

Employee Wellness Programme Peer Educator's Manual





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HIV and AIDS Prevention Zimbabwe Project

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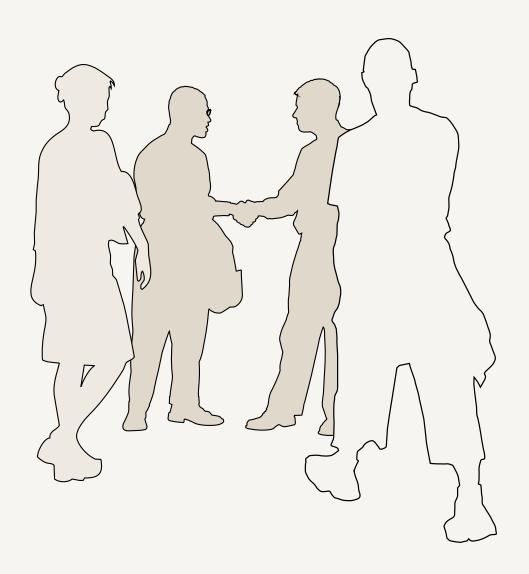
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outhern Africa, of which Zimbabwe is a part, is the epicentre of the HIV and AIDS epidemic, with countries of the region registering the highest HIV prevalence rates in the world. The HIV prevalence rate in Zimbabwe continued to decrease from of 27,2% in 1998 to 13,7% among adults 15 to 49 years in 2010. The major reason for the decline is linked to the growing recognition of primary prevention, including behaviour change and related programmes. The behavioural changes associated with HIV reduction—mainly reduction in extramarital, commercial, and casual sexual relations, and associated reduction in partner concurrency—appear to have been stimulated primarily by increased awareness of AIDS deaths and secondarily by the country's economic deterioration. However, several recent studies confirm that multiple sexual partnerships, especially concurrent partnerships, remain a key driver¹. And the HIV prevalence is still high.

To "increase economic development in middle- and low-income countries" is one of the objectives of the Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH (GIZ). Across Africa, one of the main hurdles to reach this goal is the growing burden of diseases. More and more countries face rising prevalence rates of diabetes, hypertension, growing death rates due to malaria and alarming estimated rates of PLHIV. The challenges arising do not only concern the health-sector in the respective countries, but increasingly the private sector, that face growing economic losses due to increasing health related problems of employees. However, in many middle- and low-income countries the health-sector does not have the capacity to stem the arising challenges alone.

In Zimbabwe, the HIV and AIDS Prevention Zimbabwe (HPZ) Project, supported by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH on behalf of the German Federal Ministry for Economic Cooperation and Development (BMZ), in cooperation with civil society organisations is facilitating the development and implementation of Employee Wellness Programmes (EWP) in the private (nonhealthcare) sector. The objective of the HPZ project is to contribute to behavioural change so that "young people, sex workers and employees in the project regions engage increasingly in protective behaviour and make use of adequate health services."

The private sector can play an important role in the response to the HIV epidemic because employees are of the age group most infected. This productive age group (15 to 49 years) needs to be healthy in order to produce goods and provide services and help keep the economy vibrant. The HIV epidemic and related diseases have a profound impact on the productivity of the private sector in Sub-Saharan Africa; it leads to absenteeism and a loss of qualified personnel, raises human resource costs and hampers economic investment. Other chronic diseases like hypertension and diabetes contribute to this negative influence as well.

Employee wellness programmes which address HIV and AIDS and other health conditions in an integrated approach are becoming more common in workplaces. More recently, programmes are designed to assist employees to choose healthier behaviours like being more physically active, eating more healthily, accessing in-house/external health services and preventing infections and spread of diseases. Campaigns to raise awareness, educational sessions to increase knowledge and opportunities to learn new skills, and changes to policies to enable employees to make healthy lifestyle choices are often included.

Halperin DT; Mugurungi O; Hallett TB; Muchini B; Campbell B; Magure T; Benedikt C; Gregson S. (Feb 2011). A Surprising Prevention Success: Why Did the HIV Epidemic Decline in Zimbabwe?. PLOS MED. 8.



Workplace wellness is more than a "lunch and learn" programme. It is about developing a "people first" approach to doing business. It is about taking care of employees, establishing a positive work environment, and paying attention to the factors that keep employees healthy and happy at work and during their life outside the workplace. A good workplace wellness programme has an impact on employees' mental, physical, emotional, social, and spiritual well-being.

As Employee Wellness Programmes are not widely known among the private sector and civil society organisations in Zimbabwe, GIZ commissioned, as part of its HPZ project, a study that determined the content and methodology of this manual.

This training material has drawn on this extensive field research, conducted earlier, as well as on the input and experience of the implementing non-governmental organisation (NGOs) which would be training the material in the field. In finalising the material, Insight Strategies piloted the material with trainers from the implementing NGOs and then trained the first group of company focal persons.

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List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Anti-retroviral
CSO	Civil Society Organization
DOTS	Directly Observed Treatment Short Course
EWP	Employee Wellness Programme
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
HIV	Human Immunodeficiency Virus
НСТ	HIV Counselling and Testing
KAP	Knowledge, Attitude and Practice
M&E	Monitoring and Evaluation
MMC	Male Medical Circumcision
NAC	National AIDS Commission
NGO	Non-Governmental Organisation
PE	Peer Educator
PEP	Post Exposure Prophylaxis
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
STI	Sexually Transmitted Infection
ТВ	Tuberculosis
VCT	Voluntary Counselling and Testing
WPP	Workplace Programme

INTRODUCTION AND OUTLINE

Many people think that becoming an effective peer educator has to do with being able to effectively and efficiently repeat the lessons you have been trained to share. However, training is a lot more involved than simply repeating a lesson.

You need to know a whole lot of things about yourself, your environment, and your participants; and you need to know your material.

As a result, this manual does not ask you to follow an exact recipe. What it expects from you is read, understand, digest and be able to apply the information in the most appropriate way possible, depending on the circumstances in which you find yourself. So, for example, do not try to run a session that uses cards, if you are conducting a peer education session outside and there is a strong wind blowing.

This manual is laid out in a way that will allow you to grow as an individual as well as to get to know the material that you need to train.

Section 1	describes the purpose of an EWP and your role in this programme.
Section 2	looks at the characteristics of a good peer educator and gives some advice on how to effectively train adults.
Section 3	describes the expected outcomes of applying the lessons contained in this manual, gives suggestions for a training agenda, the process that you need to follow to run the lessons, things you will need to consider in the different environments in which you train and suggestions about preparation.
Section 4	contains the actual training material as well as the exact method that each of the training sessions should follow. This material is divided into five topics; An Introduction to Employee Wellness, TB, Hypertension, Malaria and HIV. Each topic includes several lessons.

SECTION 1: WHERE DO YOU FIT IN?

There have been many outreaches into the private sector in Zimbabwe to assist businesses to cope with the threat of HIV to their companies. Many of these efforts have strived to help employees live healthier and more productive lives through training on HIV prevention and providing support to those who were infected. The benefits of these programmes often extended far beyond the workplace – into the families of the employees and their communities.

However, HIV is not the only threat to employees' health. Many other diseases have been negatively affecting their productivity in the workplace for years. Given the success of the HIV workplace programmes, it was decided to broaden the scope of some of these programmes and look at health related areas and conditions other than HIV. This manual includes lessons on tuberculosis, hypertension and malaria, beside HIV infection. These diseases were prioritised by the employees interviewed during the research conducted in July 2011 in selected companies.

You as a peer educator (PE) have been trained to communicate these lessons to the workers of the companies; your colleagues. You will be working together with the focal person in your company and with staff from a local NGO. These people are there to assist you in making the greatest difference with your lessons.



SECTION 2: WHAT IS PEER EDUCATION?

What is a Peer?

A peer is a friend or a colleague who has a similar background to you. You are a peer to many of your friends and colleagues, simply because you share a similar way of living and working and live in the same area.

What is Peer Education?

Peer Education is making use of people with a similar status (a peer) to the learners to spread information and to teach about a variety of topics. Peer education has been used very effectively in sharing information about HIV. Peer education often happens in small groups or with individuals, and often takes place informally. In the workplace peer education sessions are often run during tea times or lunch times. These training sessions occur in a variety of settings and can include many different types of activities.

Who is a Peer Educator?

A Peer Educator is someone who provides information and knowledge to his or her friends and colleagues. A peer educator has been trained as a peer educator in the material that he or she shares with his or her friends and colleagues. She or he shares information that they have learned freely with their colleagues and friends using many different types of training methods; e.g. telling a story, organising a drama, discussing a picture, playing games, etc.

What qualities should a Peer Educator have?

A good peer educator will display a number of different qualities. All of these qualities will assist the person in effectively communicating with his or her friends and colleagues.

A good peer educator will

- Always try to learn what is new in their field and will regularly want to share this information.
- Be able to listen to his or her peers to understand their concerns and questions.
- Be able to deal with emotional situations
- Not judge friends and colleagues in their behaviour, but will assist them in changing negative behaviour.
- Be able to adapt
- Lead by example
- Provide support and encourage
- Keep things confidential
- Be trustworthy

What makes a good Peer Educator?

There is so much that goes into making a good peer educator. Too often we tend to think that simply knowing the lesson material well makes a good peer educator. But even if participants were able to recite the training material word for word this would not necessarily make a good peer educator.





So What Skills Should You Have?

Willingness to learn – a good peer educator does not claim to know everything on a given subject. They know the limits of their knowledge and always accept further coaching and training to improve their own skill and knowledge base.

Respect – always greet your participants and make them feel welcome. Respect your participants and acknowledge that they are there to learn. Always thank your audience for their participation. It is also important to acknowledge the learning and experiences that your participants bring with them into the training session. Adults bring with them a host of lifetime experiences and opportunities.

