each other and do not have other sexual partners, and both have been tested, they will not be infected with HIV.
- **‘C’** If condoms are used correctly all the time they will protect those who have different sexual partners or one partner from his or her partner who is infected. **Everyone needs to use condoms – married or single.**
- **‘D’** or deferring the time when you first have sex - or waiting until you are old enough to get married. This is the best way for school children and young people to protect themselves.

If a women is HIV positive her breast milk can infect a baby. Mothers should only breast feed their own baby.

<table>
<thead>
<tr>
<th>Key points</th>
</tr>
</thead>
<tbody>
<tr>
<td>➡️ Different people need different methods of prevention. Each person needs to decide what method (A, B, C, or D) is best for himself or herself.</td>
</tr>
<tr>
<td>➡️ The community needs to help protect their women and girls from rape and domestic violence.</td>
</tr>
<tr>
<td>➡️ Parents need to openly discuss the options with their families and not try to force one way on their children.</td>
</tr>
<tr>
<td>➡️ Mothers should not let other women breast feed their baby in case they are HIV positive.</td>
</tr>
<tr>
<td>➡️ Safety measures need to be taken in homes, schools, and in towns, especially where the risk of unprotected sex is high.</td>
</tr>
<tr>
<td>➡️ Male and female condoms are <strong>very, very effective</strong> at preventing STI, HIV and unplanned pregnancy if used correctly every time you have sex.</td>
</tr>
<tr>
<td>➡️ Life Skills (for resisting pressure, self esteem, problem solving, strong morals and values, correct use of condoms, assertiveness, communication, etc.) are crucial for young people and will protect them from risk.</td>
</tr>
</tbody>
</table>
## FACT SHEET 4: SEXUALLY TRANSMITTED INFECTIONS (STIs)

<table>
<thead>
<tr>
<th>Infection</th>
<th>Syphilis (bacteria)</th>
<th>PID (pelvic inflammatory disease – can be caused by an untreated STI) (bacteria)</th>
<th>Gonorrhoea (bacteria)</th>
<th>Chlamydia (bacteria)</th>
<th>Donovanosis (bacteria)</th>
<th>Gardenerella (bacterial vaginosis)</th>
<th>Trichomoniasis (protozoan)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Symptoms in women</strong></td>
<td>Painless sore on the genitals, a rash on the palms and feet. If untreated can lead to heart, liver and brain damage and death</td>
<td>Lower abdominal pain, pain during sex, heavier periods and bleeding, fever, if untreated can lead to infertility</td>
<td>Almost no symptoms can lead to PID and/or infertility if untreated</td>
<td>Usually no symptoms - increased vaginal discharge or irritation during urination, irregular bleeding; can lead to PID, ectopic pregnancy and/or infertility if untreated</td>
<td>Small red bumps on the penis, vagina and around the anus which bleed easily. The sores might be painless. Eventually these can become large ulcers</td>
<td>Grey-green discharge, smelly, itchy</td>
<td>Frothy discharge with an unpleasant smell and/or inflamed vagina and itchiness</td>
</tr>
<tr>
<td><strong>Symptoms in men</strong></td>
<td>Swelling of the testes and prostrate; if untreated can lead to infertility</td>
<td>Swelling of the testes and prostrate; if untreated can lead to infertility</td>
<td>May have no symptoms. Sometimes pain during urination and discharge from penis. May lead to infertility</td>
<td>Not found in men</td>
<td>Usually no symptoms</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Treatment</strong></td>
<td>Cured with antibiotics</td>
<td>Cured with antibiotics</td>
<td>Cured with antibiotics</td>
<td>Cured with antibiotics</td>
<td>Cured with antibiotics</td>
<td>Cured with antibiotics</td>
<td>Cured with medicine</td>
</tr>
</tbody>
</table>
## SEXUALLY TRANSMITTED INFECTIONS (STIs)

<table>
<thead>
<tr>
<th>Infection</th>
<th>Thrush (candida) (fungus)</th>
<th>Genital herpes (virus)</th>
<th>Genital warts (Human Papilloma Virus)</th>
<th>Hepatitis A (virus)</th>
<th>Hepatitis B (virus)</th>
<th>HIV (Human Immunodeficiency Virus)</th>
<th>Scabies parasite</th>
<th>Pubic lice parasite</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Symptoms in women</strong></td>
<td>Creamy thick discharge, smelly, itchy and inflamed vagina. Can also be caused by stress, poor genital hygiene or by using antibiotics</td>
<td>Painful tingling and/or itchy blisters on the genitals. Flu like symptoms.</td>
<td>Tiny painless lumps (cauliflower like) around vagina, penis or anus. Sometimes no symptoms. Linked to cervical cancer.</td>
<td>Fever, tiredness, yellow skin and eyes. Transmitted from anus on fingers, tongue or penis. Easily spread. Usually clears up by itself in 2 months; rare cases have severe liver damage</td>
<td>Can cause fever, tiredness and yellow skin and eyes. Can lead to liver failure. Usually clears up but some people remain carriers</td>
<td>Infected people show no symptoms for many years (may have flu-like symptoms shortly after infection). Lifelong damage to immune system and AIDS conditions begin between 1 and 20 years after infection (infections like diarrhoea, TB and pneumonia and cancers)</td>
<td>Itchiness in pubic area and warm parts of the body (armpits, between knees). Tiny mites that burrow under the skin</td>
<td>Pinhead sized lice which can be seen in pubic hair and cause itchiness</td>
</tr>
<tr>
<td><strong>Symptoms in men</strong></td>
<td>Itchy rash on penis or anus. Can be found in mouth and throat</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Itchiness in pubic area and warm parts of the body (armpits, behind knees). Tiny mites that burrow under the skin</td>
<td></td>
</tr>
<tr>
<td><strong>Treatment</strong></td>
<td>Anti fungal creams and other natural options</td>
<td>Clears up by itself but virus remains in the body and can reappear later</td>
<td>Treated with freezing or special paint. Virus remains in the body and can reappear later</td>
<td>Vaccine available.</td>
<td>Vaccine available.</td>
<td>Vaccine available.</td>
<td>Anti retro viral drugs keep people healthier for longer as does a healthy lifestyle.</td>
<td>Curable with special medical shampoos</td>
</tr>
</tbody>
</table>

**Symptoms in women**
- Creamy thick discharge, smelly, itchy and inflamed vagina.
- Can also be caused by stress, poor genital hygiene or by using antibiotics.
- Painful tingling and/or itchy blisters on the genitals. Flu like symptoms.
- Tiny painless lumps (cauliflower like) around vagina, penis or anus.
- Sometimes no symptoms.
- Linked to cervical cancer.

**Symptoms in men**
- Itchy rash on penis or anus. Can be found in mouth and throat.
- |
**FACT SHEET 4: SEXUALLY TRANSMITTED INFECTIONS (STIs)**

<table>
<thead>
<tr>
<th>English Version</th>
<th>Tok Pisin</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group 4: Sexually Transmitted Infections (STIs)</strong></td>
<td><strong>Grup 4: Sik bilong koap (STIs)</strong></td>
</tr>
<tr>
<td>• What is a STI? Explain.</td>
<td>• STI emi wanem samting?</td>
</tr>
<tr>
<td>• Why do you think people with STIs are more likely to get HIV? Explain</td>
<td>• Wae na yu tink man/meri I gat STI bai I gat HIV tu?</td>
</tr>
<tr>
<td>• Are there medicines for STIs?</td>
<td>• I gat marasin long sik STI?</td>
</tr>
</tbody>
</table>

**STI stands for Sexually Transmitted Infections:** An STI is a germ that is passed from an infected person who has an STI during unprotected sexual intercourse. The most common STIs in PNG are gonorrhoea, chlamydia, donovanosis, syphilis, thrush, genital herpes and HIV.

