



# Promising Practices in Prevention

## *Guidance for More Effective District Level HIV/AIDS Prevention Programmes In Botswana*

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## PROMISING PRACTICES IN PREVENTION: Guidance for More Effective Programmes

*The fundamental focus of the National Response is on prevention. Without prevention, Botswana has a grim future where trends in infection, death, and decline in socio-economic development continue. Prevention is about changing societal behaviours in terms of sex, and also those contributory behaviours such as stigmatisation, gender inequality, and other social relations that underpin our actions.*

- The National HIV/AIDS Strategic Framework 2003-2009, p.32

### Introduction

Prevention is the first priority of Botswana's National Response to HIV/AIDS. The National Strategic Framework calls for prevention activities at all levels directed at achieving the following impacts:

- Increase in HIV prevention knowledge of people aged 15-49
- Adoption of HIV prevention behaviours of people aged 15-49
- Reduction of infants born to HIV infected mothers who are infected at 18 months
- Decrease in the HIV incidence among the sexually active population
- Decrease in the STI prevalence among the sexually active population

The development of strong and effective prevention programmes is critically important for changing the course of the AIDS epidemic in Botswana. It is essential that sectors and organisations at all levels work in concert to create a network of prevention activities throughout the country.

Research has shown that there are approaches that, when utilised, can help improve the effectiveness of prevention programming. The purpose of this document is to provide DACs, DMSACs and Implementing Partners with guidance to help strengthen prevention programmes at the district level.

### Part One: Understanding Behaviour Change

Preventing the spread of HIV requires behaviour change. The goal of prevention activities is to get people to adopt new behaviours.

To want to change their behaviour, people must see the desired change as *important* and *possible*. The **Health Belief Model** (Rosenstock, Strecher and Becker, 1994) helps us to understand what particularly motivates people to make behavioural changes when faced with a health threat.

The Health Belief Model identifies six key concepts that motivate people to take healthy action. By addressing these concepts, prevention efforts can help to increase people's sense of motivation.

## The Health Belief Model

Health Belief Model Concepts	Definition	How Prevention Programmes Can Address
<b>Perceived Susceptibility</b>	<p>A person's perception of his/her risk of getting a condition</p> <p><i>I believe that my behaviour puts me at risk of acquiring HIV.</i></p>	<ul style="list-style-type: none"> <li>▪ Define population(s) at risk and their risk levels</li> <li>▪ Help people understand their behaviours that lead to personal risk</li> <li>▪ Heighten perceived susceptibility if too low</li> </ul>
<b>Perceived Severity</b>	<p>A person's perception of how serious the condition and its consequences are</p> <p><i>Acquiring HIV would have serious consequences for myself and my family.</i></p>	<ul style="list-style-type: none"> <li>▪ Specify and describe consequences of the risk and the condition</li> </ul>
<b>Perceived Benefits</b>	<p>A person's belief in the effectiveness of the strategies designed to reduce the threat</p> <p><i>I know of effective ways to prevent myself from contracting HIV.</i></p>	<ul style="list-style-type: none"> <li>▪ Define action to take — how, where, when</li> <li>▪ Clarify the positive effects to expected</li> <li>▪ Describe evidence of effectiveness</li> </ul>
<b>Perceived Barriers</b>	<p>A person's sense of the potential negative consequences that might result from taking particular health actions</p> <p><i>I believe I can handle any conflicts or problems that might result from making changes in my behaviour.</i></p>	<ul style="list-style-type: none"> <li>▪ Identify and reduce barriers through reassurance, incentives, and assistance</li> </ul>
<b>Cues to Action</b>	<p>Events, either internal (e.g., physical symptoms of a health condition) or environmental (e.g., community campaign) that motivate people to take action</p> <p><i>I receive messages from my environment that support my behaviour change goals.</i></p>	<ul style="list-style-type: none"> <li>▪ Provide how-to information</li> <li>▪ Promote awareness</li> <li>▪ Provide reminders</li> </ul>
<b>Self-Efficacy</b>	<p>A person's confidence that he or she can successfully do the behaviours required for the desired outcome</p> <p><i>I feel that I can successfully perform the actions required for the new behaviour.</i></p>	<ul style="list-style-type: none"> <li>▪ Provide training, guidance, and positive reinforcement</li> </ul>

Adapted from "Health Belief Model (detailed)." Retrieved 12 Feb 2008, from **The Communication Initiative Network**. Website: [www.comminit.com/en/node/27093](http://www.comminit.com/en/node/27093)

People generally do not make big behavioural changes instantly. Rather, they typically go through a process of more gradual change over time.