Honesty – if someone asks a question and you do not know the answer then say so! Do your best to find the right answer and communicate it to the group the next time you meet. Do not mislead people with incorrect information or attempt to answer questions that you are not qualified to answer.

Patience – adult participants are sensitive to criticism, whether direct or implied. Many people have not experienced a formal learning environment and may feel intimidated. It is important that your participants feel comfortable and relaxed and that they are able to speak up if there is something that they have not understood fully. If a peer educator is impatient, rushes past a question or even misses a confused look, the learner may shut down and dismiss the rest of the training session as a waste of time. Create a learning atmosphere of mutual trust and respect. Be attentive and patient!

Listening – one of the most important skills a good peer educator possesses is the ability to listen and demonstrate that they are listening. Listening often falls second to talking in a lot of people's minds, but to be a good peer educator, is to be a good listener. Listening is one of the most important tools in your toolkit. Listen to your audience, do not interrupt them, or finish their sentences. Show them you are listening, look at them, nod perhaps, do not stare out the window or start talking to someone else – it will diminish your learner's confidence and they may not speak up again.

Being a good listener is harder than most people think. If you can successfully listen to someone it means that you:

- Give confidence to your audience to trust you and open up to you
- Increase your understanding of an individual or the group's need for information
- Manage time better. You will waste less time on misunderstanding things, having to repeat discussions and questions and people are less likely to become bored and irritated. It is important to get your message across in the time that you have.





SECTION 3: WHAT TO DO WITH YOUR TRAINING MANUAL

Let's have a look at the purpose of this training material again:

Your job is to facilitate sessions in the workplace to educate employees about various aspects that affect their health and therefore their productivity.

Your job is to educate them about healthy choices they can make to look after their health and to encourage them to take action to look after their health and the health of their families.

This manual and its lessons will assist you in achieving these purposes. Ultimately, you need to be prepared, well informed and have your sessions well planned to ensure that your participants can learn effectively. This section will help you to prepare and plan your training sessions.

- 1. Make sure that you keep to your agreed time frames. All participants, especially adults have certain expectations. If these expectations are not met your participants will begin to feel uneasy and irritated, even if only subconsciously. In many cases with the lessons in this training material, you will not have this problem, as the lessons are short. But if you decide to run two lessons together, or if one person begins to dominate the discussion and you start running out of time, be aware that the other participants might begin to feel uneasy.
- 2. Share with your participants. Adult participants always appreciate peer educators who share their own experiences, especially times when you have failed and recovered from this failure. It creates a more trusting environment. This in turn encourages more active participation from your participants, which encourages more effective learning. While you might feel uncomfortable sharing some of your own experiences during the training, you can still share with your participants during tea-time or over lunch.
- 3. Keep an eye on your participants' energy levels. Make sure that the timing of your training sessions allows for sufficient opportunity for participants to fully engage with the activities in the learning material. All participants, including adults, get bored. Make sure this doesn't happen to you. Again, because the lessons in this curriculum are short, the chances of this happening are slim, but extreme heat or cold, or loud noises and a distracting environment can affect participants' concentration.
- **4. Ask your participants for feedback.** At the end of the training session, it is always a good idea to ask your participants how they felt about the learning and processes. Do this in a way that will ensure the participants' anonymity, you are more likely to get honest feedback this way. This provides you with good insight to the techniques that you have used during the session as well as how much your participants have learned. It should also give you some insight as to whether any of the topics covered need to be repeated.
- 5. Tidy up the training environment. Remember the training environment is an extension of you. It is up to you to make sure that the training material (cards, papers, pens, etc) that you have used is neatly and safely packed away.
- 6. Reflect on what happened during the training. Part of your responsibility as a peer educator is to report back on the training. As a peer educator, you might need to report back to the focal person of the company. By the time of writing your report it is likely that you have forgotten some of the things that happened on the first day, so it is often useful to sit quietly for about 20 minutes and simply jot down notes on things that happened during the training. These can be things that you think either went particularly well, or things that you think went awry. When it comes to writing your report you can look at these notes to remind yourself of things that you might have forgotten. This technique will also help you ensure that you do not repeat mistakes that you have made.
- 7. **Report back on the training.** You are required to report back to the company focal person and in some cases to other members of your peer education team.

What else do you need?

To run some of the training sessions you will need some extra equipment. This is a list of that equipment, although you will not need every item for each training session. Also be aware that sometimes you will need to cut out cards or pictures to be able to run the training session. You will need to do this before you run the session, so that you do not waste time.

In preparing for your training session make sure you prepare what you need to run the session correctly. If you cannot get some of these items you may need to change the lesson slightly.

To run some of these sessions you will need:

- Ball of string or wool or ribbon
- Scissors
- Flipchart paper
- Coloured marker pens
- A small container of glitter. If you do not have a glitter you can use dried spices, finely crushed dry leaves, talcum powder, sugar, maize meal, powdered milk, etc.
- Two balloons or condoms
- A pin
- A spray bottle or a jar of water that is big enough for you to stick your hand into.
- A jersey, shirt or a jacket
- A male or female condom that has had the end cut off to create a tube of latex
- A target (e.g. dust bin)
- A beanbag (or something else to throw)
- Anatomical models
- Male condoms
- Female condoms



SECTION 4: THE LESSONS

Each of the lessons in this manual is laid out in a table format.

Section	What it means
Outcomes	This is the goal of the lesson. Keep this in mind when running the lesson. All the activities and discussions should move towards achieving this.
Purpose	In this section the reason for the lesson is explained. Some of your colleagues might want to know what this lesson has to do with employee wellness. This section will help you answer this question. If it helps, you might want to read this section aloud to your group before you start the session. Then all of the participants will know what they are going to learn during the next few minutes.
Time Required	All of the lessons need at least 20 minutes to run properly. Most of the sessions have been listed as taking 30 minutes as usually people need time to settle in. Sometimes you might go over time slightly because of conversation between your colleagues. Make sure that one person does not dominate the conversation and that everyone has a chance to speak.
Setting	Some of the lessons need more space – so this is a reminder that you will need space to run a lesson.
Other requirements	In this line you will find a list of other things you might need for the lesson. All of these things have been provided for you in the manual.
Method	This is a step by step process of running the lesson. Follow the steps from number 1 and you should be able to run the lessons without any problems.
Processing	This is a continuation of the previous section (method) but this usually involves discussions between your colleagues, with them debating or discussing points in the lessons. At this time, you need to listen carefully to the conversations to make sure that the Outcome of the lesson is still in sight.
Take Home Line	This line contains the main idea of this lesson. End each lesson by sharing this Take Home Line with all your colleagues. You might end a session by asking the participants to shout it out, or to chant it, or sing it. You could also give points to the team that remembers the Take Home Line from the previous session.
Suggestions	Sometimes there are small changes you can make to the lessons or extra reading to give you some more information. Read this section before the lesson, to make sure you have all the information you need.
Important	Pay special attention to this section, if it is included in the table .
Activity Material	Some of the lessons have material (cards, posters, stories, etc) to help you run the lesson. This section contains copies of all of this material.

Why Employee Wellness is important		
Outcomes	Participants will understand how employee wellness affects the productivity of a company.	
Purpose	Many people might question why employees' wellness is important to a company. This simple exercise shows how the efficiency and effectiveness of a team is disrupted and affected by the absence of just one person.	
Time Required	10 minutes	
Setting	Large enough to all allow the group to see a small group activity in the centre.	
Other Requirements	Ball of string or wool or ribbon	
Method	 Ask for six volunteers from the group and hand a name card to each volunteer. Ask the volunteers to come and stand in a circle while the others watch. Hand the volunteer with the name "Lovemore" the ball of string. Explain that you are going to read a story and as soon as a character's name is mentioned "Lovemore" should hold onto the end of the string but throw the ball of string to the person, whose name was mentioned. The second person must then hold onto the string and pass on the ball of string when another person's name is mentioned. Pause at the mention of a new person's name and allow time for the string to be thrown from one person to another. At the end of the story, explain that there is a network here and that it represents the level of interaction between people in the company. Ensure that all the people hold onto their string and ask them to step backwards so that the linkages between them are tight. Ask "Lovemore" to drop his or her string while all the others hold on to their string. Ask all participants to see if they can step back further now that "Lovemore" has dropped the string. All of the participants should be able to take at least half a step backwards. This indicates that the network that exists between the people at work is disrupted or changed even when only one person is absent from the network. If a person is off work as a result of sickness this network gets weaker. 	
Processing	 Explain that: The absence of just one person can affect our productivity even if this person is not directly involved in our day-to-day activities. It is in the interests of all of us to look after our own health and welfare and to participate in the employee wellness programme to ensure that our teams perform well. 	
Suggestions	You might choose to replace the names of the people in the story and the story itself with a more appropriate story for your workplace. Make sure that you mention the Lovemore character often however.	
Take Home Line	Wellness of each employee affects all of us.	

Topic 1: Employee Wellness

Employee Wellness Story

Lovemore really enjoyed his job. He had started at the company in an entry level position but through hard work and loyalty he had progressed. He liked to think that this was also due to a little bit of intelligence as well – he knew that giving a little more than was asked was usually viewed as a good thing by the employers. Now, as a result of this investment of time and effort, he acted as a supervisor for his own team and was often called upon to help other teams including those under Clemence and Lloyd, when their supervisors were ill or were called away for some reason.

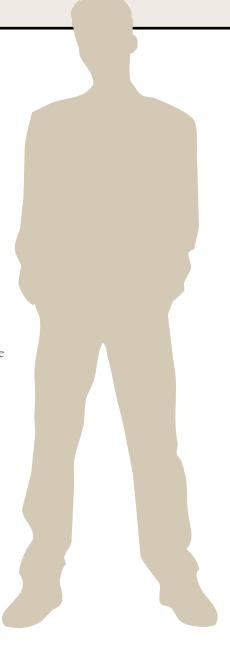
He looked around the team. There was Jacob, one of the more experienced team members. He was also a reliable workhorse and had an excellent relationship with most of the rest of the team. In fact he had been instrumental in making sure that Darlington and Johnson were as good as they were.

