



TINGIM LAIP CONDOM DISTRIBUTION POINT TRAINING GUIDE



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AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-Retroviral Therapy
DFAT	Australian Government Department of Foreign Affairs and Trade
FSW	Female Sex Worker
GIPA	Greater Involvement of People Living with HIV
GoPNG	Government of Papua New Guinea
HHISP	Health and HIV Implementation and Services Provider
HBC	Home Based Care
HIV	Human Immunodeficiency Virus
HIV+	HIV positive
KPs	Key populations/ key affected populations
MARP	Most at-risk population(s)
M&E	Monitoring and Evaluation
MSM	Men who have Sex with Men
MMM	Mobile men with money
NAC	National AIDS Council
NACS	National AIDS Council Secretariat
NDOH	National Department of Health
NHS	National HIV and AIDS Strategy, 2011–2015
PAC	Provincial AIDS Committee
PLHIV	People Living with HIV
PMTCT	Prevention of mother-to-child Transmission
PNG	Papua New Guinea
PO	Project Officer
RC	Regional Coordinator
STI	Sexually Transmitted Infection
TL	Tingim Laip
VCT	Voluntary Counselling and Testing
WES	Women engaged in sex work

Tingim Laip (TL) is an HIV prevention and care project that works with members of key populations in more than 20 locations across 10 provinces in PNG. It is a joint National AIDS Council and Australian aid project, funded by the Australian Government and managed by Cardno Emerging Markets.

Tingim Laip focuses on working with members of key populations in their communities to:

- Reduce the risk of HIV transmission
- Reduce the transmission of sexually transmitted infections (STIs)
- Increase knowledge of HIV status among key affected populations
- Increase care, support and treatment for PLHIV and their families
- Strengthen the community support for HIV prevention and care

Male and female condom promotion is an essential part of any HIV and STI prevention and care project. Tingim Laip (TL) aims to ensure that targeted populations understand the benefits of correct and consistent male and female condom use, and are able to access condoms when they need to. Male and female condom demonstrations and distribution targeting key populations are core activities in all locations.

Through its micro-mapping, TL has a detailed understanding of the social and geographical networks of key populations - where and how sex is negotiated and where sex is exchanged. This includes locations along highways and in-roads, bars, nightclubs and guesthouses (including private dwellings temporarily converted to '5-kina' houses in response to high demands for sex work). TL uses this information to strategically promote, demonstrate and distribute condoms amongst key populations.

The Tingim Laip Condom Distribution Strategy lays the foundation for improving equal access to male and female condoms through a range of strategies including peer-to-peer condom promotion as well as condom distribution points. The Tingim Laip Condom Distribution Point Training Guide has been developed specifically to help implement key aspects of the strategy. It has been designed to increase the confidence, knowledge and skills of roadside vendors, shopkeepers, establishment owners, and other people recruited as condom distributors, to demonstrate and distribute male and female condoms. This includes understanding barriers and enablers of condom use within different key populations, and being able to 'sell' the values of condoms.

Like other TL training packages, this training guide is designed to deliver participatory exercises for low literacy participants, and can be used in different settings. This Guide is designed for TL staff, but can be used by other projects interested in adapting the TL model.

Using the findings of the micro-mapping exercise, TL approaches and recruits buai and roadside sellers to be condom distributors based on the following criteria:

- The seller is an established vendor and has been selling in a particular location for at least 1 year
- The seller is located in or close to locations frequently accessed by key populations
- The seller is familiar with at least one key population network in the area
- The seller is willing to demonstrate and distribute male and female condoms
- The seller is committed to attending a 3-day training and fortnightly briefing meetings

TL condom distributors are recruited, trained and supported to promote and distribute condoms. Condom distributors are part of the TL field workforce and receive ongoing training, mentoring and coaching to deliver these interventions, as follows:

CONDOM DISTRIBUTOR PBI

CAPACITY BUILDING AND TRAINING INCENTIVES					
Condom Distribution Training	HIV Sik Long Koap	First Aid	Personal Finance Training		
Induction	Coaching	Coaching	Coaching	Coaching	Coaching
		Alcohol Harm Reduction			
At entry	Within 3 months	Within 6 months	Within 9 months	1 year	1 year 3 months
OTHER INCENTIVES					
Umbrella	Torch	Rain Poncho	TL Glove Pouch	Water Bottle	
Cap	Hand Sanitizer				
Condom Bag	ID Card				
	Lanyard				
	T-shirt				

The Tingim Laip Condom Distribution Point Training Guide has been developed specifically as part of the TL prevention and care capacity building strategy. This Guide is intended to provide a basic set of skills and knowledge that condom distributors can use to promote and distribute male and female condoms and troubleshoot condom use. This includes:

- Working with key populations – values and attitudes, sexual diversity, and specific condom issues relevant to key populations
- Basic information on HIV and STIs
- Male condoms – what are they, how are they used
- Female condoms – what are they, how are they used
- Promoting consistent condom use and sharing information about condoms
- Troubleshooting male and female condom use
- Demonstrating condom use
- Maintaining condom and lubricant supplies
- Recording and reporting condom distributions
- Basic communication skills

At the end of the training, condom distributors are supported to conduct condom promotion and distribution, with weekly support visits and monthly briefing meetings with TL Field and Project Officers.

Each condom distributor is provided with a yellow TL commercial umbrella so that they can be easily recognized by key populations. TL volunteers and staff will promote these locations through their peer outreach and information sessions.

The sessions in this Guide have been arranged in a particular sequence that should be followed when conducting the training (Annex 1 presents a sample training program). Although the sessions have been designed to be delivered in a 3-day training program, the timing can be changed to suit the availability of condom distributors. For example if condom distributors are only available to attend the training twice a week for three hours, the schedule can be revised to accommodate this.

Different facilitation methods such as group work, role-plays and case studies are used throughout the Guide. This is clearly indicated on every activity. Materials needed for each activity are also listed for easy reference. Suggested time allocations are also provided to help facilitators manage their time.

Throughout the Guide, Trainer’s Notes are included to assist trainers with facilitation approaches, key information that should be shared with participants and other helpful hints.

ACTIVITY 1: GETTING STARTED

DAY 1

OBJECTIVES:

- To get participants to know each other
- To create a supportive learning environment

MATERIALS AND PREPARATION:

- Post-it notes
- Pens

Time:
15 minutes



Step 1: Welcome everyone to the Tingim Laip Condom Distribution Point Training.

Step 2: Ask participants to choose a partner - someone who they have not already met, or someone that they don't know very well.

Step 3: Ask each person to ask their partner the following questions:

- What is your name?
- Where do you come from?
- What is one thing you like about yourself?
- Why are you interested in this training?

Step 4: Give participants 5 minutes to find their partners and discuss the questions with them. Explain that each participant will take turns introducing their partner to the rest of the group.



ACTIVITY 2: GROUND RULES AND HOUSE KEEPING

OBJECTIVE:

- To set boundaries for the training

MATERIALS AND PREPARATION:

- Butcher paper
- Markers

Time:
15 minutes



Step 1: Explain to the group that the aim of the training is to give everyone the opportunity to learn new skills and information. In order for this to happen, we need to set boundaries. These are a set of rules that will help us achieve the purpose of this training.

Step 2: Ask participants to think of at least one rule for the training. Ask them to draw the rule on the butcher paper provided. For example, if the rule is “Be punctual”, they can draw a clock.

Step 3: The facilitator can also prepare some suggestions and put them on the butcher paper and the participants can contribute to the list. The list can include rules such as:

- Confidentiality - this means respecting the privacy of other people by ensuring that personal stories and experiences shared in this training remain in the group and are not shared with anyone else outside the training
- Be punctual each day and for each session
- Participate - everyone contributes to discussions
- Do not make unnecessary noise during presentations
- Only chew *buai* (betel-nut) and/or smoke during the breaks or when outside of the training room
- Turn off your mobile phones or put them on ‘silent’ during the sessions
- Encourage people to ask questions if they are not sure about something
- Encourage everyone to participate

ACTIVITY 3: TRAINING PRE-TEST

OBJECTIVE:

- To assess participant understanding of HIV and condoms.

MATERIALS AND PREPARATION:

- Pre-test questionnaire (Annex 2)

Time:
30 minutes



Step 1: Explain to participants that before we start the training, we want to find out people’s understanding of basic information on HIV and condoms.

Step 2: Explain that they will be asked to complete a questionnaire. Emphasize that this is not a test! For those who find it difficult to read, explain that you can help them to complete the questionnaire.

Step 3: Participants do not need to write their names on the questionnaire. There is a number on the questionnaire that they need to remember. They can write it somewhere at the back of their folders/note books. At the end of the training, they will repeat the same questionnaire, and it is important that they remember their number.

Step 4: Give participants 15 minutes to complete the questionnaire. Once participants are finished, collect the questionnaires. You will need to mark them when you are free before the end of the training.

ACTIVITY 4: WHAT IS TINGIM LAIP?

OBJECTIVE:

- To explain Tingim Laip and the work that it does

MATERIALS AND PREPARATION:

- None

Time:
30 minutes



Step 1: Ask participants, “Has anyone heard about Tingim Laip before this training?” For those who have heard about TL or who have been involved with TL, ask them to share their stories about their involvement with the project.

Step 2: Explain to participants that TL is an HIV prevention and care project that works with specific groups of people in different locations in PNG. Ask participants if they know of any examples of activities that TL does.

Step 3: Explain that TL does not work with everyone.

- TL only works with people who are most at risk for HIV
- These include women who exchange sex (WES), mobile men with money/clients of sex workers (MMM), men who have sex with men (MSM) and people living with HIV (PLHIV)
- Sometimes we refer to them as Most at Risk Populations (MARP)
- In TL, we use the term Key Population
- We will talk more about this throughout the training

Step 4: Explain, that in Tingim Laip we encourage key populations to:

- Learn about HIV
- Know about and use male and female condoms and lubricants, and where to get them
- Get tested for HIV and treated for STIs
- Support people living with HIV

Step 5: Ask participants, “As someone who is willing to distribute condoms, what do you think your role is in relation to the aims of TL presented above?” As condom distributors undergoing condom distribution training, their main role is to show key populations how to use male and female condoms and to distribute them.

Step 6: Through this training, TL will be giving you the skills and knowledge to demonstrate and distribute male and female condoms, and lubricants.

