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Implementing an applied theatre intervention for HIV and AIDS awareness and education with the view to challenge existing stigma: a case study of Assin North Gold Coast community

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Appendix 1- Implementation Plan

Session 1: Establishing contact and ground rules				
The aim of this module is to create a conducive space for participation for subsequent sessions. The session will also see to the establishment of ground rules for the whole workshop.				
EPISODE	**TIME**	**ACTIVITY**	**MOTIVATION**	**MATERIALS**

Introduction	10	Each pair consists of Mr. and Mrs. Something— condom for example— the pairs can include types of contraceptives, reproductive organs, emotions, or whatever health or sexuality concepts are relevant. Shuffle and pass out the cards. Then give the players an amount of time to find their other half, and then complete an assignment. One assignment might be to draw and imagine the personalities of their Mr. and Mrs. characters. Another assignment could be to find out several things about their partner, and then introduce them to the group. For example, "This is Kwame. His favourite colour is orange, his passion in life is…, the best day in his life was…	Introductions and familiarizing ourselves with the people in the space	Cards

'Fruit Salad'	5	A number of fruits will be selected for this exercise. Depending on the total number, participants will be grouped according to the selected fruits. Each person will therefore represent a fruit. Facilitator calls out from the centre (with all participants seated in a circle) one or more of the fruits agreed on for the purposes of this exercise. Every participant representing any of the fruits mentioned, must move from his/her seat to another. In case 'Fruit Salad' is mentioned, every participant must move to an empty seat. Whoever is left without a seat takes his/her turn for the next call. NB moving to a seat right next to any participant is not allowed.	1. To energize participants. The games also come with a lot of fun 2. other variations that deals with issues such as emotions and intimate relationships will come in subsequent sessions.	

Agreement/ Ground Rules	15	Facilitator and participants discuss the vitality of ground rules in such spaces. Participants will set ground rules through an exercise known as the magic/imaginary pot. An imaginary pot will be carried from any side of the room to the centre of the space. Participants are then offered the opportunity to first put 'donts'(things that we do not want in the space) into the pot. The donts will then be burnt into ashes. The process will be repeated but this time participants will put into the pot 'dos'(things we want to see in the space). The 'dos' will then be cocked into a ground rule meal for the space. Everyone feasts on this meal to show our commitment to the rules in the space.	To establish the necessary ground rules to ensure the success of the whole workshop	
The Blind Circle	10	The group forms a tight circle around a player in the centre, whose eyes are closed and feet are together. Participants in the circle pass the player in the centre around while she or he completely relaxes and allows the group to move her or him. Rotate until all have participated in the centre.	A trust building exercise necessary that will create a conducive space for sharing	

Feedback & Expectations	10	Participants share what they feel about this first session, new things they may have learnt as well as what they expect from subsequent sessions. Expectation will be written down.	To find out areas that will be necessary to touch on in the subsequent workshop	Paper, marker
Apple Dance	5	Participants will get into pairs. Each pair will place an apple in between their foreheads and dance.	To end the session with a sense unity. The apple dance exercise fosters togetherness and adds to building trust	(Number of participants/2)apples

Session 2: The Context and Medium

The purpose of this session is to introduce participants in a nonthreatening way to discussions in the space pertaining to the context, HIV and AIDS. This is with the view to encourage participants to feel comfortable in sharing personal experiences and concerns about HIV and AIDS. This session will also introduce image theatre to the participants as a theatrical technique to be used in subsequent sessions.