"Hey!" Lovemore shouted out a greeting to Clemence as he walked by with his team. "Hope you have a good day today!"

"Thanks" shouted Clemence in return.

Lovemore turned around to see Jacob walking towards the tool shed. He knew that Jacob's daughter was quite ill and had been to the local clinic a few times. He must ask Jacob if she was feeling any better. Johnson was about to get married – well at least that is what he was telling everyone. Darlington on the other hand, played the field. The likelihood of him settling down in the next few years was very slim. He owed a lot to each one of these guys. And he know that each one of them would be loyal to him.

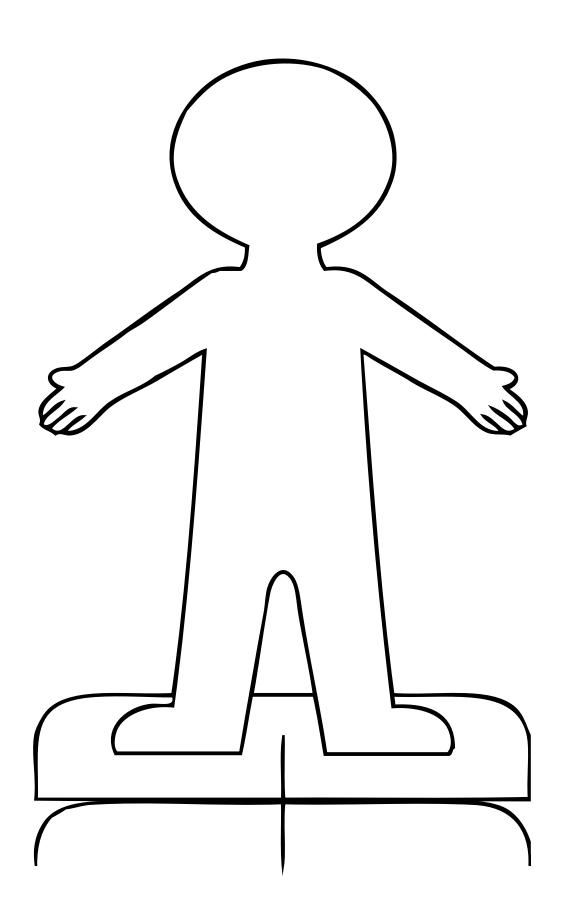
"Aah", he thought, "Life is good".

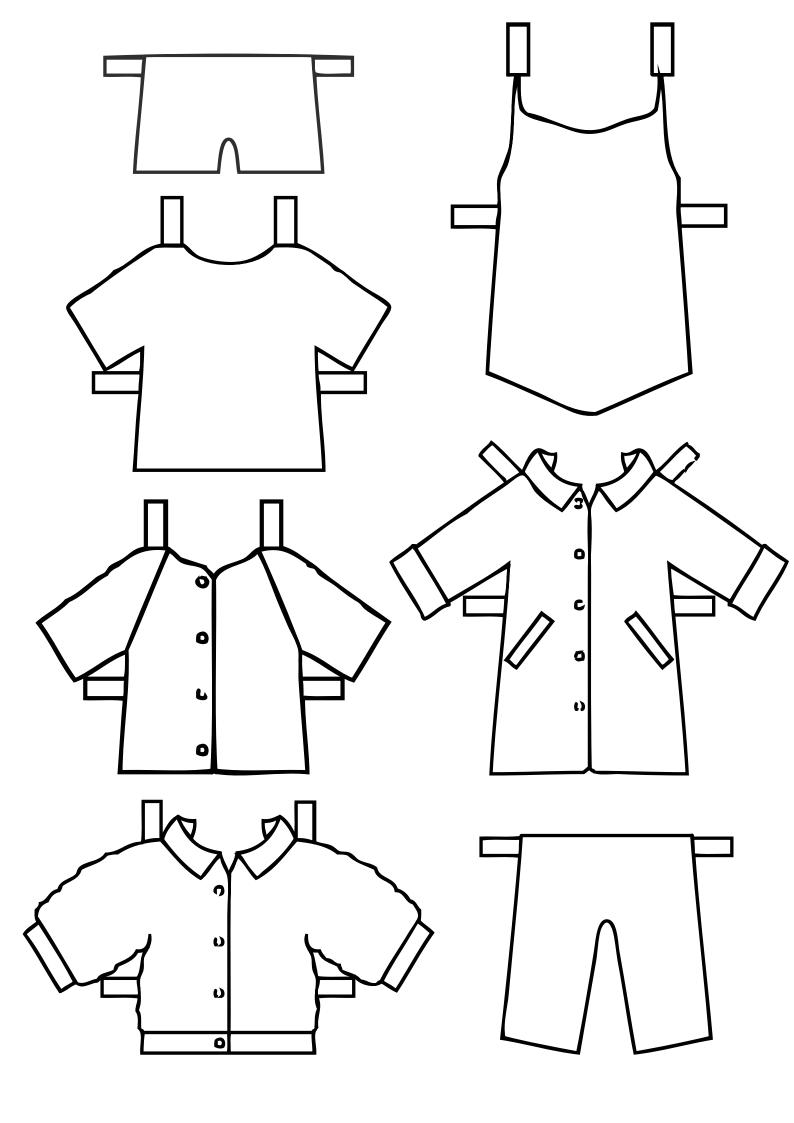


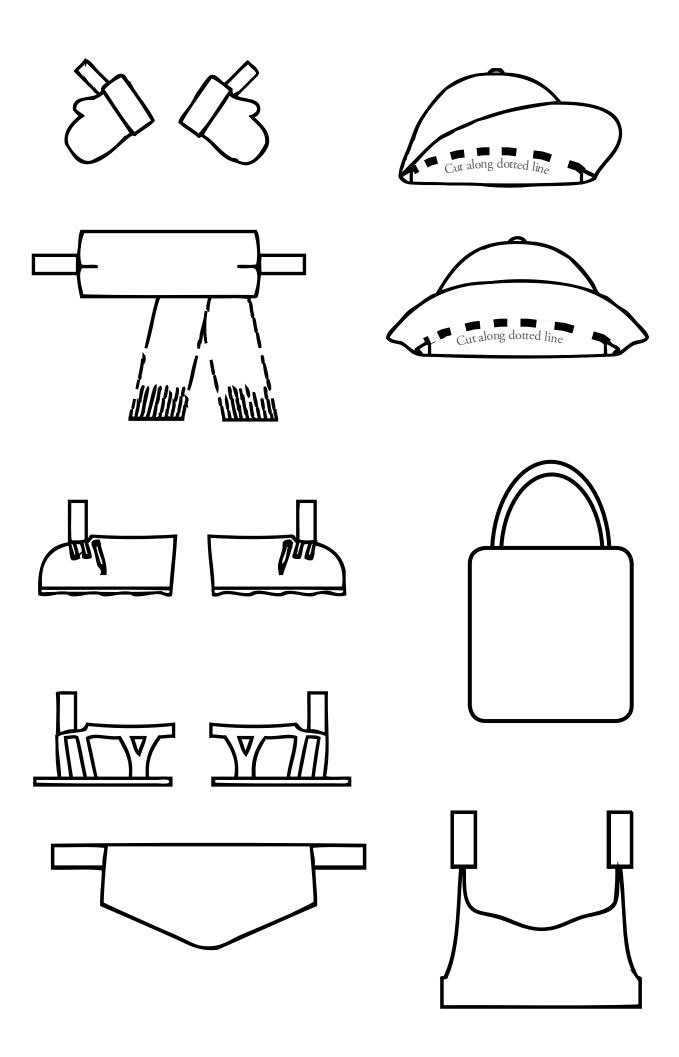
Darlington Lovemore Clemence Johnson Jacob Lloyd

Topic 1: Employee Wellness

	What is Employee Wellness?	
Outcomes	Participants will understand that employee wellness is more than occupational health and safety and that it has five components.	
Purpose	The reason for this lesson is to introduce the whole idea of employee wellness to the employees. The participants will understand that wellness is more than just physical health and will realise that even if a person has a healthy body, they may have other concerns and problems that can affect their health. This is all part of learning to appreciate the whole person.	
Time Required	30 minutes	
Setting	Space for smaller groups to work	
Other Requirements	 Cards figures (NB these need to be cut out before the start of the session. You need to have one of these for each group). Paper clothing for each stick figure (NB these need to be cut out before the start of the session. You should have at least one complete "wardrobe" for every two groups). Flipchart paper 	
Method	 Divide the big group into smaller groups of four to five participants. Try not to have more than four groups with more than four or five people in each group. Hand each group a card with a paper figure and a "wardrobe" of clothes. Ask the participants to name their figure and to dress the figure for a day at work. It is important that the group identify with the figure. So ask them to give it features and characteristics with which they are familiar. E.g. if you are training a group of miners ask the groups to discuss how strong the figure is, how tall he is etc. While the group are dressing the figure get them to discuss its family and its interests. How old is the character, what food does it like, etc When the groups have finished ask them to introduce their figure to the other group and to use some of the characteristics and features that they have discussed. Then ask the group to identify the number of layers of clothing that the figure has and to give feedback to the whole group describing these layers. The answers you are looking for here include underwear, shirts, coats and hats, shoes or boots, accessories, etc Explain that just as one needs different types of clothing to be fully dressed, one has different needs in life that have to be met to ensure a healthy balanced lifestyle Draw a stick figure on the flipchart and ask participants what they think this person can do. As participants mention physical activities such as walking, running, jumping (write in blue) summarise by saying that we are physical beings, (things we can do). As they mention feelings (things we can feel) i.e. crying, laughing (write in green), summarise that we are emotional beings. Do the same for social (things we can share) activities (write in black), intellectual (things we can think) activities (write in red), as well as spiritual (things we believe) activities. Point out that whe	
Processing	 Explain that: Many people think that employee wellness is just about looking after the physical safety of employees, but giving them the proper safety equipment. Instead a good employee wellness programme is interested in the WHOLE person, in all of their layers. As part of this employee wellness programme as a group we are going to examine different ways we can improve our lives. Some aspects might be physical, some might be emotional, some might be intellectual. But all of the lessons are focussed on improving our wellness. 	
Suggestions	 If you do not have different coloured pens to write on the flipchart, then simply group the activities in five separate areas of the flipchart paper. When the group has finished identifying activities, point out that there are five different groupings of activities, each one relating to a separate aspect of the person. If there is time you can let each group colour in the various clothing that they use to dress their figure. If you find that the group only used jackets and hats to clothe the figure you can make this into a joke, by pointing out that if you take the clothing off the figure it will be naked! 	
Take Home Line	A healthy person has many layers.	