The **Stages of Change Model** (Prochaska, DiClemente and Norcross, 1992) helps us to understand the steps people are likely to go through in making changes. Recognising this, prevention efforts should provide support to people at each of these various steps.

### The Stages of Change Model

Stages of Change Concept	Definition	How Prevention Programmes Can Address
<b>Pre-Contemplation</b>	Individual is unaware of the problem, hasn't thought about change. <i>Example: No consideration of using condoms</i>	Increase awareness of need for change, personalise information on risks and benefits
<b>Contemplation</b>	Individual recognises the problem and is seriously thinking about changing. <i>Example: Understands the need to use condoms</i>	Motivate, encourage to make specific plans
<b>Preparation</b>	Individual recognises the problem and intends to change the behaviour within the next month. Some behaviour change efforts may be reported, such as inconsistent condom usage. However, the defined behaviour change criterion has not been reached (i.e., consistent condom usage). <i>Example: Thinking about trying to use condoms</i>	Assist in developing concrete action
<b>Action</b>	Individual has enacted consistent behaviour change (i.e., consistent condom usage) for less than six months. <i>Example: Has begun to use condoms on a regular basis</i>	Assist with feedback, problem solving, social support, reinforcement
<b>Maintenance</b>	Individual maintains new behaviour for six months or more. <i>Example: Is always using condoms</i>	Assist in coping, reminders, finding alternatives, avoiding slips/relapses
<b>Relapse</b>	Individual resumes old behaviour. <i>Example: Slipping-up with respect to condom use</i>	Assist in restoring motivation, removing barriers, developing better coping strategies

Adapted from "Health Belief Model (detailed)." Retrieved 12 Feb 2008, from **The Communication Initiative Network**.  
Website: <http://www.comminit.com/en/node/27168>

## Part Two: Characteristics of Effective Prevention Strategies

As we work to prevent the spread of HIV by getting people to change their behaviours, there are a number of personal, social, and environmental factors (*determinants*) that can help or hinder our efforts. These include:

- **Knowledge** – *people’s awareness of the facts about HIV, its transmission, and its impacts*
- **Attitudes and Motivation** – *one’s feeling about how important it is to take action and one’s ability to do so*
- **Skills** – *knowing specifically what to do, when to do it, and how to do it to avoid risk*
- **Community Norms** – *prevalent attitudes, beliefs and practices related to HIV and HIV risk-reduction approaches*
- **Access to Resources** – *people’s ability to obtain the information, services and supplies necessary to reduce their risk of HIV transmission*

The chart on the following page summarises how these determinants can work for or against positive change, and identifies some of types of prevention strategies that can help to address each determinant.

In addition, research has shown some types of prevention activities to be more effective than others in terms of producing behaviour change:

- **Programmes that address multiple determinants of behaviour** *are more effective than those that address only one.*
- **Programmes that utilise a structured approach or curriculum** *are more effective than those without a well-defined format.*
- **Programmes involving multiple contacts with the same participants** *are more effective than one-time only workshops.*
- **Programmes developed in collaboration with the target group** *are more effective than programmes developed without their involvement.*
- **Interactive activities** *are more effective than those that are aimed at information-giving alone.*

Our success in moving people towards healthier behaviours will be determined by how well these factors are addressed. It should be noted that most highly effective prevention strategies address many of these factors simultaneously.