EPISODE	TIME	ACTIVITY	MOTIVATION	MATERIALS
Warm Up	15	1. A ball is thrown around the circle while we repeat the names of persons from whom the ball leaves and reaches. For eg. from Eben to Afia. The exercise is repeated until there is a fair idea of the different names in the space 2. The players work in pairs, positioned back to back. The facilitator calls out a word, feeling, issue, etc. (e.g., love, hate, joy, or sex). Then the facilitator counts	To warm participants up and to touch on their imagination. The use of the name will help us remember each others in the space. The second exercise also serves as rehearsals for non-verbal	a small ball

		to three. On three, the partners turn and instantly create a statue that expresses that word and freeze.	expressions.	
Ground Rules	5	We will remind ourselves of the ground rules for the space and if there is the need add any others that we want.	To refresh our minds about the ground rules for the workshop space.	
Perception of HIV and AIDS	25	Participants will discuss and express what they think or how they feel at the mention of HIV and AIDS. These expressions will be represented first by scrap materials (by individuals in each group) considering the texture, the size, colour etc. and then in images of the group perspective.	A non-threatening entry point to the creation of a comfortable sharing in a more personal way into the space.	scrap materials of different colours, shapes size texture etc.

Expectations	5	Participants will share what they have learnt through the session and ask any questions if there is.	To find out areas that will be necessary to touch on in the subsequent workshop	
Pass the pulse	3	A pulse is passed around the circle till it returns to where it started from.	To end the session with a sense unity	

Session 3: HIV Transmission mode and prevention				
The aim of this session is to share knowledge on the different modes of HIV transmission as well as how to prevent ourselves from the epidemic.				
EPISODE	**TIME**	**ACTIVITY**	**MOTIVATION**	**MATERIALS**

Warm Up(The Silent Murderer)	20	Participants will stand in a semi-circle. I will walk behind them and touch one person who becomes the silent murderer. The murderer kills by winking at people who must die a few second later. After each death, the corpse rolls out of the space, the group pauses and look together at the dead body while it rolls away. After the moment of pause, the group continues to move around the space until another person dies. Participants are expected to find out and report the murderer to the facilitator. That's the only way the exercise will end. When the exercise ends, I will ask a volunteer to narrate what he/she had witnessed. I will also ask questions like the following: How did it feel like not knowing who the murderer was? What were your thoughts in the process? Did you come up with any plan? What would have happened if no one found the murdered out?	The exercise is a good warm up for both the body and the brain. It will energize and ignite their interest for the day's work. The exercise also holds a metaphor on how ignorance can lead one to death.	

HIV Transmission mode and prevention	15	Participants are invited to discuss and share their knowledge of transmission mode of HIV. This will be followed by how to prevent ourselves from HIV. Burning questions will be taken and discussed.	To share and learn about transmission mode of HIV and prevention	Flip Chart, marker
Condom Demonstration	15	1. A female volunteer is invited to demonstration how male condoms are used and a male volunteer to demonstration that of a female condom. At the end of each demonstration, the group will discuss what the volunteers will do. A contest between the males and the females will be held to find out who can correctly put a condom on the penis model the quickest. This shows people how easy condoms are to use.	To demonstrate how to properly use a condom, with emphasis on how strong they are and how easy it is to use.	Condoms, penis model, fruits

		2. A contest to see who can blow up the biggest condom-balloon will be held. Whoever blows up the biggest condom-balloon without popping it wins. 3. Contest Volunteers will stuff the condom with oranges, apples, guava, green mangoes or other local fruit. Whoever stuffs the condom with the most fruits wins.		
Reflection/ Discussion and closure	10	Participants will share what they have learnt through the session and ask questions if there be any. Participants will stand in a circle holding hands. Each participant will look around the circle to acknowledge and appreciate the presence of everyone by making eye contact with them. After appreciating everyone in the space, participants will greet each other the like Nigerian Chiefs and say thank you for coming.	Participants will reflect on the lessons in the workshop and end the session in appreciation of each other's presence.	

Session 4: HIV and society				
The aim of this session is to point out some negetivities of society's perceptions of HIV and learn about ways of correcting such negetivities.				
EPISODE	**TIME**	**ACTIVITY**	**MOTIVATION**	**MATERIALS**
Warm Up	10	Standing in a circle, each participant will lead the group in a warm up exercise.	Warm up	

HIV and Society (including people living with HIV)	15	Each participant in a circle will mention a word or phrase that they think represents HIV in our society today. Participants will group themselves according to words that are mentioned and relates to what they mentioned. With these groups, participants simultaneously discuss and depict with their bodies their version of what they think about the way society perceives and handles HIV and AIDS. The different groups will show their images after they've been allowed some time in their groups for discussion.	The exercise will to create a platform for dialogue around HIV and PLHIV in society. This dialogue can help to share knowledge and to shift perception.	
Time with a medical officer	20	Participants will listen to a brief presentation on HIV and AIDS and have the opportunity to ask questions.	Participants will dialogue with an expert and have the opportunity to find answers to questions.	