**Key points:**

- People with STIs are 10 times more likely to be infected with HIV because of their sexual behaviour.
- PNG has a very high rate of STIs (the highest in the Pacific).
- STIs can lead to permanent damage to their reproductive organs (e.g. Pelvic Inflammatory Disease or PID in women) and infertility.
- Many STIs can be easily detected and treated.
- STIs can lead to domestic violence and damage relationships.
- Many people do not know the signs and symptoms and causes of STIs.
- Any sore on the genitals acts as a “doorway” for HIV to pass into the body.
- White blood cells are found in large numbers at the site of the infection and HIV infects white blood cells.
- Getting an STI is a sign you have had unprotected sex or your sexual partner had unprotected sex with someone else.
### FACT SHEET 5: HIV TESTING AND COUNSELLING

<table>
<thead>
<tr>
<th>English Version</th>
<th>Group 5: Testing and Counselling</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tok Pisin Grup 5: Testing na Kanseling</td>
</tr>
<tr>
<td>• How do find whether you have HIV or not?</td>
<td>• Hau bai yu painim aut au yat HIV o nogat?</td>
</tr>
<tr>
<td>• What is the window period? Explain.</td>
<td>• Wanem samting em “Windo Piriad”? Stori.</td>
</tr>
<tr>
<td>• What is pre-test counselling? Explain</td>
<td>• Wanem samting em pri-test kaunseling? Stori.</td>
</tr>
<tr>
<td>• What is post-test counselling? Explain</td>
<td>• Wanem samting em post-test kaunseling? Stori</td>
</tr>
<tr>
<td>• How could your community work together to encourage the members to go for voluntary counselling and HIV testing?</td>
<td>• Komuniti bilong yu bai i wok bung wantaim olsem wanem long helpim ol man na meri i kisim kaunseling na HIV test?</td>
</tr>
<tr>
<td>• Where is your nearest VCT centre?</td>
<td>• Komuniti VCT centre stap we?</td>
</tr>
<tr>
<td>• Why can’t we make the VCT test compulsory?</td>
<td>• Wai na yumi i no inap long mekim olgeta man na meri i go long VCT test?</td>
</tr>
</tbody>
</table>

### TESTING

HIV antibody testing is done for the following reasons:
- To see if someone has the HIV infection.
- To screen donated blood and blood products, tissues, organs, sperm and ova.
- To find out how HIV is spreading in PNG.

The commonly used test for HIV infection tests for antibodies to HIV, it does not test for the presence of the virus. The period between infection with HIV and when the body develops antibodies is called the ‘window period’. During this time the HIV antibody test will not detect the infection, even though the person is infected and infectious. This lasts for up to 3 months.

Rapid Testing kits are used to test for HIV antibodies. If the 1st test is positive a 2nd test is carried out to confirm the positive reading. Pre- and post-test counselling is compulsory for all HIV testing where the person will receive his or her test result from a Health worker. The 3 ‘C’s’ are used:
- Consent – the person agrees to the test.
- Counselling – there will be help to the person if the test is positive or negative.
- Confidentiality – no-one else will know the test results.

### COUNSELLING

HIV counselling is a confidential discussion between the person being tested and a counsellor to help the person being tested to make personal decisions about HIV/AIDS.

Good counselling requires:
- Self awareness of one's beliefs and values
- A respectful non-judgemental attitude
- Active listening, including accurate reflection of issues and concerns
- Asking supportive questions that raise important issues
- Awareness of one's verbal and non-verbal behaviour
- Providing practical support, advice and information
- Discussing options for care, prevention and support
- Encouraging the person counselled and his/her family to make their own decisions
- A quiet, private environment
- Making sure that the discussion is confidential and not made known to anybody else.

### Pre and post-test counselling

Counselling at the time of having an HIV antibody test has two main functions: prevention and support. It allows those tested to use preventative measures and, for those who are positive, to learn to live positively, accessing care and support at an early stage.

### Counselling children and youth affected by HIV/AIDS

Children and youth will react differently to crises in life, like the death of a family member, and will need different types of support. Counselling should be available to affected children and youth before the death of the family member and for as long afterwards as they may need it. Counselling should:
- Give children and youth an opportunity to talk about death, about events leading up to death, about the death itself if it has occurred and about the traditional customs immediately after a death.
- Tell the children that feelings of disbelief, denial, sadness, pain and anger are normal.
- Allow the children to express their feelings and concerns.
- Help them to accept their loss and start looking to the future.

**Key Points**
- In PNG there is voluntary testing for HIV/AIDS but compulsory counselling if a test is carried out.
- Counselling and testing are encouraged in many countries to help individuals and couples to learn whether they are infected by HIV and to help them plan for their future.
- Good counselling helps people to make better decisions, to better look after their health, to lead more positive lives and to stop the further spread of HIV.
### FACT SHEET 6: HIV TREATMENT

<table>
<thead>
<tr>
<th>English Version</th>
<th>Tok Pisin Group 6: Marasin long HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group 6: HIV Treatment</strong></td>
<td><strong>Grup: 6 Marasin long HIV</strong></td>
</tr>
<tr>
<td><strong>Why is healthy food important to treat HIV?</strong></td>
<td><strong>Hau na gutpela kaikai inap halvim ol manmeri i gat HIVAIDS?</strong></td>
</tr>
<tr>
<td><strong>Why is family and friends care important for those with HIV/AIDS?</strong></td>
<td><strong>Wai na i gutpela long ol pren na famili lukautim gut ol manmeri igat HIVAIDS?</strong></td>
</tr>
<tr>
<td><strong>What are other diseases a person who is HIV positive might get?</strong></td>
<td><strong>Ol manmeri husat igat HIVAIDS inap kisim wanem ol narapela sik?</strong></td>
</tr>
<tr>
<td><strong>What is the current treatment for AIDS?</strong></td>
<td><strong>Wanem kain marasin i stap long sik AIDS?</strong></td>
</tr>
<tr>
<td><strong>Where can you get ART medicine?</strong></td>
<td><strong>Yu inap kisim ART marasin long we?</strong></td>
</tr>
<tr>
<td><strong>What Christian principals of love, care and respect are important to help the community understand the value of caring for those with HIV/AIDS? Find good Bible texts to help support this message.</strong></td>
<td><strong>Wanem ol gutpela pasin Kristen inap halivim komuniti long lukaut gut long ol manmeri igat HIVAIDS? Painim ol gutpela baibel ves inap strongim ol dispela gutpela pasin.</strong></td>
</tr>
</tbody>
</table>

### Treatment objectives:
- For the infected person to reduce suffering and improve quality and length of life to provide treatment for opportunistic infections where sustainable and affordable, to provide antiretroviral treatment.
- For families to give practical support to provide support when someone dies to train and assist with home care to ensure they assist and support the partner.