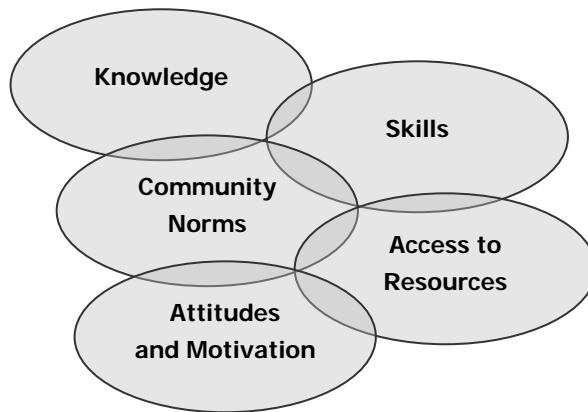
## Determinants of Behaviour Change

	Detrimental	Helpful	Useful types of interventions
<b>Knowledge</b>	<ul style="list-style-type: none"> <li>▪ Not having basic knowledge about HIV transmission and consequences</li> <li>▪ Believing myths about causes and prevention</li> </ul>	<ul style="list-style-type: none"> <li>▪ Having accurate knowledge about what HIV is, how it is transmitted, and its impact on individuals, families, and the community</li> </ul>	<ul style="list-style-type: none"> <li>▪ HIV education in schools</li> <li>▪ Community fairs/events</li> <li>▪ Media campaigns</li> </ul>
<b>Attitudes and Motivation</b>	<ul style="list-style-type: none"> <li>▪ Feeling that “this has nothing to do with me”</li> <li>▪ Engaging in risky behaviours and not perceiving any need to change</li> <li>▪ Engaging in risky behaviours and feeling too ashamed to admit it</li> <li>▪ Feeling that “it makes no difference what I do”</li> </ul>	<ul style="list-style-type: none"> <li>▪ Perceiving HIV as: a) having severe consequences; b) that you personally are at risk; and c) that you are capable of doing what's necessary to avoid risk</li> </ul>	<ul style="list-style-type: none"> <li>▪ Peer outreach/story-telling</li> <li>▪ Promoting abstinence as an option</li> <li>▪ Information and activities in “natural community” settings (churches, kgotlas)</li> <li>▪ PLWHA activism</li> <li>▪ Activities in high-risk settings (STI &amp; VMC clinics, shabeens)</li> <li>▪ Messages delivered by local opinion leaders (kgosi, traditional healers, athletes, media figures)</li> </ul>
<b>Skills</b>	<ul style="list-style-type: none"> <li>▪ Not feeling able to say no to sex</li> <li>▪ Not knowing how to use condoms properly</li> <li>▪ Not being able to get partner's cooperation to use safe sex practices</li> </ul>	<ul style="list-style-type: none"> <li>▪ Girls and women feeling able to refuse undesired/ unprotected sex</li> <li>▪ Knowing how and feeling comfortable using condoms</li> <li>▪ Sexual partners being able to talk honestly about risk and actions for risk reduction</li> <li>▪ Sex workers and clientele taking preventive measures</li> </ul>	<ul style="list-style-type: none"> <li>▪ Teaching how to use condoms</li> <li>▪ Teaching life skills to youth</li> <li>▪ Modelling positive behaviours through edutainment</li> <li>▪ Teaching communication and relationship skills to women</li> <li>▪ Educating PLWHA about risk reduction strategies</li> </ul>
<b>Community Norms</b>	<ul style="list-style-type: none"> <li>▪ Generally-held beliefs and practices that promote unsafe behaviours</li> <li>▪ Generally-held beliefs and practices that make it difficult or unacceptable to practice risk-reduction behaviours</li> <li>▪ Generally-held beliefs and practices that stigmatise PLWHA</li> </ul>	<ul style="list-style-type: none"> <li>▪ Community encourages/ supports adoption of risk-reduction behaviours</li> <li>▪ Community holds risky behaviour unacceptable</li> <li>▪ Community accepts and supports PLWHA</li> </ul>	<ul style="list-style-type: none"> <li>▪ Public dialogue about risks, consequences, and strategies</li> <li>▪ Recruitment of community norm-setters /opinion leaders as champions of the cause</li> <li>▪ Creating attractive cultural heroes who exemplify new way of thinking</li> <li>▪ Stigma reduction programmes</li> <li>▪ Activities to improve the status of at-risk people</li> <li>▪ Involvement of PLWHA in programme planning and design</li> </ul>
<b>Access to Resources</b>	<ul style="list-style-type: none"> <li>▪ Resources (information, condoms, pre-natal care, ARVs, etc.) not being available at all</li> <li>▪ People not being able to get to where resources are</li> <li>▪ People not being able to afford resources</li> <li>▪ People feeling uncomfortable about accessing resources</li> </ul>	<ul style="list-style-type: none"> <li>▪ Having services and supplies available to and used by populations in need.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Condom distribution</li> <li>▪ PMTCT programmes</li> <li>▪ Community mobilisation to build stronger service networks</li> <li>▪ Referral programmes to help people obtain services</li> <li>▪ Programmes that help people gain employment and income</li> <li>▪ Media campaigns about where to obtain condoms</li> </ul>