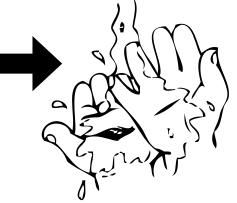




Topic 1: Employee Wellness

	How are germs spread?
Outcomes	Participants will understand the link between germs and communicable diseases, describe how germs spread and how to stop germs from spreading.
Purpose	Many of the diseases that affect employees and that are spread at work, can be combated through simple steps of good hygiene. The lesson emphasises this and encourages the participants to practise the basic step of hand washing. If employees washed their hands on a regular basis they and their colleagues would, in all likelihood, be healthier.
Time Required	30 minutes
Setting	Open space for learners to shake hands and give one another a pat on the back
Other Requirements	 A small container of glitter. If you do not have a glitter you can use dried spices, finely crushed dry leaves, talcum powder, sugar, maize meal, powdered milk, etc. Hand washing poster
Method	 Tell participants that you are going to do a special activity with them. To do this activity you need to put some glitter on the back of one hand of every participant. Explain that you will come back to the reason why you put glitter on their hands later. It is important that you have the participants move about in the class. This will cause the glitter to spread across the room. Divide participants into smaller groups and ask them to discuss times they were ill. What caused their illness? How did they feel? Did they like feeling that way? As people give answers applaud them for doing so, and the rest of the group is likely to applaud as well. Explain to participants that if they behave in a way that does not spread germs, they show other people that they respect them and care for them. Explain to participants that the glitter you put on their hands was pretend germs. Ask them to look around the room and to tell you where they can see glitter anywhere other than on people's hands. Explain that germs, just like the glitter, can be found on our hands, on our pencils, in our hair, on the floor and on our books. Germs can be found almost everywhere. Summarise by saying that, germs spread when we: Cough and sneeze; Touch other people's blood; Use things like tissues or cups and spoons that others have used. Do not wash our hands after visiting the toilet and before preparing meals Do not store food appropriately Drink dirty water Explain that one method we can use to prevent the spread of germs is through washing our hands properly. This involves five steps: Wet your hands with clean running water (warm or cold) and apply soap. Rub your hands together to make a lather and scrub them well; be sure to scrub the
Processing	 Ask learners, in their small groups, to compose a song, with a catchy tune, gestures and simple words to demonstrate good hand washing procedures, or other ways they can prevent the spread of germs. Allow groups to sing their songs while demonstrating good hand washing procedure.
Suggestions	Teach your learners that, rather than holding their hands in front their mouths when they sneeze or cough, they should put the inside of their elbows in front of their mouths. This action will keep the saliva from showering everybody close to them and will keep their hands free of germs. When learners have their hands in front of their mouths when they cough or sneeze, all the germs collect on their hands. Then, if they do not wash their hands, the germs spread to everything they touch.
Take Home Line	Washing hands prevents disease from spreading.

START

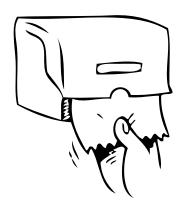


1. Wet hands



6. Turn off taps with a towel

HAND WASHING STEPS



5. Towel dry



4. Rinse



2. Soap (20 seconds)



3. Scrub backs of hands, wrists, between fingers, under fingernails

	What is TB?	
Outcomes	Participants will understand the effect that Tuberculosis (TB) has on the body and that anyone can be infected with TB.	
Purpose	This training session is the first in the manual that addresses a specific illness – TB. The lesson introduces TB and shows how TB affects the lungs. The lesson also points out that it is possible that anyone could contract TB.	
Time Required	30 minutes	
Setting	 Space to allow participants to see the peer educator Enough space for the participants to display a short role play 	
Other Requirements	 Flipchart Two Balloons or condoms (one with holes in it) A pin Face cards Pre-session reading – Read <i>The Basics Of TB</i> BEFORE running this session. Try and get some TB posters from your local public health facility. 	
Method	 Ask the participants to think of the smallest thing they know. Call for two or three volunteers to dramatise the thing they are thinking of and for the rest of the group to guess this object. Give the volunteers a minute to prepare their dramas and present to the rest of the group. Explain that TB germs – the things that spread TB from person to person are smaller than most things. In fact you can only see them under a microscope. So you cannot see them when they float in the air after someone coughs or sneezes. Explain to the group that the lungs work like a balloon. When you breathe in, the lungs fill up, when you breathe out the lungs deflate. Illustrate this by blowing up the balloon and deflating it. Explain that if your lungs are infected with TB, this affects how they work. TB causes little holes in your lungs. Ask for two volunteers. Hand each one a condom or a balloon. Poke some holes in one of the balloons or condoms (while it is deflated). Tell the volunteers that they must race against one another to blow up the condom to the largest size. Shout "One, two, three, GO!" and allow the volunteers to race against one another. One participant will manage to inflate the condom, the other condom will not inflate, or in fact tears. Point out that TB, as it infects the lungs also affects the ability of the lungs to function properly. 	
Processing	 Separate the participants into smaller groups. (Try not to have more than four groups of five people in each group). Divide up the faces cards and distribute them to each group. Ask the participants to think of someone they know (not someone famous!) that fits the same profile as the person in the group (age, gender, etc) Ask the group to decide if this person (the person they know) could become infected with TB. Ask the group to give feedback to everyone. The correct answers that you are looking for are: All people can become infected with TB Explain that you are more likely to be infected with TB if: You work in very dusty places You work or live with other people who have TB You smoke cigarettes You have a disease like high blood pressure, diabetes, HIV or AIDS You are tired and stressed from doing heavy work, working long hours, or not sleeping enough 	

What is TB?		
Suggestions	 There are likely to be a lot of questions that will lead to more questions and discussions about TB when you introduce this topic. Make sure that you, as a peer educator, know topics you are going to cover in the next three sessions. Then simply answer the questions but explain that this topic will be covered in more detail in later sessions. In Zimbabwe the terms of "TB1" and TB2" might emerge in discussions. There is no such distinction in terms of TB. 	
Take Home Line	Anyone can be infected with TB. We can all prevent the spread of TB	

THE BASICS OF TB

How is TB spread?

- TB is caused by a bacteria.
- The bacteria is transmitted in small droplets of spit or mucous.
- When a person sneezes or coughs or spits some of this mucous becomes airborne in small droplets.
- Other people might breathe in these droplets.
- These people might then develop TB.

How does TB affect the body?

- The bacteria enter the body and most often infect the lungs. (TB can infect other organs too)
- They cause an infection in the lungs which eventually makes it difficult for the person to breathe
- The bacteria make small holes in the lungs.

TB can be treated

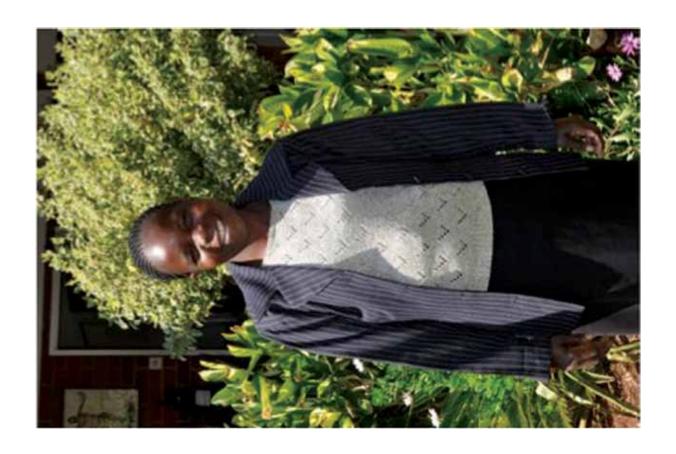
- The TB medicines "weaken" and kill the TB germs.
- Clients taking TB medicines cough less, and so the TB germs are not spread around easily.
- Clients taking TB medicines can stay with their families and go back to work without passing TB on to others.

TB germs can be killed

- Direct sunlight can kill TB germs, so blankets and towels should be aired in the sunlight.
- TB germs can also be killed with bleach like JIK (1 cup to 10 litres of water). Use this as a
 disinfectant on surfaces.
- Good ventilation (fresh air) prevents the spread of TB.