There are many points at which a person with HIV will require treatment and may include:
- treatment of infections such as TB, pneumonia, STIs and other diseases
- care while someone is ill
- antiretroviral (ART) treatment: this currently is provided free through global funding and 3,000 people are being treated in PNG. Doctor’s support is necessary for antiretroviral treatment that needs to be taken every day.

### Positive living
If you are HIV positive, this means taking control of aspects of your life such as:
- Seeking medical attention for any health problems
- Learning about HIV/AIDS
- Eating a good diet whenever possible
- Getting sufficient rest and sleep
- Reducing stress as far as possible
- Meeting and talking to friends and family
- Get involved with religious groups for support and love

### Vaccines
A vaccine is a substance that teaches the immune system to recognise and protect against a disease caused by an infectious organism or virus. Some experimental AIDS vaccines are being developed, but the availability of a HIV vaccine is still many years away.

### Key Points
- Living positively can delay the start of diseases in a person who is infected with HIV.
- Care and treatment can lengthen and improve a person’s life.
- Antiretroviral (ART) is available free in major centres is being used to treat people living with HIV/AIDS in PNG.
- Communities should support their people to get tested and get the medicines. Care, support and treatment objectives are:
### FACT SHEET 7: CARING FOR THOSE WITH AIDS

<table>
<thead>
<tr>
<th>English Version</th>
<th>Tok Pisin</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group 7: Caring for those with AIDS</strong></td>
<td><strong>Grup 7: Lukautim ol sik manmeri husat igat HIV/AIDS</strong></td>
</tr>
<tr>
<td>• Why is it important for people who are looking after a person with AIDS to take care?</td>
<td>• Bilong wanem ol wasman bilong ol man/meri husait igat sik AIDS imas lukaut gut long ol yet?</td>
</tr>
<tr>
<td>• What guidelines must carers take to avoid getting HIV in an accident or caring situation?</td>
<td>• Taim yu laik halivim narapela ikisim bagarap o igat sik AIDS, hao bai yu lukautim yu yet gut?</td>
</tr>
<tr>
<td>• Discuss four ways how buckets can help keep a person with AIDS clean</td>
<td>• Stori long sampela wei long hau yu ken usim baket long lukautim manmeri husat i gat HIVAIDS?</td>
</tr>
<tr>
<td>• What should you do if you do not have rubber gloves?</td>
<td>• Tingim fopela wei yu inap yusim baket long halivim man/meri igat sik AIDS.</td>
</tr>
<tr>
<td></td>
<td>• Sapos yu nogat raba glav bai yu wokim wanem?</td>
</tr>
</tbody>
</table>

If you are looking after a person who is HIV positive the following ‘taking care’ information is important: HIV and other blood infections spread by blood (like hepatitis B) can be passed on in an accident or caring situation where there is contact with infected blood or other body fluids. The risk of a person becoming infected with HIV in such a situation depends on how much contact or the sort of injury that allows the blood or body fluids to enter another person's body. The average risk of being infected with HIV is low. Approximately 0.3% are infected following a needle stick-type injury.

The simple guidelines to manage the risk of getting HIV in an accident or caring situation are:
- Create a safe working environment by identifying any risk situations and minimising such risks
- Assume that everyone is HIV positive and always take precautions in an accident or caring situation
- Ensure that personal protective first aid equipment (such as rubber gloves) are available in the school first aid kit and that teachers have been trained to use the equipment
- In the event of accidental contact with blood or body fluids, follow standard first aid procedures
- Make sure that any contaminated materials are disposed of safely, ie buried or burnt.

**Buckets**

The use of buckets in keeping a person with AIDS clean is a simple effective method used in PNG. Buckets can be used a toilet; for washing clothes, as a shower, and as a sink. Waste material should be safely buried where children and animals cannot reach it.

**Key Points**
- Prevent exposure to blood and body fluids
- Unbroken skin is an effective barrier against infection.
- In an accident or caring situation, think that everyone has HIV and always be very careful
- Support from the Church is very important – prayer, Bible readings, and church fellowship can really help the morale of sick people
- Ensure that medicine is provided for the different sicknesses that occur. E.g. malaria, TB, pneumonia
- Exercise will stop bed sores from developing.
Caring for friends and relatives with AIDS

Tips:
- Make your friend or relative happy by telling jokes and stories – remember love and respect are very important
- Provide healthy food and clean water
- Wash the patients clothes frequently so they are dry and clean
- Always wear plastic gloves and wash them after use
- Burn or bury any waste

Here are some helpful things in an AIDS kit that have been developed to help you look after your friends and relatives with AIDS. Contact your Provincial HIV/AIDS office or make them yourself.

1. **Bucket toilet:** half fill the bucket with water. Put strong smelling herbs in the water and clean with water and half a lime.

2. **Bucket washing machine:** cover dirty clothes with water, add soap and use the plunger for a few minutes. Then empty and rinse with plunger using clean water.

3. **Bucket Hand basin:** use the basin for washing hands.

4. **Hand shower:** fill the bucket with water and use a hand shower to wash.

For more information about the AIDS kit contact AT Projects PO Box 660 Goroka, EHP, Phone: 732 3278, Fax: 732 1458

An initiative of the National AIDS Council
FACT SHEET 8: WOMEN AND HIV/AIDS

<table>
<thead>
<tr>
<th>English Version</th>
<th>Tok Pisin</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group 8: Women and STI and HIVAIDS</strong></td>
<td><strong>Grup 8: Meri na STI na HIVAIDS</strong></td>
</tr>
<tr>
<td>• Why do you think women and girls are more likely to contract HIV than men and boys? List them down...</td>
<td>• Bilong wanem planti moa meri na pikini meri long PNG i wok long kisim HIV, i winim namba bilong ol man na pikini mar? Listim ol tingting bilong yuanela.</td>
</tr>
<tr>
<td>• What are the social and cultural practices and beliefs in your community that make women and girls more vulnerable to STIs/HIV? List them down.</td>
<td>• Wanem ol bilip na pasin tumbuna long komuiti bilong yu, we i mekim na namba bilong ol meri i kisim STIs na HIV i go antap? Listim ol igo daun.</td>
</tr>
<tr>
<td>• Discuss and develop strategies or ways in which your community could deal with these cultural and social practices and beliefs that make women and girls more vulnerable to STIs and HIV in your community. Choose one example of cultural belief and one social practice and develop the strategies</td>
<td>• Tingim wanem ol pasin tumbuna yumi inap long senisim long halivim daunim dispela namba bilong ol meri i kisim STI &amp; HIV i go antap. Yu inap long tingim wanpela pasin tumbuna or pasin bilong tet na pasin ol rot long hao yumi inap long daunim</td>
</tr>
<tr>
<td>• Do you have an example of how the community mobilized themselves to deal with a cultural belief or a social practice in your area? If yes, share it with the group.</td>
<td>• Yu inap tingim long hau komuniti bilong yu i bin wok bung long daunim sampela pasin tumbuna o bilip we i mekim namba bilong ol meri i kisim HIV i go antap. Sapos yu igat inap yu stori long grup.</td>
</tr>
</tbody>
</table>

The risk of HIV infection for women is high. Where HIV is spread mainly through sex between men and women, women have a greater chance of infection than men. The reasons for this are:

- Women and girls are the main subjects of abusive male behaviours that spread HIV, such as sexual violence, rape and incest.