ACTIVITY 5: VALUE WALK

OBJECTIVES:

- To explore participants’ values and attitudes related to STIs, HIV, condoms, sex, working with people who are most at risk and living with HIV
- To understand society’s attitudes to HIV and STI prevention and care

MATERIALS AND PREPARATION:

- Two cards: Card 1 – AGREE; Card 2 - DISAGREE

Time:
1 hour



VALUE STATEMENTS

- Pigs are very important in the PNG culture
- It’s the man’s job to make decisions at home
- It’s a woman’s job to wash, cook and iron clothes
- It’s OK for men to beat up their partners
- It’s OK for men and boys to carry and use condoms
- It’s OK for women and girls to carry and use condoms
- People infected with HIV have only themselves to blame
- Sex work (prostitution) should be banned to prevent the spread of HIV
- The names of all people with HIV should be put up on the community notice board so that everyone knows not to have sex with them
- People with HIV should not prepare food for other people
- If a woman has HIV and she is selling sex for money, food or other goods, she should be locked up
- If a woman asks a man to use a condom, the man will lose his respect for the woman
- If a man suggests to a woman that they use a condom, the woman will lose her trust in the man
- A woman or man who carries condoms around with them is just looking for sex
- It is embarrassing to go and buy or obtain condoms
- Carrying condoms around is difficult because it makes it look like you are looking for sex
- Using a condom is a sign that you do not trust your partner

Step 1: Introduce this session by asking participants if they believe that people in their communities discriminate against, or are prejudiced against anyone. Are some people stigmatized? For example, people who have physical or mental handicaps? People who are old? People who are different in any way (fat or thin)? People thought to have an STI or HIV infection? Ask for examples from their communities.

Step 2: Put the two cards (AGREE; DISAGREE) on opposite sides of the floor in the room or an open space outside. Ask all participants to stand together in the middle of the room.

Step 3: Explain that you will read aloud some statements and participants have to move and stand around the “AGREE” card or “DISAGREE” card. They should take their place on the imaginary line according to how much they agree or disagree with the statement.

Step 4: Start to read the list of statements one at a time. After all participants have moved, ask participants to explain why he or she is standing there. Encourage participants to give their viewpoints.

Step 5: Tell participants that if their opinion changes during the discussion, they may move along the line. This movement shows that they are willing to consider new information and ideas.

Step 6: Read the next statement in the list. Be sure to give enough time for discussion, particularly for those statements where there is a lot of disagreement. Even if all the participants have the same attitude (i.e. they all stand in the same position), ask them what other people in their communities believe about the statement.

Trainer’s Note

This exercise can be repeated throughout the training, as a beginning exercise to new sessions. It gives an opportunity for participants to realize that many people, perhaps even themselves, may hold some stigmatizing attitudes without realizing it. It is good to think about their own attitudes/values/beliefs so that they can recognize and overcome any stigmatizing attitudes that will prevent key populations from accessing condoms from their tables- this will also affect their daily sales.

Take a break-Morning Tea

ACTIVITY 6: WHAT IS HIV? WHAT IS AIDS?

OBJECTIVE:

- To increase participants’ knowledge on the basic facts about HIV and AIDS
- To clarify any misconceptions relating to HIV and AIDS

MATERIALS AND PREPARATION:

- Butcher paper
- Markers

Time:
15 minutes



Step 1: Tell participants that in the next activity, we will be discussing what we know about HIV and AIDS.

Step 2: Ask participants, “What is the first thing that comes into your mind when you hear the terms HIV and AIDS?” Write these down on the white board or butcher paper.

Step 3: Review each word and discuss with the group. Say that in this activity and in the next couple of days, we will be learning and talking about HIV and AIDS. During this time, participants can think back to some of these words to see whether they are factual or not.

Step 4: Write the term HIV on the board or butcher paper. Ask participants what each letter stands for.

Step 5: Ask if someone can explain what those words mean. Explain the following:

**H
I
V**

HIV stands for **Human Immunodeficiency Virus**

H = Human, this means that it affects humans. The virus lives in human beings. The virus does not live in toilets, mosquitoes, cups or spoons, or on bed sheets or towels that people who have HIV might have used.

I = Immunodeficiency is a lack of immune system (the system that fights off infections). The virus attacks and eventually overcomes the body’s immune system (the body’s defense system). The immune system acts as the soldiers of the body to fight sicknesses and infections. Unfortunately, they are not able to fight HIV.

V = Virus is a germ.

Step 6: Explain that when the virus destroys the immune system after many years of infection, the body becomes weak, so it cannot protect the body from sicknesses. This is when the person develops AIDS.

Step 7: Write the term AIDS on the board or butcher paper. Ask participants what each letter stands for.

Step 8: Explain the following:

**A
I
D
S**

AIDS stands for **Acquired Immune Deficiency Syndrome**

A = Acquired – To acquire means to “get” something. You have to get the virus from someone.

I = Immune – This refers to the body’s defense system or soldiers of the body that fights sicknesses and infections.

D = Deficiency is lack of - in this case our immune system. This means the lack of the immune system or soldiers of the body.

S = Syndrome refers to a collection of illnesses. With AIDS, we are talking about a collection of sicknesses and infections that people living with HIV get when their immune system is very weak.

Step 9: Ask participants if HIV and AIDS mean the same thing. Encourage everyone to share their ideas.

Step 10: Explain the difference between HIV and AIDS.

HIV is the virus that causes AIDS.

When someone gets the virus (HIV) they look and feel like people who do not have HIV. There are no signs or symptoms when someone has HIV.

AIDS is when a person who has HIV (the virus) has reached a stage when their immune system is very weak, and they become sick with many infections such as TB, pneumonia, skin diseases and others.

Step 11: Ask participants, “How long does it take for someone with HIV to get AIDS?” Explain the following:

A person who has HIV (HIV+) can be healthy for many years before they develop AIDS. During this period the immune system slowly breaks down and their health depends on whether they are on treatment and how they take care of themselves.

It may take as little as 2 years or less - it may take 10 years and even more, for someone living with HIV to develop AIDS.

People who maintain a healthy lifestyle and have access to treatment, known as anti-retroviral treatment (ART) can live a very long time before they develop AIDS.

Taking ART treatment makes a big difference for someone who is HIV+. If taken properly – every single day - HIV treatments can prevent HIV from becoming AIDS for a very long time.

A person with HIV who lives a healthy life and takes ART properly may live a completely normal life for the same length of time as people who do not have HIV.

Because ART reduces the amount of virus in the body, the risk of someone passing HIV is significantly reduced.

Trainer’s Note

HIV has no signs or symptoms. The only way you can know if you have HIV is through a HIV blood test.

In PNG, people with HIV develop AIDS more quickly than in many other countries, for many reasons. Some people with HIV don’t have access to the drugs that can help maintain a strong immune system. Others go for HIV tests only when they begin to get sick which means that they may have been living with HIV for a long time but did not know.

ACTIVITY 7: HIV IN PNG AND DIFFERENT WAYS PEOPLE CAN GET HIV

OBJECTIVE:

- To provide an overview of HIV in PNG
- To increase understanding of who is most affected with HIV in PNG
- To increase knowledge on the common ways HIV is spread in PNG

MATERIALS AND PREPARATION:

- Markers
- Butcher paper
- Butcher paper with PNG HIV statistics

Time:
30 minutes



Step 1: Explain that we will now discuss the HIV situation in PNG. Begin the discussion by asking participants if anyone knows how many people are living with HIV in PNG.

Step 2: Gather everyone to a spot in the room where they can see the poster on PNG HIV statistics.
Begin the poster discussion by asking participants when was the first case of HIV reported in PNG?

Step 3: Ask participants how many cases of HIV have been reported in PNG so far?
How many of these cases are HIV? How many have AIDS?
How many people have died from AIDS related diseases?
Which region is reporting the highest level of HIV infections?



Step 4: Explain that in PNG, there are three main ways HIV is spread. These are:

- Unprotected sex (sex without a condom) including vaginal sex and anal sex
- Blood related activities/situations: transfusion or any blood-to-blood contact, including sharing shaving gear (razors), sharing unsterilized equipment such as in tattooing and circumcision, and needles used to inject drugs
- Parent-to-child transmission: from parent to child during pregnancy, delivery or after birth

Step 5: Explain that HIV lives in certain bodily fluids. These bodily fluids are:

- Blood
- Semen/pre-cum
- Vaginal fluid
- Breast-milk

Step 6: Explain that in order for the virus (HIV) to pass from one person to another, one or more of the body fluids must leave the body of a person with HIV and enter the body of someone who is not infected. Any activity that involves the exchange of any of the body fluids – semen/pre-cum, vaginal fluids, blood or breast-milk (for babies) - is risky.

Trainer's Note

Many babies (one in three) who are born to HIV-positive parents become infected with HIV, either in the womb, during delivery (where blood and vaginal fluids are present), or after birth through breastfeeding.

There are a range of strategies, which may be used to reduce the chances of parent-to-child transmission (PTCT) including the mother taking HIV treatment (ART) during pregnancy, arranging for the baby to be delivered by caesarean section, avoiding breastfeeding or managing breastfeeding through treatment being given to the baby within the first 6 weeks after birth.

In PNG, the Catholic Church runs a very effective PTCT project with nearly a 100% success rate for HIV+ parents giving birth and breastfeeding their babies but who are not HIV+.

Proper advice from health care workers can help to reduce the chance of parent-to-child transmission.

Take a break-Lunch

ENERGIZER

ENERGIZER: WATERMELON

OBJECTIVE:

- To take a break and have fun

MATERIALS AND PREPARATION:

- None

Time:
5 minutes



Step 1: Ask everyone to stand and form a circle

Step 2: Explain to participants that we will do an action song. This means that we will sing and do actions for the song at the same time. Ask participants if they all know the song “Watermelon”.

Step 3: Tell the group that the words and actions are as follows:

Watermelon, watermelon

Action: watermelon shape for pregnant belly

Papaya, papaya

Action: Breast shapes

Guavas and banana

Action: testicles and penis

Fruit salad, fruit salad!

Mixing it all together

ACTIVITY 8: UNDERSTANDING RISK FOR HIV AND STIS

OBJECTIVES:

- To increase participants understanding of the risks for HIV (and STI) transmission associated with different sexual practices
- To reinforce the importance of body fluids in passing HIV from one person to another

MATERIALS AND PREPARATION:

Three A4 cards labeled: High Risk; Low Risk; No Risk

A4 cards with the following risk statements:

Time:
1 hour



- | | |
|--|---|
| • Bite from a mosquito | • Getting circumcised at the <i>Haus Man</i> |
| • Three boys using same shaving gear at one time | • HIV+ mother breast-feeding her baby |
| • Sharing the same plates, cups and spoons with a person living with HIV | • Pregnant mother that is HIV+ |
| • Giving blood | • Anal sex without condom |
| • Receiving blood | • Anal sex with a condom |
| • Fingering a partner | • Rubbing each other |
| • Sex with a condom | • Using the same toilet |
| • Sex without a condom | • Sharing a bed with a person living with HIV |
| • Oral sex- mouth to penis | • Sitting beside someone who is HIV+ on the PMV |
| • Oral sex- mouth to vagina | • Getting your teeth fixed at the dentist |
| • Oral sex- mouth to anus | • Masturbating yourself |
| • Kissing | • Masturbating someone else |
| • Shaking hands with someone who is HIV+ | • Using an expired condom |
| • Sucking breasts | • Pack rape (<i>lain-ap</i>) without using condom |
| • Getting circumcised at the local clinic | • Sharing <i>buai</i> |

Step 1: Explain to participants that in the previous session, we discussed the status of HIV in PNG. In that discussion, we all had a chance to talk about the main ways that HIV is passed from one person to another person.