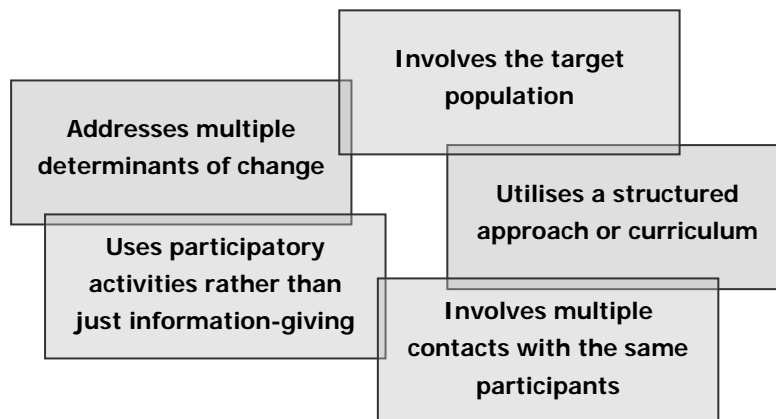
### Part Three: Intervention Ideas

This section contains some examples of promising prevention strategies that have been implemented in Botswana and other places. They are presented here to stimulate your ideas to develop new and better prevention activities in your district.

As you review these strategies, you will notice that a single strategy often will touch on many of the determinants of behaviour change –



– and also contain some or all of the features of effective prevention programmes:



These examples are just a few of many proven and promising HIV/AIDS prevention programmes that are currently available. For additional information about other programme approaches or strategies for addressing specific needs, contact NASTAD (Bruce Porter, NASTAD Country Advisor; Tel: 71761032; email: [bporter@nastad.org](mailto:bporter@nastad.org)).

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## **Example #1: Working in Partnership with Traditional Healers**

*Training traditional healers as educators and counsellors to disseminate information on HIV and sexually transmitted infections in their communities and to their peers*

In much of sub-Saharan Africa, a high percentage of people make use of traditional healers' services in both rural and urban areas. Traditional healers tend to be the first 'professionals' consulted by people with a sexually transmitted disease, including HIV. Healers are more easily accessible geographically and provide a culturally accepted treatment. They have credibility, acceptance and respect among the population they serve, and thus form a critical part of the health-care delivery system.

Leaders in one community in South Africa identified local traditional healers as having an important role to play in strengthening their response to the AIDS epidemic. In response to their request, community service providers and medical doctors began working in partnership with the local traditional healers on HIV prevention projects.

Over a two year period, a group of around 16-20 healers attended a monthly one-day workshop where they learnt about HIV transmission, prevention, treatment and care. Discussions took place around traditional and cultural sexual practices that could prevent HIV transmission and safer sexual practices involving more than just condoms.

Herbal treatments were debated alongside other traditional medicines used by the healers. Guest speakers were invited to talk about the use of medicinal plants and the healers, who were invited to attend a course at a medicinal plant nursery, later established a medicinal plant garden.

Through the regular meetings, the healers have established an informal support network and rely on each other for referral and resources. Increasingly, ways are being found to stimulate both referral networking with the formal health sector and with the traditional healers.