- The risk of becoming infected with HIV during unprotected vaginal intercourse is 2-4 times higher for women than for men. In addition, an untreated STI increases the risk of HIV transmission during unprotected sex by up to 10 times, and women with STIs are often unaware because the infections are ‘invisible’.

- Young girls are at an even greater risk - their immature reproductive organs are ineffective barriers to HIV and other STIs. Older women are also at a greater risk after menopause.

- Young girls lack the knowledge and power to control their sexual activities and how to protect themselves.

- The low status of women places them at high risk, and women are often forced into prostitution by their own family members.

- The financial dependence of women on men happens in the developing world, leaving women with little or no control over how and when they have sex. Traditionally women play the passive role in sexual encounters, which means they can’t ask for safer sexual practices with their partners. In PNG, simply being married is a major risk factor for women who have little control over abstinence or condom use at home or their husband’s sexual activity with other partners.

- Men are reluctant to use condoms as fertility is important in many societies. Most women do not have the power to ensure that men use condoms.

- Men behave irrationally when they are drunk and domestic violence often occurs.

- Women generally have less information about HIV/AIDS.

- Where their lives have been disrupted by war, divorce or widowhood, or where they have lost their property because of traditional laws and customs, women often have to turn to prostitution in order to survive.
There are heavy demands on women resulting from the epidemic, ie:

- Women are the caregivers of infected husbands, often while being infected themselves, of infected children, and of ‘AIDS orphans’.
- Women are the main educators and health professionals who have to provide HIV prevention and care programmes.
- There is a great burden on elderly women to care for and bring up grandchildren whose parents have died of AIDS.

<table>
<thead>
<tr>
<th>Key points</th>
</tr>
</thead>
<tbody>
<tr>
<td>➡️ HIV spreads more quickly where women are economically dependent on men, are unable to read, and have limited legal rights for divorce, inheritance and child custody.</td>
</tr>
<tr>
<td>➡️ Girls and boys who leave school before completing their basic education are more likely to contract HIV</td>
</tr>
</tbody>
</table>
9. What our school doing to help our children learn about STI, HIV/AIDS
FACT SHEET 9: WHAT OUR SCHOOL IS DOING TO HELP OUR CHILDREN LEARN ABOUT STI, HIV/AIDS

<table>
<thead>
<tr>
<th>English Version</th>
<th>Tok Pisin</th>
<th>Grup 9: Skul blong yumi i skulim ol sumatim long save long STI na HIVAIDS?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What is the best way to answer the concern that some people have that education about STIs, HIVAIDS will encourage children to have sex?</td>
<td>Wanem gutpela bekim yu inap long givim long sampela toktok olsem taim ol sumatim i skul long STI na HIVAIDS emi save mekim ol pikinini koap raun?</td>
<td></td>
</tr>
<tr>
<td>2. What is the best way to answer the concern that some people have that education about STIs, HIVAIDS is not needed until the children are grown up?</td>
<td>Wanem gutpela bekim bai yumi inap givim long ol tingting we sampela igat long sumatim inoken lain long STI na HIVAIDS igo inap ol i bikpela?</td>
<td></td>
</tr>
<tr>
<td>3. What is the best way the community can help support schools and teachers in teaching about STIs, HIVAIDS?</td>
<td>Hao bai komuniti bilong yu halivim gut ol tisa skulim ol sumatin long save moa long sik STI na HIVAIDS?</td>
<td></td>
</tr>
</tbody>
</table>

It is important that the school community supports the teachers in your school in the teaching about STIs, and HIV/AIDS. A teacher needs to be:

- A good role model who is comfortable with his/her own sexuality and values
- Knowledgeable about the topic, the Syllabus and Teacher Guides, life skills and gender issues
- Passionate about teaching the topic and helping young people avoid risk
- Someone who is caring, open minded and has a sense of humour
- Confident in using the correct terms (e.g. penis, vagina, sexuality, orgasm)
- Creative and imaginative in your planning and teaching – using student centred strategies rather than lecturing
- Sensitive to the community, churches and the needs of the young people

These qualities are essential for teaching the learning outcomes on reproductive health, sexuality, HIV/AIDS and STIs.

Effective, open and honest education encourages young people to behave responsibly. Behaviour change is about life skills – staying safe, avoiding risk, resisting pressure and helping their community. It is not just about how to have sex. The aim is to change behaviour. Research has shown repeatedly that good quality reproductive health education delays the time of first sex and makes young people more responsible and more likely to avoid risky situations. Education is the “social vaccine” to the HIV epidemic…if you learn about HIV/AIDS, safer sex, responsible sexual behaviour and sexual health you are much less likely to be at risk.

It is too late by then. They could already have been at risk of HIV or unplanned pregnancy or abuse. Young people are curious about sex and have often seen people and animals having sex. It is better they learn the accurate facts from a trustworthy source! They have to learn about reproductive health before they start having sex just like they will need to learn about puberty before this happens. Life skills help young people prepare and keep themselves safe. Where are young people learning about these topics in your community?

A good answer is always: “If you think education is dangerous, try ignorance”

Common concerns for parents in PNG
“l feel ashamed to talk to my children about sex”; “If I make a mistake my child might do something dangerous”; “The community won’t let me talk about sexual health and HIV/AIDS”; “Some of the words I have to use are taboo in my culture”; “My Church won’t let me teach this subject”; “My children are embarrassed when I teach about sex”; “My child is too young to be learning about sex”; “If I teach them about sex, they might go out and have sex”; “I don’t have any resources”

Key point
Teaching about HIV/AIDS & STIs is challenging but it is vital for our nation and the future health of the young men and women in your community. The Education support materials for the teachers will help protect your children. It is important that you support your school and teachers in teaching about STI, HIV/AIDS.

FACT SHEET 10: Primary School HIVAIDS Curriculum
**English Version**

**Group: 10 Primary School**

**HIV/AIDS Curriculum**

Discuss what is needed to implement the HIV/AIDS Policy then answer these questions:

1. What is your school currently doing to implement the NDoE HIV/AIDS policy. List the various activities.
2. What areas are not being covered at present? List these areas.
3. Prepare an action plan with the Headteacher and the BOM to implement all the areas of the HIV/AIDS Policy

**“There is hope” – Catholic Church Slogan**

**What do we need to do to implement the HIV/AIDS Policy?**

1. Train all staff in HIV/AIDS/STIs for at least 2 days including planning & programming and life Skills
2. Give all staff a HIV/AIDS Resource Book
3. All staff should read and discuss the HIV/AIDS Policy and HIV/AIDS/STI implementation Plan 2007-2012
4. Write HIV/AIDS Activities and training into your SLIP
5. Have a first AID kit including bleach and rubber gloves for cleaning up blood spills
6. Train your BOM and your P&C in the HIV/AIDS policy, Gender Equity and Basic HIV/AIDS/STI information
7. Talk to your community about the plan, the policy and the syllabus.
8. Discuss how to protect staff and students from HIV and how you will teach it to your students. Lead HIV activities like World AIDS Day (1st December)
9. Teach Life Skills and HIV/AIDS/STI and Reproductive Health in Grd 5; Health in Grd 6-8 Personal Development; Demonstrate the correct use of male and female condoms from Grade 5 along with how to resist pressure and saying “no” to risky behaviour
10. Be a Health Promoting School. For example, are there separate toilets for boys and girls? Is there water and soap for washing and clean water for drinking? Are girls and boys treated equally?
11. Male and female condoms and lubricant must be available for all staff; Upper Primary students need to know where condoms are available in their community.
12. Build links with your church HIV services, testing clinic, AIDS committee, NGOs and community Health workers.