The warning signs of TB are:

- Tiredness
- Coughing for more than three week
- Bloody sputum (mucous that you cough up)
- Weight loss or loss of appetite
- Chest pain
- Fever or night sweats













TB symptoms		
Outcomes	Participants will be able to recognise the symptoms of TB.	
Purpose	This session builds on the information contained in the last session, by pointing out the symptoms of TB. It is important in this session that participants understand that people can have coughs and still not have TB.	
Time Required	30 minutes	
Setting	Area with a flat surface to allow the participants to see their playing cards clearly.	
Other Requirements	2 sets of symptom cards. Copy the set of cards [2 pages] twice.	
Method	 Break the participants into smaller groups of four or five. (Try not to have more than four groups of five people in each group). Hand out one set of symptoms cards to each group Ask the group to turn all the cards upside down in front of them Participants in each group take turns to turn over two cards at a time If the cards match, then they remove the cards from the playing area If the cards do not match then they turn them over again and the play moves to the next person The winner of the game is the person who has collected the greatest number of "pairs". 	
Processing	 When the groups have finished playing ask the participants to choose the cards that they think depict the symptoms of TB. Ask the group to then present their choices to the other group. Make sure that the correct symptoms are mentioned. Go through each of the symptoms and explain that even if a person displays all of these symptoms their diagnosis must be confirmed by medical personnel. Ensure that the groups understand that any person can be infected with TB. 	
Suggestions	The symptoms of TB are: Tiredness Coughing for more than three week Bloody sputum (mucous that you cough up) Weight loss or loss of appetite Chest pain Fever or night sweats	
Take Home Line	I can recognise the symptoms of TB.	

Bloody Sputum	Earache
Night Sweats	Runny nose
Tiredness	Sore muscles
A deep cough	Pain in the knees
Coughing for three weeks	Upset stomach
Chest pain	Blood in the urine
Weight loss	Bleeding from the ear
Loss of appetite	Hair Loss

(Make two copies of this page)

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How to prevent TB from spreading		
Outcomes	Participants will understand how TB is transmitted and will be able to implement good practice to guard against the spread of TB	
Purpose	Part of the effort in fighting any disease is understanding how the disease is transmitted. By understanding this we can then take steps in preventing this transmission and stop the spread of the disease. This session outlines that TB germs are microscopic and are generally airborne and that measures can be taken to prevent infection with TB and the spread of TB.	
Time Required	30 minutes	
Setting	Area large enough for participants to walk across.	
Other Requirements	 A spray bottle or a bowl of water that is big enough for you to stick your hand into. Pre-session reading – Read <i>The Basics Of TB</i> BEFORE running this session. 	
Method	 Ask the participants to line up on one side of the training area. Ask them to move slowly to the other side of the training area walking in a straight line. They are not allowed to stop As they begin to move walk down the line and gently spray water from the spray bottle into the air that the group are about to walk through. If you do not have a spray bottle simply dip your fingers in the jar of water and flick your fingers into the air to make the water fly into the air. NB – Do NOT spray the people directly. When the people reach the other side ask the people who were splashed with water to take a step forward. Ask these people what they could have done to avoid being splashed. There is not much the people could have done other than moved away from the water, as some of them did. Even so, some of the droplets would have struck them. Explain that it is even easier to become infected with TB Explain how TB is transmitted Someone with TB can cough or sneeze or laugh or spit and their mucous or saliva can form droplets in the air If you are walking past you will not even see these droplets (they are microscopic) You might breathe in these droplets You might then develop TB Explain that you did NOT spray people directly but rather sprayed the water into the air. In the same way people do not have to cough or sneeze onto you directly to transmit TB. 	
Processing	 Break the participants into smaller groups of four or five. (Try not to have more than four groups of five people in each group). Ask them to give practical answers to the following questions. Ask the questions one at a time and get feedback before asking the next question. Give groups about a minute to answer each question: If you have a cough or a cold, what can you do to practice good hygiene? If you are living with someone with a cold or who coughs a lot, what can you do to stop the spread of germs? What can we do in the workplace to practice good hygiene? Ask the groups to give feedback on their discussions. 	
Important	 It is important that the participants understand that not EVERY cough means that a person has TB. However, many coughs can be responsible for the spread of germs. 	

How to prevent TB from spreading

If you do not have a spray bottle then fill up a plastic water bottle and punch a few small holes in the lid, to allow for water to spray out when you squeeze the bottle.

In the discussion groups the answers that you are looking for include:

- Practice good hand washing techniques if you have cough or a cold, or are caring for someone who is ill.
- Turn away from people if you need to cough or sneeze and cover your mouth with hand or arm.
- Make sure that the room, house or workplace is well ventilated.
- Air blankets, sheets and towels regularly especially if they are used by someone who is
 ill.
- Cough or sneeze into a tissue and then throw the tissue into the rubbish bin.
- Do not cough or sneeze into a telephone or a radio that will be used by other people.
- Sterilize telephones and radios every week simply by wiping them with a damp cloth soaked in a bleach solution.

A further example that can be used to illustrate how to prevent TB from spreading is: Imagine a closed room with a stove or a fire. There is a kettle filled with water on the stove or the fire. What happens to the water in the kettle? (It boils). IF no one takes the kettle off the stove what happens to the room? (It fills with steam.) What do you do to clear the room? (Open a window or a door, create a draught, bring in fresh air.) The steam is caused by water droplets in the air. Fresh air or a draught clear the air of these droplets. In the same way fresh air or a draft clears the air of TB.

NB: If you use this illustration make sure that the participants know that steam DOES NOT spread TB.

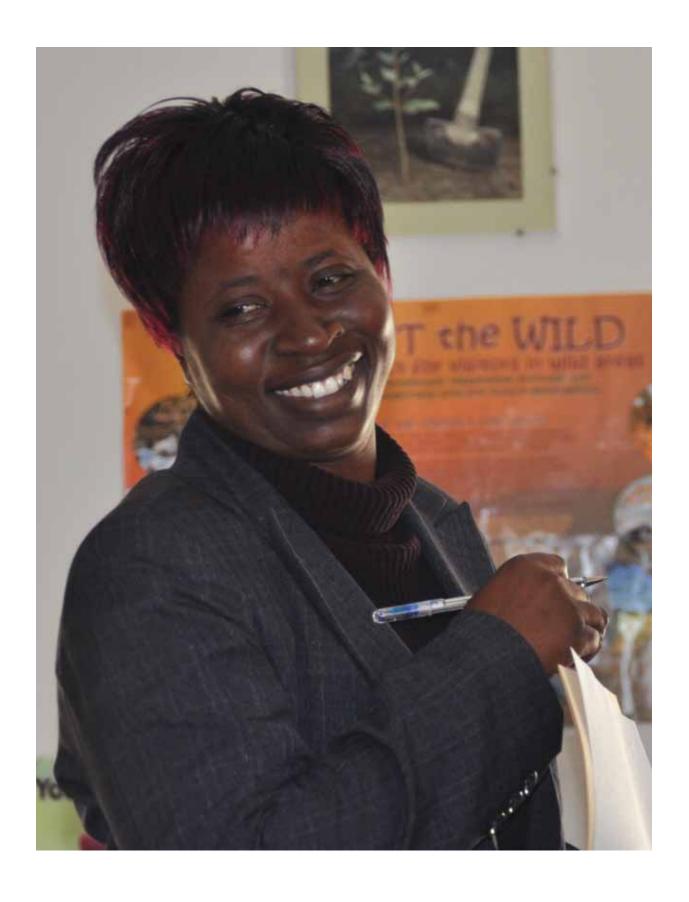
Take Home Line

Suggestions

I can prevent the spread of TB.



How to treat TB		
Outcomes	Participants will know that TB can be treated and will understand the Direct Observed Treatment (DOTS system).	
Purpose	This session introduces participants to the concept of supporting people that have TB and to the DOTS system of treatment. It is important that participants know that TB can be treated and that there are people available to support them.	
Time Required	30 minutes	
Setting	Small group discussions	
Other Requirements	Flip Chart	
Method	 Break the participants into smaller groups of four or five. (Try not to have more than four groups of five people in each group). Ask the participants to share with the rest of their group, something that they had to do on a number of occasions that they found very difficult. If the group struggle to talk about this give them some examples from the suggestions, below. Ask one or two people from each group share with everyone their difficult task. Ask these volunteers what would have made their job easier. They still had to do the task, but they could have something to make it easier – what would it be? 	
Processing	 Remind the group that treatment is available for TB. This treatment is taking pills every day for six months. The pills are available free of charge from the local clinic. However, explain that some people find that the pills make them feel ill, and are reluctant to take them or take them regularly. It helps if they have a person that sits with them each day and encourages them to take their medication. These people are called DOTS supporters or DOTS volunteers Write DOTS vertically on the flipchart Ask the groups what DOTS means – make up some silly sentences like Does Olivia Tell Simon? Or Don't Open Too Secret! Or Do Orange Tyres Smell? Explain each word of DOTS. Directly means one person to one person, personal contact, Observed means seen, Treatment is the medicine, Short course means for six months. The jobs of a DOTS volunteer is to encourage a TB patient to take their medicine at the same time each day and to support them through any discomfort they might feel from the side effects of the medication. 	
Important	DOTS stands for Directly Observed Treatment Short course.	
Suggestions	 If there is a TB programme running in the workplace then encourage the participants to get screened for TB and to get involved to become DOTS volunteers for their colleagues. Make sure that you are aware of the nearest TB screening clinic and support clinic for participants to approach if they would like to get screened. Have the contact details of the nearest TB screening clinic and support clinic available. 	
Take Home Line	TB can be cured.	



What is hypertension?		
Outcomes	Participants will understand the basics behind hypertension and how hypertension affects the body.	
Purpose	This lesson introduces the participants to the basics of hypertension and demonstrates how hypertension affects the body. It is important that the participants understand that pressure in the body is not a bad thing, but hypertension is HIGH blood pressure.	
Time Required	30 minutes	
Setting	Space for participants to see a demonstration	
Other Requirements	 A jersey, shirt or a jacket A male or female condom that has had the end cut off to create a tube of latex Read the <i>Basics of Hypertension</i> before running this session. 	
Method	 Explain that in our body we have a network of tubes that carry blood to and from all the parts of our body. This network is made up of arteries and veins. Our heart forces blood through this network of tubes all the time. Ask everyone to place their fingers on their wrists to feel their pulse. Explain that the slight feeling in their fingers is the blood being forced through their arteries by their heartbeat. Ask for two volunteers When the two volunteers have been identified tell them that you are going to ask them to race against one another. Tell them they have to stick their arm through a tube. The first person to successfully stick their arm through the tube is the winner. Give one volunteer the jersey or the shirt. Point out that the sleeve is a tube. Give one volunteer the condom. Point out that the tip has been cut off and that the condom is now a tube. Ask if the volunteers are ready. Count "one, two, three, GO!" The person with the jersey or the shirt should win the race easily. Ask the rest of the group why they think this person won. Correct answers include: The sleeve is wider than the condom. Ask the volunteers how their arms felt in trying to fit through the tubes. The correct answers include: Sleeve: "My arm fitted through quite easily". Condom: "My arm could not fit through – it was too tight". Thank the volunteers and let them sit down. 	