The ripples of the healers' work have become increasingly widespread and more and more people are requesting HIV testing, counselling and support through the healers.

*Source: UNAIDS website [www.unaids.org](http://www.unaids.org) - Feature Story 07 February 2007*

*Additional information: **Collaborating with Traditional Healers for HIV Prevention and Care in sub-Saharan Africa: suggestions for Programme Managers and Field Workers** (UNAIDS Best Practice Collection, 2006). Available at [http://data.unaids.org/Publications/IRC-pub07/JC967-TradHealers\\_en.pdf](http://data.unaids.org/Publications/IRC-pub07/JC967-TradHealers_en.pdf)*

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## **Example #2: Stepping Stones**

*An award-winning training package on HIV/AIDS, gender issues, communication and relationship skills for people of all ages*

Stepping Stones is a life skills training package in gender, HIV, communication and relationship skills. Developed for use in communities throughout sub-Saharan Africa, it is being disseminated in Botswana through BONASO.

The Stepping Stones package is designed to enable women, men and young people of all ages to explore their social, sexual and psychological needs, to analyse the communication blocks they face, and to practise different ways of addressing their relationships. Workshops aim to enable individuals, their peers and their communities to change their behaviour - individually and together - through the "stepping stones" which the various sessions provide.

Most sessions are designed for people in small groups of 10-20, of their own gender and age. Occasional sessions bring everyone together. It has been used successfully with groups of HIV positive people and with groups of people who are HIV-free or who do not know their status. The whole package is based on a human-rights based approach, assuming that we all share certain challenges in our lives, which the package aims to help us address.

- All sessions use a participatory approach of adult learning through shared discussions.
- Exercises are all based on people's own experiences, and role play and drawing exercises enable everyone to take part. No literacy is needed.
- Participants discuss their experiences, act them out, analyse them, consider alternative outcomes, and then rehearse these together in a safe, supportive group.
- People feel safe because most sessions take place in groups of their own gender and age.
- Though designed with HIV/AIDS in mind, the package covers many related topics such as gender violence and alcohol use.

Stepping Stones is designed for use by a team of skilled people -- ideally two male, two female -- who work with peer groups of community members. Experienced trainers should be able to use the material straight away. Less experienced trainers may need a training course to help them start to use it.

*Source: **Strategies for Hope** website - [www.stratshope.org/t-training.htm](http://www.stratshope.org/t-training.htm)*

*Additional information: BONASO, P.O. Box 3129, Gaborone, Botswana Tel: 3170582/3908490  
[www.bonaso.org.bw](http://www.bonaso.org.bw)*

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### **Example #3: Youth-Friendly Clinic Services**

*Improving young people's access to and the quality of reproductive health services*

Youth-Friendly Services (YFS) are services that attract youth, meet a variety of young people's needs comfortably and responsively, and succeed in retaining them for continuous care.

In 2000 Pathfinder International launched The African Youth Alliance programme (AYA) to develop YFS clinics in Botswana and three other African countries. AYA/Pathfinder sought to address the factors that hinder young people from seeking sexual and reproductive health (SRH) services and to improve the overall quality of services.

What makes services youth-friendly? Pathfinder developed a list of the key elements, categorised into essential and supportive elements as shown in the following chart.

### **Essential**

- Convenient open hours
- Privacy ensured
- Competent staff
- Respect for youth
- Minimum package of services available
- Sufficient supply of commodities and drugs
- Range of family planning methods offered
- Emphasis on dual protection/condoms
- Referrals available
- Young adolescents (12-15) are served
- Confidentiality ensured
- Waiting time not excessive
- Affordable fees
- Separate space and/or hours for youth

### **Supportive**

- Youth input/feedback to operations
- Accessible location
- Publicity for YFS
- Comfortable setting
- Peer providers/counsellors available
- Educational materials available
- Delay of blood test and pelvic exam, if possible
- Partners welcomed and served
- Non-medical staff oriented
- Provision of additional educational opportunities
- Outreach services available