**Key point**

↔. Zero tolerance for teachers and students who abuse or harass others. Teachers must be role models for behaviour at all times.

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**Tok Pisin Version**

**Grup 10: Praemari Skul HIVAIDS**

**Karikulum**

Stori long wanem samting bai yu nidim long kirapim wok bilong HIVAIDS polici na bekim ol despela askim:

1. Skul bilong yu i mekim wanem long karimaut HIVAIDS polisi bilong NDoE? Listim ol wok yupela i wokim.
2. Wanem ol hap long polisi yupela i no karimaut yet? Listim ol dispela hap.

**“I Gat Hop – Yumi inap Mekim” – Katolik Sios Slogan**
11. How to change community behaviour

The Bridge Model:
How Do We Build a Bridge from Information to Behavior Change?
FACT SHEET 11: HOW TO CHANGE COMMUNITY BEHAVIOUR

<table>
<thead>
<tr>
<th>English Version Group: 11 How to change community behaviour</th>
<th>Tok Pisin Grup 11: Hau komuniti i ken senisim pasin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discuss the Bridge Model poster. Then discuss these questions:</td>
<td></td>
</tr>
<tr>
<td>1. From the poster list the areas that need to be changed in your community, if your community is to protect people from being infected by STIs, HIV/AIDS.</td>
<td></td>
</tr>
<tr>
<td>2. Share any stories about changes that have already taken place in your community that are helping to protect the community from STIs, HIV/AIDS.</td>
<td></td>
</tr>
<tr>
<td>3. Prepare a community action plan on what the community can do to support your school in teaching children about living a positive healthy life style. In your action plan state how you are going to help care for those who are HIV positive.</td>
<td></td>
</tr>
<tr>
<td>Stori long piksa bilong Biris. Na bekim long ol dispela askim:</td>
<td></td>
</tr>
<tr>
<td>1. Lukluk long piksa na stori long wanem ol samting yumi nid long senisim long komuniti long banisim ol manmeri long STIs, HIVAIDS.</td>
<td></td>
</tr>
<tr>
<td>2. Stori long ol senis i bin kamap long komuniti we i banisim komuniti long STI, HIVAIDS</td>
<td></td>
</tr>
<tr>
<td>3. Wokim wanpela komuniti wok plen long ol samting ol komuniti i ken wokim long halivim tisa long lainim ol sumatin long stap gut. Long plen bilong yu tok klia long hao yu bai lukautim gut ol sik manmeri i gat AIDS.</td>
<td></td>
</tr>
</tbody>
</table>

Community Mobilisation to change behaviour

Community mobilisation needs be based on the importance of RESPECT for another human being regardless of what type of activity one is involved in or what situation the person is in. NO ONE has any RIGHT to ask a positive person how he/she got infected, when or where. However if they want to share this information they may, but other people do not have any right to retell their story to the whole world. It is also very important to have positive ways of looking at HIV; how to support the infected and affected; and provide awareness to those not yet infected. Communities need to think in terms of Positive Living, Positive Thinking and Positive Talking.

Areas to be targeted for change

The government, the private sector, communities, churches, clans, families and individuals need to deal with the driving forces of HIV such as the lack of employment, unfair pay structures, violence and pack rape, alcohol, bride price (where women are ‘owned’), not caring about other people, electoral excesses/buying votes, polygamy (men having many wives; older men looking after young girls, men with plenty of money to spend, situations where there is group sex, and domestic violence and rape.

Church support

Many churches and pastors will support your work. They are important people in the community. They should be trained in HIV and reproductive health and often have many good contributions to make (e.g. offering ways to resist pressure to have sex and how to care for people who have HIV/AIDS). The Church is a vital partner in educating young people and promoting life skills. Often there will be Parish or Diocesan AIDS Committees, Mother’s and Father’s Groups, Couples for Christ and youth groups you could work with.

Key Point: Community Action Plans

⇒ Communities need to work together to address these issues, and in doing so, communities will be addressing HIV.
5. HIV/AIDS Dramas
The following are two dramas that were prepared for school use. The first drama shows students how they can and can’t be infected with HIV/AIDS. The second drama shows students how people in the community need to be cared for.

5.1 Drama 1: Death at School - Play based on a true PNG story

Characters
1. Business man (hat and tie – pillow under shirt – can of beer)
2. Business man’s wife, parents and relatives
3. Town girl (lipstick and wig – can of beer)
4. School girl (school books)
5. School boy 1 (school books – abstain (A) and delay (D))
6. School boy 2 (school books – condom (C))
7. School boy 3 (school books – doesn’t take precautions)

Order of events
1. Married business man goes to town and sleeps with town prostitute after getting drunk one night
2. Business man returns to village and is welcomed by his wife, parents and relatives
3. Business brings a present back for a pretty school girl that he likes. He then sleeps with the pretty school girl
4. School girl meets her boyfriend 1 (school boy 1). The boyfriend (School boy 1) says he is going to wait until he gets older and has completed his studies before he gets married and has sex.
5. School girl meets her boyfriend 2 (school boy 2) The boyfriend says he doesn’t want to take any risks and doesn’t want his girlfriend to get pregnant and insists on using a condom.
6. School girl meets a very attractive boy (school boy 3) at the school dance. The attractive school boy has been drinking and is a little drunk. On the way home they have sex without a condom.

After some years:
7. Town girl dies of AIDS
8. Business man dies of AIDS
9. Business man’s wife dies of AIDS
10. School girl dies of AIDS
11. School boy 1 (boyfriend) is alive
12. School boy 2 (used condom) is alive.
13. School boy 3 dies of AIDS.
14. Business man’s parents and relatives discuss what action the youth, women and men in the community need to take to prevent other young people in their community from being infected with HIV. ie. respecting women, safe sexual practices, being faithful to one uninfected faithful partner, counselling and testing for those at risk.

Main Points
1. The need for youth, women and men in the community to take responsibility for protecting their community and themselves from HIV.
2. Students should abstain or defer from sexual activities until they are older
3. Partners should both stay faithful to one uninfected partner
4. Properly use and dispose of a good condom if you are not faithful and have sex
5. Students need to be very wary of accepting gifts from married men.

Ensure the following emerge:
- The importance of each child and person making their own informed responsible decisions
- HIV is spread through unprotected sexual intercourse (from seminal fluid, vaginal fluid and blood.)
- You can not tell if someone has HIV, as an infected person can look health and strong at least for many years after getting infected.
- HIV/AIDS can be prevented through abstaining from sex, staying faithful to one partner or through properly using a good condom.
- Domestic violence, rape, incest, alcohol and drugs make the risk of HIVS greater
- The importance of both partners( boy/ girl, man/ women,) discussing their relationship and protecting themselves from HIV/AIDS
- It is important to wait until students are older or married before they engage in sexual activities with other people.
- It is important that students, girls especially to learn to say ‘no’, if asked for sex and to report to their parents and or teacher- if they are pressured to engage in sexual activities while at school.
• The importance of the whole community (men, women and youth) to work together to make plans to protect everyone in their community.

Questions to be discussed after the drama 1. Use the NAC poster ‘You can’t get HIV/AIDS/ You can get HIV/AIDs’.