Reflection/ Discussion	15	Reflecting on the images that came up in the previous exercise, participants will discuss how they wish or what they expected to be society's perception of HIV and as well as how it should be handled considering PLHIV. Participants discuss and share their views on the exercise as well as lessons learnt from the session.	Recalling the lessons in the workshop	
Closure	5	Participants discuss and share their views on the exercise as well as lessons learnt from the session.	To end the whole session in fun	

Session 5: Sexual or Intimate Relationship and HIV and AIDS

The purpose of this session is to explore, discuss and share knowledge on sexual relationships in relation to HIV and AIDS.				
EPISODE	**TIME**	**ACTIVITY**	**MOTIVATION**	**MATERIALS**
Warm Up	10	A name exercise that goes with a rhythm will be introduced to the group. As facilitator, I will starts by mentioning my name and another person's name alongside the rhythm. The persons whose name is mentioned, picks it up along the same rhythm, mentions his/her name and then another person’s name and the exercise continue in that order. Participants who fail to respond on time to the game and according to the rhythm will be kicked out.	Warm up	

Fruit Salad (Another Variation)	15	Participants will be reminded of the fruit salad exercise but this time instead of the fruits, physical things on our bodies and emotions in relation to sex will be explored through the same means. Participants representing issues that are mentioned must move from their seat to another. All the rules used for the fruit salad version will remain the same.	1. Fun 2. another variation that deals with emotions and intimate relationships will come in subsequent sessions.	chairs
Sexual or Intimate Relationship and HIV and AIDS	20	Participants will discuss and express what they think or how they feels about Intimate/ or Sexual Relationships in this day and age of HIV and AIDS. These expressions will be represented first by scrap materials (by individuals in each group) considering the texture, the size, colour etc.	A nonthreatening entry point to the creation of a comfortable sharing in a more personal way into the space.	scrap materials of different colours, shapes size texture etc.

Reflection/ Expectations	10	Participants will share what they have learnt through the session and ask any questions if there is.	To find out areas that will be necessary to touch on in the subsequent workshop	
Pass the pulse	3	A pulse is passed around the circle till it returns to where it started from.	To end the session with a sense unity	

Appendix 2 – My Journal

Implementing a participatory and interactive HIV and AIDS intervention with the view to challenge stigma.

Venue: Gold Coast Camp, Assin North.

Date: 27th Oct – 1st Nov 2010.

I arrived at Assin North on the 26th of October 2010 in order to start work on 27th. The only guesthouse I could find close to the community was in Assin Fosu, +/- 30 minutes away from Gold Coast Camp. I arranged for my workshops during my first touch with the people of Gold Coast Camp. Fortunately enough it was a day for a Health Fair so the community had gathered at their old health centre. Most of the men in the community had gone to work on their farms so the gathering was made up of much older people (mostly women) and young people who had completed Junior High School, were still in school or were just at home and helped with farming activities as and when there was the need, especially during weekends. I was introduced to the community by the Director of the Oasis Foundation, an NGO through which GTZ implements its activities under the iMPACT Project. I explained my intentions to the community and asked that I needed people who were not less than 20years and not more than 35years old in my workshops. Apart from talking to the community, I also spoke to some people personally. With the help of the Director of Oasis Foundation and the assembly man of Gold Coast Community, I negotiated for a workshop space. I got a classroom in the only school for the community. The workshop space determined the time. We could only start when school was over. I relayed this information to my participants and we agreed to start the following day.