Step 2: Review the main bodily fluids that containing HIV- these are semen/pre-cum, vaginal fluid, blood and breast-milk.
Encourage participants to use local terms and slang phrases for these terms. Explain that the virus has to go from one person, directly into the bloodstream of the other person.

Step 3: Place the risk cards on the floor in the middle of the room.
In pairs, ask participants to pick a card. Give participants 2 minutes to discuss whether that particular behaviour is a high, low or a no risk activity.

Step 4: Invite pairs to present their cards, and briefly explain their decision.
Do not correct misplaced cards yet, allow all pairs to present their ideas.

Step 5: When all the cards have been presented, identify the cards where everyone agrees. Where people disagree, allow brief discussions and provide the necessary facts to help participants decide.

Step 6: Summarise the session by asking the following questions:

- What do the high-risk activities have in common?
Explain that high risk activities are unprotected sexual penetration, i.e. penis to vagina or penis to anus.
- What do the low risk activities have in common?
Explain that low risk activities mainly involve oral sex, such as mouth to penis, mouth to vagina or mouth to anus.
- Are there any local sexual practices in PNG, which might be at the low-risk end? How could these be promoted? How could high-risk activities be made safe?

Step 7: Ask participants if they have heard of STIs. List them down on a butcher paper.

Step 8: Ask participants to talk about common signs of STIs.

- It is important to note that many STIs don't have any signs or symptoms.
- People can have STIs for a long time and not realize it.
- Untreated STIs can lead to infertility and cancer.
- Some STIs cause blisters or small openings in the skin – these can increase the risk for HIV transmission, because it allows the virus access to a person's blood.

Step 9: Summarise the discussion by saying that participants don't have to remember any of the scientific names of STIs. It's important that people are familiar with the signs. If people are involved in any risky sexual activities, they should go to the clinic for check-up and treatment.

Trainer's Note

People can't get HIV from:

Handshakes, touching, swimming or bathing with an infected person, sharing utensils (cup, plate and spoon) with an infected person, toilet seats, mosquitoes, using an infected person's towels and clothes, or sitting next to or sharing a bed with an infected person (HIV cannot live outside the body), hugging and kissing (if there are no bleeding gums and broken skin), massaging, masturbation, (rubbing and stroking of self) or mutual-massage (rubbing and stroking by two partners) of the sexual organs, sex where both partners are not infected and remain faithful to each other.

Make sure that people understand that sex without a condom (where the penis [kok] enters the vagina [kan] or anus) is high-risk. The only way to make this low-risk is to use either a male or female condom correctly and every time people have sex. Oral sex [kakai kok, kan or ass] is usually low risk (the only risk is if someone has cuts or sores in the mouth).

ACTIVITY 9: HOW DO WE PREVENT THE SPREAD OF HIV?

OBJECTIVE:

- To increase knowledge on different ways of preventing HIV

MATERIALS AND PREPARATION:

- Markers
- Butcher paper

Time:
30 minutes



Step 1: Explain to participants that we will now discuss different ways we can prevent the spread of HIV. Ask participants how they think we can prevent HIV?

Step 2: Explain that the main ways we can prevent HIV are:

- Using condoms correctly every time we have sex
- Reducing the number of partners we have, or being faithful to one partner
- Not having sex (abstinence)
- Not having penetrative sex (sex without putting penis inside a vagina or anus)

Step 3: Divide people into three groups.
Ask groups to choose a name based on the 3 ways of prevention: Condoms, Abstain, Reducing the number of partners

Step 4: Begin by explaining that some people choose not to have sex. This in itself is a protective method (unless they are exposed to HIV through non-sexual means).
Ask participants: "Can everyone abstain from sex?"

Step 5: Say that not everyone can abstain, and in-fact a lot of people love and enjoy sex!
Ask if there is anyone who wants to move to the next group, "One Faithful Partner"? Encourage people who want to move to join another group.

Step 6: Explain that it is absolutely normal for people to have sex when they are ready. If people choose to have one AND ONLY one partner and they both know each other's HIV status, this can be a way to prevent HIV.
In reality, a lot of people have multiple and concurrent partners. This means people are having sex with more than one person over a period of time.

Step 7: If this is the case, what can they do to prevent HIV?
The use of male and female condoms is the only option.
Ask participants if anyone wants to move the next group, "Condoms".
Explain that it is absolutely normal for people to use condoms, it is no big deal!

Step 8: Explain that if condoms are used properly from start to finish during ANAL and VAGINAL sex, it prevents the spread of HIV.

Step 9: Summarise the discussion by saying that by agreeing to distribute condoms, condom distributors can help to prevent the spread of HIV.

Step 10: In PNG, many people have strong opinions about condoms. Ask participants to consider the following two questions:

- What are the arguments they have heard in favour of condoms?
- What are the arguments they have heard against using condoms?
- Write their answers on a butcher paper where everyone can see. Discuss each answer and present correct information about the argument.

Step 11: Present the following key points about condoms:

- Evidence from around the world shows that condoms stop transmission of HIV as long as the condom is used properly. Condoms have stopped millions of men and women around the world from becoming infected with HIV.
- Evidence clearly shows that in the countries where the spread of HIV has been slowed down, the main reason has been an increase in the use of condoms.
- Condoms stop other sexually transmitted infections (STIs). Having an STI increases the risk that you will also get HIV.
- There is no evidence that talking openly about sex and condoms encourages people to have sex. The World Health Organization looked at studies and research from around the world and found that talking openly about sex and condoms with young people did not lead to more sex. In-fact they found that sex education programs actually led people to delay or cut down on sex.
- If we don't talk about condoms we are hiding information on how people can protect themselves from HIV. People have a right to know the facts.
- Condoms also stop unplanned pregnancy.

ENERGIZER

ENERGIZER: BLOW THE CONDOM



OBJECTIVE:

- To take a break and have fun

MATERIALS AND PREPARATION:

- None

Time:
5 minutes



Step 1: Divide participants into 3 groups.

Step 2: Explain to the group that they are going to have a condom blowing competition. The group that can blow the biggest male condom wins!

Step 3: Distribute condoms to each participant. Count down the start of the competition: 3 – 2 – 1 – BLOW!

Trainer's Note:

This exercise is good to get participants used to playing with and handling condoms. This is something they will need to be comfortable with, in order to promote condom use.



ACTIVITY 10: PRACTICING CONDOM DEMONSTRATION

OBJECTIVE:

- To learn how to correctly use male and female condoms

MATERIALS AND PREPARATION:

- Male and female condoms
- Instructions on how to use male condoms
- Instructions on how to use female condoms
- Penis/vagina models

Time:
45 minutes



Step 1: Ask everyone to sit in one large group. Ask if anyone knows how to demonstrate male and female condom use. Encourage them to come to the front and demonstrate male or female condom use with everyone.

Step 2: Explain the following points about condoms:

- Condoms stop the spread of HIV (and other STIs) in anal and vaginal sex.
- Female condoms can also be used in anal sex (Men to Men or Men to Women).
- Keep condoms in a cool and dry place. (This does not mean that you put them in the fridge! Just make sure they are not exposed to direct sunlight for a long time).
- Do not use condoms that are expired or damaged. All condoms have expiry dates. The expiry date is the use-by date for the condom. If the condom has expired put it in the bin!
- Condoms can only be used once-you can't reuse condoms like socks!

Step 3: Put up the instructions for male and female condom use on the wall where everyone can see them. Demonstrate male and female condom use as you go through each step.