1. How is HIV/AIDS spread?
   Answer: HIV is spread through unprotected sex with an infected person. It is also spread through exposure to infected blood and body fluids (eg if tattoo equipment is contaminated with blood and is used on more than one person). The third way in which HIV is spread is from an infected mother to her baby – during pregnancy, during birth or from breastfeeding.

2. How can using a condom help?
   Answer: Using a condom when you have sex can protect you from infection with all sexually transmitted diseases, including HIV and from unwanted pregnancy.

3. How can HIV not be spread?
   Answer: Through kissing, coughing, holding hands, sharing food, from mosquitoes, or through living with someone with HIV/AIDS.

4. What action can your community take to protect yourselves from HIV? Focus groups (men, women and youth) should be formed and answers written on butcher paper and shared with the whole group.
   Possible Answers: All men protecting all the women in the community from rape and domestic violence. Community controls alcohol and drug use in the community to stop irresponsible behaviour. The church and school take the lead in community HIV/AIDS awareness programs to be carried out, etc.
5.2 Drama 2: My brother has AIDS  
Caring for community members with AIDS

A. Story – order of events  
a. A boy is locked in a pigs sty by his parents because he has AIDS and continual pek pek wara and is hard to keep clean  
b. His sister comes home on school holidays and tells his parents how to keep her brother clean by using a bucket toilet, a bucket wash basin, a bucket ‘washing machine, and a bucket shower. She feeds her brother good food, and uses rubber gloves or washes her hands after looking after her brother. She also digs a pit to put her brother’s waste.  
c. Some neighbours come around and threaten the brother, but the sister calms them down and explains that it is safe to look after community members with AIDS so long as everyone understands how to safely look after AIDS sufferers.

B. Characters  
a. Mother,  
b. Father  
c. Brother  
d. Sister  
e. Neighbour 1  
f. Neighbour 2  
g. Neighbour 3

C. Main message  
a. It is safe to look after community members with AIDS so long as basic safety practices are followed. i.e. wash hands, use rubber gloves if possible, bury waste, use bucket showers, toilets, wash basins, and washing machines to help keep the AIDS patient clean. Healthy food and love and respect are also very important.

Questions to be asked after the drama about the poster  
1. What care must be taken by carers when looking after AIDS patients?  
2. Why is good food and clean water important for AIDS patients?  
3. Why must waste be buried?  
4. Why are love and respect important?  
5. What things can help you look after a relative or friend with AIDS?

Community Focus Group discussion: Participants form three groups: Men, women and youth.  
1. Focus group makes a list the things that they think their community should do to look after community members with AIDS. NB. This may be making plans for the future if there is no-one with AIDS in the community at this stage.  
2. Focus group discusses how they can make or purchase the things needed to look after AIDS patients. E.g. rubber gloves, bucket toilets, sinks, showers, washing machines, etc.  
3. Focus group makes a list of recommendations on how girls can politely say no when approached by males wanting to have sex.

Group findings are shared with the whole group.
6. HIV/AIDS awareness school-based activities

Topic 1: HIV/AIDS Policy and Law (suggested time: 4 hrs)

**Aim:** to enable your school community to understand the Education HIV/AIDS policy as stated in the HIV/AIDS Management and Prevention Act (HAMP Act) and in The HIV/AIDS Policy for the National Education System.

**Outcome:** by the end of the activities you will have a greater understanding of the role that education can play in implementing the HIV/AIDS education goals in your school community.

**Materials:** Helping our community to learn about HIV/AIDS and to prepare community action plans; 3X HIV AIDS posters (You can/can’t get HIV/AIDS; Stay in the Boats; Caring for HIV/AIDS friends and relatives, butcher paper and markers.

**Content:** Helping our community to learn about HIV/AIDS and to prepare community action plans: This booklet pages 7-10. HIVAIDS Flipchart pgs 3-6

📖😊😊 Exercise 1: HIVAIDS Management and Prevention Act (HAMP Act):
In pairs or small groups read and discuss the HAMP Act. The facilitator writes key points on the chalkboard for further discussion after the readings. The Glossary is used to discuss the meanings of any words that participants find hard to understand.

📖😊😊 Exercise 2: The HIV/AIDS Policy for the National Education System:
In the same groups read and discuss NDoE HIVAIDS policy issues relevant to their community. The facilitator writes key points on the chalkboard for further discussion after the readings. The Glossary is used to discuss the meanings of any difficult words.

📖😊😊 Exercise 3: The role Education can play in implementing the HIV/AIDS goals in school communities: In the same groups read and discuss the role education can play in implementing the HIVAIDS goals. Then form pairs or small groups and list what you believe are the most important HIVAIDS messages or activities that are needed in your school community.

📝 Conclusion: Report your findings to the whole group.
Topic 2: Lets learn about HIV/AIDS (suggested time: 4 hrs)

Aim: to enable your school community to revise the key facts about HIV/AIDS

Outcome: by the end of the activities you will have a shared understanding of the key facts about HIV/AIDS.

Materials: This booklet pages 12 – 33; Flipchart pages 9 - 29 butcher paper and markers.

Content: Helping our community to learn about HIV/AIDS and to prepare community action plans.

Exercise 1: HIV/AIDS questions and answers: In pairs or small groups read and discuss pages 11-13 of this booklet. The facilitator writes key points on the chalkboard for further discussion. The reading is summarised through listing key messages. The facilitator compares the participant’s key messages with the key messages on page 14 of this booklet.

Exercise 2: HIV/AIDS Fact Sheets: The participants form into eleven groups, and each group studies one fact. Each group answers the questions at the start of the fact sheet and records their answers on butcher paper. i.e.

Group 1: HIV/AIDS and the Immune System
Group 2: How HIV is passed to another person
Group 3: How HIV can be prevented
Group 4: STI
Group 5: HIV Testing and Counselling
Group 6: HIV Treatment
Group 7: Caring for those with HIV
Group 8: Women and STI and HIV/AIDS
Group 9: What our schools can do to help our children learn about STIs, and HIV/AIDS
Group 10: Primary School HIV/AIDS curriculum
Group 11: How to change community behaviour

Conclusion: Each of the eleven groups displays their group’s chart and reports their findings to the whole group.
Topic 3: Caring for friends and relatives with AIDS  (suggested time: 3 hrs)

Aim: to develop a community action plan for caring for relatives and friends with AIDS

Outcome: by the end of the activities you will have worked together to develop a community action plan for caring for relatives and friends with AIDS.

Materials: This Booklet pages: 22-26; 32-33, HIVAIDS Flipchart pages 19-22; 29, butcher paper and markers.

Content: Helping our community to learn about HIV/AIDS and to prepare community action plans.

Exercise 1: Caring for friends and relatives with AIDS: Share any stories you have heard or personal experiences you have had in regards to caring for AIDS patients with the other participants.
- Tips for caring for those with AIDS
- the four key cleaning activities for AIDS patients: toilet; wash basin; washing clothes and shower.

Exercise 2: Community Action Plan: Form three focus groups (men, women, youth) and on butcher paper list the activities that your community can do to better look after community members with AIDS or to make plans in case members of your community have AIDS in the future.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Who will do it</th>
<th>What resources are needed</th>
<th>When will it be done</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Conclusion: Share your group’s findings with the whole group and prepare a combined community action plan.
**Topic 4: HIV/AIDS Dramas**  (suggested time: 3 hrs)

**Aim:** to enable your school community to revise the key messages of HIV/AIDS (how it is spread, and how to care for friends and relatives with HIV/AIDS).