What is hypertension?

- 1. Explain that by trying to put our arm through the tube, we were putting pressure on the tube.
- 2. Imagine that the arms being forced into the tubes were blood. Which person had to exert more pressure to get his/her arm through the tube?
- 3. Explain that the blood being forced through our arteries creates pressure on the arteries.
- 4. Our arteries are built to last under a certain amount of pressure.
- 5. When this pressure increases it is called hypertension.
- 6. Separate the participants into smaller groups
- 7. Ask the groups to think of water flowing through a hosepipe.
- 8. What happens if there is no space in the hosepipe and the water continues to be pushed into the hosepipe?
- 9. Answer is:
 - Something will break either where the fluid goes in, where it comes out, or the tube itself will break.
- 10. Explain that the same thing happens in our bodies with hypertension. Our blood vessels become narrower through bad habits, such as smoking, unhealthy eating or stress. As a result the blood tube is smaller. But the same amount of blood is trying to get through at the same rate. What do the groups think will happen?
- 11. Answers are:
 - The tubes (arteries) will break
 - The pump (heart) will stop

Take Home Line

Processing

I know about hypertension.

BASICS OF HYPERTENSION

Blood pressure

- 1. Everyone has blood pressure.
- 2. Hypertension is HIGH blood pressure, which is unhealthy and causes further damage in the body, if it is not treated.

Causes of hypertension

- 1. Hypertension is caused by a narrowing of the blood vessels.
- 2. The narrowing is caused by a build up of "dirt" in the blood vessels.
- 3. The dirt build up is caused by unhealthy lifestyles including:
 - Eating too much salt
 - Eating too much fat
 - Not exercising enough
 - Drinking too much alcohol
 - Smoking
 - Stress
 - A kidney disease
 - Sometimes the reason is unknown.

Treatment of hypertension

- Hypertension can be treated with medication from medical personnel.
- 2. The medicine must be taken lifelong. Hypertension is a chronic disease.

Prevention of hypertension

- 1. Hypertension can be prevented by
 - Exercising
 - Eating less fat and salt
 - Stopping smoking
 - Losing weight
 - Drinking less alcohol
 - Eating more fruits and vegetables
 - Preventing stress

	What causes hypertension?
Outcomes	Participants will understand the causes of hypertension and that anyone can suffer from hypertension.
Time Required	30 minutes
Setting	Small Group discussions
Other Requirements	Flip chart
Method	 Break the participants into smaller groups of four or five. (Try not to have more than four groups of five people in each group). Reflect on the previous session and remind participants that hypertension is another name for high blood pressure. Ask the groups to imagine a water hose connected to a garden tap, watering a flower bed. Draw this on the flip chart Ask the groups to show three ways that the pressure in the hose can increase. Correct answers are: The tap can be opened more for more water to flow through the hose The end of the hose at the flowerbed can be blocked or narrowed, stopping water from flowing The diameter of the hose can be narrowed, so more water is forced into a smaller space. Draw these solutions on the flipchart and write these answers on the flipchart. What will happen if the pressure continues to build up in the hosepipe? The hosepipe will burst or release from the tap. Ask the groups to Now ask the groups to imagine how blood pressure can increase? Does the amount of blood in the body increase? Is the blood stopped from flowing in some way? Do the blood vessels get narrower? Correct answers are: No, no and yes. Although your body's blood is replaced on an ongoing basis, the same amount that is removed by your body is replaced by your body. In most people at most times the amount of blood in the body does not increase, pregnancy is one exception. Blood is not generally stopped from flowing to one part of your body. (One exception is a disease of the kidneys.) So the only way blood pressure can increase is through a narrowing of the blood vessels
Processing	 Separate the participants into smaller groups of four or five. (Try not to have more than four groups of five people in each group). Ask the groups to think of ways in which the blood vessels can get narrower. If the groups are struggling to answer this question, ask them to consider how other hoses and tubes can get narrower. Something can put pressure on the tube from outside (a boulder on a garden hose) The inside width of the tube can get narrower (dirt or grass can clog up the hosepipe) Ask the groups for feedback and facilitate a discussion that show that blood vessels get narrower through a build up of "dirt" in the blood. Explain that this "dirt" is caused through unhealthy living. Divide the hypertension cards between the groups and ask them to mime these to the rest of the group. The group must guess what is being mimed. Explain to the groups that they are going to guess what is on the card. Each card represents some aspect of unhealthy living that can result in hypertension. As the groups guess the correct answer stick the card on the flipchart. Give points to the group that guesses correctly, so that it creates a competition between the groups.
Take Home Line	I can look after my own blood pressure.

Hypertension Cards

Have diabetes		
Drink a lot of alcohol		
Eat fatty foods		
Are overweight		
Eat a lot of salt		
Smoke		
Don't exercise		
Are older		

	How to prevent and treat hypertension
Outcomes	Participants will know how to treat hypertension.
Time Required	30 minutes
Setting	Space for short role plays.
Other Requirements	This session must be run after "What is hypertension?"Treatment of Hypertension Cards
Method	 Break the participants into smaller groups of four or five. (Try not to have more than four groups of five people in each group). Reflect on the previous session and remind the participants that hypertension is caused by a narrowing of the blood vessels. This causes a person's blood pressure to increase, which is hypertension. Remind the participants that there were two ways of narrowing the blood vessels. Remind them of the hose. The hose can be narrowed from the outside, with a boulder for example, or from the inside with dirt clogging up the tube. Remind participants that hypertension is caused by dirt clogging up the blood vessels, and this session is about how to stop this process. Ask the participants how to unclog the hosepipe and list the suggestions given. Then point out that there are only two ways to have clear blood vessels. The first is to clean out the blood vessels, and the second is to prevent them from getting clogged up again. Tell the participants that living a healthy lifestyle will help unclog your blood vessels and will stop them from being clogged up again. Ask for a volunteer from each group and hand each volunteer a Treatment of hypertension card. Tell the volunteers that they have 30 seconds to think of a way of miming this out to the rest of the group. Tell the group that they have to guess what the person is acting out and then decide if this is a good way of preventing hypertension or not. Get the volunteers to act out their actions one at a time. Get the group to guess what is being acted out. If they guess correctly ask them to decide if this would be beneficial to treat or prevent hypertension. If the group says that this is a good thing ask the volunteer to stand on one side of the room. If the group says that is not a good thing, ask the volunteer to sit down. When all the cards have be
Processing	 Collect the Treatment of Hypertension Cards from the volunteers and then divide them between the groups Ask each group to discuss and make three practical suggestions about what they and their colleagues can do to implement the Treatment suggestion made on this card. Ask the groups to report back to all the participants and write down the suggestions on the flipchart. End the session by pointing out that all of the suggestions would allow us all to live a healthier lifestyle whether or not we have hypertension and encourage the workers to adopt one of these suggestions each week. Remind the participants that hypertension often needs medical treatment, which is lifelong and hypertension a chronic disease.
Take Home Line	Healthy living prevents high blood pressure

Treatment of Hypertension Cards

Be the correct weight for your height
Eat less fat
Eat less salt
Exercise regularly
Stop smoking
Take time to relax
Eat moderate portions of food
Don't drink excessive amounts of alcohol

	What are the symptoms of malaria?	
Outcomes	Participants will be able to recognise the symptoms of malaria.	
Time Required	30 minutes	
Setting	Flat space to allow participants to see their cards	
Other Requirements	Symptoms of malaria cards	
Method	 Break the participants into smaller groups of four or five. (Try not to have more than four groups of five people in each group). Hand out one set of cards to each group. Ask the group to turn all the cards upside down in front of them. Participants in each group take turns to turn over two cards at a time. If the cards match, then they remove the cards from the playing area. If the cards do not match then they turn them over again and the play moves to the next person. The winner of the game is the person who has collected the greatest number of "pairs". 	
Processing	 When the groups have finished playing ask the participants to choose the cards that they think depict the symptoms of malaria. Ask the group to then present their choices to the other group. Make sure that the correct symptoms are mentioned. Go through each of the symptoms and explain that even if a person displays all of these symptoms their diagnosis must be confirmed by medical personnel. Ensure that the group understand that any person can be infected with malaria. 	
Suggestions	Symptoms of malaria include: High fever (can often be 104° F and higher) Chills Shaking Extreme sweating Fatigue Discomfort (called malaise) and body aches Headache Muscle ache Nausea Vomiting	
Important	It is important to encourage the participants to receive proper medical diagnosis of malaria BEFORE they take any medication for malaria. Taking malaria medication without a diagnosis can be dangerous and can weaken your body, if you are infected with malaria at a later time. Health facilities will conduct a rapid test before treating malaria.	
Take Home Line	I know the symptoms of malaria	

Symptoms of Malaria Cards

High fever	High fever	Smelly Feet	Smelly Feet
Chills	Chills	Bloody Sputum	Bloody Sputum
Shaking	Shaking	Sneezing	Sneezing
Extreme sweating	Extreme sweating	Blood Nose	Blood Nose
Fatigue	Fatigue	A deep cough	A deep cough
Discomfort	Discomfort	Body aches	Body aches
Vomiting	Vomiting	Headache	Headache
Muscle ache	Muscle ache	Nausea	Nausea