Day 1:

I arrived at the community about four hours before the due time for the workshops and while I was waiting, I had some of my participants come around to converse with me. I still met a few young people and invited them to my workshops. Fortunately enough, I met this lady who is a teacher in the school where we were offered space for the workshop and she was interested and willing to attend.
We started the workshop on time. I was glad to have 27 participants most of whom I have spoken to personally. There were others that I spoke to but did not turn up. Their ages ranged between 20 and 29 years.

Even though I had spoken to almost all of them about my workshops, I took time to explain again but this time to the participants as a group. We spoke about where participants live and how far these places are from the workshop space so that we can agree on start and stop time.

Our first exercise was to get us know each other and get used to working together. I had realised in my conversation with these people that they I a way wanted to impress me by speaking English so I tried as much as possible to speak the local language. When there was a word or phrase that I couldn't say, I resorted to the teacher. I shuffled the 28 cards that I had selected and gave them out randomly and explained that the cards were designed in pairs. Each participant had to go round and find whoever has the other pair of his or her card. Once they found partners, each pair had to introduce themselves to each other with the following informing: the person's name, what he or she does, where they live, what they like or do not like. After each pair had introduced themselves, we got back to the bigger circle. Each participant then introduced their partner based on the informing from the previous introduction. The exercise went quite well. Most participants expressed a bit of shyness probably because the gathering was unusual and we stood in a circle looking into each other's faces. I also realised that with regards to the introductions, everyone was mentioning the food they like and most of them liked the same food. I tried to probe by explaining and giving them examples of other things (such as what they like doing and not just eating) that they could share with us about but we ended up hearing the same stories until the last person was introduced. The subsequent episode was a trust building exercise known as the blind circle. As a facilitator, my experience has taught me that once you introduce the exercise with the issue of trust, participants respond with stories of trust. With this in mind, I explained the exercise to participants without using the word trust. We quickly got into four (4) groups of seven (7) and started the exercise. I did an

example for the group to have a better view of my explanation. I realised in the group that I was that participants were engaging alright but not at a critical level. They were only having fun doing the exercise but not with in-depth understanding of the metaphoric nature of the exercise. I quickly went round to check on the other groups but unfortunately the situation was the same or even worse. Some of them were pushing instead of preventing volunteers in the middle of the circle from falling. I tried to guide the process by explaining again and again but it didn't seem to work. Interestingly, I realised that the group in which the teacher was were also having fun with the exercise but with a lot more calm. I observed them and noticed how one of the young ladies who was in the middle at that moment was a bit stiff in doing the exercise. She seemed too careful not to fall. Her legs were well positioned and the only part of her body that moved was from her waist upward. To me she was protecting herself from falling probably because she doesn't trust her group. We moved on to the generate an agreement for the workshop sessions. I explained how we were building into a community of participants and therefore we needed have a set of guidelines that we as a community agree on for the purposes of the workshop sessions. I informed the teacher that because of the difference in status, I didn't want her to add to the agreement. This was with the view to make participants relate to the agreement as something of their own not imposed of them by any authority or person of high status. Unfortunately, it didn't work as I expected. I tried to explain to them but there was a strong sense of participants expecting me to tell them what to do or not to do and that I tried so much to avoid. I decided to move on to the final exercise for the day, the apple dance exercise but in this case may have to refer to it as the orange dance exercise because we used oranges which was much easier to get in this community as compared to apples. The exercise was with the view to make participants integrate and get used to working together in such spaces. Participants had fun playing this game too. They engaged playfully but they did not respond during the feedback session for me to know what it really meant to them. It was difficult to get them to talk about what they think of the exercise as well as what meanings these could bring. Without wasting much of their time, I had to close the session because our time was up.

Day 2:

I had wanted to change the group but my supervisor advised that I did not have to but rather slow down the process to get participants used to doing such exercises and playing such games for the purposes of education. This is because the exercises and games seemed new to them and they are not used to meeting to play and learn in such sessions.