Based on their experience in Botswana, AYA/Pathfinder made the following suggestions for helping clinics increase access to and improve the quality of their youth services:

- Make facility hours more convenient for young people by staying open beyond 4:30 p.m., possibly by staggering service providers' working hours.
- Conduct outreach through community-based health workers or through community-based sites and organisations that are linked, and able to refer, to the clinic.
- Set up alternative service delivery channels such as pharmacies and consider non-traditional condom distributors.
- Initiate services that cater to the needs of young men.
- Encourage younger adolescents (ages 12-15) to visit the clinics for information and services by improving provider attitudes and biases to serving this group of young people.
- Place more emphasis on dual protection and condoms. Protection against pregnancy, STIs, and HIV needs to be discussed with each client regardless of presenting conditions, especially when young people come in for minor ailments, and condoms need to be made easily available.
- Ensure that there are enough BCC materials available at the clinics for clients.
- Include youth in designing, monitoring, and evaluating youth services (e.g. village health committee involvement in facility assessments, adding suggestion boxes to clinics, etc.)

*Source: Youth-Friendly Services: Botswana End of Programme Evaluation Report (African Youth Alliance/AYA - December 2005). Available at [www.pathfind.org/site/DocServer/BT\\_YFS\\_report\\_FINAL.pdf?docID=5141](http://www.pathfind.org/site/DocServer/BT_YFS_report_FINAL.pdf?docID=5141)*

*Additional information: Pathfinder International Botswana, Kohinoor Office Park, Main Mall, Gaborone, Botswana, Tel/Fax: 3191816*

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#### **Example #4: Community Capacity Enhancement Programme (CCEP)**

*Engaging communities in open discussions on issues of sexuality and HIV/AIDS*

This programme was developed by the United Nations Development Projects and has been implementing in many African countries. In Botswana, the Ministry of Local Government, Department of Primary Health Care Services, is coordinating implementation of this project.

CCEP is based on the recognition that communities have the capacity to prevent, care, change and sustain hope in the midst of the HIV/AIDS epidemic. The CCEP process creates opportunities for people to understand, discuss, decide and act on issues affecting their lives.

Facilitators, either United Nations Volunteers or community training of trainers volunteers, are recruited from villages and provided extensive training on the CCEP model. Volunteer facilitators are expected to engage communities in open discussions at the kgotla or in other community settings on issues of sexuality and HIV/AIDS. CCEP targets behaviour change, seeking solutions that are based on the community's concerns, opinions, and ideas.

This programme is designed to involve communities in addressing local issues associated with HIV/AIDS. The facilitators are put through a rigorous training programme and provided with a facilitation guide that emphasising a series of steps that must be taken in the proper order for a successful CCEP meeting to have occurred. The CCEP meeting will most likely not be a single event, but will be a series to meetings that each focus on different parts of the process. This process works on developing problem solving and empowerment skills for community members and is intended to fully address issues of community norms. As communities meet to discuss issues, the norms that underlay issues are brought to the surface and examined as a part of the decision making process.

*Source: **Community Capacity Enhancement in response to HIV/AIDS, A Handbook for Community Conversations** produced by UNDP-BDP HIV/AIDS Group, Leadership for Results Programme, October 2004*

*Additional information: Kabo Kgwaraga, CCEP Coordinator, Department of Primary Health Care Services, Ministry of Local Government; Tel: 72746006*

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#### **Example #5: US Peace Corps Life Skills Programme**

*Teaching communication and decision-making skills to help youth and other vulnerable groups avoid contracting HIV*

The Peace Corps Life Skills programme is a comprehensive behaviour change approach that concentrates on developing the skills needed for life, such as communication and critical thinking. Additionally, it addresses the important related issues of empowering girls and guiding boys towards new values. The Life Skills approach is completely interactive, using role plays, games, puzzles, group discussions, and a variety of other innovative teaching techniques to keep the participant wholly involved in the sessions.