Symptoms of Malaria Cards

High fever	High fever	Smelly Feet	Smelly Feet
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Fatigue	Fatigue	A deep cough	A deep cough
Discomfort	Discomfort	Body aches	Body aches
Vomiting	Vomiting	Headache	Headache
Muscle ache	Muscle ache	Nausea	Nausea

	How to stop malaria
Outcomes	Participants will know how to prevent the spread of malaria.
Time Required	30 minutes
Setting	A room where two teams can easily move about.
Other Requirements	A target (e.g. dust bin)A beanbag (or something else to throw)
Method	 Before the training place the target on the floor at one side of the venue. Ask the participants to separate into two teams Explain that one team are the attackers and one team are the defenders. Give the attackers the bean bag. Explain that their job is to throw the beanbag onto the target. The defenders job is to prevent this from happening. The defenders are not allowed to touch the beanbag directly. The defenders are not allowed to move or to obstruct the target. Attackers and defenders are not allowed to touch one another. Start the game. Let the participants play for four or five minutes and record any "goals" that the attackers make. Strictly enforce that the defenders are not allowed to touch the beanbag directly.
Processing	 Thank everyone for playing and ask them to sit down. Congratulate the winning team – the attackers if they scored a goal and the defenders if they successfully defended. Explain that the attackers were the mosquitoes and the defenders were trying to prevent being bitten by the mosquitoes. Explain that what they have done is very similar to who we can do to prevent being infected by malaria. A person is ONLY infected by malaria as a result of being bitten by a malaria carrying mosquito. The way to prevent infection is to avoid being bitten by a mosquito. You can do this in a number of ways – ask the group for suggestions and write these on the flipchart. See the list under suggestions and facilitate a discussion about these. End the session by ensuring that everyone understands that if they or a family member or colleague has malaria the ONLY way to be treated is by seeking help at a clinic or hospital.
Suggestions	 If you don't have a dustbin to use as a target you could use a cardboard box, or even a normal piece of newspaper. Encourage defenders to use items of their clothing or other things in the room to stop the beanbag. If you don't have a beanbag you can use a small ball or a piece of newspaper that you have crumpled into a ball. To prevent being bitten by a mosquito you can: Sleep in a room with screens on the windows and doors. Cut the grass short around houses, to prevent mosquitoes from breeding. Use a mosquito bed net. If possible, spray the net with <i>permethrin</i>, a spray that repels mosquitoes. During the evening, wear light-coloured pants and shirts with long sleeves. Use insect repellent if possible Use citronella oil and candles as an insect repellent Avoid going outdoors without protection in the evening, when mosquitoes are typically more active. Remove stagnant water from areas where you live and work. Mosquitoes use this water to lay their eggs. Stagnant water can be found in gutters, tins, paint cans, tyres, etc.
Take Home Line	I can stop mosquitoes from biting me.

	What is HIV?
Outcomes	Participants will be able to explain what the terms HIV and AIDS stand for.
Purpose	The terms HIV and AIDS are in common usage. Some people are able to explain what the acronyms stand for, but fewer are able to explain what these terms actually mean. In building an understanding of how this disease can affect you, understanding the terminology is one of the first steps. The purpose of this session is to unpack these terms so that participants can understand the terms in definitions of their own making.
Time Required	30 minutes
Setting	Group in a circle around the flip chart
Other Requirements	 Flipchart Read the <i>Basics of HIV and AIDS</i> before the session.
Method	 Before the session write HIV on the flip chart horizontally and draw a line next to each letter. Do the same on the next flipchart using the term AIDS. Turn to a clean flipchart sheet. Welcome the participants and explain that people often use words that others will not understand to speed up communication. Ask the participants to think of some of the words that they use in the workplace that an outsider might not understand; these might include the name of a building, or the name of a manager, or a process that is performed regularly. After you have heard a few suggestions turn to the HIV page and explain that the same thing happens in medical fields. This is not to confuse us, but simply to speed up communication. It is up to us to find out what these terms mean. Explain that HIV is a term where each letter stands in place of a word. Give some funny examples; "Harry Is Vertical" or "Hop In, Victor". Ask the participants what the letters stand for. Most people will be able to give you Human and Virus. Some might be able to tell you Immuno-Deficiency. As they give you the correct words, write these on the blank lines on the flip chart. Perform the same task for the word AIDS.
Processing	 When you have all the correct words on the flipchart break the participants into smaller groups of four or five people. Allocate the word HIV to half the groups and the word AIDS to the other groups. Give the groups three minutes to come up with a definition of their word. In other words they must be able to tell you in their own words what the terms HIV and AIDS mean. Ask for feedback from the groups and correct any incorrect information. Summarise by showing how these terms describe the process that happens when we are infected. You might also consider giving your own correct definition of both terms.
Important	AIDS stands for Acquired Immuno Deficiency Syndrome. This disease is caused by infection with a virus called human immunodeficiency virus (HIV).
Take Home Line	I know what HIV and AIDS means.

THE BASICS OF HIV AND AIDS

HIV

- The body's natural ability to fight illness is called the immune system. It is the body's defence against infection.
- This virus slowly weakens a person's ability to fight off other diseases, by attaching itself to and destroying important cells that control and support the human immune system.
- Once infected with HIV, a person is called 'HIV positive' and carries the virus for the remainder of his or her life.
- HIV only survives in body fluids such as semen, vaginal fluids, breast milk, blood and saliva. We can only become infected through contact with infected body fluids.
- HIV attacks the immune system and reduces the body's resistance to all kinds of illness, including flu, diarrhoea, pneumonia, TB and certain cancers.
- A person infected with HIV may appear to be healthy.

AIDS

- The word syndrome means that several symptoms occur at the same time. It is used to emphasise that people with AIDS have many signs and symptoms, because they suffer from several illnesses at once. AIDS is not actually one disease.
- AIDS is used to describe a set of opportunistic diseases, which would not be life threatening, if HIV had not destroyed the body's immune system in the first place.
- AIDS is the final stage of infection with HIV, and this is what causes a person to die, eventually.
- People with AIDS usually have several different illnesses at the same time. These differ among different people.

	Transmission of HIV
Outcomes	Participants will be able to explain how HIV is transmitted through some bodily fluids.
Purpose	 There is often a lot of debate about how HIV is transmitted. Although the majority of infections occur through sexual transmission, other means of transmission need to be known so that they can be guarded against. Use this session to open a discussion on cultural practices that shed blood that might be common to your group, e.g. cultural birth practices, shaving the head for funerals, tattoos, ear piercing, etc.
Time Required	30 minutes
Setting	Group in a circle around the flip chart
Other Requirements	 Read through the <i>Background Reading on Transmission of HIV</i> before the session. Transmission Picture Cards
Method	 Ask the group to mention all the bodily fluids they can think of. Tell them to use the words that they use in everyday speech. Write these down on the flip chart as they mention them. Explain that HIV is transmitted though the exchange of bodily fluids but that not ALL of the bodily fluids are infected with the virus. Highlight the fluids on the flipchart that are infectious for HIV Divide the group into two and give each small group a set of "Transmission Picture Cards" Ask the groups to separate the cards into activities that can transmit HIV and those that cannot transmit HIV. Link these activities that transmit HIV to the bodily fluids that have been listed on the flipchart that transmit HIV. Show what body fluids have been exchanged during which activity.
Processing	 Facilitate a discussion on other practices that shed blood that are not illustrated on the cards. Identify some steps that the participants can take to guard against the transmission of HIV during these practices.
Take Home Line	I know how HIV is transmitted. I know what does NOT transmit HIV.

BACKGROUND READING ON TRANSMISSION OF HIV

How is HIV spread?

- Unprotected sexual intercourse is the most common way through which people become
 infected.
- Babies born to mothers with HIV can also become infected during birth, or during breast-feeding.
- Infected blood can spread the virus, for example if it splashes on broken skin, or by friends or family members sharing blades, razors or toothbrushes.
- The virus could spread at work by blood from an accident splashing on broken skin of someone. This is one of the reasons workplaces have safety codes, and observe what is called "Universal Precautions".
- People who share needles, (e.g. drug addicts, diabetics, people getting tattoos), can infect each other.
- Although blood used in transfusions is carefully screened for the virus, errors sometime happen and occasionally blood transfusions may be a cause of infection.

What does NOT spread the virus?

- You cannot be infected with HIV by sharing a house, desk, chair, office, car, taxi, locker, telephone, cup, fork, plate, mug, toilet, towel, sheets or clothes with someone who is infected.
- You cannot be infected with HIV by sharing food, sharing a bath, sharing a swimming pool, or shaking hands with someone who is infected.
- If you hug or kiss someone with HIV, you cannot be infected.
- You cannot be infected with HIV by being bitten by a mosquito, bed bug, tick or flea that has bitten a person with HIV.

HIV transmission cards



HIV transmission cards



	High and Low Risk Behaviours
Objectives	Participants will be able to determine what constitutes high and low risk behaviour regarding the transmission of HIV.
Time Required	30 minutes
Setting	All learners must be able to see the facilitator clearly
Other Requirements	Behaviour Cards: High Risk, Low Risk, No Risk and not Sure Cards
Method	 Before the session starts allocate certain areas of the room "High Risk", "Low Risk" "No Risk" and "Not sure". You may choose to use different colours of card to illustrate these areas. Ask all the participants to stand in the centre of the room. Explain that you will read out a situation on a card and ask the participants to move to the area that they think is most closely descriptive of the behaviour. Ask participants to explain why they choose to stand in a certain area. It is likely that in some situations there will be disagreement about a behaviour. This is acceptable. But point out that the behaviour might increase your risk of exposure or decrease it. Participants should then choose HIGHER or LOWER risk behaviour based on their own practice,
Processing	Processing takes place during the feedback from the participants.
Suggestions	 A variation of this game is to turn the cards upside down on the table and allow the participants to pick them up one at a time, read them out loud to the group and then make a decision on where to stand. Some people may be confused with moving around and may simply follow others. Ensure that participants know that for some situations, there are no correct answers. In the debatable situations, make sure that people in different areas all have a chance to explain why they chose to stand in a particular area.