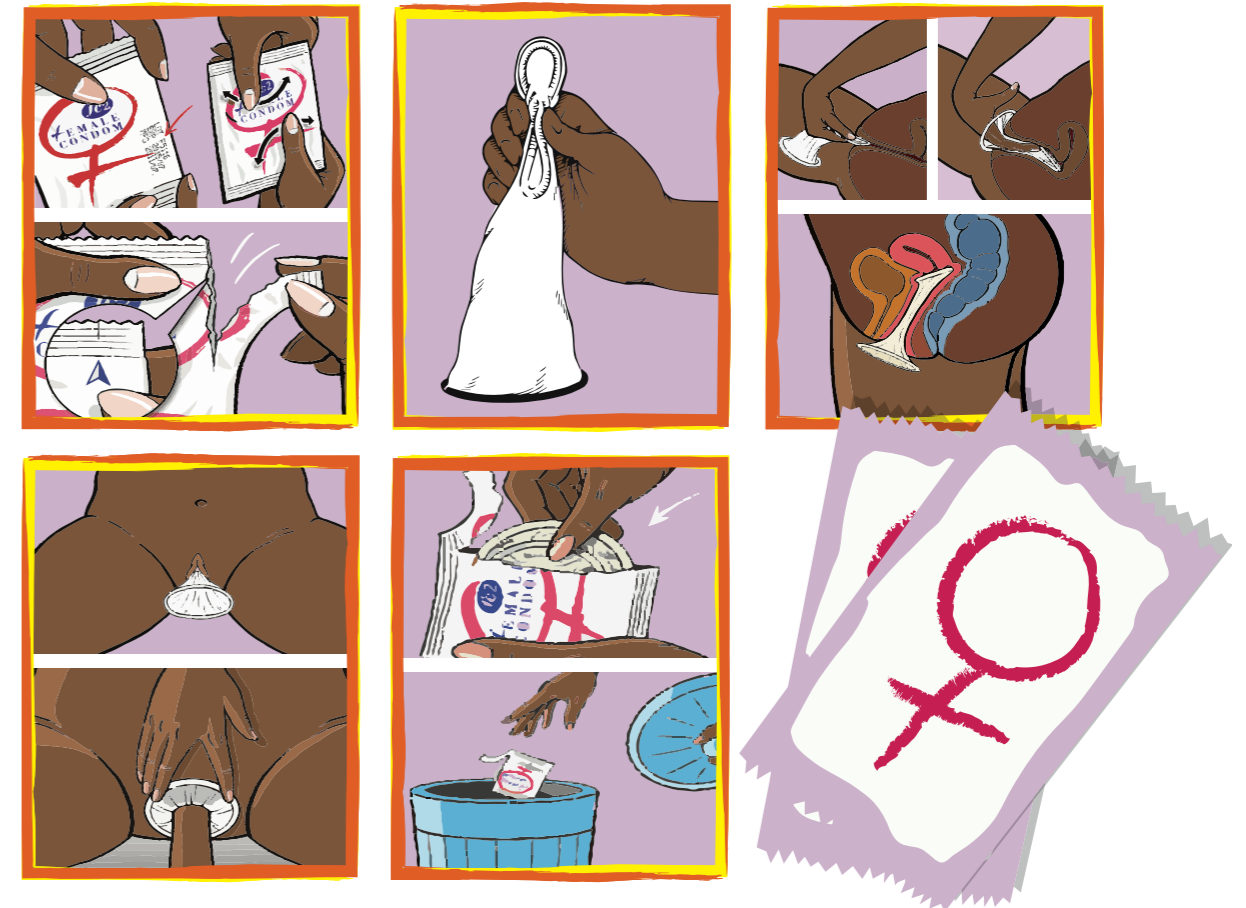
Male Condoms

- Check the expiry date on the condom packet.
- Open the packet carefully; do not use your teeth or sharp nails as it may tear the condom.
- Do not unroll the condom when you take it out of the packet, always try it first on your thumb to know the correct way of unrolling the condom onto penis.
- It is important that women should know this, because if a man puts the condom on the wrong side, his pre-cum may be present on the condom and is on the side that will enter the vagina, posing a risk of STIs or HIV.
- Squeeze the tip of the condom (*het bilong kondom*) and make sure there is no air in the teat. If there is air in the teat, there is no space for semen when a man ejaculates (cum).
- Place the condom on top of an erect penis and roll it all the way down to the base.
- After ejaculation and holding the base of the condom, withdraw from the genital area before the penis becomes soft.
- Wrap the condom in a paper or tissue and throw it in the rubbish bin or pit toilet. Do not throw/flush the condom in the toilet as it will block the sewage system.



Female Condoms

- Check for the expiry date. Open the packet where indicated.
- Explain that female condoms can also be used for anal sex.
- Squeeze the inner ring into an oval or 8 shape.
- Position yourself in a way that you can comfortably insert the condom.
- Guide the penis into the vagina during sexual intercourse to avoid the penis going into the side of the vagina, bypassing the condom. Do the same for anal sex.
- After sexual intercourse, twist the outer ring and pull out the condom carefully.
- Throw the condom in a rubbish bin or pit toilet. Do not flush in the toilet.



Step 4: Ask participants if they have any questions.

Step 5: Ask participants to get into pairs. Each person should now practice doing male and female condom demonstrations with their partners.

Give participants 10 minutes to practice doing the demonstrations.

Step 6: Ask participants how they felt about doing condom demonstrations.

Was it easy? Was it difficult? Is it something they think they would feel comfortable doing in public? Why or why not?

ACTIVITY 11: DAY 1 EVALUATION

DAY 2

OBJECTIVE:

- To assess participants' learning so far

MATERIALS AND PREPARATION:

- Butcher paper
- Markers
- Post-it notes

Time:
20 minutes



Step 1: Write the following questions on three separate sheets of butcher paper:

- What is one thing that we did today that stands out in your mind?
- What did you learn?
- What do you want to tell the facilitators?

Step 2: Once participants have answered the questions on separate post it notes, ask them to stick their responses on the appropriate butcher paper.

If some participants are not able to read or write, talk to them individually and discuss the three questions, or have participants work in pairs.

Step 3: Tell participants that they have some homework to do! Explain to them that for tonight, ask them to think of this question:

What are some benefits of demonstrating condom use and distributing condoms for free from their tables?

Step 4: Thank everyone for their time and effort today!



ACTIVITY 1: RECAP

OBJECTIVE:

- To have participants review previous sessions
- To discuss the 'homework' question

MATERIALS AND PREPARATION:

- Questions for reflection

Time:
1 hour



Step 1: Welcome participants back to the training. Explain that we will begin today's session by thinking about the previous sessions.

Step 2: Ask everyone to think about one thing that they found interesting during that session.

Ask for a volunteer to begin.

Ask everyone to take turns reflecting on one thing that they found interesting.

Note the responses from the participants and provide brief explanations on any questions.

Step 3: Move the discussion to the 'homework' question and encourage everyone to give at least one benefit of distributing condoms, for free from their tables.

Encourage them to think outside of the health benefits. For example, if people say "I want members of key populations to use condoms so we can manage the spread of HIV", you can encourage participants to think of how condom distribution can increase the sale of noodles or buai from their stand.

Encourage participants to think about how condom distribution can attract more clients (or not!).

Step 4: Sum up the discussion by saying that from past experiences, people have had an increase in sales because of condom distribution. It's not that they are selling condoms, but that more people are attracted to their tables because of condoms.

Trainer's Note:

Daily reflection helps us understand if the training was effective for participants. It helps us improve the way we deliver the session and activities. Make sure you are noting down what people say as you will need it for your training report.

ACTIVITY 2: VOLUNTARY CONFIDENTIAL COUNSELLING AND TESTING (VCCT)

OBJECTIVES:

- To increase participants' knowledge on VCCT including:
 - Confidentiality pre and post-test counselling
 - Positive and negative test results
 - Window period
 - Recommending VCCT referrals

MATERIALS AND PREPARATION:

- White board or butcher paper
- Markers
- Masking tape or blue tack

Time:
1.5 hours



Step 1: Explain to participants that in the next activity, we will be talking about HIV testing and what it means to have a positive or negative test result.

Ask participants why it is important to have an HIV test, whether we are feeling well, or not.

Explain that the only way to find out about our own HIV status is to have an HIV test - we cannot tell just by looking at people whether they have HIV or not.

There are a lot of benefits to knowing your HIV status.

If the test is negative, people can make sure that they use condoms all the time if they are having sex and stay negative.

If the test is positive, people can go on treatment straight away because it keeps them well. It actually reduces the chances of people passing on the virus. For pregnant mothers, it reduces the chances of passing HIV to their babies.

Step 2: Ask everyone to sit in a circle. Explain that we are going to play a game.

Ask everyone to stand up and move around the group. Tell them to pretend that they are at a village gathering with lots of *kaikai*. Encourage people to say 'hello' to each other and shake hands.

Ask everyone who shook hands to move into the middle of the circle. Explain to them that the reality of HIV is such that it only requires one unprotected sexual encounter for someone to get infected.

Step 3: Ask the group in the middle how they are feeling right now knowing that they have had unprotected sex and that there is a possibility they may get HIV.
Ask if anyone will consider having an HIV test.

Step 4: Explain that having an HIV test is the only way we can be sure of our HIV status. We will talk more about the benefits of knowing your HIV status later on.

Step 5: Ask if anyone has ever heard of this term, VCCT? Write it on the board/butcher paper.
Explain to them that VCCT stands for Voluntary Confidential Counselling and Testing.
This means:
Voluntary (*yu yet, lo like bilong yu yet*), the person being tested has made his or her own decision and is not forced by someone else to have the test.
Confidential (*nogat nara pela man na meri bai save – yu na counsellor tasol*) the whole process and any information shared remains between the person being tested and the counselor or Doctor/Nurse.
Counseling (*stori befo na afta test*) the person being tested receives counselling before (pre-test) and after (post-test) the test.
Testing (*kisim blot*) is the HIV blood test.
In PNG there are more than 250 VCCT centres around the country. These are places that people can go to have an HIV test and is free of charge.

Step 6: Ask participants where they would be comfortable to have an HIV test and why.
Explain that for a lot of people, confidentiality is key. If they feel confident that their stories and the results of their test will be kept confidential, then this is often the motivation to have a test.

Step 7: Explain to the group in the middle that they have now decided to get an HIV test and they are now at the clinic to get it all done!
Ask the group if they know what the first step in getting tested for HIV is.
Everyone must go through pre-test counselling before they get tested. In pre-test counselling, the counsellor/health care provider assesses the person's risk.
They ask questions like: 'Why do you want to have a test? What sexual behaviour you were involved in?'
If there is positive result, you can still live a long and healthy life – there are medicines and people who can help you and your family. If it is a negative result, it is best that you think about how you can change your sexual behavior so that it is less risky.
After the pre-test counselling is done you are ready to have a test.

Step 8: The actual test involves taking a bit of blood and screening it for HIV antibodies. This is called an HIV Antibody Test.

Explain that antibodies are part of your body's immune system. They help to protect your body from viruses, bacteria and other infections that can cause sickness.

When someone has HIV, the body produces antibodies in the blood to try and fight it. The test for HIV, detects the level of HIV antibodies in the blood – that is why it is called an HIV Antibody Test.

If the test is positive, the sample of blood will be tested a second time in a lab to confirm the result.

Ask participants if they have any questions on the HIV test process so far.

Step 9: Ask participants if they know what happens after the test.
After the test, people go through post-test counselling. Explain that post-test counselling is very important because it prepares you for the result of the test.
If the test is positive, you will learn that you can live a long and healthy life with HIV and you will be told how people can help you to do this and where you can get support. The counselor will help you think about what you are going to do next, who you will tell, how to get access to treatment and support.
If the test result is negative, the counselor will discuss how you can reduce your chances of becoming infected with HIV. They will also recommend that you return for another test.