In the second session, I decided to do only two exercises, a name game, and the Orange dance. I took my time to show them the clap and the rhythm that goes with the game. When everyone got used to the rhythm and the clap, we added the names. We also took time to get used to coordinating the clap, the rhythm and whose name as well as where exactly to mention it in the game. In our feedback episode, one of the participants, the only one who volunteered to comment, mentioned that trying to remember the names that were new to him was what made him go out of rhythm.

We continued with the orange dance. Once again they engaged playfully and in the feedback episode the volunteer who spoke after the previous episode again spoke and as soon as he mentioned that it was fun and an opportunity for him to dance with his partner who in this case is a female, I realised some others nodding . I then tried to find out what the nodding meant and all I got was an agreement to the fact that the exercise was fun for them. It was difficult to get them to talk about what they think of the exercise as well as what meanings these could bring.

Day 3:

On the third day, I decided to introduce a game called Fruit Salad that will lead us into creating a safe space for sharing issues about sex. I introduced the fruit salad game by explaining in the local language. We used the names of fruits in the local language and of course fruits that they know. I introduced the rules of the game as we played along. One rule at a time so they won't get confused. It took time though but they got used to it to an extent that they could tell when someone flouted a rule. Their feedback about this game was that it was fun as usual and that

moving around the space for an empty seat needed a lot of energy. At least I was glad they could play the game so that we could relate it to sex in our community in the subsequent session.

Once again we did our orange dance with the view to building a community safe enough to share intimate issues in relation to HIV/AIDS. It was quite difficult to end the session when they are given the opportunity to do this fun exercise. To warm down and close the session in unity, I facilitated the 'Pass the pulse' exercise which didn't work until I had to let them go. I simply passed a pulse when everyone's eyes were closed and expected from the explanation that the pulse would come back to me but it never did after we tried it several times.

Day 4:

This was our final day where I wanted to take the Fruit Salad exercise to another level such that it facilitates the creation of a safe space for discussions on sex. We started by reminding ourselves of how the fruit salad version of the exercise is played. We used the same fruits as before and mentained the names in the Twi language. We went through slowly and increased the pace only when everyone had remembered the rules with which the exercise is undertaken. I then introduced a different version where we replaced the fruits with physical things that we could see as part of the body or on participants body, for instance shoes, watch, mouth, nose, shirts etc. We played around the physical things for a while and it was also interesting with lots of fun. Moving from the fruit variation to the physical things was not difficult so I quickly introduced another variation. This time it had to do with sex and related issues. I started by giving an offer: anyone who has ever used a condom. This was a great moment. The room went quiet all of a sudden and no one moved so I tried to relate my offer to the exercise that we have been doing for almost half an hour. After explaining how this variation should work, I repeated the offer and it seems as though everyone was waiting for someone to move. Participants were looking at who was or was not moving. The movement was in kind of a slow motion. Finally one of the participants,

Raymond moved. His movement made about 8 others comfortable enough to move. I then gave the opportunity for someone else to give another offer on the same theme. The tempo slowed down a bit but the exercise did not end. Participants gave offers such as the following: everyone who has breast, has tasted sex, has seen a condom, has a penis/vagina etc. I realised how the sensitivity and silence that holds issues of sex in such a community slowed down the tempo of the exercise. Participants spent more time thinking of what to say and how to say it as compared to the earlier variations. I was glad we could do the exercise up to this point and I was ready not to push the issue but to allow participants to flow at their own pace. We ended the episode and had a reflection. In reflecting on the episode I asked participants how they felt about doing the exercise considering all the variations. Again the room went silent so I tried to ask other questions. I asked how the first variation (physical things) was for them. Issah said it was fun and demanded a lot of energy. I then asked again about introducing the sex theme. Elizabeth said it was difficult to do the variation with the sex theme. Issah also said there was much freedom in using the fruits that the issues of sex. I agree with the response from participants because even as a facilitator, I did not find it easy to start the sex theme variation. This is because the Ghanaian community has a high level of sensitivity for such themes as sex. In most of the local languages the expression for sex in discussions are preceded by the phrase ‘excuse me to say’ . The situation is gradually changing anyway but comparatively better in the urban that in rural areas. I believe integrating such exercises into workshop sessions and interventions of similar or related themes can help to bring out sex an issue that can and must be discussed in public freely.