The manual consists of over 50 different lesson ideas that you can use with any group: anti-AIDS clubs, girls clubs, boys clubs, youth clubs, women's groups, and so forth. The manual is

written with a strong bias towards youth work and health issues. These lessons are quite easy to adapt to any age and other topics, however. Consider them as a starting point, so that you will have initial lesson plans ready as you begin to work with participants. Working with your colleagues, you can develop other lesson ideas and activities that will continue to challenge your participants to critically think about and modify their behaviours. In addition to the lesson plans, some lessons learned regarding peer education are included, as are some sample schedules, and tips to facilitators.

*Additional information: Life Skills Manual (Peace Corps Centre for Field Assistance and Applied Research - 2001.) Available at [www.peacecorps.gov/multimedia/pdf/library/M0063\\_lifeskillscomplete.pdf](http://www.peacecorps.gov/multimedia/pdf/library/M0063_lifeskillscomplete.pdf)*

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### **Example #6: Abstinence & Behaviour Change for Youth (ABY)**

*Behaviour change programme for in-school youth*

Hope Worldwide, a faith-based organisation in Botswana, is leading a well-regarded programme in schools called Abstinence & Behaviour Change for Youth (ABY). The main objective of ABY is to empower in-school youth with the knowledge and communication skills necessary to prevent teenage pregnancy and to stop the spread of HIV.

The ABY approach involves weekly interactive lessons by Hope Worldwide's trained volunteers to students at junior and senior secondary schools. After obtaining parent/guardian permission to participate, ABY participants receive a pre-test of their knowledge and attitudes about HIV/AIDS and health behaviours. Following this assessment, Hope Worldwide volunteers lead students through various session topics such as *Finding 'True' Friends, Love & Dating, Teenage Pregnancy, Abstinence—Advantages & Consequences*. There are also take-home exercises to do with parents/guardians. The programme typically takes place over 14-16 weeks.

Although abstinence is the desired behaviour of the programme, participants come to understand the meaning of abstinence and gain the skills necessary to commit to it in their daily lives. The ABY programme ends with a post-test and a graduation ceremony for participants, parents, and the school.

*Additional information: Hope Worldwide Botswana - Private Bag 289; Gaborone; Tel: 3165516; Fax: 319 1600*

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### **Example #7: Forum Theatre**

*Using entertainment as a vehicle to educate and engage*

*Edutainment* refers to a wide variety of arts-related activities – including magazines, story books, radio and television dramas, song and dance programmes, and community theatre productions – that seek to provide health promotion while they also entertain. Edutainment can be helpful for providing HIV prevention messages in ways that are more engaging, less threatening, and culturally appropriate to the audience. Edutainment activities are particularly effective when they are designed as educational opportunities both for the performers and the audience, and where the audience actively participates.

*Forum Theatre* uses interactive theatre as a powerful tool for behaviour change. Forum Theatre was developed as a tool for HIV and AIDS education with special consideration for youth groups and amateur theatre groups in English-speaking Africa who wish to address HIV- and AIDS-related issues in ways that are creative and engaging. Forum Theatre is designed to get audiences to discuss difficult issues in the open that they would otherwise be uneasy about in personal life. In the open and in fictitious settings, audience can take ownership of issues and their solutions. After collectively debating the challenges and identifying some problematic behaviour of the players, people are often motivated to avoid similar behaviour of their own that they might have been unconscious of before.

A toolkit and associated material, including the CD-ROM provided, are available to introduce users to the concepts and goals of this modality, and provides detailed guidance for developing plays and performances.

*Additional information: ACT, LEARN AND TEACH: Theatre, HIV and AIDS Toolkit for Youth in Africa* (published by CCIVS and UNESCO.) Available at <http://unesdoc.unesco.org/images/0014/001492/149283e.pdf>

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### **Example #8: Grassroot Soccer / Seboza Soccer**

*Using the power of soccer to provide youth with the knowledge, skills and support to live HIV free*

The Grassroot Soccer programme has been implemented in a number of African countries including Botswana. This is a multi-session, curriculum-based group intervention aimed at youth under age 18. Grassroot Soccer's mission is to mobilise the global soccer community in the fight against HIV/AIDS. The GRS approach uses the power and popularity of soccer to break down cultural barriers, educate young people, and bring communities together around this important issue. GRS uses a unique activities-based curriculum to prepare trainers and peer educators to reach out to their communities and educate the population at large about how to avoid of HIV infection.