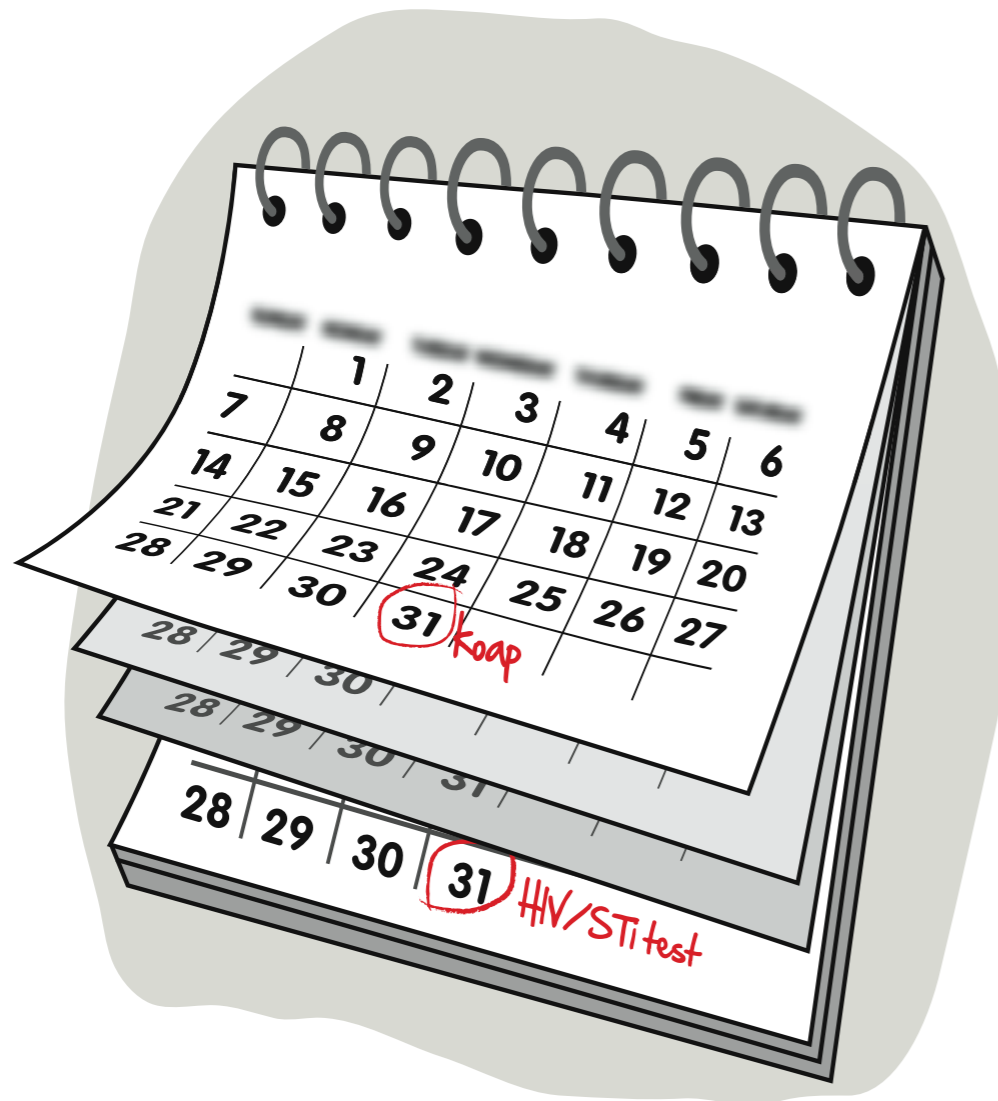
Step 10: Explain that there is one more thing that we have to consider when people are being tested for HIV – the window period.
Ask the group if anyone knows what the window period is.
The window period is the time when there is not enough HIV antibodies in your blood to be detected by the test. This usually lasts from the time of infection (when HIV first went into your body) to about three months after you first became infected.
If someone is tested for HIV during this period, their body has not yet produced enough antibodies to be detected by the test.
If someone gets a negative test result during this period, it may mean that they are infected with HIV, but the infection can't be detected yet.
The person will need to get tested again a few weeks or months later to confirm their result. During that time, they must only engage in safe sex (always use condoms).

Step II: Ask if there are any other questions on VCCT.

Thank the participants in the middle and tell them that it was a game. They can now get out of their roles as people who were involved in a risky activity and had accessed a VCCT service.

Trainer's Note:

A good time to go for a first test is 3 months after someone engages in a high-risk activity, but the person must not have unprotected sex within the 3-month period. Any additional exposure to infection by the virus would mean that the testing process and time line has to be started all over again. That person must then count the weeks and months from that new date. It is always best to seek help from a trained VCCT counsellor or health worker if you are not sure.



Take a break – morning tea

ACTIVITY 3: WHO NEEDS CONDOMS AND WHY?



OBJECTIVES:

- To increase participants' knowledge on targeted key populations
- To increase participant's knowledge on the importance of doing targeted condom promotion and distribution

MATERIALS AND PREPARATION:

- Butcher paper
- Markers (different colours)
- Masking tape, blue tack

Time:
45 minutes



Step 1: Divide participants into small groups of 4 to 5

Step 2: Ask participants whether they can still remember the main ways people get infected with HIV in PNG? This information will be useful for this group discussion.

Step 3: Ask each group to discuss the following questions:

What are some things that people do in your community that increase their risk for getting HIV? Where do they engage in such activities?

Is there a name for these group(s) of people?

If the risky behavior involves sex, who are they having sex with?

How can you make sure that they know how to use condoms and that they can actually get one when they need it?

Step 4: Have each group present their discussions, making sure that the emphasis is on unprotected anal and vaginal sex with many partners.

Step 5: For Tingim Laip, we are interested in working with people who are most at risk for HIV. We now refer to the group as key populations.

Explain that, while we know that anyone can get HIV, TL wants to make sure that members of key populations know how to use condoms and that they are readily available.

For example, people who have multiple partners have a greater chance of getting HIV because of the number of times they have sex.

Any man or woman who has unprotected anal sex is also at a greater risk of getting HIV.

Remind participants that this exercise is not about labeling people or pointing fingers at certain groups – it is about understanding who is most at risk for HIV.

Step 6: Continue the discussion by dividing the group in half.

Have participants line up on either side of the room. One group will think of all the reasons why people sell sex. The other group thinks of all the reasons why people buy sex.

List these on butcher paper.

Step 7: Remind participants that there are reasons why people do the things that they do. Sometimes, this may be hard to understand. However, we are not here to judge! Our goal is to help people who are most at risk for HIV to use condoms all the time. Remind participants that female condoms can also be used for anal sex.

Step 8: Summarize the key points of the discussion:

Some people are more at risk for HIV than others. Behaviours that might increase their risk for HIV include:

- Having multiple partners
- Not using condoms correctly
- Not using condoms every time they have sex

There are some people who engage in these behaviours. In PNG, this includes female sex workers and women engaged in sex work, mobile men with money and other clients of sex workers.

We are not here to judge – just to help people protect themselves from HIV.

ACTIVITY 4: TO USE OR NOT TO USE CONDOMS

OBJECTIVE:

- To get participants to understand barriers and enablers to male and female condom use

MATERIALS AND PREPARATION:

- Butcher paper
- Markers

Time:
30 minutes



Step 1: Ask participants to sit in a circle. Explain to them that in the next activity, we will be talking about some barriers that stop people from using male or female condoms.

Step 2: Explain that participants will be divided into three groups according to these names: John; Meri; and Tasha. Tell them Tasha is a transgender.

Step 3: Ask participants to draw a picture of their character. For example, if the group is called Meri, then they will draw a picture of a lady and what they think Meri looks like.

Step 4: Ask participants to add more information about their character– what is the person's 'story' - by discussing the following questions:

- How old is the person?
- Where are they from?
- Where do they hang out?
- Do they belong to a particular group? For example, women's group, sports club etc.

Step 5: After participants have added more information about their characters, ask each group to discuss what barriers they might have to use male or female condoms. What might prevent people from using male or female condoms? Remind participants that female condoms can also be used for anal sex.

Step 6: After participants have spent 10 minutes discussing barriers to condom use, ask them to come back to the bigger group and present their drawings. Encourage comments and questions from the other group members.

Barriers might include:

- Condoms are not available
- People don't feel comfortable going to clinics or NGOs or other places where they can find condoms
- People's partners don't want to use condoms
- People don't want to discuss using condoms with their partners because they are scared their partner might get mad at them
- People don't know how to use condoms

Step 7: Next, ask participants what things motivate or encourage people to use male or female condoms. Have participants discuss their answers for 10 minutes and then present their ideas to the rest of the group. Encourage comments and questions from the other group members.

Reasons people want to use condoms:

- To protect themselves from HIV and STIs
- To protect their families from HIV and STIs
- To protect their partner from HIV and STIs
- To help sex last longer
- To prevent pregnancy

Step 8: Summarise the discussion by saying that as condom distributors, we make condoms more accessible to people in their communities. We also motivate and encourage people to use condoms correctly every time they have sex.

This means that we need to think beyond just giving information but to also think of other smarter ways of encouraging people to always use condoms if they are having sex.

Take a break - lunch

ACTIVITY 5: PRACTICAL SESSION 1 - SETTING UP A CONDOM DISTRIBUTION POINT

OBJECTIVE:

- To increase participants understanding of how to set up a condom display
- To increase participants understanding of how to store condoms safely

MATERIALS AND PREPARATION:

- Umbrellas
- Male and female condoms

Time:
45 minutes



Step 1: Explain to participants that in the next exercise, they will all help each other set up a condom distribution point.

Step 2: Ask participants "How do you normally prepare when you are setting up your table/stand to sell *buai* and other goods?"

Make a list of things that they have to put together BEFORE they go and set-up.

Step 3: Ask participants, "Now that you have agreed to demonstrate and distribute male and female condoms, is there anything else you need to add on to the list?"

This should include:

- TL umbrella
- Male and female condoms
- IEC materials

Step 4: Ask everyone to help set up an umbrella in the room and pretend that it's a spot where they sell *buai*/ goods and also distribute condoms.

Step 5: Explain that in the next 30 minutes, they will work in pairs- one as a *buai*/street vendor and the other as a member of a key population. The Vendor's job is to demonstrate condom use to the person coming to collect condoms from them. After they have finished, they will change roles. Everyone will have an opportunity to play the role of the vendor, and to play the role of the key population.

Step 6: After everyone has had a chance to demonstrate condoms to a client, ask everyone how they felt about the experience:

- How did people feel about demonstrating condoms?
- What was easy?
- What did they find difficult?
- How would they feel about demonstrating condoms at their own stall?

ACTIVITY 6: PRACTICAL SESSION 2 - DEALING WITH DIFFICULT SITUATIONS

OBJECTIVE:

- To enable participants to respond to, and address difficult situations and questions when demonstrating and distributing condoms

MATERIALS AND PREPARATION:

- Scenarios for role play

Time:
45 minutes



Step 1: Explain to participants that sometimes communities react negatively when they find out that we are distributing condoms. Ask participants why they think people would react negatively to condoms?

Step 2: As someone who has been trained in condom demonstration and distribution, how can you deal with the situation? List answers on the board/ butcher paper.

Answers might include:

- Explain the benefits of condoms
- Explain the myths about condoms
- Explain that people have a right to know about and have access to condoms
- Explain that people have a right to protect themselves from HIV and STIs and to lead healthy lives

Step 3: In the next exercise, participants will take turns role-playing different situations that may arise when distributing condoms.

Divide participants into pairs and ask them to pick any of the following scenarios:

SCENARIO

1

You are demonstrating how to use male condoms from your table. Suddenly someone comes up to you and starts telling you that you are promoting sex. What do you do?