Level of Risk Cards

High Risk	No Risk
Low Risk	Not Sure

Behaviour Cards

Use the same bath,	Engaging in mutual
toilet or shower	masturbation
Have sex without a condom	Using a condom with baby oil
Having sex with my	Getting a blood
long-term partner	transfusion
Shaking hands, work with and sitting next to a PLWA	Having unprotected sex with a sex worker
Have oral sex without	Shaving your head for
a condom	a funeral

Behaviour Cards

Eat from the same plate	Have "dry sex" without a condom
Breastfeeding	Have unprotected sex only once with an HIV+ person
Deep kissing (Wet kissing)	Using the same tooth brush
A mother can infect her baby during childbirth	Being bitten by an insect
Have anal sex without a condom	Having sex with a person with an STD

Correct Use of Male and Female Condoms				
Objectives	Participants will be able to follow the correct procedure for the use of a male and a female condom.			
Time Required	30 minutes			
Setting	Small Group Activity			
Other Requirements	Male Condom Cards Female Condom Cards Anatomical models Male condoms Female condoms			
Method	 Break the participants into smaller groups of four or five. (Try not to have more than four groups of five people in each group). Hand out a set of male condom cards or female condom cards to each group. Be careful not to mix up the sets of cards. Ask the group to place the cards in the correct order. When the groups have finished ask each group to report on their steps to the other groups. If there are any differences between the process steps be sure to correct this information and to explain why the steps happen in a certain order. 			
Processing	 Demonstrate the use of a male condom using the anatomical model and a male condom. Demonstrate the use of a female condom using the anatomical model and a female condom. Alternatively get two volunteer participants to demonstrate the use of the condoms. 			
Important	The correct order of the cards for male condoms is: 1. Check the expiry date on the packaging 2. Check that the packaging is not torn 3. Carefully open the condom 4. Do not use your teeth to open the condom 5. Place the condom on the top of the erect penis 6. Ensure that the condom is placed on the penis so that it can unroll easily 7. Pinch the teat at the top of the condom 8. Unroll the condom to the base of the penis 9. Take the condom off the penis using a tissue 10. Dispose of the condom safely The correct order of the cards for female condoms is: 1. Check the expiry date on the packaging 2. Check that the packaging is not torn 3. Carefully open the condom 4. Do not use your teeth to open the condom 5. Twist the smaller ring of the condom into a figure of eight 6. Insert the inner ring into the vagina 7. Ensure the inner ring is placed against the cervix. 8. Ensure the outer ring remains outside the vagina, against the labia 9. Dispose of the condom safely.			

Male Condom Cards

Check the expiry date on the packaging	Ensure that the condom is placed on the penis so that it can unroll easily
Check that the packaging is not torn	Pinch the teat at the top of the condom
Carefully open the condom	Unroll the condom to the base of the penis
Do not use your teeth to open the condom	Take the condom off the penis using a tissue
Place the condom on the top of the erect penis	Dispose of the condom safely

Female Condom Cards

Check the expiry date on the packaging

Insert the inner ring into the vagina

Check that the packaging is not torn

Ensure the inner ring is placed against the cervix.

Carefully open the condom

Ensure the outer ring remains outside the vagina, against the labia

Do not use your teeth to open the condom

Dispose of the condom safely

Twist the smaller ring of the condom into a figure of eight

Monitoring and Evaluation Tools

Two reporting formats have been provided on the following pages. These are the

- Peer Educator Weekly Report, and the
- Company Focal Person Quarterly Report

These reports are not supposed to constitute a comprehensive reporting and monitoring framework, but are simply provided as guidelines to assist you to begin your own process of monitoring and reporting on your company's EWP.

It is suggested that the first report format is used for the peer educator to report to the company focal person on the number of education sessions conducted and the level of attendance. It is suggested that this report is completed on a weekly basis, although some may require more or less frequent reporting depending on how often you run peer education sessions. Some of the questions in this report also allow for the focal person to collect success stories of the EWP implementation. These stories are often useful in illustrating the effectiveness of the programme to other stakeholders.

The second report format is provided as a guide for the company focal person to report to the relevant persons or bodies within the company. It is suggested that although this report is completed quarterly, some of the necessary information be collected and monitored on a monthly basis. The first section of this report needs to be completed once a quarter, and often simply acts as a reminder that the EWP must fit within a broader company structure. It is suggested that the other components of this report are completed on a monthly basis, even though the report only be submitted quarterly.

These report guidelines are given as examples and you are strongly encouraged to develop monitoring tools that are applicable to your own specific company needs.

Your Name										
Your Section										
Da	te of this Report									
	ER EDUCATOR WEEKLY REPO	ORT.								
1.	What days did you run training sessions this week?	S M T W T F S								
2.	What were the topics of the training sessions?									
3.	About how many people attended th	e traini	ng session	s altogeth	er?					
4.	How many were men? How many	Men								
	were women?	Wom	en							
		Yes								
5.	Were there any questions asked									
	that you were not sure how to answer? If so, please tell us what they were.									
	they were.	NT								
		No								
		Yes								
6.	Did anyone tell you of how the training sessions made a									
	difference for them? Please tell us more.									
		No								
		Yes								
_	D.1 1									
/.	Did you have any problems running the sessions? If you did have problems, please tell us									
	about them.									
		No								
		Yes								
Q	Do you have any suggestions									
0.	Do you have any suggestions about how to make this training better? Please share these with us.									
		No								

Your Name		
Your Company's Name		
Date of this Report		
EWP PEER EDUCATION MONTH 1 OF THE QUARTER. Before completing this section read through the PE reports that the last quarter to help you give more accurate answers.	the peer educators	have submitted in
For which month are you reporting?	Month	Year
How many employees does the company have?		
What is the gender breakdown of the employees? Men? Women?	M	W
How many ACTIVE peer educators do you have in the company working on the EWP for this month?		
How many sessions have they run in this month, in total?		
About how many employees in total have attended these sessions? Use the PE reports to give an estimate for this.		
What is the gender breakdown of the attendance? Men? Women?	M	W
Have the PE encountered any challenges? If so, what have these been? (Please	attach any relevant doci	inients)
Have you managed to resolve the challenges?	Yes	No
Do you need the assistance of your service provider to help resolve the challenges?	Yes	No
What assistance would you like to receive?		
What success stories have you heard about the EWP PE programme?		
Has your company cooperated with other health service providers in this more counselling and testing, sexual and reproductive health counselling etc)? If so the health services provided by which institution. Yes		
No		
How many employees have taken Voluntary Counselling and Testing this mor	nth?	
What is the gender breakdown of this testing? Men? Women?	M	W

EWP PEER EDUCATION MONTH 2 OF THE QUARTER.

Before completing this section read through the PE reports that the peer educators have submitted in the last quarter to help you give more accurate answers. \cdot

For which month are you reporting?	Month	Year
How many employees does the company have?		
What is the gender breakdown of the employees? Men? Women?	M	W
How many ACTIVE peer educators do you have in the company working on the EWP for this month?		
How many sessions have they run in this month, in total?		
About how many employees in total have attended these sessions? Use the PE reports to give an estimate for this.		
What is the gender breakdown of the attendance? Men? Women?	M	W
Have the PE encountered any challenges? If so, what have these been? (Please	e attach any relevant doc	cuments)
Have you managed to resolve the challenges?	Yes	No
Do you need the assistance of your service provider to help resolve the challenges?	Yes	No
What assistance would you like to receive?		
What success stories have you heard about the EWP PE programme?		
Has your company cooperated with other health service providers in this mocounselling and testing, sexual and reproductive health counselling etc)? If so the health services provided by which institution.		
Yes		
No		
How many employees have taken Voluntary Counselling and Testing this mo	onth?	
What is the gender breakdown of this testing? Men? Women?	M	W

EWP PEER EDUCATION MONTH 3 OF THE QUARTER.

Before completing this section read through the PE reports that the peer educators have submitted in the last quarter to help you give more accurate answers.

For which month are you reporting?	Month	Year			
How many employees does the company have?					
What is the gender breakdown of the employees? Men? Women?	М	W			
How many ACTIVE peer educators do you have in the company working on the EWP for this month?					
How many sessions have they run in this month, in total?					
About how many employees in total have attended these sessions? Use the PE reports to give an estimate for this.					
What is the gender breakdown of the attendance? Men? Women?	M	W			
Have you managed to resolve the challenges?	Yes	No			
Do you need the assistance of your service provider to help resolve the challenges?	Yes	No			
What assistance would you like to receive?					
What success stories have you heard about the EWP PE programme?					
Has your company cooperated with other health service providers in this mo counselling and testing, sexual and reproductive health counselling etc)? If so the health services provided by which institution.					
Yes					
110					
How many employees have taken Voluntary Counselling and Testing this month?					
What is the gender breakdown of this testing? Men? Women?	M	W			

EWP Policy and Governance (Fill this section in once a quarter)

Does your company have an EWP Policy in place?	Yes	No
When was this policy adopted (Year)		
When was this policy reviewed? (Year)		
How was this policy communicated to the workforce?		
Does your company have a committee in place that deals with EWP issues?	Yes	No
Are management and the workforce represented on this committee?	Yes	No
Are HR and Finance represented on this committee?	Yes	No
When last did the committee meet? (Month, Year)		
When does the committee next plan to meet? (Month, Year)		
Is there an action plan for the EW programme in place?	Yes	No
Is this action plan monitored by the committee?	Yes	No

NOTES



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