The programme has developed an HIV prevention curriculum that uses adult soccer players as “coaches”. In Botswana staff from the Youth Health Organisation (YOHO) trains the coaches. The programme addresses knowledge, attitudes and skills. It is a comprehensive, multi-session programme and highly participatory. Participants are led through 22 separate activities that address the topics: values assessment, resiliency, peer socialization, decision making, HIV basics, VCT, stigma, positive living, abstinence, partner reduction, risk awareness, peer pressure, gender roles, behaviour development, peer education and goal setting. Participants in the programme meet regularly and progress through the activities and are allowed to “graduate” at the end of the programme with a ceremony and soccer or netball game or drama presentation.

The benefit of a structured programme such as “Grassroots Soccer” over the usual soccer tournament is the opportunity for frequent and in-depth skills building among the participants. Soccer tournaments have been effective in mobilising men for voluntary counselling and testing, but do not allow for more focused behaviour change work.

*Additional information: “Seboza Soccer -- Partner for Change.”* Retrieved 28 Feb 2008, from **Grassroot Soccer** website: [www.grassrootsoccer.org/index.php?option=com\\_content&task=iew&id=64&Itemid=86](http://www.grassrootsoccer.org/index.php?option=com_content&task=iew&id=64&Itemid=86)

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### **Example #9: Bridges of Hope**

Bridges of Hope is a programme that has been implemented in over 50 countries around the world and is being assessed in Botswana. The goal of the programme is to create rich learning experiences around issues of HIV/AIDS prevention, support and positive living.

The programme focuses on participants examining their attitudes and motivations for behaviour change. In addition, the programme guides participants through a series of skills-building exercises and places a great emphasis on accessing resources. The activities do not depend on high literacy among the participants; most of the work in the sessions involves very small amounts of information being provided by the facilitator with most of the learning occurring through group discussions among the participants. This is a highly participative programme, with elements of story telling, and role-playing. The programme is suited for all kinds of groups of people, people living with HIV/AIDS, younger and older people, specific populations of sex workers, or others at increased risk.

The programme utilises a package of instructional materials and a curriculum to be followed. In Botswana, the Academy for Educational Development has a certified trainer of programme facilitators who will be training a team of programme facilitators. With proper training, the local facilitators will be able to use the tools provided by the programme developer and lead the Bridges of Hope programme in any locale in Botswana.

*Source: Bridges of Hope [www.bridgesofhope.info](http://www.bridgesofhope.info)*

*Additional information: Academy of Educational Development (AED) Botswana - Lisa Jamu, Programme Coordinator; [lisajamu@yahoo.com](mailto:lisajamu@yahoo.com)*

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## Part Four: Strengthening District-Level Prevention Practices

As part of the Evidence-Based Planning process, each district is required to identify the important HIV-related issues that need to be addressed, and define the objectives to be achieved in addressing those issues. Then, strategies are developed in response to those issues and objectives.

In order to help DACs and DMSACs to select strategies that will be most effective, it is suggested that the following criteria be used to evaluate potential approaches.

1. Does this strategy address a high priority issue and target group?  No  Yes

2. Are there meaningful, clearly defined behavioural changes that are anticipated to occur as a result of this strategy?  No  Yes

3. To what extent will this strategy impact the participants' HIV-related:

	Little or not at all	Somewhat	Very much
Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitudes and Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Norms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Does this strategy:

	No	Yes
Address multiple determinants of change?	<input type="checkbox"/>	<input type="checkbox"/>
Utilise a structured approach or curriculum?	<input type="checkbox"/>	<input type="checkbox"/>
Involve multiple contacts with the same participants?	<input type="checkbox"/>	<input type="checkbox"/>
Involve collaboration with the target group?	<input type="checkbox"/>	<input type="checkbox"/>
Use interactive activities rather than simply information-giving?	<input type="checkbox"/>	<input type="checkbox"/>