We tried to derol with an exercise similar to ‘pass the pulse’ but since I realised that it could not work in the other sessions, I resorted to ‘pass the energy’ which was a lot easier to engage in. The energy is passed by clapping to one direction, either left or right. The participant on the left or right in the direction in which the energy is passed receives the energy and passes it on to the next participant. This brought back some fun into the house and then we closed the session.

Just as we were putting the room in order one of the participants Kwame found two packs of condoms that I had brought for them. He asked about the condoms and I asked him to share to anyone who wants then almost all of them rushed on him so I quickly took over the sharing myself but I asked if they knew how to use them properly. I wanted us to do a condom demonstration game that was originally in my plan of

work but unfortunately no one responded. Again I did not want to push them so I did a condom demonstration and invited a volunteer to try it. Kwame volunteered and while he demonstrated to the house I paused at intervals to find out from the house if he was doing it right. Participants corrected Kwame when he went wrong and reminded him of things he forgot to do.

Appendix 3

A Conversation with Mrs. Admirer Owusu, HIV Coordinator for Gold Coast Camp under the Assin North District

Mrs. Owusu was not comfortable for me to record our conversation on tape. I then had to make do with writing while we spoke.

How would you explain the current HIV and AIDS situation in Assin North?

She wanted to give me statistics of activities they have done over the years but I was not interested in figures. According to her, the district has structures in place for administering PMTCT, CT, ART and PLHIV Associations. The PLHIV Associations have good support from Government, NGO's and other organizations. These associations also have access to vocational training avenues through which they are able to upgrade themselves with various vocational skills in order to support themselves financially.

What are the intervention strategies/ mechanisms or forms of communication and education that are usually implemented in the Assin North District by your outfit as well as other organizations in the HIV field and why? How does the community respond to such strategies/ mechanism?

She said HIV and AIDS education in Assin North takes the form of Radio Programs, Durbar Talks and sometimes Film Shows. The Film shows are more often than not used to draw attention of members of the community to come together and once they have audience, the education is done in the form of a talk. Comparatively she thinks the film show is a lot more expensive due to lack of electricity in some of the communities where a stand by generator has to be used. Talking about expenses for HIV and AIDS education, she said the Government, NGO's and other stake holders do help. Because of lack of funds, there's not much that they can do but they try as much as possible to do what they can with whatever little resources they get.

What has been the response of the Gold Coast Community in Assin North towards HIV prevention interventions such as IEC activities, counselling and testing activities etc?
Has the implementation of HIV interventions seen the use of any form of Drama/ Theatre in Assin North and how does the community respond to these forms?

Currently their interventions have not seen the use of theatre. More often than not, the education intervention takes the form of a talk delivered by a medical expert. She added that the community's response to services such as CT, IEC etc both in the form of outreach or otherwise is not bad but unfortunately there's usually more old people in the sessions that the young ones who are comparatively more sexually active and therefore more vulnerable to the pandemic. I witnessed this myself on my data collection trip to Gold Coast Camp. On my first day in the community, there was an outreach activity going on. Free HIV CT was offered together with checking of blood sugar and blood pressure levels, information materials and condoms. The response was not bad but the number of young people that accepted the offer was nothing to write home about.

Would you say the Assin North Gold Coast Community expresses any form of HIV related stigma and how?
Yes stigma exists and in different forms. Some people who test positive come back to tell us stories of their families and friends warning them to stay away. Some couples divorce as a result of one party testing positive mostly the women. In all such situations we encourage them to join the

PLHIV Associations and reorganize their live. And I must emphasize here that the Associations have been the main source of comfort and home for most of the PLHIV.

What strategies/ mechanism have been implemented or planned in response to this stigma?

In all our interventions, we preach anti-stigma sermons. We try to convince our participants that PLHIV should be treated like normal humans, they need not be judged and everyone must show them care. Such anti-stigma messages are also put into our brochures and poster, flyers, billboards, radio and TV adverts.