**Outcome:** by the end of the activities you will have prepared and performed two dramas about two key HIV/AIDS messages.

**Materials:** This booklet pages 34-37; butcher paper and markers.

**Content:** 'Helping our community learn about HIV/AIDS and prepare community action plans.

📖😊😊 **Exercise 1 HIV/AIDS Dramas:** Read and discuss the two dramas, with special reference to the key messages that the dramas have for your community. Discuss the value of drama as an education tool. Discuss the value of students performing HIV/AIDS dramas. Decide how you will produce the dramas (ie with students, or by themselves, and who they will perform for – for each other, or at a special time when visitors will be in your community. Discuss the importance of using tok ples in the dramas.

😊😊 **Exercise 2: Drama practice:** In two groups, start preparing the two HIV/AIDS dramas.

😊😊 **Exercise 3: Performance:** Perform your two HIV/AIDS awareness dramas for a community audience, and then discuss the HIV/AIDS posters after the performance.

😊😊 **Exercise 4: Reflection:** Reflect on what individual decisions we need to make to protect ourselves from HIV/AIDS, and what support the community needs to give to protect the community from HIV/AIDS.

**Conclusion:** Reflect on the value of the dramas and discusses other possible stories that can be performed as dramas that will help strengthen your community’s awareness of HIV/AIDS.

**Note:** If the two dramas have already been performed for your community, you should identify another important HIV/AIDS community message and prepare a drama for that message.
### 7. HIV/AIDS Offices - Addresses

Addresses of HIV/AIDS offices who could be contact for information on HIV/AIDS or to assist with the facilitation of this Unit and materials on this subject.

<table>
<thead>
<tr>
<th><strong>NGO support groups</strong></th>
<th><strong>Activities</strong></th>
<th><strong>Three Angels Care</strong></th>
<th><strong>Activities</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Anglicare Stop AIDS PNG.</td>
<td>Peer Education in Work place, Awareness, Advocacy, Condom Distribution.</td>
<td>Catholic Family Services</td>
<td>Counselling &amp; Family</td>
</tr>
<tr>
<td>Waigani, Port Moresby</td>
<td>Telephone: 325 1855 or 325 1108</td>
<td>Four Mile, Port Moresby</td>
<td>Welfare, Awareness &amp; Education</td>
</tr>
<tr>
<td>PD Box 6491, BOROKO, NOD</td>
<td></td>
<td>PO Box 5978, BOROKO, NCD</td>
<td>Telephone: 325 5250</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Activities:</td>
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<tr>
<td>Life Line Port Moresby</td>
<td>Counselling &amp; Care and home visits</td>
<td>The Salvation Army</td>
<td>Peer Education,</td>
</tr>
<tr>
<td>Waigani, Port Moresby</td>
<td></td>
<td>Koki, Port Moresby</td>
<td>Counselling &amp; Care and</td>
</tr>
<tr>
<td>PO Box 6047, BOROKO NCD</td>
<td></td>
<td>PO Box 1323, BOROKO, NCD</td>
<td>home visits</td>
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<tr>
<td></td>
<td>Activities:</td>
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<td>Education and Awareness,</td>
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<tr>
<td></td>
<td>Telephone: 3261680 or 3261177</td>
<td>Activities:</td>
<td>Condom Distribution,</td>
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<td></td>
<td>Counselling and Home Care</td>
<td>Family Life Education.</td>
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<td>Home visits, Advocacy and Awareness</td>
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<tr>
<td></td>
<td></td>
<td>Telephone: 3216005</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Facsimile: 3216603</td>
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### National and Provincial AIDS Committees