Trainer's Note

There is no evidence that talking openly about sex and condoms encourages people to have sex. The World Health Organization looked at the evidence from around the world and found that talking openly about sex and condoms did not lead to more sex. In-fact they found that talking openly about sex and condoms led to people to delay or cut down on sex.

SCENARIO

2

You know that the woman who occasionally comes around at about 6pm is selling sex. You are not sure whether she knows about condoms and you really want to talk to her about condoms. She now comes to your table to buy some *buai*. What do you do?

SCENARIO

3

You are demonstrating male condom use and all of a sudden, you have 20 people around your table. You are worried that they will steal your products. What do you do?

SCENARIO

4

You are really happy that there is a person who is always at your stand collecting both male and female condoms from you. You find out later, that he was trying to sell the condoms that he gets from you for free at the market. He is now at your stand, wanting more condoms. What do you do?

SCENARIO

5

You are demonstrating male and female condoms and suddenly someone comes up to you and starts telling you that you are a *giaman* – that condoms have holes. What do you do?

Trainer's Note:

Condoms do not have holes!!!

*There is no evidence that condoms have holes. If condoms are used properly, it is not possible for HIV to pass through. **Kok wara** and **kan wara** and blood cannot pass through either. Condoms are strong and have to be put under a lot of stress to break.*

Demonstrate how strong condoms are by filling a condom up with water. Using a lot of water is a good way of showing that the condom can take a lot of fluid inside it, and that it stretches easily and that it is unlikely to break.

SCENARIO

6

You are promoting condoms and someone comes up to you and tells you that they heard that condoms aren't 100% effective so they don't work. The person asks you to explain this. What do you do?

Trainer's Note:

If you look after the condom and use it properly then condoms are 100% effective! All research and studies say that condoms are between 98 and 100% effective.

These figures often come from very big research projects that have looked at thousands of people using condoms over a long time. The reason research almost never says that condoms are 100% effective is because some people do not use them properly, or look after them properly – maybe they didn't use the condom properly or they left it in the sun and it broke, or the condom was passed the use by date and it broke or the condom slipped off because they didn't hold the base of the condom when they pulled out after sex.

Condoms are 100% effective if you look after the condom and use it properly every time you have sex.

SCENARIO

7

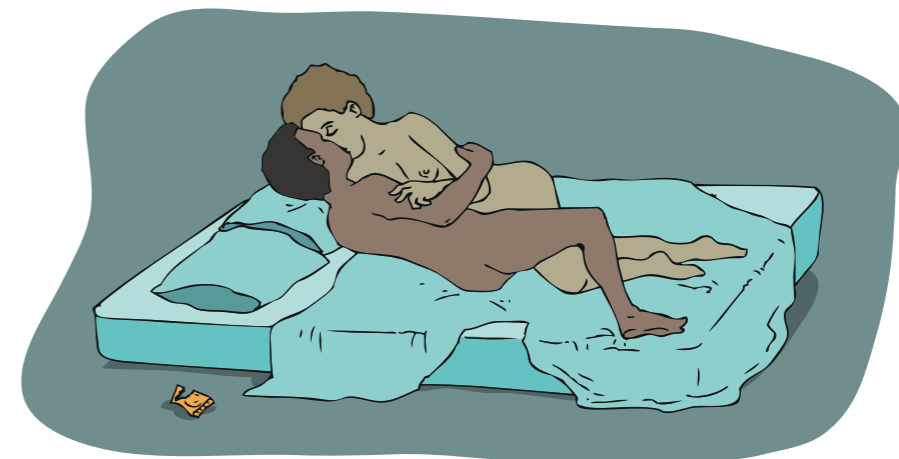
You are sitting at your stall and someone who you regularly see comes up to buy some *buai* from you. You suggest that they take a couple of condoms while they are there. The person responds by saying 'I prefer skin to skin.' What do you do?

Trainer's Note: Prefer Life!

It may take a while to get used to wearing a condom. True, it is not skin-to-skin. Once you are used to using condoms most people say the sex is better because you can relax and enjoy the sex knowing that you and your partner are safe. Also sex may last longer.

Afterwards you do not need to worry. If you don't use a condom you are having unsafe sex. Think about how worried you will be about what could happen!

Step 4: After each role-play, encourage everyone else to contribute to the role-play by suggesting other ways to deal with the situation.



Step 5: The scenarios presented above are only some of the many issues and questions that people will ask condom distributors. It is important that participants are able to provide correct answers and address these questions.

What would you do if someone asked you a question that you didn't know the answer for? Have participants work in pairs to come up with ideas.

After 5 minutes, ask participants to present their answers to the rest of the group. Write the answers on a butcher paper/ whiteboard for everyone to see. Give time to discuss each answer.

Answers should include:

- Tell the person that you are not certain of the correct answer and that you will find out the answer and get back to them.
- Ask a TL staff member what the correct answer is (by phone, during a support visit, during a re-stocking visit, during a support meeting, go to the office).
- Look at the TL resource materials to find the correct answer.
- It is important to keep TL informed of the different questions and concerns that people have about using condoms. This will help TL to provide correct information to condom distributors and volunteers and to develop support materials and IECs.

Step 6: Summarise by saying that sometimes, people talk negatively about those who give out condoms. As condom distributors, it is important for us to understand that by distributing condoms to those who need them, we are trying to stop the spread of HIV, STIs and unplanned pregnancy. We are helping people to live long and healthy lives. For those who are HIV+, it becomes a very important tool in preventing more HIV infections and also to prevent AIDS for the person living with HIV.

Take a break – afternoon tea

ACTIVITY 7: REPORTING ON CONDOM DEMONSTRATION AND DISTRIBUTION

OBJECTIVE:

- To introduce participants to the importance of reporting their activities
- To introduce TL reporting form for Condom Distributors

MATERIALS AND PREPARATION:

- M&E Form C copies for each participant (Annex 5)
- Butcher paper with Form C drawn on it

Time:
1 hour



PRACTICE SCENARIOS

SCENARIO

1

On the 19th of September 2013, Elizabeth from Kaiwe Market visited James the TL Condom Distributor. James gave Elizabeth 5 male condoms and 2 female condoms. Elizabeth wanted to know how to use female condoms so James demonstrated how to use female condoms with her.

SCENARIO

2

On 18th August 2013, Rita a Condom Distributor at Waipa Zone conducted a male condom demonstration to Marc who is a *buai* trader and often pays for sex with different women in the area. After the demonstration, Rita gave Marc 20 male condoms and 5 female condoms.

SCENARIO

3

On 10th August 2013, Emmanuel a Condom Distributor from Redscar conducted a female condom demonstration with 5 PMV drivers. After the demonstration, he gave each PMV driver 20 male condoms and 5 female condoms.

SCENARIO

4

On Friday 24th September 2013, Richard from DCA Beach spoke to two dinghy operators arriving from Oro with two *buai* traders. He talked to them about their trip and what usually happens when they are in Oro. He learned that they usually have a party and find some girls to have sex with. They never use condoms. Richard spoke to the dinghy operators and *buai* traders about the importance of using condoms. He gave each of the people 5 male condoms and 2 female condoms.

SCENARIO
5

On Tuesday January 21st 2013, Sam a *buai* seller in Alotau talked to five taxi drivers who regularly pick up young girls and connect them to men looking to buy sex. He demonstrated both male and female condoms and gave each taxi driver 10 male condoms and 2 female condoms. He stressed the importance of promoting condom use amongst the men and women that he connects.

Step 1: This session introduces participants to the importance of reporting their activities. Ask participants why they think it might be important for TL staff and volunteers to report their work. How do participants think that TL might use this information?

Answers should include:

- To measure how we are progressing in carrying out our planned activities
- To provide information to staff, volunteers and stakeholders on the progress we have made towards planned activities
- To provide understanding about what changes might be needed to our project design or implementation approach
- To assist implementation by identifying successes and challenges, to inform decisions and planning
- To encourage and celebrate our achievements
- To provide information that informs evaluation and learning

Step 2: TL has designed a special form just for condom distributors. This is 'Form C'. Remind participants that it is not a problem if they are not able to read or write – we will help them out.

Hand out copies of Form C to each participant. Have participants work in pairs.

Review the form with all participants, highlighting the following points:

- Review each section – what information would you enter? Who would enter it?

Go through the different requirements with participants. Begin by filling in their personal details:

- Name of Distributor
- Location
- Date

Go through each column with them. Explain each column:

- Date - this is when the date of the activity took place. For example 20 November
- KAP - this is the type of key population receiving the service/activity. For example MMM
- Condoms given - this is the number of male and/or female condoms and lubricant given to a particular person
- Condom demo - this is the number of demonstrations conducted with a particular person

Step 3: Paste the butcher paper with the Form C drawn on it on the wall so everyone can see it. Give participants copies of Form C.

Together they will now try to fill in the Form on the butcher paper.

Read out the following scenario.

Rita is a *buai* seller at a condom distribution site. On the 25th of September 2013, she met:

- 1 MMM
- 1 WES
- 1 MSM

She gave them four male condoms, 2 female condoms and 1 lubricant each. She did both male and female condom demonstrations to all of them.

The completed Form should look something like this:

NAME OF DISTRIBUTOR: _____ MONTH: _____

LOCATION OF DISTRIBUTOR: _____ YEAR: _____

DATE	KAP	CONDOMS GIVEN	DEMOS DONE
25 September	SW/WES	4	MALE 1
	MSM	2	FEMALE 1
	MMM 1	LUBRICANT 1	
	PLHIV		

DATE	KAP	CONDOMS GIVEN	DEMOS DONE
25 September	SW/WES 1	4	MALE 1
	MSM	2	FEMALE 1
	MMM	LUBRICANT 1	
	PLHIV		

DATE	KAP	CONDOMS GIVEN	DEMOS DONE
25 September	SW/WES	4	MALE 1
	MSM 1	2	FEMALE 1
	MMM	LUBRICANT 1	
	PLHIV		

Ask participants if they have any questions.

They will now try to complete their individual forms using the following scenario:

On the 19th of August, 2013, Stella(WES) who was travelling somewhere stopped to see you at your Condom Distribution Point. You gave Stella 2 female and 14 male condoms. At the same time, Lucian a Dinghy Operator asked to be shown how to use the female condom. You showed him how to use both male and female condoms. You also gave him 2 female and 5 male condoms.

The completed form should look something like this:

NAME OF DISTRIBUTOR: (their individual names) MONTH: AUGUST

NAME OF LOCATION: (where they are located) YEAR: 2013

DATE	KAP		CONDOMS GIVEN		DEMOS DONE	
19 August	SW/WES	1	MALE	14	MALE	
	MSM		FEMALE	2	FEMALE	
	MMM		LUBRICANT			
	PLHIV					

DATE	KAP		CONDOMS GIVEN		DEMOS DONE	
19 August	SW/WES		MALE	5	MALE	1
	MSM		FEMALE	2	FEMALE	1
	MMM	1	LUBRICANT			
	PLHIV					

Step 4:

Practice using Form C.

Divide participants into small groups of 4 or 5.

Distribute the five scenarios on pages 45/46 to participants (depending on literacy, you may need to read the scenarios out loud to the group)

Ask participants to complete Form C, based on the scenarios

Repeat the activity with all scenarios.

When everyone has completed the exercise, compare the forms amongst different groups.

Did everyone complete the forms in the same way? If they were different, ask the groups why they entered the information in a different way.

Be sure to clarify what is the correct way to complete the form.

Step 5:

- Summarise the session by reviewing the key points:
- TL collects information about the activities staff and volunteers conduct
 - TL uses the information to measure the progress we are making towards achieving our goal.
 - The information is collected by the TL M&E team and analysed
 - Each quarter, progress is reported back to the field teams so that they understand the achievements and progress they have made

ACTIVITY 8: DAY 2 EVALUATION

OBJECTIVE:

- To capture the lessons learned and identify areas for improvement and further information

MATERIALS AND PREPARATION:

- Evaluation questions (below)
- Butcher paper
- Different colour sticky notes (3)

Time:
20 minutes



Step 1: Ask participants to answer the following questions using different colour sticky notes:

- What did you learn today?
- How will you use the information/ skills that you learned to promote condom use at your stall?
- Is there anything you want to tell the facilitators?

Step 2: Collect participants' answers.
Thank everyone for their time and effort today!

DAY 3

ACTIVITY 1: RECAP

OBJECTIVE:

- To have participants review the previous session

MATERIALS AND PREPARATION:

- Questions for reflection

Time:
30 minutes



Step 1: Welcome participants back to the training. Explain that we will begin the session by reviewing the previous session.

Step 2: Ask everyone to think about one thing that they found interesting in the previous session.

Step 3: Ask for a volunteer to begin. Ask everyone to take turns reflecting on one thing they found interesting.

Step 4: Note the responses from the participants and provide brief explanations on any questions.

Step 5: Summarize the discussion by asking if there is anything else participants are still not clear on, that they want you to revisit or clarify.

Trainer's Note

Daily reflection helps us understand if the training was effective for participants. It helps us improve the way we deliver the session and activities. Make sure you are noting down what people are saying as you will need it for your training report.

ACTIVITY 2: PRACTICAL SESSION 3 – FIELD PRACTICE

OBJECTIVE:

- To practice male and female condom demonstration and distribution

MATERIALS NEEDED:

- Male and Female condoms,
- Bananas (penis model)
- Vagina model

Time:
2 hours



Step 1: Explain to participants that in the next activity, they will go out and practice condom demonstration and distribution.

Step 2: Divide participants into pairs and explain to them that they should try to do at least 2 male, and 2 female condom demonstrations. If they can do more, even better!

Step 3: Explain that participants have 30 minutes to do their practice session and then they should return to the training venue.

Step 4: When participants return, debrief on their practical outreach by asking the following questions:

- How many people did you speak with? Did you distribute any condoms? How many? Did you demonstrate any condoms? How many?
- How did it feel?
- Did you have any difficulties? How did you handle these?
- Did anybody ask you any questions that you could not answer? What did you do?

Step 5: Summarize the discussion by congratulating participants for having the courage to demonstrate and distribute condoms in the community.

Take a break-Lunch

ACTIVITY 3: THE NEXT STEPS

OBJECTIVE:

- To plan for the establishment of individual condom distribution points

MATERIALS NEEDED:

- Butcher paper
- Markers

Time:
1 hour



Step 1: Explain to participants that they are now getting towards the end of the training. It is time to start thinking about how we are going to continue with the condom demonstrations and distribution after this training.

Step 2: Ask participants if they have a clear understanding of what is expected of them as condom distributors. Record answers on a butcher paper/ white board and discuss each answer.

Clarify any misunderstandings or questions.

As condom distributors, they are expected to be able to:

- Demonstrate how to use a male condom
- Demonstrate how to use a female condom
- Distribute male condoms
- Distribute female condoms
- Motivate members of key populations to use condoms by talking to them about the benefits of using condoms
- Troubleshoot condom use
- Know where to find answers to questions that they do not know how to answer
- Regularly report the number of condom demonstrations and distributions that they conduct

Step 3: Explain that participants have been selected because of their current locations as spots that are regularly accessed by members of key populations. It is important that they continue to work in these locations. If they are going to relocate or move, they should tell the Project Officer.

Step 4: An important part of their volunteer activity is to keep a record of the condom demonstrations and condom distributions that they do. Ask participants why this is important.

Step 5: Explain that by keeping track of the condom demonstrations and distributions, we are able to track whether we are reaching the people we are supposed to target. These reports will go all the way to the National AIDS Council where they keep track of all condoms distributed in PNG.

Step 6: There will be situations where other people will come and ask for condoms. This is OK as long as our focus is with those who belong to our target group.

Step 7: By now, the facilitator should be aware of participants who cannot read and write. Remind them that that it's not a problem. Someone will visit them every week to help with the records.

Explain to participants that for people who are comfortable reading and writing, they will keep a record of the number of condom demonstrations and distributions.

Step 8: Explain that each condom distributor will be visited by the Project Officer each week. The purpose of the visit is for the Project Officer to talk with them about the week's activity, and to replenish the condom supply. This is a good opportunity to get answers to any questions that they may have been asked, and not known the answer to.

Step 9: Every month, condom distributors are expected to meet at the TL Office to debrief as a group and talk about the way forward. The team will have to agree on a day that is suitable for everyone. It is the responsibility of the Project Officer to confirm and facilitate this monthly meeting.

These meetings are a good opportunity to collect more condom supplies, find answers to questions that you could not answer, discuss success stories as well as challenges that you may have experienced.

Step 10: Ask anyone if there is anything else they want to add on to the discussion or if they have any questions they want to ask.

Step 11: Set the following meetings with each condom distributor:

- Setting up (PO to provide condom umbrella, condoms, cap and condom bag)
- First support visit
- First monthly meeting date

ACTIVITY 4: TRAINING POST-TEST

OBJECTIVE:

- To assess the increase in knowledge and skills of training participants

MATERIALS AND PREPARATION:

- Post-test questionnaire

Time:
30 minutes



Step 1: Remind participants that on Day 1, they filled in a questionnaire to measure their understanding of HIV and condoms.

Today, participants will complete the same questionnaire to determine how much they have learned during the training.

Remind participants that they do not have to write their names on the questionnaire – instead, they should use the same number that was given to them on the first day.

For those who cannot read or write, tell participants that you will help them fill in the questionnaire.

Step 2: After participants have completed the questionnaire, thank them for their efforts.

ACTIVITY 5: WORKSHOP EVALUATION

OBJECTIVE:

- To conduct an overall assessment of the workshop

MATERIALS AND PREPARATION:

- Butcher paper
- Markers

Time:
30 minutes



Step 1: Divide participants into groups of 4 to 5. Ask them to discuss the following questions:

- What were the highlights of the training? Name at least 3.
- What was the one thing that stands out for you from the training?
- How will you use the information from the training to promote condom use?
- How can TL help you to promote condom use?

Step 2: Tell participants that they don't have to present their answers back to the group. They can note down their answers on butcher paper that you will collect at the end.

Step 3: Thank participants for their participation. Congratulate them on their achievements and wish them luck as condom distributors.

ANNEX 1: CONDOM DISTRIBUTION POINT TRAINING PROGRAM

ANNEX 2: PRE/POST-TEST QUESTIONNAIRE

TIME	DAY 1	DAY 2	DAY 3
8:00 - 8:30	Introduction and Ground Rules	Recap	Recap
8:30 - 10:30	Training pre-test What is Tingim Laip? Value Exercise	Voluntary confidential counselling and testing	Practical Session 3 Field Practice
10:30-10:45	Tea Break	Tea Break	Tea Break
10:45-12:00	What is HIV? What is AIDS? HIV in PNG	Who needs condoms and why? To use or not to use condoms	Practical Session 3 - Field Practice
12:00-1:00	Lunch	Lunch	Lunch
1:00-2:00	Energizer Understanding risks for HIV and STIs	Practical Session1 - Setting up a condom distribution point	Next Steps
2:00-2:30	How do we prevent the spread of HIV? Energizer	Practical Session 2 - Dealing with difficult situations	Training post-test
2:30-2:45	Tea Break	Tea Break	Tea Break
2:45-3:30	Practicing condom demonstrations	Reporting condom demonstrations and distributions	Workshop Evaluation
3:30-4:00	Daily Evaluation	Daily Evaluation	Workshop closes

Pre/post-test Questionnaire - True or False

Participant No:

- | | |
|---|--|
| 1. People who are HIV+ should be all put on an Island if we are to stop the spread of HIV
(a) True (b) False | 14. It is possible for pregnant mothers to pass HIV to their babies
(a) True (b) False |
| 2. A man should know more about sex than a woman
(a) True (b) False | 15. The only way we can be sure about our HIV status is to get a blood test
(a) True (b) False |
| 3. Only men should carry condoms
(a) True (b) False | 16. Safe sex is using a condom
(a) True (b) False |
| 4. It's ok to beat up another person
(a) True (b) False | 17. The bodily fluids that spread HIV are semen, sweat and tears
(a) True (b) False |
| 5. It's ok to beat up a woman
(a) True (b) False | 18. We can tell just by looking if someone has HIV
(a) True (b) False |
| 6. You only go for a HIV test when you are sick
(a) True (b) False | 19. A good quality condom will have an expiry date
(a) True (b) False |
| 7. All STIs have symptoms
(a) True (b) False | 20. An expiry date is when the condom was made
(a) True (b) False |
| 8. You can cure STIs by using leaves and traditional medicines
(a) True (b) False | 21. Oil based lubricants such as coconut oil should not be used with male condoms
(a) True (b) False |
| 9. You can get an STI if you have sex without a male or female condom
(a) True (b) False | 22. Wearing two male condoms at the same time is good for you
(a) True (b) False |
| 10. You can get HIV if you are sharing a needle with someone who has HIV, while tattooing
(a) True (b) False | 23. Female condoms can also be used for anal sex
(a) True (b) False |
| 11. AIDS is a collection of diseases that people get when their immune system is no longer strong
(a) True (b) False | 24. You must squeeze the tip of the male condom before you fit it on the erect penis
(a) True (b) False |
| 12. HIV is the virus that attacks the immune system of the body
(a) True (b) False | |
| 13. People can get HIV if they have sex without using condoms
(a) True (b) False | |