<table>
<thead>
<tr>
<th>National AIDS Council Secretariat</th>
<th>NCD Provincial AIDS Committee</th>
<th>Central Provincial AIDS Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>P O Box 1345 BOROKO</td>
<td>P O Box 3297 BOROKO</td>
<td>Free Mail Bag Service KONEDOBU</td>
</tr>
<tr>
<td>National Capital District</td>
<td>National Capital District</td>
<td>Central Province</td>
</tr>
<tr>
<td>A/DIRECTOR - Romanus Pakure</td>
<td>CHAIRMAN: Mr Daniel Hewali</td>
<td>A/ CHAIRMAN: Mr Joseph Eka</td>
</tr>
<tr>
<td>Romanus <a href="mailto:pakure@nacs.org.pg">pakure@nacs.org.pg</a></td>
<td>HRC: Mr Isu Aluvula</td>
<td>HRC: Richie Kavergari</td>
</tr>
<tr>
<td>A/DIRECTOR – Bomal Gonopa</td>
<td>PCC: Ms Rose Apini</td>
<td>PCC: Ms Rhodah Yani</td>
</tr>
<tr>
<td>Email: <a href="mailto:ngonopa@nacs.org.pg">ngonopa@nacs.org.pg</a></td>
<td>PH: /Fax: 323 0515</td>
<td>PH: / Fax: 321 6032</td>
</tr>
<tr>
<td>PH: 323 6161 or Fax: 323 1619</td>
<td>AH: 323 0763/691 6934 (Isu)</td>
<td>Email: <a href="mailto:cpac@daltron.com.pg">cpac@daltron.com.pg</a></td>
</tr>
<tr>
<td>Location: Heduru Bldg, Waigani.</td>
<td>Email: <a href="mailto:isu.aluvula@yahoo.com">isu.aluvula@yahoo.com</a></td>
<td>Location: Village court bldg. CPA-</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Konedobu</td>
</tr>
<tr>
<td>Gulf Provincial AIDS Committee</td>
<td>Milne Bay Provincial AIDS</td>
<td>Oro Provincial AIDS Committee</td>
</tr>
<tr>
<td>P O Box 87 KEREMA</td>
<td>Committee</td>
<td>Private Mail Bag Service POPODENTTA</td>
</tr>
<tr>
<td>CHAIRMAN: Mr Mian Lariwak</td>
<td>P O Box 575 ALOTAU</td>
<td>CHAIRMAN: Ian S Kopukoro</td>
</tr>
<tr>
<td>HRC: Mr Umulin Paul</td>
<td>CHAIRMAN: Dr Noel Yauhihi</td>
<td>HRC: Mr Silvano Bawo</td>
</tr>
<tr>
<td>PCC: Mrs Tete Keke</td>
<td>HRC: Mr Siemu Bate</td>
<td>PCC: Mr James Fabo</td>
</tr>
<tr>
<td>PH: 648 1058/ 648 1356</td>
<td>PCC: Mrs Doreen Nadile</td>
<td>PH: 329 7782 Fax: 329 7782</td>
</tr>
<tr>
<td>Fax: 648 1285</td>
<td>PH:/Fax: 641 0433/641 0433</td>
<td>Office Location: Oro Provincial</td>
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<tr>
<td>AH:692 8496 (Umulin)</td>
<td>Location: Community Development</td>
<td>Govt Office</td>
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<tr>
<td>Location: Gulf Hospital</td>
<td>office</td>
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<tr>
<td>Western Provincial AIDS Committee</td>
<td>East New Britain Provincial AIDS</td>
<td>West New Britain Provincial AIDS</td>
</tr>
<tr>
<td>P O Box 102 DARU</td>
<td>Committee</td>
<td>Committee</td>
</tr>
<tr>
<td>A/CHAIRMAN Mr Willi Kokoba</td>
<td>P O BOX 3111 KOKOPO</td>
<td>P O BOX 329 KIMBE</td>
</tr>
<tr>
<td>HRC Mr Robin Koria</td>
<td>CHAIRMAN Damean Kerekku</td>
<td>CHAIRMAN Mr Willie Edo</td>
</tr>
<tr>
<td>PCC Mr Gabriel Marowa</td>
<td>HRC Vacant</td>
<td>HRC Mr Joseph Lipu</td>
</tr>
<tr>
<td>PH:/Fax: 6459090</td>
<td>PCC Mr Steven Auridei</td>
<td>PCC Rev. Roevec Roenuc</td>
</tr>
<tr>
<td>Office location: Town – opposite</td>
<td>PH: 982 8677/Mobile :691 8240</td>
<td>PH: /FAX: 983 5492</td>
</tr>
<tr>
<td>Daru Trading</td>
<td>FAX 982 8667</td>
<td>Mobile: 6893462</td>
</tr>
<tr>
<td>New Ireland Provincial AIDS</td>
<td>Location: Butuwin Health Centre</td>
<td>Location: Kimbe Hospital area</td>
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<td>Committee</td>
<td>Kokopo</td>
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<tr>
<td>Manus Provincial AIDS Committee</td>
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<tr>
<td>P O Box 555 LORENGAU</td>
<td></td>
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<tr>
<td>Bougainville Provincial AIDS</td>
<td></td>
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<td>Committee</td>
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<tr>
<th>Province</th>
<th>AIDS Committee</th>
<th>Chair</th>
<th>HRC</th>
<th>PCC</th>
<th>PH/FAX</th>
<th>Location</th>
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<tr>
<td>Eastern Highlands</td>
<td>Provincial AIDS Committee</td>
<td>Mr Wep Kanawi</td>
<td>Eluh Kendrew</td>
<td>Rachel Sailas</td>
<td>470 9643</td>
<td>Manus Hospital</td>
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<td>Western Highlands</td>
<td>Provincial AIDS Committee</td>
<td>Rev James Koi</td>
<td>Joshua K Meninga</td>
<td>Apollos Yimbak</td>
<td>542 3835</td>
<td>Hospital Area</td>
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<td>Simbu</td>
<td>Provincial AIDS Committee</td>
<td>Dr Thomas Koembu</td>
<td>Ruth Paliau</td>
<td>Takeso Totaya</td>
<td>732 1141</td>
<td>EHP. ADMIN. HQ.</td>
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<tr>
<td>Enga</td>
<td>Provincial AIDS Committee</td>
<td>Mr John Yaka</td>
<td>Ben Nema</td>
<td>James Kuri</td>
<td>547 1141</td>
<td>Ipats Centre – Wabag</td>
</tr>
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<td>Morobe</td>
<td>Provincial AIDS Committee</td>
<td>Mr Patilius Gamato</td>
<td>Charles Pepe</td>
<td>Gasper Poilele</td>
<td>472 0644/728 06482</td>
<td>Huon Development Authority Building</td>
</tr>
<tr>
<td>Sandaun</td>
<td>Provincial AIDS Committee</td>
<td>Mr Joseph Sungi</td>
<td>Rose Uri</td>
<td>Ricky Saren</td>
<td>8571956</td>
<td>Provincial Planning Div.</td>
</tr>
<tr>
<td>VSO Tokaut AIDS</td>
<td>PO Box 1061 Madang</td>
<td>Mr Robinson Sirobat</td>
<td>Kevin Tsikula</td>
<td>Audrey Gilis</td>
<td>984 1134/984 2637</td>
<td>Provincial Health Office</td>
</tr>
<tr>
<td>PNG Family Health Association Lae</td>
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<tr>
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</table>
Evaluation: ‘HIV/AIDS’

School-based capacity building activity evaluation sheet:
Number of men attending: _____________________ Number of women attending: _______
School: _______________________________ District: _________________________________
Province: _____________________________ Date: ___________________________________

The facilitator should ask participants to complete this evaluation sheet together at the end of the activities. Please hand this collective evaluation sheet to your school inspector. NB. If you are a DEPI student you should also submit a copy of this page to your assessor with your assessment tasks.

1. What did you find most valuable about this capacity building activity?

______________________________________________________________________________

2. How relevant was the capacity building activity? – please tick and add comments if you wish.

<table>
<thead>
<tr>
<th>Very poor</th>
<th>Poor</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
</table>

Comments:_____________________________________________________________________
______________________________________________________________________________

3. Was the content at the right level for all the participants?

<table>
<thead>
<tr>
<th>Very poor</th>
<th>Poor</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
</table>

Comments:_____________________________________________________________________
______________________________________________________________________________

4. Was the Language at the right level?

<table>
<thead>
<tr>
<th>Very poor</th>
<th>Poor</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
</table>

Comments:_____________________________________________________________________
______________________________________________________________________________

5. How suitable were the materials and handouts used in the activities?

<table>
<thead>
<tr>
<th>Very poor</th>
<th>Poor</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
</table>

Comments:_____________________________________________________________________
______________________________________________________________________________

6. What suggestions do you have for improving this capacity building activity?

- Comments:_____________________________________________________________________
______________________________________________________________________________
Example of a completed evaluation sheet

**Evaluation:** ‘Board of Management roles and responsibilities’

**School-based capacity building activity evaluation sheet:**
Number of men attending: ______ 
Number of women attending: ___

School: _______ Giamon PS District: ___
Province: Northern Highlands Date: 23/05/2007

The facilitator should ask all participants to complete this evaluation sheet together at the end of the activities. Please hand this collective evaluation sheet to your school inspector. NB. If you are a DEPI student you should also submit a copy of this page to your assessor with your assessment tasks.

7. What did you find most valuable about this capacity building activity? We realised that our school BoM was not following the correct procedures and we have taken action to fix up the problems.

8. How relevant was the capacity building activity? – please tick and add comments if you wish.

<table>
<thead>
<tr>
<th>Very poor</th>
<th>Poor</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>M5</td>
<td>F4</td>
<td>M2</td>
<td>F4</td>
</tr>
</tbody>
</table>

Comments: It was very relevant as no-one had told our community what the Education Act laws were about the Board of Management.

9. Was the content at the right level for all the participants?

<table>
<thead>
<tr>
<th>Very poor</th>
<th>Poor</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>M3</td>
<td>F6</td>
<td>M4</td>
<td>F2</td>
</tr>
</tbody>
</table>

Comments: We all understood the different activities. The facilitator explained anything we were not sure about.

10. Was the Language at the right level?

<table>
<thead>
<tr>
<th>Very poor</th>
<th>Poor</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M7</td>
<td>F8</td>
</tr>
</tbody>
</table>

Comments: We used tok Pisin for all the activities so everyone understood.

11. How suitable were the materials and handouts used in the activities?

<table>
<thead>
<tr>
<th>Very poor</th>
<th>Poor</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>M3</td>
<td>F6</td>
<td>M4</td>
<td>F2</td>
</tr>
</tbody>
</table>

Comments: The booklet was easy to follow, and everyone enjoyed the BoM Flipchart.

12. What suggestions do you have for improving this capacity building activity?

Comments: We would like to have more time to do follow-up activities.