TOK PISIN VERSION OF QUESTIONNAIRE

Pre/Post-Tes Kwestenair:	Patisipan Namba:
1. Putim olgeta pipol husait igat HIV+ long wanpela ailan sapos yumi laik stopim spred bilong HIV. (a) Em tru (b) Em ino tru	14. HIV em binantang nogut kam insait long bodi wei save bagarapim ami bilong bodi. (a) Em tru (b) Em ino tru
2. Pasin bilong koap em man imas save moa long ol meri. (a) Em tru (b) Em ino tru	15. Ol pipol ken kisim HIV sapos ol ino yusim kondom long koap. (a) Em tru (b) Em ino tru
3. Ol man tasol imas karim kondom (a) Em tru (b) Em ino tru	16. Ol mama husait igat bel i ken givim HIV igo long pikinin. (a) Em tru (b) Em ino tru
4. Em i orait long yu paitim narapela man (a) Em tru (b) Em ino tru	17. Wanpela rot tasol long luksave long HIV status bilong yumi em taim yumi go kisim HIV blut tes. (a) Em tru (b) Em ino tru
5. Em i orait long yu paitim narapela meri (a) Em tru (b) Em ino tru	18. Taim yu werim kondom em minim olsem yu pilai seif. (a) Em tru (b) Em ino tru
6. Yu bai go kisim HIV test taim yu igat sik tasol (a) Em tru (b) Em ino tru	19. Ol Wara bilong bodi wei save karim HIV binantang em, swit na ai wara. (a) Em tru (b) Em ino tru
7. Olgeta sik STI igat mak bilong em. (a) Em tru (b) Em ino tru	20. Yumi ken luksave long husait ol narapela igat HIV binatang. (a) Em tru (b) Em ino tru
8. Yu ken kisim ol lip na ol bus marasin long pinisim STI. (a) Em tru (b) Em ino tru	21. Noken yusim oil bilong kokonas olsem gris bilong man kondom (a) Em tru (b) Em ino tru
9. Sua na susu wara kam out long kok na kan em i mak bilong sik bilong koap. (a) Em tru (b) Em ino tru	22. Putim tupela man kondom wantaim na koap em gutpela long yu (a) Em tru (b) Em ino tru
10. Syphilis em nem bilong wanpela bikpela sik bilong koap insait long PNG. (a) Em tru (b) Em ino tru	23. Kondom blong meri yu ken yusim tu long koap long ass (a) Em tru (b) Em ino tru
11. Yu ken kisimm STI sapos yu no yusim kondom bilong ol man o merit aim yu koap. (a) Em tru (b) Em ino tru	24. Yu mas holim nus o het bilong man kondom, pastaim long yu putim long kok we i sanap tait. (a) Em tru (b) Em ino tru
12. HIV binatang iken kalap long wanpela HIV+ man na igo long narapela man sapos tupelo i katim skin long wanpela sem nidol tasol. (a) Em tru (b) Em ino tru	
13. AIDS em mak bilong ol kain kain sik stap insait long bodi taim ami bilong bodi ino inap moa long sapatim bodi. (a) Em tru (b) Em ino tru	

KWESTEN NAMBA	ANSWER ENGLISH	ANSWER TOK PISIN
1	B. False	B. Em ino true
2	B. False	B. Em ino true
3	B. False	B. Em ino true
4	B. False	B. Em ino true
5	B. False	B. Em ino true
6	B. False	B. Em ino true
7	B. False	B. Em ino true
8	B. False	B. Em ino true
9	A. True	A. Em tru
10	A. True	A. Em tru
11	A. True	A. Em tru
12	A. True	A. Em tru
13	A. True	A. Em tru
14	A. True	A. Em tru
15	A. True	A. Em tru
16	A. True	A. Em tru
17	A. True	A. Em tru
18	A. True	A. Em tru
19	A. True	A. Em tru
20	A. True	A. Em tru
21	A. True	A. Em tru
22	B. False	B. Em ino true
23	A. True	A. Em tru
24	A. True	A. Em tru

ANNEX 4: HOW TO ASSESS A PRE AND POST TEST QUESTIONNAIRE

- Pre and post test tools are used to measure whether there has been a change in the level of knowledge/understanding on key training concepts.
- In situations where there are limited skills in reading and writing, participants can be divided into small groups and can fill in the questionnaire as a group and NOT as an individual.
- Depending on what method you use, you will still have to mark the questionnaire once filled.
- At the end of the first day, mark each individual OR group questionnaire. Each multiple choice OR True/False is allocated a score of 1(one). Total each point scored depending on the question they have answered correctly.

You can create a table in Excel with 3 columns as follows:

PARTICIPANT NO	PRE-TEST SCORE	POST-TEST SCORE

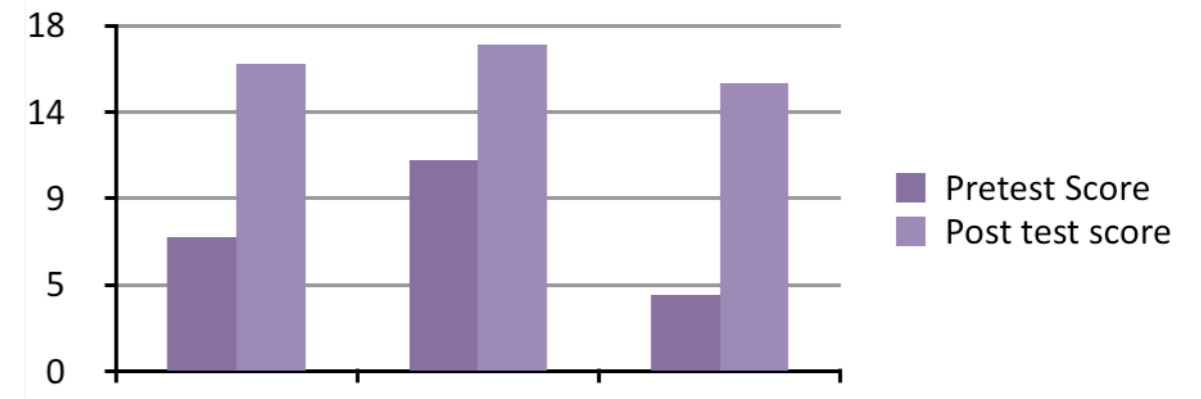
- Enter the Participant Number in the first column. REMEMBER that participants do not write their names on the questionnaire. They are allocated a number!!
- Fill in the pre-test score column once you have marked the pre-test questionnaires.
- Fill in the post-test score column once you have marked the post-test questionnaires on the LAST DAY of the training.

The table should like this once you have filled in all of the columns:

PARTICIPANT NO	PRE-TEST SCORE	POST-TEST SCORE
1	7	16
3	11	17
6	4	15

After you have filled in all scores, insert a bar graph. You do this by selecting the cells from pre-test score and post-test score all the way to the last participants. In this case it's '4' and '15'.

After you have done that, go to Insert Graph and select the 1st option under column. Your graph should look like this:



If you have a Power Point Projector, display this graph on the wall so participants (through their participant numbers) can see how they have performed in the training. If you don't have a projector you can always invite them to come and see it on your computer screen.

ANNEX 5: TINGIM LAIP CONDOM DISTRIBUTOR REPORT

REFERENCES

FORM C



TINGIM LAIP CONDOM DISTRIBUTOR REPORT

NAME OF DISTRIBUTOR: MONTH:

LOCATION OF DISTRIBUTOR : YEAR:

DATE	KAP	CONDOMS GIVEN	DEMOS DONE
	SW/ WES	MALE	MALE
	MSM	FEMALE	FEMALE
	MMM	LUBRICANT	
	PLHIV		

DATE	KAP	CONDOMS GIVEN	DEMOS DONE
	SW/ WES	MALE	MALE
	MSM	FEMALE	FEMALE
	MMM	LUBRICANT	
	PLHIV		

DATE	KAP	CONDOMS GIVEN	DEMOS DONE
	SW/ WES	MALE	MALE
	MSM	FEMALE	FEMALE
	MMM	LUBRICANT	
	PLHIV		

DATE	KAP	CONDOMS GIVEN	DEMOS DONE
	SW/ WES	MALE	MALE
	MSM	FEMALE	FEMALE
	MMM	LUBRICANT	
	PLHIV		

DATE	KAP	CONDOMS GIVEN	DEMOS DONE
	SW/ WES	MALE	MALE
	MSM	FEMALE	FEMALE
	MMM	LUBRICANT	
	PLHIV		

DATE	KAP	CONDOMS GIVEN	DEMOS DONE
	SW/ WES	MALE	MALE
	MSM	FEMALE	FEMALE
	MMM	LUBRICANT	
	PLHIV		

DATE	KAP	CONDOMS GIVEN	DEMOS DONE
	SW/ WES	MALE	MALE
	MSM	FEMALE	FEMALE
	MMM	LUBRICANT	
	PLHIV		

DATE	KAP	CONDOMS GIVEN	DEMOS DONE
	SW/ WES	MALE	MALE
	MSM	FEMALE	FEMALE
	MMM	LUBRICANT	
	PLHIV		

DATE	KAP	CONDOMS GIVEN	DEMOS DONE
	SW/ WES	MALE	MALE
	MSM	FEMALE	FEMALE
	MMM	LUBRICANT	
	PLHIV		

DATE	KAP	CONDOMS GIVEN	DEMOS DONE
	SW/ WES	MALE	MALE
	MSM	FEMALE	FEMALE
	MMM	LUBRICANT	
	PLHIV		

DATE	KAP	CONDOMS GIVEN	DEMOS DONE
	SW/ WES	MALE	MALE
	MSM	FEMALE	FEMALE
	MMM	LUBRICANT	
	PLHIV		

DATE	KAP	CONDOMS GIVEN	DEMOS DONE
	SW/ WES	MALE	MALE
	MSM	FEMALE	FEMALE
	MMM	LUBRICANT	
	PLHIV		

DATE	KAP	CONDOMS GIVEN	DEMOS DONE
	SW/ WES	MALE	MALE
	MSM	FEMALE	FEMALE
	MMM	LUBRICANT	
	PLHIV		

DATE	KAP	CONDOMS GIVEN	DEMOS DONE
	SW/ WES	MALE	MALE
	MSM	FEMALE	FEMALE
	MMM	LUBRICANT	
	PLHIV		

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